Dear Sir/Madam,

A meeting of the SOCIAL SCRUTINY PANEL will be held in Committee Room 'A', Town Hall, Nuneaton on Thursday, 22nd September, 2011 at 5.45 p.m.

Public Consultation will commence at 5.45 p.m.

Yours faithfully,

PHILIP RICHARDSON
Assistant Director- Governance and Recreation

To: All Members of the Social Scrutiny Panel (Councillors J. Sheppard (Chair), D. O'Brien (Vice Chair), M.P. Grant, J. Haynes, D.C. Navarro, C. Stringer, R.A. Taylor, C.M. Watkins and K.D. Wilson and Mr. M. Perkins and Mrs. L. Price).
PART 1 – PUBLIC BUSINESS

1. **EVACUATION PROCEDURE**

A fire drill is not expected, so if the alarm sounds please evacuate the building quickly and calmly. Please use the stairs and do not use the lifts. Once out of the building, please gather outside the Yorkshire Bank on the opposite side of the road.

Exit by the door by which you entered the room or by the fire exits which are clearly indicated by the standard green fire exit signs.

If you need any assistance in evacuating the building, please make yourself known to a member of staff.

Please also make sure all your mobile phones are turned off or set to silent.

2. **APOLOGIES** - To receive apologies for absence from the meeting.

3. **MINUTES** - To confirm the minutes of the meeting of the Social Scrutiny Panel held on 26th July, 2011. (Page 5).

4. **DECLARATIONS OF INTEREST/PARTY WHIP** - To receive declarations of personal/prejudicial interests in accordance with the Members’ Code of Conduct and of the Party Whip in accordance with the Overview and Scrutiny Procedure Rules 4E, Paragraph 16(b).

   **Note (1):** Following the adoption of the new Code of Conduct, members are reminded that they should declare the existence and nature of their personal interests at the commencement of the relevant item (or as soon as the interest becomes apparent). If that interest is a prejudicial interest members are still permitted to participate unless the interest is of a financial nature, they are scrutinising a decision which they were a party to making or the Committee is making a decision.

   **Note (2):** Overview and Scrutiny Procedure Rules 4E, Paragraph 16(b) states "when considering any matter in respect of which a Member must declare the existence of the whip, and the nature of it before the commencement of the OSP's deliberations on the matter".

5. **PUBLIC CONSULTATION** - Members of the public will be given the opportunity to speak on specific agenda items if notice has been received.

6. **LEISURE TRUST ANNUAL REPORT ON PERFORMANCE APRIL 2010 - MARCH 2011 – Scrutiny** – attached (Page 10)

7. **MENTAL HEALTH PROVISION FOR CHILDREN AND YOUNG PEOPLE - Scrutiny** – a joint presentation by Coventry and Warwickshire Partnership Trust and Warwickshire County Council Commissioner for Children and Young People's
Services – Referral Guidelines attached (Page 50) – WCC Children and Adolescent Mental Health Services (CAMHS) Joint Scrutiny Review document also attached. (Page 54)

8. MODERNISATION OF DRUG AND ALCOHOL TREATMENT SERVICES – briefing note for information attached. (Page 65)

9. END OF LIFE CARE REVIEW - Scrutiny - report of the Chair of the Working Group (Councillor R.A. Taylor) attached. (Page 70)

10. RESPONSES FROM CABINET – to be reported verbally (Cabinet meets on 21st September, 2011)

11. WORK PROGRAMME - presented by the Principal Democratic Services Officer (Overview and Scrutiny) attached (Page 82)

12. ANY OTHER ITEMS which in the opinion of the Chair of the meeting should be considered as a matter of urgency because of special circumstances (which must be specified).

N.B Agenda Item Descriptors

Scrutiny = Members to consider the evidence presented in detail (e.g. service delivery, value for money, performance, customer satisfaction, social outcomes) and make recommendations for any necessary changes/improvements to service provision or resources and/or request further information.

Overview = Members to consider the information presented and make observations, comments and/or recommend further considerations to be taken into account and any additions or amendments required.
CORPORATE PLAN AIMS AND PRIORITIES

Aim 1  - To improve the quality of life and social justice for residents so it is much closer to that enjoyed by the rest of Warwickshire.

Priority 1 - To provide a choice of housing to meet the needs of the residents of the Borough.

Priority 2 - To create a healthy, diverse and robust economy which provides employment opportunities for local people.

Priority 3 - To work in partnership to improve health and reduce health inequalities for residents in the Borough.

Priority 4 - To develop a confident, cohesive and diverse community.

Aim 2  - To work in partnership to reduce the level of crime and disorder so that the community is and feels safer.

Priority 1 - Dealing with anti-social behaviour by working in partnership and provide diversionary activities to engage with youngsters.

Priority 2 - Environmental improvements and support for selective CCTV to reduce fear of crime.

Priority 3 - Use of the Council's enforcement powers to support community safety initiatives.

Aim 3  - To provide a pleasant environment for those living, working and visiting the Borough.

Priority 1 - To create a greener and cleaner environment.

Priority 2 - To lead in environmental issues addressing climate change and protection of the environment.

Aim 4  - To provide quality services which represent value for money.

Priority 1 - To continue to improve the performance and quality of key services.

Priority 2 - To improve access arrangements for all Council services and the way that those who use them are treated.

Priority 3 - To use value for money procedures to test the way all services are delivered.
A meeting of the Social Scrutiny Panel was held at the Town Hall, Nuneaton, on Tuesday, 26th July, 2011.

Present
Councillor J. Sheppard - Chair
Councillor D. O'Brien - Vice Chair


Apologies for absence were received from Councillor M.P. Grant and Mrs. L. Price.

The Portfolio Holders for Housing (Councillor A.A. Lloyd) and for Arts and Leisure (Councillor I.K. Lloyd) were present for Agenda Item 9 – Operational Integrated Performance report - First Quarter 2011-2012.

RESOLVED that the minutes of the meeting held on 21st June, 2011, be confirmed.

It was also noted that a response had been received from Dan Byles M.P., regarding the Bramcote consultation and that the Principal Democratic Services Officer (Overview and Scrutiny) had circulated a copy of the response to Members of the Panel at the meeting.

137 Declarations of Interest

Councillor D.C. Navarro declared a personal interest in any relevant Agenda Item by reason of him being a non-executive director of George Eliot Hospital NHS Trust.

Councillor C.M. Watkins declared a personal interest in any relevant item by reason of him being a board member of the Nuneaton and Bedworth Leisure Trust.

Councillor K.D. Wilson declared a personal interest in any relevant item by reason of him being an employee of Nuneaton County Court and Warwickshire Family Proceedings Court, a Personal Licence Holder under the Licensing Act 2003 and a Governor at Etone Community School and Technology College.
Councillor J. Haynes declared a personal interest in Agenda Item 9 by reason of the reference to Private Leasing Initiatives.

138 **Annual Review 2010 - A Year in Camp Hill**


**RESOLVED** that the Pride in Camp Hill (PinCH) Annual Report for 2010 be noted.

Mr. Chris Egan, Programme Manager (PinCH) was thanked for his attendance and also for the work completed to date.

139 **Closed Circuit Television [CCTV]**

The Principal Democratic Services Officer (Overview and Scrutiny) submitted a report on the CCTV system to consider possible funding options from the Council's partners.

Mr John Kelleher, Chair of Nuneaton Town Centre Partnership and Chief Inspector Bob Musgrove of Warwickshire Police were present at the meeting and answered Members questions.

After discussion, questions and answers, the following concerns were highlighted:

- that funding for the CCTV operation was met entirely by this Council
- the overall annual cost to the Council
- that the costs in providing VHS tapes/DVD’s and payment of the annual licence fee for the use of ANPR radios (Automated Number Plate Recognition) in order to assist the Police were met solely by the Council
- time undertaken by Officers in reviewing VHS tapes/DVD’s
- could the Council recoup some of the costs of CCTV from the Police after they are awarded costs from perpetrators
- the importance of retaining CCTV and the advantages provided in terms of safety and security was acknowledged however it was felt the costs of doing so in the present financial climate were unsustainable

**RESOLVED** that:

(a) the following options be investigated fully by the CCTV Manager:

- The CCTV monitoring service being offered to other Local Authorities eg: Hinckley/Atherstone
- 115 -

- Extend the service to monitor Commercial Businesses eg: Industrial estates
- Use of Section 106 monies on new developments
- Possible grants availability that the Council/Police/Businesses may access within the U.K. or from the European Union.
- Pass on the costs of provision of evidence Disc/Tape/Officer time to the Police
- Review current levels of service provision
- Investigate opportunities for Commercial Sponsorship for CCTV cameras

(b) on completion of (a) above, a report be submitted to Cabinet for their views before further consideration by this Panel; and

(c) Mr. Kelleher be thanked for his attendance at the meeting.

140 **British Transport Police Intelligence Sharing**

The Communities Manager submitted a report to facilitate discussions between this Panel and British Transport Police regarding Shared Intelligence of Railway Crime.

A briefing note regarding the effects of metal theft from railways was circulated to Members of the Panel at the meeting.

Chief Inspector Bob Musgrove of Warwickshire Police and Sergeant Martin Smith, Officer in Charge, British Transport Police were present at the meeting and answered Members questions.

**RESOLVED** that

(a) the report be noted; and

(b) Chief Inspector Bob Musgrove and Sergeant Martin Smith be thanked for their attendance at the meeting.

141 **Operational Integrated Performance Report - First Quarter 2011/12**

The joint report of the Executive Director, Assistant Director - Finance and Procurement and Performance and Quality Manager providing appropriate performance measures and financial budget information for service areas within the scope of the Panel and providing the Panel with appropriate information to monitor performance, finance and risk information and address issues arising was considered.

Members asked various questions and the following points raised:

**Finance and Performance report**

- Mobile Home sites - as there were no indicators or targets, it was felt this category should be removed
• Housing Strategy – concern was expressed that there were no indicators relating to Sheltered Accommodation

Strategic Performance report

• Assets and Street Services – concern was expressed that less than 50% of employee reviews had been completed

• Corporate Health – disassociating the words ‘sickness’ and ‘absence’ was suggested as it was felt the term “Sickness Absence Level” gave the wrong impression

• concern was expressed regarding the presence of asbestos in the Town Hall basement

Strategic Risk register 2010/2011

• R29 - the term “Core Strategy” should be changed to “Borough Plan”

• R13 – concern was expressed regarding Health and Safety arrangements across the organisation

• R19 – it was suggested the ‘risk’ explanation should be re-worded as it was felt the present wording implies that Members and officers do not have the capacity and skills to deliver key elements of the current Corporate Plan

RESOLVED that

(a) the Operational Integrated Performance Report - Full Year (2010/11) and Performance Indicators attached to the report and the points raised be noted; and

(b) thanks be expressed to the Cabinet Members and Officers for their attendance.

142 Work Programme

The Principal Democratic Services Officer (Overview and Scrutiny) submitted the amended Work Programme.

RESOLVED that

(a) it be noted that:

(i) the Work Programme be amended to move the ‘End of Life Review’ to the 22nd September, 2011 meeting;

(ii) the review on ‘Sheltered Housing’ be added to the Work Programme and scheduled for the Panel meeting to be held on 26th October 2011;
(iii) ‘UChoose’ be moved to the Panel meeting to be held on 26th October 2011;

(iv) ‘Local G.P. Consortia’ be scheduled for the Panel meeting to be held on 20th February, 2012; and

(b) the Work Programme for the Social Scrutiny Panel as amended, be approved.

____________________________
Chair
ANNUAL REPORT ON PERFORMANCE
April 2010 – March 2011
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1. INTRODUCTION

This Annual Report provides an update on performance of Nuneaton & Bedworth Leisure Trust (NBLT) for the period April 2010 – March 2011.

Following the Audit Commissions Culture Service Inspection of Nuneaton and Bedworth Borough Council (NBBC) in 2007, the Environmental Services Director presented a report to the Social Scrutiny Panel on the 20th November 2007. The purpose of the report was to inform Members of the responses to the recommendations contained within the Culture Services Inspection Report and to forward all observations and subsequent recommendations to Cabinet.

The report reviewed the financial arrangements between NBLT and NBBC and proposed a new three year financial plan and funding commitment, commencing April 2008 to March 2011. The report contained within Appendix 2 delivery indicators to cover the three year time horizon. The short and medium term indicators reflected, identified priorities within NBBC’s “Sport and Active Recreation Plan (2007-2011)”. They also linked with the Local Area Agreement, Community Plan and Corporate Plan themes, whilst taking into consideration other external sport and active recreation indicators.

The Environmental Services Director presented a report to Cabinet on the 12th December 2007 to outline the observations and recommendations of the Social Scrutiny Panel, which contained the short and medium term indicators described above. Cabinet minute 293 resolved that the target dates, actions and incremental target dates set out in Appendix 1 to the report be approved.

As part of NBLT’s on-going partnership with NBBC and subsequent to the recommendations of the Social Scrutiny Panel and Cabinet this report updates on performance against the indicators for the third year of the financial plan.

Jon Russell
Chief Executive
2. NUNEATON & BEDWORTH LEISURE TRUST

2.1 Background

NBLT is a Registered Charity with the Charities Commission for England and Wales and has been registered at Companies House. The Memorandum and Articles of Association outlines the remit for NBLT, identifies the range of activities and sets out the process for decision-making, Board Meetings and the election of Trustees.

NBLT has been established primarily for the benefit of the people who live, work, study in or visit the Borough of Nuneaton and Bedworth.

2.2 History

NBLT commenced trading as a company in December 2003 following a decision by NBBC to establish a Not-for-Profit Distributing Organisation (NPDO) to deliver its leisure services. NBLT became a registered charity on 13th June 2005.

The establishment of NBLT is part of a long-term strategy to deliver leisure to all members of the community and has shared objectives with our main partner NBBC.

Sport and Leisure is recognised in Nuneaton and Bedworth as an important provision and the positive impacts, both in its own right and also in terms of its contribution to the wider social agenda. Sport can be used as a vehicle for delivering a whole range of social objectives including combating social exclusion, improving health and helping to fight drugs and crime.

NBLT manages approximately 250 employees consisting of full-time, part-time and relief employees. Some of these employees transferred under Transfer of Undertakings Protection of Employment (TUPE) conditions when the NPDO commenced. Terms and Conditions of Service remain the same as per the Green Book for all employees.

2.3 Vision

NBLT recognises that our success is dependent on our ability to consistently supply our customers with high quality sustainable services, which meets their needs within available resources.

More specifically NBLT’s vision statement is about “Improving the Quality of Life” for all who live within the Borough. We are therefore, dedicated to achieving continuous improvement in customer satisfaction.

