



Coventry Health and Well-being Board

Time and Date

2.00 pm on Monday, 25th January, 2021

Place

This meeting will be held remotely. The meeting can be viewed live by pasting this link into your browser: <https://youtu.be/wnao8AtmVgo>

Public Business

1. **Welcome and Apologies for Absence**
2. **Declarations of Interest**
3. **Minutes of Previous Meeting** (Pages 5 - 14)
 - (a) To agree the minutes of the meeting held on 12th October 2020
 - (b) Matters Arising
4. **Chair's Update**

The Chair, Councillor Caan, will report at the meeting

Development Items

5. **Covid-19 Update**
 - (a) Current Public Health Position
Presentation by Liz Gaulton, Director of Public Health and Wellbeing
 - (b) The Impact on Adult Social Care (Pages 15 - 18)
Report of Pete Fahy, Director of Adult Services
 - (c) NHS Recovery and Restoration Update (Pages 19 - 22)
Report of Phil Johns, Coventry and Warwickshire CCGs
 - (d) Covid 19 Vaccination Programme
Presentation by Alison Cartwright, NHS South Warwickshire CCG

(e) Wider Partner Perspectives

Members are welcome to contribute at the meeting

6. **Marmot Sub Group: Health Inequalities Call to Action** (Pages 23 - 28)

Report of Dr Sarah Raistrick, Coventry and Warwickshire CCGs and Sue Frossell, Consultant Public Health

7. **Joint Coventry and Warwickshire Place Forum and Health and Care Partnership Update** (Pages 29 - 30)

Report of Liz Gaulton, Director of Public Health and Wellbeing

8. **Coventry and Warwickshire Local Enterprise Partnership Strategic Reset Framework** (Pages 31 - 46)

Report attached. Kate Hughes, Coventry and Warwickshire LEP and Steve Weir, Head of Economic Development will report at the meeting

9. **Update on the Progress of the Flu Immunisation Programme** (Pages 47 - 50)

Report of Nadia Inglis, Consultant Public Health

Governance Items

10. **CCG Merger and Forward Plan** (Pages 51 - 52)

Report of Alison Walshe, South Warwickshire CCG. Phil Jones, Coventry and Warwickshire CCGs will report at the meeting

11. **Coventry Safeguarding Children's Partnership and Safeguarding Adults Board Annual Reports** (Pages 53 - 124)

Reports attached. Derek Benson, Independent Chair, Coventry Safeguarding Children Partnership and Coventry Safeguarding Adults Board will report at the meeting

12. **Any other items of public business**

Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

Private Business

Nil

Julie Newman, Director of Law and Governance, Council House Coventry

Friday, 15 January 2021

Note: The person to contact about the agenda and documents for this meeting is Liz Knight Tel: 024 7697 2644 Email: liz.knight@coventry.gov.uk

Membership: L Bayliss-Pratt, Cllr J Blundell, Cllr K Caan (Chair), Cllr G Duggins, P Fahy, L Gaulton, S Gilby, J Grant, J Gregg, A Hardy, P Johns, R Light, S Linnell, C Meyer, Cllr M Mutton, M O'Hara, M Price, G Quinton, S Raistrick and Cllr P Seaman

If you require a British Sign Language interpreter for this meeting
OR if you would like this information in another format or
language please contact us.

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Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 2.00 pm
on Monday, 12 October 2020
This meeting was held remotely

Present:

Board Members: Councillor Blundell
Councillor Duggins
Councillor M Mutton
Councillor Seaman

Pete Fahy, Director of Adult Services
Liz Gaulton, Director of Public Health and Wellbeing
Simon Gilby, Coventry and Warwickshire Partnership Trust
John Gregg, Director of Children's Services
Ruth Light, Coventry Healthwatch
Stuart Linnell, Coventry Healthwatch
Sue Ogle, Voluntary Action Coventry
Dr Sarah Raistrick, Coventry and Rugby CCG (Chair)
Adrian Stokes, Coventry and Rugby CCG

Other representatives: Rachel Danter, Coventry and Warwickshire Health and Care Partnership
Professor Sir Chris Ham, Coventry and Warwickshire Health and Care Partnership

Employees: V Castree, Law and Governance
J Fowles, Public Health
L Knight, Law and Governance
R Nawaz, Public Health

Apologies: Councillor K Caan
Professor Lisa Bayliss-Pratt, Coventry University
Julie Grant, NHS England
Andy Hardy, University Hospitals Coventry and Warwickshire
Professor Caroline Meyer, Warwick University
Mike O'Hara, West Midlands Police
Gail Quinton, Deputy Chief Executive

Public Business

13. Declarations of Interest

There were no declarations of interest.

14. Minutes of Previous Meeting

The minutes of the meeting held on 27th July 2020 were agreed as a true record. There were no matters arising.

15. **Appointment of Councillor R Ali as a Member of the Board**

Liz Knight, Governance Services Officer, reported that Councillor Rois Ali had been the City Council's Deputy Cabinet Member for Public Health and Sport since 2016. In order to provide consistency and resilience, it was felt appropriate that he should be appointed as a member of the Health and Wellbeing Board.

RESOLVED that the appointment of Councillor R Ali as a member of the be approved.

16. **Chair's Update**

The Chair, Dr Raistrick, referred to the Coventry Health Challenge which was based on the Government's Better Health campaign and had been launched as part of the work to support residents and communities to be as resilient as they could to future illnesses such as Covid-19. It was aimed at key groups of the population and would raise their awareness that improving their health would have a significant impact on their long term health and reduce the risk of a more serious illness as a result of the virus.

Over the next 6 months, through partnership work, residents would be challenging to practice self-care and take responsibility for their health. Each month would follow a theme: diet and nutrition; physical activity; smoking cessation; and immunisations. Residents would be set a challenge to work on improving their health in manageable stages, including advice and tips, checklists, case studies and signposting on social media. These themes would also be echoed in local media coverage. It was the intention to involve the community and health champions to reach out to their networks to spread the Coventry Health Challenge messaging.

Members were reminded that the next joint Place Forum and Health and Care Partnership meeting was due to be held 3rd November 2020.

Dr Raistrick also provided an update on the current flu vaccination programme which commenced in September 2020. This year's flu campaign was all about helping to protect the NHS, family and friends during the Covid-19 pandemic. The vaccine was offered via a GP or Pharmacist and more people were eligible for the vaccine this year to give the NHS a better chance of coping with any surge in Covid-19 patients including: aged 65+, pregnant women; those with chronic conditions such as COPD and diabetes; children aged 2 to 11/12 including those in year 7 of secondary school; carers and those working in health and social care; and people who were required to shield from coronavirus and anyone they lived with. Later in the year people aged between 50 and 64 were to be offered the vaccine.

Reference was made to the current shortage of flu vaccines since, due to high demand, early stocks had been used, however more were expected. Monthly flu data would be used to target messages to at risk groups able to get their vaccines at this time, such as those aged 65 and over to encourage uptake.

It was reported that the proportion of Coventry school aged children vaccinated for flu in 2019/20 exceeded the national and regional average rate, as did the proportion of over 65s in Coventry and Rugby receiving the flu vaccine.

17. Covid-19 Update: Current Public Health Position

Liz Gaulton, Director of Public Health and Wellbeing provided a short update on the current public health position concerning Covid-19 which included the current governance structure for the management of the pandemic across the city. Reference was made to the Health and Wellbeing Test and Trace Sub Group whose next meeting was due on 2nd November and a full update would be provided at this meeting.

The increasing number of Covid-19 cases nationally was highlighted and the Board noted that an announcement was to be made at 6.00 pm that day by Prime Minister Boris Johnson about the anticipated three tiers/ levels of restrictions to be introduced in order to manage further spread of the outbreak and reduce the rate of infection.

The Board were informed that Coventry now had a rate of 120 cases per 100,000 residents and the gap was closing with that of other local authority areas in the West Midlands Combined Authority region. There were a significant number of new infections in the 18-21 year age group which had been linked to the city's two universities. To date, outbreaks had been managed well with both work places and care homes working well in partnership with the local authority. The situation in local schools had settled and the bubbles that had been established were working as anticipated. There was room for improvement though as outbreaks were now spreading in the community and it was important to reinforce the safety measures that the public needed to follow.

Reference was made to the successful joint partnership working in the city – the One Coventry approach, that was being used to manage the pandemic. It was clarified that there would be a public press statement tomorrow about the situation in Coventry following on from the Prime Minister's announcement later today. Councillor Duggins provided additional information about the local press statement, indicated that further guidance was needed on the three tiers, in particular how areas would move through the tiers. He highlighted the importance of all residents adhering to the new guidelines.

In response to a question, further details were provided on the frequency of meetings of the different Groups/ Committees who were managing the Covid-19 situation in Coventry.

18. Health and Care System Preparedness

The Board received a presentation from Adrian Stokes, Coventry and Rugby CCG on the NHS Reset and Recovery Phase 3 Plan and a report of Rachael Danter, Coventry and Warwickshire Health and Care Partnership on the preparation for winter alongside a possible Covid-19 resurgence. Also highlighted was how the system was working together to manage the current and ongoing situation.

The presentation set out the three priorities for the NHS Phase 3 up to March 2021 as follows:

- i) Service restoration - accelerate return to near-normal levels of non-Covid health services between now and winter
- ii) Prepare for winter demand pressures, alongside probable second Covid surge, locally or nationally
- iii) Deliver the above by learning the lessons from the first Covid peak, particularly focusing on support for the staff and inequalities.

Data set out a service restoration progress overview, highlighting levels of activity in September compared to the previous September in the local hospitals. More detailed information was provided on service restoration in respect of cancer and diagnostic services. In relation to referral to treatment times for elective/planned services, which had fallen during the Covid outbreak, service activity meant RTT performance had now started to improve, and the number of patients waiting over 18 weeks had fallen, although there had been an increase in the longest waits of patients over 52 weeks from October. It was expected that these over 52 week waiter numbers would start to fall as elective activity was maintained at current levels. One of the key aspects of the systems response to Covid has been the adoption of new methods of delivering services, such as the development of green Covid free pathways, and the use of technology such as the use of non face to face – virtual appointments using the phone, or video. This meant for a second Covid outbreak, there shouldn't be the reductions in planned activity to the same scale as in the first Covid outbreak.

In relation to the current Covid position, information was provided on the numbers of Covid patients in the local hospitals since March 2020. Peak numbers at the start of April were over 320 positive patients. At present the numbers in hospital remained relatively low at this time, whilst this remained the case hospitals could continue to press to restore planned care services back to pre-covid levels.

Additional information was provided on the services restoration for primary care and community services and the measures being put in place preparing for the winter and Covid. The presentation concluded with the lessons learnt over the past few months with particular reference to workforce and inequalities.

The report indicated that The NHS remained on a Level 4 incident and associated processes, protocols and levels of preparedness remained in place in all aspects of the system such as Infection Prevention & Control measures, virtual GP appointment capacity, green treatment pathways, independent sector collaboration, close support for the care sector and an effective local Test & Trace programme, including robust Outbreak Management and Local Lockdown Plans. Locally this was being managed through the CCG Incident Control Centre (CICC) supported by a Primary Care Expert Advisory Group (EAG), C&W Care EAG (with a focus on care support) and the Testing Co-ordination Group.

A system wide review of the systems response to Covid-19 had been carried out with all key stakeholders through the Coventry and Warwickshire A&E Delivery Board (CWAEDB) to identify good practice particularly in relation to system wide working, rapid discharge model supporting community services i.e. care homes & domiciliary care providers and mutual aid. This learning was providing the basis of the Coventry and Warwickshire winter preparedness plan to enable patients to

access services safely and protect staff whilst preparing for localised Covid19 outbreaks or resurgence.

The report set out the key areas of focus as follows:

- Expansion of the seasonal flu vaccination programme
- Expanding the NHS111 first offer
- Timely and appropriate discharge
- Supporting care homes
- Coventry and Warwickshire Communications and Engagement Plan
- System response and escalation.

The report detailed the activity for each of these areas.

Members raised several issues in response to the report and presentation including a request for information on the current numbers of Covid-19 patients in ICU in Coventry and Warwickshire and, going forward, the proposals for dealing with and supporting patients with long term Covid-19 issues. Clarification was sought about the availability of the flu vaccines and how was the health system going to cope during the winter when Covid and flu symptoms could be so similar. Further information was requested on the hospital discharge strategy for sending Covid-19 patients back to the care home environment and the use of blue beds. Members asked about the priority cohorts for getting the flu vaccination and whether it was intended to use the Nightingale hospital at the NEC in the near future. The importance of communication was highlighted.

RESOLVED that the contents of the presentation and report be noted and the approaches put forward by the Health and Care system on the preparation for winter alongside a possible Covid-19 resurgence be supported.

19. **Covid-19 Prehabilitation Update - Coventry Health Challenge**

The Board considered a report of Dr Jane Fowles, Consultant in Public Health, which provided an update on the Coventry Health Challenge – the local Covid-19 prehabilitation approach and the health profile of the target population. Prehabilitation was physical and/or lifestyle preparation designed to improve the populations' resistance to more serious health complications as a result of Covid 19, flu and other respiratory illnesses that were particularly prevalent in the winter months. The aim was to inform, support and challenge those most at risk to make healthier food choices, lose weight and protect their health by keeping up to date with immunisations, stopping smoking and seeking help with lifestyles changes as a range of self-managed and supported activity.

The report indicated that the Coventry Health Challenge was based on the Governments Better Health campaign. As a Covid-19 response, the campaign was aimed at raising the awareness for older people, those that were obese and those with long term health conditions that improving their health would have a significant impact on their long-term health and reduce the risk of a more serious illness as a result of the virus.

The vulnerable population of the city, who were the primary target group for the campaign, were aged 55+ (the average age of patients critically ill in intensive care was 60). People with pre-existing conditions and those living in more deprived

communities (nationally, the most deprived areas had more than twice the mortality rate of least deprived areas). Both these risk factors disproportionately included BAME communities who had been more adversely affected by Covid-19 than other groups. Those that were overweight/obese, smokers and the population previously shielding were also amongst the most vulnerable. The report set out the health indicators and evidence for this focus.

Over the next 6 months working with the health partners, residents would be challenged to practice self-care and take responsibility for their health. As we head towards the end of 2020. Each month would involve the following repeat themes: diet and nutrition; physical activity; smoking cessation and immunisations. Residents would be set a challenge to work on improving their health in manageable stages, this would include advice and tips, checklists, case studies and signposting to local services like Coventry Healthy Lifestyles service on social media. These themes would also be echoed in local media coverage, via the Coventry Telegraph paper and several BBC CWR programmes, as well as the seasonal Citivision magazines to reach those groups in the communities that were not online. The Council would also be asking the community and health champions to reach out to their networks to spread the Coventry Health Challenge messaging. Materials had also been translated into community languages.

The report detailed the campaign calendar for 2020/21 highlighting the themes for the months of September through to March. The October Health Challenge Toolkit, which involved quitting smoking and booking flu jabs, was set out at an appendix to the report.

The Chair, Dr Raistrick encouraged members to promote the Coventry Health Challenge within their organisations.

RESOLVED that:

1) The Coventry Health Challenge Campaign be endorsed.

2) Board members receive the monthly toolkits and promote the campaign to residents and patients through their communication channels and health champions.

20. Health and Wellbeing Reset and Recovery

The Board considered a joint report of Pete Fahy, Director of Adult Services, and Liz Gaulton, Director of Health and Wellbeing, which provided an update on the work undertaken on resetting health and wellbeing.

The report indicated that at their meeting on 14th October 2019 the Board had approved the new Health and Wellbeing Strategy 2019-23. Since then the impact of Covid-19 had profoundly affected local communities and the city. The initial response phase in Coventry and the UK had focussed on taking action to deal with the immediate impacts of the pandemic on communities, infrastructure and the economy, and much of this action was ongoing as we continue to live with Covid-19. In the spring, the Council and its partners began work on plans for reset and recovery following the national lockdown and earlier phase of the pandemic, this had been with a focus on improving the health and well-being of residents both in

terms of recovery from the initial phase and in terms of being able to support communities to continue to live with and through Covid-19.

The aims of the health and wellbeing reset and recovery work was to:

- Reduce the long term harm and inequalities caused by Covid -19 and build on the momentum of the last few months to help re-shape how people are supported in the city
- Use the learning and experience from Covid-19 to inform how things are done in the future, resetting relationships with citizens by creating greater resilience and not dependency
- Continue to work in partnership, across sectors, to harness the opportunities to improve the health and well-being of Coventry's citizens
- Equip workforces to operate in new ways so they can continue to meet the demands of Covid-19, whilst harnessing the learning from working in different ways.

This work built on the population management framework that the Board adopted as a cornerstone of its approach to improving health and well-being for Coventry's residents, but with a focus on the most pressing issues affecting residents as a result of Covid-19.

The report detailed that in May 2020 the City Council jointly initiated work with Warwickshire County Council on a Covid-19 Health Impact Assessment to identify key factors that may affect the population's health and wellbeing as a direct result of the Covid-19 outbreak. In June, the Council also conducted a resident's survey to understand both the impact of the pandemic on residents and to understand their key concerns. The findings from both exercises had helped to shape the response to identifying and prioritising activities for reset and recovery in the following areas: wider determinants; health behaviours and lifestyles; the places and communities people live in; and an integrated health and care system.

Under wider determinants, the Marmot Partnership Group had been leading work to reduce health inequalities associated with Covid-19. It had been focusing on a number of key areas, including inclusive growth working with the Employer Hub and Job Centre Plus, support for the economy and businesses and launching call to action. Work related to health behaviours and lifestyles included sustainable travel, physical activity and reducing smoking and alcohol consumption. Key areas of work relating to the places and communities people live in had centred on developing the emergency food response, establishing community networks, supporting the voluntary and community sectors with grant funding, supporting places of worship and faith groups, and working with migrant health champions. Under the integrated health and care system, health and care partners had been working together on Phase 2 of the NHS Reset and Recovery Plan.

Work during the summer had focused on the short to medium term actions to mitigate against the negative impact of Covid-19 on the health and well-being of local communities. However, Covid-19 had amplified health inequalities across the board and in order to prepare for and manage the longer term impact of Covid-19, each of the groups and boards that report to the Health and Well-being Board would be asked to lead on the additional priorities that had arisen as a result of Covid-19, and reflect these in their plans and activities.

RESOLVED that:

(1) The report and the proposed next steps be noted.

(2) The inclusion of the new priorities that have arisen due to Covid-19 and the resulting action plan within the existing work of the Health and Wellbeing Strategy and the work of the boards and groups that report to the Health and Wellbeing Board be approved.

21. **Director of Public Health Annual Report 2019-2020**

The Board considered a report and received a presentation of the Director of Public Health and Wellbeing concerning her Annual Report for 2019-2020 'Resetting our Wellbeing'. The report was a statutory report produced each year.

This year the report recorded Coventry's state of wellbeing in 2019/20 and offered a reflection on the city's system-wide approach to improving wellbeing last year and in the early Covid-19 response. The report's findings were informed by statistical figures, performance reports and evaluations from the Council and partners, and interviews with over 20 colleagues across teams and organisations.

As the city continued to live with, and through, Covid-19, individuals should aim to bolster their wellbeing and build resilience. From a system point of view, Covid-19 had drawn attention to health inequalities and prompted a shift in what people valued. Therefore, the report offered two sets of recommendations to minimise the harm of the pandemic and to make use of the benefits gained from the city's Covid-19 response: one for individuals and one for organisations and Coventry's health and wellbeing system.

Individuals were recommended to improve their wellbeing and build their resilience by: having vaccinations; having the flu vaccination; eating healthily; travelling by walking or cycling; doing physical activities; and practising the five ways to wellbeing. These recommendations tied in with the Coventry Health Challenge and the Government's Better Health campaign. Together, they encouraged Coventry's residents to take action for their wellbeing, which would help to reduce the harm of Covid-19.

The following recommendations for organisations and the city's health and wellbeing system fell under the four quadrants of Coventry's population health framework and were in line with the Council's reset and recovery exercise:

Recommendation 1 – Wider determinants of health

Covid-19 had shone a light on inequalities within our communities. Coventry City Council and partners should continue to build on this increased awareness, and consider the findings from Covid-19-related research and surveys, to mitigate the health and wellbeing impact of inequalities in Coventry.

Recommendation 2 – Our health, behaviours, and lifestyles

Coventry City Council's approach to public health communications and engagement should be guided by lessons learnt and new relationships formed, especially as we continue to live with, and through, covid-19.

Recommendation 3 – Our health, behaviours, and lifestyles

Coventry City Council and partners should continue to encourage local employers, and lifestyle and wellbeing services, to commit to improving workplace wellbeing.

Recommendation 4 – Integration of actions from the community, public sector, and voluntary sector

Building on existing health and wellbeing infrastructure, a collaborative partnership approach, which brings together residents' experience and partners' skills and assets, should be taken to strengthen health and wellbeing in communities.

Recommendation 5 – The places and communities we live in and with

Coventry City Council and partners should set up spaces and channels to meet with residents, with the aim of inspiring them to imagine the change they wish to see in their communities, and enabling residents to lead the change.

The Director's report concluded with an update on progress with implementing the nine recommendations from the 2018-19 Annual Report 'Bridging the Gap: Tackling Health Inequalities in Coventry, a Marmot City'. This report had focused on health inequalities in Coventry; the determinants that contributed to these inequalities and the work being carried out to address them. There was an acknowledgement that responding to covid-19 had created a shift in priorities across the resources and capacity of the Council and their partners.

A request was made for additional statistical information from the City's neighbouring authorities and comparable local authorities which would allow for learning from best practice and also set challenges. It was agreed that this could be considered for future reports.

RESOLVED that:

(1) The report's findings be noted.

(2) The recommendations from the 2019-2020 Director of Public Health's Annual report be endorsed.

(3) The progress on the recommendations from the 2018-2019 Director of Public Health's Annual Report be noted.

22. **Any other items of public business**

There were no additional items of public business.

(Meeting closed at 3.30 pm)

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Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 25 January 2021

From: Pete Fahy, Director Adult Services

Title: COVID-19 – The impact on Adult Social Care

1 Purpose

- 1.1 To update Health and Wellbeing Board on the current service position and impact of the COVID-19 pandemic on Adult Social Care in Coventry.

2 Recommendations

- 2.1 No specific recommendations. Report is for information and noting.

3 Information/Background

3.1 Summary of overall service position

- 3.1.1 Adult Social Care services have, in the main, continued to operate throughout the pandemic. This has been enabled by several significant measures being in place, including; comprehensive dynamic risk assessments, infection prevention and control processes and systems, supply and use of personal protective equipment (PPE) and the offer of alternative access to services via digital and self-services options. New ways of working have relied on digital agility and the flexibility and overarching good will of both the internal/external social care workforce and residents to support the service.
- 3.1.2 In the first wave of the pandemic some services ceased or were reduced due to the requirement for social distancing and other infection control measures. The implementation of Care Act Easements in April 2020 enabled the City Council to make prioritisation decisions that would otherwise be in breach of the Care Act 2014. This was a necessary and short term measure to direct resource to most in need. Following wave one services were re-opened or reinstated to wherever this could be done in a Covid compliant way, with the necessary infection prevention and control measures in place. Care Act easements have not been required beyond the first wave of the pandemic.
- 3.1.3 Adult Social Care operations have been and continue to be significantly impacted in a number of key areas:
- 3.1.4 **Commissioning:** The Commissioning Team have provided additional support to the external provider market throughout the pandemic across a number of priorities including;

capacity management, guidance and advice on implementing policy (for example, visiting), testing, and support with vacancy management. Support in managing the market impact of outbreaks to ensure continuity of placement provision has also been significant, and despite numerous challenges throughout the pandemic to date there has only been one case of provider failure and this was not due to COVID-19.

- 3.1.5 Maintaining Day Services and providing respite and carer support wherever possible has required changes to operating processes and reductions in numbers of those people accessing services to enable safe practices. The City Council has funded additional support for unpaid carers in order to help to sustain this resource and prevent carer breakdown and the need for formal support service provision.
- 3.1.6 **Financial Support to the market:** Alongside the operational support described above the Commissioning Team have worked with finance to manage additional financial support to the market from the Governments Infection Control Fund Grants (£5.6m) as well as a scheme of provider relief to cover the additional costs of COVID (£0.77m).
- 3.1.7 **Supporting our NHS partners:** The social care team based at University Hospital Coventry and Warwickshire has been operating seven days a week since March 2020. This has required revised working patterns and changes in working practices. Due to the short term nature of funding this is only secured to 31 March 2021 and work in ongoing to establish a sustainable resource to mainstream this way of system working. Significant pressure has been placed upon the team to ensure discharge is as speedy and efficient as possible in order to support health colleagues to manage demand and capacity.
- 3.1.8 The pressure placed upon the hospital has increased significantly in recent weeks and continues to grow as infection rates and the number of patients requiring intensive care and support rise. During the six week period commencing 1 December 2020 the number of referrals into the Hospital Social Work Team rose from 503 during 2019/2020 to 840 during the same six week period in 2020/21 – an increase of 40%. As we progress through the current stage of the pandemic Adult Social Care resources will be diverted as appropriate to support health colleagues in dealing with the unprecedented demands. This will inevitably mean focus on other, less critical but important, activity such as enablement and therapy will be impacted.
- 3.1.9 **Community Social Work:** Adult Social Care front door demand initially saw a gradual decline in completed contact assessments (referrals), since the first wave of the pandemic in 2020. The number of 'involvements', anyone requesting support is broadly similar to pre COVID-19. The proportion of this activity being centred around those already in receipt of support is a higher proportion. Prior to the COVID-19 pandemic the average number of new involvements in cases was 257 per week and this dipped to 229 per week and is now at 236 average per week. Social Work staff continue to work from home and do as many of their duties from home as possible and only undertake face to face assessments where necessary using appropriate PPE and safety measures.
- 3.1.10 **Adult Safeguarding:** Safeguarding concerns and enquiries data comparing 2020/21 to similar periods in 2019/20 identified a decline in safeguarding concerns and any subsequent enquiries, however in more recent months Oct to Dec 2020 there is evidence of improvement in numbers and in December 2020 the number of Safeguarding concerns raised was 329 compared to 320 in December 2019. There is no significant change in the nature of safeguarding referrals being received to determine and changing trends as a result of Covid-19.

- 3.1.11 **Shielding** – Leadership and Co-ordination: In addition to business as usual operations Adult Social Care have undertaken a lead role in co-ordinating support for all 3 national lockdown periods, which advised Clinically Extremely Vulnerable residents to shield. This has been a significant undertaking (there are currently 15,743 people on the shielding list in Coventry). Over 400 of these people who have been considered a priority and been contacted in lockdown 3. This priority group includes people who have requested support, are new to the Patient Shielding List (supplied by the NHS) and people who were supported with accessing food supplies during the last wave of shielding. There is a significant reduction in the number requiring support between lockdown 1 and lockdown 3 due to individuals largely making alternative arrangements to improve resilience between lockdowns.
- 3.1.12 A food triage approach is in place supporting self-sufficiency and helping people to overcome any barriers in accessing priority supermarket delivery slots. City Council call handlers will also establish if the person has any basic support needs. Feeding Coventry has again been mobilised to provide an interim local food delivery offer to those without alternative support and/or until arrangements are in place for food supply. Text messages are also being sent to circa 8,000 people on the Shielding Patient List who have a mobile phone to signpost to council support. Plans to contact all shielding residents again at the end of January are being formulated. This follow up contact will be used to remind residents of local support arrangements and to signpost them to advice such as mental health support.
- 3.1.13 **Financial impact of COVID 19:** Whilst the immediate financial impacts of COVID are being supported by short term grants the longer term position is much less certain. With longer term financial impacts expected from Long COVID, the mental health impact of COVID and isolation, increased operational costs to the market, increases in unit costs from capacity restrictions, increased family anxiety surrounding the safety of some care settings and the impact of COVID on carers, the future position remains a significant challenge. With no clarity over future funding arrangements and limited information regarding additional short term COVID funding into the new financial year this only adds to an uncertain financial picture.
- 3.1.14 **Workforce:** The impact of COVID 19 upon the adult social care workforce has created higher levels of absences due to sickness or self-isolation. Staff have to date been responsive and accommodating of continual changes and additional expectations including; 7 day working, working in different roles or settings and altered working patterns. These arrangements have been put in place on a short term but frequently extended basis to enable services to continue operating. Staff have been supported through a variety of methods including; regular supervisory support, virtual team and whole service briefings, staff bulletins, sharing of wellbeing guidance and advice and flexible approaches to enable staff to work effectively from home. Commissioned services have received support with workforce issues including a Council offer of support with recruitment and support from the Commissioning Team in relation to retention and maintaining staff wellbeing.

4 Options Considered and Recommended Proposal

- 4.1 The above summary demonstrates an overall summary position for Adult Social Care at the current stage of the pandemic. No specific options or proposals are recommended.

Report Author(s):

Name and Job Title: Pete Fahy, Director Adult Services

Directorate: Adult Social Care and Support

Telephone and E-mail Contact: peter.fahy@coventry.gov.uk

Enquiries should be directed to the above person.



Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 25/01/2021

From:

Phil Johns, Chief Executive Coventry and Warwickshire CCGs

Title: NHS Recovery and Restoration Update

1 Purpose

To brief the Health and Well-being Board of the work done to date on NHS recovery and restoration in response to the NHS Phase 3 letter from NHS England, and to give an update on the impact on this restoration due to the latest surge in Covid-19 cases in the last few weeks.

2 Recommendations

The Health & Well-being Board is recommended to:

- Note the report

3 Background

- 3.1 At the end of June activity levels across most NHS services were at around 30-40% of pre-COVID-19 levels. This was due to services being scaled down to protect urgent care services, and the impact of managing red (COVID-19) pathways, and green (non-COVID) pathways. The use of protective equipment had also impacted on the efficiency of services, as it took a lot longer to deliver services safely for patients.
- 3.2 The focus of the NHS was to protect cancer and clinically urgent workload. This meant that routine non-clinically urgent cases were as a result delayed and waiting times for routine elective surgery increased nationally as well as locally.
- 3.3 Some clinically urgent services were also impacted as the potential risk for patients of coming into potential contact with COVID-19, meant that it was clinically more appropriate to delay services until a new green (COVID-free) pathway could be put in place.
- 3.4 The NHS over this period saw a tremendous amount of service transformation in developing new green and red pathways, such as the mass implementation of virtual non face to face appointments across primary, community and secondary care, different entry routes into secondary care for COVID patients, and more same day urgent care (SDEC) being delivered without the need for attending A&E, and being directed to services directly such as “hot” same day clinics.

4 Current position

- 4.1 On July 31, 2020, NHS England wrote to trusts and clinical commissioning groups to indicate the start of “Phase 3” of our response to Covid-19 and the need to restore services following the first wave of the pandemic. Within the Phase 3 letter, they outlined national expectations for the restoration of services within the NHS.
- 4.2 Prior to the latest increase in Covid-19 cases and the renewed stress they have placed on both health and social care, the systems restoration was doing well and the last summary of performance before the new year is shown below.

Service Area	Activity Type	C&W STP Latest Position (% of last weeks activity over last year)	UHCW latest	Current Target (phase 3 letter)
Cancer	2 WW Referrals	174%	154%	100%
	Treatments	74%	68%	100%
	Breached 62 Days	250	137	Minimise
Diagnostics	Gastroscopy	128%	95%	90%
	Colonoscopy	182%	115%	90%
	CT	127%	128%	100% by October
	MRI	122%	126%	100% by October
Outpatients	Outpatients First	109%	96%	100% by September
Elective & DC	Daycases	108%	106%	90% by October
	Elective Admissions	125%	135%	90% by October
Primary Care	GP Appointments	89%		
UEC	A&E Attends (type 1)	54%	46%	
	Emergency Admissions	109%	121%	
Bed Occupancy	G&A bed Occupancy	92%	94%	

- 4.3 The level of restoration is judged as being the current weeks level of activity compared to the same equivalent week the previous year i.e. 2019/20. The above table shows the final week of December this year compared to the same week in 2019. Please note that this data is from weekly returns made by NHS organisations to the three CCGs and as such is unvalidated data. The final published data is made available monthly generally six weeks after the end of each month.
- 4.4 This confirms the trends seen in terms of restoration across the system, with activity levels at or above the same period last year. The system has used the ‘window of opportunity’ before the winter to restore services, and to mitigate the negative impact on health services to patients during the first wave of COVID-19 between March and June 2020.
- 4.5 Waiting times for diagnostic tests has fallen back to levels seen before COVID-19, and the longest waits for cancer care have fallen i.e. 2 week wait performance has increased, and over 62 day cancer waits for treatment have fallen significantly.

5 Referrals

- 5.1 We do however remain in a period of recovery, and there are still significant challenges in terms of waiting times for routine care, with long waits for routine care and many patients waiting over 52 weeks for treatment.
- 5.2 Pre-COVID the Referral to Treatment (RTT) target nationally was that 92% of patients on an 18-week RTT pathway should wait for less than 18 weeks. Both at a national level and

in Coventry and Warwickshire, RTT performance fell dramatically when COVID-19 first appeared. Performance has been improving again month on month since July but has been hampered by the growth of long waits, especially for those who have waited for over 52-week.

