Warwickshire Shadow Health and Wellbeing Board

Agenda

24th January 2013

A meeting of the Warwickshire Shadow Health and Wellbeing Board will take place at **Committee Room 2, Shire Hall, Warwick on Thursday 24th January 2013 at 13.30.**

The agenda will be:-

1. (13.30 – 13.35) General

(1) Apologies for Absence

(2) Members' Declarations of Personal and Prejudicial Interests

Members of the Board are reminded that they should declare the existence and nature of their personal interests at the commencement of the item (or as soon as the interest becomes apparent). If that interest is a prejudicial interest the Member must withdraw from the room unless one of the exceptions applies.

Membership of a district or borough council is classed as a personal interest under the Code of Conduct. A Member does not need to declare this interest unless the Member chooses to speak on a matter relating to their membership. If the Member does not wish to speak on the matter, the Member may still vote on the matter without making a declaration.

(3) Minutes of the Meeting on 13th November 2012 and Matters Arising

Draft minutes are attached for approval.

2. (13.35 – 14.10) Health and Wellbeing Board Strategy (To Follow)

Introduced by Bryan Stoten, Chair of the Health and Wellbeing Board

3. (14.10 – 14.40) Dementia in Warwickshire – The Warwickshire Dementia Strategy, National Dementia Declaration, Dementia Care and Support Compact

Introduced by Chris Lewington, Head of Strategic Commissioning, People Group, Warwickshire County Council

4. (14.40 – 15.00) Warwickshire Alcohol Implementation Plan 2012 -2014

Introduced by Paul Hooper, Group Manager for Community Safety and Substance Misuse, Warwickshire County Council

5. (15.00 – 15.10) Future work with the Coventry and Warwickshire Partnership Trust

Introduced by Bryan Stoten, Chair of the Health and Wellbeing Board and Martin Gower, Chair of the Coventry and Warwickshire Partnership Trust

6. (15.10 – 15.25) George Eliot Hospital – (i) Brief Update on Mortality Rates and (ii) Progress towards Foundation Status

Introduced by Kevin McGee, Chief Executive of the George Eliot Hospital NHS Trust

7. (15.25 – 15.40) Progress Report on the Health Check Programme in Warwickshire

Introduced by John Linnane, Director of Public Health and Nicola Wright Specialty Registrar in Public Health

8. (15.40 – 15.50) Future Arrangements for the Health and Wellbeing Board

Introduced by Bryan Stoten, Chair of the Health and Wellbeing Board

9. Any other Business (considered urgent by the Chair)

Future meetings

19th March 2013	13.30 - 15.30	Committee Room 2, Shire Hall
17th July 2013	13.30 - 15.30	Committee Room 2, Shire Hall

Shadow Health and Wellbeing Board Membership

Chair: Bryan Stoten

Warwickshire County Councillors: Councillor Alan Farnell, Councillor Heather Timms; Councillor Isobel Seccombe; Councillor Bob Stevens

GP Consortia: Dr Inayat Ullah/Dr Ram Paul Batra, Dr Charlotte Gath, Dr Kiran Singh, Dr Heather Gorringe, Dr David Spraggett, Dr Richard Lambert

Warwickshire County Council Officer: Wendy Fabbro Strategic Director, People Group

Warwickshire NHS: John Linnane-Director of Public Health; Stephen Jones - Chief Executive (Arden Cluster)

Warwickshire LINKS: Councillor Jerry Roodhouse

Borough/District Councillors: Councillor Neil Phillips, Councillor Claire Watson, Councillor Michael Coker

Warwickshire County Council Advisor to the Board: Monica Fogarty – Strategic Director, Communities Group

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Minutes of the Meeting of the Shadow Warwickshire Health and Wellbeing Board held on 13 November 2012

Present:-

Chair

Bryan Stoten

Warwickshire County Councillors

Councillor Alan Farnell
Councillor Izzi Seccombe
Councillor Bob Stevens
Councillor Heather Timms

Clinical Commissioning Groups

Dr Kiran Singh – Warwickshire North CCG
Andrea Green – Warwickshire North CCG
Gill Entwistle – South Warwickshire CCG
Dave Spraggett – South Warwickshire CCG
Adrian Canale-Parola – Coventry and Rugby CCG

Warwickshire County Council Officers

Monica Fogarty – Strategic Director, Communities Group
Wendy Fabbro – Strategic Director, People Group
John Linnane – Director of Public Health (WCC/NHS)

Borough/District Councillors

Councillor Sally Bragg – Rugby Borough Council
Councillor Michael Coker – Warwick District Council
Councillor Derek Pickard – North Warwickshire Borough Council

1. (1) Apologies for Absence

Councillor Claire Watson (Rugby Borough Council)
Councillor Jerry Roodhouse (Warwickshire LINk)
Councillor Neil Philips (Nuneaton and Bedworth Borough Council)

(2) Members' Declarations of Pecuniary and Non-Pecuniary Interests

None

(3) Minutes of the meeting held on 24 September 2012 and matters arising

The minutes were agreed as a true record of the meeting. There were no matters arising.

