



Coventry City Council

Council Meeting

11 April 2006

Booklet 1

Recommendations

INDEX TO MINUTES

	Page Nos.
Standards Committee	
8 th February 2006.....	1
29 th March 2006.....	319
 Cabinet	
7 th March 2006	8
21 st March 2006.....	91
 Scrutiny Board 4 (Health)	
15 th March 2006.....	28

STANDARDS COMMITTEE

8th February, 2006

Members Present:- City Council Members

Councillor Mulhall
Councillor Williams

Independent Members

A. Casey
B. Farrer (Chair)
B. Ray
J. Willetts

Parish Councillor

B. Shakespeare

Other Members in
Attendance:-

Councillor Chater
Councillor Patton

Employees Present:-

S. Bennett (Legal and Democratic Services Directorate)
C. Hinde (Director of Legal and Democratic Services)

RECOMMENDATION

23. Amendments to the Constitution

The Committee considered a report of the Director of Legal and Democratic Services which proposed changes to the City Council's Constitution that had arisen since the Committee considered amendments to the Constitution at their meeting on 30th November, 2005, (Minute 12/05 refers). The Constitution Working Group had met to examine the Constitution and, as a result, had recommended that two amendments be made.

Currently, the Annual Meeting of the City Council was held in two parts. Part One deals with the ceremonial aspects i.e. the election of the Lord Mayor and Deputy Lord Mayor and Part Two deals with the procedural issues such as the appointment of Council bodies and the approval of the calendar of business. Currently Part Two was held before Part One. The purpose of separating the meeting had been to avoid potential disagreements during "Mayor Making" which would be embarrassing for the new Lord Mayor and the Council as a whole as the meeting was attended by a large number of guests.

The Constitution Working Group had recommended that the City Council should revert back to holding one Annual Meeting as it used to do, with the following provisos to ensure the smooth running of the meeting and to avoid any potential embarrassment:-

- (i) That, as soon after the election in May as possible, meetings be held between the Leaders of the Controlling and Main Opposition Groups to review the allocations of seats/appointments etc. Appropriate consultation with the other Groups would then take place prior to the Annual Meeting with the aims of ensuring that there were no "surprises" or disagreements on the day.
- (ii) No other business would be considered at the Annual Meeting other than that detailed in paragraph 4.1.1 to 4.1.1.19 of the Constitution (i.e. appointment of Lord Mayor/Deputy Lord Mayor, Leader and Deputy Leader, appointments to Council bodies and outside bodies etc., calendar of meetings). There would be no outstanding business from the previous administration, as these would be considered at the April meeting of the Council. Officers would be instructed to ensure that this happens and to plan accordingly.
- (iii) If the progress in (i) above was followed, then it was anticipated that there should be no disagreements arising on the day. However, if it became clear either before the Annual Meeting or on the day itself that there were areas of contention, then it was proposed that the fallback position would be to adjourn the Annual Meeting following the appointment of the Lord Mayor/Deputy Lord Mayor and reconvene that afternoon.

The Committee noted that the Group Leaders had been consulted on these proposals and no objections had been raised.

Currently the Constitution allowed for the Chief Executive to determine that a consultation paper was of a "technical" nature in which case the paper only had to be considered by Cabinet rather than Scrutiny, Cabinet and full Council as was the case with consultation papers generally. At a recent meeting, the Cabinet had queried this procedure, questioning the need for such reports to be considered by them.

The Constitution Working Group had considered this issue and had recommended the following wording for inclusion in the Constitution:-

"Where the Chief Executive determines that Consultation papers relate to a "technical" issue which do not require full Council consideration, responses to them will be delegated to the appropriate Director, in consultation with the relevant Cabinet Member and Shadow Cabinet Member. Where practicable within the timescale of the relevant consultation, details will then be sent to all Councillors informing them of the proposed response to the consultation, asking if they wish to make any comments. The appropriate Director and relevant Cabinet Member and Shadow Cabinet Member will then consider any such comments received before submitting the response".

RECOMMENDED that the Council make the two amendments to the Constitution as outlined above in relation to the Annual Meeting and technical consultation papers.

24. **Appointment of Independent Members of the Standards Committee**

Further to Minute 20/04, the Committee gave consideration to the appointment of Independent Members of the Standards Committee for the Municipal Year 2006-07. In particular, the Committee considered the anticipated increased workload in relation to the local handling of complaints of misconduct by Councillors, the change in role of the Standards Committee and succession planning in relation to the existing Members of the Committee.

The Director of Legal and Democratic Services circulated a draft advert which would be appearing in the Coventry Evening Telegraph on 16th February, 2006, and which invited applications for the appointment of Independent Members.

RECOMMENDED that the Council increase the number of Independent Members on the Standards Committee from 5 (including a parish Councillor) to 7 (including a parish Councillor) from the start of the Municipal Year 2006/07.

Report to

Standards Committee – 8th February, 2006
Council – 11th April, 2006

Report of

Director of Legal and Democratic Services

Title

Amendments to the Constitution

1 Purpose of the Report

- 1.1 This report outlines proposed changes to the Constitution that have arisen since your Committee considered amendments to the Constitution at your meeting on 30th November, 2005.

2 Recommendations

- 2.1 To recommend that the City Council at its meeting on 11th April, 2006 makes the amendments to the Council's Constitution in relation to the Annual Meeting and "technical" consultation papers as detailed in this report.

3 Information/Background

- 3.1 Since your meeting on 30th November, 2005, when amendments were made, the Constitution Working Group have met to examine the Constitution and, as a result, have made the recommendations detailed below.

4 Proposal and Other Option(s) to be Considered**4.1 Annual Meeting of the City Council**

Currently, the Annual Meeting of the City Council is held in two parts. Part 1 deals with the ceremonial aspects ie the election of the Lord Mayor and Deputy Lord Mayor, and Part 2 deals with the procedural issues, such as the appointment of Council bodies and the approval of the calendar of business. Currently Part 2 is held before Part 1.

The purpose of separating the meeting has been to avoid potential disagreements during "Mayor Making", which would be embarrassing for the new Lord Mayor and the Council as a whole as the meeting is attended by a large number of guests.

The Constitution Working Group have considered this issue and have recommended that the City Council should revert back to holding one Annual Meeting, as it used to do, with the following provisos to ensure the smooth running of the meeting and to avoid any potential embarrassment:-

i) That, as soon after the election in May as possible, meetings be held between the Leaders of the Controlling and Main Opposition Groups to review the allocations of seats/appointments etc. Appropriate consultation with the other Groups would then take place prior to the Annual Meeting with the aim of ensuring that there were no "surprises" or disagreements on the day.

ii) No other business would be considered at the Annual Meeting other than that detailed in Paragraphs 4.1.1. – 4.1.1.19 of the Constitution (i.e. appointment of Lord Mayor/Deputy Lord Mayor, Leader and Deputy leader, appointments to Council bodies and outside bodies etc, calendar of meetings)

There would be no outstanding business from the previous administration, as these would be considered at the April meeting of the Council. Officers would be instructed to ensure that this happens and to plan accordingly.

iii) If the process in i) above is followed, then it is anticipated that there should be no disagreements arising on the day. However, if it became clear either before the Annual Meeting or on the day itself that there were areas of contention, then it is proposed that the fall back position would be to adjourn the Annual Meeting following the appointment of the Lord Mayor/Deputy Lord Mayor and reconvene that afternoon.

The Group Leaders have been consulted on these proposals and no objections have been raised.

4.2 Technical Consultation Papers

Currently the Constitution allows for the Chief Executive to determine that a consultation paper is of a "technical" nature in which case the paper only has to be considered by Cabinet rather than Scrutiny, Cabinet and full Council as is the case with consultation papers generally.

At a recent meeting the Cabinet queried this procedure, questioning the need for such reports to be considered by them.

The Constitution Working Group have given consideration to this issue and have recommended the following wording for inclusion in the Constitution:-

"Where the Chief Executive determines that Consultation papers relate to a "technical" issue which do not require full Council consideration, responses to them will be delegated to the appropriate Director, in consultation with the relevant Cabinet Member and Shadow Cabinet Member. Where practicable within the timescale of the relevant consultation, details will then be sent to all Councillors informing them of the proposed response to the consultation, asking if they wish to make any comments. The appropriate Director and relevant Cabinet Member and Shadow Cabinet Member will then consider any such comments received before submitting the response."

5 Other specific implications

5.1

	Implications (See below)	No Implications
Area Co-ordination		✓
Best Value		✓
Children and Young People		✓
Comparable Benchmark Data		✓
Corporate Parenting		✓
Coventry Community Plan		✓
Crime and Disorder		✓
Equal Opportunities		✓
Finance		✓
Health and Safety		✓
Human Resources		✓
Human Rights Act		✓
Impact on Partner Organisations		✓
Information and Communications Technology		✓
Legal Implications	✓	
Property Implications		✓
Race Equality Scheme		✓
Risk Management		✓
Sustainable Development		✓
Trade Union Consultation		✓
Voluntary Sector – The Coventry Compact		✓

5.2 Legal Implications

The City Council's Constitution is written in accordance with the provisions of the Local Government Act 2000. It is clearly in the Council's interest to ensure that the Constitution complies with the law and is not subject to challenge.

6 Monitoring

- 6.1 The Constitution is continuously monitored through its regular use and through the Constitution Working Group.

7 Timescale and Expected Outcomes

- 7.1 If the Standards Committee agree the changes to the Constitution, it is proposed that they are submitted to the City Council at its meeting on 11th April, 2006 for approval. The

amendment in relation to the Annual Meeting of the Council would apply to the meeting being held in May, 2006.

	Yes	No
Key Decision		√
Scrutiny Consideration (if yes, which Scrutiny meeting and date)		√
Council Consideration (if yes, date of Council meeting)	√ 11th April, 2006	

List of background papers

Proper officer: Chris Hinde, Director of Legal and Democratic Services

Author: Telephone 02476 833072
 Suzanne Bennett, Principal Committee Officer, Legal and Democratic Services
 (Any enquiries should be directed to the above)

Other contributors:
 Chris Hinde, Director of Legal and Democratic Services
 Sharon Venters, Legal and Democratic Services

Papers open to Public Inspection

Description of paper	Location
City Council's Constitution	CH 61

CABINET

7th March 2006

Cabinet Members
Present:-

Councillor Arrowsmith
Councillor Blundell
Councillor Foster
Councillor Kelsey
Councillor Matchet
Councillor H Noonan
Councillor O'Neill
Councillor Ridley
Councillor Taylor (Chair)

Non-Voting Opposition

Representatives present:- Councillor Benefield
Councillor Duggins
Councillor Mutton
Councillor Nellist

Other Members
Present:-

Councillor Dixon
Councillor Field (By invitation for the matter referred to in
Minute 224 below)
Councillor Gazey
Councillor Ridge
Councillor Sawdon (By invitation for the matter referred to in
Minute 226 below)
Councillor Mrs Stone

Others Present:-

M. Eddy (Audit Commission)
N. Smith (Audit Commission)

Employees Present:-

D. Blackburn (City Services Directorate)
J. Bolton (Director of Community Services)
N. Clews (City Development Directorate)
F. Collingham (Chief Executive's Directorate)
J. Crook (Acting Director of Children, Learning and Young
People's Directorate)
C. Eastman (City Development Directorate)
P. Fahy (Social Services and Housing Directorate)
A. French (Finance and ICT Directorate)
C. Hinde (Director of Legal and Democratic Services)
R. Hughes (Head of Corporate Policy)
R. Keble, (Social Services and Housing Directorate)
L. Knight (Legal and Democratic Services Directorate)
S. Manzie (Chief Executive)
J. McGuigan (Director of City Development)
C. Pearson (City Development Directorate)

S. Pickering (Director of City Services)
A. Ridgwell (Director of Finance and ICT)
D. Smith (Finance and ICT Directorate)
C. Steele (Chief Executive's Directorate)
C. West (Education and Libraries Directorate)

Public business

222. Declarations of Interest

Councillor Nellist declared a personal interest in the matter referred to in Minute 225 below, headed "Academies – Outcome of Consultation for the Establishment of Two Academies in Coventry". He remained in the meeting and took part in the discussions on this matter.

Stella Manzie and John McGuigan indicated that they are Directors of Arena Coventry Limited, and Chris Hinde and Angie Ridgwell indicated that they are Directors of Coventry North Regeneration Limited.

225. Academies – Outcome of Consultation for the Establishment of Two Academies in Coventry

The Cabinet considered a joint report of the Acting Director of Education and Libraries and the Director of Finance and ICT, which provided feedback on the recent consultation to establish two academies in Coventry and sought approval for the next steps for each of the two proposals.

On 28th June 2005, the Cabinet approved a report authorising consultation on the establishment of two Academies in Coventry (Minute 34/05 refers). The first of these proposals was for an Academy to replace Woodway Park School. The sponsor for this Academy is Mr Robert Edmiston of IM Group Ltd and the proposal was for a new seven form of entry school on the Woodway Park site. Following approval of that report, an Expression of Interest was submitted for this Academy, which was subsequently approved by the Secretary of State.

The second proposal was an "in principle" proposal to establish a new Academy as part of the Swanswell Learning Quarter to replace both the existing Sidney Stringer and Barr's Hill Schools. This proposed Academy did not at the time have a sponsor and the consultation was therefore in principle only.

Following the approval of the Expression of Interest for the Woodway Park Academy by the Secretary of State, the consultation process was commenced from 31st October 2005 until 6th January 2006. During the course of this consultation, a schedule of meetings was arranged with various stakeholders including two public meetings, meetings with staff, unions, governors and parents of all of the schools individually affected, and meetings with the parents and carers of children at primary schools feeding into the schools affected.

For those meetings which were scheduled at Woodway Park School or for the

feeder primary schools of Woodway Park School, and with the Trade Unions, the proposed sponsor for the Woodway Park Academy, Mr Robert Edmiston, attended the meetings, along with Mr Steve Chase who is the Project Manager for the sponsor's other Academy, Grace Academy in Solihull, and Mr David Wootton who is the Principal Elect of that Academy. In addition, the Sponsor team also met with the Local Learning and Skills Council, the North East Federation Secondary Headteachers and the linked Primary Headteachers. A full schedule of the consultation meetings was provided at Appendix One of the report submitted.

The City Council prepared a formal consultation document on both of its proposals, which was supplemented by an appendix prepared by the Sponsor's team outlining the sponsor's vision for the Woodway Park Academy. These documents were sent home with every pupil of the schools affected as well as every pupil of the main feeder primaries of the three schools concerned and copies were made available at all of the meetings. In all over 9,000 printed copies of the consultation document were distributed and were also available from the City Council's website.

As an additional arm of the consultation process, Scrutiny Board 2, at the request of the Scrutiny Co-ordination Committee, established a Scrutiny Review Group specifically to examine the Government's policy on Academies and the specific proposals for Coventry. A separate report was presented to the Cabinet by that Scrutiny Review Group, which was chaired by Councillor Field (Minute 224/05 above refers). That report supports the proposal to proceed with the Woodway Park Academy. The Review Group did not reach a conclusion on the proposed Swanswell Academy because at this stage an Expression of Interest has still not been finalised. The Scrutiny Review Group is prepared to reconvene itself as and when more work is required from it on the Swanswell Academy proposal.

Appendix two of the report submitted summarised the outcome of the consultation process. A document containing all of the written responses and the minutes of all of the meetings was also available from Members Lounges and on request from the Acting Director of Education and Libraries. In overall terms the level of response to the consultation was disappointing, with only 74 responses being received from a total of 9,000 consultation documents sent out. Attendance at the meetings was also low.

Many of the people responding to the consultation objected in principle to the establishment of Academies, as did numbers of people attending the various meetings. When the views of parents/carers and members of the community were looked at separately, there was more support for the proposals.

In summary, from the consultation responses received when asked the question "do you agree with the proposal to open the Academy at Woodway Park" 22 respondents replied yes; 24 respondents replied no; 5 respondents replied do not know; and 23 respondents made no reply.

This response indicates that there was a broadly mixed reaction to the consultation proposals from the very small number of responses received. If the

responses were analysed by the interest of the respondee, it would appear that a majority of respondees who are parents of children at Woodway Park or at local primary schools were in favour of the proposal. It was stressed however that the number of responses was very low.

Both the current Headteacher at Woodway Park and the Board of Governors have backed the proposal for a new Academy at Woodway Park on the basis that they believe very strongly that a new school building is very much needed, and is essential to improve the quality of education for young people in the area. They would particularly want to see the new Academy continuing to work as part of the family of City secondary schools and within the North East Federation of secondary schools.

The development of a new school on the Woodway Park site would very much support the New Deal for Communities project, which is taking place in the school's catchment area and is likely to see a significant house building programme in the near future. A new school would help to attract people to the area.

Both the Department for Education and Skills (DfES) and the sponsor are prepared to continue with the project, and are preparing to start a detailed feasibility study.

On that basis it is recommended that the proposal to replace the current Woodway Park School with the new Academy of 7 forms of entry to be located on the existing Woodway Park School site be approved, subject to a number of conditions detailed within the report submitted.

Subject to the approval of this recommendation by the Council at their meeting scheduled for 11th April 2006, a Statutory Notice will be published for the closure of the current Woodway Park School, subject to the successful outcome of the feasibility study being undertaken by the DfES. That will lead to the finalisation of the funding agreement between the sponsor and the DfES to establish the new school. The Statutory Notice will need to be considered in due course by the City's School Organisation Committee.

The consultation on the proposed Swanswell Academy was more complex because the proposals involve the potential amalgamation of two separate schools, Barr's Hill and Sidney Stringer, and because at the time of the consultation, a sponsor for the proposal had not been finalised. During the course of the consultation process, the City Council had commenced work with a potential sponsor, the Centre for British Teachers (CfBT) and are continuing to work with the CfBT and DfES on a potential Expression of Interest for this Academy.

The consultation meetings in relation to the Swanswell Academy showed more concern from the community and from parents/carers than the Woodway Park Academy. The key issues that were emerging were concern about the amalgamation of the two schools; the perceived "take over" of Barr's Hill by Sidney Stringer, an inevitable feeling given that the proposed new Academy will be built

on the Learning Quarter which is adjacent to the current Sidney Stringer site; concerns about the additional travel to school distance for pupils in the Radford area who currently go to Barr's Hill; concern about the route which would need to be taken by children travelling from parts of the Barr's Hill catchment area to the new Swanswell Learning Quarter; concern which some parents and carers from Barr's Hill have about the nature of Hillfields and their perceptions of crime and other antisocial activities taking place there, making it an "unsafe" place for their children to go to school; and concerns from staff about possible job losses as a consequence of amalgamation.

Of the responses received, when asked the fundamental question "do you agree with the proposals to open an Academy to replace Barr's Hill and Sidney Stringer" the responses were 10 respondents replied yes; 31 respondents replied no; 6 respondents replied do not know; and 27 respondents made no reply.

Part of the case in the consultation document for the proposed new Swanswell Academy hinged on removing surplus places in the light of falling secondary school rolls. During the course of the consultation, two additional factors emerged which need to be considered in relation to the proposal.

The rate of pupils newly arriving in Coventry from abroad and seeking education has increased very substantially in recent months. Figures produced during the consultation period have demonstrated that on average 30 children a month are now arriving in Coventry and needing to be placed in schools. If this rate of influx continues, it will begin to counteract the demographic trend, which for secondary schools is still very strongly downwards.

More work was undertaken to analyse the possible implications of all known and possible housing developments in the Sidney Stringer and Barr's Hill catchment areas. Although many of these developments are still at an early stage of planning and may not materialise, it is clear that given the scale of development, and given the City's emerging ambition to stabilise and grow, there is an argument for keeping both the Sidney Stringer and Barr's Hill sites available for secondary education.

Having discussed these factors with the DfES and the potential sponsor, and with the Headteachers and Chairs of Governors of the two schools affected, employees are now working on a revised proposal for a possible Swanswell Academy. This revised proposal is for a single Academy operating on two sites, which would consist of a new secondary school to be built on the Learning Quarter site at 7 forms of entry and the existing Barr's Hill site to be refurbished and kept open at its current five forms of entry. The report submitted identified a number of advantages of this revised proposal.

Discussion with the DfES and with the potential sponsor about this revised proposal are ongoing and the Cabinet were advised that, depending on progress, it may be possible to offer an update at the Council meeting scheduled for 11th April 2006.

The current position with regards to sponsorship is that the Centre for British Teachers, which is a large charity with a significant track record in the education field, is happy to act as the lead sponsor for the proposal. CfBT wants the sponsorship to be put together by a consortium and is keen for the City Council and other public sector players, including possibly City College and Coventry University, to be part of that consortium. At this stage the full £2m sponsorship stake has not been created. However, the DfES have indicated that they are prepared to consider an Expression of Interest based on CfBT as the lead sponsor on the basis that the remaining sponsorship could be put into place subsequently. It should be stressed that, as the Lead Sponsor, CfBT would be writing the Educational Vision for the Academy which would be encapsulated in the Expression of Interest. Other sponsors would not be able to change this vision, which would be subsequently built into the funding agreement between the DfES and the sponsor were the proposal to proceed to implementation.

It is proposed that, depending on the outcome of discussions, an Expression of Interest be submitted to the DfES on this revised basis and that authority be delegated to the Chief Executive and the Acting Director of Education and Libraries, in consultation with the Cabinet Member (Children's Services), to finalise this Expression of Interest.

If an Expression of Interest for the Swanswell Academy were to be submitted and approved by Ministers, a further public consultation would be required, leading to a report for approval to proceed being prepared for consideration by the Cabinet and Council.

The Cabinet noted that the same conditions outlined in paragraph 4.7 of the report submitted would also apply to the proposed Swanswell Academy.

On this revised basis, the Academy proposals if implemented would not reduce the overall capacity of secondary schools in the City.

RESOLVED that the City Council be recommended to:-

- (1) Approve the proposal to establish a new Academy to replace the current Woodway Park School to be sponsored by Mr Robert Edmiston of IM Group Ltd.**
- (2) Authorise employees to issue a Statutory Notice for the closure of the current Woodway Park School, subject to the finalisation of a funding agreement for a new Academy.**
- (3) Delegate authority to the Acting Director of Education and Libraries, in consultation with the Cabinet Member (Children's Services), to finalise the details of the Statutory Notice.**
- (4) Note the position in relation to the creation of the proposed Swanswell Academy and delegate authority to the Chief Executive and the Acting Director of Education and Libraries, in consultation**

with the Cabinet Member (Children's Services), to submit an Expression of Interest for a Swanswell Academy on the basis outlined in paragraphs 4.10 to 4.20 of the report submitted.

Report to
Cabinet

7th March 2006

Report of
The Acting Director of Education & Libraries and the Director of Finance and ICT

Title
Outcome of Consultation for the Establishment of Two Academies in Coventry

1 Purpose of the Report

- 1.1 This report provides feedback on the recent consultation to establish two academies in Coventry and proposes the next steps for each of the two proposals.

2 Recommendations

Cabinet is recommended to:

- 2.1 Approve the proposal to establish a new Academy to replace the current Woodway Park School to be sponsored by Mr Robert Edmiston of IM Group Ltd.
- 2.2 Authorise officers to issue a Statutory Notice for the closure of the current Woodway Park School, subject to the finalisation of a funding agreement for a new Academy.
- 2.3 Delegate authority to the Acting Director of Education & Libraries and the Cabinet Member (Children's Services) to finalise the details of the Statutory Notice.
- 2.4 Note the position in relation to the creation of proposed Swanswell Academy and give delegated authority to the Cabinet Member (Children's Services) and the Chief Executive to submit an Expression of Interest for a Swanswell Academy on the basis outlined in paragraphs 4.10 to 4.20 below.

3 Information/Background

- 3.1 On 28th June 2005 Cabinet approved a report authorising consultation on the establishment of two Academies in Coventry.
- 3.2 The first of these proposals was for an Academy to replace Woodway Park School. The sponsor for this Academy is Mr Robert Edmiston of IM Group Ltd and the proposal was for a new seven form of entry school on the Woodway Park site. Following approval of the report in June, an Expression of Interest was submitted for this Academy which was subsequently approved by the Secretary of State.

- 3.3 The second proposal was an "in principle" proposal to establish a new Academy as part of the Swanswell Learning Quarter to replace both the existing Sidney Stringer and Barr's Hill Schools. This proposed Academy did not at the time have a sponsor and the consultation was therefore in principle only.
- 3.4 Following the approval of the Expression of Interest for the Woodway Park Academy by the Secretary of State, the consultation process was begun which extended from 31st October 2005 until 6th January 2006. During the course of this consultation a schedule of meetings was arranged with various stakeholders including two public meetings, meetings with staff, unions, governors and parents of all of the schools individually affected, and meetings with the parents and carers of children at primary schools feeding the schools affected.
- 3.5 For those meetings which were scheduled at Woodway Park School or for the feeder primary schools of Woodway Park School, and with the Trade Unions, the proposed sponsor for the Woodway Park Academy Mr Robert Edminston attended the meetings, along with Mr Steve Chase who is the Project Manager for the sponsor's other Academy, Grace Academy in Solihull, and Mr David Wootton who is the Principal Elect of that Academy. In addition, the Sponsor team also met with the Local Learning and Skills Council, the North East Federation Secondary Headteachers and the linked Primary Headteachers.
- 3.6 A full schedule of all of the consultation meetings is shown as Appendix One to this report.
- 3.7 The City Council prepared a formal consultation document on both of its proposals, which was supplemented by an appendix prepared by the Sponsor's team outlining the sponsor's vision for the Woodway Park Academy. These documents were sent home with every pupil of the schools affected as well as every pupil of the main feeder primaries of the three schools concerned. Copies were made available at all of the meetings and were available from the City Council's website. In all over 9,000 printed copies of the consultation document were distributed. Additionally, documents were also available by people downloading them from the City Council website.
- 3.8 As an additional arm of the consultation process, Scrutiny Board 2 (at the request of the Scrutiny Co-ordination Committee) established a Scrutiny Review Group specifically to examine the government's policy on Academies and the specific proposals for Coventry. A separate report has been made to Cabinet by that Scrutiny Review Group which was chaired by Cllr Field, the Chair of Scrutiny Board 2 which scrutinises Children's Services.
- That report which appears elsewhere on your agenda, supports the proposal to proceed with the Woodway Park Academy. The Review Group did not reach a conclusion on the proposed Swanswell Academy because at this stage an Expression of Interest has still not been finalised. The Scrutiny Review Group is prepared to reconvene itself as and when more work is required from it on the Swanswell Academy proposal.
- 3.9 Appendix two of this report is a document summarising the outcome of the consultation process. A document containing all of the written responses and the minutes of all of the meetings has been put together and is available from Members Lounges or on request from the Acting Director of Education & Libraries.
- 3.10 In overall terms the level of response to the consultation was disappointing with only 74 responses being received from a total of 9,000 consultation documents which were sent out. Attendance at the meetings was also low.

3.11 Many of the people responding to the consultation object in principle to the establishment of Academies, as did numbers of people attending the various meetings. When the views of parents/carers and members of the community are looked at separately, there was more support for the proposals.

4 Proposal and Other Option(s) to be considered

The proposed Woodway Park Academy

- 4.1 In summary, from the consultation responses received when asked the question "do you agree with the proposal to open the Academy at Woodway Park": -
- 22 respondents replied yes.
 - 24 respondents replied no.
 - 5 respondents replied do not know.
 - 23 respondents made no reply.
- 4.2 This response indicates that there was a broadly mixed reaction to the consultation proposals from the very small number of responses received. If the responses are analysed by the interest of the respondee, it would appear that a majority of respondees who are parents of children at Woodway Park or at local primary schools were in favour of the proposal. It should be stressed however that the number of responses was very low.
- 4.3 Both the current Headteacher at Woodway Park and the Board of Governors have backed the proposal for a new Academy at Woodway Park on the basis that they believe very strongly that a new school building is very much needed, and is essential to improve the quality of education for young people in the area. They would particularly want to see the new Academy continuing to work as part of the family of City secondary schools and within the North East Federation of secondary schools.
- 4.4 The development of a new school on the Woodway Park site would very much support the New Deal for Communities project, which is taking place in the schools catchment area which is likely to see a significant house building programme in the near future. A new school would help to attract people to the area.
- 4.5 Both the DfES and the sponsor are prepared to continue with the project, and are gearing up to start a detailed feasibility study subject to the approval for this proposal by Cabinet and subsequently Council.
- 4.6 As indicated above, the Scrutiny Review Group set up by the Council to consider the matter is recommending that the City Council proceeds with this proposal.
- 4.7 On this basis it is recommended that Cabinet approve the proposal to replace the current Woodway Park School with the new Academy of 7 forms of entry to be located on the existing Woodway Park School site. This approval is subject to the condition that: -
- The Academy operates the same admissions policy as operated by all other community secondary schools in the City and has the same catchment area as current Woodway Park School.
 - That the school is not a faith school and does not operate any selective admissions policies.

- The school will continue to work in collaboration and federation with other schools in the City and play a full and active part in the City's policies for Education and Children's Services, including its policies for Special Educational Needs and Inclusion.
- 4.8 Subject to the approval of this recommendation by Cabinet and then by Council on April 11th, a Statutory Notice will be published for the closure of the current Woodway Park School, subject to the successful outcome of the feasibility study being undertaken by the DfES. That will lead to the finalisation of the funding agreement between the sponsor and the DfES to establish the new school.
- 4.9 The Statutory Notice will need to be considered in due course by the City's School Organisation Committee.

The Swanswell Academy

- 4.10 The consultation for the proposed Swanswell Academy was more complex because the proposals involves the potential amalgamation of two separate schools, Barr's Hill and Sidney Stringer, and because at the time of the consultation a sponsor for the proposal had not been finalised. During the course of the consultation process the City Council has commenced work with a potential sponsor, the Centre for British Teachers (CfBT) and officers are continuing to work with CfBT and DfES on a potential Expression of Interest for this Academy.
- 4.11 The consultation meetings in relation to the Swanswell Academy showed more concern from the community and from parents/carers than the Woodway Park Academy. The key issues that were emerging were: -
- Concern about the amalgamation of the two schools.
 - The perceived "take over" of Barr's Hill by Sidney Stringer, an inevitable feeling given that the proposed new Academy will be built on the Learning Quarter which is adjacent to the current Sidney Stringer site.
 - Concerns about the additional travel to school distance for pupils in the Radford area who currently go to Barr's Hill.
 - Concern about the route which would need to be taken by children travelling from parts of the Barr's Hill catchment area to the new Swanswell Learning Quarter.
 - Concern which some parents and carers from Barr's Hill have about the nature of Hillfields and their perceptions of crime and other anti social activities taking place there, making it an "unsafe" place for their children to go to school.
 - Concerns from staff about possible job losses as a consequence of amalgamation.
- 4.12 Of the responses received, when asked the fundamental question "do you agree with the proposals to open an Academy to replace Barr's Hill and Sidney Stringer" the responses were: -
- 10 respondents replied yes
 - 31 respondents replied no
 - 6 respondents replied do not know
 - 27 respondents made no reply.

4.13 Part of the case in the consultation document for the proposed new Swanswell Academy hinged on removing surplus places in the light of falling secondary school rolls. During the course of the consultation, two additional factors have emerged which need to be considered in relation to the proposal.

- a) The rate of pupils newly arriving in Coventry from abroad and seeking education has increased very substantially in recent months. Figures produced during the consultation period have demonstrated that on average 30 children a month are now arriving in Coventry and needing to be placed in schools. If this rate of influx continues it will begin to counteract the demographic trend which for secondary schools is still very strongly downwards.
- b) More work was undertaken to analyse the possible implications of all known and possible housing developments in the Sidney Stringer and Barr's Hill catchment areas. Although many of these developments are still at an early stage of planning and may not materialise, it is clear that given the scale of development, and given the City's emerging ambition to stabilise and grow the size of the City's population, there is an argument for keeping both the Sidney Stringer and Barr's Hill sites available for secondary education, especially when this data is combined with the numbers of newly arriving pupils discussed above.

4.14 Having discussed these factors with the DfES and the potential sponsor, and with the Headteachers and Chairs of Governors of the two schools affected, officers are now working on a revised proposal for a possible Swanswell Academy. This revised proposal is for a single Academy operating on two sites, which would be:-

- a new secondary school to be built on the Learning Quarter site at 7 forms of entry
- the existing Barr's Hill site to be refurbished and kept open at its current five forms of entry.

4.15 This proposal would have a number of advantages:

- It would respond to some of the key concerns raised by parents and the community during the consultation about wanting to keep the Barr's Hill site open and the distances to travel to Sidney Stringer.
- It would provide a strategic future for both school sites and in particular would help to secure the significant improvement which was made in exam results at Barr's Hill in 2005.
- It would allow the proposal for the Learning Quarter to progress by continuing the proposal for a new school although at a slightly reduced size of 7 forms of entry rather than 8 forms of entry.
- It would allow some refurbishment of facilities at Barr's Hill.
- It would keep both school sites open thus retaining capacity in City secondary schools to reflect numbers of pupils arriving in Coventry and the potential numbers of pupils which may emerge from future housing developments.
- It would help secure future possible growth of the City by retaining a key school site.
- It would relieve the concern of many staff at the schools by removing any possibility of job losses that would have arisen in a merger.

4.16 Discussion with the DfES and with the potential sponsor about this revised proposal are ongoing, and are unlikely to have reached a conclusion prior to Cabinet on March 7th. Depending on progress it may be possible to offer an update at Council on April 11th.

4.17 The current position with regards to sponsorship is that the Centre for British Teachers, which is a large charity with a significant track record in the education field, is happy to act as the lead sponsor for the proposal. CfBT wants the sponsorship to be put together by a consortium and is keen for the City Council and other public sector players, including possibly City College and Coventry University, to be part of that consortium. At this stage the full £2m sponsorship stake has not been created. However, the DfES have indicated that they are prepared to consider an Expression of Interest based on CfBT as the lead sponsor on the basis that the remaining sponsorship could be put into place subsequently. It should be stressed that as the Lead Sponsor CfBT would be writing the Educational Vision for the Academy which would be encapsulated in the Expression of Interest. Other sponsors would not be able to change this vision which would be subsequently built into the funding agreement between the DfES and the sponsor were the proposal to proceed to implementation.

4.18 It is proposed that depending on the outcome of discussions, an Expression of Interest be submitted to the DfES on this revised basis and that the Cabinet Member (Children's Services) and the Chief executive Acting Director of Education & Libraries be delegated authority to finalise this Expression of Interest. It is intended that a representative of the Centre for British Teachers will be attending this Cabinet meeting to give Cabinet the opportunity to meet them and ask any specific questions. It is also expected that the Scrutiny Review Group will reconvene and meet with CfBT to consider this proposal in more detail on behalf of the Council.

4.19 If an Expression of Interest for the Swanswell Academy were to be submitted and approved by Ministers, a further public consultation would be required, leading to a report for approval to proceed being prepared for consideration by Cabinet and Council.

4.20 The same conditions outlined in paragraph 4.7 above would also apply to the proposed Swanswell Academy i.e.

- The Academy would operate the same admissions policy as operated by all other community secondary schools in the City and have the same catchment area as Barrs Hill/Sidney Stringer.
- That the school would not be a faith school and or operate any selective admissions policies.

The school would continue to work in collaboration and federation with other schools in the City and play a full and active part in the City's policies for Education and Children's Services, including its policies for Special Educational Needs and Inclusion.

4.21 These conditions have been discussed and agreed in principle by DfES and the potential sponsor.

4.22 On this revised basis, the Academy proposals if implemented would not reduce the overall capacity of secondary schools in the City.

	Current Size	Proposed Size of Academy
Woodway Park	7 forms of entry	7 forms of entry
Sidney Stringer	7 forms of entry	} 12 forms of entry
Barr's Hill	5 forms of entry	

5 Other specific implications

	Implications (See below)	No Implications
Best Value		×
Children and Young People	✓	
Comparable Benchmark Data		×
Corporate Parenting		×
Coventry Community Plan		×
Crime and Disorder		×
Equal Opportunities		×
Finance	✓	
Health and Safety		×
Human Resources	✓	
Human Rights Act		×
Impact on Partner Organisations	✓	
Information and Communications Technology		×
Legal Implications		×
Neighbourhood Management		×
Property Implications	✓	
Race Equality Scheme		×
Risk Management		×
Sustainable Development		×
Trade Union Consultation	✓	
Voluntary Sector – The Coventry Compact		×

5.1 Children and Young People

The proposed Academies could be of significant potential benefit to the Children and Young People who will attend the schools by significantly improving the quality of educational experience. It is still intended that both schools will act as full service extended schools if the Academy proposals are implemented.

5.2 Financial Implications

If established the Academies would be independent schools funded directly by DfES. Academies are funded at a comparable level to other local schools with similar characteristics. The feasibility and implementation costs of approved Academy schemes are funded by government grant. Sponsors will contribute £2m towards the capital costs of new or refurbished buildings and government will provide the balance of funding required in line with an agreed budget.

In revenue terms this would be broadly neutral to the City Council. The numbers of pupils attending an Academy are netted off the pupil numbers included by the DfES in their calculation of Dedicated Schools Grant – this is the new grant which is used by government to provide mainstream funding for state schools.

The running cost and maintenance of the schools would be the responsibility of the Academy Trust and not the City Council. There would therefore be some transfer of risk and long-term cost from the City Council to the Academy Trust.

If the City Council decides to form part of the consortium which sponsors the Swanswell Academy it will need to put up some of the sponsorship stake. The DfES are not prepared to see the public sector stake exceed 20% of the total which would mean a cash injection of up to £400,000 from the City Council.

5.3 Property Implications

For the Academy proposal to proceed, the Local Authority needs to agree to handover the control of the school sites in question to the Academy Trust. The transfer would be created by means of a long lease at a peppercorn rent.

The recommendations in this report would imply that the City Council agrees to this approach for the Woodway Park site, subject to the drawing up of a detailed lease agreement, which will need to be the subject of a subsequent specific Cabinet report.

The revised basis for the potential Swanswell Academy implies that the City Council is prepared to lease both the current Barr's Hill site and the new possible school site in the Swanswell Learning Quarter to an Academy sponsor on a similar basis. This would include Barr's Hill's off site playing fields in Waste Lane. This would be subject to the outcome of further consultation and a subsequent Cabinet report to approve the implementation of the proposals.

Any lease would restrict use of these sites to school and related uses. It would preclude land being sold on to a third party.

5.4 Human Resources

Staff consultation meetings have taken place at Woodway Park, Barr's Hill and Sidney Stringer.

The TUPE regulations which relate to the transfer of public undertakings would apply to this establishment of an Academy. All staff at Woodway Park School would, if still employed by the school at the point of transfer, be transferred to appointment at the new Academy.

If the revised proposal for the Swanswell Academy were to be implemented, this would mean that all staff employed by both Barr's Hill and Sidney Stringer at the point of transfer would be transferred to the new Swanswell Academy.

5.5 Impact on Partner Organisations

The City Council is keen to ensure that any new Academy in the City would work as part of its overall partnership with schools and within the federations of secondary schools in the City. The City Council has had assurances from the Woodway Park sponsor and the potential sponsor for the Swanswell Academy that they intend to work in this way.

5.6 Trade Union Consultation

A specific meeting was held to allow Trade Unions to comment on the consultation document and to meet with the potential sponsor for Woodway Park. Further consultation on the Swanswell proposal will take place in due course

	Yes	No
Key Decision	√	
Scrutiny Consideration (if yes, which Scrutiny meeting and date)	Matter considered in detail by a Scrutiny Review Group established by SCRUCOCO	
Council Consideration (if yes, date of Council meeting)	√ 12th April, 2006	

List of background papers

Proper officer: Acting Director of Education & Libraries

Author: Telephone 024 76 831667
Chris West, Acting Director of Education & Libraries, Education & Libraries Directorate
(Any enquiries should be directed to the above)

Other contributors:

Ruth Snow, Acting Director of Education & Libraries
Barry Hastie, Finance Manager (Children's Services)
Nigel Clews, Head of Property Management
Duncan Elliott, Swanswell Initiative – Project Head
Neelesh Sutaria, Departmental HR Manager
Jos Parry, Head of Policy, Commissioning and Performance (Children's Services)
Brian Parker, Head of Services for Communities
Paul Taylor, Principal of City College
Corrinne Steele, Scrutiny Co-ordinator
Richard Brankowski, Legal and Democratic Services Directorate
Papers open to Public Inspection

Description of paper	Location
Outcome of the Academy Consultation	ED 240

Appendix One

CONSULTATION SCHEDULE FOR ACADEMY PROPOSALS

Consultation With	Date	Time	Venue
Trades Union Reps	Thursday 3 November	2.30 pm	EBCTC Maple Room
Woodway Park Staff	Thursday 3 November	4.00 pm	Woodway Park
Governors	Thursday 3 November	5.00 pm	Woodway Park
Parents/Carers	Thursday 3 November	7.00 pm	Woodway Park
Public	Monday 14 November	7.00 pm	Woodway Park
Academies Review Group	Monday 14 th November	2.00pm	Council House
Parents/Carers of Feeder Schools	Tuesday 15 November	7.30 pm	Moat House School
Sidney Stringer Staff	Wednesday 30 th November	3.30pm	Sidney Stringer
Governors	Wednesday 30 th November	4.30pm	Sidney Stringer
Parents/Carers	Wednesday 30 th November	6.30pm	Sidney Stringer
Barr's Hill Staff	Thursday 1 st December	4.00pm	Barr's Hill
Governors	Thursday 1 st December	5.00pm	Barr's Hill
Parents/Carers	Thursday 1 st December	7.00pm	Barr's Hill
Barr's Hill Feeder Meeting	Wednesday 7 th December	7.30pm	Hill Farm
Sidney Stringer Feeder Meeting	Thursday 8 th December	7.30pm	Frederick Bird
Swanswell Public Meeting	Thursday 15 th December	7.00pm	St Peters Community Centre
Local Learning & Skills Council	Monday 28 th November	3.00pm	Civic Centre 1
Headteachers of Feeder Primary Schools	Monday 28 th November	4.00pm	Civic Centre 1
North East Federation Headteachers	Monday 28 th November	5.00pm	Civic Centre 1

Appendix Two

Results Consultation On New Academies

1. Responses To Academy Consultation

In total there were **74** replies to the consultation.

Responses were received from the following groups:

Governor at Barr's Hill/Sidney Stringer	2
Governor at Woodway Park	1
Member of Staff at Barr's Hill/Sidney Stringer	7
Member of Staff at Woodway Park School	9
Not Stated	7
Other	24
Parent of a Child at Barr's Hill/Sidney Stringer	8
Parent of a Child at Local Primary School	7
Parent of a Child at Woodway Park	7
Trade Union Representative	2
Total Responses	74

In reply to the following questions:

1a. Have you seen a copy of the consultation pack?

61 respondents replied **YES**
2 respondents replied **NO**
1 respondent replied **Do Not Know**
10 respondents **made no reply**

1b. Have you found this document helpful?

45 respondents replied **YES**
13 respondents replied **NO**
2 respondents replied **Do Not Know**
14 respondents **made no reply**

1c. Do you feel this document fairly and fully sets out the reason behind the proposals?

33 respondents replied **YES**
26 respondents replied **NO**
2 respondents **Do Not Know**
13 respondents **made no reply**

1d. Have you been to any of the consultation meetings?

30 respondents replied **YES**
34 respondents replied **NO**
10 respondents **made no reply**

1e. Do you feel you have been appropriately consulted on the proposal?

25 respondents replied **YES**
29 respondents replied **NO**
8 respondents replied **Do not know**
12 respondents **made no reply**

2. Woodway Park Proposal

2a. Do you agree with the proposal to open an academy at Woodway Park?

24 respondents replied **NO**
22 respondents replied **YES**
5 respondents replied **Do not know**
23 respondents **made no reply**

Responses from groups:

Group	NO Responses	YES Responses	Do not know Responses	Number making no reply to question
Governor of Barr's Hill/ Sidney Stringer	1			1
Governor of Woodway Park		1		
Member of staff Barr's Hill/ Sidney Stringer	1		1	5
Member of staff Woodway Park	3	3		3
Parent of Child at Barr's Hill/Sidney Stringer	3			5
Parent of Child at Woodway Park	1	5	1	
Parent of Child at Local Primary School		5	2	
Trade Union Representative	1			1
Other(ministers, citizens/residents/governors of other schools/ teachers at other schools, individuals)	11	7	1	5
Not stated	3	1		3
Totals	24	22	5	23

3. The Barr's Hill/Sidney Stringer Proposal

3a. Do you agree with the proposal in principle to open an Academy to replace Barr's Hill and Sidney Stringer?

31 respondents replied **NO**
10 respondents replied **YES**
6 respondents replied **Do not know**
27 respondents **made no reply**

Responses from groups:

Group	NO Responses	YES Responses	Do not know Responses	Number making no reply to question
Governor of Barr's Hill/ Sidney Stringer	1			1
Governor of Woodway Park				1
Member of staff Barr's Hill/ Sidney Stringer	7			
Member of staff Woodway Park			1	8
Parent of Child at Barr's Hill/Sidney Stringer	7		1	
Parent of Child at Woodway Park				7
Parent of Child at Local Primary School	3	3	1	
Trade Union Representative	1			1
Other(ministers, citizens/residents/governors of other schools/ teachers at other schools, individuals)	10	5	3	6
Not stated	2	2		3
Totals	31	10	5	27

SCRUTINY BOARD (4) (HEALTH)

15th March 2006

Scrutiny Board (4)

Members Present:-
Councillor Ahmed
Councillor Bhyat
Councillor Clifford (Chair)
Councillor Crookes
Councillor Mrs Dixon
Councillor Gazey
Councillor Ruddy
Councillor Stone (Deputy Chair)

Co-opted Members

Present:
Mr T. Doyle
Miss D. Hackford
Ms S. Khan
Mr D. Spurgeon

Other Members

Present:
Councillor Matchet
Councillor H Noonan

Employees

Present:
L. Bull (Community Services Directorate)
J. Jardine (Chief Executive's Directorate)
C. Sinclair (Legal and Democratic Services Directorate)

In Attendance:
C. Merker (Coventry Teaching PCT)
M. Patel (UHCWT)*
D. Roberts (UHCWT)*

* University Hospital Coventry and Warwickshire NHS Trust

RECOMMENDATION

65. Proposed Responses to NHS Reconfiguration Consultations

The Board considered a report which sought approval for responses to the NHS consultations on "Configuration of Ambulance Trusts in England", "Consultation on new Strategic Health Authority arrangements in the West Midlands: Ensuring a Patient-led NHS" and "Consultation on new Primary Care Trusts arrangements in West Midlands South (Coventry, Warwickshire, Herefordshire and Worcestershire)". An updated response to the "Configuration of NHS Ambulance Trusts in England" was tabled at the meeting.

The NHS consultations on Strategic Health Authority and Primary Care Trust reconfiguration were a consequence of the Department of Health paper, *Commissioning a Patient-led NHS*, published on 28 July 2005. *Commissioning a patient-led NHS* also set the timetable for ambulance service reconfiguration. The proposal to reduce the number of ambulance trusts was contained in *Taking Healthcare to the Patient*, a report published in June 2005. All three consultations closed on 22 March 2006.

The consultation on ambulance trust reconfiguration proposed the dissolution of Coventry and Warwickshire Ambulance Service, Hereford and Worcester Ambulance Service, Staffordshire Ambulance Service, and West Midlands Ambulance Service, and their replacement with a new ambulance service for what the consultation refers to as the "west central" region.

The consultation on Strategic Health Authority reconfiguration proposed the dissolution of West Midlands South Strategic Health Authority, Birmingham and the Black Country Strategic Health Authority, and Shropshire and Staffordshire Strategic Health Authority, and their replacement with a single west midlands regional Strategic Health Authority.

The consultation on Primary Care Trust reorganisation made no changes to Coventry Teaching PCT. It proposed the dissolution of North Warwickshire PCT, Rugby PCT and South Warwickshire PCT, and their replacement with a single Warwickshire PCT.

The proposal to reconfigure ambulance services had met with significant opposition. Warwickshire County Council, University Hospitals Coventry and Warwickshire, district councils in Warwickshire and Warwickshire PCTs had all expressed concerns and recommended the retention of Coventry and Warwickshire Ambulance Service. Coventry and Warwickshire Ambulance Service Trust Board had agreed a statement against the proposals (appendix 4 of the report submitted).

Scrutiny Board 4 (Health) had taken evidence on these consultations at the meetings on 18 January and 15 February 2006.

In discussing their response to this consultation, the Board emphasised their concerns that the consultation had been undermined by mounting evidence that implementation of the proposals had begun before the consultation had concluded and suggested that this be highlighted in the response to the Strategic Health Authority. The Board also considered that the response to the consultation should also be circulated to neighbouring local authority health scrutiny committees, local MPs and the Secretary of State. At the request of the Cabinet Member (Health and Housing) the Board agreed that, as there would not be a meeting of full Council before the submission deadline, that Cabinet receive the report at their meeting on 21st March 2006 for endorsement.

RESOLVED:

- (1) That, subject to amendments now indicated, the response to the consultation "Configuration of ambulance trusts in**

England" be agreed for submission to the Strategic Health Authority.

- (2) That the above-mentioned response be submitted to Cabinet on 21st March and Council on 11th April 2006 for endorsement.**
- (3) That the above-mentioned response also be circulated to neighbouring local authority health scrutiny committees, the Secretary of State and local MPs.**
- (4) That the response to the "Consultation on new Strategic Health Authority arrangements in the West Midlands: Ensuring a Patient Led NHS" (Appendix 1 of the report submitted) be agreed.**
- (5) That the response to the "Consultation on new Primary Care Trusts arrangements in West Midlands South (Coventry, Warwickshire, Herefordshire and Worcestershire)" (Appendix 2 of the report submitted) be agreed.**



Scrutiny Board 4 (Health)

3rd Report (2005-06)

Response to “Configuration of NHS ambulance trusts in England”

15 March 2006

Scrutiny Co-ordination Group
Coventry City Council
Council House
Coventry
CV1 5RR
Tel: 024 7683 1179
Email: michelle.hayes@coventry.gov.uk
Web: <http://www.coventry.gov.uk/scrutiny>

Other publications from the Health Scrutiny Board:

2005 – 2006

1st Report of Scrutiny Board 4 (Health), *Scrutiny Board 4 (Health) response to the consultation on the smokefree elements of the Health Improvement and Protection Bill*, August 2005

2nd Report of Scrutiny Board 4 (Health), *Scrutiny Board 4 (Health) response to the Coventry Teaching Primary Care Trust consultation, "Coventry City Centre Health Services"*, November 2005

2004 – 2005

1st Report of Scrutiny Board 4 (Health), *Statutory Consultation on the Development of Dental Training and Specialist Dentistry for the West Midlands*, January 2005

2nd Report of Scrutiny Board 4 (Health), *Review of Health and Social Care Services, City Centre – Update*, March 2005
Health Scrutiny: Annual Report 2004/05

2003 – 2004

1st Report of Scrutiny Board 5 (Health), *Review of Community Pharmacy in Coventry*, September 2003

2nd Report of Scrutiny Board 5 (Health), *Review of NHS Dentistry in Coventry*, November 2003

3rd Report of Scrutiny Board 5 (Health), *University Hospitals Coventry and Warwickshire NHS Trust Emergency Services Consultation*, May 2004
Health Scrutiny: Annual Report 2003/04

2002 – 2003

1st Report of Scrutiny Board 2 (Health), *Review of Health and Social Care Services, City Centre*, February 2003

Contents

Foreword – Cllr Joe Clifford, Chair, Scrutiny Board 4 (Health)	4
Scrutiny Board 4 (Health) - Background information	6
Background to the consultation on ambulance services in Coventry	7
Overall conclusions	10
Key findings	10
Analysis of the consultation proposals	12
1. Flawed interpretation of <i>Taking health care to the patient</i> and the lack of expert support for reorganisation	13
2. These proposals seek cost savings the wrong way	14
3. Further improving services and risks to current performance	15
4. Other arguments put forward in support of reorganisation	18
5. Loss of accountability	19
6. The nature of the consultation	20
Appendix 1 – Note of a meeting of Scrutiny Board 4 (Health) on 18 January 2006	22
Appendix 2 – Note of a meeting of Scrutiny Board 4 (Health) on 15 February 2006	32
Appendix 3 – Letter from Sonia Godfrey, Associate Head of Nursing, Midwifery and Healthcare, Coventry University	42
Appendix 4 – Letter from Lord Warner, 31 January 2006	45
Appendix 5 – Web based survey results	46
Appendix 6 – Minutes from the Coventry City Council area forum meetings relating to the consultation on reconfiguration of ambulance services	53
Appendix 7 - Response by University Hospitals Coventry and Warwickshire NHS Trust to <i>Configuration of ambulance trusts in England</i>	60

Foreword

Cllr Joe Clifford
Chair – Scrutiny Board 4 (Health)

Of all the consultation with which health scrutiny has been involved in recent months, reconfiguration of NHS Ambulance Trusts has seemed to be the most contentious, not least because of the perception that the outcome has already been decided. I hope that this is not the case, and that both the evidence we have received and the conclusions that we have come to will be taken into account before final decisions are made.

However well intentioned the proposals to create huge ambulance trusts across England, there seems to be little evidence to support the perceived benefits that are assumed will follow. Indeed most of the evidence that Coventry's health scrutiny board has received seems to point to the contrary.

In considering these proposals I was reminded of a famous anecdote. The celebrated dancer Isadora Duncan once wrote to George Bernard Shaw declaring that, given the then fashionable principles of eugenics, they should have a child together.

"Think of it!" she enthused. "With my body and your brains, what a wonder it would be."

"Yes," Shaw replied. "But what if it had my body and your brains?"

Forced unions are rarely a good idea and I am not convinced that as far as Coventry and Warwickshire Ambulance Services are concerned the proposal to create one of the biggest ambulance services in the world has been well thought out. If we are to believe Professor Matthew Cook's evidence to the health scrutiny board (and we have no reason not to do so), reconfiguration was never part of Peter Bradley's draft report in the first place and it is not clear why it was added later.

What is clear from *Taking Healthcare to the Patient* is that many of the recommendations reflect what Coventry and Warwickshire Ambulance Service is already doing. I agree wholeheartedly with UHCW Chief Executive David Roberts' comments in his letter to the Strategic Health Authority (see appendix 7) when he writes,

"The local collaborative working across the Ambulance Trust with primary, secondary and social care has already delivered improvements in quality standards and operational service integration. We believe that a merger with other ambulance services would make it more challenging for UHCW and other providers in Coventry and Warwickshire to deliver the required health care standards and targets

for the Annual Health Check. It is not proven that a single West Midlands Ambulance Service would be more financially economic and that the service, in terms of efficiency and performance standards, would improve."

The creation of Coventry and Warwickshire Ambulance Service brought the ambulance service into play as part of the primary, secondary and social care team. It would be sad if reconfiguration broke up the team that has delivered excellent services and sustained improvement for the people of Coventry.

I would like to thank the members of the health scrutiny board for their support in undertaking this consultation response, and their unanimous support for its conclusions. I think that we have shown that health scrutiny can bring to the fore the key issues in health service development, and undertake a thorough investigation of the issues at hand. I would also like to thank the witnesses who have spoken at health scrutiny meetings, and the members of the public who have responded to our survey.

Cllr Joe Clifford
March 2006

Scrutiny Board 4 (Health) – Background Information

The Health and Social Care Act 2001 and associated regulations, which came into force in January 2003, give Coventry City Council the power, through its health overview and scrutiny committee (Scrutiny Board 4 (Health) – the "health scrutiny board"), to review and make recommendations on matters relating to local health services. The health scrutiny board is made up of Councillors from across political parties and co-opted members of the public. It is not an executive body; it cannot make decisions and then require others to implement them. It can however make recommendations that local NHS organisations and the City Council must consider as part of their decision-making processes. Similarly, when local NHS organisations propose "substantial" changes to their services, they must first consult the health scrutiny board to obtain its views. The health scrutiny board's purpose is threefold. First, to open up health related decision-making to public oversight. Second, to make recommendations that will lead to improvements in the health of Coventry residents and health services they receive. Third, to work with others to help reduce Coventry's health inequalities.

Consultation on configuration of ambulance trusts in England

Copies of the consultation paper are available from West Midlands South Strategic Health Authority (www.wmsha.nhs.uk, 0845 257 7046). Responses should be sent to:

Mr David Nicholson CBE
Commissioning a patient led NHS
West Midlands Consultation Office
PO Box 2675
Stafford ST16 9BW

The consultation closes on 22 March 2006.

Members of Scrutiny Board 4 (Health)

Cllr Shabbir Ahmed	(Conservative, Foleshill)
Cllr Solly Bhyat	(Labour, St Michaels)
Cllr Joe Clifford	(Labour, Holbrooks – Chair)
Cllr Gary Crookes	(Conservative, Wainbody)
Cllr Susanna Dixon	(Conservative, Wyken)
Cllr John Gazey	(Conservative, Bablake)
Cllr Tom Ruddy	(Labour, Henley)
Cllr Val Stone	(Independent, Longford – Vice Chair)
Mr Terry Doyle	(Co-opted member)
Miss Diane Hackford	(Co-opted member)
Ms Shagufta Khan	(Co-opted member – UHCW PPIF)
Mr David Spurgeon	(Co-opted member – CTPCT PPIF)

Officer Support

John Bolton	Director of Community Services
Sally Burton	Community Services Directorate
Michelle Hayes	Legal and Democratic Services
Jonathan Jardine	Chief Executive's Directorate
Stella Manzie	Chief Executive
Carolyn Sinclair	Legal and Democratic Services

In attendance at the invitation of the Board

Cllr Andy Matchet	Cabinet Member (Health and Housing)
-------------------	-------------------------------------

Background to the consultation on ambulance services in Coventry

1974:

Coventry Ambulance Service becomes part of West Midlands Ambulance Service (WMAS).

1976:

WMAS centralises ambulance service control centres. The Emergency Operations Centre (EOC) for the West Midlands is at Ambulance Headquarters in Brierley Hill, near Dudley.

8 April 2003:

Coventry Teaching Primary Care Trust (PCT) Board decides to change its management arrangements for emergency and routine ambulance services. The new organisation will be based on Warwickshire Ambulance Service, and will be called Coventry and Warwickshire Ambulance Service (CWA).

A progress report to Coventry Teaching PCT Board on 8 July 2003 describes the advantages on the amalgamation as follows:

"The amalgamation of Coventry & Warwickshire Ambulance Services supported by the expansion the emergency ambulance control facility at Leamington Spa forms a key part of the West Midlands South Strategic Health Authority's [SHA] plan to develop an emergency care network for Coventry & Warwickshire. This will provide a platform from which it is planned to develop a fully integrated Operations Centre to support the Emergency Care Network and major incident planning and co-ordination."

03:00 hours 1 April 2004:

CWA based in Leamington Spa takes responsibility for ambulance service provision within Coventry City Council boundaries.

May 2004:

The Department of Health invites Peter Bradley CBE, Chief Executive of London Ambulance Service NHS Trust, to become National Ambulance Adviser and to lead a review of NHS ambulance services in England.

30 June 2005:

Peter Bradley's report, *Taking Healthcare to the Patient*, setting out the review's conclusions, is published. Recommendation 40 states,

"There should be a reduction in the number of services broadly in line with SHA boundaries. Precise decisions on the configuration and number of services should be made after consultation with NHS and the public to ensure that configuration reflects local operational requirements."

There are 23 SHAs outside London, and 30 ambulance trusts.

The foreword, by Lord Warner, Minister of State for NHS Delivery, says,

“Our initial view is that the number of trusts should be reduced by at least 50%”

27 July 2005:

CWA is awarded three stars, out of three, in the 2004/05 Healthcare Commission ratings. Of 31 ambulance trusts, thirteen achieve this standard. In the west midlands region, Staffordshire Ambulance Service NHS Trust also receives three stars, Hereford and Worcester Ambulance Service NHS Trust gets two, and West Midlands Ambulance Service NHS Trust gets one.

28 July 2005:

Commissioning a patient led NHS, a programme for NHS organisational change (prefaced by an explanatory letter from the then NHS Chief Executive Sir Nigel Crisp) is published. The document sets out how the NHS commissioning role will develop and how, from this, structural reorganisation is required. Sir Nigel writes,

“These changes in [commissioning] will mean that the NHS will want to reconsider the optimal configuration of PCTs, and where appropriate Care Trusts, and SHAs and their fitness for purpose. This will be done alongside the reform in the provision of ambulance services described in *Taking Healthcare to the Patient*.”

Paragraph 8 of the programme document states,

“We are also looking to reconfigured SHAs to move towards alignment with Government Office boundaries where appropriate”

Paragraph 36 states:

“The review of ambulance services published on June 30 (*Taking Healthcare to the Patient*) proposed to strengthening ambulance services with an associated reduction of a least 50% in the number of ambulance trusts.”

Commissioning a patient led NHS includes a timetable for ambulance service reorganisation. Public consultation was to be complete by November 2005, with a ministerial decision in December 2005. Implementation was to begin with the new trusts operating in “shadow form” by April 2006, with statutory implementation from July 2006.

26 August 2005:

West Midlands South SHA initiates a pre-consultation on the proposals it intends to make to the Department of Health for organisational reform in its area. Pre-consultation recommends a single ambulance trust for the entire west midlands region.

Cllr Andy Matchet (Cabinet Member – Health and Housing) and Cllr Joe Clifford (Chair – Scrutiny Board 4 (Health)) respond in the following terms,

"We have serious concerns about the proposal to create a single Ambulance Trust for the whole of the region. We have been very happy with the services provided by the Coventry and Warwickshire Ambulance Trust and have seen measurable improvements in ambulance services since this trust took over from the current 'West Midlands Ambulance Trust'. We have not seen any evidence that this proposal will achieve the desired level of savings or that clinical and response standards can be maintained. We would urge the Strategic Health Authority to produce more than one option and also to produce evidence about how this proposal will maintain and improve standards."

28 September 2005

West Midlands South SHA agrees a submission to the Department of Health with the following recommendation,

"Agree proposals for the reconfiguration of the four NHS Ambulance Trusts within the West Midlands to create a single West Midlands Ambulance Trust. In particular SofS [Secretary of State for Health] is asked (subject to national guidance) to approve permission to consult on the merger by dissolution of Coventry and Warwickshire Ambulance Service NHS Trust, Hereford and Worcester Ambulance Service NHS Trust, Staffordshire Ambulance Service NHS Trust and West Midlands Ambulance Service NHS Trust and the establishment of a single West Midlands Ambulance Service NHS Trust."

The report estimates that savings will be "in the order of £4.5 million".

13 December 2005

Coventry City Council passes the following motion:

"This Council has real concerns about the quality of the Ambulance service that is being proposed for the West Midlands region. Coventry citizens are served well by the current Coventry and Warwickshire service which is already delivering most of what is being proposed in "Taking Health care to the patient, Transforming NHS ambulance services". The Council needs to be assured that what is being proposed is safe and at least as good as what we have now."

14 December 2005

The Department of Health publishes *Configuration of ambulance trusts in England*. This consultation proposes a single ambulance trust for what the consultation paper calls the "west central" area of England.

22 March 2006

Consultation closes.

April 2006

Ministerial decision on ambulance service reconfiguration expected.

Overall conclusions

1. Coventry City Council's health overview and scrutiny committee (Scrutiny Board 4 (Health) – "the health scrutiny board") has concluded that the proposal to dissolve the four ambulance trusts in the west midlands region and replace them with one new trust is **not in the interest of health services in its area**.
2. The health scrutiny board's view is the same as that of Warwickshire County Council and its health overview and scrutiny committee, University Hospitals Coventry and Warwickshire NHS Trust, North Warwickshire PCT, Rugby PCT, South Warwickshire PCT, and Coventry Teaching PCT. A public survey revealed that 90% of respondents who expressed a preference were against the proposals.
3. It is the health scrutiny board's view that **the proposed creation of a regional ambulance service trust should not go ahead**.
4. The health scrutiny board is disappointed that the consultation paper offers no alternative options. **The health scrutiny board's preferred option would be for Coventry and Warwickshire Ambulance Service NHS Trust to continue providing excellent services to the people of Coventry and Warwickshire.**
5. The health scrutiny committee is of the view that the hoped-for benefits from the proposals are overstated, and are outweighed by both the risks posed, and the likely negative consequences. The health scrutiny board therefore recommends that the Secretary of State for Health refer the proposals to the NHS Independent Reconfiguration Panel.
6. The health scrutiny board is of the view that this consultation has been undermined by mounting evidence that **implementation of the proposals has begun before the consultation has concluded**. The health scrutiny board concludes that this will undermine public faith in this and future government consultations.
7. The health scrutiny board is of the view that the proposals, if implemented, will clearly impact on how ambulance services are provided, in the immediate, short and medium term.
8. The health scrutiny board therefore concludes that the proposals represent a **significant change to and development of services in its area**, and should have been the subject of consultation on this basis.

Key findings

9. The health scrutiny board agreed these overall conclusions based on a series of key findings, summarised below:
 - a) The expert reference group that made the recommendations in *Taking healthcare to the patient* did not consider or propose ambulance service reorganisation
 - b) The recommendation in *Taking healthcare to the patient* that relates to ambulance service reorganisation proposes a 23% cut in the number of trusts; SHA reorganisation has transformed this into a 66% cut in the number of ambulance trusts

- c) The process by which this reduction in the proposed number of ambulance trusts came about was arbitrary and not evidence based
- d) The modest savings anticipated from reorganisation are unlikely to be realised, will do little in practice to add to frontline capability, and yet risk degrading service performance
- e) Savings to the health economy would be better made by reductions in conveyance rates than management staff cuts
- f) The proposed cuts in management staff will fall in areas necessary for ambulance trusts to reduce their conveyance rates
- g) Ambulance service reorganisation poses a significant risk to maintaining current standards, and there is no evidence of a link between organisational change of the sort proposed and improved performance
- h) The proposed “local delivery units” will be superimposed on existing organisational boundaries and therefore there is no clear causal link between their introduction and service improvement, in Coventry and Warwickshire or elsewhere in the region
- i) The introduction of a Coventry and Warwickshire “local delivery unit” jeopardises service development plans, notably provision of a new local control centre for the area
- j) The method by which new digital communication centres are being procured raises additional concerns about the future for a local control centre in Coventry and Warwickshire
- k) Coventry and Warwickshire Ambulance Service has demonstrated that *Taking healthcare to the patient* can be delivered without the distraction of organisational reform; effective leadership, well trained and motivated staff, and strong links with local partners are the way to improve services
- l) The introduction of a regional trust will reduce the influence PCTs derive from their commissioning function, thereby potentially reducing responsiveness to local need
- m) A regional trust creates the possibility that commissioning of emergency ambulance services will be done regionally, rather than locally
- n) The success of Coventry and Warwickshire Ambulance Service’s staff training and development, which is based on strong local links, is jeopardised by a regional ambulance trust
- o) The supposed benefits to disaster planning are not as great as stated, and anticipated cost savings in this function may reduce capability to respond to a real incident
- p) A regional trust will be less accountable to patients, the public, local authority health overview and scrutiny committees, and other stakeholders
- q) A west midlands regional ambulance trust that sought foundation trust status would not be able to meaningfully represent its membership because of the large and diverse population of the west midlands region
- r) No-one in the local or regional health economy is accountable for these reorganisation proposals, even though they impact on a local service
- s) The recruitment of a “pool” of chairs and chief executives suggests that implementation is going ahead regardless of the outcome of the consultation
- t) National procurement of new digital communication centres on the basis of the proposed ambulance service structure, rather than the existing one, also suggests that implementation is underway
- u) The scale of the change in these proposals, coupled to the developments to services that will follow after implementation, suggests to any reasonable observer that these proposals represent a “substantial development and variation” to services, and therefore consultation should have taken place on this basis.

Analysis of the consultation proposals

10. The health scrutiny board has reached these conclusions and made these findings following extensive deliberations and evidence gathering.

11. The health scrutiny board took evidence from the following witnesses:

- Mr Malcolm Hazell, Chief Executive, Coventry and Warwickshire Ambulance Service
- Ms Sally Burton, then Head of Older People's Services, Coventry City Council
- Mr Mike Burdett, Coventry and Warwickshire Ambulance Service
- Mr Steve Thompson, Coventry and Warwickshire Ambulance Service
- Mr Graham Swain, Coventry and Warwickshire Ambulance Service
- Mr Jim Leach, CWA Patient and Public Involvement Forum
- Dr Matthew Cooke, Professor of Emergency Medicine, Warwick Medical School, University of Warwick
- Mr Charles Goody, Chair, West Midlands South Strategic Health Authority
- Ms Catherine Griffiths, Managing Director, West Midlands South Strategic Health Authority
- Ms Bronwen Bishop, Director of Primary Care Development and Corporate Services, West Midlands South Strategic Health Authority
- Mr Stephen Jones, Joint Chief Executive, Coventry Teaching Primary Care Trust
- Mr Clive Townend, Assistant Head of Public Protection, Coventry City Council
- Mr Peter Streets, Emergency Planning Officer, Coventry City Council

12. The health scrutiny board received correspondence from:

- Mr Malcolm Hazell
- Mrs Sonia Godfrey, Associate Head of Nursing, Midwifery and Healthcare, Coventry University (see appendix 3)
- Mr John Amphlett, Director Of Strategic Partnerships And Corporate Development, University Hospitals Coventry and Warwickshire NHS Trust
- Lord Norman Warner of Brockley, Minister of State for NHS Delivery (Lord Warner was invited to attend a health scrutiny board meeting, but declined – see appendix 4)

13. Coventry City Council debated ambulance services at its meeting on 13 December and agreed a resolution expressing concern at the proposals.