STP - Combined Trust Position

Month (If Red then weekly snapshot)	Total					Total	RTT %
	Less than 18 Weeks	18 - 40 Weeks	40-45 Weeks	45-52 Weeks	Over 52 Weeks		
April	39434	17856	831	492	74	58687	67.2%
May	32565	21657	1233	862	258	56575	57.6%
June	25396	25806	1764	1219	480	54665	46.5%
July	21270	27318	2667	1759	980	53994	39.4%
August	25529	22568	3333	2551	1570	55551	46.0%
September	30583	17991	3519	3232	2243	57568	53.1%
October	32427	15012	3823	3971	3071	58304	55.6%
November	36142	10870	4264	3340	3199	57815	62.5%
December	37658	10802	4102	3287	3236	59085	63.7%
January	38775	8716	3374	4114	3714	58693	66.1%
February							
March							

Weekly snapshots will change when actual month figures published

- 5.3 The above table shows that, from a low point of RTT falling to 39.4% against the 92% target in July, as activity has been restored RTT performance increase month on month to a present position of 66.1%. However the number of people waiting over 52 weeks has also increased.
- 5.4 The eradication of elective long waits will be a priority both for the NHS nationally and for the system locally once COVID-19 is under control. Within that, the priority remains to address cancer and clinically urgent cases first, with longest waits next.
- 5.5 We observed a reduction in referrals during the first COVID-19 wave, which means that there will be fewer patients approaching 52 weeks as we move past March 2021, and we will be able to recover our position more quickly. We are pleased to note however that referrals for elective care are now generally back to levels pre-COVID.

6 Restoration through second COVID surge

- 6.1 Whilst progress on restoration during the window of opportunity before winter has been good, we cannot assume that this progress will continue between now and the end of March 2021. We are currently experiencing a surge in COVID-19 cases, with more new cases being confirmed in the first weeks of January and more patients in hospital with COVID-19 than we did at the peak of wave one. The R rate i.e. the rate of infection in the community is still above 1, so we anticipate that the number of new cases, and therefore cases admitted to hospital, will continue to grow. Only when the R rate falls below 1 can we then expect to see reductions in hospital admissions.
- 6.2 This latest increase in Covid-19 cases, is placing even greater strain on the ability of NHS services to continue to restore normal non-COVID services, and we anticipate that we will see some reversal in level of restoration of services, especially for non-clinically routine cases, between now and the end of March 2021.

- 6.3 We believe we are however in a far better place to maintain services in this second/third wave of COVID-19 due to the development of green non-COVID pathways, the use of same day services, and use of virtual appointments, established in the first wave.
- 6.4 We will continue to update the Health and Wellbeing Board as to the position and restoration of services over the coming months.

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Appendices



Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: January 25th, 2021

From: Sarah Raistrick, Chair Coventry and Warwickshire CCG

Sue Frossell, Consultant in Public Health

Title: Marmot Group Subgroup: Health Inequalities Call to Action

1 Purpose

The purpose of this paper is to present an update to Coventry Health and Wellbeing Board on the development of the Call to Action across Coventry and Warwickshire, to involve businesses and organisations in pledging to make changes to improve health and reduce health inequalities in the light of COVID19.

2 Recommendations

Coventry Health and Wellbeing Board is recommended to:

- Endorse the approach of the Call to Action to engage with businesses and organisations across Coventry and Warwickshire to raise awareness and support actions to tackle health inequalities
- Begin to consider what actions each member of the Board can take in response to the Call to Action. Two key recommended areas of focus are:
 - a. a robust review of HR equality policies and processes using a recognised tool and
 - b. embedding a social value approach.Both these core areas will enable a system-wide approach to reducing general health inequalities within our communities.

3 Information/Background

Health inequalities which result from social inequalities are unfair and avoidable differences in health across the population and between specific groups in society. In Coventry, men in the most deprived areas can expect to live an average of 10.7 years less than those in the most affluent areas and will live more of their life in poor health; for women, the gap in life expectancy is 8.3 years.

COVID19 and the response measures put in place nationally to combat it have had significant impacts on people's health and levels of equality. As well as the immediate impacts on health, people have lost jobs and income, had medical treatments cancelled, missed out on education

and been required to stay indoors for weeks or months. People's physical and mental health and wellbeing have been affected and the pandemic is intensifying and amplifying existing health inequalities.

The Sir Michael Marmot report, Build Back Fairer: The COVID19 Marmot Review (December 2020) highlights that:

- inequalities in social and economic conditions before the pandemic contributed to the high and unequal death toll from COVID-19
- the nation's health should be the highest priority for government as we rebuild from the pandemic
- the economy and health are strongly linked – managing the pandemic well allows the economy to flourish in the longer term, which is supportive of health
- reducing health inequalities, including those exacerbated by the pandemic requires long-term policies with equity at the heart
- to build back fairer from the pandemic, multi-sector action from all levels of government is needed
- investment in public health needs to be increased to mitigate the impact of the pandemic on health and health inequalities, and on the social determinants of health

Specific groups have been impacted more than others by COVID19. Research¹ has shown that women have been disproportionately affected by COVID, resulting in more women losing their jobs than men, women experiencing a greater drop in income than men and mothers carrying out 50% more childcare than pre-COVID.

A number of research papers² have demonstrated that the physical impact of the virus differs according to ethnic group which is mainly explained by these disparities include poor housing, larger households, less able to work from home and more likely to have essential worker status so have to continue working and commuting, and are more likely to be in roles with close proximity to others.

Individuals from Asian and Black ethnic groups are more likely to be infected by COVID19 compared to those of White ethnicity.

- Findings suggest that the disproportionate impact of COVID-19 on Black and Asian communities is mainly attributable to increased infection amongst these communities.
- Racism and structural discrimination may contribute to increased risk of worse clinical outcomes.
- White individuals may be more likely to access testing and therefore this could have an influence on the ethnicity and rates of infection.

At the Coventry Health and Wellbeing Board meeting on 27th July 2020, it was agreed that the Marmot Partnership Group would take the strategic lead on supporting the system to address

¹ <https://www.mckinsey.com/featured-insights/future-of-work/covid-19-and-gender-equality-countering-the-regressive-effects>; Covid-19 Report - The Impact on Women in Coventry, Coventry Women's Partnership July 2020

² Papers include: 'An Avoidable Crisis' Baroness Lawrence Review, 2020; 'Facing the Facts: Ethnicity and Disadvantage in Britain' Centre for Social Justice Nov 2020; 'Ethnicity and clinical outcomes in COVID-19: A systematic review and meta-analysis' Lancet Nov 2020

health inequalities relating to COVID19. This has resulted in the development of the health inequalities Call to Action. The Call to Action is a recognition that improving health and reducing inequalities can only be achieved by the joint efforts of organisations and businesses across the city in making changes that will have a combined impact for residents and communities.

4 Call to Action

Tackling health inequalities that have worsened because of the pandemic is not something that can be achieved by statutory agencies alone. The Call to Action recognises that if all organisations and businesses make small changes to address health inequalities, the overall impact on the city and its residents will be maximised.

Calls will go out to private businesses, statutory and voluntary agencies, with tailored messaging designed to inform and encourage organisations to pledge to make a small number of changes as a result of COVID and the widening health inequalities. Information about the Call to Action will include how taking action can benefit the individual business or organisation, as well as explaining the advantages to the wider community if health inequalities are reduced.

The Call to Action will be themed to specific areas and will be system wide. Although it will encourage organisations to consider a number of ways that they could make change to tackle health inequalities, the two core areas of focus will be:

- Review/update of HR policies and processes to ensure that there is no unconscious bias and that there are no barriers for BAME employees in recruitment or progression.
- Development of a social value policy or inclusion of social value approaches in procurement and other processes, to ensure wider benefits to the community through core social value such as offering apprenticeships to local people as part of a local project, as well as added social value which adds value over and above the goods or works being provided.

The Call to Action is being managed by the Inequalities Team in Public Health and will be overseen by the Marmot Partnership. Discussions are in place with the Economic Development team regarding their involvement in the Call to Action and any resources that they can make available, considering their close links with local businesses. The Call will also be supported by the newly formed Coventry and Warwickshire Anchor Alliance.

Discussions are underway with Warwickshire County Council to establish the Call to Action across the county. It is likely that the approach will be aligned across Coventry and Warwickshire rather than being directly integrated.

Additionally, the Coventry and Warwickshire Inequalities Task Group, which feeds into the Population Health and Prevention Board have created an action to consider how the Call to Action can best be used to influence actions across the health system.

Support for businesses and organisations

A website is in development to provide further information about the Call to Action and showcase the actions taken by organisations. The site will also contain a range of materials, templates and toolkits that will support businesses and organisations to take action to proactively work to reduce inequalities, such as to:

- Implement a social value policy/approach which is integral to their procurement and service delivery processes.

- Carry out a review of HR policies to ensure they do not place unnecessary barriers to employment, skills development or career progression for those from BAME groups.

All organisations will be encouraged to sign up to the Thrive at Work accreditation. Other suggested changes include signing up to the Disability Confident scheme, implementing the real living wage for low paid staff, and increasing the number of young people taken on as apprentices.

We will ensure that businesses are aware of the services available to them from the Coventry Job Shop and the Employer Hub.

Below is a draft list of suggested actions that businesses and organisations can consider, and this will be developed and expanded during the period of the programme:

- Have a social value policy – as above
- Review HR policies – as above
- Implement the Real Living Wage
- Identify barriers to employment that could be removed through more flexible working practices
- Families with 0-5s – explore support for women in less secure jobs, with increased childcare demands, reduced income and/or higher likelihood of job loss
- Strengthen investment into early years services
- Offer additional skills development/employment/apprenticeships/ kickstartWork with the Employer Hub Kickstart programme to provide a work placement for a young person to local young people
- Achieve the ‘Thrive at Work’ workplace wellbeing accreditation
- Identify and develop specific staff through training and mentoring
- Support the Digital First programme in Coventry, reducing digital exclusion and helping more people use online services effectively
- Provide staff with digital skills training
- Achieve the Disability Confident accreditation
- Provide staff with equality training

Proposed Timescale (2020-2021):

It is intended for the Call to Action to be a year-long programme, engaging with as many businesses and organisations as possible through a variety of means, including social media and online promotion, direct engagement through colleagues in Economic Development, Employer Hub, and the Chamber of Commerce. Below is a draft timescale for the programme.

- November – January: Develop branding and website and consider feasibility of launch event
- January: Initial call goes out to the Marmot Partners in their role as exemplar employers in reducing health inequalities.
- January - February: Work with partners and organisations who can support and promote the CTA
- January – work with Warwickshire CC to develop a joint approach
- March: Develop case studies of work done by Marmot partners

- March: Work with Comms to produce Communications Plan
- April: Launch event
- April: Launch of website to give information about Call to Action, examples and suggestions of actions organisations can take
- May – September: Promotion of Call to Action via CCC Comms, Economic Development, Marmot Partners
- October – December: Follow-up with organisations on actions taken and impact achieved
- December: Evaluation summary of the achievements, impact on key indicators where appropriate

5 Options Considered and Recommended Proposal

Coventry Health and Wellbeing Board is recommended to:

- Endorse the approach of the Call to Action to engage with businesses and organisations across Coventry and Warwickshire to raise awareness and support actions to tackle health inequalities
- Begin to consider what actions each member of the Board can take in response to the Call to Action. Two key recommended areas of focus are:
 - a. a robust review of HR equality policies and processes using a recognised tool and
 - b. embedding a social value approach.
 Both these core areas will enable a system-wide approach to reducing general health inequalities within our communities.

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Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 25th January 2021

From: Liz Gaulton, Director of Public Health and Wellbeing, Coventry City Council

Title: Joint Coventry and Warwickshire Place Forum and Health & Care Partnership Update

1 Purpose

- 1.1 This paper updates the Health and Wellbeing Board on the outcomes of Joint Place Forum and Health & Care Partnership held on the 3rd November 2020.

2 Recommendations

The Health and Wellbeing Board is asked to:

1. Note the contents of the report and the next steps and actions resulting from the Joint Place Forum and Health & Care Partnership held on the 3rd November 2020.

3 November Joint Place Forum & Health & Care Partnership

- 3.1 An online joint meeting of the Coventry and Warwickshire Place Forum and the Health and Care Partnership Board was held on 3 November 2020. The meeting was joined by over 70 people.
- 3.2 This was the second joint meeting during the COVID19 pandemic. It was an opportunity to continue the conversation from the previous (July) meeting about health inequalities and Covid-19 and to explore potential collaborative action to address the negative impacts and capitalise on the opportunities arising from the pandemic.
- 3.3 The key themes emerging from the meeting included:
 - A clear imperative to continue working collectively with communities and as partners to address health inequalities;
 - The relationship between health and wealth, and importance of inclusive growth to ensure that some groups are not excluded from economic recovery. There is an opportunity to develop Social Value policies as a mechanism to address health inequalities;
 - A recognition that the foundation of strong partnership working across Coventry and Warwickshire is increasingly important in the months ahead. We have proved the value of close relationships through the Joint Place Forum and Health and Care Partnership Board, and the Anchor Alliance is an opportunity to expand this further;

- Innovation and new learning triggered by the pandemic, and the importance of taking the time to capture this;
- Staff wellbeing is now more important than ever in improving health outcomes and addressing inequalities. The Thrive at Work programme has the potential to have a real impact in all organisations and should be embraced by all partners; and
- The importance of local communities and places in driving change / improvement and responding to need.

3.4 The agenda and presentations are available at <https://www.happyhealthylives.uk/about-us/our-partnership-board/>.

4 Next Steps and Key Actions

4.1 The following key next steps and actions were proposed:

- Reassert the system commitment to tackling health inequalities and respond to and champion the Call to Action to address health inequalities;
- Take opportunities to work collaboratively with business sector partners and use collective influence to address economic impact of COVID19;
- Support activity to strengthen statutory and voluntary and community sector partnerships and harness the community response to the pandemic;
- Champion and progress Year of Wellbeing pledges to achieve THRIVE bronze award;
- Participation in planned training on workplace mental wellbeing for strategic partners; and
- Support and champion a population health management approach to inform plans and activity.

4.2 The next Place Forum meeting is scheduled for 2 March 2021. It is likely that this will follow a similar format to the last two meetings.

Report Author(s):

Name and Job Title:

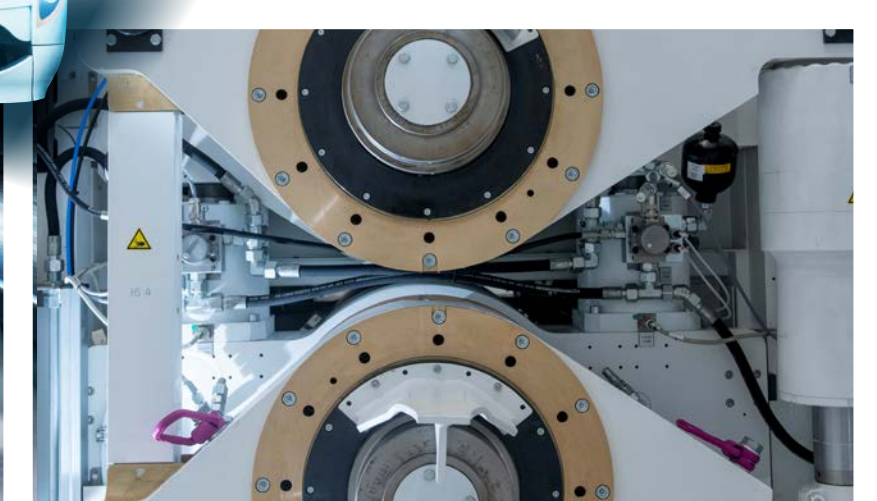
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COVENTRY AND WARWICKSHIRE LOCAL ENTERPRISE PARTNERSHIP STRATEGIC RESET FRAMEWORK



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FOREWORD

We are in unprecedented times, facing new challenges across all aspects of our economy. Areas right across our region – including North Warwickshire, Rugby, down to Stratford – have been severely hit.

Indeed, some sectors have been devastated, some businesses cannot survive. Others are being transformed, through greater adoption of digital technologies, drawing on innovations in other sectors and industries, diversifying their products and services and embracing new market opportunities. To deliver a new future and to return to economic growth across Coventry and Warwickshire, CWLEP must act in a very different way, as our businesses must – adopting new practices and new ways of working in facing a very different world.

This Strategic Reset Framework, developed through the work of our Reset Taskforce, seeks to draw on our strengths and resilience, to develop and deliver support for our businesses for the long-term. We recognise the many uncertainties that face us, whether driven through de-centralisation and the devolution agenda, Brexit and new trading regulations, re-imagined use of office space, transforming working environments and our towns and city centres, as we adapt to living with Covid-19. The strength of our partnership working has underpinned our past success - whether this be with our partners in Coventry and Warwickshire, collaboration between the three LEPs in the West Midlands, or engaging with central Government departments. This strength will also deliver our future.

Nick Abell, *Chair, CWLEP*

In creating our Reset Taskforce, we have brought together the leaders of our Business Groups to drive forward the development of this Strategic Framework, to secure the reset and return to growth for all parts of our local economy.

We are revitalising and reshaping the operation of our Groups, to generate the ideas and receive proposals that can be prioritised, resourced and delivered with focus, speed and clarity of mission. This will build on our longstanding and wide ranging collaborations and partnership working across our region.

We are acutely aware of the challenge of so many businesses to cut costs and increase productivity, with the inevitable trade-off making jobs redundant. We need to deliver the right conditions to foster the creation of those next generation jobs, innovative new enterprises, and imaginative new business models that will be sustained and sustainable. We will take a detailed look at how unemployment is affecting our young people, and determine actions to help tackle it. This has never been a more important time to capitalise on the expertise of our partners to deliver the jobs and growth we need to thrive again in Coventry and Warwickshire.

Marion Plant, *Vice Chair, CWLEP*
Chair of the Reset Taskforce



INTRODUCTION

Whilst the current pandemic has impacted massively across health, wellbeing, economic, and social/civic aspects of life, CWLEP and partners will lead and drive the activities that will be needed to minimise the negative economic impacts of Covid-19, and champion the opportunities that it presents around the way our local economy can work, creating the environment for innovation and enterprise to flourish in the future.

We cannot underestimate the scale or complexities of the task. This will be hard, long-term, attritional, with many tough decisions to be made. Although the support from Government through the furlough scheme and other business grants and loans has been extended, we will inevitably see huge rises in unemployment and many of our businesses will not survive, whilst others will experience severe negative impacts.

Those organisations that do survive will be very different, working in fundamentally changed operating environments and markets, to adapted or new business models. They will be leaner but more productive, forging ahead to a longer-term, resilient and sustainable future whilst adapting to the continued threat of localised lockdowns as we continue to live with Covid-19 for some considerable time.

Every enterprise will be impacted so every business will need to see itself as a new business.

Those facing redundancy or severe disruption to their education and employment chances, will need support to find new jobs in different sectors, through skills development and reskilling programmes and diversification. We need to retain and continue to attract talent to our region. Those that create their own new businesses will need support for those start-up ventures to succeed and flourish. Our freelancers and creatives need support to underpin future inventiveness and innovation.

Building on our track record of reinvention, strong sectors and sustained success, and with the mandate, support and learning from partners, including our local authorities, businesses, hospital trusts, universities and colleges, we will reset the vision and direction for renewed growth in the Coventry and Warwickshire economy, in the context of our place in the West Midlands Combined Authority and wider Midlands Engine geography. Our Strategic Reset Framework will support prioritisation and decision-making that will provide the agility, continued responsiveness, reassurance and confidence that we will need to deliver that growth through times of continued uncertainty, living with Covid-19, a new framework for devolution, future fiscal events, exit from the EU and new international trading environments.

This is a reset - not a recovery that will return to past norms - it is a fundamental reshaping of our whole economy.



CW LOCAL ECONOMY – ECONOMIC RECOVERY AND GROWTH PLANNING TIMELINE

We recognise the acute challenges our economy and our society faces as we learn to live with Covid-19 and we face periods of further restrictions and lockdowns locally and nationwide that may slow or halt recovery and pause the reset plan and timelines for our return to growth.

Our resilience and support for our businesses and communities will need to evolve and be agile to provide the appropriate support across the spectrum of business need. From those businesses needing to pivot to survive to those where they are adapting but in an environment where they may be largely unimpacted and even growing.

These business needs will be much more diverse than in the past in order to accelerate those already well positioned, in addition to helping those that need to realign practices or to exploit new market opportunities. They will also recognise the range of our businesses, 97% of which are SMEs, and the importance of our freelancers, the self-employed, entrepreneurs and start-up companies. All are part of the reset of our economy.



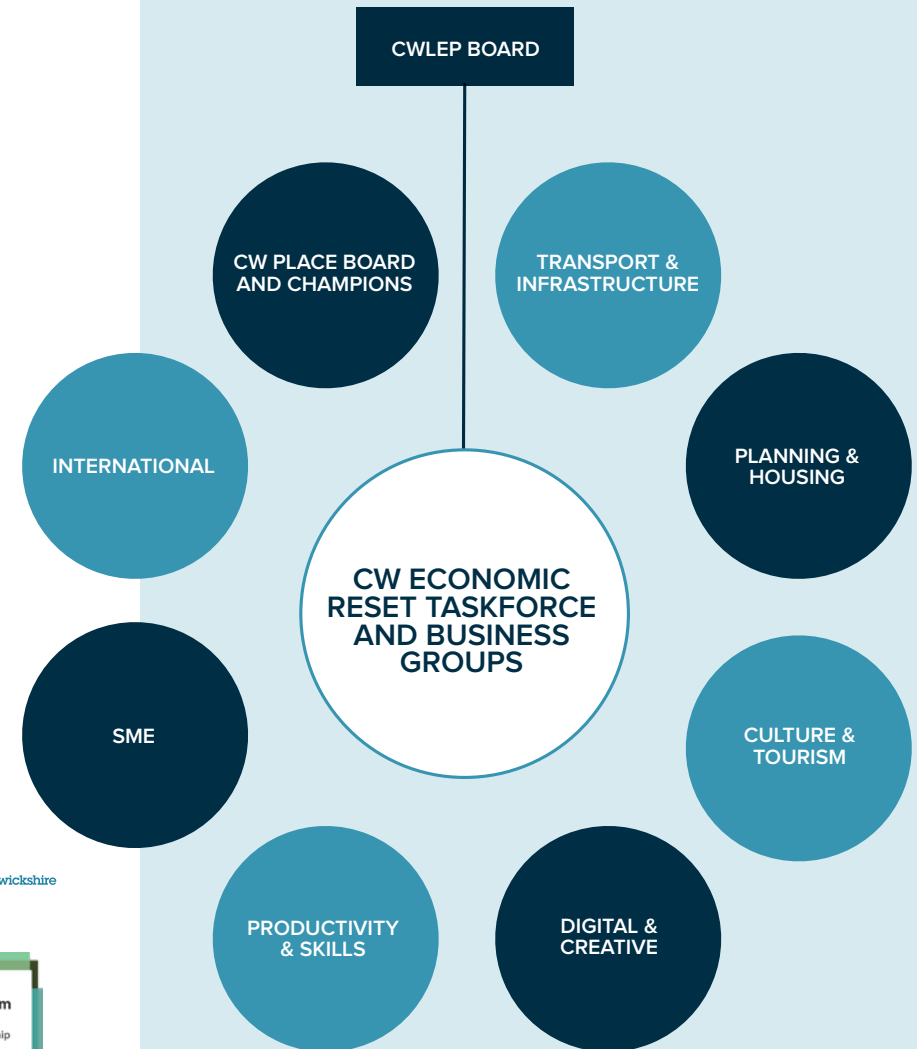
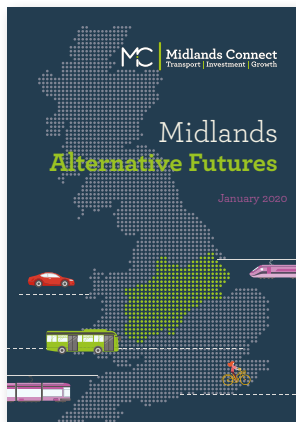
OUR ROLE

LEPs were established to drive the government's growth agenda at the local level, to support growth in jobs and productivity and also local economic resilience - to withstand both local and global economic shocks in future.

Developing the CWLEP Strategic Framework, we work in collaboration with our partners, local anchor institutions and other LEPs in the West Midlands, and in the context of regional and national organisations and their own strategies: Recharge the West Midlands [WMCA]; Midlands Engine and Midlands Connect strategy refreshes; the national LEP Network 5 Point Plan for Recovery. In the West Midlands we will continue to lead the sector recovery plans for automotive, logistics & transport technologies, and retail, and for the proposed initiatives: Operation GREAT and Gigafactory.

Our aim will be to deliver innovative interventions and activities, to provide the support and drive growth that will complement and add value to the existing programmes and plans of others where they exist.

As each business will need to see itself as a new business, so we recognise that the LEP must also think as a new LEP, with a clear focus on the longer-term and future, sustainable, economic growth, supported by the operations, drive, and ambition within our Business Groups.



OUR FOUNDATION – A STRONG LOCAL ECONOMY PRE COVID-19

Before the pandemic hit, the previous decade had seen the Coventry and Warwickshire economy grow at a rate unsurpassed by any other LEP area in the country.

Economic growth, measured by total GVA and productivity, both grew by **45%**. Manufacturing, showed outstanding performance as the fastest growing sector in the country, growing over **110%** over the same decade.

rate of **3.8%**, was lower than the regional (5.1%) and national rates (4.1%). Average workplace earnings in 2018 were £30,2713, having grown **12.6%** since 2014. This growth was higher than any of the other LEP areas.

The employment rate stood at 75.9%, and growing by **5.4%** since 2014, faster than growth seen in the WMCA area (4.2%) and England (3.8%). The unemployment

CW held a top 10 growth position since 2014 (**15.5%**) amongst all LEP areas on proportion of people aged 16-64 with an NVQ Level 4 or above, at 38.2.

The strength and heritage in our economy are demonstrated across a number of sectors:

ADVANCED MANUFACTURING AND ENGINEERING (INCLUDING AUTOMOTIVE, ELECTRIC, CONNECTED AND AUTONOMOUS VEHICLE TECHNOLOGIES)

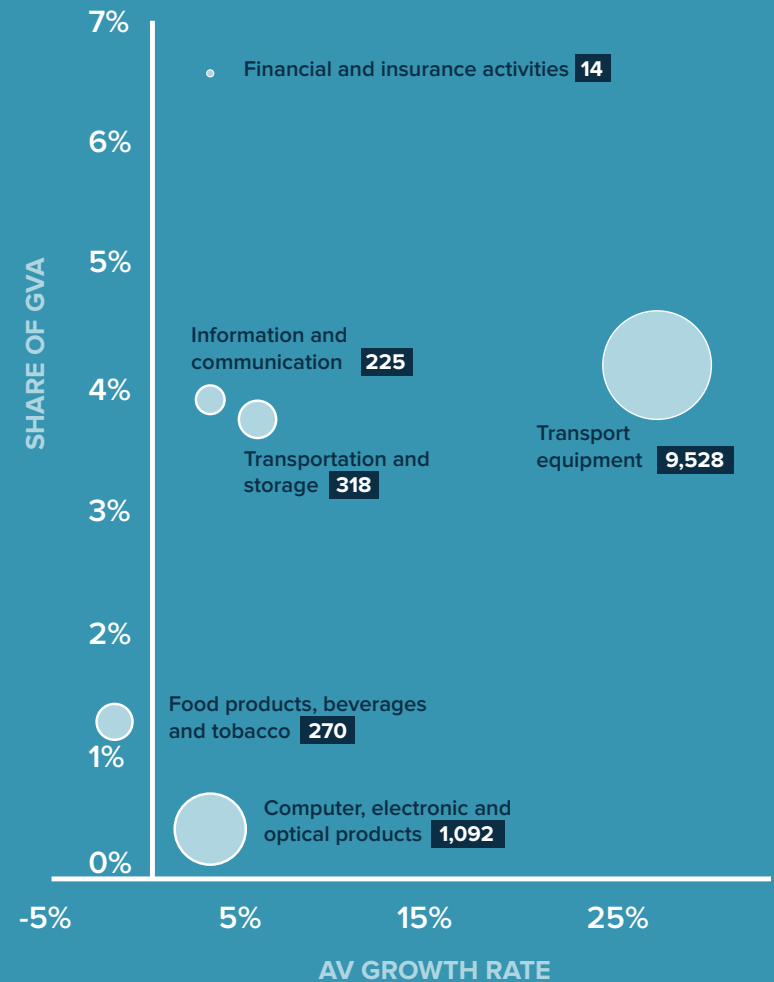
INNOVATION AND R&D (ENTREPRENEURIALISM, ADAPTATION, REINVENTION AND DIVERSIFICATION)

DIGITAL AND CREATIVE INDUSTRIES (INCLUDING GAMES DEVELOPMENT)

BUSINESS AND LEISURE TOURISM, CULTURE, HERITAGE AND HOSPITALITY

LOGISTICS AND E-COMMERCE – VITAL TO OUR SUPPLY CHAINS

COVENTRY AND WARWICKSHIRE INWARD INVESTMENT EMPLOYMENT BY SECTOR



Source: Inward investment and productivity across sectors within the WMCA - A briefing note prepared by Nigel Driffield and Jae-Yeon Kim, Warwick Business School [WM Productivity and Skills Commission, 2018]



SPOTLIGHT SEAN FARNELL

Chair of the CWLEP SME Supergroup Business Group

“CWLEP’s Strategic Reset Framework is vital on many levels. The world has been changed permanently by the Coronavirus pandemic and the ramifications of the national lockdowns will be long and, in particular industries, will be felt by businesses for many months and years.

“Nearly every business and every industry has been affected by Covid-19 even if it has been in a positive way such as making use of the advantages of technology, which has brought its own challenges and opportunities.

“If we consider productivity in the UK, generally it has been pretty poor compared to our competitors overseas but lockdowns have given business owners the time to evaluate their methods and outputs.

“CWLEP’s Strategic Reset Framework outlines the paths we need to take otherwise our economy is going to be in serious trouble.

“In Coventry and Warwickshire, we need to be focusing on our key strengths and maximise the opportunities which become available in these sectors.

“Our SME base in Coventry and Warwickshire is particularly strong because of the high number of people who are employed throughout the area in a wide range of industries.

“SMEs have a great advantage compared to their larger counterparts because they are generally more attune with what’s going on in their industry on a day-to-day level.

“That means when something goes wrong – such as Covid-19 – they can adapt quickly but on the flip side, they don’t always have the deep cash reserves to weather a storm.

“SMEs can cut their costs but only so far whereas a bigger company can absorb the costs more easily so that’s a weakness and a strength depending on the size of the business.

“Parts of the economy, in particularly culture, tourism, leisure and hospitality, have been devastated by the events of the last eight months because SMEs don’t have the luxury of cash capital assets to help shelter them from economic storms.

“SMEs are surviving because they are responding to the situation as it unfolds and can adapt quickly to meet the needs of their customers, and that is one of the underlying messages of the implementation of CWLEP’s Strategic Reset Framework.”

“IN COVENTRY AND WARWICKSHIRE, WE NEED TO BE FOCUSING ON OUR KEY STRENGTHS AND MAXIMISE THE OPPORTUNITIES WHICH BECOME AVAILABLE IN THESE SECTORS.”

OUR SECTORS – THE FUTURE

Pioneering battery technologies and future mobility: driving the electrification revolution.

We recognise that our sectors are transforming, through cross-sector innovation, creativity and digital technologies, and the net zero carbon imperative, for their sustainable future. We recognise the need for upskilling for this future and facilitating greater interconnectivity and cross-fertilisation between our sectors. Focusing on our strategic businesses that generate wealth and jobs provides the pull for other businesses that support them to thrive.

But we also know that some of our sectors and businesses have very different, urgent short-term needs. Culture, theatre,

hospitality, leisure and tourism will be the last sectors to re-open and will need to re-invent their future operations to come back strongly. Parts of the retail sector face huge challenges, impacting our city and town centres.

Through the targeted and bespoke work of our Growth Hub account management team, the locally integrated business support ecosystem, we continue to support those immediate needs of our businesses, to ensure their survival and long-term viability.

UK Battery Industrialisation Centre (UKBIC)



Very Light Rail (VLR)

CASE STUDY PROJECT SHERBOURNE

Project Sherbourne will see the City Council join forces with a host of commercial and public sector partners, including Coventry's universities, to create an unrivalled digital infrastructure at the cutting edge of the global use of digital connectivity such as full fibre and 5G.

Coventry is already one of the country's most digitally connected cities, with over

98% superfast broadband and is on track for 99% full fibre internet coverage by 2022, which puts it ahead of many cities worldwide.

Building on this, Project Sherbourne will look at how the next generation of digital technology, infrastructure and services is set to radically transform the retail, leisure, transport, education, health and public

service areas, underpinning today's and tomorrow's next generation experience for Coventry's citizens, visitors, businesses and learners. There will also be a focus on supporting the delivery of the required digital infrastructure and services to support the city's year as UK City of Culture 2021 and the 2022 Commonwealth Games.