The Chair welcomed various guests and substitutes to the meeting.

2. Green Sleeve – Palliative Care in North Warwickshire

Kiran Singh gave a PowerPoint presentation that explained the need for effective end of life care (EoLC). She introduced the Board to a new EoLC pack that has recently been developed and that will be introduced into North Warwickshire. It is expected that the pack and the information it contains will remain with a patient as they are moved around receiving different care in different locations. It was stressed that whilst funding has been made available for the first batch of packs any future batches will have to be paid for from commissioners or providers budgets. The Board welcomed the initiative and discussed whether other means of identifying patients out in the community could be used. Adrian Canale-Parola from Coventry and Rugby CCG asked whether the forms are recognised cross-boundary. The meeting was informed that national forms will be included in the pack and that there should not be any problems. In response to a question from Councillor Izzi Seccombe the meeting was informed that hospices have been engaged in the process and that people are being trained in communication skills regarding end of life.

3. George Eliot Hospital i) Progress towards Foundation Status and ii) Mortality Rates in North Warwickshire

Chris Bradshaw the Finance Director from the George Eliot Hospital explained that the hospital has produced and presented a business case to the Department of Health and is awaiting a response. He explained that the hospital is looking for an agency to either run the Trust as a franchise or acquire it outright. In response to a question from Monica Fogarty the meeting was informed that any decision will be made through a formal procurement process that will involve teams of stakeholders. In considering bids quality and safety will be addressed along with financial elements. The Board agreed that its members must have an involvement in the process.

Councilor Izzi Seccombe observed that in order to provide assurance to local residents a comprehensive communications strategy is required. This was acknowledged although at the same time the point was made that not everything can be made public as some matters are commercially sensitive.

John Linnane stressed the need for any new arrangements at the George Elliot to work towards addressing health inequalities in the area.

Turning to mortality figures Chris Bradshaw noted that the latest figures do show an improvement but agreed that there remains much to be done. He informed the Board that the Strategic Health Authority has commended the

Trust for not simply regarding mortality rates as a numbers exercise. A deep analysis has been invested in to establish where the challenges lie and the Trust has sought to be open with commissioners around the safety and quality of its services. Performance is very good in terms of infection control, pressure ulcer prevention and Patient Environment Action Team (PEAT) inspections. The point was made that it is taking a long time to see any real improvements and it was noted that the Quality Accounts work currently being undertaken will consider mortality rates amongst other things as part of an on-going dialogue.

Councillor Seccombe advised the Board that whilst poor mortality rates have been attributed to a lack of hospice provision (leading to a greater number of deaths in hospital) there is such provision made by Myton Hospice just over the border in Coventry. In response the Board was informed that referrals to hospices come from all over and it is not just the responsibility of hospitals to make them.

Andrea Green from Warwickshire North CCG confirmed that there is good dialogue between the CCG and the George Eliot Hospital on this and other indicators. Like others she is keen to see the number of mortalities drop and felt assured that the hospital is working hard to achieve this.

Using his experience at Camp Hill in Nuneaton Councillor Tooth observed that it can be difficult to engage with those delivering health services and other community agencies.

The Chair asked that the latest Family and Friends results from the George Eliot Hospital be made available.

4. Warwickshire North CCG – Progress towards Authorisation

Andrea Green informed the Board that Warwickshire North CCG is catching up with others in the authorisation process. She introduced her “plan on a page” explaining that quality is essential along with dignity, respect and compassion. The CCG is keen to make better use of what it spends whilst reducing inequalities and avoiding the loss of information. She added that the CCG’s plan will be finalised in the next month.

John Linnane observed that his department is working well with the CCG and with individual bodies.

5. Priority Families

Nick Gower-Johnson explained that whilst the government initiative is called “Troubled Families” the word “priority” has been chosen in Warwickshire. He noted that there is a seamless link between his work and the previous matters discussed by the Board. 280 priority families have been identified. Half are in Nuneaton and Bedworth, a fifth in Rugby and one-tenth in North Warwickshire. Many of these families are regular clients of local authorities

and partner agencies. A major challenge for the project is to unpick those interventions that have already or are being made. Families will then need to be signed up to the programme. For each family a basic 12 month care plan will be developed. This will include a core offer of registration with a GP, dental care and immunisation. Advice will also be available on smoking cessation where required. The most demanding 40% of families will be allocated a case worker.

Nick was keen to stress that the initiative is not about providing new services; it is about making better use of the resources and agencies that already exist.

Families do not yet know that they have been identified for assistance. Any dialogue with them must be entered into in the right way and at the right time.