14. The health scrutiny board undertook with Warwickshire County Council a web-based survey of public opinion concerning CWA and attitudes to the proposed mergers. The survey revealed strong support for CWA and opposition to the proposals. The full results are at appendix 5.

15. The consultation paper was considered at five out of six of Coventry's local area forums (see appendix 6).

16. The Chair and officers attended various meetings related to the consultation, and liaised with other interested parties including Warwickshire County Council.

17. The health scrutiny board's opposition to the proposals is based on six areas of evidence. These are set out below:

1. Flawed interpretation of *Taking Healthcare to the Patient* and the lack of expert support for reorganisation

18. Peter Bradley CBE is the Chief Executive of the London Ambulance Service. His report, *Taking Healthcare to the Patient*, was published by the Department of Health on 30 June 2005, and set out a series of recommendations for the future development of ambulance services. Recommendation 40 of the report states;

“There should be a reduction in the number of services broadly in line with SHA boundaries. Precise decisions on the configuration and number of services should be made after consultation with NHS and the public to ensure that configuration reflects local operational requirements.”

19. There are – and were at the time of publication – 31 ambulance trusts and 28 strategic health authorities. If one exempts London, then there are thirty ambulance trusts and twenty-three strategic health authorities.

20. Thus, if the recommendation were followed, the number of ambulance trusts would fall by seven, or under a quarter.

21. However, Lord Norman Warner (Minister of State for NHS Delivery) writes in the foreword to *Taking Healthcare to the Patient*, “Our initial view is that the number of trusts should be reduced by at least 50%”, which is far beyond the recommendation in the report. This suggests to the health scrutiny committee that Lord Warner’s 50% reduction is not based on any evidence about what makes for good ambulance services, but a more arbitrary judgement.

22. A month later, on 28 July 2005, the Department of Health published *Commissioning a patient led NHS*, a directive instructing the NHS to begin a process of reorganisation that would lead to the proposed reduction in the number of strategic health authorities across England from 28 to nine. Proposals for ambulance services followed suit, with the proposed number of trusts falling from 31 to eleven (only in the south west of England will ambulance services not be coterminous with strategic health authority boundaries). Thus, thanks to strategic health authority reorganisation, **but no change to the circumstances of ambulance trusts**, the number of ambulance trusts will fall not by 23%, as actually recommended in *Taking Healthcare to the Patient*, but by over two-thirds.

23. Charles Goody, Chair of West Midlands South Strategic Health Authority, said in evidence to the health scrutiny board that the reason for this discrepancy between the recommendation in *Taking Healthcare to the Patient* and the outcome in *Commissioning a patient led NHS* was that “the authors” of *Taking Healthcare to the Patient* had foreknowledge of the coming strategic health authority reorganisation and drafted the recommendation accordingly.

24. If this explanation is true, it represents very bad practice to make a recommendation in a national public document that is based on assumptions that are not revealed to the public reader; nowhere in *Taking Healthcare to the Patient* does it say that recommendation 40 is predicated on future reductions in the number of strategic health authorities. Lord Warner, in his foreword, may well have known what was coming for the strategic health authorities and hence made the reference to 50%

cuts in the number of ambulance trusts, but the health scrutiny board hopes that he did not write recommendation 40, given that the recommendations were supposed to have come from the reference group and not the Department of Health. The health scrutiny board is therefore concerned by what it sees as arbitrariness and a lack of integrity in the process by which the final number of ambulance trusts was conceived.

25. However, overall, the health scrutiny board rejects Charles Goody's explanation. Professor Matthew Cooke is a leading expert on emergency services, and was a member of the reference group that made the recommendations in *Taking Healthcare to the Patient*. In evidence to the health scrutiny board, he said that the reference group did not consider ambulance service reorganisation. He said that reorganisation was "not on the horizon". Thus the health scrutiny board concludes that ambulance service reorganisation was not considered a priority by the experts involved in recommending how ambulance services should be developed in coming years. The health scrutiny board accepts Professor Cooke's explanation that ambulance service reorganisation was added to *Taking Healthcare to the Patient* after the expert reference group had finished its work. It is therefore the case that the fundamental rationale for scrapping Coventry and Warwickshire's excellent ambulance service and replacing it with a regional trust is flawed.

26. Instead, the health scrutiny board concludes that reorganisation is the result of a desire to be seen to be reducing "bureaucracy" in the NHS, even though, as Charles Goody would later say at a public meeting about the reconfiguration proposals, NHS management is already leaner than the private sector average. Malcolm Hazell echoed this in his description of the modest "back office" management resources available to CWA. The health scrutiny board accepts, of course, that it is right to seek efficiency savings and use public money well. However, what the health scrutiny board does not want to see – and neither does the public – are cuts in what is pejoratively labelled "bureaucracy" that lead to a decline in performance that, as Jim Leach said, "could lead to patients' deaths".

2. These proposals seek cost savings the wrong way

27. In evidence to the health scrutiny board witnesses from West Midlands South Strategic Health Authority argued both that the savings from the reorganisation would be modest – because local structures would be retained – but also that there was a significant risk to future investment in ambulance services if the savings were not made. These positions appear contradictory. Under questioning it became clear that while the new ambulance trust would be tasked with making savings of £3 million a year from 2008, there was no available assessment of what the costs would be of the reorganisation, which would include redundancies and other factors. Professor Cooke suggested that previous experience of NHS reorganisations suggested that costs were usually higher than planned, and in many instances, the proposed savings never materialised. The experience of the City Council often mirrors this assertion. It is also worth pointing out that the £3 million saving reported to the health scrutiny board in February is already a third less than the £4.5 million saving suggested in West Midlands South SHA's submission to the Department of Health five months earlier.

28. For example, evidence from ambulance service trade union representatives stated that renegotiating terms and conditions in a new organisation can take many years, and tie up staff for hours of time. These costs are not included in the proposed saving.

29. The health scrutiny board is of the view that a quicker and more effective way to make savings in ambulance services is to reduce conveyance rates. It is widely accepted that many 999 calls, perhaps even a majority, do not require conveyance to hospital. Despite this, conveyance rates vary widely, from the exemplary 65% of Coventry and Warwickshire Ambulance Service, to over 95% in West Midlands Ambulance Service. Reducing conveyance rates is a win-win proposition, both for the patient and the NHS. First, most callers would probably prefer to avoid a trip to A&E if they could help it, particularly when their condition is one that could be diagnosed and treated at the scene, meaning that it is relatively less serious and hence more likely to lead to a wait of several hours if taken to hospital. The experience of ambulance trusts with low conveyance rates has borne out this assertion – CWA has reported just two complaints since it took over providing ambulance services in Coventry, and has a policy of conveying patients on request. Second, the NHS gains because not only is treating someone at home significantly cheaper (just conveying someone through the A&E front door costs an average of £60), but also it takes pressure off A&E units faced with the ever-present four-hour maximum wait (which is itself a major factor in over-performance in unscheduled care). In evidence, Malcolm Hazell estimated that bringing West Midlands Ambulance Service conveyance rates down to those in Coventry and Warwickshire would save £7 million a year.

30. It is the conclusion of the health scrutiny board that Coventry and Warwickshire Ambulance Service has made this progress because of the efforts of staff and managers, and the policies and practices that have been adopted and implemented. Furthermore, the health scrutiny board concludes that better operational practices will lead to greater savings than management cuts. If other ambulance services are to follow this approach, then they will face significant changes to working practices and staff development. This will lead to an additional burden on financial planning teams and human resource departments across the ambulance services, and yet in evidence to the health scrutiny board these were the service areas repeatedly singled out as likely to yield cost savings. Making workforce reductions in these areas just when organisations are seeking to adapt to the requirements of the new health white paper *Our Health, Our Care, Our Say* and *Taking Healthcare to the Patient* seems counterintuitive. The health scrutiny board concludes that now is not the time to be making cuts in these areas. As Malcolm Hazell pointed out, there has been massive investment in the NHS in recent years, and big increases in performance have followed. Now is the time to consolidate and build on those gains, not distract managers, practitioners and staff with organisational upheaval.

3. Further improving services and risks to current performance

31. There is widespread agreement on the “direction of travel” for ambulance services. West Midlands South Strategic Health Authority, Coventry Teaching PCT and Coventry and Warwickshire Ambulance Service all said similar things about how ambulance services should develop. The issue therefore is how to preserve current good practice, and facilitate future improvements. Is a new regional trust necessary? The health scrutiny board has concluded that it is not. As many witnesses observed, on both sides of the argument, there is not always clear link between the size of an ambulance trust and its performance. While it is generally the case that smaller trusts have higher performance – a point that should not be overlooked in this consultation – there are examples of mediocre small trusts and, similarly, there are good larger trusts. It is the health scrutiny board’s view that while smaller ambulance trusts are structurally advantaged in delivering better performance, good performance is not really about the size of a trust; other factors are more important.

If this is the case, then organisational change would seem secondary at best, and at worst could create risks that damaged patient care.

32. This was the clearly stated view of ambulance staff who spoke to the health scrutiny board. They feared that staff would be looking more to securing their position in the new organisation rather than worrying about maintaining patient focus. They feared that the effective internal communication in CWA that is key to resolving problems could be lost. Those with many years of service looked back to the dislocation and even “chaos” caused by earlier mergers, and were pessimistic about what would happen in future.

33. Professor Cooke said that there was a risk that amalgamating ambulance services could lead to performance slipping to the level of the average, rather than levelling up to the best.

34. The defence against these charges has been two-fold. First, it is intended that “local delivery units” will be maintained that ensure continuity with existing practice. Second, local PCTs will be responsible for commissioning ambulance services and hence they will ensure both the quality of the service and retain local focus.

35. The health scrutiny board accepts Catherine Griffiths’ assertion that this is the best way to organise a regional service, and recognises this approach as a genuine effort to make the best of the nationally-driven requirement to reduce “bureaucracy”. However, the health scrutiny board is of the view that this is the second best option.

36. The option of a Coventry and Warwickshire “local delivery unit” is appealing because there is wide recognition that the city and the county are a fairly natural “health economy”. Patient flows reflect this, and were a core rationale for the decision by Coventry Teaching PCT to commission ambulance services from Warwickshire Ambulance Service rather than stay with WMAS. The outcome of the Acute Services Review and the opening of the new University Hospital will doubtless reinforce this reality. However, is the same true across the rest of the region? Are Solihull, Birmingham, the Black Country and Shropshire a “natural health economy” that is best served by one “local delivery unit”? Are Hereford and Worcestershire a “natural health economy”, or even Staffordshire? In truth, the “local delivery unit” approach will be superimposed on existing organisational boundaries that may not make as much sense as the Coventry and Warwickshire unit, which has the advantage of being the product of deliberate design.

37. This poses a further question. In evidence, it was said that the local delivery units would preserve local good practice and that they would have considerable autonomy to innovate. What was less clear were the mechanisms by which that good practice would be disseminated between local delivery units. How would one avoid the largest local delivery unit becoming the *de facto* leader of the organisation – the “not invented here” problem identified by Malcolm Hazell? Would the local delivery units be so autonomous that poor working practices might be sheltered and preserved?

38. Local control of ambulance services is at a delicate juncture in Coventry and Warwickshire, and the health scrutiny board is concerned our “local delivery unit” may not have the autonomy to secure a local control centre in the future. Ambulance services are currently headquartered at Leamington Spa. It is planned that the control centre will move to a new purpose built site in the Coventry city centre “Local Improvement Finance Trust” (LIFT) health facility. This new control centre would be co-located with the “walk in centre”, out-of-hours service and a range of other

services, in order to secure greater synergy and co-operation. Regrettably, the proposed city centre health facility is far behind schedule and poses significant financial challenges to Coventry PCT. The health scrutiny board welcomes the reassurances it received from Stephen Jones that the new ambulance service control centre will go ahead, but remains concerned that local control in the longer term is not as secure as might be hoped – particularly if financial problems either restrict the size of the city centre LIFT building, or lead to its cancellation. The new regional ambulance trust would also have to decide whether it wishes to continue as a shareholder in Coventry Care Partnerships, Coventry's local LIFTCo. The health scrutiny board is persuaded by evidence from Professor Cooke and others of the value of local control centres, and is therefore keen to maintain a control centre in Coventry and Warwickshire for the indefinite future. This was one of the main themes of public's responses to the web based survey (see appendix 5). It should be noted that the evidence that national procurement of new digital communication stations is going ahead on the basis of the new ambulance service organisational boundaries (see section 6, paragraph 51) is also causing concern, because it suggests that that the number of control centres in the west midlands region could fall from five to just two. In essence, if Coventry and Warwickshire has its own ambulance trust, then it can be more or less certain that it will have a control centre. If all it has is a "local delivery unit", the autonomy, responsibilities and, indeed, the survival of which are reliant on decisions taken by a distant regional hierarchy, then the future of local control in Coventry in Warwickshire is much less certain.

39. The consultation paper states that organisational change brings about risk. Witnesses from West Midlands South SHA went to great lengths to set out how those risks were being managed, and Stephen Jones gave a very useful summary of the key issues to be addressed. The health scrutiny board accepts the good faith with which the SHA is approaching the proposed reorganisation. Catherine Griffiths pointed out that the NHS reorganises itself so often that there is considerable experience of how to manage these processes. The health scrutiny board acknowledges her expertise and that of her team. However, Ms Griffiths also said that this reorganisation was unlike any that had gone before, because rather than centralising, it sought to create a regional trust with a devolved operational structure. Thus while there have been reorganisations in the past, this one is something of a step into the unknown, and that means risks. As many witnesses observed, merging four NHS trusts is unprecedented, and in this case the outcome is supposed to be different to anything that has been tried previously.

40. Fundamentally, the health scrutiny board is unconvinced that organisational change is an essential precursor to performance improvement in ambulance services. The proposed "local delivery unit" structure is a relatively new approach, and therefore the outcomes cannot be reliably predicted. On the other hand, thanks to *Taking healthcare to the patient* and *Our Health, Our Care, Our Say*, there is a well developed understanding of what ambulance services should be doing now and in the future. Coventry and Warwickshire Ambulance Service, along with other ambulance services of varying sizes, has demonstrated that most, if not all of the objectives set out in these government reports, can be achieved by well-led, local trusts that integrate with their partners in acute and primary care, social care and academia. Creating regional organisations seems a step in the wrong direction. Coventry and Warwickshire Ambulance Service has been an integral team player in the recent improvements in unscheduled acute care and social care in Coventry. The Coventry and Warwickshire Emergency Care Network is one of the most effective in the country, helping to ensure that patients get the right treatment, at the right place, at the right time. These improvements have come about because of the "nearness" of senior managers able to build partnerships and develop services. In

evidence to the health scrutiny board, Bronwen Bishop said that because CWA had to both respond to national issues and develop local services, it could only provide a "standard national service" to Coventry and Warwickshire. Evidence from Professor Cooke, UHCW, Sally Burton, ambulance service staff, Coventry University and Malcolm Hazell, would seem to refute this. CWA has done almost everything that has been asked of it by a wide range of stakeholders in a remarkably short period of time, and the health scrutiny board is of the view that it is well placed to deliver continued improvement. Organisational change is no panacea, and it is not necessary now.

41. If the proposed "local delivery unit" structure offers no guarantee of performance improvement, then the other argument offered as evidence that services will not suffer is the local commissioning by primary care trusts. As Catherine Griffiths said in evidence to the health scrutiny board, "Legally, they [PCTs] are the ones responsible for the quality of the service". Stephen Jones echoed this point when he made local commissioning one of his key issues for the reorganisation. Ambulance services are commissioned locally now, and the health scrutiny board is firmly of the view that they should remain so. However, the difference will be that instead of PCTs commissioning from a locally accountable ambulance trust, negotiations will be with a large regional trust that will be the sole supplier of ambulance services. As Coventry Teaching PCT so admirably demonstrated in 2003, there is a degree of contestability in the current arrangements that will be lost in a regional structure. The health scrutiny board is minded to agree with what Sally Burton suggested in evidence; it is not that local variations are impossible within a regional framework, it is simply that they are much harder to negotiate. The health scrutiny board is unconvinced that PCTs will be powerful enough to demand the local variations they require to meet local needs.

42. Questions have arisen about how ambulance services will be commissioned. In evidence to the health scrutiny board, it was stated that PCTs would be able to commission services appropriate to local needs. Examples were given around out-of-hours services and patient transport. In evidence from Malcolm Hazell, it has been suggested that while commissioning of non-emergency services may be retained locally, there is active consideration underway at SHA and Department of Health level of regionalising the commissioning of emergency ambulance services. This would seem to conflict with the clear assurances given by SHA representatives to the health scrutiny board. The health scrutiny board is strongly of the view that commissioning of emergency and non-emergency services should stay local, and hopes that consideration of proposals to regionalise commissioning has concluded in favour of giving PCTs this role.

4. Other arguments put forward in support of reorganisation

43. The Department of Health consultation paper and the local preface both indicated that reorganisation would be beneficial for training and development of staff and disaster preparedness and response.

44. CWA has one of the best training and development programmes for its staff in the country. Evidence from Professor Cooke of Warwick Medical School and Sonia Godfrey, Head of Nursing, Midwifery and Healthcare at Coventry University, speaks of how innovative investment and well-developed links with local academic institutions have given CWA more emergency care practitioners than any other ambulance service in the region, and staff training and development that is the envy of trusts across the country. Indeed, Staffordshire Ambulance Service is sending its staff to Coventry University for training. A key advantage of the local programme is

that it integrates local healthcare practitioners across a variety of disciplines. Witnesses from West Midlands South SHA suggested that current training and development was "fragmented" and that regionalisation would offer more opportunities for staff. However, the health scrutiny board is more inclined to conclude that CWA has developed an excellent staff training and development regime – so attractive indeed that other trusts are following its lead – and that organisational change is more likely to jeopardise these local links than facilitate them. The health scrutiny board notes with concern that the evidence received from Coventry University states that, as of January 2006, there had been no attempt to contact the university with regards to the outcome of amalgamation. As Ms Godfrey said in her submission to the health scrutiny board,

"The working relationships, partnership working and mutual respect that has been developed between the paramedic teaching team in the university and CWAS has arisen from a determination to succeed in providing a workforce who are ready and able to meet the challenges of "Taking Healthcare to the Patient: Transforming NHS Ambulance Services" (DH 2005). If this relationship, innovation and effort were to be dismantled or replaced by alternative education provision as a result of reconfiguration, I feel it would be both sad and potentially detrimental to future service provision and the people of Coventry and Warwickshire."

45. Again, with regards to disaster planning and response, the health scrutiny board is unconvinced that supposed benefits are as substantial as indicated, or that they are worth the risks already described. In evidence to the health scrutiny board, it was suggested that disaster planning is best done at the regional level, while disaster response mechanisms are already in place that would be unaffected by regionalisation. The health scrutiny board has significant concerns about this proposition. First, regional disaster planning will lead to a reduction in the "duplication of job titles" across the four existing trusts, as Catherine Griffiths put it. However, it is the health scrutiny board's view that what might seem to be "duplication of job titles" is in fact additional capacity that would be vital in a real disaster response.

46. Coventry City Council officers asked about the consequences of the proposed changes were studiously non-committal, which in itself suggests that organisational changes make little overall difference to the efficacy of disaster planning or response. However, they did note that close working links with their counterparts in other organisations were vital to successful disaster planning and response. If there are to be fewer local ambulance service staff concerned with disaster planning and response, then it would seem that these links with local authority officers and others will be diminished, and the robust working relationships necessary *in extremis* could be undermined.

5. *Loss of accountability*

47. Despite the wider problems that have beset the Government's reforms of patient and public involvement in health, the Patient and Public Involvement Forum for Coventry and Warwickshire Ambulance Service has established itself as an important conduit through which issues can be aired and discussed. The health scrutiny board has been impressed by the enthusiasm and dedication the PPI Forum members have brought to their role. The health scrutiny board is therefore concerned that the progress that has been made will be lost if and when the regional ambulance service is formed. Public accountability seems much more nebulous in a regional organisation, and it is not clear from the responses received from the SHA

witnesses whether the PPIF model will continue. The new regional ambulance service chief executive and board could in practice have little or no "external" accountability to patients and local authority health overview and scrutiny committees, perhaps delegating this to the local delivery unit managers. The health scrutiny board is of the view that this will represent a loss. The current chief executive and chair of CWA have diligently supported consideration of this consultation for example, and have been available repeatedly on previous occasions to respond to queries and issues raised as part of the scrutiny board's wider work programme. As the health scrutiny board reported in its submission to the Healthcare Commission Annual Health Check for CWA:

"CWA has demonstrated full engagement with Coventry City Council health overview and scrutiny committee (the "health scrutiny board").

CWA has participated in scrutiny reviews, attended meetings on request and sought to implement recommendations made by the health scrutiny board. Requests for information have been met in a timely and comprehensive fashion. CWA has positively assisted the health scrutiny board in its work planning.

CWA Chief Executive has attended all appropriate meetings with the health scrutiny board, and CWA has been forthright, open, and honest about all matters raised, and has sought to ensure that the health scrutiny board has been made aware of issues that might affect patient care, but might otherwise not have been brought to their attention."

48. The health scrutiny board concludes that a regional organisation will not be able to match this high standard.

49. In the background to this consultation is the wish to create ambulance trusts fit for foundation trust status. Principally, the concern has been to establish trusts of sufficient size to meet the criterion of an organisation with requisite financial stability. This ambition misses the other component of a successful foundation trust; it must also be locally responsive and accountable via a representative membership. It is the health scrutiny board's view that a regional ambulance trust would not be able, in any meaningful sense, to engage with a membership in such a way as to meet the spirit of the idea behind foundation trusts. A foundation trust should be representative of the population it serves, and an ambulance trust serving a population of over five million would simply not be able to achieve this goal.

6. The nature of the consultation

50. This consultation has caused the health scrutiny board considerable unease. The outcome of the consultation will impact on local services, yet no-one could say to the health scrutiny board that they were responsible for the proposals. Instead, the SHA witnesses said that the Department of Health was responsible for the proposals, and therefore they could not answer questions about why the reconfiguration was as proposed, or whether any alternative options would be supported. With this in mind, the health scrutiny board invited Lord Warner to attend its meeting on 15 February 2006, but he declined. Of course a minister of state cannot attend every health scrutiny meeting in England, but it is unfortunate that accountability always seemed in this case to rest with someone who was "not in the room".

51. The health scrutiny board is concerned that implementation of the proposals has started before the consultation has closed. Most notably, recruitment of new chairs

and chief executives is already underway and may even have concluded. The adverts for up to sixty non-executive directors appeared in the national press on 12 March 2006. The health scrutiny board acknowledges the point that these appointments are conditional on the outcome of the consultation. However, undertaking these recruitment exercises – which would have cost thousands of pounds – when there is a realistic chance that regionalisation will not take place, seems improbable. Similarly, the health scrutiny board has heard that procurement of new digital radio communication centres was changed in November 2005 – i.e. just before the current consultation started. Up to this point, the national plan had been for 31 communication centres – one per ambulance trust – for a new digital radio network that would allow transmission of data as well as voice communication. After November 2005, the procurement of communication centres was reduced to 22, which coincides with two per proposed ambulance service. The health scrutiny board acknowledges that the digital "communication centres" are not the same as control centres, and accepts at face value the assurances from SHA witnesses that local control centres will remain. It is technically possible to network almost any number of control centres with the two communication centres per trust – though there is of course a financial implication that adds to concerns about the future of Coventry and Warwickshire's local control centre (see section 3). However, the shift from 31 to 22 itself suggests again that the consultation is a "done deal". The health scrutiny board has been asked for its views, and in response to professional and public concern has launched a substantial investigation of the issues. It is unfortunate that this work is tinged by a nagging suspicion that the response will be ignored. There is frequent commentary on the widespread disillusionment that exists with politics and public affairs, and consultations that take no interest in the responses received will merely fuel that cynicism.

52. Finally, the consultation paper and witnesses went to some length to state that the proposals were merely organisational and would not impact on services. The changes would not therefore pull the "substantial change or development" trigger that engages the statutory powers granted to health overview and scrutiny committees in the Health and Social Care Act 2001 and associated regulations. The health scrutiny board rejects this interpretation. The health scrutiny board concludes that to any reasonable observer, the proposals represent a substantial change to services immediately, and will lead to substantial developments in the short to medium term. During the evidence gathering sessions, as discussion became more detailed on what the consequences of the proposals would be, the harder it became to state that substantial developments would not take place. For example, when Cllr Clifford asked Bronwen Bishop about the potential cost savings from reduced conveyance rates, she replied, "That's right; this consultation is about doing things differently". Later, she said that, "the issue is a fundamentally different vision for the role of the ambulance service". It is the health scrutiny board's view that the proposals represent a significant variation to and development of services in its area, and should have been the subject of consultation on this basis.

Appendices

Appendix 1

Note of a meeting of Scrutiny Board 4 (Health) at 2.30pm on 18 January 2006

This record is an amalgamation of notes taken by City Council Officers. It has been prepared at the request of the Health Scrutiny Board. This is not a verbatim record of comments made at the meeting, and the notes should not be accredited as such. Only statements in quotation marks are comments made in the meeting, and these have been cleared with the participants. This note is not an approved formal record of this meeting.

Malcolm Hazell, Chief Executive, Coventry & Warwickshire Ambulance Service NHS Trust (CWA)

Miss Hackford asked whether training would be affected by the proposals.

Mr Hazell answered that while it was proposed to retain the existing areas of operation inside the new organisation, he had concerns. He said he is already aware of attempts to reverse some of the steps that have been taken. Training in CWA is of a very high standard. It is delivered by Coventry University (CU), and its implementation was overseen and audited by Warwick Medical School. CU is leading the country in Higher Education paramedic training. However, there is a “not invented here” effect that means that other organisations are showing unwillingness to learn from what is already in place. As an example, Mr Hazell referred to the Emergency Care Network (ECN), which he feels is jeopardised by the proposals. The ECN allows the capacity of unscheduled care in Coventry and Warwickshire to be monitored, and can, for example, allow better decision making about which hospital has the capacity to receive a patient following a 999 call in Bedworth or wherever. Where similar networks are not in place as effectively, such as Hereford and Worcester, it is not unusual for 150 incidents each week of ambulances waiting outside A&E units unable to admit a patient. There are a very small number of such incidents in CWA because of the ECN. The ECN covers every facility in the patch and the whole range of unscheduled care, and allows cross-rotation of staff. There are now common group patient directions across the network offering consistent, high quality care to patients. This infrastructure must be retained.

Mr Spurgeon asked about the proposed local delivery units.

Mr Hazell answered that in order to maintain current standards, the new organisation would have to keep the current methods of delivery. He saw this as potentially in conflict with the aspiration to make management savings. Each area has a local Director of Operations. Without this person in post, the organisation would lose a key individual who marshals resources and ensure that the service is operating as efficiently as possible. It would also be necessary to retain the local clinical directorate to ensure that clinical audit functions were carried out. As an example, Mr Hazell mentioned the protocols in place to ensure appropriate treatment of asthmatics. He went on to point out that the “backroom” functions – Finance, Human Resources (HR) and corporate services – were no more than five people each, and that therefore there seemed little scope for big savings. Instead you would end up with a more remote organisation with less local flexibility. At a practical level, centralisation would mean an HQ perhaps 40 miles away, and valuable staff could well leave rather than relocate.

Mr Doyle asked what role the ambulance service had played in University Hospitals Coventry & Warwickshire NHS Trust (UHCW) attaining its three-star status.

Mr Hazell replied that the appropriate conveyancing a key factor. CWA was using the full range of primary care services to support unscheduled care, including GPs, social services and pharmacists. Thus log jams were avoided. WMAS was conveying 100% of Coventry

patients to A&E, whereas this fell to 75% when CWA took over. Now, in year two, this rate had fallen to 65% - one of the lowest in the country. People were being treated at home, or treated elsewhere in primary care. This change had led to very few complaints – just a couple in two years – and ambulance crews were instructed to convey patients if the patient requested it. The basis for this change is in robust education and training, a result of the close partnership with Coventry University. CU offered a diploma in emergency medicine that allowed staff to reduce conveyancing rates. A university accredited mentoring system was in place and working well, developing staff skills via formal education and on-the-job training. Emergency care practitioners with this training could “swing” to work in hospital A&E units when demand was high, thereby influencing how patients are treated and ensuring close collaboration between the local hospitals and the ambulance service.

Cllr Stone asked whether the anticipated cost savings could be made.

Mr Hazell responded that he thought that the potential managerial savings were very small. CWA is very lean managerially and cuts would degrade performance. In his view, if the wish was to save money, then bring in measures to reduce conveyancing rates in other ambulance services seemed to be a more effective solution. For example, he said that if WMAS could reduce its conveyance rates to the same as CWA, there would be a recurring saving in the health economy of £7 million a year, based on £60 per patient passing through the A&E entrance. The need for ambulance stations across the WMAS patch would fall too, offering further savings. He therefore argued that the merger was not necessary, and not the most effective way to ensure health funds were well spent. He estimated that CWA management costs were in the order of £1 million a year. However, he argued that the performance of CWA suggested that this was money well spent. To suggest that this expenditure was not a contributory factor in operational performance was simply “a fallacy”. Management does affect performance, and good management means good performance. Denuding the service of managers at a time of change hugely increases the risk that performance will fall.

Cllr Gazey asked what risks were created by the proposals.

Mr Hazell stated that some risks would be mitigated if the new organisation retained the existing areas and made few or no changes to existing operational structures. He noted that this would rather defeat the purpose of the reorganisation, however. If the new organisation started removing managers from local structures, then there would be a series of effects. The corporate integrity of the service would decline – for example, complaints would not be dealt with as quickly or, probably, as thoroughly. Maintaining good performance would become more difficult. As an even clearer example, if the number of operational centres were reduced then a risk would be introduced that was both very real and considerable. Mr Hazell has learned that Department of Health (DH) has initiated a procurement exercise for new base stations for operations centres. The procurement is based on two base stations per ambulance service, suggesting that there may be just two operations centres for the whole of the west midlands region.

As evidence of what can happen when the number of operations centres is reduced, Mr Hazell recounted the history of the creation of the East Midlands Ambulance Service (EMAS), which led to low performance and higher costs. He noted that there a larger service approaching regional size had seen 19 minute response performance fall, with only 77% of calls reached within the target. This contrasted with 96% in CWA. Despite this, the funding per response was actually the same in EMAS as in CWA. These figures reflect the position several years after the merger took place. To create a regional service would be an even larger enterprise, and in Mr Hazell’s opinion it would take three to four years to bed down.

In Mr Hazell’s view, to embark on the reorganisation now, just after a major injection of resources into the NHS, would be a “tragedy”. The investment has led to many services getting much better, and those benefits could be lost to confusion over implementing reorganisation.

Cllr Ahmed asked whether the reorganisation would affect response times.

Mr Hazell replied that CWA had excellent response times, and reorganisation posed an obvious risk. The target was to reach 75% of category A calls in 8 minutes. CWA had consistently achieved this target. Its official performance was 79% across the whole Trust. In Coventry that figure is 82%, and performance is increasing. Mr Hazell said that when he left the office that day, the figure was 98%. This high performance was therefore reflected also in the response to category B calls, where CWA reaching the scene within 19 minutes 98% of the time. Today that figure was 100%. Larger Trusts rarely fared as well; the category B figures for London (70%), Mersey Regional (77%) and EMAS (77%) were not as good.

Cllr Crookes asked whether a larger Trust could provide more specialist services.

Mr Hazell replied that CWA was at the leading edge of ambulance service provision, and there was not a clear link between larger Trusts and better services. CWA has more Emergency Care Practitioners (ECPs) than any other Trust, and that these sorts of services were more about the strength of the management team rather than the size of the Trust. To suggest otherwise was simply a “fallacy”. Initiatives developed by CWA meant that staff could rotate into A&E units and gain extra experience; that was an example of how local knowledge and links improved a service, not merely having a larger organisation.

Cllr Crookes asked whether the reorganisation posed a threat to CWA resources.

Mr Hazell replied that he feared the influence of other Trusts in the future development of services. He said that the new organisation may not seek to adopt the practice of the best, but instead look for the lowest common denominator as a starting point for the development of the new organisation. He said that he had already encountered a “not invented here” attitude that could restrict the future development of services in Coventry and Warwickshire. The Coventry and Warwickshire local delivery unit would be just one small part of a much larger organisation, and would probably be difficult to ensure that development and progress here continued. As an example, he cited the issue of the two base stations. In the larger organisation, Coventry and Warwickshire could lose its control centre. He pointed out that the merger of four trusts was unprecedented – nothing on this scale had ever been tried before, and that would impose enormous stresses on the new organisation. Not only did this create the risk of failure, but it could shape how the new organisation deals with the local delivery units.

Cllr Crookes asked how important local knowledge is in a control room.

Mr Hazell acknowledged that this was an area of risk in any ambulance service. Mistakes get made. He recalled one incident where a misunderstanding meant that an ambulance was sent to a wrong address, leading to a 40-minute response time. This is a particular problem with road traffic accidents, where those calling in may be uncertain of their location. It was a simple truth that the larger the area a control room was expected to cover, the larger was the risk that staff unfamiliarity would lead to mistakes. Satellite navigation was a useful tool, but it was limited by the need to enter postcodes that may not be available.

Ms Khan asked whether the larger service would be better able to deal with major emergencies.

Mr Hazell answered that this part of the consultation was deeply flawed. Merging, he said, offered no additional capacity to respond to major incidents. Instead, the proposal to reduce the number of managers actually made the service less able to respond to major incidents. He said that CWA had a duty senior officer on duty at all times, supported by a duty incident officer. There was a well-practiced procedure for organising the despatch of vehicles to a major incident, and stopping transfers for elective activity. If these officers were not in place then the capacity to deal with a major incident goes down. He noted that because CWA is a provider of routine patient transfer, there are an additional 150 vehicles available to both deal with “routine” 999 calls and be assigned to the incident. He added that this was as many vehicles as the London Ambulance Service (LAS) could muster. He challenged the assertion in the consultation paper that even a regional service could respond to major incidents autonomously. Responses to major incidents were dependent on their scale, type and

location, and there would always be the need to liaise and co-operate with neighbouring services. It was “simply rubbish” to suggest otherwise.

The Chair thanked Mr Hazell for his attendance and the useful evidence he had provided.

Sally Burton, Head of Older People’s Services, Coventry City Council

Mr Doyle asked what links community services had with CWA.

Ms Burton replied that Community Services provided services to a wide range of people, many of whom are elderly and frail, and therefore there is often a question over ensuring the most appropriate care, and deciding if conveyance to hospital is appropriate. The objective generally is to keep people out of hospital if possible, and CWA plays its part in these decisions. It is an efficient service that plays its part to support the work of the hospital and nursing homes to ensure that people get the right care.

CWA is integrated into the provision of intermediate care, which in turn supports out-of-hours services; increasingly CWA can support care for patients in their own home, which is better. The community care plan sets out how supporting care in the home is better for the patient and cheaper. It maintains social networks, and it is recognised that hospital admission can often lead to a loss of independence.

The ECN provides an information system about what capacity is available, and provides contact with an emergency care nurse, which is often important when dealing with a frail person. It provides a clear picture of what is available, so there is less uncertainty for the local authority (LA), NHS and the patient.

This network was created locally and addresses local needs; it is built on local knowledge and there is a working trust between the partners. One concern about the reorganisation would be that the network could be diluted or undermined. Key people could be moved away, and resources devoted to the network might be allocated elsewhere. The local authority has a central interest in this because the current provision means that more money is available for long term care that sustains independence in the elderly. This means that the LA can better meet its targets and get better value for money. It means that GPs can make better decisions about referrals, for example.

Members asked about the wider views of the local authority on the proposals.

Ms Burton replied that at the same time as this consultation, the acute services review is underway that is examining different patterns of service for Coventry and Warwickshire. One of the early lessons from that work is that “one size fits all” approaches will not be successful. Different demographics and needs mean that a tailored response is necessary. Local ambulance crews understand what intermediate care is about and respond to that.

The Chair asked whether CWA delivers the service that the LA wants.

Ms Burton replied that in as far as it can it does. The intention and spirit are there, and the direction of travel is right. Problems can arise at the links between the different elements involved. For example, there is a lack of clarity about what a GP should pay for, and what the ambulance service is responsible for with regards to routine community transport. You might get more consistency and clarity on these issues if Primary Care Trusts (PCTs) are commissioning services across PCTs rather than separately. On the other hand, if one GP practice is the issue, then local knowledge and local negotiations will probably be more effective. A smaller organisation might get better results.

Cllr Crookes asked what risks Ms Burton saw in the proposals.

Ms Burton replied that that the loss of local knowledge and focus was her concern. Coventry is pushing ahead with a local vision of intermediate care that is as good as anywhere. She

questioned whether a larger organisation would understand this local vision and be as responsive to it.

Cllr Crookes asked whether Ms Burton meant that she thought the service would not be as good.

Ms Burton replied that this was a risk; we would be looking for a service that reflected local needs and that might be harder to achieve. We could be a lone voice in a larger organisation. We could be looking for different treatment to the rest of the region. She feared that we could end up spending time trying to persuade a larger organisation to give us what might be seen as “special treatment”. This sort of situation soaks up capacity.

Cllr Crookes asked whether it was realistic to expect a larger organisation to offer separate policies for different communities.

Ms Burton replied that it was possible, and cited mental health services as an example. However, the question remained about how much effort this would require.

The Chair thanked Ms Burton for her attendance and the useful evidence she had provided.

Mike Burdett, Steve Thompson, Graham Swain, CWA

Mr Burdett made an introductory statement setting out the combined experience of the witnesses – a total of 79 years of service – and making it clear that they had come of their own volition, not as a result of a request of management or anyone else. It was noted that this would be the third significant reorganisation of local ambulance services. Before CWA was formed, Coventry was part of the West Midlands Service, and before that it was a separate service. Based on this experience, the witnesses had serious concerns about the proposals.

Mr Spurgeon asked if there was a Transport and General Workers Union (TGWU or T&G) view of the proposals.

The witnesses replied that there was local concern and that a statement had been issued. However, there was not a national position. T&G officers did not agree with the Unison position which was generally supportive of the proposals; instead they had very serious concerns with what was proposed. Their general view was that the proposed organisation was simply too large and unwieldy to deliver good services. They also had an interest on behalf of their members with regards to terms and conditions. There are substantial variations across the four trusts in terms and conditions, and they were keen to ensure that the proposals did not disadvantage their members. The witnesses sought to explain the seriousness of this issue; before Coventry transferred into CWA, there were 12 months of negotiations, and the complete process of agreeing all the relevant policies and terms and conditions took twenty months. The witnesses were of the view that rationalising all the west midlands regional trusts into one would require around three years to go through the same process of negotiation and agreement.

Miss Hackford asked what specific issues were of concern.

The witnesses responded that their first concern was with redundancies. There were likely to be redundancies in management, and there would be other redundancies too. For example, the CWA amalgamation led to the loss of twenty staff. The second issue was the uncertainty and stress caused to staff generally. It was pointed out that working for an ambulance service can be stressful, and requires quick, clear thinking in life-and-death situations. At times the job can seem thankless and demanding. Uncertainty about the future can cause significant problems in these circumstances. The outcome of the proposals was not clear, and the consultation itself was “vague and woolly”. It was not clear whether the local control room would be affected, and whether it was to be expected that jobs and lifestyles would be altered.

Mr Burdett recounted that he had originally opposed the formation of CWA, and he had fought to keep Coventry part of WMAS. However, he had been persuaded. Warwickshire, he acknowledged, was a “pretty good” service. Being smaller meant that issues could be dealt with quickly and it was possible to speak to the Chief Executive directly. WMAS had provided a good service to Coventry, he argued, but the transfer had out worked well for patients.

Cllr Crookes asked if the proposals represented a risk to patients.

Mr Burdett said that his previous experience of amalgamating into a larger organisation led him to be concerned about what was being proposed. Up until 1974, Coventry had had its own ambulance service. Then it was taken over by WMAS, which had not gone well. The Coventry Evening Telegraph was reporting “bodies in the street”. The new organisation simply “couldn’t cope”, and as a result patients and staff suffered. When faced with trying to set up a new organisation, people tend to get more focussed on repositioning themselves in the new organisation, protecting themselves and looking for promotion, rather than worrying about patient care. Patient focus is lost as the organisation looks inward on itself.

In 1976, the WMAS control rooms were centralised and “chaos” ensued. Local knowledge was lost, and it took the organisation many years to recover. The witnesses were keen to emphasise at this point that satellite navigation was only a partial response at best to the issue of local knowledge. Satellite navigation has definite limits. The merger of four trusts is unprecedented and creates even more risk; the outcome will be “less safe than as we are”.

Faced with the consultation, the witnesses’ view was that the approach should be:

1. Keep CWA unchanged – the organisation works, and should be retained
2. Merge, if necessary, on a smaller scale, with just one other trust.

Anything larger would duplicate and face problems even larger than that created by, for example, EMAS.

Cllr Stone expressed objections to the proposals, and voiced concerns about the issue of local control.

In response, the witnesses set out some of the limitations of relying on satnav. It was noted that, for example, an ambulance responding to a 999 call could be travelling faster than satnav can update, meaning that crews cannot rely on it exclusively. There were also reported instances of “dead ground” where Sat Nav does not function completely reliably. It was certainly better than trying to read a map on your lap in the middle of the night, but its limitations make it a tool rather than a panacea. The witnesses agreed that regional accents can sometimes pose a problem in distant control rooms.

Cllr Stone asked about what the consequences would be of only having two control rooms.

Mr Burdett replied that if Coventry was not one of the control rooms, then the impact on staff would be considerable. The local control room has approximately 60 staff, many of them young women. If the local control room closed, many would face redundancy as they would be unable and unwilling to do the extra hours and travelling required to work at a more distant control centre.

Miss Hackford asked about the consequences for training.

The witnesses replied that training in CWA was linked to the way that the organisation’s medical director could set the standards for treatments. With a new structure, and a new medical director, change could follow that disadvantaged patients. CWA, with its well-trained staff, could do procedures that couldn’t be done in other trusts. A big, centralised trust might lead to a “pulling back”, with an effort to standardise practice at a lower, common level.

Mr Doyle asked about how the service would be affected, and whether there might be advantages.

The witnesses answered that from the perspective of staff “on the ground”, the rationales for change just don’t stack up. A centralised service would mean a more remote service. At present it’s six miles to the headquarters. Depending on where the HQ is, this could turn into a ninety mile round trip.

Mr Doyle asked if the ambulance crews had been consulted as part of the consultation.

The witnesses replied that Department of Health will not negotiate, and there has been no consultation about the proposals. There has been no explanation of how the changes will be implemented, not timetable. To the witnesses, this is comparable to Agenda for Change, which is still not complete after seven years of work. It too has created confusion and uncertainty among ambulance service staff, and throughout staff have had the perception that the Department of Health does not understand how ambulance services work, and how they are moving forwards. The witnesses pointed out that it’s the same people at Department of Health bringing forward these proposals. The information produced by DH is confusing, with incorrect statistics and evidence. The witnesses concluded that this situation was causing grave concern among CWA staff, and frustration that they could not influence what was being proposed. The witnesses implored the committee to support their efforts to get DH to think again about the proposals.

Jim Leach, CWA Patient & Public Involvement Forum (PPIF)

Mr Leach made an introductory statement in which he emphasised both his and the Forum’s independence from both CWA Board and staff. He said that this proposal had left him “appalled at the NHS”, in that they had “got it totally wrong” and were trying to drive through change based on “fallacious assumptions”. He sought to make clear to the scrutiny board that “reduced performance could lead to patient deaths”.

Cllr Ruddy asked what the consequences of the proposals would be for patient and public involvement.

Mr Leach replied that the new trust would be less efficient in all respects, not just the frontline services. He said that it would cover a huge area, meaning that accountability would be less clear, as the organisation would be remote and impersonal.

Cllr Gazey asked what the new trust would be like from the perspective of the patient.

Mr Leach replied that having the control room in Leamington Spa, and in Coventry in the future, gave clear local knowledge and local involvement. A new trust would jeopardise this local knowledge and link with the local community. Patient confidence would suffer; a recent survey of users of the routine transport service showed that patients valued and supported their local service [details of this survey have been requested].

Mr Spurgeon asked why the issue of amalgamation had not caught the public imagination.

Mr Leach replied that ambulance services were low in the public’s perception, probably because we have a good service that works well. Budgets were relatively small and the public had yet to comprehend the risk associated with what was being proposed.

Mr Spurgeon asked if the witnesses could shed any light on the proposed local delivery units.

The witnesses replied “if it ain’t broke, don’t fix it”.

Members asked about the accountability of the new organisation.

Mr Leach replied that it was not possible to see how the patient and public involvement (PPI) structure could be applied to a regional structure. It would be even more difficult to attract and retain members, and there would be a fear that rural interests could be overwhelmed by the concerns of the populous conurbations. PPI for the new trust could easily be dominated

by Birmingham. Mr Leach raised the issue of how LA overview and scrutiny committees (OSCs) would relate to the new trust; any attempt at scrutiny would require the collaboration of many LAs. The witnesses pointed out that the NHS's attitude to PPI was exemplified by the fact that the consultation paper contained no alternatives. They said, "It is a single proposal which looks like a *fait accompli*."

Cllr Gazey asked if the witnesses saw any advantages in the proposals.

The witnesses replied that CWA provides an excellent service. Everyone agrees; the NHS, staff and the public. There is no evidence that bigger trusts are better. If what we have now works, why not get other trusts to copy us, rather than change?

Cllr Ahmed asked if the PPIF was working with other PPIFs.

The witnesses replied that they were liaising with their counterparts in Staffordshire in particular to raise publicity for the campaign.

Dr Matthew Cooke, Professor of Emergency Medicine, Warwick Medical School

Professor Cooke made an introductory statement in which he outlined his involvement in the development of training for ambulance crews, and his role as a member of the reference group for the review of ambulance services *Taking Healthcare to the Patient*. He also said that he worked as an A&E consultant. Professor Cooke stated that he also worked as an advisor to the Department of Health, but was speaking today in a personal capacity.

From the outset, Professor Cooke made clear that the reference group of which he had been a part had not put forward the reorganisation proposals. Those had come from elsewhere. He said, "I was not part of the group that suggested reconfiguration. That was not something we considered".

Members asked Professor Cooke for his views on the amalgamation.

Professor Cooke replied that it depended on the perspective one took. There were advantages and disadvantages, and from the viewpoint of CWA, the issue was whether good practice and high performance could be sustained and further developed. Professor Cooke explained that he was involved with the review work of Commission for Healthcare Improvement (CHI) and later the Healthcare Commission. In the case of CWA, a review found many examples of exemplary practice, and rated the service very highly. He had also evaluated and audited the development of ECPs in CWA, and the education and training programmes that been established. He concluded that CWA was "leading the way" in the development of its staff. The concern therefore was whether reconfiguration would mean that services across the region would be brought up to that level, versus the "danger" that the new trust would instead perform at the average of all the services. He said that if staff development and training were not introduced across the new service to the standard achieved in CWA, there was a real risk that performance would not be as good as it could be. Professor Cooke outlined how when Coventry had been taken into the Warwickshire service, practices around reducing conveyance rates and caring for people in their homes had been introduced without any problems. The issue was whether the new organisation would be able to absorb best practice in the way to benefit of efficiency and patient care.

Cllr Stone asked how long it would take for other trusts to develop staff training to the level maintained in CWA.

Professor Cooke said that paramedic qualifications were to a national standard now, but ECPs were the result of a local initiative between CWA and Coventry University. WMAS, for example, is behind other ambulance trusts in the development of ECPs; they are planning to start training ECPs within a year, and the training takes two to three years depending on the level. Thus introducing significant numbers of ECPs across the proposed organisation is going to take three to four years.

Cllr Crookes asked whether the proposals would save money.

Professor Cooke replied that he was uncertain about whether they would. The history of NHS reorganisations suggested that they often ended up being more expensive than predicted and actually cost money rather than saved it. The areas he could see where savings might be made were obviously in the reduction in the number of Boards and directors. The proposals would mean going from four boards to one. A Board costs between £650,000 to £1,000,000 a year in salaries and support costs. The new organisation should need fewer finance directors, for example. However, by adopting a devolved "local delivery unit" structure, some of the savings might be offset by maintaining local management and direction. He went on that some training might be unified which would have some operational advantages as well as saving money. However, the sums involved would be in the tens of thousands, not the millions. There might also be small savings in maintaining the disaster management function with one organisation rather than four.

Cllr Crookes asked whether other amalgamations, such as EMAS, had saved money.

Professor Cooke replied that he was not really an expert in financial matters, and couldn't offer an answer to this question. However, he said, that EMAS case had shown that reorganisation could produce two to three years of "turbulence" as the new organisation was established. Merging different IT, communication and managerial systems had proved very challenging in that case.

Mr Doyle asked for an assessment of the particular areas of performance that were at risk from the proposals.

Professor Cooke highlighted the issue of control rooms. It was not clear in the proposals whether there would be five, as now, less than that, or perhaps even only one. He said, "local knowledge does matter". The larger the area covered, the bigger the challenge that is faced. It is a bigger problem, and mistakes can be larger. Satellite navigation can offer a partial solution. He said, "If I were given responsibility for control centres in the new organisation, I would look to have several, all carefully linked with the capacity to take up overflow from each other. The advantages of local knowledge outweigh centralisation on this issue."

Cllr Stone asked further about how DH involvement in the recommendation to reorganise.

Professor Cooke replied that the work he had done for *Taking Healthcare to the Patient* as part of the reference group had been about the role of ambulance crews, and the development of ECPs. It had focussed on how to reduce conveyance rates, and make more appropriate use of ambulances and other resources. There had been no discussion of reconfiguration; that was "not on the horizon".

Cllr Gazey asked if the new organisation would be better placed to respond to a disaster.

Professor Cooke replied that it was difficult to answer this as the West Midlands had not had to face this situation. The lesson from other incidents elsewhere was that mutual aid worked well; other ambulance services were able to take up the routine 999 work as a service responded to a major incident on its patch. Boundaries disappear in these circumstances and support would arrive. However, the detail of how well that support works is always an issue. Differences in equipment between services have caused problems, but with national ambulance procurement coming soon, that problem should be reduced. Differing standards of training and operational procedures have caused problems at times. Generally speaking, ambulance services do not have problems communicating with each other, but there have been difficulties in ambulance services communicating with other agencies.

Miss Hackford asked what the criteria would be by which the new organisation would locate its control rooms.

Professor Cooke replied that this would be a matter for the new Board; they could do what they liked.

Cllr Ahmed asked if there were any merits in the proposal in Professor Cooke's view.

Professor Cooke answered that from the CWA point of view, the proposals offered no definite promise of improvements to services. There might be some very specialist services that could be more widely available, but these were things that were non-time dependent such as transfer of critically ill patients, where there might be more capacity to procure very specialist equipment and maintain more redundancy. As regards the "999" service, there was little advantage to CWA. Other services might see it differently; they might see the proposals as a way to try to make their service better.

Mr Spurgeon asked if he felt that the consultation was adequate.

Professor Cooke reflected that as an A&E consultant, he acted as a "conduit" by which operational issues affecting how A&E units work could be fed to DH. He said that no such route from the "coal face" to DH existed for ambulance services, everything went through the ambulance service chief executives. This meant that DH was perhaps not as aware of concerns and issues as they might be.

Mr Doyle asked what recommendations Professor Cooke thought health scrutiny should make.

Professor Cooke replied that the training and development CWA had put in place should be preserved by the new organisation.

The Chair asked whether there should be national training for ECPs.

Professor Cooke replied that this is a live issue, and one he has debated. The variation in further training "makes life harder" as it means there are differences across the country, when in fact most of the skills necessary are common across the country. There has never been a positive response to this proposal from DH. On the downside, separate training for ambulance crews could undermine the relationship with the rest of the NHS, breaking the link with nurse training for example, and perhaps limiting the ability of ambulance crews to work in other environments.

Mr Doyle asked for further clarification around what specialist services might be available.

Professor Cooke replied that with a larger organisation should come greater flexibility to offer specialist services. However, he noted that one sort of specialist service often mentioned – specialist ambulances for children – were already in place in CWA.

Cllr Gazey asked whether there is a case to stay as we are.

Professor Cooke replied that most other services probably see reconfiguration as a good thing, a way to improve services.

Mr Jardine asked for clarification of the issue around medical directors and services available.

Professor Cooke replied that clinical guidelines are now national, meaning that variations in how a given treatment is provided are very small. What varies is the scope of treatments available depending on the qualifications and training of the ambulance crews. Practice is standardised, but the range of treatments vary. This affects what may happen to a patient who is seriously ill, or whether the patient is treated at home and not conveyed.

The Chair thanked Professor Cooke for his attendance and valuable contribution.

Appendix 2

Note of a meeting of Scrutiny Board 4 (Health) on 15 February 2006

This record is an amalgamation of notes taken by City Council Officers. It has been prepared at the request of the Health Scrutiny Board. This is not a verbatim record of comments made at the meeting, and the notes should not be accredited as such. Only statements in quotation marks are comments made in the meeting, and these have been cleared with the participants. This note is not an approved formal record of this meeting.

The Chair welcomed **Charles Goody (Chair, West Midlands South Strategic Health Authority)**, **Catherine Griffiths (Managing Director, West Midlands South Strategic Health Authority)** and **Bronwen Bishop (Director of Primary Care Development and Corporate Services, West Midlands South Strategic Health Authority)** to the meeting.

Mr Goody made an introductory statement noting that the consultation covered three areas – primary care trusts, strategic health authorities and ambulance services. He acknowledged that the scrutiny committee was particularly interested in ambulance services, and said that this was a national consultation from the Department of Health. He said that Bronwen Bishop was the former Chief Executive of Warwickshire Ambulance Service, and thus was well placed to answer any questions. He noted with emphasis that the proposals were about restructuring of services and not service delivery. He said that the proposals would have "no bearing" on services, only their organisation. He went on that the proposals would bring commonality across the region in terms of clinical governance, so as to ensure that patients were treated in the best possible way all across the west midlands region. He said that the reorganisation would also create a trust better able to apply for foundation status should this become an option for ambulance trusts, and said that the reorganisation would also respond to the issues being raised and the likely conclusions of the "acute services review that Cllr Clifford has been a member of".

Jonathan Jardine asked a question relating to the evidence of Professor Matthew Cooke, which had indicated that the expert reference group of which Professor Cooke had been a part had not considered reorganisation.

Ms Griffiths replied that the report "Taking Healthcare to the Patient" had been agreed by its author Peter Bradley CBE, Chief Executive of London Ambulance Service NHS Trust, and it included the recommendation to reduce the number of trusts. The Department of Health had responded to this report by issuing the consultation.

Mr Jardine asked if the witnesses knew how the proposal to reduce ambulance trusts had been included in "Taking Healthcare to the Patient".

Ms Griffiths replied that the witnesses were not in a position to answer or comment on this question.

Mr Jardine asked about the relationship between "Taking Healthcare to the Patient" and "Commissioning a patient led NHS", specifically the number of ambulance trusts. "Taking Healthcare to the Patient" suggested a 50% cut in the number of Trusts, but the recommendation was that ambulance trusts should be broadly in line with SHA boundaries. Mr Jardine asked if there was confusion here, given that "Commissioning a patient led NHS" was not published until after "Taking Healthcare to the Patient".

Mr Goody replied that there were presently 31 ambulance trusts 28 SHAs. This would fall to 11 ambulance trusts and 9 SHAs. He said that those drafting "Taking Healthcare to the Patient" would have been aware of the forthcoming proposals in "Commissioning a patient led NHS". He added making NHS management savings – and that is what this proposal is, not a service change – was an election commitment.

Mr Jardine pointed out that even under the proposals, there were two instances of where proposed ambulance trusts would not follow SHA boundaries. It was therefore possible in the

West Midlands to reduce the number of ambulance trusts by 50% - and thus hit the target – without going for just one trust.

Ms Griffiths replied that this was a national consultation on eleven proposed ambulance trusts that included a proposal to have an ambulance trust for the west midlands region. The issue is what this means for the people of Coventry. She went on that the consultation meant that a "proposal can be put forward to influence the design of the reorganisation".

Mr Goody added that the current position meant that management structures in the ambulance trusts were being stretched by the requirement to both deal with local operational pressures and respond to national initiatives and requirements. This reorganisation was about addressing these pressures and not about changing services.

Mr Jardine asked if, given that a 50% cut in the number of ambulance trusts was the target, why not offer a lower risk option of having two ambulance trusts in the west midlands region rather than only one.

Ms Griffiths replied that the committee could put forward counterproposals. However, on the issue of risk, she observed that she had experience of previous reorganisations, and therefore a good understanding of how to manage this process. The NHS was getting better at business continuity, and undertook organisational design exercises in advance that reduced risk. There is much more risk assessment than previously, and more preparatory work for new organisations. Performance targets were a "critical" part of this process, and there is a clear focus on ensuring that performance is maintained.

Cllr Ruddy asked about fears that there would be a loss of local control.

Ms Griffiths replied that local control will be maintained by both the local management structures and the way that the service will be commissioned. The service will be bought by local PCTs, and Stephen Jones [Joint Chief Executive of Coventry Teaching PCT] will be able to say what service he wants to buy. It may be that locally Coventry and Warwickshire PCTs collaborate on commissioning, but together they will specify what service they want and this will keep local control. "Legally, they are the ones responsible for the quality of the service", she pointed out. This will be a "strong counterbalance" to the regional level; the local PCTs will need to ensure that they get the right mix of services as they are the ones who are paying.

Cllr Ruddy observed that this was not the same as a guarantee.

Mr Goody said that increasing the size of the service made it better able to take on the larger role that was required for the future.

Ms Bishop went on that the new organisation had to be organised locally to fulfil its role. "Taking Healthcare to the Patient" and "Our Health, Our Care, Our Say" talk about co-ordinating out-of-hours services and resources with mobile healthcare and ambulance services, and this meant that commissioning and management of the service had to be local. Proper co-ordination meant that patients wouldn't be passed from "pillar to post" and would get the right treatment in the right place. This inevitably meant local control centres and ambulance staff sitting and working with local practitioners and other health professionals.

Mr Goody added that a larger organisation would have more resources, including those from savings, to invest in improved local services.

Ms Bishop went on that in effect, the guarantee of local control came from the policy that was in place, and the government documents that had brought about the change.

Cllr Stone said she thought the consultation was a "done deal".

Cllr Dixon asked about the training and development of staff in CWA and the proposed new trust.

Ms Bishop acknowledged that CWA had developed good links with local universities and had made good progress in developing its staff.

Ms Griffiths said that there were good examples of staff development in all four current trusts, and that the objective therefore was to use the new organisation as a way to share best practice so all could learn from each other.

Ms Bishop said that nothing in the proposals would interfere with the relationship between local ambulance service staff, local universities and other health professionals. Both "Taking Healthcare to the Patient" and "Our Health, Our Care, Our Say" are full of how ambulance services should look at the sort of service they provide, in order to reduce conveyance rates and offer more diagnosis in the home. All this meant offering a local service that was interlinked with local health professionals.

Cllr Dixon asked if this meant training would be centralised and students would have to travel further.

Ms Griffiths replied that training had to stay local to maintain take-up. However, current training contracts were fragmented, disparate and did not always achieve "critical mass". Training departments in the existing trusts were small and overstretched. While the delivery of training would stay local, the contracts could come together to get better value for money.

Ms Bishop noted that much of the training was now "competence based", which made it easier for staff to move between settings and trusts.

Cllr Dixon asked about what factors had made training and development work well in CWA, and how this linked to good performance.

Ms Griffiths replied that there were examples of innovation in each trust.

Ms Bishop said that the proposals would not affect operational practices. What works would continue. Delivery of care would go on as before. Over the coming years specific new services and best practice would be developed and introduced. Local variation would remain and a locality structure is essential to delivering this. The objective is to retain the best of what we have now, and bring all services up to the best standards.

Mr Goody said that from a management point of view, the focus would stay on monitoring performance and ensuring that maintaining standards comes first.

Ms Bishop noted that the proposed saving was only £3 million; the target could have been much bigger. There will be fewer managers, but not big cuts in numbers. The aim is not to make as big a saving as possible. The savings will be in areas where centralising makes sense and helps improvement, such as HR and finance. Standardisation of IT and vehicles were other examples. Additional savings will only come over time. In no sense were the proposals "decimating" the management structures.

Cllr Ahmed asked about disaster management. He asked whether the proposals would be actually reducing the capacity of the organisation to respond to a major incident.

Mr Goody said that, as Ms Bishop was responsible for disaster response for the SHA, she should reply.

Ms Bishop made a distinction between planning for an emergency and the actual response itself. The procedures for making the response are agreed nationally, with agreed service level agreements and arrangements for mutual cover. Those processes will remain. Planning for a disaster response has undergone big changes in recent years, with far greater planning required, most of it on a regional basis. The Health Protection Agency, for example, leads regionally on NHS preparedness for a disaster situation, working with the Government Office for the West Midlands and the three SHAs. Local planning duplicates effort, in effect

"reinventing the wheel". A regional SHA would set the parameters in which the other NHS organisations could work.

Cllr Ahmed asked whether having fewer managers would reduce the capacity of the organisation to respond.

Ms Griffiths replied that there is at present a "duplication of job titles", with people in different organisations ["suits"] doing the same job. She pointed out that management reductions could release resources for more ambulances and more frontline staff such as paramedics.

Mr Doyle suggested that this response was "disrespectful" to the work these managers do.

Ms Griffiths replied that accountants and HR staff weren't integral to disaster response, and explained that this wasn't meant as disrespect. The NHS colloquial jargon term "suits" just referred to posts that were no longer required in the new structure. The service would be provided just as well, with more resources available to the frontline.

Mr Doyle asked how the risks posed by the merger were being managed.

Ms Bishop replied that the four ambulance service chief executives are working closely to assess the process for implementing the changes if it is decided to go ahead. Their work is not pre-empting the consultation. This work will identify and assess the risks. Ms Bishop said that she had not seen the output of this work, but it has been going on for about a month.

Ms Griffiths said that there was considerable experience of merger – she noted that she had been through several – and she acknowledged that there always are risks that staff might leave or performance could fall. This is part of what the risk assessment is about, and no one was ignoring these issues.

Mr Goody pointed out that the risks associated with change had to be balanced against the risks of doing nothing. He said that the £3 million for services would be lost, and that there is a danger that quality of care could fall over time.

Mr Doyle asked how the performance of the new trust would be measured.

Ms Bishop replied that performance monitoring would be the same as currently, though the performance standards required by commissioning PCTs would mean there would be more local standards too.

Mr Doyle asked whether information would be available for the whole trust or by localities.

Ms Bishop replied that there would be data at both levels. Some reporting would be done centrally, but reporting for each local delivery unit would continue. There is no reason why this should stop, indeed, performance on a postcode basis would still be available.

Mr Doyle asked whether Emergency Care Practitioners might be moved out of Coventry by the new trust.

Ms Bishop replied that the local delivery unit structure would mean that resources would generally stay local. She said that staff and resources are deployed out of the region for specific jobs, but Coventry and Warwickshire will have its own control room and will therefore have control over its resources.

The Chair asked how one could stop the new ambulance service chief executive from redeploying resources, such as Emergency Care Practitioners, to elsewhere in the region.

The PCTs will decide what they want to spend on the local delivery units, and the PCTs will performance manage this; they will get the service they pay for. There will be arrangements for helping each other, but this must be paid for.

Mr Doyle asked what previous experience of ambulance service mergers said about these proposals.

Ms Griffiths replied that this proposal was fundamentally different to previous ambulance service reorganisations, which were about centralisation and making big cost savings. This proposal is about retaining local control and local focus, and that is what the local delivery units are all about. It is about making the ambulance service fit for the future.

Ms Bishop cited the example of Shropshire PCT, which was a provider of ambulance services. The ambulance service became part of West Midlands Ambulance Service, yet retained a control room, independence and the previously agreed investment plans.

Ms Griffiths added that a local control centre remained part of planning for Coventry and Warwickshire. There is strong support for it from Coventry PCT and UHCW. If the plan is to have a local control centre in the LIFT building in Coventry city centre then there is no reason why that will not still go ahead. She added that the Coventry and Warwickshire Acute Services Review has reiterated the need and wish for a local control centre. Such a centre helps patients get to the right place for treatment as soon as possible. She said that the experience of the merger of Coventry and Warwickshire ambulance services had gone well, and this is an opportunity to take that progress to the next level.

Mr Doyle asked for clarification about whether there was any risk of staff, particularly Emergency Care Practitioners, being moved around the region.

Ms Bishop replied that local control, with local commissioners monitoring performance, would see standards continue to rise, which would help retain staff. There would be new local targets that saw PCTs becoming more engaged in obtaining value for money from their ambulance service, and helping to keep staff local.

Cllr Stone asked questions about whether the new service would make the cost savings anticipated.

Mr Goody replied that savings of £3 million annually had to be made from 2008. He said that Agenda for Change addressed the issue of consistency across ambulance services, and that this would have rolled out anyway.

Cllr Dixon asked about the recent strike in WMAS.

Ms Griffiths replied that this was to do with allowances related to Agenda for Change, and had now been resolved, as had similar disputes elsewhere in the patch.

Cllr Stone asked whether there would be additional costs renegotiating contracts with PCTs.

Mr Goody replied that negotiations with PCTs would carry on as they do now, so there would be no additional costs.

Cllr Stone asked how the cost effectiveness of the changes would be measured.

Ms Griffiths replied that PCTs will at minimum have to commission services at a specific level, but that a PCT will be able specify variations to meet local circumstances. Ms Griffiths was of the view that increasingly PCTs will be looking to commission "add-ons" to meet local needs, particularly around GP out-of-hours services. She noted that a PCT will get money back from the ambulance trust if targets and agreements are not being met. She went on that PCTs may commission jointly to be more efficient.

Cllr Stone asked whether staff cuts were anticipated.

Ms Griffiths replied that some workforce reductions were anticipated. This meant that the £3 million saving won't be realised until 2008, because there will be off-setting redundancy costs. She said that these have not been costed as yet, but that, for example, temporary

appointments were being made to reduce the workforce. The total cost of the changes was not known; more important was the requirement to have staff that could provide the sort of high quality service that was fit for the future.

Cllr Stone pointed out that some of the staff changes, notably the recruitment of chief executives and chairs, was already underway.

Mr Goody replied that the recruitment was to build a pool of chief executives who could be based anywhere in the country, in any of the eleven trusts. Their appointment would be subject to the outcome of the consultation. The recruitment is a pragmatic initiative to ensure that the NHS can move quickly after the consultation if appropriate.

Ms Bishop added that if the scrutiny committee had other options it wished to put forward then it was welcome to do so. The process was being driven by statute, with statutory consultation processes, including all the relevant stakeholders and public meetings.

Cllr Stone asked why the consultation included no alternative options.

Ms Bishop replied that the Department of Health was responsible for the consultation proposals – the SHA was just presenting them.

The Chair asked first what would happen if the cost saving targets were not met, and suggested that this would be hard to monitor. Second, he said that he had heard evidence that there are a million unnecessary conveyances each year, and that if these cost £60 each – at least – there was enormous scope for savings there, rather than through reorganisation.

Ms Bishop replied, "That's right; this consultation is about doing things differently", and that reorganisation is part of that.

Mr Goody added that savings were being recycled; it wasn't that the money would go out of the local health economy, it would go back into services.

Ms Bishop recounted how when she was chief executive of Warwickshire Ambulance Service she had to deliver on both national initiatives and local targets. With a small management team and local administration, it was hard to innovate. The small trust had to match large organisations. The local delivery units will be more free to innovate as CWA has done, with even greater potential to develop and provide services that meet local needs.

Ms Khan asked how PPIFs will work in the new trust.

Ms Bishop replied that "Our Health, Our Care, Our Say" set out plans for more engagement with patients and the public, and proposals for making services more responsive to patient and public wishes. She said that she saw a relationship with the local delivery units, possibly including the PPIFs.

Ms Khan asked whether the new trust will be as accountable as what we have now.

Ms Bishop replied that there was no reason for it not to be. For an organisation to be patient focussed requires patients to be engaged. Practice based commissioning meant that primary care services were becoming more important.

Mr Goody added that the agenda now is to move services closer to the patient where possible. He said that in the longer term the larger trust would be in a position to apply for foundation trust status.

Ms Khan stated that the CWA Chief Executive has made great efforts to attend health scrutiny meetings. She asked whether the same would be true of the new trust.

