

Adult Social Care and Health Overview and Scrutiny 13 April 2012

Warwickshire Joint Strategic Needs Assessment Annual Review (2011)

Recommendation

Overview and Scrutiny Committee is asked to receive and accept the Warwickshire Joint Strategic Needs Assessment Annual Review (2011).

1.0 Background

- 1.1 In 2007, the Local Government and Public Involvement Act placed a duty on upper tier local authorities and PCTs to undertake a JSNA. Warwickshire's first JSNA was published in 2009. It is recommended that the JSNA is refreshed at least every three years.
- 1.2 The purpose of the JSNA is to identify current and future health and wellbeing needs; to establish a shared, evidence based consensus on key local priorities; and to form a key element of the commissioning cycle.
- 1.3 The JSNA informs development of the Health and Wellbeing Strategy and is central to commissioning decision making, challenging delivery and service redesign.

2.0 The current JSNA

- 2.1 The 2009 JSNA was well regarded and provided a helpful and comprehensive snapshot of data and statistics, however it consisted of a static written report and was not at the level of detail required by commissioners. The approach to developing the current JSNA is different. The aim is to have a dynamic, interactive, ever changing JSNA. This is being achieved through:
 - The establishment of a JSNA website. This is a rich source of data and information and will be regularly updated. It will include forums where questions can be asked and online discussions can take place. The website is now live and can be located at www.warwickshire.gov.uk/jsna
 - Undertaking an annual review and producing topic summaries from that review. This will ensure that there is clarity and a shared consensus on the issues that require particular focus in the upcoming year.
- 2.2 The JSNA Annual Review (2011) is attached for your information and was initially launched at a stakeholder event on 7th March 2012. It contains ten key

themes and these are presented in a 'life course' style spanning from childhood to old age.

2.3 The ten themes identified from the 2011 annual review are:

- Educational Attainment
- Looked after children
- Lifestyle factors affecting health and wellbeing
- Long-term conditions
- Mental wellbeing
- Reducing health and wellbeing inequalities
- Disability
- Safeguarding
- Dementia
- Ageing and frailty

2.4 In identifying these ten themes the following criteria were used:

- Magnitude of the issue
- Poor outcomes currently being achieved
- Worsening situation
- Significant inequalities (by geography or population group)

3.0 Timescales/Next steps

3.1 The JSNA has now been launched and Warwickshire's Health and Wellbeing Board sees the JSNA as an essential tool to inform commissioning decision making to improve outcomes.

3.2 An editorial board is being established to ensure ongoing engagement of stakeholders and a coordinated approach to regularly updating the JSNA.

3.3 Commissioners are committed to utilising the JSNA and to making progress in the ten key areas

Background Papers (Please list below, with electronic links where applicable)

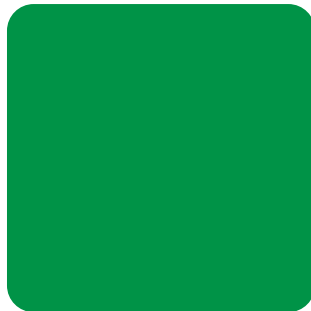
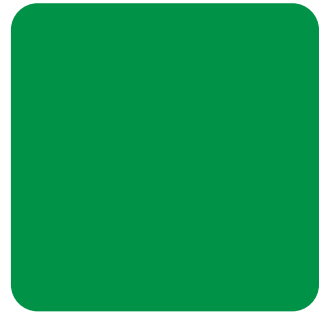
JSNA website: www.warwickshire.gov.uk/jsna

Warwickshire Joint Strategic Needs Assessment Annual review 2011 (attached)

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Warwickshire Joint Strategic Needs Assessment

Annual Review 2011

Foreword

Welcome to the Joint Strategic Needs Assessment (JSNA) Annual Statement which sets out the current and future health and wellbeing needs for people in Warwickshire.

No agency alone can fully achieve better health and wellbeing for our county's residents without working in partnership with others. Our work requires the contribution of a wide range of agencies to improve health and social care; housing; learning and achievement; growth in the economy and household income.

As the JSNA is the cornerstone for the way in which we will build our plans to improve the health and well-being of our communities, it is crucial that all agencies share the same intelligence through this assessment.

This year we have made substantial changes to the process and presentation of the JSNA and this document highlights our key areas for attention.

We have chosen five themes and 10 topics that cover the milestone events in people's lives from cradle to old age. Topics have been chosen using a number of criteria which include;

- the magnitude of the issue
- poor outcomes currently achieved
- worsening situation

Rather than remaining static, the JSNA is a live document. As circumstances change, outcomes vary and intelligence and analysis is updated, the JSNA will evolve and maintain its relevance. With the launch of the JSNA website, local information system, summary statement of need and a question/feedback facility we are hoping the JSNA will become an even more up to date, interactive and user friendly tool.

This Annual Statement marks the beginning of a new approach and hopefully the start of a conversation with commissioners of health and social care, but also importantly the public, patients, clients and partners to enable us to accurately outline the needs for our community. We look forward to working with you all to deliver a robust, fully engaged JSNA for Warwickshire.



Dr John Linnane
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NHS Warwickshire/Warwickshire County Council



Wendy Fabbro
Strategic Director People Group
Warwickshire County Council

Introduction

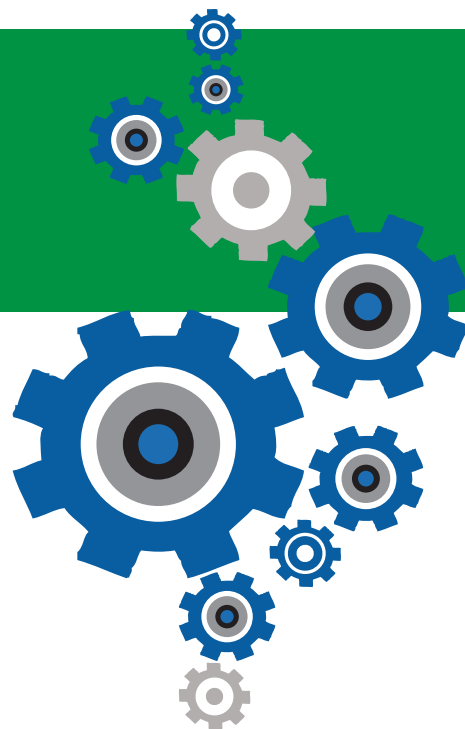
Welcome to the 2011 Annual Review for Warwickshire's Joint Strategic Needs Assessment (JSNA). The purpose of the JSNA is to analyse and examine the current and future health and well-being needs of the local population, to inform and guide the commissioning of health, well-being and social care services.

