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Coventry City Council

Agenda

Coventry Health and Well-being Board

Time and Date
2.00 pm on Monday, 24th February, 2014

Place
Diamond Room 2 - Council House, Earl Street, Coventry

Public Business

1. **Welcome and Apologies for Absence**

2. **Declarations of Interest**

3. **Minutes of Previous Meetings**

   (a) To agree the minutes of the meeting held on 21 October 2013 (Pages 3 - 8)

   (b) To agree the minutes of the meeting held on 27 January 2014 (Pages 9 - 12)

   (c) Matters Arising

4. **Update on Better Care - Submission and Next Steps** (Pages 13 - 28)

   Dr Steve Allen, Coventry and Rugby Clinical Commissioning Group, will report at the meeting

5. **Tackling Female Genital Mutilation in Coventry** (Pages 29 - 30)

   Briefing note of Dr Jane Moore, Director of Public Health

6. **Health and Well-being Strategy Update** (Pages 31 - 84)

   Briefing Note of the Deputy Director of Public Health

7. **Health and Well-being Board Governance Arrangements** (Pages 85 - 90)

   Briefing Note of the Deputy Director of Public Health

8. **Good Engagement Charter** (Pages 91 - 96)

   Report from Coventry Healthwatch

9. **Local Safeguarding Children's Annual Report** (Pages 97 - 150)

Report of the Coventry Safeguarding Children Board. Amy Weir, Chair of the Board will report at the meeting

10. **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

Chris West, Executive Director, Resources, Council House Coventry

Friday, 14 February 2014

Note: The person to contact about the agenda and documents for this meeting is Liz Knight

Membership: S Allen, S Banbury, A Canale-Parola, G Daly, Councillor G Duggins, Councillor A Gingell (Chair), S Kumar, R Light, Councillor A Lucas, J Mason, J Moore, Councillor H Noonan, S Price, Councillor S Thomas, B Walsh and J Waterman

Please note: a hearing loop is available in the committee rooms

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

Liz Knight
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Minutes of the meeting of the Coventry Health and Well-being Board held at 2.00 p.m. on 21st October, 2013

Present:

Board Members: Councillor Gingell (Chair)
Councillor Duggins
Councillor Mrs Lucas
Councillor Noonan
Councillor Thomas
Jane Moore, Director of Public Health
Brian Walsh, Executive Director, People
Dr Adrian Canale-Parola, Coventry and Rugby CCG
Professor Guy Daly, Coventry University
Juliet Hancox, Coventry and Rugby CCG
Professor Sudesh Kumar, Warwick University
Ruth Light, Coventry Healthwatch
Andy Nicholson, West Midlands Police
Sue Price, NHS Local Area Team
David Spurgeon, Coventry Healthwatch
Steve Taylor, West Midlands Fire Service

Employees (by Directorate):

Chief Executive's:	R Tennant
People:	S Brake, P Barnett, M Godfrey and C Parker
Resources:	L Knight
Apology:	Dr Steve Allen, Coventry and Rugby CCG

Public business

12. **Welcome**

The Chair, Councillor Gingell, welcomed members to the meeting of the Coventry Health and Well-being Board, and, in particular, to Professor Guy Daly, Coventry University, who was attending his first Board meeting. She also welcomed the Peer Review Team who were observing the meeting to provide the Board with an objective view of how they were operating.

13. **Declarations of Interest**

There were no declarations of interest.

14. **Minutes**

The minutes of the meeting held on 24th June, 2013 were signed as a true record, subject to the deletion of the word 'Brain' and replacement with the word 'Brian' in the attendance for the meeting and in the first paragraph of Minute 4c headed 'Monitoring and Improving Quality in Adult Social Care'. There were no matters arising.

15. **Dementia Development Session Follow-up: Feedback and the Health and**

Well-being Board Commitment

The Chair, Councillor Gingell, reported on the success of the Dementia Development Session held on 3rd October, 2013 which was the first of a number of proposed sessions. She placed on record her thanks to Ken Howard, a member of the public who attended and shared his experiences of suffering from early dementia. She drew attention to the Dementia Strategy Group and her intention to act as Chair and to invite senior representatives from other organisations to participate.

The key issues from the day were highlighted and the Board were informed that actions would be incorporated in the draft dementia strategy which was to be revisited. Proposals would be put forward for how Coventry could develop as an age friendly city.

Members of the Board expressed their support for the informative development session. It was suggested that it would have helpful to have been provided with experiences of dementia from the point of view of a carer, and what support they would like to receive. The Chair clarified that carers' views would be included in the draft strategy.

16. **Health and Social Care Integration: Update and Next Steps**

Brian Walsh, Executive Director, People, introduced the briefing note which reported on the progress of the integration work stream for health and social care and sought approval of the reporting mechanisms to the Health and Wellbeing Board, who would have an overviewing role in the process.

The integration of health and social care was a key priority for the city. An Integration Leaders' Group had been established, chaired by Councillor Gingell and comprising Chief Officer representatives from Coventry City Council, Coventry and Rugby CCG, Coventry and Warwickshire Partnership NHS Trust and University Hospitals Coventry and Warwickshire NHS Trust. Representatives from West Midlands Ambulance were also to be invited. A Working Group had also been established to progress the plans.

The Working Group had explored possible areas for integration where the work of the Health and Well-being Board could add value. The Leaders' Group had agreed that older people, including long term conditions, and safeguarding children would be areas for focus. An event was to be held in December, 2013 with representatives from across health and social care to formulate plans for integration and to develop an overarching vision. Progress was to be reported to the Board at their next meeting on 24th February, 2013.

Reference was made to the Integrated Transformation Fund, announced in June, 2013 which was a single pooled budget to support the integration of health and social care. Work was being undertaken to progress plans for the fund which needed to be agreed by March, 2014. Approval by the Board would be sought at their next meeting. In response to a question, it was acknowledged that the report would also be submitted to Scrutiny as well as Cabinet and Council. The requirements for proposed plans were detailed.

The Board were informed that the creation of the new People Directorate would assist the Council with the integration work.

RESOLVED that:

(i) The membership of the Integration Leaders' Group and the Working group be approved.

(ii) The approach taken by the Working Group be endorsed.

(iii) The method of reporting to the Health and Well-being Board be approved.

17. **NHS Coventry and Rugby CCG Commissioning Intentions**

The Board received a presentation from Juliet Hancox, Coventry and Rugby Clinical Commissioning Group (CCG) on the progress and outcomes of the 2013/14 commissioning intentions process. The Board also considered the CCG's draft 'Commissioning Intentions 2014-16' report.

The commissioning intentions process enabled the CCG to identify how they could make the most significant contribution to improving health outcomes over their strategic priority areas which were as follows:

- Best practice in acute hospital care
- Wellbeing of people with mental health needs
- Health of (frail) older people
- Healthy living and lifestyle choices
- High quality, safe GP practices.

Through an on-going process of engagement over 1,000 local people identified their priorities for action. During August 2013, the process was repeated at three separate workshops involving representatives from GPs and practice representatives from Coventry and Rugby, CCG staff, and representatives from the two local authorities. These workshops resulted in the six priority work programmes: diabetes; end of life; dementia; 24/7 urgent care; stroke care and children 0-5 years. Further information on these work programmes was set out in the draft report.

Over the coming months the CCG would engage with a wide range of stakeholders to develop ideas as to what changes should be made to existing services within each of the work programmes in order to improve the health outcomes secured. These ideas would then be reviewed with the resultant prioritised set of actions being detailed in the CCG's Operational Plan 2014-16.

The Board raised a number of issues on the commissioning intentions including how safeguarding was being prioritised in respect of children 0-5 years; details of joined up collaborative working around 24 hour urgent care; what was being done differently to encourage innovation; what assurances could be given about improving the quality of GP practices including premises improvements and access to greater opening hours; how would the six priority areas be monitoring for improvements; and the expectations for supporting people with mental health problems including community support to assist the police, the Probation Service and troubled families.

RESOLVED that a further progress report be submitted to the Board at the end of the commissioning process with particular reference being made to the work to support people with mental health problems.

18. **Director of Public Health Annual Reports 2012 and 2013**

The Board received a presentation from Jane Moore, Director of Public Health on public health in the city which highlighted significant changes since 1970, identified current issues and detailed the key challenges for the future. The Board also considered the two Annual Reports of the Director. The first looked back to when public health was last in local government in 1974 and considered how health had changed since then and the second looked forward to the major challenges that needed to be tackled to improve health in the 21st century. These reports were also to be considered by the Health and Social Care Scrutiny Board (5) at their meeting on 6th November, 2013 and then Cabinet at their meeting on 19th November, 2013.

The findings of the reports were to be used by the City Council and other key partners in the NHS and voluntary sector to focus action on the particular health needs of Coventry and the groups in the city with the lowest life expectancy. They showed the need for continued effort to improve issues that affect people's health including education and employment which were being tackled through the city's status as a Marmot City. They also highlighted the need to focus on lifestyle issues such as smoking, alcohol, poor diet and physical activity which were the biggest health challenges for the 21st century. Information from these reports would be shared with local people through the Neighbourhood Forums and would also be shared more widely with partner agencies and the voluntary sector.

The presentation put forward the following five key challenges:

- Focus on closing the health gap
- Target the areas of the city and the people where we have seen the least improvement
- Work with local communities to empower them to make a change (asset-based working)
- Use social marketing, social media and technology to support behaviour change
- Make it easier for people to change.

Ten key actions had been developed to address these challenges. The long term outcomes of these were to increase healthy life expectancy; to reduce differences in life expectancy and healthy life expectancy between communities; and to improve population well-being.

There was an acknowledgement of the partnership working required from all the organisations represented on the Board to be able to move forward with the key challenges.

RESOLVED that the findings of the reports be endorsed and progress in implementing its findings across local partners be reviewed.

19. **Reducing Health Inequalities: Marmot DVD**

The Board viewed the Reducing Health Inequalities 'Coventry and Marmot City' dvd which provided viewers with an understanding of what being a Marmot city meant to all of the partner organisations who had signed up to move the Marmot agenda forward. It provided the opportunity to hear about what each organisation was doing in support as well as reflecting the senior level commitment to the project. The dvd had already been

used in a variety of settings and positive feedback had been received.

20. **Signing of the Local Government Declaration on Tobacco Control**

The Chair, Councillor Gingell introduced the briefing note of the Tobacco Control Co-ordinator concerning the Local Government Declaration on Tobacco Control, a copy of which was attached as an appendix, and detailing why Coventry the should be one of the early signatures.

The declaration was initially developed by Newcastle City Council in early 2013 as a way of securing high level local authority commitment to the importance of tackling issues relating to smoking. It had the endorsement of the Health Minister, the Chief Executive of Public Health England and the Chief Medical Officer. The declaration included a number of specific commitments which would enable Council's to take a strong leadership approach and champion the importance of tackling smoking right across local communities.

Reference was made to progress with reducing smoking rates across the city. Coventry's smoking prevalence had fallen from 29 per cent to 22 per cent over the last six years. There was a new delivery model for smoking cessation services and as part of the Olympics Smokefree legacy, in July this year, Coventry made all its children's playgrounds completely smokefree. Attention was drawn to well-established 'Smokefree Alliance, chaired by Councillor Clifford, which brought together a range of public, private and voluntary partners to tackle issues relating to tobacco at a local level. The significant and growing role of the local authority to reduce tobacco use was also highlighted.

RESOLVED that the contents of the background paper be noted and approval be given to the signing of the Tobacco Control Declaration.

21. **Any Other Items of Public Business – Additional Development Session**

Ruth Tennant, Deputy Director of Public Health informed of the intention to hold a Development Session before the end of the year to look at the workplan for 2014 and to discuss the findings of the Peer Review Challenge. This would provide the opportunity to agree priorities for the Board.

22. **Any Other Items of Public Business – Winterbourne Report**

Mark Godfrey, Deputy Director, Early Intervention and Social Care, reported on the joint improvement programme arising from the 'Transforming Care' report, the national response to the Winterbourne View Hospital. Recently the Local Government Association and NHS England had published the 'Stocktake on Progress Report' which enabled local areas to assess their progress against the commitment in the Winterbourne Concordat. Attention was drawn to two areas for development: to fully understand the financial issues and for further engagement with carers and partners. Coventry was well prepared and a progress report would be submitted to the Board in due course.

(Meeting closed at: 4.00 p.m.)

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Minutes of the meeting of the Coventry Health and Well-being Board held at 4.00 p.m. on 27th January, 2014

Present:

Board Members: Councillor Duggins
Councillor Gingell (Chair)
Councillor Mrs Lucas
Councillor Noonan
Jane Moore, Director of Public Health
Rob Allison, Voluntary Action Coventry
Dr Adrian Canale-Parola, Coventry and Rugby CCG
Professor Guy Daly, Coventry University
Professor Sudesh Kumar, Warwick University
Ruth Light, Coventry Healthwatch
John Mason, Coventry Healthwatch
Sue Price, NHS Local Area Team
Karen Railton, Coventry and Rugby CCG
Steve Taylor, West Midlands Fire Service

Employees (by Directorate):

Chief Executive's:	R Tennant
People:	S Brake, C Parker and S Roach
Resources:	L Hughes and L Knight
Other Representatives:	Rachel Newson, Coventry and Warwickshire Partnership Trust Sarah Phipps, University Hospitals Coventry and Warwickshire Josie Spencer, Coventry and Warwickshire Partnership Trust

Apologies: Councillor Thomas
Brian Walsh, Executive Director, People
Dr Steve Allen, Coventry and Rugby CCG
Steve Banbury, Voluntary Action Coventry
Andy Nicholson, West Midlands Police
Jon Waterman, West Midlands Fire Service

Public business

23. **Welcome**

The Chair, Councillor Gingell, welcomed members to the meeting of the Coventry Health and Well-being Board. She placed on record her thanks to Steve Taylor, West Midlands Fire Service, for his contribution to the work of the Board. Jon Waterman would be attending future meetings as the representative from the Fire Service. She also welcomed John Mason, the new Chair of Coventry Healthwatch.

24. **Declarations of Interest**

There were no declarations of interest.

25. **Better Care: Initial Proposals for Health and Social Care Integration**

The Board received a report of the Coventry Adult Commissioning Board which informed of the progress towards completion of the Better Care Fund Planning Template to support integration across Health and Social Care; described the vision for Health and Social Care integration in Coventry; outlined the initial planned changes to be progressed as part of the Better Care Fund; and informed of the proposed process to be used to complete the submission.

The Better Care Fund was a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and Local Authorities. For 2015/16 the fund totalled £3.8b and the Board was informed that this was not new or additional money. It would involve redeploying funds from existing NHS services and would entail a substantial shift of activity and resources from hospitals to the community. The budget was to support adult social care services that had a health benefit, based on agreement between local authorities and Clinical Commissioning Groups (CCGs).

The Coventry Better Care Fund total for 2015/16 was £23.877m, comprising £2.389m from the City Council and £20.488 from the CCG. This was a minimum amount and the intention was to increase significantly this figure in future years so that whole scale benefits of integration could be realised.

Reference was made to the significant time and resource already provided across key partner organisations to ensure that the aspirations of the fund were translated into reality. A Leaders Group and Leaders Sub-Group had been established to provide leadership and direction to the development of proposals. The governance structure to provide oversight, management and delivery of the fund was detailed in an appendix attached to the report. The work already undertaken by the Leaders Group had resulted in the following vision for the city: 'Through integrated and improved working people will receive personalised support that enables them to be as independent as possible for as long as possible'.

It was proposed that Coventry's initial submission would contain three key areas for change as follows:

(i) Scheme One: Short Term Support to Maximise Independence
(ii) Scheme Two: Continuing Care (including joint packages and NHS Continuing Health Care)
(iii) Scheme Three: Children and Families

The report set out the proposals for each of these schemes as well as highlighting the benefits of an integrated approach.

The process to complete the submission for the fund involved a tight timescale with the completed template to be submitted to the NHS Local Area Team by 14th February, 2014. This was still being progressed and was being overseen by the Coventry Adults Commissioning Board. Work would continue until close to the deadline, consequently it was proposed that the Chair, Councillor Gingell signed off the template submission on behalf of the Board. A more detailed submission building on the planning template would then be submitted in April, 2014.

Members were encouraged to take the submission through their governance structures to ensure visibility and on-going support for this important work to improve outcomes across Health and Social Care in Coventry. The Board noted that the completed submission would be included on the agenda for the next Health and Well-being Board meeting along with an update on the progression of more detailed plans. The Chair, Councillor Gingell indicated that a copy of the template would be sent to all members prior to its submission.

The Board discussed the financial implications associated with the fund which did not address the financial pressures faced by the City Council and the CCG. They noted the guidance that hospital emergency activity would have to reduce by 15%. They raised concerns that releasing funds from existing services to the Better Care Fund might have unexpected consequences including the potential for funding gaps elsewhere in the system. Clarification was requested about the decision to prioritise a 'systems change' in the way that local health, public services and the voluntary sector work together in the long term to improve outcomes for children in partnership and families.

The Board also noted the work being undertaken to be able to meet one of the conditions of the Better Care Fund – better data sharing between health and social care, based on the NHS number and sharing records.

The Chair, Councillor Gingell drew attention to a statement about the importance of early prevention for health and well-being which should be central to any future plans for health and social care. It was being promoted by Nick Bell, Chief Executive of Stafford County Council and was being circulated to all Chairs of Health and Well-being Boards. A copy of this letter would be circulated to all Board Members.

RESOLVED that:

1. The vision for Health and Social Care integration in Coventry be endorsed.

2. The progression of planned changes to be progressed as part of the Better Care Fund be supported.

3. The process to be used to complete the Coventry Better Care Fund submission to be signed off by the Chair of the Health and Well-being Board outside of another formal Board meeting be endorsed.

4. The proposed governance structure for the Better Care Fund set out at Appendix One to the report be endorsed.

26. **Any Other Items of Public Business**

There were no additional items of public business

(Meeting closed at: 4.25 p.m.)

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Local Government Association

NHS England

Better Care Fund planning template – Part 1

Please note, there are two parts to the template. Part 2 is in Excel and contains metrics and finance. Both parts must be completed as part of your Better Care Fund Submission.

Plans are to be submitted to the relevant NHS England Area Team and Local government representative, as well as copied to: NHSCB.financialperformance@nhs.net

To find your relevant Area Team and local government representative, and for additional support, guidance and contact details, please see the Better Care Fund pages on the NHS England or LGA websites.

1) PLAN DETAILS

a) Summary of Plan

Local Authority	**Coventry City Council**
Clinical Commissioning Groups	**Coventry & Rugby CCG**
Boundary Differences	**CRCCG also developing a plan with Warwickshire County Council for Rugby population.**
Date agreed at Health and Well-Being Board:	**27 January 2014**
Date submitted:	**14 February 2014**
Minimum required value of ITF pooled budget: 2014/15	**£1,293k**
2015/16	**£23,877k**
Total agreed value of pooled budget: 2014/15	**£2,953k**
2015/16	**£44,593k**

b) Authorisation and signoff

Signed on behalf of the Clinical Commissioning Group	Coventry & Rugby CCG

By	Steve Allen
Position	Accountable Officer
Date	13 February 2014

Signed on behalf of the Council	Coventry City Council
By	Brian Walsh
Position	Executive Director, People
Date	13 February 2014

Signed on behalf of the Health and Wellbeing Board	Coventry Health & Wellbeing Board
By Chair of Health and Wellbeing Board	Councillor Alison Gingell
Date	13 February 2014

c) Service provider engagement

Please describe how health and social care providers have been involved in the development of this plan, and the extent to which they are party to it

The development of this plan has been overseen by the Coventry Transformation Leaders Group which is led by the chair of the Coventry Health and Well-Being Board. The Transformation Leaders Group includes the Chief Executive Officer (CEO) of University Hospital Coventry and Warwickshire NHS Trust (UHCW) and the CEO of Coventry and Warwickshire Partnership Trust (CWPT). These are the two main NHS providers in the City and they are fundamental to the programme's aims of reducing acute demand and supporting people in the community.

This plan has been developed alongside the 5 year system which is currently in development and the Clinical Commissioning Group (CCG) 2 year plan as the Better Care Fund (BCF) is central to the delivery of a clinically and financially sustainable care system. The strategic direction set out in this plan has also been widely discussed with providers through: -

a) On-going dialogue between commissioners and providers;
b) Urgent Care Working Group
c) Coventry and Warwickshire Integrated System Board that brings together leaders of the health and social care system.
d) Workshop sessions to develop plans for integration to support the delivery of a sustainable and high quality care system.

As the specific initiatives outlined in this plan are developed in greater detail there will be further focused discussions with relevant providers.

Proposals contained in this plan have been discussed with Coventry Healthwatch and as a member of the Health and Well-Being Board Healthwatch is signed up to the proposals and direction of travel.

d) Patient, service user and public engagement

Please describe how patients, service users and the public have been involved in the development of this plan, and the extent to which they are party to it

This submission draws and builds on engagement that has previously taken place to support the development of the Joint Strategic Needs Assessment (JSNA) and the Health and Wellbeing Strategy (HWBS). Both of these key documents have informed our vision for integration and underpin the 5 year system plan and the BCF. Specific patient and public user engagement will occur relating to implementation of the specific schemes.

The fundamentals of the plan correlate with a range of feedback we have had from patients, service users and the public which include themes of:

a) Frustration of the lack of cohesiveness between health and social care;
b) Requirement to be able to access support at the time it is required as opposed to usual office hours;
c) People do not want to go to hospital when they could be treated/supported in another appropriate setting
d) People do not aspire to be long term users of social care or health services where this could be avoided
e) The delivery of best practice, high quality and safe care in acute hospital and GP practices

We will continue to engage patient and service user groups as we develop schemes in greater detail through using established engagement networks wherever possible including Partnership Boards and Patient and Public Engagement forum.

e) Related documentation

Please include information/links to any related documents such as the full project plan for the scheme, and documents related to each national condition.

Document or information title	Synopsis and links
'A Bolder Community Services'	The City Councils programme, developed and undertaken with partner involvement, to meet financial challenges and focus support around key principles of maximising independence, support people to do more for themselves and supporting the most vulnerable. http://www.coventry.gov.uk/abcs
Health and Wellbeing Strategy (first)	Identification of key strategic issues that partner organisations will work on together to improve health outcomes in Coventry. http://www.coventry.gov.uk/download/downloads/id/9120/

Coventry Joint Strategic Needs Assessment 2012-13	Description of the key issues that affect the health and well-being of local people. http://www.coventry.gov.uk/download/downloads/id/6541/joint_strategic_needs_assessment_2012
CRCCG Plan on a page	Sets out key priorities, programmes and success measures for 2014/15 – 2018/19 (document attached)

2) VISION AND SCHEMES

a) Vision for health and care services

Please describe the vision for health and social care services for this community for 2018/19.

- What changes will have been delivered in the pattern and configuration of services over the next five years?
- What difference will this make to patient and service user outcomes?

Our vision is that:

'Through integrated and improved working people will receive personalised support that enables them to be as independent as possible for as long as possible'

Over the next five years we expect to implement changes that deliver:

- Availability of key services across the health and social care system, 24 hours a day, and routine services available 7 days a week, to ensure less reliance on urgent and long term health and care services. Initially we will focus on those services that reduce avoidable hospital admissions.
- A proactive approach to identifying those at risk of needing an increased level of care to ensure appropriate support is in place before a crisis situation occurs.
- The right care delivered at the right time through the creation of integrated locality team working.
- Comprehensive and accessible urgent and emergency care services, through multi-disciplinary health and social care teams, including community based and domiciliary services.
- An integrated dementia service with a transparent and seamless dementia pathway from pre-diagnosis to end of life, for people with dementia and their carers.
- Preventative approaches to healthy living and lifestyle choices that improve health across the City and reduce long term demand on health and social care
- Comprehensive and integrated children's services, ensuring improved outcomes and safeguarding and multi-agency working across the whole city, including health, social care, criminal justice, community safety, education, and youth services. An improvement board will oversee changes in year one/two of this plan including the establishment of a MASH in 2014. This work will become integral to the five year system plan 2016/2019.

The difference we expect this to make to patient and service user outcomes are:

- Earlier detection of long term conditions to support the delivery of better long term health outcomes
- Support to ensure that citizens are empowered to manage their own condition/s
- People are able to access a full range of support, this being social care or emergency services close to home when it is needed. This will provide better outcomes through reducing the need for non-acute services delivered in acute settings.
- Effective discharge for those requiring acute hospital care to reduce longer term

dependency.

b) Aims and objectives

Please describe your overall aims and objectives for integrated care and provide information on how the fund will secure improved outcomes in health and care in your area. Suggested points to cover:

- What are the aims and objectives of your integrated system?
- How will you measure these aims and objectives?
- What measures of health gain will you apply to your population?

The aims and objectives are built around the principles of the Better Care Fund and complement the work undertaken across partners on the City Council's 'A Bolder People Services' programme which seeks to transform City Council activity so that people are supported to be as independent as possible and resources are focussed on supporting the most vulnerable.

Specifically the Coventry aims and objectives arising from the Better Care Fund are:

- The delivery of personalised care planning organised around people's needs rather than organisations.
- An integrated health and social care plan, co-ordinated record and information sharing to facilitate effective health and social care delivery
- Effective deployment of resources responsive to population and community need that is equitable
- The delivery of effective hospital discharge and the diversion of activity away from hospital to ensure that citizens are only in hospital when they require an acute episode of care through advanced care planning
- The delivery of a workforce that is organised to facilitate integrated care with a commitment to shared ownership and the delivery of better outcomes.
- The delivery of an effective IT strategy across Health and Social Care to enable effective care planning through shared record system.
- Investment in primary care to enable innovative models of care and develop local areas of expertise that will improve quality and outcomes.

c) Description of planned changes
Please provide an overview of the schemes and changes covered by your joint work programme, including:

- The key success factors including an outline of processes, end points and time frames for delivery
- How you will ensure other related activity will align, including the JSNA, JHWS, CCG commissioning plan/s and Local Authority plan/s for social care

The BCF is central to the delivery of the 5 year system plan. In the 5 year system plan we articulate how we will:-

a) Radically change our approach to wellbeing and self-management;
b) Take a systematic approach to transfer activity that should be undertaken by primary care back to primary care. This will include relocating elements of the workforce that currently sit within acute services to the community;
c) Remove the boundaries between practice staff and those working in the community to deliver team based care to individuals who need the support of care professionals to manage their care;
d) Reconfiguration of site based services in order to deliver safe and effective services within the constraints on the money that we have available.

The content and yearly expansion of the BCF reflects the phasing of the 5 year system plan. There are demonstrable links to the JSNA, JHWS, NHS Outcomes Framework, and Public Health Outcomes Framework.

The schemes we are looking to initially progress through the Better Care Fund are as follows:

Scheme One: Short Term Support to Maximise Independence

Providing integrated support to individuals in a timely and effective manner can both reduce the need for long term support from health and/or social care and reduce demand on acute services through preventing hospital attendance/admission for conditions that could have been avoided through more timely and integrated community based support.

Key to the delivery of this will be the development of integrated teams comprising of health, social care and allied professions and the effective use of new technologies to support the delivery of integrated care. This area will be further progressed through a 'Hothouse Event' (March 2014) which will include professionals and practitioners from local NHS providers, primary care, social care and commissioners.

A number of key groups will benefit from this integrated approach to short term support including:

- Carers - through targeted support enabling them to continue caring as the needs of the cared for fluctuate.

- People aged 75+ - we will develop our approach to targeting support at older people (particularly 75+) in order to prevent the requirement for more intensive support from

social care or health services. Developing community resilience through asset based working will support this.

Integration will result in:

- Personalised support to deliver better outcomes through an integrated locality approach.
- Reduced system costs through reducing acute demand and requirement for on-going community based health and social care support.
- Improved citizen experience as people will know who the care co-ordinator is and will have timely reviews.
- Commissioning efficiencies through market management and assessment and management efficiencies through effective co-ordination with other professionals.
- Improved quality, diversity, and sustainability of provision.
- More responsive support and expansion of seven day availability.

Scheme Two: Long term care and support (including joint packages & NHS Continuing Health Care - NHS CHC)

Currently health and social care operate independently in relation to NHS CHC and jointly funded packages in terms of assessment, reviews and commissioning activity. Whilst key issues are around market capacity and value for money, there are also increased opportunities through integration in relation to personalisation (e.g. direct payment users), quality and choice within the market, all of which impact on the individual's experience of service provision. These opportunities exist across a range of activity including adults with learning disabilities, older people, carers and adults with mental ill health.

Integration will result in:

- Improved citizen experience as people will know who they are dealing with, will have timely reviews, and will be able to ensure that any changes in providers are linked to care needs rather than changes to funder. People will also be offered a personal health budget.
- Commissioning efficiencies through market management, assessment and management efficiencies through the removal of disputes over the funding stream.
- Financial risk being controlled.
- Improved quality, diversity, and sustainability of provision.

There will be two specific workstreams initially prioritised within this theme – services for people with learning disabilities and longer term support to older people, as part of an integrated care approach in localities.

<u>Learning Disabilities & Mental Health</u>
Work will include:

- Development of a clear resourced delivery plan, focussed on personalised community provision.
- A new pathway for young people to adulthood, with the needs of children seen within the context of their longer term care into adolescence and adulthood.
- Joint work to identify current health and social care costs and commitments from the LA, CCG and specialist commissioning to understand and tackle change to the

current balance of care and support away from long term institutionalised care.

- Development of a pooled or integrated budget for young people with disabilities in transition.
- Integrated/joint commissioning for a seamless pathway from assessment through to care management in both commissioning and service development for people with learning disabilities, with a particular focus on transition to adulthood.
- Development of whole life course planning with consistent application locally of NHS CHC criteria, to enable safe and local support services with an investment in behavioural support and community based accommodation options.

Older People

Work will include:

- Creation of a locality integrated care planning process targeting older people 75+. The aim will be for all older people 75+ to either benefit from a preventative health and care offer/approach or a full health and social care plan, dependent on need.
- Focus on ensuring as needs fluctuate people are given the opportunity to regain their level of independence within their original care setting so reducing the need for long term placement and/or NHS CHC

Scheme three: Dementia

Dementia is a growing issue in Coventry as elsewhere. A plan for integrated delivery will be developed and progressed through the Dementia Strategy Board including both pre and post diagnostic support, living with dementia and rapid re-entry to services when required. Discharge to assess models will actively be considered as part of this.

The Dementia Strategy Board will be utilised as the responsible Board to develop and ensure the delivery of future plans and an integrated whole journey pathway.

Integration will result in:

- An integrated health and social care plan with clear information and advice, tailored to individual circumstance.
- A new model of assessment that promotes independence and utilises strengths in the community, with a focus on self-care and empowerment.
- A tailored and flexible experience for citizens that harnesses resources to support people in their own homes and prevents admission to acute or long term care.

The following six stages of the pathway will be improved as follows:

Pre-diagnosis

- Coventry to become a dementia-friendly city, where there is greater awareness and reduced stigma of dementia.

Diagnosis

- Continued development of an age-independent, multi-disciplinary Dementia IPU (Integrated Practice Unit), to ensure timely and accurate diagnosis.

Post-diagnostic support

- Develop a 'menu' of post-diagnostic support opportunities.

Living with dementia

- Increased availability of technology to support people with dementia and their carers, including Telecare, Telehealth and stand alone items, such as GPS trackers.

- Effective promoting independence and reablement services designed to meet the specific needs of people with dementia, involving education and support for family carers.

Rapid re-entry

- Ensure rapid re-entry into services when required, for example, when the person's needs change. Those services would already have information about that person, so they do not have to tell their story again (links to record management).

d) Implications for the acute sector

Set out the implications of the plan on the delivery of NHS services including clearly identifying where any NHS savings will be realised and the risk of the savings not being realised. You must clearly quantify the impact on NHS service delivery targets including in the scenario of the required savings not materialising. The details of this response must be developed with the relevant NHS providers.

The emphasis of our BCF plans are to invest in strengthened primary and community services and thereby reduce the volume of both hospital admissions and residential and nursing home care. This investment is not about immediate financial returns, but rather creating the capabilities and infrastructure to enable sustainable reductions in demand in the medium term. The impact on the acute sector in 2014/15 and 2015/16 is therefore anticipated to be modest (with more savings in these early years being generated from re-commissioning services jointly and by using collective purchasing power to reduce prices where it is reasonable to do so).