Ms Griffiths replied that the chief executive and the local delivery unit manager would fulfil this role. The local delivery unit manager would need to be a high calibre individual who could

take on these responsibilities. She also pointed out that the local PCT chief executive would also be responsible for the quality of the service and therefore would also be accountable to scrutiny.

Mr Spurgeon asked whether the consultation was a "fait accompli", and noted that "no change" was not an option.

Ms Bishop replied that the concept for the new organisation is the same as any that seeks to cover a wide geographical area. The centre's role is to focus on setting the parameters for action, while acknowledging and facilitating local discretion where it is needed. The centre would ensure that there are needs assessments of local service requirements. The "how" of the service would remain local.

Mr Spurgeon asked whether WMSSHA would be drafting a document about the consultation for the Department of Health.

Ms Bishop replied that the SHA is only collating responses, to forward to the Department of Health.

Mr Spurgeon asked what had changed between the amalgamation of Coventry and Warwickshire ambulance services and today.

The Chair added that what was being proposed was the change from a large area to an enormous area.

Ms Bishop replied that the "issue is a fundamentally different vision for the role of the ambulance service". Expectations have changed, and therefore the trust must be "fit for purpose". The proposals will allow greater local focus, more local services and a tailored needs assessment. The local delivery units will have more capacity to focus on local needs, for example, the differences between Coventry and Warwickshire. There will be a core standard, plus better, more appropriate services where they are needed.

The Chair said that we have a local focus already.

Ms Bishop said that this was not the case. CWA provided a "standard national service". The local service was "by no means perfect". Rural Warwickshire needed a very different service to urban Coventry and this was not always reflected.

Ms Griffiths added that the reorganisation would centralise administration and reduce bureaucracy, thereby avoiding duplication.

Cllr Gazey asked how, in the light of the trend towards "localism", one could determine the right size for an organisation.

Ms Griffiths replied that there were different levels, and each was appropriate to certain aspects of services. For example, primary care is at a local level where there are good links with GPs, versus hospitals that work across communities and the higher level for other strategic services.

The Chair thanked the witnesses for their attendance.

The Chair welcomed **Stephen Jones (Joint Chief Executive, Coventry Teaching Primary Care Trust)** to the meeting.

Mr Jones made an introductory statement. He explained that CTPCT Board had considered the consultations at its meeting the previous day, and the preliminary impression was that the Board was generally in agreement with the proposals the SHA was presenting – there are a lot of "fits" with what the PCT wants to do. The flow of patients across Coventry and Warwickshire suggested that the area is a natural health economy, and an ambulance service local delivery unit for that area seemed appropriate. The local emergency care network

performs well, and this would be retained. There was much sense in the proposal to centralise back office functions; this was a pattern across the NHS. As long as a Coventry and Warwickshire local delivery unit was retained, he could "see the case" for the changes. The issue was to ensure that the local delivery units were able to provide the services local PCTs wanted, and build on the good performance in place.

The Chair asked why the decision had been taken two years ago to move to a smaller service.

Mr Jones answered that the move to a smaller service allowed a concentration on the issues that mattered to Coventry and Warwickshire. It better matched the patient flows in the sub-region, and reflected the need that trauma patients were treated appropriately. The move from a larger management structure to a smaller one was an issue in the transfer; it allowed more local links, but this had to be balanced against the issue of ensuring that the ambulance service responded to the national agenda.

Cllr Ruddy asked if there should still be a local control centre.

Mr Jones said that the plan to include a local control centre in city centre LIFT was still in place.

Mr Doyle asked whether the funding would be available for further innovation.

Mr Jones replied that out of the total PCT spend of £380 million, about £15 million is spent on ambulance services. The way to pay for ambulance service innovation is to reduce hospital admissions. He noted that there was some way to go on this; he made reference to a report in the media saying that Coventry was in the top 5% for "frequent flyers", that is, patients who are admitted to hospital regularly, and thus impose a disproportionate burden on NHS spending. With better support, these patients would not need to be admitted as often. There is a lot of work to do around making best use of intermediate care, and the PCT's role will be to ensure that we get the level of service we want and need. By retaining a local delivery unit, the PCT would look to ensure that benefits from management savings are distributed equitably, and that there is clarity about how pressures elsewhere in the system impact on Coventry. Any proposal to shift resources like emergency care practitioners would have to be done by agreement, so as to ensure there were not detrimental consequences for Coventry and Warwickshire. Conversely, Mr Jones sought to point out that the service in Coventry was not perfect, and there would be hoped for lessons from good practice elsewhere.

The Chair asked what would happen if conveyance rates in Coventry and Warwickshire got worse after the merger.

Mr Jones replied that the PCT's view was that conveyance rates will not get worse. This issue is one of balance; if conveyance rates got worse, then it means more resources are required to support A&E. The PCT's job is to maintain an appropriate balance. The PCT's objective is to support continued improvement in conveyance rates, and that is why he expects CTPCT Board to be strongly supportive of a local delivery unit for Coventry and Warwickshire.

The Chair asked if we had a successful ambulance service.

Mr Jones replied that Ms Bishop's answer had largely covered this point. Smaller ambulance services were not necessarily better, "performance is not necessarily about size" he commented. It is important that the local delivery unit has sufficient autonomy to be able to deliver service improvement.

Cllr Gazey asked if the change was inevitable, and whether it would be good for specialist services.

Mr Jones replied that significant progress had been made in supporting people at home, as an example of the culture of innovation now in place. That pattern, of developing and

"experimenting" with new services in a controlled and systematic way, would be carried forward. He noted that service improvement was more about attitudes and culture; "you can't legislate for innovation", he said.

Cllr Stone asked about the PCT's responsibilities as a commissioner.

Mr Jones replied that the PCT had a role in specifying what services it wanted. If the PCT doesn't get what it wants, what it has specified and agreed, then the first step is negotiation with the ambulance service chief executive, and, in response to comments from members, Mr Jones said that he was comfortable negotiating with a chief executive at the regional level. He said that he negotiates with the Strategic Health Authority across a variety of issues, for example, and they call him to account for the performance of his trust. Conversely, much of the day-to-day work is done with local operational managers, and a local delivery unit unburdened of high-level strategic issues would have that operational focus. He said that the PCT would be able to hold the ambulance trust to account for the services it provides.

Members asked what sanctions there were if there were concerns about performance.

Mr Jones replied that if the PCT was not getting value for money then there would be a number of options. The PCT could refuse to pay for services, or perhaps look at alternative suppliers. It could invoke penalty clauses that would mean charging the ambulance service for the costs the PCT incurred following acute admissions.

Cllr Stone observed that all PCTs across the region would face the same issue.

Mr Jones replied that the Coventry and Warwickshire local delivery unit would be responsive to the local needs. He pointed out that the Coventry and Warwickshire acute services review was bringing forward proposals for further developing emergency care in the sub-region.

Mr Spurgeon asked for a response to the concerns raised by Malcolm Hazell.

Mr Jones replied that he had heard the concerns Mr Hazell had raised, and his view was that the reorganisation had to address the risks that had been identified. First, there needed to be a robust risk management strategy. Second, he emphasised that throughout the reorganisation process, no one should "take their eye off the ball" of service delivery. Third, the essential direction of travel had to stay in place, with further development of the emergency care network and this was being reinforced by the acute services review. Fourth, staff should be confident that their established patterns of working would be maintained. Fifth, the money saved should go to strengthening the local delivery units. Finally, the role of Coventry and Warwickshire PCTs in commissioning the service should be maintained.

The Chair thanked Mr Jones for his evidence.

The Chair welcomed **Clive Townend (Assistant Head of Public Protection)** and **Peter Streets (Emergency Planning Officer)**.

Mr Townend made an introductory statement in which he explained his role and that of Mr Streets. He said that the City Council's responsibility was to ensure that its emergency plans "dovetailed" with those of other organisations. A big part of that is building relationships with the individuals with whom one would have to work in the event of a major incident.

Members asked for the officers' views on the proposals.

Mr Townend replied that generally speaking, "bigger is better" when planning for a major incident, but that not all services are the same. This led him to "sit on the fence" on this issue for the ambulance service. For example, a larger police force is better able to both plan and respond to an incident because it will have more of the specialised equipment and resources it may need to respond to a major incident. For ambulance services, which must be able to integrate with other organisations, this may not be the only issue. The arguments are more balanced for ambulances.

Mr Streets observed that with both police and fire services moving towards regional structures, there would be pressure for ambulances to follow this trend. He said that when negotiating mutual aid agreements, which are a central part of emergency planning, again arguably bigger is better.

Cllr Stone asked about local links between different organisations.

Mr Townend replied that crucial to successful planning and response was a close working relationship with the individuals who would be dealing with an incident. It was important to know their style of working and thus anticipate which actions will work best with them. These are the people who will be at an incident, and it is of tremendous value to know them already.

Cllr Gazey asked whether emergency planning and response would be disadvantaged by maintaining the status quo.

Mr Streets replied no. He said that planning takes place in tiers from local, to sub-regional, to regional and then national, and from that perspective, the proposals for organisational change didn't make a great deal of difference.

Mr Spurgeon observed that this assumed that the new local delivery units had the authority to reach agreements on emergency plans.

The Officers agreed that this was an important consideration.

The Chair thanked the Officers for their attendance, and thanked members of the committee for their questions.

The meeting closed at 4.55pm.

Appendix 3

Letter from Sonia Godfrey, Associate Head of Nursing, Midwifery and Healthcare, Coventry University

Dear Councillor Clifford

Re: "The Council needs to be assured that what is being proposed is safe and at least as good as we have now".

Thank you for asking me to comment on how the proposed amalgamation of the ambulance services will impact upon training and education of ECP's and Paramedics in the future. It is difficult to predict the impact on these activities, as no formal proposals on this are currently available, although I am aware that Dr Ian Robertson Steele from West Midlands Ambulance Service has been assigned this provision to review for the reconfigured regional ambulance service. To date we have not received any contact from him to discuss the current education provision that Coventry University provides for Coventry and Warwickshire and more recently for Staffordshire Ambulance Services.

It would be inappropriate to speculate on what might happen to current education and training in the reconfigured service, however we can provide the Council with an overview of the excellent collaborative partnership working that has been established with the two identified services and the early developments with Hereford and Worcestershire Ambulance Service to provide placement experience for some of our paramedic students also.

Four years ago there was no ambulance service education or training taking place at Coventry University. All continuing education was provided at Rugby Ambulance Station, which had a small education facility, or ambulance personnel were sent away to other parts of the country to ambulance training schools to train as Ambulance Technicians and Paramedics. This required them to be away from their Station and families for up to 8 weeks. Cover for their absence was provided by the ambulance stations from which they worked. The courses that they undertook were vocational in nature and did not lead to any academic awards. This has long been an issue for Ambulance personnel, in that they found it difficult to develop their knowledge and skills beyond this point, and could not gain credit from their vocational courses to continue their personal, professional and academic learning. Release from practice and funding issues were often prohibitive in developing academically as the service relies on its work force being fully staffed and not supernumerary where new skills and knowledge are best learned and explored. This approach to developing practitioners meant that continuing professional development was limited to updating of skills, which though essential, may not have offered individuals enhanced educational opportunities, which in turn can promote a culture of stagnation and limited innovation.

In 2001 following a successful bid to the Department of Health (DH) by Coventry and Warwickshire Ambulance Service (CWAS) to explore the overlap between accident and emergency nursing and paramedic skills acquisition and delivery, we became involved in a pilot project funded by the Modernisation Agency (DH). The aim was to provide education and training for 3 paramedics and 3 Nurses to prepare them for a new role within emergency care provision in Coventry and Warwickshire to delivery care to patients in the community on a "see and treat basis". The aspiration of this project being to prevent patients being transported unnecessarily to hospital to be treated in accident and emergency departments. The majority of this care focussed upon meeting the needs of patients who sustained minor injuries or minor illnesses. These new practitioners known as "Emergency Care Practitioners" are educated to degree level and have developed the skills necessary to conduct health assessments on patients and determine the best and most appropriate referral to other agencies, transport to hospital or treatment in their own home, as well as health advice or guidance. Whilst both disciplines (the Nurses and Paramedics) had some skills to bring to the new role they both needed development in decision making, clinical judgement making, advanced minor injury and illness skills, evidence based practice and confidence in autonomous emergency practice. To date 61 students have or are undergoing this, with the courses initially being funded by Modernisation Agency Funding and later on by the Strategic

Health Authority & Work Force Development Directorate and Primary Care Trusts. This has resulted in ECP's in Coventry and Warwickshire achieving 60% non conveyance of patients to local hospitals which in turn has prevented blocking of facilities for more urgent cases in Accident and Emergency Departments or GP practices (CWAS 2006). The success of this pilot work led to the programme being rolled out by the Modernisation Agency across 17 other UK sites and the emergence of the Emergency Care Practitioner role being fully established. It is likely to undergo registration with the Health Professions Council in the future.

This new role has been further expanded and developed to meet the needs of patients in the county who require "GP Out of Hours Services". Many of the students exiting the ECP programme are now working in this service, again reducing the need for many patients to be transported to busy Accident and Emergency Departments. Without the partnership, collaboration and vision between Coventry and Warwickshire Ambulance Service and Coventry University in the joint venture the people of Coventry and Warwickshire would not have benefited from this initiative.

In 2002, the University and CWAS again worked collaboratively in a project to develop the first pre-registration programme for Emergency Care Practitioners (BSc Adult Nurse – Paramedic Science) which was a programme of education and skills development to take unqualified people from the community and develop them as both a Nurse and Paramedic. The delivery of this programme has led to a further programme being developed with CWAS called the Foundation Degree in Paramedic Science, which to provide Coventry and Warwickshire Ambulance Service with well educated paramedic practitioners, who have been able to learn their skills as supernumerary students, in a supportive and mentored environment (instead of learning on the job and doing the job at the same time). The benefits of this approach to teaching and learning have been recognised by the regulatory body for the Paramedic profession, who have recently stated that all future education for paramedics should take place in a higher education environment. CWAS recognised their limitations in achieving this for their own personnel and were brave enough to take the initiative to develop links with their local higher education provider, whilst at the same time recognising the challenges and opportunities that this would provide. Across the region the trust is at the forefront of ensuring its staff have the opportunities for the best possible education and training available to them. The dissemination of this approach to other ambulance trusts has more recently brought Staffordshire Ambulance Service to the University and they now commission places for students on the Foundation Degree for Paramedics in the same way.

The development of all of these courses has necessitated the university committing to the purchase of paramedic equipment which is the latest and most up to date available. This is sited in state of the art clinical skills laboratories, which provide paramedic and ECP student's opportunity to practice their skills under supervision before practicing on patients (the same cannot be said of traditional vocational paramedic courses). We are able to offer simulated patient experiences and we have developed considerable expertise around observed clinical examinations to be able to reassure ourselves and the unknowing public on the safety and competence of those students who will be involved in their care under the supervision of a registered paramedic mentor.

The greatest benefit of the higher education experience to paramedic students is the interprofessional focus of our courses, which encourages students to study topics of interprofessional practice, diversity, equality, ethnicity, gender, religion and culture. The added benefit of being an interprofessional learning environment is that paramedic students can learn alongside other health care disciplines and are taught by teachers who have expertise in caring for all vulnerable groups in society (neonates, children, pregnant ladies, elderly, mental health and learning disabilities). The application of their teaching to the local population and National Service Frameworks gives students an added advantage over paramedics being trained elsewhere in the county or indeed nationally.

CWAS commitment to educating its workforce has recently been shown by funding places for their Ambulance Technicians to convert to Paramedics via a new course developed in collaboration with the university called the Diploma in Professional Development in Paramedic Science. This programme enables ambulance technicians to convert to paramedic status,

which will ultimately provide a quality ambulance service with well-educated and motivated personnel, which can only be to the benefit of the local population. To date we have received many enquires from personnel in other ambulance services across the country who espouse this proactive intervention of CWAS as an exemplar of good practice in ambulance personnel professional development.

The investment in higher education by CWAS was brave and innovative and the trust has risen to the challenges that this approach to service development has given to them. From the feedback we receive at conference presentations and individual enquires it is clear that CWAS is seen to be an employer committed towards its staff's professional development. This is not reflected in many enquirers own ambulance trusts. They have now invested in a joint post with the university to enhance the teaching and learning experiences of existing staff and paramedic students and regularly second staff to participate in teaching on the courses offered at the university. This collaboration in teaching and learning contributes to maintaining standards of care for the local population of Coventry and Warwickshire.

The working relationships, partnership working and mutual respect that has been developed between the paramedic teaching team in the university and CWAS has arisen from a determination to succeed in providing a workforce who are ready and able to meet the challenges of "Taking Healthcare to the Patient: Transforming NHS Ambulance Services (DH 2005). If this relationship, innovation and effort were to be dismantled or replaced by alternative education provision as a result of reconfiguration, I feel it would be both sad and potentially detrimental to future service provision and the people of Coventry and Warwickshire.

Mrs Sonia Godfrey
Associate Head of Nursing, Midwifery and Healthcare
Coventry University
January 2006

Appendix 4

Letter from Lord Warner

Lord Warner, Minister of State (NHS Delivery)

MS(D)101275

Councillor Joe Clifford
Chair, Health Scrutiny Board
Council House
Earl Street
Coventry
CV1 5RR



Richmond House
79 Whitehall
London
SW1A 2NS
Tel: 020 7210 3000

31 January 06

Dear Councillor Clifford

Thank you for your letter, dated 10 January 2006, inviting me to attend a meeting of Coventry's health overview and scrutiny committee to discuss the proposals of NHS ambulance trust configuration. As you will be aware, the Department published a consultation document, setting out the key factors in developing the proposal of how ambulance services should be structured in the future.

These proposals are primarily about improving the services provided to patients, by ensuring that ambulance trusts have the capacity and capability to deliver the vision set out in Taking Healthcare to the Patient. This fourteen-week public consultation process is already underway and your meeting will form a part of that.

If the proposals are accepted, it will be a matter for the new ambulance trusts to ensure they continue to deliver and manage high quality services for their local populations. They will still be required to achieve the national performance requirements. This is not about one trust taking over other trusts, but an opportunity to bring services up to a high level - levelling up not down. The proposed new ambulance trusts would build on existing good practice and high performance to provide efficient, effective, locally responsive ambulance trusts that best meet patient need.

Unfortunately, I must decline your offer, due to diary commitments. It would be helpful if you could send your committee's response to this consultation to your SHA. I will then consider your committee's views as part of the feedback sent to me by SHAs for my consideration, following the consultation process.

Yours sincerely
Norman Warner

NORMAN WARNER

Appendix 5

Web based survey results

Warwickshire County Council hosted a web-based survey from 6 February 2006 to 6 March 2006. The survey was advertised via press releases, the Coventry City Council website, electronic communication and direct mailing.

The results were as follows:

Q1 Do you live in Coventry or Warwickshire?

Coventry	41.0%	(98)
Warwickshire	56.5%	(135)
Elsewhere in the west midlands region	1.3%	(3)
Other	1.3%	(3)

Q2 Have you used the ambulance service in Coventry and Warwickshire?

Yes	72.5%	(174)
No	27.5%	(66)

Q3 When did you last use the service?

Less than a month	24.7%	(43)
2 – 6 months	26.4%	(46)
7 – 11 months	4.6%	(8)
12 – 17 months	7.5%	(13)
18 – 24 months	6.3%	(11)
More than 24 months	30.5%	(53)

Q4 Which service did you use?

Pre-booked transport	20.2%	(35)
Emergency 999	68.2%	(118)
Both	11.6%	(20)

Q5 How would you rate the ambulance service in Coventry and Warwickshire?

Excellent	54.3%	(94)
Very good	22.5%	(39)
Good	11.6%	(20)
Fair	6.9%	(12)
Poor	2.9%	(5)
Very Poor	1.7%	(3)

Q6 What are your reasons for your rating in question 5?

(See attached information for responses from Coventry residents)

Q7 Before receiving this questionnaire were you aware that the government is planning to amalgamate the ambulance services across the whole of the west central area?

Yes	65.8%	(158)
No	34.2%	(82)

Q8 Do you support the proposals to combine Coventry and Warwickshire Ambulance Service with others in the west central area?

Yes 7.1% (17)
 No 76.5% (182)
 Don't know 16.4% (39)

Q9 What do you think will be the benefits of combining ambulance services in the west central area?

(See attached information for responses from Coventry residents)

Q10 What do you think would be the concerns of combining ambulance services in the west central area?

(See attached information for responses from Coventry residents)

Q11 Please indicate your age.

0 – 17 0.4% (1)
 18 – 40 24.7% (59)
 41 – 65 55.6% (133)
 66+ 19.2% (46)

Q12 Are you:

Male 42% (100)
 Female 58% (138)

An ethnicity monitoring question indicated that 4.6% of respondents came from BME backgrounds.

Cross tabulation of responses to questions 5 and 7 by location of respondent

Absolute Analysis % Respondents	Base	How would you rate the ambulance service in Coventry and ...					
		Excellent	Very Good	Good	Fair	Poor	Very Poor
Base	173	94 54.3%	39 22.5%	20 11.6%	12 6.9%	5 2.9%	3 1.7%
Do you live in Coventry or Warwickshire?							
Coventry	72	30 41.7%	19 26.4%	9 12.5%	8 11.1%	4 5.6%	2 2.8%
Warwickshire	98	63 64.3%	20 20.4%	10 10.2%	3 3.1%	1 1.0%	1 1.0%
Elsewhere in the west midlands region	1	1 100.0%	- -	- -	- -	- -	- -
Other	2	- -	- -	1 50.0%	1 50.0%	- -	- -

Absolute Analysis % Respondents	Base	Do you support the proposals to combine Coventry and Warw...		
		Yes	No	Don't Know
Base	238	17 7.1%	182 76.5%	39 16.4%
Do you live in Coventry or Warwickshire?				
Coventry	97	7 7.2%	72 74.2%	18 18.6%
Warwickshire	135	6 4.4%	108 80.0%	21 15.6%
Elsewhere in the west midlands region	3	1 33.3%	2 66.7%	- -
Other	3	3 100.0%	- -	- -

Responses to Q6 by those living in Coventry

- 1 Very good response to an emergency.
- 7 Fast, efficient and knowledgeable staff
- 14 It made it very easy for me to get to hospital but I did have to wait for a ambulance home.
- 15 They arrived very quickly, They were very good with my mother who was having a glycemc problem, polite, supportive, understanding
- 18 Although the ambulance was a little late arriving the staff manning ambulance was courteous and apologetic.
- 21 Speed of response and care offered when I required an ambulance, and also my experience of when my father in law required the service
- 36 They arrived promptly and took me straight to the appropriate hospital on the way they cared for me and passed on the relevant information to the emergency people at the hospital
- 40 Whenever I had to call the ambulance service for my husband I always found them to be prompt, and reassuring to me and to him.
- 42 They are efficient, quick, have good local knowledge of the area and hospitals and knew how to do their jobs.
- 43 Arrived inside 5 minutes...Paramedics very professional.
- 50 Quick response time, well trained paramedics
- 52 Prompt arrival
- 54 staff were very professional, friendly and calm.
- 55 Fast, effective response by people who know local area. Excellent and reassuring treatment.
- 57 find some ambulance crews abrasive and insensitive. Some are very helpful and considerate
- 58 Very prompt response times & excellent staff
- 60 arrived quickly
- 62 operator was excellent and got to the accident within sufficient time
- 63 Have heard on many occasions of quick arrival times from call to clinical assistance. I can also appreciate some of the conditions they work in
- 64 Expert staff, time of response,
- 67 They responded very quickly and efficiently took my mother to hospital. My only criticism would be that they were clearly VERY busy and needed to rather rush things. It was, however, clearly the right action.
- 68 they were very quick, polite, professional, kind and caring.
- 72 Quick response and efficient dealing with problem
- 73 They turned up to the RTA, treated and took my girlfriend and myself to hospital straight away after treating us.

76 When phoned they came but felt they might have been quicker given that the hospital is only over the road from where we live.

79 Arrived quickly and staff treated me really well.

81 It arrived within 15 minutes

84 Because they responded very quickly and were really helpful

86 Good quick response - efficient staff

94 personal experience, friends experience and information received from medical staff, care workers and public meetings all combine to convince me that the ambulance service works very efficiently with the resources available

96 They knew what they were doing and where they were going

97 IT HAS GIVEN US VERY GOOD SERVICE

101 arrived within 15 minutes of calling and were very efficient and reassuring

102 This is due to the competence and skills applied by the staff who were able to provide the required medical support

107 Did not arrive quickly had to phone again!!

109 Arrived promptly, dealt with patient very well and got to hospital speedily

110 The ambulance came quite quickly, the staff were friendly and helpful

112 the 999 service was wonderful. As the adult daughter of the patient the staff were also caring and comforting of me. The other outpatient service was awful.

113 I was very happy with the service provided and the response time

119 Excellent care - very professional

140 always room for improvement

141 Very prompt

175 Ambulance came straightaway. Treatment and the confidence given to me was first class.

184 Speed of response. Treatment given to injured person.

185 Coventry and Warwickshire Ambulance Service is excellent now. To merge it very poor.

191 Quick response, very friendly, stayed with me at the hospital and reassured me I would be ok.

193 1

194 Long waiting after dialysis.

195 Waiting too long after dialysis

196 Waiting too long after dialysis

198 Keeping us waiting. Not always passing message on if transport needs rebooking if we are not ready. Information given over phone to staff is mainly lies. Not reliable. Makes a 4-hour dialysis a whole days worth.

200 Very nice ambulance staff but usually have to wait a long while for transport to take me home.

201 Very helpful drivers

202 9 times out of 10 they are on time

203 Getting me to hospital on time and home at night time.

204 Little bit poor with timing

210 Service erratic

211 Delays in being picked up and taken home

212 It takes an hour for me to get home when I live a short distance away and I understand this is on the contract but it is every week, three times a week. I wait this long for transport to turn up

213 Not picked up on time - not collected on time.

214 Because they try their best

215 Always on time

222 On the 9th January 2006 the service I received from the crew was very poor and the attitude of member of staff was very ignorant. On the 14th January 2006 I was very poorly and the service and treatment of staff were more than excellent. That is what I call good service.

228 That is the position and find the service I receive.

234 The Ambulance (2 occasions) came within minutes. Paramedics great! Delays from assessment and treatment could be fatal.

239 Not 100% confident with the reactions of both people who came with ambulance.

Responses to Q9 by those living in Coventry

- 67 It should be more cost effective and more able to respond to major incidents
- 86 Because it will reduce some of the bureaucratic costs of boards etc without affecting the local operational unit and thus enable more money to be put into the front line services.
- 107 More support and resources available
- 191 The more ambulances you can call on must be better. A very good idea.

Responses to Q10 by those living in Coventry

- 1 Too large an area.
- 2 Response times, lack of local knowledge, remote management
- 5 longer for ambulances to turn up
- 6 Services should be locally focussed, twice in the last six months I have had to give directions to ambulance crews who did not know where they were going. This would be worse in an enlarged, combined service.
- 7 Too big
- 14 ambulances coming in from other areas and not having a clue where to go, especially if their sat nav is stolen, maybe making it a question of life or death
- 15 Delays, arrival times, not enough ambulances and staff to cover such a big area. Hoax calls placing wanted ambulances out of reach etc.
- 16 That the co-ordinators and drivers will not have sufficient knowledge of the areas they are being sent to and hence there will be delays in them turning up. It has been widely publicised that time costs lives.
- 18 No centralised service with people manning controls and driving vehicles with direct local knowledge might lead to delays in the ambulances reaching the people who need them - so it might lead to loss of life
- 19 Longer response times caused by coordination issues
- 21 I think speed of response is key to saving lives, and the loss of some of the 'local' element involved in the amalgamation could have a consequence in this
- 22 To large an area. Conflicting names of roads and areas. Persons on the phone and driving the vehicles would have insufficient knowledge on the geography of the areas. Large Cities would have the bulk of the commitment.
- 29 longer response times
- 31 3
- 36 When we were part of the west midlands service the response times were poor and the crews & control did not know where to go.
- 40 It would be to larger area to cover, training would not be to the same standard of our service, the control centre would only be one, causing confusion as to where the ambulance had to go. I greatly fear that lives will be lost if this goes ahead, as there seems to be a problem with others that have merged. I noticed that Staffordshire Ambulance Service are considering going private if this goes ahead, as they too have grave concerns over this.
- 42 Local knowledge of both area and hospitals could be lost, resulting in critical time delays. Operations and running of one huge service would be a nightmare. Operations rooms/telephone call centre staff also have local knowledge and this is useful in some instances when the caller does not know their location. This would also be lost. Redundancies in our area would come about as operations staff were relocated to a regional control room.
- 43 Lack of local knowledge
- 50 area too large, response times will suffer, problems with locations (we should NOT rely on Satnav)
- 52 Bigger is not better. Lack of local knowledge.
- 53 I am concerned that there is more scope for misunderstanding of areas and also longer waits for emergencies. Local services understand areas and can negotiate traffic hold-ups better
- 55 lose of local knowledge, difficulties obtaining ambulance when needed. Lack of adequate service, which could lead to a death.
- 58 Slower response times for 999 calls

60 too large an area - crews more likely to be unfamiliar with area - longer time to reach patient

61 Geographical area covered by the service is too large for a quality service that can only be delivered by the staff who are fully conversant with the local conditions. A remotely operated service can only result in impersonal and insensitive service. Costly managerialism must be avoided. LEAVE THE LOCAL SERVICE WITH LOCAL PEOPLE.

62 could take longer from ambulances to come and control room staff not familiar with my local area

63 Arrival times may be affected if ambulance depots are more centralised. You may get a better trained advisors on the phone but it may become harder to get through due to the higher volume of work going through one point rather than several. Ambulance crews need to have good local knowledge of their designated areas, this could be lost by increasing the allocated area.

64 Time of response, overworked staff, distance crew would have to drive (their own safety) affect on people requiring emergency treatment

65 My fear is that with this re-organisation and centralisation of services there will be job losses leading to a poorer quality service. I can't see any benefits for the people that need the service which surely should be the top priority?????

67 The new service must remain responsive to local needs and ensure paramedics etc know their way round the area

72 Reduction in response times, reduction in available staff / resources, lack of local area knowledge when covering

73 the bigger it will be the less speedy service we will receive

75 That they will not any local road knowledge and that it will take much longer for ambulance to be sent out.

77 The excellent service provided in Coventry would go because resource would be spread to thinly. The proposed area is way too large.

79 Response times, reduction in services and qualified staff. I have the impression that this is probably a money-saving exercise, with implications to lives rather than an attempt to improve services.

80 Quality of local services, response times and adequate resources and manpower to provide a quality quick customer first service

81 That there wouldn't be one available if needed in an emergency

82 Concern resources will be 'spread more thinly', vehicles and staff may cover the Coventry area but be based elsewhere - they may not have local knowledge to be able to get to locations as quickly as a services based in Coventry. Coventry will be geographically at the edge of the region so it will take longer for a 'cover' vehicle to arrive than a dedicated Coventry ambulance

84 I would worry that the service will be greatly affected by having to expand to a wider area and managed regionally rather than locally

85 Response time

86 This is a biased question from those who do not agree with this change.

88 Lack of local knowledge for dispatched drivers

93 Areas covered by local services are already very large. Loss of local knowledge at call centres (previous bad experience of 999 call to Fire Brigade being re-routed). If a central call centre is used, would there be any redundancy in the system i.e. would a power failure wipe out all services? Will standards of service slip? Coventry & Warwickshire is currently considered a 3-star service. Staff morale - e.g. being line managed by someone without any experience of the local area, being move

94 Staff would probably be less familiar with the geographical areas covered. Fewer base stations would surely result in longer response times, as indicated by performance figures from E.Mids., Mersey Region and London. If ambulance staff are faced with possible redundancy or having to travel further just to get to work centres, would they want to remain with the service, or even be able to? The whole idea of a larger service seems to contradict the idea of taking healthcare into the community

96 Coventry & Warwickshire have one of the most efficient and cost effective ambulance services in the country they did not when Coventry was last part of the West Midland ambulance service ambulances got lost or had to travel large distances which meant delay which could cause loss of lives or poorer outcomes to treatments.

- 97 IT IS VERY BIG AREA TO SERVE GENERAL PUBLIC. IT WILL AFFECT RESPONSE TIMES. I DO NOT THINK IT IS GOOD IDEA!
- 98 Geographical area would be too large to have local knowledge Efficiency savings expected might not be realised
- 101 Ambulance cover stretched over too wide an area - slower response times
- 102 I am concerned about the geographical area the staff will be expected to cover. Ambulance staff need to be composed whilst reaching an incident and the increase in distance may put added strain on staff as well as have an impact on treating conditions where time is of the essence. Staff get to know their own geography and this ensures that they use the local transport system to reach patients. Moving geography could impact on lives if the ambulance staff do not know the road systems. Sat Nav
- 107 Communication breakdown, too many areas to cover
- 109 Seems like a very large area to run one service within. Concerns would be over budgets, staffing, equipment and overall management of a service covering such a large area
- 110 Lack of knowledge of local area, increased times for ambulances to arrive at homes
- 112 I am concerned that local knowledge will be lost and arrival times on emergencies will increase. There are numerous places with similar names and if someone is upset it may be even harder to get necessary details. Additionally I feel there will be a reduction in staffing and in ambulances. Large organisations may bring cheap bread, meat etc but I do not feel these principles should apply to the emergency services As a carer my experiences of the service to hospital appointments is one of poor service
- 113 Lack of local knowledge to find people's homes
- 119 reduced funding/financing
- 140 1. Officers in any call centre would lack local knowledge. People dialling 999 are not always coherent and can forget important information concerning details of address etc. Local knowledge is valuable. 2. Each community will try to get a bigger share of resources, their community has 'special needs' which need to be addressed. A rural community cannot understand the needs of a large city and vice versa. Over such a huge area people cannot become 'one team'.
- 141 Response times would be slower because they don't know where they are going. Also slower if coming from a centralised unit
- 159 Local geography is imp. with it going bigger. This will be lost. Small can focus better.
- 184 Disjointed and unco-ordinated service. A regional call centre (as opposed to local).
- 185 Keep Coventry Warwickshire Ambulance Service NHS only.
- 191 None that I can think of.
- 194 Local ambulances know their area.
- 195 Don't know areas
- 196 Don't know local area
- 198 Where the base will be? Will it change time distance? Different areas for drivers to be aware of. How trained will the operators be in areas such as e.g. CV4 and CV5 are a big difference away. Can the control cope? How knowledgeable will the operators be where duplications of street names + elders forget post codes
- 200 May have to wait longer as ambulance men will need to travel longer distances.
- 202 Too big - further to travel
- 203 Not knowing if I will be picked up on time, or time of getting home at night.
- 210 Lack of knowledge of local news
- 211 Delays with drivers not being familiar with the area.
- 214 More delays. Bigger areas to cover
- 222 Lower response times.
- 228 Longer wait for service
- 234 Stretched too thinly on the ground! As stated in Q.6 delays in treatment could be dangerous. Fatal.
- 239 The bigger the field the less general knowledge will be known.

Appendix 6

Minutes from Coventry City Council area forum meetings relating to the reconfiguration of ambulance services. Full agendas, reports and minutes for all Council public meetings are available at:

<http://cmis.coventry.gov.uk/CMISWebpublic/>

South Central Area Forum: 19 January 2006

Consultation: "Configuration of Ambulance Trusts in England"

The Area Forum received a presentation by Malcolm Hazell, Chief Executive of the Coventry and Warwickshire Ambulance Service, on proposals by the Department of Health for the reconfiguration of ambulance trusts in England. A consultation document issued by the NHS had been circulated with the agenda for this meeting of the Area Forum.

The documentation circulated indicated that the proposals involve the establishment of 11 ambulance trusts across England which have been designed to improve service delivery. The proposals affecting Coventry involve the four ambulance trusts covering Staffordshire, Coventry and Warwickshire, West Midlands and Shropshire and Hereford and Worcester being replaced by one ambulance trust covering the whole of the West Midlands area. Within this structure, there would locally managed operational 'delivery units' within the overall strategic management.

Malcolm Hazell, in his presentation, expressed grave concerns about the result of these proposals on the effectiveness of the service as a result of the sheer size of the new area to be covered by the new Trust and the possible consequences of them on the standard of patient care. He also drew attention to the fact that, although the NHS Consultation Document indicates that the closing date for the receipt of all responses is 22nd March 2006, administrative procedures in preparation for the management and operation of the new enlarged Ambulance Trusts, including the recruitment process, had already commenced. The Area Forum expressed the view that this would suggest that the consultation process is merely a PR exercise and is likely to have little if any effect on the final decision. Under the circumstances, Malcolm Hazell urged the Area Forum to participate in the consultation process by vigorously opposing the proposed merger of the four Ambulance Trusts in the West Midlands to form a single Regional Trust.

Reference was made at the Area Forum meeting to Malcolm Hazell's attendance at the meeting of the City Council's Scrutiny Board (4) (Health) held on 18th January 2006, when his written response to the proposals contained in the Consultation Document was considered along with the Consultation Document itself. Evidence from a variety of other sources was also heard. Councillor Clifford, the Chair of Scrutiny Board (4), attended the Area Forum meeting and confirmed that his Scrutiny Board, at their meeting on 15th February, 2006, were due to hear evidence from the West Midlands South Strategic Health Authority (the consultation sponsors) and other NHS Stakeholders and that Lord Warner, the Minister of State for NHS Delivery, had been invited to attend the meeting for the consideration of this item. Scrutiny Board (4) were due to meet again on 15th March to consider all the evidence it had received, including submissions from the other Area Forums and the results of a survey of responses from Coventry and Warwickshire residents. The Scrutiny Board would then agree on the contents of a submission to be made prior to the consultation deadline on 22nd March.

ACTION:

1. Colin Swann to send a copy of Malcolm Hazell's response to all Members of the Area Forum and that the appropriate community representatives be requested to ensure that arrangements are made for this, and the Consultation Document, circulated with the Agenda for the meeting, are considered by the various committees, forums and groups etc., whom

they represent, as soon as possible; so that appropriate representations regarding the proposals can be made by 22nd March, the deadline for the receipt of all responses.

2. Colin Swann to also send copies of these documents to Jim Cunningham, the Member of Parliament for Coventry South, in whose Constituency the area covered by the South Central Area Forum falls (i.e. Cheylesmore and St Michael's Wards), and that he be asked to make appropriate representations to Department of Health Ministers opposing the configuration proposals.

South East Area Forum: 15 February 2006.

Consultation: "Configuration of NHS Ambulance Trusts in England"

The Area Forum received a presentation by Malcolm Hazell, Chief Executive of the Coventry and Warwickshire Ambulance Service, on proposals by the NHS (Department of Health) for the reconfiguration of ambulance trusts in England and Wales. A consultation document issued by the NHS had been circulated with the agenda for this meeting, along with a copy of an appraisal written by Malcolm Hazell. Councillor Clifford, Chair of Scrutiny Board 4(Health) attended the meeting for the consideration of this issue.

The consultation documentation circulated indicated that the proposals involved the establishment of 11 ambulance trusts across England which had been designed to improve service delivery. The proposals affecting Coventry involved the four ambulance trusts covering Staffordshire, Coventry and Warwickshire, West Midlands and Shropshire and Hereford and Worcester being replaced by one ambulance trust covering the whole of the West Midlands area. Within this structure, there would locally managed operational 'delivery units' within the overall strategic management.

Malcolm Hazell, in his presentation, expressed grave concerns about the result of these proposals on the effectiveness of the service as a result of the sheer size of the new area to be covered by the new Trust and the possible consequences of them on the standard of patient care. He also drew attention to the fact that, although the NHS Consultation Document indicated that the closing date for the receipt of all responses was 22nd March 2006, administrative procedures in preparation for the management and operation of the new enlarged Ambulance Trusts, including the recruitment process, had already commenced.

Malcolm Hazell urged the Area Forum to participate in the consultation process by opposing the proposed merger of the four Ambulance Trusts in the West Midlands to form a single Regional Trust.

Councillor Clifford referred to the meeting of the City Council's Scrutiny Board (4) (Health) held earlier that day when evidence had been heard from the West Midlands South Strategic Health Authority (the consultation sponsors), Stephen Jones, Coventry Teaching PCT, John Amphlett, University Hospitals Coventry and Warwickshire NHS Trust and Peter Streets, City Services Directorate. The Board were due to meet again on 15th March to consider all the evidence it had received and would then agree on the contents of a submission to be made prior to the consultation deadline on 22nd March.

Members of the Forum highlighted the importance of ensuring that the City continued to benefit from a high quality ambulance service

North East Area Forum: 16 February 2006

Consultation: "Configuration of NHS Ambulance Trusts In England"

The Area Forum received a presentation by Professor Langman, Chair of the Coventry and Warwickshire Ambulance NHS Trust, on proposals by the NHS (Department of Health) for the reconfiguration of ambulance trusts in England and Wales. A consultation document issued by the NHS had been circulated with the agenda for this meeting, along with a copy of an appraisal written by Malcolm Hazell, Chief Executive of the Coventry and Warwickshire Ambulance NHS Trust. Councillor Clifford, Chair of Scrutiny Board 4 (Health) attended the meeting for the consideration of this issue.

The consultation documentation circulated indicated that the proposals involved the establishment of 11 ambulance trusts across England, which had been designed to improve service delivery. The proposals affecting Coventry involved the four ambulance trusts covering Staffordshire; Coventry and Warwickshire; West Midlands and Shropshire; and Hereford and Worcester being replaced by one ambulance trust covering the whole of the West Midlands area. Within this structure, there would be locally managed operational 'delivery units' within the overall strategic management.

Professor Langman, in his presentation, expressed grave concerns about the result of these proposals on the effectiveness of the service as a result of the sheer size of the new area to be covered by the new Trust and the possible consequences of them on the standard of patient care. He also drew attention to the fact that, although the NHS Consultation Document indicated that the closing date for the receipt of all responses was 22nd March 2006, administrative procedures in preparation for the management and operation of the new enlarged Ambulance Trusts, including the recruitment process, had already commenced.

Professor Langman urged the Area Forum to participate in the consultation process by opposing the proposed merger of the four Ambulance Trusts in the West Midlands to form a single Regional Trust.

Members of the Forum highlighted the importance of ensuring that the City continued to benefit from a high quality ambulance service, both in terms of emergency provision and out-patient services. In addition, concern was expressed regarding the possible confusion when calling for an ambulance, for example to Stoke Heath, Coventry, when the proposed area covered by a Regional Trust would also cover Stoke Heath, Shropshire, particularly if the call centre staff are located a significant distance away and don't have a knowledge of the local area.

North Area Forum: 2nd March, 2006

Consultation: "Configuration of NHS Ambulance Trusts in England"

The Area Forum received a presentation by Malcolm Hazell, Chief Executive of the Coventry and Warwickshire Ambulance Service, on proposals by the NHS (Department of Health) for the reconfiguration of ambulance trusts in England and Wales. A consultation document issued by the NHS had been circulated with the agenda for the meeting.

The documentation circulated indicated that the proposals involved the establishment of 11 ambulance trusts across England, which had been designed to improve service delivery. The proposals affecting Coventry involved the four ambulance trusts covering Staffordshire, Coventry and Warwickshire, West Midlands and Shropshire and Hereford and Worcester being replaced by one ambulance trust covering the whole of the West Midlands area. Within this structure, there would be locally managed operational 'delivery units' within the overall strategic management.

Malcolm expressed grave concerns about the result of these proposals on the effectiveness of the service as a result of the sheer size of the new area to be covered by the new Trust and the possible consequences of them on the standard of patient care. He also drew attention to the fact that, although the NHS Consultation Document indicated that the closing date for the receipt of all responses was the 22nd March 2006, administrative procedures in preparation for the management and operation of the new enlarged Ambulance Trusts, including the recruitment process, had already commenced. Malcolm urged the Area Forum to participate in the consultation process and voice their concerns to the Strategic Health Authority (SHA) and their MP.

Reference was made at the Area Forum to Malcolm's attendance at the meeting of the City Council's Scrutiny Board (4) (Health) held on 18th January 2006, when his written response to the proposals contained in the Consultation Document was considered along with the Consultation Document itself. Evidence from a variety of other sources was also heard. Councillor Clifford, the Chair of Scrutiny Board (4), attended the Area Forum meeting and confirmed that his Scrutiny Board, at their meeting on 15th February, 2006, had heard evidence from the West Midlands South Strategic Health Authority (the consultation sponsors) and other NHS Stakeholders and that Lord Warner, the Minister of State for the National Health Service, had been invited to attend the meeting for the consideration of the item. Scrutiny Board (4) were due to meet again on 15th March to consider all the evidence it had received, including submissions from the other Area Forums and the results of a survey of responses from Coventry and Warwickshire residents. The Scrutiny Board would then agree on the contents of a submission to be made prior to the consultation deadline on 22nd March.

The Chair, Councillor Mrs Lucas, informed the Forum that the City Council's view on the proposals was that, 'Coventry people receive an excellent service and despite the outcome of the consultation process we expect no less than the equivalent of the service that is currently provided'.

Bob Arnott, Holbrook's Community Representative, asked Malcolm if, in his view, the proposals were part of a money saving exercise or an effort to improve efficiency?

Malcolm responded that if the merger were to go ahead it was expected that £3m would be saved, therefore, in his opinion, the proposals were part of a money saving exercise.

In addition, Bob sought clarification on what could be done if the proposals went ahead and did not work out as expected.

Malcolm reported that when previous mergers in the East Midlands and East Anglia took place the Coventry and Warwickshire region were able to offer help and support when needed. This proposed merger would affect everyone and therefore mutual support would be

lost. Malcolm felt that no consideration had been given to the risks these proposals posed to patient care.

John Bolton, Director of Community Services, reported that the SHA had given a presentation to the Council reflecting the positive side of the proposals. John asked Malcolm why they were convinced the merger would work?

Malcolm informed the Forum that it was the SHA's job to sell the proposals to the general public. He also explained that the West Midlands region were £3m in deficit, therefore, the £3m saving that was expected would balance the budget and not be reinvested into the ambulance service as they had stated.

Bob Arnott felt that the consultation would seriously demoralise the staff of the ambulance service and it was probable that a large number of good employees would be lost.

Councillor Mrs Lucas queried whether or not Malcolm and the SHA had aired their views regarding the proposals in a public forum.

Malcolm confirmed that he had attended four public forums where the SHA had presented information on the merger; Malcolm had then followed their presentation by expressing his views on the proposals.

A local resident felt that the proposals seemed to be detrimental to Coventry and enquired as to whether or not it had been taken up with the Local Strategic Partnership (LSP).

John Bolton explained that the City Council were expected to produce their own individual response, which was being undertaken through Scrutiny Board (4) (Health).

Councillor Mrs Lucas asked if ambulances would be based at the two centres that were planned?

Malcolm could not confirm this and stated that this would be unknown until a Chief Executive of the service had been appointed on 1st April, 2006.

Councillor Mrs Lucas thanked Malcolm for his informative presentation and informed him that the views of the North Area Forum would be submitted to Scrutiny Board (4) (Health) as part of the overall consultation process. The Forum endorsed this approach.

South West Area Forum: 23 February 2006

Consultation: "Configuration of ambulance trusts in England"

The Area Forum received a presentation by Malcolm Hazell, Chief Executive of the Coventry and Warwickshire Ambulance NHS Trust, on proposals by the NHS (Department of Health) for the reconfiguration of ambulance trusts in England and Wales. A consultation document issued by the NHS had been circulated with the agenda for this meeting. Tabled at the meeting was an appraisal, written by Malcolm Hazell and subsequently endorsed by the Board of the Trust, which was critical of the proposals in the consultation documents in a wide range of respects. Councillor Joe Clifford, Chair of the City Council's Scrutiny Board (4) (Health), attended the meeting for the consideration of this issue, outlined the Scrutiny Board's role and their concerns so far (although they were still drawing evidence together and had not come to definitive conclusions), encouraged people to look at the Scrutiny Board's website in that connection and emphasised the importance of people making their views known.

The consultation documentation circulated indicated that the proposals involved the establishment of eleven ambulance trusts across England, which had been designed to improve service delivery. The proposals affecting Coventry involved the four ambulance trusts covering Staffordshire; Coventry and Warwickshire; West Midlands and Shropshire; and Hereford and Worcester being replaced by one ambulance trust covering the whole of the West Midlands area. Within this structure, there would be locally managed operational "delivery units" within the overall strategic management. In his presentation, Malcolm Hazell expressed grave concerns about the reasons for the proposals and their consequences on the effectiveness of the service as a result of the sheer size of the new area to be covered by the new Trust and their possible effects on the standard of patient care.

He also drew attention to the fact that, although the NHS consultation document indicated that the closing date for the receipt of all responses was the 22nd March 2006, administrative procedures in preparation for the management and operation of the new enlarged Ambulance Trusts, including the recruitment process, had already commenced.

In response to a question, he voiced concern about the future of the air ambulance. Malcolm concluded by urging Area Forum members to participate in the consultation process by opposing the proposed merger of the four Ambulance Trusts in the West Midlands to form a single Regional Trust.

Individual members highlighted the importance of ensuring that Coventry people continued to benefit from a high-quality ambulance service, both in terms of emergency provision and out-patient services, and that they get at least a good as a service as they have now.

In addition, concern was expressed regarding the possible confusion when calling for an ambulance. An example cited was the despatch of an emergency ambulance to Stoney Stratford, instead of to Stoneleigh, Warwickshire. This would be exacerbated when the proposed area under a Regional Trust covered a far more extensive area, particularly if the call centre staff were located a significant distance away and lacked local geographic knowledge.

Most of the people who spoke on this matter expressed serious reservations about the proposals and were not convinced of their validity.

In conclusion, the Chair urged people to read the paperwork, and to convey their comments to the relevant authorities - namely, to David Nicholson at the West Midlands Consultation Office, to the appropriate Government Minister and to the local Members of Parliament - as well as to Scrutiny Board (4) for their awareness.

Appendix 7

Response by University Hospitals Coventry and Warwickshire NHS Trust to *Configuration of ambulance trusts in England*, approved at the UHCW Trust Board meeting on 28 February 2006.

"Reconfiguration of ambulance trusts

UHCW believes that there is a better option, than the recommendation in the consultation to create a large Ambulance Trust to cover the whole of the West Midlands.

The West Midlands South SHA, UHCW, Coventry PCT and the former Warwickshire Ambulance Service worked together very successfully to create the new Coventry and Warwickshire Ambulance Trust from 1 April 2005. This new organisation has already shown that aligning ambulance services to a natural local health community brings significant service benefits. We believe that this service should be retained, as a reintegration of the Coventry and Warwickshire Service into a much larger organisation would lose the benefits that we have already achieved and that are planned to further grow from this new organisation.

The local collaborative working across the Ambulance Trust with primary, secondary and social care has already delivered improvements in quality standards and operational service integration. We believe that a merger with other ambulance services would make it more challenging for UHCW and other providers in Coventry and Warwickshire to deliver the required health care standards and targets for the Annual Health Check. It is not proven that a single West Midlands Ambulance Service would be more financially economic and that the service, in terms of efficiency and performance standards, would improve.

UHCW asks therefore that the proposal in the consultation document be reconsidered to include the continuation of a separate Coventry and Warwickshire Ambulance Trust."

CABINET

21st March 2006

Cabinet Members
Present:-
Councillor Arrowsmith
Councillor Blundell
Councillor Foster
Councillor H Noonan
Councillor Ridley
Councillor Taylor (Chair)

Non-Voting Opposition
Representatives present:-
Councillor Benefield
Councillor Duggins
Councillor Mutton

Other Members
Present:-
Councillor Clifford
Councillor Sawdon
Councillor Mrs Stone

Employees Present:-
J. Bolton (Director of Community Services)
M. Brassington (Education and Libraries Directorate)
A. Brown (City Services Directorate)
F. Collingham (Chief Executive's Directorate)
J. Crook (Acting Director of Education and Libraries)
J. Cryer (Social Services and Housing Directorate)
A. French (Finance and ICT Directorate)
R. Hughes (Head of Corporate Policy)
J. Jardine (Chief Executive's Directorate)
L. Knight (Legal and Democratic Services Directorate)
S. Manzie (Chief Executive)
B. Parker (Education and Libraries Directorate)
J. Parry (Education and Libraries Directorate)
C. Pullin (Education and Libraries Directorate)
K. Rice (Head of Legal Services)
S. Rudge (Social Services and Housing Directorate)
J. Russell (City Development Directorate)
J. Uppal (Legal and Democratic Services Directorate)
C. West (Education and Libraries Directorate)

Others Present:-
S. Randle (Lawrence Graham Solicitors)

Apologies:-
Councillor Kelsey
Councillor Matchet
Councillor Nellist
Councillor O'Neill

Public business

235. Coventry Community Plan and Local Area Agreement

The Cabinet considered a report of the Chief Executive, which sought approval for an updated Community Plan, incorporating a revised local Area Agreement. The report also provided an update on the progress of the Coventry Partnership.

The aim of the Coventry Partnership is to bring together the local public, private, voluntary and community sectors to facilitate joint working and, in particular, to deliver the Coventry Community Plan. The Plan aims to improve the quality of life and services across the City and narrow the gap between priority neighbourhoods and the rest of the City. One of the Council's values is to "Work in partnership and deliver the Community Plan".

The Coventry Partnership Board includes members from all sectors in the city, including the community and voluntary sectors. The Council is represented by Councillors Taylor, O'Neill, Arrowsmith, Mutton, Lakha and McNicholas. The Chief Executive of the City Council is secretary of the Partnership.

The Government Office for the West Midlands (GOWM) has awarded the Coventry Partnership a "green light" for its progress in 2003/04 and 2004/05 – this is defined as "good progress – requires refinement and systematic implementation". It demonstrates that the City Council and its partners have a shared vision expressed in the Plan, strong accountability and decision-making processes and robust performance management and delivery systems to manage the performance of their joint work.

The Partnership conducts its business through an Operations Group and eight Theme Groups (Environment, Community Safety, Learning and Training, Housing, Transport, Culture, Health and Wellbeing, Jobs and Economy). The Cabinet noted that the eight Theme Groups referred to in paragraph 3.4 of the report had been superseded. The Partnership Board receives reports back from each of the theme groups. Progress against its targets is monitored by the "Progress, Impact and Evaluation" group, which is chaired by Professor Robert Dyson from Warwick University, and has a membership drawn from a range of organisations including the City Council.

The Chair of the Partnership is held on a rotating basis by one of its members. The Leader of the Council is chair for the current year.

Coventry was one of 21 pilots for Local Area Agreements (LAAs), designed to be a contract between central and local Government to deliver the priorities of local people. The Government is now rolling these out to other local authorities over a two-year period.

The first round of LAAs included three blocks entitled Children and Young People; Safer and Stronger Communities; and Health and Older People. The Government has since added a fourth block, Economic Development and Enterprise. It is proposed to add this new block to the refreshed Local Area Agreement and base it

on the Treasury's model for economic growth. This has four broad outcomes that the Council are seeking to address, which includes achieving full employment in the city, and increasing the employment rate of disadvantaged groups; building an enterprise society in which small firms thrive and achieve their potential, especially in deprived neighbourhoods; stimulating and supporting a diverse, productive, innovative and knowledge-based economy; and providing people with the skills needed for employment, business success, innovation and economic growth. These four outcomes are underpinned and supported by the final aim, to create the conditions for growth within the city.

Council employees and partners have now revised the Community Plan so that the LAA is integrated within it whilst still retaining the original priorities and outcomes from the previous version of the Community Plan. The draft revised Plan also reflects a more integrated approach with other groups and initiatives within the City such as the Cultural Partnership, the Older Peoples' Partnership and Neighbourhood Management.

The draft Plan, which was attached as Appendix 1 to the report submitted, outlined a series of priorities, outcomes and ways in which progress can be measured. Annex 2 to the document contained the detailed measures that will be used to track performance of the Plan and LAA.

Progress on the delivery of the Community Plan and the LAA will be tracked at city level, neighbourhood level and in terms of the impact of the Council's work on black and minority ethnic communities where the data is available. A third Household Survey had been conducted to assess whether, from the perspective of residents, their quality of life is improving and whether the "quality of life" gap is narrowing between different parts of the City. This information is being collated alongside a range of national measures in order to provide a way of assessing the performance of partner agencies in delivering the Community Plan.

There are currently 75 activities, many funded through Neighbourhood Renewal Fund, being delivered specifically to achieve the Community Plan outcomes and to focus upon the City's priority neighbourhoods and communities of interest, i.e. those people who are least well served by public sector organisations and consequently suffer high levels of deprivation. These include the Stoke Aldermoor One Stop Shop which was opened in December 2005 and the successful Godiva Half Marathon which took place in September 2005. This round of funding ends in March 2006.

A number of these activities are highly innovative. For example, the Family Focus initiative is developing ways in which agencies can work together to develop more integrated packages of help for those families who make most use of public services. The Partners as Employers initiative is designing ways in which public services in the City can recruit more people from hard to reach communities. The Council's transport officers are using the Coventry Partnership to develop an accessibility plan, which will identify those communities that find it hardest to travel to particular services and produce actions to either improve transport links or bring services closer to those communities. The Partnership has also hosted a "Premises Summit" designed to explore the potential for shared use of premises in

the City and a “Learning & Training Summit” which aimed to identify common priorities amongst partners in the field of learning and training.

Work is currently underway to allocate the next round of NRF funding which amounts to £5.6m over the period 2006 to 2008. This funding is being allocated using a commissioning approach based upon 6 key issues developed through the Progress Impact and Evaluation group (PIE) of the Partnership and a seminar involving over 20 partner organisations in December 2005. Recommendations on the use of the new NRF allocation are currently being made via the Partnership’s sub-groups and involving members from all sectors. A final decision on allocations will be taken by the NRF Sub-Group, which will decide whether the City Council will act as the Accountable Body for the recommended activities. The NRF Sub-Group is chaired by the Deputy Leader of the Council.

The Partnership’s Annual Conference was held in November 2005 at the Ricoh Arena and was well received. An innovative learning programme was delivered in the South East of the City designed to improve communication and involvement of residents by front-line staff in the design and delivery of services.

A senior managers’ seminar was also held last year designed to help managers develop more effective partnership work in the City. Common Purpose delivered a leadership programme for those likely to become senior managers in the future. Overall, 250 people took part in learning programmes last year.

RESOLVED that the City Council be recommended to:-

- (1) Approve the Community Plan and Local Area Agreement attached as Appendix 1 to the report submitted.**
- (2) Note that the Eight Strategic Theme Groups in the new Plan would now be Environment, Community Safety, Learning and Training, Housing, Transport, Culture, Health and Wellbeing, Jobs and Economy, with underpinning themes of Equalities and Communities and Neighbourhoods**

236. Coventry Older People's Plan

The Cabinet considered a report of the Director of Community Services, which sought approval for the adoption of the Older People's Strategy.

The Strategy has been produced at a time of major structural change in health and social care services in Coventry. The Primary Care Trust is under new leadership, and will take forward the changes announced by Government which will strengthen commissioning, and separate the organisation of commissioning and service provision. The City Council has implemented a process to separate adults from children's social care services, which will be effective from 1st April 2006.

At such a time of change it is essential to keep focus on the service developments that are known to be needed, so they do not become neglected whilst organisational change takes place.

The Coventry agencies have produced a number of strategies over recent years, particularly to implement the main measures of the National Service Framework for Older People. However, there is no overarching strategy to show how they all fit together, and what the overall vision and objectives for services are. The Older People's Strategy has been designed to fill that gap.

It has been produced at a time when there have been a number of new policy measures announced by Government. In short these measures seek to broaden the focus of services for older people. This involves moving from a concentration of attention and resources on those in greatest need to a broader approach emphasising the need to help older people to be healthy and active in their communities and enable them to be as independent as possible. Critically, it involves a shift in resources to earlier and targeted intervention.

In Coventry massive strides have been made in recent years in this direction, and the Strategy shows what needs to be done to build upon this solid foundation. In particular this can only be achieved by better co-ordination of community based mainstream services and specialist 'secondary care', integrating health and social care services, and linking them more closely with universal services such as lifelong learning, leisure and cultural services. By doing this, the key policy objectives of the broader approach can be achieved.

The Older People's Strategy supports the modernisation of services for older people, working on the principle that if services are designed well and are of high quality for older people, they will also meet the needs of the rest of the population.

The report submitted identified policy development in terms of national and local improvements, including priorities identified through the publication of various Government reports, Green and White Papers. The 2005 Star ratings show that the Coventry Teaching Primary Care Trust and the University Hospitals of Coventry and Warwickshire were seen to be effective in areas relevant to the National Service Framework and other recent national policies.

In particular, the Cabinet noted the performance of the agencies working together to achieve the best performance nationally in combating delayed discharges from acute hospital. In addition, a Section 31 agreement between the Primary Care Trust and the City Council was agreed in 2004 for a joint Community Equipment service, and an agreement for joint Intermediate Care services is currently nearing agreement. These performance results show that the agencies are well placed to tackle the next main task of the Coventry Older Peoples Partnership – to achieve fully integrated services, and realise the benefits for both consumers and in resource management.

The Older People's Strategy, which was appended to the report submitted, contained an overall summary of the Strategy, the Vision, Values, Key Themes, and Action required to implement the necessary developments.

The basic principles underpinning the Older People's Strategy apply to all areas of the Council's activity, including treating people with dignity and respect; providing services as close to home as possible; that decisions about the long term future

are not made at a time of crisis; providing accurate and timely information in an appropriate format to enable people to make informed choices; and training and support to the workforce to deliver high quality services.

Each Directorate will be asked to identify the issues for their work from the Older People's Strategy and to cross-reference the Older People's Strategy with other strategies across the City as they are written or revised, and the Older People's Partnership will continue to influence the work within the Coventry Partnership theme groups.

The Cabinet noted that the Strategy has undergone a consultation and approval process between October and December 2005. The consultation process was wide and built on the inclusive development of the strategy over the past year. It included older people's user groups; the Older People's Partnership and associated networks; Community Services Senior Management Team; Management Board; the Older People's Champions Network; Coventry PCT; and University Coventry and Warwickshire Hospital Trust Board.

The report submitted brought the agreed Older People's Strategy to Cabinet for approval and adoption by the City Council, it being noted that a similar process of approval and adoption will take place in the Primary Care Trust and University Coventry and Warwickshire Hospitals NHS Trust

Achieving success in implementing the Strategy will require the establishment of a programme of change, a major investment of time and resources, and a robust performance management mechanism. The Strategy sets out the 8 key steps of action planning; consulting and involving people; making sure the plan is affordable; making sure the management structure is based on the needs of services; a plan for the workforce; developing the workforce; securing good quality care; and improving information, as being needed to ensure the infrastructure is in place to enable the Strategy to succeed.

Success will also be dependent on the effective implementation of a number of individual strategies for areas of service that make up parts of the overall strategy. Progress will be monitored carefully by the steering group for the Older People's Partnership, which is the main inter-agency performance management group.

RESOLVED that the City Council be recommended to:-

- (1) Adopt the Older People's Strategy, developed by the Older People's Partnership jointly across health and social care, and note the wider implications of improving the quality of life of older people, which is a whole Council responsibility.**
- (2) Note the key areas of action and joint working within Council Directorates to support the delivery of the Older People's Strategy.**
- (3) Note the implications for the Council in the strategic direction proposed to integrate delivery of services across Coventry PCT and the Council (Social Services) wherever it is beneficial to service**

users and increases the effectiveness and efficiency of service delivery.

237. Children and Young People's Plan

Further to Minute 190/05, the Cabinet considered a report of the Chief Executive, which provided details on the outcome of consultation and sought approval for the statutory Children and Young People's Plan. The Cabinet noted that a report on this matter had also been considered by Scrutiny Board (2) at their meeting on 2nd February 2006 (their Minute 82/05 refers).

The Children and Young People's Plan (CYPP) is an important element of the reforms underpinned by the Children Act 2004. On the basis of a new statutory duty, and building on the best local planning practice, the Government intends that all areas should produce a single, strategic, overarching plan for all local services for children and young people by April 2006.

The CYPP and the process of joint planning will support local authorities and their partners as they work together to agree clear targets and priorities for all their services to children and young people; identify the actions and activities needed to achieve them; ensure that they are delivered; and that their impact is monitored. The Plan replaces requirements for seven statutory and ten non-statutory plans.

Through this new planning framework, Government is aiming to achieve improvement and integration of universal services; early intervention/prevention; accessible services and a multi-agency approach; shared responsibility for safeguarding; and more responsive and 'listening' services.

The CYPP is part of the improvement cycle for children's services set out in the Government's document 'Every Child Matters: Change for Children'. The improvement cycle requires Children's Services Authorities (the local authority) to carry out an analysis of performance and needs in relation to outcomes; agree to local priorities; produce a Children and Young People's Plan with local partners; commission and deliver children's services; and undertake an Annual Performance Assessment (July 2005) and a three yearly Joint Area Review (March 2006).

The Children and Young People's Plan is required to cover all services for children and young people in the area; local authority services for education, social services and youth; local authority roles regarding safeguarding; corporate parent role for Looked After Children; promotion of well-being; encouragement of higher educational standards; commissioning of services; and promotion of co-operation, collaboration and equality.

In practical terms, the Plan needs to contain a local vision for children and young people; an analysis of needs in relation to the Every Child Matters outcomes; an outline of the improvements to be made to these outcomes; a description of strategic aims and actions; an outline budget statement; the details of arrangements for performance management; the arrangements for partnership working under the duty to co-operate; and details of how this plan links to other strategic plans.

The Government's intention is that its national vision for children and young people is made locally relevant through the identification of local priorities and local needs.

The Director of Children's Services and Lead Member will play a key leadership role in bringing together local partners, both statutory and non-statutory, across the full range of local services. They will also play lead roles in driving reform.

The Children and Young People's Strategic Partnership have agreed strategic aims for Coventry's Plan that are consistent with the City's Community Plan.

The City Council has drawn up the Plan with the active involvement of a wide range of partners, including those stipulated under the 'duty to co-operate' set out in Section 10 of the Children Act 2004. The local authority has consulted with the Children and Young People's Strategic Partnership which additionally includes representation from voluntary and community sector; University Hospital Coventry & Warwickshire; and the Fire Service.

The full plan and a summary sheet have been posted on the Children and Young People's Strategic Partnership web site and also sent to Headteachers, Chairs of Governors and Diocesan Authorities.

In addition, the local authority has consulted with trade union representatives via the Children, Learning and Young People's Directorate Management and Trade Union Forum.

The strategic aims and actions within the Plan are based on the findings of an extensive range of consultation exercises. It is now the intention to consult children, young people, parents and carers specifically on how well the Plan reflects the issues that have previously been raised and to identify new areas for inclusion in future revisions of the action plans contained within the CYPP.

Many of the key elements within the Plan have been developed jointly with members of the Children and Young People's Strategic Partnership and agreed during the development of the Plan. As a result, the response to consultation has been fairly limited. All amendments have been incorporated into the final version of the Plan.

Further consultation work will be undertaken during the life of the Plan and as part of the performance review process.

The Cabinet noted that the approved Plan will be professionally produced in two parts, plan and appendices, and a further version will be produced in a format accessible to children and young people.

RESOLVED that the City Council be recommended to approve the Children and Young People's Plan 2006 – 2010.

244. **Whitefriars Re-organisation**

The Cabinet considered a joint report of the Chief Executive and the Director of Legal and Democratic Services, which sought approval to consent to the proposed restructuring of Whitefriars Housing Group and execute the Deed of Variation and Novation. The Cabinet noted that the report had also been considered by the Scrutiny Co-ordination Committee at their meeting on 15th March 2006 (their Minute 231/05 refers), and received a briefing note on the outcome of that meeting.

Whitefriars Housing Group have proposed re-organisation and conversion from their current status of three companies limited by guarantee to one industrial provident society which would have charitable status.

On 9th August 2005, the Cabinet had considered a joint report from the Chief Executive and Director of Social Services and Housing, which sought agreement to a provisional response that had been sent to Whitefriars about their group restructuring proposals. Cabinet had endorsed the provisional response and since then detailed work has been carried out in relation to the legal agreements required to give effect to the proposals (Minute 78/05 refers).

As part of the group structure re-organisation, Whitefriars Housing Group (WHG) have proposed entering into a Deed of Variation and Novation in relation to the initial housing Transfer Agreement (between the City Council and WHG) in order to ensure that all the rights and objectives which currently exist are transferred to the new entity. A draft Deed of Novation and Variation has been drafted by Trowers and Hamlin, the firm of solicitors representing Whitefriars, for agreement by the City Council.

During the consideration of the documents in relation to the proposed re-organisation, it was established that the City Council would stand effectively to lose its right of "veto" under the proposed re-organisation.

The City Council are being advised by external lawyers, Lawrence Graham, and a copy of their advice was attached as Appendix 1 to the report submitted and outlined the position and the effect if the proposed re-organisation was to take place.