The JSNA aims to establish a shared, evidence based consensus on the key local priorities across health and social care and is being used to develop Warwickshire's Health and Wellbeing Strategy, Commissioning Plans for the Clinical Commissioning Groups (CCGs) and Transformation Plans for the local Health Economy.

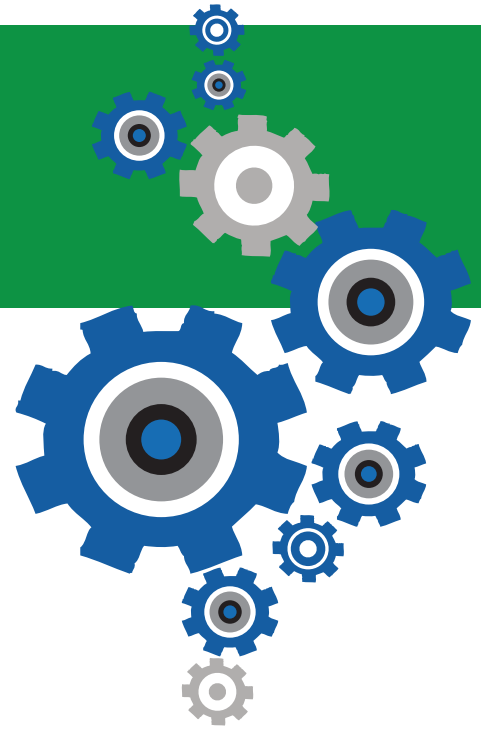
The following set of key themes has been developed to inform the Health & Wellbeing Board of the emerging key messages from the JSNA. The information provides a 'position statement' and a 'snapshot' of our work so far at the end of 2011. It includes the key headline messages from our initial analyses and provides the basis for further, more detailed needs assessment work.

The themes have been loosely structured to follow a 'life-course approach' and are not just an amalgamation of facts and figures. Where possible, a broader range of qualitative information (e.g. knowledge, pathway information, consultation activity with stakeholders, service users, professionals, etc.) has also been included.

Further information is available at www.warwickshire.gov.uk/jsna



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Children & Young People

- Educational Attainment
- Looked After Children

Lifestyle

- Lifestyle Factors Affecting Health & Wellbeing

Ill-Health

- Long-Term Conditions
- Mental Wellbeing

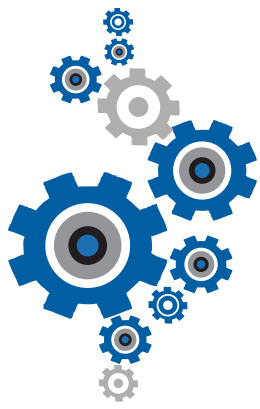
Vulnerable Communities

- Reducing Health & Wellbeing Inequalities
- Disability
- Safeguarding

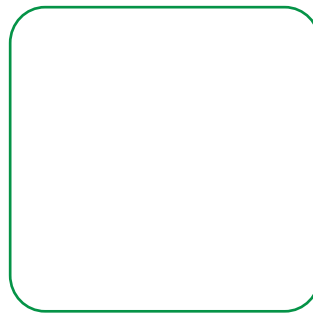
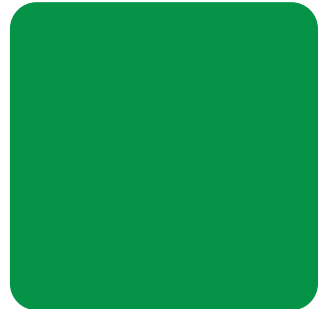
Old Age

- Dementia
- Ageing and Frailty

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Children & Young People

Educational Attainment

Looked After Children



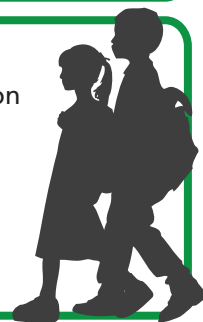
Educational Attainment

Research shows that education is a key determinant of health, with the more educated reporting lower morbidity from common acute & chronic diseases, lower anxiety/depression & experiencing better physical & mental functioning. Many of Warwickshire's children and young people achieve the expected national standards of educational attainment but significant disparities exist on a geographic and demographic basis. The tackling of this under achievement and health and well being inequalities among certain groups is crucial for reasons including raising aspirations, improving opportunities and reducing social & economic inequalities.