6. Warwickshire Safeguarding Children Annual Report

Chris Hallet the Chair of the Safeguarding Children's Board explained its work and that the County Council is responsible for its operation. The meeting was informed that the annual report being discussed looks forwards as well as backwards. Most child protection work is required in the north of the County with early intervention being a key priority.

It was explained that it is never clear whether it is good to have a lot of child protection cases or not. A high number of cases can suggest either extreme vigilance or a generally high incidence of abuse. One area of concern is the lack of engagement with faith groups although work has commenced with Coventry City Council and others on this issue. Wendy Fabbro highlighted the link between child protection plans and deprivation.

The Board was reminded of the proposal to hold a workshop on children's services and Paul Williams was asked to expedite this.

7. Director of Public Health Annual Report 2012 1 in 3: The Picture of Ill Health in Warwickshire

John Linnane introduced his report summarising the key points within it. He outlined various challenges and explained that cancer screening whilst generally uniform has a poor uptake in areas of Nuneaton and Bedworth, Rugby and central Leamington Spa.

8. Health and Wellbeing Board Strategy – Sign off

The Chair explained how 33 responses had been received to consultation on the draft strategy. He considered that there are three core issues that need to be addressed namely, how to mobilise the population, how to achieve 24/7 health and social care and how to get everyone to recognise that all local statutory services can enhance health and wellbeing. The Chair added that most health inequality is linked to income, education and whether or not someone smokes. This view is underpinned by the Marmot Review.

Councillor Derek Pickard relayed comments from the housing divisions at North Warwickshire Borough Council and Rugby Borough Council that the strategy does not say more about housing. This view was repeated by other members of the Board. He was informed that the desire to keep the strategy to a manageable size (ie no more than 20 pages) had meant that where areas of work were not specifically identified as problem areas they were not included. Wendy Fabbro expressed concern that if the strategy does not reflect the priorities of the CCGs it may be seen as a means only of determining how money will be spent. In response the Chair reminded the Board that the intention was for the strategy to guide and inform the CCGs as they develop their commissioning plans. He also observed that the strategy is an evolving document that will be refined over time.

The view was expressed by Dr Adrian Canale Parola that the strategy could be regarded as very "top down".

There followed a discussion wherein Board members sought to agree a way of progressing the development of the Strategy and engaging with those who had raised concerns. Board members proposed that the strategy should include an action plan, include a focus on integration of services, have a clear vision and provide evidence of how it has been developed.

The Chair called on Wendy Fabbro, Monica Fogarty and Board members to review the draft strategy taking out the components they dislike and adding what they consider appropriate. They were given until 4th December 2012 to address the Board's concerns.

9. Any other Business (considered urgent by the Chair)

None

The meeting rose at 15.50

……..Chair

Item 3

Warwickshire Shadow Health & Wellbeing Board

24 January 2013

Dementia in Warwickshire – The Warwickshire Dementia Strategy, National Dementia Declaration, Dementia Care and Support Compact

Recommendations

That the Warwickshire Shadow Health and Wellbeing Board:

1. Sign up to the National Dementia Declaration and action plan (attached as Appendix 2).
2. Lead the implementation of the actions associated with the Prime Minister's 'Challenge on Dementia' as defined within the letter to the chair from the Care and Support national sub group (attached as Appendix 1)
3. Make Dementia a priority.
4. Support the organisation of a conference on Dementia scheduled for the Summer of 2013.

1.0 Key Issues

1.1 The National Dementia Strategy sub group has written to all chairs of Health & Wellbeing Boards and asked them to, as part of the Prime Ministers 'Challenge on Dementia', to consider:

- Reviewing your local Dementia Strategy with particular emphasis on enablement and intermediate care access for people with dementia, accommodation solutions, end of life support and health and social care workforce development

- Ensuring the needs of people with dementia and their carers are part of the Joint Strategic Needs Assessment process

- Whether you need to make dementia a priority in your Joint Health and Wellbeing Strategies.

- Signing up to the National Dementia Declaration and joining your Local Dementia Action Alliance to work with local partners to drive forward improvements for people with dementia in your area (link below).

(copy of letter attached as appendix 1)

2.0 Context

2.1 "Dementia results in a progressive decline in multiple areas of function, including memory, reasoning, communication skills, and those skills needed to carry out daily activities. Alongside this decline, individuals may develop behavioural and psychological symptoms such as depression, psychosis, aggression and wandering, which complicate care." (National Dementia Strategy 2010).

2.2 Warwickshire's Dementia Strategy was approved by Cabinet in February 2011. Significant progress has been made to establish the profile of the work of the Dementia Strategy Board including its extension to a sub-regional board with Coventry.