Under the present arrangements, the City Council has a weighted bloc vote which can be exercised by its nominated representative. In effect this means that the City Council has a "veto" on such issues as changes to the Whitefriars constitution. The report submitted indicated that, in the rules for the new company, Whitefriars Housing Group Limited, voting will be restricted to Board Members, of whom there are proposed to be 18 of which the City Council will have 6, and Board Members will have to attend in person or appoint a proxy if their vote is to count. The effect of their change is that the City Council will lose its "bloc" vote as well as the weighting arrangement which require a Council appointed representative to be present for a meeting to be quorate. The Council's representatives will, therefore, need to ensure that they attend the relevant meetings. Whitefriars have been asked on several occasions to change their

proposals so that they reflect current voting arrangements but they have declined to do so.

However, the Chief Executive reported at the meeting that a letter had been received from Whitefriars Housing Group the previous evening, which indicated that they had instructed their lawyers to insert revisions to the rules of the amalgamated charitable entity to reflect the weighted voting system as currently applies. The deed of variation will also be amended to take out the provisions relating to Council consent to rule changes as these were only relevant if a weighted voting system was not to be followed. Therefore, at the point of amalgamation, the Council will have the same right of "veto" as at present.

RESOLVED that the City Council be recommended to endorse the Cabinet's decision to:-

- (1) Accept the voting arrangements proposed by Whitefriars subject to the proposed Deed of Variation and Change to Rules being revised to reflect the weighted voting system as it currently applies, which will provide a continuation of the Council's existing rights of veto.**
- (2) Approve the City Council entering into a Deed of Novation and Variation between the City Council with Whitefriars Housing Group to give effect to the re-organisational proposals.**



Report to

Cabinet

21 March 2006

Report of

Chief Executive

Title

Coventry Community Plan

1 Purpose of the Report

- 1.1 To seek approval for an updated Community Plan, incorporating a revised local Area Agreement, and to brief Cabinet Members on the progress of the Coventry Partnership.

2 Recommendations

- 2.1 The Cabinet is recommended to approve the Community Plan and Local Area Agreement attached as Appendix 1 to this report.

3 Background

- 3.1 The aim of the Coventry Partnership is to bring together the local public, private, voluntary and community sectors to facilitate joint working and, in particular, to deliver the Coventry Community Plan. The plan aims to improve the quality of life and services across the city and narrow the gap between priority neighbourhoods and the rest of the City. One of the Council's values is to *"Work in partnership and deliver the Community Plan"*.
- 3.2 The Coventry Partnership Board includes members from all sectors in the city, including the community and voluntary sectors. The Council is represented by Councillors Taylor, O'Neill, Arrowsmith, Mutton, Lakha and McNicholas. The Chief Executive of the City Council is secretary of the Partnership.
- 3.3 Government Office West Midlands has awarded the Coventry Partnership a "green light" for its progress in 2003/04 and 2004/05 – this is defined as *"good progress – requires refinement and systematic implementation"*. It demonstrates that the City Council and its partners have a shared vision expressed in the Plan, strong accountability and decision-making processes and robust performance management and delivery systems to manage the performance of their joint work.
- 3.4 The Partnership conducts its business through an Operations Group and eight Theme Groups (Jobs and Economy; Health; Housing; Transport; Equalities and Communities; Environment; Learning and Training; and Community Safety). The Partnership Board receives reports back from each of the theme groups. Progress against its targets is monitored by the "Progress, Impact and Evaluation" group which is chaired by

Professor Robert Dyson from Warwick University and has a membership drawn from a range of organisations including the City Council.

- 3.5 The Chair of the Partnership is held on a rotating basis by one of its members. The Leader of the Council is chair for the current year.

4 The Community Plan and the Local Area Agreement

- 4.1 Coventry was one of 21 pilots for Local Area Agreements, designed to be a contract between central and local government to deliver the priorities of local people. The government is now rolling these out to other local authorities over a two year period.

- 4.2 The first round of LAAs included three blocks:

- Children and Young People
- Safer and Stronger Communities
- Health and Older People

- 4.3 The government has since added a fourth block - Economic Development and Enterprise. It is proposed to add this new block to the refreshed Local Area Agreement and base it on the Treasury's model for economic growth. This has four broad outcomes that we are seeking to address:

- To achieve full employment in the city, and increase the employment rate of disadvantaged groups
- To build an enterprise society in which small firms thrive and achieve their potential, especially in deprived neighbourhoods
- To stimulate and support a diverse, productive, innovative and knowledge-based economy
- To provide people with the skills needed for employment, business success, innovation and economic growth.

These four outcomes are underpinned and supported by the final aim:

- To create the conditions for growth within the city

- 4.4 Council officers and partners have now revised the Community Plan so that the LAA is integrated within it whilst still retaining the original priorities and outcomes from the previous version of the Community Plan. The draft revised Plan also reflects a more integrated approach with other groups and initiatives within the city such as the Cultural Partnership, the Older Peoples' Partnership and Neighbourhood Management.

- 4.5 The draft Plan (attached as Appendix 1) outlines a series of priorities, outcomes and ways in which progress can be measured. Annex 2 to the document contains the detailed measures that will be used to track performance of the Plan and Local Area Agreement. This has not been circulated with this report as the spreadsheet cannot be printed legibly on a standard sheet of paper. Electronic copies are available on the Committee Management information System (CMIS).

- 4.6 Progress on the delivery of the Community Plan and the LAA will be tracked at city level, neighbourhood level and in terms of the impact of our work on black and minority ethnic communities where the data is available. A third Household Survey has been conducted to assess whether, from the perspective of residents, their quality of life is improving and whether the "quality of life" gap is narrowing between different parts of the city. This information is being collated alongside a range of national measures in order to provide a way of assessing the performance of partner agencies in delivering the Community Plan.

5 Neighbourhood Renewal Fund

- 5.1 There are currently 75 activities, many funded through Neighbourhood Renewal Fund, being delivered specifically to achieve the Community Plan outcomes and to focus upon the city's priority neighbourhoods and communities of Interest i.e. those people who are least well served by public sector organisations and consequently suffer high levels of deprivation. These include the Stoke Aldermoor First Stop Shop which was opened before Christmas and the successful Godiva Half Marathon which took place in September 2005. This round of funding ends in March 2006.
- 5.2 A number of these activities are highly innovative. For example, the Family Focus initiative is developing ways in which agencies can work together to develop more integrated packages of help for those families who make most use of public services. The Partners as Employers initiative is designing ways in which public services in the city can recruit more people from hard to reach communities. The Council's transport officers are using the Coventry Partnership to develop an accessibility plan which will identify those communities which find it hardest to travel to particular services and produce actions to either improve transport links or bring services closer to those communities. The Partnership has also hosted a "Premises Summit" designed to explore the potential for shared use of premises in the city and a "Learning & Training Summit" which aimed to identify common priorities amongst partners in the field of learning & training.
- 5.3 Work is currently underway to allocate the next round of NRF funding which amounts to £5.6m over the period 2006-8. This funding is being allocated using a commissioning approach based upon 6 key issues developed through the Progress Impact and Evaluation group (PIE) of the Partnership and a seminar involving over 20 partner organisations before Christmas. Recommendations on the use of the new NRF allocation are currently being made via the Partnership's sub-groups and involving members from all sectors. A final decision on allocations will be taken by the NRF sub-group which will decide whether the City Council will act as the Accountable Body for the recommended activities. The NRF sub-group is chaired by the Deputy Leader of the Council.

6 Conferences, Seminars and Learning Programmes

- 6.1 The Partnership's Annual Conference was held in November 2005 at the Ricoh Arena and was well received. An innovative learning programme was delivered in the South East of the city designed to improve communication and involvement of residents by front-line staff in the design and delivery of services.
- 6.2 A senior managers' seminar was also held last year designed to help managers develop more effective partnership work in the city. Common Purpose delivered a leadership programme for those likely to become senior managers in the future. Overall, 250 people took part in learning programmes last year.

7 Other specific implications

- 7.1 The Coventry Partnership's business covers most of the issues listed below.

	Implications (See below)	No Implications
Best Value	✓	
Children and Young People	✓	
Comparable Benchmark Data	✓	

	Implications (See below)	No Implications
Corporate Parenting	✓	
Coventry Community Plan	✓	
Crime and Disorder	✓	
Equal Opportunities	✓	
Finance	✓	
Health and Safety		✓
Human Resources	✓	
Human Rights Act		✓
Impact on Partner Organisations	✓	
Information and Communications Technology	✓	
Legal Implications	✓	
Neighbourhood Management	✓	
Property Implications	✓	
Race Equality Scheme	✓	
Risk Management	✓	
Sustainable Development	✓	
Trade Union Consultation	✓	
Voluntary Sector – The Coventry Compact	✓	

8. Timescale and expected outcomes

	Yes	No
Key Decision	✓	
Scrutiny Consideration (if yes, which Scrutiny meeting and date)		✓
Council Consideration (if yes, date of Council meeting)	✓ 11 th April 2006	

List of background papers

Proper officer: Chief Executive

Author: Telephone 024 76 887910
David Galliers, Coventry Partnership Development Manager
(Any enquiries should be directed to the above)

Other contributors:
Richard Brankowski, Legal and Democratic Services (024 7683 3077)
Roger Hughes, Head of Corporate Policy (024 7683 1077)

Papers open to Public Inspection : Nil



Progress Through Prevention

A “Refreshed” Local Area Agreement for Coventry



Coventry City Council
Coventry Partnership
January 2006

1. INTRODUCTION.....	3
2. GOVERNANCE AND ACCOUNTABILITY.....	4
3. PERFORMANCE MANAGEMENT.....	4
4. STATEMENT OF VOLUNTARY AND COMMUNITY SECTOR INVOLVEMENT.....	8
5. CHILDREN AND YOUNG PEOPLE BLOCK.....	11
6. SAFER AND STRONGER COMMUNITIES.....	13
7. HEALTHIER COMMUNITIES AND OLDER PEOPLE.....	20
8. ECONOMIC DEVELOPMENT AND ENTERPRISE BLOCK.....	23
9. CONCLUSION.....	25
ANNEX 1 COVENTRY’S COMMUNITY PLAN.....	26
ANNEX 2 COVENTRY’S LOCAL AREA AGREEMENT TECHNICAL ANNEX & OUTCOME FRAMEWORK.....	45
ANNEX 3 POOLED AND ALIGNED LAA FUNDING.....	46
ANNEX 4 COVENTRY LOCAL AREA AGREEMENT REQUESTS FOR FREEDOMS AND FLEXIBILITIES.....	51

1. Introduction.

- 1.1. Coventry City Council and the Coventry Partnership (the city's Local Strategic Partnership) welcome this opportunity to submit its “refreshed” Local Area Agreement.
- 1.2. Coventry already has a good track record of partnership working and a well developed Community Strategy based on local consultation. The “refreshed” Local Area Agreement has now been incorporated into a revised Community Plan (see Annex 1) and the priorities contained within the LAA closely reflect those in this plan and the City Council's Corporate Plan.
- 1.3. As part of the work to include the Local Area Agreement within Coventry's Community Plan, the LAA's Outcome Framework has been incorporated into the Community Plan's bigger Performance Management Database. The Local Area Agreement Outcome Framework can be found at Annex 2. Data from the Community Plan Performance Management Database and the LAA Outcome Framework will be publicly available on the Coventry Statistics website due to be launched on 1st March 2006.
- 1.4. The Enterprise and Economic Development Block has now been included within the Local Area Agreement (see page 23.)
- 1.5. A summary of the Pooled and Aligned LAA Funding is at Annex 3 and an update on the progress of the current Freedoms and Flexibilities is at Annex 4. We wish to propose an additional Flexibility which is to report progress on the targets and indicators contained within this “refreshed” LAA once only to government. The Coventry Partnership has been designated as a “green” or high performing LSP and as such has demonstrated its ability to manage its performance effectively. Duplicate reporting creates an additional bureaucratic burden and inhibits our ability to target public funding directly into service improvement. We recognise that this request requires significant changes within government department reporting systems and Coventry is willing to work with departments to make these changes.
- 1.6. The LAA has been “refreshed” by a range of local partners in discussion with Government Office West Midlands. We have called it "Progress Through Prevention". We see prevention as the key to improvement in all four LAA service blocks and to achieving the overall vision of the Coventry Partnership – "Improving Quality of Life for Everyone in Coventry".
- 1.7. The Coventry Partnership will refresh the Local Area Agreement annually as part of its review of the Community Plan.

2. Governance and Accountability.

- 2.1 Progress and future development of the LAA will be overseen by the Operations Group of the Coventry Partnership. This group consists of representatives of the City Council, the Coventry Partnership, the Coventry Teaching Primary Care Trust, West Midlands Police, the Voluntary Sector, the Private Sector, the Learning & Skills Council and the Community Empowerment Network.
- 2.2. The Local Area Agreement will be delivered as part of the city's Community Plan through the Coventry Partnership's sub-groups. (See pages 32 and 43 for illustrations of the delivery groups).
- 2.3. Accountability for the local delivery of the LAA will be to:
 - Coventry City Council Cabinet
 - tPCT Professional Executive Committee
 - The Coventry Partnership.

3. Performance Management.

"We found the key strengths in terms of performance management in the Coventry Partnership to be

- Effective investment in:
 - Aligning the Community Plan with the Neighbourhood Renewal Strategy and Neighbourhood Plans;
 - Mapping targets across the community; and
 - Linking the work of the Partnership to that of the Council's Area Managers.
- The effective use of community consultation to contribute to the review and planning process
- The mentoring and challenge provided to the theme groups by the Progress, Impact and Evaluation (PIE) Group and by the Monitoring and Evaluation Development Officer role
- The development and effective use of the planning document to retain focus on Community Plan priorities, outcomes and mainstreaming
- Acceptance of the value of PMF to strengthen deliverability."

(Audit Commission 2004)

The LSP has carried out a robust performance management review and has fully integrated the performance management process across the partnership. Partners are engaged below Board level.

There is substantial evidence that the partnership is committed to performance management. The PIE group has led the performance management arrangements.

Each theme group has undertaken an annual review against community plan objectives and is now developing an action plan.

GOWM, July 2005

3.1. The performance management framework for the Coventry Community Plan and the Local Area Agreement is based upon the Neighbourhood Renewal Unit's Core Requirements (2004-5) for Local Strategic Partnerships.

3.2. The performance management system is :-

1. Evidence-led
2. Focused on the systematic strategic level evaluation and the added value of the Partnership
3. Premised on the need to reduce bureaucracy through a single reporting system for Community Plan Outcomes and Local Area Agreement Outcomes.
4. Aiming to align the performance management systems of:
 - Coventry Partnership
 - New Deal for Communities Partnership
 - Community Empowerment Network
 - Neighbourhood Management Service
5. Based upon a strategic reporting of progress against high level targets (i.e. Government and deprivation related targets)
6. Developing a strong resident and service-user focus
7. Focused upon the accountability of partner organisations for agreed outcomes and targets
8. A Challenging and Learning environment, which tests the plausibility that our actions will deliver the change needed

3.3. An Annual Self-Assessment is conducted at theme and partnership levels involving Government Office acting as a "critical friend". This:

- a. Measures Community Plan outcomes and high level targets in terms of:
 - Progress towards delivery
 - Plausibility that activities are the right ones
 - Success in narrowing the gap between priority neighbourhoods and the rest of the city
 - Impact upon communities of interest
- b. Conducts an annual Partnership Management Review (full review of partnership working 3 yearly)
- c. Delivers an annual review of strategic gaps and LAA priorities
- d. Produces an annual Improvement Plan
- e. Culminates in an annual Review by Government

3.4. The mechanisms used include:

- I. A results-based planning system
- II. Strategic priorities used to commission activities and which are incorporated into partners business plans
- III. Monitoring of individual activities through an annual "Partnership Prospectus"
- IV. Tracking outcome targets (via the Coventry Partnership Data Warehouse)
- V. Quarterly review of the performance improvement plan by the Partnership's Progress, Impact and Evaluation Group (PIE)

- VI. Community Research & Evaluation Service-production of bespoke evaluation and research conducted by trained community researchers including an annual Household Survey.
- VII. Strategic level research & evaluation of key gaps in delivery
- VIII. Project management and evaluation training to build capacity to deliver change
- IX. Involving residents in reviewing impact on neighbourhoods / communities of interest

3.5. The proposed timetable for 2006-7 is:

Confirm revised LAA with GO/ODPM (Report produced)	March 2006
Upload data onto public website www.coventrystatistics.org.uk	March 2006
Prepare draft self assessment profiles for delivery groups	May 2006
Deliver self assessment workshops	September – October 06
LAA Block meetings to propose new LAA priorities, flexibilities and funding proposals	October 06
Action Plans & LAA proposals developed	November 06
Partnership and Government Office review meetings (Annual Report produced)	November 06
Develop revised LAA	January 07
Agree revised LAA with Government (Report produced)	March 07

- 3.6. Reports on Neighbourhood Renewal outcomes (required by the NRU) will be incorporated into the November Annual Progress report on the delivery of both the Community Plan and the Local Area Agreement for 2005-6. In May/June 2006, updated performance data will be produced (where available) and analysed by the city's Data Sharing Partnership in consultation with relevant LAA Block leads and Theme Group Leaders. The results of this work will be made available to Government Office for the West Midlands in order that regional officers can assess progress and generate relevant reports.
- 3.7. This timetable will, in effect delay the performance management cycle of the Coventry Partnership in order to bring it in line with the 6 monthly reporting requirements of ODPM. It will also enable closer alignment with the performance management systems of Coventry's New Deal for Communities and our Neighbourhood Management Partnership as required this year by the Neighbourhood Renewal Unit.
- 3.8. Full use will be made of trajectory planning within our self assessment in order to review, develop and if necessary amend our annual targets. Where Quality of Life surveys are used to assess progress, the Partnership will use these surveys to track an increase or decrease in performance.

- 3.8. The Partnership continues to focus upon the impact of partners' services on BME communities. Where this information is available it will be used within the annual self assessment process. Where it is not available, proxy measures will be used wherever possible. These proxy measures include the impact upon those neighbourhoods in the city which have the highest proportion of BME residents.
- 3.10 All members of the Coventry Partnership continue to deliver against the city's commitment to "narrow the gap" between the most deprived neighbourhoods and the rest of the city. Wherever possible, our key measures of success include a neighbourhood element.
- 3.11 This performance management system is designed to measure progress against government Floor targets, PSA targets or government deprivation related targets. Additional data (both qualitative and quantitative) will be available during the annual self assessment to track performance at a neighbourhood and community level.
- 3.12 This information is held on the Coventry Partnership Performance Management Database. The first block of this data will be publicly available on-line from 1st March 2006.
- 3.13. The performance management system of the Partnership will also generate an improvement plan that will address cross-cutting issues and any structural weaknesses that are identified.

4. Statement of Voluntary and Community Sector Involvement.

- 4.1 The Voluntary and Community sectors are represented at every level of the Coventry Partnership i.e. at Board level, within the Operations Group and at Theme Group level (the community sector has two guaranteed places on each group). Both sectors have been actively involved in the revision and approval of Coventry's Local Area Agreement.
- 4.2 The Coventry Partnership is developing a much sharper focus on culture, leisure and communities of interest. It now encompasses the following Partnerships and Coordinating Groups in the city:
- Cultural Partnership
 - Older Peoples Partnership
 - Children and Young Peoples Partnership
 - Mental Health Partnership.

Children & Young People

- 4.3 Partnership working with the voluntary sector has increased through the Children & Young People's Strategic Partnership. A wide range of groups is actively working with the statutory sector to develop the change agenda, including Relate, NCH, NSPCC, WEETC, Family Project, Panaghar, Valley House, YMCA, CCVYS and others, and these are brought together into the Children & Young People – Voluntary Sector Network (CYP-VSN) by CVSC.

Safer & Stronger Communities

- 4.4 The Coventry Community Empowerment Network will contribute to building stronger communities through the whole range of issues tackled by the Coventry Partnership and its Theme Groups and by neighbourhood management, not just community safety and environment issues and actions. CEN will particularly support the building of stronger neighbourhoods by encouraging neighbourhood level activity by groups and linking groups together into mutually supportive mini-networks. CEN will contribute to safer communities by building greater understanding of how community groups can contribute to community safety and environment agendas and outcomes and encouraging groups to build closer links to the Police, City Council and other community safety and environment agencies. CEN will be an advocate for safer and stronger communities across its work within the Coventry Partnership, especially in promoting the contribution to prevention that community groups can make.
- 4.5 CEN will play a particularly strong role in community cohesion especially through bringing groups from disparate neighbourhoods and communities of interest together, breaking down barriers, dispelling myths and potential jealousies and building a sense of the community sector standing together. Saturday workshops in particular are well attended by both Black and Minority Ethnic groups and by residents' associations from all over the City.

- 4.6 Community Advocates and voluntary sector representatives are very active on the LSP. Coventry's CEN is building social capital in neighbourhoods through mini-networks and small grants. Its last citywide Saturday workshop focused on neighbourhood renewal including work by community groups to promote community safety and environmental improvements.
- 4.7 Many voluntary sector service providers play a major role in community safety through, for example:
- provision of locks / home security advice
 - work with offenders and ex-offenders
 - work against substance abuse intensive work with very disaffected young people (e.g. Neighbourhood Support Fund projects such as MAPS, MANDA, and WATCH)
 - work against Domestic Violence Advice, counselling and crime reporting.
- 4.8 Community groups play a major role in community safety through Neighbourhood Watch; projects where residents actively visit isolated residents and keep a general eye on the area, e.g. Paradise Streetwalkers; diversionary activities for children and young people including places to meet, sports and cultural activities; festivals and fun days which build community spirit; residents associations; work against anti-social behaviour (e.g. Paradise Residents Association, St Catherine's Close Residents Association); and befriending people who might otherwise be easy targets for harassment, such as asylum-seekers (e.g. Peace House, Stoke Heath Community Centre).
- 4.9 Voluntary sector service providers play a major role in environmental work, which also has major community development benefits in disadvantaged neighbourhoods, for example the work of Groundwork, Warwickshire Wildlife Trust and the NEA Energy Action Project. Community groups' current contribution includes developing pocket parks; cleaning up urban areas and keeping them clean; restoring people's pride and sense of responsibility for their own streets; providing diversionary activities for young people; and renovating unused buildings and bringing them back into use.

Healthier Communities & Older People

- 4.10 Both service providers and CEN have been represented on the planning group for this block. The voluntary sector is well-established as a major provider of contracted services on behalf of Social Services and the tPCT, and also adds its own funding to deliver additional services. The Health Theme Group Leader is from the Swanswell Trust, and a priority for 2005/06 is further VCS representation on both the Theme Group and its working groups. The sector has a long tradition of engaging with the statutory sector through CVSC's Health and Social Care Forum. The Older People's Partnership includes representation from both service providers and older people's groups.
- 4.11 Some of the neighbourhood-focused Health Action Groups have good voluntary sector and community sector representation, although this can be more patchy elsewhere. The role of community groups in preventative work is gaining recognition, for example, in the pilot work on falls prevention in Foleshill, and in peer health education. In addition to the residential, day and domiciliary care

provided by the voluntary sector, the community sector provides many neighbourhood-based opportunities for older people to come together and reduce their isolation. This is strongly reflected within CEN's membership and governance.

4.12 We are using the Local Area Agreement to focus our joint work between the Health communities, the Local Authority and the Voluntary Sector in both addressing health inequalities and to specifically better manage chronic diseases. To this end we will build on some existing work to:

- develop Intermediate Care Services
- promote better health
- develop multi-disciplinary case management (e.g. community matrons, district nurses and social workers sharing skills, knowledge and resources)
- improve the use of new technologies to help people to feel safer and better supported in their own homes
- develop our falls prevention strategy
- tackle benefit take up and fuel poverty through more focused campaigns.

5. Children and Young People Block

- 5.1. The Change for Children agenda is ambitious. Coventry recognises that it impacts on all children's services providers and is part of the Government's overall public sector reform agenda. We are working to a challenging timetable. The agenda will require all partners to work collectively to deliver the change. This in turn will require openness and integrity between partners about the issues each faces and the resources available.
- 5.2. The Children and Young People's Strategic Partnership was established in June 2003. It has already made significant steps in preparing for the Change for Children agenda:
 - developing with children and young people a Vision for Children and Young People in Coventry and achieving their full involvement and participation
 - achieving significant progress on the ISA agenda, including a signed Information Sharing Protocol, development of a first wave Common Assessment Framework and pilot status for the implementation of information-sharing software (RYOGENS)
 - analysing the child population against social deprivation indices, mapping services across all the children's sector and providing a strategic framework in which key children's services initiatives and issues can be considered, debated and co-ordinated.
 - drawing down NRF money to support significant strategic developments around joint working, in terms of Extended Schools and the Family Focus Project (£720k)
 - being fully committed to developing a Children's Commissioning Trust.
- 5.3. Overall, the Partnership has developed willingness and commitment across all partners to work collaboratively for better outcomes for children and in doing so has shown willingness for partners to be open and honest about the issues they face. The elected Member, non-executive, Chief Executive and Director commitment to the Partnership ensures that it has appropriate leadership.
- 5.4. Partnership working with the voluntary sector has increased through the Children & Young People's Strategic Partnership. A wide range of groups are actively working with the statutory sector to develop the change agenda, including Relate, NCH, NSPCC, WEETC, Family Project, Panaghar, Valley House, YMCA, CCVYS and others, and these are brought together into the Children & Young People – Voluntary Sector Network (CYP-VSN) by CVSC.
- 5.5. The CaYPSP commissioned the Children's Voices Project of the Children's Fund to develop the vision through a series of interviews with Partnership members, undertaken by children from Moat House Community Primary School.

Vision Statement

The Children and Young People's Strategic Partnership Vision is:

Working together to find out what children want to make their lives better;

and

Working to keep families together

*Some people's lives are scattered like a jigsaw
The partnership can make people's lives better
For children's lives and adult's lives too
The partnership can put that jigsaw back together
And make it work again!*

(By Chloe, age 10)

5.6. For Coventry partners "Working Together" means changing the way we work so that:

- we have clear accountability and governance arrangements within and across all partners
- children, young people and their families and carers participate at a strategic and operational level in the planning and delivery of services and we respond to what they say
- services are co-ordinated and integrated as appropriate, experienced as a "single organisation", and made accessible by being organised around communities, whether geographically or around communities of need, enabling effective local targeting
- there is recognition and valuing of diversity and planning of services accordingly
- we jointly commission services (and therefore pool resources) against high standards
- efficiency is improved and duplication reduced, freeing resources to fill gaps
- the local voluntary and community sectors are strengthened and sustained by the Partnership
- we focus on what makes a difference to the lives of children and young people.

5.7. The Partnership has produced a Change for Children strategy in consultation and has been focusing on a number of pieces of work including Behaviour Improvement, Looked after Children, Children with disabilities and Early Years, which relate to the outcomes set out in this section. The CYPSP has also identified that Raising Standards should be a key theme. All these specific groups of children or subject areas contribute to the original DFES/Coventry goals. These have now been adopted as Core Objectives for the whole Local Area Agreement:

- Enjoying and achieving
- Having supportive family, friends and communities
- Making a positive contribution
- Being healthy
- Being safe
- Achieving economic well-being.

- 5.8. The decision the Partnership has made about where to focus its energies has been based on a combination of factors. These include focusing on those groups of children who are most vulnerable and most need attention in either improving their quality of life or preventing them from coming to harm or focusing on universal areas like Early Years or Raising Standards, which impact on a wide range of children. The shared assumptions set out in the earlier part of this paper also underpin these choices.
- 5.9. The approach is underpinned by the 3 'P's of Prevention; Partnership; and Participation which have been core to the successful work of the Children's Fund in Coventry. The CYPSP has contributed to the development of the Children's Fund Migration Plan and has welcomed the approach that the Children's Fund has taken in sharing responsibility for the priorities of the CYPSP. The 3 'P's are fundamental to the approach Coventry is taking and therefore will be reflected in all activities which aim to improve outcomes. Consequently, none of the proposed indicators in this block specifically measure Prevention, Partnership or Participation.
- 5.10 Children's health issues are addressed both within this section and more generally within the Healthier Communities and Older People Block.

6. Safer and Stronger Communities

- 6.1. The Coventry Community Safety Partnership has a statutory responsibility for leading, developing and co-ordinating the delivery of strategies to address crime, disorder, drugs and anti-social behaviour. The recent review of the Crime & Disorder Act 1998 has introduced a number of requirements and the Partnership will be reviewing their role, particularly in relation to local scrutiny and accountability, in order to comply with these recommendations. The Partnership receives a range of external funding to support the delivery of local and national targets/outcomes and this is managed through the Partnership's Joint Commissioning Group. The Community Safety Partnership is also the Community Safety Theme Group for the Coventry Partnership.
- 6.2. There are very strong local working relationships with Members of Coventry City Council, the police, neighbourhood services and local communities on local community safety and anti- social behaviour issues. Councillors also play a key part in resolving differences between local groups and in seeking to build bridges between different communities.

- 6.3. The Coventry Partnership's Environment Theme Group is developing its role to take a strategic overview of the city's environment, although it has no statutory responsibilities for this. Its focus is on 3 areas: reducing the use of natural resources; promoting improvements in neighbourhoods, parks and open spaces; and raising awareness and understanding of how local people can contribute to a better environment. While the City Council has a significant role in design and maintenance of the physical environment, ownership and responsibility is shared across the public, private and domestic sectors. A wide range of disparate grant funding regimes can be utilised to support physical improvements from the small to large scale.
- 6.4. The Coventry Community Empowerment Network will contribute to building stronger communities through the whole range of issues tackled by the Coventry Partnership and its Theme Groups and by neighbourhood management, not just community safety and environment issues and actions. CEN will particularly support the building of stronger neighbourhoods by encouraging neighbourhood level activity by groups and linking groups together into mutually supportive mini-networks. CEN will contribute to safer communities by building greater understanding of how community groups can contribute to community safety and environment agendas and outcomes and encouraging groups to build closer links to the Police, City Council and other community safety and environment agencies. CEN will be an advocate for safer and stronger communities across its work within the Coventry Partnership, especially in promoting the contribution to prevention that community groups can make.
- 6.5. CEN will play a particularly strong role in community cohesion especially through bringing groups from disparate neighbourhoods and communities of interest together, breaking down barriers, dispelling myths and potential jealousies and building a sense of the community sector standing together. Saturday workshops in particular are well attended by both Black and Minority Ethnic groups and by residents' associations from all over the City.
- 6.6. Community cohesion issues are reflected in this section in relation to people's satisfaction with their neighbourhoods as harmonious places to live and with targets in relation to reporting hate crime etc.
- 6.7. The Local Area Agreement will play a pivotal role in joining up services in order to implement the overall strategy effectively and will provide the opportunity to maximise current and future resources by targeting the activity of a range of agencies and services. Some examples of current work are shown below.
- 6.8. Community Advocates and voluntary sector representatives are very active on the LSP. Coventry's CEN is building social capital in neighbourhoods through mini-networks and small grants. Its last citywide Saturday workshop focused on neighbourhood renewal including work by community groups to promote community safety and environmental improvements.
- 6.9. Many voluntary sector service providers play a major role in community safety through, for example:
 - provision of locks / home security advice (Coventry & Warwickshire Community Safety Scheme)

- work with offenders and ex-offenders
 - work against substance abuse (e.g. Swanswell Trust)
 - intensive work with very disaffected young people (e.g. Neighbourhood Support Fund projects such as MAPS, MANDA, and WATCH)
 - work against Domestic Violence (Haven, Valley House, Panahghar, Cyrenians, Osaba, Coventry Rape and Sexual Abuse Centre, etc)
 - Advice, counselling and crime reporting (e.g. Law Centre, CAB, Age Concern, Refugee Centre, Victim Support, etc).
- 6.10. Community groups play a major role in community safety through Neighbourhood Watch; projects where residents actively visit isolated residents and keep a general eye on the area, e.g. Paradise Streetwalkers; diversionary activities for children and young people including places to meet, sports and cultural activities; festivals and fun days which build community spirit; residents associations; work against anti-social behaviour (e.g. Paradise Residents Association, St Catherine's Close Residents Association); and befriending people who might otherwise be easy targets for harassment, such as asylum-seekers (e.g. Peace House, Stoke Heath Community Centre).
- 6.11. Voluntary sector service providers play a major role in environmental work, which also has major community development benefits in disadvantaged neighbourhoods, for example the work of Groundwork, Warwickshire Wildlife Trust and the NEA Energy Action Project. Community groups' current contribution includes developing pocket parks; cleaning up urban areas and keeping them clean; restoring people's pride and sense of responsibility for their own streets; providing diversionary activities for young people; and renovating unused buildings and bringing them back into use.
- 6.12. The Council's Community Safety Team are responsible for co-ordinating the development and delivery of the Adult and Young People Drug Treatment Plans. Recently, it has been agreed that the Young Persons Substance Misuse Co-ordinator/Commissioner post would be transferred into Childrens Services in line with national policy changes and Every Child Matters. The Community Safety Partnership will remain the accountable body for the delivery of the young persons substance misuse plan until the Childrens Trust is in a position to take on this area of work.
- 6.13. The four licensing objectives contained in the Licensing Act 2003 are prevention of crime and disorder; prevention of public nuisance; protection of children from harm; and public safety. During the summer of 2004, alcohol enforcement campaigns were run in a number of pilot areas, including Coventry. National findings have shown that 45% of on-licences and 31% of the off-licences tested, unlawfully sold alcohol to young people. The recent community safety audit highlighted that the main problem drug most commonly reported by young people presenting for treatment was alcohol. Consistent with the findings of the 1999 Local Needs Assessment undertaken in Coventry, alcohol was the only substance to see a year on year increase reported as being the main problem drug
- 6.14. The Coventry Partnership recognises that problems related to alcohol use, abuse, and addiction underlie a wide range of community problems. This is

most apparent in the community safety aspects. It is recognised however that the target population in respect of public nuisance and safety may be different from those individuals or groups involved in, or experiencing, violence in the home or injury/ill health arising from alcohol abuse. The City's services are affected on a substantial basis by alcohol related difficulties. We wish to use LAA to develop better services to all affected by alcohol problems.

- 6.15 Local PSA Target in relation to reducing "contact" violent crimes recorded by the police has now been agreed with the ODPM. This target has been agreed by the Community Safety Partnership and may provide an additional focus through joint commitment to reduce this type of crime by 1% more than the violence sub-target under PSA1.
- 6.16 There are already a number of linkages locally between community safety and the environment agendas, resulting from successful promotion of Section 17 of the Crime & Disorder Act 1998. The ASB agenda particularly recognises the links between environmental or signal crimes and a spiral of decline into more serious offending. The SSCF provides a further opportunity to enhance this joined-up approach and enable a smarter way of delivering local services through neighbourhood management.
- 6.17 Coventry City Council is developing its neighbourhood working into a Neighbourhood Management approach. This will have as one of its key objectives the safer and stronger communities agenda. Neighbourhood Management staff will work collaboratively and co-operatively with colleagues in City Services and Community Safety to maximise the opportunities to improve local services and create cleaner, greener, safer communities. Particular attention will be paid to the deployment of people working in neighbourhoods around street-based activity. This will include Neighbourhood Wardens, as well as those engaged in street services and grounds maintenance.
- 6.18 Over the last few years, community safety consultation processes have all identified environmental issues as being a key concern. Experience shows that if minor incidents, e.g. graffiti, abandoned vehicles, vandalism, etc, go unchecked, this can progress to higher level disorder, fear of crime and, in the longer term, serious criminal activity. Joining up the community safety and environmental work at a local level will assist in preventing crime in the longer term and improving the quality of life in local neighbourhoods.
- 6.19 The LAA will extend the inter-agency approaches to environmental crime already being pursued, such as the recent initiative between Whitefriars Housing Group, the City Council, West Midlands Police and NDC to reduce vandalism, anti-social behaviour and flytipping in Manor Farm. A programme of prevention and intervention involving education, community involvement, surveillance and enforcement was undertaken and is currently being evaluated.
- 6.20 Partners in Coventry's Local Area Agreement will work together to understand better the range and responsibilities of street based officers across all organisations. Identifying and implementing new ways of working will ensure that these areas are all tackling issues consistently and in a joined up way, maximising impact on key targets. This will ensure, for example, that all street

based officers understand the contribution that they can make to supporting and maximising the success of the authority's enforcement activities. The outcomes of this work will also lead to quicker response times to service requests, tackling of issues before they become customer complaints and increased satisfaction.

- 6.21 As part of the Liveability Training Programme, 3 training days have been held with street based personnel, from a range of agencies, in order to highlight the importance of their roles in relation to public reassurance and the fear of crime. This training has resulted in an action plan that will be taken forward with partners to ensure that this work continues, is joined-up and effective. This will be particularly important with the roll out of local neighbourhood policing.
- 6.22 A multi-agency response has been developed between the Local Authority, Police, Fire Service, Housing Associations and other agencies, in order to direct activity at identified areas, using partnership information to produce "Active Intelligence Mapping Systems (AIMS)". This intelligence informs a joint-tasking process and will provide effective communication and a good understanding of mutual problems, leading to the joint efficient deployment of collective resources.
- 6.23 Responsibility for street scene maintenance, such as cleansing and grounds, are shared across a number of agencies, particularly the City Council, CV One (the City Centre company) and Whitefriars Housing Group. Examples of good practice are already in place and will be developed and extended through the LAA. These include the joint action plan between the City Council and Whitefriars Housing Group for delivering improved street services and specific projects such as CV One and Whitefriars' "gardens in the sky" project improving the environment and bringing young and older members of the community together. Work has begun to align targets for issues such as street cleanliness so that organisations are working to consistent goals. Opportunities to develop this further and introduce a comprehensive range of common targets for standards and response times will be pursued through the Local Area Agreement, particularly to deliver cleaner, safer and greener public spaces.
- 6.24 There are currently a number of Neighbourhood Warden Schemes in Coventry. These address a broad range of issues, including the swift reporting of environmental issues and acting as the 'eyes and ears' of both services and local communities, building up confidence and encouraging local ownership within neighbourhoods. In 2004 the City Council agreed to support the development of a Corporate Warden Service in order to ensure that this service is available across the city in areas of identified need. The corporate warden service is now operating in a number of areas across the City and there are a total of 75 wardens. As from April 2006, all of these posts will be funded by the City Council.
- 6.25 Safer Estates Groups have been established and are currently being developed to broaden representation and to provide a problem solving approach within local neighbourhoods. These forums will provide the opportunity to flag PPOs, particularly those involved in anti-social behaviour. The groups will also allow us to engage with local residents and facilitate greater accessibility and accountability and reduce the need for the "community call for action" identified in

the RESPECT action plan, where activity has not been delivered or has proved inadequate.

- 6.26 Coventry is one of 27 Liveability Pilots, which are introducing measures to improve the management and maintenance of public open space. A series of service reforms is already being delivered and the Environment Theme Group of the Coventry Partnership has developed a programme of physical improvements that meet national and local liveability criteria. The programme focuses on streets, neighbourhood shopping areas; design; green spaces and places; neglected buildings; and engaging communities. It is being delivered through a balance of demonstration projects and smaller scale community based projects.
- 6.27 A Best Value Review of the Coventry Street Scene in 2003/04 identified a significant variation in levels of contact or access for Street Scene Services from the 18 electoral wards across the city. In addition, consultation exercises such as the Coventry Partnership's Household Survey in January 2004, identified different levels of satisfaction with their local environment between priority neighbourhoods and non-priority neighbourhoods across the City. However, where environment issues were perceived as being poor, this did not generate, as might be expected, increased demand from residents for improved service provision.
- 6.28 The main point of contact for environmental issues has been the City Services Advice Centre dealing with in excess of 100,000 calls each year, as well as providing a City Centre reception for face to face enquiries. In order to improve access, there has since the mid 1990's been a free-call number and a lot of activity promoting and advertising services. However, as the Citizens Panel survey on environmental health and trading standards in June 2003 highlighted, some of the reasons for not contacting the council included not knowing that we provided the service and not knowing who to contact.
- 6.29 The "Coventry Empowered" initiative is addressing these and other barriers by providing access to services in ways and at times that customers want, improving the ways we deal with the public and of informing people about our services. Examples of good practice between partners are already in place to ensure easy access to services for residents such as the reporting of suspected abandoned vehicles. Arrangements are in place to capture and pass on the required information from West Midlands Police, who receive many of the complaints about abandoned vehicles to the City Council whose responsibility it is to deal with them in order to enable a prompt response. Partners in Coventry's Local Area Agreement will work together to build on these examples to identify and implement joint working that improves customer access and speed of response. Coventry is an Action Area for anti-social behaviour which has resulted in additional funding being provided from the Home Office. One of the additional resulting activities is the implementation of the 24/7 "Its Your Call" ASB reporting line. Calls are encouraged from the public in relation to a range of unacceptable behaviours including some environmental issues such as abandoned vehicles. The IYC line reports may require a co-ordinated response from a range of agencies and callers can expect that their calls are acknowledged promptly, with action taken where appropriate and communicated to the complainant. The IYC line may be a fore-runner to a National Single Non-Emergency Number and good

practice and learning from participating areas will inform considerations for the SNEN.

- 6.30 As well as providing improved access to services via a corporate contact centre and face to face first stop shops, Coventry Empowered will support Safer and Stronger Communities by significantly improved response and fix times via the use of ICT systems and tools. Some specific examples are:
- 6.31 Use of hand held computer devices for the Street Services and Building Repair and Maintenance teams. Managers will be able to allocate and schedule work for operatives directly via the hand held devices, thus reducing waiting time. Managers will know the current location of each operative, together with their current workload, which is useful when emergency jobs are received, e.g. broken street lights.
- 6.32 Use of workflow system to help tackle anti-social behaviour by better sharing of information between Partner organisations. This can be enabled by increased accuracy in the recording of anti-social behaviour incidents as information can be entered onto the system in real time, which will enable staff to spend more time on prevention and enforcement activities by cutting out duplication of processes and information provision.
- 6.33 The Coventry Youth Offending Service is well established and focuses on problem solving activities. The work of the YOS, together with the local development of a Children's Services Directorate, will underpin the delivery of the children & young people priority in the Community Safety Strategy 2005/08.
- 6.34 The Coventry Offender Management Group has been established to oversee the implementation of the local Prolific & Other Priority Offender (PPO) Strategy and the Drug Intervention Programme (DIP). The PPOs identified through the catch and convict strand are subject to a Risk Assessment which identifies offenders and weights some offence types in line with strategic priorities. There is an opportunity to monitor the impact of the PPO Scheme against local delivery of PSA1, which will ensure more effective targeting of resources and provide a measure of the impact of the PPO Strategy.
- 6.35 Working with offenders to prevent re-offending is a key theme within the Community Safety Strategy.
- 6.36 The Coventry Offender Management Group oversees this work on behalf of the Community Safety Partnership, in particular the local delivery of the Prolific & Other Priority Offender Strategy and the Drug Intervention Programme. The group is made up of a number of agencies, including the Police, Courts, Prisons, Probation, Community Drug Team, Registered Social Landlords, Progress 2 Work and City Council Departments.
- 6.37 Support to offenders is provided through a range of agencies in relation to employment, education, housing, etc. A range of treatment including counselling, substitute medication and detox is available to stabilise, reduce and stop drug use. Through the Drug Intervention Programme, we will get more drug using offenders into treatment to break their cycle of offending. Drug using offenders

will be encouraged into treatment at every stage of their passage through the criminal justice system to help them control and stop their substance misuse.

- 6.38 Greater access to drug workers will be provided to Probation staff and Defence Solicitors to encourage referrals of their clients into treatment. Coventry offenders in prison will be tracked by local drug workers in order to ensure that a drug treatment programme and support for rehabilitation will be ready on their release.
- 6.39 Those offenders who are not part of the drug intervention programme and who are identified as 'prolific or other priority' offenders, are managed by the Offender Management Co-ordinator, based within Probation.
- 6.40 The Coventry Youth Offending Service are leading the delivery of the prevent and deter strand of the PPO Strategy. The key components and principles of this priority are already in place through the Youth Offending Service's established Youth Offending Management Programme (YOMP). This programme identifies and targets persistent young offenders aged between 11 and 16 years who do not meet the eligibility criteria for an Intensive Supervision and Surveillance Programme (ISSP), but require more support than is offered by their community sentence. Young people are referred to YOMP if they have been convicted of offences committed on three or more separate occasions, are at risk of receiving a custodial sentence and are disengaged with education. The aim is to divert young people from involvement in further offending behaviour.
- 6.41 The Coventry Positive Activities for Young People (PAYP) Programme is a highly co-ordinated approach to the provision of leisure/diversionary activity across the city. The PAYP manager ensures that services are targeted at identified groups of young people. This approach has been highly successful at reducing crime and antisocial behaviour across the city during the school holidays. During the 2003 summer school holidays a reduction of 48% in offending was recorded compared to the Summer of 2002. A reduction in identified youth offending has been achieved consistently during each school holiday in including Easter of 2004.
- 6.42 The Coventry Positive Futures Project offers a diverse and targeted range of innovative sport, healthy lifestyle and leisure programmes aimed at supporting development of self-esteem, confidence and social/personal skills of participating young people. Between April 2003 and September 2004 the project worked with 589 young people and has evidenced outcomes related to greater social inclusion, engagement in education or employment outside of the programme. The Coventry Positive Futures Programme has been identified nationally and regionally as a model of good practice. Key to this has been the project's development work with service users, supporting them through mentoring, volunteering and trainee coaching schemes (Sport England, 2004).

7. Healthier Communities and Older People

- 7.1 Coventry City Council and the Coventry Teaching Primary Care Trust (tPCT) are jointly committed to improving services for local people. This is demonstrated in

the way in which we work together through the Local Strategic Partnership, its sub groups and the Partnership Boards that have been established – most important for the Local Area Agreement is the Partnership Board for Older People.

- 7.2. We have demonstrated the strength of our partnership through the Health Inequalities Strategy (2003-06), which has been up dated in "Reducing Health Inequalities in Coventry 2004-07". These documents spell out our joint approach to reducing health inequalities. In addition the tPCT and the Local Authority with other key stakeholders and partners, including representatives from older people, have been working together to better integrate service delivery and achieve better outcomes for older people. We are committed to jointly commissioning integrated services for older people.
- 7.3. The City Council in its Cabinet Member Plan for Community Services states its overall aims: "We anticipate that overall we will continue to maintain lower numbers of people needing and using residential care as we will both increase intermediate care services that will offer rehabilitation services to people and we will provide a range of better ways of supporting people in their own homes including better use of "supported housing" and "extra-care" housing. We will also ensure that there are appropriate services for people to purchase using their direct payments. This will increase the proportion of people being helped to live at home. We will have to ensure that our financial resources are targeted to meet those people with greatest needs."
- 7.4. Both service providers and CEN have been represented on the planning group for this block. The voluntary sector is well-established as a major provider of contracted services on behalf of Social Services and the tPCT, and also adds its own funding to deliver additional services. The Health Theme Group Leader is from the Swanswell Trust, and a priority for 2005/06 is further VCS representation on both the Theme Group and its working groups. The sector has a long tradition of engaging with the statutory sector through CVSC's Health and Social Care Forum. The Older People's Partnership includes representation from both service providers and older people's groups.
- 7.5. Some of the neighbourhood-focused Health Action Groups have good voluntary sector and community sector representation, although this can be more patchy elsewhere. The role of community groups in preventative work is gaining recognition, for example, in the pilot work on falls prevention in Foleshill, and in peer health education. In addition to the residential, day and domiciliary care provided by the voluntary sector, the community sector provides many neighbourhood-based opportunities for older people to come together and reduce their isolation. This is strongly reflected within CEN's membership and governance.
- 7.6. The Local Area Agreement for Healthier Communities and Older People is based upon the programmes agreed by:
 - The Coventry Partnership – within the Community Plan (for health and healthier communities)
 - The Older People's Strategic Partnership – (for older people)

- 7.7. These are set out in the following documents:
- The Community Plan 2003-2010
 - Reducing Health Inequalities in Coventry 2004-2007
 - The priorities of the Older People's Partnership Board
- 7.8. Our Local Area Agreement for this block includes three themes:
- Health Improvement and Reducing Inequalities
 - Strengthening Disadvantaged Communities (including Older People)
 - Multi-agency approaches to Chronic Disease Management and Emergency Care
- 7.9. We are using the Local Area Agreement to focus our joint work between the Health communities, the Local Authority and the Voluntary Sector in both addressing health inequalities and to specifically better manage chronic diseases. To this end we will build on some existing work to:
- develop Intermediate Care Services
 - promote better health
 - develop multi-disciplinary case management (e.g. community matrons, district nurses and social workers sharing skills, knowledge and resources)
 - improve the use of new technologies to help people to feel safer and better supported in their own homes
 - develop our falls prevention strategy
 - tackle benefit take up and fuel poverty through more focused campaigns.
- 7.10 Coventry has a comprehensive partnership strategy for "Reducing Inequalities in Health", with the local authority, tPCT and Coventry Partnership being key signatories. Published in 2003, the original strategy followed the six priorities as set out in the DoH's Tackling Health Inequalities Consultation on a Plan for Delivery. Each of the six priorities has a senior manager lead and programme delivery sub group, and progress reports are received on a six monthly basis (copies are available if required).
- 7.11 The original Health Inequalities Strategy Group merged its agenda with the Coventry Partnership Health and Well Being theme group in November 2003 and was renamed the Health of Coventry group. Work to reduce health inequalities continues to grow and there are currently 12 programme delivery sub groups reporting directly to the Health of Coventry group and providing 6 monthly progress reports. The Health of Coventry group in turn reports directly to the Coventry Partnership, Local Authority Cabinet and the tPCT PEC and Board.
- 7.12 In order to impact more fully on health inequalities in the city, significant additional resource has been secured from the tPCT and the NRF. Coventry has been named as a 'spearhead PCT' to deliver the DoH's Choosing Health White Paper, and we already have in place expanded targets for smoking cessation services
- 7.13 Coventry's version of the NHS Trainers (health link workers,) and have been invited to support the development of the national model.

- 7.14 As part of the Local Area Agreement for Healthier Communities and Older People, the tPCT's Health Promotion Service and the LA's Health Development Unit are extending and further refine their partnership working arrangements and define a formal partnership agreement in order to maximise the impact of both organisations on reducing health inequalities.
- 7.15 This strategy links to other initiatives at national and local level, including the Choosing Health White Paper: Coventry as a 'Spearhead' PCT: Children's Green Paper: Sure Start: NDC: Healthy Communities Collaborative: Teenage Pregnancy and Sexual Health Strategies: Strategy for Asylum Seekers and Refugees: Food Standards Agency, Drugs Strategies, etc.
- 7.16 Key priorities, targets and outcomes for Reducing Health Inequalities in Coventry are focused on delivering improvement to the city's 31 priority neighbourhoods.

8. Economic Development and Enterprise Block

8.1. This new block has been added to the refreshed Local Area Agreement following further guidance from Government. The Economic Development & Enterprise Block for Coventry is based on HM Treasury's model for economic growth, and has four broad outcomes that we are seeking to address:

- To achieve full employment in the city, and increase the employment rate of disadvantaged groups
- To build an enterprise society in which small firms thrive and achieve their potential, especially in deprived neighbourhoods
- To stimulate and support a diverse, productive, innovative and knowledge-based economy
- To provide people with the skills needed for employment, business success, innovation and economic growth

These four outcomes are underpinned and supported by the final aim:

- Create the conditions for growth within the city

8.2 We have been successful in our recent Local Enterprise Growth Initiative (LEGI) bid, which will help increase entrepreneurial activity, improve survival rates and growth prospects of existing businesses and help generate greater levels of wealth in the most disadvantaged communities of the city.

8.3 The Coventry LEGI proposal is based on taking a holistic and transformational approach to developing enterprise and entrepreneurship in the most deprived areas of the city. It will address the three key objectives of LEGI through the following workstreams:

- Business Start-Up Support
- Supporting Existing Businesses to Grow
- Employment for Local People

- 8.4. However, the Coventry LEGI proposal will also tackle both the supply and demand side to increased economic activity through these cross-cutting workstreams:
- Inspire & Engage
 - Developing New Business Opportunities
- 8.5. Underpinning these five workstreams is the key objective of increasing local money flows in the most deprived areas of the city. By increasing the amount of money generated and spent within these areas (through increased employment business activity), the local multiplier effect will help generate further wealth and economic activity, leading to a virtuous cycle of improvement. Together, these activities will provide a significant contribution to Coventry's economic vision and growth objectives as detailed above, stimulating and re-igniting economic and entrepreneurial activity in the most deprived areas of the city.
- 8.6 We will continue to work closely with the RDA on Business Link and enterprise youth issues in the development and implementation of our LEGI programme, and ensure that, through this block of the LAA, LEGI funding complements and adds value to existing and future regeneration funding and activity
- 8.7. Coventry's economy is rapidly changing. Manufacturing industry continues to retreat as is demonstrated by headline closures. New industries such as business services, R & D, niche higher value manufacturing with new inward investing companies are reinforcing changes. Firms such as TUI, Network Rail Training College, Exel logistics have moved in. Major investment projects such as the Ricoh Arena, the new Hospital and business parks such Prologis have created new jobs.
- 8.8. Change has brought new business styles, technologies and opportunities and led to a high rate of new business formation – an average of 616pa new VAT registrations in the last 10 years or just over 11% of the average stock level. Deregistration reflect the churn in the economy with new replacing the old or those that failed.
- 8.9. The evolving economic structure has affected nearly everyone in the city. The changes have meant that people learn new skills. At any one time, some 14% of the city's work force is in receipt of job related training but people have been left behind, as technological changes have been so rapid. Support is being directed towards people who lack the skills to participate fully in the job market.
- 8.10. Change has created new jobs in the city with resident employment levels being at record numbers. In a dynamic economy optimising investment, employment and business opportunities is a key to continued prosperity.
- 8.11. Coventry already benefits from a long and firmly embedded partnership approach to economic development within the city, and indeed the sub-region. The 4th

Block to the Local Area Agreement presents an opportunity to build on, and further enhance, this strong base.

- 8.12. During the first year of this LAA (2006/7), we will develop an overarching economic development strategy for Coventry - linked closely to the review of the sub-regional economic strategy and with on-going dialogue with AWM regarding the review of the RES in 2007. Partners will also take this opportunity to review our current structural approach to economic development (particularly in light of changes to the LSC and business support in the region), and strategically consider how various funding sources (mainstream and external) could be further aligned and/or made more flexible to help achieve these identified local priorities.
- 8.13. The results from this review, and the completion of the economic strategy, will be used to inform the first year self-assessment and LAA refreshment process.

9. Conclusion.

- 9.1. The development of the Local Area Agreement has the potential to provide an effective mechanism for both reducing bureaucracy and focusing upon the key challenges for Coventry.
- 9.2. We believe that the way to achieve this is to ensure:
 - A strong local performance management system:
 - An effective partnership both locally and with regional government
 - A supportive and corporate approach from central government.
- 9.3. We look forward to working with local partners and government over the coming year to realise these aspirations.

ANNEX 1 COVENTRY'S COMMUNITY PLAN



Progress through Prevention

Community Plan 2005-2010

Raising our game, closing the gap - Partnership for inclusion, equality and excellence



Contents

Introduction

A Partnership for inclusion, equality and excellence	5
A single plan for Coventry	7

Underpinning Theme

Equalities and communities	8
Neighbourhoods	8

Strategic Theme

Health and well-being	9
Housing	9
Transport	10
Community safety	10
Environment	11
Culture	11
Jobs and economy	12
Learning and training (adults)	12

Community of Interest

Children and Young People's Strategic Partnership	13
Older People's Partnership	14
Physical and Sensory Impairment Partnership	14
Mental Health Services Partnership	15
Learning Disabilities Partnership	15

Appendices

1. Where has disadvantage already been identified in Coventry?	
2. Glossary	
3. The Coventry Partnership	



A Partnership for inclusion, equality and excellence

Since we published Coventry's second Community Plan in July 2004, much has been achieved and Coventry continues to move forward. This revised plan is focused on those key issues which now need to be tackled by working together even more closely, locally and with the Government.

This plan reflects the fact that more groups and organisations across every sector in Coventry are working together:

- Towards common outcomes
- Based on shared themes
- Through strategic partnership boards and theme groups
- On key strategic issues

We know that whilst local organisations can achieve a great deal by working together, the rules and regulations that surround our work can get in the way. That is why the Partnership and Coventry City Council have secured what is known as a Local Area Agreement with Government. This will help to identify key priorities and reduce bureaucracy so that we can achieve our goals. The diagram on page 7 shows how the revised Community Plan and the Local Area Agreement have been brought together. The Local Area Agreement will produce a step change in our progress and through it we aim to realise our vision that each person in Coventry can experience:

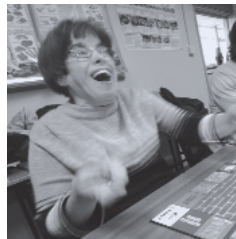
- Being healthy
- Keeping safe
- Achieving and enjoying
- Making a positive contribution
- Realising economic well-being
- Having supportive friends and community

We want this revised plan to help make sustainable improvements to our city. Our colleagues who are working on the Environment Theme Group and through Coventry's Community Empowerment Network will be helping us to ensure that all our future actions promote sustainable communities.

We hope you will see these improvements yourself. You will also be able to track our progress by logging onto our website at www.coventrypartnership.com or by viewing the performance statistics for the city at www.coventrystatistics.org.uk

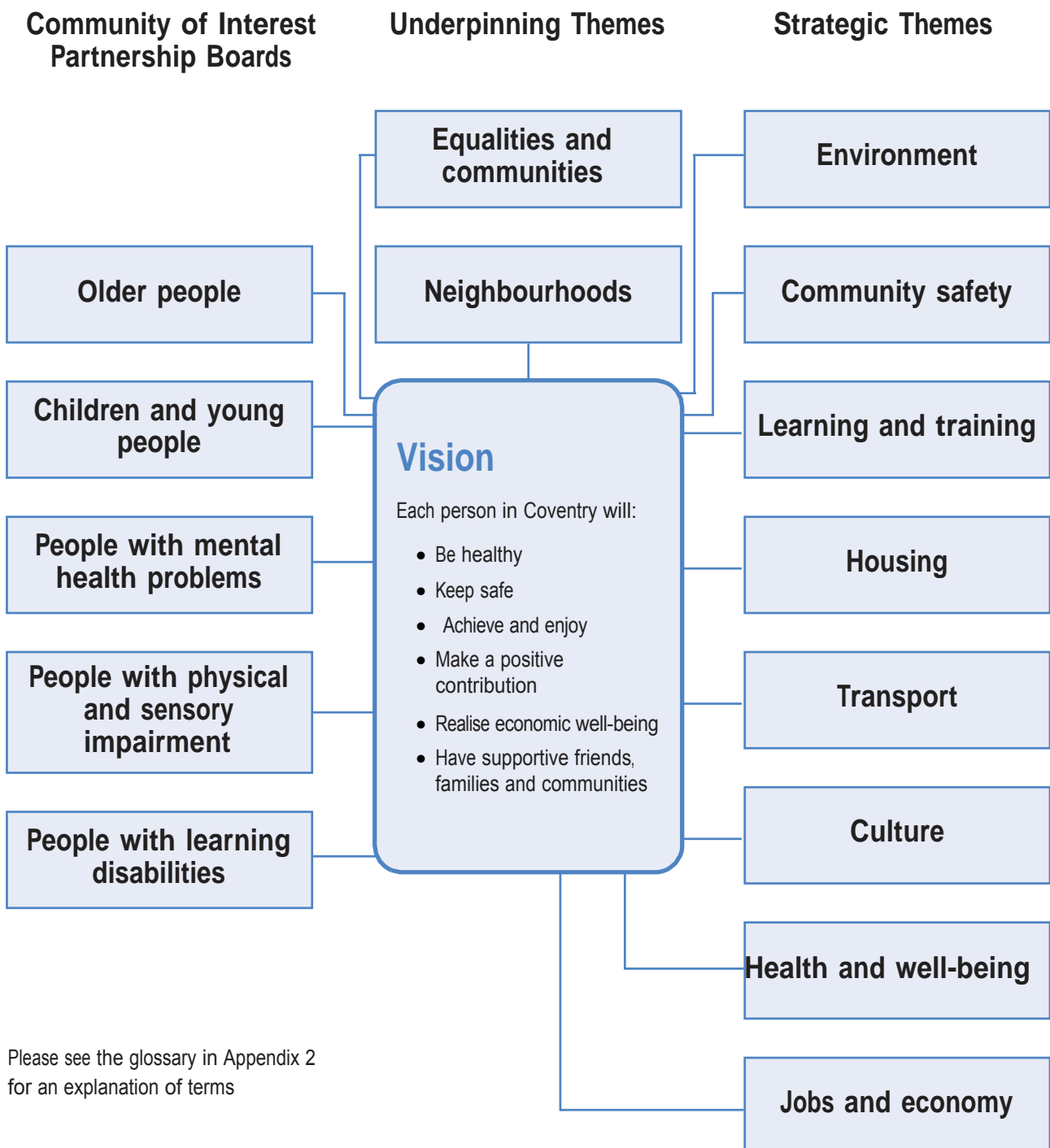
We remain committed to focusing on service improvement across the city and in particular within its priority neighbourhoods and communities as you will see in Appendix 1. That is why we still say that our over-riding concern is to ensure that we are:

Raising our game and closing the gap.



A single plan for Coventry

The Coventry Community Plan Framework (incorporating the Local Area Agreement)



Please see the glossary in Appendix 2 for an explanation of terms

Underpinning Theme

Equalities and communities

(Led by the Equalities and Communities Theme Group)

Priorities

To develop a shared vision and sense of belonging and involvement for all of Coventry's communities

To ensure that the diversity of Coventry people's backgrounds and circumstances is better appreciated and positively valued

To promote equality of opportunity so that people from different backgrounds have better access to similar opportunities in life

To develop strong and positive relationships between people from different backgrounds

Outcomes

- By 2010, Coventry will be a more inclusive and cohesive city
- By 2010, there will be more equal opportunities for people from different backgrounds in Coventry

We will know we are making a difference if

- There is greater social inclusion and community cohesion
- There is greater equality of opportunity

Underpinning Theme

Neighbourhoods

(Led by the Neighbourhood Management Partners)

Priorities

To improve the quality of life for people in the most disadvantaged neighbourhoods

To ensure service providers are more responsive to neighbourhood needs and improve their delivery of services

To close the gap between the quality of life experienced in the city's most and least deprived neighbourhoods

To increase the capacity of local communities so that people are empowered to participate in local decision-making and are able to influence service delivery

We will know we are making a difference if

- More residents feel able to influence decisions affecting their neighbourhood
- More residents are involved in improving their neighbourhood
- More residents are satisfied with their neighbourhood as a place to live
- More residents are satisfied with local neighbourhood services

Outcomes

- By 2010, more people will feel more able to influence the quality of local public services and facilities
- By 2010, people will have seen improvements happen most quickly in priority neighbourhoods and communities

Strategic Theme

Health and well-being

(Led by the Health of Coventry Group)

Priority

To increase levels of health and fitness for all

Outcomes

- By 2010, people in Coventry will be enjoying healthier lives which will contribute towards them living longer in the future
- By 2010, these improvements will have happened more quickly in priority neighbourhoods and communities

We will know we are making a difference if

- Fewer people are dying prematurely from heart disease, strokes and cancer
- Fewer babies are dying
- People in priority neighbourhoods are living longer
- Fewer adults are smoking particularly during pregnancy and in priority neighbourhoods
- More people feel hopeful about the future

Strategic Theme

Housing

(Led by the Housing Strategy Group)

Priority

To ensure decent homes, housing choice and support for Coventry residents

Outcomes

- By 2010, the quality of housing in Coventry will have improved
- Housing in Coventry will be more suited to people's needs and aspirations with a better mix of the type and tenure of housing in neighbourhoods
- Housing advice services will have improved
- These improvements will be more rapid in our priority neighbourhoods and communities

We will know we are making a difference if

- More homes are of a 'decent standard'
- More residents are satisfied with the quality of their homes
- The type and variety of housing are more balanced across the city

Strategic Theme

Transport

(Led by the Transport Theme Group)

Priority

To achieve easier, safer, sustainable and more accessible transport for everyone

Outcomes

- By 2010, the quality of local public transport services will have improved and people will find it easier and safer to get to work, places of learning and leisure, health services and shops
- These improvements will be more rapid in our priority neighbourhoods and communities

We will know we are making a difference if

- Fewer adults and children are killed or seriously injured by road traffic accidents
- Access to jobs, learning, leisure, health and shopping centres by public transport improves
- Residents from priority neighbourhoods are more satisfied with bus services
- More residents are using public transport or are cycling or walking to work, school and college

Strategic Theme

Community safety

(Led by the Community Safety Partnership)

Priorities

To reduce crime and the harm caused by illegal drugs

To reassure the public, reducing the fear of crime and anti-social behaviour

Outcomes

- By 2010, there will be less crime and anti-social behaviour and people will feel safer
- These improvements will be felt fastest in our priority neighbourhoods
- By 2010, there will be more effective support for people who misuse alcohol and drugs

We will know we are making a difference if

- There is less crime, especially in priority neighbourhoods
- Fewer people perceive anti-social behaviour, including drug use, to be a problem in their neighbourhood
- More problem drug users are receiving and successfully responding to treatment
- There is less fear of crime
- Fewer people are dying through accidental fires, and there are fewer deliberate fires

Strategic Theme

Environment

(Led by the Environment Theme Group)

Priorities

To provide cleaner, safer and greener neighbourhoods and public spaces

To champion the development of a sustainable city

Outcomes

- By 2010, people will see their neighbourhoods, parks and open spaces as more attractive and enjoyable places to be
- These improvements will be more rapid in our priority neighbourhoods and communities
- By 2010, Coventry will make more sustainable use of natural resources – less energy and water will be used, less waste and pollution will be produced, more waste will be recycled, and the city will be a better place for wildlife

We will know we are making a difference if

- Public spaces are cleaner, safer and greener and there are improvements in the built environment in priority neighbourhoods
- Abandoned cars are removed more quickly
- People are more satisfied with the cleanliness of their area
- People are more satisfied with their neighbourhood
- More residents are recycling their rubbish
- City parks attain national standards
- People are more satisfied with local neighbourhood services, parks and open spaces

Strategic Theme

Culture

(Led by The Cultural Partnership)

Priorities

To ensure that Coventry's cultural life including libraries, sport, physical activity, parks and open spaces, heritage and arts enhance the needs of communities

To enrich individual lives, strengthen communities, improve places where people live, promote health and build the local economy through the city's cultural life

Outcomes

- By 2010, more people will be participating in cultural and sporting opportunities
- Participation will have increased more quickly in priority neighbourhoods and communities

We will know we are making a difference if

- More adults and young people are:
 - Taking part in active sports and engaging in regular exercise
 - Participating in arts activity and attending arts events
 - Using museums, galleries and historical sites and services
 - Using the library services

Strategic Theme

Jobs and economy

(Led by the Jobs Strategy Group)

Priorities

To achieve full employment in the city and increase the employment rate of disadvantaged groups

To build an enterprise society in which small firms thrive and achieve their potential, especially in priority neighbourhoods

To stimulate and support a diverse, productive, innovative and knowledge-based economy

To help create the conditions for growth of small, medium and large companies through investment and major developments

Outcomes

- By 2010, there will be fewer households in priority neighbourhoods and communities with nobody in paid employment

- By 2010, there will be improvements to advice services so that people get the benefits to which they are entitled
- By 2010 there will be a wider range of business and job opportunities across the city

We will know we are making a difference if

- More people from disadvantaged groups are in paid work
- Coventry's economic performance improves
- More people are considering going into business, small firms are more productive and more people from priority neighbourhoods are self-employed
- There are fewer households with no-one in paid work

Strategic Theme

Learning and training (adults)

(Led by the Learning and Training Theme Group)

Priorities

To encourage access to education and training for more adults

To provide people with the skills needed for employment, business success, innovation and growth

Outcomes

- By 2010, the number of adults living in our priority neighbourhoods accessing and succeeding in education and training will have risen faster than the rest of the city

We will know we are making a difference if

- More adults have the skills and qualifications they need for employment
- More residents have taken part in Further Education, Higher Education and employer-based training since leaving school
- More young adults are participating in Further and Higher Education

Community of Interest

Children and Young People's Strategic Partnership

Priorities

To give children in early years the foundation for happy, healthy and successful lives

To enable children and young people with disabilities to maximise their potential for healthy, happy and successful lives

To enable looked after children and young people to maximise their potential for healthy, happy and successful lives

To help children and young people feel part of their local neighbourhood and community, and behave in a way which enables them to fulfil their potential and that of their neighbourhood and city

To ensure children and young people's achievements and aspirations have been fulfilled to the benefit of themselves, their communities and neighbourhoods

To ensure children and young people feel safe and are protected from harm

To ensure children and young people have healthy lifestyles

Outcomes

- By 2010 the quality of life of children and young people will have improved
- This improvement will be more rapid for those living in priority neighbourhoods and disadvantaged communities

We will know we are making a difference if

- Pre-school children develop better skills
- The examination results of 11-year-olds improve for English and maths
- The examination results of 14-year-olds improve for English, maths, science and ICT
- More 16-year-olds achieve five or more GCSEs at grades A*-C
- More 19-year-olds achieve level 2 NVQ or better
- The educational achievement of looked after children improves
- School attendance improves
- Fewer children and young people are excluded from school
- There are fewer young people who are not in education, employment or training
- More young people are participating in Further and Higher education
- The rise in obesity among children and young people is halted
- There are fewer teenage pregnancies
- Sexual health improves
- There is less harm caused by illegal drugs to children and young people
- There is reduced offending and re-offending by children and young people
- Children and young people are protected from harm
- More child care places are available and the take-up has increased

Community of Interest

Older People's Partnership

Priorities

To improve the quality of life for older people in Coventry and ensure all key partners work together to achieve this purpose

To ensure services are high quality and appropriate to meet older people's needs

To ensure older people are able to play an active part in their communities, including increased safety and security, and increased opportunity for and access to life-long learning, culture, employment and leisure

To increase independence of older people through a multi-agency approach to chronic disease management, emergency care and effective rehabilitation

To increase the take-up of benefits to which older people are entitled

We will know we are making a difference if

- Fewer older people are in hospital
- More older people are able to live independently in their own homes
- Older people have increased income and choices through employment and benefits

Community of Interest

Physical and Sensory Impairment Partnership

Priority

To improve the quality of life for people with physical or sensory impairment in Coventry by focusing on housing, information, transport, financial flexibility from service providers, service quality and accessibility of neighbourhoods

Community of Interest

Mental Health Services Partnership Board

Priority

To promote and improve the mental health and well-being of adults and their carers within Coventry and to support the recovery of adults suffering from mental health problems

Community of Interest

Learning Disabilities Partnership

Priority

To ensure all people with learning disabilities are more independent and have more opportunities to live fuller lives

We are working to develop stronger links with these communities of interest, so we can identify how the Coventry Partnership can have most impact on ensuring that their quality of life improves in the ways they most want to see. We will track the development of these links through the annual self-assessment of the Coventry Partnership.