OUR STRENGTHS AND ASSETS

CASE STUDY PPE SUPPLIES

From early in the pandemic, CWLEP Growth Hub team worked close with our local businesses to:

- identify those which could supply/manufacture PPE immediately to support the NHS both nationally (the Ventilator call, e.g. Arrowsmith) and locally (UHCW and other local Hospitals). Also, in the second phase, to support LAs with Social Care needs
- support businesses who pivoted their existing manufacturing facilities to rapidly produce PPE such as visors (e.g. JLR, WMG and many more), gowns (e.g. Aston Martin), and sanitiser (e.g. Shakespeare Distillery and the Warwickshire Gin Company)
- provide close support for UHCW to identify local suppliers
- assist businesses to innovate and develop new PPE solutions e.g. full face masks with FFP3 filters, sneeze-guards, breathing aids, etc.
- work with the LAs and WMCA to assist sourcing of PPE for Social Care (Care Homes and Domiciliary Care) workers
- support businesses with PPE needs to safely reopen, both for their workforce, and for the protection of customers.

It is clear that PPE supply is becoming a sector in its own right, as the Government, local hospitals and the Social Care sector look to build more resilient and local supply chains to ensure the critical shortages of Spring 2020 are not repeated. We have worked with WMCA, WMG, and WM Medilink, along with several manufacturing companies in the region who view this is an opportunity to diversify, establish PPE as a permanent part of their business, and invest accordingly. This sector emergence is creating new jobs as it expands to accommodate the demand. For example, Autins in Rugby is setting up a permanent PPE manufacturing facility creating 200 jobs.

Building on this track record of success across our sectors and supply chains we will drive forward for a greener, sustainable future that will support the diversity and youth of our local population, facilitating the entrepreneurialism and innovation particularly in our young people and graduates.

Our R&D assets and the nationally and internationally recognised strengths of our universities will continue to shape the development of our future industries.

The skills and profile of our colleges, working with all businesses, and our Growth Hub will continue to support our OEMs, SMEs, private practices, freelancers and entrepreneurs.

Capitalising on key events: City of Culture and Commonwealth Games, will create further opportunities across all our communities and legacy into the future. A range of other high profile events also take place throughout the

year at CW venues: Interactive Futures; TAAS Technology Conference (Warwick Conferences); Vehicle Electrification Conference (NAEC Stoneleigh); Battery Technology Show (Ricoh); Future Powertrain Conference (Motorcycle Centre); Rail Live (QRTC); and Transport Innovation Showcase.

The strength of our partnership working provide an integrated ecosystem of support, connected by strong co-operation across our private, public and third sectors, through commitment of our civic leaders, businesses, business representative organisations (BROs), universities and colleges.



SPOTLIGHT CLLR JULIE JACKSON

CWLEP Board Director and Leader of Nuneaton and Bedworth Borough Council



“We are in a totally different environment now because of Covid-19 and the retail offer in town centres in particular is evolving.

“I think having exactly the same ambitions and strategies as in previous years won’t support our towns and their development, and CWLEP’s Strategic Reset Framework shows we need to work in a different way to develop our town centres for the future.

“The Reset Framework acknowledges that we need to look longer-term at new concepts and ideas rather than the traditional model of being dominated by retail stores. We also need to offer innovative workspaces, leisure, creative and cultural mixed-use sites with housing for our town centres to survive and thrive in the future.

“It is a privilege to have been involved in submitting the document to Government which was successful in our bid for £1 million from the Towns Fund. This will enable us to repurpose the top two floors above 22 Queens Road in Nuneaton town centre and create flexible working spaces to include shared and dedicated office space with a new public entrance for the upper floors.

“This scheme is just one part of our over-arching Transforming Nuneaton project the Borough Council is working on with CWLEP and Warwickshire County Council, which will present new and exciting opportunities for Nuneaton.

“This initiative will give Nuneaton a facelift and this regeneration project is a once-in-a-lifetime opportunity.

“The massive investment was much-needed which we couldn’t have achieved without the public sector’s financial input and also strong partnership working - one of the key strengths of CWLEP and a theme of the Strategic Reset Framework.

“Transforming Nuneaton is needed to boost the town and the region and we have been working hard on our bid to the Future High Streets Fund which has been set-up by the Government to renew and reshape town centres and high streets to improve the experience, drive growth and ensure future sustainability.

“We have progressed to round two and we are now awaiting news on what we feel is an innovative, ambitious and comprehensive submission to Government.

“All these schemes would regenerate the area which would be beneficial to Coventry and Warwickshire as a whole, since we will attract more visitors and boost our local economy which is the ultimate ambition of the Strategic Reset Framework, as well as providing a more vibrant and welcoming town centre for Nuneaton and Bedworth’s residents.”

“THE MASSIVE INVESTMENT WAS MUCH-NEEDED WHICH WE COULDN’T HAVE ACHIEVED WITHOUT THE PUBLIC SECTOR’S FINANCIAL INPUT AND ALSO STRONG PARTNERSHIP WORKING - ONE OF THE KEY STRENGTHS OF CWLEP AND A THEME OF THE STRATEGIC RESET FRAMEWORK.”

OUR CHALLENGES AND VULNERABILITIES

Even pre Covid-19, areas of our economy were severely challenged and required intervention.

Despite a strong record on economic growth, some of our communities still experience high levels of worklessness, long-term barriers to employment, low skills and poor employment opportunities.

The challenges of the retail sector, and town centre retail in particular, are well-known, and will influence the future shape and character of our town centres.

The Social Care Sector was an area of particular concern due to Brexit, underfunding, high turnover of staff and concerns about staff mental health and well-being.

The impact of automation was already growing, particularly, in the logistics and advanced manufacturing sectors. Previous research by Warwickshire County Council concluded that the sub-region has a higher than average proportion of the workforce within occupations at very high risk of automation, covering some 174,000 jobs in Coventry and Warwickshire.

Many hospitality and other businesses depend on the success of our major tourist attractions. Those attractions and the wider hospitality sector are going to have to adapt rapidly to a new way of operating to promote global tourism whilst we live with Covid-19.

We also know that challenges remain as we face the threat of future restrictions and local lockdowns which will halt progress and force a return to earlier stages of recovery.



CASE STUDY CARE SECTOR

The Social Care sector in the UK was already in a fragile state. Age UK research showed that 130,000 new care workers are needed each year just for the social care workforce to cope with current levels of demand. Around 110,000 unfilled care jobs existed in the UK, and more than 3 in 10 care staff leave their jobs each year.

It's expected that there'll be 14.5 million people aged over 65 by 2035. That's 44% more than there were in 2017. To cope with that rise, around 650,000 extra care jobs will be needed.

Adult social care accounts for circa 25.5k jobs in Coventry and Warwickshire, with an average vacancy rate of 7.4%. Although the average vacancy rate has dropped through the pandemic, it's unclear whether this is due to roles being filled or businesses being more cautious on recruitment.

Care Workforce statistics from June 2019 show a higher rate of zero hours contracts in Coventry and Warwickshire than the regional or national averages. The workforce is predominantly female and with an average age of 43 regionally. Coventry and Warwickshire have amongst the highest in the region proportions of EU workers, which had already been highlighted as a particular concern following Brexit.

The impact of the pandemic is accelerating concerns about the financial viability of some businesses. The introduction of the apprenticeship levy had an immediate negative impact on the numbers of starts on apprenticeship and other training, although this is starting to move positively again, the funding values attributed to standards in this sector mean a very challenging training landscape, particularly for care worker standards, but even for Higher Level Apprenticeships, like Social Work.

OUR OBJECTIVE AND RESET PRINCIPLES

Our objective is to develop and implement a newly focused, partnership-led Strategic Framework to reset our economy for a successful, inclusive, sustainable, and resilient future. This will be a re-statement of our ambition - Coventry and Warwickshire as a safe and highly attractive place to live, study, work, and invest.

CW AS A SAFE AND HIGHLY ATTRACTIVE PLACE TO LIVE, STUDY, WORK, AND INVEST

Our approach will be founded on clear reset principles:

- this will be a fundamental reshaping of our whole economy (a reset, not a return to pre Covid-19 norms);
- every business needs to see themselves as a new business;
- we will take bold approaches to interpret emerging global mega-trends that build on our existing sector strengths and lead the drive for digitisation, automation, robotics and AI, electrification, active, intelligent and autonomous mobility;
- priorities will be recalibrated to deliver on these strengths and business need - for capital infrastructure (e.g. to secure our energy supply), employment land (e.g. new development sites), and revenue/enabling support (e.g. a new advisory service for innovation and commercialisation) as a coherent programme of robustly evidenced transformational proposals for any new future funding source;
- it will require a wholesale re-imagination of productivity and embedded approaches to supporting the mental health of the workforce;
- delivery will be to the wider climate change and sustainability agenda, encouraging a green recovery across all of our local economy, and embracing new and innovative low carbon technologies;
- coherent priorities and a medium-term pipeline of projects and programmes for future funding will be defined;
- we will use all our levers and networks to influence policy and future funding.

FUNDAMENTAL RESET OF THE ECONOMY

EVERY BUSINESS AS A NEW BUSINESS

BUILD ON EXISTING SECTOR STRENGTHS

RECALIBRATED PRIORITIES FOR CAPITAL INFRASTRUCTURE AND REVENUE/ENABLING SUPPORT

RE-IMAGINATION OF PRODUCTIVITY. EMBEDDED APPROACHES TO WORKFORCE HEALTH & WELLBEING

A GREEN AND SUSTAINABLE RESET AND RECOVERY

LONGER-TERM PRIORITIES REFLECTED IN ROBUST PROJECT PIPELINE FOR FUTURE INVESTMENT AND FUNDING

OUR APPROACH

The approach to the delivery of the framework will be to build on our close partnership working across our public, private and education sectors, using the architecture of our Business Groups which are business-led and provide the business voice for key sectors in our sub-region (Digital & Creative; Culture & Tourism; SMEs) or are enabling (Productivity & Skills; Transport & Infrastructure; Planning & Housing).

We will re-vitalise/re-energise these Groups with a renewed sense of purpose, working in a more integrated way, to allow cross-fertilisation and to drive and shape the support and delivery of the economic reset of Coventry and Warwickshire.

We will **recognise and complement** the individual Recovery Plans that many of our partners have developed, and are now implementing across Coventry and Warwickshire, so that our activities add maximum value.

To make the best use of our **informal** ways of working with and engaging business on a day-to-day basis, we will work through our well-established **networks**, including Growth Hub Account Managers and CW Champions, to provide in-depth intelligence and on-the-ground and real-time analysis of business needs.

We will ensure a **strong and robust evidence base** - led from the Data Hub (collaboration across CWLEP Growth Hub, Local Authorities: Coventry City Council, Warwickshire County Council and the

Districts and Boroughs; BROs - Chamber of Commerce and FSB) providing regular (quantitative and qualitative) intelligence reports. Commissioned impact/research (e.g. ERC analysis re: impact of Covid-19 on skills and supply chains in medium-sized companies across Coventry and Warwickshire) will help us predict the future direction and performance of our economy. Intelligence gathered from our businesses helps us to lobby on their behalf, identify trends for support and new policies to shape and deliver the right interventions.

We will provide a consistent approach to developing and delivering our reset priorities - **One Coventry and Warwickshire** - with one coherent strategic approach and delivery programme. We will utilise practical tools such as the FinditinCW Portal, to match needs to supply locally, delivered at pace and already delivering significant benefits for our local businesses, facilitating greater product and service diversification, and reshaping our supply chains.

In understanding how our city, town, and community centres can be transformed and reinvigorated, we will support new and innovative uses of property and public realm in our places.

Focus will also be given to developing strategic **international relationships**, refining our understanding of how to effectively target specific regions and markets to collectively maximise our potential to attract significant inward investment in business and for research and development, students and tourist visitors.

We will use our Strategic Reset Framework with partners, stakeholders and key influencers to ensure a compelling investment plan and create new routes for funding.



Midlands UK presence at MIPIM



Coventry and Warwickshire Champions Meeting

CWLEP STRATEGIC PILLARS

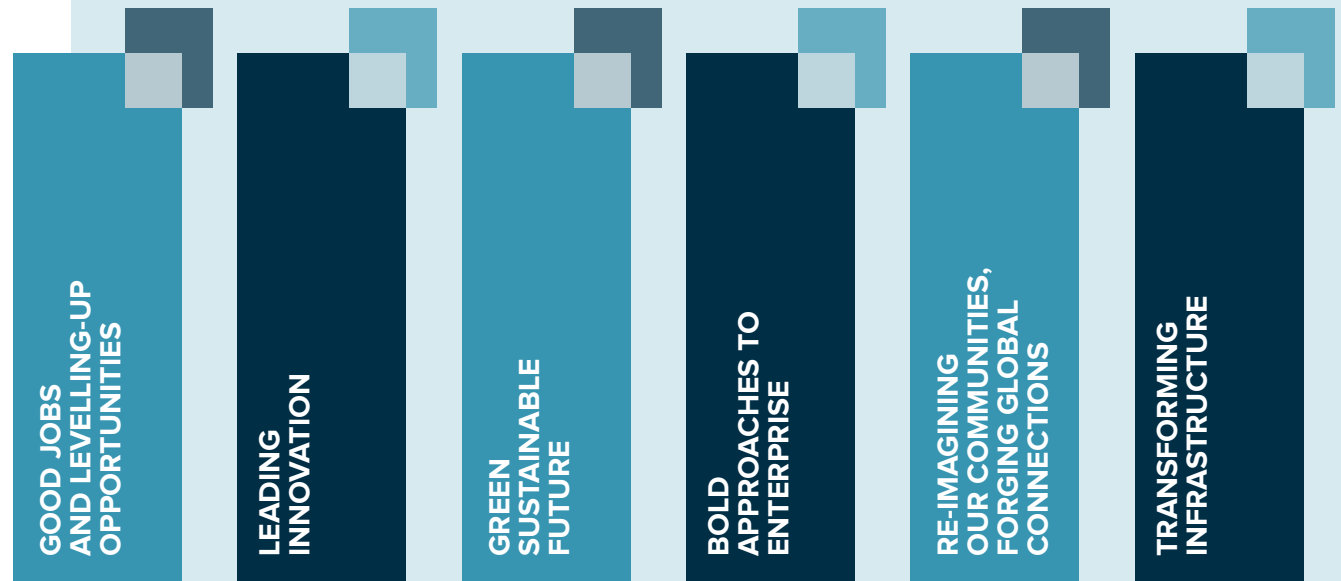
These six pillars frame our strategy and our priorities, building on our strengths but also identifying vulnerabilities and barriers we will need to address to successful delivery of our ambition for all in Coventry and Warwickshire.

They will shape our funding asks of government, through the wider regional lens of the WMCA and the Midlands Engine for not only capital but increasingly critical, revenue resources. This is at a time of continuing uncertainty as we continue to live with Covid-19, anticipate a new framework for devolution, future fiscal events and prepare for exit from the EU and new international trading regimes.

“WE WILL BUILD ON OUR LONGSTANDING AND WIDE-RANGING COLLABORATIONS AND PARTNERSHIP WORKING ACROSS OUR REGION.

WE NEED TO DELIVER THE RIGHT CONDITIONS TO FOSTER THE CREATION OF THOSE NEXT GENERATION JOBS, INNOVATIVE NEW ENTERPRISES, IMAGINATIVE NEW BUSINESS MODELS THAT WILL BE SUSTAINED AND SUSTAINABLE.”

Marion Plant, CWLEP Vice Chair, and Chair of the Reset Taskforce



1 Mill Street, Leamington





cwlep.com

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To: Coventry Health and Wellbeing Board

Date: 25/1/2021

From: Jane Craig, Health Protection Programme Manager

Title: Update on the progress of the flu immunisation programme

1 Purpose

The purpose of this report is to update the Health and Well Being Board on the delivery of the Flu immunisation programme to the key target groups and health care workers.

2 Recommendations

To take note of the excellent work that has been undertaken to rapidly deliver the flu immunisation programme in Coventry within COVID-19 safety parameters.

3 Information/Background

Due to the risk of flu and COVID-19 co-circulating this winter, the national flu immunisation programme was even more important than usual in protecting vulnerable people and supporting the resilience of the health and care system. Research suggests that people who are co-infected with flu and Covid-19 are more at risk of severe illness and are more than twice as likely to die than someone with Covid-19 alone (Stowe et al, 2020).

Planning and delivering the programme was more challenging this year due to the impact of COVID-19 on health and social care services, the need for social distancing measures, and the expansion of the eligible groups such as household contacts of those who are extremely clinically vulnerable. The data in this report demonstrates uptake of the flu vaccination programme from 1/9/20 to 27/12/20. The flu vaccination programme will end on the 31/1/21. This is a much-shortened schedule (5 months) than the usual 7-month schedule (Sept-Mar) to enable rapid protection from flu for the most vulnerable and to enable NHS delivery of the COVID-19 vaccination.

The table below demonstrates the uptake of flu vaccination in the key target groups between 1/9/20 and 27/12/20. It should be noted that due to a computerised data collection issue this data does not include approximately 10% of the 66 GP practices in Coventry and Rugby thus the data reported is likely to increase once full data is available.

Table 1 demonstrates that even though the schedule was condensed into a much shorter timeframe and was more complex due to the need to adopt social distancing all key target groups witnessed an increase in flu immunisation, apart from pregnant women which was a theme across the country.

Table 1 – Proportion of the key target groups accessing the flu vaccination between 1/9/20 – 27/12/20 in comparison to uptake between 1/9/19 and 31/3/20 (shown in brackets).

	65 and over	At-risk	All Pregnant Women	All Aged 2	All Aged 3
Coventry and Rugby CCG	78% (70.4%)	48.8% (44.4%)	41.7% (44.6%)	51.8% (39.8%)	54.4% (42.2%)

Table 2 demonstrates the uptake of the flu vaccine amongst health care workers at 1/12/19 and 1/12/20. It demonstrates that there has been an increase in the number of health care workers accessing the vaccine in comparison to the previous year.

Table 2. Uptake of the flu vaccination by health care workers at 1/12/20 in comparison to 1/12/19

Provider Name	Vaccine uptake (%) at 01/12/2020	Vaccine uptake (%) at 01/12/2019
University Hospitals Coventry and Warwickshire NHS Trust	68%	61%
Coventry and Warwickshire Partnership NHS Trust	59%	53%

Communication will continue to encourage uptake of the flu vaccination throughout the January 2021 period. We would like to thank all Councillors for their involvement in raising awareness of the flu vaccination with the population of Coventry.

4 Options Considered and Recommended Proposal

It has been agreed that a review of the delivery of the flu vaccination programme will be undertaken to identify best practice for use in the next flu vaccination delivery period.

Report Author(s): Jane Craig and Nadia Inglis

Name and Job Title: Jane Craig, Heath Protection Programme Manager / Nadia Inglis,
Public Health Consultant – Health Protection

Directorate: People/Public Health

Telephone and E-mail Contact: jane.craig@coventry.gov.uk / 02476 977681

Enquiries should be directed to the above person.

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Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 25th January 2021

From: Alison Walshe, Merger Programme Director

Title: CCG Merger and Forward Plan

1 Purpose

To update Health and Wellbeing Board Members on the CCGs' current merger activities, including risks and mitigations.

2 Recommendations

That Health and Wellbeing Board Members note the contents of this report.

3 Information/Background

Phase 3 – Merger Application Phase

All documents requiring re-submission following the Merger Application Panel in October 2020 were sent to NHS England/Improvement on 12 January 2021 in readiness for their formal 'Conditions and Recommendations' review of the merger at the end of January. Their informal review with the CCGs' Merger Programme Team on 4 January went very well.

Phase 4 - Implementation Phase

Recruitment of statutory Governing Body roles is progressing well. Members have endorsed Dr Sarah Raistrick as the Chair, and Phil Johns commenced in post on 7 December 2020 as the single Accountable Officer for the three CCGs, ahead of his nomination for the role of Accountable Officer for the new CCG. A start date for the new CFO is still awaited although is likely to be towards the end of March 2020.

Governance arrangements are under continuous review and committees/Governing Bodies in common across the three CCGs will be utilised during Q4 to achieve efficient decision-making, as required.

Policy Advisory Groups, with cross-CCG Governing Body membership, have now been established for Nursing/Human Resources, Governance/Operations and Clinical Commissioning/Medicines Optimisation. The first meetings were held w/c 14 December 2020 and a number of policies supported for recommendation by Clinical Quality and Governance committees to Governing Bodies for approval. In total there are 175 policies to be fully aligned by

the end of March in readiness for adoption by the new CCG on 1 April 2021.

The full-time 'embedding' of a HR lead within the CCG is paying dividends as the HR element of the programme 'ramps up'. This arrangement will be formally reviewed at the end of January 2021. TUPE consultation with existing CCG staff will commence in February 2021 with the majority of staff being transferred through a 'lift and shift' approach (i.e. no formal management of change ahead of the merger).

The IT/Business Intelligence workstream continues to present a challenge although a meeting is planned for 15 January 2021 with the aim of agreeing a clear way forward and project lead for this.

4. Risks and Mitigations

A risk register is actively maintained for the merger programme. Current high rated risks include:

- Leadership and delivery of the Merger IT/Business Intelligence Programme;
- HR capacity.

Report Author(s): Alison Walshe

Job Title: Chief Nurse (South Warwickshire CCG) and Merger Programme Director

Telephone and E-mail Contact: alison.walshe@southwarwickshireccg.nhs.uk

Enquiries should be directed to the above person.



Coventry City Council

Briefing note

To: Coventry Health & Wellbeing Board
Date: 25th January 2021
Subject: Coventry Safeguarding Children's Partnership and Safeguarding Adults Board Annual Reports

1 Purpose of the Note

- 1.1 To inform Health & Wellbeing Board of the content of both the Annual Reports of the Coventry Safeguarding Children's Partnership and Coventry Safeguarding Adults Board 2019/2020. A full copy of the reports is attached as an appendix.

2 Recommendations

- 2.1 The Health & Wellbeing Board is asked to consider the content of the Coventry Safeguarding Children's Partnership and Safeguarding Adults Board Annual Reports and make any comments that may assist the Safeguarding Partnership and Board in fulfilling their assurance role of the effectiveness of safeguarding for children and adults in Coventry.

3 Information/Background

The Coventry Safeguarding Children's Partnership and Safeguarding Adults Board are multi-agency partnerships made up of a range of organisations that contribute towards safeguarding in Coventry.

- 3.1 Working Together 2018 states that, 'Safeguarding Partners must publish a report at least once in every 12 month period. This report must set out what they have done as a result of arrangements including on child safeguarding practice reviews, and how effective these arrangements have been in practice.'
- 3.2 The Care Act 2014 states that, 'Safeguarding Adults Boards must publish a report on:
- (a) What is done during the year to achieve it's objectives.
 - (b) What it has done during that year to implement its strategy.
 - (c) What each member has done during the year to implement the strategy.
 - (d) The findings of the reviews arranged by it under section 44 (safeguarding adults reviews) which have concluded in that year (whether or not they begun in that year).
 - (e) What it has done during that year to implement the findings of reviews arranged by it under that section.

- (f) What it has done during that year to implement the findings of reviews arranged by it under that section.
- (g) Where it decides during that year not to implement a finding of a review arranged by it under that section, the reason for it's decision.

Rebekah Eaves, Safeguarding Children's Partnership and Adult Board Manager
People Directorate- rebekah.eaves@coventry.gov.uk



Coventry Safeguarding Children PARTNERSHIP

Interim annual report
September 2019 - March 2020



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Introduction from the Chair

Although this is an interim report that covers the later part of the performance year 2019/20 it would be wrong not to comment on where we find ourselves in light of the unprecedented situation caused by the coronavirus (COVID-19).

Like every individual, organisation and indeed society as a whole, the Coventry Safeguarding Children Partnership had to quickly adjust how we work, operate and think.

Safeguarding remains critically important and is best approached through agencies coming together with shared ambition, shared information and joint programmes of action. Further detail will be provided in the annual report for 2020/21 but the resilience of the Partnership in Coventry has been apparent during the crisis, and I would like to place on record my appreciation of the efforts, commitment and professionalism of all those who individually contribute or work for the statutory and voluntary agencies, and come together to safeguard the city's children and young people.

This report provides a summary of the activity that has taken place, how learning is identified and applied in practice so as to make a positive difference and some of the challenges we continue to face as a partnership.

I firmly believe that a shared approach to safeguarding and promoting the wellbeing of children is the most effective, and the CSCP will remain committed to maintaining a strong and inclusive partnership in Coventry.

Derek Benson

Independent Chair of Coventry Safeguarding Children Partnership

Local context

371,521

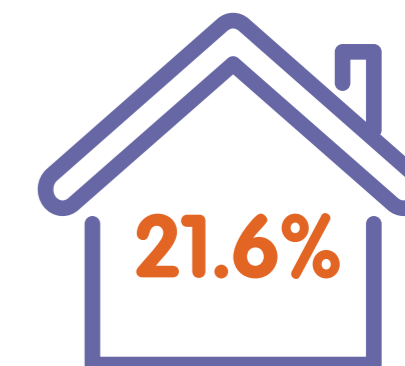
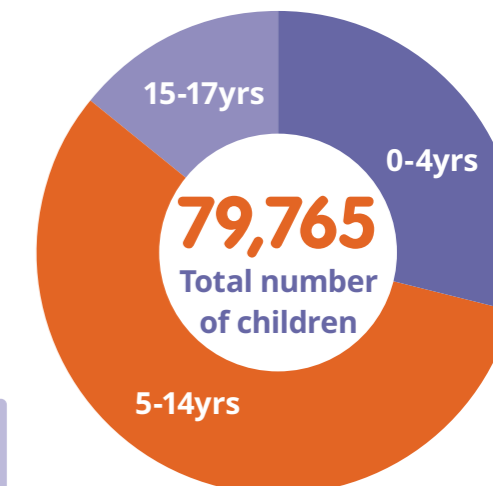
total population of Coventry



Pupils on roll known to be eligible and claiming free school meals

Number of children in secondary schools with a statutory plan of Special Educational Needs (statement or EHC plan) or were receiving SEN support

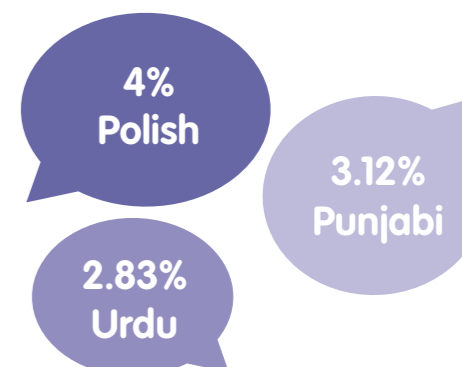
Total number of pupils	24,145
Pupils with EHCP	825 (3.6%)
Pupils with school support	3112 (13.4%)
pupils with EHCP or School Support	3937 (17%)



Children are living in poverty and low income households



Top 3 non-English languages spoken in Coventry





About Coventry Safeguarding Children's Partnership

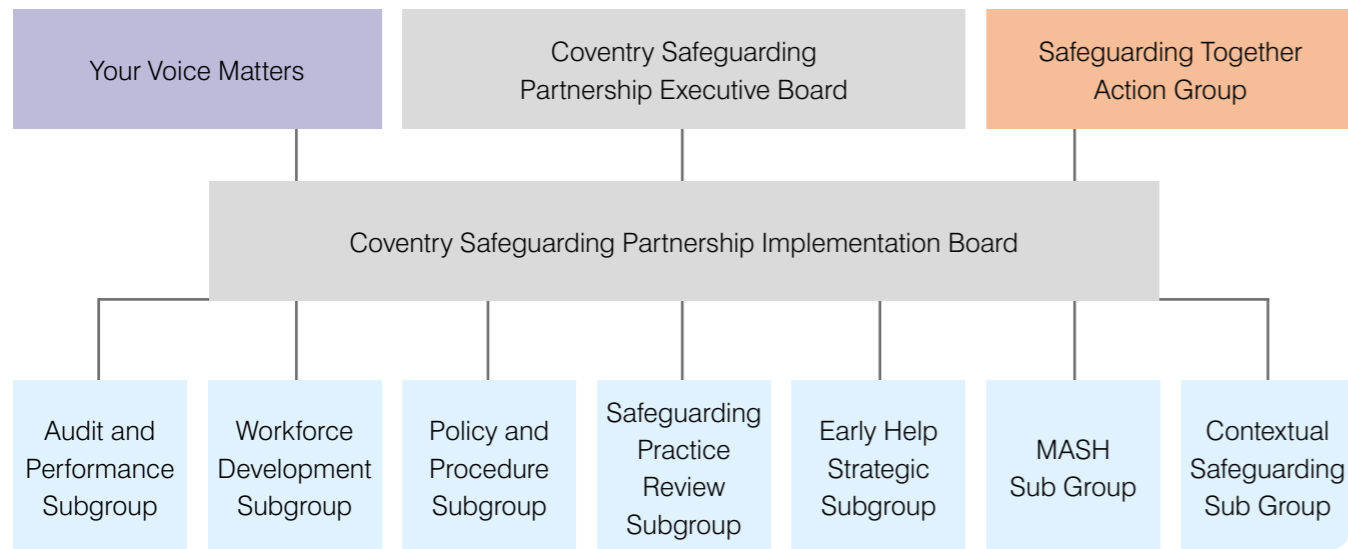
This document constitutes the Coventry Safeguarding Children Partnership (CSCP) interim Annual Report 2019/20 and provides a summary of the effectiveness of services in the city to safeguard children and young people and promote their welfare. The information contained within this document has been provided by partners.

Our vision is to work in partnership to ensure that children and young people are protected from harm and neglect and that their welfare is promoted.

Our values are :

- To put children, young people and families at the heart of everything we do.
- To ensure that partners work together achieving better outcomes for children, young people and their families.
- To recognise and share examples of good practice so that these can be replicated in other areas.
- To be innovative and to try new approaches to ensure continuous improvement.
- To be open and honest about barriers that may be preventing improvement so that we can collectively agree how these may be overcome.
- To ensure that poor practice is challenged appropriately to ensure that it leads to improvements in the system.
- To ensure that children, young people and their families receive the right service, at the right time in the right way

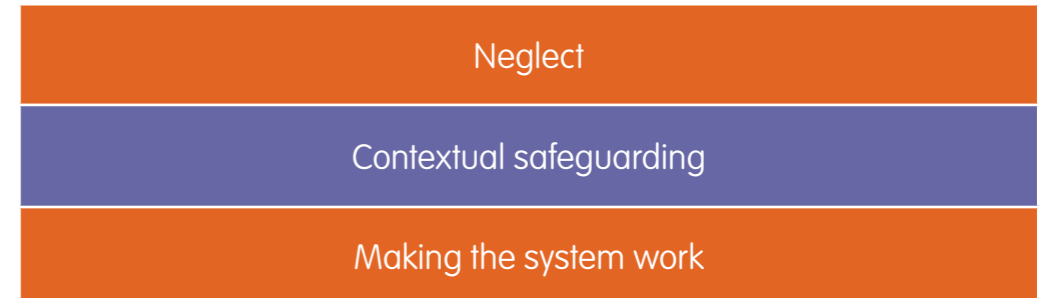
The governance structure of CSCP



A full list of members is shown in Appendix 3



For 2020-2022 the priorities for Coventry Safeguarding Children's Partnership are:



Progress against priorities: Neglect

What's working well?

The Graded Care Profile is an evidence based practical assessment tool that supports practitioners in measuring the quality of care provided to a child. Introduction of the use of the Graded care profile 2 programme of learning and development ; and use of the tool. This includes a train the trainer approach to support the implementation and roll out. Children's Services commissioned NSPCC to deliver Graded Care Profile 2 Train the Trainers programme to 19 members of Children's Service workforce that has formed the GCP2 core training delivery team.

Coventry and Rugby Commissioning Group have put a 'was not brought pathway' for staff to follow when children and young people are not brought to appointments.

Coventry Safeguarding Children's Partnership has formed a Neglect Task and Finish Group. This group is well represented from agencies across the partnership demonstrating the commitment that agencies have to the priority of Neglect.

Coventry Local Authority Children's Services Assessments for court are timely and make appropriate conclusions.

The Family Health and Lifestyles service (commissioned by Public Health) has utilised the Lancaster Model questionnaire to assess children's health needs. The questionnaire is completed by parents at school entry and by children in Year 6 and 9. Through the collection of this data, the school nursing team can identify unmet health needs and develop health promotion programmes that the children and young people feel they require. This can contribute to identifying unmet needs for children and young people at an earlier stage.

Citizen Housing continues to have regular discussion and dialogue on specific cases and issues of concern.

The National Probation Service maintains regular home visits and contact with service users allowing them to monitor and spot signs of neglect. The service practices close working relationships with Children's and Adult Services, attending professional's meetings to share information.

University Hospital Coventry and Warwickshire continue to share information/communicate with the Named Safeguarding Professionals (NSP's) within GP practices where there are concerns around neglect. All children subject to Child Protection Plans or Children in Care have an alert placed on the internal electronic system requesting that the allocated social worker is contacted if, for example, a child is not brought to an appointment.