In the medium term, the impact on the Acute sector will be more significant. This will be reflected in our 5 year plan. Whilst further modelling work is required to fully understand the combined impact across Coventry & Warwickshire, some reduction in Acute bed capacity is likely to be required. This will provide a further driver (along with Quality and Workforce) for a reconfiguration of acute services across the Unit of Planning footprint. By working collaboratively and transparently with our Acute providers, we believe that costs can be reduced in managed way, although some element of transition funding will be required until fixed overheads can be removed. The 1.0% of CCG allocation that is to be spent non-recurrently should contribute towards this – although at this stage the need for additional support cannot be ruled out. (UHCW have been active members of the groups that have led development of this Plan).

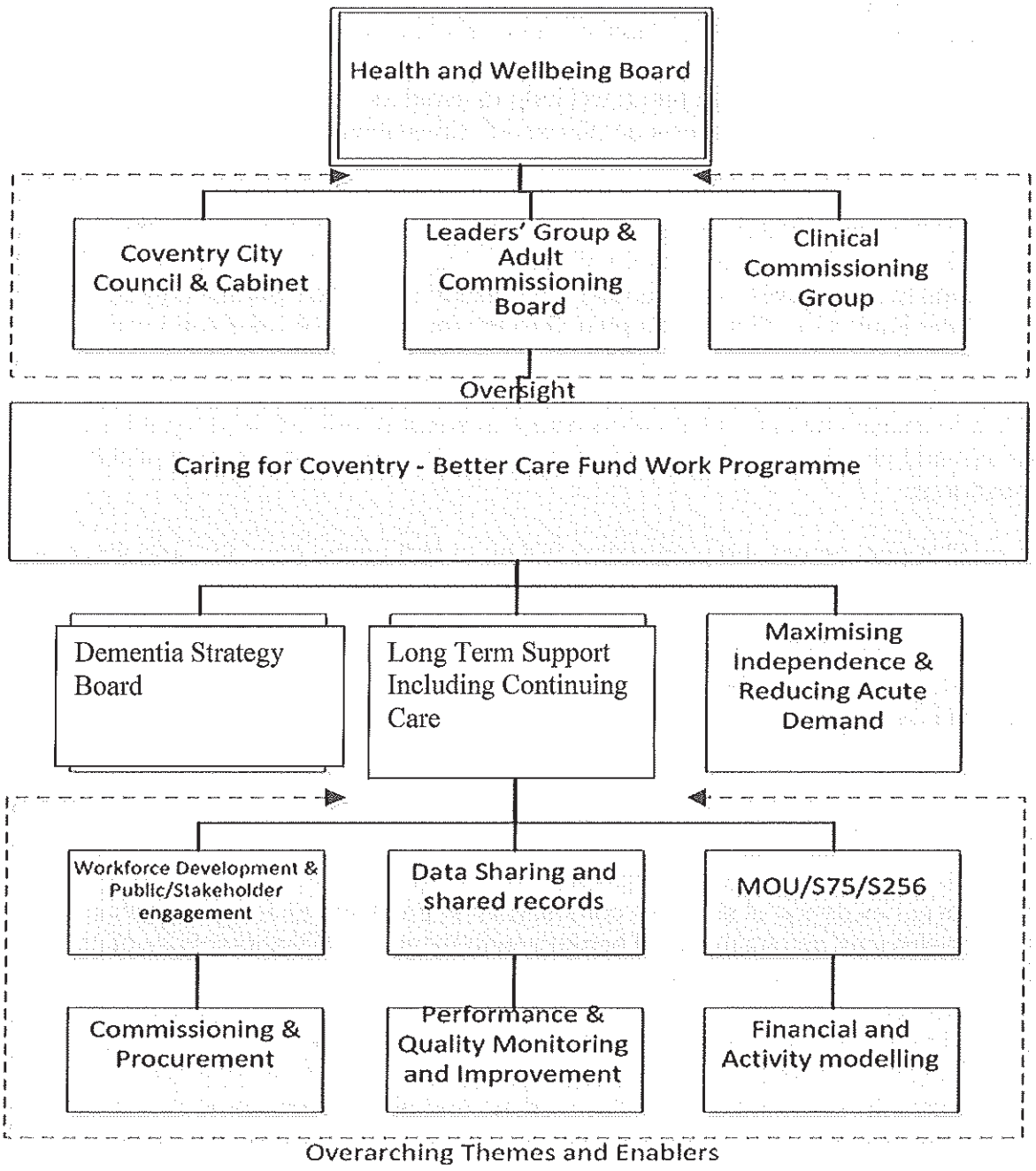
There is an expectation that Acute providers will continue to become more cost efficient and reduce their cost base. Reductions in length of stay achieved through more effective discharge arrangements should assist with internal Provider cost efficiencies; there is also the opportunity to repatriate work currently outsourced to the Independent Sector As before, detailed, costed reconfiguration plans will need to be developed and agreed across the health economy.

Should planned savings not be realised then partners will need to assess whether community based services can be re-specified to be more effective or whether they should be decommissioned. Admission and eligibility criteria would need to be reviewed. Funding set aside to support Acute downsizing would need to be redirected.

e) Governance

Please provide details of the arrangements are in place for oversight and governance for progress and outcomes

The following governance structure has been agreed by the Health and Well-Being in respect of the Better Care Fund. This structure gives key accountability to the Adults Joint Commissioning Board with oversight from the Health and Well-Being Board.



NATIONAL CONDITIONS

1. Protecting social care services

Please outline your agreed local definition of protecting adult social care services

Maintenance of existing Eligibility criteria

Please explain how local social care services will be protected within your plans

The BCF will be made available to complement available, recurrent social care funding to ensure the City Council can continue to deliver core statutory Fair Access to Care Services (FACS) to those eligible safely and appropriately. Using BCF the City Council will continue operate it's existing eligibility criteria of Critical and Substantial under FACS until a national criteria is introduced following implementation of the Care Bill in 2015.

Protecting the current eligibility criteria will help to avoid any potential adverse impacts on health (such as delayed discharges or increased admissions to hospital) that may otherwise occur.

Protecting the existing criteria for accessing local social care services will ensure the budget for Adult Social Care (Community Purchasing) is not disproportionately affected by reductions in local government funding. Assessed needs will increasingly be met, as a result of the implementation of this plan, through the use of telecare and assistive technologies, more effective use of short term support to maximise independence, and through the provision of integrated whole system dementia support. An integrated approach to transitions and to long term care and support for people with learning disabilities and people 75+ will also help the ensure best use is made of available social care resource.

The overall impact across the programme will be to reduce the need for on-going care and support across both health and social care.

The impact of any additional demand on social care resulting from successful initiatives to transfer activity from the acute sector to community services is recognised and financed via BCF.

2. 7 day services to support discharge

Please provide evidence of strategic commitment to providing seven-day health and social care services across the local health economy at a joint leadership level (Joint Health and Wellbeing Strategy). Please describe your agreed local plans for implementing seven day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends

Health is currently is committed to 7 day working and already has some services providing this level of cover. 7 day working will be an integral part of the 5 year plan.

Some social care services currently operate seven days a week although it is recognised that capacity to respond is much reduced at the weekend and outside of office hours (Monday to Friday).

To progress our 7 day working at a level where a suitable response can be provided across the whole system further work will be progressed through the "Hothouse event" in March and will form part of our more detailed submission in April.

3. Data sharing

Please confirm that you are using the NHS Number as the primary identifier for correspondence across all health and care services.

The NHS number is not currently used as primary identifier in Adult Social Care.

If you are not currently using the NHS Number as primary identifier for correspondence please confirm your commitment that this will be in place and when by

The NHS number will be the primary identifier for Adult Social Care records by April 1st 2015.

Delivery plan includes:

- Upgrade of case management application by May 2014.
- DBS batch cleansing to commence June 2014 with a mandate for 95% of social care users to be matched to an NHS number before HSCIC approval is granted.
- Connection of CareDirector to the Personal Demographic Service component of the NHS Spine by April 2015.

Please confirm that you are committed to adopting systems that are based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK))

Coventry City Council aims to adopt Open APIs wherever possible, within the constraints of the existing application architecture.

The NHS Personal Demographic Service (PDS) Health Level 7 schema is being applied to the integration of CareDirector to the NHS Spine. By extension where the City Council progress any local integration we would mandate that works adopt ITK standards.

Please confirm that you are committed to ensuring that the appropriate IG Controls will be in place. These will need to cover NHS Standard Contract requirements, IG Toolkit requirements, professional clinical practise and in particular requirements set out in Caldicott 2.

Coventry City Council is committed to ensuring that appropriate IG controls are in place.

Coventry City Council has achieved IGSoC accreditation and currently operates a link to the NHS network via Coventry & Warwickshire Partnership Trust.

4. Joint assessment and accountable lead professional
Please confirm that local people at high risk of hospital admission have an agreed accountable lead professional and that health and social care use a joint process to assess risk, plan care and allocate a lead professional. Please specify what proportion of the adult population are identified as at high risk of hospital admission, what approach to risk stratification you have used to identify them, and what proportion of individuals at risk have a joint care plan and accountable professional.

As part of work to achieve integration we will implement an integrated health and social care plan, and co-ordinated record and information sharing to facilitate effective health and social care delivery. This will include the identification of a care co-ordinator who will take the role of accountable lead professional for the individual.

GPs and community nursing teams currently use a local risk stratification predictive tool which uses health data only. This currently does not link to social care data although this will be achieved on integration of the City Councils Case Management record system (Care Director) with the NHS spine. As this work progresses we will explore the application of the existing tool across Health and Social Care as part of our development of an integrated health and social care locality model.

3) RISKS

Please provide details of the most important risks and your plans to mitigate them. This should include risks associated with the impact on NHS service providers

Risk	Risk rating	Mitigating Actions
Inability to meet financial challenges across the health and social care economy	16	• Agreed understanding to share wider financial envelope and challenges across the health and social care economy to better understand the respective pressures.
Failure to secure capacity, capability and quality provision from the market	12	• Renegotiate contracts based on outcomes framework and revised financial envelope. • Complete soft market testing for some niche areas. • Introduce quality premium payment for key areas e.g.; challenging behaviour • Contract for key areas in a way that puts the onus on providers to make capacity available at key points and recognise the cost of this in any contract price, including the ability to recruit, retain and appropriately skill staff.
Political and professional/clinical buy in for proposed new service model	12	• Establish strong brand and key message • Demonstrate financial viability across the economy and fit with overall financial strategies of organisations. • Evidence value for money and outcomes to be delivered for each scheme.
Leadership and continuity of the new service model	16	• Produce robust communication strategy. • Leadership capacity in place with a named strategic lead for each of the partner organisations. • System leadership through Health and Well-Being Board and leaders sub-group chaired by chair of Health and Well-Being Board
Service model fails to deliver as planned (either financially or to outcomes)	16	• Undertake reviews and evidence based progress tracking at frequent intervals. • Retain flexibility in arrangements to adjust as required and in response to changing circumstances.

Coventry City Council

Briefing Note

Date: 24th February 2014

To: **Health and Well-Being Board**

From: **Dr Jane Moore, Director of Public Health**

Subject: Tackling Female Genital Mutilation in Coventry

Purpose

To update the board on work being undertaken to tackle FGM in Coventry

Recommendations

Health and Well-Being Board is recommended to:

- Support the motion approved by Council condemning the practice of FGM
- Endorse the establishment of a working group to develop and implement a local multi-agency action plan to tackle FGM
- Ensure that agencies represented on the Health and Well-being Board are actively involved in this programme of work.

1. Background

1.1 Female genital mutilation (FGM), also known as female circumcision or female genital cutting, is defined by the World Health Organisation (WHO) as ***"all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons"***.

1.2 Procedures are mostly carried out on young girls sometime between infancy and aged 15, and occasionally on adult women. FGM is illegal in the UK. It is also illegal to arrange for a child to be taken abroad for FGM. If caught, offenders face a large fine and a prison sentence of up to 14 years.

1.3 It has been estimated that over 20,000 girls under the age of 15 are at risk of female genital mutilation (FGM) in the UK each year, and that 66,000 women in the UK are living with the consequences of FGM. However, the true extent is unknown due to the 'hidden' nature of the crime[1].

1.4 At its meeting of the 3rd December 2013, Council approve a motion that condemned the practice of female genital mutilation and called on steps to be taken locally to enforce the law to prevent women and girls being taken out of UK legal jurisdiction with the intention of carrying out FGM. It also called for better enforcement of the law against parents/ guardians who permit FGM and practitioners who carry it out and better education to support girls to resist FGM, boys to oppose this and to empower communities to confront it. It called upon all the agencies locally to play a part in collective action against FGM.

2. The local picture

2.1 In 2010 there were 301 births in Coventry to mothers born outside of the UK where FGM is practiced. Based on the assumptions of FGM prevalence within the mothers' country of origin it is estimated that 145 women living in Coventry who gave birth in 2010 may have undergone FGM. This equates to 3% of the total women giving birth in 2010. Evidence suggests that for these women there may be an increased risk of childbirth complications and new-born deaths. For those mothers who have undergone FGM there is also the potential risk that their female children will also undergo the procedure.

2.2 There are a number of steps that have been taken locally across a range of agencies to address FGM in Coventry:

- The Local Safeguarding Children's Board (LSCB) has been working in partnership to address FGM locally, since 2009. To date they have produced Children and Female Genital Mutilation (FGM) Safeguarding Procedures, a FGM Guidance Sheet for Professionals and FGM Awareness Training for professionals. The LSCB also send out pre and post summer holiday alerts highlighting the risks of FGM.

- The Meridian Centre (a General Practice which looks after newly-arrived asylum-seekers in Coventry) routinely asked new registrations about FGM. If they see female clients who have undergone FGM who have female children they will inform them of the legal aspect of FGM and if they have concerns they will refer them to Safeguarding.

- West Midlands Police have launched Operation Sentinel. This is a force wide initiative aimed at protecting the most vulnerable members of society in the West Midlands particularly those who are victims or are at risk of child sexual exploitation, honor-based violence, human trafficking, female genital mutilation and domestic abuse.

- In addition, Coventry University is part of a EU-wide programme (REPLACE 2) to evaluate best practice in tackling FGM.

- All schools in Coventry are being contacted to make them aware of the risks of FGM, particularly in the run-up to the summer holidays when girls may be taken abroad for female circumcision.

3. What we need to do next?

There are a number of steps we need to take to deliver a comprehensive city-wide programme of work to tackle to FGM. These include:

- Establishing a multi-agency group, led by public health, to develop a local action plan. This should:
    - Include representation from safeguarding, education, police and criminal justice, general practice, midwifery and gynaecology.
    - Identify best practice from other parts of the country which have higher levels of FGM.
    - Review local clinical pathways for women and girls who have been subject to FGM, including local arrangements for referral and treatment (deinfibulation). This should draw on national standards and best practice developed by the national FGM clinical group.
    - Improve local data collection systems for recording FGM to give a more accurate picture of the true levels of FGM locally.

Queries to:

Dr Khadidja Bichbiche,
Consultant in Public Health, Coventry City Council, Khadidha.bichbiche@coventry.gov.uk

Coventry City Council

Briefing note

To: Health and Wellbeing Board
Date: 24th February 2014

Subject: Health and Wellbeing Strategy Update

1 Purpose of the Note

1.1 To provide the Health and Wellbeing Board with an update on the development of the Health and Wellbeing Strategy and proposed next steps.

2 Recommendations

2.1 To endorse the approach that has been outlined for the development of an over-arching strategy for the board.

3 Background

3.1 The existing Health and Wellbeing Strategy was agreed by the Health and Wellbeing Board in December 2012. The strategy outlines four key themes: healthy people, healthy communities, reduce variation and improve outcomes. These themes are further divided into priority areas, as shown below. A full version of the strategy is enclosed with this briefing note (Enc. 1).

Theme	Priorities
Healthy people	Early years Older people
Healthy communities	Obesity Mental Wellbeing Domestic violence and abuse Sexual violence
Reduce variation	Smoking Alcohol Infectious diseases
Improve outcomes	Cancer Variation in primary care Lifestyle risk management

3.2 The priorities in the strategy were set following work undertaken as part of the Joint Strategic Needs Assessment, in 2012. This work identified the key impacts of the priority areas and also potential gaps, to be addressed in support of future development of the

strategy. The high level findings from this work, along with updated measures, where available in January 2014, are included as a slide set, with this briefing note (Enc. 2).

3.3 Since the strategy was developed in 2012, there have been a number of changes including the acceleration of Health and Social Care integration, a smaller public sector and different challenges within communities that mean there is a need to review the strategy, to ensure it is fit for purpose. The recent peer challenge from the Local Government Association identified the need to ensure that the strategy mirrors the ambition and scale of challenge outlined in the Marmot agenda and that there is a need to further develop contributions from the voluntary and community sector.

4 Role of the Health Strategy Group

4.1 The Health Strategy Group will act as a sub-group of the Health and Well-being Board, with the remit to lead on the following areas, on behalf of the board:

- Refresh and update the Health and Wellbeing Strategy, with key strategic groups, to ensure that the board has a clear over-arching strategy.
- Involve wider stakeholders, including the public, in a 'Big Conversation' on the Health and Wellbeing Strategy, to ensure it adapts to emerging and changing issues in the city.
- Identify and agree key areas, requiring additional in depth investigation, to support the development of the strategy and to ensure it remains fit for purpose. (This will form a rolling process of Joint Strategic Needs Assessment)

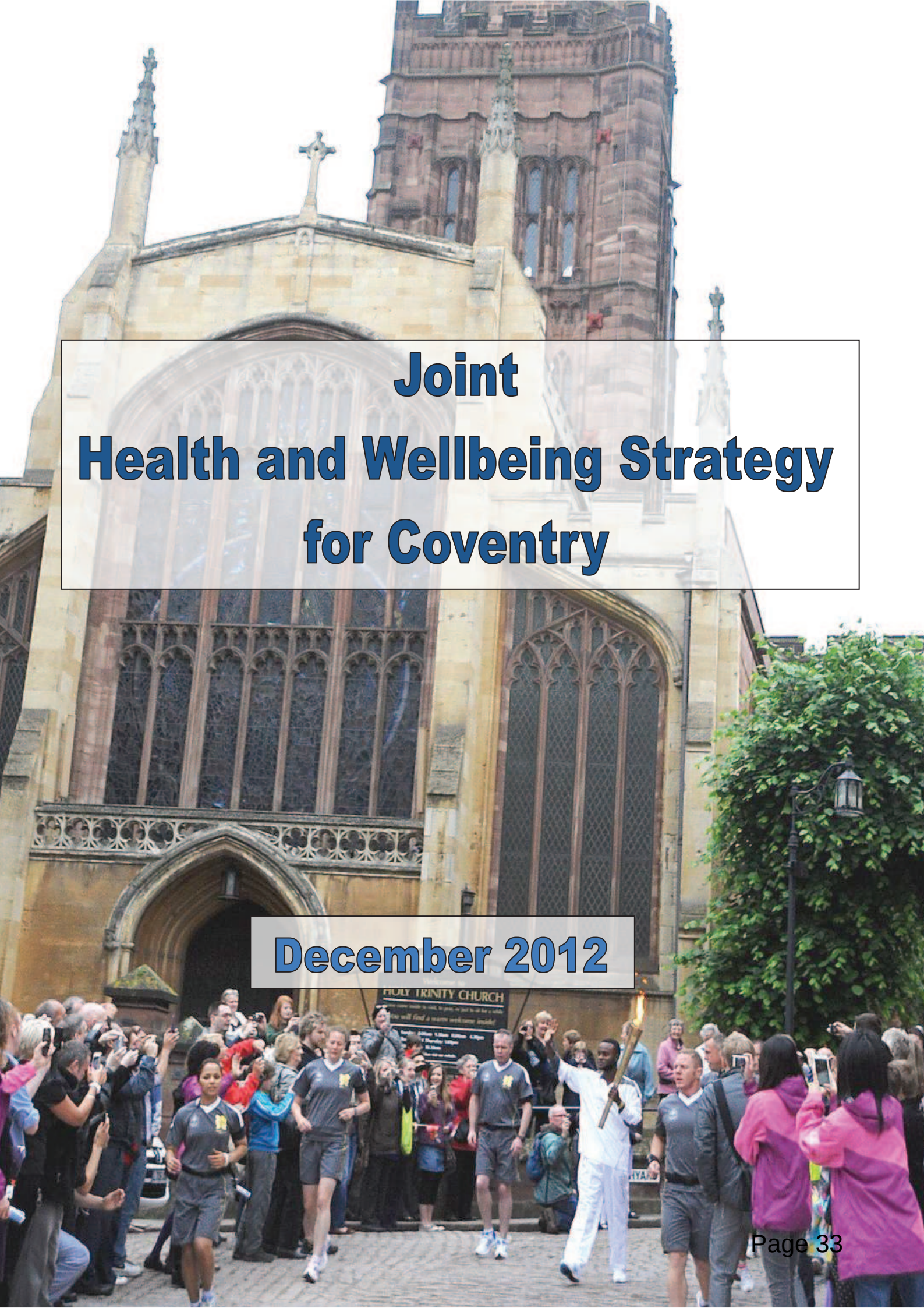
5 Next steps for Health Strategy Group

5.1 Link with other existing and emerging sub-groups of the Health and Wellbeing Board, including Marmot, Primary Care Quality and the Better Care Leaders' groups to pull together existing action plans into an over-arching strategy.

5.2 Refresh lead partnership groups for priority areas in the strategy to ensure these are fit for purpose and link with these groups to determine key outcomes, which will feed into the Health and Wellbeing Strategy.

5.3 Develop membership of group, to ensure membership reflects existing strategy priorities and has sufficient expertise to lead on a 'Big Conversation' and supporting communities to identify and build on existing assets.

5.4 Lead on the organisation of a Health and Wellbeing Board development session, to review key areas of the strategy, with a wide range of stakeholders, to take place in spring 2014.



Joint Health and Wellbeing Strategy for Coventry

December 2012

Foreword

As chair of the Coventry Health and Well-Being Board I am committed to providing leadership to address the long term health inequalities that have for too long blighted our City.

The simple fact that there is a difference in life expectancy of approximately 11 years across Coventry is not acceptable and cannot be allowed to continue.

This strategy will make a difference and as Chair of the Health and Well-Being Board I will provide the leadership to ensure that it does. In signing up to this Strategy the City Council, along with other members of the Coventry Health and Well-Being Board accept the challenge of addressing the health inequalities that are prevalent in Coventry. Although we recognise that this will take time, resources, and significant effort over a prolonged period we are determined to start now and act positively, decisively and differently to how we have acted before. Six themes, known as the 'Marmot Themes' were identified in February 2010 by Professor Michael Marmot in his report 'Fair Society, Healthy Lives'. These themes identify the wider social determinants of ill-health and have been adopted by the Coventry Health and Well-Being Board. These six themes are as follows:

- Giving every child the best start in life.
- Enabling children, young people and adults to maximise their capabilities and have control over their lives.
- Creating fair employment and good work for all.
- Ensuring a healthy standard of living for all.
- Creating and developing healthy and sustainable places and communities.
- Strengthening the role and impact of ill-health prevention.

Making progress against these themes will require a concerted effort across a range of stakeholders. The role of Health will be critical in this and the changes being introduced through the introduction of the Health and Social Care Act 2011 gives an opportunity for Health commissioners, through Clinical Commissioning Groups, to commission differently to improve the long term health of the population overall. The Health and Well-Being Board will take a key role in overseeing this activity along with the activity of other key commissioners in the City.

Addressing inequalities is a matter for a range of stakeholders as the health of the City's population is influenced by a range of factors which include:

- Outdoor spaces and buildings
- Transportation
- Housing
- Opportunities for social participation
- Respect and social inclusion
- Civic participation and employment
- Communication and information
- Community support and health services
- Education and life-long learning

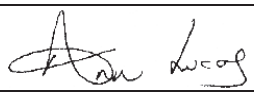
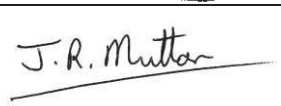
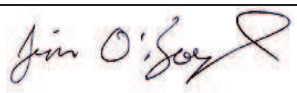
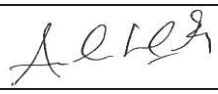
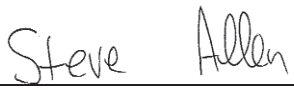
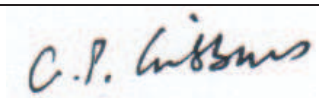
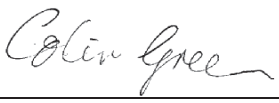
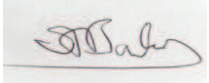
As the work of the Health and Well-Being Board develops, an overview, and strategic input into this range of health influencers will be required to ensure long term and sustainable progress is being made. We need to be determined to start now and act positively, decisively and differently to how we have acted before. Through signing up to this Health and Wellbeing Strategy, Board members are expressing their intent to do things in a way they have not been done before in order to improve the health of the City's population.

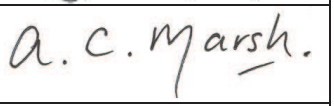
As chair of the Board I will provide the leadership to ensure that they do.

Cllr O'Boyle

Chair of Coventry Health and Well-Being Board

Parties signed up to the Joint Health and Wellbeing Strategy for Coventry

Organisation	Principle lead	
Coventry City Council	Councillor Ann Evelyn Lucas	
Coventry City Council	Councillor John Mutton	
Coventry City Council	Councillor Hazel Noonan	
Coventry City Council	Councillor Jim O'Boyle	
NHS Commissioning Board	Sue Price	
University Hospital, Coventry and Warwickshire	Andy Hardy	
Coventry and Rugby Clinical Commissioning Group	Steve Allen	
Coventry and Warwickshire Partnership Trust	David Allcock	
Coventry LINk	David Spurgeon	
Coventry Partnership	Charley Gibbons	
Coventry University	Howard Davis	
Children, Learning and Young People Directorate	Colin Green	
Community Services Directorate	Brian Walsh	
Public Health Directorate	Jane Moore	
Voluntary Action Group	Stephen Banbury	

Voluntary Organisations Disability Group	Gill Boston	
Warwick University	Sudhesh Kumar	
West Midlands Ambulance Service	Anthony Marsh	
West Midlands Fire Service	Steve Taylor	

Health and Wellbeing Strategy for Coventry

Our vision is to improve the health and wellbeing of all people who live in Coventry.

Our aim is to improve health and wellbeing levels in Coventry so they match the best in the country. We want to reduce the gap in life expectancy between the wealthier and more deprived parts of the city, improving the health of our most vulnerable groups so it matches the best in the city.

We want to maximise the number of years people live free of illness and disability and ensure that everyone has access to good quality health services, irrespective of where they live, so that people can access the preventative services they need to stop them getting ill. And we want to intervene early when needed, so people can benefit from treatments which are known to prevent common conditions, such as coronary heart disease and diabetes.

We will do this by working with a whole range of partners across local government, the NHS, local communities and the voluntary sector to take every opportunity and use all resources at our disposal, to reduce health inequalities, prevent ill-health and promote wellbeing.

We will put local communities at the heart of what we do, working with them to identify their needs and to collectively find solutions that build on the assets in local communities.

This vision will be delivered by:

- Clear leadership by the Health and Well-being Board.
- Strong partnership working across local government, the NHS (including the Clinical Commissioning Group, Coventry and Warwickshire Partnership Trust and UHCW), the voluntary sectors and local communities.
- Effective engagement with local people to understand their health needs, building on the strengths in local communities and using behavioural insight to bring about sustained behaviour change.
- Clear local priorities, based on a rigorous analysis of local health need, described in the City Council's Joint Strategic Needs Assessment (JSNA) with clear areas for action by all local partners, described in the Health and Wellbeing Strategy.
- Effective scrutiny and challenge from the Council's scrutiny boards and HealthWatch.

What is the Joint Health and Wellbeing Strategy?

From April 2013, all Local Authorities will have a new Board called the Health and Wellbeing Board (HWBB), and it is their responsibility to work together to improve the health and wellbeing of the people living in the area that they serve. Coventry's Health and Wellbeing Board has been working in shadow form for over a year in Coventry, and includes local commissioners – people that choose and purchase the services paid for by public's money - across the NHS, public health and social care as well as elected representatives, and representatives of the Local Involvement Network (LINk – to be replaced by HealthWatch).

The first stage of the process is the development of a Joint Strategic Needs Assessment (JSNA) which looks at the key issues that affect the health and wellbeing of local people, based on information such as rates of disease in different groups, whether actions are being taken to improve health and whether these are successful and based on good evidence. From this, the Health and Wellbeing Board select those key priorities that they think are the most important for the range of partners in the HWBB to tackle jointly, though working in partnership. These priorities form the Joint Health and Wellbeing Strategy. They are discussed widely before being agreed; this document (the draft Joint health and Wellbeing Strategy) and the consultation process alongside it are one way in which these discussions are taking place.

This document does not contain detailed information on exactly how we will tackle these issues. The HWBB will require partners to work together to produce detailed plans (or to review existing plans), and to carry out those actions. The HWBB will expect partners to report back on progress and to explain their achievements against a set of measures, some of which (the outcome measures i.e. the actual impact on health or wellbeing) are summarised in this document.

The organisations and City Council Directorates represented on Coventry's HWBB are;

Children, Learning and Young People Directorate	NHS Commissioning Board
Community Services Directorate	Public Health Directorate
Coventry and Rugby Clinical Commissioning Group	University Hospital, Coventry and Warwickshire
Coventry and Warwickshire Partnership Trust	Voluntary Action Group
Coventry City Council - Councillors	Voluntary Organisations Disability Group
Coventry LINk	Warwick University
The Coventry Partnership	West Midlands Ambulance Service
Coventry University	West Midlands Fire Service

Our Story

Coventry is a city that has more poor areas than rich areas. This means that has a negative impact on the health and wellbeing of many people in the city across a number of key measures compared with the rest of the West Midlands Region and England.

People who are poorer, less well educated and who live in more deprived areas, suffer more negative effects on their health and wellbeing. The difference in life expectancy between the poorer and richer parts of the city is too big and needs to be addressed, both for men and women.

Poor health and wellbeing is a result of a huge variety of factors that people experience during their lifetime. Many of these factors are related to people's behaviours (smoking, alcohol, diet); the place where they live and work (housing, transport, access to services); and the communities they belong to (feeling safe, access to greenspace, leisure etc).

If we want to improve the health and wellbeing of people in Coventry and to really tackle health inequalities it is these factors that we must change.

This will only be achieved by effective partnership working across all of the organisations, sectors and agencies in the city with the people of Coventry

It is the hope of the Coventry HWBB that through the organised efforts of all partners in the city, who are well placed to influence these factors, that we can make a real contribution to improving the health and wellbeing of the people of Coventry.

In Coventry we are worse off than many parts of the UK. There are serious social issues that mean we are not as healthy and prosperous as we could be, for example:

- 13% of children in Coventry leave school with less than five good GCSEs
- 28% of children in Coventry grow up in poverty
- 24% of people in Coventry still smoke
- 20% of Year 6 children in Coventry are obese
- 50% of people in Coventry drink more than the recommended maximum level of alcohol on at least 1 day per week; 4% exceed it on more than 3 days per week.

Improving health and reducing health inequalities requires effort on a broad front. Through our Joint Strategic Needs Assessment we asked a number of key questions (see box below) and the answers to these questions helped to form a number of key priorities. These priorities have been developed into the four main themes of this strategy.

Questions asked to inform the JSNA;

What are the main issues affecting the health of those who live in Coventry?

For each issue;

1. Is there more that could be done to tackle this issue?
2. Is the delivery of this important to all partners?
3. Is it of strategic importance? (e.g. does it influence health inequalities, is it an area where outcomes are poor)
4. Is there considerable impact? (in terms of health impact and number of people adversely affected)

Theme One - Healthy people

We want to improve the health of everyone in the city from 'cradle to grave'. To do that we must tackle the issues that are sending far too many people to an early grave in the city.

In tackling these issues all partners will work together with the people of Coventry to improve their health.

We understand that by focusing on the first few years of life we have the greatest opportunity of getting in early and preventing many of the harmful influences on health and promoting positive behaviours.

Coventry Olympic Ambassadors

We are focusing on the first few years of life as we now understand how crucial these are in preventing many of the problems that will affect children as they grow up and in their later life. What we do to give children the best possible start in life has to happen in their first two years as we now know how crucial this period is to improving the life chances of each child in the future.

There is a particular focus on early years, where there is the most scope for prevention, and older people, who carry the largest burden of ill health. Health levels for the general population as well as those for particular high risk groups will be improved through a partnership approach.

