Warwickshire Joint Health and Wellbeing Strategy 2012-2015

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Contents

Introduction

"In Warwickshire people will live longer, in better health and be supported to be independent for as long as possible. We will see the people of Warwickshire free from poverty, have a decent standard of living and no child will start their lives at a disadvantage or be left behind. We will see our communities aspiring to better achievements and to be more vibrant and supportive."

This Health and Wellbeing Strategy is a plan that has been developed between the NHS, social care, public health and local authorities in Warwickshire who are represented at the Warwickshire Shadow Health and Wellbeing Board.

This document sets where we would like Warwickshire to be heading in terms of health and wellbeing. It does not set out a detailed plan of how we will get there. It is up to each of the partner organisations on the Health and Wellbeing Board to put forward their own plans of how they could contribute to moving towards where we want to get to.

We think that we can best achieve this vision by integrating and coordinating our services as much as possible. Our focus is on the need to improve people's "life story", to improve their health and wellbeing rather than reacting to problems. We must make sure that we invest more in keeping people well and able to live independently. Community and voluntary sector organisations are vital to success and we recognise the importance of working with them to provide the best possible services.

The strategy is split up into three sections. Section one looks at how different factors affect our health and wellbeing across our whole life or "life story" and how our environment and communities impact on our health.

Section two explains the national priorities for health, social care and public health. The government will be monitor our services against these priorities.

Finally, section three explains what we think the priorities for health and wellbeing are in Warwickshire. These priorities were determined by Warwickshire's Joint Strategic Needs Assessment (JSNA) which was published by Warwickshire County Council and NHS Warwickshire in early 2012. More information can be found at jsna.warwickshire.gov.uk. This strategy is the response to the JSNA and sets

the outcomes that we want to see. This strategy should be read alongside the JSNA and the JSNA annual review.

Principles

To achieve our vision everything we do needs to be based on some core principles that many of our organisations have in common:

- We will help keep people well and independent for as long as possible

- We will ensure that the people of Warwickshire have a greater say in how services are provided

- We will recognise that many public services have direct impacts on people's health and wellbeing and we will work with these services to maximise this positive impact

- We will help people be cared for in their own home wherever possible

- We will identify social problems or illness as early as possible to prevent situations getting worse

- We will look for new ways to help people help themselves by using available technologies

- We will integrate health, social care services and other public sector services wherever possible to improve the quality of care people receive

- We will make sure people get the right care, in the right place, at the right time

We must also acknowledge that all public services are in a significant period of change. Social care and local authority budgets are falling and NHS and public health budgets will remain flat for several years. At the same time our population is growing and getting older, requiring more care. The only way that we can achieve our vision is by improving the efficiency and effectiveness of our services, diverting more resources to improving prevention and by all the organisations in Warwickshire working in a coordinated and integrated manner. This strategy aims to start us moving in this direction.

Question 1: Do you agree with our vision for health and wellbeing in Warwickshire and the principles of how we should work together?

The Life Story

Poor health and wellbeing is a result of a huge variety of factors that people experience over the course of their life. Many of these factors are related to people's surroundings and their communities.

Some of the most important causes of differences in health and wellbeing are the large differences in the rate of smoking, educational attainment and earnings, quality of housing and cohesion of the communities that people live in. People who are poorer, less well educated and who live in more deprived areas tend to suffer more negative effects on their health and wellbeing. This means that in some areas of Warwickshire people live 13 years less than in others.

These factors are often the responsibilities of local authorities, schools, employers, community and voluntary sector organisations, communities and individuals. These factors can have a much greater impact on health and wellbeing than NHS and social care services do. If we are to improve the health and wellbeing of people in Warwickshire and to reduce health inequalities it is these factors that we must change. Part of the aim of this strategy is to ask organisations who have the ability to influence these factors to consider how improving health and wellbeing can become a central aim of what they do.

In Warwickshire we are better off than many parts of the UK but there are still serious issues that mean we are not as healthy and prosperous as we could be, for example:

- 39% of children in Warwickshire leave school with less than five good GCSEs
- 14% of children in Warwickshire grow up in poverty
- 20% of people in Warwickshire still smoke
- 25% of people in Warwickshire are obese
- 1 in 6 adults suffers with some form of mental illness

Improving health and reducing health inequalities requires effort on a broad front. A national review of health inequalities was published by Sir Michael Marmot in 2010 that identified action was required on six policy fronts to achieve reductions in health inequalities.

> **Action required to reduce health inequalities**
>
> - Give every child the best start in life
> - Enable all children young people and adults to maximise their capabilities and have control over their lives
> - Create fair employment and good work for all
> - Ensure healthy standard of living for all
> - Create and develop healthy and sustainable places and communities
> - Strengthen the role and impact of ill health prevention

We would encourage every local authority and NHS organisation in Warwickshire to consider how they can make a greater contribution to these six areas. In particular we need to invest more in supporting our children to thrive and make the most of their potential. We need to have an aspiration in Warwickshire to be even better than we are at the moment. This will mean health and wellbeing being a major consideration in planning policy, development control, transport, economic development initiatives, leisure services, environmental regulation, housing, schools and income support.

The diagram on the next page shows what successfully achieving our vision and fully acting on the issues raised in this strategy might look like across the life story in Warwickshire. The next few pages describe what we need to do across all our organisations to put health and wellbeing at the centre of what we do.

Question 2: Do you agree with our life story approach to reducing health inequalities and improving health and wellbeing in Warwickshire?