As part of the Family Hub Core Offer, help is delivered to families where neglect is a feature and will form part of the Early Help Plan.

South Warwickshire Foundation Trust practitioners receive regular safeguarding supervision. This is offered on group or one to one basis in order to meet the needs of individual teams. The Chat Health Service has been made available to all parents of children and young people across the Family Health and Lifestyle Service via the Health Visiting and School Nursing Services.

Health visitors and School nurses continue to attend 'Family Matters' meetings across the City which is a multi-agency meeting to identify and support families who have an unmet need and to avoid issues escalating this works to develop ways of supporting families to reduce the likelihood of children experiencing neglect. There are embedded West Midlands Police staff within the Early Help Hubs who also take part in the Family Matters meetings. There is to be an additional Police Officer recruited into the team to ensure increased opportunity for early help outcomes for neglect.

Coventry College have improved early recognition and response to neglect through awareness training for staff. Identified 'at risk' individuals have support allocated at an early stage due to this improved recognition.

Coventry and Warwickshire Commissioning Group have produced an adolescent neglect guide and training package.

The Coventry Parenting Strategy action plan is currently being implemented by a multi-agency steering group including the voluntary sector. Specialist Health Visitors have undertaken VIG (video interactive guidance) which is used to promote positive parent infant mental health and uses video feedback to help a parent enhance communication with their child. Practitioners will be fully accredited to offer VIG after completing 2 years training in July 2020. The service has developed pathways to support vulnerable families who may require this positive parenting support.

The NSPCC offers Building Blocks service which supports families where neglect has been identified as a factor. They complete a Family focus assessment which can include a full Graded Profile 2 assessment if needed.

Family hubs have continued to deliver parenting intervention to include children and families where neglect is a feature.

Positive Choices is the early intervention, risk taking and substance misuse service for children and young people aged between 5 and 2. The service has employed a Children and Families worker who is supporting the younger age group referred to the service along with families. This worker has also developed a partnership working arrangement with the Families worker at Change Grow Live Adult Service. The two staff members work closely together ensuring that all children of adults who enter the treatment service have a parallel referral to Positive Choices for hidden harm support.

University Hospital Coventry and Warwickshire Hospital continue to incorporate 'Neglect' into all internal safeguarding training, incorporating aspects of emotional, physical and medical neglect. The current focus is on children and young people that aren't brought to appointments.

Coventry and Warwickshire Partnership NHS Trust Safeguarding Team has continued to share neglect resources with staff across the organisation in order to maintain staff's focus on neglect. Staff are also encouraged to utilise threshold documents in order to inform their practice and assessments of children and young people where there are neglect concerns.

What are we worried about?

Neglect continues to be a common feature for children receiving intervention from Children's Services in Coventry.

UHCW report that neglect is often difficult to identify and this offers a particular challenge for practitioners, such as those working in the Hospital Emergency Department, who see adult or children sometimes for a very brief intervention.

The Early help Module system (the multi-agency early help recording system) does not currently report on neglect specifically as a primary reason for request.

Covid 19 has restricted practitioner's ability to undertake home visits. Although there have been several good examples of practitioners seeking innovative alternatives these do not fully replicate the value of being within the home of the service user and there are concerns that there may be hidden harm in the system which practitioners will not be aware of until lockdown measures are lifted and practitioners return to business as usual.

What needs to happen?

There needs to be a continued drive to raise awareness of neglect throughout the City. To support this Coventry Safeguarding Children's Partnership is planning to make Neglect the focus of the conference for 2021. The planning of this conference is being supported by the three statutory partners.

A review of the Neglect strategy has commenced, and the completion of this work will support practitioners to understand the next steps for improving outcomes for children affected by neglect.

Coventry Safeguarding Children's Partnership will continue to produce monthly position statements to monitor how the Coventry's safeguarding system is adapting to the changing picture in relation to the Covid 19 pandemic.

Neglect will continue to be an essential component of all safeguarding training for Coventry agencies. Further work is also required to ensure that this learning is transferred into outcomes to continue to improve outcomes for Coventry children.

The Early help Module System needs to be developed so that it reflects neglect as a primary reason for referral.

The parenting offer needs to be further expanded using a variety of parenting interventions including virtual delivery.

The Graded Care Profile 2 implementation has been delayed due to the pandemic however a recovery plan is in place to ensure that training commences in July 2020.

Progress against priorities: **Contextual Safeguarding**

What's working well?

Coventry Safeguarding Children's Partnership hosted a Contextual Safeguarding conference in February 2020. The speakers included: Carlene Firmin, the National Working group and other local partners. This was attended by a wide range of Senior Officers across the City to support the development of a whole systems approach by ensuring that there is a good understanding and commitment to a Contextual Safeguarding approach across the city.

Learning and Development webinars have been held to support awareness and growing understanding of contextual safeguarding.

There is excellent collaborative working between the Horizon Team and key agencies aligned to the Horizon Team (LOCATE, Police Child Sexual Exploitation Team, The Gangs Team, Youth Offending Team, education, particularly the Link Provision, and CAMHS). There is increased liaison between the Police Neighbourhood Team and the Horizon Team to clarify Child Exploitation hotspots, gang nominals and known perpetrators of Child Exploitation. The Horizon Team is ensuring that contextualised safeguarding is considered more robustly within all meetings including Strategy meetings, MACE and Missing triage.

The Horizon team's work have led to positive outcomes for young people using a number of techniques including relational working, mapping, the disruption of perpetrators and locations and a whole family approach.

There are consistent submissions of Police intelligence forms to strengthen information regarding children, young people and adults that support an understanding of risks within Coventry.

St Giles are delivering a custody provision which sees an initial approach to the appropriate adult of a young person to be put forward to an ongoing mentoring service and support mechanism. This provision was funded through the VRU. It sees support offered to those under 25 who have been arrested for Violence related matters (or associated crimes) and spoken with by the Youth Violence Reduction Team and or Local Offender Management Unit to then be considered on a consent basis for this support. This has seen nearly 70 young people referred to the programme with a re offending rate of 13%.

Coventry Children's Services have a Child Exploitation Co-ordinator who acts as a conduit for information and intelligence sharing and ensures cohesion across/ between partners and also, provides advice and guidance across the partnership.

Coventry Safeguarding Children's Partnership have created a One Minute Guide in relation to Contextual Safeguarding and this has been disseminated throughout the partnership.

Contextual Safeguarding One Minute Guide

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Contextual Safeguarding One Minute Guide

Coventry and Rugby Clinical Commissioning Group have raised awareness of child exploitation and shared relevant resources at Protected Learning Time events (PLT) to Primary Care.

The Violence Reduction Unit pilot is an example of area based intervention involving effective partnership working bringing youth organisations together to provide diversionary activities in the Hillfields area.

West Midlands Police currently have a project underway where young people at the Primary gateways are visited and years 5 and 6 work through an 8 week programme of work being delivered by the Young Persons Officer and supported through Guiding Young Minds. This will see school based work as well as mentoring through the summer months transitioning into secondary school.

Your voice matters, Coventry Safeguarding Children's Partnership young people's group has undertaken a mapping exercise with children in relation to where they feel safe and unsafe and work has been done with wider partners to improve locations where children have informed staff that they feel unsafe.

School and police panels are regular meetings with Head Teachers of each secondary school and more recently primary schools to share emerging intelligence and news, and relevant individual arrest/ Missing data also.

Coventry Children's Services Prevent Co-ordinator and Prevent Education Advisers ensure the effective delivery of Prevent and Channel Panel across Coventry including engagement with community partners and representation from all partner agencies.

Coventry College's safeguarding policy and procedures set out the organisation's commitment to protecting children and young people, how to keep them safe and respond to concerns. Mandatory contextual safeguarding staff training has been developed to ensure that staff have the skills to recognise how young people are influenced by a whole range of environments and people outside of their own family.

Coventry and Warwickshire Partnership Trust has a dedicated Contextual Safeguarding tab which has up to date resources and links to guidance for staff.

The National Probation Service attends relevant meetings which look at gangs in the Coventry area and specifically those young men who are involved in gangs or at risk of being involved in gangs.

UHCW continue to work closely with St Giles Trust in identifying / supporting victims of violent crimes presenting to UHCW.

What are we worried about?

There has been an increase of violent incidents involving young people.

Assessments and plans are variable and they do not consistently draw upon the contextualised safeguarding concerns/ risk that may impact on the child/ young person and family. Practitioners need to consider the wider environmental factors which have a threat to the safety and welfare of the child/ren and young people. Within assessments and plans, housing conditions, employment, poverty, gambling, overcrowded or poor living conditions needs to be explored in greater detail to establish parents' financial situation to ensure that support can be provided in accessing benefits or other support they can access or are entitled to, linking to the troubled families agenda.

Members of the Contextual Safeguarding sub group feel that current exploitation screening tools are too long and need to be amended to reflect a contextual safeguarding approach. The tool is currently being reviewed.

Success or outcomes are being monitored only on a young person's behavioural change but should include their feelings of safety in their wider community.

There is a lack of recognition and under use of the expertise and insight parents/ carers have into their child's exploitation and extra familial harm.

Bringing children into care if they cannot be protected in the community does not necessarily improve outcomes for children. Children going out of city for a placement could provide opportunities for young people to be involved or co-ordinate county lines over more geographical/ gang areas.

A lot of the funding for projects is time limited which does not lead to sustainable projects.

The Police need to ensure that where Osman warnings are issued, any identified risk to children is also shared through the appropriate safeguarding pathways to enable this risk to be addressed through a multi-agency approach.

The Partnership are aware of the complexities surrounding young people who are at risk or who have been exploited as they transition into adulthood.

What needs to happen?

Learning and development in relation to Contextual Safeguarding needs to continue across the safeguarding system to ensure that partners across the system understand that children and young people are affected by a range of factors outside of their families and homes and that these need to be addressed. This will include the dissemination of research and practice insights from local, regional and national work to improve practice insights.

The child exploitation screening tool needs to be reviewed and simplified to encourage greater completion across the partnership. Coventry Safeguarding Children's Partnership partners have been involved in a Tackling Child exploitation project supported by the Children's Society which examined the pro's and cons of the current screening tool. This learning will now be fed into the development of a new tool.

There needs to be greater collaboration with partners who provide youth work to increase access.

There needs to be increased consultation prior to the issue of Osman warnings to mitigate against creating further vulnerabilities for children. An agreed information sharing pathway/ protocol needs to be developed.

Public Health and Coventry and Rugby Clinical Commissioning Group have undertaken a review of the CSE Service commissioned by the two organisations. The outcome of the review which included colleagues from Children's Services, identified that a broader remit was required expanding to cover all forms of exploitation and that there are a wide range of partners involved in supporting those affected by or at risk of exploitation, however the system lack a co-ordinated approach and therefore without this being developed it is challenging to identify the gaps in provision. To address this Public Health and the Coventry and Rugby Clinical Commissioning Group have commissioned a Project Manager for 12 months with the post holder commencing in September 2020. The Children's and Young People's Exploitation Project Manager will work with Public Health, Coventry and Warwickshire Commissioning Group, Children's Services and other partners to co-ordinate the delivery offer of services/teams within the health and social care system who are supporting or reaching those who are affected by child exploitation.

There needs to be continued exploration of funding opportunities to support this agenda.

The Child exploitation Champions role is to be developed across MASH and Children's Services teams to increase teams to increase awareness and response from all teams in respect of Contextual Safeguarding.

Work to be undertaken to continue to improve relationships with neighbourhood Police officers and the Police Partnership team to support in understanding the risks within Coventry.

Training sessions with taxi drivers, hotel staff, housing providers and the community need to take place to improve the lines of communication and strengthen the contextual safeguarding response across the city.

A parent network needs to be developed aimed at providing support for parents and facilitating the development of trust and confidence in professionals as partners not people working against them and their children.

The transition referral process for young people approaching adulthood requires strengthening. Young people entering adulthood can feel lost and frightened as support is limited unless they are a child who is looked after. The thresholds, eligibility and criteria of Children's services and adult safeguarding are notably different. Joint working between Adult's and Children's Services is needed to ensure a collaborative approach to working with young people.

Progress against priorities: **Making the system work**

What's working well?

The Early Help Sub Group membership and terms of reference has been reviewed to better reflect partners who deliver on Early Help Outcomes.

Training has been delivered to a range of partners on the use of the Early help module (EHM) who when completing Early Help Assessments and establishing Early Help Plans to ensure better information sharing across the system.

Early help Handbook and Recording Guidance have been created. These include standards for Early Help Practitioners and are used in conjunction with the 'Right help and right time guidance'.

Signs of Safety and Right help, right time training continues to be rolled out across the partnership.

Coventry and Rugby CCG have established a network of Children's Named Safeguarding Professionals (NSP's) in GP practices in Coventry to support and co-ordinate safeguarding activity. Monthly multi-disciplinary meetings take place in GP practices in Coventry to support and co-ordinate safeguarding activity.

Coventry Children's Services Commissioning and Partnership Service has developed a quality assurance framework which covers all services but has a particular focus on placements. Feedback, research and intelligence are used to RAG rate all external providers to monitor and track the quality of the service provided and to determine where to visit. There are processes/ flowcharts in place to ensure consistency when responding to concerns and inadequate providers.

Coventry Safeguarding Children's Partnership routinely disseminates a newsletter across the partnership which includes updates and condensed local, regional and national learning.

The National Probation Service has a MASH lead within the Coventry Probation Team to provide a bridge for information sharing.

University Coventry and Warwickshire continues to raise awareness of the Signs of safety framework within all safeguarding training. Signs of Safety is also now adopted into safeguarding supervision and the conference report template.

Coventry and Warwickshire Partnership Trust provides ongoing advice and supervision of cases to staff including how to frame good referrals/ reports. The Trust is now able to monitor and report on internal trends.

Coventry and Rugby Clinical Commissioning group has ensured that each large health provider has a named Signs of Safety Practice Lead. These Leads meet bi-monthly and ensure that Signs of Safety is embedded into their organisation.

Public Health has held several workshops focused around the early help outcomes and looking at how partners can work together to improve outcomes for children and their families to help them to access the right help at the right time to achieve sustainable change. Further workshops will take place with partners in Autumn 2020 to consider the integration of early help.

University Coventry and Warwickshire ensure that Right help right time is incorporated in safeguarding children training to ensure that children and their families receive the appropriate level of intervention and support.

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University Coventry and Warwickshire ensure that Right help right time is incorporated in safeguarding children training to ensure that children and their families receive the appropriate level of intervention and support.

What are we worried about?

There is some concern that the volume of referrals may increase following children returning to school post lockdown and that this may lead to an increase in demand for services.

There are some concerns about the information that is provided in referrals which means that time is spent chasing the relevant information.

What needs to happen?

Coventry and Rugby Clinical commissioning group will be offering to support Community Midwifery Services with completing referrals.

Examples of good referrals need to be created and these will be used by safeguarding leads to inform training and supervision in relation to making a good referral. This will be supported by Coventry Safeguarding Children's Partnership including 'How to make a good referral' virtual training session in the training brochure.

There needs to be more partners trained in using EHM in order for them to complete Early Help Assessments and Plans to increase the number of partner agencies completing whole family assessments.

An Early Help Module work flow has been designed to represent the new Early Help Assessment practice and process, this will be ready for deployment from April 2020.



Local authority designated officer

In accordance with the statutory duties set out in Working Together to Safeguard Children 2018, Coventry City Council has a 'LADO,' who has responsibility for the management of allegations against professionals working in a voluntary or paid capacity with children.

Training

The LADO works closely with partner agencies within and outside the City to ensure that the management of allegations of professional abuse is robust and effectively safeguards children; one of the ways the LADO has supported partners to discharge their responsibilities in this respect over 19/20 is through training opportunities.

The LADO service has successfully delivered 5 training sessions to Children's Services and partners over this period and worked in collaboration with other key safeguarding professionals also e.g. with Safeguarding in Education Adviser (SIEA) to support Designated Safeguarding Lead (DSL) training for schools. Feedback from LADO training is positive, and the impact identified is improved understanding of thresholds and employers' responsibilities; this helps support a sturdy approach to safeguarding children.

Quality assurance and management oversight of the work of the LADO Service allows for any themes/patterns relevant for partner agencies to be collated and inform areas for learning and development through the training delivered.

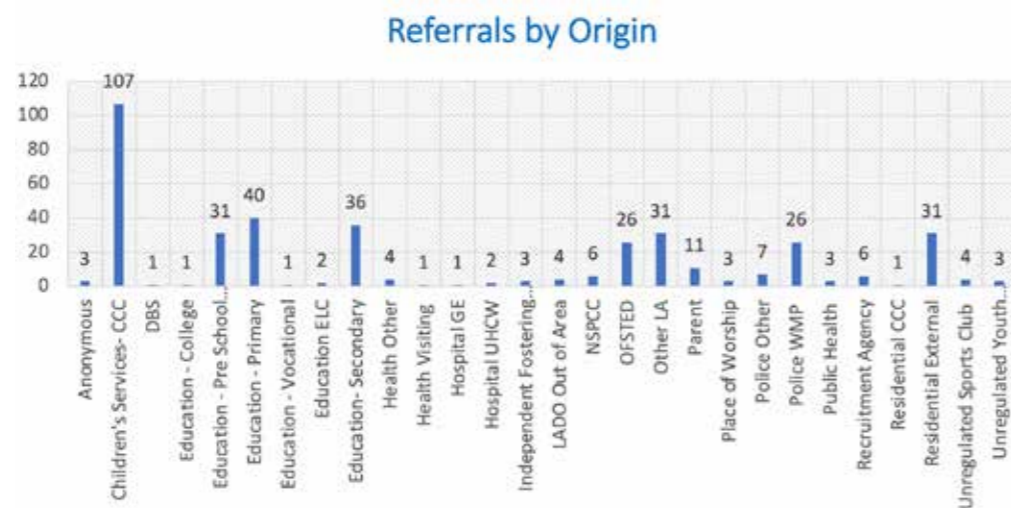
Case example

Repeat referrals were identified from a residential supported living provider and shared with the Coventry Safeguarding Children Partnership Supported Living Sub-group. An information sharing meeting was held; partners including the West Midlands Ambulance Service and West Midlands Fire and Rescue Service shared their concerns and these were collated. Following this, the commissioning service shared the concerns with regional colleagues, the LADO offered training to the provider and members of the sub group have an interim agreement to share information about providers with LADO and each other whilst the sub-group develop and test a coordinated approach to information sharing.

Contacts and Referrals

The LADO provided advice and guidance in response to 1048 contacts relating to professionals working in Positions of Trust in 2019/20; an increase of 57% on the 605 contacts in 2018/19. This increase is attributable in part to the awareness raising LADO training has provided across the partnership as well as the growing demand for LADO services which is reflected regionally and nationally.

The number of referrals has increased by 17.9% from 339 in 2018/19 to 400 in 2019/20. The increase is more significant in Q3 and 4 which is not unexpected as this coincides with the roll out of the new LADO training and LADO presentation to the Education DSL network.



In 2019/20 as in 2018/19, Children Services and 0-18 Education providers made the most referrals into LADO. There is a significant increase in referrals from pre-school age settings; these increased from 10 in 2018/19 to 31 in 2019/20 and is considered to relate to the joined up working between LADO and SIEA DSL/Early Years training, which improves employer's awareness of their responsibilities when Position of Trust, safeguarding children issues arise.

All LADO referrals originating from health in 2019/20 relate to incidents in employees' personal lives. There is a careful balance for LADO when considering if these meet the threshold for LADO involvement and the LADO has worked closely with relevant health colleagues to ensure children are safeguarded but there is proportionality for the adults concerned.

Case example

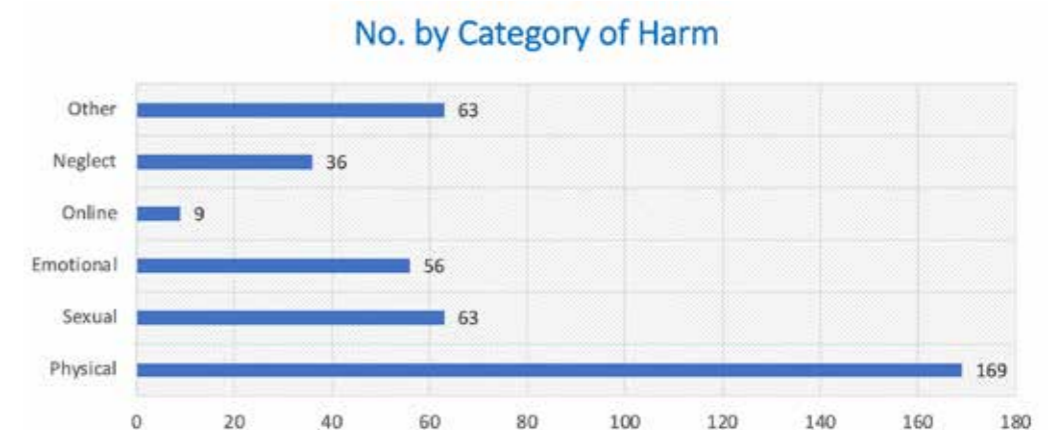
A midwife who was the victim of longstanding domestic abuse which resulted in the involvement of Children's Services to safeguard her child and support her to remove herself from the abusive relationship and act protectively for herself and her child. In this case, the professional/parent was also a victim, she had not directly harmed her child and she had an impeccable employment history with evidence that she had acted appropriately in identifying safeguarding concerns in her work. The involvement of LADO was not deemed proportionate in this case as the professional's employer had provided them with support, Children's Services, the police and the child's school were working collaboratively to support and safeguard the child and the professional/parent.

31 referrals were received from the police; these in the main are as a result of police arrests or reports received where the person of concern holds a position of trust for example a teacher who has been involved in a domestic incident. A small number of these referrals relate to police officers themselves and their conduct in and out of their work. Part of the work to be taken forward by the LADO over 2020/21 is to link with Police Professional Standards and the Public Protection Unit to agree cross Coventry LADO training.

Categories of Harm

Across 2019/20 as in 2018/19, the main category of harm is 'Physical' which represents 42.7% of referrals, this mirrors the regional and national LADO picture. The primary reason for this is the relative ease of identifying, reporting and confirming physical harm coupled with the close physical proximity that many professionals have to children by virtue of their roles. Within this category are several referrals relating to complaints by children following the use of restrictive physical intervention by carers and teachers.

NB Where 'other' is recorded these are cases where threshold is not met for further LADO oversight and intervention meaning that in these there is often no identifiable harm.



In conclusion

Coventry City Council LADO Service is confident that the response to concerns about people working in positions of trust in the city is robust, comprehensive, dependable and consistent. Responses are considered and shown to be proportionate in ensuring that risk to children is managed effectively whilst adult professionals are protected from further allegations during the employer's investigative processes.

Confidence in professional/partner decision making and understanding of responsibilities continues to grow as a result of effective LADO role and function alongside awareness and learning from the advice and guidance LADO provides.

Signs of Safety

Coventry Safeguarding Children's Partnership continues to support Signs of Safety as the model in all agencies across the city. The roll out of multi-agency training continues across the city and there are now a relatively low number of practitioners that require training. Audit work is evidencing that the methodology is being applied across the partnership giving practitioners across the city a common language and framework.

A new Signs of Safety Practice Lead has been appointed and this post will focus on further embedding the Signs of Safety approach across the partnership as well as refreshing the Implementation Plan to ensure that strategic and operational objectives are taken forwards.

Coventry Safeguarding Children's Partnership continues to embed the approach by using partners to report to using the framework wherever possible.

Signs of Safety training statistics are shown in Appendix 4

Right help right time

The Right Help Right time guidance is aimed at assisting professionals to understand and assess risk appropriately so that children and families can receive the right help at the right time. The aim is to provide early interventions for children, young people and families that require support in order to prevent them moving towards higher levels of need, and to reduce the levels of need once they have been identified.

The guidance is contained within the online procedures manual and can be found https://www.coventry.gov.uk/downloads/file/27130/right_help_right_time_guidance Right help right time training sessions continues to be rolled out and now form part of Coventry Safeguarding Children's Partnership training brochure.



Serious Case reviews

In March 2020 Coventry Safeguarding Children's Partnership published a Serious Case Review, commenced under Working Together 2015, in relation to a case of complex intra-familial sexual abuse.

The overview report can be found here https://www.coventry.gov.uk/downloads/file/32205/serious_case_review_march_2020

The table below demonstrates how Coventry Safeguarding Children's Partnership have implemented the recommendations.

Recommendation	Implementation assurance
<p>Coventry Safeguarding Children Board should assure itself that partners have appropriate mechanisms in place to enable staff to:</p> <p>Develop skills and knowledge in communicating with children in the light of the learning arising from this review.</p> <p>Access good support from their organisations to enable them to put these skills into practice effectively with children.</p>	<p>A sexual abuse conference took place which was attended by a large number of multi-agency practitioners. Three resources have been produced to widen the learning from the conference and these have been added to Coventry Safeguarding Children's Partnership website</p> <p>https://www.youtube.com/watch?v=rPt1wtsvWLw https://www.youtube.com/watch?v=79DPeN2NR9M https://www.youtube.com/watch?v=7vV4Uxq0V14</p> <p>A One minute guide has been created in relation to the learning from the review. This has been widely disseminated across the partnership</p> <p>https://www.coventry.gov.uk/downloads/file/32329/learning_from_a_serious_case_review_march_2020</p> <p>The findings of the review have been presented to all Children's Services staff, Designated Safeguarding Leads from Education and to members of the Safeguarding Together Action group.</p>
<p>Coventry Safeguarding Children Board to assure itself that partner agencies have considered their professional response to and understanding of grooming and sexual offending as it is relevant to their safeguarding responsibilities and taken relevant action to embed their approach in practice.</p>	<p>A One Minute Guide has been created in relation to grooming, including a section on how to have a difficult conversation with children, and this has been disseminated widely throughout the partnership. https://www.coventry.gov.uk/downloads/file/30443/grooming</p>

Recommendation	Implementation assurance
The Coventry Safeguarding Children to assure itself that a clear pathway is in place for identifying and working with complex intra familial sexual abuse drawing on current developments within contextual safeguarding practice.	The Serious Case review author noted that when the second investigation commenced Coventry was already using pathways successfully developed for Contextual safeguarding to complex intra familial sexual abuse and this led to the case being managed more effectively. This continues to be the case.
The Coventry Safeguarding Board to identify the appropriate work stream for developing good practice for working with children, including those in transition to adulthood, who have been identified as having both been abused and abusing others.	Coventry practitioners have worked together to establish a directory of support. This directory can be seen here https://www.coventry.gov.uk/downloads/download/5873/harmful_sexual_behaviour_directory

Safeguarding Together Action Group

The Coventry Safeguarding Children Partnership have introduced a new forum called the Safeguarding Together Action Group (STAG) as part of the New Arrangements of the CSCP. This new forum was originally known as the Relevant Agency Forum but was changed to the STAG during the inaugural meeting.

The STAG's purpose is to bring people together in a new way to safeguard children across the partnership. There are currently 54 organisations on the attendee list and some of these organisations have never worked directly with the Safeguarding Children Partnership before.

The discussion topics in the STAG fall mainly into the below categories:

- To share information from Safeguarding Practice Reviews, audits and national learning so that information can reach front line professionals more effectively.
- To ensure that professionals are kept up to date with emerging safeguarding issues across the city.
- To help cross-agency working.
- To look at the effects of action on front line practice.
- To increase awareness of new policy and procedures.
- To identify emerging safeguarding issues.



Organisations are invited to put forwards speakers, presentations and items that are of interest to the forum members.

There have been two forums held so far with well received sessions including Harmful Sexual Behaviour, a summary of a Serious Case Review and Adolescent Neglect.

The forum includes some innovative ways of communicating with partners, for example we have comment walls around the room, and we invite attendees to write upon these walls and tell us comments, feedback and their current safeguarding concerns. Members can note down what they wish to be discussed in future sessions of the STAG, and we hold an ongoing list of topics. During the last meeting we videoed a presenter with the vision of using the presentation during future digital training sessions.

The feedback received from members of the STAG is 100% positive and we are frequently contacted by organisations wishing to be a part of it. From the feedback received, the members value working alongside the CSCP and are pleased to be part of a central forum focussed on safeguarding children.



Your Voice Matters

Coventry Safeguarding Children Partnership created a new group aimed specifically at engaging young peoples' voices in safeguarding strategy for the city. In consultation with the young people involved, this group is called Your Voice Matters.

The groups are held four times per year within the participating school with the student cohort chosen by the school staff. We have held two meetings so far with two more planned before the end of the year. The sessions so far have been insightful, and the young people are unfailingly honest and willing to provide a window into their lives and experiences. In response to the findings and the issues the young people have talked about, the CSCP has been able to implement some changes to benefit young people across the city.

An example of this is when the young people in the first group shared that they felt unsafe on public transport across the city and were able to provide details of the instances that had led to their feeling unsafe. This seemed to be a common issue across the group and the bus network was often cited in examples, so some colleagues from the Partnership office team visited the Safer Travel West Midlands centre in Birmingham to gain more of an understanding on how young people can remain safe whilst using buses in Coventry. As a result of this, when the second session of Your Voice Matters happened to focus again on young people feeling unsafe on buses, the session leaders were able to provide the young people with details and practical advice around what to do if an issue occurred during their journey.

Another change we are taking forwards as a direct result of Your Voice Matters is that in the second group, many young people lived in the same area and discussed a particular shop that was surrounded by alleyways. There was the common perception that the shop and the alleyways were unsafe to such an extent that the young people were putting safety plans in place when they were in the vicinity, for example ensuring their walk home from school used different streets so they did not have to pass the location and when they were required to pass the location they young people ensured they were in groups as this felt safer than approaching the location alone. The session leaders approached the City Tasking multi-agency meeting to discuss implementing measures in the location to make it safer for young people, for example installing locked gates into the alleyways. The Licensing team at the Local Authority was also approached to visit the shop from a Licensing perspective and speak to the owner about possible anti-social behaviour on or outside the premises. This work is ongoing.

As a result of Your Voice Matters, the CSCP are directly hearing the voices of children on issues such as online safety, where they feel safe and unsafe in the city, whether they understand what abuse and neglect are and what would help them feel safer in their community.

You Said	We Did
<p>The young person's guide to the new arrangements needs to change as follows:</p> <ul style="list-style-type: none"> • Pictures removed • A summary on the front page • Emergency services contact details on the back <p>Explain Your Voice Matters on the back and give young people an option to request a visit to their school</p>	<p>The young person's guide to the new arrangements has been updated to incorporate all suggestions. A copy has been sent to Mrs Ingram for you to have a look at and see how we used your suggestions to improve it.</p>
<p>You were concerned about police cuts and the lack of visibility of police on Coventry streets – leading to young people feeling less safe.</p>	<p>This was fed back to the Chief Commander of Coventry Police at a meeting with him on 3 December.</p>
<p>You told us that if we wanted to engage with young people YouTube is the best way to do this. You said that Twitter isn't used by young people.</p>	<p>We are now seeking permission to start our own YouTube channel to better connect with you. More details to follow!</p> <p>We are going to focus our Twitter account on professionals and not young people</p>

You Said	We Did
<p>We learnt that, although you are all confident online and feel safe using social media and apps you didn't always understand location tracking or how to disable these services.</p>	<p>We are going to look at producing some information focused on location services and how these can be switched off in different apps. We'd be interested to know if you would like to take part in doing this with us!</p>
<p>You told us that you felt, overall, least safe on public transport and on Coventry streets.</p>	<p>We have contacted Travel West Midlands and have asked to talk to them about how young people can feel safer on public transport. We don't know yet what this might lead to yet, but we hope we'll have something to share with you next year.</p>
<p>You told us that you enjoyed the session and that you felt listened to. You gave us useful feedback to think about how we could improve the session for the next group of young people.</p>	<ul style="list-style-type: none"> • We are going to make sure that different activities and group discussions remain a part of the group as you enjoyed those and found them useful. • We are going to make sure that people who run these sessions always take time to listen to what you say as that is important to you. <p>We are going to make sure that you always get feedback about what happened afterwards as that is important for you to know.</p>
<p>You said you didn't feel safe in your community and there is an underlying fear of violent crime. You gave us some ideas of what would help you feel safer.</p>	<p>Your comments have been read by the Coventry Commander of Police.</p>

You Said	We Did
You said there was a particular shop surrounded by alleyways that didn't feel like a safe place to you.	<ul style="list-style-type: none"> We attended a meeting of the City Tasking Forum, which is where people and organisations get together to discuss various issues around places and spaces within Coventry. We raised the issue of the shop and surrounding alleyways and the group will consider what can be done to make this a safer place for young people. We have also contacted the Coventry City Council Licensing Team and requested that they visit the shop and speak with the owner.
You said it was a good idea to think about making safeguarding information available for you when you're not at school.	We will think more about how this can be done, as not everybody has access to technology at home. We will develop this idea in future meetings.



Safeguarding Training

The CSCP delivers a programme of specialist multi-agency training and development. It has good information about agency participation in its multi-agency training and it regularly evaluates the impact of such training on practice.