2.3 What are the big issues?

- The projected increase in the number of people with dementia in Warwickshire is currently estimated to rise by 39% between 2011 – 2021 (pop: 7166 – 9940).
- The prevalence of dementia increases with age, at present, 1 in 14 people aged over 65, and 1 in 6 people aged over 85 have some form of dementia.
- Combined with the projected increase in older people in Warwickshire, as a result of people living longer, there is likely to be an increase in demand for services to support people with dementia as well as their carers and families.
- 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.
- Dementia diagnosis is low; according to the Alzheimer's Society only 38% of dementia cases in the West Midlands are diagnosed. In 2008 less than 50% of the predicted number of people with dementia were recorded by their GP as having dementia.
- Currently, in the UK, around two thirds of people with dementia live in private households.
- It is not currently known how many people with dementia are funding their own care both in residential care and in their own home.

2.4 What do we need to do?

2.5 Warwickshire Partners already have a substantial programme of work underway, overseen by our local Dementia Board. This inter-agency group enjoys customer and carer representation and is overseeing the implementation of "Living Well with Dementia", our dementia strategy for

Warwickshire (attached as Appendix 2). Its primary focus aligns to the four priorities defined by the national strategy and are:

2.6 **Awareness and Understanding**: 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.

2.7 **Early Diagnosis and Support**: Early diagnosis is key to providing the right support to both service users and carers in a timely manner.

2.8 **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.

2.9 **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.

3.0 Response and Proposals for Future Action

3.1 The following outlines the progress made against the four priorities contained in the Care and Support sub group letter and proposals for future action:

3.2 **Reviewing your local Dementia Strategy with particular emphasis on enablement and intermediate care access for people with dementia, accommodation solutions, end of life support and health and social care workforce development**

3.3 **Enablement** – information, advice and signposting has been cited by people with dementia and carers as the primary enabler. With this as the primary focus and led by the Director of Public Health, the workstream for Awareness and Understanding have development the Dementia Portal. Cited, by the Prime Minister in December[i], as a model of good practice the portal aims to be a clear and simple place for good information for all stakeholders, including GPs, health and social care staff as well as people with dementia and carers http://www.warwickshire.gov.uk/livingwellwithdementia

3.4 The Books on Prescriptions, launched in September 2012, is also yielding positive results with over 200 books loaned in the first three months of adding dementia related titles to this initiative.

3.5 During 2012 the reablement service extended their services to include people with dementia as a new cohort and staff have been training specifically to support those with a wide range of needs who are assessed as having potential to still benefits from a reablement service.

3.6 Additionally there is a growing evidence base for the use of Assistive Technology. Warwickshire is building on the research to date on the use of IPads and working in partnership with Coventry University to evaluate the extent to which such technology supports the management of challenging behaviour. Family carers are benefiting from a system known as 'Just Checking' which allays fears and concerns about the safety of someone who may live alone and has dementia. There is also a growing evidence base for the cost benefits to using technology and with this in mind a conference is being arranged for the Spring/Summer across the Partnership.

3.7 Intermediate Care - Warwickshire Adult Social Care fund a series of 'Moving On Beds' across the county to support appropriate discharge from hospital. As an example, during March – July 2012, 60 people were discharged from hospital into the moving on beds. In addition and through an alliance and partnership between WCC, SWFT and SWCCG the Discharge to Assess (D2A) Project, which aims to improve discharge processes for patients including those with dementia to appropriate destinations, has been established. The D2A model is based on three pathway destinations. Pathway 2 'discharge to assess' where home is not an option at the point of transfer but permanent residential care is not inevitable will include transfer to homes that include therapeutic and reablement over a 6 week period to enable residents to go home with little or no ongoing support required. .The aim of this Intermediate Care model is to maximise peoples' capacity for independent living, increase the number of people able to remain living at home and reduce the number of people permanently admitted to long term care. The project has been confirmed as Countywide and the governance will now include representation from NWCCG and C&RCCG together with the relevant Trusts.

3.8 Accommodation Solutions – There are 160 homes of which 95 are for older people - the latter will all have some involvement with dementia even if they don't 'specialise'. 48 of the older people homes 'specialise' in dealing with dementia but this is increasing all the time as the demand for pure residential continues to fall and the rate of diagnosis increases. In line with national guidance, there is an expectation that up to 25% of people living within an Extra Care Housing setting will have some level of dementia. There is a requirement therefore for providers to ensure that they have the staff in place to manage this level of need. WCC is on course to deliver 500 'affordable' ECH units by 2014/15, which suggests well over 100 people who are suffering with dementia will be living within an ECH setting. WCC is also looking to provide more specialised housing with care models to meet the needs of those with say Autism and Dementia. With this in mind, an Outline Business Case is currently being drafted in preparation for a forthcoming tender for up to 5 smaller WCC-owned sites, which would be better suited to bespoke and specialised services. These sites and some larger schemes being developed by the independent sector, e.g. 178-unit scheme being developed by Orbit at Leamington Queensway, would see the introduction of the 'Locksmith' model to Warwickshire, which has been progressed elsewhere by Prof Dawn Brooker and the Extra Care Charitable Trust.

http://www.extracare.org.uk/extracare-communities/care-and-well-being/dementia-care.aspx