Appendix 1

Where has disadvantage already been identified in Coventry?

The map below shows Coventry's 31 priority neighbourhoods. There is evidence of multiple disadvantage in these areas.

PRIORITY NEIGHBOURHOODS - OCTOBER 2001



This map is reproduced from Ordnance Survey material with the permission of Ordnance Survey on behalf of the Controller of Her Majesty's Stationery Office. Crown copyright. Unauthorised reproduction infringes Crown copyright and may lead to prosecution or civil proceedings. Coventry City Council Licence No. 076133 - 2001

Social Services - Performance Review
Alan Watkins - Population Needs Office
Ref.17 - HS - WSpace - Priority Oct 2001

Some disadvantage is experienced by communities of interest whose needs would not be addressed at neighbourhood level. The following city-wide communities of interest have been identified:

- Disabled people
- Disaffected young people
- Ex-offenders
- Homeless people
- Looked after children (children and young people in the care of social services)
- Older people experiencing isolation and poverty
- People from the most disadvantaged Black and minority ethnic groups
- People experiencing mental ill-health
- Refugees and Asylum Seekers
- Teenage parents and their children
- Women and children experiencing domestic violence

Appendix 2

Glossary

Coventry Partnership

Coventry's Local Strategic Partnership (LSP) consisting of public, private, voluntary and community organisations responsible for the delivery of the Coventry Community Plan. (See Appendix 3)

Community Empowerment Network

The Community Empowerment Network (CEN) provides a voice for the community and voluntary sectors on the Coventry Partnership. See the CEN website at www.covcen.org.uk

Underpinning Themes

There are two "Underpinning Themes" - Equalities and communities and Neighbourhoods.

"Equalities and communities" aims to ensure the Partnership meets the needs of all communities and cultural groups in the city.

"Neighbourhoods" aims to ensure the Partnership reflects the needs of different local areas in the city, with particular attention to the needs of priority neighbourhoods.

Strategic Themes

These are the eight themes that Coventry people and the Coventry Partnership have agreed need to be addressed to improve quality of life. Each theme has a supporting group.

Community of Interest Partnership Boards

There are five Partnership Boards which seek to improve quality of life and services. They link in with the Partnership and will influence the work of the theme groups.

Local Area Agreement

The local area agreement is our agreement with the Government to improve services. The objectives and targets have been included in the Community Plan.

Priorities

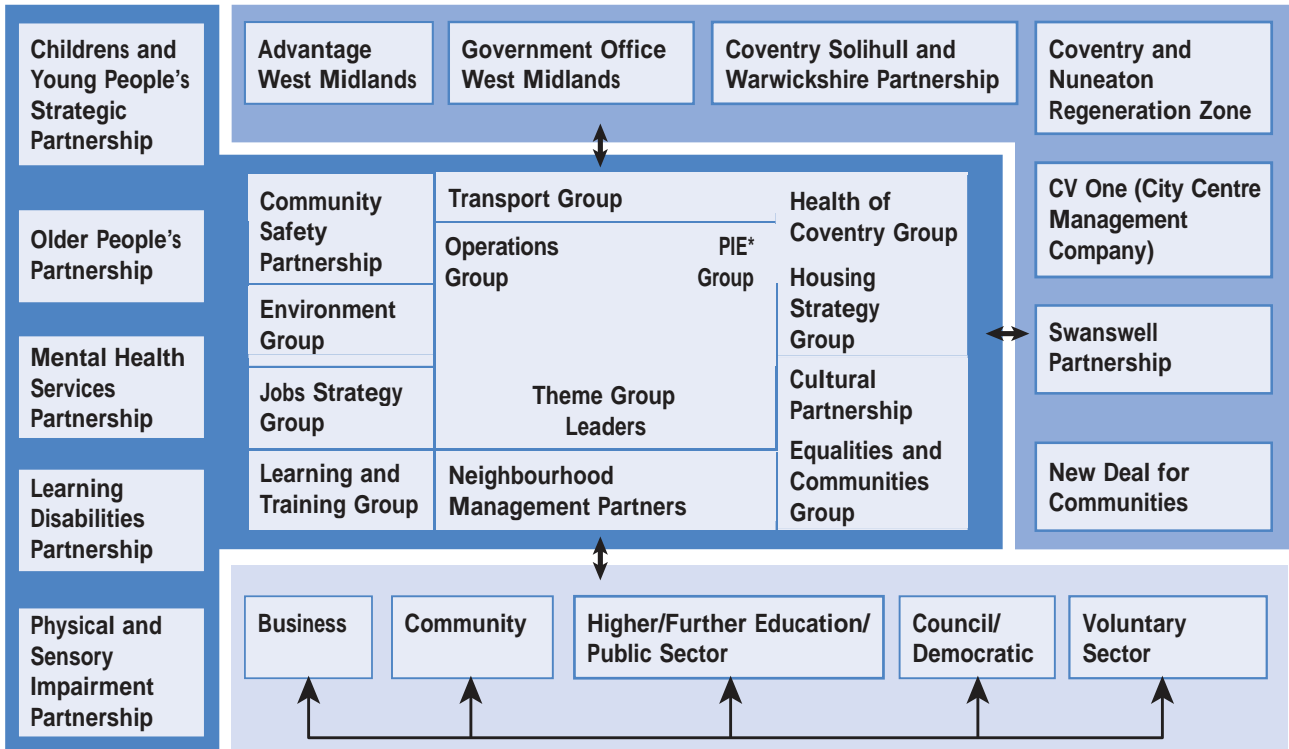
These are the key issues that will be tackled to improve quality of life.

Outcomes

These statements describe what the Partnership is aiming to achieve.

Appendix 3

The Coventry Partnership



* Progress Impact and Evaluation

Light blue box: Sectors involved in the Coventry Partnership

Medium blue box: Organisations working with the Coventry Partnership

Dark blue box: The Coventry Partnership Family

Annex 2 COVENTRY'S LOCAL AREA AGREEMENT TECHNICAL ANNEX & OUTCOME FRAMEWORK

This document, enclosed as a separate report, describes the outcomes and measures that are being used to track the performance of members of The Coventry Partnership in delivering Coventry's Community Plan 2005-2010 and Coventry's Local Area Agreement 2005-2008. The measures are drawn from Government Floor/PSA targets, Government Deprivation-Related Targets and elements of Coventry's Annual Household Survey. Wherever possible, measures are identified at a city and neighbourhood level and in relation to BME communities. As data at this level of granularity becomes available, it will be added. The report will be regularly updated as part of the Coventry Partnership's Annual Performance Management system and the data will be available on line from 1st March 2006 at www.coventrystatistics.co.uk .

February 2006

Annex 3 Pooled and Aligned LAA Funding

The tables below update Coventry's pooled and aligned funding of the Local Area Agreement for 2005-8. Over the coming year, partners will further develop these funding arrangements as part of the Coventry Partnership's annual self assessment process.

Block: Children and Young People			
Funding Streams Requested	Allocation		
	2005/06 £000	2006/07 £000	2007/08 £000
Pooled Funding			
DfES:			
General Sure Start Grant	3,642	4,484	4,537
Children's Fund	1,086	966	948
Standards Funds (non-devolved) - Primary Strategy Central Co-ordination; KS2 Strategy Central Co-ordination; KS3 Behaviour & Attendance Central Co-ordination	417	821	771
Neighbourhood Renewal Fund (NRF)	-	NYQ	NYQ
Sub total	5,145	6,271	6,256
Aligned Funding			
Neighbourhood Renewal Fund (NRF)	1,662	-	-
New Opportunities Fund (NOF)	115	0	0
Connexions	3,400	3,339	NYQ
Excellence in Cities/ Excellence Clusters	3,223	0	0
Positive Action for Young People	119	365	365
Standards Funds (non-devolved) – except as shown above	2,837	2,081	1,560
DfES:			
Sure Start Local Programmes	2,831	3,004	2,475
Safeguarding Children	655	0	0
Child and adolescent mental health services	613	622	634
Adoption Support	254	0	0
Choice Protects	39	0	0
Teenage Pregnancy	284	274	274
Youth Justice:			
Grants (YJB, CPS, SRB)	1,230	1,821	1,821
Mainstream (Social Services)	874	927	927
Capital Funding:			
Modernisation	3,454	3,998	4,065
New Pupil Places	1,059	904	904
Access Initiative	508	499	499
Sure Start	50	1,754	1,684
Children's Centre	5	0	0
PE and Sports	2,100	1,965	0

Block: Children and Young People			
Funding Streams Requested	Allocation		
	2005/06 £000	2006/07 £000	2007/08 £000
Devolved Capital	5,319	4,408	4,641
Targeted Capital	-	3,562	3,562
<i>Sub total</i>	<i>30,631</i>	<i>29,523</i>	<i>23,411</i>
Mainstream Funding			
Education	36,479	39,574	39,214
Social Services	26,268	34,571	34,721
Primary Care Trust (Provider)	12,003	NYQ	NYQ
Primary Care Trust (Commissioning pro-rata)	11,000	NYQ	NYQ
<i>Sub total</i>	<i>85,750</i>	<i>74,145</i>	<i>73,935</i>
TOTAL	121,526	109,939	103,602

Block: Safer and Stronger Communities			
Funding Streams Requested	Allocation		
	2005/06 £000	2006/07 £000	2007/08 £000
Pooled Funding			
Building Safer Communities	499	499	499
ASB Fund	25	25	25
Drugs Partnership Strategic Grant	72	72	72
Liveability Fund	2,625	775	0
CEN Core Funding	531	143	NYQ
Neighbourhood Element	-	413	516
Neighbourhood Renewal Fund (NRF)	-	NYQ	NYQ
Sub total	3,752	1,927	1,112
Aligned Funding			
Neighbourhood Renewal Fund (NRF)	1,141	-	-
Street Crime Wardens	200	0	0
Police Authority – Basic Command Unit	426	426	426
Sub total	1,767	426	426
Mainstream Funding			
tPCT Alcohol Commissioning	To be confirmed	NYQ	NYQ
City Services Street Services	10,005	9,690	9,690
City Services Customer and Support Services	213	212	212
City Services Public Protection Services	269	378	378
Chief Execs Community Safety	834	834	834
Sub total	11,321	11,114	11,114
TOTAL	16,840	13,467	12,652

Block: Healthier Communities and Older People			
Funding Streams Requested	Allocation		
	2005/06 £000	2006/07 £000	2007/08 £000
Pooled Funding			
Pension Partnership Fund	75	15	0
Neighbourhood Renewal Fund (NRF)	-	NYQ	NYQ
Sub total	75	15	0
Aligned Funding			
Neighbourhood Renewal Fund (NRF)	822	-	-
Access and Systems Capacity Grant	3,610	3,375	3,343
Mental Health Grant	802	796	824
Carers Grant	1,187	1,189	1,189
Preserved Rights Grant	1,691	1,431	1,320
Residential Allowance Grant	1,085	0	0
Delayed Discharges Grant	618	618	614
Supporting People (commissioned from all providers - £4.3m in 04/05)	3,539	3,602	3,602
Sub total	13,354	11,011	10,892
Mainstream Funding			
Social Services Older People	28,745	33,685	35,659
Social Services Vulnerable Adults	107	109	109
City Services Sexual Health	35	39	39
City Services Healthy Eating	182	218	218
City Services Health Development	257	279	279
City Services Pest Control	105	111	111
Sub total	29,431	34,441	36,415
TOTAL	42,860	45,467	47,307

Block: Economic Development and Enterprise Block			
Funding Streams Requested	Allocation		
	2005/06 £000	2006/07 £000	2007/08 £000
Pooled Funding			
Local Enterprise Growth Initiative	-	2,775	4,884
Neighbourhood Renewal Fund (NRF)	-	800	800
<i>Sub total</i>	-	3,575	5,684
Aligned Funding			
AWM – LEGI Support Funding	-	500	500
<i>Sub total</i>	-	500	500
TOTAL	-	4,075	6,184

Annex 4 Coventry Local Area Agreement Requests For Freedoms And Flexibilities

Government Department	Programme/Issue	Request	Status	Comments
DFES	PAYP	Extend the programme to term time out of school hours in crime hot spots		AGREED
ODPM	Housing licenses	Exemption from the requirement to institute a licensing scheme for houses in multiple occupation	Active	Awaiting Business case from Coventry
ODPM	NRF Carry-forward	Flexibility to carry forward up to 50% of NEF annual payments, including six months beyond the life of the programme	Active	Business case with NRU
ODPM	Wardens role change	Flexibility to include street crime wardens into the corporate warden services, which would change their role and move them from city centre to neighbourhoods		AGREED
DWP	Data Sharing	Remove restrictions placed on JC+ regarding sharing information about clients, particularly those on Incapacity Benefit, using an agreed data sharing protocol	Active	under consideration with GOWM
DTI	AWM	To be able to re-	Active	under

Government Department	Programme/Issue	Request	Status	Comments
		circulate income generated from AWM capital projects to be used by partners as revenue funding		consideration with GOWM
DWP	Benefit Rule	A relaxation of the 16 hour rule on benefits that prevent individuals taking up full time training	Active	under consideration with GOWM
DWP	Benefit Rule	A relaxation of the 28 day benefit rule	Active	under consideration with GOWM
DfES	LSC	A relaxation of the national LSC rules which currently govern its funding to enable those without qualifications living in Coventry's priority Neighbourhoods to access training	Active	under consideration with GOWM



Report to
Cabinet
Council

21st March 2006
11th April 2006

Report of Director of Community Services

Title: COVENTRY OLDER PEOPLE'S STRATEGY

1 Recommendations

The Cabinet are requested to recommend the City Council to:

- 1.1 adopt the Older People's Strategy, developed by the Older People's Partnership jointly across health and social care, and note the wider implications of improving the quality of life of older people which is a whole Council responsibility.
- 1.2 note the key areas of action and joint working within Council Directorates to support the delivery of the Older People's Strategy.
- 1.3 note the implications for the Council in the strategic direction proposed to integrate delivery of services across Coventry PCT and the Council (Social Services) wherever it is beneficial to service users and increases the effectiveness and efficiency of service delivery

2 Purpose of the Report

- 2.1 This report describes why the Coventry Older People's Strategy has been produced, its main features and the steps that will be taken to implement it.
- 2.2 It also highlights the implications and actions across each of the Council directorates in terms of their contribution to the delivery of the Older People's Strategy and improving quality of life for older people in Coventry.

3 Background

- 3.1 The Strategy has been produced at a time of major structural change in health and social care services in Coventry. The Primary Care Trust is under new leadership, and will take forward the changes announced by Government which will strengthen commissioning, and separate the organisation of commissioning and service provision. The City Council has implemented a process to separate Adults from Children's Social Care services which will be effective from 1st April 2006.
- 3.2 At such a time of change it is essential to keep focus on the service developments that are known to be needed, so they do not become neglected whilst organisational change takes

place.

- 3.3 The Coventry agencies have produced a number of strategies over recent years, particularly to implement the main measures of the National Service Framework for Older People¹. However there is no overarching strategy to show how they all fit together, and what the overall vision and objectives for services are. This Strategy has been designed to fill that gap.
- 3.4 It has been produced at a time when there have been number of new policy measures announced by Government (listed in section 4). In short these measures seek to broaden the focus of services for older people. This involves moving from a concentration of attention and resources on those in greatest need to a broader approach emphasising the need to help older people to be healthy and active in their communities and enabled to be as independent as possible. Critically it involves a shift in resources to earlier and targeted intervention.
- 3.5 In Coventry massive strides have been made in recent years in this direction, and the Strategy shows what needs to be done to build upon this solid foundation. In particular this can only be achieved by better co-ordination of community based mainstream services and specialist 'secondary care', integrating health and social care services, and linking them more closely with universal services such as lifelong learning, leisure and cultural services. By doing this the key policy objectives of the broader approach can be achieved.
- 3.6 The Older People's Strategy supports the modernisation of services for older people, working on the principle that if services are designed well and are of high quality for older people, they will also meet the needs of the rest of the population.

4 The National Context

- 4.1 Since 2001 the emphasis nationally and locally has been on implementing the National Service Framework, which identified 8 areas of policy development, from tackling ageism to making major improvements in a range of services. These included intermediate care – to prevent unnecessary admission to hospital and care homes, and to plan better and more timely discharge after treatment. In addition a number of other key services such as mental health, falls, stroke and continence were prioritised.
- 4.2 In December 2004 government published a report² that showed how significant progress had been made across the country in achieving improvements in these key services. The report showed how this progress can be further built upon, with an emphasis on responding better to individual need, joining up services, responding at the right time, and promoting active and healthy lives.
- 4.3 These priorities were reinforced in the White Paper 'Choosing Health', which set out a direction for improving public health, and the recent White Paper 'Your health, your care, your say – a new direction for Community Services'³ emphasises the need for a broader approach to promote active and healthy lives for older people, and that Primary Care Trusts and Local Authorities need to be able to demonstrate they are working together to develop

¹ Published by Government in 2001.

² 'Better Health in Old Age' – December 2004.

³ 'Your health, your care, your say – a new direction for Community Services' - January 2006

⁴ Opportunity Age – a government strategy for ageing' - March 2005

⁵ 'Sure start for later life' – January 2006

more local and preventative services. The White Paper also sets out the expectation that the commissioning and delivery of health and social care services are fully integrated.

- 4.4 'Opportunity Age – a government strategy for ageing' and the 'Sure start for later life' recently published by the Office of the Deputy Prime Minister, Social Exclusion Unit for Older People, both develop a model of promoting active citizenship and independence in later life and highlights the importance of services at local level and government departments working together to support the needs and interests of older people.

5 The Coventry Context

- 5.1 In 2003 the Coventry NHS organisations and the City Council Social Services and Housing Department recognised the need to form a Partnership to plan and develop an improved and better co-ordinated range of services, in consultation with users, family carers and the voluntary sector. The Older Peoples Partnership was set up in November 2003, and has met quarterly since that date. It has overseen the implementation of National Service Framework priority work, and Housing, Communication and User involvement strategies.
- 5.2 In May 2005 the City Council hosted a conference to consult all stakeholders in the city about the social care Green Paper. The Director of Social Services and Housing showed how major improvements had been achieved within the city across the range of national indicators, and, in particular, how the city is in the forefront nationally in helping people live at home, offering intensive home support, extra care accommodation as an alternative to residential care, and promoting direct payments.
- 5.3 The 2005 Star ratings show that the Coventry teaching Primary Care Trust and the University Hospitals of Coventry and Warwickshire are seen to be effective in areas relevant to the National Service Framework and other recent national policies.
- 5.4 Of particular note is the performance of the agencies working together to achieve the best performance nationally in combating delayed discharges from acute hospital.
- 5.5 A Section 31 agreement between the Primary Care Trust and the City Council has been agreed in 2004 for a joint Community Equipment service, and an agreement for joint Intermediate Care services is currently nearing agreement.
- 5.6 These performance results show that the agencies are well placed to tackle the next main task of the Coventry Older Peoples Partnership – to achieve fully integrated services, and realise the benefits for both consumers and in resource management.

6 Main Features of the Older People's Strategy

- 6.1 The Older People's Strategy contains an overall summary of the Strategy, the Vision, Values, Key Themes, and Action required to implement the necessary developments.
- 6.2 The Strategy sets out the vision in the following terms

'We want Coventry to be a place where older people are fully involved in their communities, and their lives are fulfilled. When they need it a single service, well co-ordinated by all agencies, should be available to them. It should be provided in the right place at the right time and without having to wait. Older people should play a full part in designing these services. They should be enabling – helping people remain as independent as possible.

Our aim is that these services should: -

- Promote quality of life, health, well being and independence
- Be made available straight away, without people having to wait
- Be easily accessible, with a single number for information, signposting and access to services.
- Be well co-ordinated – appearing to users and family carers to be a single integrated service
- Be tailored to meet individual needs in the way that people want
- Make the most effective use of the resources available
- Recognise the particular needs of black and ethnic minority communities and hard to reach groups
- Anticipate needs and prevent problems developing too far
- Ensure that family carers needs are assessed, and action is taken to support them effectively
- Ensure timely access to specialist services when needed
- Respond quickly to crises, providing help at home whenever possible
- Reduce pressure on hospital beds
- Help people to plan their long term future at the right time, not when they are in crisis
 - Make available skilled and sensitive care for people at the end of their lives, giving people the chance to remain at home’.

6.3 The Strategy shows how this can be achieved by developing joint commissioning and achieving full integration of community based health and social care service provision. It highlights 10 key themes. Two of these – Integrating services and Securing Good quality care – concern the integration of organisations. The remaining 8 cover service developments needed to respond to the needs of older people at each of their main ‘life stages’ – and are as follows: -

- Enabling older people to control their lives
- Anticipating needs and maximising independence
- Improving information and access to services
- Meeting needs as they first arise
- Meeting needs at times of crisis
- Meeting specialist needs
- Planning for the future
- Planning care at the end of people’s lives

6.4 The Strategy also emphasises the need for formal Agreements between NHS organisations and the City Council under Section 31 of the Health Act (1999) to underpin their commitment to realising the benefits of integration.

7 Implications for the Council

7.1 The basic principles underpinning the Older People’s Strategy apply to all areas of the Council’s activity, including:

- Treating people with dignity and respect
- Providing services as close to home as possible
- Decision about the long term future are not made at a time of crisis

- Provision of accurate and timely information in an appropriate format to enable people to make informed choices
- Training and support to the workforce to deliver high quality services

7.2 The contribution of the Council to improving the quality of life and experience of older people in Coventry includes:

- Life Long learning
- Leisure and Culture
- Transport
- Pension and benefits
- Employability and flexible working in older age
- Carers support and flexible and supportive working practice for Council staff who are carers
- Planning for older people's housing needs
- Contributions to specific cross-cutting programmes e.g. fall – 'everybody's business' and promoting healthy and active life – Health Development Unit working closely with PCT Health Promotions Unit, Leisure and Culture, Neighbourhood Management etc
- Community cohesion and social inclusion of older people including: Promoting positive images of ageing; Intergenerational practice
- Social inclusion of vulnerable older people – working with Neighbourhood Management
- Coventry Partnership to ensure that older people's needs and issues are considered within each of the Theme groups and older people continue to be recognised as a 'community of interest' across the city.
- Finance, Human Resources, IT, and Legal support for the development of integrated service

7.3 Each Directorate will be asked to identify the issues for their work from the Older People's strategy and to cross-reference the Older People's Strategy with other strategies across the city as they are written or revised, and the Older People's Partnership will continue to influence the work within the Coventry Partnership theme groups.

8 Consultation

8.1 The Strategy has undergone a consultation and approval process between October and December 2005. The consultation process was wide and built on the inclusive development of the strategy over the past year. It includes older people's user groups, Older People's Partnership and associated networks, Community Services Senior Management Team, Management Board, the Older People's Champions Network, Coventry PCT and University Coventry and Warwickshire Hospital Trust Board.

8.2 This report brings the agreed Older People's Strategy to Cabinet for approval and adoption by the City Council. A similar process of approval and adoption will take place in the Primary Care Trust and University Coventry and Warwickshire Hospitals NHS Trust

9 Implementation and Monitoring

9.1 Achieving success in implementing this strategy will require the establishment of programme of change, a major investment of time and resources, and a robust performance management mechanism. It sets out the following 8 key steps that are needed to ensure the infrastructure is in place to enable the strategy to succeed: -

- Action planning
- Consulting and involving people
- Making sure the plan is affordable
- Making sure the management structure is based on the needs of services
- A plan for the workforce
- Developing the workforce
- Securing good quality care
- Improving information

9.2 Success will also be dependent on the effective implementation of a number of individual strategies for areas of service that make up parts of the overall strategy. Progress will be monitored carefully by the steering group for the Older People's Partnership, which is the main inter-agency performance management group.

10 Other specific implications

10.1

	Implications (See below)	No Implications
Area Co-ordination	√	
Best Value		
Children and Young People		
Comparable Benchmark Data		
Corporate Parenting		
Coventry Community Plan	√	
Crime and Disorder	√	
Equal Opportunities	√	
Finance	√	
Health and Safety		
Human Resources	√	
Human Rights Act		
Impact on Partner Organisations	√	
Information and Communications Technology	√	
Legal Implications	√	
Property Implications	√	
Race Equality Scheme	√	
Risk Management		
Sustainable Development	√	
Trade Union Consultation	√	
Voluntary Sector – The Coventry Compact	√	

Area Co-ordination – the Older People's Strategy build on existing close working with Neighbourhood Management services in providing local support for older people and closely links with the planned development of joint health and social care locality based teams.

Coventry Community Plan – The Strategy supports the delivery of the Community Plan and encourages older people to be active citizens within their communities and the city. Specifically the targets within the Older People's sections of the Local Area Agreement and Local Public Sector Agreement underpin delivery of a number of the key themes.

There is also close working with the Coventry Partnership to ensure that older people's needs and issues are being considered within each of the theme groups, and that older people continue to be recognised as a 'community of interest' across the city.

Crime and Disorder – Joint working the Community Safety Partnership and Police to help tackle crime and the fear of crime for older people is a key area of activity within the strategy

Equal Opportunities – This includes combating age discrimination, whether in the workplace, restricting the opportunity of older people to work and be economically active, in access to services, or in the value older people are perceived to have in society.

The Older People's Strategy supports the principle of equal opportunity and access to services and support based on individual needs.

Finance – Whilst there are no direct implications for Finance at present there will be future implications as joint services are developed between the Health and the City Council, in bringing together budgets and resources.

Human Resources - Whilst there are no direct implications for Human Resources at present there will be future implications as joint services are developed between the Health and Council, in bringing together staffing and services.

Impact on Partner Organisations – Successful delivery of the Older People's Strategy will depend on close working with partners organisations including Primary Care Trust, University Hospital Coventry and Warwickshire Hospital Trust, Voluntary Sector organisation, residential, nursing and domiciliary care providers, training establishments, police, fire and ambulance services, community groups where older people are active etc

Information and Communications Technology - Whilst there are no direct implications for Information and Communication technology at present there will be future implications with the development of closer working and need for supporting information systems and information sharing between health and social care services.

Legal Implications - It is anticipated that the adoption of the Strategy will assist the City Council in working with its partners to meet the needs of older people across the city, in accordance with its responsibilities under the relevant community care legislation.

Property Implications - Whilst there are no direct implications for Property services at present there will be future implications for accommodation as joint services are developed between the Health and Council

Race Equality Scheme -The Older People's Strategy highlights the importance of ensuring that any information or services designed to meet the need of older people are provided in a manner that reflects the ethnic diversity of the city.

Sustainability Development - The Older People's Strategy aims to ensure that all service deliverers give regard to older people's issues as part of their planning cycle.

Trade Union Consultation - Whilst there are no direct implications for Trade Union Consultation at present there will be future implications as part of human resource management in developing joint services between the Health and Council. Staff and Trade Unions will be fully consulted on developments and the report will be subject to the City Council's T.U./Management Core Group process

Voluntary Sector – The Coventry Compact - The Older People's Strategy support the spirit of the Coventry Compact by extending partnership arrangements. The strategy highlights the need for the continued and further development of strong and sustainable partnerships working through the statutory sector and across the voluntary and community sector.

11 Timescale and expected outcomes

	Yes	No
Key Decision	√	
Scrutiny Consideration (if yes, which Scrutiny meeting and date)		√
Council Consideration (if yes, date of Council meeting)	11 th April 2006 √	

List of background papers

Proper officer: John Bolton, Director Community Services

Author: Jane Cryer, Older People's Partnership Manager, Community Services

Telephone 02476 833668

(Any enquiries should be directed to the above)

Alan Courtney

Other contributors:

Janice White, Legal and Democratic Services, ext. 4264

Carol Williams, Human Resources, ext. 3444

Bob Yeadon, Finance Manager, ext. 3460

Papers open to Public Inspection

Description of paper

Location

Coventry Older People Strategy Civic Centre 1

Foreward: John Bolton, Director of Community Services Chief Executives, Primary Care Trust

There are 65,000 people living in Coventry who are over the age of 60. As the Older People's Partnership, we believe that they should be able to expect support and encouragement to live active and fulfilling lives. When they need services they should be able to expect the right support at the right time without delay, provided by people who are skilled and experienced in their tasks.

We are proud of the improvements made in services in the City over the last few years, but know there is still much to be done to sustain and build on these achievements, and truly bring all aspects of our services together.

There already are a number of strategies and plans for older people in the City – there is a list of these at the end of this summary. This over-arching strategy is designed to show how they fit together, how our work is co-ordinated, and how we will make sure the changes happen. It shows what we are already doing, and what else we need to do over the next few years.

The strategy marks a change to the approach in the City, reflecting Government policy and local priorities. It shows our intention to move away from concentrating on serving only those in greatest need to a much broader approach, which promotes the well-being and independence of all older people in Coventry.

This strategy has been prepared by a group representing the City Council, Coventry Teaching Primary Care Trust, The University Hospitals Trust, users and family carers organisations, and the voluntary sector. Through the work of the partnership, health, social care and housing agencies work together with users, family carers and voluntary sector representatives, reflecting the diverse communities in the City, to improve services for older people.

We have involved all partners in the production of this strategy, in the same way that they are involved in the development of services the older people in the City. This includes: -

- Users and family carers.
- Other older people who don't need support at present but may do in the future
- City Councillors and non-executive members of NHS trusts.
- Senior and operational health and social care managers.
- Voluntary and community organisations.
- Health and social care clinicians and practitioners.

This strategy is designed to be a practical document, with an implementation plan that shows, in detail, how we will tackle all the developments necessary to improve our services further. We are committed to providing the leadership, priority and resources for this plan to succeed, and will monitor its progress very carefully.



John Bolton
Director, Community Services



On behalf of the Chief Executives,
Primary Care Trust

Contents – what is included in this strategy?

1. Introduction to the strategy – John Bolton, Director, Community Services

2. Vision

3. Values

4. Where we are now?

5. What we know about needs and services

6. Current strengths

7. Areas for development

8. What do we want to achieve?

9. Key themes

- **Integrating services**
- **Enabling older people to control their lives**
- **Anticipating needs and maximising independence**
- **Improving information and access to services**
- **Meeting needs as they first arise**
- **Meeting needs at times of crisis**
- **Meeting specialist needs**
- **Planning for the future**
- **Planning care at the end of people's lives**
- **Securing good quality services**

10. Putting our strategy into practice

- **Action planning**
- **Consulting and involving people**
- **Making sure the plan is affordable**
- **Making sure the management structure is based on the needs of services**
- **A plan for the workforce**
- **Developing the workforce**
- **Securing good quality care**
- **Improving our information**

11. Managing our performance

Appendix 1: List of strategies produced by the Coventry Older People's Partnership

Appendix 2: Report on the strategy – purpose, background and main features

Introduction to the strategy – John Bolton, Director, Community Services

Our aim is to ensure that Coventry is a City where one can grow old in a safe and supportive environment. We want Coventry to be a place where we are proud to grow old together. There are three main strands to this strategy:

Strand 1: in Coventry we will be working with older people to ensure that the services they require are delivered as close to their home as is possible. To this end we will avoid the use of institutional care unless this is absolutely necessary. We will create housing options that enable older people to be supported in the community and we will develop health and social care services that can ensure that people receive the care at home where that is appropriate. The basic principle for all older people is that we aim to work with them to maintain their independence for as long as that is safe and we will work to enable people to live in the community.

Strand 2: we will ensure that people are safe within their own homes. We will develop services that reduce risks of accidents in the home. We will look to build communities where all people, including older people, feel safe with good quality housing. We will ensure that older people get the entitlements for which they are eligible.

Strand 3: we will ensure that the quality of life for older people is enhanced through the community life opportunities they should have. This will include ensuring older people have access to:

- transport
- leisure opportunities
- further education
- recreation
- entertainment
- social activities.

We will work with communities and organisations in the City to ensure that older people have the choice of activities that they want to sustain their quality of life.

If the City Council, the Primary Care Trust, other health services, other public bodies, (for example, the Police, Department of Work and Pensions, Learning Skills Council, and so forth), educational establishments, voluntary and community organisations, all work alongside older people to deliver the above, this will be achievable.

1. Vision

We want Coventry to be a place where older people are fully involved in their communities, and their lives are fulfilled. When they need it a single service, well co-ordinated by all agencies, should be available to them. It should be provided in the right place at the right time without having to wait. Older people should play a full part in designing these services. They should be enabling – helping people to remain as independent as possible.

Our aim is that services should:

- Promote quality of life, health, well-being and independence.
- Be made available straight away, without people having to wait.
- Be easily accessible, with a single number for information, sign posting and access to services.
- Be well co-ordinated – appearing to users and family carers to be a single integrated service.
- Be tailored to meet individual needs in the way that people want.
- Make the most effective use of the resources available.
- Recognise the particular needs of black and ethnic minority communities and hard to reach groups.
- Anticipate needs and prevent problems developing too far.
- Ensure that family carers needs are assessed, and action is taken to support them effectively.
- Ensure timely access to specialist services when needed.
- Respond quickly to crises, providing help at home whenever possible.
- Ensure people only go to hospital when they really need to.
- Help people to plan their long term future at the right time, not when they are in crisis.
- Make available skilled and sensitive care for people at the end of their lives, giving people the chance to remain at home should they wish.

A new values statement has been produced, by the user reference group of the Partnership. They are consulting on the following statement: -

“ Service users want all staff working with older people across Coventry consistently to value their independence to make decisions about their life and care.”

People working in the service will achieve this by: -

- treating them with dignity and respect at all times.
- informing them about all services that might benefit them, acknowledging their right to choice.
- working in partnership with them to plan care and services.
- planning care that is determined by their physical, mental and social care needs.
- Ensuring the availability of appropriate, reliable and timely services throughout Coventry, which are equally accessible to all people.

2. Where are we now?

A wide range of services is available for older people in the City. The partners have begun to work well together, and we have many strategies for improvement that have been approved by the Older People's Partnership, PCT, Hospital and City Council. There is still a lot of work to be done, in particular we know that we need to strengthen further through: -

- This overarching strategy - to show how all our plans fit together, and to provide a plan for them to be fully implemented.
- Further development of our Partnership to achieve a fully integrated service for users and family carers.
- Formal partnership agreements to ensure our good intentions are turned into reality.
- A clear and well-resourced programme to ensure we achieve all aspects of our strategy and plans.
- A joint investment strategy to show how our strategy and plans will be afforded.
- A joint commissioning plan to reflect the broader agenda of the Partnership, more fully involving voluntary and community services.
- A single management structure in the statutory services with joint posts at every level to lead the integration process.
- A joint workforce strategy to ensure we recruit and retain employees with the right skills and experience to work in all parts of the integrated single service.
- A clear idea of the outcomes we want to achieve, and how we can measure our success. We also need a good system of performance management to track our progress, and make sure we get the job fully done.

6. What we know about needs and services

- Coventry's older population is ageing - by the end of the next decade, the numbers aged 85 and over will have increased by 20%.
- The numbers of older people aged 85 and over will increase fourfold over the next 50 years. Because of the greater incidence of illness and disability with age, this will mean far greater numbers of people needing help with housing and support.
- The number of people aged 60 and over will almost double in the next 50 years.
- Almost a quarter (28,607 or 23.4%) of all households in the City in 2001 were occupied by older people; of these nearly two-thirds (63%) were living alone.
- The numbers of people living alone will continue to increase over the next 20 years.
- There are 30,000 family carers in Coventry (2001 census) – 70% of these people are caring for older people (general household survey 2000), and about a third of them are aged over 60 themselves.
- Over 6,500 family carers are likely to be caring for 50+ hours per week
- The value of the contribution of family carers to caring for older people in need roughly equates to the entire NHS budget (Carers UK - Without Us 2002) - £384 million in Coventry in 2005/6.

7. Current strengths

We have many achievements to be proud of in our work to improve services over the last few years. Whilst we must not be complacent, we should recognise the things we do well – including the following achievements:

Promoting and maintaining independence

- A local area agreement with Central Government which gives priority to the promotion of independence for people with chronic diseases and increasing the safety and security of older people in their communities' including development of a falls prevention programme,
- An active programme of housing support for older people – including equity release schemes, new homes for old, with a much higher level of extra care sheltered housing than most cities in England.
- A 'fit for purpose' housing strategy, and a five year supported housing strategy, part of the overall Coventry housing strategy, that includes older people by promoting opportunities for adaptation of homes, increases the range of supported sheltered accommodation and promotes equity release.
- A huge number of courses available in adult education (the largest of any city in England).
- A library service that has reached a gold standard (one of only 17 authorities in the country to achieve this).
- An energy efficiency policy is being implemented.
- Some good health and social care services to promote health, well-being and quality of life, and help people remain at home.

Support for people in their own homes

- Community matrons in post a long way ahead of the government timetable.
- A vibrant voluntary sector, much of which is devoted to helping people to remain independent, and to promote the needs of black and ethnic minority communities.
- A very well developed expert patient service, with more volunteer tutors than any other part of the country.
- A well-established support system for family carers involving the voluntary sector, for example Coventry Carers' Centre, and statutory sectors.

8. Areas for development

We still need to do much more to build on a good partnership with all stakeholders involved, to achieve an integrated single service tailored to meet people's varying needs, that will bring more benefits for older people. Specifically we need to do the following:

Working together to co-ordinate services better

- Do more to understand and promote people's health, well-being and inclusion in all local communities.
- Be clearer about how all partners can work together to deliver services, and achieve better co-ordination within community services, and between primary and secondary care, developed via a project plan to integrate day-to-day services.
- Develop services jointly, and pull in the widest possible range and volume of resources.
- Develop a sign posting service, to improve and co-ordinate our response to people when they first need support.
- Prepare a joint commissioning plan to show what resources we need to secure – and act as a framework for locality based commissioners to purchase services.
- Continue to be clearer about the needs of all older people, and in particular those of black and ethnic minority and hard to reach communities in the city, and how to respond to them.
- Develop better partnerships with private housing developers, to help improve the range and quality of services, to provide more options for owner-occupiers in older age.
- Exploit the opportunities afforded by new technology to sustain people's independence in adapted ordinary housing.

Building capacity in services

- Build up a fuller range of services for family carers – with a family carer's strategy that reflects national standards as set out by the Kings Fund – for example, the effective provision of :
 - Information
 - A break
 - Emotional support
 - Support to care & maintain the carer's own healthand
 - A voice for carers
- A transport service geared to the needs of older people, with better co-ordination and less duplication between agencies.
- Invest to build up the capacity of the voluntary sector to provide cost effective targeted prevention and early intervention services.

Building capacity in services

- Develop and implement a strategy to integrate all rehabilitation services.
- Increase specialist medical input into the community, developing new models to produce better co-ordinated services between primary and secondary care clinicians.

Building capacity in the workforce

- A workforce strategy that covers all aspects of health and social care services, and training opportunities that encourages recruitment and retention of workers, offering more flexibility in employment, and opportunities to work in joint care posts.
- Build up a workforce with high level skills in nursing, therapy and social work to avoid dependence on services, and make it possible for older people to control their lives and remain independent for as long as possible.

8. What do we want to achieve?

Within three years: -

- A greater range of opportunities will be available for older people to lead active and fulfilled lives within the city.
- When they need it they will have a fully integrated health and social care service available to them that is easily accessed and well co-ordinated. It will put people in touch without delay with the support they need. More people will be supported earlier, and will be achieve their wish to stay in their own homes even though they may need a lot of support and care.

When they need more specialist services they will be readily available without having to wait, well co-ordinated with community services, and their discharge home will be well planned and help to maximise their independence as soon as possible.

9. Key themes

Key Theme 1 – Integrating services

Objectives

- Give the partnership a wider focus, to plan and deliver services to help older people to lead active and healthy lives.
- Fully integrate health and social care services over the next three years.
- Create closer links between statutory, voluntary and independent sector health and social care providers.
- Improve co-ordination of specialist (for example, stroke, continence) and mainstream community services.
- Sign formal agreements to demonstrate the commitment of the City Council and NHS Trusts.
- Develop a single structure to manage integrated health and social care services.

First steps 2005/6

- Review role and composition of the partnership – widening membership in the light of government policy announcements (Opportunity Age, Social Inclusion, White Paper). Also strengthen Primary Care representation.
- Develop and implement a project plan, including establishing joint commissioning and integrated provider functions. Set timescale for completion.
- Define relationships, and agree a joint framework for contracting health and social care services from the voluntary and independent sectors.
- Set up a review process via the Older Peoples Partnership; and devise a strategy and action plan, including information sharing, commissioning and service pathways.
- Draw up initial Section 31 Agreements, and set work plan for a more comprehensive agreement
- Commence work towards single management structure, with a range of joint posts.
- Clarify links and work closely with the new provider of services for older people with mental health problems

Next steps 2006/7 and beyond

- Assess and evaluate the impact of the Partnership on services for older people in the city.
- Develop a Joint commissioning function
- Complete and implement programme of integrated provision and management within three years.
- Fully implement strategy to provide better co-ordination between mainstream (primary care) and more specialist services.
- Complete comprehensive Section 31 agreement.

Key theme 2 - Enabling older people to control their lives

Objectives

- Increase affordable housing suitable for older people in the city.
- Enable older people to take an active part in the assessment of their needs and decision making about their lives – and minimise bureaucracy and delay.
- Help people to manage their long term conditions – and reduce dependency on services.
- Continue to tackle ageism – challenging common assumptions about older age, and service barriers.
- Promote use of individual budgets.
- Increase involvement of current and potential users in the planning and development of older People's services.

First steps 2005/6

- Implement 'fit for purpose' housing strategy.
- Consult on OPP Housing strategy.
- Continue implementation of LIFT scheme.
- Explore self-assessment models.
- Implement and evaluate single assessment.
- Develop voluntary sector advocacy role to support people who need help to have their views heard.
- Build on expert patient and expert family carer scheme. Agree and implement chronic disease management proposals.
- Implement chronic disease management arrangements and integrate health and social care provision for existing and newly identified people.
- Establish complex care collaborative.
- Reaffirm and develop role of users, family carers and champions in the Partnership.
- Develop a flexible retirement policy, encouraging employment opportunities in later life.
- Work up individual budgets scheme, using Govt. guidance related to NSF 2. and apply for Government pilot funds.
- Develop and implement neighbourhood regeneration fund scheme. Establish Partnership reference groups for BME users and housebound people/ people living in Council homes/ sheltered accommodation.

Objectives

- Ensure the benefits assistive technology are available to, and increasingly used by older people to support active lifestyles and reduce dependency on services
- Build up enablement model

First steps 2005/6

- Appoint project manager to lead implementation of assistive technology strategy, including proposals to use the assistive technology grant to develop Coventry services.
- Carry out research into best national practice in applying the benefits of new technology.
- Priority in training/team development, particularly in intermediate care / direct payments work.

Next steps – 2006/7 and beyond

- Fully implement strategies for: -
 - Affordable housing development
 - Chronic disease management
 - Individual budgets
 - Assistive technology
- Full evaluation of Single Assessment
- Implement flexible retirement arrangements.
- Implement, monitor and review development of 'enablement culture'.
- Develop Tele-care and Tele-medicine scheme.

Key theme 3 - Anticipating needs and maximising independence

Objectives

- Bring in the widest possible range of resources to promote and maintain independence.
- Continue to build up opportunities for lifelong learning, leisure and cultural opportunities.
- Promote health and well-being of older people in the city.
- Implement a falls prevention programme effectively targeted to reduce the number and impact of falls.
- Improve, update and adapt older people's accommodation to promote independence.
- Promote energy efficiency to reduce fuel bills.
- A programme to combat poverty and social exclusion in older age including improvements to the take up of benefits.

First steps 2005/6

- Agree definition and scope of Prevention and early intervention for Coventry.
- Work across all organisations in the city to develop an Early Intervention strategy based on the key principles set out in the White paper 'Your health, your care, your say', planning for people before needs emerge, and tackling problems as they first emerge.
- Expand the Older Peoples Partnership to include and promote these activities, and develop plans for it to approve.
- Appoint a leader to review work done so far, develop a more focussed strategy and action plan for active ageing, with a method of measuring its impact.
- Implement Falls strategy - raising public awareness, training staff, assessing risk, encouraging physical activity and taking environmental measures, for example, better street lighting, and medical/ nursing intervention.
- Implement key measures of health and social care housing strategy – with emphasis on helping people to adapt/ improve their properties and remain at home with support when required.
- Ensure routine assessment of energy efficiency as part of benefits checks / SSD financial assessments
- Ensure Climate change issues (for example heatwave/respiratory problems) dealt with following government guidance
- Establish project group (link to Sign posting service).
- Sign up to LPSA2 target.

Next steps 2006/7 and beyond

- Fully implement strategies for: -
 - Early Intervention
 - Lifelong learning, leisure and cultural opportunities.
 - Health promotion
 - Falls prevention
 - Housing improvement
 - Energy efficiency
- Develop an osteoporosis strategy
- Improve funding and impact of the Extend programme.
- Implement measures to reduce impact of climate change.
- Implement LPSA2 measures to improve take up of benefits.

Key theme 4 - Improving information and access to services

Objectives

- Radically improve information for older people in Coventry by all possible means.
- Develop strategies to provide access to services for 'hard to reach' groups, including black and ethnic minority groups.
- Provide the right help and information when needed.
- Provide high quality information and access routes into service as part of the city's planning of co-ordinated information hubs.
- Ensure well co-ordinated and skilled help at the time of first contact – and speedy referral to relevant services.
- Improve transport in the city.
- To continue to develop and implement single assessment.

First steps 2005/6

- Implement the Partnership communication strategy - to produce a wide range of good, quality information, and ensure it is available for actual and potential users and family carers - online, and in all other media and relevant locations.
- Develop further methods of helping 'hard to reach' groups (for example, people who cannot leave their homes) to access services.
- Develop a citywide sign posting service – to co-ordinate response by appropriate agencies using a check list of all relevant services from participating agencies.
- First stage of Coventry Direct is transfer of call handling from CC1 to the Call Centre in Nov 2005, with skilled and supported operatives.
- Plan health and social care 'front end' services as a full part of an integrated 'service hub' in Coventry.
- Ensure good communication and co-ordination between first contact and mainstream health and social care services.
- Explore with Coventry LSP Theme group – set up process to research needs and provide information to promote improved and extended range of transport support to promote independence.
- Continued implementation of project plan, including review of effectiveness with all partners.

Next steps 2006/7 and beyond

- Formally evaluate the impact of: -
 - Communication strategy
 - Single Assessment process
- Fully implement: -
 - Signposting service, incorporating learning from Neighbourhood Renewal Fund project.
 - Plan to promote access to service for Hard to reach groups
 - Transport measures agreed with Coventry Local Strategic Partnership.
- Improve information and access to services by establishing Coventry Direct.
 - Review business processes as part of Connecting Care (new information technology for social care) and introduce in conjunction with Coventry Direct in 2007-08.
 - Implement quality strategy focusing on timeliness and quality of response at first line and back office.

Key theme 5 - Meeting needs as they first arise

Objectives

- To promote the funding and development of a wide range of practical early intervention services, particularly in the voluntary sector – carefully.
- Co-ordinated, and, where appropriate, integrated with statutory services.
- Develop the process of supporting family carers, assessing their needs, and planning support resources needed throughout their time as family carers.
- Develop plans to recognise the implications of becoming a family carer for City Council/PCT employees (a significant percentage of whom are, or will soon become family carers – for example, 21% of PCT staff care for a disabled relative/ 44% care for an elderly relative).
- Develop integrated health and social care services that work together from the same accommodation, with a single management structure.
- Develop anticipatory care or “case spotting” to identify people who may have a crisis and plan to avoid or minimise crises.

First steps 2005/6

- Review current range of services and plan future strategy and investment priorities.
- Establish joint commissioning approach, direction and plan.
- Establish project group to develop a Family carers strategy, involving all partners via the LSP process.
- Ensure needs of family carers recognised at all stages of the care pathway.
- Implement family carers strategy for older people with mental health problems.
- Implement an expert family carers scheme.
- Priorities to provide appropriate and timely information, and flexible support worked out in partnership with family carers and users.
- Project group to explore means of achieving greater integration of service delivery and purchasing mechanisms
- Develop as cornerstone of integration plan – link to chronic disease management plan.

Next steps 2006/7 and beyond

- Fully implement: -
 - Early Intervention strategy, making use of any funding opportunities available – particularly those, which may come to the non-statutory sector.
 - Family carers strategies, including that for older people with mental health problems.
 - Expert family carer scheme.
 - Flexible working arrangements for Council/NHS employees who are family carers.
 - Anticipatory care scheme - extending provision to people newly identified as in need, building this approach into the integrated health and social care services, especially the single assessment process/ sign posting service.

Key theme 6 - Meeting needs at times of crisis

Objectives

- Develop clearer understanding within the Partnership of the factors that lead to loss of independence.
- Provide a comprehensive intermediate care service, with immediate response/ no waits, integrating health and social care services in a single management structure, providing better co-ordination and improving resource usage, to work towards 24-hour responses throughout the week .
- Develop comprehensive out of hours services.

First steps 2005/6

- Develop strategy to prevent unnecessary hospital admission, and bring to OPP.
- Develop the community matrons service, closely co-ordinated and eventually integrated with social care.
- Implement Intermediate care strategy and action plan.
- Establish the role of the enhanced medical services.
- Ensure the needs of people with mental health needs are recognised and responded to.
- Develop a system for family carers when crises are nearing/emerging.
- Establish the intermediate care board, with a key leadership role for the new I.C. manager, with primary and secondary care clinicians involved.
- Develop much closer links between Council, NHS and NHS direct services.
- Ensure service is well known to and supported by local GPs and out of hours services.
- Understand and explore the implications of the changes in GP out of hours services.
- Continue to build up a range of options to prevent the need for unnecessary admission to hospital or care homes. Including 'low level' reassurance as part of a rapid response service.
- Review out of hours provision across the board, with a view to developing much closer links between Council, NHS/NHS direct.

Next steps – 2006/7 and beyond

- Implement hospital admission strategy.
- Develop and implement chronic disease management strategy.
- Full implementation of Intermediate care strategy, including: -
 - Development of integrated monitoring system for people at risk
 - Development of closer connection between Intermediate care and mainstream services.
- Work towards integrated out of hours services.

Key theme 7 - Meeting specialist health needs

Objectives

- Identify and meet mental health needs of older people.
- Develop stroke services.
- Integrate rehabilitation services.
- Discharge planning.
- Improve continence services.
- Improve the falls service.

First steps 2005/6

- Begin to implement the joint strategy for older people with mental health needs, with priority to establishing truly integrated community teams and a joint unit for those with medical and mental health needs.
- Commission a better range and quality of home support and accommodation-based care, including supported housing.
- Implement stroke strategy including improved access to diagnostics, high dependency Unit, a TIA service, thrombolysis in acute stroke services, and strengthening medical and nursing staffing.
- Establish supported discharge team in stroke services.
- Develop a rehabilitation strategy for inpatient, outpatient and community care, based on an agreed model of co-ordinating secondary and primary care input.
- Continue to build on success in discharge work, with co-ordinated case management in hospital and the community, further to reduce delays.
- Promote active enabling within hospital and better quality discharges.
- Establish clearer links with Intermediate care and stroke services.
- Decide how to develop service, based on outcome of the Sentinel Audit of UHCW, PCT and City Council services and care homes.
- Implement key priorities of the falls strategy, including agreeing models of care, and developing a specialist falls service, with strengthened clinical input in older people's services and ortho-geriatrics.

Objectives

- High standard of hospital care and treatment.

First steps 2005/6

- Implement a case co-ordinated discharge model aims to improve discharge planning, as part of a case management approach, which, supports the care of the older person in hospital, and back into the community.
- Develop specialty on call rotas, clear admission criteria, specialist nurse roles.
- Develop more explicit criteria for involving clinicians in older people's care in medical and surgical wards – creating an 'outreach service' for the rest of the Hospital.

Next steps – 2006/7 and beyond

Fully implement strategies for: -

- Mental Health services
- Stroke
- Rehabilitation
- Falls prevention
- Continence
- Hospital care and discharge

Key theme 8 - Planning for the future

Objectives

- Work to ensure that no long term plans are made - when people in crisis – either in acute hospitals or in need/ receipt of other acute services.
- Work to ensure full user/family carer involvement in decision making.

- Promoting personalised care

First steps 2005/6

- Agree principles and action and work into general hospital care and Intermediate care plans.
- Agree principles and action and work into General hospital care and Intermediate care plans.
- Promote access to advocacy support, when needed.
- Further development/ refinement of the Single Assessment process.
- Review, evaluate and develop direct payments scheme in the light of govt. guidance.

Next steps – 2006/7 and beyond

Full implementation in discharge planning of: -

- Protocol to avoid planning the longer term future at times of crisis/ in acute hospital settings
- User involvement in decision making

Implementation of agreed improvements to: -

- Single Assessment Process
- Direct payments/individual budgets schemes

Key theme 9 - Planning care at the end of People's lives

Objectives

- Development of well co-ordinated home based care and support packages for those people who wish to stay at/ return home.
- Working in partnership with family carers.
- Develop plans for jointly commissioning of a range of palliative care and hospice services, extending the services so that a wider range of people benefits as well as cancer patients.

First steps 2005/6

- Agree principles and action and work into all relevant strategies.
- Ensure this is an integral part of plan.
- Agree action required as part of joint commissioning strategy/procurement plan.
- Expand outreach sessions in the community available from secondary care clinicians.
- Increase input into care homes (link to the health care homes collaborative) – with an admissions prevention brief.
- Increase recruitment of development of skills of specialist nurses.
- Explore integration of Coventry and Rugby secondary care services.
- Explore scope of complementary non-statutory services.

Next steps – 2006/7 and beyond

- Full development and implementation of Joint Commissioning strategy / procurement plan
- Implementation of development programme for specialist nurses.

Key theme 10 - Securing good quality services

Objectives

- Develop plans for the future based on the right information
- Develop integrated health and social care plans and pool budgets to promote better access, better co-ordinated services and best use of resources available.
- Target investment when there is evidence that this will deliver better and more cost effective outcomes for people.
- Improve and co-ordinate health and social care commissioning.
- Develop and commission appropriate services for people from minority ethnic backgrounds.
- Commission and develop services for 'hard to reach' groups.
- Work together to protect vulnerable adults.
- Further development of consumer involvement/ research.
- Embed evaluation into practice.

Next steps – 2006/7 and beyond

- Reflect joint commissioning priorities in LDP/ City Council forward plans.
- Implement Section 31 work plan, including integration of provision project.
- Implement improvements in procurement, including key measures in specialist strategies – e.g. Mental Health strategy.

First steps 2005/6

- Produce a joint commissioning plan including needs and market analysis, with implications for commissioning statutory and independent/ voluntary sector services.
- Link to broader plans, including those of Coventry Partnership / Local Area Agreements.
- Develop a joint procurement model and process.
- Explore integrated models of Practice based commissioning and devolved SSD Purchasing.
- Promote planning in non statutory sector to provide complementary services.
- Work towards an actual or 'virtual' joint commissioning unit with single management.
- Ensure joint commissioning takes into account the needs of ethnic minority groups in the city.
- Ensure needs of hard to reach e.g. homeless. Housebound people included in Joint Commissioning strategy.
- Formalise action through Section 31 Agreement.
- Explore joint consumer research/ feedback model.
- Establish Research and Development model – with emphasis on identifying best national practice.

11. Putting our strategy into practice – steps to be taken

Services cannot improve without a practical action plan to implement changes, that addresses key issues such as finances, recruitment, retention and development of staff, management arrangements, management information and contracting. The steps below set out what we need to do to turn the good intentions in this plan into reality.

Step 1 - Action Planning

Action to be taken	By when?
<ul style="list-style-type: none">We will complete a detailed action plan and set up a project group to carry it out.	October 2005.
<ul style="list-style-type: none">We will use the action plan as a means of making sure we carry out all the right tasks in the right order over the next two-three years.	October 2005 onwards.

Step 2 - Consulting and involving people

Action to be taken	By when?
<ul style="list-style-type: none">We will carry out a formal consultation to make sure this strategy reflects the interests of all parties involved.	September – December 2005.
<ul style="list-style-type: none">Users and family carers will be involved in the project group, and in all other aspects of the process of preparation.	October 2005 onwards.

Step 3 - Making sure the plan is affordable

Action to be taken	By when?
<ul style="list-style-type: none">We will draw up a framework for joint financial planning – starting with current budgets.	From July 2005.
<ul style="list-style-type: none">We will use this framework to set out future investment intentions.	By April 2006 onwards.
<ul style="list-style-type: none">In the future we will decide what services we want to change, and the financial plans involved, including shared risks.	From April 2006 onwards.
<ul style="list-style-type: none">Seek to promote better value for money through innovative ways, e.g. tapping broader funding sources and more partnership work with the voluntary sector.	
<ul style="list-style-type: none">Provide more support to enable family carers to continue caring and thus reduce demand on statutory services.	

Step 4 - Making sure management structures are based on the needs of services

Action to be taken	By when?
<ul style="list-style-type: none">• The PCT and City Council will explore models of management and consult staff groups and other parties involved.	Date tbc
<ul style="list-style-type: none">• We will include the work to achieve this in our action plan.	Date tbc
<ul style="list-style-type: none">• We will make key appointments and then implement the changes progressively.	Date tbc

Step 5 - A plan for the workforce

Action to be taken	By when?
<ul style="list-style-type: none">• We will work on a strategy to ensure we recruit and retain people with the right range of skills and experience – both in professional.	Date tbc
<ul style="list-style-type: none">• We will train and support family carers.	
<ul style="list-style-type: none">• We will consult staff groups and other parties involved	Date tbc
<ul style="list-style-type: none">• We will implement this strategy as a key part of our action plan.	

Step 6 - Developing the workforce

Action to be taken	By when?
<ul style="list-style-type: none">• We will explore ways of ensuring that we help staff groups to prepare to work in integrated services.	Date tbc
<ul style="list-style-type: none">• Ensure that all staff in integrated teams, including administrative staff, have core training on providing practical help and advice.	
<ul style="list-style-type: none">• We will ensure all staff groups are briefed about, contribute to and able to carry out operational work methods and procedures.	Date tbc
<ul style="list-style-type: none">• Development of key staff in joint posts will be a priority.	Date tbc

Step 7 - Improving our information

Action to be taken	By when?
<ul style="list-style-type: none">• We will identify a range of key indicators to help to demonstrate the effect of our changes.	By October 2005
<ul style="list-style-type: none">• These indicators will cover health and social care, national and local issues, and will cover the quality and quantity of services.	
<ul style="list-style-type: none">• Initially we will only collect information that our systems can manage at present.	From October 2005
<ul style="list-style-type: none">• We will work to develop and integrate our systems to streamline and expand the collection of relevant information.	From October 2005

12. Managing our performance

Action to be taken

- We will give priority to making sure that the programme of change is closely monitored throughout the process, problems of implementation are tackled, concerns are dealt with, and tasks are achieved to timescale and quality standard.
- Our formal Section 31 Agreements will reinforce our commitment, and will be refined each year as the programme is implemented.

How?

We will monitor the programme at all levels, via:

- The Partnership at strategic level, including the creation of a Section 31 Board.
- The steering group at operational level.
- User, family carer and voluntary sector reference groups on behalf of all stakeholders.
- All groups will be provided with regular monitoring information – with priority given to performance against the set of key joint indicators.

Appendix 1 – List of strategies being implemented by the Coventry Older People's Partnership

The Partnership is involved with the following strategies, which are already being implemented in the City:

Existing strategies approved by the Partnership

- User and family carer involvement
- Mental health services for older people
- Intermediate care
- General hospital care
- Continence services
- Falls prevention and treatment
- Stroke Services
- Promoting the health and wellbeing of older people
- Community equipment
- Housing
- Communication

Strategies in the process of being developed

- Chronic disease management
- Assistive technology
- Affordable housing
- Homelessness
- Multi-agency carers strategy

New strategies to be developed to meet the objectives set out in this overarching strategy

- Co-ordination of primary and secondary care services
- Early intervention, including signposting service
- Carers strategy
- Anticipatory care scheme
- Rehabilitation services
- End of life care – including palliative care and hospice services.

Copies of these strategies are available from Jane Cryer or Isla Windsor
Tel. 02476 833465
e-mail. jane.cryer@coventry.gov.uk or isla.windsor@coventry.gov.uk)

Appendix 2 – Report on Coventry older people's strategy

Introduction

1. This report describes why the Coventry Older People's Strategy has been produced, its main features and the steps that will be taken to implement it.
2. The strategy has been produced at a time of major structural change in health and social care services in Coventry. The Primary Care Trust is under new leadership, and will take forward the changes announced by government, which will strengthen commissioning, and separate the organisation of commissioning and service provision. The City Council is implementing a process to separate adults from children's social care services.
3. At such a time of change it is essential to keep focus on the service developments known to be required, so that they do not become neglected whilst organisational change takes place.
4. The Coventry agencies have produced a number of strategies over recent years, particularly to implement the main measures of the national service framework for older People. However there is no overarching strategy to show how they all fit together, and what is the overall vision and objectives for services. This strategy has been designed to fill that gap.
5. It has been produced at a time when there have been number of new policy measures announced by government. These are listed later in this report. In short these measures seek to broaden the focus of services for older people. This involves moving from a concentration of attention and resources on those in greatest need to a broader approach emphasising the need to help older people to be healthy and active in their communities, enabled to be as independent as possible. Critically it involves a shift in resources to earlier intervention.
6. In Coventry massive strides have been made in recent years in this direction, and the strategy shows what needs to be done to build upon this solid foundation. In particular this can only be achieved by better co-ordination of community based mainstream services and specialist 'secondary care', integrating health and social care services, and linking them more closely with universal services such as lifelong learning, leisure and cultural services. By doing this the key policy objectives of the broader approach can be achieved.

Background – national context

1. Since 2001 the emphasis nationally and locally has been on implementing the National Service Framework, which identified 8 areas of policy development, from tackling ageism to making major improvements in a range of services. These included intermediate care – to prevent unnecessary admission to hospital and care homes, and to plan better and more timely discharge after treatment. In addition a number of other key services such as mental health, falls, stroke and continence were prioritised.
2. In December 2004 Government published a report that showed how significant progress had been made across the country in achieving improvements in these key services. The report showed how this progress can be built upon, with an emphasis on responding better to individual need, joining up services, responding at the right time, and promoting active and healthy lives.
3. These priorities were reinforced in the White Paper 'Choosing Health', which set out a direction for improving public health, and the social care Green paper 'Independence, wellbeing and choice' that emphasised the need for a broader approach to promote active and healthy lives for older people. These policy directions will be reinforced in a White Paper on out of hospital care to be published in the autumn. It is anticipated that this will give priority to making sure that the commissioning and delivery of health and social care services are fully integrated.

Background – local context

1. In 2003 the Coventry NHS organisations and the City Council Social Services and Housing Department recognised the need to form a Partnership to plan and develop an improved and better co-ordinated range of services, in consultation with users, family carers and the voluntary sector. The Older Peoples Partnership was set up in December 2003, and has met quarterly since that date. It has overseen the implementation of National Service Framework priority work, and housing, communication and user involvement strategies.
2. In May of this year the Council hosted a conference to consult all stakeholders in the city about the social care Green Paper. The Director showed how major improvements had been achieved within the city across the range of national indicators, and, in particular, how the city is in the forefront nationally in helping people live at home, offering intensive home support, extra care accommodation as an alternative to residential care, and promoting direct payments.
3. The 2005 Star ratings show that the Coventry Teaching Primary care Trust and the University Hospitals of Coventry and Warwickshire are seen to be effective in areas relevant to the National Service Framework and other recent national policies.
4. Of particular note is the performance of the agencies working together to achieve the best performance nationally in combating delayed discharges from acute hospital.
5. These performance results show that the agencies are well placed to tackle the next main task of the Coventry Older Peoples Partnership – to achieve fully integrated services, and realise the benefits for consumers and in resource management.

Main features of the strategy

1. The strategy sets out the vision in the following terms

'We want Coventry to be a place where older people are fully involved in their communities, and their lives are fulfilled. When they need it a single service, well co-ordinated by all agencies, should be available to them. It should be provided in the right place at the right time and they having to wait. Older people should play a full part in designing these services. They should be enabling – helping people remain as independent as possible.

Our aim is that these services should: -

- Promote quality of life, health, wellbeing and independence.
- Be made available straight away, without people having to wait.
- Be easily accessible, with a single number for information, signposting and access to services.
- Be well co-ordinated – appearing to users and family carers to be a single integrated service.
- Be tailored to meet individual needs in the way that people want.
- Make the most effective use of the resources available.
- Recognise the particular needs of black and ethnic minority communities and hard to reach groups.
- Anticipate needs and prevent problems developing too far.
- Ensure that family carers needs are assessed, and action is taken to support them effectively.
- Ensure timely access to specialist services when needed.
- Respond quickly to crises, providing help at home whenever possible.
- Reduce pressure on hospital beds.
- Help people to plan their long term future at the right time, not when they are in crisis.
- Make available skilled and sensitive care for people at the end of their lives, giving people the chance to remain at home.

2. It shows how this can be achieved by developing joint commissioning and achieving full integration of community based health and social care service provision. It highlights 10 key themes. Two of these – integrating services and securing good quality care – concern the integration of organisations. The remaining 8 cover service developments needed to respond to the needs of older people at each of their main ‘life stages’ – and are as follows:
 - Enabling older people to control their lives
 - Anticipating needs and maximising independence
 - Improving information and access to services
 - Meeting needs as they first arise
 - Meeting needs at times of crisis
 - Meeting specialist needs
 - Planning for the future
 - Planning care at the end of people’s lives
3. An overall summary of the vision, key themes, and action required to implement the necessary developments is attached as appendix 1 to this report.
4. The strategy also emphasises the need for formal agreements between NHS organisations and the City Council under the 1999 Health Act to underpin their commitment to realising the benefits of integration.

Implementation

1. Achieving success in implementing this strategy will require the establishment of programme of change, a major investment of time and resources, and a robust performance management mechanism. It sets out the following 8 key steps that are needed to ensure the infrastructure is in place to enable the strategy to succeed: -
 - Action planning
 - Consulting and involving people
 - Making sure the plan is affordable
 - Making sure the management structure is based on the needs of services
 - A plan for the workforce
 - Developing the workforce
 - Securing good quality care
 - Improving information
2. Success will also be dependent on the effective implementation of a number of individual strategies for areas of service that make up parts of the overall strategy. They are listed in appendix 1. Their progress is monitored carefully by the steering group for the Older People’s Partnership, which is the main inter-agency performance management group.

Report to Cabinet

21 March 2006

Report of the Chief Executive

Children and Young People's Plan 2006 – 2010

1 Purpose of the Report

- 1.1 To seek Cabinet approval for the statutory Children and Young People's Plan (Appendix 1).
- 1.2 To inform members of the outcome of consultation on the plan.

2 Recommendations

Cabinet are asked to recommend the City Council to:

- 2.1 Approve the Children and Young People's Plan 2006 – 2010.