Evaluating impact

Our multi-agency training programme is regularly evaluated to ensure that the impact on practice is understood. The evaluation includes an analysis of three-month post course feedback, specifically linked to impact on practice and evidence of how training has resulted in better outcomes for children.

During the period of September 2019 to March 2020 course evaluated after three months to review impact were:

- Motivational Interviewing – skills for working with resistant families
- Parental Substance Abuse and Safeguarding Children
- Harmful Sexual Behaviour

	Motivational Interviewing – skills for working with resistant families	Parental Substance Abuse and Safeguarding Children	Harmful Sexual Behaviour
General comments:	<ul style="list-style-type: none"> Increased confidence when dealing with families where there is resistance Helped with learning styles of communicators and communication Enhanced existing knowledge providing suggestions of different approaches Feel more confident in asking questions 	<ul style="list-style-type: none"> Increased understanding as to why parents can't stop using substances even when Children's Services are involved and there is the possibility of children being removed Understanding of how they are living and the effects it can have on emotional and physical health As an advocate the knowledge gained was useful Gained the awareness and knowledge to manage cases and seek appropriate support Increased confidence in attending multi-agency child protection meetings 	<ul style="list-style-type: none"> Helped to understand signs and behaviours plus impact.

	Motivational Interviewing – skills for working with resistant families	Parental Substance Abuse and Safeguarding Children	Harmful Sexual Behaviour
Evidence of better outcomes for children:	<ul style="list-style-type: none"> Now working with families that could not engage with before Family are compliant and engage with sessions. We are the only agency family have engaged with and I am now bringing in other agencies and family are responsive to them 	<ul style="list-style-type: none"> Better able to explain to parents why a referral was being made to social care due to the understanding gained around impacts on children 	<ul style="list-style-type: none"> Use the knowledge when on duty to assess if the HSB service is needed.
Manager's comments about impact on practice:	<ul style="list-style-type: none"> Person has shared some of the techniques discussed with the rest of the team Confident to work with hard to engage families and been credited by other services about her ability to build rapport, maintain appropriate relationships and support families Course raised an awareness about asking open questions and is trying to implement this in her current role 	<ul style="list-style-type: none"> Person has shared some of the techniques discussed with the rest of the team Confident to work with hard to engage families and been credited by other services about her ability to build rapport, maintain appropriate relationships and support families Course raised an awareness about asking open questions and is trying to implement this in her current role 	<ul style="list-style-type: none"> This person has increased knowledge and confidence to assess risk and recognise the difference between HSB and inappropriate behaviour.

Evaluation of course impact on practice continues to consistently show that participants become more effective by drawing on what they have been taught in the Partnership's multi-agency courses.

Training statistics can be seen in Appendix 5



COVID19

COVID19 has created a unique situation which has necessitated that the Coventry Safeguarding Children's Partnership respond dynamically to risks as they emerge.

The table below shows risks that have been identified by the Safeguarding Partners and action that has been taken to mitigate these:

Risk	Potential support that can be offered by the CSCP	Action
Changes in the safeguarding system due to lockdown and the subsequent easements.		<p>Monthly position statements have been created by asking partners what is working well, what are they worried about and what needs to happen?</p> <p>These have been shared across the relevant agencies and any gaps or risks identified have been addressed.</p>
The risk of serious harm being caused by co-sleeping	<p>CSCP to develop promotional resources for professionals and parents</p> <p>CSCP to develop a training resource for professionals</p>	<p>Posters have been developed for parents and these have been disseminated across the partnership. Work is ongoing with partners to identify further action to affect behaviour change in relation to co-sleeping.</p>
Children spending increased time on social media may leave them open to increased online risks.	<p>CSCP team to promote messages in relation to online safety throughout the partnership and through community groups.</p> <p>CSCP to share resources for parents to complete with children through social media and community groups</p>	<p>CSCP staff have shared sharing Child Exploitation and Online Protection centre's weekly 15 minutes online safety sessions on social media and these have been shared with partners in the newsletter.</p> <p>CSCP are also setting up train the trainer sessions to be delivered by the Young Gamers and Gamblers Education Trust.</p>

Risk	Potential support that can be offered by the CSCP	Action
Children may experience anxiety around CV19	CSCP to develop/ collate child free information and guidance in relation to CV19 for dissemination	CV19 child friendly guides have been shared on social media and these have also been shared with agencies via the newsletter. This guidance has also been added to the CV19 section of the CSCP website.
Children may be subject to sanctions for continuing to gather in groups	Information to be distributed through social media and community groups to divert children and young people to activities in line with CV19 guidance.	Information has been distributed through social media and community groups to divert children and young people to activities in line with CV19 guidance.
Children may experience an increase in domestic violence	CSCP to promote self isolation coping strategies to parents. CSCP to share resources for parents to complete with children re healthy relationships.	CSCP is promoting the West Midlands regional domestic violence campaign #noexcuseforabuse Practical guidance has been devised to signpost victims to sources of support and also to provide practical tips in respect of safety planning.
Families may be under increased financial pressure	CSCP to signpost to sources of financial support and foodbanks.	CSCP has shared information in respect of foodbanks and financial support.
There may be an increase in children experiencing neglect and abuse.		Posters and social media banners have been produced advising the community how to report concerns. These have been added to the website and shared with partners. They have been promoted through CSCP Social media which now includes a Facebook page which is in contact with several local community groups.

Risk	Potential support that can be offered by the CSCP	Action
		These resources have also been shared with Education staff with a view to being sent out to parents. The posters have been shared with Community Resilience Co-ordinators and have been promoted through community Facebook sites and at the Food hubs. A guide has been developed informing Community volunteers in respect of safeguarding, signs of abuse and neglect and how to report concerns. This has been promoted through Social media sites and has been shared with agencies via CSCP newsletter.
There may be an increase in child exploitation as lockdown eases		Wider partners who work young people in the community have been invited to contribute to the position statement to ensure that the Safeguarding Partners have a good understanding of who has line of sight to young people out in the community and the associated risks.
The community has reported concerns around young people using nitrous oxide.	CGL will be doing a webinar highlighting nitrous oxide so the Boards office will signpost to this.	A webinar has taken place to inform practitioners in relation to nitrous oxide. Messages have been shared on social media to inform professionals and practitioners in respect of the dangers of nitrous oxide.



Looking forwards

Coventry Safeguarding Children's Partnership have agreed the following business plan and will continue to progress this in 2020-2021

Neglect

	Action	Target Date	Lead
Recognise	A review of the neglect strategy to be undertaken	December 2020	Neglect Task and Finish Group
	Undertake a multi-agency workforce development analysis of the existing offer and the uptake.	December 2020	Work Force Development sub group
	Refresh the city-wide workforce development offer.	March 2021	Workforce Development sub group
	Undertake a campaign focussed on adolescent neglect and promote this via a multi-agency electronic/ social media campaign	March 2021	Neglect Task and Finish Group
	Make neglect the focus of a CSCP annual conference 2021	November 2021	Independent Chair
Respond	Develop a suite of resources to raise awareness of neglect, to include a think family approach, and promote these across the partnership and across other partnership boards.	December 2020	Neglect Task and Finish Group
	Adult Services to include CRC, NPS, Adult Mental Health, WMP, Substance Misuse and Adult Social Care to provide assurance that staff in their organisations are trained to identify whether children are in the household during assessments and identify whether there are indicators of neglect present.	March 2021	Director of Public Health. Head of NPS. Head of CRC. Commander of Coventry Policing. Director of Adult Social Care
	Appropriate tools to be considered and adopted across the partnership to assist practitioners in identifying and responding to neglect.	December 2020	Neglect Task and Finish Group

	Action	Target Date	Lead
Respond	Review the neglect policy and practice guidance to be developed around working with children, young people and families where there is neglect.	September 2020	Policies and Procedures sub group
	Ensure that agencies are trained and supported to use the EH Assessment to ensure that families receive co-ordinated and appropriate support at the earliest opportunity.	December 2020	Early Help Strategy Delivery group.
	Develop a directory of voluntary and community representatives who are offering services to families where neglect is a factor.	December 2020	Early Help Strategy Delivery group.
	Improve allocation of places on parenting courses through early help, family support and statutory services.	March 2021	Early Help Strategy Delivery group.
Quantity	Develop a CSCP dataset	March 2020	Audit and Performance sub group
Evaluate	Consult children, young people and families where neglect has been a factor around what made a difference to them.	March 2021	Children and young people's consultative group
	Develop a programme of multi-agency neglect themed audits and share what is learnt across the partnership.	June 2020	Audit and Performance sub group
	Quality assure the refreshed multi-agency workforce development offer on neglect.	March 2021	Audit and Performance sub group
	Consult with practitioners about their confidence levels, their perceptions of impact of their work and what support they may still need.	December 2020	Audit and Performance sub group

Making the system work

Action	Target Date	Lead
Deliver training and monitor attendance on Right Help Right time.	Quarterly	Workforce Development sub group
Devise a series of case studies to be made available on the CSCP website to demonstrate the application of thresholds and the correct response.	September 2020	MASH Working group

Action	Target Date	Lead
Monitor multi-agency Signs of Safety training to ensure all partners are identified and attend.	Quarterly	Workforce Development Sub group
To develop a children and young people's forum to seek children's views as to whether safeguarding work is child centred.	December 2019	CSCP Team
To develop a group of frontline practitioner's to disseminate key messages from learning and reviews.	December 2019	CSCP Team
To consider the options for Policies and procedures in readiness for contract renewal in 2020.	March 2020	Policies and Procedures sub group
To develop a rapid review/ SPR toolkit.	March 2021	Serious Practice Review Sub group.
CSCP to monitor that all rapid reviews/ SPR's are delivered within statutory timescales.	Quarterly	Audit and Performance sub group
To seek ways to disseminate learning from rapid reviews and SPRs to frontline staff.	June 2020	Safeguarding Practice Review sub group

Contextual safeguarding

Action	Target Date	Lead
CSCP to raise awareness of escalation procedures and monitor whether they are being implemented.	December 2020	Audit and Performance sub group
CSCP to undertake a Joint Targeted Area Inspection (JTAI) 'dry run' to highlight any strengths/ weaknesses in the system.	March 2021	Audit and Performance sub group
CSCP to work in partnership with the Police and Crime Commissioners Office to develop a multi-agency gang and youth violence policy	June 2020	Policies and Procedures sub group
CSCP to refresh the multi-agency Child Sexual Exploitation (CSE) policy and consider whether it can be strengthened to include a Child Exploitation (CE) policy	December 2020	Policies and Procedures Sub group
Undertake a case file audit to better understand the local response.	March 2020	Audit and Performance Sub group

Action	Target Date	Lead
A public awareness campaign will be undertaken to ensure the general public as well as identified groups understand that criminal exploitation is a safeguarding issue	March 2021	See me hear me
To understand the local CE profile	June 2021	Contextual safeguarding sub group
Awareness raising activity has been undertaken with practitioners and includes: <ul style="list-style-type: none"> The different tactics that perpetrators use. That all children are vulnerable. That siblings are often targeted. That practitioners must 'stay with the child' That children who have been exploited are victims of crime. Early indicators of CE. 	December 2020	Contextual safeguarding sub group
Awareness raising activity to be undertaken with wider agencies to support a whole systems approach.	September 2021	Contextual safeguarding sub group
All practitioners to understand referral pathways and services to support young people in relation to CE.	December 2020	Contextual safeguarding sub group
Multi agency contextual safeguarding training to be delivered.	December 2019	Workforce Development sub group
To identify appropriate pathways for affected young people.	March 2021	Contextual safeguarding sub group
To seek assurance that there are pathways in place for affected young people to have access to appropriate health services.	December 2020	Contextual safeguarding sub group.
To raise awareness of the impact of trauma with practitioners	December 2020	Workforce Development sub group
To seek assurance from agencies that they are interrogating missing from education data to establish children who may be at risk.	September 2020	Contextual safeguarding sub group
To ensure that staff have the skills and knowledge to work with children at low, medium and those at high risk of exploitation.	September 2020	Workforce Development sub group

Action	Target Date	Lead
To seek assurance that practitioners in all agencies understand and are using National Referral Mechanism.	June 2020	Contextual safeguarding sub group.
To seek assurance that WMP are developing a consistent approach, using Modern Day Slavery and trafficking legislation to target perpetrators.	June 2021	Contextual safeguarding sub group
Scope and develop a programme of preventative activity with children and young people.	December 2020	Your voice matters/ Contextual Safeguarding sub group
To make contextual safeguarding the focus of the Annual Safeguarding Conference 2020	March 2020	Contextual safeguarding event planning group.
To undertake the University of Bedfordshire audit toolkit.	December 2020	Audit and Performance sub group
Develop a vulnerable adolescent policy.	March 2021	Policies and Procedures sub group
Raise awareness of contextual safeguarding with professionals.	September 2020	Contextual safeguarding sub group/ Workforce Development sub group
Multi agency contextual safeguarding training to be evaluated.	December 2020	Workforce Development sub group
Undertake a survey with children and young people to understand where they feel at risk and where they feel safe.	December 2020	You Voice matters
Seek to contextualise reporting and recording systems across all agencies.	December 2020	Contextual Safeguarding sub group

Action	Target Date	Lead
To consider how data is analysed across the partnership.	December 2020	Contextual Safeguarding sub group
Understand what the local profile of Extra Familial risk looks like.	December 2020	Audit and Performance sub group
To consider the development of an extra familial risks panel.	December 2020	Contextual Safeguarding sub group
To raise awareness of contextual safeguarding and reporting mechanisms with parents.	December 2020	Contextual Safeguarding sub group
Work with partners to disrupt the social conditions of the environment where abuse has occurred.	March 2021	Contextual Safeguarding sub group
To undertake audit activity to understand if practitioners are implementing a contextual safeguarding approach.	March 2021	Contextual Safeguarding sub group



Appendices

Appendix 1 - Outcomes for Coventry children

The Audit and Performance subgroup designed a new performance scorecard for the year which aligns to the new priorities and business plan. The document is a work in progress and is a dynamic document to which partners can contribute to help our understanding of the stories of children and young people in Coventry. The subgroup analyses the data that is received at each quarter with a recognition that the data will continue to develop.

Neglect

Abuse category as referred into Children's Services (% of cases featuring neglect as the primary or co-morbid referral reason)

Open Cases at Quarter End with Neglect as Primary Need (% of all cases)	Last Q4	Q1	Q2	Q3	Q4
Early Help (Neglect)	73 (6.3%)	60 (5.5%)	53 (5.1%)	48 (3.9%)	32 (2.7%)
CIN* (Abuse or Neglect)	-	-	1535 (82.5%)	1496 (89.5%)	1345 (88.2%)
Child Protection Plans (Neglect)	105 (29.7%)	106 (30.4%)	108 (35.2%)	121 (35.0%)	129 (33.2%)
Looked After Children (Abuse or Neglect)	605 (86.1%)	606 (87.4%)	612 (88.1%)	621 (89.2%)	631 (89.4%)

*Abuse and neglect cannot be reported separately as the data download 'groups' them as a category

Number of children subject to a child protection plan which features neglect as a primary risk

New Plans	Last Q4	Q1	Q2	Q3	Q4
Number of children subject to a child protection plan which features neglect as a primary risk	43	38	37	40	39
% of all child protection plans	29.5%	35.8%	31.4%	29.6%	32.0%

All Current Plans at Quarter End	Last Q4	Q1	Q2	Q3	Q4
Number of children subject to a child protection plan which features neglect as a primary risk	105	106	108	121	129
% of all child protection plans	29.7%	30.4%	35.2%	35.0%	33.2%

Number of child removals which feature neglect as a co-morbid risk

	Last Q4	Q1	Q2	Q3	Q4
Number of Care Orders (C1, C2) with CIN Code of Abuse/Neglect	19	23	20	22	37
% of all Care Orders (C1, C2)	90.5%	100.0%	90.9%	100.0%	100.0%

Number of child removals which feature neglect as a co-morbid risk

	Last Q4	Q1	Q2	Q3	Q4
Children In Need (Abuse or Neglect)					
Aged 0-4	-	-	404	453	424
Aged 5-10	-	-	412	487	448
Aged 11-14	-	-	240	323	269
Aged 15+	-	-	214	233	204
Child Protection Plan (Neglect)					
Aged 0-4	-	-	-	47	47
Aged 5-10	-	-	-	36	45
Aged 11-14	-	-	-	28	23
Aged 15+	-	-	-	10	14
Looked After Children (Abuse or Neglect)					
Aged 0-4	-	-	156	149	149
Aged 5-10	-	-	147	151	154
Aged 11-14	-	-	137	145	151
Aged 15+	-	-	172	176	177

Number of children or young people subject to a rapid review this quarter where neglect was in any way a factor

	Last Q4	Q1	Q2	Q3	Q4
Number of children or young people subject to a rapid review this quarter where neglect was in any way a factor	0	1	0	0	129

The subgroup is currently exploring whether hospital A&E data, police data and information from education can help to inform our city-wide picture of neglect. Across the year the group noted the increase in children subject to Child Protection plans and were assured by reports from the Local Authority that they had identified this trend and were auditing this internally to understand any factors behind the data and to offer assurance to the Partnership. The group also acknowledged the ages of children and young people more likely to experience neglect and agreed that this indicated the recent CSCP work done around adolescent neglect was timely, and that these messages should continue to be shared.

Contextual Safeguarding

The subgroup is developing the data measures around this priority and have identified a number of measures which will be helpful to understand wider exploitation in Coventry as the scorecard matures. At present, the data which can be routinely collected is as follows:

Number of children who experienced a reduction in their CSE risk level:

	Last Q4	Q1	Q2	Q3	Q4
Number of children who experienced a reduction in their CSE risk level:	10	13	8	3	3

Missing children and young people:

	Last Q4	Q1	Q2	Q3	Q4
Number of Missing Episodes started (number of children involved)	225 (115)	306 (128)	307 (139)	269 (119)	353 (134)

% of Return Home Interviews (YTD) being completed within timescale

	Last Q4	Q1	Q2	Q3	Q4
% of Return Home Interviews (YTD) being completed within timescale	78.2	48.9	53.3	62.8	63.4

Number of children missing from education for more than 10 consecutive days, by school category (year to date):

	Primary	Secondary	PRU	Other	Total	% of school age population
Q3	186	104	4	33	327	0.7%
Q4	181	111	3	40	335	0.7%

The CSCP is currently working with other safeguarding partnerships across the region in order to identify a common data set to improve the data collected in relation to contextual safeguarding from West Midlands Police.

The subgroup accept that our understanding of child exploitation is increasing, and therefore our ability to codify and measure this exploitation type will therefore improve accordingly. It is hoped that, over time, that our city-wide understanding of CE becomes as comprehensive as our understanding of CSE has become through learning, knowledge and information sharing.

The group acknowledged a similar picture to the missing figures as in 2018-19: namely, that the figures largely represent a core group of young people who repeatedly go missing (as evidenced by the number of children vs the number of episodes).

Making the system work

% of staff currently trained in child safeguarding awareness:

STATUTORY AGENCY	COMPLIANCE AT Q1	COMPLIANCE AT Q2	COMPLIANCE AT Q3	COMPLIANCE AT Q4	CAVEAT
COVENTRY CC	Not available	69	69	71	Calculated at 3 years (employer requirement)
UHCW	98.1	97.7	96.45	97.9	Calculated at 3 year (employer requirement)
CCG	90	90	90.51	90.72	Calculated at 3 year (employer requirement)
CWPT	93.7	92.7	92.96	93.98	Calculated annually (employer requirement)
SWFT	93	90	92.14	89	Calculated at 3 year (employer requirement)
West Midlands Police	Not received	Not received	Not received	Not received	Not Known
CRC	Not received	Not received	Not received	Not received	Calculated at 3 year (employer requirement)
NPS	Not received	Not received	Not received	70	Calculated at 3 year (employer requirement)

% of MASH referrals which resulted in No Further Action:

	Last Q4	Q1	Q2	Q3	Q4
% of referrals	66.4	64.7	69.3	73.5	63.7

Partner attendance at Right Help, Right Time

Agency	2018 total attendance	YTD at Q2 total attendance	Q3	Q4
Coventry City Council	77	34	47	2
Education	148	48	-	-
Local Authority schools	-	-	16	19
Education – academies/private/independent	-	-	9	10
Third Sector	29	13	2	7
Faith	0	1	1	-
Early Years	4	7	8	9
Probation	26	4	4	7
Police	1	1	1	-
SWFT	-	-	4	4
CWPT	-	-	6	5
NHS	-	-	4	-
Health	97	38	-	-
Not known (did not book on but attended)	0	2	-	-

Partner attendance at Signs of Safety training

Agency	Q1	Q2	Q3	Q4
Schools (academies/private/independent)	Not available	24	26	12
Local authority schools	Not available	19	22	10
Coventry City Council	Not available	45	87	22
Voluntary, private, independent	Not available	16	-	1
Early Years – private and independent	Not available	3	-	0
Health – CWPT	Not available	14	19	5
Health – SWFT	Not available	47	62	5
Health – UHCW	Not available	8	9	2
NPS	Not available	4	-	0
Health – NHS	Not available	1	2	0

Rapid Reviews:

	Q1	Q2	Q3	Q4
Number of Rapid Reviews completed	0	2	0	0
Number of Rapid Reviews completed on time	n/a	2	n/a	n/a

Number of Active Safeguarding Practice Reviews per quarter:

	Q1	Q2	Q3	Q4
Number of active SPRs	0	0	0	0

Number of Active Safeguarding Practice Reviews per quarter:

	Q1	Q2	Q3	Q4
Number of active SPRs	0	0	0	0

Number of Active Safeguarding Practice Reviews per quarter:

	Q1	Q2	Q3	Q4
Number of formal escalations	0	0	0	0

In terms of referrals in, those which resulted in No Further Action for Quarter 4 was 63.7% which means for these referrals information and advice was provided to families, members of the public and professionals and further intervention from statutory Children's Services and Early Help services was either not required at this stage or declined by the family. The remaining 36.3% of referrals were either diverted to Area teams for a Children and Families Assessment or Early Help Hubs for support.

The % of re-referrals back into the MASH remained generally higher than regional and national averages for the previous the year. There is current dip sampling around re-referrals to understand whether the correct threshold decision had been applied, identifying any themes around re-referrals and what could have prevented the re-referral. The CSCP plan to undertake an audit of the MASH in the forthcoming year which will more deeply explore referrals, and continued roll-out of the Right Help, Right Time workshops is contributing to a greater understanding of the help and support available to families for practitioners.

Appendix 2 - Quality Assurance

Domestic Abuse Enquiry Panel

The Coventry Safeguarding Children Board business plan for 2018-19 tasked the then Effectiveness and Quality (E&Q) Subgroup (now Audit and Performance) to explore the identification and management of Domestic Abuse (DA) across the partnership. The purpose and aims were to identify and share good practice and to consider how work with individuals affected by this abuse type could become more meaningful and result in improved outcomes. Nominated representatives from partnership organisations were asked to create a response to specific questions and to present this to the panel. In addition, they were asked to bring summaries of learning from 2 short case studies: one where work went well and resulted in a good outcome, and one where areas for development were identified. The focus for the panel was the impact of DA on children and young people, and their lived experience of experiencing or witnessing abuse.

The findings were as follows:

Whilst the evidence around policy, procedure and training was excellent the panel did not receive assurance around the impact of this on services, such as embedding skills into everyday front line practice, and any related improvement in outcomes for children and families.

In an era of cost savings, the panel were not assured that some organisations have been able to retain an experienced workforce and/or that casework including domestic abuse is being allocated to appropriately trained and experienced staff.

The panel identified that engaging some communities around DA is still an area for development and may impact upon the lived experience of children. Assurance may be required to evidence that support is inclusive for groups such as foreign nationals, non English speakers, men, older people and marginalised groups.

The panel did not see evidence that partners hear the voice of children or families, and so did not receive assurance that work across the city is making a positive difference in the lived experiences of children and young people exposed to DA.

Quality assurance of the Neglect Strategy and Right Help, Right Time document

The subgroup was tasked within the business plan to help the Partnership understand understanding the dissemination and impact of both the Neglect Strategy and the Right Help Right Time new threshold document. Both documents were produced and published by the CSCB in 2018 and were designed to help professional colleagues, at all levels, in good decision making and management of risk.

The approach best designed to obtain the maximum amount of feedback was agreed to be a survey. The questions were drafted and agreed by the subgroup, and then made available online and promoted via email to all Board and E&Q members asking for it to be shared within their organisations. Paper copies were taken to the quarterly school Designated Safeguarding Lead meeting to ensure that schools had a voice and were consulted as part of the evaluation.

There were 149 responses to the survey in total which were analysed and the learning was:

- Guidance is not always reaching front line workers via email dissemination to Board members
- Staff are more likely to value guidance if it is presented with time for discussion and reflection rather than as an emailed document
- Schools would like regular updates at DSL meetings
- Right Help, Right Time has reached more colleagues than the Neglect Strategy
- Family Hubs are working well; the vast majority of partnership staff are finding them useful sources of help and support for families

This work will help the Partnership better understand how to connect with front line practitioners, meaning guidance and documents can be more widely shared and understood in the future.

Name	Title/ Organisation
Derek Benson	Independent Chair, Coventry Safeguarding Children Partnership
DCI Dean Gordan	Detective Chief Inspector, West Midlands Police
Mike O'Hara	Chief Superintendent, West Midlands Police
Jo Galloway	Chief Nursing Officer NHS, Clinical Commissioning Group
John Gregg	Director of Children Services, Coventry City Council
Gail Quinton	Deputy Chief Executive, People Directorate, Coventry City Council
Dr Jo Gifford	Designated Doctor for Child Safeguarding Coventry, Coventry & Rugby CCG
Jeanette Essex	Head of Student Services, Coventry City Council
Clare Baker	Lead Professional, Safeguarding, University Hospital Coventry & Warwickshire
Andy Wade	Head of National Probation Service
Liz Gaulton	Director of Public Health, Coventry City Council
Annette Dallas	Safeguarding Lead, Coventry & Warwickshire Partnership Trust
Lynette Parsons	Head of Safeguarding, Designated Nurse & Prevent Lead, Clinical Commissioning Group
Paul Green	Headteacher, Lyng Hall School
Rebecca Wilshire	Strategic Lead, Help & Protection, Coventry City Council
Cllr Julia Lepoidevin	Shadow Cabinet Member, Children & young people, Coventry City Council
Janice White	Legal Services, Coventry City Council
Moira Bishop	Safeguarding Lead, South Warwickshire Foundation Trust
Andrea Sherratt	Principal, St Patricks Primary School
Neil Macdonald	Strategic Lead, Quality Assurance, Coventry City Council
Martyn Hale	Director of Care and Supported Housing, WM Housing
Representative	West Midlands Ambulance Service
Francis Gibbons	Safeguarding Lead, Coventry City College
Kirston Nelson	Director of Education and Skills, Coventry City Council
Cllr Patricia Seaman	Cabinet Member for Children and Young People, Coventry City Council
Jan Fossick	Team Manager, NSPCC
Cllr Becky Gittins	Elected Member for Children and Young People, Coventry City Council

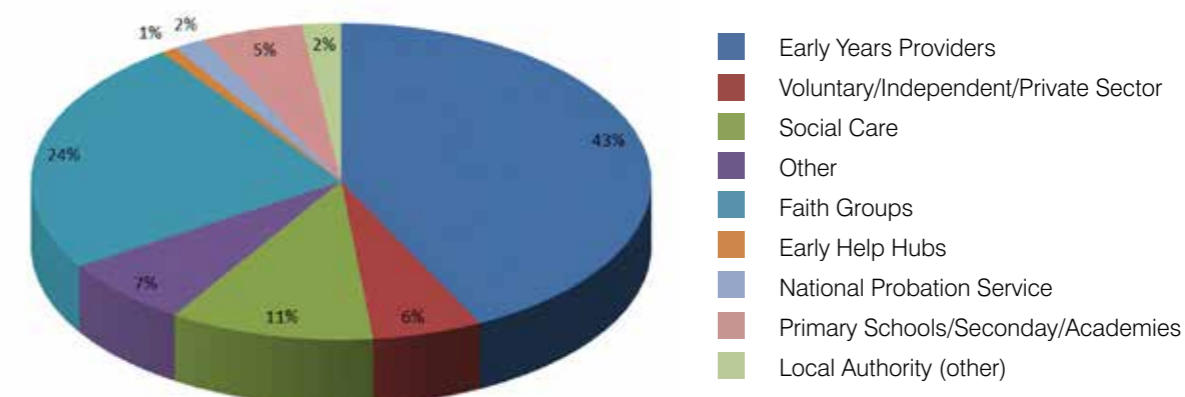
Officers to the Partnership	Title/ Organisation
Rebekah Eaves	Business Manager, Safeguarding Partnership & Boards Office
Abi Jones	Quality Assurance Manager, Safeguarding Partnership & Boards Office
Anne Pluska	Training Officer, Safeguarding Partnership & Boards Office
Becky Pearson	Development Officer, Safeguarding Partnership & Boards Office
Mandeep Grewal	Operational Support, Safeguarding Partnership & Boards Office

Appendix 4 - Signs of Safety Training Statistics

Agency	Number of attendees				Total Number of Attendees- all training
	1 day training	2-day training	5-day training	2 hour training session	
Local Authority (other)	2	0	8	110	220
Children Social Care	15	60	0	0	65
Early Years Providers	1	2	0	0	3
Education	66	33	0	0	99
Family Hubs	0	32	3	0	35
South Warwickshire Foundation Trust	7	32	0	0	39
Coventry & Warwickshire Partnership Trust	30	18	0	0	48
University Hospital Coventry & Warwickshire	2	3	0	0	5
Voluntary/ Private/ Independent Sector	21	4	5	0	35
Police	1	3	0	0	7
Probation	4	1	0	0	2
CCG	0	0	0	0	0
Other	2	2	5	0	9
Total	151	190	21	110	472

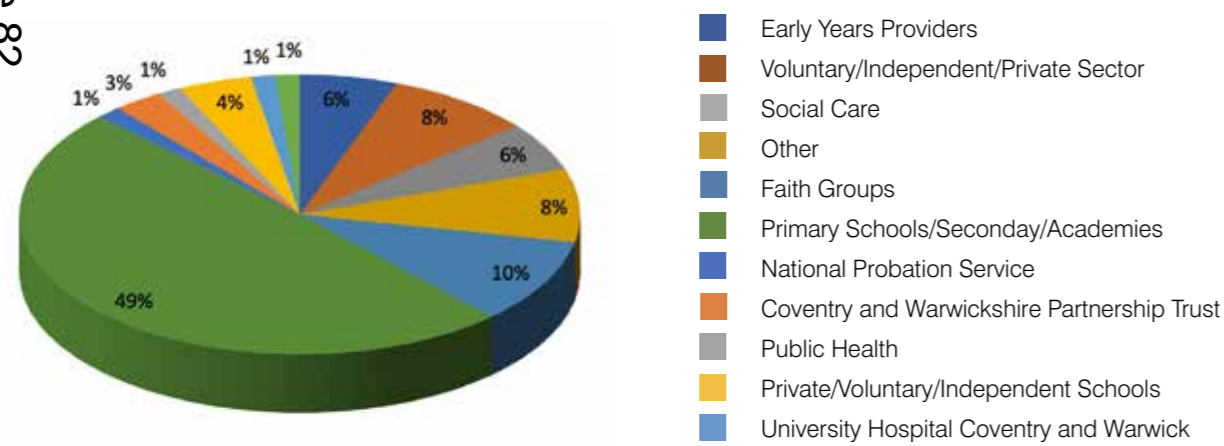
Appendix 5 – Training Statistics

Number of individuals attending Level 1 training by agency



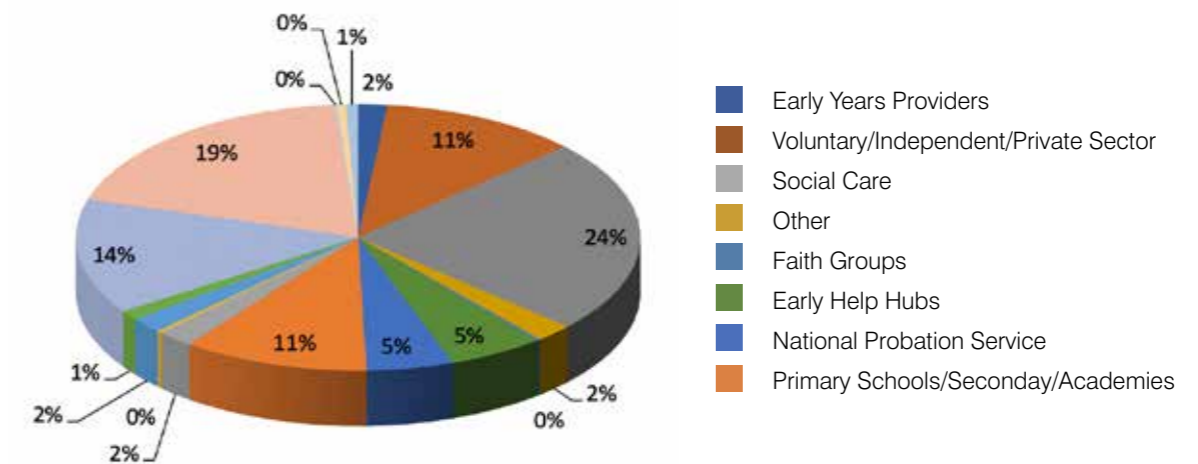
Category	Total Trained in 2019-2020	%
Early Years Providers	104	43%
Vol/Independent/Private sector	14	6%
Social Care	26	11%
Other	17	7%
Faith Groups	59	24%
Early Help Hubs	2	1%
National Probation Service	4	2%
Primary Schools/Secondary/Academies	13	5%
Local Authority (other)	5	2%
Private/Voluntary/Independent Schools	0	0%
University Hospital Coventry & Warwick	0	0%
Coventry and Rugby CCG	0	0%
West Midlands Ambulance Service	0	0%
NHS England	0	0%
Public Health	0	0%
Coventry & Warwick Partnership Trust	0	0%
Further Education Colleges	0	0%
CRC Probation	0	0%
CAFCASS	0	0%
Police	0	0%
Youth Offending Service	0	0%
Children & Families First Team	0	0%
Total	244	

Number of Individuals attending Level 2 training by agency



Category	Total Trained in 2019-2020	%
Early Years Providers	4	6%
Vol/Independent/Private sector	6	8%
Social Care	4	6%
Other	6	8%
Faith Groups	7	10%
Primary Schools/Secondary/Academies	35	49%
National Probation Service	1	1%
Coventry & Warwick Partnership Trust	2	3%
Public Health	1	1%
Private/Voluntary/Independent Schools	3	4%
University Hospital Coventry & Warwick	1	1%
Coventry and Rugby CCG	1	1%
NHS England	0	0%
West Midlands Ambulance Service	0	0%
Local Authority	0	0%
Early Help Hubs	0	0%
Further Education Colleges	0	0%
CRC Probation	0	0%
CAFCASS	0	0%
Youth Offending Service	0	0%
Police	0	0%
Children & Families First Team	0	0%
Total	71	

Number of individuals attending Level 3 training by agency

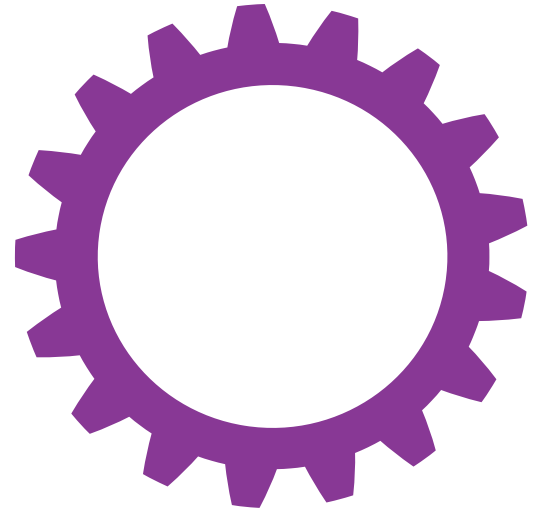


Category	Total Trained in 2019-2020	%
Early Years Providers	7	2%
Vol/Independent/Private sector	48	11%
Social Care	100	24%
Other	9	2%
Faith Groups	1	0%
Early Help Hubs	23	5%
National Probation Service	21	5%
Primary Schools/Secondary/Academies	45	11%
Local Authority	9	2%
Private/Voluntary/Independent Schools	1	0%
University Hospital Coventry & Warwick	8	2%
Coventry and Rugby CCG	5	1%
Public Health	59	14%
Coventry & Warwick Partnership Trust	80	19%
Further Education Colleges	1	0%
NHS England	2	0%
Youth Offending Service	3	1%
West Midlands Ambulance Service	0	0%
Police	0	0%
CAFCASS	0	0%
CRC Probation	0	0%
Children & Families First Team	0	0%
Total	422	



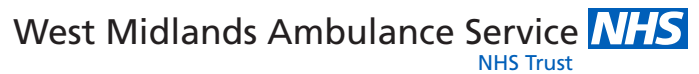
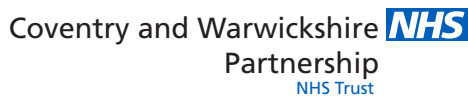
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**Coventry Safeguarding
Adults Board**
Annual Report 2019/20





Board partners



To report a crime:

In an emergency, contact the police:

Tel 999

If the person is not in danger now contact, the police:

Tel. 101.