- The proportion of children in Warwickshire (66% in 2011) achieving a good level of development as assessed through the Early Years Foundation Stage Profile continues to increase year on year. However, there is an average year on year difference of 10% in achievement levels between the lower achieving north (Nuneaton & Bedworth and North Warwickshire) and the south (Warwick and Stratford).
- At Key Stage 2, geographical differences become more marked & attainment gaps are not decreasing. There are geographical differences between those achieving the expected level (level 4 and above), an average year on year gap of 6% between the north and the south. Differences between those achieving level 5+ are even more considerable with the gap increasing to an average of 9%. This demonstrates that higher level performance is less evident in the north than the south.
- At Key Stage 4 (KS4), the target level attainment is for five or more GCSE grades A*-C including Maths and English GCSE. For this, Warwickshire is above the national average, with 60.5% of pupils reaching this standard. Attainment levels in the north are lower than those in the south. This gap is not decreasing & less than half (48%) of pupils in the north achieve this level.
- Children with a special educational need (SEN) in Warwickshire achieve better than the national KS4 target level attainment, but the gap between SEN children and non-SEN children is still significant and remains consistently large.
- A 32.5 percentage point difference in 2011 exists between those eligible for free school meals and those who are not, in terms of achieving the KS4 target level attainment. This gap has remained consistently large over the last 3 years.
- There is little difference in achievement at GCSE level by broad ethnic group with Mixed, Asian, Black & Chinese pupils tending to do slightly better than their White counterparts. However, the gaps widen when breaking down these ethnic groups further.
- 14% of the 60 children who had been looked after continuously for at least 12 months as at 31st March 2011 who were eligible to sit their GCSEs in 2010/11 achieved the KS4 target level attainment, significantly lower than the Warwickshire average.
- Of the 54 children looked after continuously for 12 months at 31 March 2011 who completed year 11 during the 2009/10 academic year, 24 (44.4%) were in full time education, 1 (1.9%) was in f/t employment, 18 (33.3%) were in p/t employment, education or training & 11 (20.4%) were unemployed.
- For 95.7% of young people post-16 their destinations were positive as at November 2011. 89.5% continued in f/t education, 0.6% were involved in non-employed training, 5.1% were employed and 0.5% were involved in voluntary or part time activities.
- Negative outcomes account for 4.3% of young people with 3.1% not in education, employment or training (NEET) and 1.2% where data is not available/young person has left area (NALA).
- In 2010, 87% of young people educated in Warwickshire special schools had positive destinations post 16; 83.3% continued in f/t education, 2.8% were involved in non-employed training, 0.9% were employed & 0% engaged in voluntary or p/t activities.
- In Adult & Community Learning, there were 6,035 enrolments by 3,749 learners. Participation rates of ethnic minorities and from deprived communities were greater than the population average. The overall achievement rate of 92% is significantly above the national average. Much of this learning is non-accredited, but 629 qualifications were achieved in literacy, numeracy, ESOL and ICT.

Outcomes Sought

- Pupils are ready for school, attend and enjoy school with key indicators measuring attendance, exclusion and attainment.
- Achieve personal and social development and enjoy recreation, as reported in the Annual Pupil survey
- Positive outcomes for pupils post 16
- Transitions between settings and from children's to adult services are well managed
- Re-engage adults, particularly those with low prior attainment in learning to support their own & their children's development



What are we going to do about it?

- Warwickshire Children and Young People's Plan
- Warwickshire Child Poverty Strategy
- National Pupil Premium Strategy
- Public Health Outcomes Framework

Who Needs to Know This?

- Commissioners and practitioners of children services, and those involved in the transition to adulthood
- Children's Trust partners – see website for Children and Young People's Plan
- Head teachers





Looked After Children

As 'corporate parents', the County Council, officers and practitioners from across a range of agencies and services are responsible and accountable for the care, well-being and future prospects of children and young people in care.

- The number of Looked After Children (LAC) has increased over the last 3 years; by 11% between 2009/10 (574) and 2010/11 (636); by 7% between 2008/09 (536) and 2009/10; and by 11% between 2007/08 (482) and 2008/09.
- The rate of LAC per 10,000 population is highest in Nuneaton & Bedworth, and increased from 167 at 31st March 2010 to 197 at 31st March 2011.
- The majority of children who have started to be looked after over the last three years have been aged between 10 and 15 years. However, over the last four years, there has been an increase in the number of children under the age of 1 who are being accommodated, up from 12.2% during 2007/8 to 17.2% during 2010/11. There has also been an increase this year in the number of young people aged 16-17 starting to be looked after, up from 8.5% in 2009/10 to 19.7% in 2010/11.
- The majority of looked after children have a main need category of 'abuse & neglect'. However, it is worth noting that the number of children with a main need of 'absent parenting' has increased in line with the overall increase in the number of unaccompanied asylum seeking children in Warwickshire, up from 66 in 2009/10 to 87 in 2010/11.
- Warwickshire had a total of 60 children who had been looked after continuously for at least twelve months as at 31st March 2011, who were eligible to sit their Key Stage 4 exams in 2010/11. Of these, 14% achieved the target level attainment of five or more GCSEs at Grade A*-C including Maths and English. This is significantly lower than the GCSE attainment of all children in Warwickshire, which sits at 60.5%.
- There were 54 children looked after continuously for 12 months at 31st March 2011 who completed Year 11 during the 2009/10 academic year. For 79.6% of these children their post 16 destinations were positive. 44.4% continued in full-time education, 1.9% were in full-time training, 33.3% were in part-time employment, education or training, whilst 20.4% were unemployed. Whilst this figure is higher than the previous year, nationally it stands at 18%.
- The rate of offending by LAC in Warwickshire remains relatively constant from 2008 with a rate of 5.3%, below the national comparator at 31st March 2011 which was 7.3%.

Outcomes Sought

- To narrow the gap in outcomes for looked after children and young people as compared with that of the general population
- To have access to universal and targeted health and educational services to meet their assessed needs and circumstances, that will promote the best possible outcomes
- To receive support and positive opportunities to progress into further education, training and employment
- To have both placement choice and stability
- To be subject to clear plans and to be able to participate in decisions and matters that affect their lives
- To sustain improved health and emotional wellbeing and to have opportunities to develop resilience and skills to prepare them for change, independence and adulthood.



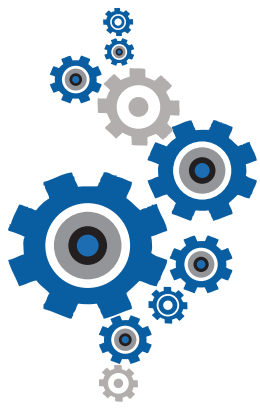
What are we going to do about it?