3.9 **End of Life Support** – People with dementia who are dying should have the same access to EOLC services as those without dementia. However, treatment decisions differ for people with dementia from other people approaching end of life in two ways. First, the decline in health is less predictable and more variable, making prognosis difficult. Second, the deterioration in communication skills prevents people with dementia from expressing their views and wishes later in the disease pathway. Most people with dementia die in residential care or in hospital. For Warwickshire currently over 55% of people die in hospital despite 80% stating that they want to die in their own home[ii]. For some, the pattern of their last year or months of life can be one of both comfort and dignity. But others experience mental and physical pain alongside physical deterioration and malnutrition; frequent, unhelpful and costly admissions to hospital; and a reduction in quality care and dignity. An improvement in access to high-quality care for all people with dementia approaching the end of life is needed. This is being progressed with care homes through initiatives such as the Care for VIPS and also a training for staff within care homes around End of Life Care given the high number of people admitted from residential care in to an acute setting who die within 24/48 hours after admission. Further work and investment is required to support families so that more people with dementia are supported and able to die at home. We will work to ensure that end of life plans are considered at an early stage of an individual's journey with dementia by promoting this via our information portal and paying particular attention to raising the awareness of advance care directives and future plans when we re-design our community support services. Often these conversations are happening too late resulting in the person with dementia not being able to make their EOLC wishes and preferences known.

3.10 **Health & Social Care Workforce Development** – Work has commenced with providers of residential and nursing care through a quality premium payment incentive scheme and with a dementia training programme that supports the provider workforce to raise standards and improve quality of care. We have already delivered the care fit for VIPS (valuing, Individualised, perspective, social) http://www.carefitforvips.co.uk/ to over 90 care home managers in 2012 that provides training in person centred care which promotes valuing people, providing Individualised care, looking at services from the perspective of the person living with dementia and promotes the social-psychological support needed to compensate for the disability of cognitive loss. We plan to build on this in 2013 with the introduction of a leadership training course for care home managers, developed by Professor Dawn Brooker at the University of Worcestershire and to expand this further through the Dementia Declaration to the health and social care workforce.

- **Ensuring the needs of people with dementia and their carers are part of the Joint Strategic Needs Assessment process**

  The needs of people with dementia and their carers are a key part of Warwickshire's Joint Strategic Needs Assessment. Dementia is also a key theme of the JSNA and is currently being reviewed and updated. http://jsna.warwickshire.gov.uk/2012/01/31/dementia/

- **Whether you need to make dementia a priority in your Joint Health and Wellbeing Strategies.**

  Dementia fits well with the three priorities contained in the Health & Wellbeing Strategy and should therefore be considered as a high priority for all agencies. The Health & Wellbeing Board are in a good position to give Dementia the profile that it requires to drive innovation and service solutions so that people with dementia live well and their carers and families are able to support them for as long as possible.

- **Signing up to the National Dementia Declaration and joining your Local Dementia Action Alliance to work with local partners to drive forward improvements for people with dementia in your area.**

  The Dementia Action Alliance is made up of over 100 organisations committed to transforming the quality of life of people living with dementia in the UK and the millions of people who care for them. Members of Dementia Action Alliance have signed up to a National Dementia Declaration.

  The National Dementia Declaration was created in partnership with people with dementia and their carers, the Declaration explains the huge challenges presented to our society by dementia and some of the outcomes the dementia action alliance are seeking to achieve for people with dementia and their carers. Outcomes range from ensuring people with dementia have choice and control over decisions about their lives, to feeling a valued part of family, community and civic life. Each signatory to the Declaration publish their own Action Plans setting out what they each will do to secure these outcomes and improve the quality of life of people with dementia by 2014.

3.11 The National Dementia Declaration has 7 key outcomes and can be found at http://www.dementiaaction.org.uk/info/3/national_dementia_declaration

3.12 An action plan for Warwickshire linked to the National Dementia Declaration is attached as Appendix 2

Background papers

1. http://www.warwickshire.gov.uk/livingwellwithdementia
2. http://www.dementiaaction.org.uk/info/3/national_dementia_declaration

3. http://jsna.warwickshire.gov.uk/2012/01/31/dementia/
4. http://www.carefitforvips.co.uk/
5. http://www.extracare.org.uk/extracare-communities/care-and-well-being/dementia-care.aspx

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Strategic Director	Wendy Fabbro	
Portfolio Holder	Clr Izzi Seccombe	

[i] http://www.guardian.co.uk/social-care-network/2013/jan/03/warwickshire-dementia-portal-brings-information?CMP=twt_gu

[ii] Joint Strategic Needs Assessment for Warwickshire – Dementia 2012.

To: Chairs of Health and Wellbeing Boards

Dear Colleagues

As you may know, the Prime Minister launched a 'Challenge on Dementia' in March 2012 to deliver major improvements in dementia care and research by 2015.