The Life Story – How Health Inequalities will be reduced in Warwickshire

Good Quality Housing

Freedom from Poverty

Smoke Free

Healthy, Safe and Sustainable Communities and Places

Prenatal	Pre School	School and Training	Work and Employment	Retirement
High quality maternity services Fewer pregnant women smoking Less pregnant women obese Greater and earlier attendance at antenatal services by disadvantaged groups Fewer teenage pregnancies	Improved parenting skills High quality early years education All children are ready for school Improved and better coordinated support for young families More children growing up in a smoke free home	Increased educational attainment and reduction in the differences between communities Increased uptake of free school meals by those eligible Every school has a health plan to improve physical, sexual and mental health in schools Troubled families are given intensive support Young people at risk of not being in employment, education and training are helped as early as possible	Reduced long term unemployment Major employers introduce staff health programmes Those unable to work have their welfare payments maximised Carers are supported in their vital role People with disabilities and mental health problems are helped to maintain their independence	High uptake of screening programmes and NHS Health Checks Excellent diagnosis and treatment of long term conditions including dementia Reduced social isolation and fuel poverty Improved support and housing to help older people remain independent including the use of new technologies Older people are supported to plan their care including their end of life wishes

Good Quality Housing and Support

Across Warwickshire, councils, health services, housing associations and voluntary organisations work together, and with other national agencies, to develop and maintain a range of strategies to improve housing conditions and housing-related support, regardless of tenure, becuase of the central role that housing plays in improving health and wellbeing.

This strategy has been developed in an arena where evidence-based strategies for housing and support have been created together. These include:

- District and borough housing strategies (including private-sector housing strategies, homelessness strategies and empty-property strategies)
- District and borough local plans
- Warwickshire's local investment plan (developed with the Homes and Communities Agency), focusing on developing new affordable homes
- Warwickshire's supporting-people strategy
- Warwickshire's extra-care strategy

District and borough councils also develop asset-management strategies and business plans, with tenants, for their housing stocks. All of Warwickshire's districts and borough council stock meets the decent homes standard which reflects the understanding that people who live in secure, warm, non-overcrowded, housing are less likely to suffer from physical and mental illness. Children living in good housing are also more likely to do better at school.

However, the private sector has significant numbers of homes which don't meet this standard. Unlike council and housing association homes, there is no national regulatory framework in place to guide and encourage landlords to reach or maintain this standard; let alone exceed it.

Increasingly, joint approaches are developed in recognition of the role that good housing and support services can play in preventing people's

health and wellbeing from declining. Not only do local people say that preventing illness (or the deterioration of existing conditions) is the right thing to do for them, it also saves public money in more expensive health treatments and social care; so that public investment is targeted effectively in an era of lower public spending.

Reflecting this understanding, a high priority for local organisations is improving Warwickshire's services to help people live independently at home.

What needs to happen in Warwickshire?

Work needs to continue on the following projects, which reflect the above concerns:

- Improve adaptations and advice so that people with reduced or declining mobility can continue living at home rather than going into care or hospital. These services are usually provided by councils or home improvement agencies (sometimes called "Care and Repair")

- Review assistive technology services (often called "telecare" or "telehealth")

- Increase the amount of extra-care housing. This is housing for people with varying levels of care and support needs. It offers an alternative to residential care, in particular when care is needed at night

- Review the contribution that housing related support makes to helping people retain their independence and reshaping them to do this effectively

- Understand the condition of private-sector homes across Warwickshire and working together to improve them

- Homes of all tenures need to reach the decent-homes standard, or maintain it where reached. Further work should take place to understand if this needs to be improved-upon locally where health and wellbeing would be improved by a higher standard

- Where this work saves money by preventing the need for more expensive public services organisations across Warwickshire should consider targeting resources where it achieves the best value for public funding

Freedom from Poverty

14.3% of children, equivalent to 16,160 children, in Warwickshire are growing up in poverty. This has increased from 13.2% in 2008.

Some neighbourhoods in Warwickshire have over half the children living in poverty. In some parts of Warwickshire employment has been particularly hard hit by the recession and levels of employment have not yet started to recover.

Living in a household that has enough money to provide healthy food, warmth and opportunities is one of the most important factors in making sure that young children get the best start in life. Supporting children in their earliest years and protecting them from poverty has been shown to be the most beneficial time to intervene.

Poverty also has serious health consequences for adults; those in financial difficulties are more likely to suffer physical and mental health problems and are more likely to smoke and drink alcohol in a harmful way.

Much poverty comes as a result of people not having sufficient education or skills to be able to find regular employment or as a result of ill health or disability.

What needs to happen in Warwickshire?

- Intervene early so that families with young children living in poverty are given help

- Encourage improvements in community aspiration in areas where unemployment is high

- Address generational worklessness by helping young people not in education, employment or training into a work or training programme

- Ensure easy access to adult education and training

- For individuals and families unable to work maximise welfare benefits to reduce poverty

Smoke Free

Smoking at any age has serious negative consequences on people's health with one in two life-long smokers dying early. The effect of second hand smoke on unborn babies and young children is especially harmful. In Warwickshire around 20% of people still smoke, as do 18% of pregnant women. At least 20% of children live in a house where other people smoke.

Children of smokers are almost twice as likely to be admitted to hospital with breathing problems as those who live in a smoke free home.