- Warwickshire Children and Young People's Plan
- Corporate Parenting Policy and Strategy
- Foster Care Development Plan
- Virtual School for Looked After Children
- Leaving Care Strategy

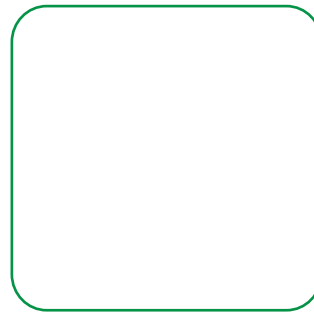
Who Needs to Know This?

- Commissioners of Children's Services
- Children's Trust Partners
- Schools
- Districts and Boroughs – particularly housing teams





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Lifestyle

Lifestyle Factors Affecting Health and Wellbeing



Lifestyle Factors Affecting Health and Wellbeing

Reviewing the public health outcomes for Warwickshire show the need to prioritise and focus on a number of key issues. These should not be treated in isolation from each other – they are interlinked, cut across all sectors of society and require a joined-up approach to tackling them.

- In Warwickshire, approximately one teenager becomes pregnant every day, with over half resulting in a termination. Warwickshire has reduced the under-18 conception rate by 12.2% since the inception of the Teenage Pregnancy Strategy in 1998. However, Warwickshire still has one of the highest conception rates among our statistical neighbours. Much of the reason for this is the hot-spot areas within the county.
- The number of Sexually Transmitted Infections (STIs) is on the increase. The total number of STIs in Warwickshire has risen by more than 20% since 2003. Overall, the 15-24 year age group had the highest number of diagnoses for all STIs, although Chlamydia which has the highest number of infections, mainly affects the 16 to 19 year age group.
- Warwickshire has low overall levels of child poverty but small localised pockets with relatively high levels do exist. 14,760 (13.2%) children are in 'poverty' in the county (2008). However, more children are likely to be in poverty than official statistics suggest as they do not reflect the impact of the economic down turn & recession. Nearly a third of all Warwickshire's children living in 'poverty' live in only 10% of the Super Output Areas.
- Obesity can have a severe impact on people's health, increasing the risk of type 2 diabetes, some cancers, and heart and liver disease. One in four adults in Warwickshire is estimated to be obese. This equates to 110,000 people and this figure is growing every year. According to the latest data, 20% of Reception age children and over 31% of Year 6 age children are classed as being overweight and obese.
- According to the 2009/10 Warwickshire Partnership Place Survey, 26.5% of respondents across the County reported achieving the recommended levels of exercise (5 x 30 minutes per week). It is notable that even in the district achieving the highest levels of exercise, some 70% of people do not achieve recommended levels.
- There are 32,000 people in Warwickshire who are drinking so much alcohol it is harming their health and this is increasing every year. The rate of alcohol-related hospital admissions has more than doubled since 2002/03 and is continuing to rise.
- There are 130,000 people in Warwickshire who smoke. In Warwickshire nearly 1,000 babies were born to women who still smoked at the time of delivery in 2010/11.
- Approximately 2,500 cases of cancer are diagnosed in Warwickshire each year, and about 1,400 deaths (representing 27% of all deaths) occur from cancer each year in the County.
- The number of repossession claims in Warwickshire has changed significantly over the last decade, from a low of 460 in 2002, to a high of 1,335 in 2007. During 2010, a total of 750 housing repossession claims were made against households in Warwickshire.
- The number of households on local authority housing waiting lists has risen for all of Warwickshire's boroughs and districts since 1997. Warwickshire has seen a 120% increase in the number of households on its local authority waiting lists from 1997 to 2010; Rugby has increased by 32% but Warwick has increased by 199%.

Outcomes Sought

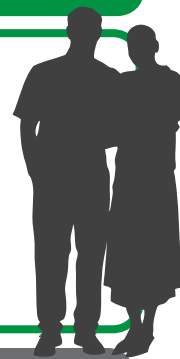
- A reduction in the number and proportion of overweight and obese adults and children
- Increased levels of physical activity and healthy eating
- A reduction in alcohol-related harm to individuals, families and communities in Warwickshire
- A reduction in the rate of under 18 (15-17 years) conceptions
- Increased levels of uptake within the National Chlamydia Screening Programme
- A reduction in the number of people who start smoking coupled with an increase in the number of people who are supported to quit

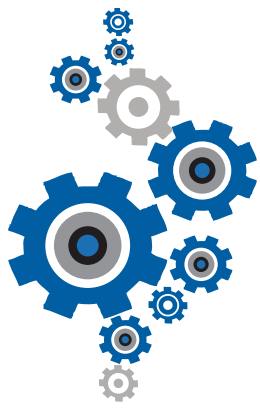
What are we going to do about it?

- Joint Director of Public Health Annual Report 2011
- 'Healthy Lives, Healthy People: A call to action on obesity in England' - This document sets out how action on obesity will be delivered as the move is made towards the new public health system.
- Warwickshire 'Respect Yourself' Campaign
- Warwickshire Alcohol Harm Reduction Strategy & Implementation Plan
- Warwickshire Child Poverty Strategy

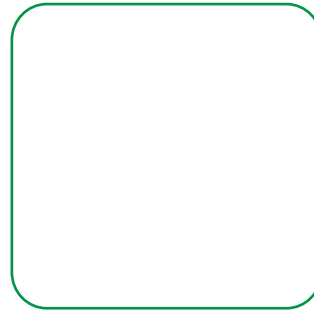
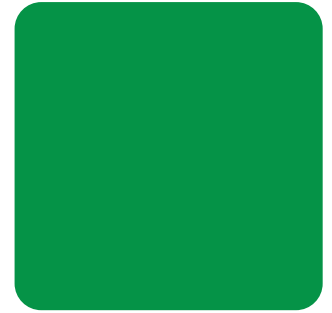
Who Needs to Know This?

- Commissioners in Public Health
- Headteachers
- Councillors
- GPs and other health professionals
- Voluntary Sector
- Districts & Boroughs





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Ill-Health

Long-Term Conditions

Mental Wellbeing



Long-Term Conditions

Long term conditions are those conditions that cannot, at present, be cured but can be controlled by medication and other therapies. Examples of long term conditions in Warwickshire include high blood pressure, diabetes, asthma, arthritis, heart disease and chronic obstructive pulmonary disease. People live with these conditions for many years, often decades, and they can impact on their quality of life by causing disability and early death.

- Nationally, around 1 in 3 people live with at least one long term condition. In Warwickshire, this equates to an estimated 178,000 people.
- People with long term conditions are more likely to see their GP, be admitted to hospital, stay in hospital longer, and need more help to look after themselves than people without long term conditions. They are also increasingly involved in managing their own conditions with the support of a health care team.
- High quality management of long term conditions help to keep people healthier and independent for longer.
- People with long term conditions need to be helped to understand their condition to manage it as well as possible, but in Warwickshire we have very few services that can help people learn about their condition, or have the right rehabilitation to improve the management of their condition
- Warwickshire GPs usually work with people to manage their long term condition and for the most part this care is very good, but we know that there are some people that are not getting the right treatments that they need, for example:
 - 20% of people with high blood pressure do not achieve the recommended level of control
 - 11% of people with diabetes have dangerously poor levels of blood sugar control
 - 10% of people with heart failure are not taking the recommended treatment
 - 6% of people who have coronary heart disease are not taking blood thinning medication that has been proven to reduce the chance of a heart attack and death.

Outcomes Sought

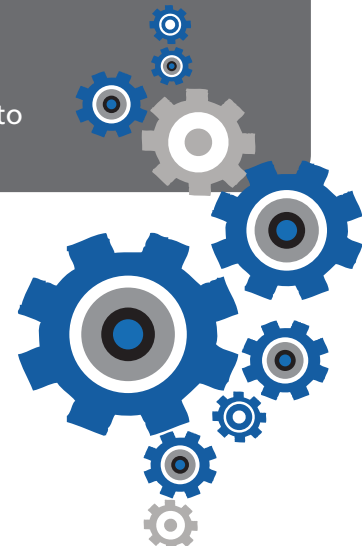
- Improved clinical outcomes for people with long term conditions
- Greater use of telehealth, telecare and aids and adaptations to support people with long term conditions
- Better rehabilitation services for people with long term conditions
- More expert patient programmes for people with long term conditions
- Reduced hospital admissions and deaths for people with long term conditions
- Improved coordination of health and social care services for people with a long term condition

What are we going to do about it?

- Quality and Outcomes Framework
- Long Term Conditions Strategy, NHS Warwickshire, 2007/08
- Prioritising Need in the Context of Putting People First: A Whole System Approach to Eligibility for Social Care, 2010

Who Needs to Know This?

- GPs and other health professionals
- Clinical Commissioning Groups
- Primary Care and NHS Commissioners
- Hospital Trusts
- Social Care Commissioners





Mental Wellbeing

Mental illness affects not only the individual with the condition, but also family, friends and wider society. Around one in four people will suffer from mental illness during their lifetime.

- National data suggests 1 in 10 children under 16 has a clinically diagnosed mental illness and that between 10% and 13% of 15 and 16 year olds have self harmed; however, access to reliable local data is limited.
- In 2008, it was estimated that there were 5,960 young people aged 5-10 years old and 3,550 young people aged 11-16 years old with a mental health condition. It is estimated that among young people aged 5-10 years old the most prevalent type of disorder is a conduct disorder. Emotional disorders are the most common disorder among those aged 11-16. A CAMHS mapping exercise in 2007/8 showed that there is a higher prevalence of mental health disorders in the north than the south.
- Analysis from the 2011 Annual Pupil Survey suggests that nearly three quarters of secondary school pupils in Warwickshire feel either happy 'all of the time' or 'most of the time'. This represents a slight fall from 2010.
- People with mental illness have a higher risk of poor physical health; equally physical activity improves mental wellbeing. Primary pupils engaging in more than five sessions of physical activity per week has declined considerably from 35.8% in 2010 to 29.8% in 2011. Secondary pupils' physical activity has also declined from 29.6% in 2010 to 26.1% in 2011.
- Research links bullying in adolescence to mental illness in young adulthood. In 2010, a quarter of primary pupils said that they had been bullied in the last 12 months which decreased to 22.8% in 2011. In 2010, 13.7% of secondary pupils said that they had been bullied but this increased to 16.2% in 2011.
- At least one in four people will experience a mental health problem at some point in their life, one in six has a mental health problem at any one time and at least half of all adults will experience at least one episode of depression during their lifetime.
- Suicide remains the most common cause of death in men under the age of 35 in Warwickshire.
- One in ten new mothers experience postnatal depression.
- Local data indicates that over 13,000 Warwickshire residents accessed specialist mental health services in 2008/9. Overall, the proportion of patients accessing such services is higher for females than males and increases with age. However, many more individuals will be treated by their GP, private counselling, or have not yet identified that mental illness is affecting them.
- In 2010/11, 3,745 adults and older people with a functional mental health problem (i.e. not dementia) received social care professional support and of these 449 also received a funded social care service. Of those receiving support 633 were in paid employment.
- Since the start of 2010, Warwickshire Libraries have loaned over 11,000 self-help books and audio CDs as a means of early intervention for common mental health conditions.
- In 2010/11, 77% of people with a mental health need requiring social care support were living in 'settled accommodation' (i.e. not residential care, homeless, prison or hospital)
- In 2010/11, 19% of people with a mental health need requiring social care support were in paid employment
- Increasing physical activity can enhance independence, well-being, mental health and quality of life.

Outcomes Sought

- Mentally and emotionally healthy.
- Improve the emotional and mental health of individual children and young people.
- Enhancing quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support

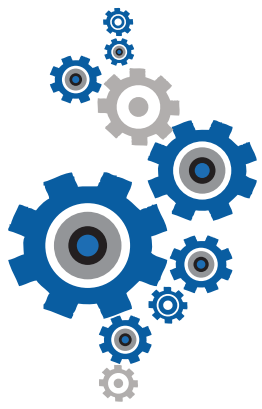
What are we going to do about it?

- Warwickshire Children and Young People's Plan
- Director of Public Health Annual Report 2011
- Supporting People 5 year strategy
- Joint Mental Health Needs Assessment - A full needs assessment incorporating detailed data analyses and findings from a comprehensive consultation process with a wide range of stakeholders.
- Emotional Well-being and Mental Health Strategy 2011 - 2014
- A Vision for Adult Social Care: Capable Communities and Active Citizens
- Putting People First
- Think Local Act Personal

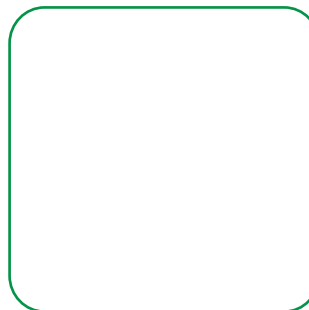
Who Needs to Know This?

- Commissioners in Public Health and Social Care
- GPs and other health professionals
- Voluntary Sector
- Councillors





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Vulnerable Communities

Reducing Health and Wellbeing Inequalities

Disability
Safeguarding



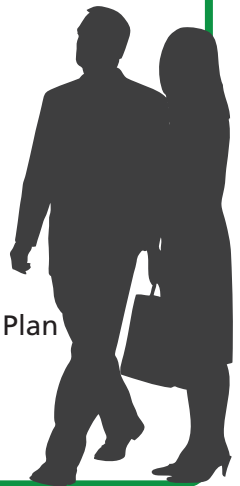
Reducing Health and Wellbeing Inequalities

In Warwickshire, significant disparities exist both on a geographic and population group basis. The health of the most disadvantaged in our society should be our top priority. However, there is a need to ensure that our programmes target people across the inequality profile. In line with the Marmot report, the highest priority should be given to children from pre-conception through to adolescence.

- Latest data suggests widening health inequalities in Warwickshire. All of the top 13 most deprived areas from the Index of Multiple Deprivation (IMD) 2007 have shown considerable deterioration in rankings in the IMD 2010, suggesting that the gap between the most and least deprived areas of the County is widening. According to the 2010 indices, more areas of Warwickshire are ranked within the top 30% most health deprived areas in England compared with the 2007 indices.
- People in some areas of Warwickshire live for 13 years less compared to other areas. There is considerable variation in life expectancy at birth at ward level across the County ranging from 75 in Abbey ward, Nuneaton, to 88 in Leek Wootton, Warwick.
- Amongst the 10 wards with the highest teenage conception rates in Warwickshire, four are in Nuneaton & Bedworth, four are in Warwick and two are in Rugby. Six are within the top 10% most deprived areas of the county – representing a significant positive relationship between deprivation and teenage conception.
- It is also important to consider inequalities which persist across the wider determinants of health, including employment, education, and housing etc.
- Inequalities also exist within different population groups eg. by ethnicity, gender and age. More work is needed to fully understand this picture across Warwickshire.

Outcomes Sought

- Reducing infant mortality, and reducing early mortality from cardiovascular disease and cancer
- Reducing poverty, and increasing educational attainment, skills & jobs for those most in need
- Embedding the reduction of health inequalities in the decision-making process of all public agencies and partners
- Improving equality of access to services especially primary care
- Continue the development of partnerships to jointly promote activities which support individuals to lead healthy lifestyles
- Increase the promotion of alcohol education campaigns and alcohol treatment services
- Coordinate the implementation of the 'Making Every Contact Counts' approach
- Ensure the provision and quality of smoking cessation services, and the NHS cancer screening programme
- Contribute to the formation and implementation of local Tobacco Control Implementation Plan
- Continue to promote mental health and wellbeing as a foundation stone to good health across the population, building on the notion of 'no health without mental health'
- Increase the promotion of positive sexual health with a focus on HIV prevention



What are we going to do about it?

- Strategic Review of Health Inequalities in England Post-2010 (The Marmot Review)
- Warwickshire Health Inequalities Strategy - the existing Health Inequalities Strategy is being subsumed into the Draft Health and Wellbeing Strategy
- Joint Director of Public Health Annual Report 2011

Who Needs to Know This?

- Commissioners in Public Health and Social Care
- GPs and other health professionals
- Voluntary Sector
- Councillors





Disability

The Disability Discrimination Act (DDA) defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

- Using the DDA definition, there are estimated to be 80,000 disabled people living in Warwickshire, 19% of the over 16 population.
- All Warwickshire's districts and boroughs have lower proportions of their adult populations who are disabled than national and regional averages. In the County, North Warwickshire has the largest proportion of its adult population estimated to be disabled, at just below 22%.
- On 31st March 2011, 1,230 people were registered blind or severely sight impaired in Warwickshire, with 1,486 registered as partially sight impaired.
- Prevalence rates indicate Warwickshire's disabled children population to be between 3,750 and 6,750 (between 3% and 5.4% of all children).
- In January 2011, 19.7% of the Warwickshire school population were defined as having a special educational need (SEN). Nuneaton & Bedworth has the highest percentage (23.2%) with Rugby (19.5%) and Warwick (19.3%) having the next highest rates.
- Data on Disability Living Allowance claimants aged under 16 gives an indication of prevalence of disability among the population. Rugby has the highest rate of claimants (14%, 490 claimants) but Nuneaton & Bedworth has the highest number of claimants (700 claimants, 9%).
- Prevalence rates indicate that there are 9,310 people aged 14 and over in the County with some form of learning disability. This is projected to increase to 9,570 by 2015, with a reduction in numbers aged 14-18 but a large increase in those aged 65 and over.
- Within this group of 9,310 people, 220 people have profound and multiple learning disabilities and 1,560 people have severe learning disabilities. This means there are 1,780 with profound or severe learning disabilities. By 2015, this figure is predicted to rise to 1,830 with the increases occurring in the 65 and over age group.
- It is estimated that there are currently 8,050 people in Warwickshire aged between 18 and 64 with a serious physical disability, this is projected to increase to 8,600 by 2030.
- In 2010-2011, 1,480 people aged between 18 and 64 with a physical disability were assessed to need a funded social care service.
- In December 2011, 30% of social care customers with a learning disability and 9% of social care customers with a physical disability were living in residential or nursing care.

Outcomes Sought

- Effective integrated working to promote early intervention
- Improved educational achievement so more children and young people are able to reach their true potential and gaps are narrowed between the attainment levels of vulnerable pupils and their peers
- Increased choice & control for all people with disabilities
- People with a disability are able to live a fulfilled life including accessing a range of community activities and are able to get paid employment
- People with a disability have a place of their own to live
- Better health and well-being for people with disabilities
- Carers of people with disabilities are supported to have a fulfilled life of their own
- Vulnerable children and adults are kept safe from harm including bullying and anti-social behaviour
- Transitions are managed, including from children's to adults services

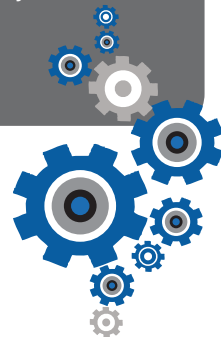


What are we going to do about this?

- Warwickshire Children and Young People's Plan
- 'A Good Life for Everyone' - Warwickshire's Joint Commissioning Strategy for Adults with a Learning Disability 2011 – 2014
- A Vision for Adult Social Care: Capable Communities and Active Citizens
- Putting People First
- Think Local Act Personal

Who Needs to Know This?

- Commissioners of children and adult disability services
- Head teachers and GPs
- Third sector organisations supporting people with disabilities
- District and Borough practitioners, for example Housing officers





Safeguarding

Ensuring that Warwickshire's vulnerable children and adults are safe from harm is a key priority. Safeguarding Children and Adults Boards meet on a regular basis with representation from all of the key organisations in Warwickshire including the County Council, Police, Health, District & Borough Councils, Ambulance and Fire Services, Hospital Trusts, Probation, Coventry & Warwickshire Partnership Trust and Voluntary Agencies.

- At 31st March 2011, 478 children were subject to a Child Protection Plan (CPP) compared to 503 at 31st March 2010, representing a 5% decrease. Once again this year, the largest group of children to become subject to a CPP were those aged 1-4 years. These figures are snapshots as of the 31st of March.
- The rate of children subject to a CPP per 10,000 is highest in Nuneaton & Bedworth, followed by Rugby.
- The proportion of children subject to a CPP who are aged under five, including unborn children, has increased slightly to 47.9% (229) in 2011 from 45.3% (228) in 2010. Of these, 12 were unborn at 31st March 2011 & 9 unborn at 31st March 2010.
- In 2010/11 862 adult safeguarding referrals were received, this compares to 826 in 2009/10 and in 2011/12 the number of referrals is expected to exceed 1,000. In 2010/11 Warwickshire had a rate of 20 referrals per 10,000 adult population compared to the national average of 26 referrals.
- 28% of safeguarding referrals were from Nuneaton and Bedworth and 22% from Warwick District. These are directly comparable with the percentage of customers in each district, therefore there appears to be no greater risk of Safeguarding incidents based on where people live.
- 50% of safeguarding referrals related to an incident in the customers own home, 33% were in a care home.
- 53% of alleged perpetrators in 2010/11 were professional (abuse by worker or institutional abuse) and 47% were personal relationships (family, friend or informal carer).

Outcomes Sought

Children and Young People are:

- Safe from maltreatment, neglect, violence and sexual exploitation
- Safe from accidental injury and death
- Safe from bullying and discrimination
- Safe from crime and anti-social behaviour in and out of school
- Have security, stability and are cared for

Adults:

- Reduce the number of safeguarding incidents
- Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm
- Improving services and support for victims of sexual violence
- All customers are aware of how to make a safeguarding referral
- Reduction in 'Mate Crime' and 'Hate Crime'



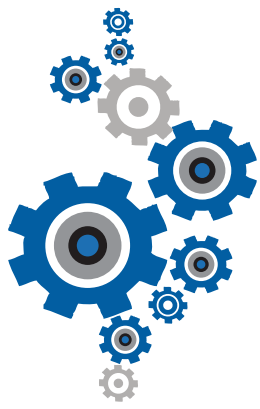
What are we going to do about it?

- Warwickshire Children and Young People's Plan
- Warwickshire Children Safeguarding Board
- Adult Safeguarding Policy
- Adult Safeguarding Board Performance Report
- Adults Safeguarding Plan – In development
- Keeping Safe Plan for Customers with Learning Disability

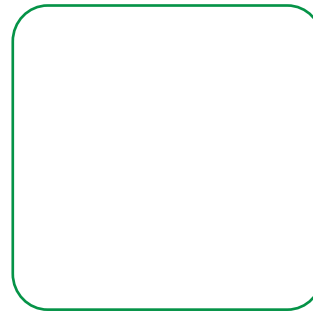
Who Needs to Know This?

- Practitioners and Commissioners in Children and Adult services
- Members of the multi-agency safeguarding boards
- GPs and health professionals
- Police
- Third sector organisations supporting vulnerable people
- Whole community





Warwickshire
JSNA



Old Age Dementia Ageing and Frailty



Dementia

The term 'dementia' is used to describe the symptoms that occur when the brain is affected by specific conditions, including Alzheimer's disease, stroke, and many other rarer conditions. Dementia is increasingly becoming one of the most important causes of disability in older people. In terms of Global Burden of Disease, it contributes 11.2% of all years lived with disability. This figure is higher than stroke, musculoskeletal disorders, heart disease and cancer.