The National Dementia Strategy Programme Board, chaired by the Minister for Care Services Norman Lamb MP, has been tasked with going further and faster to deliver for people with dementia and their family carers. Three sub-groups have been formed to lead on: creating dementia-friendly communities, better research, and driving improvements in health and care.

We are the co-chairs of the Health and Care Sub-Group and we, with the support of the Local Government Association, are writing to ask for your commitment to the Dementia Challenge and your assistance in taking this important agenda forward.

A number of key commitments were made by the Prime Minister as part of the March 2012 launch. I'd therefore like to ask that your local health and wellbeing board considers:

- Reviewing your local Dementia Strategy with particular emphasis on enablement and intermediate care access for people with dementia, accommodation solutions, end of life support and health and social care workforce development
- Ensuring the needs of people with dementia and their carers are part of the Joint Strategic Needs Assessment process
- Whether you need to make dementia a priority in your Joint Health and Wellbeing Strategies.
- Signing up to the National Dementia Declaration and joining your Local Dementia Action Alliance to work with local partners to drive forward improvements for people with dementia in your area (link below).

We are also asking health and wellbeing boards nationally to sign up to the *Dementia Care and Support Compact* – found in Annex B of the challenge document. Please consider publicising this on your websites, stating how you will fulfil this commitment and asking your local Health Trusts to do the same.

We would also encourage you to ask your Acute Hospital Trusts to sign up to the call to action – the Right Care: creating dementia friendly hospitals (link below). This will allow hospitals in your area to gain access to support and advice on becoming more dementia friendly including supporting people with dementia to be discharged back home.

The Prime Minister has asked the National Dementia Strategy Board to provide a formal update on progress by March 2013. We would encourage

you to share your progress through the Dementia Challenge 'Get Involved' website. Some useful online resources are listed below.

For more information or to send in best practice, please use the Dementia Challenge email address: dementiachallenge@dh.gsi.gov.uk

Yours sincerely

Sarah Pickup, President, Association of Directors of Social Services

Sir Ian Carruthers OBE, Chief Executive, NHS South of England

and Councillor David Rogers OBE Chair, LGA Community Wellbeing Board

Online resources:

Number 10 Press Launch
http://www.number10.gov.uk/news/a-day-to-remember-dementia-campaign-launches/

Dementia Challenge Documents
http://www.dh.gov.uk/health/2012/03/pm-dementia-challenge/

Dementia Challenge – Get Involved
www.dementiachallenge.dh.gov.uk

Local Government Association – Adult Social Care resources
http://www.local.gov.uk/adult-social-care

National Dementia Declaration and Dementia Action Alliance
http://www.dementiaaction.org.uk/info/5/join_the_alliance

Right Care: creating dementia friendly hospitals
http://www.dementiaaction.org.uk/info/2/action_plans/165/the_right_care_creating_dementia_friendly_hospitals

National Dementia Declaration Action Plan

Warwickshire County Council

1. **The National Dementia Declaration lists a number of outcomes that we are seeking to achieve for people with dementia and their carers. How would you describe your organisation's role in delivering better outcomes for people with dementia and their carers?**

Our vision is that people with dementia and their carers will regard Warwickshire as a good place to live well with dementia.

Success will mean;

- People will receive their diagnosis at the earliest stage possible in their dementia journey and will be provided with appropriate support following this
- People with a dementia diagnosis are supported to retain their independence and are able to exercise choice and control
- People in Warwickshire are able to live full lives within the community doing the things they did before their diagnosis and feeling confident in undertaking everyday tasks such as visiting the shops without fear of stigma
- Awareness of the signs and symptoms of dementia and how dementia effects people's lives are increased, thereby reducing the overall stigma;

We have been instrumental in establishing the Coventry and Warwickshire Living Well with Dementia Partnership and have agreed a joint local strategy for Dementia. We believe this partnership approach will aid a seamless, integrated approach to dementia service delivery and support. At a local level, we will seek to lead and influence the delivery of the joint strategy and champion local organisations and communities to become dementia friendly.

2. What are the challenges to delivering these outcomes from the perspective of your organisation?

The biggest challenges in Warwickshire are as follows:

- Tackling perceptions about how people who have a dementia diagnosis can live their lives. In particular, promoting that people can live well with dementia and are still able, and have a right to, choice and control over the way they live their lives.

- Ensuring that those working across the health and social care economy have the correct skills and knowledge and also relevant specialist knowledge to ensure that the needs of people with dementia are met most effectively.

- Maintaining and improving partnership working at a time when financial challenges in the public sector are at their greatest and structural changes are taking place.