2.4 Mission Statement

The mission statement for NBLT is: -
“Healthy lives, fitter futures.”
2.5 Strategic Objectives

The strategic objectives of NBLT are to:

a) Manage NBLT’s finance in accordance with good business practices, legislative requirements and in accordance with the Memorandum and Articles of Association and other agreements as they apply.

b) To share the objectives of the Council’s Community Plan, Corporate Plan and more specifically the Council’s Sport and Active Recreation Plan and deliver on the key outputs as they apply to NBLT.

c) To ensure that Leisure provision meets the needs of the local community in the most effective and efficient way.

d) To develop a change of culture to allow employees to be empowered and take ownership of NBLT’s objectives.

e) To generate investment opportunities for the development and improvement of leisure facilities and sports opportunities.

f) To work with external partners to maximise funding opportunities and tackle social issues within the Borough.

g) To develop and attract grant funding from all appropriate sources.

h) To promote the positive benefits of leisure in terms of health related issues.

i) To be aware of all environmental issues and take account of the effect NBLT business would have on local, national and global environment.

j) To respect the gender, age and ethnicity of all customers and employees.

3. PERFORMANCE REPORT

3.1 Attendance Statistics

NBLT manages the following areas in partnership with NBBC:

- Pingles Leisure Park
- Bedworth Leisure Centre
- Etone Sports Centre
- Jubilee Sports Centre
- Alec Wilson Centre
- Sport & Community Recreation

An overview of attendances is detailed below (table 3.1) for the period April 2010 - March 2011 with comparisons for the previous year.
### 3.1 Attendances Table

<table>
<thead>
<tr>
<th></th>
<th>YTD April 10-March 11</th>
<th>YTD April 09-March 10</th>
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</thead>
<tbody>
<tr>
<td><strong>PINGLES</strong></td>
<td></td>
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<tr>
<td>Swimming</td>
<td>139,483</td>
<td>143,340</td>
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<td>Swim Lessons</td>
<td>93,594</td>
<td>86,509</td>
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<td>Health &amp; Fitness</td>
<td>39,502</td>
<td>34,337</td>
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<tr>
<td>Total Attendances</td>
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<td></td>
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<tr>
<td>Including other</td>
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<td></td>
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<tr>
<td>Activities</td>
<td>333,140</td>
<td>344,239</td>
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<tr>
<td>Athletics Stadium</td>
<td>35,964</td>
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<tr>
<td><strong>BEDWORTH</strong></td>
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<tr>
<td>Swimming</td>
<td>83,213</td>
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<td>Swim Lessons</td>
<td>76,586</td>
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<td>Squash</td>
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<td>Health &amp; Fitness</td>
<td>51,636</td>
<td>38,743</td>
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<tr>
<td>Total Attendances</td>
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<td></td>
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<tr>
<td>Including other</td>
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<td></td>
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<tr>
<td>Activities</td>
<td>247,402</td>
<td>238,489</td>
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<td><strong>ETONE</strong></td>
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<td>Badminton</td>
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<td>Squash</td>
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<tr>
<td>Total Attendances</td>
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<td>Including other</td>
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<tr>
<td>Activities</td>
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<td><strong>JUBILEE</strong></td>
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<td>Badminton</td>
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<td>Health &amp; Fitness</td>
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<tr>
<td>Total Attendances</td>
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<tr>
<td>Including other</td>
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<td></td>
</tr>
<tr>
<td>Activities</td>
<td>87,135</td>
<td>88,383</td>
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</table>
3.2 Customer Feedback

NBLT takes all customer feedback/correspondence seriously no matter what it concerns. We aim to address any areas for improvement in our service that has been highlighted, whilst also considering the financial impact.

Please find attached as “Appendix A” a summary of feedback received by NBLT last year. This highlights all feedback received at all of the sites. This is followed by a quarterly breakdown for each site, which provides more detail. As part of NBLT’s commitment to continuous improvement we commission an independent company to undertake quarterly customer surveys and mystery shopper visits in order to monitor progress. An overview of last year is included.

3.3 Performance Against the Business Plan

Performance indicators have been reported below; this is a summary of achievements by NBLT of the actions detailed within The Business Plan and the Council’s Sport and Active Recreation Plan which also support the Local Area Agreement headings.

Children & Young People

- Five N&B athletes were awarded the Talented Athlete status in 2010/11. The sports supported were Figure skating, Martial Arts, Swimming, Badminton and Taekwondo. National and International honours were achieved by the applicants during the year. National Champions, Ranked number 1 in GB for age category, 50m Freestyle Champion, 4th place in Home Counties Championships.
- The N&B Swimming Development Scheme caters for a total of 3191 swimmers every week with 1394 attendees at Bedworth (87% uptake) and 1797 attendees at Pingles (86% uptake).
- Several high profile events were delivered over the year, which included: Sports against Drugs Day, Disability Family Fun Day x 2, International Women’s Event, Community Games event in Riversley Park, Two Health and Fitness events in SOA areas, Volunteers celebration event, Sports Relief, Swimathon, Bedworth Swimming Gala, with support to many other events including Swimming Galas and Athletics meetings, Civic Bonfire, Community events.
- Schools summer holidays activities were supported, with stay and play sessions introduced at Etone, Alderman Smith School and Jubilee to support working parents, due to the loss of the Playscheme programme.
- Young peoples drop in sessions were maintained again this year this, at Alec Wilson Centre, Jubilee Sports Centre and Bedworth Leisure Centre. The sessions provided information and advice for young people about relationship and sexual education.
- Several “young peoples” projects were delivered during the year following successful external funding applications from Positive about Young People, Serious Organised Crime Authority, Local Grant schemes, Coventry Solihull and Warwickshire Sports Partnership, Northern Warwickshire Schools Sports
Partnership, Neighbourhood Police Authority, Nuneaton Round Table. These events included Sports against Drugs Day, Disability Family Fun Day, Sports Safari, Community Cohesion, Monday Night Project, Multi Use Games Area delivery, Sports Coaching sessions.

- NBLT delivered in 27 local schools during the school year with 2120 sessions targeting young people aged between 5 and 17 years, with over 42,000 interactions.
- The „Teen Lifecheck“ initiative was continued for the second year. This is a quick and easy online questionnaire giving young people, aged 12 – 15yrs, instant feedback about their health and lifestyle. Young people are able to access the site from laptops whilst being fully supported by employees, who will encourage them to take ownership of their health. The funding for this project ends in March 2011.

**Safer Communities**

- The Youth Contact Team (YCT) received referrals from Councillors, Residents and Local Community Groups to support them around issues of anti social behaviour. Work has been prioritised around SOA’s as requested by NBBC and other Agencies, using local intelligence to maximise impact. A total number of 3805 contacts were made with young people over this year. A range of support services were also included for these contacts which included RSE advice, health advice, sign posting to external agencies and delivery of sports and music sessions.
- Through the successful application to the Serious Organised Crime Agency a project was developed at Bede in Bedworth at the Alec Wilson Sports Centre delivering a Monday Night Project. This targeted an area of high crime and supported on average 15–20 young people every Monday in a range of services to meet their needs. This is the second year of the project and according to Warwickshire Observatory figures the Police have seen a 27% reduction in report crime within this area since the project commenced.
- The Youth Inclusion Officer has continued to support individual referrals through education, sport and health activities. Several young people have been supported to join the NBLT health and fitness programmes. Others to take part in project work such as „Target“, an Asdan Sport and Fitness Award accredited programme aimed at young people who are currently not in education employment or training (NEETS). Seven young people achieved the award. Some of whom will be coming to NBLT to undertake volunteer work and work experience placements.
- Meetings have been on-going with partners to secure funding and land to provide an outdoor education and off road motor cycle facility. Following successful negotiations with Midland Quarry a project brief and feasibility study have been achieved. Further funding is now required to undertake planning application and environmental study/impact for the area.
- Following external funding success a summer holiday project “Sports Safari” was delivered to 34 young people by NBLT, referred to by partners agencies. These young people were being supported by various agencies to help increase self esteem, encourage back into education and with challenging behaviours. The project proved a great success following feedback received from partners, young people and their parents.
Stronger Communities

- The Club Development Officer conducted the second audit with local sports clubs/organisations and produced a club directory. Twelve local sport clubs were successful in securing external funding, with a further 5 awaiting a decision. In total if all applicants are successful a total of £38,913 will have been brought into the borough. The post has also supported in applying for additional positions for the Borough around cycling, disability, outdoor gym equipment, volunteering. The funding applied supports the overall aim of increasing active participation levels in the borough, with a view to improving health. The post also supported 11 local organisations in applying for DRR.
- Working with the N&B Volunteer Centre the Club Development Officer has formalised pathways for new Volunteers to be signposted into N&B sports clubs providing much needed support for local organisations.
- The Active Recreation Officer (ARO) externally funded through the Community Investment Fund, recruited and mentored 3 new volunteers last year. These volunteers now support in delivering activities within the local community.
- The Walking Co-ordinator externally funded through the Community Investment Fund, has trained a further 18 walk leaders this year, bringing the total volunteers to 59 supporting walking in Nuneaton and Bedworth.

Healthier Communities & Older People

- The ARO, externally funded through the Sport England Community Investment Fund, has developed a range of physical activity projects at Children’s Centres, Bulkington Village Hall, Arthur Russell Court, where weekly exercise sessions have been developed with community groups.
- Health & Fitness Fun Day delivered at the Jubilee Sports Centre and Stockingford Community Centre provided information and activities for over 400 attendees to the event. The event was aimed at life style changes and increasing physical activity levels, whilst promoting what activities were available in their area.
- The first Community Games event promoted in Riversley Park, Nuneaton was organised by NBLT celebrating the forthcoming London 2012 games and attracted over 500 visitors to the day, including guests from our twinned town in France.
- The Physical Activity Consultant (PAC) has established two new classes for respiratory clients, adult and junior with referrals from the Hospital / GP and self referral.
- After several meetings and presentations to the WCC Teenage Pregnancy Advisory Board, a further 6 months funding was secured from Warwickshire Division for Young People, Children and Families Directorate. We are now in negotiation with partners to maintain this provision from 2011 onwards.
- The externally funded Community Disability Inclusion Officer was successful in securing funding from Sport Unlimited, PAYP and IDS to support the delivery of activities for young people with disabilities. A range of weekly and
holiday provision was also introduced at The Nuneaton Academy School, Jubilee Sports Centre and Bedworth Leisure Centre.

- The PAC continued to support young people and introduce them to physical activity. Close links with schools and school nurses were developed to provide pathways for identified young people. A new class was introduced last year, „Junior Combat”. This provides a further pathway and self referral activity to help young people reduce weight and gain confidence with support from their family. We are attracting on average 5 clients to each session.

- Following an initial expression of interest and then a full application to the Warwickshire PCT, NBLT were successful in January 2011 in securing a 2 year funded project to work with targeted obese children and families. This weight management project will provide support and mentoring to identified children and a family member with two part-time post working in the Nuneaton, Bedworth and North Warwickshire areas.

**Economic Development & Enterprise**

- Extensive liaison with Alderman Smith School, (The Nuneaton Academy) Warwickshire County Council and NW&HC took place during last year, to consider opportunities for developing additional leisure facilities at the school site. Developing a funding bid to the Football Foundation for a proposed new 3rd Generation Artificial Grass Football Pitch facility has been a priority for the year.

- There were negotiations with St Thomas More School and the Coventry Diocese in supporting them in the delivery of community use activities, to be constructed as part of the schools sixth form development project. The small sided 3rd Generation Artificial Grass Football Pitch commenced operating in October 2010 and is managed from the Jubilee Sports Centre facility to deliver community use.

- The partnership arrangement with Leisure Leagues, Europe’s largest provider of small sided football leagues, has proved successful in bringing mainstream adult football leagues to our facilities. 62 teams were actively engaged in the leagues in this quarter. A further league is planned for Wednesday evenings at Jubilee utilising the new 3G area. This will commence in April.

- The decision to re-line and upgrade the tennis court area at Pingles Leisure Centre, to include 3 netball courts, has proved to be a continuing success. The site now plays host to 6 netball clubs. Three of these clubs use the facility for their home base with 8 teams playing their matches here.
## NBBC Approved Business Delivery Indicators 2010/11

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Delivery detail / Outcome</th>
<th>Target 10/11</th>
<th>Comments</th>
<th>Outcomes</th>
<th>Strategic Linkages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation</td>
<td>Maintain BSI registration at all sites</td>
<td>Maintain</td>
<td>External Audits by BSI in May, September and January. 3 year strategic review conducted in September.</td>
<td>NBLT registered quality systems to ISO 9001:2008 standard.</td>
<td>NBBC Corp Plan Aim 4</td>
</tr>
<tr>
<td>Accreditation</td>
<td>Charitable Status registration for Company</td>
<td>Maintain</td>
<td>Annual Report &amp; Financial Statements filed with Charities Commission.</td>
<td>Maintain registration subject to changes in Charity legislation</td>
<td>NBBC Corp Plan Aim 4</td>
</tr>
<tr>
<td>Customer Satisfaction</td>
<td>Question in exit surveys: “Rate today’s visit”.</td>
<td>National average baseline score 91%</td>
<td>Annual Average Results: PLC 95.5% BLC 96% ESC 96% JSC 92.75%</td>
<td>Independent customer feedback analysis undertaken</td>
<td>NBBC Corp Plan Aim 4</td>
</tr>
<tr>
<td>Customer Attendances</td>
<td>Provide customer attendance analysis at leisure sites</td>
<td>Provide 4 quarterly statistical reports</td>
<td>Achieved, 4 quarterly reports provided to NBBC. Annual attendances detailed within section 3.1 of this report.</td>
<td>Agree liaison dates for meeting and providing reports</td>
<td></td>
</tr>
<tr>
<td>Sickness / Absence Monitoring</td>
<td>Provide statistical information</td>
<td>Provide 4 quarterly statistical reports</td>
<td>Achieved, annual statistics provided within section 3.5 of this report.</td>
<td>Agree liaison dates for meeting and providing reports</td>
<td></td>
</tr>
<tr>
<td>Submit 2008/11 Business Plan</td>
<td>Provide 3 year business plan</td>
<td>Agree and deliver Business plan</td>
<td>NBBC Cabinet and Council set the level of funding for NBLT Management Fee annually during February. Further detail is provided in section 3.4 of this report.</td>
<td>Delivery of NBLT’s SARP indicators.</td>
<td>Audit Commission report; improve longer term planning of services. NBBC</td>
</tr>
<tr>
<td>Indicator</td>
<td>Delivery detail / Outcome</td>
<td>Target 10/11</td>
<td>Comments</td>
<td>Outcomes</td>
<td>Strategic Linkages</td>
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<tr>
<td>NBLT Annual report</td>
<td>Provide annual report to Charities Commission to maintain registration and update NBBC previous years delivery</td>
<td>30th September</td>
<td>2010/11 annual report to be presented to the Board of Trustees at AGM 14.9.11. Annual Performance report to be presented to Social OSP on 22.9.11.</td>
<td>Partners updated on delivery and achievements.</td>
<td>NBBC SARP, Community Plan, LAA.</td>
</tr>
<tr>
<td>NBBC future priorities</td>
<td>Provide costed variations for the revised priorities.</td>
<td>31st October</td>
<td>Notification from NBBC of severe funding shortfall for the financial year 2010/11, with extensive service cuts. Therefore priorities were outlined to make savings on services and efficiencies.</td>
<td>Dependent upon priorities established by NBBC.</td>
<td>Audit Commission; improve longer term planning, S&amp;ARP, NBBC Corporate and Community Plan and LAA.</td>
</tr>
<tr>
<td>Community Sports Network</td>
<td>Support and co-ordinate in the establishment of the Local Sport &amp; Active Recreation Network forum to ensure effective communication with sporting and leisure providers in the locality, with ability to take advantage of funding opportunities</td>
<td>Assist NBBC in setting up forum and drafting TOR and initial priority action plan and CIF applications for N&amp;B</td>
<td>Liaison with NBBC is on going to support and re-establish the group in N&amp;B.</td>
<td>Agree initial priority action plan and seek CIF funding to meet partner aims and locality needs.</td>
<td>CSW Business Plan fit for purpose, Corp Plan aim 1 &amp; 3, Community Plan Theme 1, 3 &amp; 4 and S&amp;ARP.</td>
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## Sport & Active Recreation Plan Indicators (SARP)

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<tr>
<th>Single Set of NI’s links</th>
<th>LAA Themes</th>
<th>Delivery detail / Indicator</th>
<th>Target 10/11</th>
<th>Comments</th>
<th>Outcomes</th>
<th>Strategic Links</th>
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<tr>
<td>50,54,55,5 6,110</td>
<td>CYP, HCOP,</td>
<td>Operation of Integrated holiday / play activities. Provide end of scheme report to NBBC.</td>
<td></td>
<td>All Playscheme operations suspended for 2010-11 as a result of the decision by NBBC Cabinet to withdraw funding.</td>
<td>NBBC and WCC Play strategies,</td>
<td></td>
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<tr>
<td>50,54,55,5 6,110,140,</td>
<td>CYP, HCOP,</td>
<td>Secure funding to appoint Community Disability Inclusion position</td>
<td>Finalise funding with FF, recruitment of post and 2 year delivery plan agreed with partners</td>
<td>The third year performance targets were agreed with the external funder (Football Foundation) all these were on track as of March 2011. These included: Two Disability Family Fun days, Supporting residents with disabilities to partake in sport and health via Volunteer buddies. Support a guided walk for residents with disabilities. Deliver and support local sports club activity sessions. Provide advice and support with external funding to improve facilities for disability users. The post terminates in July 2011 due to funding finishing; all avenues are being looked at to maintain delivery.</td>
<td>Tackling Exclusion &amp; Promoting Fairness.</td>
<td></td>
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<tr>
<td>50, 140</td>
<td>CYP, HCOP</td>
<td>Physical Activity Co-ordinator (PAC) to Established self &amp; partner referral</td>
<td>Delivery this year has been focused on SOA’s and meeting the PCT</td>
<td>Tackling Exclusion &amp;</td>
<td>Warwickshire Health Service,</td>
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Jon Russell
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<tr>
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<td></td>
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<td>raise the awareness of the benefits of exercise through the promotion of physical activity, with attention to 12 – 18 age range</td>
<td>activities to 2 classes per week at leisure sites.</td>
<td>requirements for their financial support. The post has delivered the following within Nun &amp; Bed: Six Community health events Six weekly MOT’s in the community (457 from Oct 10 to Jan 11) One to one consultation, averaging 40 per month Commence new adult and junior respiratory classes Delivered the kid’s combat sessions, averaging 5 per session. Delivered NBLT health awareness week for all employees.</td>
<td>Promoting Fairness</td>
<td></td>
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<tr>
<td>55, 57, 110,</td>
<td>CYP</td>
<td>School swimming - review existing scheme, focusing on achievement and obtaining 25 metre certificate for key stage two students attending.</td>
<td>Collate base line data and set bench mark for future targets</td>
<td>During 2010-11 15 Schools attended Bedworth which resulted in 9620 swim visits. 24 Schools and 5 Colleges attended Pingles which resulted in 31930 swim visits. Also 376 children achieved the 25m certificate.</td>
<td>Meet the Education Key Stage 2 requirement.</td>
<td>ASA National Teaching plan, WCC Key stage 2 Education Development</td>
</tr>
<tr>
<td>55, 56, 57,</td>
<td>CYP</td>
<td>School Sports coaching activities, partnerships established with local schools, promoting</td>
<td>Establish partnership with 20 local schools raising sports coaching</td>
<td>Delivered over 2120 sports coaching sessions in 27 local schools, providing a quality experience with over 42,000 interactions with children.</td>
<td>Quality coaching experience delivered, exit route &amp; links to local accredited</td>
<td>WCC SSP, NBBC Community Plan Theme 1 - Learning</td>
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<td>“being healthy” and how sport contributes in its widest sense to many key targets</td>
<td>standards and enjoyment in participating</td>
<td>Provided pathways for young people into local sports clubs, through school coaching in encouraging further participation.</td>
<td>clubs, increase participation in PESSCL survey and assist in attainment levels.</td>
<td></td>
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<tr>
<td>1,2,5,6,17, 19,21,23,2 4,25,27,30, 33,39,41,4 2,43,45,91, 110,111,117,</td>
<td>Stronger, Safer, CYP</td>
<td>Youth Inclusion Officer deliver sport and healthy living projects designed to provide diversion away from substance misuse and nuisance youth behaviour</td>
<td>Deliver agreed programme supporting young people, working within the CAF.</td>
<td>Individual work: Working with the Enhanced Support Network, Family intervention programme and YPSMS supporting young people aged 8 - 24 years: This year has successfully delivered Sports Against Drugs (SAD) day with 633 young people attending, Delivered SAD on Tour at The Nuneaton Academy and Hartshill school. Fifty two young people have been supported individually through referrals from partners, &amp; 7 young people have obtained an ASDAN qualification. We have seen an average of 14-16 young people attending the Monday Night project in Bede supporting a 23.9% reduction in reported crime in</td>
<td>Reduction in anti social behaviour, supporting individuals to raise their expectations and achieve</td>
<td>NBBC Corp Plan aim 2, Community Plan Theme 2,</td>
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<td>the area. The delivery of specific programmes for young people through “Targets” (38) and “Sports Safari” (10) have supported young deprived people and their families.</td>
<td>Reduction in anti social behaviour, supporting individuals to raise their expectations and achieve</td>
<td>NBBC Corp Plan aim 2, Community Plan Theme 2</td>
</tr>
<tr>
<td>1,2,5,6,17,19,21,23,24,25,27,30,33,39,41,42,43,45,91,110,111,117</td>
<td>Stronger, Safer, CYP,</td>
<td>Youth Inclusion Officer Apply for funding to recruit a 2nd post to deliver sport and healthy living projects designed to provide diversion away from substance misuse and nuisance youth behaviour</td>
<td>Apply for funding to secure additional 3 year post to support existing post holder and deliver across the Borough under CAF</td>
<td>All avenues examined with health partners to maintain this external funded post. Unsuccessful in securing funding and post terminated in early January 2011. Clients registered on the scheme were sign posted to other activities and supported where possible.</td>
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<tr>
<td>1,2,5,6,17,19,21,23,24,25,27,30,33,39,41,42,43,45,91,110,111,117</td>
<td>Stronger, Safer, CYP,</td>
<td>Youth Contact Team One to engage with youths who are perceived to be / are engaged in anti social behaviour and Deliver agreed action plan supporting communities in agreed priority Wards</td>
<td>The Youth Contact Team One made 2111 contacts last year. Working in top SOA’s Information and advice has been provided for RSE, substance misuse,</td>
<td>Reduction in Anti Social Behaviour</td>
<td>NBBC Crime and Disorder and Drugs Misuse strategy</td>
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<td>7.</td>
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<td>signpost them to a variety of sporting activities and organisations and assist them in forming their own clubs and teams</td>
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<td>1,2,5,6,17, 19,21,23,24,25,27,30,33,39,41,42,43,45,91,110,111,117</td>
<td>Stronger, Safer CYP,</td>
<td>Youth Contact Team Two, secure funding to engage with youths who are perceived to be / are engaged in anti social behaviour and signpost them to a variety of sporting activities and organisations and assist them in forming their own clubs and teams.</td>
<td>Liaise with SSCF Co-ordinator re future funding opportunities to recruit second team agree current 1 year programme</td>
<td>Team Two total contacts last year were 1694. Engaged with young people to deliver workshops, provided information and advice on RSE, substance misuse, jobs and training. Signposting to activities. Diversion activities: sports sessions at Alec Wilson Centre as part of the Monday Night Project – average regular attendance 14 - 16 young people. Project finance from external funding, ends June 2011.</td>
<td>Reduce Anti social behaviour and further coverage of delivery within the Borough</td>
<td>NBBC Community Plan Theme 2, Corp Plan aim 2 ,</td>
</tr>
<tr>
<td>64, CYP,</td>
<td></td>
<td>Revise NBLT Child Protection Policy and Co-ordinate the training of all</td>
<td>Following a review of WCC’s on line Safeguarding training software,</td>
<td>All appropriate employees</td>
<td>WSCB, Every Child Matters,</td>
<td></td>
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<tr>
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<td>train all front of house employees in its framework who regularly come into contact with young people.</td>
<td>NBLT employees who are front of house in relation to delivery</td>
<td>NBLT have reverted back to attending WSCB accredited training workshops and also Sports UK courses for sports coaches. Two workshops have been supported at the Pingles with several key employees attending new training and refresher courses. NBLT have reviewed in house policies to ensure up to date and will be looking at future refresher training for applicable employees in house. NBLT also support the Children’s Trust and have a representative on the local Safeguarding sub Group.</td>
<td>within NBLT have understanding of Child Protection issues</td>
<td></td>
</tr>
<tr>
<td>1,2,5,6,8,17,21,23,24,25,27,91,110.</td>
<td>Stronger, Safer, CYP</td>
<td>Community Sports Officer to provide locality activities at all phase one MUGA’s. Encouraging community ownership and volunteering, whilst providing a range of sports activities in community patch</td>
<td>Deliver agreed delivery programme</td>
<td>The suspension of the Community Sports Officer post due to budgetary pressure has meant that no delivery has taken place. Funding sources reviewed to see where applicable funding can be accessed to recruit to post – ongoing. Limited external funding success</td>
<td>Reduction in Anti Social Behaviour. Promoting leisure participation and health and well-being throughout the Borough and volunteering.</td>
<td>NBBC Corp Plan aim 2, Community plan Theme 1 &amp; 2</td>
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<td>1,2,5,6,8,17,21,23,24,25,27,91,110</td>
<td>Stronger, Safer, CYP</td>
<td>Secure funding to recruit 2nd Community Sports Officer to provide locality activities at all 20 MUGA’s. Encourage community ownership and volunteering.</td>
<td>Secure funding to recruit to 2nd post, agree delivery programme with NBBC / CDRP/SSCF</td>
<td>Funding sources reviewed to see where applicable funding can be accessed to recruit to post. On-going.</td>
<td>Reduction in Anti Social. Behaviour. Promoting leisure participation and health and well-being throughout the Borough and volunteering.</td>
<td>NBBC Corp Plan aim 2, Community plan Theme 1&amp; 2.</td>
</tr>
<tr>
<td>6,8,91,110,117,151,</td>
<td>Stronger, CYP, EDE</td>
<td>Secure funding to recruit Club Development Officer to work closely with local sports clubs to help them develop appropriate structures and support the development of volunteers.</td>
<td>Secure funding to recruit to post and agree delivery plan</td>
<td>Part-time Club Development Officer in post. Twelve local sports organisations were successful in gaining external funding, 4 new clubs in achieving club accreditation, several clubs supported with re-accreditation. N&amp;B has 39 clubs achieved/ working towards Club accreditation. Regular newsletters and information also provided to local clubs via newsletter and support provided for</td>
<td>Develop improved links with voluntary sports clubs and associations, to strengthen their membership and structure and ability to provide good quality sport and recreation opportunities. Improve links with the School</td>
<td>NBBC Community Plan Theme 1&amp; 3 NBBC communities, CSWSP increase participation and workforce development, WSCB and SE Active People indicators</td>
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<td>NNDR and Club structure advice. Four local sports workshops organised for organisations.</td>
<td>Support Partnership and with schools direct to support more community use of facilities</td>
<td>WCC Respect Yourself Partnership, WHS,</td>
</tr>
<tr>
<td>112, 113</td>
<td>CYP</td>
<td>RSE delivery across the Borough. Secure funding from WCC and partners to recruit two part time posts</td>
<td>Appoint 2 part-time officers to support the Warwickshire Respect Yourself Partnership and deliver against agreed targets</td>
<td>Two part-time positions externally funded until June 2011, supporting young people about making informed choices around sexual health. Partnership meetings have commenced to see how these posts can be further extended. Weekly drop-in sessions delivered at Jubilee Sports Centre, Alec Wilson Centre, Bedworth Leisure Centre, The Crew Public House, Nuneaton Training Centre, Bromford Housing and Hadley Mews, King Edward Grammar School and Kings Lodge, Nuneaton. A total number of 3458 contacts made with young people and 3595 condoms distributed at drop in sessions and work shops.</td>
<td>Support the N&amp;B reduction in unwanted teenage pregnancies and Sexually Transmitted Infections.</td>
<td>WCC Respect Yourself Partnership, WHS,</td>
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<tr>
<td>6, 8, 120, 121, 122, 124, 125, 137</td>
<td>CYP, HCOP,</td>
<td>Active Recreation Officer recruited, to positively raise the awareness of the benefits of exercise through the promotion of physical activity, targeting people within the socially deprived wards of Nuneaton and Bedworth.</td>
<td>Submit application to CIF on behalf of the LS&amp;ARN to recruit post to signpost and support residents into entering into an active lifestyle. Recruit to post upon successful application</td>
<td>Application successful for 3 year externally funded post. Post commenced in September 2009. Since commencement of post 7 new sport and physical activity sessions have been developed in the borough, at: Children’s Centre’s, Older people residential homes, Community Centres in Nuneaton, Bedworth and Bulkington. Three health and fitness events have been delivered in Barpool, Kingswood and St Nicolas encouraging local residents in lifestyle changes. The latter event was for the whole Borough themed around International Women’s Day.</td>
<td>Agreed as priority area to apply for funding from LS&amp;ARN forum. The first target areas will be those with the highest percentage of older people (45 years plus agreed priority) where there are also relatively low levels of activity: Bede, Exhall. These areas will be followed by Weddington and Bulkington, must link to pathway into active recreation as per CIF bid</td>
<td>NBBC Community plan Theme 3, Corp Plan aim 1, HIWEB action plan,</td>
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</table>

| 6, 8, 120, 121 | CYP, HCOP, | Walking Co-ordinator recruited, to support | Submit application to | Application successful for 3 year externally funded post. Post | Agreed as priority area to | NBBC Community plan Theme 3, Corp Plan |

Jon Russell
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<td>122, 124, 125, 137</td>
<td></td>
<td>residents / volunteers into commencing a more active lifestyle by initially taking part in walking and then onto more physical sports activities, positively raise the awareness of the benefits of exercise through the promotion of physical activity, targeting people within the socially deprived wards of Nuneaton and Bedworth.</td>
<td>CIF on behalf of the LS&amp;ARN to recruit post to signpost and support residents into entering into an active lifestyle. Recruit to post upon successful application</td>
<td>commenced in April 2008 but due to vacancies post expires in October 2012. Seven guided walks now being supported, a further 4 are being developed in partnership with the PCT/NBBC during 2011/12 and the Motiv8 project. Linkages with health practitioners are in place to support increased activity levels for residents who are looking at commencing exercise. New Volunteers (59 in total) are being supported and trained to further develop walking in the Borough. A total of 17 walk leaders have been trained this year with 366 walkers registered on the scheme making 2875 attendances during 2010/11.</td>
<td>apply for funding from LS&amp;ARN forum. The first target areas will be those with the highest percentage of older people (45 years plus agreed priority) where there are also relatively low levels of activity: Bede, Exhall. These areas will be followed by Weddington and Bulkington, must link to pathway into active recreation as per CIF bid</td>
<td>aim 1, HIWEB action plan</td>
</tr>
<tr>
<td>151, 163, 164, 165, 166,</td>
<td>EDE</td>
<td>NBLT supporting the local economy in providing access to jobs, training opportunities and supporting volunteers</td>
<td>Support local economy through NBLT delivery</td>
<td>Work experience and volunteering continue to be supported within the company. NBLT have recruited/ supported over the past year: 8 Disability Buddies</td>
<td>Providing employment and training opportunities for the work force of local people</td>
<td>NBBC Community Plan theme 1 &amp; 4</td>
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|                         |                         | to gain employment.         |              | 2 Youth Inclusion volunteers  
7 Young People with ASDAN qual’s  
1 Sport coach volunteer  
51 Walk Leaders volunteers  
8 Active Recreation volunteers  
2 Trainee/mentor sports coaches  
40 Work placements supported from 11 local secondary schools  
4 Future Jobs Funds positions  
Delivered our first Volunteer event, recognising the support provided. |              |          |          |          |
| 185,188.                | CCE         | Adopt an environmental policy for NBLT and support NBBC’s lead for reducing carbon footprint at leisure facilities. | Draft and adopt environment policy and work towards reducing utility consumption/costs by 1% at 5 leisure sites | Energy efficient initiatives are regularly investigated and presented to NBBC for consideration. | Support carbon footprint reduction and strive to achieve 1% reduction year on year at 5 leisure sites | Warwickshire climate Change strategy, NBBC community Plan theme 4 |
3.4 Review of Documentation

• **Leases**

The Jubilee Sports Centre Lease was engrossed on 2nd June 2010. Following the local elections in May there was a change in the Administration of NBBC. Cllr. Dennis Harvey was re-elected as Leader of the Council and Cllr. Ian Lloyd was appointed as the Cabinet Member for Sustainable Communities. A meeting took place with Cllr. Lloyd and Alan Franks on 3rd June as an introductory meeting. The redevelopment of the Pingles was discussed and it was confirmed that a report was to be presented to Cabinet about the project, which would include the Management Fee, a loan from NBBC and the extension of the leases. The report was presented to Cabinet on 30th June and Cabinet deferred a decision until their next meeting on 21st July. At the Cabinet meeting on the 21st July the decision was taken not to extend the leases up until December 2019. A meeting took place on the 4th August with Cllr. Ian Lloyd and Alan Franks to discuss this decision. This outcome of the meeting was reported to the Trustees at their meeting on the 11th August. The Trustees instructed that a request be made to NBBC to commence negotiations on the extensions to the leases as soon as possible, rather than wait until closer to the expiry time of the existing leases. Negotiations with NBBC during the third quarter centred wholly on the Pingles Project Agreement document. This involved a series of meetings and exchanges via e-mail in an attempt to formulate a document that would satisfy all three parties involved: Saturn Projects, NBLT and NBBC. This culminated in a meeting on the 9th December chaired by Christine Kerr, the out going Chief Executive, which resulted in a compromise situation in order to proceed with the project. A meeting was subsequently arranged with Cllr Ian Lloyd and Alan Franks for the 11th January 2011 to commence negotiations on the extension to the Leases. Negotiations commenced during the final quarter with NBBC on the extension of the Leases. 3 meetings took place with Cllr Ian Lloyd and Alan Franks 1 each in January, February and March. In simple terms NBBC want to know what NBLT is prepared to offer in return for the extension to the leases. They are expecting an offer to be tabled for discussion which will represent “value” for NBBC. Cllr Lloyd outlined that he would be “visiting the market” to see what else is on offer in the near future. There was also discussion during the meeting on the Passport to Leisure Review Report. No further meetings have been scheduled at this time.

• **The Business Plan 2008/11**

During the first quarter Passport to Leisure sales steadied and increased by 2% against the previous year. -1% in April, +9% in May and -3% in June. The decision of Cabinet on 21st July set the level of the Management Fee at £1,850,000 for the financial years 2010/11 and 2011/12. During the second quarter Passport to Leisure sales suffered and
decreased by 9% against the previous year. -5% in July, -15% in August and -6% in September. During the third quarter Passport to Leisure sales suffered and decreased by 25% against the previous year. -31% in October, -15% in November and -27% in December. On the 16th February 2011 NBBC Cabinet took the decision to implement the recommendations of the Passport to Leisure and Charging Policy Review. When Cabinet set the 2011/12 Budget on the 23rd February 2011 NBLT’s Management Fee was reduced by £102,000 (PTL Review implications) and £50,000 (repayment on the loan for the Pingles Project). The sale and renewal of all existing PTL cards ceased on the 18th February. Free PTL’s under the new criteria will be issued after the 1st April.

3.5 Sickness / Absence Update

NBLT sickness/absenteeism monitoring commenced from 1st January 2004 when all employees transferred to NBLT to provide consistency.

The calculations are based upon absence in days for all full-time and part-time employees within NBLT. Casual employees are not included within the calculations. For the period April 10 – March 11, days lost through sickness absence equated to 9.54 days per employee.

At the same period for 2009-10 8.0 days were lost through absence.

4. SUPPLEMENTARY INFORMATION


The charts below give a breakdown of accidents for the period April 2010 to March 2011 with comparisons for the previous year.

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**RIDDOR's:**
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**RIDDOR's:**
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**RIDDOR’s:**
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**RIDDOR’s:**
There were 7 accidents reported to the HSE during the year.
On the 10th June 2010 Etone Sport Centre was externally audited by QLM, our health and safety consultants, as part of our commitment to achieving Leisure Safe accreditation at all sites. Andy Ebben, QLM Principal Consultant carried out the audit which was one day in duration. The audit looked at all key areas of health and safety in the centre. The audit report has now been received and Etone achieved a very commendable 81.9%. The audit report will now be used to pull together an action plan for all sites so that NBLT can continue to improve the Health and Safety systems throughout the organisation.

On the 6th & 7th July 2010 Pingles Leisure Centre was externally audited by QLM, our health and safety consultants, as part of our commitment to achieving Leisure Safe accreditation at all sites. Andy Ebben, QLM Principal Consultant carried out the audit which was 2 days in duration. The audit looked at all key areas of health and safety in the centre. The audit report has now been received and Pingles achieved a very commendable 81% (Leisuresafe accreditation is 65%). The audit report has been used to pull together an action plan for all sites so that NBLT can continue to improve the Health and Safety systems throughout the organisation. The main areas for attention were in relation to Fire. An action plan of 17 items was distributed at the Health & Safety Management Team meeting on the 21st September for action by all sites.

Following the update of the Health and Safety Monthly Reports data is now being introduced into a Health and Safety Balanced Scorecard. This measures both positive health and safety management i.e. identifying faults and concerns before incidents happen and also the negative health and safety matters i.e. accidents and incidents. When inputted into the Health and Safety Balanced Score Card it gives an overall balanced score for each site and NBLT as a whole. NBLT are one of the first organisations to use this score card and there are some initial teething problems i.e. the scorecard will only give a yearly score for each site and not quarterly as required. These issues have been addressed with Quality Leisure Management (QLM).

Each year NBLT produce a Health and Safety Annual Plan broken down into quarterly segments covering all the aspects of health and safety required over the year. The actions identified on the plan are carried out by the site health and safety managers and progress is recorded within the health and safety reports the information is then transferred onto the Health and Safety Balanced Score Card. Progress on the Health and Safety Plan for the sites is good.
CUSTOMER FEEDBACK
APRIL 2010-MARCH 2011
## Customer Feedback Report

### Site - ALL LEISURE CENTRE SITES
### Period - April 2010 – March 2011

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### GENDER

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### AGE

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</tr>
<tr>
<td>SWIMMING LESSONS</td>
<td>1</td>
</tr>
<tr>
<td>SWIMMING TIMETABLE</td>
<td>6</td>
</tr>
<tr>
<td>OTHER</td>
<td>7</td>
</tr>
</tbody>
</table>

| Total Feedback            | 103             |
| Annual Attendance Totals  | 819,599         |
| As a Percentage           | 0.01%           |

Table of Disappointed and Annoyed Customers
Pingles Leisure Centre Customer Feedback  
April to June 2010

April

1. A lady complained about the state of the changing village when she came swimming. A monthly deep clean of the area has been scheduled to ensure the changing area is kept to a high standard.

2. A lady complained that her nine year old daughter with an Activity Pass, who is enrolled in level 5 of the swim scheme, was told off by a lifeguard that she could not swim before the start of the lesson. Staff have been instructed about swim scheme users swimming prior to their lesson.

May

1. There was a suggestion that waste bins are installed by the sinks in the toilets.

2. A customer commented on how pleasant Jenna McCarthy who works in the cafe is. She always has a smile on her face and makes a good cup of coffee.

3. A gym member requested a punch bag in the gym for fitness purposes.

June

1. A lady conveyed her disappointment with her visit to the Pingles. Firstly, it was a lovely hot day but the cafe area was very sticky, all of the outside tables were unclean and disgusting and there was rubbish on the floor. She also added that the menu should have more variety than chips and that a recycling system for waste should be introduced. Individuals on duty on the day in question have been spoken to and all staff made aware of the importance of keeping the tables and the main cafe eating area clean.

Positive Correspondence

There were two items of positive correspondence for the period April to June 2010, these were as follows:

April

No recorded items.

May

No recorded items.
**June**

1. An item in the Nuneaton News regarding seated exercise classes held at Arthur Russell Court.

2. An article in the Coventry Evening Telegraph highlighting Bedworth Leisure Centre voted best Health & Fitness venue at The Godiva Awards 2010.

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**Bedworth Leisure Centre Customer Feedback**  
**July-September 2010**

**July**

1. One request for a mirror to be installed in the disabled changing cubicle in the wetside changing rooms. Mirror to be installed by site engineer.

2. Suggestion made to put mats down on the floors throughout the wetside changing areas. E mail sent to explain that this has been done in the past and makes the area more unhygienic.

3. Query made regarding the plans for new aerobikes to be ordered and whether this was still in the pipeline. E mail sent to explain that this is still ongoing and that we expect a decision on the new bikes will be made in the near future.

4. Request received for a maximum time on gym equipment to be enforced during busy times as it does not appear this is the case at the moment. Staff informed that this issue needs to be monitored and kept on top of.

5. One complaint received regarding inconsistencies with staff on pool, i.e. members of the public told they cannot ride the flume 2 at a time, but then a swimming instructor taking a child on their lap down the flume. E mail sent to apologise for the inconsistency and the instructor has been spoken to.

**August**

1. Complaint received regarding receptionists gossiping on reception out loud on Saturday afternoons between public swim and inflatable sessions. E mail sent to explain that this wait is for H and S reasons however chatting is unacceptable and will be addressed at next reception meeting.

2. Comment received praising Helen on reception with her professionalism and work done on reception. Phone call made to thank for comments and passed them onto Helen.

3. Seven complaints received regarding the Thursday night aqua aerobics class which was taken by Dave, as his teaching methods were not considered practical. Letters sent to explain that in future we will try to cover the class with a different instructor.
September

1 One comment received regarding the spinning-vibe class, were very impressed with this class and requesting for more of them. E mail sent to thank them for the positive comments.

2 Two suggestions received for the aqua mobility class to be moved from the small pool to the main pool as the class participants believe that the class is becoming overcrowded in such a small space. Letters sent to explain that this factor will be reviewed in a meeting taking place soon and look at relocating the class.

3 One request received for a new Pilates instructor to be recruited as this was a very popular class and enjoyed by many. Phone call made to explain that this process has not taken place as of yet, due to the lack of a high standard teacher. Julie offered to design a gym programme based on Pilates style exercises until the class begins.

Positive Feedback

There were five recorded items of Positive Feedback for the period July to September 2010.

1 There was the same item in both the Nuneaton News and Weekly Tribune which was the Mayors weekly column, in which he made mention of the Sports Against Drugs Day at the Pingles.

2 There was a story in the Nuneaton News regarding Pingles/Bedworth fitness instructors who carried out fund raising activities in aid of the Mary Ann Evans Hospice at the George Eliot Hospital.

3 A letter was received from Sarah Cattell, Kids Sessional Worker, praising Jaydeen’s basketball sessions at Etone.

4 The Nuneaton News carried a story regarding work soon to commence on the Pingles gym extension and makeover.
Jubilee Sports Centre Customer Feedback  
October – December 2010

October

1 A customer enquired about joining the gym. Action taken was an email being sent with all the relevant information being provided.

2 A customer commented the new 3 G pitch was very good. Action taken as a result was pricing and booking details being passed on to the customer.

November

No recorded customer comments.

December

No recorded customer comments.

Positive Feedback

There were four recorded items of Positive Feedback for the period October – December 2010.

1 There was a story in the Nuneaton News regarding the Health & Fitness Family Fun Day Double Event

2 There were two articles in the Nuneaton News regarding Santa’s Mile at Pingles Leisure Centre on behalf of Mary Ann Evans Hospice

3 NBLT were mentioned in NBBC Councillor Don Navarro’s Column

Etone Sports Centre Feedback  
January to March 2010

January

1 One disappointed customer commented that the Sports Turf prices are too high. Etone responded by letter thanking the customer for their feedback, that the Sports Turf is in excellent condition and that the prices are consistent if not better than surrounding areas.
February

1  Three customers were very impressed with the holiday activity Zorbing session. Etone responded in writing to two of the customers thanking them for their feedback. The third customer left no address or contact details.

March

1  There were four customers disappointed with the showers as the water was too hot, three of these comments were from the same group and referred to the male showers.
   All four were responded to verbally at the time, re-assured that the problem would be fixed, detailed on to site Quality Concern Reports and reported to NBBC. The problem was resolved.

2  One customer commented that they were disappointed that the complimentary footballs were not good enough for use and to “sort out the netting”. The customer was advised to speak to the Operations Manager, no other complaint was received regarding new balls and the Operations Manager was not contacted.

Positive Correspondence

There were 24 items of Positive Correspondence for the period January to March 2011. These were as follows:

January

1  Nuneaton News: NBBC & NBLT joint challenge inviting people to compete in walking around the borough from April until October.
2  The Big Directory: Information, venues, Days & Times of all walks within Nuneaton & Bedworth run by NBLT.
3  Nuneaton News: Winner to Walking Challenge Roger Smart receiving his prize of a Gym Membership.
4  Nuneaton News, Free New Year Health Checks by NBLT Active Recreation Officers.

February

1  Nuneaton News: PTL Review concerns.
3  Bulkington Village Centre Newsletter advertising NBLT Monday 1.30 Walk.
4  In Touch Magazine advertising NBLT W4H for participators and volunteers.
5  Nuneaton News: Stu Gealy met with Councillors regarding derelict doctors’ surgery in Galley Common.
6  Nuneaton News: Two articles regarding NBLT’s Pingles upgrade.
March

1 Nuneaton News: Three articles promoting Nicola Lea NBLT and North Warwickshire & Hinckley College combined event 'Women’s International Day' scheduled for 12th March, including post event comments in the Mayors Column.

2 Nuneaton News: Nicola Lea, NBLT & Nuneaton Golf Club hosting special Golf taster sessions

Review of Customer Service Strategy 10 -11

Overview of the research

This year’s customer’s satisfaction research was conducted by an independent company that specialises in leisure research – Leisure Net Solutions. The research was collected quarterly using three established research methods - Exit Surveys, Mystery Visits and Mystery telephone calls. The exit survey consists of asking customers various questions to discover how they felt their visit had gone. In total 250 customers were asked per quarter across all centres. The mystery shopper visits the centre looking at the experience of the customer. This year’s mystery shop has been split between general mystery shoppers and expert mystery shoppers, who have a detailed understanding of the leisure industry. The mystery calls are conducted 5 times to each centre during each quarter to ensure the correct telephone answer phone procedure is being followed.

The research demonstrated that there are many areas that customers are very positive about. These include:

- Interaction with reception and gym employees
- Friendliness / helpfulness of employees
- Employee knowledge of prices / activities available
- Cleanliness of reception / activity areas
- Information is readily available, it was easily understandable and in date
- Range of activities available
- Advertising and literature available in the centres
Review of Customer Service Strategy results for June 2010

The results for June were very positive. All centres received high marks for their exit surveys and mystery calls. However, mystery shopping results were slightly down across all centres. Overall scores showed that Etone was rated excellent, with Bedworth, Alderman Smith and Jubilee on track, Pingles narrowly missed being on track.

Pingles Leisure Centre for the second quarter running received a good score in the exit surveys. Cleanliness of the changing area and toilets were the main areas of dissatisfaction. The mystery shopping results showed most areas as good with their only negative marking being for length of time queuing. Mystery call results were also good with no poor performance.

Bedworth Leisure Centre again performed strongly in all areas of research. Exit survey scores were very good, especially employee interaction. Their mystery shop highlighted excellent interaction with employees but poor cleanliness in the changing rooms, due to the amount of water on the floor. This could be explained as a swimming lesson had just finished. The mystery call focus was again good; with only speed of answering the phone being marked down.

Jubilee Sports Centre scored very well in their exit survey with employee interaction and cleanliness being scored notably high. Mystery calls also performed well. The mystery visit was disappointing as the gym tour was not completed properly.

Etone Sports Centre scored very well in all surveys with no clear areas identified as requiring further work.

The research highlighted several areas that require further work:

- Ensure name badges are always worn.
- Ensure all tours of the gyms follow set procedures.
- Cleanliness at Pingles changing area.
- Portion control and presentation of cafe food.

Review of Customer Service Strategy results for September 2010

The results for September were again positive. With the exception of Etone all centres received an overall „excellent“ rating; which is the first time 4 centres have received this rating in one quarter. Etone narrowly missed out on being „on track“. This quarter Expert Mystery Shops were conducted; summaries of the Mystery shops are supplied.

Pingles Leisure Centre improved on its previous „on track“ to receive its first ever „excellent“ rating. It received high scores across all areas of research. The mystery shopper noted “the receptionist was efficient, professional and friendly” with “floors in the changing room clean”. Cafe service was however disappointing with cold tea and jacket potato served although this was corrected. In the exit survey Pingles was rated
highest for value for money for its activities over all centres. Other areas highly rated were interaction with employees and information being accurate and available.

Bedworth Leisure Centre performed strongly in the exit surveys and mystery calls but had a very disappointing mystery shop. The mystery shop was let down by no gym instructor being available in the gym and no communication between the main reception and the gym due to the gym phone not working. Bedworth was rated highly in the exit survey for customer service, range of activities, display of food/beverage and information being up-to-date and available.

Jubilee Sports Centre scored very well in all research receiving the highest overall score of all the centres. The mystery shopper noted “the reception was clean and tidy” and the “greeting was friendly and welcoming”. However they noted the car park had lots of litter.

Etone Sports Centre scored highly in the mystery shop, but surprisingly did poorly in the exit surveys. The exit survey score maybe due to the removal of the on-line squash booking facility when the software system was changed. The condition of the squash court flooring is also being investigated as it was mentioned as being in need of repair in some areas. It was evident in the exit survey that many customers had scored „satisfied’ rather than „very satisfied‘ as in previous quarters research which had considerably reduced their overall score.

The research highlighted several areas that require further work:

- Ensure communication is available between Bedworth reception and the gym and there is a procedure if the phones are not working.
- Ensure instructors are always available within the gym.
- Cleanliness of Pingles changing area.
- Review squash floor at Etone.
- Ensure Jubilee’s car park is kept clear of litter
- Pingles cafe tables clean and drink/food served at the correct temperature.

Review of Customer Service Strategy results for December 2010

We only received the Exit Surveys and Mystery Call data this quarter. The Mystery Shopping visits were abandoned due to the bad weather in December.

The results received were positive, with all centres performing well in the Exit Surveys. The average centre score for employee interaction, cleanliness of the centres, range of activities available and information available were the highest over the last 3 quarters. Etone Sports Centre received the largest increase in score.

Bedworth and Etone received very high scores for the Mystery Calls. The Jubilee Sports Centres results were lower than expected due to failure to respond to an answer phone message but otherwise they were very good. Whilst Pingles did nothing wrong; they did not impress the callers with the information given or helpfulness.
The research highlighted several areas that require further work:

- Identify why enquiring customers were not called back.
- Improve professionalism and helpfulness of Pingles receptionists

**Review of Customer Service Strategy Results for March 2011**

The Customer Service results for March were again positive. With the exception of Bedworth, all centres received an overall ‘excellent’ rating; which is the second time this year that 4 centres have received this rating in a quarter. Bedworth narrowly missed out on being rated ‘excellent’. This quarter Expert Mystery Shops were conducted (Mystery shoppers who have considerable experience of working in the leisure industry); summaries of their visits are supplied below.

**Pingles Leisure Centre** again received an ‘excellent’ rating performing strongly in all the surveys. The centre received the highest score in both the Mystery shop and Mystery Call surveys, scoring well in all areas. In the Exit Surveys they scored particularly highly for interaction with employees and value for money of activities.

**Bedworth Leisure Centre** received an ‘on’ track. This was due to receiving a low score in the Mystery calls research, especially for enthusiasm. Bedworth performed well in the Exit Surveys, gaining the highest score for range and display of food/beverages. The centre received very good scores in the Mystery shop survey, especially for interaction with employees and availability of information.

**Jubilee Sports Centre** received an ‘excellent’ rating. The centre scored very highly in the Exit and Mystery shop surveys, but disappointingly for the Mystery calls. In the Exit survey Jubilee did particularly well for cleanliness, availability of accurate information and offering value for money. The centre received good scores in all areas of the Mystery shop survey, especially for interaction with employees.

**Etone Sports Centre** received an ‘excellent’ rating. The centre scored very highly in the Exit and Mystery shop surveys (second highest) but poorly in the Mystery calls. In the Exit survey Etone scored highly for interaction with employees and cleanliness. Etone received good scores in all areas of the Mystery shop survey.

The research highlighted several areas that require further work:

- Improved interaction on the telephone, especially enthusiasm, professionalism (following telephone procedure) and knowledge.
- Cleanliness of changing rooms at Bedworth & Pingles.
- Cleanliness of Bedworth toilet area.
- Investigate whether there is the opportunity for more external advertising.
- Ensure cleaning signoff sheets are up-to-date.
The exit survey asks customers "How they would rate today’s visit?" The results were very promising with over 90% of sample customers across all centres either satisfied or very satisfied with "today’s visit". Table 1 shows the annual average results for "today’s visit" across all centres.

Table 1

<table>
<thead>
<tr>
<th>Question asked rate: &quot;Today’s visit overall?&quot;</th>
<th>Pingles Leisure Centre</th>
<th>Bedworth Leisure Centre</th>
<th>Etone Sports Centre</th>
<th>Jubilee Sports Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied/satisfied</td>
<td>95.5%</td>
<td>96%</td>
<td>96%</td>
<td>92.75%</td>
</tr>
<tr>
<td>Very satisfied/satisfied 2009/10</td>
<td>93%</td>
<td>94%</td>
<td>96%</td>
<td>93%</td>
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Coventry and Warwickshire Partnership Trust

Coventry and Warwickshire Partnership Trust Child and Adolescent Mental Health Service (CAMHS)

**Referral Guidelines**

**Useful Information**
This guide includes contact details as well as useful information for referrers. If you have any queries regarding referral to the service please contact the Departments on:

- 01926 881640 for Warwick district
- 01789 414643 for Stratford district
- 024 7624 6330 for Coventry
- 024 7664 1799 for North Warwickshire including Rugby, Nuneaton and Bedworth

A member of staff should be available to speak to you during normal office hours or will return your call as soon as possible. We make our clinical decisions based on the information you provide. If significant change occurs while a child or young person is waiting to be seen, it would be helpful to receive this information.

The Department considers that the GP retains medical responsibility for the referred individual unless that individual is seen by a medical member of our team in which case responsibility may be shared.

**Who can REFER?**
- Referrals are accepted from any professionals (who will generally be involved as part of a local tiered response) such as Social Workers, Health Visitors, School nurses, Primary Mental Health Workers, Doctors, Educational Psychologists. Unless the criteria for direct and immediate referral to Specialist CAMHS are met then referrals should come through targeted services. Where a referral comes through the school the head teacher should be notified.
- We will not accept referrals by email as per DOH policy except via the Intranet.

**What Makes a Good Referral?**
Consider the following points and questions when making a referral to CAMHS. When referring to CAMHS it would be helpful to include any copies of existing reports of the original letter to you, if you are making a secondary referral.

**General Considerations**
Have you met with the parent(s)/carer(s) and referred child/children?
Has the referral to our department been discussed and agreed with the parent(s)/carer(s) and referred child/children?
Basic Information

Name and date of birth of referred child/children
Address and telephone number
Who has parental responsibility?
Surname of parent if different to child’s
GP details

Reason for Referral

What are the specific difficulties that you want our department to address?
How long has this been a problem and why is the family seeking help now?
Is the problem situation specific or more generalised?
Your understanding of the problem/issues involved?
What has been tried already?

Further Helpful Information

Who else is living at home and details of separated parents if appropriate?
Name of the School
Who else has been or is professionally involved and in what capacity?
Has there been any previous contact with our department i.e. any sibling referral to CAMHS?
Has there been any previous contact with Social Care?
Details of any known protective factors

Ref Criteria A4 Version November 07
Any relevant history i.e. family, life events and/or health development factors

Coventry and Warwickshire Partnership Trust
Child and Adolescent Mental Health Service (CAMHS)

Referral Guidelines
The Department accepts referrals for children and young people up to their 17 birthday, providing they meet the criteria below.

Anxiety:
Please refer:
• Where it is affecting the child’s development or level of functioning
• Where it is out of proportion to the family circumstances
• Where there is an impact on the parent/carer/child relationship
• Where there is a sudden change or deterioration

Bereavement Response:
• It is not appropriate to refer children with ‘normal’ grief responses to this service. More appropriate support can be offered by other agencies - e.g., Cruse, Winston’s Wish, school nursing service. Children with special needs or associated Mental Health difficulties please contact the department in the first instance.
• You may want to consider referral when the child is experiencing significant distress following a death that has occurred within traumatic circumstances (e.g., suicide). In these cases we may choose in the first instance to meet carers without the child to offer them advice and support.
Complex behavioural problems:
Please refer when children and young people have complex behavioural problems at home that have failed to respond to significant advice and support from others e.g. schools and social care children’s teams.

NOT SEEN AS A MATTER OF ROUTINE:
1. Children and young people whose problems are primarily school-based and who have not received input from EDUCATIONAL SUPPORT SERVICES
2. Children and young people where the behaviour, although challenging is age appropriate
3. Behaviour problems primarily home based, who have not had input from other services

Complex developmental problems:
Difficulties may include:
• Significant delay in the acquisition of appropriate social skills
• Difficulties with the child’s peer group relationships
• Unusual or very fixed interests
• Marked preference for routine and difficulties adapting to change
• Bizarre or unusual behaviours
• Hyperactivity, impulsivity, inattention

Depression: (Please refer to NICE, Clinical Guidelines 28) Role of Tier 1
Please consider a referral to CAMHS in cases of moderate to severe depression
• Where the difficulties are beyond age-appropriate mood variation, and
• Where there is an impact on daily living – e.g., sleeping, eating, etc. or suicidal ideas or plans

Eating Disorders (anorexia, bulimia):
Where there is concern in relation to eating disorders, please consider an early referral to CAMHS. These cases are usually seen as a priority.
• Where possible, we require an up-to-date record of the individual’s height and weight, in order to accurately calculate their Body Mass Index (BMI=weight in kg / square of height in m). It is also helpful to have an indication of how quickly weight has been lost
• It is helpful to complete medical investigations (bloods, weight/height, BMI etc) via the GP, prior to referral

Enuresis or complex soiling:
• In the first instance the specialist enuresis/soiling clinic or paediatrician should see these children, in the North the specialist soiling clinic is accessed through CAMHS
• We recommend referrals to come from this specialist clinic

Obsessional Compulsive Disorder:
• Obsessions – which are intrusive repetitive thoughts
• Compulsions – which are repetitive, ritualistic, unwanted actions
These will be either distressing or disabling and interfere with the child’s functioning.

Response to Stress and Trauma:
Referrers may contact the Department in the first instance, to discuss prior to written referral but refer when:
• A child continues to demonstrate hyper-vigilance, avoidance, flashbacks, or a marked increase in unexplained temper tantrums or episodes of other distress For example: Significant parental mental/physical health problems that impact on the child or young person’s mental health.
Psychosis:
• Refer immediately to CAMHS when there are symptoms manifested as Thought Disorder (delusions, perceptual disturbances hallucinations or significant withdrawal and apathy associated with general impairment of day to day functioning, and impaired reality test). If these symptoms occur they warrant an urgent referral to CAMHS.
• If these symptoms occur in connection with substance misuse, please refer to our Department in the first instance rather than to Substance Misuse Services.

School Refusal:
Schools have their own resources e.g. the Education Social Workers, ECOS, Educational Psychologists, and Behavioural Support Services and their input will need to be accessed prior to a referral. A summary of school’s involvement and action taken will also be essential prior to a referral.

CAMHS does not accept referrals for school truancy
Please refer only when the following conditions apply.
• There is severe difficulty in the child attending school, often amounting to a prolonged absence.
• The child experiences severe emotional upset on being faced with the prospect of attending school. This may be demonstrated by excessive fearfulness, anxiety, temper, misery and complaints of feeling unwell without any obvious physical cause.
A multi-agency approach is the most useful approach to take in these cases.

Self-harm:
• Where there is concern about self-harm, in the context of other difficulties, referrers may telephone in the first instance, to discuss the case with a clinician at our Department to help determine the level of priority, before making a written referral.
• Overdoses and other serious self-harm cases should be sent directly to A&E in the first instance and not referred to the department.
• The ward will take responsibility to refer onto CAMHS for assessment.
It is important that all agencies realise that they have a role to play in the management of self harm.

Physical Disorder with a Psychological component
Where a child is experiencing physical symptoms, initial referral to a Paediatrician is recommended.
• Where a child is experiencing physical symptoms that may be related to psychological difficulties and/or where this is having significant impact on the child’s normal functioning e.g. absence from school for long periods and an organic cause has been excluded, refer to the department.
• Where a child is experiencing psychological difficulties as a consequence of a significant physical condition i.e. life threatening conditions.

Substance misuse:
• In the absence of significant co-morbidity, for example anxiety and/or depression, refer to specialist Substance Misuse Services in first instance – as these will provide advice, support and direction to young people and/or parents and/or professionals.
• In the presence of co-morbidity contact CAMHS to speak to the duty Clinician.

CHILD PROTECTION/SAFEGUARDING CHILDREN
If you are concerned that a child is at risk of harm from physical, sexual, emotional abuse or neglect you must refer to Social Care in the first instance, specifying your concerns.
Warwickshire County Council
Children and Adolescent Mental Health Services (CAMHS) Joint Scrutiny Review
Foreword by Councillor Martyn Ashford,
Chair of CAMHS Scrutiny Panel

The emotional health and well-being of children and young people across Warwickshire is a very important issue. In today’s fast-paced, ever-changing society, young people are faced with increasingly complex lives and a diverse set of challenges. And for many, this can lead to emotional problems and mental ill health.

To provide young people with the best chance in life, they require appropriate support to overcome these issues, delivered by appropriate professionals, in an efficient and timely manner.

While recognising the many positive outcomes delivered by Warwickshire’s Specialist Child and Adolescent Mental Health Services (CAMHS), the provision of these services in recent years has been hampered by long waiting times for assessment and treatment, as well as inconsistent access to services across the county.

Through this review, County Councillors now have a greater understanding of the problems that exist within CAMHS and the work that needs to be done to address them.

I am confident that our recommendations will go some way to bringing waiting times down and improving access to services for everyone within Warwickshire who requires them.

Finally, I would like to thank all those people who have contributed to and supported this review. Without their assistance it would not have been possible.
1. Introduction and background

Warwickshire’s Specialist Child and Adolescent Mental Health Services (CAMHS) is run by Coventry and Warwickshire Partnership Trust (CWPT). It provides a range of services for up to 17 year olds with emotional/behavioural difficulties or mental health problems, disorders and illnesses.

Specialist CAMHS refers to tiers 3 and 4 of the broader Comprehensive CAMHS offering, which incorporates:

- Tier 1 – universal services to enhance emotional health for all children
- Tier 2 – targeted services for vulnerable/in-need children
- Tier 3 – specialist services for children with moderate to severe mental health difficulties
- Tier 4 – highly specialist services for children with severe mental health difficulties and high complex cases

Specialist CAMHS are provided by staff with a large mix of skills, including psychologists, psychiatrists, nurses, primary mental health workers, a psychotherapist and an art therapist.

They are commissioned through a Joint Commissioning Manager for Warwickshire County Council (WCC) and NHS Warwickshire, and delivered via four child-centred multi-disciplinary teams based in Coventry, Rugby, Leamington and Stratford. Referral is through professionals such as GPs, educational psychologists, school nurses, head teachers and Relate counsellors.

Following a series of reports into the provision of Specialist CAMHS (dating back to December 2007), a joint scrutiny review was commissioned by the Children, Young People & Families and Health Overview and Scrutiny Committees. Primarily, this was to consider:

- Lengthy waiting times for assessment and treatment across the county
- Inconsistent access to services and delivery of services across the county

2. Objectives of the review

The objectives of the review were set out as follows:

- To reduce waiting times for assessment and treatment
- To achieve clarity and a better understanding of the services being provided
- To address inconsistent access to services
- To improve public awareness of mental health issues, particularly within schools (i.e., so teachers can prompt early intervention)
• To understand the right language and terminology used around mental health issues, in order to reduce stigma
• To achieve better outcomes for young people, their families and schools (via clearer access, accurate referral, shorter waiting times)

3. The CAMHS Scrutiny Panel

3.1 The CAMHS Scrutiny Panel comprised of Councillors from the Children, Young People and Families OSC and Health OSC:

Cllr Martyn Ashford (Chair of Panel)  Cllr Sarah Boad  Cllr Clare Hopkinson  Cllr Frank McCarney

Cllr Carolyn Robbins  Cllr Jerry Roodhouse  Cllr Sid Tooth  Cllr Claire Watson

3.2 The review process

The Panel met for the first time on 27 April 2010 and agreed the scope of the review. From this meeting, the terms of reference were agreed (see Appendix A). Early on in the process, it was acknowledged that the support and knowledge of professionals working in the field of mental health would be required and that the most appropriate method of gathering evidence would be through a full-day select committee.

Recognising that it was important to obtain an insight into the views and experiences of those that engage with CAMHS, the Panel invited evidence submissions from parents, young people, schools, Council officers and other professionals. This resulted in 27 evidence submissions being submitted from a variety of individuals.
The Panel considered the following evidence in its review.

Local Information

- A mix of different views from schools, professionals and parents (via the submissions mentioned above), illustrating different experiences with CAMHS
- A mapping of services across the county (i.e., what’s offered and where; from early intervention up to specialist services)
- A breakdown of waiting times for assessment and treatment, by area
- Data on the volume of cases and referrals, by area
- Data on the number of qualified staff, by area
- Health O&S committee reports, December 2007, February 2008, October 2009
- Joint Area Assessment (JAR) and Comprehensive Performance Assessment (CPA) findings, July 2009
- CAMHS Commissioning Strategy

National Information

- National Advisory Council report (assessing the progress of the National CAMHS Review one year on)
- NI50: Emotional Health of Children 2009-10 (DCSF guidance)
- Improving access to child and adolescent mental health services (DCSF and DoH)
- Final report on National CAMHS Review
- The Government’s full response to the independent review of CAMHS (DCSF and DoH)

Councillors undertook visits to Specialist CAMHS centres in Leamington Spa and Nuneaton to gain an insight into how the service functions. They also visited their local schools to understand the school perspective relating to CAMHS.

Having collated and assessed the above evidence, the Panel held a select committee meeting, inviting a number of speakers to present their views and experiences. These included:

- David Hazeldine, North Leamington School
- Lynda Pearce, Manor Park School
- Phyllis King, Long Itchington Primary School
- Karen Price, Kingsbury School
- Nigel Barton, Executive Director of Operations, Coventry and Warwickshire NHS Partnership Trust (CWPT)
- Loraine Roberts, General Manager, CAMHS, CWPT
- Jo Dillon, Associate Director of Strategic Joint Commissioning – Children and Maternity, WCC
- Kate Harker, Joint Commissioning Manager - CAMHS, WCC
- Tare Midgen, Acting Manager, Educational Psychology Service, WCC
- Adrian Over, CAF Manager, WCC
4. Key issues and recommendations for improvement

This section summarises the key issues identified by the review and the Panel’s recommendations for improvement.

4.1 Choice and Partnership Approach (CAPA)

During the select committee, the Panel heard how CWPT intends to redesign its Specialist CAMHS offering using a model called CAPA. The Panel also heard evidence from Solihull Care Trust regarding their experiences of implementing CAPA.

CAPA is a system flow management tool for CAMHS that reduces long waiting lists and provides a quicker, more responsive service to users. It is informed by demand and capacity theory, Lean Thinking, New Ways of Working, Our Choices in Mental Health and You’re Welcome standards. It has been successfully implemented by many CAMHS teams in the UK, Australia and New Zealand.

CAPA provides service users with greater choice when booking appointments. Subject to clinician availability, they are given a choice of when they'd like to attend. They are also designated a clinician who best meets their needs. Under CAPA, clinicians move from being an ‘expert with power’ to a ‘facilitator with expertise’.

• Choice
Once a referral is accepted (the threshold for which should be set low to cater for referrals that lack information), the user and their family can book a “Choice” appointment at a time (and ideally a place) to suit them. This appointment should focus on:
  • Assessment of the situation
  • Risk management
  • Motivational enhancement
  • Psycho-education
  • Goal setting
  • Things to try at home or pre-partnership work

At the end of a Choice appointment, users can choose:
  • That they do not need further help
  • To be put in contact with a more suitable agency to help them
  • To return to CAMHS

If the latter, they can choose a “Core Partnership” appointment with one or more clinicians with the right skills to help.
**Partnership**

Core Partnership is where the bulk of intervention work occurs. It can be done by most clinicians who have extended clinical skills (i.e., they can deliver a range of common CAMHS assessments and interventions).

It involves integrative, multimodal work to help users meet agreed goals. The Core Partnership worker remains the Key Worker during the pathway. Assessment and reformulation continue throughout contact with the family, in the normal way. It involves as many or as few sessions as are needed, and must be regularly reviewed against clear goals, through the use of care planning. Contact with the family ends when a review concludes that goals have been met.

**Implementation challenges**

One of the identified reasons for long waiting times in Warwickshire, as stated in previous reports to Health OSC, was inappropriate referrals – i.e., too many cases being referred to Specialist CAMHS, when Tier 1 or Tier 2 (early intervention) support would have been sufficient. The Panel acknowledge that the move to CAPA will address this.

However, before the new model can be adopted, CWPT will need to undertake a “blitz” on the current waiting list. This will involve an intense period of assessments over a short period of time to reduce the waiting list. A further challenge will be to align the different processes that currently exist in different parts of the county into one single process.

**Recommendation A**

That the CAMHS Scrutiny Panel **endorses the implementation of the Choice and Partnership Approach (CAPA)** as CWPT’s model for redesigning Specialist CAMHS in Coventry and Warwickshire and requires updates to be provided to the Adult Social Care and Health O&S Committee when appropriate.

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4.2 Improving the link between Specialist CAMHS and schools

Following analysis of the written submissions received from schools, as well as the verbal submissions heard at the select committee, the Panel recognises that there is scope to improve the link between Specialist CAMHS and schools. The submissions highlight a number of common challenges that schools have been facing, such as: difficulty in making contact with CAMHS staff (unanswered phone calls, no response to letters and the absence of e-mail addresses); a lack of clarity about the procedures for referral; a lack of consultation with schools regarding appropriate strategies (prior to, during and after treatment); and governance barriers that prevent schools from supporting children and parents during the process.
Recommendation B

That CWPT ensures communications between Specialist CAMHS and Warwickshire schools be improved by the following:

- Providing an **information pack to all schools by the start of the new school term in January 2011**, that gives clear guidance on the latest procedures, referral processes and other relevant information (such as the right of benefit claimants to claim travel expenses).
- Implementing the necessary arrangements for **parents/guardians to give permission for case information to be shared with schools** (appointment dates, progress of treatment etc). This would allow schools to assist families in attending appointments, and implement strategies (as advised by Specialist CAMHS) to support students during their treatment.
- Acknowledging **receipt of referrals made by schools within 5 working days**, and providing an outline of expected waiting times for an appointment.
- Developing greater communication between Specialist CAMHS and schools regarding appropriate strategies that schools can adopt to support students. Specialist CAMHS should check with schools on the appropriateness of any strategy before informing parents that these will be undertaken.
- Introducing greater flexibility for where and when Specialist CAMHS appointments should be held. **CAMHS staff to agree a preferred time and location with parents and service users**, which could be school, community or home settings. This would avoid service users and parents having to travel long distances to appointments, and therefore increase the likelihood of attendance.
- Establishing a **single named point of contact** within both Specialist CAMHS and schools to ensure all parties know who to contact and how.

4.3 Communication between Specialist CAMHS and parents/guardians

The evidence submissions indicated communication weaknesses between Specialist CAMHS and the parents/guardians of service users. Many experience long waiting times without indication of when an appointment will be offered. Appointments are sometimes cancelled at short notice, without reason. And appointment letters can be sent to the wrong address resulting in a missed appointment (as many children have parents that are separated, or they are looked after by grandparents/carers).

Recommendation C

That CWPT ensures Specialist CAMHS:

- Provides parents/guardians with clear estimations of waiting times.
- Provides parents/guardians with regular updates on progress of the referral.
- Reviews how parents/guardians are informed and reminded of appointments, and introduces the use of SMS and email alerts.
- Pays due attention to individual family circumstances, such as two-
household families and non-parental childcare (grandparents, carers etc).

4.4 Referral through CAF

Common assessment framework (CAF) is a mechanism to improve outcomes for children and young people who do not necessarily meet traditional thresholds for statutory or specialist services. It provides an opportunity for this demographic to benefit from a holistic assessment of their needs and gain referral to an appropriate level of service. Where mental health difficulties are identified and certain criteria are met, a referral can be made to Specialist CAMHS or a tier 1/2 service. At the select committee, the Panel were made aware that not all schools within Warwickshire had staff trained as CAF practitioners.

Recommendation D

That CWPT and WCC encourage the use of CAF as a referral mechanism, and make arrangements for increased promotion, training and support of CAF within schools.

4.5 Early intervention

There was broad consensus at the select committee that early intervention services are essential in supporting the emotional health and well-being of children and young people. If accessed early enough, these services can address the majority of mental health issues before they escalate into deeper problems that require the support of Specialist CAMHS. However, based on evidence heard at the select committee, the Panel is unclear whether early intervention is currently being used to maximum benefit. Indeed, it appears that professionals are not always aware of the early intervention services that are available and how these can be accessed.

Recommendation E

That CWPT and the CAMHS Joint Commissioner place greater emphasis on early intervention. In particular, consideration should be given to:
- Appointing more Primary Mental Health Workers to provide training and advice on emotional health and well-being within schools.
- Extending the Targeted Mental Health in Schools (TAMHS) pilot project across the county.
- Greater promotion of early intervention services, such as the counselling and therapeutic services offered by Relate, so schools and GPs are aware of the different support available and how these can be accessed.
- Extending the promotion of Kooth.com both to children within schools and to teenage parents via marketing in Children’s Centres.
4.6 **Collaboration with partners**

The Panel observed that there are many different agencies involved in the delivery of Comprehensive CAMHS across Warwickshire, and there is also an overlap with other services, such as Warwickshire County Council’s Educational Psychology Service (EPS). From the evidence heard at the select committee (via presentations and Q&A sessions), the Panel noted that there is scope for closer working between these agencies and neighbouring services.

**Recommendation F**

That communication and collaboration with partners be improved through:
- Better information-sharing between Specialist CAMHS and EPS on issues such as assessment and intervention outcomes.
- Possible co-location of CAMHS and EPS workers.
- The inclusion of Tier 1 and Tier 2 practitioners on strategic and operational boards.
- The full involvement of Tier 1 and Tier 2 service providers in the CAPA service redesign.
- The greater use of CAF as a mechanism to share information between relevant partners.

4.7 **Using modern, technology-based services**

During the select committee, the Panel recognised the importance and effectiveness of early intervention services in addressing emotional health and well-being issues. However, it also recognised that there is still a stigma attached to mental health among young people that can act as a barrier for them to seeking help. To address this, the Panel would like to see a broader availability of services, delivered at times most appropriate to young people, in an anonymous and safe environment with no risk of stigmatisation.

**Recommendation G**

That the service redesign of CAMHS incorporates creative, flexible, technology-based solutions, such as the Kooth.com online counselling service.

4.8 **Understanding user views**

The Panel welcomed the varied contributors to this review, but also recognised the limited evidence provided by service users themselves. The Panel agreed that it is fundamentally important for the views of service users to be considered as part of the service redesign of CAMHS.
Recommendation H

That CWPT undertakes a survey of current CAMHS users to understand their views on the current services, and uses this information to inform the service redesign.

4.9 Communication between Commissioners and CWPT

The Panel observed that the CAMHS Commissioner lacked the information required to make fully informed commissioning decisions. WCC and NHS Warwickshire require a better understanding from CWPT of how funding for Specialist CAMHS is currently spent, how it is distributed across different interventions and the associated outcomes of interventions. This would allow a value-for-money assessment to be made. The Panel is of the view that Commissioners should move away from a ‘block grant’ approach towards more intelligent commissioning, based on outcomes and value for money.

Recommendation I

That CWPT provides the CAMHS Commissioner with more timely and accurate performance and financial information.
Briefing note for Elected Members: Modernisation of Drug and Alcohol Treatment Services

Background

In May 2010, Cabinet authorised the commencement of a tender process for the provision of a recovery-focused, integrated drug and alcohol treatment system for adult residents in Warwickshire.

Over the last 12 months, the Drug and Alcohol Action Team have been progressing the commissioning process, on a joint basis with Coventry City Council, and have successfully appointed a new service provider to start on 1 December 2011.

The services that were put out to tender include community drug and alcohol services, criminal justice drug and alcohol services, and inpatient drug and alcohol services.

Following a robust procurement exercise, the tender was won by Addaction, in a consortium with Cranstoun. Addaction and Cranstoun are both major national substance misuse charities, operating between them over 100 specialist services across the country.

Addaction, the lead organisation for the contract, employs around 1,100 staff nationally and in 2009/10 provided treatment for a total of 10,924 heroin and crack users and 13,710 alcohol users across all of its services.

Both organisations already deliver small elements of the current drug and alcohol treatment service but have teamed up to take on the new integrated service from 1 December 2011.

In addition to the services they currently operate in Warwickshire, the Addaction and Cranstoun service will replace existing contracts held by the following organisations:

- Coventry and Warwickshire Partnership Trust (community drug services and inpatient drug and alcohol services – Coventry and Warwickshire)
- Swanswell (community alcohol services – Coventry and Warwickshire)
- Warwickshire Probation Trust (prison resettlement services – Warwickshire)
- West Midlands Police (drug and alcohol criminal justice and prison resettlement services – Coventry)
- Trust the Process Counselling (drug and alcohol daycare services – Coventry)

Services have been brought together under one contract and commissioned jointly with Coventry City Council for the following reasons:

1. **To drive improvement in terms of the recovery agenda.** Historically our focus for drug treatment has followed National Treatment Agency guidance relating to increasing the number of drug users in treatment and providing harm reduction services, often including long-term prescribing of substitute medication such as methadone. The National Drug Strategy 2010 instead requires services to focus on recovery which means helping clients to complete their treatment programme, remain free from substance misuse, and engage in training / employment opportunities, sustained housing and improved relationships.
2. **To ensure value for money.** By commissioning jointly and reducing the number of individual providers – each with their own premises and management overheads – the new provider can operate more efficiently, benefit from economies of scale and more flexible working arrangements.

3. **To extend the range of treatment options available.** A large integrated contract enables the provider to offer a greater range of services and recovery-focused treatment options. It will enable improved accessibility and flexibility in service delivery to better meet the needs of clients across both Coventry and Warwickshire.

**Impact for Service Users**

Overall, the new treatment service will improve the range of services available and help more vulnerable people recover from their addictions to drugs and alcohol.

The contract requires Addaction to provide treatment for 2,500 heroin and crack cocaine users (1,260 in Coventry and 1,240 in Warwickshire) and 2,835 dependant alcohol users (1,335 in Coventry and 1,500 in Warwickshire) per year. This represents 1,000 more clients than currently being treated in Coventry and Warwickshire.

The contract also requires more support for individuals misusing other drugs, parents and carers of people misusing substances and training for professionals.

Key elements of the new integrated drug and alcohol treatment service are as follows:

- **Service location:** there will be service bases across the County and a range of outreach locations in areas of highest need.

- **Single point of contact:** the provider will operate a single point of contact for all individual and partner referrals.

- **Assertive outreach:** the provider will proactively seek out those who may need help, targeting specific under-represented and vulnerable groups.

- **Hospital in-reach:** the provider will engage with individuals admitted to Warwickshire’s hospitals to offer advice, support and referral to structured treatment where required.

- **Open access:** person-centred advice and information will be available on a face-to-face basis, by telephone or by website.

- **Recovery-focused treatment:** those requiring more intensive help for their drug or alcohol addiction will be offered a range of recovery-focused treatment options including psychosocial interventions e.g. counselling, pharmacological therapies, community and inpatient detoxification and structured day programmes. Key workers will also help service users with their housing, education, training and employment needs.

- **Stimulant services and legal highs:** specific interventions will be available to those using stimulants such as cocaine and ecstasy. The provider will also respond to and support those using legal highs.
• **Aftercare**: service users will be able to access support from the provider on an ongoing basis to sustain their recovery and prevent relapse.

• **Peer support and volunteering**: mentoring and support from those who have recovered from a drug or alcohol addiction will be a key part of the service. Service users will also have the opportunity to participate in volunteering.

• **Domestic abuse support**: the provider will work with victims or perpetrators of domestic abuse to help them address their drug and alcohol use.

• **Parents, carers and families**: those affected by another’s drug or alcohol use will receive help and support in their own right. This will include therapeutic support and practical advice.

• **Criminal justice support**: the provider will work with the Police and Probation to deliver effective arrest referral and prison in-reach services. They will also deliver the treatment element of drug and alcohol court orders.

• **Training**: the provider will deliver training to a large range of frontline professionals that may come into contact with individuals or families affected by drugs and alcohol. This will include social care staff, pharmacy and GP practice staff, magistrates, police and fire officers.

The outcomes we expect for service users are as follows:

- Freedom from dependence on drugs or alcohol
- Prevention of drug related deaths and blood borne viruses
- A reduction in crime and re-offending
- Sustained employment
- The ability to access and sustain suitable accommodation
- Improvement in mental and physical health and well-being
- Improved relationships with family members, partners and friends
- The capacity to be an effective and caring parent

**Managing the Transition**

Over the coming months, the commissioners will be working closely with Addaction and with the outgoing service providers to implement the new service.

Areas that we will be monitoring closely are as follows:

**Premises** – Addaction and Cranstoun are currently sourcing appropriate premises for the delivery of the new Coventry and Warwickshire drug and alcohol treatment service. Premises need to suit both clinical and recovery-focused treatment options and should be accessible across the county.

**Inpatient treatment** – Service users requiring an inpatient detoxification will be offered placements at a variety of locations across the Midlands, including Birmingham, Staffordshire and Oxfordshire, to best suit the needs of the individual. This approach will improve choice and access for service users and the use of a range of facilities will help maintain low waiting times. It is understood that Woodleigh Beeches in Warwick, an inpatient detoxification unit currently operated by Coventry and Warwickshire Partnership...
Trust, will become a specialist unit for patients with eating disorders. This change would have occurred regardless of the tender outcome.

**TUPE and staff resources** – Addaction has already made contact with HR departments in the outgoing service providers to arrange the transfer of staff to the new service. A full consultation process will take place and a workforce development programme will be developed to ensure all staff have the skills required to deliver recovery-focused support from 1 December 2011. Addaction has a strong track record in successfully transferring and retaining staff from other organisations.

**Communications and marketing** – A communications plan has been developed which will ensure that service users, carers, staff, partners and the general public are all informed about the new service. We are keen to ensure a seamless transition from the outgoing to the new service providers.

**Service users and carers** – Keeping service users and carers informed and reassured will be crucial over the coming months. Addaction and Cranstoun have already started to build positive relationships with the outgoing service providers and will ensure that continuity of care is maintained throughout the transition period.

**Stakeholder relationships** – Whilst Addaction and Cranstoun are already known to many key stakeholders in Warwickshire, it will be important for them to build on these relationships to maximise the success of the transition and of the ongoing operation of the service. Partnership working with GPs, pharmacists, police and probation will be particularly important in the implementation of the new service.

**Data transfer** – The transfer of service user files and data will be crucial to ensuring continuity of care, including the provision of medication, in the handover period. Addaction and Cranstoun are working with the outgoing service providers to ensure this transfer is managed in a timely and efficient manner.

A report will be taken to the Adult Social Care and Health Overview and Scrutiny Committee on 7 September 2011 updating Members on progress with the implementation.

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**More Information**

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Supplementary information in regard to Item 8 – Modernisation of Drug & Alcohol Treatment Services.

Since April 2010 there have been 434 Warwickshire alcohol patient admissions at Woodleigh Beeches, of which 92 came from North Warwickshire (21%) with an average stay of 9 days.

The drug admissions to Woodleigh Beeches from the North in the last 14 Months was 28 drug patient admissions (22%) with a total stay of 367 bed day’s.

(Above information supplied by Karen Butler Lead Nurse - Cov & Warks Partnership Trust)

For information - Adult Social Care and Health Scrutiny are receiving a report at their early October meeting on the tender process for drug and alcohol services and I would be happy to make sure this was available to you.

As a very brief summary, I would want to reassure Members that the short term (up to 1 week) detox service that has previously been delivered at Woodleigh Beeches will be available in other locations, so there will be no loss in service. Should individuals need further residential care, this will be provided in the same way as before.

(Above information provided by Wendy Fabbro, Strategic Director, Adult Health & Community Services, Warwickshire County Council)
1. **Purpose of Report**

   For the Social Overview & Scrutiny Panel to consider the report of the End of Life Care Review Working Group and approve the recommendations contained therein for forwarding to Cabinet and the relevant partners to be actioned.

2. **Recommendations**

   2.1 (a) That end of life patient’s care plans are patient specific, including dementia or mental health issues and that they are issued at the point of diagnosis in order that palliative care can be discussed with them as early as possible.

   (b) That as GPs are now required to register carers in the practice, this information should be used to monitor carers health and wellbeing and provide additional support if required.

   (c) That GPs should ensure that there is adequate information available for end of life patients and their families to make informed choices about how and where to die.

   (d) That nursing and medical staff receive appropriate training on palliative care and support for patients and carers.

   (e) That consideration is given to the timing of the distribution of aids/adaptations in order to improve patient’s quality of life as quickly as possible.

   (f) That the Children and Adult Services Departments and health professionals liaise closely and plan well in advance to promote a smooth transition for patients from one service to the other (this should include assistance with financial/benefit requirements).

   (g) That medical and statutory bodies do all that they can to ensure that patients with dementia and mental health issues are given the same opportunities for informed EOL choices.
(h) That the statutory bodies responsible recognise the increasing need for respite provision for families and plan for the future accordingly.

(i) That GEH are requested to provide an update and evaluation report on Virtual Wards to the Overview and Scrutiny Panel.

(j) That the Associate Director for Commissioning Community Services provide an action plan on implementation of EOL improvements and report back to the Overview and Scrutiny Panel on progress on an annual basis.

3. **Background**

3.1 It was agreed at a meeting of the Social Overview & Scrutiny Panel on 23 September 2010 that a working group would be set up to consider the work programme item on End of Life Care.

3.2 The working group Members were Cllr R Taylor (Chair), Cllr J Sheppard and Cllr K Wilson. An initial meeting of the group was held on 20 October 2010 where the review was scoped (see App A) and the following terms of reference were agreed:-

- To ensure that all residents of the Borough have access to the information that they require on End of Life Care Services, before the need to use them.

- To improve the quality of people’s End of Life (EOL) experience through improved access to Services’

3.3 The working group commenced their review by considering the recommendations made by Warwickshire County Council in its End of Life Care in Warwickshire Review 2009 and the subsequent progress report in September 2010.

4. **Evidence**

The working group considered evidence from a variety of stakeholders at several meetings including:-

- Warwickshire PCT
- Nuneaton & Bedworth GPs Consortia Executive Board
- Mary Ann Evans Hospice
- George Eliot Hospital
- Guideposts
- Carers
- Age UK
- Warwickshire County Council
4.1 Service Provision

4.1.1 George Eliot Hospital

The George Eliot Hospital currently has 360 beds that can be used for EOL patients however, these are not in designated wards and this can cause some concerns.

The large main wards are often noisy with people coming and going but equally it has been found that the side wards can leave EOL patients feeling isolated and alone and they are not monitored in the same way as on the main ward area.

There is however also a benefit for EOL patients being on the main wards rather than in designated wards. They have a greater access to specialised staff that cover, a wide range of disciplines. These would not necessarily all be available immediately on an EOL ward.

The working group felt that whilst the issue of designated wards was a concern they would like to see an element of choice being available for patients as they appreciated that people had differing requirements at different times.

The George Eliot Hospital has introduced the Liverpool Care Pathway (a recognised best practice pain relief scheme) across all its wards and this has seen improvement in the training of nursing staff in pain relief administration. The scheme uses a scoring regime that is based on the patient's own assessment of pain and this helps ensure that pain relief is consistent, based on the individual's needs.

However, there are still some issues relating to the numbers of trained staff and allowing for trained staff always being on duty that can administer the required pain relief on demand. This can result in people having to wait for pain relief which Members did not think was acceptable.

4.1.2 Virtual Wards

Virtual Wards were introduced late in 2010 following the closure of acute in-patient wards at Bramcote Hospital. The hospital continues to provide respite care for Mental Health Patients.

Virtual Wards allow for the patient to be discharged from hospital back to their homes where a team of specialist staff are able to provide the necessary medical care and the Mary Ann Evans Hospice providing care support. This has resulted in many more people being able to leave hospital earlier than they would have in the past.
Bramcote Hospital could provide 4 beds, 20 people could now be cared for in their own homes.

However, the working group were not convinced that all necessary support was always available and this could be a postcode lottery situation. The Members also had deep concerns about people being sent home too early, being left for long periods and in particular the possibility of people falling during the night and not being able to get attention quickly.

There was also the issue of the Bramcote Hospital environment providing a safe place where people felt happy with their relatives care and could take some respite from their caring role.

Members were advised that statistically more falls happen in hospitals due to patients being in unfamiliar surroundings and disorientated. There are more falls during the day than at night as generally people are more active in the daytime. These statistics are borne out by the data from A&E Hospitals were there is reduced activity after 7pm and call outs of the ambulance are fewer.

It is accepted however, that often carers will go to A&E as their first port of call if they are worried about a relative. Also people being discharged from hospital and alone become fearful and sometime request re-admittance to the hospital.

4.1.3 Hospice

The Mary Ann Evans Hospice provides day care at its centre for people with terminal illness and it also works in partnership with George Eliot Hospital in providing the Virtual Ward service through an “At Home Service” and a “Night Service” and has 2 staff nurses and 9 Health Care Assistants working these services as well as a Bereavement Service.

The Mary Ann Evans Hospice promotes 4 bed wards as the patients benefit from the interaction that takes place rather than being in a single room.

The Hospice Community Care provision in North Warwickshire and Nuneaton & Bedworth areas is the best in the County although some patients do also choose to go to Coventry and Solihull.

4.1.4 Carers Viewpoint

The working group arranged, through Guideposts, to meet with some of the carers. The carers present felt that there was not enough information provided to the patients or their families in regard to the choices available. The professionals and often other family members actively discouraged thoughts of caring for and allowing the loved one
to die at home. The carers believed however, that with the right
information and support, many of the difficulties could be managed but
they need to be considered fully and all information and advice given.

The issue of nursing and caring staff was raised and the following
comments made:-

- Nursing appears not to be a vocation any longer but a career
  this results in people jumping around from job to job.
- Nurses appear stressed and unable to offer the care/love to end
  of life patients – there needs to be a greater enthusiasm for
caring.
- Nurses of End of Life patients need to have more specialised
  knowledge of the illnesses they deal with.
- The District Nurses and Community Matrons provide a good
  quality of care at a more personal level but there are not enough
  of them.
- Hospital Drs ignored patient/family wishes with regard to end of
  life – which meant they felt powerless.
- Lack of illness specific knowledge of Drs in A&E which can
  cause problems with treatment given.
- More effort should be made to understand the needs of people
  in hospital with dementia and mental health problems – eg: time
  is needed to help people eat their meals or go to the bathroom.

With regard to the information and support that carers felt they
received, the following comments were made:-

- Carers need support from their families which is very important.
- Often felt as though they were on their own particularly prior to
  diagnosis – it can take some time for a diagnosis to be made, time
  through which a loved one often deteriorates putting huge
pressure on relationships.
- Patient’s families are not always fully informed of the
  situation/illness/outcomes – again this can be stressful and does
  not empower people to make appropriate decisions.
- For families of patients with dementia and other mental health
  problems the loss or bereavement of the loved one starts before
  death and this should be recognised and supported.
- There are good support systems in place once diagnosed – this
  is particularly so for children and their families.
- Problems getting the necessary equipment/ aids needed at an
  early stage. When patient’s mobility deteriorates the ability to
access aids to improve quality of life is crucial – “My husband
  could not get assistance until diagnosis and by then he had a
  short prognosis which meant the aids were not installed”.
  Consideration should be given to prioritisation of adaptations for
terminal patients to improve quality of life for the time they have
left.
• For the carer it can be a frightening time and a big responsibility – “You are responsible for another person without the specialised knowledge of the illness”. This can be made worse at night time and it was felt that people may often end up in A&E because their carers were worried and had nowhere else to go for assistance.

Other matters of concern raised included:-

• How patients without families to fight for them were treated and how they managed to get their views known? This could be even more of a problem for those patients with dementia or other mental health problems.
• The stories in the press on the levels of care that patients receive in care homes.
• The point was raised that there is a spiritual side to death that is personal and may or may not be religion based. These needs should be addressed in whatever way appropriate as part of the patients End of Life care.
• Local Churches could have a greater input into supporting patients, carers and/or their families. The statutory authorities should look to working in partnership with them through possible shared training and provision of end of life services.
• Dr’s surgeries are now required to register carers so should use this information to provide additional support and monitor the carer’s health and wellbeing too.

4.1.5 GPs

The GPs advised that the liaison between themselves and other medical staff was good. The GP’s Out of Hours service had close working relations with the ambulance service. Advance information was provided to the ambulance team of any patients that may require assistance overnight or at weekends.

Hospital staff too, kept in close contact ensuring that patient’s information and care plans were discussed with GPs on discharge.

However, it was difficult to ascertain what printed and other information was readily available to patients with regard to EOL care and dying at home options. The GPs did not appear to equate EOL and dying at home in equal measure. They would assist with provision for dying at home if asked by patient/carer but it did not appear to be offered to them as a choice.

4.1.6 Children & Young People

The provision of services for children and young people were seen as better in comparison to adult services. There were both the funds and structures in place to support children and their families.
However, there remained some concerns with regard to the transition of children to adult services. This area was seen to be difficult largely as a result of poor communications between the services and the different funding streams which resulted in changes to benefits and access to services for some families.

These problems are likely to increase over time as more and more children are living longer due to improved medical care. There is therefore an increasing need for respite provision for families and the additional support required for those disabled children with complex care needs who also have a terminal illness.

Carers of children and young people have a greater burden of care responsibilities because of the duration of care required. Children with terminal illnesses are living increasingly longer lives, many now well into adulthood. This creates problems in that carers, particularly parents, worry about their children living longer than them and who will then look after them.

4.1.7 Dementia & Mental Health

Through the discussions that the working group had both with carers and service providers there was an acknowledgement that if terminally ill patients also had dementia or mental health problems they did not necessarily receive the same opportunities for choice.

There was also the suggestion that the mental health problems became the priority for intervention rather than the disability or physical health of the person which meant that medication and services were weighted in that direction rather than a holistic approach. This is particularly evident with the 25–50 age group. As stated above there is a good level of service for children and young people and older persons also have more established care services available. The 25-50 whilst not a large group often have to rely on mental health services and charity organisations for support and information.

The GPs believed that there had been some difficulties with Community Psychiatric Nurses but that they were being addressed and Improved Access to Psychiatric Therapies (IAPS) would be achieved as a result.

The Care Plan forms an essential element of any EOL care and dementia should appear on the plan as a "specialist care need" based on the individuals requirements like any other.
4.1.8 Support

Accessing support for patients and carers can be difficult, as until a patient is diagnosed, which can take many months or years, with a recognised illnesses they are left with no-where to turn for information and support. This can be a very stressful and difficult time for all concerned.

Age UK are proactive and currently provide a transitional counselling service to carers, to help them retain relationships with their family member with dementia. This service is provided by 18 Warwickshire University students who are in their 4th year of training. The work that they do helps carers to come to terms with the death of their relative and the course that EOL and death is likely to take. This gives the carer/families/patient opportunities to discuss matters and allows closure on family issues that are sometimes emotionally problematic leading to better outcomes later.

There are also other support organisations in the public and private sector that provide support and assistance to patients and carers including:-

- Warwickshire Rethink
- Warwickshire Counselling Centre (Sycamore Counselling)
- NHS/County Council - CAHMS
- Book on Prescription via County Council
- Guys Gift - charitable organisation
- Patient Advisory Liaison Service (PALS) based in George Eliot Hospital including a Bereavement Counselling Service

5. Future Improvements

A Senior Nurse in EOL Care has been put in post and commenced duties in Jan 2011.

End of Life Care is still very much an area for improvement and training. GPs, hospital and nursing staff are used to intervention and treatment of patients in order to cure their ailments and whilst they are often caring people their role is not primarily that of care. It is therefore necessary to ensure that all the professionals have effective training that will enable to them to talk with patients/carers about death and the choices that they have about dying for example, what interventions they wish to have, do they want to be resuscitated, where they want to die and pain control.

It is important that support is provided from the point of diagnosis not only for the patient but for the carers/families. The better prepared the patients and carers/families are the better the experiences and outcomes for all concerned. It provides a considered, managed
approach which enables people to feel as though they have retained some control of the situation.

A Care Plan should be put in place in consultation with all partners including the family, GPs, carers etc. The discussions should give everyone an opportunity to consider the options and opportunities that are available based on each individual needs and requirements. If a need for palliative care is identified then these should be discussed as early as possible.

Where possible the GPs and hospitals should do all that they can to support patient’s wishes with regard to their care and where they choose to die. For an increased level of choice on where to die, palliative care delivered through community nursing on a 24hr basis is crucial. Patients should feel safe in the knowledge that when cared for at home they are able to access this care around the clock. This would also provide invaluable support and relieve the burden on carers.

It is anticipated that it will be another 3 years before this level of care will be reached across Warwickshire.

6. Conclusions

End of Life or palliative care is not just, as is often thought, about the elderly. It affects all age groups and whilst provision is well established for children and young people and the older person the 25 – 50 year age group are somewhat overlooked.

The Senior Nurse has taken up post from January 2011 and their aim is to put ‘the person at the centre of their care’. The work has already commenced with GP surgeries which are responding well and trying to improve matters.

There is also the problem of support and information being made available early enough for people to start making choices about their care/treatment. Diagnosis can take a long time in some cases with patients and carers often feeling isolated during this time.

The professionals in health at the GP surgeries and at George Eliot Hospital appear pleased with the way that the virtual wards have realised some benefits for patients. However, Members and the public still remain sceptical at this stage and a full timely evaluation of the scheme will be required.

It is going to be sometime yet, up to 3 years, before the training and full benefits of the work being conducted are in place and an area that will require particular attention is ensuring that the service is equitable across the County in order that regardless of where you live the choices and opportunities for EOL and dying at home are available to all.
During this time Members think it is essential that the progress is monitored by the Council to ensure that the resources are distributed equitably across the County as often the south gains at the detriment of the north.

So we must ensure that if patients choose to die at home, there is a partnership approach by all concerned and where possible the assistance given to help patients realise their wishes, even if that is only for a short time.

7. **Background Papers**


Cllr Roma Taylor
Chair of the End of Life Working Group
August 2011
## SCRUTINY REVIEW: SCOPE

### REVIEW TITLE:  End of Life Care – Chair Cllr R Taylor

### AIMS & OBJECTIVES:

To ensure that all residents of the Borough have access to the information that they require on end of life care and services before the need to use them.

To improve the quality of people’s end of life experience through improved access to services

### WHAT WILL BE INCLUDED

- Use of Care Plans
- Promotion of Services
- Inter-agency and partnership working

### WHAT WILL BE EXCLUDED

- Illness and Disease specific related information

### KEY TASKS ** including consideration of Gershon efficiency savings

- Visits to gather information from older persons and carers
- Meetings with relevant agencies
- Meeting of OSP to disseminate information and consider recommendations
- Recommendations forwarded to relevant bodies

### STAKEHOLDERS, OUTSIDE AGENCIES, OTHER ORGANISATIONS *

- George Eliot Hospital
- Hospice – Mary Ann Evans/Zoe’s Place
- WCC – Adult Services
- Carers – Guideposts/Pat Bidmead/Carers
- GPs Consortia
- Age Uk

### EQUALITY IMPLICATIONS

Is an impact needs assessment required?

Not for this report but will be required as part of the work that WCC are undertaking.

### LINKS/OVERLAPS TO OTHER REVIEWS:

- WCC Health Scrutiny Report and Review 2009 & 2010
- National Council for Palliative Care Report – No Dress Rehearsal 8/11
**RESOURCE REQUIREMENTS**

Officer (O&S & H I Officers) time providing support to Members, conducting desktop research and administration requirements. 
Officer and Member Travel Expenses to enable visits where necessary

**REPORT REQUIREMENTS (Officer information)**

Commence on 20/10/10 by requesting 4-5 Members to do preliminary visits etc

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<tr>
<th>REVIEW COMMENCEMENT DATE</th>
<th>COMPLETION DATE FOR DRAFT REPORT</th>
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*Key tasks and stakeholders may be subject to change as the review progresses.*
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<tr>
<th>SOCIAL OSP WORK PROGRAMME 2011/12</th>
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<td>Integrated Performance Report (Quarterly)</td>
<td>26/10, 20/2/12</td>
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<td>Community Safety Partnership Performance (Quarterly)</td>
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<td>Civic Hall Review Report (commenced 11/10/10)</td>
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<td>Alcohol Exclusion Zones (req 9/2/11)</td>
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<td>Progress Report on Middlemarch H.I. Project</td>
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<td>Progress Report on Kingsholme (CCfA)</td>
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AGENDA ITEM 11