3 Information/Background

- 3.1 The Children and Young People's Plan (CYPP) is an important element of the reforms underpinned by the Children Act 2004. On the basis of a new statutory duty, and building on the best local planning practice, the Government intends that all areas should produce a single, strategic, overarching plan for all local services for children and young people by April 2006.
- 3.2 Guidance notes on the plan can be found at: www.dfes.gov.uk/consultations. Further background information, including the Green Paper 'Every Child Matters' and the report 'Every Child Matters: Change for Children' can be found at www.everychildmatters.gov.uk.
- 3.3 The CYPP and the process of joint planning will support local authorities and their partners as they work together to agree clear targets and priorities for all their services to children and young people; identify the actions and activities needed to achieve them; ensure that they are delivered; and that their impact is monitored. The plan replaces requirements for seven statutory and ten non-statutory plans.
- 3.4 Through this new planning framework, Government is aiming to achieve:
 - improvement and integration of universal services;
 - early intervention/prevention;
 - accessible services and a multi-agency approach;

- shared responsibility for safeguarding;
- more responsive and 'listening' services.

3.5 The CYPP is part of the improvement cycle for children's services set out in the Government's document 'Every Child Matters: Change for Children'. The improvement cycle requires Children's Services Authorities (the Local Authority) to carry out the following:

- analysis of performance and needs in relation to outcomes;
- agreement to local priorities;
- production of a Children and Young People's Plan with local partners;
- commissioning and delivery of children's services;
- an Annual Performance Assessment (July 2005); and a
- three yearly Joint Area Review (March 2006).

3.6 The Children and Young People's Plan is required to cover the following delivery areas:

- all services for children and young people in the area;
- Local Authority services for education, social services and youth;
- Local authority roles regarding safeguarding;
- corporate parent role for Looked After Children;
- promotion of well-being;
- encouragement of higher educational standards;
- commissioning of services;
- promotion of co-operation, collaboration and equality.

3.7 In practical terms, the plan needs to contain the following:

- a local vision for children and young people;
- an analysis of needs in relation to the Every Child Matters outcomes;
- an outline of the improvements to be made to these outcomes;
- a description of strategic aims and actions;
- an outline budget statement;
- the details of arrangements for performance management;
- the arrangements for partnership working under the duty to co-operate;
- details of how this plan links to other strategic plans.

3.8 The Government's intention is that it's national vision for children and young people is made locally relevant through the identification of local priorities and local needs. The Director of Children's Services and Lead Member will play a key leadership role in bringing together local partners, both statutory and non-statutory, across the full range of local services. They will also play lead roles in driving reform.

4 Coventry Children and Young People's Plan

The Children and Young People's Strategic Partnership have agreed strategic aims for Coventry's plan that are consistent with the city's Community Plan:

4.1 Children in Early Years have the foundation for happy, healthy and successful lives;

4.2 Children and young people with disabilities are able to maximise their potential for healthy, happy and successful lives;

- 4.3 Looked after children and young people are able to maximise their potential for healthy, happy and successful lives;
- 4.4 Children and young people feel part of their local neighbourhood and community and behave in a way that enables them to fulfil their potential and that of their neighbourhood and city;
- 4.5 Children and young people's achievements and aspirations have been fulfilled to the benefit of themselves, their communities and neighbourhoods;
- 4.6 Children and young people feel safe and are protected from harm;
- 4.7 A Children's Services Director will be appointed within the City Council, a Children's Directorate founded on multi-agency working will be established and Children's Trust arrangements put in place; and
- 4.8 Children and young people choose healthy lifestyles which maximise their potential for physical, mental, emotional and sexual wellbeing.

5 Consultation

5.1.1 The City Council has drawn up the plan with the active involvement of a wide range of partners, including those stipulated under the 'duty to co-operate' set out in Section 10 of the Children Act 2004:

- tPCT and Strategic Health Authority;
- Police Authority
- Probation Service;
- Youth Offending Service;
- Connexions Partnership;
- Local Learning and Skills Council.

5.1.2 The local authority has consulted with the Children and Young People's Strategic Partnership which additionally includes representation from:

- Voluntary and community sector
- University Hospital Coventry & Warwickshire
- Fire Service

5.1.3 The full plan and a summary sheet have been posted on the Children and Young People's Strategic Partnership web site coventrycypsp.org.uk and also sent to:

- Headteachers
- Chairs of Governors
- Diocesan Authorities

5.1.4 The local authority has consulted with Trade Union representatives via the Children, Learning and Young People's Directorate Management and Trade Union Forum.

5.1.5 Scrutiny Board 2 received a report on the plan at their meeting on 2 February 2006.

5.1.6 The consultation period followed consideration by Cabinet on 24 January 2006 and continued to 28th February 2006.

5.2 The strategic aims and actions within the plan are based on the findings of an extensive range of consultation exercises. It is now the intention to consult children, young people, parents and carers specifically on how well the plan reflects the issues that have previously raised and to identify new areas for inclusion in future revisions of the action plans contained within the CYPP.

5.3 Many of the key elements within the plan have been developed jointly with members of the Children and Young People's Strategic Partnership and agreed during the development of the plan. As a result, the response to consultation has been fairly limited. All amendments have been incorporated into the final version of the plan.

5.4 Further consultation work will be undertaken during the life of the plan and as part of the performance review process.

5.5 The approved plan will be professionally produced in two parts, plan and appendices, and a further version will be produced in a format accessible to children and young people.

6 Proposal and Other Option(s) to be Considered

6.1 For Cabinet to agree that the strategic aims listed above should form the basis of Coventry's Children and Young People's Plan 2006 – 2010.

7 Other specific implications

	Implications (See below)	No Implications
Area Co-ordination	√	
Best Value	√	
Children and Young People	√	
Comparable Benchmark Data		√
Corporate Parenting	√	
Coventry Community Plan	√	
Crime and Disorder	√	
Equal Opportunities	√	
Finance	√	
Health and Safety		√
Human Resources	√	
Human Rights Act		√
Impact on Partner Organisations	√	
Information and Communications Technology	√	

	Implications (See below)	No Implications
Legal Implications	√	
Property Implications	√	
Race Equality Scheme	√	
Risk Management		√
Sustainable Development		√
Trade Union Consultation	√	
Voluntary Sector – The Coventry Compact	√	

7.1 Area Co-ordination

The strategy document 'Every Child Matters: Change for Children' describes a vision of improving outcomes for all children and young people, improving access to services by locating them in close proximity to schools, health centres and other area-based provision. Area Co-ordination will be key partners in determining the location of services within neighbourhoods and in ensuring that these services reflect the needs of local people as expressed through neighbourhood planning processes. The Green Paper 'Every Child Matters' recognised the need for 'building strong and vibrant communities' and included proposals for further investment.

Area Co-ordination are represented on the Children and Young People's Strategic Partnership.

7.2 Best Value

Joint commissioning arrangements developed between the City Council and tPCT or other organisations will be based on Best Value principles to ensure high standards of provision and value for money.

7.3 Corporate Parenting

Improving outcomes for vulnerable children was the focus for the Green Paper 'Every Child Matters'. Chapter 3 set out a priority for 'improving fostering and adoption services' (Para 3.14) stating that the Government's first objective for children's social care is to ensure that all children are securely attached to carers capable of providing safe and effective care for the duration of their childhood. It emphasises:

- high quality permanence planning;
- foster carer support through improved training;
- recruitment of foster carers;
- ensuring full costs of care are covered;
- the Choice Protects programme which outlines investment in care placements and the modernisation.

7.4 Coventry Community Plan

There are important links between the Local Strategic Partnership (The Coventry Partnership) and the Children and Young People's Strategic Partnership through common

membership of many of the key stakeholders (City Council, Primary Care Trust, West Midlands Police, Connexions, voluntary and private sector etc.). In particular, the Children's Champion, funded through the Children's Fund works across both partnerships to ensure that the views of children, young people and their families are represented. Commitment and support from members of both partnerships will facilitate the delivery of many of the proposals laid out in the Green Paper e.g. improved information sharing and collection based on agreed protocols across the agencies.

The revised Community Plan and the CYPP will share common strategic aims and outcome indicators and will operate within a joint performance management framework.

7.5 Crime and Disorder

The City Council must engage with the police authority, probation service, and youth offending service in the development of the plan.

The Every Child Matters Green Paper, Chapter 2 – Anti-social and offending behaviour describes a range of measures including:

- more effective powers to intervene to address behaviour of children under the age of 10 who commit "offences";
- intensive Support and Surveillance Programme rather than custody;
- rationalisation of the number of community sentences to create a new simplified "menu" community sentence;
- greater use of imaginative residential placements for young offenders, such as intensive fostering;
- development of junior attendance centres into broader junior activity centres.

West Midlands Police, the Youth Offending Service and Coventry Community Safety Team are all represented on the Children and Young People's Strategic Partnership.

7.6 Equal Opportunities

Equality of opportunity for all children and young people irrespective of their socio-economic background is a key policy objective within the Green Paper. The Paper outlines key policy changes that have aimed to improve outcomes in recent years, but declares that there is more to do particularly in disadvantaged areas and where families are suffering from poverty.

7.7 Finance

The City Council, the PCT and other partner organisations will need to implement this plan from within the resources available to them from the various funding regimes which have been established by government or in the case of the Council through local taxation.

Each of the organisations within the partnership will have their own internal processes for allocating resources to the Children's agenda – in the case of the City Council it is the annual Policies, Priorities and Resources Review. These internal programmes may slightly shift the balance of the amount of resources available, but given the size of the overall budgets such shifts are likely to be marginal. The majority of resources available to partnership organisations are ultimately derived from central government and are largely fixed through the life of the current Spending Review. Given current economic forecasts, it is reasonable to predict that the 2007 Spending Review is unlikely to yield significant

increases in resources for Children's Services – the indications at present are that it may be necessary for the government to rein in public spending.

The Children Act, the establishment of a Children's Commissioning Trust and the Local Area Agreement provide new opportunities for partner agencies to pool or align budgets in the interests of providing more effective and efficient services for children and young people and communities in the city. Given the constraints and overall resource levels it will be important to pursue these opportunities as and when they arise to ensure that the limited amount of resources available for Children's Services are being used to create the best possible outcomes. The City Council and the PCT have already established some pooled budgets and are investigating the scope for further developments in this area, and the City already has a Local Area Agreement in place.

Given the diversity of government funding regimes which are allocated to children's services through the various partnership agencies, co-ordination of resources to deliver effective outcomes represents a significant challenge for the partnership and the emerging children's trust.

7.8 Human Resources

Workforce reform is a key element of the Change for Children agenda. A workforce reform sub-group of the CYPSP has been established, jointly chaired by the City Council's Head of Human Resources and the tPCT's Programme Director.

7.9 Impact on Partner Organisations

As well as the requirement to involve partner organisations in the development and delivery of the Children and Young People's Plan, the plan needs to be aligned with other local strategic plans. See Section 4 of the CYPP.

7.10 Information and Communications Technology

Section 10 and Section 11 of the Children Act 2004 require agencies to cooperate and to safeguard and promote the well-being of children, Section 12 requires the establishment and operation of a database (Child Index). Effective systems and protocols are being put place in order to share information safely and effectively between agencies.

7.11 Legal Implications.

Section 17 of the Children Act 2004 provides for regulations to require local authorities to prepare and publish a CYPP, setting out their strategy for services for children and relevant young people. Sections 18(2)(d) and 19(1)(a) of the Act bring the preparation of the CYPP within the remit of the Director of Children's Services and the Lead Member for Children's Services. Section 23(3)(b) provides that the **CYPP will be taken into account in a Joint Area Review as part of the inspection arrangements for children's services.**

7.12 Property Implications

Every Child Matters and the local Change for Children in Coventry strategy paper recognise the importance of delivering accessible, integrated services at the front line. As the city moves towards co-location and integration of services, staff will need to be brought together in accessible locations. There will inevitably be property and accommodation issues arising from this and a "property summit" was held in the summer to jointly consider future plans and property requirements.

7.13 Race Equality Scheme

An Equality Impact Assessment has been undertaken for the CYPP and the outcomes are reported in an annex to the Plan.

7.14 Trade Union Consultation

A presentation on the requirements and key priorities of the plan was made to the Education and Library Service Consultative Group. The draft plan has been presented to the Children, Learning and Young People's Trade Union Consultative Group.

7.15 Voluntary Sector

Government recognises that the voluntary and community sectors are major providers of services for children, young people and families, and have significant expertise to offer in developing strategy and planning services. There is a requirement to engage the voluntary and community sectors in the development of the CYPP. Locally, the voluntary and community sector are represented on the CYPSP. In addition, presentations on the requirements and key priorities of the plan have been made to the Children's Services Voluntary Sector Network.

8 Monitoring

- 8.1 The City Council's delivery of the CYPP will be monitored and reviewed by the Cabinet Member Children's Services and the Children's Services Leadership Team. Partners and stakeholders contribution to the delivery of the plan will be reviewed by the Programme Board of the Children and Young People's Strategic Partnership and will be reported to the Children's Trust. It is intended that the monitoring and review mechanisms for the plan also feed into the arrangements for reviewing the Community Plan (and Local Area Agreement) and to the Annual Performance Assessment of children's Services. See also Section 6 of the CYPP.

9 Timescale and expected outcomes

- 9.1 There is a statutory requirement to produce the CYPP by 1st April 2006.

	Yes	No
Key Decision	✓	
Scrutiny Consideration (if yes, which Scrutiny meeting and date)	Scrutiny Board 2 on 2 February 2006	
Council Consideration (if yes, date of Council meeting)	✓	4th April 2006

List of background papers

Proper officer: *Directors of Social Services and Housing and Education and Libraries*

Author:

Jocelyn Parry Telephone: 024 76831502
*Head of Policy, Commissioning and Performance
Education and Libraries/Social Services and Housing
(Any enquiries should be directed to the above)*

Other contributors:

*Chris Hinde, Director of Legal and Democratic Services Solicitor
Barry Hastie, Finance Officer
Neelesh Sutaria, Human Resource Manager Personnel Officer
Richard Brankowski, Principal Committee Officer*

John Bolton, Director of Social Services and Housing

*Chris West, Acting Director of Education and Libraries
Ruth Snow, Acting Director of Education and Libraries
Brian Parker, Head of Services for Communities
Howard Woolfenden, Head of Children's Services*

Papers open to Public Inspection

Description of paper

Location



March 2006



Children and Young People's Plan

2006 - 2010



Contents

Section	Content	Page Number
	Glossary of abbreviations	
1.	Introduction	1
2.	Background and Context	4
2.1	National Context – Government Plans and Priorities	4
2.2	National Context – Change for Children Agenda	4
2.3	Local Context	5
2.4	Children and Young People's Strategic Partnership	8
2.5	Partnership Vision Statement	9
2.6	Change for Children Achievements	10
3.	Audit of Children and Young People's Needs	11
3.1	Meeting Children and Young People's Needs	11
3.2	Developing the Plan	11
3.3	Summary	14
4.	The Planning Framework	16
4.1	Partner's Plans and Priorities	16
4.2	National Service Framework for Children, Young People and Maternity Services	17
4.3	Former Plans	18
4.4	Delivering Every Child Matters Outcomes	19
5.	Plans into Action	21
5.1	Year 1 Plans	21
5.2	Strategic Action Plans	22
5.3	Review of Plans during life of the CYPP	35
6.	Performance Management Framework	36
6.1	Programme Initiation Document	36
6.2	Performance Management Arrangements	36
6.3	Monitoring and Reporting	36
6.4	Performance Review Cycle	37
7.	Service Delivery for Children, Learners and Young People	38
7.1	Government Framework	38
7.2	Service Delivery in Coventry	38
8.	Co-operation Arrangements (Children Act Section 10 Requirements)	42
8.1	Children and Young People's Commissioning Trust	42
8.2	Commissioning Trust Governance Arrangements	43
8.3	Joint Commissioning Plan	45
9.	Workforce Planning	46
10.	Resources	47
Figures		
Figure 1	Coventry Children and Young People's Vision Statement	1
Figure 2	Coventry Community Plan Framework – Relationship between the Coventry Partnership and other Partnerships	5
Figure 3	Every Child Matters outcomes aligned with the Coventry Partnership's strategic themes and the Local Area Agreement	7

Figures

Figure 4	CYPSP Structure Diagram	8
Figure 5	Coventry's Every Child Matters outcomes and aims	9
Figure 6	Coventry – Wards and Deprivation	13
Figure 7	Consistency of Children and Young People's Plan Aims and Partner's Plans and Priorities	16
Figure 8	Relationship between Every Child Matters outcomes and Year 1 Actions	19
Figure 9	Linkages between CYPSP/LAA aims, Partnership priorities and the Every Child Matters framework	20
Figure 10	CYPSP Performance Management Arrangements	37
Figure 11	The Government's Children's Trust Model	38
Figure 12	Proposed Neighbourhood Management Boundaries	39
Figure 13	Directorate for Children, Learning and Young People	42
Figure 14	Governance Arrangements for Coventry's Children and Young People's Commissioning Trust	44
Figure 15	Total expenditure on Children and Young People	48
Figure 16	Non schools expenditure on Children and Young People	48

Tables

Table 1	Key Facts about Coventry	12
Table 2	Former plans replaced by the Children and Young People's Plan	18
	Monitoring and Evaluation roles of stakeholder groups	36

Appendices

Appendix 1a	Key messages from consultation work
1b	Key funding from the Communities that Care Youth Summary
1c	Results consultation with Children and Young People on the Inclusion and SEN Strategy
Appendix 2	Key issues arising from the LPS 2004
Appendix 3	Summary statement from the JAR self-assessment
Appendix 4	Review of Plans and Priorities
Appendix 5	NSF Self Assessment
Appendix 6	Commissioning Trust – Services Functions and Budgets
Appendix 7	Equality Impact Assessment of the CYPSP

Glossary of Abbreviations

ACPC	Area Child Protection Committee
APA	Annual Performance Assessment
BIG	Behaviour Improvement Group
BME	Black and Minority Ethnic Communities
BSF	Building Schools for the Future
CAF	Common Assessment Framework
CF	Children's Fund
CAMHS	Child and Adolescent Mental Health Services
CEN	Community Empowerment Network
CNX	Connexions Service
Connexions CIBP	Connexions Continuous Improvement Business Plan
CSA	Children's Services Authority
CT	Children's Trust
CtC	Communities that Care
CYPP	Children and Young People's Plan
CYPSP	Children and Young People's Strategic Partnership
DfES	Department for Education and Skills
ECM	Every Child Matters
EDP	Education Development Plan
EYDCP	Early Years Development and Childcare Partnership
GP	General Practitioner
ISA	Information Sharing and Assessment

Glossary of Abbreviations

JAR	Joint Area Review
LA	Local Authority
LAA	Local Area Agreement
LAC	Looked After Children
LDD	Learning Difficulties and Disabilities
LIFT	Local Improvement Finance Trust
LIG	Leadership Incentive Grant
LLSC	Local Learning and Skills Council
LSCB	Local Safeguarding Children Board
LSP	Local Strategic Partnership
MAGIC	Multi Agency Group Involving Children
NHS	National Health Service
NRF	Neighbourhood Renewal Fund
NSF	National Service Framework
PCT	Primary Care Trust
PID	Programme Initiation Document
RYOGENS	Reducing Youth Offending Generic National Solution (Information-sharing software)
SEN	Special Educational Needs
SENCOs	Special Educational Needs Co-ordinators
SRE	Sex and Relationship Education
VCS	Voluntary and Community Sector
WRF	Workforce Reform

Coventry Children and Young People's Plan

1. Introduction

1.1 Planning to achieve better outcomes for children and young people

1.1.1 There are currently a large number of plans from different agencies that shape the delivery of children and young people's services in the city which can lead to fragmentation . **This plan brings them together into a single, strategic, overarching plan for all children and young people's services across Coventry.**

1.1.2 This plan has been developed through the work of the Children and Young People's Strategic Partnership. Our vision for the work of the Partnership was developed with children and young people.

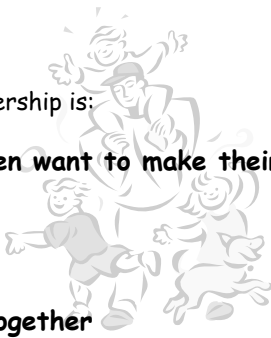
Vision Statement

The Children and Young People's Strategic Partnership is:

Working together to find out what children want to make their lives better

and

Working to keep families together



Some people's lives are scattered like a jigsaw
The partnership can make people's lives better
For children's lives and adults lives too
The partnership can put that jigsaw back together
And make it work again!

(By Chloe, age 10)

Figure 1. Coventry Children and Young People's Strategic Partnership's Vision Statement

1.1.3 **The plan describes how we intend to work together as partners to deliver well co-ordinated, accessible, services for children and young people and how we are addressing the requirements of the Children Act 2004¹.** It is shaped around the government's five Every Child Matters² outcomes together with a sixth outcome which was important to children and young people locally.

¹ Children Act 2004 <http://www.hms0.gov.uk/acts/acts2004/200400>

² Every Child Matters – Change for Children www.everychildmatters.gov.uk

1.1.4 Coventry's Every Child Matters outcomes are:

- being healthy
- staying safe
- enjoying and achieving
- making a positive contribution
- economic well-being
- having supportive families, friends and communities

1.1.5 In developing the plan we have taken into account the nature of Coventry as a city and assessed the needs of children, young people, their families and communities.

1.1.6 We have identified key joint strategic aims that will guide our actions between 2006 and 2010 to achieve better outcomes for children and young people in Coventry. The aims were developed and agreed in consultation with children, partners and stakeholders.

1.1.7 Throughout the plan we will give some examples of the work we are doing with children and young people to ensure that their views inform our planning and delivery of services.

Photographs of work with children and young people will be inserted in the published version of the plan.



1.2 Coventry Children and Young People's Plan - Aims

1.2.1 Cross-cutting Aims:

The Children and Young People's Strategic Partnership is committed to the 3 'P's of **Prevention, Partnership, and Participation** which have been core to the successful work of the Children's Fund in Coventry and which form the basis of the city's Local Area Agreement. These three themes are fundamental to the approach Coventry is taking and therefore will be reflected in all activities which aim to improve outcomes.

1.2.2 CYPP Aims:

1. Children in their early years have the foundation for happy, healthy and successful lives.
2. Children and young people with disabilities are able to maximise their potential for healthy, happy and successful lives.
3. Looked after children and young people are able to maximise their potential for healthy, happy and successful lives.
4. Children and young people feel part of their local neighbourhood and community and behave in a way which enables them to fulfil their potential and that of their neighbourhood and city.
5. Children and young people's achievements and aspirations have been fulfilled to the benefit of themselves, their communities and neighbourhoods.
6. Children and young people feel safe and are protected from harm.
7. A Children's Services Director has been appointed within the City Council, a Children's Directorate founded on multi-agency working has been established and Children's Trust arrangements are in place.
8. Children and young people have healthy lifestyles which maximise their potential for physical, mental, emotional and sexual wellbeing.

The first seven aims listed above were agreed by the Children and Young People's Strategic Partnership and form the basis of our proposals within the Local Area Agreement. They have been agreed with Government representatives through our Children's Services Improvement Cycle meetings.

The cross-cutting aim and the eighth CYPP aim were proposed at a multi-agency event which explored the city's performance in relation to the 5 Every Child Matters outcomes.

2. Background and Context

2.1 National Context – Government Plans and Priorities

2.1.1 At a strategic level the central/local partnership between the Office of the Deputy Prime Minister and the Local Government Association has agreed the following shared priorities:

- **Sustainable communities** - promoting the economic vitality of localities; transforming the local environment; meeting local transport needs more effectively
- **Safer and stronger communities** - reduced crime and antisocial behaviour, more positive activities for young people, strengthened community cohesion, reduced drug abuse
- **Healthier communities** - narrowing health inequalities, encouraging healthy lifestyles, improving the quality of life and independence of older people
- **Children and young people** - raising standards and attainment, improving the quality of life of children, young people and families at risk, reduced child poverty, improved life chances for children in care, or in need, strengthened protection for children at risk of abuse.

These shared priorities are fully reflected in the City Council's Vision and Corporate Objectives and in the Coventry Community Plan.

2.2 National Context – The Change for Children Agenda

2.2.1 The government wants children's services to improve radically "to ensure we properly protect children at risk within a framework of universal services which support every child to develop their full potential" This objective impacts on all children's services providers setting them an ambitious and challenging agenda.

2.2.2 The main measures of the Children Act 2004 include:

- A **duty on all partners to co-operate** to deliver improved outcomes.
- The establishment of the role and function of **Director of Children's Services**.
- A **duty on all partners to safeguard children**, providing a legal and accountability framework for the protection of children.
- **Workforce reform**, leading to a set of core competencies for all children and young people practitioners.
- The need to **deliver services at a local level**, freed from central dictat and bureaucracy, in ways which enable greater flexibility and more 'personalisation' (services built around the needs of each child).
- **Prevention** as the best way of ensuring better outcomes, and stressing the need to support parents and carers.
- **Participation** as a key underpinning principle

2.2.5 Integrated services are essential in order to break down barriers which have previously resulted in fragmented responses to need and to reduce inefficiencies resulting from duplication of processes. From April 2006 this Plan will facilitate better co-ordination. The

Information Sharing and Assessment (ISA) programme is designed to tackle the process issues; Children's Trusts and the capacity to pool budgets (under section 31 of the Health Act 1999 and section 10 of the Children Act 2004) provide the framework for integrated service provision across sectors.

2.3 Local Context

2.3.1 The Coventry Partnership



Figure 2. Coventry Community Plan Framework
The relationship between the Coventry Partnership and other Partnerships

The Coventry Partnership (Coventry's Local Strategic Partnership) benefits from the active involvement of the public, private, voluntary and community sectors. It is chaired by the Leader of the City Council, Cllr. Ken Taylor. The Chief Executive of the City Council, Stella Manzie is the Partnership's Secretary.

The CYPSP has developed strong relationships with the Coventry Partnership. As well as taking responsibility for the NRF Projects relating to children and young people on behalf of the Coventry Partnership, it has also ensured appropriate strategic links between the targets of the Community Plan and those of the CYPSP. The diagram on the previous page illustrates the relationship between the CYPSP, the LSP and other Partnerships.

2.3.2 Coventry Partnership Vision

The Coventry Partnership's mission statement is: "**Coventry inspires people, business and communities**". Its focus is on "*raising the game*" of the city generally, but at the same time "**closing the gap**" between better off and less well off communities.

The key objective of the Coventry Community Plan is to "**bring together resources, energy and creativity of key organisations, groups, communities and people to work to meet the economic, social and environmental needs of the City of Coventry and the health and well-being of its people**".

2.3.2 Coventry Community Plan 3 (2006 – 2010)

Coventry's Community Plan has been revised to incorporate Coventry's Local Area Agreement (LAA) priorities.

The existing Community Plan priorities have been maintained and those from the LAA have been included

There are now eight strategic themes, each of which has a 'theme group' taking forward its objectives. "**equalities**" and "**communities**" remain as key themes underpinning the work of the Partnership.

- Jobs & Economy
- Health & Well being
- Environment
- Community Safety
- Learning & Training
- Housing
- Transport
- Culture

The Council's corporate objectives relate closely to these themes, with a clear, shared emphasis on regeneration, education, training, community safety, health and housing. The council's commitment to "**a city where people feel safe and confident and no-one is disadvantaged by the neighbourhood in which they live**" reflects its desire to improve the quality of life of our neighbourhoods and to tackle disadvantage and inequality. As such the Coventry Community Plan both influences - and is influenced by - the Council's Corporate Plan.

The Every Child Matters outcomes framework aligns closely with the Coventry Partnership themes, as demonstrated below:

		LAA Blocks			
Coventry Partnership Strategic Themes	Safer and Stronger Communities		Healthier Communities and Older People	Economic Development and Enterprise	Children and Young People
	OUTCOMES				
Equalities, Communities and Neighbourhoods	Having Supportive Family, Friends and Communities (local outcome)				
	Making a Positive Contribution				
Community Safety	Staying Safe				
Health and Well-being	Being Healthy				
Environment					
Learning and Training	Enjoying and Achieving				
Culture					
Jobs and Economy	Achieving Economic Well-being				
Transport					
Housing					

Figure 3. Every Child Matters outcomes aligned with The Coventry Partnership's strategic themes and the Local Area Agreement

2.4 Children and Young People's Strategic Partnership

- 2.4.1 The City Council and its partners established the Coventry Children and Young People's Strategic Partnership in June 2003 in advance of the Green Paper *"Every Child Matters"*. It agreed a wide and inclusive membership of around 80, reflecting not just key public sector agencies but schools, parents, and voluntary groups. The Partnership Chair is the Chief Executive of the City Council. The Vice Chair is Chief Executive of the Primary Care Trust.
- 2.4.2 The purpose of the Partnership is to improve services to children, young people and their families. The Partnership has established a series of sub-groups that have a focus on improving outcomes and on improving processes:

Improving outcomes	Improving processes
<ul style="list-style-type: none"> ○ Children with Disabilities* ○ Children Looked After* ○ Child and Adolescent Mental Health* ○ Early Years* ○ Behaviour Improvement ○ Child Protection ○ Family support* ○ Achievement and Attainment ○ Health 	<ul style="list-style-type: none"> ○ Workforce Reform ○ Local Preventative Strategy/Information Sharing and Assessment ○ Involving Children and Young People ○ Communications ○ Performance Management ○ Accessible Services/Extended Schools <p>* identified as priorities by the CYPSP</p>

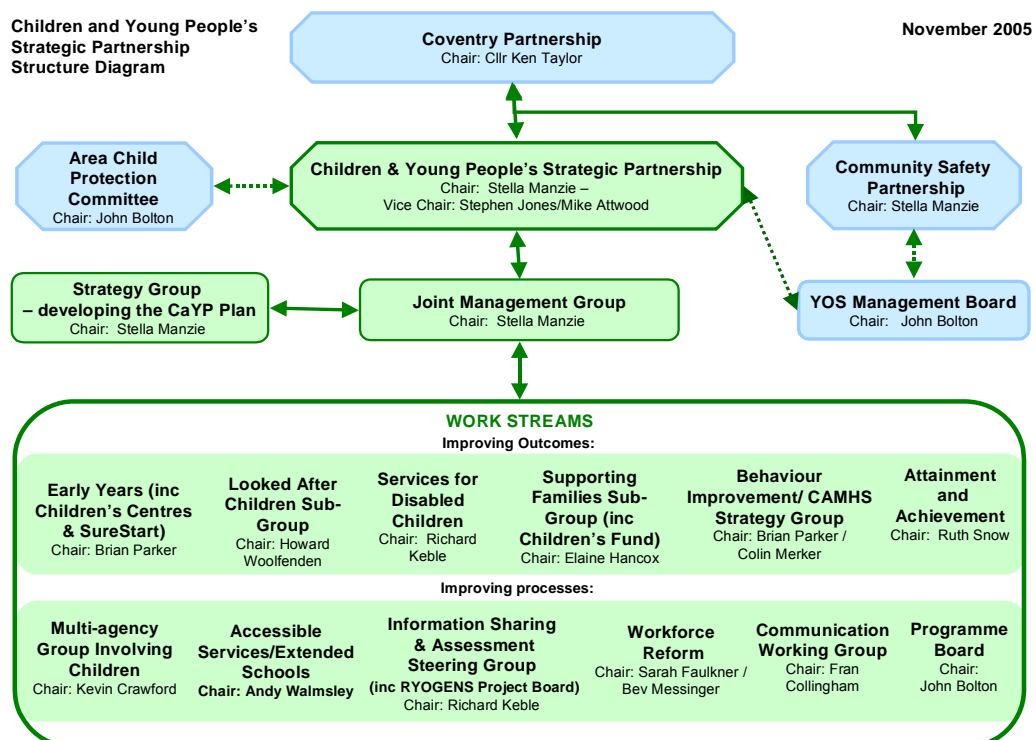


Figure 4. Children and Young People's Strategic Partnership Structure Diagram

- 2.4.3 The Partnership has developed a willingness and commitment across all partners to work collaboratively for better outcomes for children and has shown a willingness for partners to

be open and honest about the issues they face. The elected member, non-executive, Chief Executive and Director commitment to the Partnership ensures that it has appropriate leadership.

2.5 Partnership Vision Statement

The Partnership involved children and young people in establishing its vision of:

Working together to find out what children want to make their lives better

and

Working to keep families together

2.5.1 Making Lives Better

In the vision, "*Making Lives Better*" means improving the outcomes across the five themes and associated aims in the Children Act and the sixth locally developed outcome and aims:

<p>Staying Safe: Safe from accidental injury and death Safe from maltreatment, neglect and sexual exploitation Safe from bullying and discrimination Safe from crime and anti-social behaviour Safe from exposure to violence</p>	<p>Being Healthy: Physically healthy Mentally and emotionally healthy Sexually healthy Healthy lifestyles Choose not to take illegal drugs</p>
<p>Achieving and Enjoying: Ready for school Attend and enjoy school Achieve educational standards at primary school Achieve personal development and enjoy recreation Achieve educational standards at secondary school</p>	<p>Making a Positive Contribution: Engage in decision-making Support the community and environment Choose not to offend and engage in anti-social behaviour Choose not to bully and discriminate Develop self-confidence and enterprising behaviour</p>
<p>Economic Well-being: Engage in further education, employment or training on leaving school Ready for employment Live in decent homes and communities Access to transport and material goods Live in households free from low income</p>	<p>Having Supportive Family, Friends and Communities Families stay together Families are given extra support where their children have additional needs Children and young people are encouraged to reach their potential through their education Families know how and where to voice their concerns and know that these will be listened to and taken seriously Children and young people are encouraged to make positive, respectful relationships Families are enabled to build links and feel safe in their community Local people take up opportunities in their communities, and have a say about the gaps.</p>

Figure 5. Coventry's Every Child Matters Outcomes and Aims

2.5.2 Working Together

Similarly, "*Working Together*" means changing the way we work so that:

- we have **clear accountability and governance** arrangements within and across all partners
- children, young people and their families and carers **participate** at a strategic and operational level in the planning and delivery of services, and we respond to what they say
- services are co-ordinated and integrated as appropriate, **experienced as a "single organisation"**, and made accessible
- services are organised around communities, whether geographically or around communities of need, enabling **effective local targeting**
- we recognise and **value diversity**, and plan services accordingly
- we jointly **commission services** (and therefore pool resources) against high standards
- we **improve efficiency** and reduce duplication, freeing resources to fill gaps
- we strengthen and sustain the local **voluntary and community sector**
- we focus on **making a difference** to the lives of children and young people

2.6 Change for Children Achievements

The CYPSP has made significant steps in preparing for Coventry's Change for Children Agenda. It has:

- Developed, with children and young people, a **vision** for Children and Young People in Coventry
- developed a **framework for the involvement and participation** of children and young people, to ensure their voices are at the heart of all we do
- achieved significant progress on the **ISA agenda**, including a signed **Information Sharing Protocol**, development of a local **Common Assessment Framework** (Promoting Children's Well-being) and pilot status for the implementation of information-sharing software (RYOGENS)
- **analysed the child population** against social deprivation indices
- **mapped services** across all the children's sector
- drawn down NRF funding to support significant **strategic developments around joint working**, e.g. extended schools and the Family Focus Project (£720k)
- given a commitment to developing a **Children and Young People's Commissioning Trust**
- provided a **strategic framework** in which key children's services initiatives and issues can be considered, debated and co-ordinated.

3. Audit of Needs

"Coventry is a place of two halves, rich and poor, that mirrors the division between the North and South of England."

Samuel Pepys (1633-1703)

3.1 Meeting Children and Young People's Needs

3.1.1 Children and young people's needs can be broadly described as follows:

- All children and young people need support from time to time. For many, this is provided through their family and community networks, and by those services which are available to everyone - **universal** services (e.g. health visitors, schools).
- For some, support is required from the additional services made available through the statutory and voluntary sector. In this situation, support is **targeted** at particular needs, and designed to help the child or family or community make up the gap between what they currently experience and what the majority experience.
- For a few children, their needs are so great that they require significant help and support over time to make sure they are able to make the most of their life chances – without these **specialist** services they are unlikely ever to do so, and indeed may need to be removed from home.

3.1.2 Children officially become adults when they are 18. However some young people such as those with a disability or those looked after by the local authority will almost always need support in the transition to adulthood. This can extend until the young person is 25 depending on their particular needs.

3.2 Developing the Plan

To develop the Children and Young People's Plan we have assessed where we are now and identified the steps that will enable us to achieve the vision. To do this we have:

- Mapped the needs of the population of children, young people and their families and carers in Coventry against a range of variables such as gender, age, ethnicity, disability and location
- Collated the views of children, young people and their families and carers about the way services are provided
- Reviewed the issues arising from the Local Preventative Strategy audit
- Mapped the provision which is currently available
- Identified the gaps in service provision in terms of outcomes and the way services are delivered
- Assessed our current performance in relation to the Every Child Matters outcomes
- Taken into consideration the key messages from external inspections of our services and from the Annual Performance Review of Children's Services
- Reviewed the plans and strategies of partner organisations

The elements of the audit are set out in the following section and detailed in appendices.

3.2.1 The Coventry Context

Area	The city of Coventry covers an area of 38 square miles
Size	It is the 19 th largest local authority in England with a population of 300,848
Black and minority ethnic population	21.7% of the population come from minority communities, as compared to 13% for England as a whole. 23% of the 0 – 19 population are from BME communities.
Asylum seekers and recent arrivals	The profile of asylum seekers, refugees and new arrivals to the city has changed significantly since 1999. In 2005/06 approximately 1,000 school age children and young people arrived in the City.
Population age	The population is younger than average, with 42% under the age of 30 compared with the all England average of 38%. This is the result of students in our two universities, an exodus of working age adults in the 1980's, who would now be approaching retirement, and an ethnic minority population who are predominantly young adults and children.
Economic deprivation	In recent years, the city has been successful in reducing unemployment levels and has become more affluent. It now ranks 64 th out of 354 authorities in terms of socio-economic deprivation (1 being the most deprived). There is considerable deprivation and economic disadvantage in some areas of the city – generally in the north and north east, with smaller pockets in other locations. Figures from the 2001 Census show that 9% of Coventry's population and 20% of our 0-19 year-olds live in areas ranked within the top 10% most deprived in England. Wood End and Hillfields are identified in the top 100 most deprived areas in England.

Table 1. Key Facts about Coventry

3.2.2 Children and Young People in Coventry

There are 82,000 young people aged 0-19 living in Coventry, representing 27% of the population. Despite increased prosperity in recent years:

- 22% of our children and young people live in households where none of the adults are employed
- 15% live in overcrowded households
- 23% live in households without access to a car or a van
- 27% live in lone parent households, a majority of whom are unemployed
- 22% live in rented social housing
- 10% of babies born in Coventry in 2004 weighed less than 2.4 kilos (c. 5lbs)

3.2.3 Areas of Need

Figure 6 on the following page maps areas of multiple deprivation in the city i.e. those that are within the 10% most deprived nationally. It shows how Coventry's wards differ with respect to total population, 0 – 19 year old population, numbers of black and minority ethnic children, crime rates, household income, lone parent households and level of qualifications.

Bablake	
Population	15,041
% 0 – 19 y.o	24%
% BME children	9%
Crime rate (per 1000)	79.2
Household Income	£30,463
Lone parent Households	4%
% 5 GCSE's A* to C	57%

Radford	
Population	16,901
% 0 – 19 y.o	31%
% BME children	25%
Crime rate (per 1000)	103.2
Household Income	£25,015
Lone parent Households	10%
% 5 GCSE's A* to C	35%

Holbrook	
Population	18,427
% 0 – 19 y.o	36%
% BME children	24%
Crime rate (per 1000)	75.1
Household Income	£26,978
Lone parent Households	10%
% 5 GCSE's A* to C	34%

Longford	
Population	17,601
% 0 – 19 y.o	32%
% BME children	23%
Crime rate (per 1000)	115.6
Household Income	£23,199
Lone parent Households	10%
% 5 GCSE's A* to C	36%

Henley	
Population	17,027
% 0 – 19 y.o	35%
% BME children	12%
Crime rate (per 1000)	192.9
Household Income	£26,131
Lone parent Households	13%
% 5 GCSE's A* to C	32%

Sherbourne	
Population	16,531
% 0 – 19 y.o	27%
% BME children	11%
Crime rate (per 1000)	106.4
Household Income	£30,252
Lone parent Households	6%
% 5 GCSE's A* to C	58%

Woodlands	
Population	18,486
% 0 – 19 y.o	31%
% BME children	6%
Crime rate (per 1000)	57.7
Household Income	£30,486
Lone parent Households	7%
% 5 GCSE's A* to C	55%

Whoberley	
Population	16,537
% 0 – 19 y.o	23%
% BME children	12%
Crime rate (per 1000)	73.0
Household Income	£29,409
Lone parent Households	5%
% 5 GCSE's A* to C	61%

Westwood	
Population	14,983
% 0 – 19 y.o	28%
% BME children	8%
Crime rate (per 1000)	99.4
Household Income	£27,096
Lone parent Households	9%
% 5 GCSE's A* to C	39%

Wainbody	
Population	16,306
% 0 – 19 y.o	32%
% BME children	20%
Crime rate (per 1000)	62.2
Household Income	£38,706
Lone parent Households	4%
% 5 GCSE's A* to C	72%

Earlsdon	
Population	16,543
% 0 – 19 y.o	25%
% BME children	16%
Crime rate (per 1000)	68.6
Household Income	£37,432
Lone parent Households	4%
% 5 GCSE's A* to C	71%

St. Michael's	
Population	15,413
% 0 – 19 y.o	31%
% BME children	42%
Crime rate (per 1000)	526.4
Household Income	£20,382
Lone parent Households	13%
% 5 GCSE's A* to C	34%

Cheylesmore	
Population	13,983
% 0 – 19 y.o	20%
% BME children	20%
Crime rate (per 1000)	85.5
Household Income	£28,970
Lone parent Households	5%
% 5 GCSE's A* to C	45%

Binley & Willenhall	
Population	18,296
% 0 – 19 y.o	34%
% BME children	9%
Crime rate (per 1000)	146.9
Household Income	£27,007
Lone parent Households	10%
% 5 GCSE's A* to C	36%

Foleshill	
Population	17,968
% 0 – 19 y.o	43%
% BME children	61%
Crime rate (per 1000)	167.8
Household Income	£19,502
Lone parent Households	14%
% 5 GCSE's A* to C	36%

Upper Stoke	
Population	17,069
% 0 – 19 y.o	31%
% BME children	27%
Crime rate (per 1000)	148.7
Household Income	£25,915
Lone parent Households	9%
% 5 GCSE's A* to C	42%

Wyken	
Population	17,958
% 0 – 19 y.o	32%
% BME children	16%
Crime rate (per 1000)	98.9
Household Income	£28,280
Lone parent Households	7%
% 5 GCSE's A* to C	53%

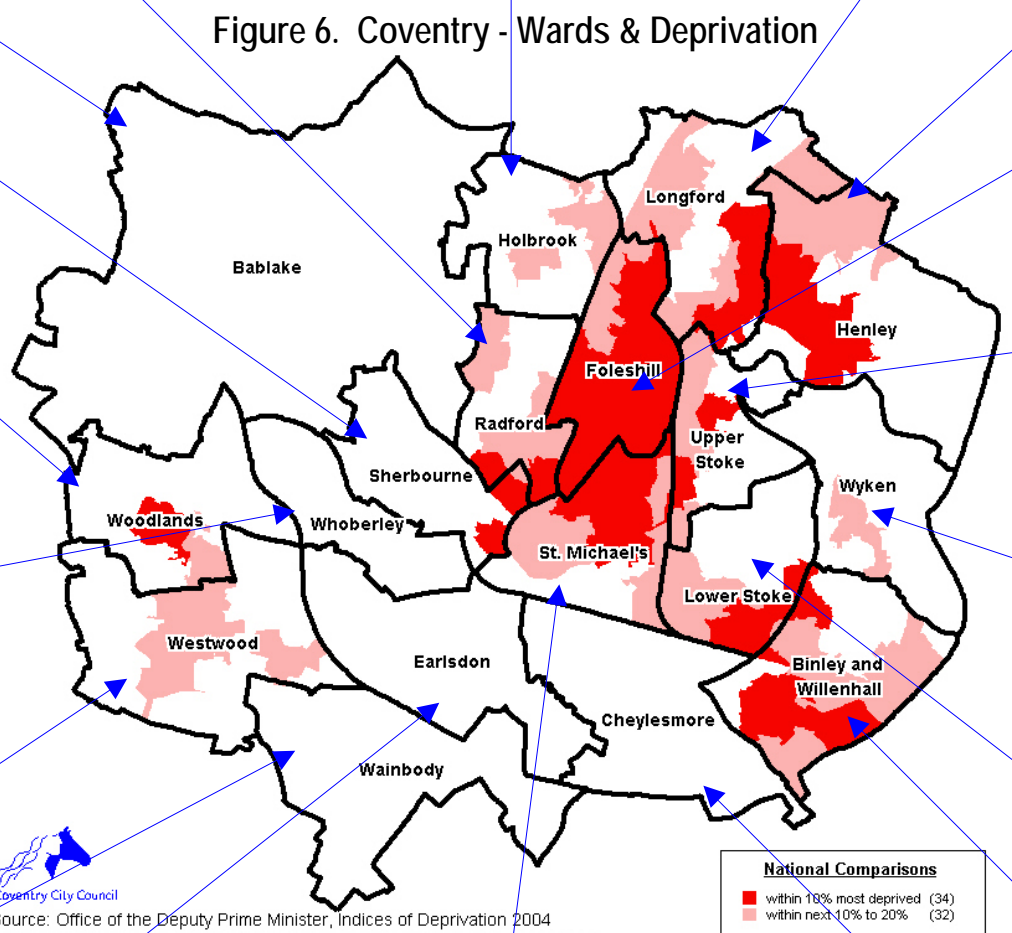
Lower Stoke	
Population	15,778
% 0 – 19 y.o	29%
% BME children	16%
Crime rate (per 1000)	129.3
Household Income	£27,199
Lone parent Households	9%
% 5 GCSE's A* to C	42%

Binley & Willenhall	
Population	18,296
% 0 – 19 y.o	34%
% BME children	9%
Crime rate (per 1000)	146.9
Household Income	£27,007
Lone parent Households	10%
% 5 GCSE's A* to C	36%

Binley & Willenhall	
Population	18,296
% 0 – 19 y.o	34%
% BME children	9%
Crime rate (per 1000)	146.9
Household Income	£27,007
Lone parent Households	10%
% 5 GCSE's A* to C	36%

Binley & Willenhall	
Population	18,296
% 0 – 19 y.o	34%
% BME children	9%
Crime rate (per 1000)	146.9
Household Income	£27,007
Lone parent Households	10%
% 5 GCSE's A* to C	36%

Binley & Willenhall	
Population	18,296
% 0 – 19 y.o	34%
% BME children	9%
Crime rate (per 1000)	146.9
Household Income	£27,007
Lone parent Households	10%
% 5 GCSE's A* to C	36%



Source: Office of the Deputy Prime Minister, Indices of Deprivation 2004
 © Crown Copyright Reserved © Coventry City Council Licence No. 100026294

3.2.4 Consultation

The CYPP has been drawn up with the active involvement of a wide range of partners, including those stipulated under the 'duty to co-operate' set out in Section 10 of the Children Act 2004:

- tPCT and Strategic Health Authority;
- Police Authority
- Probation Service;
- Youth Offending Service;
- Connexions Partnership;
- Local Learning and Skills Council.

The local authority has consulted with the Children and Young People's Strategic Partnership which additionally includes representation from:

- Voluntary and community sector
- University Hospital Coventry & Warwickshire
- Fire Service

As part of the consultation process the plan and a summary were posted on the Children and Young People's Strategic Partnership web site coventrycypsp.org.uk and also sent to:

- Headteachers
- Chairs of Governors
- Diocesan Authorities

The local authority has consulted with Trade Union representatives via the Children, Learning and Young People's Directorate Management and Trade Union Forum.

Consultation with Children, Young People, Parents and Carers

The Children and Young People's Plan is based on an audit of need that helps to identify the steps that will enable us to secure better outcomes for children and young people.

The audit has reviewed the wealth of consultation work that has already been undertaken with children and young people, their parents and carers under each of the Every Child Matters outcomes. Key messages from the consultation work are summarised in Appendix 1a.

A 'Communities that Care' youth survey has been undertaken with 10,000 young people across the City to establish their views of the risks and protective factors that affect their lives. A summary of key findings is included at Appendix 1b.

Consultation with disabled children and young people has been undertaken to inform the Inclusion and SEN Strategy. Key findings are included in Appendix 1c.

Children, young people, parents and carers will be consulted specifically on how well the plan reflects the issues they have raised and to identify new areas for inclusion in future revisions of the action plans contained within the CYPP.

3.2.5 Local Preventative Strategy

The audit of need has built on the comprehensive work undertaken to develop the city's Interim Local Preventative Strategy which was approved by the Children and Young People's Strategic Partnership in July 2004 (Appendix 2).

3.2.6 Performance Review

Partners have jointly scrutinised Joint Area Review performance indicators under each of the Every Child Matters outcomes to establish a collective view of performance across the city, and to identify strategic issues or gaps in service provision. This analysis of data builds on the Annual Performance Assessment self assessment and forms the basis of the self -assessment for the City's Joint Area Review. The outcome of the APA of Children's Services has also informed priorities and action planning.

Appendix 3 contains the summary statement from the Joint Area Review self-assessment – to be added.

3.2.7 Equality Impact Assessment

The analysis of need has also been informed by an Equality Impact Assessment of the Plan (Appendix 8).

3.3 Summary

3.3.1 The expressed needs of children and young people are that:

- They want to be involved in decision making
- They want the support of their families
- They want to live in safe and secure neighbourhoods
- They want something to do
- They want easy access to services

3.3.2 The key finding of the Communities that Care survey on the balance of risk and protection was that risk factors relating to family and school were higher than the national average and those associated with community or individual/peer risk factors were in line with the national results.

3.3.3 The audit has confirmed the need to continue to improve outcomes for groups of children and young people that are vulnerable and at risk:

- Disabled children and young people and those with special educational needs
- Children who need protection, some of whom need to be 'looked after'
- Black and minority ethnic children
- Children of asylum seeker, refugee and newly arrived families and young people who are themselves refugees or asylum seekers
- Children and young people with mental health problems.

3.3.4 Undertaking this audit of need has enabled us to identify the strategic aims and actions needed to deliver the required outcomes.

4. The Planning Framework

4.1 Partner's Plans and Priorities

Priorities within the plans of other partners and stakeholders have been reviewed and mapped against the aims of Coventry's CYPP. Figure 8. below and Appendix 4. illustrate the consistency between the priorities in the separate plans and the aims of the Children and Young People's Plan.

Strategic Plans and Priorities	CYPP/LAA Aims							
	Early Years	CYP with Disabilities	Looked After Children	Behaviour Improvement	Achievements and Aspirations	Safe and Protected From Harm	Healthy Lifestyles	Children's Director, Directorate and Trust
Community Plan 2003 - 2010								
City Council Corporate Plan 05/06 – 07/08								
Local Area Agreement								
Public Service Agreement 2								
Cabinet Member Plan for Children's Services / LEA Inspection Action Plan								
Health - tPCT 3 year Plan (2005 – 2008) for Children and Young People								
Health Inequalities Strategy 20003 - 2006								
Community Safety Strategy 2005 - 2008								
West Midlands Police Strategic Plan 2005 – 2008 / Local Policing Plan 2004 - 2005								
Youth Justice Plan 2005 - 2006								
National Probation Service Business Plan 05 – 06 / West Midlands Annual Business Plan 05 - 06								
Connexions Annual Business Plan 2005 - 2006								
Coventry and Warwickshire Learning and Skills Council Annual Plan 2005 - 2006								
Strategic Plan for 14 – 19 Education and Training '04 – '07								
Housing Strategy Update 05 / Supporting People Strategy 2005 - 2010								
Local Cultural Strategy 2004 – 2010 / Draft Sports Strategy 2004 - 2010								
Coventry Development Plan 1996 - 2011								
Teenage Pregnancy Strategy								
Education Development Plan								
Substance Misuse Plan								

4.2 The National Service Framework for Children, Young People and Maternity Services

4.2.1 The NSF was published in full in September 2004 and is a key component of the government's Change for Children agenda. It sets the agenda for modernising services over the next 10 years. The standards contained within the NSF aim to improve lives and health of children, young people and pregnant women by ensuring that local health and local authority services are:

- Quicker and easier to use
- Personalised
- Better co-ordinated
- Better at involving people
- Better at achieving good outcomes
- More tailored to needs
- Equitable

4.2.2 Core Standards:

1. Promoting health and well-being, identifying needs and intervening early
2. Supporting parents and carers
3. Child, young person and family centred services
4. Growing up
5. Safeguarding and promoting the welfare of children and young people

4.2.3 Specific Standards:

6. Children and young people that are ill
7. Children and young people in hospital
8. Children and young people with complex health needs
9. Mental and psychological well-being of children and young people
10. Medicines
11. Maternity

4.2.4 NSF Audit

Coventry has conducted a base-line assessment to identify the current status in respect of implementing the Children, Young People and Maternity Services National Service Framework (NSF) see Appendix 5. This is now being used to inform the planning of a multi-agency approach to phased implementation over the next four years. This process will identify short-, medium- and long-term priorities for the Children and Young People's Strategic Partnership.

4.3 Former plans

Plans replaced by the new children and young people's plan will be managed strategically or operationally in the following ways:

Statutory plans Replaced ³	Cabinet Member Plan	Operational Plan	Team Plan	Separate Plan
1. Behaviour Support Plan	√	√	√	
2. Children's Services Plan	√	√	√	
3. Class Sizes Plan		Built into systems and procedures		
4. Early Years Development and Childcare Plan		√		
5. Education Development Plan	√	√	√	
6. Local Authority Adoption Services Plan	√	√		Plus annual report
7. School Organisation Plan				√
Non-statutory plans replaced				
8. Area Child Protection Committee Business Plan	√			Separate business plan
9. Asset Management Plan				Maintain database
10. Behaviour Improvement Plan	√	√	√	
11. Excellence Cluster Plan	√	√		
12. Excellence in Cities Plan	√	√		
13. ICT Development Plan				Under development
14. Primary Strategy Plan		√		√
15. Teenage Pregnancy Strategy	√			In CYPP from April 06)
16. Underperforming Schools Plan	√			
17. Youth Service Plan	√	√		

Table 2. Statutory Plans replaced by CYPP

4.4 Delivering Every Child Matters Outcomes

It is important to recognise that the work of a variety of different partners and groups contributes to the delivery of improved outcomes for children and young people. **Many activities fall within the mainstream plans of individual agencies** and will continue to be the focus of their work. **New and emerging plans, particularly the action plans supporting the work of the Partnership, are being developed as multi-agency plans that address the aims of the CYPP.**

The diagram below and on the following page illustrates the clear links between the Every Child Matters outcomes and aims, the aims of the CYPP and the work being undertaken by the Sub Groups of the CYPSP and other partnership groups and boards.

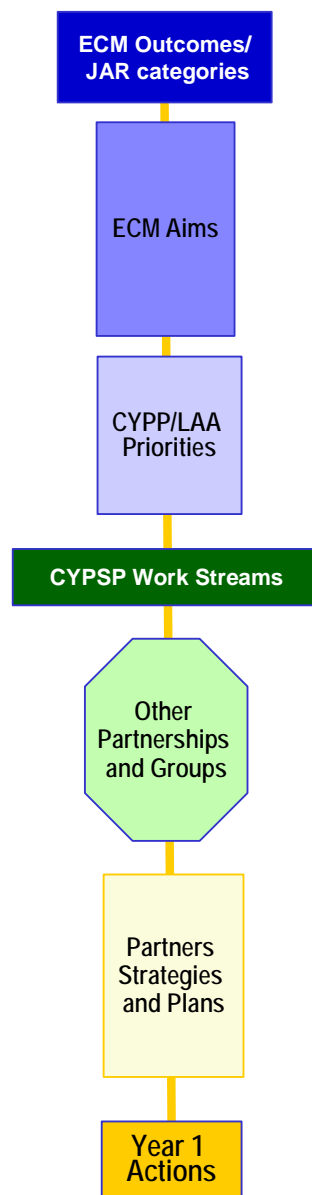


Figure 8. Relationship between Every Child Matters Outcomes and Year 1 Actions

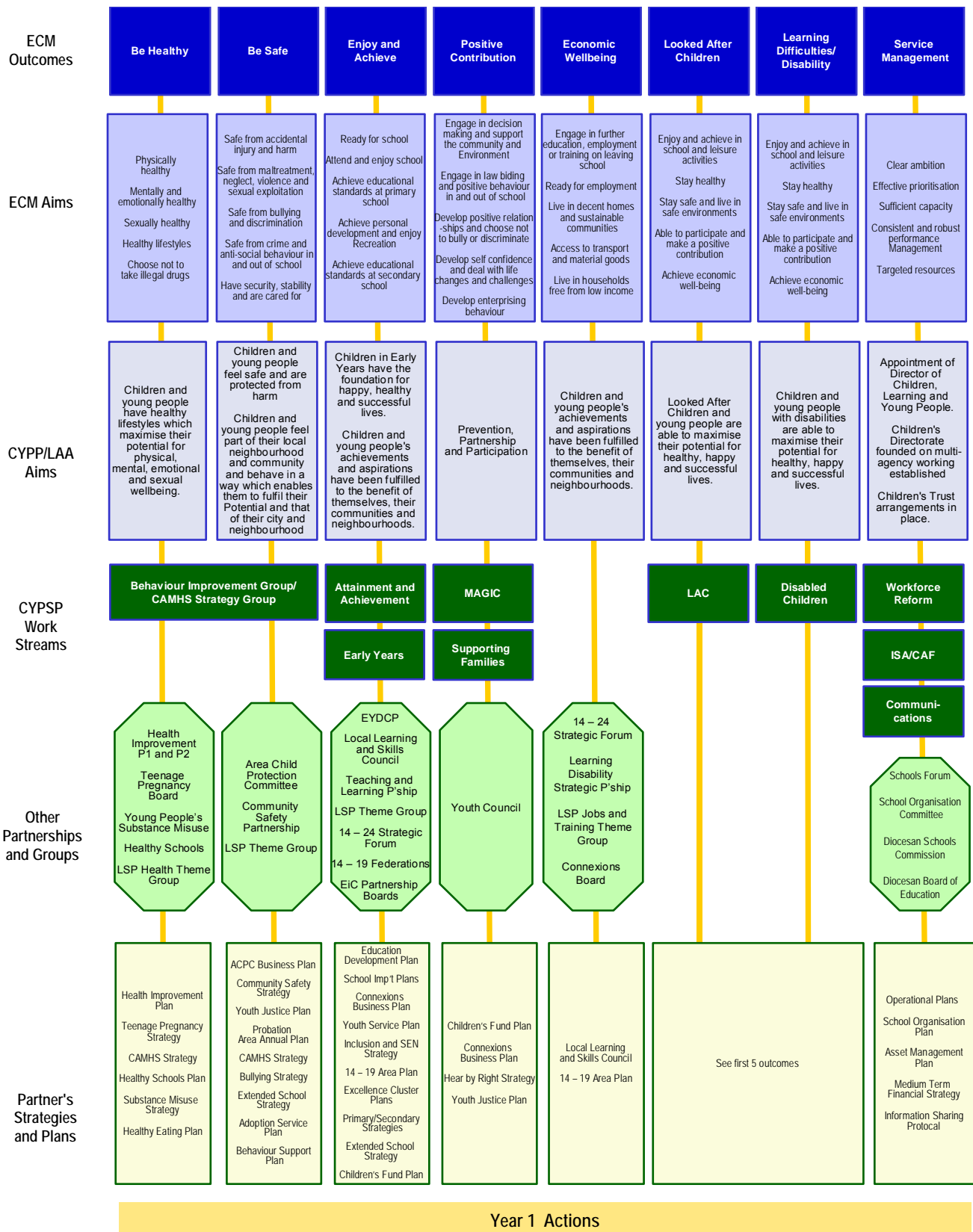


Figure 9. Linkages between CYP/LAA aims, partnership priorities and the ECM framework

5. Plans into Action

5.1 Strategic Action Plans for year 1 have been produced for each of the Every Child Matters outcomes and for a sixth area – integrated processes. The success criteria link to the Governments ECM outcomes framework and map across into revised measures within the Coventry Community Plan. The action plans set out:

- The overall aim for the outcome area
- How we will know if we have been successful by 2010
- The key actions that will be carried out by the sub-groups of the CYPSP or by partners implementing existing plans
- Actions relating to the cross-cutting themes of looked after children, children with learning difficulties/disabilities, black and minority ethnic children. Prevention, partnership and participation are also cross cutting themes
- The accountable officer and organisation

5.2 The success criteria are high level outcome indicators - the changes that we want to see by 2010 - will be used to evaluate how effective our strategies have been in delivering the desired outcomes. The targets and performance indicators that will be used to monitor our progress towards these outcomes are contained in the detailed plans which underpin this strategic document.

Photographs of work with children and young people will be inserted in the published version of the plan.



Contributory factors:	Being healthy		
Health Promotion	<ul style="list-style-type: none"> • Coventry Health Promoting Schools Scheme: <ul style="list-style-type: none"> ○ To reach national target – 50% of all schools to achieve national healthy school status by December 2006 ○ To reach national target – 100% of all schools to achieve national healthy school status by December 2009 ○ To support those schools who have achieved Level 3 (existing national healthy schools status) to advance to the new national status 	Heather White – Healthy Schools Co-ordinator	National Healthy Schools Prog. Plan. Coventry Health promoting Schools Scheme
Obesity	<ul style="list-style-type: none"> • Development of a comprehensive obesity strategy for the city with specific targets for improvement 	Peter Barker	Health Inequalities Strategy
Substance Misuse	<ul style="list-style-type: none"> • Support the LEA in establishing a data collection system for reporting against future substance misuse KPIs for Truants/Excludees • Under Healthy Schools initiative, provide training provision and awareness sessions to pupils, governors, teachers and parents. • Continue to develop wide range of promotional material and information on drug misuse for users, families, friends, and local agencies. • Provide coordinated targeted prevention programmes for identified groups of vulnerable young people including Looked After Children, YOS clients, POPOs, Pupil Referral Unit pupils, and permanently excluded and self-excluded pupils • In partnership with the C&YPS Partnership and partner agencies, develop needs analysis relating to young people in Coventry, examining perceived risk & protective factors. 	Community Safety Team Coventry City Council	Young People's Substance Misuse Plan 2006/07 Communities that Care Audit
Cross-cutting themes:	Being Healthy		
Looked After Children	<p>Teenage pregnancy:</p> <ul style="list-style-type: none"> • Deliver SRE policy training and updates to residential social workers and foster carers <p>Substance misuse:</p> <ul style="list-style-type: none"> • Support Social Services to ensure systems are fully operational to report on the substance misuse KPI for Looked After Children (LAC) • Provide coordinated targeted prevention programmes for identified groups of vulnerable young people including Looked After Children <p>Sport:</p> <ul style="list-style-type: none"> • Deliver "Your sport and leisure" 	<p>Kate Rix Jan Norton Coventry tPCT</p> <p>Community Safety Team Coventry City Council</p> <p>Lisa Dodd Sport, Culture &</p>	<p>Teenage Pregnancy Strategy 2004-05</p> <p>Young People's Substance Misuse Plan 2006/07</p> <p>Draft sports strategy</p>

Cross-cutting themes:	Being Healthy		
	programme for looked after children	Leisure	
Learning Difficulties/Disabilities	<ul style="list-style-type: none"> • Teenage pregnancy: Develop a quality standards framework and care pathways for young women with learning disabilities who are pregnant or mothers • Leisure: Provide accessible play equipment as an intergraded part of all play area installations 	<p>Kate Rix Jan Norton Coventry tPCT</p> <p>Ces Edwards, Parks, Culture & Leisure</p>	<p>Teenage Pregnancy Strategy 2004-05</p> <p>Play Area renewals programme</p>
Black and Minority Ethnic	<ul style="list-style-type: none"> • Teenage pregnancy: Identify local needs specific to BME communities to inform commissioning • Sports: continue to provide Sports Programme for Black Boys Can 	<p>Kate Rix Jan Norton Coventry tPCT</p> <p>Clyde McIntosh Sport, Culture & Leisure</p>	<p>Teenage Pregnancy Strategy</p> <p>Draft sports strategy</p>
Participation, Prevention and Partnership	<p>Teenage pregnancy: Demonstrate participation of service users, parents, carers, and people working with children and young people in the development and delivery of the strategy.</p> <ul style="list-style-type: none"> • Champion the city-wide co-ordination of all smoking and alcohol prevention and cessation activities through the Young Person's Substance Misuse Group • Convene 3 city-wide groups to strategically co-ordinate all associated activities: <ul style="list-style-type: none"> ○ CYP Physical Activity group ○ Parent/Carer Information group ○ Emotional well-being/mental health promotion • Continue to deliver Positive Futures programme 	<p>Kate Rix Jan Norton Coventry tPCT</p> <p>Kevin Crawford, Coventry City Council and Jane Craig, Coventry PCT</p> <p>Paul Breed</p>	<p>Teenage Pregnancy Strategy 2004-05</p> <p>Health Inequalities Strategy</p> <p>Draft sports strategy</p>

ECM Outcome: Staying Safe

CYPP/LAA Aim:
 Children and young people feel safe and are protected from harm
 Children and young people feel part of their local neighbourhood and community and behave in a way which enables them to fulfil their potential and that of their city and neighbourhood

2010 Success Criteria:

- Children are protected from harm:
 - Incidents of bullying fall
 - Fewer children are victims of repeat abuse
 - More looked after children have more stable placements
 - Less children are affected by domestic violence
 - There is less harm caused by illegal drugs to children and young people
 - Less children are killed or injured in road traffic accidents
- There is reduced offending and re-offending by children and young people

CYPSP Priority/Work Stream	Year 1 Key Actions	Lead Organisation	Host Plan (Cross Reference)
Area Child Protection Committee	<ul style="list-style-type: none"> • Achieve the transition from the ACPC to the Coventry Safeguarding Children Board with necessary infrastructure and funding arrangements agreed. • Establish Safeguarding Children and Review Service jointly with the PCT (under a Section 10 agreement) by April 2007. 	Jivan Sembi - Children's Registration and Reviewing Service ACPC / LSCB	ACPC Business Plan 2005-2007
Anti Bullying Strategy	<ul style="list-style-type: none"> • Secure funding to appoint Anti-Bullying Strategy Manager, from April 2006 • Media campaign on buses and in schools for high level launch September 2006 • Phases 3 and 4 of the reporting infrastructure in place (non BIP Schools) starting April 2006 • Launch of the 'Peace Ambassadors' training programme June 2006 	Sue Sampson/ Val Millman Children's Services	(cf Behaviour Improvement Group Action Plan) Anti Bullying Strategy "Making Schools a Safer Place to Learn"
Supporting Families Sub Group	<ul style="list-style-type: none"> • Understand the prevention and recovery needs of children who have experienced domestic violence, and identify which of these are unmet needs. • Preventing children becoming looked after: Families are offered timely and co-ordinated support to prevent the need for children and young people to be looked after. 	Domestic Violence and Abuse Partnership – Pat Moore ACPC/Family Group Conferencing – Sue Sampson	Supporting Families Sub Group Action Plan Supporting Families Sub Group Action Plan
Contributory factors: Diversionary activity	Staying safe <ul style="list-style-type: none"> • School-based youth work teams will support 'at risk' pupils in 8 secondary schools to overcome issues of anti-social and criminal behaviour, as well as issues of disaffection and disengagement. • Deliver holiday programmes aimed at 	Dave Knaggs - Youth Service Youth Service	Plans for 2006 being developed

Contributory factors:	Staying safe diverting and developing young people most at risk of social exclusion and committing crime through Positive Activities for Young People (PAYP) and mainstream youth work programmes. <ul style="list-style-type: none"> • Sports programmes to decrease youth offending offered (Positive Futures, 8 project, NDC Active Communities, Neighbourhood leisure, Canley) 	Lisa Dodd Sport, Culture & Leisure	Draft sports strategy
Reduce Re-Offending	<ul style="list-style-type: none"> • Work in partnership to deliver the Governments prolific and other persistent offender strategy, taking the lead for prevent and deter service delivery. • Provide a range of high quality and effective community sentences that the local Courts have confidence in. • Continue to use Restorative processes creatively to bring closure for victims and bring community payback schemes into neighbourhoods. • Contribute towards young people NEET • Ensure issues of resettlement and accommodation needs are met. 	Andy Pepper – Youth Offending Service	Youth Justice Plan 2005-2006
Behaviour Improvement Programme	<ul style="list-style-type: none"> • Pilot two multi agency support teams in each cluster (BESTs) 	Andy Walmsley – Excellence in Cities	Behaviour Improvement Plan (Phase 3 & 4)
Victims of Crime	Domestic violence and abuse: <ul style="list-style-type: none"> • Develop and implement DVA Multi-agency Protocols for agencies working with children and young people • Provide specialist interventions for children and young people who are or who have lived with DVA • Enable perpetrators to address their abusive behaviour • Introduce an integrated Children's Contact Centre • Sure Start centres to become <i>Hate Crime</i> reporting centres 	Coventry Domestic Violence and Abuse Partnership (CDVAP) M Brassington (Early Years)	CDVAP's Strategy 2005/08 and annual Action Plans SureStart
Road Safety	<ul style="list-style-type: none"> • Provide educational presentations to pupils across the city in years 5 and 6 in primary schools and years 7,9 and 11 in secondary schools • Provide pre-school play equipment and other resources on request to all other age groups in schools • Work with other agencies to deliver Young Driver modules to sixth form students in the city 	Melanie Statham – Road Safety Team, Coventry City Council	Road Safety Plan

Cross-cutting themes:	Staying safe		
Looked After Children	<ul style="list-style-type: none"> • Development of new LAC service • Equalities Impact Assessment to be carried out on new LAC service • The percentage of under 16s looked after for more than 2.5 years living in the same placement for 2 yrs or more, or placed for adoption is increased • The number of Looked after Children who have had 3 or more placements is reduced 	Howard Woolfenden – Looked After Children (LAC) Sub group	LAC sub group action plan
Learning Difficulties/Disabilities	<ul style="list-style-type: none"> • Arrangements for responding to Child Protection and supporting Looked after Children to be reviewed as part of developing new integrated service • Anti-bullying strategy to ensure focus on children with learning difficulties and disabilities 	LAC sub group, Integrated Services for Disabled Children sub group, ACPC Behaviour Improvement Group (BIG)	LAC action plan, ISDC action plan, ACPC business plan BIG action plan
Black and Minority Ethnic	<ul style="list-style-type: none"> • Anti-bullying strategy to ensure focus on children from BME backgrounds 	BIG	BIG action plan
Participation, Prevention and Partnership	<ul style="list-style-type: none"> • Mainstream of NRF funding for LAC participation • Common Assessment Framework (CAF) integrated into ACPC procedures • Involvement of children in anti-bullying strategy 	LAC sub group ISA steering group, ACPC BIG, Supporting Families Sub group (SFSG)	LAC action plan ISA action plan, ACPC business plan BIG action plan, SFSG action plan, anti-bullying strategy

ECM Outcome: Enjoying and Achieving

CYPP/LAA Aim:

Children in Early Years have the foundation for happy, healthy and successful lives.