Initial priorities;

- Early Years (pre-natal to two-years-old)
- Older people

Theme Two - Healthy Communities

We understand that working in partnership with our communities will be important to support them to sustain good health and wellbeing, and address many of the broader issues that impact on their health. This will be done by using approaches that identify the strengths of a community as a start to build and grow something that will last in to the future. Communities are our greatest strength and we need to build on that strength.

Central Library Circus Stars

Initial priorities;

- Obesity (maternal and childhood)
- Mental Wellbeing
- Domestic Violence and abuse
- Sexual Violence

Theme Three - Reduce variation

We know that there are differences in health between communities within the city. We will work with the worst affected groups where health is the poorest, including migrant health, people with disabilities and looked after children. Variations in health across the population will be addressed.

Initial priorities;

- Smoking
- Alcohol
- Infectious Diseases

Theme Four - Improve outcomes

There are a number of key health measures where Coventry does not perform well. These health measures relate to the most common illnesses and conditions that people are chronically sick or dying too early from.

We want to improve those measures for the people of Coventry so that they match the level of the best in England.

Initial priorities;

- Cancer (for Year 1)
- Variation in primary care
- Lifestyle risk management (Making every contact count)

Cross cutting themes

There are a number of key cross cutting themes that will support us in tackling these issues:

- Prevention - there should be a focus on stopping people getting ill. By getting in early we will prevent many problems from happening.
- Partnership working – we will build on the strong partnership working in Coventry to make sure that services are more joined up, easier to access and designed with the input of users for users.
- Community engagement – Coventry has many strengths and we need to ensure that those strengths are identified and built upon, rather than focusing on the problems.

What causes ill health in Coventry?

People living in Coventry are more likely to die at an early age than people living in England as a whole. The kinds of diseases that cause this earlier death include cancers, heart disease, stroke, infectious diseases, diseases that affect breathing (Bronchitis) and liver disease.

Many of these diseases are caused, or are made worse, by the surroundings in which people are born, grow-up, live, work and grow old.

These are events that take place across the life time of all of us – a life course. What we now understand about looking at the life course is that it is a good way to look at how to improve the health and wellbeing of all ages, young and old.

Improving the lives of those most at risk

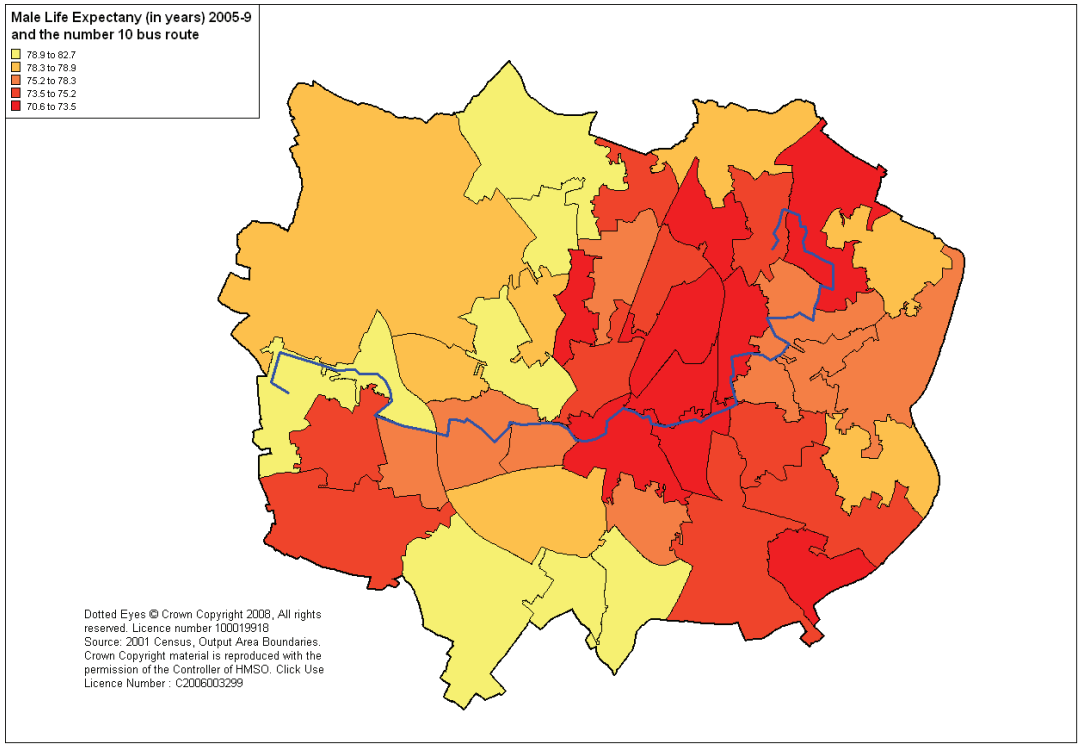
People who are born into the poorest of conditions tend to have poorer education, lower wages and poorer health than those born into the best. For example in Coventry, a man born in the city centre is likely to die, on average, almost 11 years earlier than a man born in the Banner Lane area.

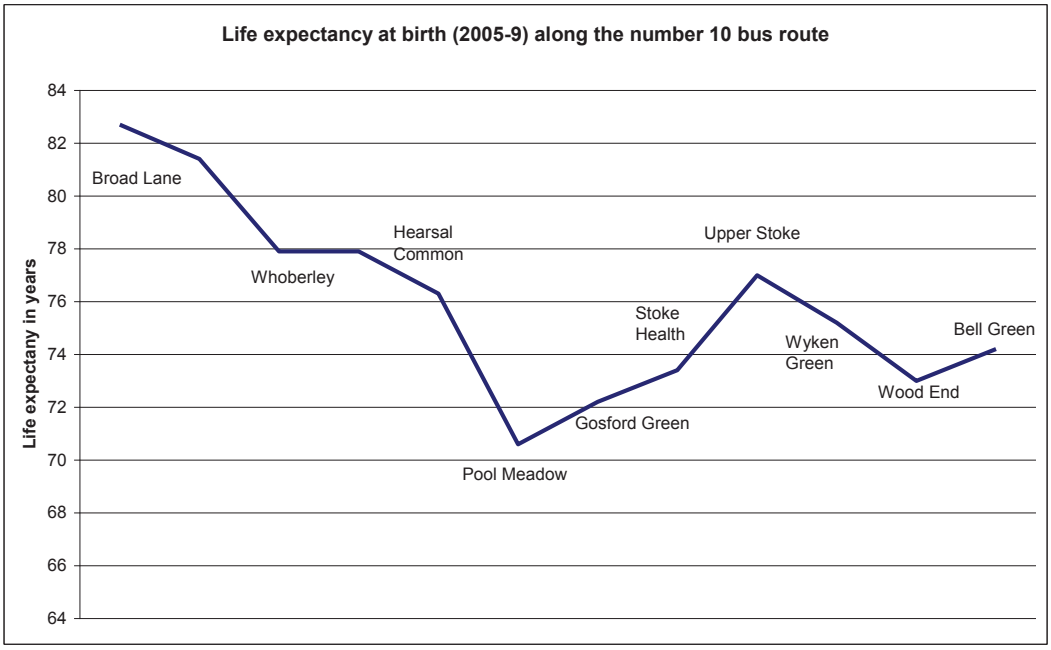
The map below shows the different life expectancy across the city, from shortest (dark red) to the longest (pale yellow). The blue line shows the number 10 bus route. Along this route, life expectancy for males varies from almost 83 to just under 71 years of age.

A key part of our aim is to improve the health of those in the city until they match the health outcomes of the best in Coventry. To achieve this we will consider these groups in all of the services that are provided in Coventry. We may need to make services easier to access, or deliver them in different ways. These groups might be defined by their

- age
- sex
- race
- religion or belief
- disability including physical and mental impairment
- gender re-assignment
- marriage and civil partnership
- pregnancy and maternity
- sexual orientation
- any factor that may lead to a group being disadvantaged (such as carers), or excluded from society (such as homelessness).

Male life expectancy at birth in years 2005-9 and the number 10 bus route





Key areas for action in Coventry

Healthy People

Throughout your life, many different factors can affect your health and wellbeing. To help people to be as healthy as possible we will work to prevent poor health in the first place, to detect and treat health problems early, and to provide the best support for people who have poor health or wellbeing.

This year, there are two particular stages of life that people have told us Coventry should focus on. In the Early Years (0 to 2 years), there is the greatest opportunity to improve future health, and we should aim to give every child the best start in life. We also should focus on supporting older people to have the best quality of life, even if they have health problems.

Early years

You have told us that supporting children and their families is particularly important in Coventry. We know that by the time a child goes to school, there are already differences in their development. These differences are strongly linked to their future health, wellbeing and life expectancy.

We want to support families to help their children to have the best chances for a long and healthy life. We need to provide this support early because we know that the earlier it is provided, the bigger the impact.

Supporting breast feeding

Family Nurse Partnership

The Family Nurse Partnership works alongside health visitors by providing more intensive support for those who need more help to care well for their children and themselves.

Specially trained nurses visit young mothers in their own homes throughout their pregnancy and up until their child reaches two years of age. They provide intensive support, which could include offering help in giving up smoking or setting goals around finishing education or taking up a new course. It may also include supporting them to deal with the practical, social and emotional aspects of becoming a parent. This programme has been shown to benefit both children and their parents.

What should we do in Coventry?

In order for us to give every child born in Coventry the best possible start in life there are a number of things we will need to focus our efforts on.

Firstly, we need to focus on reducing the number of families living in poverty by supporting them into work and for them to be able to access safe and affordable housing

We understand that you want us to help families to provide safe and supportive homes for their children. This creates the right surroundings in which a child can thrive and develop.

Healthy Nurseries

We also understand that you want us to support parents so that they can help in the development of their children, so that they will be ready for school.

We will work towards ensuring that every parent in the city can easily access the right level of parental advice and support for their needs. We will work with families to help them to live healthy lifestyles, for themselves and their children by making sure that they can access advice and support services easily.

Healthy Nurseries

Secondly, we recognise that we have an important role to play with other partners in supporting our vision.

We understand that you want us to join up all of the services that work with young children and their families, through the Healthy Child Programme, so that you and your children are better supported in achieving better health.

As partners we will be reviewing all services working to keep children safe in Coventry.

Thirdly, we acknowledge that much of this can only be achieved by helping communities to develop and flourish.

We will support this goal by making sure that services are available where they are needed, and when they are needed. We will continue to build on the good work with communities to identify their strengths and the areas that they would like to improve.

Bookstart in Coventry

Bookstart helps people to enjoy books with their children from as early an age as possible, with the gift of free books to all children at two key ages before they start school.

- Bookstart Baby, for children between 0 and 12 months, which is available from health visitors at local health clinics and libraries.
- Bookstart Treasure for pre-school children, which are given out at early years settings such as playgroups and nurseries in the child(ren)'s pre-school year

Bookstart Bear Club

All Coventry libraries offer The Bookstart Bear Club; a free and fun membership club for babies, toddlers and pre-schoolers. Bookstart in Coventry is co-ordinated by Coventry Libraries and Information Services in partnership with the Coventry & Warwickshire Partnership Trust Early Years and Childcare Service, Coventry Children's Centres and other community services.

For more information on Bookstart please visit the Bookstart website http://www.bookstart.org.uk/

What are we hoping to achieve?

- Reduce the percentage of children living in poverty
- Increase the level of child development at two years of age
- Increase the proportion of children who are 'ready for school' based on the early years foundation stage profile.
- To have fewer children who need to be taken into care

It is anticipated that meeting these achievements will require an increasing proportion of the budget to be spent on Early Years services.

LEAD ORGANISATION(S); CCG /LOCAL AUTHORITY/NCB

LEAD PARTNERSHIP; CHILDREN'S AND YOUNG PEOPLE'S PARTNERSHIP

Further Information

NHS Choices – your pregnancy and baby guide

http://www.nhs.uk/livewell/abuse/pages/domestic-violence-help.aspx

NHS Choices – parenting

http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/being-a-parent.aspx

Local parenting support services in Coventry

http://www.coventry.gov.uk/info/200071/parental_support/894/parenting_support

Older People

As people age, they are more likely to develop physical and mental health conditions. Physical illnesses such as diabetes, heart disease, arthritis, respiratory diseases and sensory impairments (such as loss of sight or hearing) are often combined with declining mental health, such as dementia. This has an impact on families, especially carers, as well as the affected individuals. Older people – those over retirement age – may suffer deteriorating mental and physical health due to poor housing, poverty, lack of access to transport and experience of, or fear of, crime.

Celebrating the Jubilee

What should we do in Coventry?

We know that the older people of the city want to be supported to live independently for as long as possible.

We will succeed in doing this by focusing on a number of key issues.

Active for Health

Firstly by providing the right services in the right place and at the right time, we aim to support older people to live independently for as long as possible. This might include many different services - from helping people to keep their home warm and safe to providing care at home, and providing support to carers.

We aim to keep people in better health, preventing the sudden worsening of symptoms which often lead to hospital admissions by making sure that they receive the care that they need at the right time and in the right place.

Secondly, as partners we need to ensure that we are better at joining up the services we provide for older people in Coventry across health, social care and the voluntary sector. This means that health and social care will be redesigning their services to improve the experiences and outcomes for older people.

By working through Coventry's Older People Partnership, organisations across Coventry will work together to promote health and wellbeing into old age; including the wider issues such as housing and poverty

We understand that we can achieve our goal for older people's independent living by working with communities and helping them to identify opportunities to improve the health and wellbeing of older people in the city.

Healthy Walks

Fuel poverty

More than 400 households in fuel poverty are set to be helped this year as part of a city-wide initiative to tackle the problem. Households are defined as being in fuel poverty when more than 10 per cent of their income is spent on heating bills.

The main causes of fuel poverty are high energy prices, inefficient heating systems and poor insulation. The issue is a particular problem in Coventry, which has led Coventry City Council to become involved in four partnership schemes targeting the elderly and people living in priority neighbourhoods.

Four projects have been launched over the past year as part of a Coventry City Council drive to help people escape the growing crisis. They include the Warm Home Discount Scheme which is being run in partnership with energy supplier E.ON through which eligible residents can receive cash help with their winter fuel bill.

It has identified more than 4,000 local residents who could be eligible to receive a discount of £130 off their fuel bill, free loft and cavity wall insulation and a free visit from a trained energy assessor to offer money and energy saving tips. More than 400 households have taken up the offer so far which is hoped will make a real difference to them having warmer homes this winter. Other schemes include a city-wide free home insulation scheme with Nuneaton-based Rockwarm, the Warm Front scheme in partnership with Carillion Energy Services and the Keeping Coventry Warm Project.

What are we hoping to achieve?

- Improvements in older people's perception of community safety (where this is currently low)
- Improvements in the proportion of older people who were successfully supported to remain at home following a hospital stay {PH outcome}
- Improving health related quality of life for older people {PH outcome}
- Reducing excess winter deaths

LEAD ORGANISATION(S); CCG /LOCAL AUTHORITY

LEAD PARTNERSHIP; OLDER PEOPLE'S PARTNERSHIP

Further Information

NHS Choices; Men's and Women's Health 60 plus

http://www.nhs.uk/LiveWell/men60-plus/Pages/Men60-plus.aspx

http://www.nhs.uk/LiveWell/women60-plus/Pages/Women-60-plus.aspx

Local services for older people in Coventry

http://www.coventry.gov.uk/info/200091/services_for_older_people

Healthy Communities

The places where people live can have a large impact on their lives; everything from the layout of the houses, streets and facilities such as shops and schools can have an effect. Building healthier communities involves supporting the local community to identify their strengths and the areas that they want to change.

Obesity

Carrying too much body fat can lead to health problems such as diabetes, heart disease and joint problems, and even makes you more likely to develop some types of cancer. The number of people who are carrying too much body fat has been increasing over the last few decades, and now over a quarter of adults are obese.

Although eating the right amount of the right foods and exercising can help to maintain a healthy weight, the jobs that we do, the food that is available close to our homes and the areas that we live in can all have an effect.

We also know that babies are affected by their mum's weight when they are pregnant, and that children who gain too much weight for their age and height can have health problems when they are children and go on to have poor health when they are adults.

Children, as well as adults, living in our less affluent communities are more likely to become obese, and some ethnic groups are also more likely to have higher rates of obesity in childhood.

Cook and Eat Well

Cook and eat well in Coventry gives you the chance to eat fresh and have fun – without breaking the bank.

Our cooking sessions and recipe ideas should tickle your tastebuds, cut your food bill, and help you look and feel fantastic. The best bit is that it's all FREE

Don't feel you need to be a whizz in the kitchen, or a complete beginner to take part; all skill levels are welcome. So whether you love cooking or steer clear of the kitchen, we're sure to have something to suit your taste!

Held in locations across Coventry, visit http://www.cookandeatwell.co.uk/events or contact a member of the team on 02476 588251 or cookandeatwell@groundwork.org.uk

What should we do in Coventry?

We should work to reduce the number of people who become overweight and, therefore, prevent health problems associated with obesity from developing.

We know that the patterns for this can be set at a very early age and so we will particularly support pregnant women.

At an early stage of pregnancy their weight and physical activity will be discussed with them, and support given if necessary.

We will encourage breastfeeding and give support and advice on how and when different foods should be introduced.

Holbrookes play area

'Titanz' performing at Coventry Christmas Cracker

We will also help families to encourage their children in healthy eating and physical activity, and encourage schools to offer healthy meals and to promote healthy eating and physical activity in a variety of ways.

We will train a wide range of people in how to raise the subject of healthy weight and how to support those that may want to change their lifestyle.

We will also work together to improve access to healthy food options, promotion of sustainable travel and physical exercise in communities.

Spon End Games

Children waved flags from around the world to mark the first day of the Spon End Games.

The event ran over four days and offered plenty of activities for children and adults to try their hand at, including: archery, table tennis, gymnastics and handball, as well as craft activities and activities for the under fives.

Michelle Brodie, from Groundwork West Midlands, who helped to organise the four-day event, said: "After all the hype surrounding London 2012, the children of Spon End had their own chance to try their hand at some Olympic sports.

"All the activities were completely free of charge and everyone was welcome to come and join in."

What are we hoping to achieve?

To increase the proportion of the population who are a healthy weight, and who maintain that healthy weight through a healthy diet and physical activity. A specific goal is to reverse the increase in numbers of children who are found to be obese in Year 6 and Year 11, leading to reduced numbers by 2020.

LEAD ORGANISATION(S); CCG /LOCAL AUTHORITY/NCB

Further Information

The NHS Choices website has useful information on obesity, how to find out if you or your child is a healthy weight and tips on how to increase physical exercise and eat a healthy diet.

www.nhs.uk/conditions/obesity#

http://www.nhs.uk/conditions/obesity/pages/introduction.aspx

Healthy weight calc - http://www.nhs.uk/tools/pages/healthyweightcalculator.aspx

The Food Dudes Behaviour Change Programme for Healthy Eating

The Food Dudes programme changes children's eating habits for life. To change children's diets for life is not just about giving them good food, you have to find a way of motivating them to eat and enjoy it.

Food Dudes appeals to young children from 4-11 years old, and involves a simple set of steps revolving around a reward system, exciting DVD adventures (starring the Food Dudes) and repeated tasting.

The Food Dudes programme has been received currently by 34 primary schools across Coventry. Over 9,000 pupils have benefited from trying and tasting new fruits and vegetables with the Food Dude Characters and winning prizes for their efforts.

Mental Wellbeing

Mental wellbeing means satisfaction with life, happiness, fulfilment, enjoyment and resilience in the face of hardship. People and populations with higher levels of mental wellbeing are able to function and thrive; for example, to have better physical abilities at an older age.

Jubilee street party in Silverdale Road

What should we do in Coventry?

There are 10 ways that have been identified to help Coventry residents to improve their mental wellbeing. Through working with communities to understand their strengths, we will work together to support communities in making improvements. We will also promote these '10 ways to wellbeing' amongst staff of the partner organisations

Feeling Good and Doing Well in Bell Green

A fund has been made available to community members in Bell Green, who can apply for up to £500 a year to support projects that will support the '10 ways to feeling good and doing well' principles, with a simple application process. The projects that are currently being funded include;

- Bell Green Silver Surfers; supporting older people to stay connected with family and friends through making use of the internet

- Bell Green History Group; promotes a positive relationship between different generations of the area through collecting photos and stories across the generations, building up a history of living in Bell Green

- The Next Generation Grandparents; A group to enable grandparents looking after pre-school age children to meet up in the local area and share their experiences, and gain mutual support

What are we hoping to achieve?

- Improvements in wellbeing

LEAD ORGANISATION(S); LOCAL AUTHORITY

LEAD PARTNERSHIP; THE COVENTRY PARTNERSHIP

Further Information

More about Coventry's ten steps to mental wellbeing

http://www.coventry.gov.uk/wellbeing

Wellbeing self-assessment tool on the NHS Choices website

http://www.nhs.uk/Tools/Pages/Wellbeing-self-assessment.aspx

Foleshill moving forward

Foleshill is a diverse community of over 30,000 residents supported by and involving many local community and faith groups.

Foleshill Moving Forward is a resident-led partnership of local residents, local community groups and service providers/public services including the police, housing trusts, fire service health, schools, children's and youth services, faith groups, local councillors and many more. It has been set up to value, promote and bring together these many groups in one place, and will address issues of common concern to all by mutual agreement. Set up in June 2012, residents and agencies work together to tackle community concerns by finding sensible solutions.

Sexual Violence

Sexual violence includes a wide range of unwanted sexual activities, including: rape, sexual assault, sexual abuse of children, and trafficking of women and children for sexual exploitation. It is difficult to measure and compare levels of sexual violence since many crimes go unreported. However, the data that we do have suggests people living in Coventry are more likely to be the victims of rape and sexual assault than people living in the rest of the West Midlands. These high rates have raised sexual violence as a priority for Coventry.

What should we do in Coventry?

In Coventry, there is a multi-agency group to tackle sexual violence and exploitation across the city. They are working to encourage more victims to report crimes and incidents and increase the number of people convicted when they have committed a crime including sexual violence.

We will work with partner agencies and the community to improve awareness of sexual violence and exploitation, and to ensure victims who come forward receive the right level of support at the right time.

What are we hoping to achieve?

- Improve the quality of data collected by local agencies and to share aggregate data across partner organisations to develop an accurate picture of the local situation
- Reduce the number of sexual crimes

LEAD ORGANISATION(S); LOCAL AUTHORITY

LEAD PARTNERSHIP; COVENTRY COMMUNITY SAFETY PARTNERSHIP

Further Information

Coventry Rape and Sexual Abuse Centre provide a confidential support and counselling service. Helpline 024 7627 7777

http://www.crasac.org.uk/

NHS Choices – Help after rape or sexual assault

http://www.nhs.uk/livewell/sexualhealth/pages/sexualassault.aspx

Domestic Violence and abuse

Domestic violence and abuse can include physical, sexual, emotional and financial abuse and intimidation in an intimate relationship or between adult family members. It can happen to people from any background, and although statistics show that it is mostly experienced by women and perpetrated by men, some men may be victims of domestic abuse and violence as well. Levels of reported domestic violence are higher in Coventry than elsewhere in the West Midlands.

Domestic violence and abuse has a significant impact on health and wellbeing for both adults and children; adults experiencing domestic violence and abuse may suffer a range of physical injuries and also experience depression, anxiety, a lack of self confidence and isolation. Children exposed to domestic violence may develop a wide range of emotional, behavioural and developmental problems and may be more likely to become victims or offenders themselves.

What should we do in Coventry?

Coventry has a Domestic Violence and Abuse Partnership (CDVAP) where a range of agencies work together to tackle domestic violence and abuse in Coventry. The vision for Coventry is to ensure that residents have the right to respectful, safe and healthy relationships, where domestic violence and abuse is not tolerated. CDVAP actions include challenging and raising awareness of domestic violence and abuse through campaigns and events, providing a range of services to support victims and children living with domestic violence and abuse, helping those who leave an abusive relationship and working with perpetrators to change behaviour.

Work is also underway to make it easy to get support, so that one call will connect people to all of the services they may need.

What are we hoping to achieve?

- Reductions in domestic abuse
- Improvements in measures around children such as readiness for school

LEAD ORGANISATION(S); LOCAL AUTHORITY

LEAD PARTNERSHIP; COVENTRY COMMUNITY SAFETY PARTNERSHIP

Further Information

Coventry domestic violence and abuse partnership have a website providing information advice and inks to local services

http://www.safetotalk.org.uk/

NHS Choices Getting help for domestic violence

http://www.nhs.uk/livewell/abuse/pages/domestic-violence-help.aspx

Reduce Variation

Groups of people are likely to have poor health at a younger age and to die earlier than others. Although there are complex reasons for this, there are some factors that affect particular groups. By tackling these factors we aim to reduce variation in health outcomes.

Coventry Half Marathon

Smoking

Smoking kills 1 in 6 of all Coventry residents (450 deaths in 2010 alone), and is the single greatest cause of preventable death in the city. It also causes years of poor health through diseases such as chronic bronchitis and emphysema.

Smoking is the major factor behind the health inequalities that exist between the city's poorest and most affluent wards.

Rates of smoking, deaths from smoking and diseases caused by smoking are higher in Coventry that in the West Midlands because we have higher proportion of smokers in our population.

What should we do in Coventry?

Coventry has a Smoke Free Alliance – a group of organisations across Coventry who are working together to reduce the harm caused by smoking across the city.

This includes enforcement of tobacco control legislations such as smuggled tobacco products, sales to under 16s and smoke free workplaces.

We know that unborn babies can be harmed by the cigarettes that their mother smokes, and babies and young children are very vulnerable to cigarette smoke, and so we are working with pregnant women and parents of young children who smoke.

Often people who smoke begin when they are children, and so we are working to reduce the number of children that start smoking through raising awareness of the harm it causes and by enforcing protective laws.

We are also working with partners to identify smokers and to make sure that they are aware of the dangers of smoking, and are offered support in stopping and we are working with communities to identify opportunities to stop smoking.

A Mother's story

When one 26 year old Coventry resident found out she was pregnant, she knew she had to quit her deadly habit...

"I had my first cigarette when I was 11. I stole it from my mum and dad who both smoked. By the time I was 13, I was smoking around 10 a day, which increased to a 30-a-day habit in my 20s.

"I was desperate to quit as soon as I fell pregnant, but even morning sickness didn't dampen the craving for a cigarette. At 12 weeks I asked my health visitor for help. She gave me lots of information and encouragement. I was shocked to discover that when you smoke, your baby smokes too.

"I realised what I was doing was selfish. And I didn't want my baby to be small or have breathing problems as a result of my smoking. So I started using prescription nicotine patches.

"They really helped and I ate a piece of fruit or nibbled on carrots or celery when I had a craving. The first few days I was irritable, but the cravings soon wore off.

"Chloe is now seven months old and a real bouncing baby. I'm thrilled that I have given her a better start in life by giving up smoking. She's also growing up in a smoke-free environment; my husband is an ex-smoker too.

"I haven't smoked for over 13 months and I don't get the chest infections or headaches I used to. My skin is better and my teeth are whiter. I also enjoy spending the spare cash on Chloe rather than ciggies."

Coventry's friendly smoking cessation service is on standby to help all those people who decide to quit and offer a range of support and help to make the process as easy as possible.

What are we hoping to achieve?

- Reducing smoking prevalence in 15 year olds and over 18s
- Reducing smoking prevalence in the over 18s
- Increased numbers of 4 and 12 week quitters

LEAD ORGANISATION(S); LOCAL AUTHORITY/CCG

LEAD PARTNERSHIP; TOBACCO CONTROL ALLIANCE

Further Information

Coventry Stop Smoking Signposting Service. Telephone 0300 200 0011 (available Monday to Friday 9am - 5pm - Answerphone outside these hours)

http://www.covwarkpt.nhs.uk/OurServices/CHS/Pages/CoventryStopSmoking.aspx

NHS Choices – Stop smoking information and advice

http://www.nhs.uk/LiveWell/Smoking/Pages/stopsmokingnewhome.aspx

Alcohol

While drinking a small amount of alcohol can have a positive impact on health and wellbeing, drinking too much causes physical and mental harm. Most people who are harmed by alcohol aren't alcoholics; some will have drunk slightly more than recommended for some years and developed liver damage, others will have drunk too much on one occasion that has made them take risks or make unwise decisions leading to accidents or violence - over a quarter of all deaths in 16-24 year old men are caused by alcohol.

Also, a lot of crime and antisocial behaviour, as well as sexual and domestic violence, is associated with alcohol.

In Coventry, there are more hospital admissions and deaths caused by alcohol than the England average.

What should we do in Coventry?

The Coventry Community Safety Partnership is leading on the development of a strategy and supporting action plan.

We are working to raise awareness of the harms of alcohol, and help people to know the limits and stick to them. We are also working with licensees and the alcohol industry to promote a culture of safe drinking. A focus of the work is reducing alcohol related crime and anti-social behaviour in our communities

What are we hoping to achieve?

- Reductions in alcohol related admissions to hospital
- Reductions in mortality from liver disease
- Reductions in crime and domestic abuse

LEAD ORGANISATION(S); LOCAL AUTHORITY/CCG

LEAD PARTNERSHIP; COVENTRY COMMUNITY SAFETY PARTNERSHIP

Further Information

Local services for Alcohol in Coventry

www.coventry.gov.uk/alcohol

http://www.coventry.gov.uk/info/727/alcohol-advice_and_support/451/alcohol-sensible_drinking/7

NHS Choices – drinking and alcohol

http://www.nhs.uk/Livewell/Alcohol/Pages/Alcoholhome.aspx

Infectious Diseases

There are many diseases that can be passed on from person-to-person in different ways. These include childhood illnesses such as measles and mumps, sexually transmitted diseases such as Chlamydia and airborne viruses such as colds and flu.

In Coventry, we have a higher rate of deaths due to infectious diseases than in England. There has been an ongoing programme of work to reduce these diseases in Coventry, for example through increasing the proportion of children who are vaccinated.

There are several infectious diseases where we could do more to prevent the disease in the first place, or to detect it early on, when treatment is more likely to be successful.

This area of work will focus on three specific diseases;

- Seasonal flu
- Tuberculosis (TB)
- Human immunodeficiency virus (HIV)

Jubilee celebrations

What should we do in Coventry?

Flu - flu can be a very serious illness in some people (such as those with heart or lung problems, or people over the age of 65). Vaccination each year is very successful in reducing deaths in these groups of people; but the number who actually receive it is too low. Working with partners we aim to increase levels of vaccination each year in those groups at risk of complications and other priority groups such as healthcare workers (who are vaccinated to prevent them from passing the infection on to vulnerable patients).

Tuberculosis – we are working to increase the awareness of TB in those communities most at risk, and to offer screening to detect the illness before it becomes infectious in certain groups of people. We are also working with GPs, the TB Nursing team and the Health Protection Agency to promote the early identification and referral for symptoms of TB

HIV – one focus for any sexually transmitted infection is to promote safe sex through education and easy access to services. We are also aiming to increase the early detection of HIV, since the treatment is very effective if it is started early. We are working with GPs and the hospital to increase HIV testing in the general population

What are we hoping to achieve?

- Fewer deaths caused by flu through increased vaccination
- Earlier detection of TB, HIV and other infectious diseases, leading to improved health for those with the disease
- Reduced number of new cases of HIV and TB through reducing transmission

LEAD ORGANISATION(S); CCG/PUBLIC HEALTH ENGLAND/NCB/LOCAL AUTHORITY/VOLUNTARY SECTOR

Further Information

NHS Choices information;

Seasonal flu - http://www.nhs.uk/Conditions/Flu/Pages/Introduction.aspx

HIV - http://www.nhs.uk/conditions/HIV/Pages/Introduction.aspx

TB - http://www.nhs.uk/conditions/Tuberculosis/Pages/Introduction.aspx

Improve Outcomes

There are a number of key health measures where Coventry does not perform well.

These health measures relate to the most common illnesses and conditions that people are chronically sick or dying too early from.

We want to improve those measures for the people of Coventry so that they match the level of the best in England.

Cancer

Each year around 750 people die in Coventry from cancer; it remains a major cause of deaths in Coventry. This is a higher rate than in England, and people in Coventry are also dying earlier from cancer than elsewhere.

The earlier a cancer is diagnosed and treated the higher the chances of surviving and enjoying a better quality of life.

What should we do in Coventry?

We want to help the people of Coventry to understand the causes of cancer, particularly those that can be altered such as smoking, alcohol and diet, and how to find support to change their lifestyle.

We know that people are not aware of the early signs and symptoms of some of the most common cancers so we want to change that, and make sure that people know what to do when they recognise any of the signs and symptoms.

We will make sure that people have fast access to services such as cancer screening, diagnosis, referral and treatment.