Stopping smoking in later life can make big differences to people's health and how long they can expect to live. Even people quitting when they retire will increase their life expectancy by three years on average.
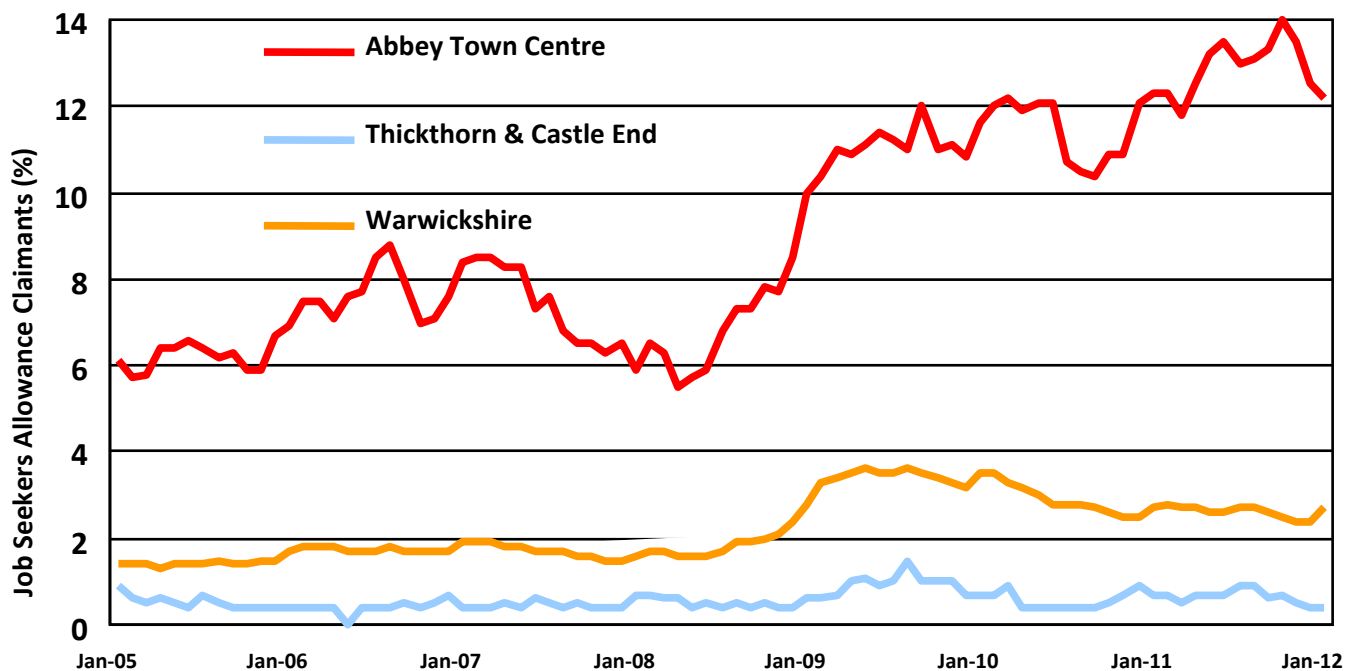
Across the public sector we have hundreds of staff going into people's homes every day and in contact with thousands more. This presents a golden opportunity to "make every contact count" to encourage people to stop smoking, directing smokers to help and support. By having a consistent message across all our services in Warwickshire we can steadily encourage people to quit.

We should also be helping staff that work with children in their homes such as social workers, health visitors and midwives to spend more time and be more confident in encouraging parents to keep their homes smoke free.

What needs to happen in Warwickshire?

- Every organisation commits to "making every contact count" to encourage more people to quit smoking and refer people to stop smoking services

- We should aim for a time when all homes with young children in them are smoke free.

- Discourage the building of smoking shelters in licensed premises

- We should consider if there is a case for designating certain outside public places as smokefree

- Every pregnant woman being tested for smoking and being helped to quit every time they come into contact with the health service

- Coordinated work between NHS, local authorities, voluntary sector organisations and other partners to ensure compliance with smoke free law

Healthy and Sustainable Communities and Places

The places where we live are vitally important for our health and wellbeing. Areas that are well maintained, have low levels of crime and where people feel safe all contribute to a feeling of community cohesion where people feel more able to contribute to, take responsibility for and be part of a community.

Safe and clean, green spaces encourage people to enjoying getting outside to play or exercise. It is important that we maintain the number and quality of community spaces where we can do this and

bear this in mind when considering new housing developments.

Towns can also be planned to encourage walking, cycling or public transport instead of car use. When we build new large housing developments we need to carefully consider how our existing health and social care services will cope with an influx of new residents and make joint plans to deal with this.

We also need to plan our public sector buildings in a more coordinated way so that we can base several different services in one place. In some parts of the UK several different public sector services have been put together in a single "community hub" where local people go to access all public services such as GPs, social services, housing, libraries and community centres. These have often been catalysts for improving and coordinating services and for an overall improvement in the community.

Leisure services are equally important and we want to ensure that high quality leisure facilities are available to everyone in Warwickshire but especially those that are living in more deprived areas where people may be less able to pay for alternative leisure facilities.

Our planning policies should systemically consider the impact of developments on people's health and wellbeing or on the health and social care services in the local area. In some areas with the poorest heath we should be discussing whether we should be allowing so many fast food outlets, off licences and betting shops which can compound the health and social inequalities that already exist. This has already taken place in some parts of the UK.

What needs to happen in Warwickshire?

- Health and wellbeing should be included as core considerations in every planning and transport policy in Warwickshire and as part of the district and borough councils' Core Strategies and Neighbourhood Plans

- Maintain and increase the number and quality of green spaces and leisure facilities especially in more deprived areas

- Develop policies to limit the number of fast food outlets, licensed premises and betting shops in any given area to

- Integrate public services into community hubs across health, social care, and local authority services that serve local communities in a coordinated manner

- Use the community infrastructure levy on new developments to improve health and wellbeing

- Carry out health impact assessment on major developments to ensure that the maximum health gain is achieved

Safer Communities

Feeling safe can be one of the most important issues for people living in our communities. Being a victim of crime or being afraid of crime can have major impacts on people's confidence, mental health and wellbeing. Anti-social behaviour (ASB) is a major factor in people's perception of fear of crime.

Research has shown that young children lacking empathy from an early age, as a result of parental or health difficulties, may be a risk factor in getting involved in ASB and offending behaviour later in life. In Warwickshire, the Family Intervention Project picks up families where ASB is a problem in the complex needs of the family. This is proving to be very successful in tackling family problems. Those problems usually include domestic abuse, alcohol and drug misuse and non-attendance at school. The Youth Justice Service plays a large part in keeping young people out of the criminal justice system to stop further offending.

ASB services are currently being reviewed to ensure that victims, especially those who are vulnerable have the support they need and also to prevent them being revictimised. Research has shown that those with a mental health or long term illness can be especially vulnerable to becoming victims of ASB.

A new integrated domestic abuse service has just been commissioned in Warwickshire. People at high risk taking of domestic abuse will be supported by an Independent Domestic Violence Adviser.

A Violence against Women and Girls Strategy is being developed, to cover not only domestic abuse and sexual assaults, but also sexual exploitation, trafficking, honour-based violence, forced marriage, and female genital mutilation. A new Sexual Assault Referral Centre for Coventry and Warwickshire is to be built at George Eliot Hospital, in November 2012. The centre will enable those who have been sexually assaulted to be supported and treated in a specialist environment.

The minor injuries department at St Cross Hospital, Rugby is helping to collect data around the locations of violence in order for agencies to target interventions to those locations and the people involved. The same information is required from the other two hospitals in the county.