To report a safeguarding concern or seek advice:

Contact Adult Social Care:

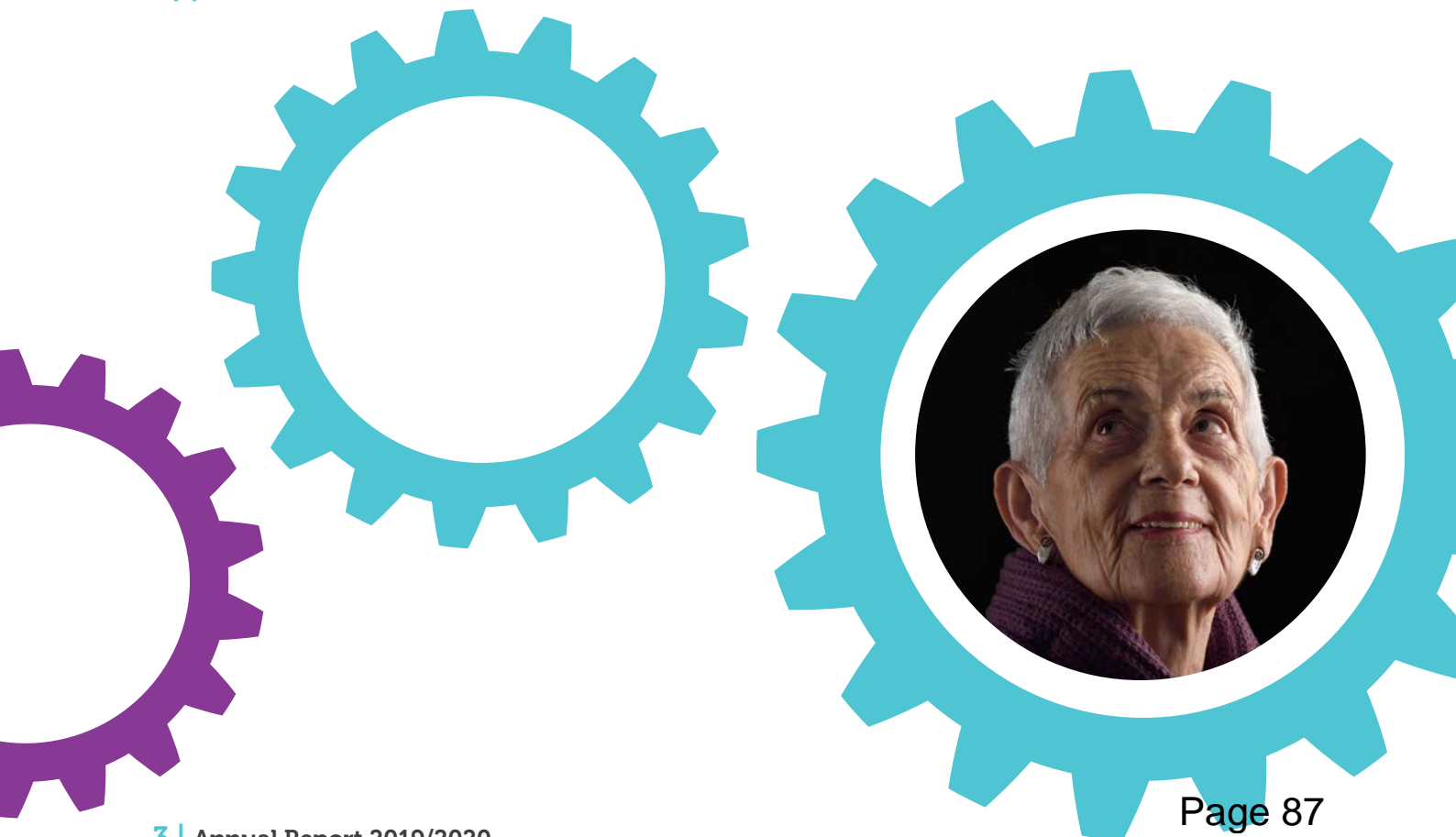
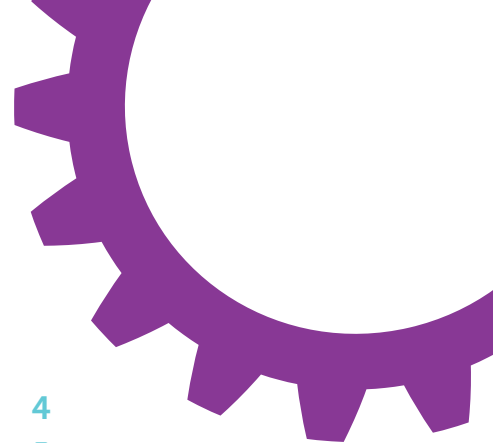
Tel: 024 7683 3003

Out of hours:

Tel: 024 7683 2222

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Message from the Chair

Like every individual, organisation and indeed society as a whole, the Coventry Safeguarding Adults Board had to quickly adjust how we work, operate and think so that appropriate oversight of safeguarding activity in the city was maintained.

Safeguarding remains critically important and is best approached through agencies coming together with shared ambition, shared information and joint programmes of action. The strength and resilience of the partnership in Coventry has been apparent during the crisis, and I would like to place on record my appreciation of the efforts, commitment and professionalism of all those who contribute or work for the statutory and voluntary agencies, and come together to safeguard the city's most vulnerable people.

This report provides a summary of the activity that has taken place, how learning is identified and applied in practice so as to make a positive difference, whilst also highlighting some of the challenges we continue to face.

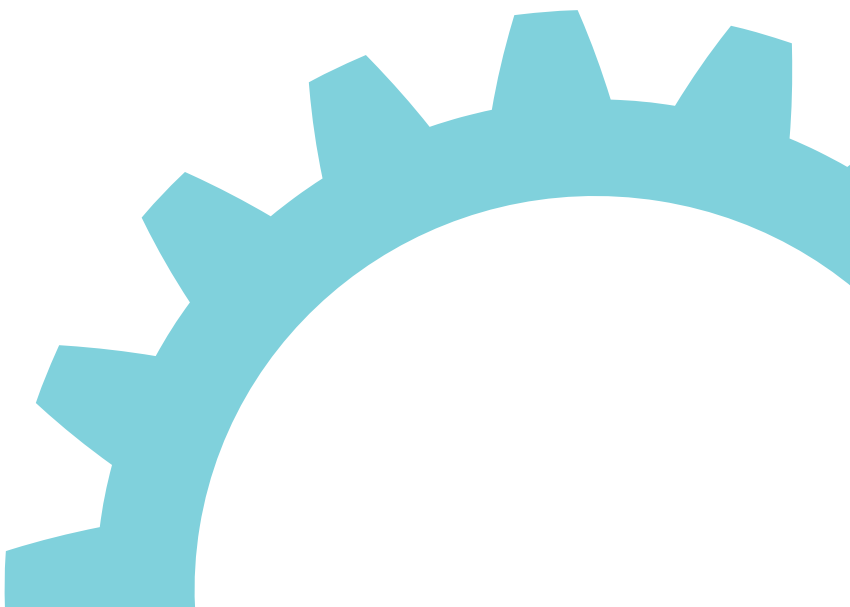
I firmly believe that a shared approach to safeguarding is the most effective, and the CSAB will remain committed to maintaining a strong and inclusive partnership in Coventry.



Derek Benson

Independent Chair

Coventry Safeguarding Adults Board



What we do?

The Coventry Safeguarding Adults Board (CSAB) is a partnership of organisations that work to both prevent and end abuse of adults with care and support needs in Coventry. The Board includes a wide range of organisations that have a role in safeguarding people from abuse and neglect. This includes senior representatives from the Local Authority, Police and NHS Clinical Commissioning Group (CCG), as well as other statutory organisations, Healthwatch, the voluntary sector and citizen representatives.

The Board commissions an Independent Chair, to provide an independent perspective, challenge and support to the Board in achieving its ambitions. A full list of member organisations is included at appendix 1.

The Care Act 2014 requires that each local authority must establish a Safeguarding Adults Board for its area. The objective of a Safeguarding Adult Board is to help and protect adults in its area in cases where the adult:

- has care and support needs.
- is experiencing, or is at risk of, abuse or neglect and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it

The Safeguarding Adults Board achieves this by co-ordinating and ensuring the efficacy of what each member agency does. Each Safeguarding Adult Board has three core duties which are to:

- conduct any safeguarding adults review in accordance with Section 44 of the Care Act 2014
- publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adults review and subsequent actions
- publish a strategic plan for each financial year that sets out how it will meet its main objective and what members will do to achieve this. The plan for 2020/2022 can be found at appendix 2



The work of the Board is underpinned by the 6 safeguarding principles as defined in the Care Act 2014, which are:

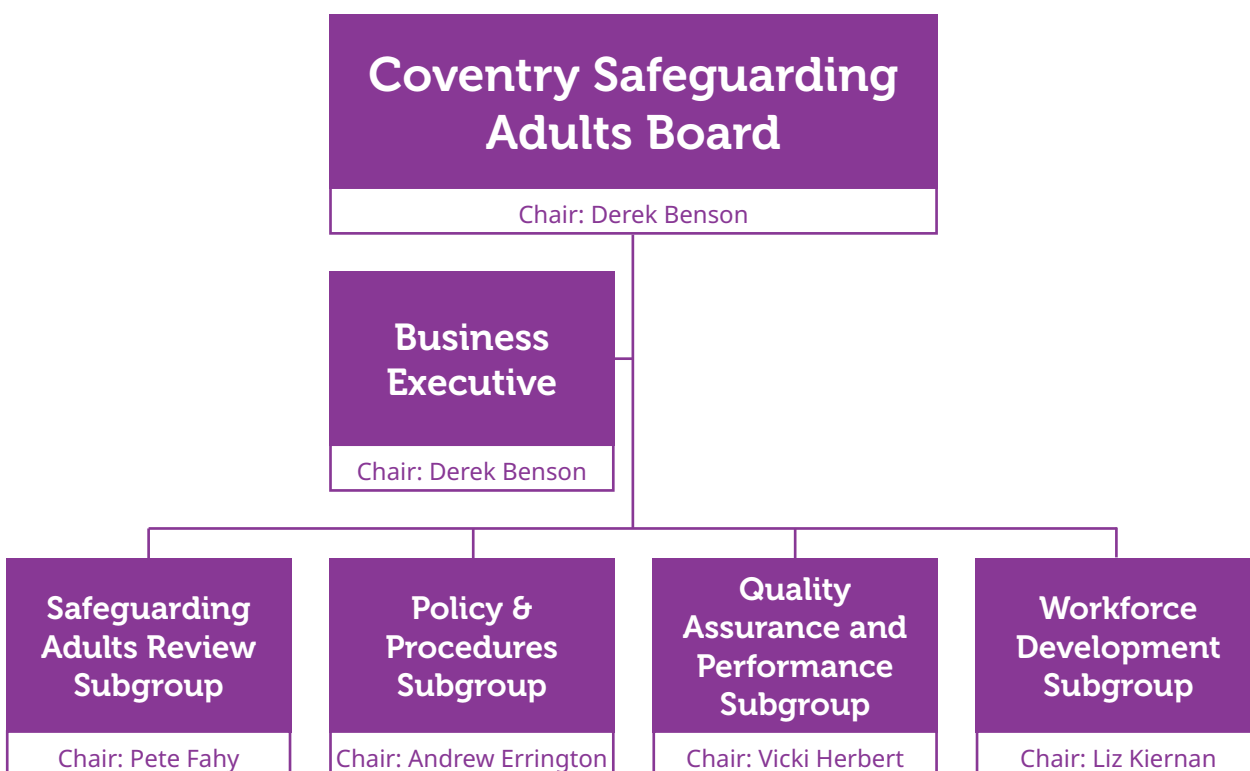
Empowerment I am asked what I want as the outcomes from the safeguarding process and this directly informs what happens.	Prevention I receive clear and simple information about what abuse is. I know how to recognise the signs and I know what I can do to seek help.
Proportionate I am sure that the professionals will work in my interest and they will only get involved as much as is necessary.	Protection I am sure that the professionals will work in my interest and they will only get involved as much as is necessary.
Partnership I can get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.	Accountability I understand the role of everyone involved in my life and what they do.

Coventry Safeguarding Adults Board had three priorities for 2019-2021

To be assured that services and agencies have appropriate systems, processes and training in place to support and safeguard adults effectively.
Making Safeguarding Personal
To be assured in respect of issues that are complex, yet that sit outside of safeguarding, that agencies and organisations are working effectively together to prevent abuse /support people with a range of vulnerabilities.

Governance arrangements

The Board is a multi-agency statutory body which makes decisions about the strategic direction of safeguarding in Coventry. The work of the Board is supported through its Business Executive Group and Sub Groups. The structure of these groups is shown in the chart below:



Coventry population

366,785



Median age is

32

78%
are aged 18 and over

14.5%
are aged 65-84

2%
are aged over 85

Total male population 186,154

180,1613 Total female population

11.94%
population of households occupied by a single person aged 65 or over

66%
Adults in paid work or full time education in 2019

2%
of adults in Coventry are social care users in 2019

16%
of population in 2019 had caring responsibilities

Healthy Life expectancy at birth

62.5 For females (in years)

61.9 For males (in years)



51%
of adults have a longstanding health condition in 2019

4%
of adults who are unemployed in 2019

Depending on the way it is measured, Coventry ranks between **64th and 81st** most deprived local authority area of 317 in England

768
Permanent admission to residential or nursing homes per 100,000 aged 65 and over

10.39%
% reporting a long-term mental health problem

Life expectancy at birth

82.3 For females (in years)

78.5 For males (in years)

Outcomes for Coventry adults

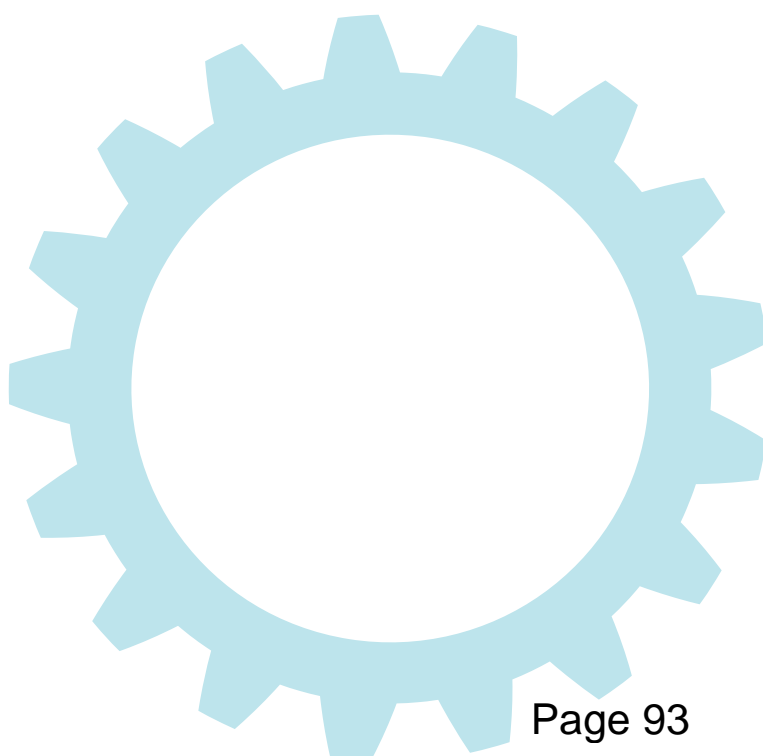
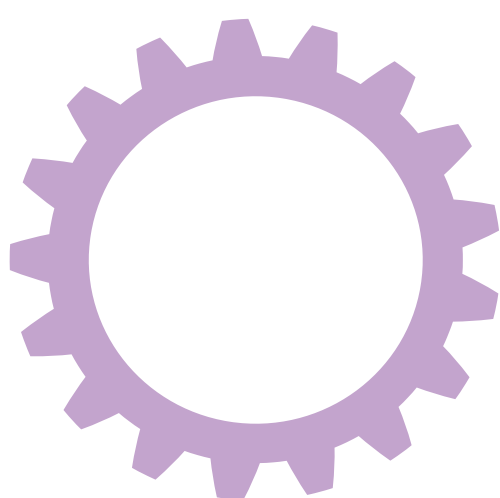
Data Summary

Across the year 2019/20, data was collected and analysed by the Quality, Assurance and Performance Subgroup to understand how the partnership was progressing in its objectives during year one of the business plan:

Priority 1 – Making Safeguarding Personal

1. The number of identified outcomes achieved for concluded safeguarding:

	Fully Achieved	Partially achieved	Not Achieved	Asked but not expressed	Person not asked	Blanks/ don't know
Q4	167 (29%)	115 (20%)	24 (4%)	201 (35%)	46 (8%)	22 (4%)
Q1	38 (30%)	37 (29%)	4 (3%)	26 (20%)	5 (4%)	13 (10%)
Q2	78 (25%)	68 (22%)	7 (2%)	73 (23%)	22 (7%)	55 (8%)
Q3	111 (24%)	92 (20%)	9 (2%)	113 (25%)	28 (6%)	95 (21%)
Q4	134 (24%)	107 (19%)	11 (2%)	144 (26%)	39 (7%)	116 (21%)



- The percentage of adults who lack capacity with concluded safeguarding enquiries that confirm that they were supported by an advocate or family member acting as a representative:

	Prev Q4	Q1	Q2	Q3	Q4
Supported by an advocate	87%	94%	89%	85%	86%

- Conversion rate from concerns to enquiries (evidencing proportionality of involvement):

	April 19	May 19	June 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	
Number of new Concerns	302	366	335	428	386	366	367	340	351	395	444	343	4423
Number of new Enquiry	44	67	37	66	44	35	47	50	35	40	32	30	527
% of concerns who became an Enquiry	15%	18%	11%	15%	11%	10%	13%	15%	10%	10%	7%	9%	12%

There have been some anomalies within the data this year, investigation has identified that there was an issue with one provider’s recording of outcomes that accounts for the ‘blanks/don’t know’ in table 1, and the lower than expected advocacy rates in table 2. This has been raised with the Provider and a response deadline with the agency in question.

The low conversation rate in table 3 raises the question of whether the public and practitioners understand the right cases to refer into Adult Social Care. The Quality, audit and performance subgroup determined that this figure could be seen through a positive lens, that Coventry has an open door for any concerns about an adult with care and support needs to be raised, and that anyone is welcome to raise an issue, and contact for advice and support. However, the figures do indicate that a number of unnecessary enquiries could be avoided. Adult Social Care were able to provide further assurance around this conclusion, as there is regular dip sampling to check the concerns/ enquiries rate and that the right cases do go on to become enquiries.

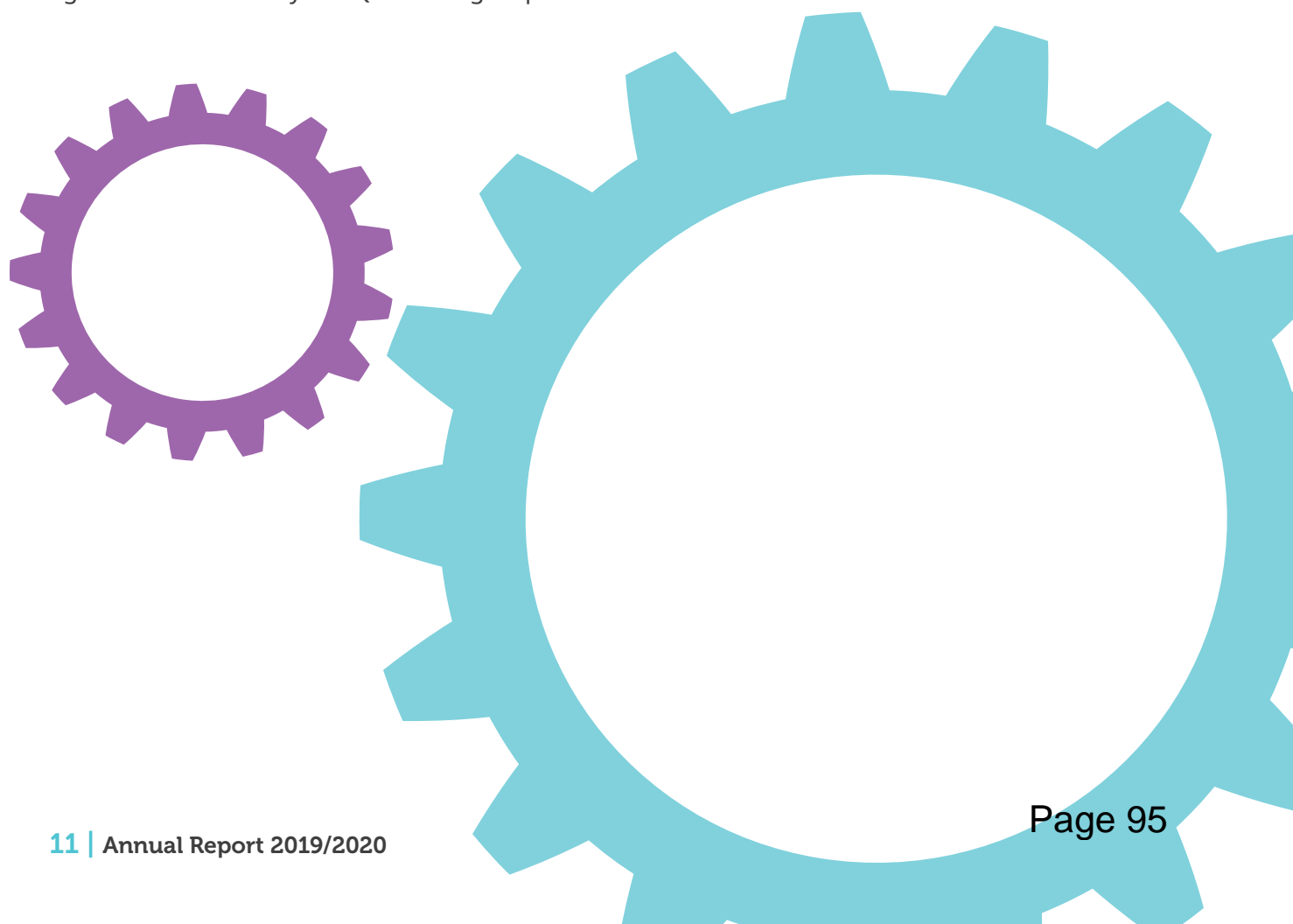


Priority 2 – Making the system work

1. % of staff currently trained in basic safeguarding awareness:

Agency	End of last year	Q1	Q2	Q3	Q4	CAVEAT
LOCAL AUTHORITY	72%	70	72	72	74	Calculated at 3 years (employer requirement)
UHCW	94.02%	98.2	97.8	96.45	97.9	Calculated at 3 years (employer requirement)
CCG	86.36%	90	90	90.51	90.28	Calculated at 3 years (employer requirement)
CWPT	96.21%	93.5	92.4	92.47	93.47	Calculated at 3 years (employer requirement)
CRC	not received	not received	not received	not received	not received	Calculated at 3 years (employer requirement)
NPS	not received	not received	not received	not received	70	Calculated at 3 years (employer requirement)

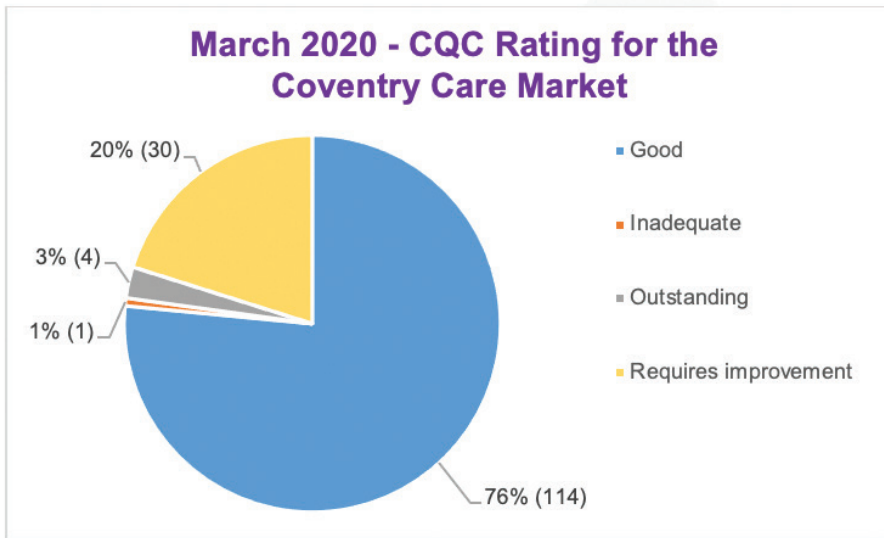
There continues to be evidence of excellent safeguarding training compliance across health agencies, but opportunities for improvement across other partnership organisations. It has been an ongoing challenge this year, as last year, to obtain training figures from all key agencies identified by the QA&P subgroup.



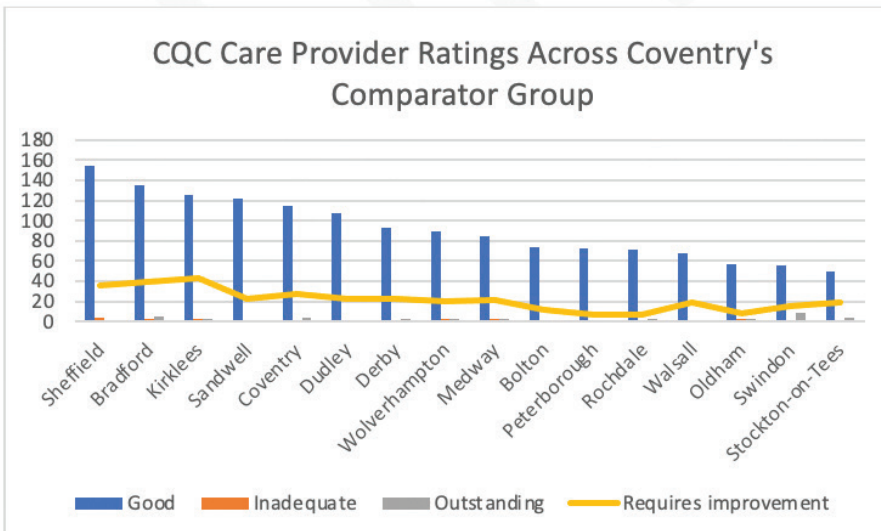
2. CQC rating of Coventry care homes:

Each quarter a representative from the commissioning team has presented a report to the Quality, Audit and performance subgroup regarding the assurance arrangements for Coventry care homes, how they are rated and plans for improvement along with current campaigns and any success stories. Overall, this has provided assurance around the internal and external audit and inspection systems, and around how homes rates ‘required improvement’ or ‘inadequate’ are supported in improving their practice, resulting in improved outcomes for residents and their families.

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. The joint Health and Social Care Quality Team continue to work closely alongside CQC to ensure that we work collaboratively to make sure that health and social care services provide people with safe, effective and high-quality care.



During the past year we have seen ratings decline slightly with some providers previously rated “Good” now being rated “Requires Improvement”. Coventry are in line with the National average CQC ratings. Coventry are one of the top performers compared to our Local Authority comparators as indicated in the table below.



3. The outcomes of safeguarding enquiries:

Concluded enquiries	Prev Q4	Q1	Q2	Q3	Q4
Action taken, and risk remains	38 (10%)	4 (5%)	10 (6%)	13 (6%)	15 (5%)
Action taken, and risk reduced	195 (50%)	38 (45%)	81 (47%)	113 (46%)	144 (48%)
Action taken, and risk removed	159 (41%)	40 (48%)	81 (47%)	117 (47%)	139 (46%)
Not recorded	0 (0%)	2 (2%)	2 (1%)	2 (1%)	3 (1%)

Success in this area is defined by combining the figures for 'risk removed' and 'risk reduced' meaning that, in quarter 4, there was a successful outcome in 94% of cases and these figures have held steady across the year with no significant peaks or troughs.