Part of this work will involve looking at how services are delivered across all of the different providers of services to make sure they meet the needs of the patient.

We will make sure that we concentrate efforts where they are most needed, for example engaging with communities where cancer outcomes or use of screening services are particularly poor.

Laura's story (a Coventry resident)

"I never thought I'd have an unusual smear result. Otherwise fit and healthy, and with no symptoms or family history of cervical cancer, it was a huge shock when I was called back in following a routine smear test.

"But it saved my life.

"If I hadn't gone for my smear test, the cell changes would have gone undetected and it could have been much more serious – even fatal.

"All women over the age of 25 are offered cervical screening but many do not take up the offer. The test isn't painful or embarrassing and only took a few minutes. I am just so glad that I took my test - if I hadn't I might not still be here today.

"Please get yours."

What are we hoping to achieve?

- To increase the 1 year survival rate of all cancers over the next 3 years to the level of the best in England
- To reduce the variation in uptake of all cancer screening programmes across the city and ensure uptake matches the best in England.
- To reduce the prevalence of smoking in the city to no more than the England average.

LEAD ORGANISATION(S); CCG/LOCAL AUTHORITY/PHE

Further Information

- West Midlands Cancer Intelligence Unit - profile for Coventry

http://www.wmciu.nhs.uk/documents/core_docs/info_pub/la_profiles_2012/Coventry_Profile.pdf

- NHS Choices – NHS Cancer Screening programmes

http://www.nhs.uk/livewell/preventing-cancer/pages/cancer-screening.aspx

Variations in Primary Care

The GP is often a person's main point of contact with healthcare. General Practice should be easy for people to access and it should coordinate the healthcare that people need. Good General Practice helps to identify risks that can lead to poor health, identify health problems early and treat them. Local information has highlighted that the quality of General Practice in Coventry can be variable, and we want to make sure that everyone has the same high quality of care across the city.

What should we do in Coventry?

We aim to improve quality by working closely with GPs to set standards, measure performance against these standards and make sure that improvements happen when they are needed.

Through the new Clinical Commissioning Groups, General Practices will work together to share what works well and offer support where improvements are needed. This will include robust medical appraisal systems. We will also provide better information for patients, regarding practice performance, to help them to make an informed choice.

A particular focus of these improvements will be in the care of patients with long term conditions, such as diabetes, who will be managed more effectively at, or closer to, home. They will also be supported to take greater control of their care through self management programmes.

What are we hoping to achieve?

- To reduce the number of unnecessary A&E visits, inpatient admissions and hospital based outpatient appointments
- Increase the uptake of specialist care and activity in the community and support patient self management through promoting access to disease specific education and exercise programmes.
- Increase the uptake for all primary care based screening and immunisation programmes
- Reduce deaths, in particular at an early age, in the key conditions where prevention, early detection and treatment are successful, by introducing disease risk register programmes with robust follow-up plans.

LEAD ORGANISATION(S); CCG/NCB/HEALTHWATCH

Further Information

Arden Cluster System Plan. http://www.coventrypct.nhs.uk/CmsDocuments/8389edfd-683b-4b92-9638-5deadbe0b670.pdf

QOF scores http://www.qof.ic.nhs.uk/search/

RCGP Quality Practice Award
http://www.rcgp.org.uk/professional_development/team_quality/qpa.aspx

Lifestyle Risk Management

Much of the ill health of Coventry people is influenced by 'lifestyle factors' (i.e. the way in which people behave on a day –to –day basis) such as smoking, alcohol, sexual health, diet, physical activity and substance misuse.

Supporting the people of Coventry to change their behaviours is a key challenge in improving the overall health and wellbeing of the city.

'Making Every Contact Count' (MECC) is a programme where frontline staff (across all services and settings), will deliver brief advice, interventions and signposting to services through their day-to-day contact with the public to enable them to achieve the necessary lifestyle change.

What should we do in Coventry?

To be able to make significant changes, we need a large number of staff from many different areas to be trained.

We will start by training staff across the NHS, the City Council and the Voluntary Sector. We will also look for opportunities to train staff and others who work closely with communities, particularly those who may have the most to benefit from this approach.

What are we hoping to achieve?

- We want to support the people of Coventry to make informed choices regarding their healthy lifestyle and behaviour, through a well trained workforce that makes every contact count with the people of Coventry.
- We expect to see an increase in demand for services to support lifestyle change e.g. stop smoking services.

LEAD ORGANISATION(S); LOCAL AUTHORITY/CCG

LEAD PARTNERSHIP; THE COVENTRY PARTNERSHIP

Further Information

Links to MECC

NHS Choices Lifecheck helps you to identify any areas of your lifestyle where you would benefit from change - http://www.nhs.uk/aboutnhschoices/professionals/life-checkers/about-us/pages/what-is-nhs-lifecheck.aspx

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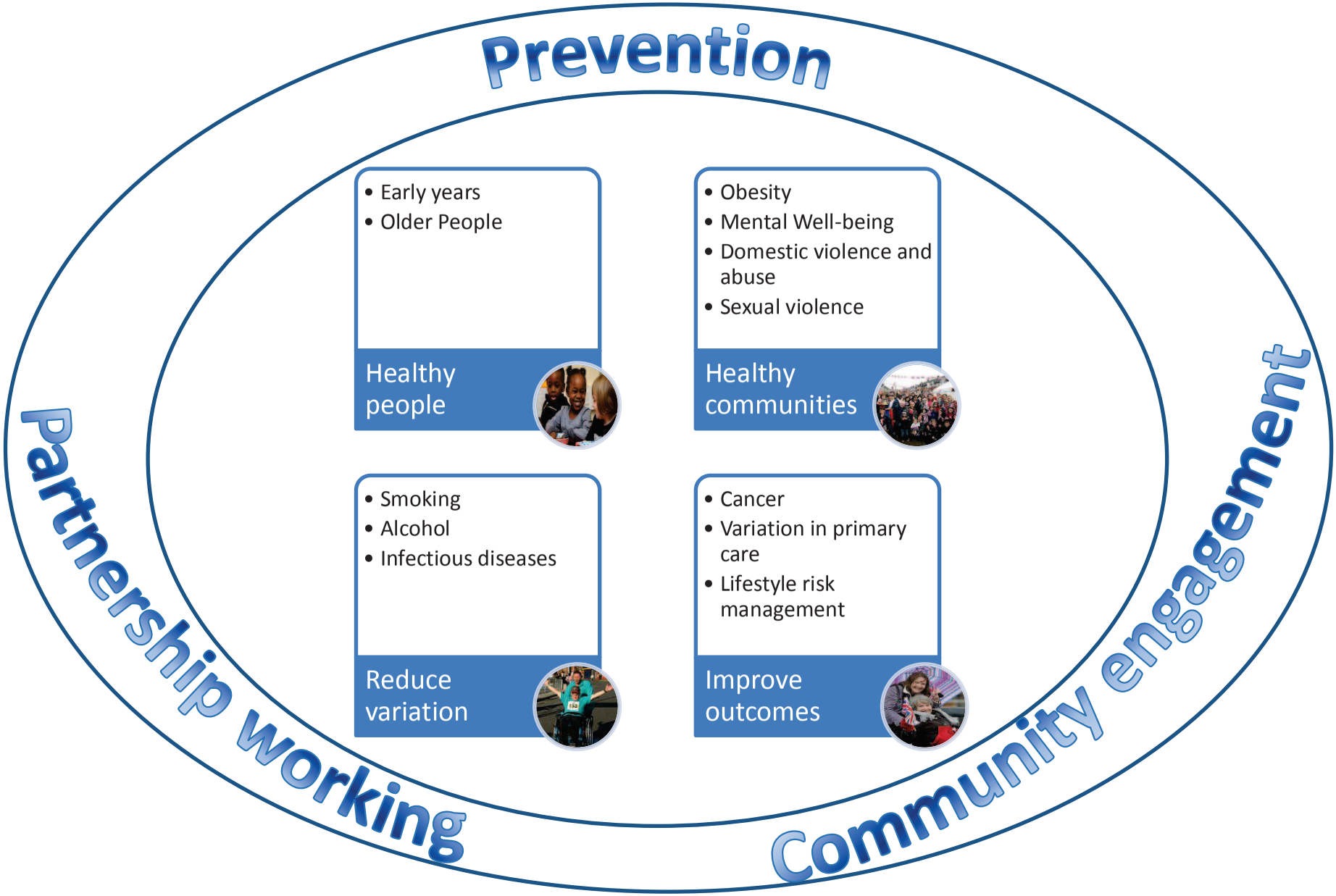
Health and Well-being Strategy 2012



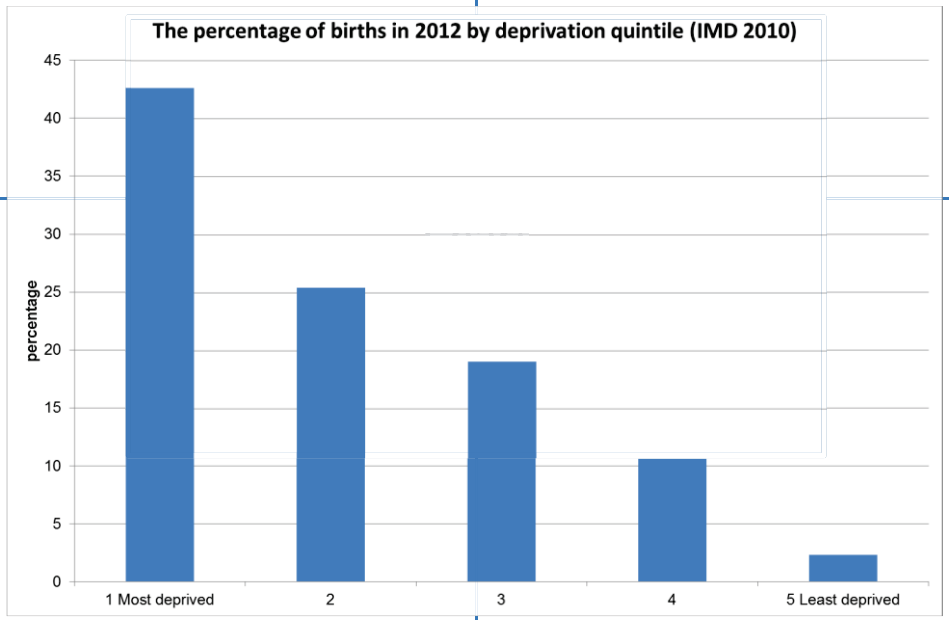
Early Years

Impacts

- First two years of life vital – shown clearly through Marmot work
- Coventry has a higher proportion of children achieving a good level of development aged 5y than England, but the difference is not statistically significant

Who does it affect?

- Birth rate in deprived population and new migrants particularly high, this is likely to be main driver of future population growth
- Families of 0-5 year olds particularly in deprived areas



Possible gaps

- The focus of the 0-5 intervention is to improve school readiness defined as ‘a good level of development’ by age 5yrs

Potential key measures

- School readiness aged 5 (Marmot Indicator)
- This data is also available at local level within the city

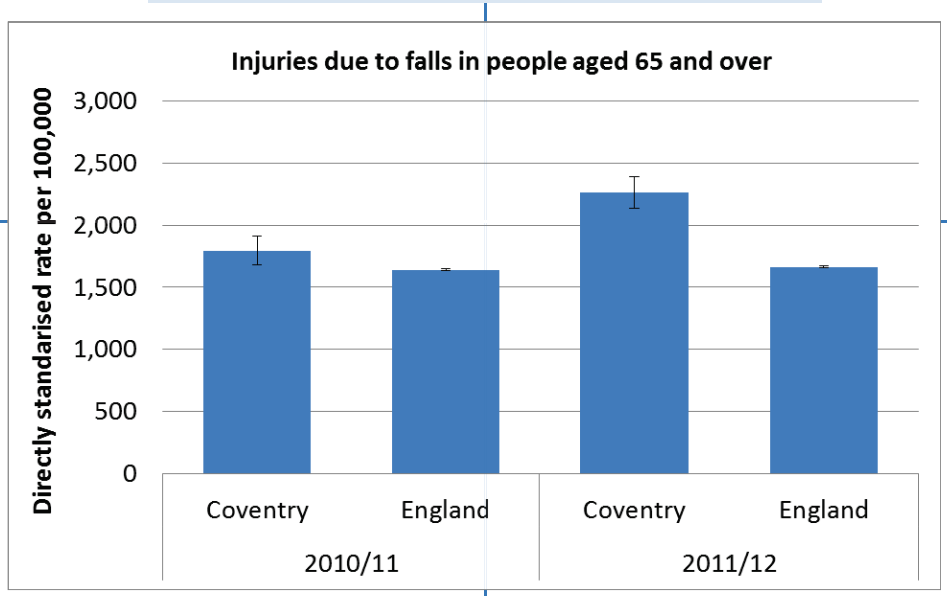
Older People

Impacts

- The proportion of people with physical and mental health conditions increases with age
- 1 in 6 over 80 year olds have dementia, and depression affects 1 in 5 older people living in the community and 2 in 5 living in care homes
- This has an impact on families as well as the affected individuals

Who does it affect?

- The more deprived groups are likely to experience poor health at an early age
- They are at higher risk of a range of wider determinants that impact on health and wellbeing, such as fuel poverty and social isolation



Possible gaps

- Integration of different services that are required by elderly people to prevent emergency admissions
- Early diagnosis of dementia and links across system

Potential key measures

- Emergency admissions in the over 75s, specifically falls
- Discharge back to usual place of residence

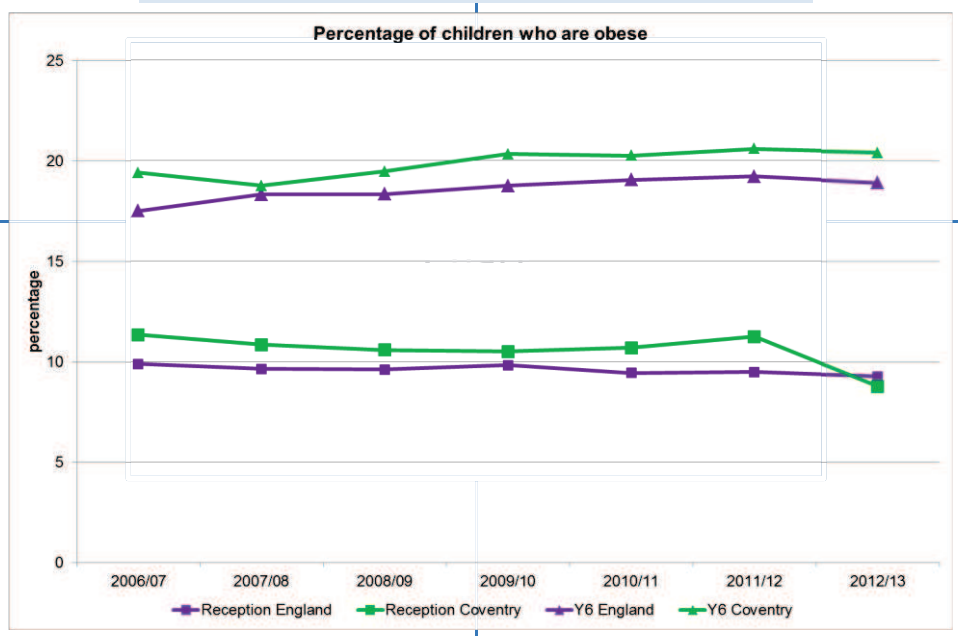
Child and maternal obesity

Impacts

- Over the seven years of the National Child Measurement programme, Coventry has generally shown higher levels of obesity, when compared to England, in both Reception and Year 6

Who does it affect?

- Children born to obese mothers more likely to be obese themselves
- Higher levels of obesity in more deprived areas
- Black and Asian groups
- Boys more likely to be obese than girls



Possible gaps

- Lack of evidence for cost-effective interventions – despite NICE guidance
- Understanding of motivations underlying sedentary behaviour
- Local data on maternal weight and complications in pregnancy

Potential key measures

- Child obesity from National Child Measurement Programme
- Maternal obesity rates from providers

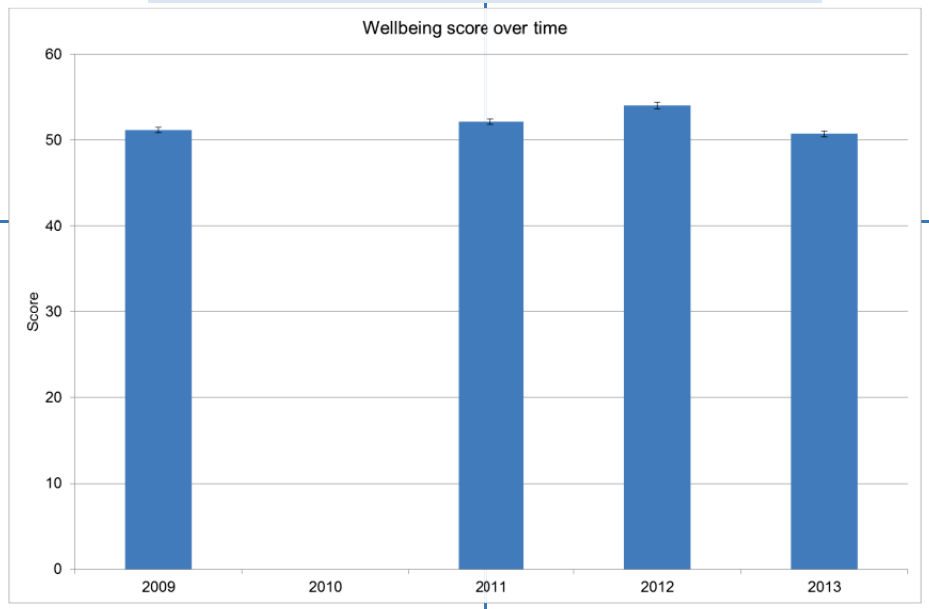
Wellbeing

Impacts

- Lack of mental wellbeing can result in physical ill health, absence from work, and unemployment. It is associated with increased drugs and alcohol use, and with homelessness.
- Unemployment, drug and alcohol use and homelessness can also cause mental ill health.

Who does it affect?

- People who are unemployed, disabled, have lower levels of education, report poor sleep, poor health and low levels of physical activity are most likely to report poor mental wellbeing



Possible gaps

- Wellbeing projects will be aimed at specific geographical areas and communities of interest, knowledge of effect is not yet known

Potential key measures

- WEMWBS is measured in the Household Survey, but this is likely to be every two years in future
- Tools to measure wellbeing will be used to measure outcomes in the Asset Based Projects
- Council and University of Warwick working on using WEMWBS to evaluate local interventions

Domestic violence and abuse

Impacts

- Coventry has the highest rate of police reported domestic violence in the West Midlands at 5.06 per 1,000 of the population.
- It causes injuries and mental health problems in the victim and can cause emotional, behavioural, developmental problems for children
- Domestic Violence is a key cause of homelessness acceptances.

Who does it affect?

- About 87% of victims are female
- The most common age is 18-34
- Black African and Caribbean are over-represented, South Asian and Chinese under-represented
- DV can occur in all groups and is not as aligned to deprivation as other crimes, however about half of all clients are living in housing association accommodation

Possible gaps

- Victims can be unclear on where to look for help and what services existed

Potential key measures

- Take-up of support services, as Marmot indicator, as no clear intended direction of travel for rates of reporting

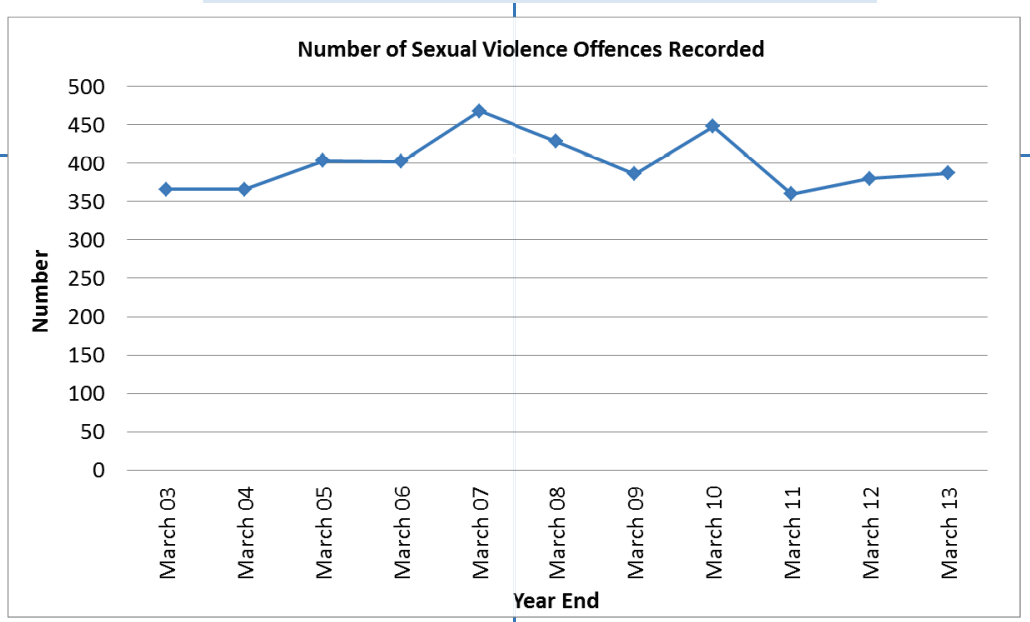
Sexual violence

Impacts

- People living in Coventry are more likely to be victims of rape and sexual assault than people living in the rest of the West Midlands and the UK as a whole. In 2011/12 the rate of police reported rape in females was 65.6 per 100,000 population.
- However only 11% of victims of serious sexual offences are thought to report these to the police
- People who have been assaulted can experience psychological problems such as memory loss and depression, and it is estimated that 1 in 5 rape survivors make a suicide attempt

Who does it affect?

- Young white women are the largest group numerically but black women are over-represented in relation to their population
- Most occur in the city centre
- Children and young people at risk



Possible gaps

- Levels of sexual violence are difficult to establish due to sensitive nature of subject and consequent levels of underreporting

Potential key measures

- Data reported from CRASAC every 6 months and George Elliot's SARC quarterly.

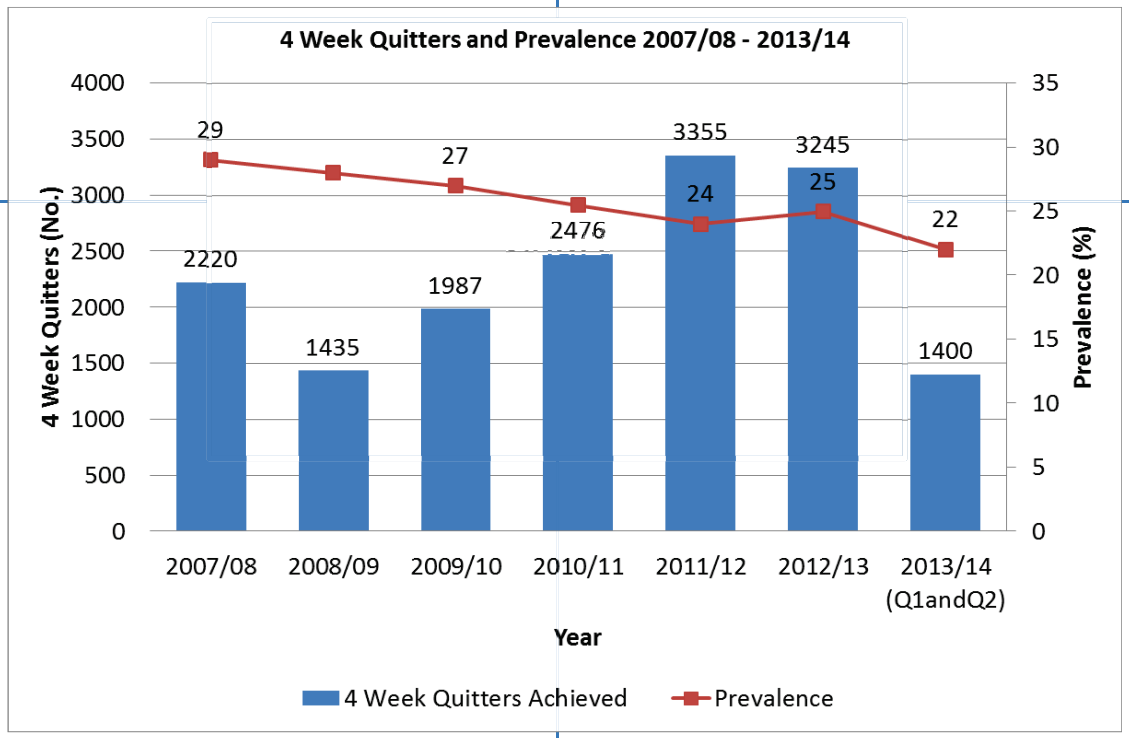
Smoking

Impacts

- Smoking claims the lives of 1 in 6 Coventry residents and it remains the greatest cause of preventable death in the city and a major factor behind health inequalities. In 2010, there were 460 smoking-attributable deaths in the city
- Coventry has a higher rate of smoking than England and consequently higher prevalence of associated conditions
- The number of 4 week quitters has risen recently
- Smoking during pregnancy is the single biggest modifiable risk factor for infant mortality

Who does it affect?

- Most deprived
- Males
- White population more so than BME
- Unemployed but economically active
- Those in social housing



Possible gaps

- Understanding of motivations and behaviours for those with multiple unhealthy lifestyles

Potential key measures

- Smoking prevalence in various groups
- 4 week quitters

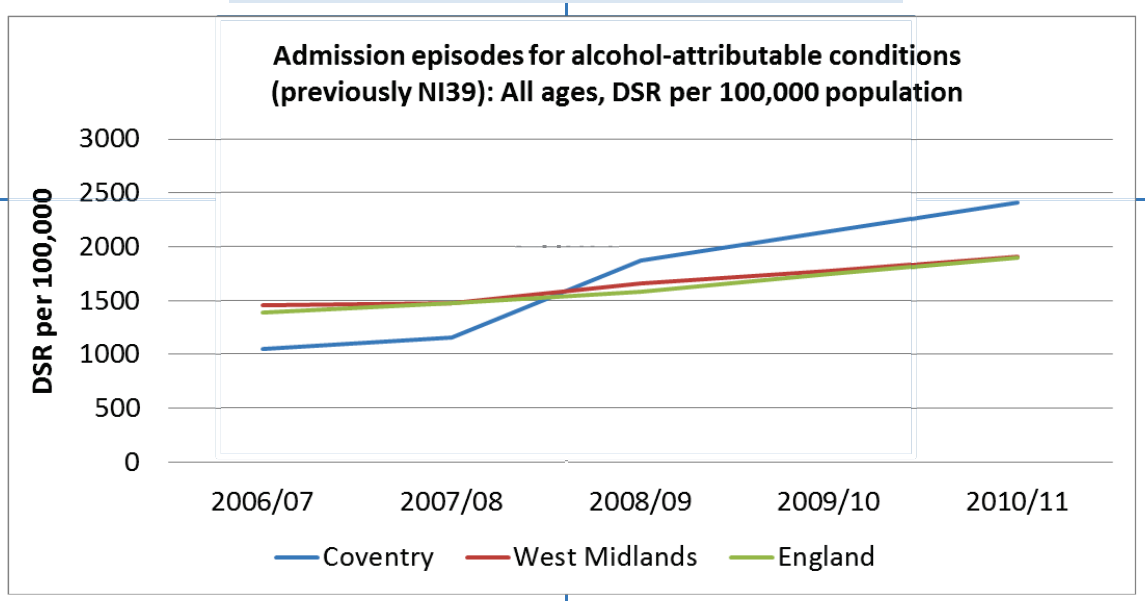
Alcohol

Impacts

- 4,503 male deaths and 2,272 female deaths from alcohol-related causes in 2011
- Hospital admissions and deaths specifically caused by alcohol are significantly higher than England in males
- Links to increased crime, disorder and anti-social behaviour

Who does it affect?

- Deaths mostly in deprived groups, this inequality is most apparent in the 25-44 age group
- Young people disproportionately affected with a quarter of all deaths in 16-24 year old males being attributable to alcohol
- Males are more likely to exceed the guidance units 2 or more times per week (29%), as are those aged 45-54 (36%), the full time employed (32%), and 34% of current smokers



Possible gaps

- Improvement in coding and recording in secondary care needed to highlight issues
- Knowledge of alcohol misuse across all sectors and how greater support can be given in partnership

Potential key measures

- Alcohol related admissions to hospital
- Mortality from liver disease

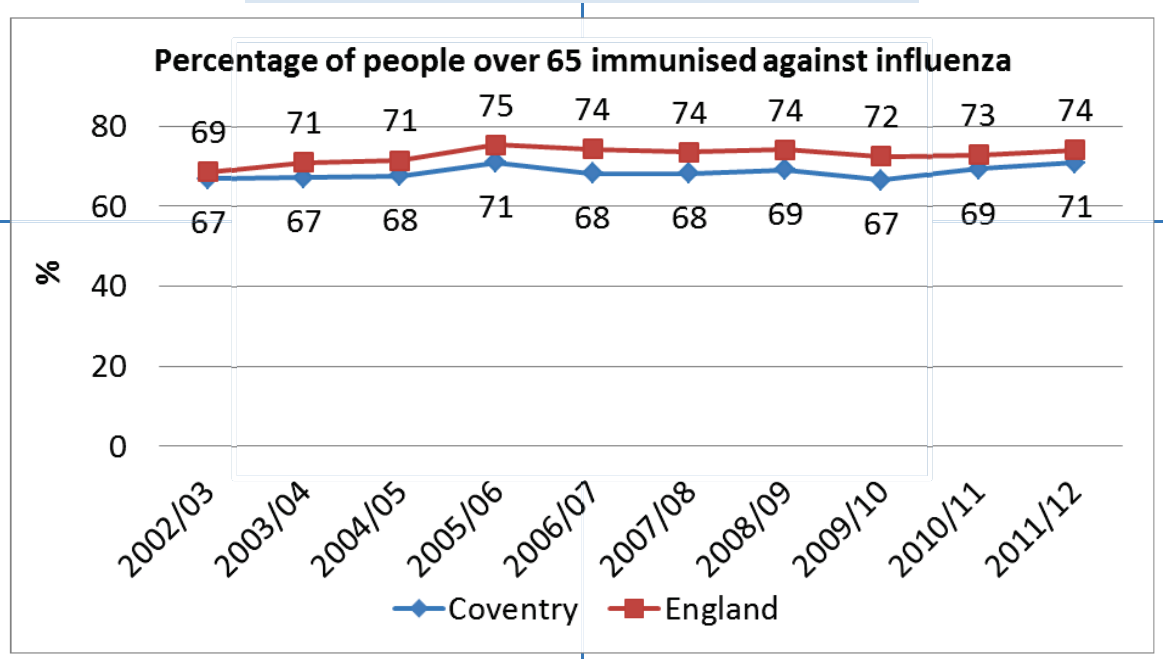
Seasonal Flu

Impacts

- Target of 75% vaccine uptake in over 65s and 60% uptake in clinical risk groups was not met in 2011/12, however these rates have increased slightly

Who does it affect?

- People aged 65+
- Pregnant women
- People in long-stay residential care homes
- Carers
- Frontline health and social care workers
- Large variation across city



Possible gaps

- Understanding of reasons for low take-up of vaccines

Potential key measures

- Vaccine uptake in primary care

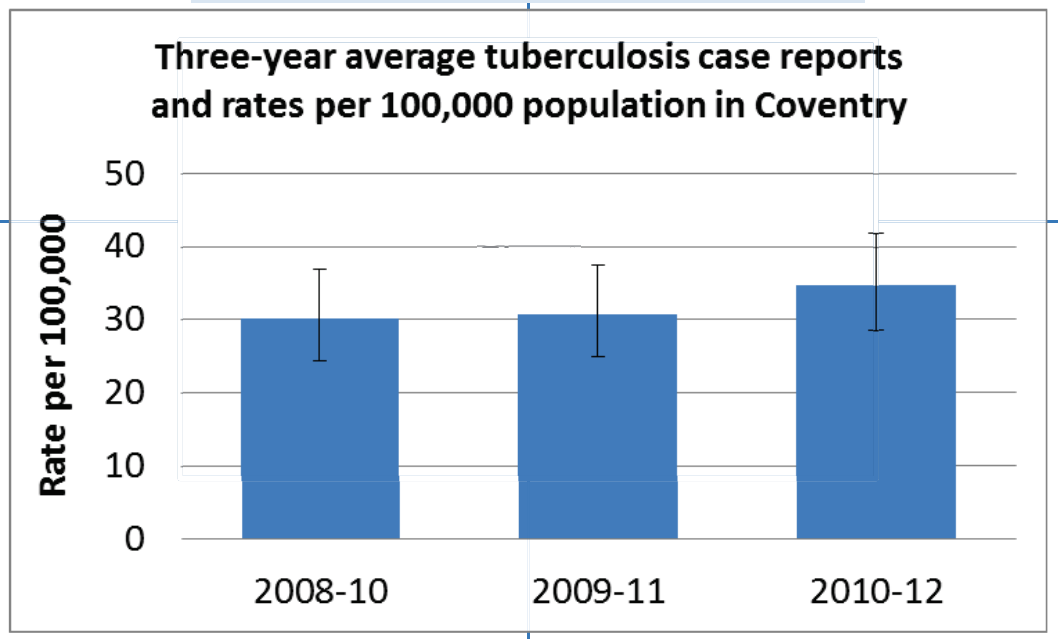
Tuberculosis

Impacts

- Rates of active TB are remaining roughly constant but this needs to be monitored
- 96 cases in 2010 in Coventry

Who does it affect?

- Predominantly Black African and Asian, most likely those born in these areas or often visiting
- Poor housing conditions may trigger development of active TB



Possible gaps

- Early screening for new migrants

Potential key measures

- Treatment completion for TB (PHOF)

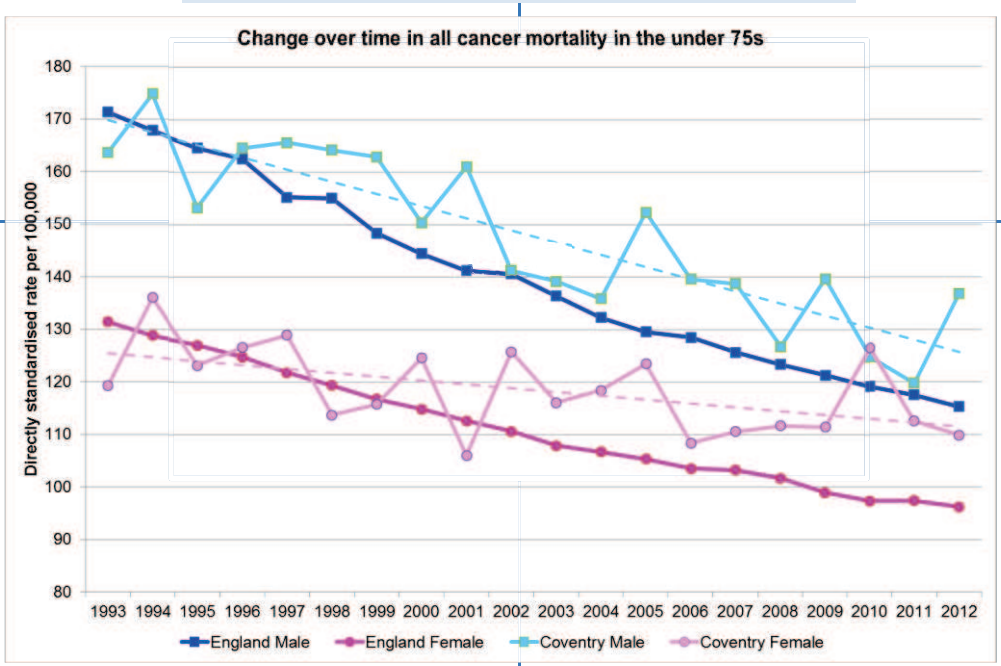
Cancer

Impacts

- Screening uptake below national targets in 2011/12 but emergency presentations not significantly different
- Mortality in under 75s is falling but over the last 20 years has moved from being similar to England to higher with a widening gap

Who does it affect?

- Screening uptake is particularly low in more deprived areas and ethnic minority groups
- Awareness of the signs and symptoms of cancer is lower in men, those with a lower socioeconomic status and ethnic minority groups



Possible gaps

- Detailed knowledge of stage of presentation

Potential key measures

- Under 75 mortality rate
- Proportion of emergency presentations
- 1 year and 5 year survival
- Screening

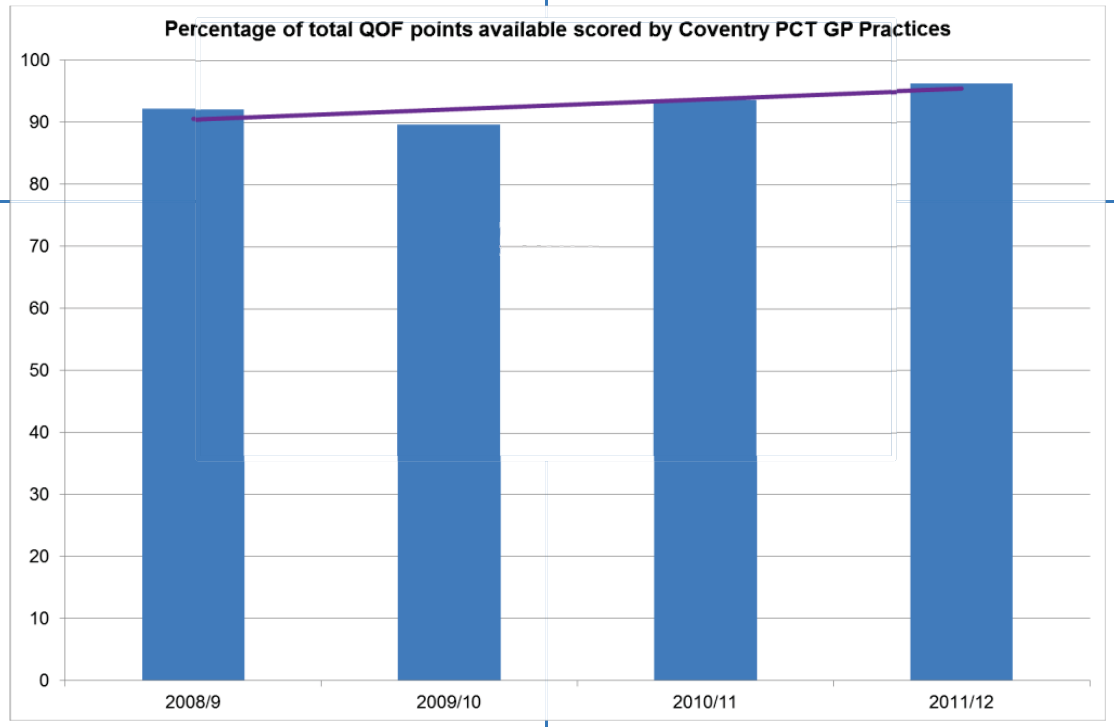
Variation in primary care

Impacts

- The early identification, timely treatment, regular monitoring and early detection of complications for long term conditions may have a considerable impact on patients.
- Good quality recording of patient information, such as disease registers, allows patients to be monitored and to be called in for specific tests or screening as required

Who does it affect?

- Poorer performing practices tend to be located in more deprived areas of the city, however these areas are also likely to have higher prevalence of many conditions



Possible gaps

- Systematic monitoring across the city

Potential key measures

- To be determined through Primary Care Quality Group

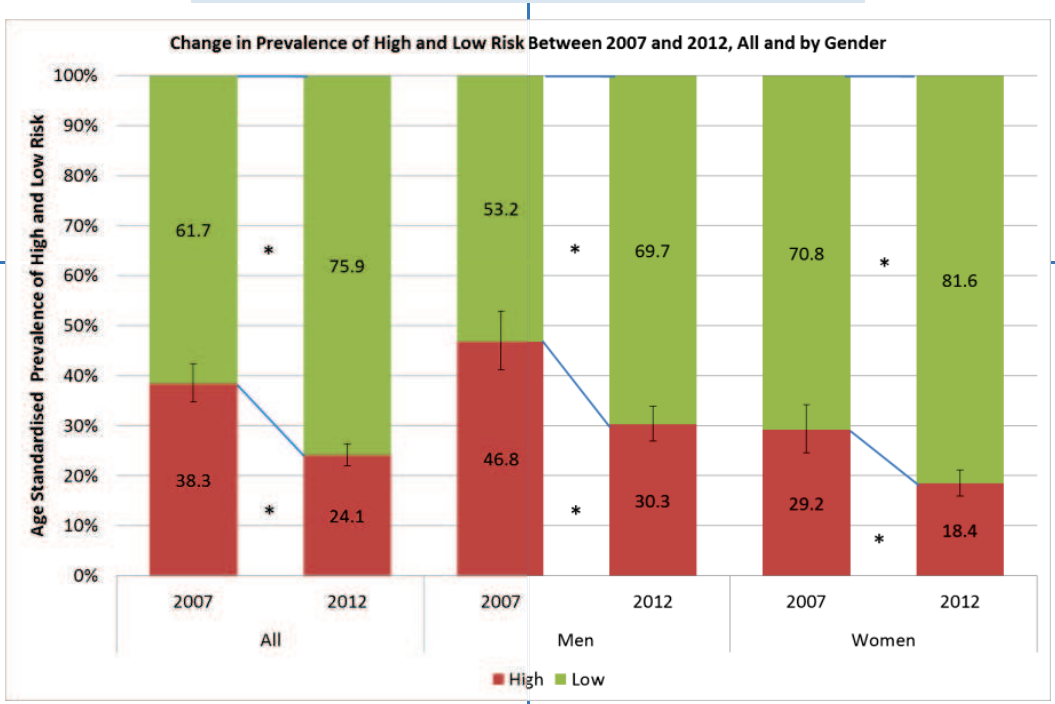
Lifestyle risk management

Impacts

- 66% of people have 2 or more risky behaviours (smoking, excessive alcohol consumption, physical inactivity, eating less than 5 portions of fruit and veg a day)

Who does it affect?

- Those who have a higher % of high risk (3 or 4 risks) are males, under 65 year olds, white ethnicity, those in the most deprived quintile, and those with no qualifications (compared to higher education)



Possible gaps

- Detailed knowledge of barriers and support to overcome these for some groups that are at highest risk

Potential key measures

- NHS Health Checks take-up
- Roll-out of Making Every Contact Count

Coventry City Council

Briefing note

To: Health and Wellbeing Board

From: Ruth Tennant, Deputy Director of Public Health

Date: 24th February 2014

Subject: Health and Wellbeing Board Governance Arrangements

1 Purpose of the Note

1.1 To update the board on new governance arrangements agreed at the Health and Wellbeing Board development session on Monday 27th January, 2014.

2 Recommendations

2.1 Health and Well-being Board is asked to:

- Agree changes in membership of the Board
- Approve changes in the frequency of Board meetings from three meetings a year to up to six meetings a year
- Agree the roles and responsibilities of task and finish groups
- Endorse proposals to improve engagement and communication with key stakeholders, including a programme of development sessions with a wider range of participants and a review of how the board engages with the public and stakeholders.
- Agree to review membership and delivery arrangements in a year's time to ensure that they continue to be fit for purpose.

3 Background

3.1 At its meeting in June 2013, changes were made to the structure of the Health and Well-being Board (HWB), with the understanding that these would be reviewed during the year to ensure that the board was working effectively. There is an increasing expectation nationally, that the Health and Well-being Board will provide systems-wide leadership for health and well-being, including providing strategic leadership for health and social care integration. This review is a timely point to review how Coventry's Board should operate to drive these changes locally, and to provide strong leadership to meet the significant health challenges (poor health outcomes and wide health inequalities) that exist in the city.

3.2 In October 2013, the Local Government Association carried out a Health and Well-being Peer Challenge in Coventry. This included reviewing how well health and well-being challenges are understood locally and how well these are reflected in the statutory Joint Health and Wellbeing Strategy. It also reviewed how strong governance, leadership and relationships are locally. The review team attended 36 sessions, met with 113 staff from across the council, NHS, voluntary sector and elected members, observed a Health and Well-being Board meeting and interviewed HWB members.

3.3 The key findings of the review were as follows:

3.3.1 The ambition to improve health across Coventry is clear and expressed through the Marmot City framework and the scale of the challenge facing Coventry is understood. This now needs to be translated into a clear action plan and refreshed Health and Well-being Strategy, which sets out what needs to be done to deliver this ambition across all local partners.

3.3.2 There is strong political and managerial leadership for health and well-being which is well-regarded across the system. This creates an opportunity for the Health and Well-being Board to work with partners to tackle the issues which may prevent Coventry's ambition being realised.

3.3.3 The Health and Well-being Board may wish to consider whether it is structured in a way that means that all partners can contribute effectively.

3.3.4 There is a widely acknowledged need to tackle some of the service based issued that have hampered progress improving health outcomes. This includes the long term viability of all local acute services, variability in primary care, the need to accelerate progress on health and social care integration and some preventative programmes such as NHS Healthchecks.

3.4 On the 27th January, the Health and Well-being Board held an informal development session which included additional representation from University Hospital Coventry and Warwickshire and Coventry and Warwickshire Partnership Trust. One of the aims of this session was to review the findings of the Peer Challenge and to consider the way the Health and Well-being Board operates and provides strategic leadership in the light of the this.

3.5 The proposals that are set out in this report draw on findings of the Peer Challenge and discussions with Health and Well-being Board members and wider stakeholders at the development session on the 27th January.

4 Membership & meeting frequency

4.1 The peer review and local feedback highlighted the need to review membership of the board to increase the participation of major local NHS providers, including UHCW and CWPT. It also proposed that the direct involvement of Health Overview and Scrutiny Committee (HSC) on the HWB should be reviewed to make sure that there is clear distinction between what these two groups so. These arrangements have now been reviewed with relevant stakeholders and the following changes in membership, which are consistent with statutory requirements, as set out in the 2012 Act, are set out below:

Position / Organisation	Representation	Proposed change
Leader of the Council		None
Cabinet Member – Health and Social Care		None
Cabinet Member - Children and Young People		None
Opposition Councillor		None

representative		
Additional elected member, as determined by the Leader	Chair of Scrutiny Board 5	Change to Deputy Cabinet Member for Health and Adult Services
Director of People		Reflects change in internal structure of council to create unified People directorate.
Director of Public Health		
Local Healthwatch	2 representatives	
Coventry and Rugby Clinical Commissioning Group	2 representatives	
Voluntary Action Coventry	1 representative	
Coventry University	Vice-Chancellor (or rep)	
Warwick University	Vice-Chancellor (or rep)	
NHS Commissioning Board	1 representative	
West Midlands Police	1 representative	
West Midlands Fire Service	Operations Commander Coventry	
University Hospital Coventry & Warwickshire		New member
Coventry & Warwickshire Partnership Trust		New member

4.2 Feedback from the Peer Challenge and from the Board also suggests that the current meeting frequency is not likely to continue to be fit for purpose as national expectations of Health and Well-being Boards increase. **It is therefore proposed that the frequency of meetings will be increased to a maximum of six meetings a year**.

5. Role of sub-groups

5.1 At its meeting in June 2013, the Health and Well-being Board has established a number of task and finish groups to take forward delivery of key elements of work on behalf of or reporting to the board. Since then, some additional groups have been established to take forward work of relevance to the Health and Well-being Board where there is not an existing local group already doing this work. This includes groups which have been set up in response to issues raised by the Peer Challenge, new national initiatives including health and social care integration and locally-identified priorities such as dementia.

5.2 Feedback has indicated that the role of these groups needs to be clarified and communicated more widely. A number of changes to Health and Well-being Board task and finish groups are proposed and are summarised below:

Group	Role	Comment
Better Care Leaders' Group	To develop and oversee the implementation of Better Care (health and social care	Group is supported by a multi-agency group. Final sign-off of plans is through the Health

	integration) in Coventry	and Well-being Board to NHS England and the LGA. **New group since 2013.**
Health and Well-being Strategy Group	To lead for the HWB on the development of the JSNA , Health and Well-being Strategy and HWS Action Plan	**Existing group.**
Marmot Steering Group	To oversee city-wide programme of work to reduce health inequalities	**Existing group**
Primary Care Quality Group	To coordinate local action around primary care quality	**New group.**

5.3 It is also proposed that the existing dementia strategy group should also be reviewed so that it reports directly to the Health and Well-being Board. This reflects the priority that has already been given to dementia by the Health and Well-being Board and will take forward the findings of the multi-stakeholder dementia development session held by the Health and Well-being Board in October 2013.

5.4 Other task and finish groups may be established to take forward work on other emerging priority areas (for example, female genital mutilation) where there is a mandate from the Board. This is likely to apply to issues which require a multi-agency response from partners represented on the board and where there is not already a relevant group established.

It is proposed that each of these groups should report back on progress at regular intervals to the board.

5. Promoting wider engagement & improving communication

5.1 The Peer Challenge and wider feedback has also highlighted the need to improve wider engagement with stakeholders and the public and to improve transparency in how the board works. A number of steps are proposed to address this:

5.1.1 **A regular schedule of informal development sessions with a wider pool of stakeholders**, which could include a range of people and organisations who are not represented on the main HWB. This model has already been used at the Dementia development session in October 2013 which was co-designed with carers, people with dementia, the NHS and City Council. These sessions will allow the board to bring in stakeholders including providers such as the Recovery Partnership and housing providers, key voluntary sector organisations such as (but not limited to) Coventry Law Centre, Citizen's Advice Bureau and other public sector organisations such as the education sector and the criminal justice sector which have an interest and expertise in health and well-being. The aim of these sessions is to provide an in-depth focus on topics which require multi-agency solutions and could include subjects such as the 'toxic triangle' (how we provide collective solutions to families and communities affected by drugs & alcohol abuse, poor mental health and domestic abuse). **It is proposed that a list of subjects for development sessions should be agreed by the Board**.

5.1.2 A **review of how the board can communicate effectively with the public and a wider pool of stakeholders should be carried out on behalf of the Board** by key Board members with expertise in consultation and engagement, including VAC, Healthwatch and key officers.

6 Health and well-being Board work programme

6.1 **It is proposed that an annual work programme should be developed for the next board meeting, in consultation with key stakeholders and other local groups that have a role around health and well-being**, including the Children's and Adult's Joint Commissioning Boards, Safeguarding Boards and Police and Crime Board and Coventry and Warwickshire Health Protection Committee. The work programme will include updates from these groups, the Board's task and finish groups and any other issues which are required to report to, or be signed-off by the HWB.

6.2 Feedback from partners and the LGA Peer Challenge has also indicated that the Board should structure its work so that it is able to take a view about whether the services we collectively provide or commission and any changes that are planned are considered across the piece by the Board. This means that the Board will need to give early consideration to local commissioning plans at a point where these can be subject to collective challenge. **This should be incorporated into the Board's work programme.**

7. Review period

7.1 It is proposed that these arrangements are reviewed again in a year's time to ensure that they reflect changing local needs and changing national expectations and responsibilities of Health and Well-being Boards.

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Coventry City Council

Briefing Note

Date: 6 February 2014

To: Health and Well-Being Board

From: Healthwatch Coventry

Subject: Good Engagement Charter

Purpose

To promote good patient and public engagement practice across NHS and social care organisation in Coventry and Warwickshire.

To support Good Practice and improve the quality of patient, public involvement activity locally.

Recommendations

Health and Well-Being Board is recommended to:

Adopt the Charter in order to:

- View strategies and plans of all organisations in the light of the good practice points it contains for patient public engagement.
- Ensure Health and Wellbeing Board activities reflect Good Engagement practice

Queries to:

Ruth Light, Chief Officer Healthwatch Coventry
024 7522 0381
r.light@vacoventry.org.uk

Good Engagement Charter:

Supporting meaningful involvement of patients, public and carers in health and social care in Coventry and Warwickshire

Introduction

Why we believe in this Charter

This Charter is based on what local people told us through a survey and focus groups (271 people took part) and sets out the things that people said were most important to them when asked to give their feedback, views or 'get involved' .

People are often asked to 'have their say' about health and social care but how do you know their voice is being heard? Healthwatch will use this Charter to encourage organisations to adopt best practice.

Health and social care services are constantly changing and it is essential that the experiences and opinions of patients and the public help to make sure services are improved for people in Coventry and meet peoples' needs.

Healthwatch believes that everyone should have the chance to take part in shaping health and social care in a way that suits them.

We are working with Healthwatch Warwickshire to promote this Charter and we are:

- Investigating development a training package for organisations to use to develop the understanding of managers, officers, staff
- Development of a self assessment checklist
- Have conversations with Chief Executives of provider organisations about adopting the charter

What is engagement?

'Engagement' is an overarching term for all forms of activity which involve gathering feedback, opinions and views from people who use services, carers and people who might use services. Therefore engagement might be:

- having a conversation with a service user about their experiences of using services,
- a survey,
- setting up a patient/service user/carers group,
- work to involve people in service redesign,
- or many other activities.

Formal consultation is also a type of 'engagement', but not the only kind.

The Charter

Healthwatch expects the following points to be addressed by organisations that carry out patient and public engagement in Coventry:

1. **We will be clear about why there is a need to engage with our community**
   The reasons for involving people must be clear from the start.

2. **We will make sure that we work with partners when engaging with our community**
   People do not like being asked about the same thing over and over again. A joined-up approach is efficient and increases the likelihood of people taking part.

3. **We will make sure there is plenty of time for engagement**
   We will give people plenty of time to give their opinions and will arrange events at different times so that more people can take part.

4. **We will use a range of different ways for people to have their say**
   Some people like to talk in groups; others prefer to complete an online survey or to tell one person their ideas. We will be inclusive and tailor our activities to the people we are hoping will take part.

5. **We will be open, honest and transparent when engaging with our community**
   Agencies carrying out engagement activity should be open and honest about what can and cannot be influenced – including any constraints and boundaries – giving reasons for this.

6. **We will make sure that information is accessible by all**
   Information needs to be accessible, clear, understandable, and relevant. It also needs to be presented in the correct format for the audience.

7. **We will provide people with regular feedback when engaging with them**
   Results of engagement should be easily accessible to people who wish to view it – especially those people affected by the results of the consultation activity.

8. **We will recognise best practice and make sure that it is used to inform future engagement with our community**
   Engagement that has worked well should be celebrated, shared between partners and also be used to develop future engagement activities.

9. **We will evaluate the engagement process and make sure that any lessons learned are used to make engagement better in the future**
   Engagement will be reviewed to see how well it worked and if it has achieved what it set out to do. The process will also be assessed against the standards outlined in

this charter.

A call to action

Adopting the charter

Healthwatch is asking organisations to adopt the Charter as a driver for change within your organisations. We see the Charter as a useful tool to help reflect on what local people think and want when they are asked for their input and views.

There are the following steps to adopting the charter:

1. Discuss the Charter within your organisation

2. Indicate to your local Healthwatch that you wish to adopt it

3. Produce a short, published, pledge document setting out the actions your organisation will undertake to develop you 'engagement ' practice in line with the Charter i.e. what you will do differently and work you will undertake to embed the Charter. Ideally this should be one side of A4. You should report on progress against your pledge

4. Identify someone at board level (Exec or non- Exec) to Champion Good Engagement.

This approach fits very well with the recommendation from the Francis and Keogh reports about organisations ensuring that they are open, transparent and listening organisations.

For commissioners and other bodies involved in the scrutiny of services we ask you to adopt the Charter and to consider how to use it as a lens through which to check on the engagement activities of organisations.

Further information

The report of our research into good practice and the views of local people which led to the production of this Charter can be found at:

www.healthwatchcoventry.co.uk/engagement-charter

Coventry Safeguarding Children Board

Annual Report 2012 - 2013

Business Plan 2013 – 2015

Contents

1. Introduction from the Independent Chair

LSCB Annual Report on the Effectiveness of Safeguarding Children in Coventry

Nationally, there has been considerable public interest in child protection this year. For most of us, it is hard to understand or believe how anyone can inflict pain and suffering on defenceless children so this interest is to be expected. The child sexual exploitation cases in several parts of the country raised serious concerns about whether safeguarding systems in those areas had been effective.

NSPCC data shows that the rate of child homicide has reduced by 30% since 1981 and since 1980 63% fewer children have died as a result of assault. However, the rate of child maltreatment and levels of abuse being identified and acted upon is increasing. There are increasing numbers of court proceedings being initiated to protect children which shows that effective action is being taken across the country to protect more children who have been abused or neglected. Locally in Coventry, there is a rising rate of child maltreatment being identified in line with this national trend.

The Government issued new guidance on child protection this year. The Department for Education published *Working Together to Safeguard Children 2013,* which replaces the previous edition and acts as revised statutory guidance on safeguarding and promoting the welfare of children and young people. It covers the legislative requirements and expectations for all agencies and professionals. The NHS Commissioning Board also published *Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework* which builds on Working Together and provides more detailed advice on how NHS organisations can fulfil their responsibilities. This should be read by all health professionals in conjunction with the statutory guidance.

Our Board has recognised and has continued to develop new strategies to meet our growing understanding of potential and new risks to children and young people. In particular, we have carried out local research and identified additional services required to improve the local response to child sexual exploitation.

The last year has been a very challenging one for the Safeguarding Children Board in Coventry. There has been a great deal of positive work to protect children and young people in the City following the national trend of increased activity. However, there have also been several serious case reviews undertaken following child deaths. The murder of 4 year old Daniel Pelka has, in particular, drawn considerable local and national media attention. The LSCB is leading the work to ensure that local agencies and professionals learn from these cases. We have successfully piloted new ways of undertaking SCRs with the support of DfE.

A Peer Review took place in March 2013 and the LSCB was given a positive rating. It was said to be providing "purposeful leadership" for safeguarding in Coventry and Board members were described as showing a strong positive commitment to the work of the LSCB. SCRs were said to be well managed with key learning being disseminated and progress on plans being effectively tracked.

We have agreed the LSCB priorities for next year. We are committed to continue to focus on challenging and supporting all the local agencies to ensure that the most vulnerable children in the City receive the protection and services that they need. Where there are

identified areas for improvement through our regular reviews and case audits, the LSCB is committed to challenge and require improvement.

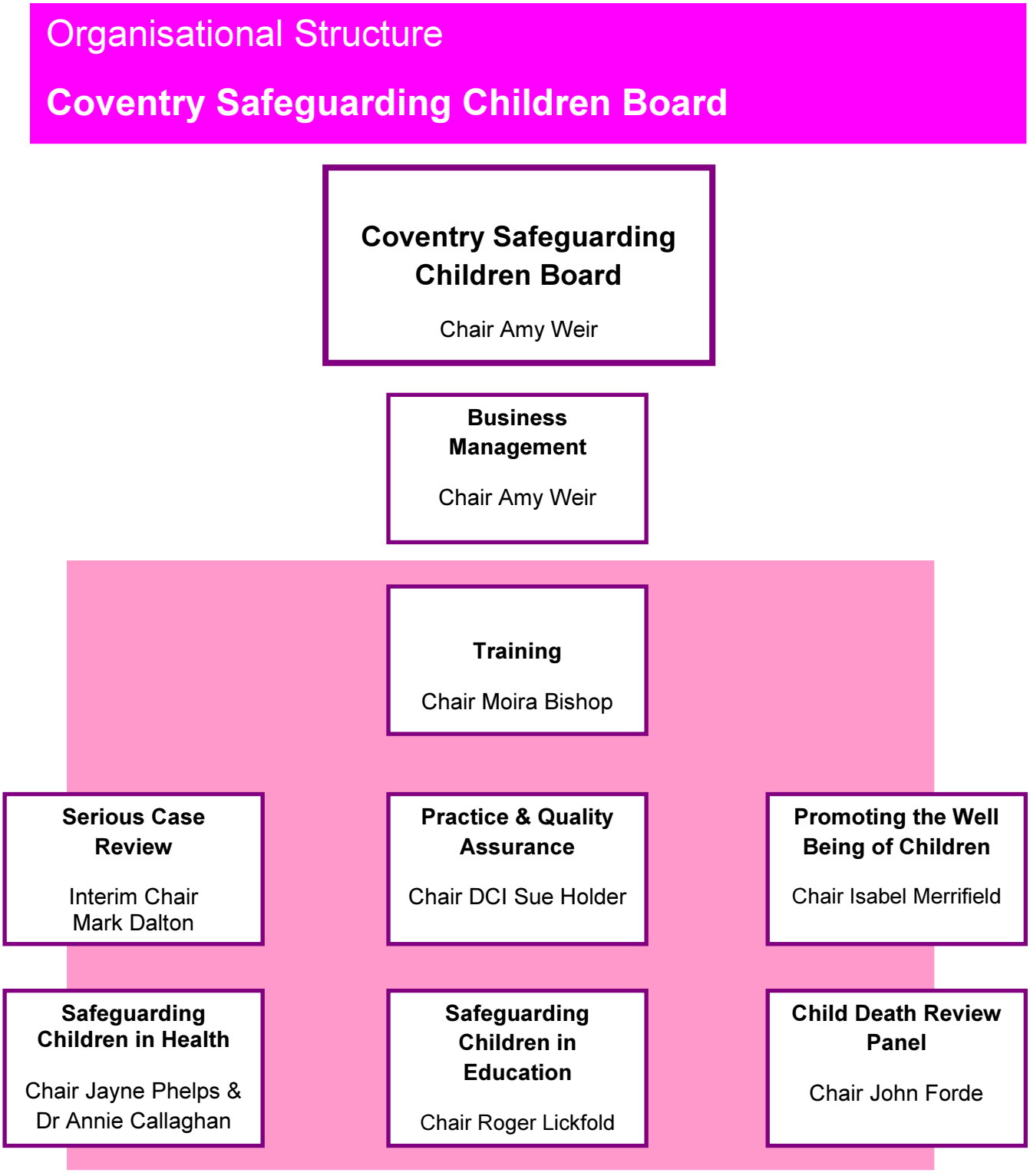
I want to thank all those in the City who are working hard to keep children safe and all the members of the LSCB for their commitment to improving safeguarding in Coventry.

Amy Weir

Independent Chair

Coventry LSCB

2. Structure chart



3. Membership of Coventry Safeguarding Children Board (at March 2013)

Amy Weir
Independent Chair

Jacqueline Barnes
Vice Chair, Executive Nurse, Coventry & Rugby Clinical Commissioning Group

Colin Green*
Director of Children, Learning & Young People (CLYP) Directorate

CS Andrew Nicholson
Chief Superintendent, West Midlands Police

Carmel McCalmont
Associate Director of Nursing, Children Safeguarding, University Hospital Coventry & Warwickshire, NHS Trust

Tracey Wrench
Director of Quality, Safety & Training, Coventry and Warwickshire Partnership Trust

Jayne Phelps
Designated Nurse, Child Protection, Coventry & Rugby Clinical Commissioning Group

Dr. Ann Callaghan
Designated Doctor, Child Protection Coventry and Rugby Clinical Commissioning Group

Moira Bishop
Named Nurse, Child Protection, Coventry and Warwickshire Partnership Trust

DCI Susan Holder*
Public Protection Unit. West Midlands Police

Kobina Hall
Head of Probation Service, Coventry, Staffordshire & West Midlands Probation Service

Cllr. George Duggins
Cabinet Member, Children & Young People

Cllr. David Kershaw
Cabinet Member, Education

Cllr. Faye Abbott
Member Services, Coventry City Council/Scrutiny Board 2

Mark Dalton
Interim Chair of Serious Case Reviews Subgroup, Independent

Julie Newman
Legal Advisor to the Board, Legal and Democratic Services, Coventry City Council

Andy Pepper
Assistant Director Children's Neighbourhood Services, CLYP Directorate

Isabel Merrifield
Assistant Director, Strategy, Commissioning & Policy, CLYP, Coventry City Council

Roger Lickfold
Strategic Lead, Inclusion Special Education Needs and Participation

Jivan Sembi*
Head of Safeguarding Children Service, CLYP Directorate, Coventry City Council

Hardeep Walker
Business Manager, Coventry Safeguarding Children Board

Mandie Watson
Community Safety Manager, Community Safety Partnership

Andrea Simmonds
Local Area Liaison Officer, West Midlands Fire Service

Kam Sidhu
Head of Tenancy Support, Whitefriars Housing Group

Rama Ramakrishnan*
Service Manager, NSPCC Coventry

Sue Doheny
Interim Director of Nursing, Area Team – Arden, Herefordshire and Worcestershire, NHS England

Liz Elgar
Head of Service, CAFCASS

Helen Hipkiss
Assistant Director of Patient Experience Area Team – Arden, Herefordshire and Worcestershire, NHS England

Steve Stewart
Executive Director, Connexions

Mandeep Bassi
Lay Member

John Forde
Consultant, Public Health

Susan Harrison
Head of Safeguarding Adults Service, Coventry City Council

* indicates members who have left the Board subsequent to March 2013

4. Progress on Key Priorities for the Board in 2012/13

The identified priorities for the 12/13 year were:

- Monitor the development of Early Help Services for children, young people and their families
- Getting out of and combating child sexual exploitation
- To monitor the further development of multi-agency services to prevent domestic abuse and support children and their families
- Develop an engagement policy and programme with young people
- Review the Coventry Safeguarding Children Board's performance framework to enable the Board to monitor the effectiveness of current services with a view to shaping priorities for the future.

  Progress has been made on these as outlined in the Business Plan 2012-15. Progress is summarised below.

Monitor the development of Early Help Services

The LSCB agreed revised CAF procedures (including details of step up and step down processes) in the autumn of 2012. These have been communicated across agencies and with the increase in the numbers of CAF coordinators there is potential for improvements in this area. The challenge is the monitoring of the impact of early help and and early intervention.
This work has fallen to the Promoting Children and Young People's Well-Being Board (a subgroup report can be found on page 20). The Board has heard about the setting up of an Early Help Hub bringing together CAF coordinators and Social Workers from the Referral and Assessment service to ensure new referrals and contacts are past to the right team for support. The Board will continue to monitor the impact of this service and are currently working to develop a CAF dashboard and CAF case studies to assist in understanding activity levels and also cases where CAF intervention can be effective.

Members of the PCYWB Board also contributed to the development of a multi-agency Prevention & Early Intervention Strategy for the City. This strategy will be signed off during the 13/14 year. This strategy includes an outcomes framework and performance indicators which will support the effective monitoring of early help services over the coming years.

Getting out of and combating child sexual exploitation

A focus group of the LSCB was set up in February 2012. Membership is made up of statutory and third sector agencies. The group has met regularly and progressed a number of key areas of work. There has been considerable success in raising the profile and general awareness of CSE amongst professionals and young people.

There has been an increase in identified cases of CSE across the City by agencies and this is seen as evidence that the message is getting across and thus young people are being better safeguarded.

The full detail of activities carried out by the CSE focus group is included in the subgroup section of this report. (page 22)

Monitor the further development of multi-agency services to prevent domestic abuse and support children and their families

A pilot commenced in December 2011 to send domestic abuse notifications to schools for their awareness and action in relation to the child attending their school. This has proven to be successful and the following information was reported to the LSCB:

- The case studies show that as a result of school acknowledgement of domestic violence pupils achieve positive outcomes in academic performance in the short term as well as attendance due to support for their well-being and school performance.
- The case studies show a high level of support given by the school whether through direct support or through contact via other agencies (e.g. through CAF).
- The pilot allows for further contact and communication with the relevant agencies as well as allowing a full picture of the child from a range of professional perspectives.
- The process of acknowledging domestic violence incidents allows for a more strategic overview by schools of families, drawing relevant agencies together to minimise risk and ensuring areas of concern are recognised through pastoral support as well as learning support.
- There is scope for the CAF process to grow and be capitalised on to help support schools and advising families on a range of issues that would not have otherwise been picked up.
- CAF coordinators are now involved with the process to help identify with schools those families that would benefit through support from the CAF process through initial data analysis.
- With the involvement of key agencies, the pilot has shown that overall risk can be reduced resulting in a more stable home environment which translates into better emotional well-being at school.

In November 2012 funding was successfully secured for this work to be rolled out across all schools in Coventry.

As a response to the Serious Case Review of Daniel Pelka, a review of the joint screening process and notifications of domestic violence incidents between partner agencies commenced towards the end of this year, the focus of this work is to review the following aspects:

- the timeliness of notifications,
- distribution to the information
- the degree of focus on the needs and safety of the children, and
- the holistic response to repeat domestic abuse incidents

This work identified a number of areas requiring further work and activity to be undertake, this is an area of ongoing work to ensure there is a robust joint screening process and response by agencies.

Develop an engagement policy and programme with young people

This work is scheduled in our Business Plan to be achieved during the 13-14 year and a full report will be provided in next year's Annual Report.

Engagement activity has commenced in relation to Child Sexual Exploitation where lesson plans have been developed with young people to support their awareness of this issue. Further plans are in place to consult with young people about their preparation and involvement in Child protection conferences and how this can be enhanced.

Review the Coventry Safeguarding Children Board's performance framework to enable the Board to monitor the effectiveness of current services with a view to shaping priorities for the future.

The Performance Framework was reviewed in the autumn of 2012. The number of indicators was reduced and a schedule of regular reporting to LSCB meetings was created. The revised Performance Framework can be seen on our website. Indicators have been reported to the Board in line with the schedule during the year

5. Overview of Subgroups

A range of subgroups sit under the LSCB, undertaking and overseeing work streams of the Board with members representing the breadth of agencies working with children and young people.

Business Management

Chaired by the Independent Chair of the Safeguarding Children Board and involving chairs of subgroups, the LSCB Business Manager and the Interagency Training Officer. Its main purpose is to ensure that the progress against the business plan is monitored and achieved, the meetings assist the Chairs of the subgroups to identify cross cutting issues and themes across the activity, identifying the key issues for consideration by the Board as well as to making decisions and reporting these to the Board.

Practice and Quality Assurance

Chaired by the Detective Chief Inspector, Public Protection Unit, West Midlands Police. This subgroup is responsible for receiving and acting on comments or complaints from families or LSCB agency staff, arising from child protection enquires/conferences. It undertakes and commissions' audits in respect of inter-agency child protection services, by agency request and LSCB agreement, evaluating how well agencies work together to protect children. Audits are undertaken with the aim of enhancing, and where necessary seeking to improve interagency working to safeguard children. The subgroup also advises on and agrees local policies and procedures for interagency work to protect children within the framework provided by 'Working Together to Safeguard Children' (2010).

Training Strategy

Chaired by the Lead Professional for Safeguarding Children in University Hospital Coventry and Warwickshire up to December 2012, and after this by the Named Nurse Child Protection, Coventry and Warwickshire Partnership Trust. The subgroup is responsible for providing a comprehensive interagency training programme covering child protection and safeguarding and promoting the welfare of children and young people in response to local training needs. This group is responsible for monitoring the quality of safeguarding training delivered to member agencies and ensuring that all staff requiring access to training are being reached. Objectives also include providing multi-agency training in response to recommendations following serious case reviews.

Serious Case Review

Chaired by an independent consultant social worker, the subgroup has the responsibility for considering cases and recommending to the chair of the LSCB when the criteria for a serious case review is met. It also manages the process of conducting the review, ensuring that the review is of good quality and that it is concluded within agreed deadlines. Following the publication of the latest version of Working Together 2013 the subgroup will also take the lead in recommending the methodology and type of review to be undertaken. On the completion of a review the subgroup, on behalf of the LSCB, monitors the action plan and ensures that agencies produce evidence that they are responding to the findings and changing practice where necessary. Members of the subgroup and are also involved in training and dissemination events following the completion of a review.

Promoting Children and Young People's Wellbeing (CAF)

Chaired by the Assistant Director of Strategy, Commissioning and Policy, this group focuses on the Early Help offer and the use of the Common Assessment Framework (CAF)

across Coventry. Its aim is to promote effective multi agency working and information sharing, in relation to identifying earlier and more effective multi agency support to families, thereby reducing the need for child protection intervention. It is responsible for training professionals to use an agreed early intervention model across agencies.

Safeguarding in Education

Chaired by the Head of the Special Education Needs Service, it is responsible for overseeing how safeguarding issues impact on schools and educational establishments within the City ensuring that that there is the widest possible dissemination of information and communication. This group ensures that education services in the widest sense are aware of their responsibilities in respect of safeguarding and child protection. This group ensures that open and clear communication is maintained between the Safeguarding Children Board and the whole of the Education Service.

Safeguarding Children in Health

Co-chaired by the Designated nurse and Designated doctor for Child Protection of Coventry and Rugby Clinical commissioning group (CRCCG), the subgroup includes core members from all health providers. Membership is also open to all health services that are commissioned from outside the CCG and other professional groups. It is accepted that there will be further transient membership in relation to specific pieces of work as commissioning arrangements within health change.

The function of the health subgroup is to ensure that all health providers across Coventry engage in supporting the health elements of the LSCB priorities and to assure the LSCB of the appropriate and timely delivery of the safeguarding agenda across health services within Coventry. The health subgroup has a specific remit to ensure effective arrangements are in place to effect multi agency working between health and other agencies and to escalate issues to the board for action. The focus of the health subgroup has been widened to include safeguarding and looked after children's elements relating to health in recognition of the continuum of involvement through a child's journey within the health services and the variety of safeguarding issues that arise within health.

Child Death Review Panel

Chaired by a Consultant in Public Health; members are responsible for ensuring effective communication and coordination in the event of an unexpected child death in Coventry in line with the agreed Rapid Response procedure. Members are also required to analyse and review all Coventry resident child deaths (0 to 18 years) to identify learning and disseminate findings. An Annual Report of activity is provided to the LSCB.

6. Progress made by Subgroups

Practice and Quality Assurance Subgroup
Chair DCI Sue Holder, Public Protection Unit, West Midlands Police

Procedures

Interagency procedure and guidance for safeguarding children are continually being updated. This year's activity includes:-

- Consultation and feedback to Government into the new Working Together 2013. Review of current procedures against new WT 2013

- Child Sexual Exploitation Procedures
- Children Missing from Education
- Gang Activity Procedure
- Serious Case Review procedure and toolkit
- Common Assessment Framework
- Children's social care threshold and practice standards
- Working with resistant and non-compliant families
- Safeguarding concerns for unborn children

Audits

The sub-group has commissioned a number of audits on behalf of the LSCB to check that children are being effectively safeguarded. Much of the audit activity has been driven by the Serious Case Review Action Plan in respect of the learning from the death of Daniel Pelka:-

- An Audit was undertaken by Community Health Services and Children's Social Care separately to examine the response to domestic abuse notifications and risk assessments undertaken in respect of children living within domestic abuse households. This was undertaken to determine that the protection needs of the children are being fully addressed by such responses. This was in response to the Joint Screening Process and ensuring that the processes that are employed now are effective. Each agency carried out an audit. 80% of health visitors of school nursing service received the notification. All children that were assessed as Level 4(most serious), the school nursing were involved in contributing to the initial or core assessments. Limitation to the health audit was the notifications to general practitioners. At the time of the audit the GPs did not receive them but this is currently being addressed. In respect of managing data, school nursing suggested that electronic information transfer would be beneficial. This would release professionals for clinical time. In respect of the audit conducted by social care, all level 4 notifications had proceeded to a social care referral, strategy meetings were held and MARAC processes considered. For lower level notifications, there was evidence that initial assessments were not completed within timescales.

- An audit was undertaken in response to actions in the Daniel Pelka action plan. The reviewers used a cohort of 10 cases from a larger cohort that had required a child protection medical and looked at each action separately.
  a) An audit into Initial and Core Assessments was undertaken by children's social care in order to determine to what extent other agencies are being fully involved and consulted as part of the completion of such assessments. 90% of cases (9/10) the initial and cores assessment undertaken included assessments from partner agencies.
  b) The purpose of this audit was to find test out whether strategy meetings/discussions are being efficiently recorded with actions clearly identified for individual agencies or professionals to undertake. It was also to check that the record of listed actions was distributed to the relevant agencies as soon as possible after the meeting. In 2 of the 8 cases there was no evidence that the strategy meeting/discussions minutes were distributed. There were 2 cases where strategy meetings had not happened. Reviewers determined that one was appropriate that a meeting had not taken place, but that the other should have had a strategy meeting. These findings were followed up by the Head of Safeguarding and appropriate actions were taken. Further audit activity will be undertaken during 2013-14 to ensure progress in this area.

c) This audit looked at cases where a strategy meeting/discussion took place when medical opinion was unclear regarding whether injury was accidental or non-accidentally caused. The requirement is that follow up actions with the family must continue to include the child protection concerns as factors and these must continue to be addressed until any new information discounts them. It was evident in 90% of all cases there was on going consideration of the child that the follow up interventions with the family continued to include child protection concerns as factors and addressed these rigorously until any new information or assessments discounted them. It was also considered that the inclusion of a body map from the medical professional should in future enhance social workers understanding of the impact and severity of the injuries.

- Audit into cases of neglect. This focused on 31 cases (15 pre-birth and16 pre-school) on those cases where children who are subject to Child Protection plans under the category of neglect to understand the how effective processes were. The action plan arising from the audit will inform services who work with cases of neglect and enhance practice for the future. There was consistent evidence across the cohort that the threshold for a child protection plan was met at conference. These decisions all appear to be unanimous from the records. However, there was a consistent delay in appending Initial Child Protection conference minutes to the case files, sometimes over many months. There was a practice of repeat strategy meetings which may delay in convening Initial Child Protection conferences. This is being looked at and action is planned to address this. The audit found that the majority of child protection plans were robust and changed to meet developing circumstances, but there was evidence of slow implementation in a minority of cases. Most cases files had evidence of management oversight although only a few had supervision records appended to the record. The LSCB will be looking again in the coming year at the recording of supervision.

- Thematic audit that looked at the effectiveness of Common Assessment Framework process. This audit was carried out before the re-writing of the CAF procedures and recruitment of 6 CAF Co-ordinators. This audit looked at the information recorded and found that in the 6 cases audited this was good. There was evidence also of previous involvement and history having been recorded. Relevant agencies were involved in the CAF process. Only in one case was there a delay in allocation. This was because of a difference of opinion between the CAF leader who thought that the case should be stepped up and social care who did not agree it met the threshold. This led to a recommendation and action about an improved escalation policy. The assessments undertaken were found to be thorough. There was good evidence in 6 cases of the child being involved in the assessments and their wishes and feelings being listened to. There was also evidence of separate child files when siblings were present in the family, considering each child's individual needs. In respect of safeguarding, protection and life chances, there was evidence that complex needs were identified and responded to. Needs and risks were assessed appropriately. 6 cases had evidence of effective management oversight.

- Multi-agency audit of a Primary School. The audit was carried out in two parts. The school's processes and procedures were scrutinised and then also a case study model was undertaken. The school carried out its own safeguarding audit in March 2012 and this was reviewed as part of the multi-agency audit in April 2012. This to ensure that the schools safeguarding processes are embedded into all aspects of the running of the

school. The audit found that the school spent a lot of money on safeguarding and safeguarding has a high priority. Temporary staff are made aware of safeguarding issues. In respect of the two case studies, the schools recording systems were extremely robust.

Serious Case Review Subgroup
Independent Chair: Mark Dalton NSPCC

The statutory basis for Serious Case Reviews is fully explained in Working Together 2013; it describes the criteria for undertaking a review and guidance on the process. This is an important document for the sub-group and clearly states:

"Reviews are not ends in themselves. The purpose of these reviews is to identify improvements which are needed and to consolidate good practice. LSCB's and their partner organisations should translate the findings from reviews into programmes of action which lead to sustainable improvements and the prevention of death, serious injury or harm to children." (WT. 2013 p66)

During the last 12 months the workload of the serious case review subgroup has been dominated by the demands of managing three new serious case reviews and overseeing and monitoring the action plan for one which reported the previous year. In terms of our responsibility it is important that we focus on thematic and systemic lessons as well as ensuring there has been an objective analysis of the practice in any particular case.

A re-occurring issue for a number of years has been the number of babies and infants who have died as a result of bed sharing or sleeping with their parents. We know that there are effective systems in place for warning new parents of the dangers of this practice yet the number of avoidable deaths remains stubbornly high. During the last year another co-sleeping death was the subject of a serious case review. The case very closely reflected some of the issues that had come to light in one of the reviews undertaken in the previous year. Clearly this is a concern not just for professional agencies, but for a wider public health debate and the need to raise awareness amongst schoolchildren, grandparents and the community at large as well as targeting parents.

We have also overseen the high profile case involving extensive deliberate cruelty and the eventual murder of four year old Daniel Pelka. The case has attracted national interest The review has been complex and both intellectually and emotionally demanding for the review team. During the trial of the child's mother and partner further details relevant to the analysis of practice came to light through the evidence presented to the court. The need to analyse and incorporate this information into the review delayed final publication for a short period. However it was clearly of paramount importance that the report dealt with all the known facts. This type of case inevitably leads to an upsurge in referrals and increasing demands for training and support for front-line professionals. The serious case review sub-group will work with the training and quality assurance sub-groups to disseminate the learning from this case.

A noticeable trend in the findings and recommendations of serious case reviews has been a shift in emphasis from recommending more rule and procedures actions (which often have the unintended consequence of making cooperation across agencies more difficult) to more systemic recommendations which focus on the blocks to good practice i.e. what prevents well intentioned and committed people from working effectively together to protect children.

Managing the LSCB's response to serious case reviews is the primary purpose of this subgroup. We have considered the circumstances surrounding the deaths or serious injuries of nine individual children during this 12 month period. Members of the subgroup have contributed to the domestic homicide review undertaken on a young woman from Coventry who was killed in Kent by her ex-partner. Again our involvement across a number of cases has highlighted the significance of recognising and assessing domestic violence is a key issue in keeping children safe.

With all this activity, it is important that the subgroup does not lose sight of its overarching responsibility to ensure that clear findings are identified and that practice is improved as a direct result of the reviews which are undertaken. It is clear that training opportunities and other recognised methods of improving the quality of service - such as mentoring and case sharing - are being increasingly constrained in the current climate of high demand and no additional resources. This is in the context of increasing workloads across the agencies represented on the LSCB. We include the learning from serious case reviews in on-going training and thus raise the awareness of managers and supervisors as well as providing stand-alone briefings**.**

Training Strategy Subgroup

Chair: Jayne Phelps, Lead Professional for Safeguarding Children, University Hospital Coventry & Warwickshire NHS Trust / Moira Bishop Named Nurse Child Protection, Coventry and Warwickshire Partnership Trust

The training strategy sub-group continues to function effectively in achieving its aims and objectives. The team has met on six occasions throughout the year and completed a significant number of key tasks.

All partner agencies are represented within the current membership as are other key agencies eg. voluntary and faith sector. This continues to ensure that the safeguarding training needs of all practitioners who work with children and young people and/or their parents and carers are represented. A bi-monthly report, identifying significant issues, is provided to the Board.
The key priorities for 2012-13 are addressed below and are reflected in the sub-group's business plan.

- Objectives linked to Serious Case Reviews: a reminder to all trainers, including those who deliver on single agency courses, to include the use of appropriate interpreters where English is not the first language, commissioning of training around severe emotional abuse and neglect including an evaluation of the impact of this training, also a review of the use of the signs of safety risk assessment model including an extra training session for all practitioners and a training session with targeted practitioners.
- The development of half-day awareness raising sessions on child sexual exploitation to increase recognition and make appropaite referral to the relevant agencies
- An on-going review of LSCB training provision, including ensuring that learning from serious case reviews, audits, procedural and legislative changes and local developments are incorporated. Key areas have included a change in the case studies used in the domestic abuse and safeguarding children training and the parental mental ill-health and safeguarding children training, and new information for the forced marriage and so called honour based violence training. An action tracker is maintained by the Interagency Training Officer and is reviewed at each meeting.

- Single agency training is also reviewed by the sub-group for quality assurance. During this period serious case review training for Education has been reviewed.
- During this period there was a link with the COMBAT Trafficking Project which was raising awareness around trafficking of children and young women across Coventry, Warwickshire and Solihull. 876 professionals across a range of statutory and voluntary agencies in Coventry attended awareness raising training.
- A charging policy review has been held which included an analysis of the costs of providing training. There is now guidance in place on which agencies will be charged to attend training in addition to an increase in charges for attendance, cancellation and non-attendance.
- The Annual Conference 2013 "Learning from Serious Case Reviews, Research and Audits" was planned with the support of training sub-group, but was held after the time period for this report – May 2013.
- The Interagency Training Officer provides a process of support and development to trainers through regular meetings, dissemination of information, including messages from serious case reviews, and contact around each training delivery.
- The Faith Forum – a joint working project between Coventry and Warwickshire Safeguarding Children Boards supports Faith organisations and communities through meetings and events. The latest event took place 2012, which also included voluntary organisations, involved training around signs of abuse and how to respond, safeguarding policies and procedures and safer recruitment. Speakers included representatives from the Churches Child Protection Agency and Safe Network.
- The training subgroup membership has included a representative from Voluntary Action Coventry. This has enabled the needs of voluntary organisations to be considered and has included training sessions for faith and voluntary organisations around signs of abuse and how to respond and safer recruitment.

Challenges and priorities ahead:

- The interagency training programme has been streamlined to ensure it is good value for money and continues to meet the joint priorities for organisations this will be an on-going challenge for the Board.

- Child Sexual Exploitation is a key priority in Coventry. A more in-depth training course will be added to the programme and there will be monitoring around training attendance with a view to providing more sessions if required.

- There will be an on-going review of training to ensure that it continues to meet the changing and diverse needs of Coventry practitioners and contains up to date information and messages. Evaluating training will continue so that quality and impact on practice can be assessed. Quality assurance of single agency training will continue.

- It remains a challenge to ensure that the pool of trainers remains sufficient in numbers to deliver the interagency training programme. Board members are must ensure that staff continue to engage as trainers, particularly when faced with budgetary and staffing challenges. This is crucial to building expertise and quality in training and promoting interagency working.

- There will be a bi-annual review of training attendance to ensure that all staff requiring access to training are being reached and to establish any difficulties due to agency budgets and financial pressures. Agencies identified who don't attend will be contacted for discussion.

Safeguarding Children in Health Subgroup

Chair: Jayne Phelps, Designated Nurse, Coventry & Rugby Clinical Commissioning Group

Between April 2012 and March 2013 the health subgroup has undertaken a number of pieces of work some standalone work and some in conjunction with other subgroups. Members of the health subgroup all form part of other subgroups and the work streams overlap ensuring that there is health involvement throughout the work of the board.

A considerable amount of health subgroup activity has been in relation to ensuring learning from serious case reviews is embedded in health engagement with clients and families. This includes work around emotional abuse and neglect, domestic violence and abuse and sudden infant death. An evolving function of the health subgroup is to receive and manage all evidence provided by health agencies in response to serious case review or local reviews to assure the LSCB that the safeguarding issues are addressed. This runs alongside other arrangements for performance management of providers within health.

The procedures for safeguarding and protecting unborn babies have been developed and updated and a programme of training for staff involved has been jointly delivered between health and social care. This reflects the recognition of the health and social impact on babies of preventing disordered attachment in line with research findings.

The subgroup has undertaken specific work around emerging health issues relating to safeguarding and child protection to inform the LSCB. Ensuring that there is an effective response from health in relation to recognising young people at risk and supporting them to escape from child sexual exploitation has been a feature of the work.

Work is on-going to ensure that within health provider's child protection work is of high quality and that health staff are trained and supervised in relation to activity to safeguard and protect children, this has incorporated reviews of policies and procedures, addressing challenges and providing development opportunities for named professionals including level 3 and level 4 training. This has also led to the development of a safeguarding network across Coventry and Warwickshire which includes leads in child protection, domestic violence and abuse and looked after children.

Safeguarding in Education Subgroup

Chair: Roger Lickfold Strategic Leader for Inclusion, Education and Learning, Coventry City Council

In 2012/13 key areas of progress in promoting the quality and consistency of safeguarding practice in schools were:

- A safeguarding in education training strategy has been agreed and circulated to all schools and academies.
- 'Emergency' safeguarding training has been designed to deliver to link teachers in occasional cases where a newly appointed link teacher has an Ofsted notification before he/she can access scheduled training, so that all schools have an appropriately trained designated member of staff for safeguarding at the time of Ofsted inspection.

- The safeguarding training for governing bodies has been rolled out to all schools and academies, so that all governors with responsibility for safeguarding have the opportunity for safeguarding training tailored for governors.
- Learning from SCRs has been fed back to the Safeguarding Children in Education Subgroup and incorporated into safeguarding training programmes.
- The Local Authority has facilitated safeguarding audits in one secondary school and a number of primary schools. Through the safeguarding training schools have been introduced to the Safeguarding Audit Tool so they can audit their own safeguarding arrangements.
- Briefings have been provided to the Safeguarding Children in Education Subgroup and to all schools and academies on sexual exploitation and child trafficking, so that awareness is raised in schools of the signs and the action that should be taken.
- E-safety has been incorporated into the work of the sub-group, and a full briefing provided to subgroup members, so that awareness is raised in schools of the signs and actions that should be taken in relation to this area of risk.
- An audit of private fostering was completed with pupils of a second secondary school, providing further evidence of a significant under-recording of private fostering. No new actions arose from this audit as its findings were very similar to the initial audit of secondary school pupils. The number of children and young people formally recorded as being privately fostered has risen significantly in 2013 (year ending 31.03.13) compared to 2012, although it remains below the level indicated by the sample of 11-16 year olds audited. Further awareness raising work is underway.
- A domestic violence pilot, involving the City Council working in partnership with the Police and 41 schools, concluded successfully. Funding was agreed for the pilot to be rolled out to all schools and academies.

Membership and attendance

Attendance at the subgroup has generally been very good, but a small number of members have either not attended in the last the year or have attended infrequently. These members have been contacted to check whether they continue to be the representative of their particular stakeholder group and the situation is being monitored.

Priorities for 2013/14

Priorities for 2013/14 have been identified as:

- To consider any new national or local guidance or information in relation to education and safeguarding children and update Local Authority guidance and disseminate to schools as appropriate.
- To ensure that all Headteachers and chairs of governors have undergone safer recruitment training, either face to face or online.
- To ensure that all link teachers of schools and services undergo training on safeguarding children in education (on at least a two yearly basis).
- To consider all SCRs undertaken by the LSCB, to learn from these cases and strengthen safeguarding processes.
- To further develop safeguarding policy and guidance for schools/education services and the associated training programme.
- To provide safeguarding audits for all schools where safeguarding issues have been raised or where section 5 Ofsted inspection is due.
- To disseminate to Headteachers and education services the recently revised Children Missing from Education protocol.

Promoting the Well-being of Children and Young People

Chair: Isabel Merrifield, Assistant Director, Strategy, Commissioning & Policy, CLYP, Coventry City Council

The subgroup has refocused its activity on the implementation of the Common Assessment Framework this year to ensure that early intervention is being properly progressed across all agencies in the City. As part of this refocusing, the terms of reference were refreshed as was the membership in late 2012. A revised workplan was created, picking up issues arising from Serious Case reviews.

In accordance with the workplan, revised and updated CAF procedures were developed including step up and step down. These were agreed by LSCB in September 2012. Since then, the subgroup has reviewed CAF training and discussed blockers to implementation of CAF.

The group is currently working on the development of a CAF dashboard, this will develop as the new eCAF system is rolled out and data becomes available. In the interim, the subgroup is monitoring training take up. CAF statistics are reported to the LSCB via the subgroup. This dashboard development will enable the subgroup to monitor CAF activity and highlight evident gaps in terms of agency participation.
The subgroup has also considered the development of the Early Help Hub and will continue to monitor this as it develops. Members also gave input into the developing Prevention and Early Intervention strategy during 2013.

Priorities for next year are to complete the development of a meaningful and robust CAF dashboard to enable effective monitoring and challenge of CAF performance within and between agencies. This needs to include the monitoring of step up / step down procedures and a developing understanding of the impact and effectiveness of CAF processes. The group also needs to support wider communication of CAF messages and act as a critical friend to those who lead for CAF so that training and engagement are successful across all agencies.

Child Death Overview Panel (CDOP)
Chair John Forde, Consultant, Public Health NHS Coventry

The focus for 2012-2013 continued very much on the same theme as previous years by aiming to review cases in a timely manner, finalise outstanding areas of work, progressing actions arising from reviews and continually reviewing and improving the process as a whole.

Coventry Child Death Overview Panel (CDOP) conducts reviews of all deaths, irrespective of circumstances. Following a review of the process it was apparent that not all deaths required an in-depth review and in view of this ‘Fast Track’ CDOPs were introduced during 2012-2013. Fast Track CDOPs have a streamlined membership and are convened as and when required. The principles remain the same and any actions arising from ‘Fast Track’ reviews are recorded on the CDOP Action Plan and progressed. The implementation of Fast Track CDOPs has enabled more timely reviews of early neonatal deaths and allows more time to discuss the more complex cases at the full CDOP. In 2012-2013 the CDOP met 7 times (5 full CDOPs and 2 Fast Track CDOPs) and reviewed 39 deaths, a slight increase from 2011-2012.

During 2012-2013 the following work was completed from the reviews conducted:

In the case of an accidental asphyxiation, a design fault in the bed was identified. Both Trading Standards and the manufacturers were alerted and the manufacturer subsequently altered the design of this bed. A recommendation was also made to LSCB for all Early Years practitioners to be made aware of the potential hazards of high level/multi-level beds used by young children, in order to advise families. The Child Accident Prevention Trust charity (CAPT) was also notified to include a warning in their monthly newsletter.

Following the review of a death from Sudden Infant Death Syndrome (SIDS) where parents acknowledged that they did not follow 'safe sleeping' advice given, a recommendation was made to LSCB to: 'Maximise the impact of contact with families by a range of agencies to influence and motivate changes in parents' behaviour whereby safe sleeping messages could be strengthened if these are reinforced by a range of Early Years practitioners. Methodologies of brief intervention and brief advice could be consistently delivered to 'make every contact count (MECC) across a range of positive lifestyle messages to families, particularly in relation to safe sleeping practices, alcohol, substance misuse and smoking cessation. The board was also requested to consider implementing the SIDS risk assessment tool developed by Derbyshire NHS.

Following the review of a neonate born at home, a recommendation was made for the West Midlands Ambulance Service to review their Obstetric Care Procedures to clarify factors when expectant mothers in labour should be conveyed immediately to hospital and when a Midwife should be called to the address, to clear any ambiguity and also for a local NHS Foundation Trust to include a review of its 'Born Before Arrival' policy as part of the Root Cause Analysis investigation.

We also promoted the 'HeadSmart' project to GPs to help raise their awareness of symptoms of brain tumours in children and young people and to include CDOP learning in GP 'Protected Learning Time'.

A separate annual report has been completed for the child death review process which outlines further detail on the activity of Coventry CDOP and outcomes. This can be viewed at www.coventrylscb.org.uk.

Licensing and Safeguarding Children

The Safeguarding Licencing Officer was in post on from August to December 2012.

Whilst in post the Licencing Officer undertook an induction and training to support the development of her knowledge of local Safeguarding arrangements and associated processes and systems. The Licensing Officer produced a briefing note for a LSCB Newsletter. She also began to develop links and relationships with partner agencies.

The statutory role of reviewing routine licencing applications and variations were undertaken. The Safeguarding License Application database was reviewed to ensure it was current and complete.

The Licensing Officer undertook a number of site visits to varied venues in response to applications and variations. This was to ensure Licensees have robust risk assessments in place and that appropriate safeguarding policies are in place. The Licensing Officer also

contributed to Key partnership working focusing on a joint initiative. This included concerns regarding possible Child Sexual Exploitation.

Child Sexual Exploitation Task and Finish Group (CSE)

The following areas of work were carried out by members in 2012/13:

- A scoping exercise was carried out to obtain a greater understanding the level and nature of CSE in the local area. This exercise produced a good response from organisations indicating staff are aware of CSE and the need to act together to combat it.

- An Inter-agency CSE procedure has been produced and is being finalised. The procedure outlines the indicators of CSE and how a professional should make a referral.

- The Multi-Agency Screening Panel (MASP) has taken responsibility for ensuring that all CSE referrals are discussed and action plans developed and monitored for individual victims. The MASP has also been working on developing a Triage system, where the level of risk determined will identify the support and involvement of agencies required.

- A data collection tool (University of Bedfordshire) is currently being embedded into the MASP process. This is a specific recommendation from 'Tackling Child Sexual Exploitation' Report produced by the DfE in November 2011. The data captured will enable the LSCB to have accurate information that reflects the volume and profile of victims of CSE as well as perpetrators.

- A programme of awareness training has been produced by the LSCB trainer officer and currently being delivered by a senior social care practitioner and the missing persons police officer.

- Specialist Training for workers who work directly with CSE victims is currently being developed this will be delivered jointly Solihull LSCB.

- "Say Something If You See Something" campaign - Awareness training has been delivered for hotel staff within the City. This campaign originated in Coventry and has now been taken up nationally. This is an ongong piece of work to engage hotels in recognising this is an issue they need to be aware of and take appropriate action on if taking place.

- The drama piece 'Chelsea's choice' has been showcased to schools in Coventry. This has been received well and recognised to be effective in raising awareness with young people and preventing CSE taking place. Plans are in place to deliver this drama piece in the autumn 2013 to all seconday schools in Coventry.

- Direct work has taken place with young people to raise awareness about the risks of CSE and the forms this can take with our most vulnerable young people including young people in Pupil Referral Units and Care Homes.

- Education Service of the Local Authority have also produced and supported the delivery of a CSE awareness raising package for young people in schools. This includes 'My Dangerous Lover Boy' DVD. A survey is currently underway to assess the take up of this material by schools.

- The intelligence picture is increasing around identifying CSE perpetrators, victims and hot spot locations. West Midlands Police are currently refreshing the problem profile for CSE. An intelligence pro-forma has been developed for completion by professionals to be given to the police representative on MASP. This form will be embedded into the Inter-agency procedures.

- West Midlands Police now have a dedicated CSE Team who support complex investigations and who also carry out awareness raising to front line staff. This is assisting in bringing offenders to justice and developing a consistent response across the Force.

- Work is being progressed to produce guidance leaflets for Parents and Carers. This is being done in consultation with parents.

- The LSCB is also an active member of the Regional CSE Group. This group has been working on the following areas :
    - Multi-agency Screening Tool for universal service providers,
    - Risk Assessment Tool for those professionals that work directly with the child,
    - Information Sharing linked to CSE cases
    - Induction packs for new staff which focuses upon runaways, human trafficking and CSE,
    - Having a generic performance framework
    - A generic audit tool for case of CSE.

Much of the work of the focus group identified above is on-going and is being reported on to the LSCB at regular intervals.

7. LSCB Budget 2012 -13

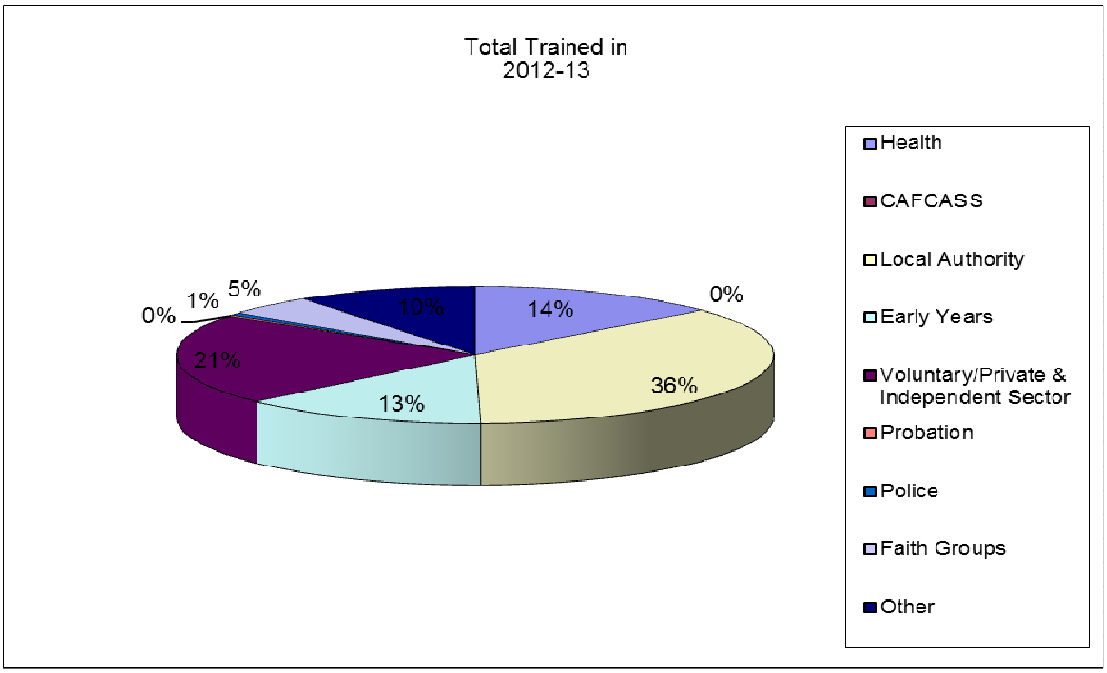
At the start of the financial year the LSCB had a base budget of £193,505 to fund the three dedicated LSCB staff and to deliver the core activities of the Board. A number of measures had been put in place in the previous year to find savings from the various core activities the LSCB undertakes to ensure the budget would balance at year end.

However during the course of the year it became clear that the budget would not cover all aspects of the LSCB activity namely the additional SCR function and the cost of a temporary officer who was drafted in to cover the maternity leave of the Business Manager. These increased expenditure. To address the significant overspend expected due to Serious Case Review activity, the three core agencies Coventry City Council, West Midlands Police, Coventry NHS PCT – as it was previously known, shared the costs of Serious Case Review activity. This enabled the Board to balance its budget.

8. Interagency Training Statistics from April 2012-March 2013

2012-13 Programme Year- Total numbers of attendees per sector

Category	Total Trained in 2012-13	%
Health	135	13.7%
CAFCASS	0	0.0%
Local Authority	354	29.7%
Early Years *	131	11.0%
Voluntary/Private & Independent Sector	212	17.8%
Probation	3	0.3%
Police	6	0.5%
Faith Groups	47	3.9%
Other	96	8.1%
TOTAL	**984**	



These figures are for multi-agency training, most of these organisations also provide single agency training and advise staff, depending on job role, on which training they should attend. In 2011–12, 1190 professionals attended interagency training courses, in 2012-13, **984** professionals attended training courses. Some of the factors which contributed to the lower figures this time around are:-

- There was no LSCB Annual Conference during this reporting period.
- Courses which run biannually e.g. training around Fabricated Illness and Child Abuse Images did not run during this reporting period.

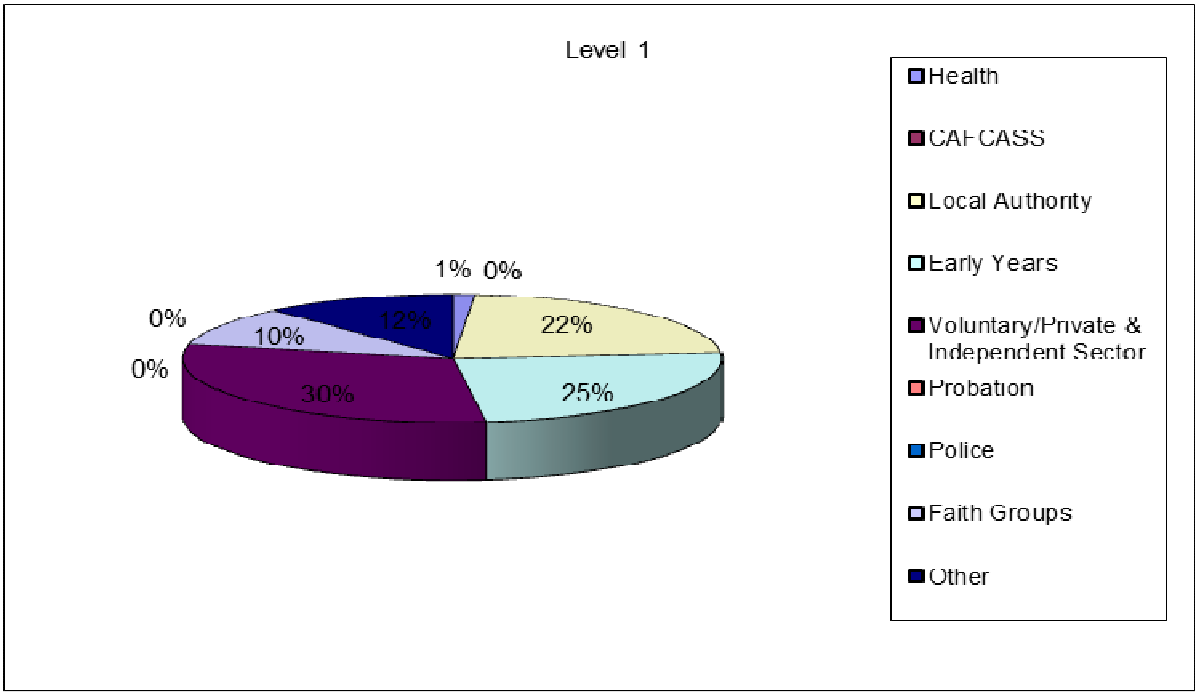
- Training around Safeguarding Children from Abroad is no longer being delivered as of April 2012.
- Training around Safeguarding Disabled Children did not run during this period, as an internal course was in the process of being developed.
- Training around the launch of new and/or refreshed procedures was not delivered in this reporting period unlike last year.

* *Some Early Years organisations come within the Local Authority but for these figures they are included in the separate category so that the whole range of Early Years organisations can be counted together. Those which are separate to the Local Authority include private and voluntary nurseries, childminders and crèches.*

2012-13 Programme Year- Number of attendees per level and sector

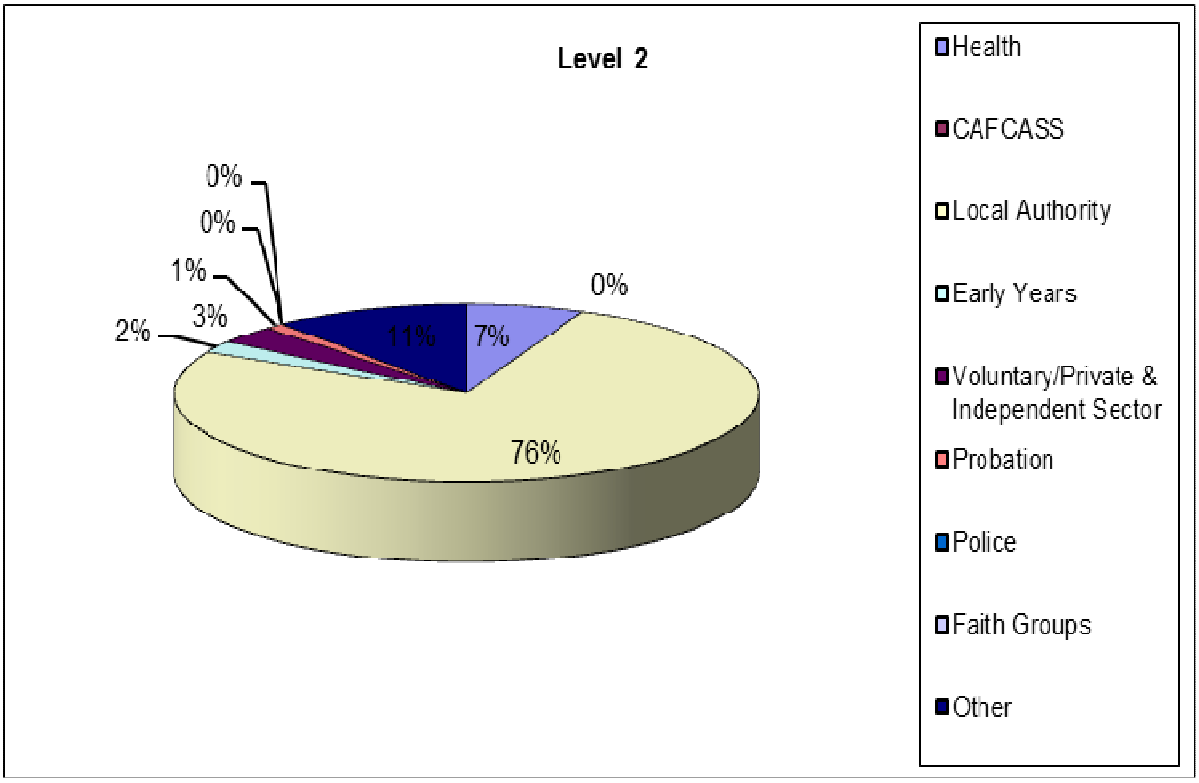
LEVEL 1

Category	Level 1	%
Health	6	1.3%
CAFCASS	0	0.0%
Local Authority	100	22.2%
Early Years	110	24.4%
Voluntary/Private & Independent Sector	137	30.4%
Probation	0	0.0%
Police	0	0.0%
Faith Groups	45	10.0%
Other	52	11.6%
TOTAL	**450**	



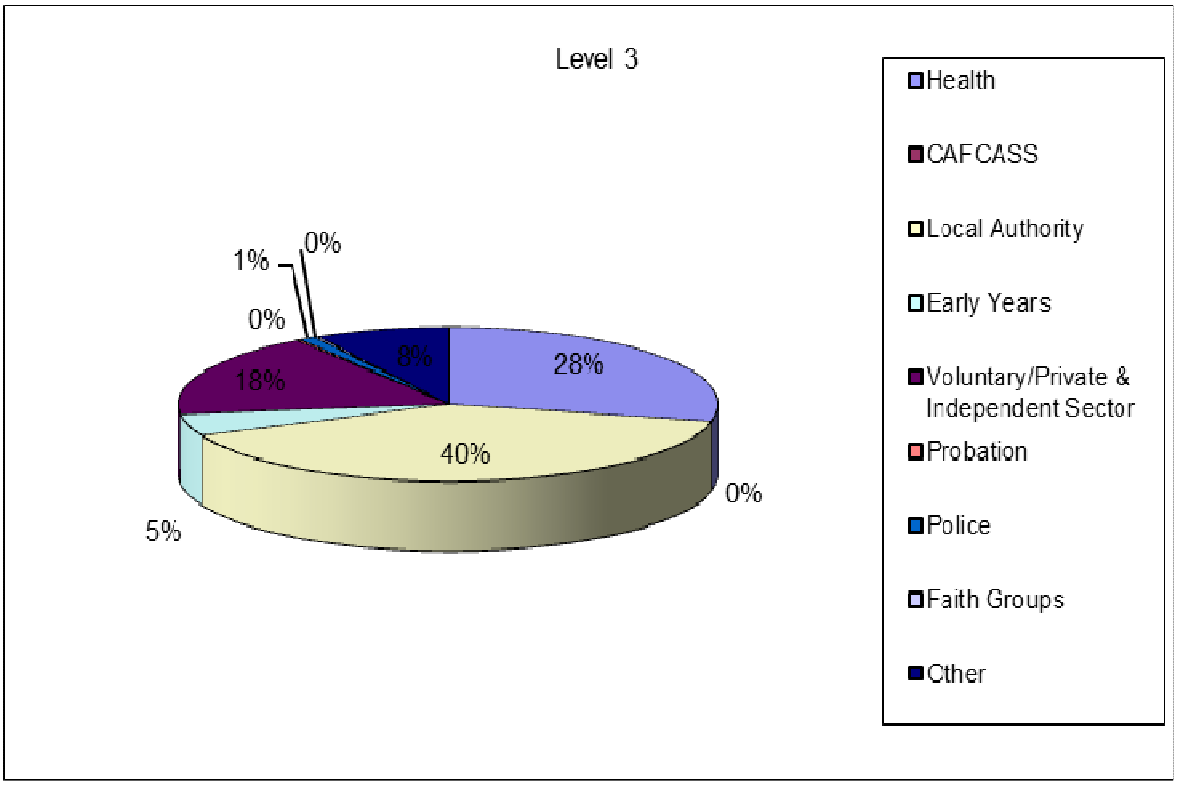
LEVEL 2

Category	Level 2	%
Health	6	6.5%
CAFCASS	0	0.0%
Local Authority	70	76.1%
Early Years	2	2.2%
Voluntary/Private & Independent Sector	3	3.3%
Probation	1	1.1%
Police	0	0.0%
Faith Groups	0	0.0%
Other	10	10.9%
TOTAL	**92**	



LEVEL 3

Category	Level 3	%
Health	117	28.5%
CAFCASS	0	0.0%
Local Authority	163	39.8%
Early Years	19	4.6%
Voluntary/Private & Independent Sector	72	17.6%
Probation	1	0.2%
Police	4	1.0%
Faith Groups	1	0.2%
Other	33	8.0%
TOTAL	**410**	



Evaluating the impact of training on practice

This process began in March 2012 examining the impact of training from a range of courses. The interagency training officer carryied out an analysis of end of course and post course feedback specifically linked to impact on practice. This was based on information provided by participants and line managers providing evidence of demonstrable changes in practice as a result of training.

Trainers both from partner organisations and external organisations are involved in the developing the analysis process, information is also shared with trainers and the LSCB training group including any amendments to courses as a result of feedback. Courses which have been evaluated during this period include:

- Level 2 -Working Together to Safeguard Children and
- Level 3 – Sexually Harmful Behaviour,
- Level 3 - Domestic Abuse, Self Harm,
- Level 3 - Supervision in Child Protection,
- Level 3 - Understanding Sex Abusers
- Level 3 - Spirit Possession and Witchcraft

Examples of how training has had an impact on practice and learning:

- University Hospital Trust (UHCW) amending their supervision policy
- A Voluntary Nursery writing a supervision policy,
- A manager in UHCW reporting that a midwife had learned a great deal about child sexual exploitation and her awareness level when dealing with young mothers had been greatly increased,
- A Mosque representative making a referral to Social Care after learning about Private Fostering on Level 1 training.

Impact has also been identified from courses delivered linked to Serious Case Reviews:

- Emotional Abuse and Neglect training resulted in GPs increased awareness and interaction with children and observation of the parent/child interaction,
- Another GP now holds weekly meetings with the Health Visitor to discuss families where there are concerns,
- A Family Nurse Partnership Manager who has observed an increased awareness that has translated into her practice with children and families
- A CAF Team Manager who shared a practice tool with peers and team to use within their work.

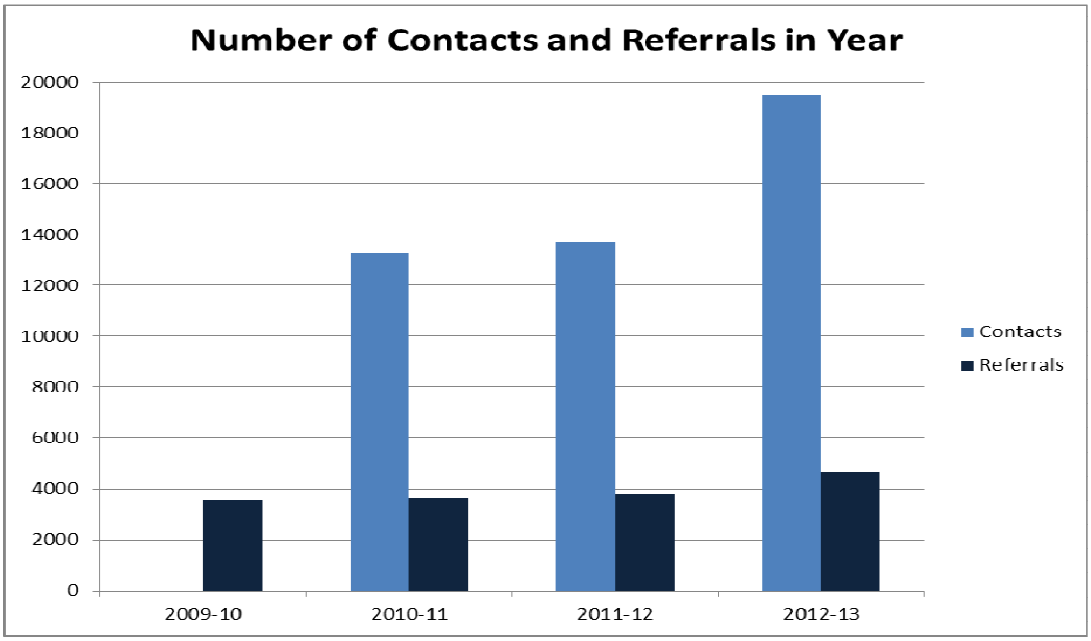
9. Performance Reporting 2012-2013

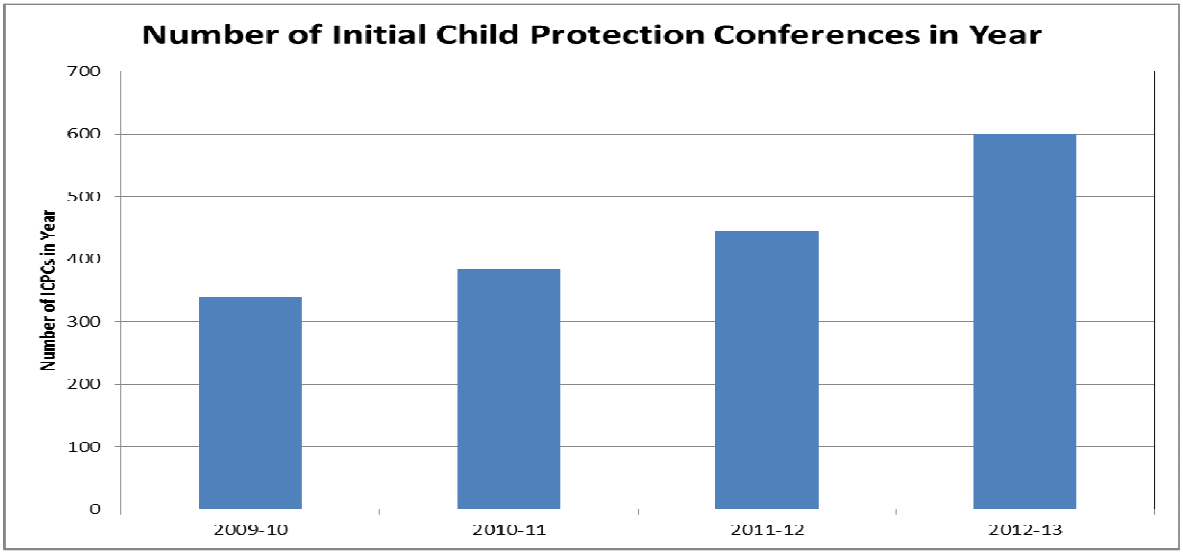
Introduction

In accordance with our priorities for 2012/13 the performance framework was refreshed and reduced in the autumn of 2012. There have been a succession of reports on performance issues to the Board during the year and performance information is routinely shared through the Board. What follows is a summary of key performance information showing safeguarding performance across the City during 2012/13. The Board remains committed to reviewing this regularly to see how performance can be better monitored and the actions which need to be taken to deliver improvement in key areas.

Child Protection Activity

There has been an increase in activity this year in social care



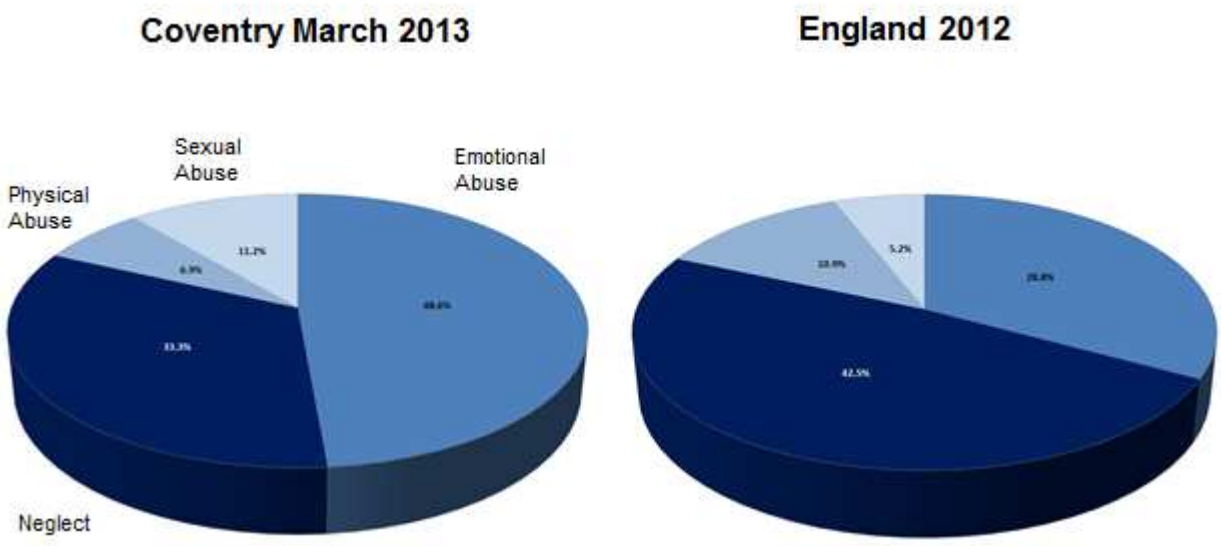


Where comparative data is available, it shows our activity levels are higher than national averages (Statistical neighbour averages are not available at the time of writing)

	Coventry as at 31st March		England
	2012	2013	2012
Referrals leading to IA's	88.50%	90.6%	74.60%
Timeliness of IAs - IAs carried out within timescales(10 working days)	73%	73.6%	77.40%
Number of Strategy Discussions	1221	NA	NA
Number of Section 47 enquiries		908	NA
Number of Section 47 enquiries per 10,000	101.8	128.7	109.9
Number of CP Plans	423	519	NA
Number of CP Plans per 10,000	64.5	73.6	37.8
2nd or subsequent plans	14.6%	14.1%	13.8%
CP cases reviewed within required timescales	99.7%	98.5%	NA
Number of ICPCs held within 15 days of Section 47 start	80.4%	57.7%	NA

Characteristics of CYP subject to CP plans

a) Reasons for being subject to a CP plan

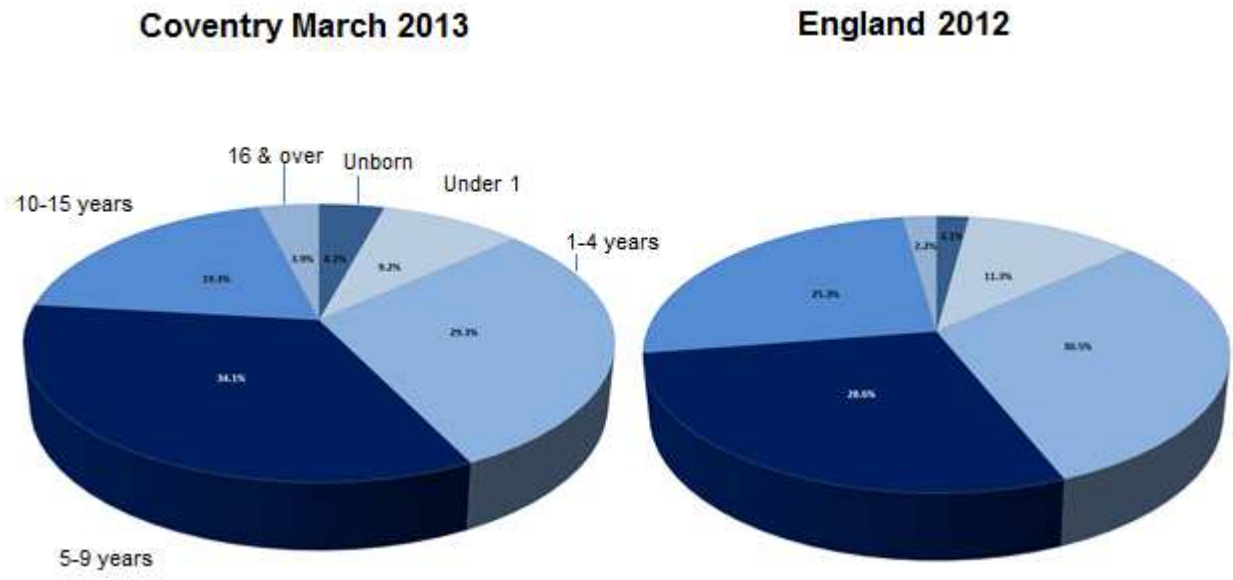


Coventry's proportion of emotional abuse is significantly higher than in England in 2012. Emotional abuse can often be related to domestic violence in the household. This indicates we have a greater problem in Coventry with this than nationally. Coventry has double the national percentage of children categorised under sexual abuse.

b) Gender

Gender	Coventry as at 31st March 2013		England 2012
	No.	%	%
Male	257	49.5%	49.9%
Female	261	50.3%	47.8%
Missing/Indeterminate	1	0.2%	2.3%
Total	**519**		

c) Age



Coventry's age profile is similar to the national profile. Coventry's proportion of unborns at 4.2% is double that of the England rate (2.1%) last year.

Children Missing from Care and Home

There were 211 children/young people recorded as having a total of 581 missing episodes in 2012 -13 this is a decrease on the 270 C&YP reported missing for 2011-12. This year's total included 21 young people who were reported missing from out of city residential homes resulting in 113 episodes. Therefore there were 190 C&YP reported missing who lived in the city on 469 occasions.

Of the 190 C&YP living in the city having missing episodes in 2012:

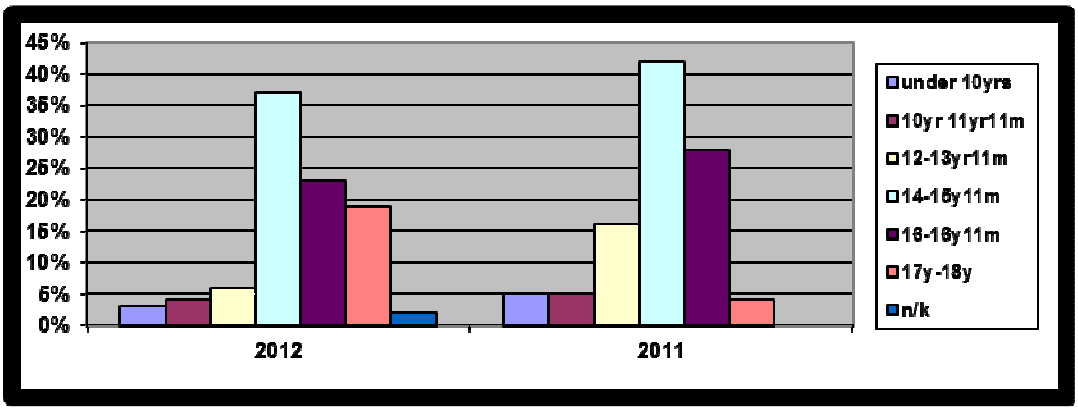
- 120 of them had only 1 episode
- 51 had 2-4 episodes
- 9 had 5-9 episodes
- 6 had 10-15 episodes
- 4 had 20+ episodes

Of the 21 C&Yp reported missing who lived out of city:

- 10 yp had1 episode
- 7 yp had 2-4 episodes
- 2 yp had 5-9 episodes
- 1 had 28 missing episodes
- I had 38 missing episodes.

It is likely that the rates of children and young people going missing are under estimated both nationally and locally as there are a proportion of children and young people who go missing from home that go unreported by their family and as a result their episodes will not be captured.

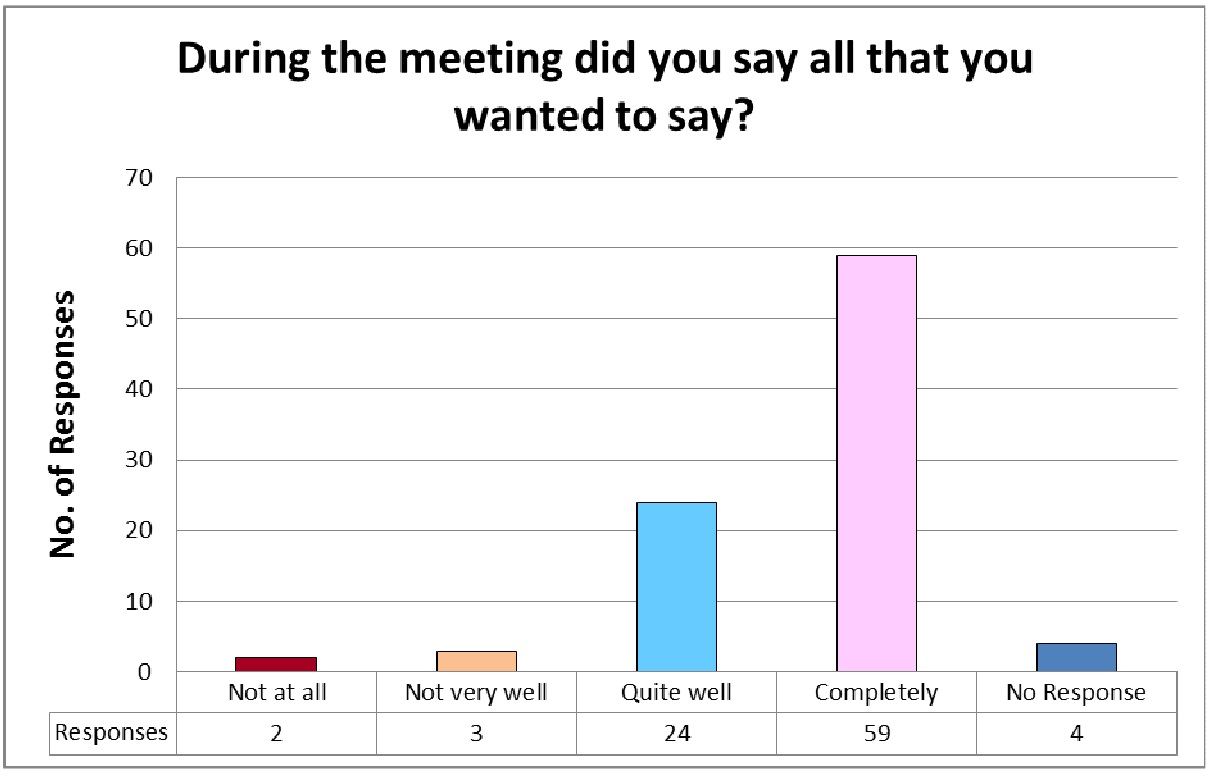
Chart 1 – the age range of those going missing



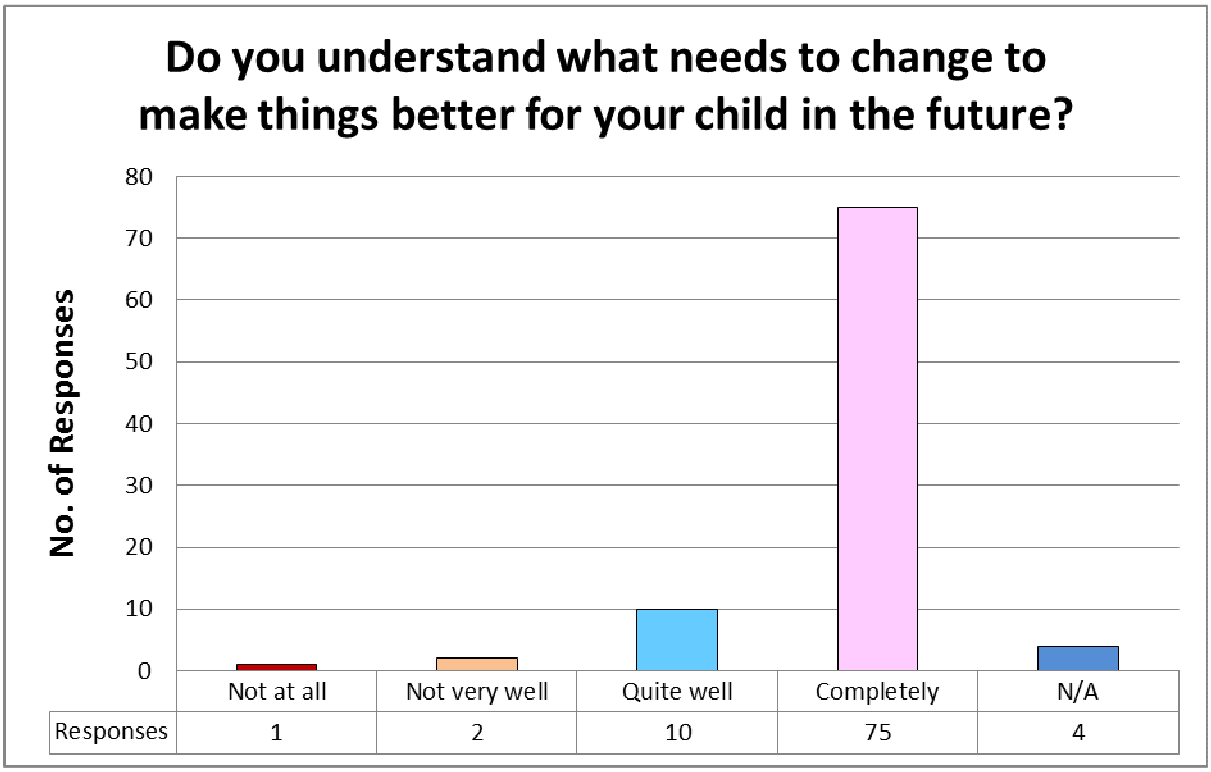
Work continues through the Multi Agency Screening Panel to identify, monitor and address incidents of children and young people who go missing.

Parental Feedback from child protection conferences

The Safeguarding Service regularly collects feedback from parents and children on their experience of child protection conferences. These forms are completed anonymously after the child protection meeting. Over this reporting period, 92 forms have been completed in all. Some of the key outcomes about parents experience of child protection conferences have been highlighted below.



This indicates that over 90% of respondents felt they were able to say most or all of what they needed to in the conference and indicates that the process is effectively promoting the voice of parents and families in the child protection conference meeting.



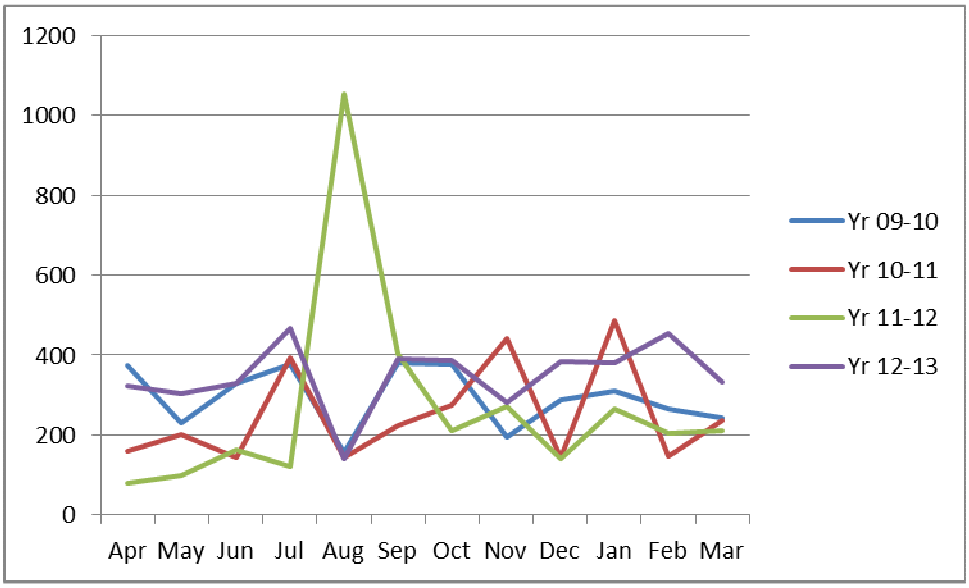
Most encouraging is the response from 81% of respondents that they completely understand what needs to change in order for the situation to be safe for their children. When the 10 who responded that they understood quite well is added to this, the percentage rises to over 92%. This is a key outcome for a Child Protection meeting where it is essential for parents to have a clear understanding of what professionals are concerned is harming their children and of how they need to change.

Police Protection Powers

- Between April 2010 and March 2011, 22 families became looked after under Police Protection (37 children)
- Between April 2011 and March 2012, 27 families became looked after under Police Protection (45 children)
- Between April 2012 and March 2013 43 families became looked after under Police Protection Powers (70 children)

Domestic Violence Incident Screenings

Levels of domestic violence incidents screened have continued at a relatively consistent level for the past 4 years as shown in the graph below. Overall, 12-13 has seen a higher level of monthly screenings. The spike in 2011 was due to a delay in screening during the riots in August.



The DV screening process has been reviewed and audited during the 12/13 year. This led to improved multi-agency engagement.

Hospital admissions caused by injuries to children

The statistics for hospital admissions are shown by ward. This is the first year data at this level has been established and shows some interesting variations. These figures are based on hospital figures and so do not give the whole picture of injury to children and young people, for example figures of attendances at GP surgeries or the walk in centre are not included.

Chart 1 – Hospital in-patient admissions

Wards	AGES	Rates per 1,000	Rates per 1,000	Rates per 1,000	
	0-17 mid 2010	Accidents	Assault	Intentional Self Harm	Grand Total
Bablake	3189	9.72	0.63	0.94	11.60
Binley and Willenhall	3924	14.78	0.00	1.53	17.84
Cheylesmore	2925	11.96	0.00	0.68	14.36
Earlsdon	2836	11.28	0.00	1.76	15.16
Foleshill	6094	11.65	0.66	0.98	15.10
Henley	4825	17.20	0.41	1.24	20.31
Holbrook	4244	10.13	0.71	1.18	13.67
Longford	2783	**18.68**	0.00	2.87	**22.27**
Lower Stoke	4402	13.86	0.45	2.04	18.63
Radford	4310	6.96	**1.39**	1.16	9.98
Sherbourne	3389	17.12	0.00	1.77	21.84
St. Michael's	4986	12.64	0.20	1.40	16.25
Upper Stoke	4147	10.13	0.96	2.65	14.95
Wainbody	3421	**4.09**	0.00	1.17	**5.55**
Westwood	4098	10.01	0.00	**3.66**	14.15
Whoberley	2747	8.74	0.73	**0.36**	9.83
Woodlands	3096	14.86	0.32	1.29	17.44
Wyken	3725	12.62	0.54	1.07	15.57
total	69142	12.02	0.42	1.55	15.33

Chart 2 – Attendances at Accident & Emergency which did not result in admission

Ward	Sum of Attendances not resulting in an admission	Average of Mid 2010 0-17	Rate per 1000
Bablake	132	3188.8	41.39
Binley and Willenhall	178	3924.2	45.36
Cheylesmore	117	2925.2	40.00
Earlsdon	105	2836.2	37.02
Foleshill	201	6094.2	32.98
Henley	301	4824.6	62.39
Holbrook	166	4244	39.11
Longford	181	2783.4	**65.03**
Lower Stoke	159	4402.4	36.12
Radford	128	4310.4	29.70
Sherbourne	125	3388.6	36.89
St. Michael's	162	4986	32.49
Upper Stoke	164	4146.6	39.55
Wainbody	56	3421.2	**16.37**
Westwood	119	4097.8	29.04
Whoberley	71	2747.2	25.84
Woodlands	159	3096.4	51.35
Wyken	148	3725.2	39.73
Grand Total	2491	69142.4	36.03
A&E Attendances 2012/13 not resulting in admission			
A&E Attendance Code 20 (Assault), 30 (Deliberate Self Harm), 60 (Other Accidents)			

Effectiveness of Multi-Agency Risk Assessment Conference

Number of cases discussed: 285 cases 114 of these cases were repeat victims.

The Coventry MARAC is a meeting where information is shared on high risk domestic abuse cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors. After sharing all relevant information they have about a victim, the representatives discuss options for increasing the safety of the victim and turn these into a co-ordinated action plan. The primary focus of the Coventry MARAC is to safeguard the adult victim. The MARAC will also make links with other forums to safeguard children and manage the behaviour of the perpetrator. At the heart of the Coventry MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety. The victim does not attend the meeting but is represented by an IDVA (Independant Domestic Abuse Advocate) who speaks on their behalf.

Multi Agency working is key to tackling the complex issues associated with domestic abuse, and in particular, cases that are assessed as "high risk".

Coventry MARAC meetings combine up-to-date risk assessment information, together with a comprehensive assessment of the victims needs, and would link this information directly

to the provision of appropriate support services for all those directly involved in a domestic abuse case i.e. victim, children and other immediate family members, and the perpetrator.

The sharing of information gained through the Domestic Abuse MARAC meetings can only be used for MARAC purposes, and cannot be used for any other purposes without prior and authorised approval from the MARAC, and the appropriate Lead Agency providing the specific information. The sharing of personal information will be managed under the guidelines of the Crime and Disorder Act, the Children Act, the Data Protection Act and the Human Rights Act.

The Effectiveness of Multi-Agency Public Protection Arrangements

Number of cases where there is a risk to children

The total MAPPA level 2 and 3 cases during the year (to 31.3.13) where risk to children was identified as being medium, high or very high was twelve. This was made up of seven sex offenders and five violent offenders. The risk was identified as medium in 2 cases, high in 5 cases and very high in 3 cases. There were also 2 cases not known to Probation and therefore not assessed using 'Oasys' (Probation's assessment tool).

There are currently no cases registered as Critical Public Protection Cases.

Comment on the quality of interagency work to manage risk

The quality of interagency work at panel continues to be very good. Despite reductions in resources across all partner agencies, attendance and participation in MAPPA has continued to be prioritised and this is crucial to the effectiveness of MAPPA in Coventry. Although participation by prisons is not always consistent, they bring enormous benefit when they attend and this has ensured a much smoother transition between custodial and community settings.

Number of cases where there was re-offending

One MAPPA Level 3 case has reoffended during the year. There was no risk to children from these offences. Another MAPPA Level 3 case was recalled to custody for not complying with the terms of their licence although this was related to reoffending. This was in accordance with the plan agreed by the partners to MAPPA. There was one Level 2 MAPPA case that re-offended and again adults, not children, were the victims.

10. LSCB Business Plan 2013- 15

Priorities

In establishing its priorities for the coming year, the Board has considered Serious Case Review findings, the effectiveness of local safeguarding arrangements, the recently published Working Together 2013, the developing national agenda, recent audits carried out on safeguarding and child protection processes and recommendations made by the Peer Review which took place in March 2013.

The Board has therefore compiled a business plan for 2013 -15 detailing the actions it will take primary responsibility for on the following pages.

The specific priorities of the board are summarised below:

1. Embed learning from recent serious cases
2. Challenge the effectiveness of early help
3. Work together to tackle Child Sexual Exploitation
4. Improve multi-agency responses to domestic abuse
5. Challenge practitioners to listen to / see the needs of the child

All members of the Board are responsible for progressing these priorities within their own organisations.

In addition the Board will continue to address other areas of work stated below. These will be progressed through sub groups which are held to account by the Board.

The LSCB has taken particular account of the Daniel Pelka case and the Serious Case Review:

The horrific death of Daniel Pelka rightly received national attention as the full details and extent of his suffering were revealed through the criminal trial of his mother and stepfather.

The Serious case review subcommittee commissioned a case review within weeks of his death. It was clear from early on in the review process that the case was one of the most serious child deaths that we have reviewed in recent years. The review process followed the guidance outlined in Working Together 2010.

During the trial of the child's mother and partner further details relevant to the analysis of practice came to light through the evidence presented to the court. This information was incorporated into the final version of the report, which was made public in September 2013.

Following publication of the report, the Minister for families from the Department for Education wrote to Coventry LSCB requesting further work is undertaken to analyse the actions taken by professionals. This work has already started and will be supported by specific training and awareness raising sessions for all those who work with Coventry's children.

Daniel's death has affected all those who work in Coventry who have the responsibility to safeguard children. Professionals will no doubt redouble their efforts to ensure that children do not slip through the net and become "invisible" as seems to be the case for Daniel. They

will also need greater access to training and confidence in the systems which support them in doing their work.

The original report in both Polish and English is available on the LSCB website (http://www.coventrylscb.org.uk/); these pages will be regularly updated with progress reports on how we have turned the recommendations in to actions.

Coventry Safeguarding Children Board –Business Plan Summary 2013 - 2015

Priority	**Measures and monitoring of success**
Embed learning from recent serious cases	Evidence provided by Board partners to show progress has been made and lessons learned. More robust processes in place to safeguard children
Challenge the effectiveness of early help	Monitoring through the LSCB performance framework, highlighting areas of concern and further challenge. Early help meets the needs of children and families and therefore prevents these children entering into the child protection process
Work together to tackle Child Sexual Exploitation	Professionals and young people are more aware of CSE. Initially an increase in reporting and recognition of cases of CSE, however over the long term. This will decrease where awareness raising reduces the risk of young people being brought into sexual exploitation.
Improve multi-agency responses to domestic abuse	An on-going review and strengthening of the process for screening notifications received and the follow on actions to safeguard children. Effective action is taken in line with the severity of domestic violence, impact on the child and the cumulative number and frequency of incidents taking place.
Challenge practitioners to listen to / see the needs of the child	Practitioners clearly evidence listening to/seeing the child's views and experience. Children are at the centre of decision making
Additional areas of work	
• Review LSCB arrangements including LSCB membership in line with Working Together 2013 • Review of agencies compliance with Section 11 'Children Act 2004 'promoting the safety and welfare of children' agencies • Review the LSCB governance arrangements • Review, agree and establish the roles and relationships with existing and emerging partnerships to ensure that it fulfils its responsibilities in ensuring that there are	

effective safeguarding arrangements in the city.

- Joint Commissioning Board (Children's Trust)
- Health & Wellbeing Board
- Clinical Commissioning Group
- Adult Safeguarding Board
- Domestic Violence and Abuse Partnership
- Community Safety Partnership
- Review the costs of implementing the LSCB business plan for 2012-15. Specify from where the required resources/additional funding will be obtained and identify any shortfalls.

- Effective management of serious case reviews and compliant with Working Together 2013

- All child deaths are monitored, trends are identified and prevention planning is enhanced to prevent untimely deaths

Appendix 1

Subgroup work plan details for 2012/13

Subgroup: Training	
Objective	**Outcome/measure of success**
1.Daniel Pelka SCR Action Plan: Consider the need to initiate multi agency training in respect of the detection and identification of severe emotional abuse and neglect and provide clarity regarding the responses necessary to address such abuse. Evaluate the impact of learning.	Training provided. Course includes identification of emotional abuse and neglect and how to respond to concerns. Four courses evaluated through end and post course forms and line manager feedback. Participants have increased confidence and knowledge around identification and response which is reflected in their practice.
2a.Child Sexual Exploitation Awareness Raising Training. 2b.CSE one-day specialist training for people who work with vulnerable young people (co delivered with Solihull LSCB)	Half day training sessions provided. Participants have increased confidence and knowledge around vulnerabilities and risk factors and how to respond which is reflected in their practice. One course identified for evaluation through end and post course forms and line manager feedback. Training provided and adapted to include Coventry context. Participants gain understanding around the needs and sensitivity required when working with vulnerable young people. Participants have a greater knowledge about how to support young people who are victim's of CSE Learning reflected in practice.
3a. Domestic Violence and Abuse Risk Assessment Tool Training for Social Care (Barnardos tool) 3b. DVA DASH Risk Assessment Tool	Training provided for targeted social care staff. Train the trainer course provided, participants identified, support for trained trainers identified. Trained trainers provide further courses for social care staff. Staff Train the trainer course provided, participants identified, support for trained trainers identified. Trained trainers provide

Training for multi-agency delegates	further courses for multi-agency participants.
4. Child W SCR Action Plan: Use of risk assessment tools, including signs of safety model, may lead to ambiguous judgements and decision making. Consider implications of this to ensure a standardised implementation of the use of the tool. There should be sufficient knowledge of the tool to allow professionals to challenge decisions which flow from the use of the tool.	Training session to re-look at signs of safety, issues from SCR and new developments in signs of safety delivered to targeted participants. Extra 2 day solution focused/signs of safety training delivered including new developments. Signs of safety session, including new developments delivered to IROs. All professionals using the tool use the same application and have confidence to challenge decisions when necessary.
5. Charging policy: Identify which agencies will be charged for attending training. Identify process for managing financial transactions	Charging policy and process reviewed and amended and agreed by Safeguarding Board. Charging policy advertised. Agencies attending training have knowledge of charges. Financial transaction process efficient.
6. Safeguarding Board Annual Conference – Learning from scrs, audits and research 22nd May 2013	Conference provided key note speakers. Delegates have increased knowledge of latest learning and messages around safeguarding children, reflected on feedback forms and in practice. Information from conference available on website.
7. Core group training	Half day training sessions provided. Participants have increased knowledge of core group functions and increased confidence around their role as core group members. There is clear focus on and action taken in relation to the CP plan Reflected in course evaluation forms and practice.
8. Safeguarding Disabled Children Awareness Raising Training	Half day training sessions provided. Participants gain understanding and knowledge around the vulnerabilities of disabled children, indicators of abuse and how to respond. One course identified for evaluation through end and post course forms and line manager feedback.
9. Workshops to disseminate new developments and procedures in relation to unborn children	Deliver workshops to targeted audience to launch update of unborn procedures. Participants have knowledge of procedures. Knowledge reflected in practice.

10. Continuous review of training programme, incorporating learning from scrs, research, audits, policy and procedural changes, legislation and local and national developments Review of single agency training.	Content of courses updated where relevant. Specific courses identified for review. Trainers involved. Separate review plan maintained and reflects updates. Review schedule identified. Training sub-group Minutes reflect reviews completed. Also training give professionals the most current information/research findings/ learning from reviews to equip them with the skills to undertaken their work with children and families
11. Evaluation of impact on practice of LSCB training. Evaluation forms devised for each course to cover quality, relevance, short and long term outcomes and impact. (Working Together 2010). Post course forms to include section for line managers.	End of course and post course forms developed for each course. Courses identified each term for evaluation. Separate evaluation plan maintained and reflects impact on practice. Messages/changes communicated to relevant professionals. Further information received about impact of learning on practice collated. Knowledge obtained on how training is impacting on practice.
12. Ensure that all staff requiring access to training are being reached.	Attendance reviewed 6 monthly in training sub-group. Agencies not attending contacted to make sure that training needs are being met. Multi agency training is available to all agencies that require it.
13. Ensure trainers are supported for training role and kept up to date with local and national developments.	Trainers meeting once per term. Information shared and training role discussed. Liaison with trainers before each training session. Trainers are confident in their role and deliver training effectively.
14. Training around deeply held religious and cultural beliefs and safeguarding children	Half day training sessions provided. Participants have knowledge around cultural/religious beliefs and understanding of when these beliefs may be abusive. Participants are confident around challenging and responding to practices which are not appropriate. This will be reflected in practice. One course identified for evaluation through end and post course forms and line

	manager feedback.

Subgroup: Quality Assurance & Practice	
Objective	**Outcome/measure of success**
Review the quality assurance framework which enable the LSCB to monitor the effectiveness of current services, encompassing a dataset with qualitative and quantitive information that reflects local and national priorities.	The LSCB will have a clear understanding of areas of concern, hold agencies to account on these and monitor progress to address these. Success will be measured by these areas no longer being of concern.
Examine the volume of safeguarding/ child protection cases to understand whether effective interagency processes are in place and whether cases are being managed in the correct arena.	The LSCB has an understanding of the volume of cases across the spectrum of safeguarding and child protection. The LSCB has a view of how well these cases are being managed and areas requiring improvement to manage cases effectively. Those areas requiring improvement have been addressed resulting in a better delivery of service to children, young people and families.
monitor the effectiveness of single and multiagency safeguarding arrangements through thematic auditing of the following areas: • Section 47 Enquiries • Recording and quality of supervision • Field visit of primary/secondary schools to assess safeguarding arrangements • Unborn children in the child protection process • Field visit of local hospital including A&E to assess Safeguarding arrangements Field visit of referral and assessment service to assess arrangements	Through dip sampling cases a view can be formed of the work being carried out in the areas specified across. A clear action plan to address areas of weakness is produced and implemented. The areas highlighted are addressed and processes are more robust as a result.
Review the layout and content of interagency procedures in line with Working Together 2013	Staff have access to the procedures that reflect the most up to date information and processes to guide themselves and other partner agencies professionals in addressing safeguarding / child protection concerns. Staff are clear about the process they should be undertaking
Review and update the Children Missing	Ensure this reflects up to date processes in line with the most recent guidance and

from Education Procedure.	legislation. All those working to these procedures are aware of their role and carrying this out. Young people who fall into this category are bettered safeguarded.
Have in place a baseline level of supervision that all partner agencies should be carrying out with staff who are working with children and families where there are child protection concerns	All staff working with children and young people are receiving an appropriate level of supervision linked to the vulnerable children/ young people they are working with. This will enable staff at all levels to be supported to carry out their role effectively.
Obtain service user feedback to inform and shape child protection services.	The subgroup will have a view of how well service users feel they have been engaged in this process. Areas of improvement are identified and implemented to ensure service users receive an effective and supportive level of service from professionals
Review the Serious Case Review procedure in line with WT2013 and develop a toolkit covering all aspects of conduction a review	Clear processes in place to conduct an SCR. All agencies have a good understanding of how an SCR is conducted.
Produce a procedure to safeguard young people affected by gang activity	All agencies are aware of the process to follow and issues to consider in relation to this safeguarding issue
Produce a procedure to safeguard young people affected by violent extremism	All agencies are aware of the process to follow and issues to consider in relation to this safeguarding issue
Produce an interagency procedure in relation to cases of Sexual exploitation	All agencies are aware of the process to follow and issues to consider in relation to this safeguarding issue
Improve processes for engaging young people in the child protection process to develop appropriate information and increase participation	Children and young people have an increased understanding of the processes they are involved in. The voice of the young person is heard, taken into consideration and acted upon where safe for the young person. Children and young people feel more engaged in the process.
Review and update procedures related to strategy meetings and discussions to reflect learning from SCR's and changes in process.	Processes are in place that reflects learning from SCR's where professionals are clear about the actions they and others will be taking following a strategy.
Review processes for children displaying sexually harmful behaviour	All agencies have a clear understanding of the process to be taken and the role of each agency. Further risk of harmful behaviour is

	reduced.
Subgroup: Serious Case Review	
Objective	**Outcome/measure of success**
To consider cases which may meet the criteria for a serious case review and make recommendations to the chair of the LSCB accordingly	Cases to be considered against regulation 5(2)(a) and (b) Working Together 2013 p68
To scope reviews, which are proportionate to the seriousness of the case and recommend a suitable methodology. Also to identify suitably qualified lead reviewer(s)	Meaningful reviews take place within timescale and budget.
To audit recommendations/findings on behalf of the LSCB and report progress back to the main Board	Partner agencies are aware of progress against recommendations; they are clear about what needs to change and the reasons why.
To improve practice with regard to family involvement	Families are able to make meaningful contributions to serious case reviews
Alongside the LSCB training officer, to disseminate practice lessons and learning to a multiagency audience	Every review is followed by a clear process of dissemination and learning events. Lessons from reviews are collated thematically and incorporated in interagency training

Subgroup: Safeguarding Children in Education	
Objective	**Outcome/measure of success**
To consider any new national or local guidance or information in relation to education and safeguarding children and update Local Authority guidance and disseminate to schools as appropriate.	To take new national or local guidance to the SCiE Sub-Group and to disseminate to schools as agreed.
To ensure that all Headteachers and chairs of governors have undergone safer recruitment training, either face to face or online.	The LA to maintain a central record of safeguarding training undertaken by Headteachers and Chairs of Governors, and to prompt schools where refresher training is required.
To ensure that all link teachers of schools and services undergo training on safeguarding children in education (on at least a two yearly basis).	The LA to maintain a central record of safeguarding training undertaken by link teachers, and to prompt schools and services where refresher training is required.
To consider all SCRs undertaken by the LSCB, to learn from these cases and strengthen safeguarding processes.	All SCRs with implications for educational settings to be considered by the SCiE Sub-Group, and action taken where necessary.
To further develop safeguarding policy and guidance for schools/education services and the associated training programme.	Policy and guidance reviewed twice yearly.
To provide safeguarding audits for all schools where safeguarding issues have been raised or where section 5 Ofsted inspection is due.	Using city-wide date on safeguarding activity in schools to support schools in completing safeguarding policy and practice.
To disseminate to Headteachers and education services the recently revised Children Missing from Education protocol.	Updated protocol shared with all headteachers before 30.09.13.

Subgroup: Promoting Children and Young People's Well-Being Board	
Objective	**Outcome/measure of success**
Monitor the delivery of an effective early intervention offering to contribute to safeguarding	Early intervention demonstrably improving outcomes for children as shown by: Numbers of children & young people receiving an intervention Numbers / proportion of children & young people entering CP or LAC after an early intervention (aim for the proportion being referred "up" to reduce as an indication of early intervention having an preventative effect)
Specifically oversee the CAF system across all agencies and monitor its effectiveness	An effective CAF system is in place and used by all agencies. This will be measured by: Numbers of people trained in CAF and the numbers / proportion of CAFs held by which agencies. Confirmation of pathways and use of case studies to confirm the right children & young people are receiving support through a CAF. Feedback from CAF lead professionals on the effectiveness of CAF processes and support
Develop and deliver effective performance management arrangements for early intervention & CAF	Robust and regular performance monitoring in place to ensure that issues with the system are identified quickly and are resolved. Performance reports to be shared with the LSCB full Board to ensure all partners are aware.
Monitor step up and step down arrangements	Children are effectively supported and their cases stepped up and stepped down from / into CAF seamlessly. Demonstrated by: Performance focus on step up and step downs (numbers and identifying features of these cases) Review processes for specific cases. Report on any findings.

Subgroup: Safeguarding children in health	
Objective	**Outcome/measure of success**
Ensure that serious case review action plans are completed in relation to health and participate in the dissemination of learning,	Timely completion of serious case review actions and dissemination of learning to health professionals
Monitor the development of early help services for children , young people and their families	The health subgroup will monitor the engagement and participation of providers in the development of early help services and provide advice on health engagement to the board
Support young people to get out of situations of sexual exploitation and reduce the risk of such cases	Be assured that health services participate in identification, risk assessment, referral and support of young people at who are being or are at risk of sexual exploitation.
To monitor the further development of multi-agency services to prevent domestic violence and abuse and support children and their families	The health subgroup will be assured that there is a robust and proportionate response from health professionals working with families where there is domestic violence and abuse.
Review arrangements around child sexual abuse medicals	Both Warwickshire and Coventry health sub groups will have been assured that SARC and paediatric arrangements are robust in relation to child sexual abuse medicals
Review existing arrangements for health involvement in rapid response and child death process, benchmarking against Working Together (2013) to ensure compliance across Coventry and Warwickshire and report to and discuss with executive leads for safeguarding	Health commissioners and LSCB will be assured that arrangements for health involvement in rapid response for child death are robust and in line with Working Together (2013) guidance
Review capacity to meet demand for safeguarding , child protection, training, advice and supervision and assure the board and commissioners that providers have capacity to and are meeting their statutory safeguarding responsibilities in line with Working Together 2013 and other statutory guidance	Health providers will demonstrate to commissioners and the LSCB that there is sufficient capacity to undertake statutory safeguarding responsibilities in line with Working together 2013

Appendix 2

LSCB Contributions and expenditure 2012- 2013

a) LSCB Contributions

Agency		**Amount (£)**	**% of Budget**
Coventry City Council	Core Budget	120,061	
	Services to Schools	10,563	
	Early Years & Childcare	3,230	
	Youth Offending Service	1,077	
	Total	134,931	59.9%
Coventry NHS PCT		42,516	18.9%
West Midlands Police		15,000	6.7%
Probation		3,000	1.3%
Connexions		1,120	0.5%
CAFCASS		550	0.2%
Training Income		7,000	3.1%
Coventry NHS PCT – SCR Contribution		10,612	4.7%
West Midlands Police – SCR Contribution		10,612	4.7%
Total		**225,341**	

b) LSCB Expenditure 2012-13

Category	**Amount (£)**
Salaries	81,778
Support Service – Administration Officer	16,000
Business Manager Cover (during maternity leave)	25,370
Independent Chair of LSCB	12,699
Independent Chair of SCR group (from November)	1644
Travel Expenses - for staff	2,534
Support Service - ICT	2,600
Child Death Overview Panel costs	20,300
Procedures and Website	4,000
Support Service - Printing	2,845
Support Service - Stationery	819
Serious Case Review (x3)	28,789
Training and LSCB development	
Equipment Hire	166
Catering	3,609
Room Hire	3,727
Consultancy - scr author costs	11,339
LSCB development day	1413
Annual Conference	1497
Total Expenditure	**221,129**
Under Spend	**4,212**

Appendix 3

Acronyms

CAF	**Common Assessment Framework**
CAIU	**Child Abuse Investigation Unit**
CCG	**Clinical Commissioning Group**
CDOP	**Child Death Overview Panel**
CFFT	**Children & Families First Team**
CLYP	**Children Learning and Young People's Directorate**
CME	**Children Missing from Education**
CPC	**Child Protection Conference**
CSCB	**Coventry Safeguarding Children Board**
CSP	**Community Safety Partnership**
DVA	**Domestic Violence and Abuse**
FNP	**Family Nurse Partnership**
IRO	**Independent Reviewing Officer**
LARC	**Local Authority Research Consortium**
LSCB	**Local Safeguarding Children Board**
PCYW	**Promoting Children and Young People's Wellbeing**
PNMR	**Perinatal Mortality Rate**
PPU	**Public Protection Unit**
PRU	**Pupil Referral Unit**
PVI	**Private Voluntary and Independent Sector**
RAS	**Referral and Assessment Service**
SCIE	**Social Care Institute for Excellence**
SCR	**Serious Case Review**
SIDs	**Sudden Infant Death syndrome**
UHCW	**University Hospital Coventry & Warwickshire**

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