In Warwickshire we estimate that drug misuse is a factor in 21% of crimes; alcohol misuse is a factor in 43% of crimes and poor emotional well-being is a factor in 33% of crimes. Half of all the prison population may have some form of mental health condition.

Warwickshire Police is supporting the Warwickshire Drug and Alcohol Action team in the implementation of the Alcohol Diversion Scheme. This will target people who commit minor disorder offences in public places, allowing people subject to a fixed penalty notice to attend a course where alcohol abuse and health related issues and consequences will be discussed. Attendance on such a course will result in the level of fine being reduced or removed.

There is designated provision for offenders requiring treatment and interventions for substance misuse, provided through the Recovery Partnership. The only other specialist service for offenders is the Criminal Justice Mental Health Liaison Service which attempts to connect offenders with required mental health services from the point of arrest onwards. Although this particular service has recently attracted favourable national attention from the Department of Health/Ministry of Justice it is lacking in resilience due its limited funding.

Many offenders supervised by Warwickshire Probation Trust will are from groups identified as 'hard to reach'. By working more closely with the probation trust there may be novel ways to help improve the health and wellbeing of these groups.

What Needs to Happen in Warwickshire:

- More early intervention work to prevent crime and ASB, tackle hate crime and support victims including continuing and expanding the work of the Family Intervention Projects

- Implement a strategy to prevent violence against women and girls

- Improve the links to mental health services to help prevent domestic abuse, sexual assaults and vulnerable people becoming victims of abuse

- All A&E departments collect data around assaults and alcohol related incidents to put in place joint initiatives to prevent disorder

- Increase the support from mental health services to offenders to help prevent reoffending

- Investigate how working with Warwickshire Probation Trust can help us improve the health and wellbeing of "hard to reach" groups

Schools and Education

Educational achievement and its impact on employment potential and earnings has a direct effect on people's health and wellbeing over their lifetime, as well as their ability to remain independent.

We know that 39% of children in Warwickshire leave school without five good GCSEs. For many this can mean they have poor employment opportunities, low income and as a result poor health.

In Warwickshire we need to raise our aspiration for educational achievement. We should not be satisfied with over a third of our children leaving school without good qualifications.

Schools are also important in setting many of the

PERCENTAGE OF PUPILS GAINING 5 OR MORE GCSEs AT GRADES A*-C, INCLUDING ENGLISH AND MATHS, IN 2011 BY LOCALITY

Source: Warwickshire County Council (People Group), Warwickshire Observatory. Based on residence, not school location.

- 53% NORTH WARWICKSHIRE BOROUGH
- 51% NUNEATON & BEDWORTH BOROUGH
- 60% RUGBY BOROUGH
- 68% STRATFORD-ON-AVON DISTRICT
- 65% WARWICK DISTRICT

health behaviours we take into later life and are where children spend a huge amount of their lives. Therefore it is vital that we make sure that in all our schools there is a culture of living healthily.

What needs to happen in Warwickshire?

- A continuous improvement in educational attainment in all schools with help being provided to schools with poor outcomes

- Every school in Warwickshire has an active school health and wellbeing plan

- Increase the uptake of free school meals by eligible children

- Encourage more physical activity during the school day and in after school clubs

- Reduce availability of sugary drinks and sugary and fatty foods within school

- Increase the availability of breakfast clubs to make sure every child starts the school day with a proper meal

- Encourage walking or cycling to school as part of a school travel plan

- Ensure that all schools provide appropriate, relevant, engaging and age-appropriate education on relationships and sex for children of all ages

- Develop school programmes for children to stay emotionally and mentally healthy

- Reduce misuse of alcohol; drugs and tobacco amongst young people and ensure those who do misuse substances are referred to appropriate services

Question 3: Do you agree with our views about what needs to happen in Warwickshire to improve the life story?

NHS and Social Care Services

Overall our health and social care services perform well but we know that they are going to have to change and improve over the next few years. Some of the reasons we need to change are:

- A desire to provide better quality services
- An aging population; we expect there will be twice as many people aged over 75 in ten years' time. More than half of unplanned admissions to hospital are in this age group
- More people with disabling long term health conditions; these can be better managed in the community if services are planned well
- New treatments and technologies; these help us give people better care but also mean we have to change how we provide services
- The country's financial challenge and smaller local budgets for health and social care

Keeping People Healthy and Independent

Everyday, we see thousands of people in the NHS and social care in Warwickshire. Much of the time we do not take the opportunity to give people advice and encouragement to maintain a healthy lifestyle or stay independent. This means we are missing opportunities everyday to prevent people becoming ill. We need health and social care practitioners to "Make Every Contact Count". This means whenever they meet with a person who has an unhealthy lifestyle encouraging them to make a change for the better. We know that advice from professionals can be a major factor in someone deciding to make a lifestyle change.

We can also help people remain more independent by using personal health and social care budgets to buy just the right care for them rather than imposing a "one size fits all" solution. We need to help people take control of their care by expanding the use of personal budgets so people have a real choice and get the right service that suits them.

Looking After People at Home

We know that most older people and people with physical and learning disabilities want to stay in their own home whenever possible and not have to go into residential or nursing care. At the moment there are many people who could be cared for in their own home who are currently in residential care. For example, in Warwickshire more than 30% of people with severe disability are looked after in residential care whilst in other parts of the UK this is less than 10%.

We already have an integrated disability service where all partners work together to plan and deliver high quality care to support disabled children and their families. We want to maintain and build on this type of integrated care.

We also need to start caring for more people in their own homes instead of in hospital. We estimate that between one third and a half of everyone in hospital in Warwickshire could be looked after just as well in their own home. Hospital care should be for the most severely ill people or people who need treatments that cannot be safely provided elsewhere. But at the moment many people with long term conditions, who are older, frail or at the end of their life are inappropriately admitted to hospital because we do not have the services to look after them at home. For elderly people just being in hospital can lead to a rapid loss of independence meaning that people are unable to return to their own home with confidence.