4. Deprivation of Liberty Safeguards

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year Total	
Applications carried over from previous period	270	305	292	421		
Number of applications received 2019-20	491	480	522	487	1980	
TOTAL Number of applications at the end of the quarter	761	785	814	908	2250	
Total number of granted	236	283	220	307	1046	52%
Total number of not granted	220	210	173	347	950	48%
Total number of completed	456	493	393	654	1996	
Completed %	60%	63%	48%	72%	89%	
To be completed	305	292	421	254	254	
To be completed %	40%	37%	52%	28%	11%	

	Applications granted within < 90 days		Applications granted >91 - <180 days being received		Applications granted >180 days		Total
	Number	%	Number	%	Number	%	
Total 16-17	546	51%	467	43%	66	6%	1079
Total 17-18	425	41%	457	44%	151	15%	1033
Total 18-19	735	64%	372	33%	36	3%	1143
Total 19-20	405	39%	619	59%	22	2%	1046

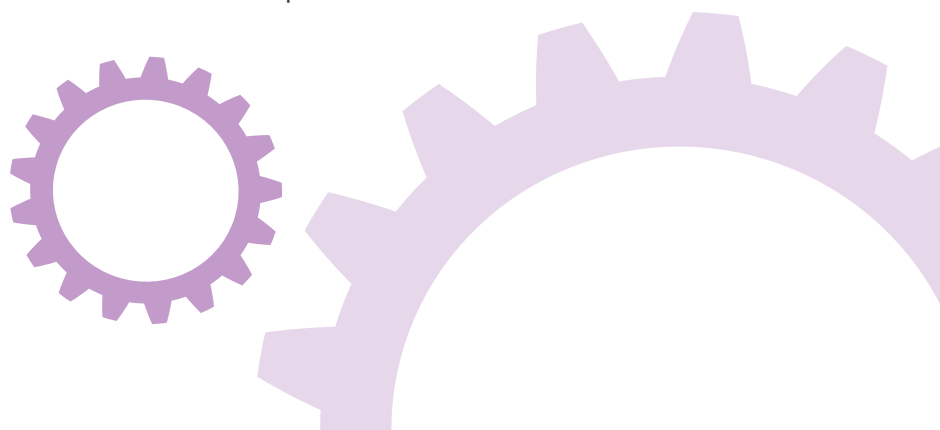
Reason for not Granted DoLS	2019-20		2018-19		2017-18	
	Number	%	Number	%	Number	%
Change of circumstances	610	64%	620	69%	381	54%
Deceased	267	28%	178	20%	211	30%
Criteria not met	73	8%	104	12%	117	17%
Grand Total	950		902		709	

The Quality, Audit and Performance subgroup noted a 3% reduction in the number of applications between this year and last year at quarter 4. This may be because the data reflects the beginning of the Covid-19 pandemic. 11% of applications are in due process at year's end as compared 12% in 2018/19 which is positive, being the first reduction in several years.

There was a decrease of applications granted after 6 months of being received from 3% in 18/19 to 2% in 19/20. This is positive, as these timescales have been something the subgroup have had concerns about and been monitoring. The subgroup confirmed this represents positive progress in the timeliness of dealing with DoLS applications.

The main reason for Not Granted DoLS across the year is 'change of circumstances' (64%). This often means a change of address or of needs for the individual rather than an inappropriate application. Indeed, the subgroup noted the improvement in terms of accurate referrals and criteria being met at year's end.

The Quality, audit and performance subgroup noted that the implementation of LPS has now been confirmed as delayed until April 2022, and so the group will continue to request DoLS data from the Local Authority until the new measures are place.



Priority 3 -complex issues linked to safeguarding

1. Categories of safeguarding concern for concluded enquiries by abuse type by quarter (cumulative):

Type of abuse	Prev Q4	Q1	Q2	Q3	Q4
Discriminatory	1	0	0	0	0
Domestic	11	6	13	20	23
Financial	112	29	73	114	131
Modern Slavery	2	0	0	0	0
Neglect	259	62	129	183	233
Organisational	13	10	22	24	25
Physical	165	34	84	115	135
Psychological/ Emotional	61	16	31	48	64
Self-neglect	38	8	19	29	33
Sexual	23	4	13	20	24
Sexual Exploitation	3	0	3	7	7

Financial, physical, and neglect remain the top 3 abuse categories as was the case last year in Coventry. Domestic abuse has more than doubled in comparison to last quarter 4. There has been a new provider of domestic abuse services in Coventry as from July 2019 which has resulted in new campaigns and communications to the public and may have improved the figures, meaning more adults are accessing support. There has also been recognition over this year that some staff may be recording domestic abuse as physical abuse rather than domestic, skewing the figures in this area. One agency in particular has amended its training to ensure recording types are clear, and this may also partially account for the increase noted.

Organisational abuse and sexual exploitation have both almost doubled in comparison to the last quarter 4. There is no understanding within the subgroup of why that may be at present, but these areas will continue to be monitored across the next year to identify any reasons which may emerge.

The six principles of safeguarding

The Quality, audit and performance subgroup identified during this 2 year business plan that they wished to understand how organisations across the city are embracing the six principles of safeguarding within their work and ethos. At each QA&P subgroup meeting a different principle is chosen, and each agency has 5 minutes to tell others around the table how their organisation embodies the chosen principle in their work and culture, and what work may be planned to progress this. Across this year the subgroup have discussed proportionality, empowerment and prevention so far.

How have we made a difference?

Progress against the priorities is outlined below:

To be assured that services and agencies have appropriate systems, processes and training in place to support and safeguard adults effectively.

Public Health services in Coventry offer a range of training opportunities for local frontline staff through its providers. This includes areas such as supporting victims and challenging perpetrators around domestic abuse and addressing drugs and alcohol misuse.

The training offer has been brought together into a single document (https://www.coventry.gov.uk/downloads/file/29303/public_health_training_offer). Public Health are aiming to improve feedback on this offer and are trying to identify the training needs of partners through 'Let's Talk'. Last year, just under 1000 local staff attended the training developed by Change Grow Live., the commissioned drug and alcohol provider. Change Grow Live specific sessions for Adult Social Care staff on a drop in basis have been arranged. The Domestic Abuse services have run roadshows to engage with social care staff. Public Health are working with Domestic Abuse services to develop a training programme to help front line staff work appropriately and safely with domestic abuse victims and staff. Training around Domestic Abuse Stalking and Harassment (DASH) training within social care (both adult and children) is planned.

Coventry City Council Adult Services held 6 in depth Risk Enablement Panel discussions. Risk Enablement Panels are designed to support staff in developing care and support plans in cases where there is a significant or perceived substantial risk to the individual. The Panel, chair by the Adult Principal Social Worker, provides a clear process for discussion, and shared decision making to support both staff and individuals in considering potential consequences of any decisions. The Panel may provide advice and recommendations but ultimate decision making responsibility will continue to rest with the practitioner and their manager. Panel usually consists of 3 members with experience relevant to inform the issue or risk. Attended by the worker and/or their Team Manager/Leader and can include the individual concerned and any family, carer or advocate requested by the individual to represent them. The Panel has considered scenarios such as

- A person who with autism, mild learning disability and drug induced psychosis, homeless with concerns relating to engagement, mental health and multidisciplinary input
- A person with MS exhibiting inappropriate behaviours to care professionals with a risk of breakdown in care and support arrangements
- A person experiencing issues associated with self-neglect and hoarding
- A person with a number of physical health conditions including alcohol dependency who can be aggressive towards care providers and was declining care and support


At the end of 2019 the National Fire Chiefs Council (NFCC) published the Fire and Rescue Service Guidance and Self-Assessment toolkit. This has been used to inform the implementation of the scrutiny review recommendations.

A suite of resources has been produced by the CSAB aimed at highlighting different types of adult abuse and how to refer concerns. These have been shared with and promoted by all partner agencies.


All staff in the National Probation Service must complete in house training every three years, this includes e-learning and face to face learning. Staff are also encouraged to access the wide range of training on offer from CSCP.

Coventry City Council Adult Services commenced training in strength and asset-based assessments in Sept 2017, with over 80 staff attending five training sessions on strength-based practice during 2017 and 2018. We have then subsequently commissioned four, two-day Motivational Interviewing training which is an introduction to the spirit and principles of Motivational Interviewing. These sessions are aimed to support practitioners to learn practice skills to “start a different type of conversation” which enables people to recognise their resilience, resources and strengths. During 2018 and 2019, 90 staff have been trained in Motivational Interviewing. There was also an opportunity for staff to attend 2 additional ‘top up’ half day sessions to reflect on using the techniques.


The training has been very well received with comments including;




‘Attending MI training changed my life, should be taught on all SW courses’.



‘This is so relevant to my role. I’m really looking forward to putting it into practice’.



‘Training in getting our assessment write’ was introduced from July 2019 to support practitioners in the writing of effective assessments.’



‘I didn’t realise that this was something I naturally used but obviously not to be extent taught. I feel I now have that level of understanding.’

In June 2018, the NHS Coventry and Rugby CCG set up a pilot project to commission children's safeguarding administrators/co-ordinators in GP Practices in Coventry. This post is called a Named Safeguarding Professionals. These children's safeguarding professionals have been upskilled in 2019/20, and have received training related to adult safeguarding themes including Modern Slavery, Female Genital Mutilation and Honour Based Violence. This project has been so successful at embedding and co-ordinating children's safeguarding in Primary Care, that the CCG Safeguarding team presented a business case to commissioned Adult Named Safeguarding Professionals across its GP Practices, which was agreed in January 2020. Expressions of interest have been received from 45% of GP Practices by end of March 2020. There are plans for this project to be launched across Coventry and to deliver training to upskill Adult NSP's in Summer 2020.

The Coventry and Warwickshire Primary Trust Safeguarding team provides a suite of online and classroom based training around adult safeguarding themes. The principles of adult safeguarding and responsibilities under the Care Act is featured in training. The team are also developing a further 'Think Family' approached package of which will be underpinned by adult safeguarding principles.

(Face to face training currently suspended due to Covid-19).

Coventry City Council Adult Services, as an employer to make Making Safeguarding Personal and strength-based practice work we need to understand the practice conditions and working environment of the organisation's social care workforce. An Adults Services Organisational Health Check 2019/20 was undertaken using an online survey in July and August 2019. The same survey (with very minor changes to answer responses) from 2017/18 was used.

https://www.coventry.gov.uk/info/192/adult_social_care_strategies_policies_and_plans/3460/adult_social_care_organisational_health_check

The survey identified the following strengths which included positive results concerning team culture;

- 90% get feedback/updates from managers
- 96% feel able to raise concerns about workloads
- 95% feel have enough autonomy to practice creatively with people

Since the independent scrutiny review of safeguarding was completed at the end of 2018/2019 work on the action plan has been ongoing to ensure West Midlands Fire Service has appropriate safeguarding systems. The review of the policy was the first stage of this.

In September 2019, to provide a platform for sharing local, regional and national learning, the Heads of Safeguarding at NHS Coventry and Rugby CCG, Warwickshire North CCG and South Warwickshire CCG set up a Safeguarding and Looked after Children's Assurance Group, with representations from the heads of safeguarding at all its providers. The Business Manager of the Board is a member of the group, and has provided updates regarding learning from Adult Safeguarding Practice Reviews and Domestic Homicide Review (DHR) at the quarterly meetings.

National Probation service risk assessments consistently highlight safeguarding concerns, so assessors have to explore if there are risks and how to address these.

The CSAB has created a series of Oneminute guides aimed at disseminating information to practitioners in a quick accessible format.

Conclusion

The Board is assured that there is a high level of safeguarding training in place across the system which is supporting practitioners to identify and respond to safeguarding concerns.

The CSAB has created a range of materials from posters to One minute guides to raise awareness of safeguarding and the types of safeguarding both with practitioners and with the community. There is further work to be done in 2020-2021 to create networks to ensure the effective dissemination of materials and learning.

Making safeguarding personal

Essential to the delivery of the Adult Social Care vision in Coventry City Council is taking a strengths based approach to practice. In support of embedding strength based practice Adult Social Care have developed and launched an 'Adult Social Care practice framework' Adults and their carers at the heart of practice' which brings together their approach in practice, identifying what underpins their work and how this informs interventions such as Making Safeguarding Personal. - <https://coventrycc.sharepoint.com/Info/Pages/Adult-Social-Care-%e2%80%93-Policies%2c-guidance-and-procedures.aspx>

The CCG Safeguarding Team has a safeguarding education platform, which includes a dedicated Adult Safeguarding repository with information related to Making Safeguarding Personal for open access to all staff. Making safeguarding personal is also included in the online and face to face safeguarding adults training that is delivered to clinical staff.

Coventry City Council Adult Services have been exploring the use of Family Group Conferencing (FGC), holding a number of FGCs. Family Group Conferencing is an empowering practice framework which embeds the principles of the Children Act 2004, Making Safeguarding Personal, Mental Capacity Act 2005 and Care Act 2014. FGCs are meetings of the extended family network and friends, together with those working professionally and directly with the family. They are essentially decision making meetings. When used for adults, they empower and support the person to make decisions about their future, and help them to develop a plan that addresses their concerns and focusses on their desire for change. It is their meeting and they decide who should be invited, and when and where the meeting will take place.

The Coventry Safeguarding Adult Board Task and Finish group has created a training presentation which has been delivered to GP's, Police teams and colleagues in housing. A Making Safeguarding Personal Oneminute guide has been developed which has been disseminated to all Safeguarding Adult Board partners.

Making Safeguarding personal and listening to the voice of the patient is fundamental to the work at University Hospital Coventry and Warwickshire. To further support making safeguarding personal, the Adult Safeguarding Team have named "the use of the Mental Capacity Act 2005" as a current priority. The Mental Capacity Act is in place to ensure that individuals are supported to make decisions and their preferences are heard.

Specialist teams work together to ensure that individual preferences are recorded and that all options are explored with them.

MSP and its importance is clearly stated in Coventry and Warwickshire Primary Trust Safeguarding Adults policy and underpins safeguarding adult training, advice and supervision for staff

Adult safeguarding training is part of the training offer at University Hospital Coventry and Warwickshire NHS Trust. Safeguarding adults training is undertaken by all staff at UHCW NHS Trust including volunteers, current compliance is above 95%. Non- patient facing staff undertake level 1 with other staff completing level 2. The Trust is in the process of introducing Level 3 safeguarding adult training, which will include specialist topics.

National Probation Service include all service users in sentence planning and complete a self-assessment to identify their goals, strengths, concerns so that they are involved in decision making and aware of objectives to achieve.

Public Health commission CRASAC (Coventry Rape and Sexual Assault service) which has a named safeguarding lead and safeguarding policy. The service places the victim/survivor at the centre of service delivery, taking a holistic approach to meet their individually assessed needs. Within our Public Health commissioned service provision there is flexibility in terms of how 18 – 24 year olds are supported depending on their needs.

Coventry Safeguarding Adult Board focused on Making Safeguarding personal during Safeguarding Awareness week 18th-22nd November. Partners worked together to share focused messages across communication platforms throughout the week.

The CCG's Clinical Assessment and Placements Team (CAPT) supports the use of personal health budgets to empower it's clients. A personal health budget is an amount of money to support someone's health and well being needs which is planned and agreed between the individual or their representative.

In support of strength based approaches Coventry City Council Adult Social Care launched a new 'real-time' experience survey in October 2019 to ensure they continue to seek feedback from our customers, clients and carers alike.

This was developed to ensure they understand the experience of those who access their support and to encourage more people to 'get involved, helping to improve Adult Social Care support and promote a co-production culture.

https://www.coventry.gov.uk/info/194/health_and_social_care_-_having_your_say_and_getting_involved/3203/getting_involved_in_adult_social_care

The CSAB Making Safeguarding Personal audit completed in 2020. This audit highlighted some good work from practitioners who were able to respond appropriately to safeguarding a patient whilst engaging them effectively in decisions.

Coventry and Warwickshire Partnership Trust is developing improved documentation for recording of adult safeguarding practice on patient records. This will enhance recording of patient's wishes and will be a great contribution towards the MSP principle.

Conclusion

The Board has been encouraged by an increase in awareness in relation to MSP across the system and performance data demonstrates that this is leading to positive outcomes for Coventry adults. There is still further work to be done over the coming months to raise awareness of how the principles of MSP can best be implemented within individuals roles and to also raise awareness with service users and their families.



To be assured in respect of issues that are complex, yet that sit outside of safeguarding, that agencies and organisations are working effectively together to prevent abuse /support people with a range of vulnerabilities

The Head of Safeguarding at the CCG has been working in partnership with Coventry LA Public Health with regards to the strategy for the accommodation the homeless population in Coventry and Warwickshire in response to Covid19, exploring the unforeseen consequences and potential safeguarding risks of the measures put in place.

The CCG have supported with access to GP services for those accommodated, including screening for infectious disease and meeting their complex health needs. This has enabled LA Public health to become better sighted on the risks surrounding COVID and engaging in multi-agency working to support better pathways.

Coventry and Warwickshire Partnership Trust has a dedicated domestic abuse post to advise and support staff, and an established domestic abuse pathway to ensure an appropriate response to disclosures of domestic abuse.

National Probation service staff hold professional's meetings with other agencies to ensure all areas of risk/vulnerabilities are addressed.

The CCG and LA commissions the Carers accreditation scheme in GP Practices to support staff through training to identify carers and signpost them for support to the Carers Trust.

In 2019, A Coventry Sexual Assault and Abuse Strategy Steering Team (SAAST) was formed which is a multi-agency partnership to enable partners to work together to deliver the priorities from the national NHS England Sexual Assault and Abuse Strategy at a local level. The SAAST reports to the Harm and Reduction Partnership(HARP) which provides a system wide response to harm and abuse impacts in Coventry by having a partnership of experts connected.

WMFS has a team of 26 Complex Needs Officers (CNO's). This group of staff are operational personnel who have additional training including an apprentice based in Health & Social Care. They have access to a broad range of training on health and lifestyle themes. This training provides them with enhanced knowledge to support those in our communities with complex needs and chaotic lifestyles. The CNO's work routinely with partner agencies and organisations to support these individuals and reduce the impact of their needs on themselves, their community and agencies. Working to improve outcomes for these individuals reduces vulnerability to, and the likelihood of abuse/neglect and the need for safeguarding.

Professional supervision and support provide oversight and assurance that cases are handled appropriately, and that risk is identified and escalated where appropriate.

Many of our adult patients at UHCW may not have care and support needs however they may still require assistance to access advice and support.

The Safeguarding Team encourage a “Think Family” approach and this remains one of our priorities for the coming year.

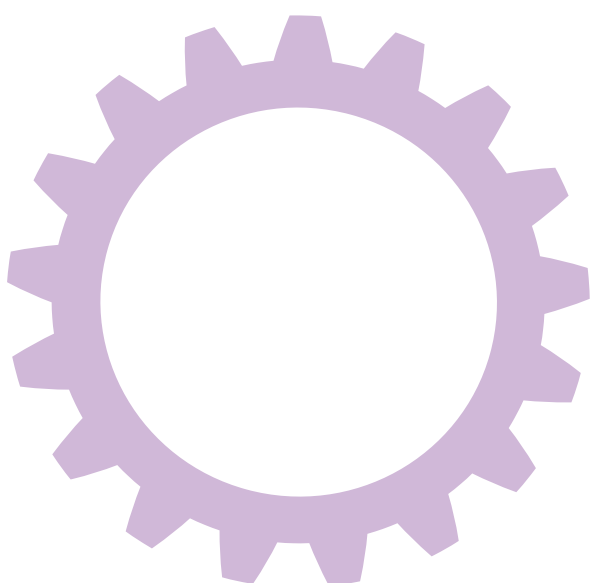
The team support staff and have developed several information campaigns around “Hidden Harm” and how to support individuals to access assistance.

The team use audit to look at practice around sign posting and referrals and this information is fed back via the Safeguarding Committee and used to improve practice.

The Clinical Commissioning Group commission IRIS (Identification and Referral Scheme) to raise awareness of Domestic Violence and Abuse through the training of GP’s and Primary Care staff. Through referrals to Advocate Educators from Coventry Haven, those identified are offered support. The scheme has been rolled out across 50% of the population since 2018, and increased finance has been secured to provide the service to all GP surgeries by end of March 2021.

Conclusion

The Board has a good understanding of these complex issues and recognises that in order to best respond to these areas of work there is a need to look for new and creative ways of working. The CSAB is working closely with other Statutory Boards to seek assurance that work is ongoing across the City to ensure that there is an effective response to individuals in these vulnerable groups. The Board recognises that this is an ongoing requirement and will continue to raise awareness of complex issues facing Coventry adults.



Audits

Across the year the Quality, Assurance and Performance subgroup (QA&P) undertook 3 audits.

Care Act Compliance

The Coventry Safeguarding Adults Board undertake this audit on an annual basis to obtain assurance that all partners are meeting their responsibilities under the Care Act 2014. The methodology and assessment criteria were agreed virtually by QA&P in September 2019. The self-assessment tool was created by the West Midlands Safeguarding Adult Boards regional working group based on the requirements within the Care Act and this allows for regional comparison around issues where appropriate. All relevant partnership agencies completed the audit except both Probation providers.

There were many areas of strength identified within this audit, evidencing that agencies are working to high standards in the majority of areas. The highest scoring areas of strength were:

- **Safer recruitment** – organisations were able to identify how they follow safer recruitment procedures consistently, including additional specialist checks for identifies roles as appropriate. This was an area of strength in the 2018 audit which is important to see, as the right staff are vital to good quality safeguarding of adults with care and support needs.
- **A senior staff member leads and promotes safeguarding in the organisation** – organisations could all identify a strategic leader with responsibility for safeguarding and this was a role rather than an individual, which avoids a lack of leadership during staffing changes.
- **Staff have open access to policies, procedures and protocols** - all agencies said that staff had access to policy and procedure via their intranet, and this could be accessed at any time.
- **Staff, volunteers and trustees can be clearly heard and can influence change** – all respondents were able to say how staff voices can be heard within their agencies via both formal and informal processes, and this included opportunities for formal and informal feedback, and whistle blowing.

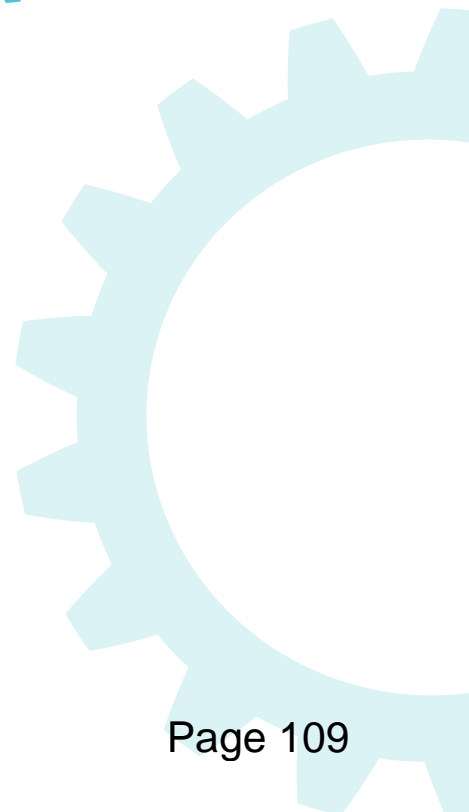
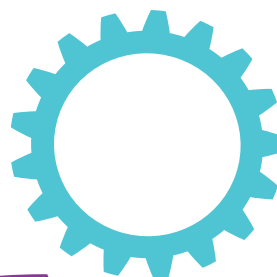
The areas for development were:

- **Embedding Making Safeguarding Personal into practice** – this was the lowest scoring area across the audit, evidencing the value of the CSAB priority focussed on MSP to practitioners. Whilst some agencies were able to detail how they have incorporated MSP into the spirit of their work, using a person centred, outcome focused approach to empower individuals other recognised that more was needed to ensure the voices of service users were heard within their work.
- **Staff compliance with policy, procedure and protocol** – some agencies were less able than others to describe how they know staff are compliant with their organisational policy and procedure.

- **Quality assurance frameworks within agencies** – the majority of agencies do have a framework in place, but not all were able to identify how service user feedback was a factor in their assurance work. Some organisations recognised this was an area of development for them.
- **Knowing quality assurance positively influences safeguarding practice** – All but one organisation were able to say how the learning from quality assurance work is reported through to senior managers via established structures, and how this can then effectively influence change as required. The one agency without this procedure in place recognised this was an area of development for them.

Conclusion

The 2019 Safeguarding Adults Compliance audit was generally a high scoring piece of self-assessment work which highlighted much of the positive work taking place across the city to protect and empower adults with care and support needs. It would be useful to see organisations now become more person and outcome led, moving away from process driven, output based thinking towards results-based findings, evidencing the impact work has on the safety and wellbeing of individuals.



Position of Trust Enquiry Panel

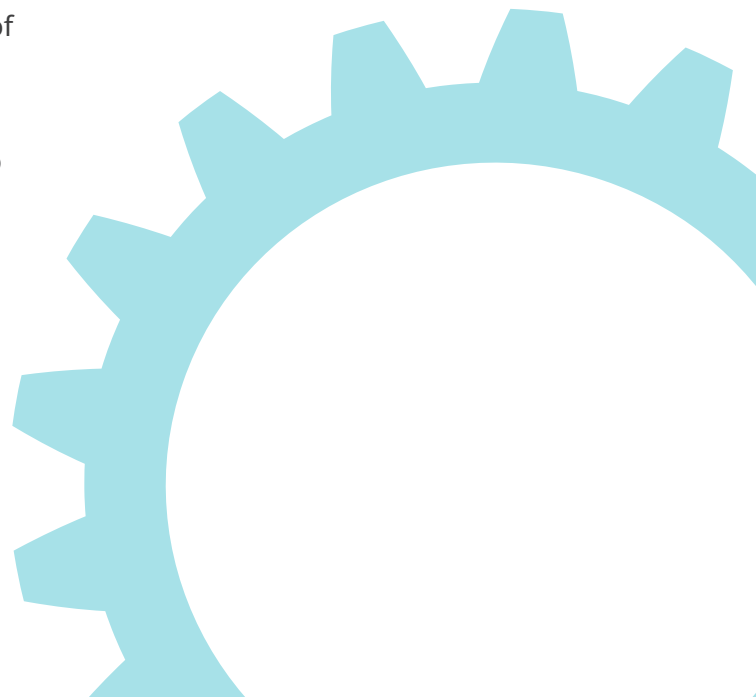
In April 2019 the Coventry Safeguarding Adults Board (CSAB) adopted the West Midlands Adult Position of Trust Framework to manage any allegations made against individuals working with adults with care and support needs. The accompanying CSAB toolkit to support local implementation contains a requirement for the Quality, Assurance and Performance (QA&P) Subgroup to provide assurance around its application and use, and to seek assurance that effective processes are in place and that any good practice is identified. To achieve this the Quality, Assurance and Performance Subgroup held an Enquiry Panel on 1st August to consider the implementation of the framework across the partnership.



The responses to this Enquiry Panel evidenced some excellent work taking place across safeguarding partners in response to allegations of breach of a position of trust. The panel were encouraged to see a compassionate and responsive approach to this sensitive area of work, and there was thorough recognition that communication is key when an allegation is made. Agencies all recognised that allegations can cross organisational borders, and that appropriate information sharing is key to obtaining the right outcomes for the service user and for those accused. In addition, all responders were clear about their obligation to forward allegations on to the Police where necessary.

From the recommendations the Board agreed that:

- Work is to be done on promoting the Position of Trust toolkit
- The Business Manager and Independent Chair should ask at the regional Boards meeting who has adopted the regional guidance, and how they have taken the framework forward.



Learning and development

The Care and Support Statutory Guidance for the Care Act 2014 on safeguarding states that the Safeguarding Adults Boards should ensure that relevant partners provide training for staff and volunteers on the policy, procedures and professional practices that are in place locally, which reflects their roles and responsibilities in safeguarding adult arrangements.

A key priority of the Workforce Development Strategy was to establish a core program of Adults Safeguarding Training and explore the opportunities for multi-agency delivery.

This year's programme included information around the requirements of staff as indicated by their role, level of responsibility, performance expectation and experience and included the courses offered by:

- Adult Social Care
- Coventry and Warwickshire Partnership Trust
- University Hospitals Coventry and Warwickshire

Each course shows the target staff group, competencies achieved, aims and outcomes and application information. There is also information to show which courses are open to all agencies.

The awareness level courses are all subject to a yearly evaluation through the Quality Assurance Scheme.

This year Female Genital Mutilation training and Forced Marriage training, delivered in the Safeguarding Children Partnership training programme, have been expanded to incorporate safeguarding adult information and have been included in the Adult Training programme.

Multi-Agency delivery is provided through the Topic Based Multi-Agency Learning Events (see separate section).



Learning events

Each year the Board host a series of three multi-agency learning events on hot topics, identified by practitioners and related to our priorities. Each event is led by a subject matter expert. This is an opportunity for practitioners from all agencies to come together to learn about complex safeguarding issues and improve their practice as a result. These events have been very well attended by Social Workers to Care Home workers and providers, as well as Health colleagues. This year the topics were: -

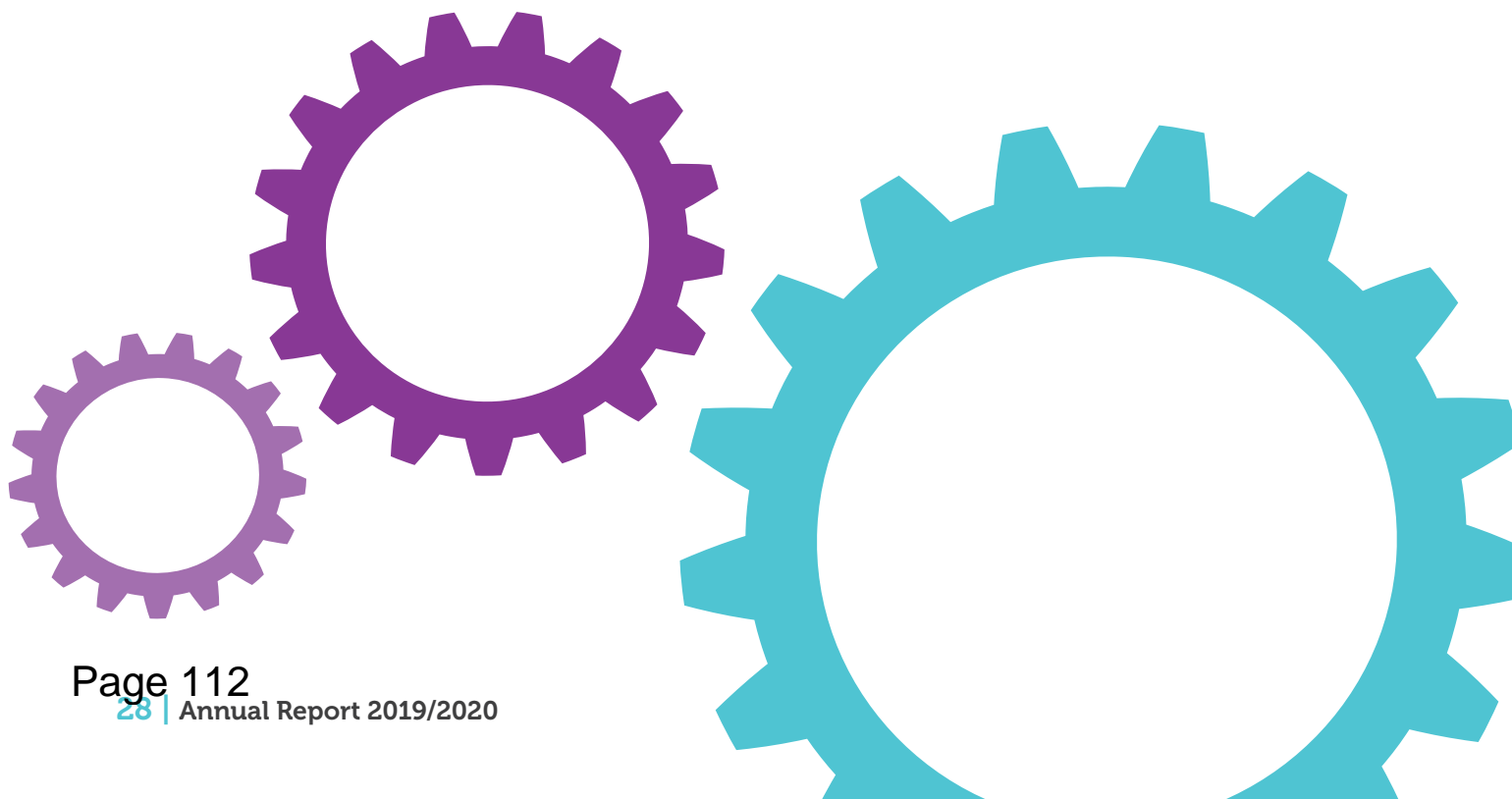
- Safeguarding and Advocacy led by Voiceability
- Financial Scamming and Fraud led by Professor Keith Brown, Bournemouth University
- Modern Day Slavery led by West Midlands Police

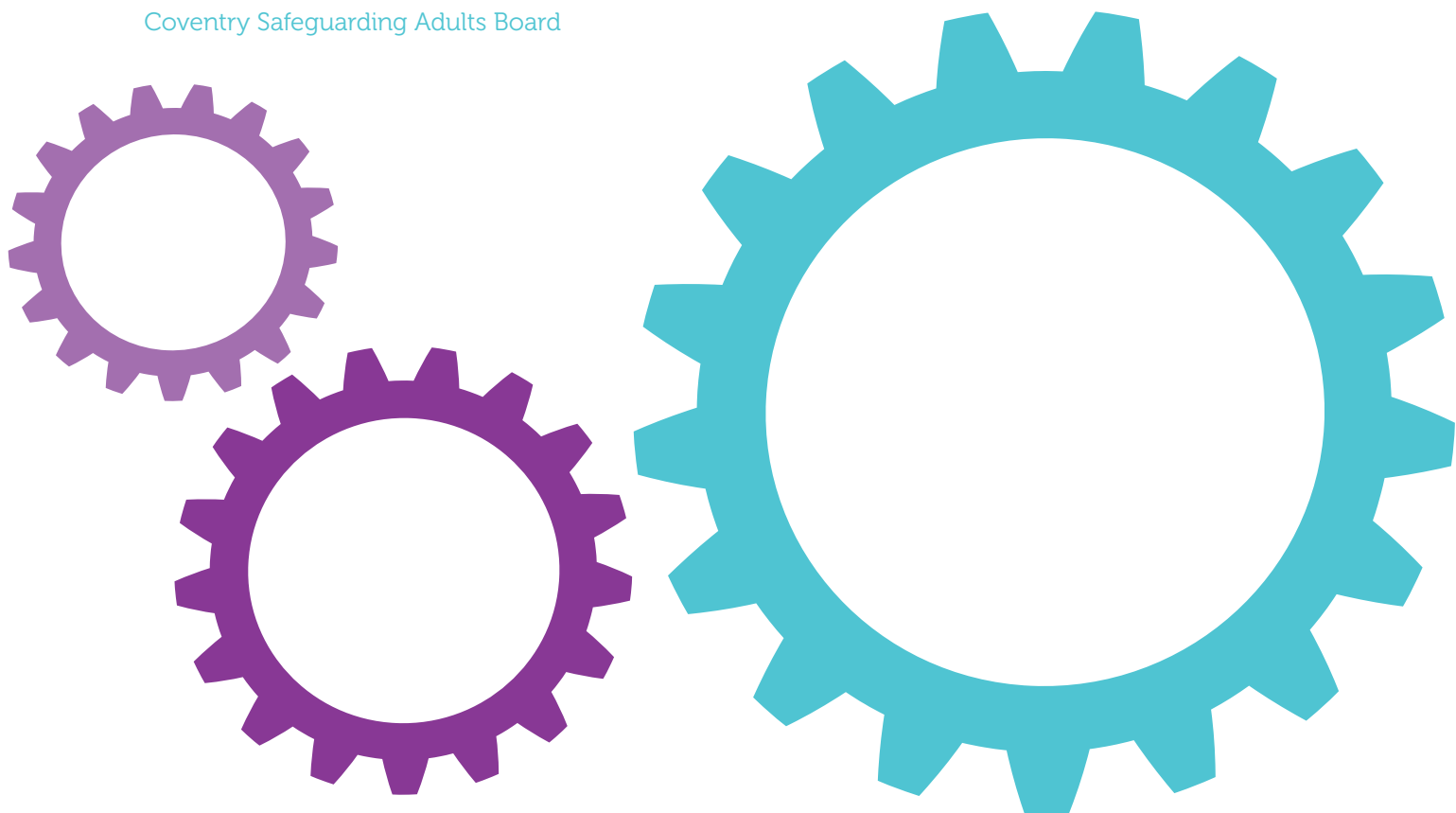
All the presentations after each session were shared with the attendees and can be found on the website under downloads. These events are popular and well attended.