3. What are your plans as an organisation to respond to these challenges between now and 2014?

We are delivering the joint commissioning strategy for Warwickshire and its 4 key themes which are linked to the national dementia strategy. In doing this we will:

- Challenge perceptions and stigma through an extensive awareness and marketing campaign that will see a large volume of public-facing activity that will continue well into 2014;

- The Coventry and Warwickshire Living Well with Dementia Partnership will seek to expand, gaining commitment and buy-in from a diverse range of organisations across the Public, Private and Voluntary Sectors;

- Develop the workforce across Partnership organisations to ensure consistent skillsets and knowledge of dementia;

- By using a Partnership approach we will avoid duplication of services and support and have a more targeted and pragmatic approach to delivery. Although budgets and finances in these harsh economic times will be a challenge, our focus will be on delivery real outcomes for people with dementia and their carers and making a difference to their everyday lives.

Item 4

Warwickshire Shadow Health and Wellbeing Board

24 January 2013

Warwickshire Alcohol Implementation Plan 2012 -2014

Recommendations

1. The Shadow Health and Wellbeing Board receives and endorses the Warwickshire Alcohol Implementation Plan 2012-2014 and encourages partners to ensure implementation of the actions for which they are listed as the lead agency.

2. The Board notes the Government's proposals to tackle irresponsible drinking and the potential impact these may have on local action.

1.0 Key Issues

1.1 The cost of dealing with alcohol related harm in Warwickshire each year is estimated at £300million. Harm is caused to both individuals and society as a whole with impact on both health and community safety budgets. There has been continued growth in alcohol-related hospital admissions (including liver disease) and misuse of alcohol is a known contributing factor to anti-social behaviour; domestic abuse and other disorder.

1.2 In 2012 a revised Warwickshire Alcohol Implementation Plan detailing partnership activity to tackle alcohol misuse was developed in part in response to the national Alcohol Strategy.

1.3 As part of wider reforms to tackle irresponsible drinking the government is currently consulting on a range of measures. The outcome of this consultation and any changes to legislation will be incorporated into the Warwickshire Alcohol Implementation Plan as necessary.

2.0 Background

2.1 Measures to tackle the growing issue of alcohol misuse are led and coordinated through the Warwickshire Drug and Alcohol Action Team (DAAT) - a partnership function based in Warwickshire County Council.

2.2 A countywide alcohol implementation plan was developed during 2010 and approved by the Safer and Stronger Communities Board in February 2011. It received the Alcohol Concern 'kitemark' for good practice in developing alcohol strategies.

2.3 In March 2012, the government published its new national Alcohol Strategy (http://bit.ly/UdDUWw). There have also been a number of developments locally since the original plan was produced. The alcohol implementation plan has therefore been refreshed to reflect these changes.

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2.4 A revised plan was thoroughly discussed at a multi-agency consultation event in July 2012. With a final version presented to the county Drug and Alcohol Management Group (DAMG) in October 2012 for initial approval and subsequent endorsing by Safer and Stronger Partnership Board in December 2012.

2.5 The new plan shows how various agencies in Warwickshire will aim to tackle the harm caused by alcohol, with a focus on activity where significant value can be added through effective partnership working. Activity within the plan sits under three key themes:

- Challenge and enforcement
- Health, treatment and recovery
- Education and prevention.

2.6 The impact of the plan will be measured against a number of high level performance indicators such as:

- A reduction in the amount of alcohol-related serious violent crime
- A reduction in the rate of alcohol-related hospital admissions
- An increase in the numbers of adults and young people successfully completing alcohol treatment
- A reduction in the percentage of young people drinking alcohol on most days.

In addition there are some outcomes that currently not measured that will be incorporated as and when recording systems are developed

- An increase in levels of understanding about safe drinking limits
- A reduction in the number of adults drinking above the NHS guidelines
- A reduction in the number of people “binge drinking”
- A reduction in attendances at Accident and Emergency for alcohol related injuries / conditions.

2.7 On 28th November the Home Office announced a 10-week consultation on five areas of alcohol policy:

- a ban on multi-buy promotions
- a review of the mandatory licensing conditions

- a minimum unit price of 45p
- a new health-related objective for alcohol licensing
- cutting red tape for responsible businesses

Details here: http://www.homeoffice.gov.uk/media-centre/news/alcohol-consultation-launched and here http://www.homeoffice.gov.uk/publications/about-us/consultations/alcohol-consultation/

2.8 Opinion on the merits of each of the proposals varies. Most proposals will require alteration to legislation and may not be implemented for some time.

The proposal to impose a minimum price per unit of alcohol has received the most opposition from the public and the trade and, should it progress, will require considerable local advocacy activity prior to implementation.

3.0 Timescales and next steps

3.1 The implementation of the actions within the plan will, like the complementary Drugs Implementation Plan, be monitored by the Drug and Alcohol Action Team (DAAT). Progress reports will be presented to the county's Drug and Alcohol Management Group (DAMG) on a six monthly basis. Any items of concern will be escalated to the Safer and Stronger Partnership Board.

3.2 The DAAT has promoted the Home Office consultation on proposed measures to tackle alcohol misuse; provided information to various groups on the implications of the consultation and encouraged partner organisations to respond by 6th February 2013. Outcomes of the consultation will be monitored and a local response formulated depending on the results.