To make sure more people can stay at home to have treatment and rehabilitation we need to strengthen our community health and mental health services. We need to integrate them with social care and community and voluntary sector organisations to make admission to hospital or residential care a last resort for ill or frail people. Part of this will also be to ensure that support is available to carers who often provide care for the majority of the time.

People at the natural end of their lives are often unnecessarily admitted to hospital, when they and their families could be more sensitively cared for at home. Our community health teams and local hospices, working closely together, can ensure that we increase peoples' ability to live well with terminal illnesses and die where they prefer.

High Quality Primary and Community Care

GP practices provide the core of NHS services and are essential for making sure that the health system works well. However, there are some large differences in the quality of care practices provide to their patients and the outcomes for the patients.   By working to improve the quality of the less well performing practices we can make a real difference to the long term health of patients. GP's new roles in commissioning NHS services should also include working with colleagues to help drive up quality in of practices where needed.

We also need to take the opportunity to integrate GP practices with other health and social care teams to encourage care that wraps around patients and provides an integrated service. We call this "horizontal integration". Community pharmacies can also be used to increase support to patients in the community by improving the management of patient discharged from hospital, supporting patients in their home and encouraging healthy lifestyle changes.

There are also opportunities to have other public services such as housing, benefits advice and job centres on the same site as health and social care teams and community and voluntary organisations. These "community hubs" have made positive impacts for people and communities where they have been developed in other parts of the country.

People with Long Term Conditions

People with long term physical or mental illnesses are often more likely to be admitted to hospital or need more social care than any other group of people. The better treatment people get for their condition, the less likely it is they will need to go into hospital or lose their independence.

At the moment there is a large variation in how well we look after people with long term conditions across Warwickshire which needs to be improved. We must share the care of patients between GPs, community health services and hospital specialists in a more coordinated way to make sure that people with complex or multiple conditions get the right care. We call this "vertical integration".

We also need to make sure that people with long term mental illness or learning disabilities get the right support. Mental illness can cause more and longer lasting disability than some physical health problem. Dementia is a leading cause of ill health and dependence in older people and needs to be considered with other long term conditions. People with mental illness can also have poor physical health and our services need to make sure that this is not overlooked.

High Quality Hospital Care: Getting the Right Care, in the Right Place, at the Right Time

Our local hospitals developed at a time when most hospital care could be provided to an acceptable standard from relatively small sites. We have seen a transformation in healthcare over the past twenty years with increasing complexity in tests and treatment and the need for greater specialisation by doctors.

Our goal is to provide higher quality, safer care with more choice and improved experience and outcomes for people. In some cases we will be able to provide this high level of care at every hospital but in some cases it will mean that some services will need to be based in one place. We have already seen the benefits of this in Warwickshire, in terms of people getting better care and being more likely to survive, for cancer, vascular surgery, stroke, heart disease and major trauma.

In particular we must consider the best way to provide emergency care for the most severely ill people and people having planned operations who are at a high risk of complications across all our hospital sites. However, we aim to provide as much locally as is safe, effective and affordable.

We also need to make sure that our hospital services are reporting their outcomes for patients. This helps us judge whether a particular service is safe, providing high quality care or whether the services need to be changed. When outcomes for hospitals in Warwickshire and the surrounding area are reported, such as mortality rates, it reveals large variation in

outcomes for patients and their quality of care. For example national audits show big local differences in death rates after surgery for people with bowel cancer and variation in treatments provided to those with lung cancer.

Services should be collecting, publishing and comparing the outcomes for the patients that they treat, including rates of death and complications so we can see how one service is doing compared to another. Other social care services such as nursing homes should also be reporting outcomes for their residents so we can be assured that they are providing good quality care and people can make a judgement where they would like to be looked after.

Helping People Recover

Finally, we do not get people out of hospital quickly enough once they have recovered from their illness or injury. For many older people this can mean they cannot get back to their previous level of functioning meaning they may need to go into a residential or nursing home. Often people are delayed from being discharged by delays in deciding funding, finding them appropriate placements or making a decision about where they should best live in the future.

When it comes to getting people home from hospital we need to improve how quickly we can make this happen. One way will be to bring health and social care teams more closely together or fully integrate them and to raise the expectation that as soon as people are ready to be discharged they will leave hospital immediately. Working with community and voluntary organisations will also be essential to succeeding in this.

We need to focus more resources on recovery and rehabilitation from injury and illness. This not only helps people feel better but means they are more likely to be able to continue to live independently.

What needs to happen in Warwickshire?

- Make "every contact count" throughout health, social care and other public sector partners such as local authorities

- Health services should become "health promoting" organisations

- Maintain the high quality, integrated care for children with significant care needs

- Expand the use of personal budgets for health and social care to give people and their carers more control and greater flexibility

- Increase the number of older or disabled people who are supported to live in their own home instead of moving into residential or nursing homes

- Integrate health and social care teams to make sure our services are responsive to the needs of people, especially for urgent responses and discharging people from hospital

- Expand the use of tools to identify people who are at high risk of being admitted to hospital and intervening early to prevent this

- Move more care out of hospitals into the community and people's homes to help people remain in their own home longer

- Support people with long term health conditions to develop their own care plans including their end of life preferences"

- Integrate health and social care with other public services through the use of community hubs and shared buildings

- Improve the quality of long term condition management in primary care and improve the coordination between GPs, community health services and hospital consultants

- Routinely report quality and outcomes data across all NHS and social care providers to ensure a consistent and high quality care

- Provide the best 24/7 acute care for the most severely ill and injured people and those requiring complex and specialist care

- Develop a full range of specialist clinical networks across all hospitals to make sure that patients are seen by the right person, in the right place, at the right time.