Event One

Safeguarding and Advocacy was held on 18th March 2019 and was led by Voiceability, the commissioned provider of Advocacy for Coventry City Council. The presentation covered what advocacy is and its purpose, as under the care Act 2014 there is a duty to provide an independent advocate to adults who need care and support in safeguarding. The presentation included case studies /advocacy scenarios', role of the advocate, advocacy principals, the importance of Making Safeguarding Personal and being person centred, how an advocate supports a person through the safeguarding process, and finally working with an advocate and how to make a referral.

The event was well received by those who attended, and most attendees found it to be useful or very useful. Most felt they understood the role and need for using an advocate better.





Event Two

Financial Scamming and Fraud was held on 24th June 2019 and was led by Professor Keith Brown, Bournemouth University supported by Coventry Building Society and Coventry Trading Standards. This event was put on as part of Coventry's Practice week and was the largest event we have put on so far, attended by over 90 people.

Professor Brown's presentation was very factual but with some humour. He covered what is scamming and fraud, who is targeted and by whom, what is the government doing about it and new trends – cyber fraud and scamming. Professor Brown is one of the governments advisors on this subject. He talked a lot about the effect this crime has on people of and how easily they can become trapped without knowing it. People from all walks of life can and are targeted. Very often the victim knows the person and trusts them.

Coventry Building Society talked about what the banks and Building Society can do including the Banking protocol. They have a dedicated team who will investigate any types of financial fraud or suspected cases. Their presentation also included some case studies. CBS do work closely with our safeguarding team and have a system in place if their cashiers think someone is being scammed or a victim of fraud.

Coventry Trading Standards talked about the types of scams and gave examples of popular scams e.g. you have inherited large sum of money, how to spot a victim, consequences of falling for a scam, top tips to protect yourself and others, what you can do to prevent scamming e.g. call blocking, and had some case studies. They also showed a very powerful video about scamming and fraud.

The feedback from this event was very positive with most attendees found it very useful and thought provoking – not only from a work point of view but also a personal one. Most left with a better understanding of how they can support victims of financial scamming and fraud and how to spot it.

Event Three

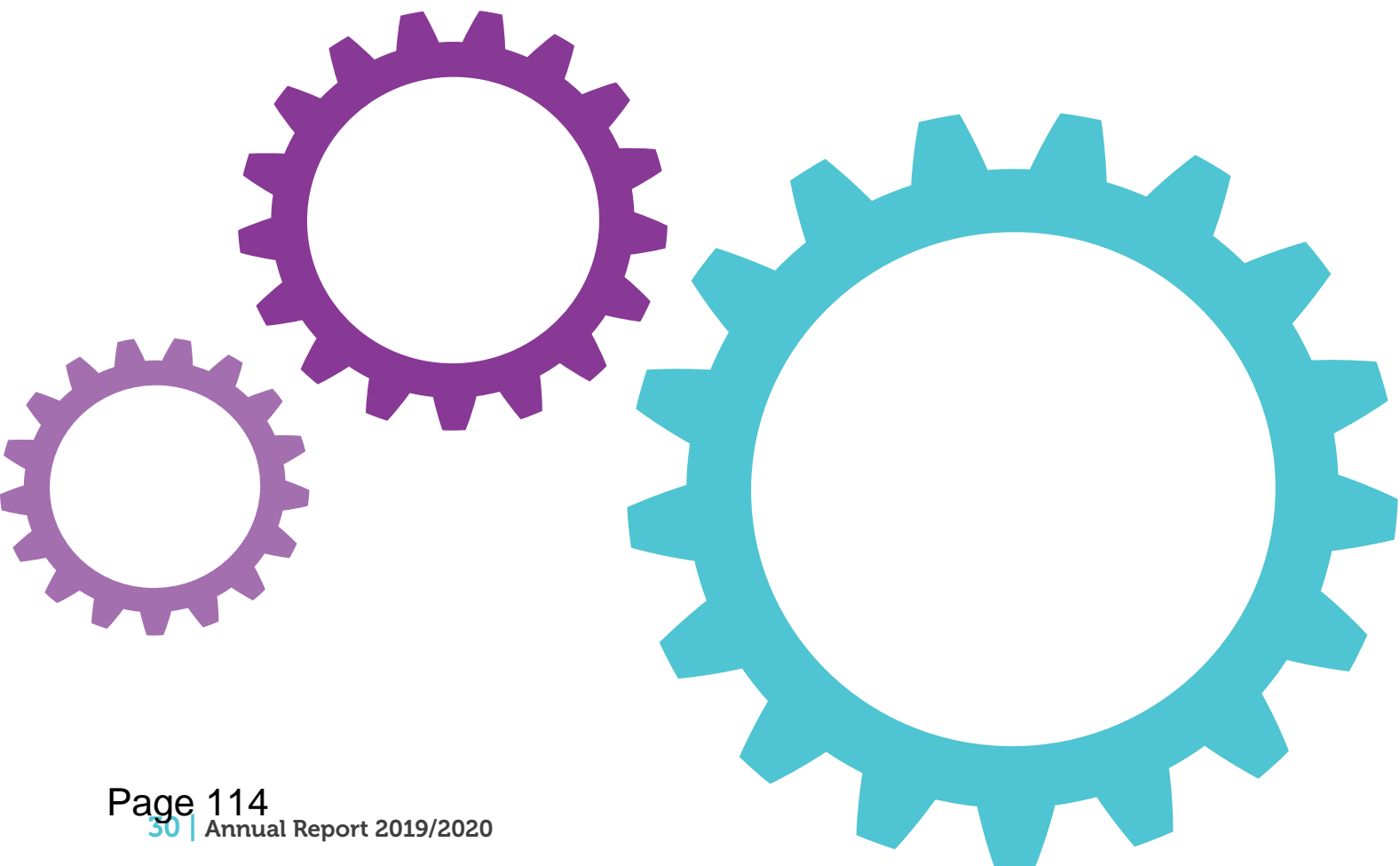
Modern Day Slavery was held on 16th October and led by West Midlands Police supported by Turnaround and West Midlands Anti-Slavery network.

West Midlands Police within their presentation talked about how much of an issue is Modern Day Slavery in the UK, understanding the different types of exploitation, spotting key signs and rescuing a person, understanding what happens to a victim and the support provided and understanding the local issue which includes nail bars, car washes and the sex industry. They also covered the National Referral Mechanism (NRM).

West Midlands Anti-Slavery Network's presentation showed the support given to victims once they have been identified often via the NRM. They work with mainly males and provide a safe place for them to overcome their trauma of being a victim of MDS and get the support they need. This is a time limited scheme and relies on volunteers as well as paid workers.

Turnaround is a community interest Company commissioned by Coventry City Council to provide social support to sex workers living and working in the City. They talked about how they build up a relationship with the women to find out the reasons why and where they work. Many of them are potential victims of MDS with a lot of the workers being from Romanian and surroundings countries. They used case studies and very powerful videos to highlight the issues and the work they do.

Feed again was very positive with most people feeling they had learnt something and would take back the information to their colleagues.



Safeguarding Adult reviews

What is a safeguarding adult review?

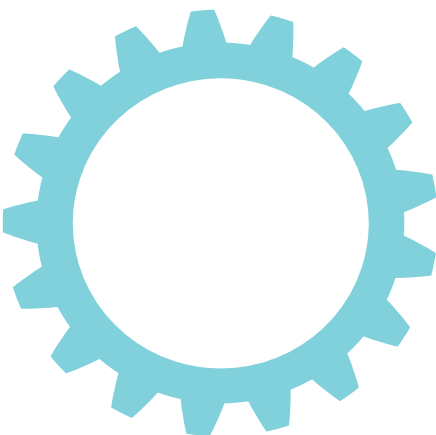
The Care Act 2014 states that Safeguarding Adult Boards must arrange a Safeguarding Adult Review (SAR) when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked together more effectively to protect the adult. This is a statutory responsibility.

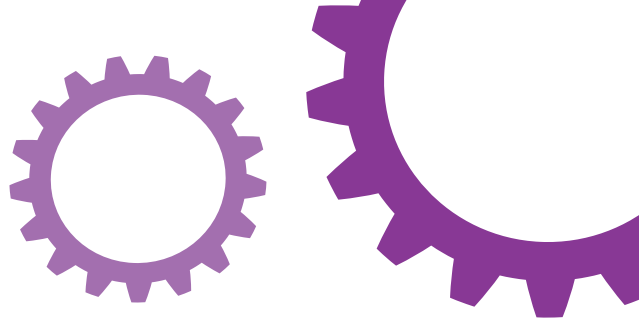
The overall purpose of a Safeguarding Adult Review is to promote learning and improve practice, not to re-investigate or to apportion blame. The objectives include establishing:

- lessons that can be learnt from how professionals and their agencies work together
- how effective the safeguarding procedures are
- learning and good practice issues
- how to improve local inter-agency practice
- service improvement or development needs for one or more service or agency

Lessons learnt are shared to maximise the opportunity to better safeguard adults with care and support needs who are or may be at risk of abuse or neglect. The Care Act 2014 requires that lessons learnt are published in the Annual Report following the conclusion of the review.

Coventry Safeguarding Adults Board has not undertaken any Safeguarding Adult Reviews in 2019-2020.





Safeguarding awareness week

Safeguarding Adults Awareness Week took place during 18-22 November 2019. The theme was Making Safeguarding Personal and the week's activity was aimed towards professionals.

The week's activity was supported by four new resources that were disseminated throughout each partner agency:

The Digital Communications Strategy

The Digital Communications Strategy was an overarching communications piece from the Monday to the Friday, that was broken down into different articles. There was one article every weekday that focused on a different theme and included a back to basics approach that could be understood by any professional across 2 Coventry regardless of experience, organisation or role.

The One Minute Guide

A new One Minute Guide was written specifically for the awareness week, covering Making Safeguarding Personal.

The Presentation

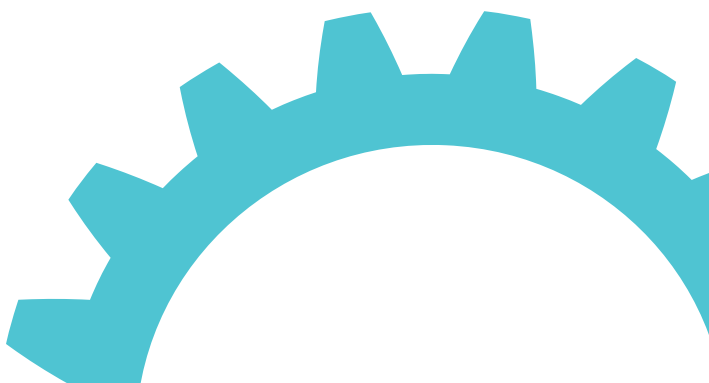
An introductory presentation about Making Safeguarding Personal was created, with the intention of sharing it with colleagues directly in the workplace during team meetings.

The Survey

A short survey on Making Safeguarding Personal was aimed at professionals across Coventry. The survey contained 7 questions that were designed to ascertain how practitioners use Making Safeguarding Personal in their day to day roles and their understanding of the principles of Making Safeguarding Personal.

Other activity throughout the week included a Twitter campaign focusing on key messages, supporting and re-tweeting partners and other appropriate organisations who were supporting the awareness week. The One Minute Guide was shared on Twitter and links to the CSAB website were shared during the campaign.

The survey results were analysed and shared with the Board to inform future training needs and provide an understanding of how professionals across the city incorporate Making Safeguarding Personal into their everyday work.



COVID 19

The Coventry Safeguarding Adults Board (CSAB), responded dynamically to the situation arising from COVID 19 as an emerging health issue in January 2020, recognising there were a number of changes in the safeguarding system which required a changing response. The table below outlines how the CSAB has responded to the current challenges:

Monthly Executive Board meetings have taken place with a focus on support and seeking assurance in respect of:

- Safeguarding and contingency planning
- Identifying themes and issues
- Supporting each other

A position statement has been created on a monthly basis which:

- Provides an update in relation to individual agencies service provision
- Highlights key areas of concern
- Proposes recommendations to strengthen the safeguarding system

Domestic Abuse - The CSAB has promoted #noexcuseforabuse to signpost individuals to sources of support <https://www.coventry.gov.uk/downloads/download/6071/noexcuseforabuse>

The CSAB has also produced a series of posters offering practical advice for individuals who may be affected by DA https://www.coventry.gov.uk/info/233/coventry_safeguarding_adults_board/3561/covid-19_coronavirus_safeguarding_adults_resources

Information and support to volunteers and the voluntary sector The CSAB has developed and promoted:

- Awareness raising posters https://www.coventry.gov.uk/info/233/coventry_safeguarding_adults_board/3260/safeguarding_adults_life_stories
- A safeguarding training guide for volunteers https://www.coventry.gov.uk/downloads/file/32627/one_minute_guide_-_safeguarding_adults
- Information in relation to financial scamming https://www.coventry.gov.uk/downloads/file/32368/safe_isolating_advice

The CSAB Business Manager has become a member of the Community Recovery and Engagement Cell to ensure that these key messages are disseminated directly to the voluntary sector and volunteers.

Social Media - The CSAB Business Team has developed a Facebook site which is linked in with key community groups to disseminate key messages directly into the community.

COVID19 - The CSAB website has been updated to include COVID related resources - https://www.coventry.gov.uk/info/233/coventry_safeguarding_adults_board/3561/covid-19_coronavirus_safeguarding_adults_resources

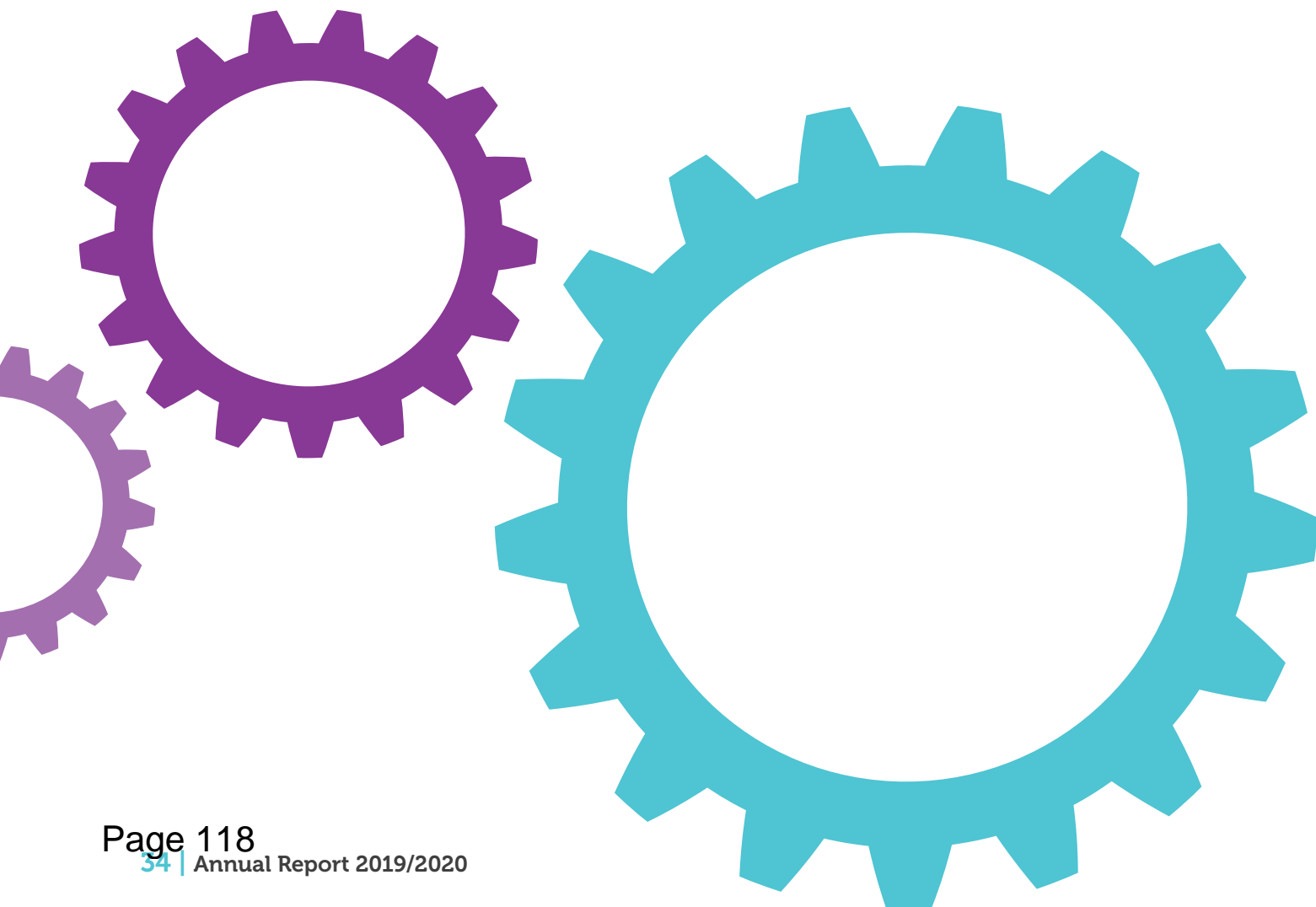
Newsletter - All resources have been shared with partners through the CSAB newsletter.

Care Act Easement - The CSAB created a One minute guide in relation to the Care Act Easement including an update on Coventry's position https://www.coventry.gov.uk/downloads/file/32628/one_minute_guide_-_care_act_easement

Financial abuse/ Scamming - The CSAB created a guide issuing advice to individuals who might be self isolating https://www.coventry.gov.uk/downloads/file/32368/safe_isolating_advice

Carers - The CSAB has signposted carers to support from the Carers Trust and Operation Sheild.

The COVID situation currently remains and agencies and working practises will continue to evolve to meet the needs of the most vulnerable in our communities and this will continue as agencies look towards recovery.



Looking forward

Coventry Safeguarding Adult Board Business Plan 2019-21

1. To be assured that safeguarding is underpinned by the principles of 'Making Safeguarding Personal' and that adults are supported to achieve the outcomes that they want.

Why? • To ensure that safeguarding is tailored to individual's needs and outcomes improve as a result.

Measures of success

- Improved performance between the first and second MSP case file audit
- Agencies are able to articulate an example of when MSP improved outcomes
- Number of attendees at MCA event
- Number of hits to MSP webinar
- An increase in safeguarding enquiries where wishes are met or partially met

Outcomes

That practitioners understand the principles of MSP and apply these when dealing with safeguarding cases.

Action tracker

Action	Responsibility	Timescale
Seek assurance that organisations are committed to MSP and that it is working well in practice by carrying out 2 case file audits and also an enquiry panel.	Chair, Quality Assurance and Performance Subgroup.	Case file audits – December 2019 and January 2021. Enquiry Panel – June 2020.
The Board will ensure that MSP is promoted at Board level by: monitoring Local Authority MSP returns to NHS Digital, by board members receiving a presentation on MS, by developing a network of MSP critical friends and amending sub group chairs highlight reports to ask them how they have considered MSP.	MSP Task and Finish Group.	December 2019.
A suite of resources will be developed to inform practitioners and stakeholders in respect of the principles of MSP. This suite will include information for practitioners, the service user and family and carers. These will be available on both the Board and partner agency websites.	MSP Task and Finish Group.	March 2020.
To review the current performance dashboard to ensure that a mechanism exists for providing assurance in respect of MSP.	Chair, Quality Assurance and Performance Subgroup.	October 2020.
A Mental Capacity Act event will be organised and will be targeted at those agencies which were highlighted as weaker in the MCA audit.	Event Planning group.	October 2020.

To be assured that services and agencies have appropriate systems, processes and training in place to support and safeguard adults effectively.

Why? • To ensure that practitioner are skilled to identify safeguarding needs and to respond to them effectively.

Measures of success

- More safeguarding enquiries where wishes are met or partially met
- Self-assessment demonstrates positive results
- Number of attendees at events
- Number of agencies involved in electronic campaigns
- Number of accredited care homes
- Number of individuals signing up for the newsletter

Outcomes Individual safeguarding cases will be quickly identified and responded to.

Action tracker

Action	Responsibility	Timescale
Produce a suite of resources aimed at highlighting the different types of abuse and how to report concern. These resources to be used in electronic campaigns across partner agencies.	Board Manager.	March 2020.
Work with LA/ CCG commissioners to obtain assurance around how standards, policies and professionals are being applied and to develop a best practice model/ accreditation for adult safeguarding with care providers.	Task and finish group.	March 2021.
To refresh the CSAB workforce development strategy and deliver the second year of learning events and training quality assurance.	Workforce Development Sub group.	March 2021.
To be assured that learning is having a demonstrable effect on frontline practice by seeking out ways to ensure that information is reaching frontline practitioners, creating networks of safeguarding champions and developing One Minute Guides and newsletter to keep staff up to date.	Workforce Development Sub Group.	March 2021.
Be assured about action being taken in respect of safeguarding gaps in agencies current CQC statements.	CSAB Board.	March 2021.
Work with regional colleagues to ensure that the Care Act compliance self assessment tool includes questions in respect of training, supervision policies, whistleblowing procedures, commitment to the SAR process and MSP. This self assessment to be completed with Board members and the gaps identified will be translated into an action plan of remedial action.	Quality and Assurance Manager.	March 2021.
To monitor developments in relation to Liberty protection safeguards and work with Board partners to implement.	Policies and Procedures sub group.	March 2020.

The Board to seek to understand and respond to safeguarding issues arising out of lockdown easing of the COVID19 pandemic crisis.

Why? To ensure that there is an effective safeguarding system in place for Coventry residents.

Measures of success

- Number of referrals where individuals wishes are met or partially met.
- Number of individuals still receiving training.

Outcomes

To ensure that individuals receive the support that they need.

Action tracker

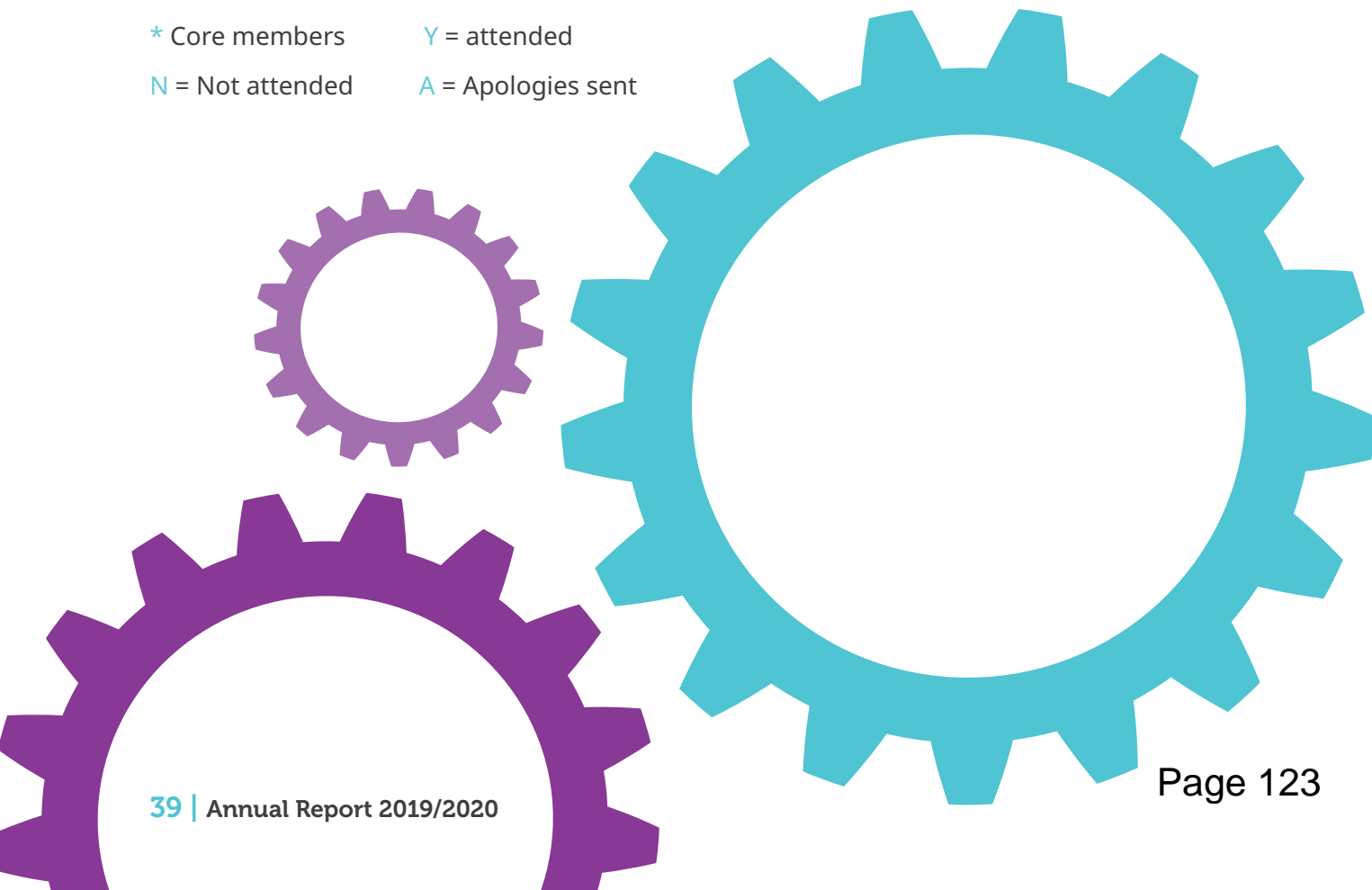
Action	Responsibility	Timescale
The Board will ensure that innovative solutions are used to meet excess demand for Safeguarding Adults Review to include Safeguarding adult Reviews in Rapid time and regional work.	Chair of the Safeguarding Adult Review Sub group.	March 2021.
Work with the strategic Chairs group to identify how support for the identified areas can be developed across Boards.	Independent Chair.	March 2021.
The Board will produce bi-monthly position statements to identify and respond to key issues and risks. Key areas will be added to the Business Plan as they are identified.	Business Executive Group.	March 2021.
The Board will seek to engage service users, their families and providers through virtual means in the absence of face to face meetings.	Board Manager.	March 2021.
The Board will seek assurance from agencies that appropriate workforce development is in place.	Chair of Workforce Development sub group.	March 2021.
The Board will escalate any issues that require further consideration to a National Level.	Independent Chair.	March 2021.


Appendix

Name	Title and Agency	Role
Derek Benson	Independent Chair, Coventry Safeguarding Adults Board	Core Chair
Jo Galloway	Chief Nursing Officer and Deputy Accountable Officer NHS Warwickshire North and NHS Coventry and Rugby Clinical Commissioning Groups	Core
Mike O'Hara	Coventry Commander, West Midlands Police	Core
Gail Quinton	Deputy Chief Exec (People), Coventry City Council	Core
Pete Fahy	Director of Adult Services, Coventry City Council, Chair of Safeguarding Adults Review subgroup	Core
Andy Wade	Head of Cluster, NPS Midlands - Coventry, Solihull & Warwickshire	Core
Kirsty Baker	Acting head of Coventry for the CRC	Core
Elaine Clarke	Associate Director of Nursing, Quality and patient Safety	Core
Liz Gaulton	Director of Public Health, Coventry	Core
Nicola Albutt	Safeguarding Manager & Prevent Lead, west Midlands Ambulance Service	Core
Gail Read	Partnership Officer, west Midlands Fire Service	Core
Andrew Errington	Head of Safeguarding and PSW for Adults, Coventry City Council, Chair of Policy & Procedures Subgroup	Core
Annette Dallas	Head of Safeguarding, Coventry & Warwickshire Partnership Trust	Core
Rebekah Eaves	Boards Business Manager	Core
Liz Kiernan	Chair of Workforce Development Subgroup. UHCW	Professional advisor
Belinda Kirk	Safeguarding Adults Coordinator Coventry City Council	Professional Advisor
Janice White	People Team Services, Legal Services, Coventry City Council	Legal Advisor
Lyn Parsons	Head of Safeguarding, Coventry & Rugby CCG	Professional Advisor
Jane Ferguson	Hereward College, Adult Education	Professional Advisor
Abi Jones	Q&A Manager, Safeguarding Board/Partnership Team	Professional Advisor
Martyn Hale	Director of Care & Support, Citizen Housing	Professional Advisor
Neil MacDonald	Strategic Lead - Quality Assurance, Coventry City Council	
Cllr Mal Mutton	Elected Member, adult Services	Observer
Lillian Symonds	Safeguarding Board/partnership Team	Admin Support
Jacqueline Barnes	Regional Director of Nursing West Midlands, NHS England	Link
Kamaljit Toor-Bajwa	Regional Advisor, NHS England	Link

Organisation	Q1 - June 2019	Q2 - September 2019	Q3 - December 2019	Q4 Meeting Cancelled due to Covid 19. - March 2020
*Independent Chair	Y	Y	Y	
*Cov & Rugby CCG	A	Y	Y	
*WM Police	Y	Y	Y	
*Coventry CC	Y	Y	Y	
CWPT	Y	Y	Y	
UHCW	Y	Y	Y	
NHSE	N	N	N	
Public Health	N	A	Y	
CRC Probation	N	A	N	
National Probation Service	A	A	A	
WM Fire	Y	Y	Y	
WMAS	N	N	N	
Legal Services	Y	Y	Y	
Hereward College	Y	A	Y	
Housing	A	A	A	

* Core members Y = attended
 N = Not attended A = Apologies sent





If you think an adult is at risk
of abuse call Adult Social Care Direct

024 7683 3003

or e-mail

ascdirect@coventry.gov.uk

Adult Social Care Direct is based at
Broadgate House,
Broadgate, Coventry,
CV1 1FS



10 categories of abuse:

Physical

Domestic violence

Sexual

Psychological

Modern slavery

Financial or material

Neglect & Acts of Omission

Discriminatory

Organisational

Self-neglect

Coventry Safeguarding Adults Board

Tel: **024 7683 2568**

www.coventry.gov.uk/csab

E-mail: **CoventrySAB@coventry.gov.uk**