Background papers

None

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Warwickshire Alcohol Implementation Plan

TACKLING DRUGS &ALCOHOL CHANGING LIVES IN WARWICKSHIRE

2012 – 2014

An Equality Impact Assessment on this policy was undertaken in October 2012 and will be reviewed in October 2015.

Introduction

A comprehensive alcohol implementation plan was agreed by partners in Warwickshire in 2010. This plan was awarded the Alcohol Concern 'kitemark' for good practice.

In March 2012, the Government launched its new national alcohol strategy. This strategy sets out the Government's approach to turning the tide against irresponsible drinking.

Activity within the national strategy sits under three broad themes:

- Challenge and enforcement
- Health, treatment and recovery
- Education and prevention.

This refreshed implementation plan reflects both the direction of the new national strategy and developments locally since the original plan was produced. It shows how agencies in Warwickshire will aim to tackle the harm caused by alcohol, with a focus on activity under each of the three themes above where significant value can be added through effective partnership working.

Outcomes

Warwickshire partners have agreed that the overall success of this plan will be measured through the achievement of a number of high level performance indicators. Systems are already in place to measure the following indicators:

- A reduction in the amount of alcohol-related serious violent crime
- A reduction in the rate of alcohol-related hospital admissions for both adults and under 18s
- An increase in the numbers of adults and young people successfully completing alcohol treatment
- A reduction in the percentage of young people drinking alcohol on most days.

Partners have also agreed that the following outcomes will provide a good indication of the success of the plan. However, these cannot currently be measured. Work will be undertaken by partners during the period covered by this plan to look to establish systems which will enable the following to be measured:

- An increase in levels of understanding about safe drinking limits

- A reduction in the number of adults drinking above the NHS guidelines
- A reduction in the number of people “binge drinking”
- A reduction in attendances at Accident and Emergency for alcohol related injuries / conditions.

The 12 actions within the plan with the potential to have the most significant impact on reducing alcohol related harm have been selected and marked with an asterisk (*). The number of these actions that are successfully implemented will form an additional output measure, to be used to assess the overall performance of the plan.

Monitoring

The specific detail of the actions within this plan will be monitored through the Drugs and Alcohol Management Group (DAMG). The lead agency (or, in a few cases, agencies) is listed for each action and this agency is responsible for co-ordinating activity required to develop the strand of work and providing updates to the Drug and Alcohol Action Team (DAAT) in a timely fashion. The actual implementation of many of the actions within this plan is likely to involve several partners, and a list of all the partner agencies signed up to the plan can be found at Appendix A.

This is principally a countywide action plan, with a focus on county level actions. Additional actions to be undertaken at a District / Borough level can be found in the Community Safety Partnership (CSP) Partnership Plans and specific action plans, which will be monitored at a local level. Please note that each action within the plan is identified with a letter and number to aid navigation.

Theme 1: Challenge and Enforcement		
Action	**Who – Lead Agency**	**Timescale and Comments**
* A1. Implement intelligence led Policing operations to ensure appropriate provision in town centres during peak times for alcohol related violence.	Police – Chief Inspector, Response Policing	Ongoing from April 2012. The success of this action will be a reduction in serious violent crime. Early intervention and arrests for lower level violence may prevent more serious harm later in the evening.
A2. Undertake enforcement activity throughout the year to identify individuals involved in drink driving and take appropriate action against those caught over the limit.	Police – Road Safety	Ongoing from April 2012. Any driver involved in a collision (where Police are aware) is automatically tested for alcohol.
* A3. Agree a countywide framework and consistent multi-agency approach to the enforcement of alcohol-related licensing powers.	District and Borough Council Licensing Managers	Broad framework in place by March 2013. Action to be taken forward through the Licensing Managers meeting. The approach adopted should be flexible, to allow for local differences within the broad countywide framework.
A4. Work with licensed premises to ensure that they are aware of all their responsibilities under the Licensing Act.	District and Borough Council Licensing Managers	Ongoing from April 2012. Activity required will depend on the premise, but may include training to ensure all staff are aware of their responsibilities. Multi-agency licensing visits should be used to ensure all premises are complying with the conditions of their licence.
A5. Develop evidence based action plans for the most problematic licensed premises in each area, as identified through multi-agency licensing meetings.	Police - Licensing	Plans in place for problematic premises in each area by September 2012. Monthly meetings held with problematic premises, discussing incidents stored on the Police licensing database.

Action	Who – Lead Agency	Timescale and Comments
A6. Explore policies of major online retailers regarding online orders and home delivery, to ensure robust systems are in place to prevent the sale of alcohol to under 18s.	Police - Licensing	Exploration commenced with major retailers in July 2012 and fully undertaken by March 2013. Follow up discussions held with any retailer whose policies on preventing sales of alcohol to under 18s do not seem to be robust.
A7. