To: Members of the Scrutiny Committee

Councillors:
Cllr T Higgins - Chair
Cllr J Guthrie - Deputy Chair
Cllrs M Creaghan, G Friend, C Froggatt, W Johnson, I Marks C Vobe and S Woodyatt

Co-opted Members:

Statutory Co-opted Members
Roman Catholic Representative: Mr D Littlewood
Church of England Representative: Mr S Harrison
Parent Governor Representative: Vacancy
Parent Governor Representative: Vacancy

13 January 2015

Meeting of the Scrutiny Committee

Wednesday, 21 January 2015 at 6.30pm

Council Chamber, Town Hall, Sankey Street, Warrington, WA1 1UH

Agenda prepared by Julian Joinson, Principal Democratic Services Officer – Telephone: (01925) 442112 Fax: (01925) 656278 E-mail: jjoinson@warrington.gov.uk

A G E N D A

Part 1
Items during the consideration of which the meeting is expected to be open to members of the public (including the press) subject to any statutory right of exclusion.

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1. Apologies for Absence

To record any apologies received.
2. **Code of Conduct - Declarations of Interest**
   **Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012**

Members are reminded of their responsibility to declare any disclosable pecuniary or non-pecuniary interest which they have in any item of business on the agenda no later than when the item is reached.

3. **Minutes**

To confirm the minutes of the meeting held on 12 November 2014 as a correct record.

4. **Maternity Services**

To consider a report of Simon Banks, Chief Officer, Halton Clinical Commissioning Group, on work that is progressing across parts of Cheshire and Merseyside to sustain and develop maternity services.

5. **Transforming Cancer Care**

To receive a briefing note from the Chairman, Chief Executive and Medical Director of Clatterbridge Cancer Centre, as to the outcome of the consultation on Transforming Cancer Care in Cheshire and Merseyside, including the formal consultation with the Joint Health Overview and Scrutiny Committee.


To consider a report of Dr Rita Robertson, Director of Public Health, on the monitoring of progress against the Wellbeing Strategy Performance Framework.

7. **Child Sexual Exploitation**

To consider a report of Steve Reddy, Executive Director Families and Wellbeing, on Child Sexual Exploitation

8. **The Inspection of Warrington Borough Council’s Children’s Homes 2014**

To consider a report of Steve Reddy, Executive Director Families and Wellbeing, providing an overview of the progress and outcomes of the Warrington Borough Council’s Children’s Homes during 2013-14.
9. **School Attainment in 2014**

   To consider a report of Steve Reddy, Executive Director Families and Wellbeing, providing annual update of the achievement and attainment of children and young people attending Warrington schools, with a particular focus on outcomes for some of our more vulnerable groups. *(to follow)*

10. **2015/16 Budget Update**

   To consider a report of Councillor Russ Bowden, Executive Board Member, Corporate Resources and Assignments and Lynton Green, Director of Finance and Information Services on the Council’s proposed budget for 2015/16. *(to follow)*

11. **Work Programme 2014/15**

   To consider a report on behalf of the Chairman on the Work Programme 2014/15.

12. **Date of Next Meeting**

   To note to the date of the next meeting of Wednesday, 18 March 2015.

**Part 2**

Items of a “confidential or other special nature” during which it is likely that the meeting will not be open to the public and press as there would be a disclosure of exempt information as defined in Section 100I of the Local Government Act 1972.

Nil

If you would like this information provided in another language or format, including large print, Braille, audio or British Sign Language, please call 01925 443322 or ask at the reception desk in Contact Warrington, Horsemarket Street, Warrington.
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Present: Councillor T Higgins – In the Chair

Councillors: M Creaghan, J Guthrie, G Friend, W Johnson, I Marks and C Vobe.

Co-optees: Mr S Harrison

Apologies

Apologies were received from Councillor S Woodyatt and from co-optee Mr D Littlewood.

SC33 Code of Conduct – Declarations of Interest

There were no declarations of interest made.

SC34 Minutes

That the minutes of the meetings held on 24 September and 30 October 2014 be agreed as correct records.

SC35 Transforming Cancer Care

The Committee considered an update from Mr Joinson, Principal Democratic Services Officer, on the work of the Joint Health Scrutiny Committee for Cheshire and Merseyside established to consider the proposals for the Transformation of Cancer Services in relation to the Clatterbridge Cancer Centre.

The Committee was being hosted by Liverpool City Council and included two members from each of the following authorities: Cheshire West and Chester, Halton, Knowsley, Liverpool, St Helens, Sefton, Warrington and Wirral. Councillors J Guthrie and J Joyce had been appointed on behalf of Warrington.

The following meetings had been arranged:-

- 23 October 2014 (Liverpool Town Hall) – Appointment of Chair, Joint Protocol, Summary of Cancer Proposals and Work Programme;
- 6 November 2014 (Clatterbridge Cancer Centre, Bebington, Wirral) – Tour of Facilities and Perspectives from Patients and Staff;
- 13 November 2014 (Bootle Town Hall, Sefton) – Financial Issues and Project Management;
- 27 November 2014 (St Helens Town Hall, St Helens) – Clinical Case for Change and Consultation Analysis.
Agenda Item 3

The Joint Committee had delegated powers to make the final recommendations on the proposals and a further meeting would need to be arranged to determine its decision.

Cllr Johnson asked if the Committee could be kept informed as to the progress of the Joint Committee.

Decision,

That the update on the work of the Joint Health Scrutiny Committee for Cheshire and Merseyside established to consider the proposals for the Transformation of Cancer Services be noted.

SC36  **Wellbeing Strategy Monitoring Report**

The Committee considered a report of Dr Rita Robertson, Director of Public Health, on the monitoring of progress against the Wellbeing Strategy Performance Framework. Dr Muna Abdel Aziz was in attendance to introduce the report.

The Wellbeing Strategy Performance Framework contained overarching outcome measures for performance on the five thematic priority areas of the Warrington Strategy for Wellbeing, as follows:-

- Closing the Gap;
- Building safe, sustainable communities;
- Ensuring the best start in life and transition to adulthood;
- Living and working well; and
- Promoting wellbeing for older people

The Framework was designed to monitor delivery of the high-level priorities detailed in the Strategy and thus did not include numerous performance indicators, but rather focused on key measures which had been selected as ‘markers’ of overall performance outcomes.

Individual strategies and action plans for delivery of the priorities from the Wellbeing Strategy had their own associated performance frameworks and detailed measures. The Performance Team and the Public Health Team conducted twice yearly monitoring on all indicators in the Wellbeing Strategy Framework.

The report included an Exception Report, which was normally provided to the Health and Wellbeing Board in May and November, with information about indictors where progress in delivering the partnership’s objectives was less positive or at risk of poor performance. The report focused on items showing performance as amber or red. These included the following:-

- Domestic incidents;
- Percentage of children in relative poverty;
- Excess weight in children – Reception Class (aged 4/5)
Agenda Item 3

- Excess weight in children – Year 6 (aged 10/11);
- Housing – Nights in B&B accommodation;
- All-age, all-cause mortality rates;
- Ambulatory care sensitive hospital admissions (conditions generally treated in primary care);
- Proportion of people using social care who received self-directed support;
- All-cause mortality rates for 65-74 year olds;
- Emergency admission rates amongst the 65+ population.

The Committee was informed that the report for November 2014 was currently being compiled. Full information about all 20 of the indicators in the Warrington Strategy for Wellbeing Performance Framework was available on the ‘Warrington Together’ website.

Councillor Johnson expressed concern that the gap between the 20% most deprived and 80% least deprived areas for all-age, all-cause mortality rates had widened.

Councillor Marks commented that he found the report somewhat difficult to follow and would have preferred a more detailed document, which included suitable graphics. Councillor Johnson concurred that graphics would have been useful and that the timing of the report needed to be more closely synchronized to the availability of the data. Dr Abdel Aziz indicated that further information was available, but had been edited for the purposes of this report. It would be possible to include those details in the future. Mr Joinson reminded the Committee that it had received a very detailed report on a previous occasion which had been seen as too complex. An appropriate balance would need to be found in the format of future reports.

Decision,

To note the report on the monitoring of progress against the Wellbeing Strategy Performance Framework.

SC37 Safeguarding Adults Board – Annual Report 2013-14 and Business Plan 2014-15

The Committee considered a report of Steve Reddy, Executive Director, Families and Wellbeing, on the Safeguarding Adults Board Annual Report 2013-14 and Business Plan 2014-15. Audrey Williamson, Chair of the Safeguarding Adults Board, and Paul Dalby, Safeguarding and Assurance, Families and Wellbeing Directorate, were in attendance for this item.

Warrington’s Safeguarding Adults Board (SAB), was the strategic body which oversaw safeguarding vulnerable adults activity locally. It brought together key agencies in Warrington who, by working closely in partnership, ensured that safeguarding vulnerable adults was prioritised and coordinated effectively. Its overall aim was to ensure all vulnerable residents of Warrington were able to live safely, free from the fear of abuse, neglect or victimisation.
The Care Act 2014 would place Adult Safeguarding on a statutory footing from April 2015, through legislating for Safeguarding Adults Boards and empowering local authorities to make safeguarding enquiries. There would be a formal requirement for Boards to report to Overview and Scrutiny in the future. Warrington SAB had an active work stream linked to the Care Act Board to ensure compliance with the Care Act requirements.

In advance of the legislation, SABs had been asked to ensure everyone involved in local adult safeguarding was clear about their role and accountability. The Department of Health had stated that existing SABs and multi-agency partnerships should use current resources to deliver clear and effective local safeguarding arrangements.


In the context of local and national developments, the role of Warrington SAB, its membership, structure and governance arrangements had been reviewed and an Independent Chairperson appointed. In addition, Warrington SAB had developed and improved its links to other accountable bodies such as the Warrington Health and Wellbeing Board, Warrington Safeguarding Children’s Board and the Community Safety Partnership, whose work included domestic violence, hate crime and the needs of people with a learning disability.

The Board had responded to the Winterbourne View review, which had exposed the abuse of adults with learning disabilities in a private hospital. Significant progress had been made both with responding to the needs of adults with a learning disability living in hospitals, and also with planning for those young people in transition to adult social care services.

There had been a number of successful joint projects to improve safeguarding over the past year, in particular, with regard to improving standards in care homes, with regard to hate crime, and to more effectively screening and addressing medication errors.

The performance figures showed that there had been a year-on-year increase in safeguarding alerts. One of the strategic outcomes for the Board had been to raise awareness of safeguarding across Warrington so that people were aware of safeguarding and how to get help, and this had had an impact upon reporting of alleged abuse of vulnerable adults/adults at risk.

During September, Warrington SAB and Warrington Borough Council had hosted an Local Government Association (LGA) Peer Challenge of adult safeguarding. This had involved a full week’s programme of interviews, observation and challenges by the Review Team members. The formal report would be available in November; however the LGA feedback had been very
positive about safeguarding adults at risk in Warrington, concluding that people were helped to stay safe and overall services were good. The SAB had established a task and finish group to ensure that the key learning was incorporated into business planning activity and the Care Act requirements were met in respect of adult safeguarding.

Priorities for Warrington SAB during 2014-15, which linked to the Health and Wellbeing Board’s priorities, were as follows:-

- Prevention – To ensure there was a strong multi-agency approach to prevent adult abuse/harm.
- Performance management – To analyse data and produce a performance management framework to help the board identify key improvement areas.
- Policies and Procedures – To ensure that current policies and procedures were reviewed with the aim of producing a single multi-agency version.
- Assurance – To establish mechanisms that assured the Board and the wider community of the quality of safeguarding adults work in Warrington.
- Improve involvement of people who had experience of safeguarding, their carers and representative organisations; and
- Ensure that a programme of high quality training at a suitable level was delivered to all who required it.

Councillor Marks commented that the report appeared to be very comprehensive. The appointment of the independent Chair had been a very positive move. He was also pleased to see the developing relationship between the Board and the Health and Wellbeing Board.

Decision,

That the achievements of Warrington’s Safeguarding Adults Board during the year 2013-14 and its priorities for the coming year, as set out in the Business Plan 2014-15, be noted and endorsed.

**SC38 Warrington Safeguarding Children’s Board – Annual Report 2013-14**

The Committee considered the Warrington Safeguarding Children’s Board – Annual Report 2013-14. Audrey Williamson, Chair of the Warrington Safeguarding Children’s Board (WSCB), and Pauline Owens, Safeguarding Children, Families and Wellbeing Directorate, were in attendance for this item.

The reported included information on the following:-

- Local background and context;
- Analysis – progress and challenges;
- How partners worked together in Warrington to keep children and young people safe; and
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- The child’s or young person’s journey.

Mrs Williamson commented that there were some advantages to her holding the position of Chair of both the Children’s and Adult Safeguarding Boards. This helped to provide continuity of the relationship between the two and enabled some joint areas to be identified in their business plans, such as joint training on domestic violence.

The WSCB was a strategic partnership. It did not deliver services directly (other than training), but scrutinised and challenged and evaluated all local services so that it could be confident that those services were effective in keeping children and young people in Warrington safe. The WCSB was a statutory body and was subject to inspection by OFSTED.

The Board provided strong, forward thinking, outcome focused, visible leadership promoting delivery of continuous improvements in the care and protection of local children and young people. The Board had always ensured that children, young people and families were at the centre and were able to direct and challenge all services. They were a fundamental partner in visioning services and in evaluating all service and partnership activity.

The report highlighted what activity had taken place, what had been done well and what challenges had been identified. The WSCB priorities for 2013-14 were:

- To increase WSCB auditing of multi-agency practice including increasing the number of file audits undertaken taken during the year;
- To focus on the safeguarding needs of children with disabilities including a WSCB response to OFSTED’s ‘Protecting Disabled Children: Thematic Inspection’ in August 2012;
- To increase the number of private fostering notifications;
- To further increase the number of Common Assessment Framework (CAF)s being undertaken by health agencies and adult social care;
- To build on the existing developments to involve children and young people in the work of the Board;
- To evidence the impact of WSCB multi-agency training on practice; and
- To continue to monitor the lead Performance Indicators so that WSCB could effectively challenge and scrutinise frontline practice.

Emerging priorities for 2014-15 included the following:

- Understanding the local community (including emerging communities);
- Vulnerable groups of children and young people (particularly in the wake of recent Child Sexual Exploitation cases across the country);
- Children and young people harmed or at risk from harm from neglecting parenting; and
- Visibility of the Board.
Members made comments or asked questions and received responses, as follows:-

- The Chair indicated that the overall message of the Annual Report was very positive. He also enquired if the Board’s workload had increased in the light of the Rotherham Abuse Case – Mrs Williamson indicated that the system was very robust and there was a lot of focus on it at present. Warrington’s response was being driven at a senior level and included engagement with the Police and Crime Commissioner and school based events. However, demand in all areas was rising, not just Child Sexual Exploitation. There more that was learnt, the more issues could be recognised;

- Councillor Johnson referred to one of the findings of the pan-Cheshire Child Death Overview Panel (CDOP), regarding the disengagement of families from services. This trend was a significant concern and information was requested about what Warrington was doing to address this – Mrs Williamson responded that this was a difficult area to address, but work would be undertaken to raise awareness of the issue. People did have the right to disengage, unless there was some overriding safeguarding duty attached. A useful approach was to encourage the community to get involved, rather the tackling this through social workers, which could be seen as attaching a stigma. Another concern raised by the CDOP was the danger of co-sleeping. A joint campaign on safe sleep was due to be run across the Cheshire and Merseyside region.

- Councillor Marks expressed his satisfaction at the level of coordination across both the Children’ and Adult Safeguarding Boards and the continuity provided by a common Chair – Mrs Williamson added that the key responsibility was to manage risk.

- Councillor Friend requested that future reports of this nature to the Committee be provided in colour to make them more readable. Particularly where there were graphs or charts. Councillor Vobe supported the view that those pages should be reproduced in colour – Mr Joinson reminded the Committee of the cost implications of providing full colour documents, but it was agreed to look into providing colour pages in limited circumstances.

Decision,

That the Annual Report and achievements of the Warrington Safeguarding Children’s Board during the year 2013-14 and its priorities for the 2014-15, be noted and endorsed.

**SC39 Work Programme**

The Committee considered a report of its Chair, Cllr Higgins, as to progress on the delivery of the Work Programme for 2014/15 and the monitoring of actions and recommendations agreed by the Committee and any Working Groups.
The Committee was informed of a number of amendments proposed to the Work Programme since the last meeting.

Cllr Vobe raised the matter of an e-mail sent to the Democratic and Member Services Section, requesting an item on the Agenda regarding the recent OFSTED inspection of Sir Thomas Boteler CE High School. He expressed a view that the matter was something which the Committee ought to consider. Key questions might be:

- How long were the school aware of the issues;
- What steps had been taken to address the issues; and
- What steps would be taken in the future.

Some concerns had been expressed that to single out an individual school in this manner might be unfair. The Chair commented that the Committee needed to treat all schools fairly. Mr Joinson indicated that any specific concerns could be referred directly to the Executive Director Families and Wellbeing. The Chair reiterated that it would be unfair to discuss an individual school’s issues in the Committee environment.

Cllr Marks enquired if there was a process to fast track such items on the Committee’s Agenda. The Chair indicated that this particular request had not been received in time to form part of the Agenda under the Access to Information Rules. Cllr Guthrie added that the school concerned was not the only body to experience difficulties. It would not be beneficial for the Committee to single out individual health bodies, schools, or care homes that were experiencing difficulties. The Committee should aim to treat all bodies fairly. It might, therefore, be appropriate to receive a report on the state of all schools.

Mr Harrison indicated that the school concerned was a Church of England School. He would prefer this matter not to be discussed in isolation. There were complex issues in play and it would be wrong to single out that school. The school had been monitored for well over a year and was proving to be a ‘hard ship to turn around’. The Dioceses of Liverpool and Chester had hoped for a better report, but continued to work with the local authority and the school to address the issues. A new headteacher had only been appointed some 6 days before the inspection. None of the responsible bodies was complacent about the situation, but more time was needed.

The Chair added that he would be happy to receive a report on all schools’ performance, but that to single out one school for further criticism could have a detrimental effect on students and teaching staff alike. Mr Harrison stressed that time was needed to understand the issues identified by OFSTED in their report. The timing of the report had been such as to hinder the progress already being made and could potentially have a negative effect on the school.

Cllr Vobe accepted many of the arguments being put, but did indicated that pupils should always be the Committee’s priority. He stated that there was a
difference between admonishing the school and carrying out the Committee’s proper duties to understand what had happened and why.

Cllr Johnson indicated that she was pleased to see an update on the Vascular Services Review on the Work Programme.

Decision,

(1) To approve the revised Work Programme for 2014/15 at Appendix 1, subject to (2) below;

(2) To request a report at the next meeting on the overall picture regarding school performance in Warrington, including the issue of Sir Thomas Boteler CE High School; and

(3) To note the progress on actions and recommendations at Appendix 2.

**SC40 Date of Next Meeting**

To note that the next ordinary meeting of the Committee will be held on Wednesday, 21 January 2015.
WARRINGTON BOROUGH COUNCIL

SCRUTINY COMMITTEE – 21 January 2015

Report of: Simon Banks, Chief Officer, Halton Clinical Commissioning Group
Report Author: Simon Banks
Contact Details: Email Address: Simon.Banks@haltonccg.nhs.uk Telephone: 01928 593 479

Ward Members: Borough-wide

TITLE OF REPORT: MATERNITY SERVICES

1. PURPOSE

1.1 To inform the Scrutiny Committee of work that is progressing across parts of Cheshire and Merseyside to sustain and develop maternity services.

2. CONFIDENTIAL OR EXEMPT

2.1 Not Applicable

3. INTRODUCTION AND BACKGROUND

3.1 Having a baby is the most common reason for hospital admission in England. Births are up by almost a quarter in the last decade and are at their highest in 40 years.

3.2 Whilst the majority of women have low risk pregnancies, have a positive experience of birth and deliver healthy babies, this is not always the case. There has been an increase in the complexity of births and there is variation in the outcomes and experience of women and babies.

4 MATERNITY SERVICES REVIEW

4.1 Clinical Commissioning Groups (CCGs) across parts of Cheshire and Merseyside have agreed to undertake a review of maternity services across the sub-region. This review is being undertaken with the support of provider organisations and the Cheshire and Merseyside Strategic Clinical Network (SCN). The involvement of the SCN is crucial as this ensures that clinicians are engaged in and leading this work. There will be alignment with other co-dependant reviews taking place.
4.2 Through this review, the NHS in Cheshire and Merseyside will explore how it can improve outcomes, reduce variation, deliver high quality services and sustain and develop maternity provision across the area. From this work, which will stay close to the national agenda as set out in the NHS *Five Year Forward View*, future options for sustainable maternity services will be explored with the intention that the NHS is able to offer better choice, improved outcomes and a model of care with mothers, babies and families at the heart of it.

5 SCOPING

5.1 Work is currently underway to develop a baseline understanding of the nature and shape of maternity services in parts of Cheshire and Merseyside. Using all available data this is specifically looking at:

- clinical outcomes
- patient experience and choice
- education and training of the current and future workforce
- co-dependencies with other services including neonatal intensive care, co-surgical support, critical care, A&E and other specialist services
- safeguarding
- capacity and size of current provision
- current and future demographics and geographical access
- epidemiology of the population
- current commissioning and financial arrangements

6 NEXT PHASE

6.1 The next phase of the work will involve developing options for improvement, using evidence of national and international best practice. Any options for change will be subject to engagement and consultation with patients and the public in relevant parts of Cheshire and Merseyside.

7 POLICY IMPLICATIONS

7.1 The work on maternity services in Cheshire and Merseyside needs to be linked to the NHS *Five Year Forward View*. The *Five Year Forward View* states that, in addition to increasing midwife numbers, the NHS will:

- Commission a review of future models for maternity units, to report by next summer, which will make recommendations on how best to sustain and develop maternity units across the NHS.
- Ensure that tariff-based NHS funding supports the choices women make, rather than constraining them.
- Make it easier for groups of midwives to set up their own NHS-funded midwifery services.
8. **FINANCIAL CONSIDERATIONS**

8.1 The review will take into account the funding of NHS maternity services, which are resourced through a nationally agreed tariff.

9. **RISK ASSESSMENT**

9.1 A lack of engagement in and awareness of the review is a significant risk. This risk will be mitigated as the review progresses with an engagement plan.

10. **EQUALITY AND DIVERSITY / EQUALITY IMPACT ASSESSMENT**

10.1 The review will be undertaken in a way that ensures that it is compliant with the duties upon public bodies under the Equality Act 2010. An Equality Impact Assessment is in development.

11. **CONSULTATION**

11.1 Consultation with a wide range of stakeholders is in progress via a Special Interest Group and a Communications and Engagement Strategy is being developed.

12. **RECOMMENDATION**

12.1 That the Scrutiny Committee notes the content of the report.

13. **BACKGROUND PAPERS**


Contacts for Background Papers:

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<td>Catherine McClennan</td>
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Short news item – consultation outcome

Patients, the public and local authorities have given their resounding approval to proposals to develop a new specialist cancer hospital in the heart of Liverpool.

A Joint Health Scrutiny Committee of eight local authorities has also voted unanimously to support the proposals.

The Clatterbridge Cancer Centre NHS Foundation Trust carried out public consultation from 28th July to 19th October to get views on plans to expand and improve cancer services in Merseyside and Cheshire with a new hospital on the same site as the Royal Liverpool University Hospital and the University of Liverpool.

Its current sites in Wirral and Aintree would be retained, along with its network of chemotherapy and outpatient clinics in hospitals throughout the region, although inpatient beds and the most complex care would move to Liverpool.

Independent experts from Liverpool John Moores University reviewed all the consultation responses and found that:

- 91% supported the vision.
- 88.5% believed the proposals would achieve the vision and improve quality of care.
- There was even strong support in Wirral and Cheshire West and Chester, where some patients would have slightly further to travel for inpatient beds and the most complex care: 78% of Wirral and 82% of Cheshire West and Chester respondents supported the vision; 71% of Wirral and 74% of Cheshire West and Chester respondents believed the proposals would achieve the vision and improve care.

The Transforming Cancer Care consultation team engaged with 100,950 people, including 10,433 face to face, at 117 roadshows and other meetings and events, as well as distributing 38,749 summary consultation documents. There were 1,054 formal consultation responses from individuals and 14 from groups/organisations.

Meanwhile, the Joint Health Scrutiny Committee for Cheshire and Merseyside – which was set up by Cheshire West and Chester, Halton, Knowsley, Liverpool, Sefton, St Helen’s, Warrington and Wirral to review the proposals – has voted unanimously in favour of them, after hearing evidence from witnesses including frontline staff and patient representatives at a series of meetings in public.

It means The Clatterbridge Cancer Centre can now develop an outline business case for the project, which is expects will be approved next summer. That would be followed by a full business case in 2016. If approved, the new hospital would open in 2018 with further improvements to the Wirral site completed in 2019.

For more information visit www.transformingcancercaremc.nhs.uk.
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WARRINGTON BOROUGH COUNCIL

SCRUTINY COMMITTEE
21 January 2015

Report of: Dr Rita Robertson, Director of Public Health
Report Author: Jan Boon and Tracy Flute
Contact Details: Email Address:
                  jboon@warrington.gov.uk
                  tflute@warrington.gov.uk

                  Telephone: 01925 443866
                  01925 443060

Ward Members:


1. PURPOSE

   To provide the Scrutiny Committee with a copy of the biannual high level monitoring report, that is provided to the Health and Wellbeing Board, to enable the Committee to provide critical challenge to the Health and Wellbeing Board and an assurance to the public that health and wellbeing priorities are being met.

2. CONFIDENTIAL OR EXEMPT

   2.1 N/A

3. INTRODUCTION AND BACKGROUND

   3.1 The Wellbeing Strategy Performance Framework contains overarching outcome measures for performance in the five thematic priority areas of the Warrington Strategy for Wellbeing. The Framework is designed to monitor delivery of the high-level priorities detailed in the Strategy, and thus does not include numerous performance indicators, but rather focusses on key measures which have been selected as ‘markers’ of overall performance outcomes.

   3.2 Individual strategies and action plans for delivery of the priorities from the Wellbeing Strategy have their own associated performance frameworks and detailed measures. The Performance Team and the Public Health Team conduct twice yearly monitoring on all indicators in the Wellbeing Strategy Framework.

   3.3 The attached report (Appendix A) provides the Health and Wellbeing Board with information about indicators where progress in delivering the partnership’s objectives is less positive or at risk of poor performance. In accordance with the Committee’s wishes at its last meeting, the report also includes detailed
information about all the measures in the Wellbeing Strategy Performance Framework as Appendix 1 of that document.

4. **FINANCIAL CONSIDERATIONS**

None associated with the report

5. **RISK ASSESSMENT**

5.1 The indicators included in the Strategy Performance Framework relate to a range of strategies and plans which have had risk assessments applied.

6. **EQUALITY AND DIVERSITY / EQUALITY IMPACT ASSESSMENT**

6.1 The monitoring Framework includes sub-indicators which assess internal inequalities in performance in relation to socio-economic deprivation.

7. **CONSULTATION**

7.1 The Strategy Performance Framework is received by the Health and Wellbeing Board and the Local Strategic Partnership.

8. **RECOMMENDATION**

8.1 That the Scrutiny Committee reviews the report and the data and commentary included in the Performance Framework.

9. **BACKGROUND PAPERS**

   The full Strategy Performance Framework is collated by the Partnerships and Performance Team and is available on the Warrington Together website. [http://www.warringtontogether.co.uk/](http://www.warringtontogether.co.uk/)

**Contacts for Background Papers:**

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1. REPORT PURPOSE

1.1 To identify those indicators in the Wellbeing Strategy monitoring framework where progress in delivering the partnerships objectives is less positive or at risk of poor performance.

1.2 To identify any further challenges and/or actions required.

2. INTRODUCTION/BACKGROUND

2.1 The Wellbeing Strategy Performance Framework contains overarching outcome measures designed to monitor delivery of the Partnership’s objectives. It is not intended that it should include numerous performance indicators but that it should focus on key measures which have been selected as ‘markers’. Individual strategies and action plans for delivery of the priorities from the Wellbeing Strategy have their own associated performance frameworks and detailed measures. The Council’s Performance and the Public Health Teams conduct twice yearly monitoring on all indicators in the Wellbeing Strategy Framework.

2.2 This report highlights those areas where there are negative trends or risks to delivery of the partnership’s objectives and outlines action being taken to address these or flags that action is required.

2.3 Detailed information about all the measures in the Wellbeing Strategy Performance Framework is available in Appendix 1 of this report.

3. INDICATOR EXCEPTION REPORTING

3.1 Building safe, sustainable communities

3.1.1 Domestic Violence Incidents
Domestic Abuse (DA) incidents at the end of Quarter 2 2014/15 are slightly higher at 681 (3.37 per 1,000 population) compared with 544 (2.69 per 1,000 population) for the same period 2013/14.

In the year to date, most Cheshire areas have experienced an increase in DA incidents compared to the same period last year. Summer holidays are often a peak period for DA and in August, Warrington reported 168 incidents, the highest level in Cheshire during any month to date. For repeat DA Incidents - Warrington now has a repeat incident rate of 15% for the year to date in line with the Cheshire average. This compares to an average of 27% for the same period last year.

The increase in domestic abuse incidents, the reduction of repeat incidents and an increase in identification of substance misuse as a contributing factor present a healthy picture of a successful Domestic Abuse Partnership where victims feel confident to report and are being signposted to effective sources of support. Following, an average of three months support by the Refuge Independent Domestic Abuse Service, 50% of victims report experiencing no further abuse.

3.2 Ensuring the best start in life and transition to adulthood

3.2.1 Percentage of children in relative poverty

The percentage of children living in relative poverty has remained lower in Warrington when compared to England. The trend in Warrington has fluctuated slightly in recent years with the latest data showing a slight reduction in the percentage of children living in relative poverty. However, the overall trend covering a five year period for Warrington and the 20% most deprived is generally maintaining. Rates are much higher in the 20% most deprived areas than in the 80% least deprived areas.

There is a Child Poverty Strategy in place and this is being reviewed by the Closing the Gap Priority Action Group.

3.2.2 Excess weight in children: Reception class (aged 4/5)

The longer term trend (over a 7 year period) is generally maintaining for Warrington. In 2011/12, the percentage of reception children with excess weight peaked, but in 2012/13 it lowered to 23.2% - the lowest since 2007/08. The largest decrease was seen in the 20% most deprived areas.

Warrington is broadly in line with the England average for this indicator and the 20% most deprived areas have similar levels of children with excess weight in reception to the rest of Warrington. Work to address the issue of excess weight in children is being undertaken via the Healthy Weight Strategy Action Plan. The Change4Life message has been promoted across Warrington and there has been good participation at events aimed at increasing physical activity for children and families.
3.2.3 Excess weight in children: Year 6 (aged 10/11)

The trend for both Warrington and the 20% most deprived areas is negatively inclining. The percentage of year 6 children with excess weight had been increasing in Warrington. However, 2012/13 data shows the percentage of children with excess weight has reduced to similar levels to those seen in 2010/11. A reduction in the percentage of year 6 children with excess weight was seen in both the 20% most deprived areas and the remaining areas of Warrington.

Work is being undertaken via the Healthy Weight Strategy Action Plan which includes a pilot community weight management programme (Live Life the Wolves Way) for children aged between 7 and 11 who are above a healthy weight. An Exception Report is available for this measure which gives full details of the improvement actions being taken.

3.2.4 Achievement of 5+A*-C including English and Maths

Warrington achieved 54.9% against a target of 68% for this indicator in 2013/14. The local authority, local secondary schools and colleges identified concerns about outcomes for key stage 4 pupils early in 2013/14. As a result Warrington Challenge, a partnership with secondary schools and the local authority was established to ensure rapid improvements in outcomes across Warrington, albeit it was too late to have any impact on the 2013/14 results.

There has been turbulence in the GCSE results nationally this year due to a number of factors:

- Change to performance tables counting “first entry” only
- Change to performance tables in counting vocational qualifications as 1 GCSE (previously counted as 4)
- Changing grade boundaries introduced by awarding bodies
- This cohort is the first to return a linear assessment model.

The above factors will have impacted on all schools nationally. However, the extent of the impact at individual school level will vary depending on the school’s curriculum and exam policy. Detailed analysis of the data has led to the following priorities being identified for Warrington to improve attainment;

- A focus on core subjects – English, maths and science
- A focus on Narrowing the Gap
- Consideration of E-BACC subjects, in particular History and German
- A focus on progress and attainment of low ability groups.

An exception report is available which shows more detail about the improvement actions being taken in respect of this indicator.
3.3 Living and working well

3.3.1 Housing - number of nights in B&B accommodation

The target for number of household nights in B&B is based on the annual B&B budget divided by average cost of B&B per night giving an annual target of 650 household nights. This represents a significant cost. Further work is underway following the Homelessness Commission including;

- Homelessness Strategy and action plan to be adopted in December 2014
- Housingplus operational working practices have been reviewed

Prevention work protocols have been updated resulting in a reduction in use of B&B and statutory homelessness applications. B&B usage is expected to be significantly reduced in future. An exception report is available detailing the improvement actions being taken in respect of this indicator.

3.3.2 Housing Affordability

To date this year there are still only 12 completions (at Manchester Road). The forecast is for 78 units to be completed at Folly Lane and GGHT forecast the acquisition of 3 former right to buy properties which will result an estimated delivery of 93 units for 2014/15 against and annual target of 172 completions. There may be a handful of other completions depending on progress and the winter weather. The Council’s own development of 54 units at Penketh Court will not complete until September 2015.

The Homes and Communities Agency (HCA) made a number of substantial changes to its affordable housing programme which impact on affordable housing delivery:

- A reduction in social housing grant with Registered Providers (RP) having to charge up to 80% of open market rents and the inclusion of relet properties as conversions (charging a higher rent on relets) to compensate for the reduction in grant funding.
- The end of March 2015 is the deadline for grant payments and the HCA will not now allow any slippage. For example, if an RP secures £1m grant funding and all but 1 property is completed before the end of the March 2015 then the RP would not receive the £1m grant funding. The impact of this is that RPs have not progressed schemes as they are not willing to take the risks arising from potential delays.

This target will not be achieved in 2014-15. Predictions for future years indicate that affordable housing development in 2015–16 will exceed target with a slight underperformance again in 2016–17.

3.3.3 Improved Street and Environmental Cleanliness

This measure is collected three times a year and relates to the percentage of streets that do not meet our quality standard (taken from a sampling exercise). The latest data reported (available for Q2) shows that target of 8% was not achieved. The level
of streets not meeting the standard was at 10%. The data demonstrates a trend line showing a decrease/worsening of performance, mainly due to the high levels of cleanliness achieved during 2011/12. Taking this out of the trend line results in a more maintained performance trend. There has been a small expected decline in the general cleanliness of the borough through a planned reduction on resources. The Love Where You Live campaign in Warrington is aimed at getting individuals and communities involved in keeping the streets clear of litter.

3.3.4 All-age, all-cause mortality rates

The longer term trend from 2004-06 was declining, with Warrington and the 20% most deprived seeing a reduction in rates. However, the reduction in rates that have been seen in recent years has slowed down and the trend is maintaining/slightly increasing for Warrington during the latest time period. The gap between the 20% most deprived and 80% least deprived areas is widening. The gap in the rate of mortality between England and Warrington was reducing, but in 2010-12 the gap was maintained. It is recommended that further work be done to identify actions that can be taken to improve this indicator.

3.3.5 Ambulatory care sensitive hospital admissions (conditions generally treated in primary care)

The 2011-12 data is the latest available. We no longer have access to the tool that provides the source data. The Public Health Team are looking at relevant measures to replace this with. Rates in Warrington have remained significantly higher than England and the longer term trend is generally maintaining. The longer term trend for hospital admission rates in the 20% most deprived areas is improving. However this has consistently been significantly higher than the remaining areas of Warrington.

3.4 Promoting wellbeing for older people

3.4.1 Delayed discharge from hospital that are attributed to a social care delay

In quarter 2 the outturn increased from 0.2 to 2.8 (average number of delays per week during the quarter). This is quite a large increase, however this seems to be replicated in a number of North West authorities who have reported similar increases. Discharges have been delayed sometimes due to lack of capacity in intermediate care (where length of stay has been negatively impacted by reduced therapy cover), lack of capacity in domiciliary care (where the market is finding it difficult to source and retain labour) or patients medically fit for discharge exercising choice over placement (where hospital policy has more recently been tightened up). Additional spot purchase of residential and nursing interim beds has improved the situation. The Better Care Fund plans include actions to improve the capacity to move people out of hospital.
3.4.2 Percentage of older people who were independent 91 days after discharge following re-ablement

At quarter two, 79 out of 96 people who went through the re-ablement service were independent 91 days after discharge from hospital. This figure has increased from 80% of people in Q1 to 82.3% in Q2. There is still a considerable gap between our results and the target of 91.4%. Service users are showing increased levels of dependency, and increased levels of need, which is impacting on this figure.

Improvement activity for this measure includes;

- Staffing levels of therapy staff are being increased and this will lead to more timely and comprehensive input which should improve performance
- Further analysis of levels of dependency of service users on admission to the service and outcomes will be completed over the next 3 months
- Analysis of data collection and its accuracy also to be conducted and subject to audit

3.5.3 All-cause mortality rates for 65-74 year olds

The rate of mortality in the 65-74 year age group has been reducing in Warrington. Warrington’s rate of mortality is higher than the England average, however the mortality rate in Warrington has reduced at a faster pace than nationally. The gap in the mortality rate between Warrington and England has reduced.

The mortality rate in the 20% most deprived areas of Warrington is significantly high when compared to the rest of Warrington. After a period of reduction in the mortality rate (2006-08 to 2008-10) the mortality rate in the 20% most deprived is increasing, leading to a widening of the inequalities gap as the mortality rate in the 80% other areas of Warrington has been reducing. It is recommended that further work be undertaken to identify further actions that can be taken to address this.

3.6.4 Emergency admission rates amongst the 65+ population

The 2011-12 data is the latest available. We no longer have access to the tool that provides the source data. The Public Health Team are looking at relevant measures to replace this with. The admission ratio for Warrington is significantly higher than England. The trend covering a six year period shows a negative incline, however, rates are showing signs of improvement since 2009-10.

3.6.5 Dementia Prevalence

It is recommended that this indicator be added to the Warrington Strategy for Wellbeing performance framework as it is linked to the delivery of the Better Care Fund Plan.
APPENDIX 1

Building Safe and Sustainable Communities

Latest quarter RAG: **Green**

Long term trend (if applicable): **Improving**

Short term trend (between two latest available periods): **Maintaining**

**Performance Update:** Latest available data (Q4 2013/14) is 95%, the same as the previous year. The long term trend is indicating performance is getting better over the last eight quarters. However, the target has been reduced for 2013/14. Some consideration may be required to establish if performance is expected to drop, or to provide a more challenging target. This measure is monitored and reported at Directorate level each quarter.

**Indicator Analysis:** Customer satisfaction levels from feedback received on 4 projects in the current year. Benchmarking against Constructing Excellence data, gives a score of 9.48 out of 10, which equates to a benchmarked score of 95%, top quartile.
Flag: Currently off target, short term trend worse

Latest quarter RAG: **Red**

Long term trend (if applicable): **Improving**

Short term trend (between two latest available periods): **Worsening**

**Performance Update:** Performance is lower/worse than the previous period and also off target for the quarter, however, the cumulative figure is on target (Apr-Sep) and it is forecast to achieve the full year objective of 500 net additional homes provided. The overall trend shows improvement even though targets have been stretched since 2011/12. The target has been met on 12 out 14 quarters quite comfortably. Unless there is a planned reduction in performance, the target could be set to provide even more challenge or profiled to factor in the high periods of Q1/Q4 and the low periods of Q2/Q3. This measure is reported at Directorate and SMT level each quarter.

**Indicator Analysis:** This is a cumulative measure recorded throughout the year. There are 116 completions recorded for Q2 (275 cumulative figure). This latest figure is slightly lower than previous quarters, however the units under construction is marginally higher. There are also a number of developments that have started on sites but no footings are in to record in this quarter. This measure is currently on target and is forecast to achieve its full year objective of 500 net additional homes provided.
Latest RAG: Green

Long term trend (if applicable): Improving (Warrington), Improving (10% most deprived)

Short term trend (between two latest periods - 2012/13 and 2013/14): Improving (Warrington), Improving (10% most deprived)

*Note 2013/14 quarter rates may vary slightly from those previously published due to updated population estimates being applied.

Analysis:

Serious acquisitive crime relates to incidences of dwelling burglaries, robbery and theft of and from vehicles.

The linear trend line for Warrington is showing a positive decline (improvement) over a six year period. 2013/14 rates are lower at 8.48 incidents per 1,000 (1726 incidents) when compared to 2012/13 at 11.1 incidents per 1,000 (2244 incidents).

The trend line for the 10% most deprived (closing the gap areas) is again showing a positive decline over a three year period. 2013/14 rates are lower at 13.34 incidents per 1,000 (257 incidents) when compared to 2012/13 at 16.82 (324 incidents).

The gap based on three years between the 10% most deprived and the remaining 90% other areas is narrowing.
Latest quarter RAG: Amber
Long Term Trend (if applicable): Slightly declining/improving
Short term trend (between two latest available period): Slightly worse
Indicator Title:
Anti-social behaviour incidents per 1,000 population
Indicator Analysis:

* This measure has a 5% tolerance – an outturn which is no more than 5% above the target is within an acceptable threshold (amber rating)
The trend line from 2013/14 does show a slight improvement for Warrington rates. The actual number of incidents at Quarter 2 is 2357, which is 5.27% down for the same period last year (2488 incidents).
The year to date rate for Warrington shows a reduction of 7.91% on the previous year. The year to date rate within each neighbourhood policing area are broadly similar to the previous year - south shows a reduction and the town centre is showing a slight increase. The high number of ASB in the town centre is predominately due to the night time economy – so in calculating this indicator that is a high number of incidents, but small resident population. There are no significant concerns with regard to ASB at present.
Recovery Action Plan (if required):
This indicator was subject to a RAP in 2013/14.
Assault with injury rate per 1,000 population

Latest RAG: Green

Long term trend (if applicable): Improving (Warrington), Improving (10% most deprived)

Short term trend (between two latest periods – 2012/13 and 2013/14): Improving slightly (Warrington), Improving (10% most deprived)

![Graph showing assault with injury rate per 1,000 population from 2008/09 to 2013/14 for Warrington, 10% most deprived, and 90% other areas.]

*Note: 2013/14 quarter rates may vary slightly from those previously published due to updated population estimates being applied.

**Analysis:**

The data relates to incidences of assault with injury.

The linear trend line for Warrington is showing a positive decline (improvement) over a six year period. 2013/14 rates are lower at 3.77 incidents per 1,000 (767 incidents) when compared to 2012/13 at 4.71 (822 incidents).

The trend line for the 10% most deprived (closing the gap areas) is again showing a positive decline over a three year period. 2013/14 rates are lower at 11.31 incidents per 1,000 (218 incidents) when compared to 2012/13 at 13.92 (268 incidents).

The gap based on three years between the 10% most deprived and the remaining 90% other areas is narrowing.
**Flag:** New data available

**Latest quarter RAG:** N/A

**Long term trend (if applicable):** Improving

**Short term trend (between two latest available periods):** Improving

**Performance Update:** Performance is lower/better than the previous period and is currently at the lowest (best) position on the graph. The overall trend shows improvement. This measure is reported at Directorate and SMT level each quarter.

**Indicator Analysis:** This indicator was subject to a RAP in 2012/2013, with an outcome that the focus should be on trends and not purely targets. The measure is not reflective of performance within the Employment Learning and Skills team, but provides a picture as to the overall direction of travel of Warrington and the deprived areas. The data is extracted from NOMIS. The latest information available (published October 14/15) relates to Feb 14. The Warrington total is 9.1%.
**FLAG:** as new data available

The direction of travel for this indicator shows performance is improving and better the regional/national comparators

**Economic Health Measures:** % of all people claiming JSA (Monthly) in Warrington

**Analysis:**

The percentage of the population claiming Job Seekers Allowance (JSA) has on the whole decreased since April 2012. The trend has closely followed the England average, and consistently been below (better) than the North West regional average and for the past year or so, below the England average

**Source** Monthly, Oct 2014

[https://www.nomisweb.co.uk/reports/lmp/la/1946157074/subreports/jc1=2013265922&c2=2092957699](https://www.nomisweb.co.uk/reports/lmp/la/1946157074/subreports/jc1=2013265922&c2=2092957699)

**Graphs:**

![Graph of all people claiming JSA](image-url)
Latest RAG: Amber

Long term trend (if applicable): Maintaining (Warrington)

Short term trend (between Q2 2013/14 and Q2 2014/15): Slightly higher by 0.68% points (134 incidents more incidents than the same period last year) – this could due to improved confidence in reporting

Warrington V England: Amber

Q2 Note: the above assessments, with the exception of the short term trend, are based on the latest full year position which was 2013/14. The 2013/14 figure for Warrington has been updated to reflect police figures.

*Due to the introduction of a new police system, possible impact on 2013/14 data due to not capturing all reports.

*Note England, North West and Warrington 2010 – 2012 data sourced from Public Health team. All other data sourced direct from police figures via Warrington Domestic Abuse Partnership. All rates are based on 2011 18+ Census populations.
Analysis:

Domestic Abuse (DA) incidents at the end of Quarter 2 2014/15 are slightly higher at 681 (3.37 per 1,000 population) compared with 544 (2.69 per 1,000 population) for the same period 2013/14.

In the year to date, most Cheshire areas have experienced an increase in DA incidents compared to the same period last year. Summer holidays are often a peak period for DA and in August, Warrington reported 168 incidents, the highest level in Cheshire during any month to date.

Repeat DA Incidents

Warrington has a repeat incident rate of 15% for the year to date in line with the Cheshire average. This compares to an average of 27% for the same period last year.

Alcohol Related

There has been concern that alcohol related incidents have been underreported. During the year to date, most Cheshire authorities have increased the identification of alcohol as a factor in domestic abuse incidents compared to the same period last year.

Drug Related

There has been concern that drug related incidents have been underreported. During the year to date, most Cheshire authorities have increased the identification of drugs as a factor in domestic abuse incidents compared to the same period last year.

Summary

The increase in domestic abuse incidents, the reduction of repeat incidents and the increase in identification of substance misuse present a healthy picture of a successful Domestic Abuse Partnership where victims feel confident to report and are being signposted to effective sources of support.

Following, an average of 3 months support by Refuge Independent Domestic Abuse Service, 50% of victims at exit report experiencing no further abuse.
Ensuring the best start in life and transition into adulthood

This trend is on target and improving

**Indicator Analysis:**

There are currently 372 families 'attached' to the Complex Families project in Warrington.

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This trend is on target and improving

**Indicator Analysis:**

Since April 2014 there has been 104 individual CAF assessments and 13 Family CAF’s on 31 individuals.

The CAF team now calculate this figure differently to previous months and includes the number of individuals involved in the Family CAF, not just the CAF itself.
Latest RAG: **Amber**

Long term trend (if applicable): **Maintaining (Warrington), Maintaining (20% most deprived)**

Short term trend (between two latest periods – 2010 and 2011): **Declining slightly (positive) by 0.4% points (Warrington), Declining slightly (positive) by 0.3% points (20% most deprived)**

Warrington v England: **Green**

*Data released by the HRMC is two years in arrears*

**Analysis:**

The percentage of children living in relative poverty has remained lower in Warrington when compared to England.

The trend in Warrington has fluctuated slightly in recent years with the latest data showing a slight reduction in the percentage of children living in relative poverty. However, the overall linear trend covering a five year period for Warrington and the 20% most deprived is generally maintaining.

Rates are much higher in the 20% most deprived areas than in the 80% least deprived areas.
This trend is on target and improving

**Indicator Analysis:**

In quarter 2, 768 children are taking up their funded 2 year old nursery place.
Excess weight in children: percentage of reception class children (aged 4/5) with excess weight

Latest quarter RAG: Amber

Long term trend (if applicable): Maintaining (Warrington) Maintaining (20% most deprived)

Short term trend (between two latest periods – 2011/12 and 2012/13): Maintaining (Warrington) Improving (20% most deprived)

Warrington v England: Green

Analysis:

The longer term linear trend over a 7 year period is generally maintaining for Warrington. 2012/13 has seen the percentage of reception children with excess weight reduce slightly.

The largest decrease was seen in the 20% most deprived areas. In 2011/12, the percentage of reception children with excess weight peaked, but in 2012/13 has lowered to 23.2% - the lowest since 2007/08.

England, Warrington and the intra-Warrington deprivation groups of 20% most deprived areas and the 80% remaining areas all had a very similar percentage of reception class children with excess weight.
Excess weight in children: percentage of year 6 children (aged 10/11) with excess weight

Latest RAG: Red

Long term trend (if applicable): Negatively inclining (Warrington)  
Negatively inclining (20% most deprived)

Short term trend (between two latest periods –2011/12 and 2012/13): Improving (Warrington), Improving (20% most deprived)

Warrington v England: Green

Analysis:

The linear trend for both Warrington and 20% most deprived is negatively inclining. The percentage of year 6 children with excess weight had been increasing in Warrington. However, 2012/13 data shows the percentage of children with excess weight has reduced to similar levels seen in 2010/11.

A reduction in the percentage of year 6 children with excess weight was seen in both the 20% most deprived areas and the remaining areas of Warrington.

To view the latest RAP Report, please click here
The data presented below is the latest available data. We no longer have access to the tool that provides the source data. The Public Health Team are looking at relevant measures to replace this with.

Latest RAG: **Green**

Long term trend (if applicable): **Improving**

Short term trend (between two latest periods – 2010/11 and 2011/12): **Improving**

Warrington v England: **Amber**

**Analysis:**

There had been a reduction in admission rates for Warrington overall and within the deprivation groups.

The gap between England and Warrington has reduced although Warrington have admission rates significantly higher than England.

Gap between the 20% most deprived areas and 80% least deprived has reduced.

Please note that this analysis is based on the 2008 definition of alcohol specific conditions, recent updates have been made to this definition that takes into account new research into the effects of alcohol on specific medical conditions. New analysis produced by Public Health England has shown that the under 18 alcohol specific hospital admission rates in Warrington are similar to rates that are seen nationally.
Latest quarter RAG: Red
Trend is declining

**Analysis:**

Warrington achieved 54.9% against a target of 68% for this indicator in 2013/14.

The local authority, local secondary schools and colleges identified concerns about outcomes for KS4 pupils early in 2013/14. As a result Warrington Challenge was established to ensure rapid improvements in outcomes across Warrington, albeit it was too late to have an impact on the 2013/14 results.

There has been turbulence in the GCSE results nationally this year due to a number of factors:

- Change to performance tables counting "first entry" only;
- Change to performance tables in counting vocational qualifications as 1 GCSE (previously counted as 4);
- Changing grade boundaries introduced by awarding bodies;
- This cohort is the first to return a linear assessment model.

The above factors will have impacted schools nationally. However, the extent of the impact at individual school level will vary depending the schools curriculum and exam policy.

**Recovery Action Plan**

A recovery action plan has been developed and agreed for this measure. To view the full report, please click [here](#).
Living and Working Well

Housing Affordability

FLAG: as new data available and both short and long term trends are showing a negative change in performance

Latest RAG: Red

Long term trend: Worsening

Short term trend (between two latest periods): Worsening

Economic Health Measures: NI155 Number of affordable homes delivered (gross)

Performance Update: Current Q2 performance (0) is lower/worse than the previous period and also lower/worse than the previous years’ quarter 2 data. The measure is reported cumulatively throughout the year (currently 12, at Q2), so high/low fluctuations are common. However the full year target is not expected to be achieved. The information shown in the graph above demonstrates a long trend line showing performance is being worsening.

Analysis: There have been no affordable housing completions in the quarter. Current predictions indicate that there will be around 94 completions at year end. Therefore the target of 172 units will not be achieved in 2014-15.

This is an internally collected measure, reported each quarterly period. It is also collected as a F&W (Public Health) service measure.

The longer term trend has been improving slightly. However, the ratio did increase in 2012. Warrington reduced slightly in 2013, giving a positive direction of travel.

In previous years Warrington had a lower ratio than England, but higher than the North West.
There have been no affordable housing completions in the quarter. The measure is reported cumulatively throughout the year and currently stands at 12. Fluctuations from target are common; however the full year target is not expected to be achieved. Current predictions indicate that there will be around 94 completions at year end so the target of 172 units will not be achieved. Predictions based on planned developments indicate that development will exceed the target in 2015-16.

Recovery Action Plan (if required):

One of the issues is that there has been a reduction in social housing grant funding and tightening of the deadlines for completion dates. Due to this, some schemes that could have been completed this year have not been progressed to ensure that payments are received, and avoid the risk that if they were delayed the grant funding would not be received.

A detailed exception report is attached [here](#).
This trend is off target

**Indicator Analysis**

![Bar chart showing trend analysis](image)

Prevention work protocols have been updated resulting in a reduction in use of B&B and statutory homelessness applications. B&B usage for October is predicted to be significantly reduced.

**Recovery Action Plan**

Prevention work protocols have been updated resulting in a reduction in use of B&B and statutory homelessness applications. B&B usage for October is predicted to be significantly reduced.

Please find RAP report [here](#)
FLAG: No Q2 Update provided (information below is Q4)

Latest quarter RAG: N/A

Long term trend (if applicable): Improving

Short term trend (between two latest available periods): N/A

Performance Update: Performance is not available at Q1. The latest available information is the carry forward from the previous period (Q4 2013/14) of 2.8 seconds. The information shown in the graph above demonstrates a long-term trend line showing a decrease/improvement of performance. This measure is monitored and reported at Directorate level each quarter.

Indicator Analysis: This measure is reported 3 months in arrears, June data will be available for the next reporting period (Q2 end of September 2014). Targets are to be reviewed for the 2014/15 year.
FLAG: as long term trend declining

Latest RAG: Red

Long term target: improving

Short term: Worsening

Performance: This measure is collected three times a year. The latest data reported (available for Q2) shows the target of 8% was not achieved. The information shown in the graph above demonstrates a trend line showing a decrease/improvement of performance, mainly due to the high/worse than target level achieved during 2011/12. Taking this out of the trend line results in a more maintained performance trend. This measure is monitored and reported at Directorate level each quarter.

Indicator Analysis: The latest available information shows the target of 8% is not being achieved. Based on the DEFRA performance measure the measure being monitored is for litter only (195a). There has been a small expected decline in the general cleanliness of the borough through a planned reduction on resources.
Latest quarter RAG: **Green**

Long term trend (if applicable): **Improving**

Short term trend (between two latest periods – 2009/11 and 2010/12): **Improving**

Warrington v England: **Red**

**Analysis:**

There has been a reduction in mortality rates for Warrington overall and within the deprivation groups. The gap between England and Warrington has reduced.

Mortality rates are much higher in the 20% most deprived areas than in the 80% least deprived, but the gap between them has narrowed.

Please note that this analysis will be updated in the Autumn to take into account new population estimates (based on 2011 Census) and changes to the methodology used to calculate the Directly Standardised Rates.
Latest RAG: Amber

Long term trend (if applicable): Maintaining (Warrington), Maintaining (20% most deprived)

Short term trend (between two latest periods - 2010/12 and 2011/13): slight increase in mortality rates (Warrington), slight increase in mortality rates (20% most deprived)

Warrington v England: Amber

Analysis

The longer term trend from 2004-06 was declining, with Warrington and the 20% most deprived seeing a reduction in rates. However, the reduction in rates that have been seen in recent years has slowed down and the trend is maintaining/slight increase for Warrington during the latest time period.

The gap between the 20% most deprived and 80% least deprived areas is widening.

The gap in the rate of mortality between England and Warrington was reducing, but in 2010-12 the gap was maintained.
The data presented below is the latest available data. We no longer have access to the tool that provides the source data. The Public Health Team are looking at relevant measures to replace this with.

Latest RAG: **Amber**

Long term trend (if applicable): Maintaining (Warrington), **Improving (20% most deprived)**

Short term trend (between two latest periods – 2010/11 and 2011/12): **Slightly higher by 1.2% points (Warrington), Slightly lower by 2.3% points, but the gap remains significant (20% most deprived)**

Warrington v England: **Red**

ACS conditions are those which are considered treatable by primary care and should therefore not require admission to hospital.

**Analysis:**

Rates in Warrington have remained significantly higher than England and the longer term trend is generally maintaining.

The longer term trend for hospital admission rates in the 20% most deprived areas is improving. However, has consistently been significantly higher than the remaining areas of Warrington.
**Non-elective hospital admissions (BCF metric)**

**RAG Rating:** n/a

**Trend:** Positive decline

**Indicator analysis**

This measure is a nationally agreed metric of the Better Care Fund and is therefore to be included in the governance and performance framework for this work and will be accountable to the Better Care Fund Steering Group.

Warrington have recently agreed a planned reduction target of 3.6% for this measure in line with the national guidance. Detailed plans are in the process of development and agreement under the Better Care Fund.
**Promoting wellbeing for older people**

**RAG Rating:** n/a

**Trend:** Negative incline

**Indicator Analysis**

This measure is a nationally agreed metric of the Better Care Fund and is therefore to be included in the governance and performance framework for this work and will be accountable to the Better Care Fund Steering Group.

This is an annually reported measure. Warrington have recently agreed targets to reduce the number of delayed transfers under Better Care Fund.
This trend is declining

**Indicator Analysis:**

In quarter 2 14/15 the outturn increased from 0.2 to 2.8 (average number of delays per quarter). This is quite a large increase, but at the last North West Performance Leads meeting, a number of authorities reported similar increases. We are still in the process of discovering the reason behind this change with the hospital, but should have an update for Q3.

Discharges have been delayed sometimes due to lack of capacity in intermediate care (where length of stay has been negatively impacted by reduced therapy cover), lack of capacity in domiciliary care (where the market is finding it difficult to source and retain labour) or patients medically fit for discharge exercising choice over placement (where hospital policy has more recently been tightened up). Additional spot purchase of residential and nursing interim beds has improved but this will not help improve performance on KPI ‘proportion of people aged 65+ discharged to residential care’.
The trend is improving

Indicator Title: % of older people who were independent 91 days after discharge following re-ablement

Indicator Analysis:

At quarter two, 79 out of 96 people were independent 91 days after discharge. This figure has increased from 80% in Q1 to 82.3% in Q2. There is still a considerable gap between our results and the target of 91.4%. Service users are showing increased levels of dependency, and increased levels of need, which is impacting on this figure. Staffing levels of therapy staff are being increased and this will lead to more timely and comprehensive input which should improve future performance. Further analysis of levels of dependency of service users on admission to the service and outcomes will be completed over the next 3 months.

Recovery Action Plan (if required): click here for full report

Planned actions include:

- Staffing levels of therapy staff are being increased and this will lead to more timely and comprehensive input which should improve performance.
- Further analysis of levels of dependency of service users on admission to the service and outcomes will be completed over the next 3 months.
The trend is improving

**Indicator Title:** Proportion of clients using social care who receive self-directed support as at 31\textsuperscript{st} March

**Indicator Analysis:**

The performance for quarter one has improved on previous years with 1688 out of 1971 clients receiving self-directed support on the 30th September 2014, it is also a slight improvement on the previous quarter.

However, it needs to be understood that this measure has changed following the introduction of the new SALT statutory return. Previously the measure included both clients and carers, but it now looks at clients only (there is a separate measure for carers). It has also been changed to be a snapshot at the end of the year, rather than including everyone who has had support throughout the year. At quarter two this measure has counted those people eligible on 30\textsuperscript{th} September 2014.
Latest quarter RAG: Green

Long term trend (if applicable): Improving

Short term trend (between two latest periods – 2010-12 and 2011-13): Improving

**Warrington v England**: Amber

**Analysis**

There has been a steady reduction in mortality rates for Warrington overall and within the deprivation groups. Mortality rates are much higher in the 20% most deprived areas than in the 80% least deprived, but the gap between them has narrowed.

Previously Warrington had mortality rates that were significantly higher than England. The gap between England and Warrington has been reducing particularly in the most recent year. However, data quality issues have been raised with the recent release of data and these will be investigated further with the Office of National Statistics.
Latest quarter RAG: Green

Long term trend (if applicable): Improving

Short term trend (between two latest periods – 2012/13 and 2013/14): Improving

Warrington v England: Warrington performed better than England during 2012/13

This measure looks at the percentage of patients who have received a diagnosis of dementia when compared to the estimated prevalence of dementia in the population. A higher percentage indicates better identification of patients with dementia.

Analysis:

During 2012/13 Warrington had a higher diagnosis rate of dementia when compared to England (England data from 2012/13 is the most recent data available, 2013/14 data is expected to be released in December 2014).

The trend in Warrington overall and the 80% other GP practices is showing an increase in the diagnosis rate of dementia when comparing the two time periods.

However, the diagnosis rate for the 20% most deprived GP practices is lower than the overall Warrington rate. The data shows that there has been no improvement in the diagnosis rate between the two years. Positively, the diagnosis rate for the 20% most deprived GP practices was higher than England.
Latest RAG: Amber

Long term trend (if applicable): **Improving (Warrington) – the mortality rate is reducing; 20% most deprived areas: maintaining**

Short term trend (between two latest periods – 2010/12 and 2012/13): Mortality rate is reducing (Warrington). 20% most deprived areas the mortality rate is increasing.

**Warrington v England:** Amber (Warrington mortality rate remains higher than England but the rate of reduction in the mortality rate during the time period shown below is faster in Warrington than for England).

**Analysis**

The rate of mortality in the 65-74 year age group has been reducing in Warrington. The Warrington rate of mortality is higher in Warrington when compared to England, however the mortality rate in Warrington has reduced at a faster pace than what has been seen nationally. The gap in the mortality rate between Warrington and England has reduced.

The mortality rate in the 20% most deprived areas of Warrington is significantly high when compared to the rest of Warrington. After a period of reduction in the mortality rate (2006-08 to 2008-10) it does appear that the mortality rate in the 20% most deprived is increasing, leading to a widening of the inequalities gap as the mortality rate in the 80% other areas of Warrington has been reducing.
The data presented below is the latest available data. We no longer have access to the tool that provides the source data. The Public Health Team are looking at relevant measures to replace this with.

Latest quarter RAG: Red

Long term linear trend (if applicable): Negatively inclining (Warrington), Negatively inclining (20% most deprived)

Short term trend (between two latest periods – 2010/11 and 2011/12): Improving (Warrington), Improving (20% most deprived).

Warrington v England: Red

Analysis:

The admission ratio for Warrington and the deprivation groups is significantly higher than England.

The linear trend covering a 6 year period shows a negative incline, however, rates are showing signs of improvement.
WARRINGTON BOROUGH COUNCIL

SCRUTINY COMMITTEE – 21st January 2015
Report of the: Executive Director - Families & Wellbeing

Report Author: Fiona Cowan, Senior Conference and Review Manager
Contact Details: Email Address: fcowan@warrington.gov.uk
Telephone: 01925 442079

Ward Members: All

TITLE OF REPORT: WARRINGTON SAFEGUARDING CHILDREN BOARD (WSCB): UPDATE OF PROGRESS IN RESPONSE INTO CHILD SEXUAL EXPLOITATION

1. PURPOSE

1.1 This report is being presented to the Scrutiny Committee to outline the progress in relation Warrington Safeguarding Children Board’s response to the Independent Inquiry into child sexual exploitation (CSE) in Rotherham which was published on 28 August 2014.

1.2 This report also contains an update for the Scrutiny Committee in relation to Warrington Safeguarding Children Board’s Response to the Ofsted Thematic Review of Child Sexual Exploitation “It Couldn’t Happen Here Child it?” published in November 2014.

2. CONFIDENTIAL OR EXEMPT

2.1 This report does not contain and confidential or exempt information.

3. INTRODUCTION AND BACKGROUND

3.1 The Professor Jay Inquiry was commissioned by Rotherham Council to review safeguarding activity for the periods 1997-2009 and 2009-2013. The Inquiry criticised all of the agencies in Rotherham involved with child sexual exploitation. The most serious being the alleged indifference towards and ignorance of, child sexual exploitation on the part of senior managers in Children’s Social Care.

3.2 The Inquiry found that responsibility was continuously placed on young people’s shoulders, rather than with the suspected abusers. It presented a picture of a ‘high prevalence of young women being coerced and abused through prostitution’. The Inquiry Report suggests failings across the Police and Children’s Social Care at every level from frontline practitioners lack of understanding and poor attitudes to Senior Officers and Elected Members denial and cover up.
3.3 The Inquiry found many weaknesses within Rotherham structures from leadership to frontline practice and partnership working. In light of the findings in Rotherham, Warrington Safeguarding Children Board (WSCB) sought reassurance in relation to Warrington’s’ response to dealing with child sexual exploitation.

3.4 A report was presented by the author of this report to Warrington Safeguarding Children Board on 18th September 2014. This followed a review of Warrington’s practice in relation to child sexual exploitation in light of the findings within the Rotherham Inquiry and also considered any learning to be identified.

3.5 Warrington Safeguarding Children Board already had an action plan in place since October 2011, to tackle the sexual exploitation of children. The Board established a dedicated Child Sexual Exploitation Sub Group in November 2011. There are effective multi agency working arrangements in place to identify those children at risk of child sexual exploitation.

3.6 The Board has an established a multi-agency Missing Children and CSE Operational Group which meets on a monthly basis. This group provides a forum to share information and to discuss possible interventions to protect children. However, Warrington Safeguarding Children Board is clear that there is never room for complacency and continually reviews and challenges itself in relation to its approach to safeguarding children who are at risk of sexual exploitation. As evidence of this, having reviewed itself against the findings from Rotherham, the Board identified some recommendations for further action. These were made in light of many of the recommendations made to other Local Authorities as part of the Inquiry recommendations and in consideration of what is viewed as ‘good practice’. All of the recommendations were accepted in full by Warrington Safeguarding Children Board with an additional recommendation that the Report be shared with the Council’s Licensing Committee. This was in recognition of the role played by the Licensing Committee in relation to the prevention and disruption of child sexual exploitation.

3.7 The Leader of the Council, the Chief Executive, the Executive Director for Families and Wellbeing and the Chair of Warrington Safeguarding Children Board have attended a Pan Cheshire Child Sexual Exploitation Summit convened by the Police and Crime Commissioner. Senior Officers from Cheshire Police, NHS England and Clinical Commissioning Groups also attended.

3.8 At the meeting which took place on 17th December 2014, the Chairs of the four Cheshire Local Safeguarding Children Board Chairs updated the Summit on the findings of the reviews of child safeguarding arrangements in each Council area and confirmed the current pan Cheshire response to child sexual exploitation and the governance arrangements which were in place. It was confirmed that the outcomes of the reviews had also been reported to each Council with a high level
of political engagement in each area. The recommendations from each individual review had also been reported to the local safeguarding children's board in that Council area and were being progressed by the local child sexual exploitation sub group.

4. PROGRESS IN ADDRESSING RECOMMENDATIONS FROM WARRINGTON RESPONSE TO ROTHERHAM CSE INQUIRY

4.1 The following section details the recommendations made by Warrington Safeguarding Children Board and provides Scrutiny Committee with an update of the progress in addressing each recommendation.

Recommendation 1: To explore the current counselling and therapeutic services available to victims of child sexual exploitation and assess if they meet the needs of this vulnerable group of children.

Update on Progress
The Head of Service, Families and Wellbeing, Operational Commissioning and Contracting has raised this with 5 Boroughs Partnership. As a result, a Tier 2 Child and Adolescent Mental Health Services (CAMHS) Psychologist has agreed to complete a scoping audit to identify specifically:

- What the emotional health needs are of children who are at risk of / subject to child sexual exploitation in Warrington;
- What CAMHS currently offers this population, in terms of tailored assessment, intervention, partnership working, timeliness / appropriateness of provision

The Missing Children, Child Sexual Exploitation and Child Trafficking Sub Group will monitor the progress of this as part of the CSE Action Plan and will report to Board on the outcome of the scoping audit.

Recommendation 2: To ensure that the CSE service currently provided by Catch 22 (commissioned jointly by Pan Cheshire Local Authorities) is able to expand in Warrington in line with other local authorities.

Update on Progress
The Council has agreed to fund a dedicated full time child sexual exploitation coordinator post with Catch 22 as part of the Pan Cheshire Commissioning arrangements. The Council already funds a full time Missing Children Coordinator Post as part of the same commission.

Recommendation 3: Review of the WSCB CSE Action Plan and consideration of the most effective way to deliver the CSE Strategy.

Update on Progress
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The Warrington Safeguarding Children Board Action Plan for tackling child sexual exploitation is achieving on-going progress and is reviewed, updated and monitored by the Missing Children/Child Sexual Exploitation/Child Trafficking subgroup.

Work is currently underway to redesign Children's Social Care including the front door of the service (Duty and Assessment Team) and formal consultations are taking place.

Discussion with partner agencies regarding safeguarding and information sharing arrangements is taking place as part of this work and consideration is being given to the creation of a multi-agency safeguarding hub (MASH) which will incorporate the specific needs of service delivery for child sexual exploitation. This is being facilitated by the Assistant Director for Targeted Services and progress is reported to the WSCB and the Families and Wellbeing Directorate Management Team.

**Recommendation 4:** Children’s Social Care to undertake an audit of cases involving child sexual exploitation.

**Update on Progress**
Children's Social Care has commissioned an independent audit of CSE cases that were reported to the CSE Operational Group during the period from September 2013 to November 2014. The report in relation to the findings from this audit is to be presented to Warrington Safeguarding Children Board on 15th January 2015.

**Recommendation 5:** Child Sexual Exploitation Training to be mandatory for all Police and Social Work Staff

**Update on Progress**
The Report Author delivered three full day mandatory training sessions in December 2014. These were attended by the majority of Children's Social Care staff. Further sessions are to be arranged to ensure attendance of the remaining critical staff. In addition to the above, Warrington Safeguarding Children Board has delivered half-day training sessions for non-child care staff who may come into contact with children in their daily work. These have been well attended by a variety of partner agencies including: Environmental Health, Trading Standards Officer and Housing Officers.

All front line operational Police Officers, Police Community Support Officers (PCSOs), Public Protection and other Crime Unit staff and Control Room staff have received CSE awareness training during a cycle of the structured training days in 2013. All newly recruited Police Officers and PCSOs receive Public Protection training, which includes child sexual exploitation. Cheshire Police has committed to ensuring that a half day of all future training days will be dedicated
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to Safeguarding. These take place every 5 weeks and capture all front line officers. It is planned that child sexual exploitation will be the topic in March 2015. Designated Police Officers who are aligned to the children’s residential homes and Police CSE Coordinators have been trained in the use of the CSE Screening Tool.

**Recommendation 6:** Child Sexual Exploitation Training to be delivered to Elected Members, Council Committee Members, Senior Officers and Local Authority Solicitors.

**Update on Progress**
The report author delivered two training sessions in December 2014, an afternoon and an evening session. The afternoon session was attended by nine Elected Members and five Council Senior Officers. The evening session was attended by one Senior Officer and one Elected Member so it was not viable to go ahead. A further training session has been arranged for 5th February 2015. The report author is delivering a CSE awareness session at the Council Leadership Development Forum on 12th January 2015 which includes senior managers from across the Council.

5 OFSTED THEMATIC REVIEW OF CHILD SEXUAL EXPLOITATION - “IT COULDN’T HAPPEN HERE COULD IT?” - UPDATE AND WARRINGTON RESPONSE

5.1 Ofsted undertook a review of eight local authorities’ response to child sexual exploitation. The Report was published in November 2014. The review included reviewing not only the individual local authority (LA) response but also the work of partner agencies. The inspectors also considered 36 children’s homes inspection reports and 33 published safeguarding inspection reports. They also conducted interviews with children and their parents and carers, professionals, elected members and Local Safeguarding Children Board members.

5.2 The Chair of the Child Sexual Exploitation Sub Group delivered a workshop to Board Members in December 2014 in relation to the findings from the Thematic Review. The Board is in the process of considering the findings and learning from the Thematic Review and benchmarking its approach to CSE against the Thematic Review findings and recommendations. The outcome of this review could be presented to a future Scrutiny Committee if this is considered appropriate.

6. **SUMMARY**

6.1 It is clear that child sexual exploitation can happen in any town and WSCB is constantly reviewing and developing the way in which it responds. WSCB has a clear approach to tackling this particular form of child abuse but also accepts that the Board can learn from others’ good practice and from reports such as the
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Rotherham Inquiry and the Ofsted Thematic Review. It is positive that there is a high level of commitment from partner agencies in Warrington to protect this vulnerable group of children.

6.2 There had already been a significant amount of work and progress prior to the Rotherham inquiry and although the inquiry has prompted a greater and wider awareness and an increase in activity it is also acknowledged that there is still more work to be done to ensure that all our vulnerable children in Warrington can be protected from sexual exploitation.

7. FINANCIAL CONSIDERATIONS

7.1 Not applicable.

8. RISK ASSESSMENT

8.1 None identified.

9. EQUALITY AND DIVERSITY / EQUALITY IMPACT ASSESSMENT

9.1 Not applicable.

10. CONSULTATION

10.1 Not applicable.

11. RECOMMENDATION

11.1 It is recommended that the Scrutiny Committee consider and scrutinise the contents of this report in relation to:

- the WSCB’s response to the Independent Inquiry into child sexual exploitation in Rotherham; and


12 BACKGROUND PAPERS

Independent Inquiry into Child Sexual Exploitation in Rotherham 1997/2013 – Professor Alexis Jay OBE
Ofsted Thematic Review of Child Sexual Exploitation (November 2014)

Contact for background papers:

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TITLE OF REPORT:  THE INSPECTION OF WARRINGTON BOROUGH COUNCIL’S CHILDREN’S HOMES 2014

1. PURPOSE

1.1 To provide the Committee with an overview of the progress and outcomes of the inspection of Warrington Borough Council’s Children’s Homes during 2013-14.

1.2 The six children’s homes are registered with Ofsted, all of them have unique reference numbers, and this allows the full postal address to remain undisclosed to the general public. For the purposes of this report the unique reference numbers have been used. The Corporate Parenting Forum regularly receives all inspection reports offering scrutiny and challenge to officers.

2. INTRODUCTION AND BACKGROUND

2.1 Since the redesign of Warrington’s children’s residential service in August 2011, further changes have occurred with one of the short break respite homes having a change in registration to accommodate three young people as a mainstream home.

2.2 Following the last report regarding children’s homes there has been a change in the named Responsible Individual, Paul Connolly Head of Service for Children in Care has been registered with Ofsted in accordance with the statutory Regulations for Children’s Homes.

2.3 In January and April 2014 the statutory regulations for children’s homes were changed to reinforce aspects of independence and define the responsibilities of children homes, particularly for children living outside of their local authority.
2.4 In April 2015, children homes regulations will undergo further changes with the removal of the National Minimum Standards and the introduction of the Quality Standards which will be embedded within the regulations. Thus the homes will continue to develop services in order to evidence the experiences and the quality of care we provide to our young people. The changes mirror both the ethos and values of Warrington placing the child at the centre of what we do and of full HMI inspections.

2.5 As a result of the change in Regulations, Ofsted has changed the framework for inspection (since our last key inspection) and will change them again in April 2015 to enable the inspections under the regulations and new quality standards. The proposed framework for inspection outlines different grade descriptors and expected outcomes.

2.6 During all of the changes to statutory regulations and inspection frameworks, Warrington residential services have contributed to consultations with both the Department for Education and Ofsted.

3. OFSTED INSPECTION

3.1 When children’s homes are initially registered, they have to meet the national minimum standards for children’s homes and they must comply with the statutory children’s homes regulations. Newly registered homes are not provided with an Ofsted judgement although they are inspected within six months of opening. All Warrington’s children’s homes were inspected within six months of opening and were found to be “Good” overall. This means that they all exceeded the national minimum standards for children’s homes and they continued to comply with the children’s homes regulations, which are extremely lengthy and precise.

3.2 Children’s homes are inspected twice per year, the main inspection is a “key” inspection which is a two day unannounced inspection. The current Ofsted gradings are outlined below:

- **Outstanding**: a service of exceptional quality that significantly exceeds minimum requirements
- **Good**: a service of high quality that exceeds minimum requirements
- **Requires Improvement**: a service that only meets minimum requirements
- **Inadequate**: a service that does not meet minimum requirements

3.3 The “interim” inspection is a one day unannounced inspection, this inspection looks at the progress that has taken place since the last inspection; the overall judgement does not change, however, an interim judgement is applied and this can be:

- Making good progress
• Making satisfactory progress
• Making inadequate progress

Each inspection covers five areas:
• Outcomes for Children
• Quality of Care
• Staying Safe
• Leadership and Management
• Overall effectiveness.

4. CURRENT POSITION

4.1 All six homes were subject to their interim inspections between January and February 2014. All homes were graded as ‘making good progress’. In cases where the inspections noted a recommendation and or requirement it was believed during the interim inspections that matters had improved and no issues were unresolved.

4.2 All six of Warrington’s children’s homes were subject to “key” inspections between August and December 2014. Each home was visited by one inspector; the same inspector has registered and then inspected all of the homes and this has provided consistency to the process. The Registered Managers have completed the requirements and recommendations detailed within these reports and detailed development plans are in place in each establishment.

4.2 MAINSTREAM CHILDREN HOME: SC037302

The Ofsted ‘key’ inspection took place on 13th August 2014 and judged the overall effectiveness to be Good.

“Young people make good and measurable progress as a result of living in this home. A professional said: ‘ (The home’s) staff are taking the role of a corporate parent very seriously indeed. I would like to commend them for their commitment to the young person.’

Nine professionals contributed to this inspection and all echoed this statement and were very complimentary about the service. More importantly, young people said this was a great place to live; that they were safe, with excellent staff and the placement is very homely.

Highly motivated, well-trained and dedicated staff provide very individualised support to young people. Young people are central to their care and are consulted through several forums. As a result, young people said that they can influence the care they receive and how the home operates. As a result, young people have good, positive outcomes, such as engaging with education and managing and understanding risk taking behaviours.
Young people enjoy extremely positive relationships with staff which are built upon honesty and trust. Young people say: 'We can talk to staff about anything and they will do their best to sort things out.'

Social workers comment upon the 'extremely supportive, professional and stable staff team', and say how well young people settle here. Staff work exceptionally well with schools, families, social workers and young people. This ensures young people continually receive the right help, support and guidance.

The Registered Manager provides strong leadership and works consistently to improve the quality of care and outcomes for young people. She understands the strengths and weaknesses of the home and there are clear plans for improvement. The views of young people, staff, parents and professionals from all disciplines are used constructively to constantly raise standards."

**Areas for improvement:**
There were no recommendations and or requirements made, however a note requesting that the Registered Manager ensures “…that all accidents are logged within the homes accident record and that health plans clearly identify young people’s emotional health needs and progress”.

**4.3 MAINSTREAM CHILDREN HOME: SC444792**

The Ofsted ‘key’ inspection took place on 10th September 2014 and judged the overall effectiveness to be **Good**.

“Young people benefit from clear care plans which include measurable outcomes specific to each individual’s identified need. Therefore, they have made significant progress that has enhanced their life chances. Young people confirm that they feel safe and protected within the home. There is a culture of openness and trust, and young people can talk to any member of staff about worries or concerns and feel confident that they will be listened to. This practice has enabled young people to raise issues in a mature way with outside agencies and they have seen the benefits of doing this.

An experienced staff group enthusiastically demonstrate their commitment to addressing welfare issues that supports young people living in this home. The staff work closely with other services to meet the range of young people’s needs in order to promote positive outcomes for young people. This is specifically evident in ensuring young people receive education, do well and have aspirations for their future. There is a committed approach to enabling young people to develop socially, physically and emotionally in relation to their starting points on entering the home.

There is a new Registered Manager in place who is well qualified and experienced.
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This transitional stage has had some impact on staff conduct and young people’s anxieties. However, the manager and responsible individual are fully aware of these issues and have taken steps to alleviate disruption within the home. The manager has a clear focus on future developments and improvements needed within the home.”

Areas for Improvement:
There are no requirements or recommendations however it is noted that the Registered Manager should ensure that “Regulation 33 reports being sent on time to Ofsted, young people’s emotional health, staff conduct, staffing and staff receiving training in supervising and supporting contact. “

4.4 MAINSTREAM CHILDREN HOME: SC447930

The Ofsted ‘key’ inspection took place on 13th November 2014 and judged the overall effectiveness to be Outstanding.

“This home provides exceptionally high quality care to young people who feel safe and secure. Due to this, young people are making exceptional progress in all areas of their lives. There is extensive consultation with young people to capture their views to inform service delivery. Young people’s views and opinions are central to the home’s development. Placement plans are highly personalised and fully recognise young people’s diverse needs. These actions ensure young people are at the centre of the home’s operations.

Young people are supported by an experienced, enthusiastic and highly committed staff group. A young person commented, ‘staff are fantastic and they are really interested in what we do.’ A social worker said ‘the progress this young person has made is exceptional and this is because the staff are committed to them and know them well.’

The staff work closely with other services to meet the range of young people's needs in order to promote positive outcomes. There is an unwavering approach to enable young people to develop socially, physically and emotionally in relation to their starting points on entering the home. Education is an outstanding feature of this home. Due to the support and encouragement given to young people, they are achieving beyond expectations.

In addition to this, young people have put a 100 percent into their learning and have seen the results of doing this. Young people were able to reflect on the improvements they have made in education, their health, in forming good relationships and their improved behaviours. One young person said 'we are like a normal family and do normal things. We respect each other and we are doing great.'

Leadership in the home is extremely strong with the manager and deputy working very closely together. Experienced and well qualified staff support the management team. Staff are properly supported to enable them to carry out their duties effectively. They
possess a strong vision for the home and a commitment to sustaining improvements for the benefit of the young people.”

Areas for improvement
There are no areas of improvement noted and no recommendations and or requirements made.

4.5 MAINSTREAM CHILDREN’S HOME: SC442778

The Ofsted ‘key’ inspection took place on 26th November 2014 and judged the overall effectiveness to be Outstanding.

“Young people have made significant progress as a result of living in this home. All professionals and young people speak highly of this service. A professional said: ‘The progress that the young people have made here is exceptional.’ One young person said: ‘Moving here is the best thing that has ever happened to me.’

A very stable, highly motivated, well-trained and dedicated staff team provide individualised support to young people. Young people are central to their care and are consulted through several forums. Therefore, young people said that they can influence the care they receive and how the home operates. As a result, young people have extremely positive outcomes, such as engaging with education, improving health and planning for their futures.

Young people enjoy extremely positive relationships with staff which are built upon honesty and trust. One young person said: ‘I wouldn’t be the person I am today if it wasn’t for the staff and I can’t thank them all enough they have been amazing.’

Professionals comment upon the 'extremely supportive, professional and stable staff team’, and say how well young people settle here. Staff work exceptionally well with schools, families, social workers and young people. This ensures young people continually receive the right help, support and guidance.

Young people are making excellent progress because they have reduced their risk taking behaviour with the help from staff. Young people say that they understand the risks that they presented and now behave in a mature manner. One young person said: 'I have been able to reflect on my behaviour and share this knowledge with other young people. Hopefully they will not make the same mistakes as me.' All professionals spoke highly of this service, specifically around the excellent work done in safeguarding young people.

The Registered Manager provides strong leadership and works consistently to improve upon the quality of care and outcomes for young people. She understands the strengths and weaknesses of the home and there are clear plans for improvement. The views of
staff, parents and professionals from all disciplines are used constructively to constantly raise standards.”

**Areas for improvement:**
There are no areas of improvement noted and no recommendations and or requirements made.

4.6 **MAINSTREAM CHILDREN’S HOME: SC442779**

The Ofsted ‘key’ inspection took place on 16th December 2014 and judged the overall effectiveness to be **Good**.

“Young people are cared for very well and that they are respected as individuals. The individual needs of young people are met through good care planning. They are fully involved in the care planning process and therefore have a good understanding of their needs and how to work with the staff to achieve them. The individual vulnerabilities and risks of young people are fully identified and carefully planned for. This ensures that all young people are safe at the home.

Young people are given a good level of individual support by a competent and committed team by staff. They say they have very positive relationships with staff and they feel that they are very well supported. They are confident about raising issues or concerns with staff and say that they are listened to. Professionals speak highly of the service in regards to: ensuring individual needs are met; excellent relationships; child centeredness and excellent communication between services. One social worker said ‘other homes I have been to are not as proactive as this one. You can clearly see the excellent relationships which bring about positive outcomes for young people.

The Registered Manager provides good leadership and works consistency to improve upon the quality of care and outcomes for young people. She understands the strengths and weaknesses of the home and there are clear plans for improvement. The views of staff, parents and professionals from all disciplines are used constructively to constantly raise standards.”

**Areas for improvement:**

**Recommendation:**
Ensure that all records are clear, up to date and stored securely, and contribute to an understanding of a child’s life. This is specifically in relation to ensuring that all documentation is signed by the relevant parties (NMS 22).

4.7 **SHORT BREAK CHILDREN’S HOME: SC442777**

The Ofsted ‘key’ inspection took place on 10th November 2014 and judged the overall effectiveness to be **Outstanding**.
“Young people receive excellent holistic care that allows them to grow and thrive. Young people communicate in a variety of ways. Staff understand their uniqueness and young people make their views, wishes and feelings known and staff respond effectively. As a result, young people flourish because they are treated as individuals and drive their own care packages. They make considerable progress in social interactions, learning new skills and in independent skills.

Highly motivated, sensitive and caring staff provide very individualised support to young people with complex needs. Therefore, there are excellent relationships between staff and the young people in their care. As a consequence, staff are able to respond effectively to young people’s anxieties and worries. A wide range of parents and professionals spoke about the tremendous relationships at this home.

One parent said: ‘They instantly know when my son is worried and quickly alleviate his anxiety. They are able to do this because he trusts them. This also gives me great confidence and peace of mind when he is there.’

A key strength of the home is a very experienced and robust Registered Manager. She is forward thinking, imaginative and dynamic. She leads by example and expects high standards. She motivates staff to promote the best possible outcomes for children. There are clear plans to continually develop the service. Since the last inspection improvements have been made in several areas, significantly within team meetings. The sharing of research and developments into risk associated with Child Sexual Exploitation (CSE) have ensured that staff are very confident in raising any safeguarding concern.

Several parents and professionals completed Ofsted’s questionnaires and additional parents and professionals spoke with the inspector throughout the course of the inspection. All describe the home in glowing terms such as ‘brilliant’, ‘exceptional’, ‘very caring’ and are exceedingly confident in the care given here.”

Areas for improvement:
An area of improvement is to ensure that all staff sign the staff meeting minutes when absent from the meeting.

4.8 In conclusion, we have three homes that are judged as Good and three homes that are Outstanding. All homes that were judged as good had outstanding features. During the inspection periods we have also had a change in regulation and will have further regulatory changes in April 2015.

5.0. RECOMMENDATION

5.1 That Scrutiny Committee accept and comment on the report.
6.0.  BACKGROUND PAPERS

Contacts for Background Papers:

<table>
<thead>
<tr>
<th>Name</th>
<th>E-mail</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruth France Senior Principal Manager Placement Support</td>
<td><a href="mailto:rfrance@warrington.gov.uk">rfrance@warrington.gov.uk</a></td>
<td>01925 633913</td>
</tr>
</tbody>
</table>
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WARRINGTON BOROUGH COUNCIL

SCRUTINY COMMITTEE – 21 January 2015

Report of: Cllr Tony Higgins, Chairman of the Scrutiny Committee
Report Author: Julian Joinson, Principal Democratic Services Officer
Contact Details:
  Email Address: jjoinson@warrington.gov.uk
  Telephone: (01925) 442112
Ward Members: All Wards


1. PURPOSE

1.1 The purpose of the report is for the Committee to consider its Work Programme for 2014/15 and to monitor any actions and recommendations agreed by the Committee or any of its Working Groups.

2. CONFIDENTIAL OR EXEMPT

2.1 This report is not considered to contain information which is confidential or exempt.

3. INTRODUCTION AND BACKGROUND

3.1 The Committee agreed a draft Work Programme for 2014/15 at its meeting on 19 March 2014 and a final version on 23 July 2014. Since the Committee’s last meeting further work has been undertaken to refine the topics included, to clarify timescales and to identify any new ideas for the Work Programme.

3.2 This report contains details of any significant amendments to the Work Programme presented at the previous meeting. A copy of the revised Work Programme is attached at Appendix 1.

3.3 As in the previous year the Work Programme contains a mixture of:-

- annual reports from higher risk Council services and from public and voluntary sector partners;
- information about the public sector finances and the development of the Council’s budget;
- external inspection reports in relation to OFSTED, CQC and other relevant bodies;
- Statutory and non-statutory health scrutiny, including any reports and referrals from Healthwatch, proposals for substantial developments or variations of health services, comments on
Agenda Item 11

Quality Accounts, and engagement with Health and Wellbeing Board, NHS commissioners and providers;
- In-depth reviews (as appropriate).

3.4 Members of the Committee will also have access to routine budget and performance monitoring information for the Council outside of the formal meeting setting, but may ask for a question on any such matter to be included on an Agenda, as appropriate.

3.5 The following amendments have been proposed to the Work Programme 2014/15 since the last meeting:-
- Retiming of the item on Vascular Services Update – to be provided on 18 March 2015;
- Retiming of the Item on Health and Wellbeing Board Annual Report and Forward Plan – to be provided on 18 March 2015;
- New item on Child Sexual Exploitation – see current Agenda
- New Item on Inspection of Warrington Borough Council’s Children’s Homes –see current Agenda
- New Item on School Attainment in 2014 – see current Agenda, as requested at the meeting held on 12 November 2014
- Delete Transforming Cancer Services from items not allocated to a meeting, as this work has now been concluded.

3.6 The schedule at Appendix 2 provides an update as to progress on any actions proposed or recommendations made by the Committee, referrals received, and Working Group recommendations.

4. WORKING GROUP ACTIVITY
4.1 The Committee has not established any Working Groups.

5. FINANCIAL CONSIDERATIONS
5.1 When carrying out scrutiny activity Members are reminded of the general financial climate and the Council’s Values, which include a commitment to “living within our means.”

6. RISK ASSESSMENT
6.1 The following potential risks have been identified: recommendations not accepted by Executive Board, or not acted upon; partners unwilling to engage; insufficient capacity within Directorates to support scrutiny activity in the light of efficiency savings; selection of inappropriate topics, which have minimal impact or are undeliverable; insufficient capacity within the work programme to deal with matters arising.

6.2 Risks are regularly monitored and managed by the Chairman with the advice and support of relevant officers. Links with the Partnerships and
Performance Team and the Policy Committees are maintained and the
delivery of the Work Programme is routinely monitored.

7. **EQUALITY AND DIVERSITY/EQUALITY IMPACT ASSESSMENT**

7.1 Democratic and Member Services has an up to date Equality Impact
Assessment for its policies and services.

7.2 Equalities issues relating to policies, services and other topics under
scrutiny are the responsibility of the individual Directorates concerned.
However, the committee will monitor the compliance by Directorates on
equality and diversity issues when carrying out its functions.

8. **CONSULTATION**

8.1 Consultation with relevant stakeholders is undertaken on a regular
basis.

9. **RECOMMENDATION**

9.1 To approve the revised Work Programme for 2014/15 at Appendix 1;

9.2 To note the progress on actions, recommendations and referrals at
Appendix 2.

10. **BACKGROUND PAPERS**

   Nil

Contacts for Background Papers:

<table>
<thead>
<tr>
<th>Name</th>
<th>E-mail</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Julian Joinson</td>
<td><a href="mailto:jjoinson@warrington.gov.uk">jjoinson@warrington.gov.uk</a></td>
<td>01925 442112</td>
</tr>
</tbody>
</table>
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## 21 January 2015
### REPORT DEADLINE – MONDAY 12 JANUARY 2015

<table>
<thead>
<tr>
<th>Issue</th>
<th>Methodology, Details, Purpose</th>
<th>Lead Officer(s)</th>
<th>Progress</th>
<th>Further Action(s)</th>
</tr>
</thead>
</table>
| **Scrutiny of the Medium Term Financial Plan and Council’s Budget** | Rationale: To respond to the annual consultation on the MTFP and draft Council Budget  
Anticipated Outcome: To support the Executive Board and Council to develop a robust Budget which is aligned to Corporate priorities and to be a voice for comments and concerns expressed by the public and other stakeholders. | L Green and Portfolio Holder for Corporate Resources & Assignments | | |
| **Educational Achievement – Annual Report** | Rationale: To receive a report on the educational achievement of pupils in Warrington and the performance of Warrington schools, including Academies and Free Schools.  
Anticipated Outcome: To hold to account providers of publicly funded education in Warrington so as to help drive up educational attainment by Warrington pupils.  
NB. Cllr Vobe has previously requested an item on the outcome of the OFSTED inspection of Sir Thomas Boteler High School – It is envisaged that the matter should be deal with under this item | S Callaghan | | |
| **NHS Maternity Services** | Rationale: To consider a project to reduce variation in maternity services and improve outcomes for women, babies and their families across Cheshire and Merseyside. The project has been commissioned by all CCGs within Cheshire and Merseyside, with Halton CCG as project lead and the SCN (Cheshire and Merseyside) responsible for day to day management of the project.  
Anticipated Outcome: To provide challenge to health service commissioners about service redesign affecting Warrington residents | Catherine McLennan (Project Manager) | | |

### Progress Legend
- **Completed**
- **Progressing to target**
- **Early progress / just started**
- **Not started (lower priority)**
- **Complete – Immediate review programmed**
- **Issues (exception)**
<table>
<thead>
<tr>
<th>Agenda Item 11 – Appendix 1</th>
<th>The State of Health and Adult Social Care in England 2013/14</th>
<th>Rationale: To consider key messages from the CQC publication of 14 October 2014 on the State of Health and Social Care in England 2013/14, which identified that the variation in the quality and safety of care in England is too wide and unacceptable. CQC has issued specific challenge to care providers and the care system:</th>
<th>M Henshall</th>
<th>Briefing Note to be circulated to Members outside f te formal meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Anticipated Outcome: To consider the implications of the challenge for services in Warrington and to ensure that any issues are being addressed.</td>
<td></td>
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<tr>
<td>Transforming Cancer Care</td>
<td>Rationale: To receive an update on the work of the Joint HOSC dealing with the proposals by Cheshire and Merseyside CSU and Clatterbridge Cancer Centre NHS Trust on the Transformation of Cancer Care.</td>
<td></td>
<td>J Joinson</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anticipated Outcome: To engage the public and service users and to provide challenge to health service commissioners and providers about significant changes to Cancer Care to ensure that outcomes are in the interests of local health services.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State of Warrington Report</td>
<td>Rationale: To receive a biannual high level monitoring report, also provided to the Health and Wellbeing Board, which includes overarching outcome measures for performance in the five thematic priority areas of the Warrington Strategy for Wellbeing (JHWS)</td>
<td></td>
<td>Dr R Robertson/ J Boon</td>
<td>To be reported at first meetings following May and November HWB</td>
</tr>
<tr>
<td></td>
<td>Anticipated Outcome: To provide critical challenge to the Health and Wellbeing Board and an assurance to the public that health and wellbeing priorities are being met.</td>
<td></td>
<td></td>
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<tr>
<td>Child Sexual Exploitation</td>
<td>TBC</td>
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<td>S Reddy</td>
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<tr>
<td>School Attainment in 2014</td>
<td>TBC</td>
<td></td>
<td>S Reddy</td>
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</tbody>
</table>

**Progress Legend**
- **Completed**
- **Progressing to target**
- **Early progress / just started**
- **Not started (lower priority)**
- **Complete – Immediate review programmed**
- **Issues (exception)**
### Health and Wellbeing Board Annual Report and Forward Plan

**Rationale:** To consider the work of the Health and Wellbeing Board to promote and co-ordinate health and wellbeing priorities across the public sector in Warrington, including delivery of the Warrington Wellbeing Strategy. To receive an overview of the work and direction of the Board over the next year.

**Anticipated outcome:** To hold to account the coordinating body for health and wellbeing in Warrington and to gain an understanding of its future priorities and the changes likely to come about regarding health and social care provision. To provide critical challenge to about the delivery of multi-agency plans across Warrington

<table>
<thead>
<tr>
<th>Issue</th>
<th>Methodology, Details, Purpose</th>
<th>Lead Officer(s)</th>
<th>Progress</th>
<th>Further Action(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Wellbeing Board Annual Report and Forward Plan</td>
<td>Rationale: To consider the work of the Health and Wellbeing Board to promote and co-ordinate health and wellbeing priorities across the public sector in Warrington, including delivery of the Warrington Wellbeing Strategy. To receive an overview of the work and direction of the Board over the next year. <strong>Anticipated outcome:</strong> To hold to account the coordinating body for health and wellbeing in Warrington and to gain an understanding of its future priorities and the changes likely to come about regarding health and social care provision. To provide critical challenge to about the delivery of multi-agency plans across Warrington</td>
<td>S Kenton/J Joinson</td>
<td>Complete – Immediate review programmed</td>
<td>Issues (exception)</td>
</tr>
<tr>
<td>Agenda Item 11 – Appendix 1</td>
<td>Rationale: To receive any presentations from NHS providers about their annual Quality Accounts. Draft Quality Accounts will usually be circulated outside of the formal meetings for Members’ comments. Anticipated Outcome: To respond NHS bodies carrying out their statutory duty to consult Scrutiny, by holding NHS bodies to account for past performance and providing a conduit for the public to comment on future priorities.</td>
<td>WHHT, 5BPT, Bridgewater NHS Trust, Clatterbridge Cancer Trust, NWAS</td>
<td>Draft Quality Accounts should be available from March 2014. Replies are usually delegated to officers in consultation with the Chairman</td>
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<tr>
<td><strong>NHS Quality Accounts</strong></td>
<td><strong>Vascular Services – Update</strong></td>
<td><strong>Council’s Active Warrington Strategy and LiveWire Annual Report</strong></td>
<td><strong>Progress Legend</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Rationale:</strong> To receive an update on the implications of the changes to vascular services, including figures relating to the number/types of procedures carried out on Warrington residents at Warrington General Hospital and at specialist centres such as the Countess of Chester Hospital and success rates. Anticipated Outcome: To consider whether revised provision for vascular services has had a positive outcome for Warrington patients and to provide appropriate feedback to NHS commissioners.</td>
<td></td>
<td><strong>Progress Legend</strong></td>
<td></td>
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<tr>
<td><strong>Rationale:</strong> To receive a report on the delivery of the Council’s Active Warrington Strategy, including an annual report on the performance of LiveWire, which shows past performance and future priorities for the Trust. To be considered in conjunction with the Supporting the Local Economy Policy Committee. Anticipated Outcome: To hold to account the principal provider of leisure services in Warrington and to provide an assurance to the public about standards of service.</td>
<td><strong>Progress Legend</strong></td>
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</tbody>
</table>

**Progress Legend**
- **Completed**
- **Progressing to target**
- **Early progress / just started**
- **Not started (lower priority)**
- **Complete – Immediate review programmed**
- **Issues (exception)**
**Agenda Item 11 – Appendix 1**

**Cultural Strategy and Culture Warrington Annual Report**

*Rationale:* To receive a report on the delivery of the Council's Cultural Strategy, including an annual report on the performance of Culture Warrington, which shows past performance and future priorities for the Trust. To be considered in conjunction with the Supporting the Local Economy Policy Committee.

*Anticipated Outcome:* To hold to account the principal provider of cultural services in Warrington and to provide an assurance to the public about standards of service.

<table>
<thead>
<tr>
<th>Progress Legend</th>
<th>S Kenton</th>
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<tbody>
<tr>
<td>▶ Completed</td>
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<tr>
<td>☐ progressing to target</td>
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<tr>
<td>☐ early progress / just started</td>
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<tr>
<td>☐ not started (lower priority)</td>
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<tr>
<td>☐ issues (exception)</td>
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</tbody>
</table>

**Progress Legend**

- ▶ Completed
- ☐ progressing to target
- ☐ early progress / just started
- ☐ not started (lower priority)
- ☐ issues (exception)
- ◀ complete – immediate review programmed
<table>
<thead>
<tr>
<th>Issue</th>
<th>Rationale</th>
<th>Anticipated Timescale</th>
</tr>
</thead>
</table>
| **CQC updates** | **Rationale:** To consider on a quarterly basis a summary of CQC inspection reports in relation to care provided in Warrington. To be local watchdog for any good and poor standards involving providers, so as to provide a conduit for intelligence from service users and other stakeholders to be fed back CQC.  

*Anticipated Outcome:* To hold local providers of care to account and to engage with the public about their experiences of care provision.  
*(S Peddie)* | A pilot report is being trail at the meeting on 24/09/14 |
| **OFSTED reports** | **Rationale:** To consider any reports of the Inspectorate in respect of the Council or educational provision in Warrington and any Action Plans arising.  

*Anticipated Outcome:* To provide assurance to the public that procedures are in place to learn from the findings of inspections to improve educational provision in Warrington.  
*(F Waddington)* | |
| **Healthwatch Warrington Updates/Referrals** | **Rationale:** To consider update reports from Healthwatch, including its findings in relation to the customer or patient experience of healthcare or adult social care in Warrington. To deal with any statutory referrals from Healthwatch.  

*Anticipated Outcome:* To gather intelligence from service users about the standards of health care and adult social care in Warrington and to make reports or recommendations to providers, as necessary.  
*(Helen Speed)* | An update report was provided at the meeting on 24/09/14 |
| **NHS Substantial Variation/Development of Service – Consultations** | **Rationale:** To deal with any health service matters which in the view of the Committee constitute a substantial variation or development of service. NB. Later Life Memory Services may be the subject of a Consultation by 5BPT.  

*Anticipated Outcome:* To engage the public and service users and to provide challenge to health service commissioners and providers about significant changes to services to ensure that outcomes are in the interests of local health services.  
*(NHS England, WCCG and other NHS bodies, as appropriate)* | |
<table>
<thead>
<tr>
<th>Engagement with Health and Wellbeing Board, NHS commissioners and providers and other health partners</th>
<th>Rationale: To continue engagement activities with the NHS England, Public Health England, Warrington CCG, the Health and Wellbeing Board, local authority public health services and providers of primary care service in Warrington. To receive updates from health sector partners as and when issues arise which are significant, but not substantial matters covered by statutory health scrutiny consultation. (NHS England, PHE, WCCG, HWB, Director of Public Health and other NHS bodies, as appropriate)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption Service</td>
<td>Rationale: To receive a performance report on the work of the Adoption Service in the light of any OFSTED inspection</td>
<td>Deferred from November 2014</td>
</tr>
<tr>
<td></td>
<td>Anticipated Outcome: To provide assurance to the public that procedures are in place to learn from the findings of inspections to improve service provision in Warrington. (F Waddington)</td>
<td></td>
</tr>
</tbody>
</table>
### Monitoring of Recommendations & Actions

#### A. Committee Recommendations and Actions

*These are items that have come directly from an item on the Agenda of a meeting of this Committee*

<table>
<thead>
<tr>
<th>Minute No &amp; Date</th>
<th>Recommendation</th>
<th>Referred to &amp; Date</th>
<th>Action</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>SC20 24/06/13</td>
<td><strong>The Francis Inquiry into Mid Staffordshire NHS Foundation Trust – Messages and Implications</strong></td>
<td></td>
<td>T Date 25/06/13</td>
<td>Nominations made by political Group and appointed</td>
</tr>
<tr>
<td></td>
<td>(2) To approve the Action Plan at Appendix 1;</td>
<td></td>
<td>Detailed work yet to commence</td>
<td></td>
</tr>
<tr>
<td>SC21 24/06/13</td>
<td><strong>Health Scrutiny in Warrington – Legacy Report</strong></td>
<td></td>
<td>T Date 25/06/13</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(3) To approve the Action Plan at Appendix 2 and to monitor progress from time to time;</td>
<td></td>
<td>Detailed work yet to commence</td>
<td></td>
</tr>
<tr>
<td>SC52 19/03/14</td>
<td><strong>New Cut Heritage and Ecology Trail</strong></td>
<td></td>
<td>T Date 20/03/14</td>
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<tr>
<td></td>
<td>An undertaking was given (Informally) to monitor the way that partners worked together to maintain and develop the Trail for the future</td>
<td></td>
<td>To be followed up in March 2015</td>
<td></td>
</tr>
<tr>
<td>SC16 23/07/14</td>
<td><strong>Transforming Cancer Care</strong></td>
<td></td>
<td>T Date 23/07/14</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(4) That the appointment of the Members nominated by the appropriate political group to serve on the Joint HOSC, be delegated to the Solicitor to the Council and Head of Corporate Governance.</td>
<td></td>
<td>Nominations made by political Group and appointed</td>
<td></td>
</tr>
</tbody>
</table>

**Progress Legend**
- **Completed**
- **Progressing to target**
- **Early progress / just started**
- **Not started (lower priority)**
- **Complete – Immediate review programmed**
- **Issues (exception)**
### Work Programme 2014/15

1. **To approve the Work Programme for 2014/15 at Appendix 1, subject to the rescheduling of the item in respect of the Budget to the meeting on 24 September 2014;**
   - **T Date:** 23/07/14
   - **Completed:**

2. **To request a report at the next meeting on the overall picture regarding school performance in Warrington, including the issue of Sir Thomas Boteler CE High School**
   - **S Callaghan:** 18/12/14
   - **Completed:**

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**Progress Legend**
- ![Completed](image)
- ![Progressing to target](image)
- ![Early progress / just started](image)
- ![Not started (lower priority)](image)
- ![Complete – Immediate review programmed](image)
- ![Issues (exception)](image)
### B. Referrals to the Committee

These are items that have been formally referred to the Committee by another body, such as Council, the Executive Board or another Committee.

<table>
<thead>
<tr>
<th>Referred from and Date</th>
<th>Minute Details</th>
<th>Response/Comments</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nil</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### C. Working Group Final Report Recommendations

When a Working Group has submitted its final report and recommendations to the relevant body a summary will be recorded in the table below. Where interim recommendations are made prior to a final report, these are also recorded here.

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Referred to and Date</th>
<th>Action</th>
<th>Review Date</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nil</td>
<td></td>
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</tbody>
</table>

**Progress Legend**

- ✔️ Completed
- ⚫ Progressing to target
- 🔄 Early progress / just started
- ❌ Not started (lower priority)
- 🔴 Complete – Immediate review programmed
- ⚠️ Issues (exception)
### D. Schedule of Future Meeting Dates

<table>
<thead>
<tr>
<th>Meeting Dates</th>
<th>Where possible, draft documentation to be provided no later than</th>
<th>Final documentation to be provided no later than</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 18 March</td>
<td>2 March</td>
<td>9 March</td>
</tr>
</tbody>
</table>

**Progress Legend**
- 🟢 Completed
- 🟠 Complete – Immediate review programmed
- 🔴 Early progress / just started
- ⚫ Not started (lower priority)