- The Alzheimer's Society statistics indicate there are currently some 750,000 people living with dementia in the UK. This represents one person in every 88 (1.1%) of the UK population. By 2021, it is estimated there will be over 940,000 people living with dementia and this is predicted to soar to 1.7 million by 2050. This represents a 125% increase in the number of people living with dementia between 2010 and 2050, or a 3% per year increase.
- It is estimated that in Warwickshire, there were around 6,500 people aged over 65 living with dementia in 2010.
- In 2008, 3,353 people in Warwickshire were registered with their GP as having dementia, meaning over 50% of the predicted number of people with dementia are undiagnosed.
- Between 2010 and 2030, it is estimated that the number of older people with dementia in Warwickshire will double, to more than 13,000. The majority of these will be aged 75 and over.
- Currently, in the UK, around two thirds of people with dementia live in private households.
- The Alzheimer's Society estimates that in 2007 the total cost of dementia in the UK was £17 billion per annum, or on average £25,472 per person with late onset dementia.
- It is not currently known how many people with dementia are funding their own care both in residential care and in their own home.

Outcomes Sought

- **Awareness and Understanding:** A key part of understanding mental ill health is to promote positive mental health and also the awareness of dementia and the services to enable individuals to live well. A lack of understanding of dementia can lead to a number of problems including symptoms not being recognised early enough leading to poor access to services and poor outcomes.
- **Early Diagnosis and Support:** Early diagnosis is key to providing the right support to both service users and carers in a timely manner.
- **Living Well with Dementia:** Users and carers highlight that once diagnosed with dementia they require a range of services that fully meet changing needs. Whilst there are already a number of services in Warwickshire that offer both support and services to people living with dementia, it is recognised that there is more to be done to make sure the highest quality support and services are available to people with dementia and their carers.
- **Making the Change:** Service users and carers in Warwickshire have told us that the National Dementia Strategy recommendations for an informed and effective workforce are key to improving services.
- **Transform health care for people with dementia and their families**



What are we going to do about it?

- Joint Director of Public Health Report 2010: Best Health for Older People in Warwickshire p30/31
- Living Well with Dementia in Warwickshire
- National Dementia Strategy
- Dementia UK - Alzheimer's Report
- A Vision for Adult Social Care: Capable Communities and Active Citizens
- Putting People First
- Think Local Act Personal

Who Needs to Know This?

- Commissioners in Public Health and Social Care
- Third sector organisations supporting vulnerable older people
- GPs and other health professionals





Ageing and Frailty

Alongside general population growth in Warwickshire, there will be a particularly high rate of increase in those aged 65 and over, a trend reflected across all districts and boroughs. Whilst living longer is a cause for celebration, from a public sector point of view, the two key impacts are the additional pressures that will be placed upon services (particularly health and social care) and the quality of life experienced by residents as their life expectancy increases.

- Between 2012 and 2030 it is projected that the number of people aged 65 and over is projected to increase by 48%, the number of people aged 85 and over is projected to more than double, rising by 119%.
- Dementia is expected to increase by almost 90% in people aged over 60 by 2030.
- In the 2001 Census showed there are 53,000 people providing unpaid care in Warwickshire, of those 58% were aged over 50 and 18% were aged over 65.
- An estimated two thirds of over 75 year olds in Warwickshire live with one or more long term conditions, many of which are not known to the older person's general practitioner.
- By 2030, it is estimated that more than 37,000 people over 65 in Warwickshire will be obese, with greater risks for diabetes, heart disease and other associated health problems.
- In the next 20 years, new cancer cases are projected to increase by 100% in men aged over 70 and 50% in women aged over 70.
- Frail older people stay in hospital longer, occupy two thirds of hospital beds and are the main users of long term care services, much of which is unnecessary.
- Some 22% of all non-planned emergency inpatient admissions are to people aged over 75.
- The proportion of spend for hospital activity on the over 75 year old population is 26% of all activity and 39% of non-elective costs.
- In 2010/11 81,330 items of equipment were provided by the Integrated Community Equipment Service to meet both health and social care needs
- In 2010/11, 8,920 older people were assessed to need a funded social care service from Warwickshire County Council. This represents 9% of the population, if this percentage of the population continued to need social care support in 2030 over 13,000 people would require services. 7,309 people had needs that were supported in the community including services such as home care (4,416 people), equipment and adaptations (3,347 people), day care (773 people) and 472 people taking a direct payment to purchase their own care. 2,180 people required permanent residential or nursing care.
- Extra Care Housing offers the residents of Warwickshire alternative accommodation options to institutional, residential and nursing care; supporting their independence and well-being in their home environment.
- There are a number of screening programmes targeted at the over 50s population, for example bowel cancer screening, but uptake varies by age and depending on where people live.
- 68% of social care service users feel in control of their daily lives, compared to the national average of 75%.
- Currently 60% of customers who receive reablement do not require any on-going support for at least 3 months after receiving reablement. Since its pilot in April 2010 reablement has helped over 2,000 older people. The new model for reablement will see approximately 60 new referrals per week into the reablement service. 60 referrals per week represents 70% of the estimated adult social care referrals for new customers and changing needs for existing customers.

Outcomes Sought

- Improve end of life care
- Reduce the risk of falls and fractures in older people
- Reduce excess deaths during winter months
- Meet needs arising from social isolation and rural living
- Encourage healthy living in old age
- Choice and control and services to promote independence
- Joined Up Services that are community based
- Enhancing quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support



What are we going to do about it?

- Joint Director of Public Health Report 2010: Best Health for Older People in Warwickshire
- Supporting Independence (prevention) Strategy 2011 – 2014
- A Vision for Adult Social Care: Capable Communities and Active Citizens
- Putting People First
- Think Local Act Personal
- Care and Choice, Delivering better outcomes for Older People, 2008-2015

Who Needs to Know This?

- Commissioners in Public Health and Social Care
- Providers of accommodation for older people, and also practitioners involved in housing adaptations
- Third sector organisations supporting vulnerable older people
- GPs and other health professionals