- Provide good local access to tests, diagnosis, clinics, the majority of urgent and planned procedures and longer term care

- Provide acute medical and surgical assessment facilities and ambulatory care at all acute hospitals

- Provide safe and appropriate levels of inpatient care and elective surgery at all acute hospitals

- Develop a focused role for each hospital in the wider system, supported and reinforced by clinical networks

- Expand the availability of reablement and rehabilitation for people after illness or injury

- Improve the integration of our palliative care services, including care for children, and strengthen end of life care in nursing and residential care homes
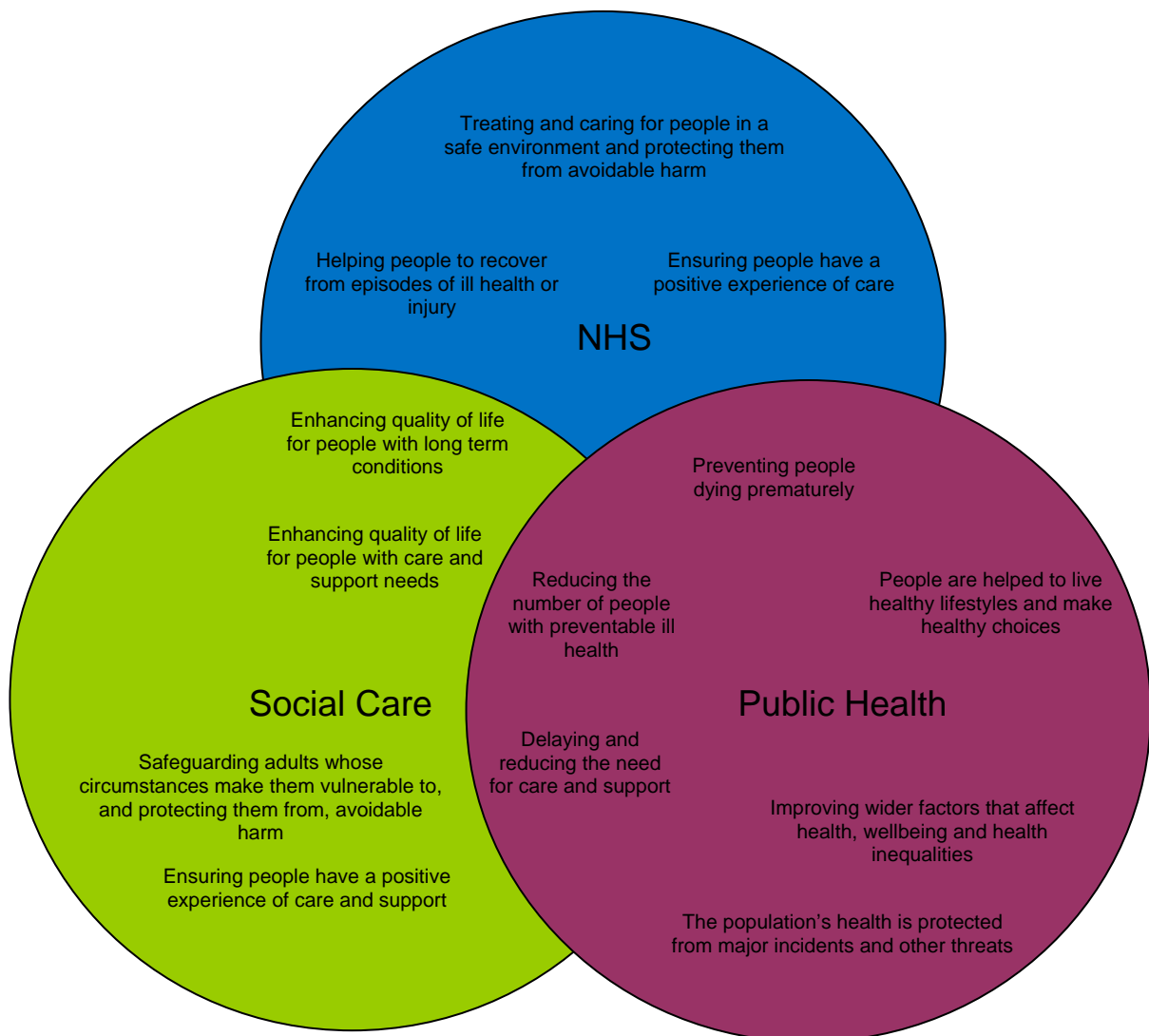
Question 4: Do you agree with our vision and plans for NHS and social care services in Warwickshire?

National Priorities

The government has set out three national outcomes frameworks for the NHS, Social Care and Public Health. The Warwickshire Health and Wellbeing Board will monitor performance of our services against these outcomes. In total there are over 120 separate indicators many of which complement local priorities for Warwickshire.

Several of the national indicators are shared between the NHS, Social Care and Public Health to make sure that joint action is taken where it is required on specific issues. The NHS (represented by the Warwickshire Clinical Commissioning Groups), social care and public health will all produce plans of how to achieve improvements against these nationally set indicators as part of their annual planning process.

NHS

Treating and caring for people in a safe environment and protecting them from avoidable harm

Helping people to recover from episodes of ill health or injury

Ensuring people have a positive experience of care

Social Care

Enhancing quality of life for people with long term conditions

Enhancing quality of life for people with care and support needs

Safeguarding adults whose circumstances make them vulnerable to, and protecting them from, avoidable harm

Ensuring people have a positive experience of care and support

Public Health

Preventing people dying prematurely

Reducing the number of people with preventable ill health

People are helped to live healthy lifestyles and make healthy choices

Delaying and reducing the need for care and support

Improving wider factors that affect health, wellbeing and health inequalities

The population's health is protected from major incidents and other threats

Local Priorities in Warwickshire

The [JSNA annual review](#) has highlighted several priorities for Warwickshire that are the most important issues to tackle for health and social care. These priorities are either issues that affect a lot of people such as mental wellbeing, make a big impact on people's lives such as educational attainment, are of vital importance to particular vulnerable groups such as safeguarding or are an issue that we need to start tackling today to avoid problems in the future such as dementia.
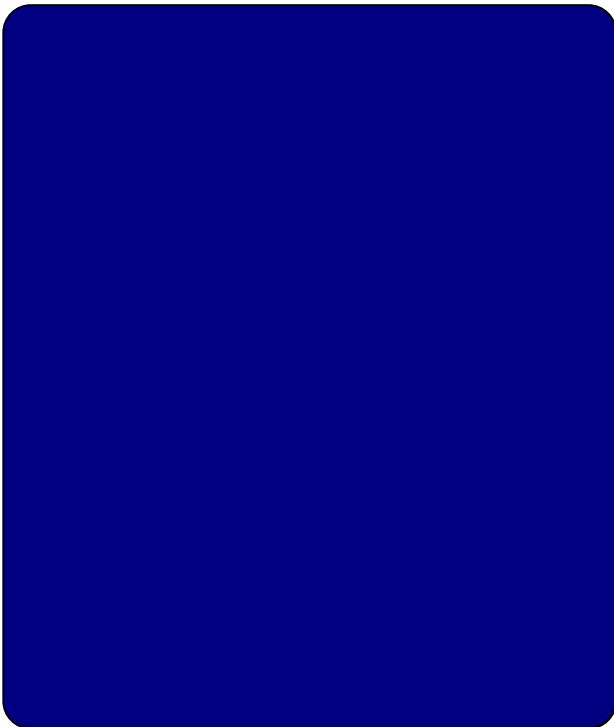
The next few pages describe what we would like things to be like in Warwickshire if we are successful in tackling these priorities.

There are some things that almost every organisation will be able to contribute to achieving. Likewise, there are others that only one or two organisations will be able to make a difference to but the important thing is that every organisation contributes where it thinks it can make a difference. By working together to improve health and wellbeing we can make these changes more quickly and more effectively.

Question 5: Do you agree with the local priorities that we identified from the Joint Strategic Needs Assessment?

Children and Young People

What will we achieve?

More children are ready for school, attend and enjoy school

The Common Assessment Framework is used in all schools to identify children early to give swift and easy access to support services for children, young people and their families

Groups with lower educational attainment and vulnerable groups (including looked after children, children eligible for free school meals and persistent absentees) have extra support to improve attainment

A rising percentage of children get 5 or more A*-C GCSEs

More young people at risk of being not in employment, education and training (NEETs), including looked after children, are identified early and provided with quality advice and guidance and positive outcomes for pupils after the age of 16 are promoted

More troubled families receive intensive support to help them overcome their difficulties and avoid further problems in the future

More adults with low educational attainment are re-engaged in learning to support their own and their children's development

The number of looked after children in Warwickshire is reduced

Looked after children have more choice and stability in their placements and are involved in the decisions and matters that affect their lives

Looked after children have better access to high quality universal and targeted health and educational services

Healthy Lifestyles

What will success look like?

Every partner organisation is committed to and is delivering "Making Every Contact Count"

Every school has an active health plan which includes relationship and sex education

The number of people smoking is reduced coupled with an increase in the number of people supported to quit

There are fewer children and adults who are overweight or obese by more people doing more physical activity and eating more healthily

There are fewer teenage pregnancies and sexually transmitted infections

Every pregnant women is assessed for smoking, alcohol use and obesity and helped to adopt a healthy lifestyle

A reduction in the amount of alcohol related harm by fully implementing the Warwickshire Alcohol Implementation Plan

Major employers, including public sector employers, develop staff health programmes to improve the health and wellbeing of their staff

Vulnerable Communities

Weblinks to the JSNA:
Vulnerable Communities
Summary: Reducing Health Inequalities
Summary: Disability
Summary: Safeguarding

What will success look like?

Child poverty is reduced through improved housing conditions, economic prosperity and the implementation of the Warwickshire Child Poverty Strategy

The number of people living in poor quality housing and being in fuel poverty is reduced

More investment and services are provided to communities in the most need of health and social care

All planning and transport policy in Warwickshire has maintaining health and wellbeing as a core aim

All public agencies have the reduction of health inequalities embedded in their decision making processes

The repeat incidence of domestic abuse is reduced through the effective implementation of Warwickshire's Domestic Abuse Strategy

People with physical and learning disabilities have more choice and control in how they live their lives including having a place of their own to live and more people being in paid employment

People with learning disabilities and long term mental illness have better management of their physical health

All safeguarding cases are appropriately risk assessed so suitably qualified workers are assigned to complex children in need cases

All child and adult safeguarding cases are sufficiently monitored and delays in families receiving services are reduced

Ill Health

Weblinks to the JSNA:
Ill Health
Summary: Long Term Conditions
Summary: Mental Wellbeing

What will success look like?

Pregnant women and new mothers are all screened for post natal depression and offered enough support to prevent, detect and treat mental health problems

Everyone will have quick access to early intervention mental health services such as psychological therapies and "Books on Prescriptions"

Children and young people will have quicker access to high quality mental health services

The physical health of people with long term mental health conditions will improve

NHS Health Checks are rolled out across the whole of Warwickshire

Clinical outcomes for people with long term conditions are improved and the variation between GP practices is reduced

People are supported to manage their condition themselves and there is easy access to patient education programmes

People with long term conditions have easy access to rehabilitation services especially for cardiac, pulmonary and stroke rehabilitation

The coordination between GPs, hospital staff, community health and social care staff is improved to help people with long term conditions be cared for in their homes for longer and to prevent hospital admission

New technologies and equipment are increasingly used to help people manage their condition at home

Greater use of risk stratification tools are used to identify more patients who are at high risk of being admitted to hospital and are then supported proactively to prevent a deterioration

Old Age

What will success look like?

There is better public understanding of the benefits of maintaining a healthy lifestyle in older age to stay healthy and independent and how this can delay the onset and progression of dementia

More extra care housing units to help older people maintain independence whilst reducing the growth of residential and nursing homes

Older people in rural areas are less socially isolated

More technology and equipment or adaptations are used to help people to remain independent and at home

Carers of older people have good access to information, advice and access to support services that is timely and specific to the needs of the person they care for

Community health, social care and community/voluntary organisations provide coordinated services to help people with dementia and older people maintain their independence

Integrated community health and social care teams respond quickly to prevent more people being unnecessarily admitted to hospital

The length of stay in hospital for frail and elderly people is reduced to help them maintain independence

Following illness or injury more older people receive an intensive period of reablement to help people recover to their previous level of functioning and maintain their independence

The availability of end of life care is increased to support more people to die in a place of their choice whether at home or in a hospice

Question 6: Do you agree with what we would like to achieve for each priority?

Turning the Strategy into Action

The Joint Health and Wellbeing Strategy covers a wide area of responsibilities and crosses the remits of many different organisations. In order to turn this strategy into action on the ground each organisation will make a formal response, or offer, to deliver parts of the strategy that they think they can influence. For some organisations, such as the NHS Clinical Commissioning Groups, these responses may form part of their annual commissioning plan that describes the services that they will commission to care for their population.

The responses from each organisation will then be reviewed by the Warwickshire Health and Wellbeing Board. These will be monitored by the Health Wellbeing Board over that year to ensure that progress remains on track.

The statutory organisations that will be asked to formally respond to the Joint Health and Wellbeing Strategy include:

- Warwickshire County Council including separate responses from:
    - Social Care
    - Public Health
- North Warwickshire Borough Council
- Nuneaton and Bedworth Borough Council
- Rugby Borough Council
- Stratford-on-Avon District Council
- Warwick District Council
- Arden Cluster (includes NHS Warwickshire)
- Rugby NHS Clinical Commissioning Group
- South Warwickshire NHS Clinical Commissioning Group
- Warwickshire North Clinical Commissioning Group

We also welcome input from the community and voluntary sector, schools and businesses to explore how they can contribute to helping us deliver this strategy.

We believe that the people of Warwickshire should be kept informed of how successful we are at achieving our commitments. Every year we will publish a progress report. As we find out more things that can help us achieve our vision, or the challenges change, we will also make changes to the strategy and publish these in the same report. Where more work needs to be done we will hold organisations to account through Warwickshire's Health and Wellbeing Board.

The Health and Wellbeing Board will continually assess progress against the strategy at its regular meetings. These meetings are held in public and anyone is free to come and attend.

The newly established HealthWatch will also play an important role in informing the Health and Wellbeing Strategy of whether there are any important issues that the public are raising about the quality of services that they use. These can be included in future strategies to ensure that services are continually improved.

Question 7: Do you agree with how we will ask organisations to take action on improving health and wellbeing and how we will monitor this?
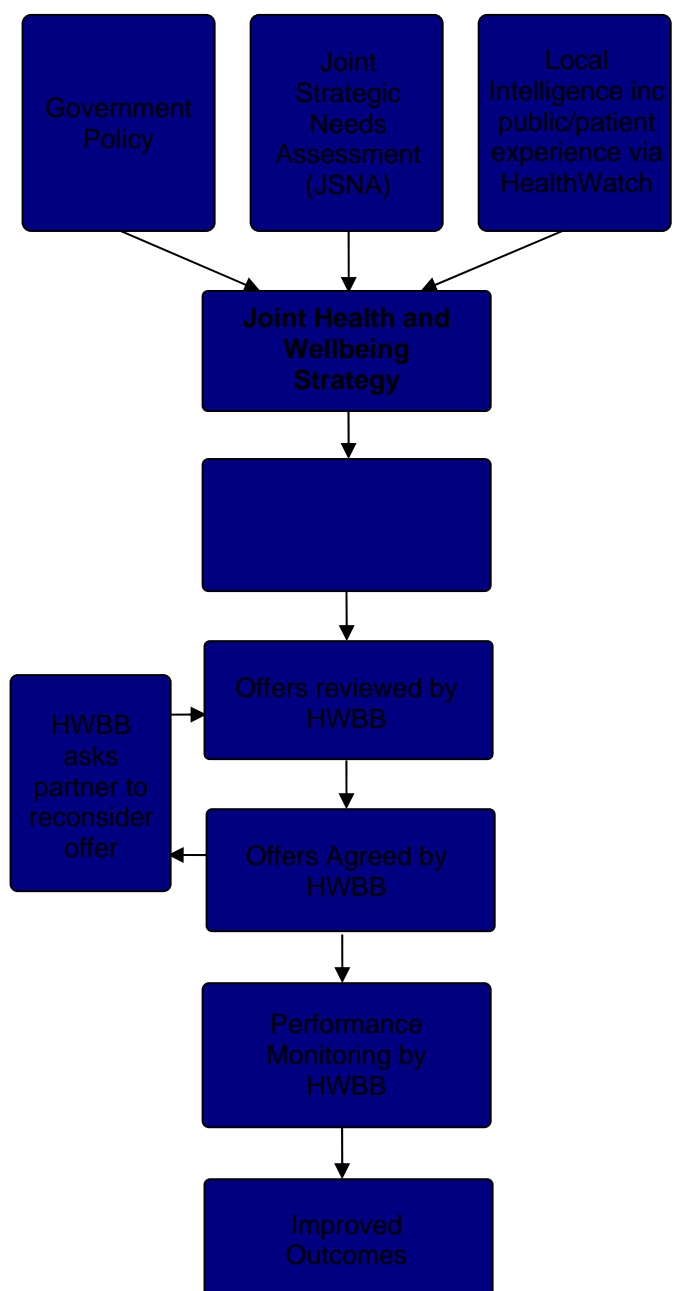
Responding to the Consultation

We want to hear as many views as possible about our proposals for health and wellbeing in Warwickshire. You can respond in several ways:

- By filling in this form and sending it by mail
- By going to the consultation website and responding to the questions on line [web address]
- By sending a more detailed response to Renata Conduit, Consultation Manager, Warwickshire County Council, Barrack St, Warwick or to renataconduit@warwickshire.gov.uk [confirm address]

The consultation closes on the x September 2012.

Question 1: Do you agree with our vision for health and wellbeing in Warwickshire and the principles of how we should work together?

Question 2: Do you agree with our life story approach to reducing health inequalities and improving health and wellbeing in Warwickshire?

Question 3: Do you agree with our views about what needs to happen in Warwickshire to improve the life story?

Question 4: Do you agree with our vision and plans for NHS and social care services in Warwickshire?

Question 5: Do you agree with the local priorities that we identified from the Joint Strategic Needs Assessment?

Question 6: Do you agree with what we would like to achieve for each priority?

Question 7: Do you agree with how we will ask organisations to take action on improving health and wellbeing and how we will monitor this?

If you have any other comments please include them below:

If you would like this document in another format or in larger print, please contact us.

This document can be downloaded from: [website]

For more information on the Warwickshire Shadow Health and Wellbeing Board please visit:
healthwarwickshire.wordpress.com