Children and young people's achievements and aspirations have been fulfilled to the benefit of themselves, their communities and neighbourhoods.

2010 Success Criteria:

- Children are more ready for school
- The educational achievement of 7 year olds will improve
- The educational achievement of 11 year olds improve for English and Maths
- The educational achievement of 14 year olds improve for English, Maths, Science and ICT
- More 16 year olds achieve five or more GCSEs at grades A*-C including English and Maths
- The educational achievement of Looked After Children will improve.
- School attendance improves, including LAC
- Fewer children will be excluded from school

CYPSP Priority/Work Stream	Year 1 Key Actions	Lead Organisation	Host Plan (Cross Reference)
Early Years Sub Group	<ul style="list-style-type: none"> • Develop an Early Years Strategy • Implement strategy and monitor and evaluate effectiveness 	Early years sub group	<p>Early Years sub group action plan</p> <p>draft Early Years Strategy</p>
Attainment and Achievement	<ul style="list-style-type: none"> • Review attainment & achievement, including attendance and exclusions, with respect to performance overall at each key stage, including post-16, and identify areas for action and the adequacy of plans to address areas of weaker performance. • Review the progress in 2005 in the attainment achievement of each under achieving group. Identify areas for further action and plan the response of the sub group and its partners to manage any necessary intervention. • Review the role of 'out of hours' learning' in supporting the achievement of children and young people and work with partners in the targeting of provision to meet need. 	<p>Schools & LA, LLSC</p> <p>Schools LA & lead agencies for under-achieving groups</p> <p>LA including Services for Schools, Youth Service & Children & Family Service.</p>	<p>EDP II (P 1,2,3,4) School SE & P Review. Primary & Sec'dary strategies.</p> <p>EDP II (P 4 & 8). LA Div. Op. Plans. School Improvement Plans. SEN & Inclusion Strategies</p> <p>LA Divisional Plans. EDP II Priority 4. Children's Fund Strategic Plan.</p>

CYPSP Priority/Work Stream	Year 1 Key Actions	Lead Organisation	Host Plan (Cross Reference)
Behaviour Improvement Group	<ul style="list-style-type: none"> • Education other than at school: <ul style="list-style-type: none"> ○ Development of new therapeutic services to assist those young people with complex and multiple problems. ○ Continue to develop Key Stage 4 provision through the KS4 Centre to introduce greater choice and flexibility for vulnerable young people from 14-16 	<p>Martin Bonathan – SEN & Inclusion</p> <p>Alternative programmes</p>	BIG Action Plan

Contributory factors:	Enjoying and achieving		
Family Learning	<ul style="list-style-type: none"> • Review our strategies for supporting parents and carers in their role of helping children achieve their potential. Support and promote any actions considered necessary in collaboration with other sub groups and partners. 	Children & Family Service	LA Children & Family Op. Plan. EDP II Priority 8.
School partnership and collaboration	<p>Accessible services through extended schools:</p> <ul style="list-style-type: none"> • To support 25 schools in delivering the core offer by August 2006 and all schools by August 2010 • To support the development of full service extended schools in the city <p>Excellence clusters:</p> <ul style="list-style-type: none"> • Work with able, gifted and talented pupils • Support learning mentors' strategies with target pupils • Develop behaviour/attendance strategies through Learning Support Units • Develop strategies to support young people at key transition points in their lives • Address issues to do with language delay in partnership with speech and language therapists <ul style="list-style-type: none"> • Further develop the Teaching & Learning Partnerships in Secondary Education and the 14-19 Federations of Schools, Further Education Colleges and Training Providers to secure collaborative decision making and planning & collective responsibility for the outcomes of ECM in each area of the city. 	<p>Andy Walmsley – Excellence in Cities</p> <p>Andy Walmsley – Excellence in Cities</p> <p>LA, LLSC & Secondary Schools.</p>	<p>Extended Schools Action Plan & Training Plan</p> <p>Coventry Excellence Cluster Plan</p> <p>Coventry Action Zone Cluster transformation & action plan</p> <p>Coventry EIC strategy 2005-08</p> <p>LIG Collaborative Plan, 14 - 19 Strategic Area Plan, 14 – 19 Federation Plans.</p>

Contributory factors:		Enjoying and achieving	
Sport and Leisure	<ul style="list-style-type: none"> Education referral programme within Positive Futures 	Lisa Dodd Sport, Culture & Leisure	Draft sports strategy
Youth engagement and participation	<ul style="list-style-type: none"> Continued support to and development of School Councils 	Democracy Project, Youth Service, Schools	Services for Communities Operational Plan
Cross-cutting themes:		Enjoying and achieving	
Looked After Children	<ul style="list-style-type: none"> Establish regular progress monitoring for all LACs and reporting to LA for LAC in Year 9 & 11. Secure an effective way of improving the attendance of LAC who are not attending schools for 25 days a year or more. Strengthen further the place of LAC in the review of school performance. See also sports activities under 'being healthy' 	LA & Schools LA, Schools & External Providers LA & Schools	EDP II Priority 3 Operational Plans & EDP II Priority 4 EDP II Priority 5
Learning Difficulties/Disabilities	<ul style="list-style-type: none"> Provide support & training for schools in assessing pupils with SEN and plan appropriate actions to enhance their progress using the P scales where appropriate to assess progress. Implement performance monitoring for pupils with SEN through School Performance Review and improve the SEN performance information available to Schools. Build strategic links with Connexions, Health Authority & other key partners to provide more effective support to SEN pupils particularly at points of transition. Implement Strategy for Inclusion and Special Educational Needs 	LA & Schools LA & Schools LA & Schools, LLSC Martin Bonathan	EDP II Priorities 1,2,3,4 & 8 EDP II Priority 5 & 8 EDP II Priority 3 & 8 Strategy for Inclusion and Special Educational Needs
Black and Minority Ethnic	<ul style="list-style-type: none"> Support schools in using data analysed by ethnicity to target underachieving pupils from BME groups including where groups are small and agree action. Establish regular progress monitoring, including attainment, attendance and exclusion, with schools for pupils of Black Caribbean & Mixed Heritage in Years 9 & 11 and reporting outcomes to the LA. Support schools to improve their systems for identifying, recording and responding to racial incidents. 	Schools & LA Schools & LA Schools & LA	EDP II Priority 4. EDP II Priority 3 Operational Plans EDP II Priority 4 & Operational Plans

Cross-cutting themes:	Enjoying and achieving		
Participation, Prevention and Partnership	Family learning: <ul style="list-style-type: none"> • Involve fathers in their child's development: • Improve children's communication skills: • Raise basic skills of children and parents/carers: • Parent/carers involved in their children's development 	Children and Family Education Service – Kevin Crawford	EDP2/Adult Learning Plan Children and Family Education Plan

ECM Outcome: Making a Positive Contribution

See also 'staying safe' outcome

CYPSP/LAA Aim: <i>Prevention, Partnership, and Participation</i> are fundamental to the approach Coventry is taking to the delivery of children and young people's services and therefore will be reflected in all activities which aim to improve outcomes.	2010 Success Criteria: <ul style="list-style-type: none"> Children and Young People's influence on service design are recognised through all partners achieving Hear by Right and Co-operating with Children Awards More young people participate in voluntary and community activities
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

CYPSP Priority/Work Stream	Year 1 Key Actions	Lead Organisation	Host Plan (Cross Reference)
Multi Agency Group Involving Children (MAGIC)	Support services to achieve the targets set by The Coventry Partnership and Children and Young People's Partnership in involving children and young people in influencing and making decisions on service design and delivery (Hear by Right and Co-operating with Children Award):	Kevin Crawford – Children & Family Education Services	MAGIC Action Plan
Behaviour Improvement Group	<ul style="list-style-type: none"> Deliver training for Behaviour and Attendance improvement to school clusters. Training will support the KS3 strategy and the primary strategy. Provision will be made where schools have identified particular needs. Target young people in Key Stage 3 identified as being at risk and offer additional support to deal with their behaviours and to raise achievement. 	Aidan Every – Services for Communities Youth Service (YISP) Positive Activities for Young People programme	BIG Action plan BIG Action plan
Supporting Families	Ensure that more families know how and where to voice their concerns and know that these will be listened to and taken seriously – through new parent involvement officer	Sue Sampson – Children's Fund	Supporting Families Sub Group action plan

Contributory Factors: Youth engagement and participation	Making a positive contribution <ul style="list-style-type: none"> Continued support to and development of Youth Council 	Democracy Project, Youth Service	Youth Service plans currently being developed
Anti-bullying strategy	See also "Staying Safe" action plan		
Develop Enterprising Behaviour	<ul style="list-style-type: none"> Promote Education Business Links to students starting September Offer Insight Programmes to 6th form students annually Promote Real Game to all schools 	Connexions Helen Czudej	Connexions Continuous Improvement Business Plan
Volunteer Opportunities	<ul style="list-style-type: none"> Establish a range of activities and programmes for young people at risk Promote volunteering and personal development opportunities 	Connexions Fran Downes	Connexions Continuous Improvement Business Plan

Contributory Factors:	Making a positive contribution		
Involvement of Young People	<ul style="list-style-type: none"> Involve and consult young people on the design, delivery and evaluation of services. Develop further the impact of Peer Mentors and Young Carers Projects 	Connexions Fran Downes Youth Service	Connexions CIBP Draft 2006 strategy
Cross-cutting themes:	Making a positive contribution		
Looked After Children	Survey views of Children & Young People who are looked after	S Bates / J Berrow	LAC Action Plan
Learning Difficulties/ Disabilities	<ul style="list-style-type: none"> Engagement of children and young people in planning broad spectrum provision Engagement of children and young people in planning of respite care 	M Bonathan – ISDC sub group M Donnelly / Respite Panel	ISDC action plan
Black and Minority Ethnic	<ul style="list-style-type: none"> Positive recruitment of parents in minority groups – Volunteer Befriending scheme Further develop Connexions’ partnership work with African Caribbean Community Steering Group and West Indian Community Association working with children & young people of African Caribbean and mixed heritage in raising achievement and attendance 	Margaret Brassington (Early Years) Connexions	SureStart Connexions CIBP
Participation, Prevention and Partnership	<ul style="list-style-type: none"> To develop a CYP involvement training session for PCT staff To develop a CYP involvement resource pack for PCT staff To facilitate a range of pilot activities which involve CYP and their parents/carers in the development of PCT services. To effectively disseminate good practice from the pilots and facilitate their uptake across the PCT. 	Jane Craig, Coventry PCT and Sheila Bates Coventry Partnership	National Service Framework for Children, Young People and Maternity Services

ECM Outcome: Having Economic Wellbeing

CYPP/LAA Aim:

Children and young people's achievements and aspirations have been fulfilled to the benefit of themselves, their communities and neighbourhoods.

2010 Success Criteria:

- There are fewer school leavers who are not in education, employment or training (NEETs)
- There are more 19 year-olds achieving NVQ level 2
- There are more 18-30s participating in Higher Education
- There are more child care places available and the take up has increased
- There are less children living in low income housing

CYPSP Priority/Work Stream	Year 1 Key Actions	Lead Organisation	Host Plan (Cross Reference)
Attainment and Achievement	<ul style="list-style-type: none"> • Review the data relating to the destinations of young people post 16 and identify any concerns and necessary action by the group on its partners. • Ensure effective strategic planning of 14-19 provision across Coventry so that this meets the widest possible range of needs of students, employers and the local community • Achieve maximum participation in education and training by 14-19 year olds in Coventry • Improve retention, achievement and progression by ensuring that the needs and potential of all young people are met through access to high quality programmes of learning and skills which are valued by employers and the wider community and which provide the full range of pathways to progression. 	<p>Steve Stewart Connexions</p> <p>Bridget Armour, CCC, and Yvonne Rose, LLSC</p>	<p>CNX Strategy Plan. EDP II Priority 3. 14-19 Area Strategic Plan, 14 – 19 Federation Plans. Secondary Strategy. LA Div. Op. Plans</p>
Early Years (Childcare)	<ul style="list-style-type: none"> • Sustainability of early years and childcare services. <ul style="list-style-type: none"> ○ Audit existing settings re: financial viability/capacity etc ○ Establish Business Forum for managers of early years and childcare settings and agree frequency and purpose of group • Increase take up of child benefit claimants claiming child tax credit: 	<p>Chris Wainwright - Early Years and Childcare Service</p> <p>Chris Wainwright / Jo Gowers – Children's information team</p>	<p>Early Years and Childcare Service – CYPSP Sub Group Action Plan</p> <p>Early Years and Childcare Service – CYPSP Sub Group Action Plan</p>
Contributory Factors: Personal advice and guidance	Having economic wellbeing <ul style="list-style-type: none"> • Provide careers interviews for every year 11, 12 and 13 students. • Promote Education Maintenance Allowance to all year 11 students • Promote centralised job application process 	<p>Connexions Steve Stewart</p>	<p>Connexions CIBP</p>

Contributory Factors:	Having economic wellbeing		
Work preparation	<ul style="list-style-type: none"> • Deliver annual careers event for years 10, 11 and 12 students • Provide support for those leaving 6th form and colleges • Make work experience placements available to all students in either year 10 or 11. 	Connexions Steve Stewart	Connexions CIBP
Housing Strategy	<ul style="list-style-type: none"> • Work towards target of bringing all social housing into decent condition by 2010, maximising the proportion of children and young people living in homes that meet the Decent Homes Standard. • Support families and young people seeking to transfer within or enter the social housing market through floating support teams and Council Nominations and Advice Team 	Ayaz Maqsood Housing Strategy Manager, City Council	On-going Housing Strategy Plan
Live in households free from low income/ anti-poverty strategy	<ul style="list-style-type: none"> • Lead and assist in the delivery of major regeneration programmes - Canley, NDC, Swanswell • Shape major regeneration schemes, and encourage and support engagement, to ensure that they deliver benefits for local communities – economic, social and environmental, - and reflect the priorities of Neighbourhood Plans. 	Carl Pearson – Regeneration Services	Regenerati on Services, Operational Plan, 2005- 06

Cross-cutting themes:	Having economic wellbeing		
Looked After Children	<ul style="list-style-type: none"> • Develop existing and new systems for reducing the number of looked after children who are NEETs • Routine involvement of Looked after Children in their Pathway Plan 	Connexions, LAC sub group	Connexions CIBP, LAC action plan
Learning Difficulties/Disabilities	<ul style="list-style-type: none"> • Decrease number of year 11 pupils with statement of SEN not having appropriate work placements. • Ensure all young people attending special schools or young people with statement of SEN receive support from Connexions service • Monitor progress and outcomes of all pupils with a statement of SEN 	Connexions Transition Forum	Connexions CIBP
Black and Minority Ethnic (BME)	<ul style="list-style-type: none"> • Ensure targeted actions to improve positive destination of BME students, particularly those of mixed heritage • Monitor and evaluate effectiveness of strategies to improve positive destinations <p>See also Enjoy and Achieve action plan</p>	Connexions	Connexions CIBP
Participation, Prevention and Partnership	<ul style="list-style-type: none"> • Annual city-wide Careers fair convention to be hosted by Connexions • Youth conference held as a means of consulting with children and young people 	Connexions	Connexions CIBP

Integrated processes

CYPSP Priority/Work Stream		Year 1 Key Actions	Lead Organisation	Host Plan (Cross Reference)
<p>CYPP/LAA Aim: Outcomes for children and young people will be improved through more integrated and responsive services, and specialist support embedded in and accessed through universal services.</p>		<p>CYPP/LAA Aim: Outcomes for children and young people will be improved through more integrated and responsive services, and specialist support embedded in and accessed through universal services.</p>		
Establish Children's Trust	<ul style="list-style-type: none"> Gain approval of relevant stakeholders to establish Children's Trust 	Richard Keble - Children & Young People's Strategic Partnership Strategy Group	Change for Children Programme Initiation Document (PID)	
Information Sharing Agenda Sub Group	<ul style="list-style-type: none"> Common Assessment Framework live in all areas of the city Role of lead professional rolled out city wide RYOGENS / information sharing index live across whole city Relevant training of staff on CAF & RYOGENS delivered 	Richard Keble - Children & Young People's Strategic Partnership	ISA/RYOGENS sub group action plan	
Workforce reform	<ul style="list-style-type: none"> Common protocols on recruitment and development of staff delivered 	Workforce reform steering group – Bev Messenger (CCC), Sarah Faulkner (TPCT)	Workforce Reform Steering Group action plan	
Programme Board	<ul style="list-style-type: none"> Establish effective performance management framework Performance manage work of partnership and workstreams 	Chair of CYPSP Programme Board	Change for Children Programme Initiation Document (PID)	
Integrated Services for Disabled Children	<ul style="list-style-type: none"> Establish fully integrated service for disabled children 	Richard Keble, ISDC sub group	ISDC sub group action plan	
Accessible Services	<ul style="list-style-type: none"> Work with partners to deliver accessible services See also "school partnership and collaboration" under "enjoying and achieving" workstream 	Andy Walmsley	Extended Schools Action Plan	
<p>Contributory Factors: New Directorate for Children, Learning & Young People established</p>	<p>Integrated processes</p> <ul style="list-style-type: none"> New director of Children, Learning & Young People in post Establish new service structure below CLYP Director 	Children's Leadership Team / Stella Manzie (CCC)	Change for Children Programme Initiation Document (PID)	

5.3 Review of Plans during life of CYPP

During the lifetime of the CYPP the Children and Young People's Strategic Partnership will undertake a review of existing plans as each plan comes to completion. New plans will be developed to ensure consistency with CYPP priorities and the audit of need.

Consideration will be given to the need for a single strategic plan for the city under each of the ECM outcomes, recognising that each plan would have cross-cutting themes in relation to specific vulnerable groups i.e. looked after children; black and minority ethnic children and young people; disabled children and young people and in relation to the cross cutting themes of prevention, participation and partnership.

Photographs of work with children and young people will be inserted in the published version of the plan.



6. Performance Management Framework

6.1 Programme Initiation Document

The Partnership recognises the scale and complexity of the change agenda and has produced a Programme Initiation Document (PID) to enable them to monitor progress. The PID brings together all of the workstreams that will, together, deliver the change for children agenda in Coventry. A CYPSP Programme Board has been established to monitor progress and to report to the Trust Board.

6.2 Performance Management Arrangements

The government's outcomes framework links the 5 outcomes of the Children Act 2004 with the national performance measures and the standards framework developed through the National Inspection Framework and the NSF. This provides a framework which is the basis for the CYPP strategic action plans and partnership Sub-Group workplans.

Monitoring and reporting arrangements will support requirements of the [government's Children's Services Improvement Cycle](#) meetings and feed into the performance management arrangements for the [Local Strategic Partnership](#).

6.3 Monitoring and Reporting

Stakeholder Group	Role	Frequency
Government Office	Annual Performance Assessment Performance Review	Annual
Local Strategic Partnership	Review of performance against the children and young people's block of the Local Area Agreement	Annual
Children and Young People's Trust Board and CYPSP	Review progress against the CYPP Strategic Action Plan Review progress against CYPSP sub-group workplans	Twice Yearly
Programme Board	Review progress against the CYPP Strategic Action Plan Review progress against CYPSP sub-group workplans	Quarterly
CYPSP Sub Groups	Review progress against CYPSP sub-group workplans	Quarterly
Partners	Continue to review progress within their own performance management arrangements and contribute to CYPSP performance review	

Table 3. Monitoring and Evaluation Roles of Stakeholder Groups

6.4 Performance Review Cycle

The following monitoring and reporting arrangements are proposed:

- The CYPP will be signed off by the Trust Board
- Progress in relation to sub-group action plans and the strategic action plan will be reported 3 monthly to the CYPSP Programme Board
- Programme Board will review progress, provide advice about linkages across sub-groups and provide a 6 monthly overview report to the Trust Board, highlighting significant achievements or lack of progress, and any amendments
- The Trust Board will ratify progress and changes as reported – Programme Board or Trust Board can request a full presentation or update on individual Action Plans or aspects of the work at a subsequent meeting
- The Partnership will produce an annual report summarising progress. This report will inform the **Annual Performance Assessment** of City Council Children's Services, Government Office's review of the **Local Strategic Partnership** and the three yearly **Joint Area Review** of Coventry's Children's Services

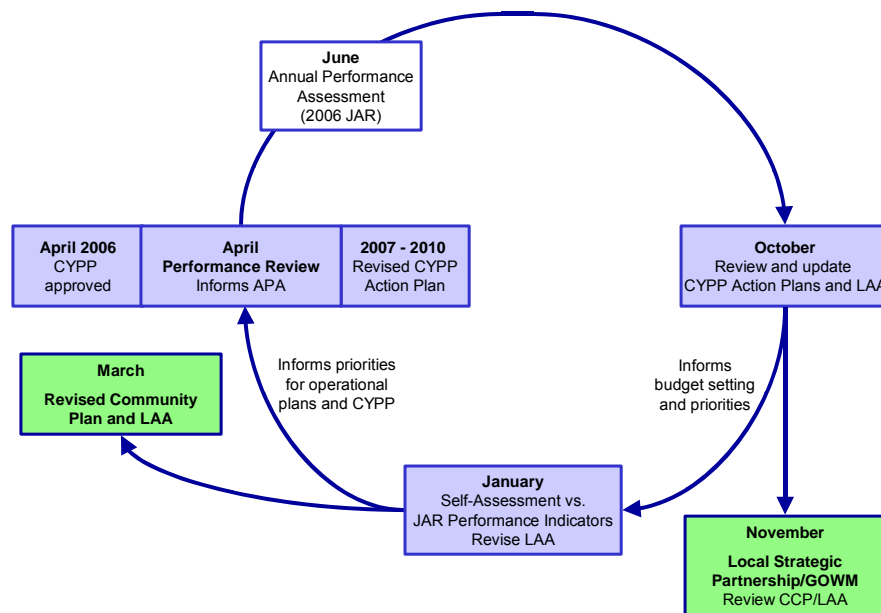


Figure 10. Children and Young People's Strategic Partnership Performance Management Arrangements

7. Service Delivery for Children, Learners and Young People in Coventry

7.1 Government Framework

The diagram below is taken from the government's statutory guidance on Inter-Agency Co-operation, published in Spring 2005. This provides a framework for Children's Services and Children's Trust arrangements. The five building blocks of the framework comprise:

- Child-centred, outcome-led vision
- Integrated front-line delivery
- Integrated processes
- Integrated strategy (joint planning and commissioning)
- Inter-agency governance

“A Children's Trust is a way of working that builds front line services, processes, strategies, partnerships and a shared vision around the delivery of improved outcomes for all children and young people”.



Figure 11. The Government's Children's Trust Model

7.2 Service Delivery in Coventry

Development of more child centred and integrated working will:

- improve Coventry's six Every Child Matters outcomes
- meet the differing needs of children and young people
- increase the focus on prevention

It is proposed that services are developed in the following way to deliver improved outcomes for children and young people in Coventry.

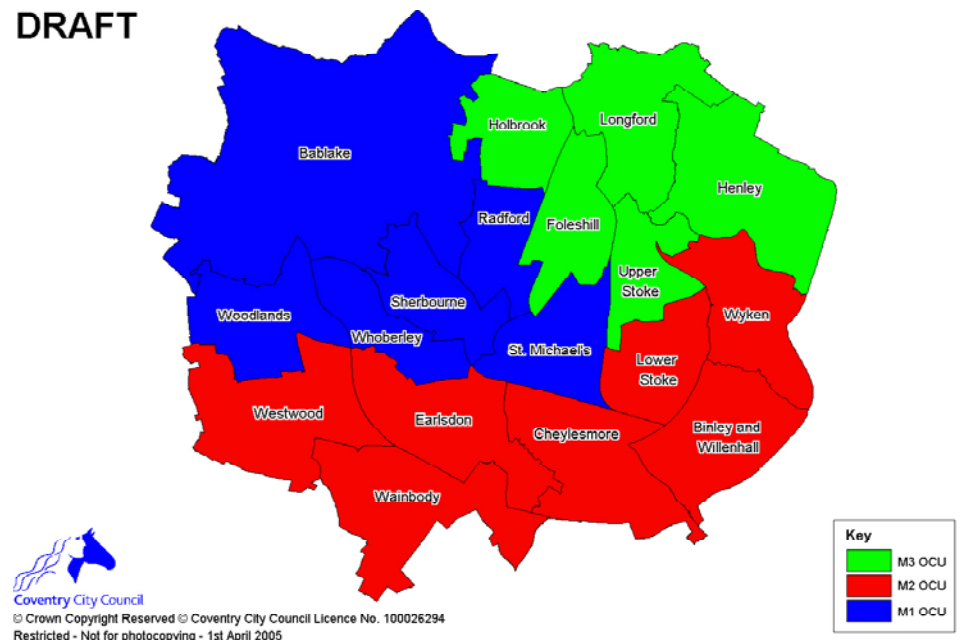
7.2.1 Accessible Services

- **All universal and services** meeting low level needs (Levels 1 and 2) will be organised and, as far as practicably possible, on a **co-located community-basis**.

- **The level of integration (in contrast to co-location) will be decided in each situation** – it may be appropriate, for example, for the Council to integrate its services at this level, but co-locate initially with other partners.
- **The key 'centres' for these would be schools**, in line with the government's guidance. Other centres could include Children's Centres, GP surgeries, health clinics and voluntary and community sector establishments.
- **The physical location of services and their design and suitability will be critical to success.** Development of 'centres' needs to be linked to Local Authority Asset Management Plans and the capital rebuilding programme opportunities of LIFT (NHS), Building Schools for the Future (BSF) and the new Primary Capital Programme.
- The City Council and key partners are developing a **neighbourhood management** approach to service delivery which divides the City into three large areas which are closely aligned with ward boundaries and police Operational Command Units:
 - **North East** – Foleshill, Henley, Holbrook^{OCU}, Longford, Radford and Upper Stoke
 - **North West** – Bablake, Sherbourne, St Michael's, Whoberley and Woodlands
 - **South** – Binley and Willenhall, Cheylesmore, Earlsdon, Lower Stoke, Wainbody, Westwood and Wyken

Figure 12. Proposed Neighbourhood Management Boundaries

DRAFT



Within the three areas, clusters of schools will work together with other services to determine the best way to deliver services that meet the specific needs of the locality.

OCU Operational Command Unit

- 'Centres' also need to take account of the customer services initiative of the **City Council** (Coventry Direct), designed to create a network of localised 'First-Stop' provision around the city.
- **The pattern of centre distribution needs to be consistent with a matrix of areas of highest need** (as defined by the social deprivation indices analysis), what can be afforded, as well as localities with the highest footfall and consistent with existing organisational geographical boundaries.
- The outcomes framework and the Children's Trust agenda requires consideration of **those services which impact on children**, including e.g. library services; cultural, leisure and sport; parks and playgrounds; transport and the physical environment. Many of these issues are being considered in the framework of The Coventry Partnership and in the context of single agencies. Co-located access to these services can be provided via the use of 'centres' as access and information points, linking with the customer services agenda.

7.2.2 Jointly Commissioned Integrated Processes

The development and implementation of the process and resource infrastructure which underpin the way in which children's services operate will be jointly commissioned through the Children's Trust. This will include:

- Service Directory
- Common Assessment Framework
- Child Index
- Electronic information sharing tool (currently RYOGENS)

The implementation of this infrastructure will require all children and young people's practitioners to have a baseline of core competencies. These are defined in the NSF. This creates the opportunity to jointly commission workforce development, by bringing together the core training and development functions of all partners – the current ACPC arrangements and related ISA development work will form the foundation for this.

Any pooled budget arrangements will be managed under the appropriate legislation (Section 31 Health Act 1999 or Section 10 Children Act 2004).

7.2.3 Jointly Commissioned Integrated Services

All services meeting medium to high level needs (levels 3 and 4) will be jointly commissioned within a section 10 agreement framework.

The service areas which fall into this category are:

- Specialist child and adolescent mental health services (CAMHS)
- Specialist disability services including transition arrangements
-
- Speech and language therapy (building on the successful pilot work)
- Services for looked after children

Some of these services may be delivered city-wide, but, subject to meeting the requirements of economy and efficiency, some may also be delivered from neighbourhoods e.g. specialist disability services could be delivered through the proposed remodelled Special School provision, re-provided under the Building Schools for the Future programme.

7.2.4 Integrated Strategic Planning and Commissioning Function

The Children and Young People's Strategic Partnership management function is already jointly funded between the Council and the PCT and a jointly-funded Strategic Commissioning Manager has been recruited.

The Council has integrated its children's policy, performance and commissioning functions. It is proposed that:

- a singly managed strategic planning and commissioning unit is established, working to the Children's Commissioning Trust, under a Section 10 agreement;
- a safeguarding performance review and policy development service is established under a section 10 agreement

7.2.5 Singly Commissioned Services

While there remain statutorily separate organisations with separate statutory functions, there will always remain some areas which are more efficiently commissioned on a single service basis. These are mainly services which meet 'acute' or high risk needs (levels 3 and 4) and / or which fulfil very prescribed statutory functions e.g. acute Paediatric Services (currently mainly hospital based).

The decision as to whether these should be singly commissioned will be made within the remit of the Children's Trust. This is particularly important to ensure that there is a proper review of the strategic fit of these services within the overall children's provision.

7.2.6 Directorate for Children, Learning and Young People

The City Council is in the process of creating a new Directorate for Children, Learning and Young People to best meet the service delivery objectives described above. There has been wide consultation and broad support for the 'head and shoulders' structure shown in Figure 13. below.

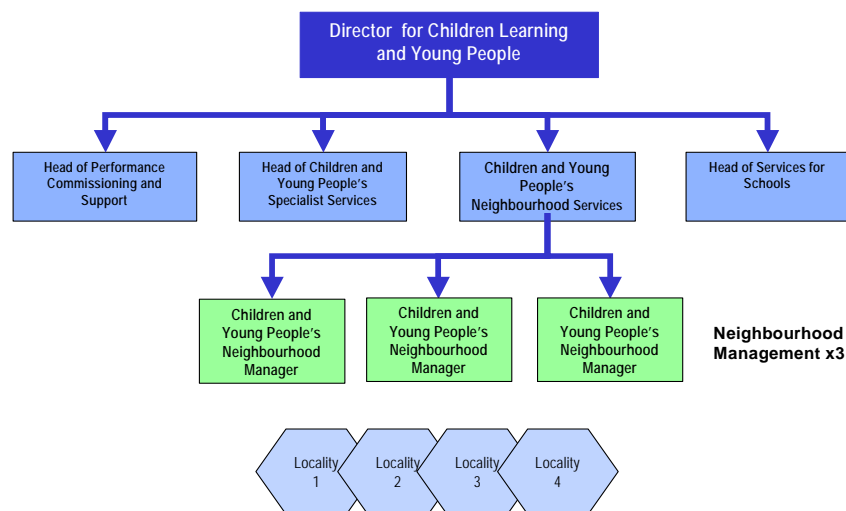


Figure 13. Directorate for Children, Learning and Young People

8. Fulfilling our Duty to Co-operate (Children Act Section 10 Requirements)

8.1 Children and Young People's Commissioning Trust

8.1.1 Coventry is committed to the establishment of a Commissioning Trust. The following budgets will be within the Trust's responsibility:

- Budgets for which the City Council is directly accountable and controls
- Budgets for which GPs are responsible, and where the Trust acts as a commissioner on their behalf with the agreement of GPs
- Budgets for which schools are responsible, and where the Trust acts as a commissioner on their behalf with the agreement of schools

Where GPs and Schools commission outside of the Trust arrangements, then the Trust will provide as appropriate strategic and practical advice. Acute Paediatrics (currently under sub-regional review) will remain outside of Trust arrangements.

8.1.2 In undertaking all commissioning, Coventry will adopt the following principles:

- Improving outcomes for children and young people as the most important principle
- Formally pooling budgets where that will make a substantive difference in terms of effectiveness and/or efficiency
- Ensuring all commissioned services keep children safe
- Involving children, young people and their families and carers in decision-making and evaluation
- Clear accountability arrangements
- Transparency about budgets and the risks associated with them
- Taking a strategic approach, based on clear identification of needs and agreement of priorities

- Recognising the value and contribution of partnership working with the voluntary and independent sectors to optimize range, quality and flexibility of services and outcomes for children.
- 8.1.3 The Commissioning Trust will establish a Joint Commissioning Unit. The scope of the commissioning budgets is set out in Appendix 6. These will be managed through the Trust.
- 8.1.4 Where the budgets or resources are to be pooled and it is considered advantageous to enter into a formal agreement, then services will be commissioned under section 10 of the Children Act 2004. This means that, in effect, over time, the Trust will be responsible for a number of section 10 agreements.
- 8.1.5 The following service areas will be the priority for establishing Section 10 agreements:
- Integrated service for children and young people with disabilities
 - Respite care for children and young people with disabilities
 - Speech and language services
 - Looked after children's service
 - CAMHS
 - Service directory
 - Inter-agency training and development programme
 - Joint Strategy and Commissioning function
 - Safeguarding Service
- 8.1.6 All providers will be subjected to same rigour and fairness of the commissioning process.
- 8.1.7 In terms of youth offending, the current commissioning and provider arrangements will be brought within the Commissioning Trust. However, these arrangements have helped deliver an excellent service for Coventry to date, and in line with Youth Justice Board wishes, the service will remain unaltered.
- 8.1.8 Coventry recognises that the City Council, Coventry PCT, Schools and GP practices are the principal commissioners of children's services. In addition, there are other commissioning partnerships or organisations, including, Local Learning and Skills Council, Local Strategic Partnership, administering the Neighbourhood Renewal Fund and Sure Start partnerships [4 in Coventry]. Whilst the Joint Commissioning Unit will carry out the commissioning function on behalf of the Council and PCT, it will act in an advisory and co-ordination role in respect of schools, GP practices and other commissioning partnerships or organisations.
- 8.1.9 Coventry currently operates in a mixed economy, commissioning services from a variety of statutory, voluntary, or private sector providers, and recognise that we will continue to operate in this diverse environment. These providers include the City Council; NHS Provider Trusts [inc Coventry PCT]; NHS Hospital Trusts; Local Learning and Skills Council, Schools; GP practices; voluntary and community sector; private and independent sector; Connexions.

8.2 Commissioning Trust Governance Arrangements

- 8.2.1 Coventry will establish a Trust Board, with a wider Professional Advisory Group. The wider Partnership will provide a consultative forum for strategic planning and the Local Safeguarding Children Board will ensure that all commissioned services keep children and young people safe.

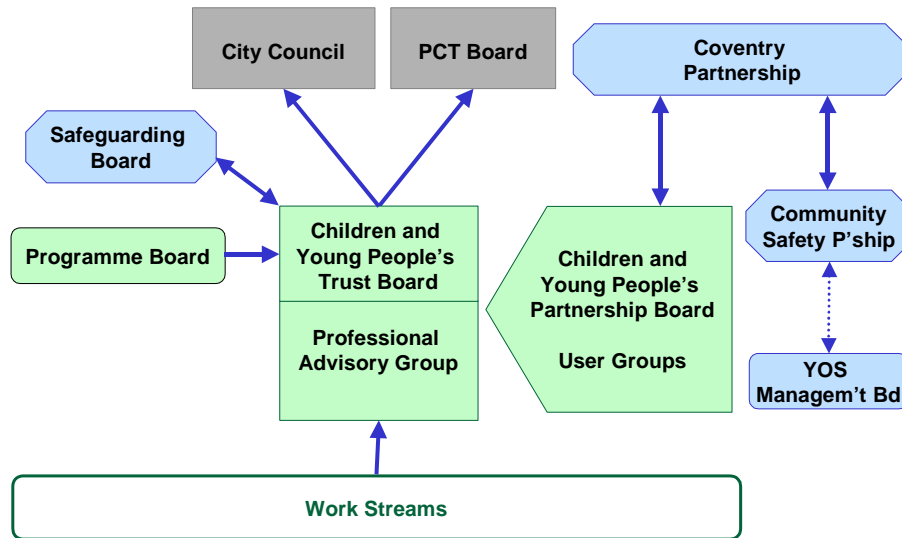


Figure 14. Governance Arrangements for Coventry's Children and Young People's Commissioning Trust

- 8.2.2 The Trust Board membership (powers to be agreed) will be:

Chief Executive, City Council
 Chief Executive, PCT
 Director of Children, Learning and Young People
 PCT Director
 Cabinet Member
 PCT Non-Exec Director or PEC Member

} Joint Chairs

In attendance:

Head of Strategy, Children, Learning and Young People's Directorate
 CYPSP Manager
 Children's Champion

CYPSP Professional Advisory Group

Board Members (listed above) plus:

Chief Executive, Connexions (Relevant Partner under S10)
 Chief Executive LLSC (Relevant Partner under S10)
 Snr Probation representative (Relevant Partner under S10)
 OCU Commander (Relevant Partner under S10)
 YOS Manager

VCS representatives (x2)
Chair, Secondary School Headteacher
Chair, Special School Headteacher
Chair, Primary School Headteacher
Senior Social Care Lead
Clinician
General Practitioners
Chairs of workstream sub-groups not represented above

In attendance

CYPSP Manager
Children's Champion
Community Safety Partnership Manager
Head of Children's Finance and Strategy, Council
Children's Policy Lead, PCT
Police Local Authority Liaison Officer
Snr. HR representative of the Council

8.2.3 The Trust Board will have responsibility for:

- Strategic planning arrangements, and in particular the production of the Children and Young People's Plan under section 17 of Children Act 2004 [required by 1 April 2006] – this Plan will in effect be the overarching Commissioning Strategy for children's services in Coventry
- Formal pooled resource / budget arrangements made under sections 31 of Health Act 1999 or section 10 of Children Act 2004 – these are legal agreements about the joint use of resources
- Oversight of the discharge of delegated statutory duties and responsibilities
- Performance management of the agreement(s), in particular the extent to which the aims and outcomes are met
- Co-ordination, advice and guidance in relation to commissioning
- Ensuring high quality standards are met
- Expenditure is within the allocated budgets

8.3 Children and Young People's Commissioning Plan

This Plan provides the strategic commissioning framework for children and young people's services. It sets out the priorities and the assessment of need from which those priorities are derived.

The Joint Commissioning Unit is currently at an early stage of development, and comprises: Strategic Commissioning Manager (Joint PCT / City Council appointment); 3 Commissioning Officers (one jointly funded with the Community Safety Partnership

focusing on substance misuse); 1 Policy and Commissioning Officer; 1 Senior Contracts Officer.

The Joint Commissioning Unit will work to the priorities and objectives of the CYPP and the Trust Board, and will be responsible for delivering the Joint Commissioning Plan.

The Commissioning Plan sets out those areas of commissioning activity over the coming year which will ensure that resources are deployed effectively to meet the overall strategic priorities see Appendix 7.

9. Workforce Planning

- 9.1** Following an event to respond to the government's consultation on the Children's Workforce Strategy, a Workforce Reform sub-group of the Children and Young People's Strategic Partnership has been formed to develop the local workforce strategy. The strategy will acknowledge the wider definition of workforce to include elected members, those not directly employed by the partners (e.g. foster carers) and those commissioned to provide services. A key element of this will therefore be engaging with private, voluntary and independent sector providers.
- 9.2** The Workforce Reform sub group recognises that a workforce reflective of the diverse communities of Coventry will be better able to deliver services that are appropriate and sensitive to the needs of the people of Coventry. A diverse workforce will ensure a stronger skills and experience base with improved competence and motivation.
- 9.3** The workforce strategy will encompass elements of national strategy in respect of teaching, nursing and allied professions, social work, social care, medical specialisms and early years and address the key strategic challenges identified by government:
- Recruiting more people into the children's workforce
 - Developing and retaining more people within the children's workforce
 - Strengthening inter-agency and multi-disciplinary working and workforce remodelling
 - Promoting strong leadership, management and supervision
- 9.3** Further information in relation to workforce planning is detailed in the action plan of the Workforce Reform sub-group of the CYPSP.

10. Resources

- 10.1** Partners in Coventry's Children and Young Peoples Plan are committed to delivering the outcomes in the Children Act as prioritised locally in the CYPP. To achieve this they will consider the switching, aligning and pooling of resources to deliver improvements in those outcomes and better value for money for the citizens of Coventry.
- 10.2** In summer 2004 a survey was undertaken to determine the resources spent on services for children and young people in Coventry. The two figures on the following page give an overview of the total spend and the breakdown across different service providers.
- 10.3** The City Council has pooled its own budgets for Children's Services under the Cabinet Member for Children's Services to ensure that within the City Council these budgets can be planned and managed holistically.
- 10.4** Through Sure Start and the Children's Centre programme, the City Council is already working closely in partnership with the PCT and with other partners. The City Council had four Sure Start partnerships and is on target to deliver its ten Children's Centres by 2006 and a further nine by 2008.
- 10.5** The first pooled budget under a Section 31 agreement has now been set in relation to the Partnership Manager for the Children and Young People's Strategic Partnership. The principle and process for pooled budgets has therefore been explored and established, and the City Council is already operating successful pooled budget arrangements for Adult and Older People's Services.
- 10.6** Specifically the sub groups of the Children and Young Peoples Strategic Partnership are looking at the scope for aligning and pooling budgets through their individual work plans e.g. there is a group looking at disability services across the PCT, Education and Social Services.

Fig. 15 Total expenditure (£302.7m) on Children & Young People

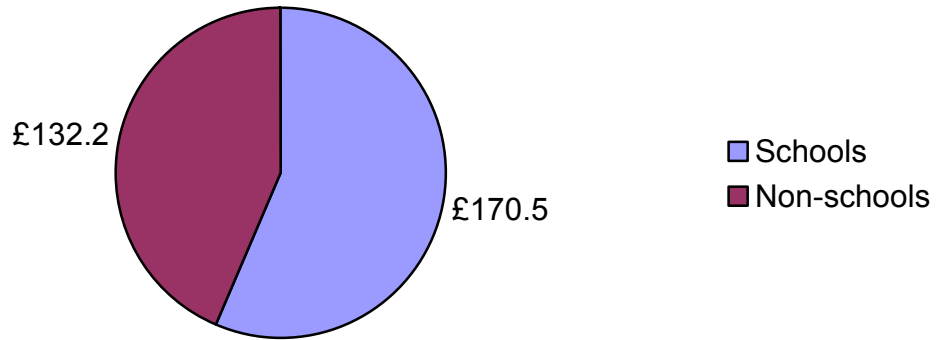
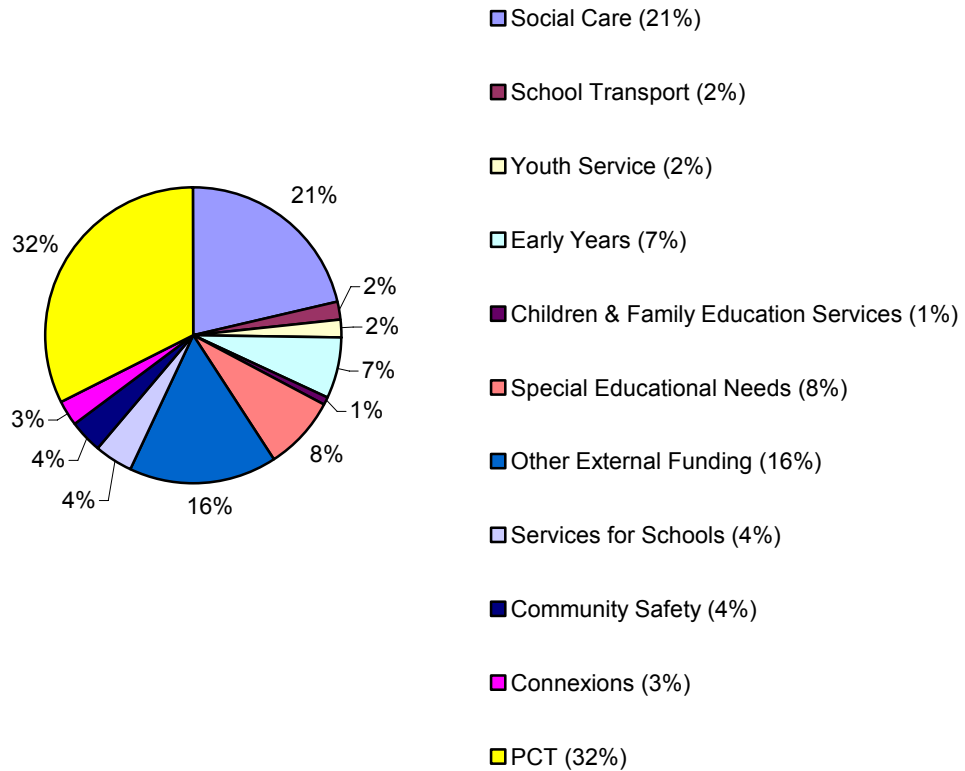


Fig. 16 Non - schools expenditure (£132.2m) on Children & Young People



- 10.7 The City Council is a **Local Area Agreement** pilot and Children and Young People is one of the priorities in the City's overall pilot scheme. The totality of pooled underlined budgets within this framework is summarised below: -

Pooled Funding Streams	£
General Sure Start Grant	3,956,465
Primary Strategy – Central Coordination	175,328
KS3 Strategy – Central Coordination	173,250
KS3 Behaviour and Attendance	68,300
Children's Fund	1,086,086
Total Pooled Resources	5,459,429

- 10.8 Through the Sure Start Programme and Children's Centres assets are already being shared and as partnership work within the Strategic Partnership and Trust develops further opportunities will be explored for the co-location of services on single sites – for example, through the emerging City strategy for Extended Schools.
- 10.9 The principles of Every Child Matters and the Children Act are being built into the city's emerging strategy for Building Schools for the Future. The city is expecting to be allocated Building Schools for the Future funding between 2008 and 2011 and has begun to establish the necessary Programme Board to manage the project. This is being scoped across the full breadth of Children's Services and the Programme Board will include representatives from the PCT, Local Learning and Skills Council, Children's Social Services, schools and the City's Corporate Property Department.
- 10.10 The City already has an established track record of building new schools to deliver a wider range of services to meet the needs of communities. For example, the new Moat House Primary School in the deprived north east of the city was built with extensive additional early years facilities to counteract the low level of supply of such provision in the area. The school is now being developed into one of the Children's Centres for the city.
- 10.11 The City Council has established a data sharing protocol between itself and its key partners in the Children and Young Peoples Strategic Partnership to enable the effective sharing of data. The RYOGENS project is seeking to develop an infrastructure to improve the effectiveness of such data exchange.
- 10.12 As work on the restructuring to deliver the Children's Services agenda progresses, there will be a key focus on shifting resources into prevention and early intervention. This will build on initiatives already underway in both the City Council and PCT, for example the Children's Centre and Sure Start projects which are now established across the city.
- 10.13 The Children and Young People Strategic Partnership and the Children's Trust will consider outcomes for children as measured through key performance indicators, and feedback from service providers and service users in considering its long-term resource allocation and strategy. It will consider levels of spending, levels of resource switching and the benefits of aligning and pooling budgets to improve outcomes and to meet service objectives.



March 2006

Appendices

**Children and Young People's Plan
2006 - 2010**



Summary of the Views of Children, Young People, Parents and Carers

(i) Accessibility

A recurrent theme in all service user consultation is the accessibility of services. In some cases, this is about knowing what is available for parents and carers, young people or practitioners. This theme is echoed nationally: "Lack of awareness of the existence of services and knowledge of own eligibility plays a key role in take-up of services amongst those who are socially excluded" ['Tackling Social Exclusion: Taking Stock and Looking to the Future', Social Exclusion Unit (March 2004)]

Accessibility is also about the ease with which services can be accessed.

(ii) Something to Do

The theme of having something constructive to do during times when school is not available recurs throughout consultation. The impact of this on positive outcomes is demonstrated through the Street Crime Initiative, established between the Youth Offending Service and the Children's Fund. The range of activities provided during the summer of 2002 correlated with a 42% reduction in youth crime in the area, and 48% in 2003. This is the subject of Home Office research and evaluation.

(iii) Safe and Secure Neighbourhoods

Safety and security is important for children and young people as potential victims of crime, and for the community who often perceive young people as the cause of unsafe and insecure environments.

The media image of young people as perpetrators of crime and older people as the victims is misleading. Young people are as much the victims of crime and therefore have a vested interest in safer communities

(iv) Family Support

Parents and carers appear to want and welcome support which is aimed at improving their knowledge and skills in how to bring up children and practical help. Although help may be welcomed across all needs, it is support which prepares parents and helps them address difficulties when they first arise which is most wanted.

However, the feedback also highlights that other, more practical support, would also be appreciated

(v) Participation in Decision Making

Being involved in decisions about their lives, whether on a day to day basis or in terms of the design of services, is important to children, young people and their families and carers. We have always known that people engage more if they understand what is being provided and have a genuine opportunity to influence what is happening. Full and active participation is a reasonable expectation and the right to be heard is enshrined in the UN Convention on the Rights of the Child, to which the UK is a signatory.

Communities that Care Risk Audit

The CtC Survey

The survey is an evidenced based research tool, designed by Communities That Care(UK) to systematically measure the risk and protection factors for children and young people and related behaviours in family, school, community and the individual.

Young People provide the data by completion of a confidential questionnaire. The use of self-reporting through a process that guarantees anonymity to respondents has been shown to be the most reliable way of collecting valid data.

The CYPSP interim Preventative Strategy 2004 planned to "commission a Communities That Care audit of all secondary age young people based on the protective and risk Factors identified in the LPS interim guidance"

The survey was carried out during Autumn 2004 and Spring 2005 by 11,006 pupils in year 7-11 in 15 secondary schools, the Pupil Referral Unit and the Teenage Pregnancy Unit. The questionnaire was validated by Oxford University.

The sample is robust but, assumptions should be drawn on the basis of representative, rather than absolute data, given that the data has been weighted to draw comparison with a National survey carried out in 2001 and as such is more up to date than the national sample. The ward data and the national survey has been weighted to match the entire Coventry sample for comparability in distribution of age and gender.

The report is based on 9,929 valid survey forms and the data can be analysed by geographical location, age, gender, ethnic background and cross referenced to facilitate targeting of services.

Key Findings

Drugs and Alcohol

Compared to the reported national sample, Coventry appears to have less of an issue to tackle around cigarettes, soft drugs and alcohol - but more support is needed to counter a proportionally higher than national average reported usage of Class A drugs such as cocaine.

Pupils were significantly more likely than the national sample say that they had ever felt out of control on drugs. (3% Coventry – 2% nationally).

37% of all Coventry pupils claim to have ever smoked cigarettes. The vast majority (c.90%) of these pupils have done so by age 13. Of these, 50% have smoked by age 11. Services delivering prevention packages should bear this in mind when considering at what age to pitch anti-smoking programmes. Clearly this is an issue for primary as well as secondary schools.

Cigarettes and alcohol are significantly more likely to be consumed in the white "working class" wards of the city. Almost twice the number of girls than boys claim to smoke regularly (9% v 5%). More girls recognise the long-term harm that alcohol, cigarettes and cannabis can cause, than boys.

Glue sniffing in Coventry is reported at less than the national average.

Cheylesmore has the highest ward score for reporting of regular alcohol consumption, with Foleshill the lowest.

The perception is that regular intake of alcohol is far less likely to be harmful over time than smoking or cannabis.

Scope remains for more education around the disadvantages of long-term abuse
Where clearly defined boundaries exist for children at home, intake of particularly alcohol -but also drugs and cigarettes- is significantly lower. Youth Crime - Behaviour

34% of pupils report having stolen or tried to steal – the same as the national score

Highest level of self-reported crime in Henley and Binley/Willenhall.

Gender analysis shows a significantly higher number of boys than girls reported committing crime. This was the case across all crime types - the closest gap between boys and girls being that of shoplifting, the widest gap in the two areas of attacking someone and carrying a weapon

Education & school life

- 44% of pupils find their school work dull (33% nationally)
- 1 in 5 pupils say their parents do not ask them about their homework (1 in 4 at KS4)
- 3 in 10 pupils report seeing a fellow pupil attack a teacher (22% nationally)
- 31% of Coventry pupils said in the past year they often or very often hated being in school
- 25% said they had played truant in the last 12 months (15% l4w)
- Foleshill and St Michaels show highest reported levels of bullying in the city

Protective Factors

There are protective factors that help to shield young people from problems in circumstances that would otherwise place them at risk. The protective factors and processes which help to buffer children against risk and prevent future problem behaviour include:

- *Strong bonds with family, friends and teachers;*
- *Healthy standards set by parents, teachers and community leaders; Opportunities for involvement in families, schools and communities;*
- *Good social and learning skills; recognition and praise for positive behaviour .*

Protective factors identified in the CiC survey include:

- School opportunities for pro-social involvement (opportunities to help decide school activities, meet my teacher 1-1, go to after school clubs)
- School rewards for pro-social involvement (teachers notice when I do well, school tells my parents, etc.)
- Family attachment (feel close to mother, father, etc.)
- Family opportunities for pro-social involvement (chance to do fun things, make decisions, etc.)
- Family rewards for pro-social involvement
- Coventry scored lower than national average on 4 of the 5 factors
- Overall, Coventry has a lower protection factor than nationally both for family and school.
- Cheylesmore and Westwood have the lowest protective factors overall. Only Earlsdon was significantly higher.

Inclusion and SEN Strategy Consultation

Consultation

Coventry City Council has committed itself to consulting across the board in regard to *A Strategy for Inclusion and SEN: Towards Enhanced Educational Provision for Coventry 2005*. As part of this consultation it was decided to consult with children and young people from all schools in Coventry. This report concerns itself with the views of children and young people currently in Special Schools within the city.

This aspect of the consultation is focussed on Question 3 within the *Consultation Response Form*, this question concerns *Removing Barriers to Learning: Transforming Provision, a) The Role of Neighbourhood Schools and b) The Role of Special Schools*.

Summary of Main Findings

The following highlights the salient points that have been consistently mentioned throughout the interviews.

1. Teaching and Learning

The overwhelming concern that was consistently expressed during the interviews was that concerning the ability of teachers in mainstream to cope with students with special needs. At some time during all interviews the quality of teaching and understanding of those students with SEN was mentioned. A number of students reported instances when teachers appeared to have no time for them in mainstream schools. They considered that they were not being treated with respect and that the teachers were too busy with the majority of the class.

Awareness raising of SEN in mainstream schools is a major issue, it is fair to say that SENCOs have a good understanding and students reported that in *special classes* in mainstream it was alright, but beyond the special class, life became difficult.

If SEN students are to be included successfully then more teachers must be more receptive to having SEN students in their classes.

6. Disability

A lot of concern was expressed about people's ability to understand and "cope" with disabled people. To be fair this was also expressed about Society beyond school.

Access is a major concern.

Students wished to be assured that those facilities that are available to them within the Special School would be readily available to them in the new Neighbourhood Schools, e.g. physiotherapists.

"Cameron"

Responses to being shown the photograph of Cameron were mixed. Some students clearly saw the "walker" as an indication of disability and thought that Cameron must go to a special School, others looked more deeply and decided she should go where she was most comfortable. This exercise did not prove to be conclusive since opinions were evenly divided.

Bullying

Surprisingly, this was not a major issue but it was a concern. There was a consistent recognition that bullying occurs in all schools. Students considered it was the duty of staff in mainstream schools to address the bullying and it should not mean they have to go to Special Schools to avoid being bullied. In many cases bullying occurs because of difference.

Awareness and understanding of special needs must be increased in mainstream and students with SEN advised how to cope when bullied.

Location of school

For some students the fact that they have to travel some distance to school is an annoyance. Some simply did not

enjoy the journey, others wanted to go to school with their peers or siblings.

Size of school

In one way or another concern was expressed about size of school or size of class. Many students, including students with a diagnosis of ASD, felt insecure when placed in schools with large numbers. Students considered that this should not preclude the notion of inclusion but must be acknowledged.

In summary ...

On balance, if the above concerns were addressed, most of those students interviewed would prefer to go a school where their friends or siblings attend. They are anxious that if they did go to mainstream they would not receive the same level of good, caring education that they receive at the Special School they attend. But at the same time they would welcome the opportunities – facilities, equipment – that Neighbourhood Schools could offer.

Key issues arising from the Local Preventative Strategy Audit of Need
<p>Improving Health and Tackling Inequalities. The Acheson report on Tackling Health Inequalities (1998) recognised that deprivation and health related behaviour are significant determinants of health and inequalities in health. Addressing health behaviour and improving health requires a multifaceted response which includes prevention, public health measures, protective public policies and health education. Health promotion interventions aimed at reducing the incidence of cardiovascular disease, obesity, diabetes, prevention of injury, mental health, and teenage pregnancy and substance misuse should be a priority.</p>
<p>Community Safety. Safety and security is important for children and young people as potential victims of crime, and for the community who often perceive young people as the cause of unsafe and insecure environments.</p>
<p>Early Intervention. There is evidence that very young children are at greater risk than other children of emotional abuse and neglect, particularly where domestic violence is a feature of family life. Support to these families is essential to ensure that these children are safe and have a good start in life.</p>
<p>Domestic Violence. Preventing domestic violence happening in the first place and providing help to prevent domestic violence recurring is a strategic priority for Government (Safety and Justice, 2003). Domestic Violence has a serious consequence for many thousands of children who <u>witness</u> domestic violence. In recent years there has been increased research and awareness of the effects on children and an understanding that children who live with domestic violence are also at risk of emotional, psychological and/or physical harm. Policy and support services need to be developed to intervene early, prevent recurrence and be responsive to the recovery needs of children who have either directly experienced or witnessed domestic violence.</p>
<p>Focusing Community Safety Strategies. The Community Safety Partnership has responsibility for delivering the crime, drugs and anti- social behaviour strategies in Coventry Statistically young people feature highly both as victims and perpetrators of crime. Community safety initiatives focused around prevention, diversion and support for young people should therefore be a priority.</p>
<p>Tackling Bullying. Bullying is a major concern for children and young people, and was specifically raised as part of their feedback to the Government on the Green Paper. The R Time programme run in the Children's Fund area has been successful in addressing bullying, and has been highlighted by the Department for Education and Skills as an example of best practice</p>
<p>Something to Do. Constructive use of time is a high priority for children, young people and their families and carers. The provision, facilitation and uptake of a comprehensive range of leisure, art and cultural based services across ages and accessible to all needs would be a significant step in promoting better health, safety from crime, enjoyment of childhood and achievement The Institute for Public Policy and Research paper "Passing Time", published in December 2003, reinforces this point. This has added relevance to Coventry as some of the research took place in the Tile Hill area.</p>
<p>Sustaining Successful Projects The majority of successful projects have been set up as short-life projects, dependent on a grant-funding regime independent of the revenue of the statutory agencies. If these projects make a significant difference, then they should be sustained. This will need to happen in the context of an appraisal of existing provision.</p>

Key issues arising from the Local Preventative Strategy Audit of Need
<p>Supporting Participation The CYPSP Vision puts finding out what children and young people want to make their lives better as the top priority. However, there needs to be a cross-Partnership recognition that significant resources are required to support participation and to build up capacity. The vast majority of existing arrangements are funded through one-off grants / programme. Participation needs to be sustained and to be adequately resourced through recurrent revenue</p>
<p>More Support for Families or More Family Support Services? Parents want more support. Whilst parenting support programmes are appreciated, it is not clear what other support they actually want / would use. Furthermore, are there sufficient support services for families but they are not being accessed, or does there need to be more support services? If the latter, which ones?</p>
<p>Preventing children becoming looked after children . The number of looked after children are an indication of the failure of the city to ensure that children are brought up in safe and stable family environments. There should be greater investment in supporting families and tackling the causes of abuse and neglect in families, targeted on priority neighbourhoods</p>
<p>Length of Time Looked After. Children appear to stay for increasingly long time in care in Coventry. There should be a focus on returning children to home or identifying alternative family or community-based provision at the earliest opportunity once children start to be looked after</p>
<p>Outcomes for Looked After Children and Young People. The national performance indicators for outcomes for looked after children and care leavers continues to show that Coventry's performance ranges from the average to poor. Services should be directed in a concerted way to ensure that the overall needs of children looked after are met so they can realise the same outcomes as their peers. They also need to take account of the high proportion of children cared for outside of the city boundary, for whom it is even more difficult to organise co-ordinated provision and therefore the impact on outcomes is compounded</p>
<p>Children with Special or Additional Needs. Coventry cannot effectively plan to meet the additional or special needs of children without reliable data on who these children are. There should be a multi-agency agreement on how this is collected, collated and evaluated.</p> <p>The current data suggests that the number of children, young people and their families and carers receiving help is significantly less than the population, and therefore a more accessible form of service delivery needs to be developed.</p> <p>Boys are twice as likely to be assessed as having special needs arising from a learning disability or difficulty. Consideration should be given to services, which target the particular needs of boys.</p>
<p>Black and other ethnic minority children. Black and other ethnic minority are over-represented in those indicators of poor life chances and outcomes. There is also evidence that they may be underrepresented in services designed to intervene earlier to meet need when it is first identified. Services need to be developed which specifically target black and other ethnic minority children and young people in terms of:</p> <ul style="list-style-type: none"> - early intervention and support to families and communities - improving life chances for those receiving intensive intervention services (e.g. in care)

Key issues arising from the Local Preventative Strategy Audit of Need
<p>Universal Service Provision The engagement of the core universal service providers is essential to an effective preventative strategy. For some families services are difficult to access.</p> <p>We need to ensure that:</p> <ul style="list-style-type: none"> ○ universal services are comprehensive in the needs they cover; ○ universal services improve their accessibility; ○ alternative ways of accessing universal provision is developed
<p>Population Trends There is a projected rise in the 15 to 19 year age group over the next 6 years and fall in all other age groups. Consideration should be given to the shift in the distribution of resources necessary to meet the needs of young people.</p>
<p>Preventative Services Prevention aims to promote well-being of the child, family and community. All services have a preventative element and this plan needs to address the full range of services from universal services through to rehabilitative services. Effective prevention implies that the strategic focus should as much be on the ability of universal services to prevent children, young people and their families and carers requiring more targeted and more specialist services, as on the provision of specific targeted services.</p>
<p>Tackling Social and Economic Deprivation The correlation between social and economic deprivation and poor life chances means that services should be targeted on those areas of greatest disadvantage, such as the priority neighbourhoods and the health action areas. It also means that provision such as better housing, transport, leisure facilities, employment opportunities and environmental conditions are likely to be as significant determinants of better outcomes for children and young people as traditional health, social care and educational interventions.</p>

Summary Statement from Joint Area Review Self Assessment

Ofsted, Commission for Social Care Inspectorate, Youth Justice Board and the Audit Commission have recognised the progress made in Coventry over the last two years in building a strong strategic base for children's services underpinned by excellent partnership work. Ofsted recognised Coventry as a good local education authority; children's social services are identified as serving some people well and with promising prospects; YOS was rated as "very good"; Connexions were assessed as being a "good" service and the Primary Care Trust (PCT) has been awarded two stars by the Health Care Commission. The Children and Young People's Strategic Partnership (CYPSP) have agreed joint priorities for improving services, which are reflected in the Children and Young People's Plan (CYPP), Local Area Agreement (LAA) and Community Plan are structured around the Every Child Matters (ECM) outcomes framework.

We aim to establish the City Council's new single directorate for Children, Learning and Young People by 1st April 2006. This service will be built on the strength of the existing CYPSP. This work has been led by the Chief Executive of the Local Authority in partnership with the Chief Executive of the tPCT.

There is a Children's Leadership Team, jointly chaired by the acting Directors of Education and Libraries, that includes Service Heads for Children's Services from Education, Social Services, the PCT and the CYPSP Manager. In consultation with the Cabinet Member (Children's Services) the team has drawn up proposals for the shape of the new Children's Directorate and consulted widely with partners and stakeholders. Robust interim management arrangements are in place to ensure the Change for Children agenda is implemented while the post of Director is being recruited. This team has taken responsibility for working with CYPSP members to produce the JAR self-assessment.

Being healthy

Strong multi-agency partnerships and joined-up services are having a positive impact on the health of children and young people. Coventry is the only area in the West Midlands to be closing the gap on the England average for both male and female life expectancy. The tPCT is leading the development of a city-wide obesity strategy during 2006 which is supported by the developing Healthy Eating strategy; a high proportion of schools are engaged with the Healthy Schools programme; almost all Looked After Children (LAC) have current relevant, dental and health assessments; active Schools Sport Partnerships delivers out of hours coaching and sporting activities involving almost 75% of schools; Child and Adolescent Mental Health Service (CAMHS) investment will exceed target and has resulted in reduced waiting times, specific support for LAC, foster carers and locality teams and a same day response for Youth Offending Service (YOS) referrals; the joint strategy to reduce teenage pregnancies has started to show an impact with declining conception rates for under 18s and under 16s in the most recently reported date 2002/03; health inequalities work has reduced smoking in pregnancy and increased breastfeeding; overall progress on the Young People's Substance Misuse Plan is good .

Staying safe

The Area Child Protection Committee (ACPC) has made the changes necessary to establish a Safeguarding Board by April 2006, with appropriate senior representation from all agencies. The domestic violence partnership and Children and Family Court Advisory Support Service (CAFCASS) have joined the ACPC during the year. Strong links, established between the ACPC and the Domestic Violence and Abuse Board have resulted in shared protocols with agreed

thresholds for intervention. The Council on behalf of the ACPC, commissions an annual, independent audit, the findings of which demonstrate ongoing improvement in compliance with the recommendations of the Laming Report. An alternative model to the allocation of qualified social workers to LAC has been discussed with CSCI forming part of a national pilot which is being carefully monitored. Long term stability of placements for LAC continues to be a high priority and plans for improvement are in place. There has been a significant reduction in the number of children on the Child Protection Register (CPR) and the ACPC is exploring the contribution made by recent initiatives such as the introduction of Common Assessment Framework (CAF), the creation of multi-agency referral panels and joint arrangements for domestic violence. There has been a reduction in the number of referrals resulting in initial assessments with concurrent improvements in timeliness of assessment completion. Responses to requirements resulting from inspection of children's homes continue to improve and the recent inspection of both the fostering and adoption services judged our performance to be good. Protocols are in place to guide practice regarding missing children in individual services and an overall strategy is being developed. Bullying is now being addressed in an integrated way rather than solely from a single service perspective through the development of an anti-bullying strategy. Behaviour in schools is good compared with national averages. Attendance is improving in all phases. There has been a positive response to the concept of inclusion in the city and a willingness to develop practice so that we can provide high quality, inclusive services for all children and young people. Action is being taken to address ongoing problem of recruiting and retaining social workers.

Enjoying and achieving

Improved Childcare and Early Years provision is a key priority. There has been a continuing focus on school improvement maintaining the position that no Coventry school requires special measures or has serious weaknesses. Standards are improving at Key Stage (KS) 2, KS 3, in some aspects of KS 4 and at Post 16. Targeted work is in place to improve outcomes in the early years and to increase the percentage of pupils achieving higher grades at GCSE. The development of high quality vocational and alternative provision at KS4, and the establishment of a federated Emotional and Behavioural Difficulties (EBD) school, have had a positive impact on the reduction of the "Not in Employment, Education or Training" (NEET) group. There is a continuing focus to raise the performance profile of minority ethnic communities and standards have risen. The performance of looked after children is encouraging in most key stages but more work needs to be done to ensure that *all* LAC are entered for GCSEs or other recognised qualifications. Partnership between schools, education and social care now focus on intervention to improve outcomes for individual LAC. Too many LAC missed more than 25 days of schooling annually, which is being addressed. Four LAC are currently being supported through University. A single integrated service for LAC is in the advanced planning stages. The partnership work between schools continues to deliver low rates of exclusion and improved reintegration. A good range of leisure, sport and cultural opportunities are provided to enable children to enjoy themselves both within and out of school.

Making a positive contribution

Coventry has a longstanding commitment to the active participation of children and young people in decision-making at a range of different levels from individual involvement to representing the City nationally and internationally. There is a very strong commitment to youth engagement; the number of school councils continues to increase; the Children's Fund actively promotes participation in all aspects of the programme; the CYPSP is implementing the "Hear By Right" standards; a Children's Champion has been appointed and is actively involved in the work of the

Local Strategic Partnership and the CYPSP; both children, and young people's, charters have been developed in consultation with children and young people; services are committed to learning from children's views e.g. residential care contract, inclusion and Special Educational Needs (SEN) strategy, individual care packages. The Youth Offending Service (YOS) works in close partnership with the CYPSP and Coventry Community Safety Partnership to ensure that its prevention strategy is part of a co-ordinated approach to preventing offending. YOS and its partners have demonstrated the success of a strong emphasis on joint working, reducing young people's involvement in crime. Young people are supported through a range of initiatives to develop self-confidence, team working skills and enterprise. Significant work has been undertaken across the CYPSP and the Learning Disability Partnership to improve transition arrangements for disabled young people.

Achieving economic well-being

There are a range of strategies to support parents and carers entering and returning to employment including an increasing number of accessible and affordable childcare places. There is very strong partnership working between schools, colleges and work-place providers to meet the needs of 14-19 year olds. All secondary schools, including special schools are part of the federations of schools and there has been very effective pathfinder activity. An emphasis on the vocational curriculum has helped to create a reduction in the NEET group. The number of NEET students is at an all time low of 7% with an improving trend for 16 year old Black and Minority Ethnic (BME) groups, young offenders and teenage mothers. LAC and young people with SEN are a focus for improvement. Work on educational inclusion is beginning to improve the outcomes for children and young people with SEN. As part of the City's regeneration programme two new primary schools have been built with the assistance of New Deal for Communities (NDC) and a new secondary school is proposed for the centre of the city in conjunction with a new Further Education (FE) college. The Council housing strategy will increase the affordable housing stock, which will be available for young people. Good links continue to develop between the City Council and its two Universities including initiatives to raise the aspirations of young people from disadvantaged communities towards entering higher education. Average household income has increased over the last year from 86.4% of national income to 89.3%. There is a significant contrast in the distribution of income across the city. Coventry's position has improved nationally from the 50th most deprived local authority in 2000 to the 64th in 2004. The number of residents in work has risen from 132,000 in Feb 2004 to 137,000 in May 2005.

Having Supportive Families, Friends and Communities

In consultation with children and young people in the City, the CYPSP has adopted a sixth local ECM outcome "having supportive families, friends and communities". This focus has been embedded into all of the five ECM outcomes as a cross-cutting theme, supported by the appointment of an involvement officer for parents and carers.

Review of Plans and Priorities

CYPP Priorities	Early Years	CYP with Disabilities	Looked After Children	Behaviour Improvement	Achievements and Aspirations	Safe and Protected From Harm	Healthy Lifestyles	Children's Directorate and Trust in Place
Community Plan 2003 - 2010				Reduce crime, the fear of crime, and antisocial behaviour. Reduce misuse of alcohol and drugs	Encourage better education and training for more people. Help people to get better results in schools, colleges and universities. Help businesses to become more involved in people's education.	Provide additional support to protect young people and children from harm.	Improve the health and well-being of people, focusing on those most in need. Focus on tackling smoking, drug and alcohol misuse, obesity and unplanned pregnancies. Provide better access to services to maintain and improve safe and healthy living.	
City Council Corporate Plan 05/06 – 07/08					Ensure the best quality education for all and that children and young people can achieve their maximum potential	Create a city where people feel safe and confident and no-one is disadvantaged by the neighbourhood in which they live.	Promote health, independence and choice for all citizens.	
Local Area Agreement	Children in Early Years have the foundation for happy, healthy and successful lives	Children and young people with disabilities are able to maximise their potential for healthy, happy and successful lives	Looked after children and young people are able to maximise their potential for healthy, happy and successful lives	Children and young people feel part of their local neighbourhood and community and behave in a way which enables them to fulfil their potential and that of their neighbourhood	Children and young people's achievements and aspirations have been fulfilled to the benefit of themselves, their communities and neighbourhoods	Children and young people feel safe and are protected from harm		

Appendix 4.

CYP Priorities	Early Years	CYP with Disabilities	Looked After Children	Behaviour Improvement	Achievements and Aspirations	Safe and Protected From Harm	Healthy Lifestyles	Children's Director, Directorate and Trust in Place
Public Service Agreement 2			<p>Improve school attendance of looked after children</p> <p>Improve educational attainment of looked after children</p> <p>Increase number of former care leavers engaging in education, training and employment</p> <p>Improvement placement stability of looked after children</p>	and city				
Cabinet Member Plan for Children's Services / Inspection Action Plan	<p>Improve emphasis on educational attainment</p> <p>Ensure cross-sectoral involvement in development of early years strategy</p> <p>Improve transition arrangements between nurseries and schools</p>		Ensure looked after children gain maximum life chances benefits from educational opportunities, health care and social care	Ensure that users and carers are actively involved in planning services	<p>Maintain and improve educational standards to ensure all children reach their potential</p> <p>Ensure children and young people have access to good youth and leisure facilities</p>	Promote health and well-being and ensure children protected from harm		Appoint Director and establish Children's Trust
Health - tPCT 3 year Plan (2005 –	Develop neonatal intensive care	Develop comprehensive Children and	Promote health of Looked After Children eg			Safeguard children eg through Common	Re-design paediatric services	Appoint Director and establish Children's Trust

Appendix 4.

CYPP Priorities	Early Years	CYP with Disabilities	Looked After Children	Behaviour Improvement	Achievements and Aspirations	Safe and Protected From Harm	Healthy Lifestyles	Children's Director, Directorate and Trust in Place
2008) for Children and Young People		Adolescent Mental Health Service by 2008 Increase capacity of Speech and Language Therapy Service	appointment of designated nurse			Assessment Framework; designated/named doctors for child protection	Develop antenatal care Improve access for adolescents to health services Develop childhood obesity plan, exploring links with partners Increase school nursing team	
Health Inequalities Strategy 2003 - 2006	Provide a sure foundation through a healthy pregnancy and early childhood eg through teenage pregnancy strategy						Improving opportunity for children and young people eg through drugs prevention programme	
Community Safety Strategy 2005 - 2008			Early identification of substance misuse and delivery of service or intervention to prevent escalation – targets to be introduced Oct 05	Offender management eg through Youth Inclusion Programme Reduce crime, fear of crime and anti-social behaviour eg through development of diversionary activities programme		Reduce the harm of illegal drugs and alcohol eg through delivery of Young Peoples Substance Misuse Plan Reduce crime, fear of crime and anti- social behaviour eg by supporting young victims and survivors of domestic violence		

Appendix 4.

CYP Priorities	Early Years	CYP with Disabilities	Looked After Children	Behaviour Improvement	Achievements and Aspirations	Safe and Protected From Harm	Healthy Lifestyles	Children's Director, Directorate and Trust in Place
West Midlands Police Strategic Plan 2005 – 2008 / Local Policing Plan 2004 - 2005					Reduce crime eg by tackling offending behaviour in partnership with Youth Offending Service	Combat serious crime eg by safeguarding children		
Youth Justice Plan 2005 - 2006				Prevent offending and minimise use of custody eg through early intervention and reducing re- offending Support resettlement into the community Support parenting interventions Provide effective restorative justice services	Support engagement in education, training and employment		Support access to substance misuse services and mental health services	
National Probation Service Business Plan 2005 – 2006 / West Midlands Annual Business Plan 2005 - 2006				Reduce re- offending by focussing on young adult offenders (18 – 20 yrs); work with children and families of offenders		Protect public from harm – enable probation areas to contribute strongly to new arrangements to protect children Protect public from prolific offenders – work with children and families of offenders		
Connexions Annual Business Plan 2005 - 2006		Increase proportion of young people with	Ensure 75% of 19 yr old care leavers continue in	Support all young people to improve local services for	Support young people to enjoy teenage years and	Contribute to protection of young people and help		

Appendix 4.

CYP Priorities	Early Years	CYP with Disabilities	Looked After Children	Behaviour Improvement	Achievements and Aspirations	Safe and Protected From Harm	Healthy Lifestyles	Children's Director, Directorate and Trust in Place
		learning disabilities or difficulties in employment, education or training Ensure all young people requiring Section 140 assessment receive one	employment, education or training from previous year	young people in their area/community Ensure 90% of young people supervised by Youth Offending Service are in education, training or employment	achieve their aspirations Provide info, advice and guidance to encourage young people to enter and remain in education, employment and training	safeguard them from harm		
Coventry and Warwickshire Learning and Skills Council Annual Plan 2005 - 2006		Develop and implement Learners with Learning Difficulties and Disabilities Strategic Area Review Action Plan			Ensure all 14 – 19 year olds have access to high quality, relevant learning opportunities Increase participation and achievement of young people			
Housing Strategy Update 05 / Supporting People Strategy 2005 - 2010		Support young disabled adults to live independently by providing adapted or purpose built accommodation	Work in partnership to develop appropriate housing provision and support for young people leaving care					

Appendix 4.

CYP Priorities	Early Years	CYP with Disabilities	Looked After Children	Behaviour Improvement	Achievements and Aspirations	Safe and Protected From Harm	Healthy Lifestyles	Children's Director, Directorate and Trust in Place
Local Cultural Strategy 2004 – 2010 / Draft Sports Strategy 2004 - 2010				Tackle anti-social behaviour, offending and re- offending through cultural and leisure activities	Improve children and young people's learning through strong physical, arts and outdoor education activities in schools		Develop movement literacy, physical education and outdoor education for young people Use sports programmes to tackle poor health	
Coventry Development Plan 1996 - 2011		Promote and encourage a higher quality of life and living environment by achieving access for disabled people			Promote and encourage provision of social, community, leisure and indoor sports facilities in locations which are accessible and meet needs of people by a choice of means of transport			
Teenage Pregnancy Strategy					Build self-esteem and aspirations through increasing support and advice to both teenagers mothers and young fathers particularly in high risk areas All young parents of school-age are supported to continue their education to meet their full potential	Ensure services and practitioners are able to identify abuse and exploitation of young people and refer appropriately Provide support for young parents experiencing domestic violence Provide all lone u-18 parents with accommodation in safe environment	Increase knowledge and education amongst young people about sexual health, relationships and contraceptive services Increase health & support services provision for pregnant teenagers	

Appendix 4.

CYPP Priorities	Early Years	CYP with Disabilities	Looked After Children	Behaviour Improvement	Achievements and Aspirations	Safe and Protected From Harm	Healthy Lifestyles	Children's Director, Directorate and Trust in Place
Education Development Plan	Raise attainment in Early Years towards the early learning goals, and in primary education especially in numeracy and literacy	Narrow the gap in achievement between children and young people with disabilities and city average	Narrow the gap in achievement between children and young who are looked after and city average	support schools in sharing classroom practice that recognises and effectively addresses the learning needs of underachieving pupils from different groups	Raise attainment at key stage 3 Raise attainment of Key Stage 4 in the context of 14-19 education	Support school improvement through the use of recognised strategies for inclusive development	Ensure schools are part of Healthy Schools initiative (50% by 2006, all by 2008)	
Substance Misuse Plan			Provide coordinated targeted prevention programmes for identified groups of vulnerable young people including Looked After Children	Develop diversion, prevention and change programmes with Children's Centres, Behaviour and Education Support Teams, Extended Schools and family support projects		All education establishments and drug education providers deliver good quality drug education that increases knowledge, awareness and development of young people's life-skills.	All schools entering the Coventry Health Promoting Schools Scheme will address the key themes of drug, alcohol and tobacco education Develop multi-agency approaches supporting primary school pupils around healthy lifestyle issues (including substance misuse)	

Appendix 4.

CYP Priorities	Early Years	CYP with Disabilities	Looked After Children	Behaviour Improvement	Achievements and Aspirations	Safe and Protected From Harm	Healthy Lifestyles	Children's Director, Directorate and Trust in Place
14-19 Strategic plan		Ensure that disabled learners are increasingly able to access local provision best suited to their needs	Continue to support students in public care aged 14-19, ensuring that each has a personal education plan (PEP), Provide additional support to meet identified needs, develop a range of strategies to raise aspirations and address underachievement	Establish Behaviour Support Teams in the most deprived areas of the city to develop preventative work for children and families in those communities.	Ensure that all 14 – 19 year olds have ease of access to the widest possible range of education and training programmes which provide pathways to progression, and which meet both their needs and aspirations and also the wider needs of the local economy		Develop and deliver health based parenting education programmes;	

Coventry Teaching Primary Care Trust

National Service Framework For
Children, Young People And Maternity
Services

Self-Assessment

January 2005

Jane Craig, Public Health Practitioner – Young People

Sue Marsh, Policy Lead Children's Services

INTRODUCTION

- 1.1 The full National Service Framework (NSF) for Children, Young People and Maternity Services was published in October 2004 (DH) following consultation with professionals working for children and young people and children, parents and carers and young people themselves. It applies to all services working with children and children and contains 11 standards:
1. Promoting Health and Well-being, Identifying Needs and Intervening Early
 2. Supporting Parenting
 3. Child, Young Person and Family-centred Services
 4. Growing Up into Adulthood
 5. Safeguarding and Promoting the Welfare of Children and Young People
 6. Children and Young People who are Ill
 7. Children and Young People in Hospital
 8. Disabled Children, Young People and those with Complex Health Needs
 9. The Mental Health and Psychological Well-being of Children and Young People
 10. Medicines for Children and Young People
 11. Maternity Services (published in April 2003 in response concerns expressed in the Kennedy Report)
- 1.2 The NSF advocates the delivery of child-centred services that provides early, holistic assessment and treatment. The standards require all services to:
- Give children, young people and their parents increased information, power and choice over the support and treatment they receive, and involve them in planning their care and services;
 - Introduce a new Child Health Promotion Programme designed to promote the health and well-being of children pre-birth to adulthood.
 - Promote physical health, mental health and emotional well-being by encouraging children, young people and their families to develop healthy lifestyles.
 - Focus on early intervention, based on timely and comprehensive assessment of a child, young person and their family's needs.
 - Improve access to services for all children and young people according to their needs, particularly by co-locating services, and developing managed Local Children's Clinical Networks for children and young people who are ill or injured;
 - Tackle health inequalities, addressing the particular needs of communities, and children, young people and their families who are likely to achieve poor outcomes;
 - Promote and safeguard the welfare of children and young people and ensure all staff are suitably trained and aware of action to take if they have concerns about a child's welfare.

- Ensure that pregnant women receive high quality care throughout their pregnancy, have a normal childbirth wherever possible, are involved in decisions about what is best for them and have choices about how and where they give birth.
- 1.3 The NSF recognises that although children and young people are enjoying a greater level of health than in previous generations, health inequalities continue in disadvantaged and/or socially excluded communities and groups, for example they have higher rates of infant mortality and lower life expectancy. It expects that if the NSF is delivered health inequalities will reduce. In particular it states that co-ordinated support should be provided to key groups termed 'Children In Special Circumstances' (CISC) who often 'slip through the net'. These CISC groups are:
- Looked after children and care leavers
 - Children whose families have experienced homelessness and who are living in temporary accommodation, and children who have run away from home or care;
 - Children exposed to domestic violence family conflict and/or family breakdown
 - Children who suffer from sexual exploitation;
 - Children of parents with specific health needs, for example, those with mental health problems
 - Children of problem drinkers or substance misusers;
 - Children who have been excluded from school, are truanting, or are otherwise missing school;
 - Young people over 16 who are not in education, employment or training;
 - Teenage parents and their children, and
 - Children from some ethnic minorities and refugee or asylum seeking children
- 1.4 The Government expects the standards to be met by 2014.
- 1.5 This self-assessment reflects the current situation in relation to meeting the NSF standards.

2.0 METHOD

- 2.1 Sue Marsh, Policy Lead for Children and Jane Craig, Public Health Practitioner - Young People produced an NSF standard specific data collection form to gather information to assess the current situation in relation to meeting the NSF standards. All PCT departments and partnership agencies working with children and young people such as Sure Start, Sexual Health and Drugs Outreach Work and the Healthy Schools Programme were asked to complete the form.
- 2.2 The information contained in the forms was used to develop a scoping document which was then used to undertake a traffic light self-assessment of the NSF standards.

NSF STANDARD 1: PROMOTING HEALTH AND WELL-BEING, IDENTIFYING NEEDS AND INTERVENING EARLY

The health and well being of all children and young people is promoted and delivered through a co-ordinated programme of action, including prevention and early intervention wherever possible, to ensure long term gain, led by the NHS in partnership with local authorities.

1.1 The Child Health Promotion Programme is offered to all children and young people and their families in a range of settings.	Red
1.2 By the Child's first birthday, a systematic assessment of their physical, emotional and social development and family needs is carried out. Information resulting from assessments and interventions is recorded in the Parent-Held Child Record.	Green
1.3 Screening and immunisation programmes within the Child Health Promotion Programme are delivered to all children through partnership working.	Green
1.4 Where there are concerns about a child or young person's health and development, they receive timely and effective assessment and response.	Amber
1.5 Therapy services are available for all children and young people who require them, and systems are in place to minimise waiting times for access to these services.	Amber
1.6 Health promotion, in terms of awareness raising, information giving and support services, including the Child Health Promotion Programme, is reflected in improved outcomes for children and young people.	Red
1.7 All schools work towards becoming part of the Healthy Schools Programme, and are responsive to their school population's needs.	Amber
1.8 Primary Care Trusts and Local Authorities tailor health promotion services to the needs of disadvantaged groups, including children in special circumstances, identified through a local population needs assessment.	Red

NSF STANDARD 2: SUPPORTING PARENTS

Parents or carers are enabled to receive the information, services and support that will help them to care for their children and equip them with the skills they need to ensure that their children have optimum life chances and are healthy and safe.

2.1 Multi-agency working to support parenting is outlined in any local strategic and service plans.	Amber
2.2 Information and services to support parenting (by both mothers and fathers and carers) are available and co-ordinated through local multi-agency partnerships.	Amber
2.3 Support for all parents with pre-school children is available from early year's settings including nurseries, Sure Start Local programmes and children's Centres.	Amber
2.4 Parents whose children are experiencing difficulties (for example, because of learning disabilities and/or difficulties or challenging behaviour) receive early support and evidence-based interventions; requirements for local provision are identified in strategic planning.	Amber
2.5 Collaborative arrangements are in place between services for adults and those for children and families to ensure effective joint assessment and	Amber

support/treatment to enhance parent's parenting capacity and protect and promote the well-being and welfare of children.	
2.6 Adults caring for looked after children have early, accessible, multi-disciplinary support.	Green
2.7 Primary Care Trusts and Local Authorities ensure that local parents are involved in the planning and delivery of services, with representation from all local communities and groups.	Red

NSF STANDARD 3: CHILD, YOUNG PERSON AND FAMILY CENTRED SERVICES

Children and young people and families receive high quality services which are co-ordinated around their individual and family needs and take account of their views.

3.1 Every child, young person and parent is actively involved in decisions about the child's health and well-being, based on appropriate information.	Red
3.2 Confidentiality and consent policies are developed and made explicit to children, young people and their parents.	Red
3.3 Children and young people and their families have opportunities to access health and local authority primary care services, in a range of settings such as early year's settings, especially children's centres, extended schools or drop-in centres.	Amber
3.4 There is an agreed process to plan local service provision in partnership and provide co-ordinated care.	Amber
3.5 Primary Care Trusts and Local Authorities work together with other agencies to develop a system so that information derived from an assessment of a child or young person and their family can follow them and be accessible through their journey.	Green
3.6 The views of children, young people and their parents inform the needs-based commissioning strategies, developed by Local Authorities and Primary Care Trusts and Children's Trusts.	Red
3.7 Every organisation or service identifies a senior lead for children and young people to ensure that children and young people's needs are at the forefront of local planning and service delivery.	Green
3.8 All staff working with children and young people receive training and are skilled in the Common core of skills, knowledge and competencies set out in this standard which enable them to communicate with children and young people and their parents, and assist them to achieve their full potential.	Amber

NSF STANDARD 4: GROWING UP INTO ADULTHOOD

All young people have access to age-appropriate services which are responsive to their specific needs as they grow into adulthood.

4.1 All services working with young people have policies and procedures which ensure that their confidentiality and rights are respected.	Red
4.2 Young people are consulted in the planning and development of local services.	Red
4.3 Services address targets for the reduction of teenage pregnancy, smoking, substance misuse, sexually transmitted infections and suicide through the	Amber

provision of targeted and/or specialist services which are sensitive to young people's needs.	
4.4 Young People in special circumstances receive targeted and/or specialist services to meet their needs which are easily accessible and of the same standard in all settings.	Amber
4.5 All transition processes are planned in partnership and focussed around the preparation of the young person.	Red
4.6 Young people up to eighteen years of age with mental health problems have access to age-appropriate services.	Amber
4.7 All services for young people contribute towards assisting young people to take on increasing responsibility for their own lives.	Amber
4.8 Services seek to support parents, in particular providing information and advice on how they can appropriately support their child's transition to adulthood.	Red

NSF STANDARD 5: SAFEGUARDING AND PROMOTING THE WELFARE OF CHILDREN AND YOUNG PEOPLE

All agencies work to prevent children suffering harm and to promote their welfare, provide them with the services they require to address their identified needs and safeguard children who are being or who are likely to be harmed.

5.1 At a strategic level, agencies and professionals work in partnership with each other, service users and members of the local community, in accordance with their agreed ACPC (or its successor, the Local Safeguarding Children Board) annual business plan.	Green
5.2 Agencies develop, implement and evaluate the effectiveness of policies, procedures and practices for safeguarding and promoting the welfare of children and young people including those concerned with the recruitment and management of staff.	Green
5.3 Where there are concerns about a child's welfare, an assessment is undertaken in accordance with the <i>Framework for the Assessment of Children in Need and their Families</i> and plans are made, implemented and reviewed which result in each child achieving their optimal outcomes. Children and families are actively involved in these processes unless this would result in harm to the child.	Green
5.4 All staff are alert to the increased likelihood of harm being suffered by disabled children, or by those children who are living in special circumstances, whose needs may not be recognised by staff in statutory agencies and who, therefore, are 'invisible' to the system.	Green
5.5 A broad range of integrated, evidence-based services are available to prevent children and young people from being harmed, safeguarding those who are likely to suffer significant harm, and address the needs of those children who have suffered harm, at the same time, providing support to their parents/carers.	Green
5.6 Agencies provide staff working with children, young people and families with supervision and with support to enable them to manage the stresses inherent in this work, implement systems which quality assure the services they provide or commission, and ensure their staff use effective systems to record their work with children and families.	Green
5.7 Staff (at all levels) understand their roles and responsibilities regarding safeguarding and promoting the welfare of children and young people and are	Green

appropriately trained to undertake these effectively.	
5.8 All agencies have in place safe recruitment practices for all staff in contact or working with children.	Green

NSF STANDARD 6 : CHILDREN AND YOUNG PEOPLE WHO ARE ILL

All children who are ill, or thought to be ill, or injured will have timely access to appropriate advice and to effective services which address their health, social, educational and emotional needs throughout the period of their illness.

6.1 Services are designed so that local children's networks are in place which ensures that parents, children and young people are able to receive optimum care and support as close to home as possible.	Amber
6.2 Parents, children and young people receive information, advice and support to enable them to manage minor illnesses themselves, and access appropriate services when necessary.	Red
6.3 Children, young people and parents are provided with information about their illness, diagnosis and treatment options, and relevant support networks and are able to participate in care planning and delivery.	Amber
6.4 Ill children and young people have access to high quality, evidence-based care developed through clinical governance and delivered by staff who have the right skills for assessment, diagnosis, treatment and ongoing care.	Amber
6.5 There is continuity between care delivered in different settings; this is supported by systems for sharing relevant information about children and young people in a timely way.	Amber
6.6 Health care is delivered in a way which promotes participation in education, thereby maximising the child or young person's potential.	Green
6.7 Community Children's Nursing Teams are available (as part of Children's Community Teams) in each locality.	Green

NSF STANDARD 7: HOSPITAL SERVICES FOR CHILDREN

To deliver Hospital Services that meet the needs of children, young people and their parents and provide effective and safe care, through appropriately trained and skilled staff working in suitable and safe environments.

7.1 Children and young people should receive care that is integrated and co-ordinated around their particular needs, and the needs of their family. They, and their parents, should be treated with respect, and should be given support and information to enable them to understand and cope with the illness or injury, and the treatment needed. They should be encouraged to be active partners in decisions about their health and care, and, where possible, be able to exercise choice.	Amber
7.2 Children and young people should receive appropriate high quality, evidence-based hospital care, developed through clinical governance and delivered by staff who have the right set of skills.	Amber
7.3 Care will be provided in an appropriate location and in an environment that is safe and well-suited to the age and stage of development of the child or young person.	Amber

NSF STANDARD 8: DISABLED CHILD

Children and young people who are disabled or who have complex health needs receive co-ordinated, high quality child and family –centred services which are based on assessed needs which promote social inclusion and where possible which enables them and their families to live ordinary lives.

8.1 Disabled children are able to access all mainstream children's services. These promote active participation and inclusion in childhood, family and community activities.	Amber
8.2 Disabled children and young people receive child-centred multi-agency co-ordinated services from the point of referral through identification and assessment to delivery.	Amber
8.3 Early identification and intervention are provided through clinical diagnosis and the <i>Framework for the Assessment of Children in Needs and their Families</i> . Interventions support optimal physical, cognitive and social development, and are provided as early as possible with minimum waiting times.	Amber
8.4 Disabled children and young people who require ongoing health interventions have access to high quality, evidence-based care, delivered by staff who have the right skills for diagnosis, assessment, treatment and ongoing care and support.	Green
8.5 Families are offered a range of appropriate family support services that are flexible and responsive to their needs and that promote their inclusion in the local community. The option of direct payments is available and promoted.	Red
8.6 Disabled children and young people and their families are routinely involved and supported in making informed decisions about their treatment, care and support, and in shaping services.	Amber

NSF STANDARD 9: THE MENTAL HEALTH AND PSYCHOLOGICAL WELL-BEING OF CHILDREN AND YOUNG PEOPLE

All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders have access to timely, integrated, high quality multi-disciplinary mental health services to ensure effective assessment, treatment and support, for them and their families.

9.1 All staff working directly with children and young people have sufficient knowledge, training and support to promote the psychological well-being of children, young people and their families and to identify early indicators of difficulty.	Red
9.2 Protocols for referral, support and early intervention are agreed between all agencies.	Amber
9.3 Child and adolescent mental health (CAMH) professionals provide a balance of direct and indirect services and are flexible about where children, young people	Amber

and families are seen in order to improve access to high levels of CAMH expertise.	
9.4 Children and young people are able to receive urgent mental health care when required, leading to a specialist mental health assessment where necessary within 24 hours or the next working day.	Green
9.5 Child and adolescent mental health services are able to meet the needs of all young people including those aged sixteen and seventeen.	Amber
9.6 All children and young people with both a learning disability and a mental health disorder have access to appropriate child and adolescent mental health services.	Amber
9.7 The needs of children and young people with complex, severe and persistent behavioural and mental health needs are met through a multi-agency approach. Contingency arrangements are agreed at senior officer levels between health, social services and education to meet the needs and manage the risks associated with this particular group.	Amber
9.8 Arrangements are in place to ensure that specialist multi-disciplinary teams are of sufficient size and have an appropriate skill-mix, training and support to function effectively.	Amber
9.9 Children and young people who require admission to hospital for mental health care have access to appropriate care in an environment suited to their age and development.	Green
9.10 When children and young people are discharged from in-patient services into the community and when young people are transferred from child to adult services, their continuity of care is ensured by use of the "care programme approach".	Green

NSF STANDARD 10: MEDICINES FOR CHILDREN AND YOUNG PEOPLE

Children, young people, their parents or carer, and health care professionals in all settings make decisions about medicines based on sound information about risk and benefit. They have access to safe and effective medicines that are prescribed on the basis of best available evidence.

10.1	The use of medicines in children is based on the best available evidence of clinical and cost-effectiveness and safety, ideally derived from clinical trials, but also including, where appropriate, medicines that are not licensed for their age group or for their particular health problem ('off-label'), or these that do not have a license at all ('unlicensed') in order to achieve the best possible health outcomes and minimise harm and side effects.	Green
10.2	In all settings and whatever the circumstances, children and young people have equitable access to safe, clinically and cost-effective medicines in age-appropriate formulations.	Green
10.3	Appropriate information and decision support is available for professionals who prescribe, dispense and administer medicines for children and young people.	Green
10.4	Children, young people and their parents/carers receive consistent, up-to-date, comprehensive, timely information on the safe and effective use of medicines.	Green
10.5	In all settings, professionals enable parents, young people and, where appropriate, children to be active partners in the decisions about the medicines prescribed for them.	Red
10.6	Primary Care Trusts, NHS Trusts and other organisations ensure that the use of medicines in children is incorporated in their clinical governance and audit arrangements.	Red
10.7	The contribution of pharmacists in the effective and safe use of medicines in children is maximised.	Green

NSF STANDARD 11: MATERNITY SERVICES

Women have easy access to supportive, high quality maternity services, designed around their individual needs and those of their babies.

11.1	All women are involved in planning their own care with information, advice and support from professionals, including choosing the place they would like to give birth and supported by appropriately qualified professionals who will attend them throughout their pregnancy and after birth.	Green
11.2	Maternity services are proactive in engaging all women, particularly women from disadvantaged groups and communities, early in their pregnancy and maintaining contact before and after birth.	Green
11.3	All services facilitate normal childbirth wherever possible, with medical interventions recommended only when they are of benefit to the woman and/or her baby.	Green
11.4	Maternity services are commissioned within a context of managed care networks and include a range of provision for routine and specialist services for women and their families e.g.: <ul style="list-style-type: none"> • Routine ante-natal and post-natal care services; • Services for women with more complex pregnancies who may require 	Amber

<p>multidisciplinary or multi-agency care;</p> <ul style="list-style-type: none"> • Services for women who request support for coping with domestic violence; • Services for disabled women; • Services for women and their partners who request support to stop smoking; • Services for women and their partners who are substance misusers; and • Services for women and their partners who have mental health problems. 	
<p>11.5 All women and their babies receive treatment from healthcare professionals competent in resuscitation for both mother and infant, newborn examination and in providing breastfeeding support. Services promote breastfeeding, whilst supporting all women whatever their chosen method of feeding.</p>	Amber
<p>11.6 Women who use local maternity services are involved in improving the delivery of these services, and in planning and reviewing all local hospital and community maternity services.</p>	Amber

4.0 WAY FORWARD

- 4.1 The traffic light self assessment will be disseminated to all participating departments and agencies for a four week consultation in January 2006.
- 4.2 Sue Marsh and Jane Craig will utilise the self-assessment to produce a four year priority based strategy with short, medium and long-term tasks, to include resource implications. This will be presented to the Children's and Young People's Health Service Advisory Group in March for discussion and ratification. Other partnership agencies will be invited to attend and participate in the discussion.
- 4.3 The strategy will be available to the public. It will have associated action plans with responsible leads and deadlines, which will be monitored and evaluated on a six-monthly basis.

Identifying Which Services / Functions / Budgets Will Be Included in the Commissioning Trust

List and estimated budget drawn from the Mapping Exercise undertaken in Summer 2004.

NB All budgets to schools and funds held by GPs are not included

	Included	Excluded
Council		
Social Work Locality Services inc Child Protection	£8.3 m	
Placements,inc Fostering, Adoption, Residential Care and Aftercare	£17.3m	
Other Social Work Services inc Mgt, Commissioning Functions, Registration Service	£2.7m	
School Transport	£2.7m	
Youth Service	£2.6m	
Children's Fund	£1.2m	
Early Years [inc Children's Centres]	£5.8m	
SureStart	£2.8m	
Children and Family Education Services	£1.2m	
Regeneration and Other Project Grants related to 0-19 year olds	£6.3m	
Education Welfare	£0.6m	
SEN & Support Services [NB some funded on SLA basis by schools]	£9.9m	
Services for Schools [exc SEN & Support Services] – services which support schools and funded on an SLA basis by the schools		£5.6m
Other Education Related Costs inc Planning, Management – services which support schools infrastructures		* Unspecified at this point
Community Safety		
YOS [inc all partner contributions]		£3.6m
Substance Misuse [required to be included in Children's Commissioning Arrangements]	£1.3m	
Connexions		
Coventry provision [will probably be routed through LA from 2008]	£3.5m	

Appendix 6

	Included	Excluded
PCT [national expenditure mapping exercise just commenced – due to finish Jan 2006; national report June 2006]		
CAMHS	£0.9m	
Health Visiting for children	*	
School Nursing including Special Needs School Nursing	*	
Children's Community Nursing	*	
Speech and Language Therapy for children	*	
Occupational Therapy for children	*	
Physiotherapy for children	*	
Learning Disability for children	£1.4m	
Community paediatrics	*	
Health Promotion and other public health related activities for children and young people	*	
Young People's Sexual and Reproductive Health Services	*	
Young People's Substance Misuse Service	*	
Diana Community Children's Service [Coventry element]	*	
Community Midwifery		*
Other Allied Health Professionals without a paediatric service [eg Foot Health, Dieticians]		*
Acute Maternity and Neonatal Services [hospital based]		*
Acute Paediatric Services [hospital based – likely to be sub-regionally commissioned]		*

* = financial data not known at this stage

Children and Young People Strategic Partnership Joint Commissioning Plan

2006-2007

WHAT	HOW MUCH	WHEN/TIME SCALE	TO ACHIEVE/BENEFIT	WHO
INTEGRATED STRATEGY				
Service Directory	£50 K Per Annum	Ongoing	Single Accessible Directory	CCC PCT Connexions
Strategy/ Commissioning	£140 K Per Annum	Ongoing	Integrated Strategy	PCT/CCC
INTEGRATED PROCESSES				
CAF/Ryogens	£325 K over 2 years	2 years – 2006 - 2008	Integrated processes	CCC & Partnership
INTEGRATED SERVICES				
Children's Rights & Independent Visitor	£118 K Per Annum	2006 – 2009 and 2011	Efficiency/advocacy of scale	Coventry CC and Warwickshire CC
Teenage Pregnancy	TBC Grant?	Ongoing	Reduce conceptions	CCC & PCT
Substance Misuse	TBC Grant?	Ongoing	Co-ordinated services for young people who misuse substances	CCC, PCT & YOS-
Integrated Services Disabled Children & Young People Inc. Respite	TBC	TBC 2006/2007 onwards	Seamless service efficient and processes easier access	CCC , PCT & Connexions
Safeguarding Service	TBC	2006/2007	Efficiency/secure dedicated resource	CCC & PCT
Looked After Children Service	TBC	TBC	Better outcomes by streamlining processes and decisions	CCC & PCT
CAMHS	Grant? £45 K	Ongoing	Comprehensive CAMHS by 200?	CCC & PCT
Children's Fund	£2M	2006 - 2008	Helping children to: do better at school, be more healthy, stay out of trouble, help parents and reach children who are left out of school.	
Neighbourhood Renewal Fund	£1.6M	2006 - 2008	TBC	
Behaviour Improvement Programme	£1,508,000	2006-7 2007-8	Standards Fund- Excellence Clusters' schools – specific actions, BEST's, FSES's	EiC Partnerships
Excellence in Cities				
Children's Centres				

Appendix 8

WHAT	HOW MUCH	WHEN/TIME SCALE	TO ACHIEVE/BENEFIT	WHO
Sure Start	3k currently tapering over 7yrs	4 current Sure Start changing to 7 childrens centres by Autumn 2006	Provision of additional services to Families with children aged 0-4yrs to provide the improve life chances	Partnership of PCT Education and Social Services
Extended Schools	£448,569- > £626,900- > £896,037- >	Standards Fund 2006-7 2007-8 General Sure Start Grant 2006-7 2007-8	Delivering the accessible services – extended schools agenda. Some capital via the Sure start grant. Fund adviser, consultants, development funding to schools.	Children's Centres/Extended Schools Steering Group with NRT(TDA) and Continyou
Speech and Language				
Residential for Looked After Children	Between 3-5 million per year		Local residential accommodation for looked after children	
Children's Contact Centre			Promote positive contact between looked after children and their families	CCC/Voluntary and Private sector

EQUALITY IMPACT ASSESSMENT

Name of function or policy: Coventry Children and Young People's Plan
2006 – 2010

Department/Directorate: Children's Services

Head of EIA Team: Sally Giles

Other members of EIA Team: Jos Parry

STAGE 1 – SCOPING THE FUNCTION OR POLICY

<p>1. What type of function or policy is this?</p>	<p>Proposed</p> <p>The Children and Young People's Plan (CYPP) is one element of the reforms underpinned by the Children Act 2004. It is a key part of the children's services improvement cycle, set out in Every Child Matters: Change for Children.</p>
<p>2. What is the purpose of the function or policy?</p>	<p>There are currently a large number of plans from different agencies that shape the delivery of children and young people's services in the city.</p> <p>The purpose of the Children and Young People's Strategic Plan is to bring them together into a single, strategic, overarching plan for all services affecting children and young people in Coventry</p>
<p>3. Who are the stakeholders?</p>	<ul style="list-style-type: none"> • Children and young people • Parents and carers • Practitioners working with the above • Policy makers • Government • Elected members <p>The CYPP has been developed by the Children and Young People's Strategic partnership.</p> <p>The City Council and its partners established the Coventry Children and Young People's Strategic Partnership in June 2003 in advance of the Green Paper "Every Child Matters".</p> <p>It agreed a wide and inclusive membership of around 80 reflecting not just key public sector agencies but schools, parents, and voluntary groups. The Partnership Chair is the Chief Executive of the City Council. The Vice Chair is Chief Executive of the Primary Care Trust.</p>

<p>4. Who is the function or policy intended to benefit?</p>	<p>The primary focus is children and young people, but all of the above stakeholders will benefit if the plan delivers more accessible and 'joined up' provision and improved service delivery.</p> <p>The plan describes delivery of universal services for all children and young people. Within this, priority is given to vulnerable groups such as Looked After Children and Young People, Children and Young People with Disabilities, and Children in Early Years.</p>
<p>5. What outcomes do we want to achieve?</p>	<ol style="list-style-type: none"> 1. Children in Early Years have the foundation for happy, healthy and successful lives 2. Children and young people with disabilities are able to maximise their potential for healthy, happy and successful lives 3. Looked After Children and young people are able to maximize their potential for healthy, happy 4. Children and young people feel part of their local neighbourhood and community and behave in a way which enables them to fulfil their potential and that of their city 5. Children and young people's achievements and aspirations have been fulfilled to the benefit of themselves, their communities and neighbourhoods 6. Children and young people feel safe and are protected from harm 7. Children and young people have healthy lifestyles which maximise their potential for physical, mental, emotional and sexual wellbeing. 8. Appointment of Director of Children, Learning and Young People. Children's Directorate founded on multi-agency working established. Children's Trust arrangements in place 9. Prevention, Partnership and Participation
<p>10. What are the key performance indicators?</p>	<p>The success criteria listed below are high level outcome indicators - the changes that we want to see by 2010 – and will be used to evaluate how effective our strategies have been in delivering the desired outcomes. The targets and performance indicators that will be used to monitor our progress towards these outcomes are contained in the detailed plans which underpin this strategic document.</p> <p>The success criteria listed below are also reflected in the revised Coventry Community Plan:</p> <ul style="list-style-type: none"> • Pre-school children develop better skills • Examination results of 14 year olds improve for English, Maths, Science and ICT • More 19 year olds achieve Level 2 NVQ or better • School attendance improves • There are fewer young people who are not in education, employment or training

	<ul style="list-style-type: none"> • The rise in obesity among children and young people is halted • Sexual health improves • There is reduced offending and re-offending by children and young people • More child care places are available and take up has increased • Examination results of 11 year olds improves for English and Maths • More 16 year olds achieve five or more GCSEs at grades A* - C • The educational achievement of Looked After Children improves • Fewer children and young people are excluded from school • More young people are participating in Further and Higher Education • There are fewer teenage pregnancies • There is less harm caused by illegal drugs to children and young people • Children and young people are protected from harm
<p>11. What do you already know about equality impact or need in relation to this function or policy?</p>	<p>To develop the plan we have:</p> <ul style="list-style-type: none"> • Mapped the needs of the population of children, young people and their families and carers in Coventry against a range of variables such as gender, race, age, ethnicity, disability and location; • Collated the views of children, young people, and their families and carers about the way services are provided; • Reviewed the issues arising from the Local Preventative Strategy audit; • Mapped the provision which is currently available; • Identified the gaps in service provision in terms of outcomes and the way services are delivered; • Assessed our current performance in relation to the Every Child Matters outcomes; • Taken into consideration the key messages from external inspections of our services and from the Annual Performance Review of Children's Services; • Reviewed the plans and strategies of partner organisations. <p>These audits have confirmed the need to continue to improve outcomes for groups of children and young people that are vulnerable and at risk:</p> <ul style="list-style-type: none"> • Disabled children and young people and those with special educational needs • Children who need protection, some of whom

Appendix 8

		<p>need to be 'looked after';</p> <ul style="list-style-type: none"> • Black and minority ethnic children; • Children of asylum seeker, refugee and newly arrived families, and young people who are themselves refugees and asylum seekers; • Children and young people with mental health problems. <p>The activities delivered through the Children and Young People's Plan will reflect this.</p>		
<p>8. Does the function or policy impact differentially (positively or negatively) on different people or communities because of the factors listed below (please tick)</p>				
	Yes - positively	Yes - negatively	No	Don't know
race	<p>✓</p> <p>Because of priority given to BME groups</p>			
gender	<p>✓</p> <p>Eg focus on boys' attainment</p>			
disability	<p>✓</p> <p>Priority given to Children and Young People with Disabilities</p>			
religion or belief	<p>✓</p> <p>Indirectly through focus on BME groups??</p>			
sexuality				✓
age	<p>✓</p> <p>The plan targets children and young people</p>			
12. Who will have overall responsibility for implementing the function or policy?	<p>Cabinet Member for Children's Services Director for Children, Learning and Young People</p>			
13. Are other directorates involved with this function or policy?	<p>Yes All City Council Directorates</p>			
14. Are other organisations/groups (if any) involved in the implementation of this function or policy?	<p>Yes</p> <ul style="list-style-type: none"> • Elected members • Voluntary Sector • Community Sector • PCT • Local Learning & Skills Council • Schools (Primary, Secondary, Special) • UHCW (hospital) • Colleges • West Midlands Police • Connexions • Community Safety Partnership 			

	<ul style="list-style-type: none"> • Probation Service • Asylum & Refugee Strategy Groups • New Deal for Communities • CAF/CASS
15. If yes, do these groups/organisations or other Directorates need to be involved with this impact assessment?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

STAGE 2 – DATA COLLECTION

Please detail in the table below:

1. Relevant equalities monitoring data
2. Other relevant qualitative data

Data	Are there any problems with this data?	What does the data tell you?
Indices of Deprivation (ODPM, 2004)	No	Shows areas of multiple deprivation in Coventry, ie those that are within the most 10% deprived nationally. Indicates how Coventry's wards differ with respect to total population, 0 – 19 year old population, numbers of black and minority ethnic children, crime rates, household income, lone parent households and level of qualifications
JAR Self-assessment 2006	No	Data relating to approximately 370 performance indicators across the Every Child Matters outcomes was collected from all partner agencies. Key issues have been fed into the plan
Communities That Care Survey	No	A report based on 9,929 valid survey forms completed by pupils in years 7 – 11 in 15 secondary schools. Establishes their views of risks and protective factors which affect their lives.
TELLUS Survey undertaken as part of the JAR Self-assessment	No	Survey completed by 750 pupils in years 6 – 10. Note: TELLUS sample did not include 16 year olds. Only 18% of pupils completing survey were from BME groups compared to around 30% in school population as a whole.

STAGE 3 – CONSULTATION

*This section **must** be completed if this EIA relates to a new or revised policy. You may also complete this section to include details of relevant consultation if your EIA relates to an existing function or policy*

Appendix 8

<p>16. Is there enough information from recent consultations to give you the information you require?</p>	<p>Yes</p> <p>Consultation on Future of Children's Services in Coventry amongst cross section of staff from many different partner agencies during Autumn 2005</p> <p>Communities That Care Survey undertaken with 10,000 young people across the City to establish their views of the risks and protective factors that affect their lives</p> <p>Consultation with disabled children and young people undertaken to inform the Inclusion and SEN strategy</p> <p>Audit of need carried out under the Local Preventative Strategy</p> <p>Wealth of consultation work undertaken with children and young people, their parents and carers under each of the Every Child Matters outcomes.</p> <p>TELLUS Survey</p> <p>Children and Young People's Plan itself out for consultation in February 2006</p>
<p>17. Does the service have on-going dialogue with relevant interest or user groups?</p>	<p>Yes</p> <p>Through delivery agencies. The Children and Young People's Strategic Partnership is committed to participation of all stakeholders.</p> <p>The MAGIC Sub Group of the Partnership monitors participation and looks at ways of supporting organisations to involve children and young people.</p> <p>Two posts which support consultation and involvement - a Children's Champion and a User Involvement Officer (Parents and Carers) - have been created.</p>
<p>18. Who do we need to talk to? What groups or individuals have legitimate interests?</p>	<p>See list of stakeholders in Section 3</p>
<p>19. How do we ensure that they are part of the consultation?</p>	<p>See above</p>
<p>20. What methods will we employ?</p> <p><i>Please give details</i></p>	<p>Surveys Focus groups Newsletters Website Schools Councils Youth Councils Information Busters</p>
<p>21. Have we published the results of this consultation?</p>	<p>Yes</p> <p>The plan is based on all of the consultations listed above.</p>

	<p>Future of Children's Services consultation published in Cabinet Paper 13 December</p> <p>Communities That Care survey results currently being made available to practitioners and policy makers through local seminars.</p> <p>Results of consultation with children and young people will inform new versions of action plans and how they want to be involved in future planning, monitoring, delivery and review.</p>
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

STAGE 4 – ASSESSMENT

Answer the following questions looking at the data you have collected and the results of consultation in order to identify any particular needs/requirements or adverse impact.

<p>22. Are there any areas of low take up or under/over representation by different groups?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please provide details</p> <p>The plan focuses on disadvantaged and vulnerable groups.</p> <p>Equalities issues relating to disability, race and gender have been identified and will be addressed through the plan.</p> <p>Cross-cutting issues of disability, race and Looked After Children have been identified and must be addressed through all action plans.</p>
<p>23. Does consideration of geography and demography of service users reveal any differential impact?</p>	<p>Yes</p> <p>This is addressed through the plan, which shows the geographical mapping of deprivation, where children and young people are located and where disadvantaged groups are located.</p>
<p>24. Is there any evidence or other reason to believe that different groups have different needs, experiences, issues and priorities in relation to the function or policy?</p>	<p>Yes</p> <p>These issues are addressed through the plan</p>
<p>25. Has a differential impact for different groups been identified?</p>	<p>Yes</p> <p>The plan focuses on the vulnerable groups identified above</p>
<p>26. Is there insufficient evidence to judge whether there is differential impact?</p>	<p>The plan is based on a detailed analysis of need, including inequalities and will be monitored and evaluated to determine the effectiveness of its strategies to narrow the gap.</p>

27. Has any differential or adverse impact been identified for this function or policy within other local authorities?	Yes
28. If a differential impact has been identified, does this amount to adverse impact?	No
29. If a differential impact has been identified that does not amount to adverse impact – is this instead positive equalities impact for certain groups?	Yes The plan identifies and addresses inequalities
30. Is the function or policy directly or indirectly discriminatory under the Race Relations Act, the Sex Discrimination Act or the Disability Discrimination Act?	No
31. If the function or policy is indirectly discriminatory, can it be justified under the legislation?	N/A
32. Is it possible to modify this function or policy to promote equal opportunities and good inter-group relations?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please insert appropriate objectives into Step 5. The promotion of equal opportunities underpins our work

STAGE 5 – DEVELOPING EQUALITY OBJECTIVES AND TARGETS

Please indicate which of the following best describes the outcome of your EIA process by ticking one of the following:

• There is insufficient evidence to judge whether there is differential impact	
• The EIA shows that the function or policy has no differential impact	
• The EIA shows that the function or policy has a differential impact	X
• The EIA reveals a differential impact which also amounts to adverse impact	

Using the table below, please insert equality objectives and targets for this function or policy based on the findings of this impact assessment.

OBJECTIVES	PERFORMANCE TARGET	LEAD OFFICER	TIMESCALES / MILESTONES
Carry out a piece of consultative work with young people around sexual orientation and service impacts	By April 07 have consulted with young people and be in a position to feed in	Jos Parry/Sally Giles	Summer 06 – commission consultation Autumn 06 – implement consultation

	their views into revised versions of action plans		Spring 07 – results of consultation inform updates of action plans
--	---------------------------------------------------	--	--------------------------------------------------------------------

Please ensure that these objectives are incorporated into operational plans for 2006/07.

Progress on the objectives and targets set out above will be measured through the monitoring systems that are in place within the performance management framework.

- This report has been completed by (*please sign below*)

: Sally Giles **Date:** 27 February 2006

Name in print: Please brief the senior officer responsible for this service on the results of this impact assessment.

I have been briefed on the results of this impact assessment:

Head of Division: _____ **Date:** 27 February 2006

Name in print: Jocelyn Parry

- It is an essential that this report is also discussed by your management team and remains readily available for inspection. A copy should also be forwarded to your representative on the Corporate Equality Officers Group.

Date presented at Directorate Management Team: 15 March 2006



Report to

Cabinet

Council

Report of

Chief Executive and Director of Legal and Democratic Services

21st March 2006

11th April 2006

Title

Council Response to Whitefriars Group Restructuring Proposals

1 Purpose of the Report

- 1.1 Councillors are asked to consider whether the City Council should formally consent to the proposed restructuring of the Whitefriars Housing Group and execute the Deed of Variation and Novation.
- 1.2 In particular, Councillors are asked to decide whether the changes in the voting arrangements which are proposed by Whitefriars in their restructuring proposals are in the best interests of the City Council.

2 Recommendations

- 2.1 Cabinet is recommended to:-
 - 2.1.1 Consider whether to accept the voting arrangements proposed by Whitefriars under which the City Council loses its power of "veto" in relation to future changes to the new entity's rules or constitution.
 - 2.1.2 Approve the City Council entering into a Deed of Novation and Variation between the City Council with Whitefriars Housing Group to give effect to the re-organisational proposals.
 - 2.1.3 To make the appropriate recommendation to the City Council for consideration at its meeting on 11th April 2006.

3 Information/Background

- 3.1 Whitefriars Housing Group have proposed re-organisation and conversion from their current status of three companies limited by guarantee to one industrial provident society which would have charitable status.
- 3.2 On 9th August 2005, Cabinet considered a joint report from the Chief Executive and Director of Social Services and Housing which sought agreement to a provisional response that had been sent to Whitefriars about their group restructuring proposals. Cabinet endorsed the provisional response and since then detailed work has been carried out in relation to the legal agreements required to give effect to the proposals.
- 3.3 As part of the group structure re-organisation Whitefriars Housing Group (WHG) have proposed entering into a Deed of Variation and Novation in relation to the initial housing Transfer Agreement (between the City Council and WHG) in order to ensure that all the rights and objectives which currently exist are transferred to the new entity.
- 3.4 A draft Deed of Novation and Variation has been drafted by Trowers and Hamlin, the firm of solicitors representing Whitefriars for agreement by the City Council. The City Council

are also being advised by external lawyers, Lawrence Graham, and a copy of their advice is attached at Appendix 1.

- 3.5 During the consideration of the documents in relation to the proposed re-organisation, it was established that the City Council would stand effectively to lose its right of "veto" under the proposed re-organisation.
- 3.6 The Cabinet is referred to the report by the Council's external lawyers annexed hereto, marked "Report to Coventry City Council" dated 23rd February 2006, which outlines the current position and the effect if the proposed re-organisation was to take place. Mr Simon Randall, CBE, a partner in the firm of Lawrence Graham will attend Cabinet to present the report and to address any questions that Councillors may have to elaborate or clarify any aspect of the report.
- 3.7 Whilst it has been possible to reach agreement on most of the issues that have arisen in relation to the proposed re-organisation there is one significant issue which remains outstanding and upon which Councillors are now asked to make a decision. This is the issue of the voting arrangements of general meetings of the new company, as opposed to general Board meetings. Under the present arrangements, the City Council has a weighted bloc vote which can be exercised by its nominated representative. In effect this means that the City Council has a "veto" on such issues as changes to Whitefriars constitution. In the rules for the new company, Whitefriars Housing Group Limited, voting will be restricted to Board Members, of whom there are proposed to be 18 of which the City Council will have 6, and Board Members will have to attend in person or appoint a proxy if their vote is to count. The effect of their change is that the City Council will lose its "bloc" vote as well as the weighting arrangement which require a Council appointed representative to be present for a meeting to be quorate. The Council's representatives will, therefore, need to ensure that they attend the relevant meetings. Whitefriars have been asked on several occasions to change their proposals so that they reflect current voting arrangements but they have declined to do so.

4 Proposal and Other Option(s) to be Considered

- 4.1 Whether the Council is prepared to forego its right to a veto under the proposed re-organisation or alternatively insist the Council's right to a veto is reinstated in the proposed Deed of Variation.

5 Proposal and Other Options to be considered

- 5.1 Councillors are asked to approve the entering into the Deed of Novation and Variation by the City Council.
- 5.2 Councillors are asked if they are prepared to accept the proposed voting arrangements, and approve arrangements for the amalgamations OR if they wish to negotiate a change in such arrangements to facilitate weighted voting or other arrangement which will preserve the City Council's existing voting rights.

6 Other Implications

	Implications (See below)	No Implications
Best Value		√
Children and Young People		√
Comparable Benchmark Data		√
Corporate Parenting		√
Coventry Community Plan	√	

	Implications (See below)	No Implications
Crime and Disorder	√	
Equal Opportunities		√
Finance	√	
Health and Safety		√
Human Resources		√
Human Rights Act		√
Impact on Partner Organisations	√	
Information and Communications Technology		√
Legal Implications	√	
Neighbourhood Management		√
Property Implications	√	
Race Equality Scheme		√
Risk Management	√	
Sustainable Development		√
Trade Union Consultation		√
Voluntary Sector – The Coventry Compact		√

6.1 Coventry Community Plan, Crime and Disorder, Impact on Partner Organisation

WHG is a key partner of the City Council, acting as a lead representative of Housing Associations on the Coventry Partnership. WHG is also a key partner in tackling Crime and Disorder and is represented on the Community Safety Partnership. It is important to maintain strong partnership relationships with the organisation.

6.2 Finance, Legal Implications, Property Implications, Risk Management

The Council has a variety of legal, financial and property relationships with Whitefriars Housing. The purpose of the Deed of Novation and Variation is to ensure that all of Whitefriars existing obligations transfer to the new Whitefriars corporate structure.

7. Timescale and expected outcomes

- 7.1 WHG is looking to implement their restructuring as soon as possible. One or more special general meetings would be required to incorporate the changes once the position has been agreed with the Council.

	Yes	No
Key Decision		√
Scrutiny Consideration (if yes, which Scrutiny meeting and date)	√ Scrutiny Co-ordination Committee 15th March 2006	
Council Consideration (if yes, date of Council	√	

meeting)	11 th April 2006	
----------	-----------------------------	--

List of background papers

Proper officer: Chris Hinde, Director of Legal and Democratic Services

Author: Telephone 024 76 833013
Jas Uppal, Senior Locum Lawyer, Litigation and Projects
(any enquiries should be directed to the above)

Other contributors:

Papers open to Public Inspection

Description of paper

Location

Cabinet Report – Council's Response to Whitefriars Group Restructuring Proposal – 9th August 05

REPORT TO COVENTRY CITY COUNCIL

CABINET MEETING – 21 MARCH 2006

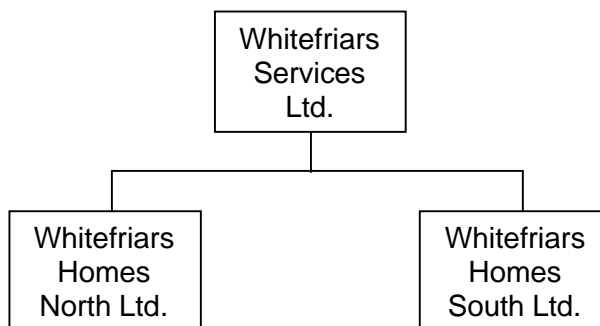
Whitefriars Housing Group Restructuring

1. Introduction

- 1.1 The Cabinet approved the proposed restructuring of Whitefriars Housing Group ("WHG") in principle at its meeting on 9 August 2005 (Minute 78).
- 1.2 Following such approval WHG commenced implementation of the proposed restructuring as outlined below. This has not been completed due to a proposed change in the arrangements which require Members' approval. In addition one key issue needs to be brought to Members' attention following the earlier approval.

2. Present Position

- 2.1 At the time of the original transfer in 2000 a tripartite structure existed with three non-charitable companies limited by guarantee registered as social landlords with the Housing Corporation as below:-



- 2.2 The transferred stock was owned jointly by Whitefriars Homes North Limited and Whitefriars Homes South Limited.
- 2.3 Due to the imminent likelihood of the group suffering corporation tax on its surpluses and the complications and added costs of maintaining the group structure, it was agreed by all parties that the group should collapse into one new corporate entity registered with charitable status. This approach was approved by Cabinet on 9 August 2005.
- 2.4 The mechanics to achieve this restructuring were:-
 - 2.4.1 conversion of all three entities in paragraph 2.1 above into industrial and provident societies;

- 2.4.2 the rules for Whitefriars Homes North Limited (which changed its name to Whitefriars Housing Group Limited) incorporated wholly charitable objectives to enable that entity to apply for exempt charitable status;
- 2.4.3 the above steps have already been taken and delay has been caused by technical issues arising from recent Pension Regulations which need not directly concern the City Council. However the next (and final step) is to amalgamate Whitefriars Services Limited and Whitefriars Homes South Limited into Whitefriars Housing Group Limited. Thereafter all the assets, debts and obligations, particularly under the original transfer agreement remain with Whitefriars Housing Group Limited.
3. **Changes in voting arrangements**
- 3.1 In the Articles of Association of the two land-owning entities (Whitefriars Homes North Limited and Whitefriars Homes South Limited) the arrangements for voting at both company and board level were broadly as follows:-
- 3.1.1 the membership arrangements for each company permitted tenants and independent persons to be members (i.e. the equivalent to shareholders);
- 3.1.2 votes at any general meetings involved weighted voting such that the City Council had a bloc vote of 33% except that this reduced to 26% on resolution to amend the Memorandum and Articles of Association – sufficient under the Companies Acts to veto any changes;
- 3.1.3 Whitefriars Services Limited as parent organisation also had a 26% bloc voting right;
- 3.1.4 the Boards were structured for equal numbers from each constituency i.e. City Council, tenants and independents.
- 3.2 In the rules for Whitefriars Housing Group Limited already approved when the conversion resolutions were passed, the following changes were incorporated:-
- 3.2.1 only board members can be shareholders;
- 3.2.2 the board consisted of six Council board members, six tenant board members and six independent board members;
- 3.2.3 thus the Council board members have one third of the votes at a general meeting and could veto any change in the rules requiring a three-fourths majority provided at least four Council board members attended in person or issued similar proxy votes.
- 3.3 The effect of this change is that the City Council would not have its automatic bloc vote which could be exercised by one Council board member or a system of weighted voting where the quorum includes at least one Council nominated attendee. Therefore this places the onus on all its board members attending general meetings particularly if controversial rule changes were contemplated.
- 3.4 The City Council will need to execute a Deed of Novation and Variation confirming the provisions of the original transfer agreement and that the single entity, Whitefriars Housing Group Limited, will be undertaking all obligations of the three entities. In particular there is a provision that the rules of the new entity will not be changed so far as they relate to its objects or powers or to local authority or tenant representation without the City Council's prior consent in writing, such consent not to be withheld or delayed in relation to reasonable

advice issued by the Housing Corporation concerning governance of all registered social landlords. There are also some additional provisions in the Deed to protect the City Council.

In other respects there is no reason for the City Council not to enter into this Deed of Novation and Variation.

4. **The way forward**

4.1 As the above report indicates, the City Council no longer has an actual veto on unacceptable changes to the new entity's rules or constitution requiring all its nominated board members to attend the relevant meetings and vote en bloc.

4.2 The City Council could accept the position with the covenant referred to in paragraph 3.4 above or require an amendment to the rules of the new entity reinstating a weighted voting system. WHG have advised that incorporating such an amendment at this stage would be inconvenient because:-

4.2.1 approvals would be required from the Housing Corporation, their funders and the Financial Services Authority responsible for any rule amendments: such approvals may not necessarily be forthcoming;

4.2.2 one or more special general meetings would be required to incorporate the change involving additional costs;

4.2.3 they considered that sufficient explanatory advice had been given to all parties advising that weighted voting was not incorporated in the new constitutional arrangements.

5. **Recommendations**

5.1 Members are asked to approve the entering into the Deed of Novation and Variation by the City Council.

5.2 Members are asked if they are prepared to accept the voting arrangements which have been partially implemented and approve arrangements for the amalgamations OR if they wish to negotiate a change in such arrangements to facilitate weighted voting.

Simon Randall
24 February 2006

STANDARDS COMMITTEE

29th March, 2006

Members Present:- City Council Members

Councillor Mulhall
Councillor Williams

Independent Members

B. Ray
J. Willetts

Parish Councillor

B. Shakespeare

Employees Present:- S. Bennett (Legal and Democratic Services Directorate)
C. Hinde (Director of Legal and Democratic Services)

Apologies:- B. Farrer
A. Casey

RECOMMENDATIONS

35. Further Amendments to the Constitution

The Committee considered a report of the Director of Legal and Democratic Services which proposed further changes to the City Council's Constitution that had arisen since the Committee considered amendments to the Constitution at their meeting on 8th February, 2006 (Minute 23/05 refers). The Constitution Working Group had met to examine the Constitution and as a result, had recommended that further amendments be made.

In relation to Planning Committee, the opportunity had been taken to review procedures and practices and as a result, a list of proposed amendments were detailed in an appendix to the report. A number of these amendments sought to ensure fairness and good practice at Planning Committee.

The Constitution was currently silent in relation to adjourning meetings if, for example, they were or became inquorate. It was proposed to include a paragraph in the Constitution clarifying that when a meeting is adjourned and reconvened, there must be at least five working days notice of the date of that reconvened meeting.

The Standards Committee, at their last meeting, had recommended that the City Council increase the number of Independent Members of this Committee from five to seven (including a Parish Councillor), due to the anticipated increased workload in relation to the local handling of complaints of misconduct by Councillors, the change in the rules of the Committee and succession planning in relation to the existing members of the

Committee (Minute 24/05 refers). The Constitution Working Group had considered this issue and had recommended that the number of Councillors on the Committee should also be increased from two to three, to include a representative of the Main Opposition Group. This would give a total membership of ten.

RECOMMENDED that the City Council approves:-

- (1) The amendment to the City Council's Constitution in relation to Planning Committee as detailed in the appendix to the report.**
- (2) The amendment to the City Council's Constitution in relation to clarifying the procedure for adjourning/reconvening meetings.**
- (3) The increase in the number of Councillors on the Standards Committee from two to three, to include a representative of the Main Opposition Group.**



Coventry City Council

5

Public report

Report to

Standards Committee
Council

29th March, 2006
11th April, 2006

Report of

Director of Legal and Democratic Services

Title

Further Amendments to the Constitution

1. Purpose of the Report

- 1.1 The purpose of this report is to request the Standards Committee to recommend further amendments to the City Council's Constitution.

1 Recommendations

- 2.1 To recommend that the City Council approves the amendments to the City Council's Constitution in relation to Planning Committee as detailed in the Appendix to this report.
- 2.2 To recommend that the City Council approves the amendment to the City Council's Constitution in relation to clarifying the procedure for adjourning/reconvening meetings.
- 2.3 To recommend that the City Council increases the number of Councillors on the Standards Committee from 2 to 3, to include a representative of the Main Opposition Group

3 Information/Background

- 3.1 The City Council's Constitution has been operating in its current form since May 2003, and the Standards Committee has approved various amendments during the course of the last three years.
- 3.2 The Director of Legal and Democratic Services has also made some minor rewording/redrafting amendments in accordance with the authority delegated to him by the Standards Committee.

3.3 For completeness, a copy of the current version of the Constitution will be available at the meeting.

4 Proposal and Other Option(s) to be Considered

4.1 The Constitution Working Group have met to give consideration to a number of issues, including Planning Committee, and as a result, recommendations are being made as detailed below. Two Members of your Committee, Councillors Mulhall and Williams, together with the Director of Legal and Democratic Services, attend these meetings and will be able to provide any further information at your meeting.

4.2 In relation to Planning Committee, the opportunity has been taken to review procedures and practices and, as a result, a list of proposed amendments are detailed in the Appendix to this report. A number of these seek to ensure fairness and good practice at Planning Committee.

4.3 The Constitution is currently silent in relation to adjourning meetings if, for example, they are or they become inquorate. It is proposed to include a paragraph in the Constitution clarifying that when a meeting is adjourned and reconvened, there must be at least 5 working days notice of the date of that reconvened meeting.

4.4 The Standards Committee, at their last meeting, recommended that the City Council increase the number of Independent Members of that Committee from 5 to 7 (including a Parish Councillor) due to the anticipated increased workload in relation to the local handling of complaints of misconduct by Councillors, the change in role of the Committee and succession planning in relation to the existing Members of the Committee. The Constitution Working Group considered this issue and have recommended that the number of Councillors on that Committee should also be increased from 2 to 3, to include a representative of the Main Opposition Group. This would give a total membership of 10.

5. Other specific implications

5.1

	Implications (See below)	No Implications
Neighbourhood Management		•
Best Value		•
Children and Young People		•
Comparable Benchmark Data		•
Corporate Parenting		•
Coventry Community Plan		•
Crime and Disorder		•
Equal Opportunities		•
Finance		•
Health and Safety		•
Human Resources		•

	Implications (See below)	No Implications
Human Rights Act		•
Impact on Partner Organisations		•
Information and Communications Technology		•
Legal Implications	•	
Property Implications		•
Race Equality Scheme		•
Risk Management		•
Sustainable Development		•
Trade Union Consultation		•
Voluntary Sector – The Coventry Compact		•

5.2 Legal Implications

The City Council's Constitution is written in accordance with the provisions of the Local Government Act 2000. It is clearly in the Council's interest to ensure that the Constitution complies with the law and is not subject to challenge.

6 Monitoring

6.1 The Constitution is continuously monitored through its regular use and by both the Constitution Working Group and the Standards Committee.

7 Timescale and expected outcomes

7.1 If the Standards Committee approve the changes to the Constitution, it is proposed that they are submitted to the City Council meeting on 11th April, 2006 for approval.

List of background papers

Proper officer: Chris Hinde, Director of Legal and Democratic Services

Author: Suzanne Bennett, Principal Committee Officer,
(Any enquiries should be directed to the above)

Telephone: 02476 833072

Other contributors:

Chris Hinde, Director of Legal and Democratic Services (Tele: 02476 833000)

Sharon Venters, Legal and Democratic Services (Tele: 02476 833066)

Papers open to Public Inspection

Description of paper

City Council's Constitution

Location

CS 61

APPENDIX

PROPOSED AMENDMENTS TO THE CONSTITUTION – PLANNING COMMITTEE

1. Reference to site visits for Planning Committee is currently repeated in two sections of the Constitution. It is proposed to streamline the Constitution and delete one of these sections.
2. The Constitution currently refers to Councillors on Planning Committee receiving quarterly training. It is proposed to change this to "regular" training.
3. Late representations to planning applications (ie those received after the report to Planning Committee has been sent out with the agenda) are currently read out in full at the meeting. It is proposed that these are abbreviated and summarised by the Planning Officer at the meeting (as are those representations received before the report is finalised).
4. Currently, when a Councillor presents a petition in respect of a planning application, there is no right of reply for the applicant (or nominee). It is proposed to amend the Constitution to give applicants (or their nominee) the right of reply.
5. It is proposed to clarify in the Constitution that Planning Committee Members can ask questions of fact of public speakers, petitioners and applicants.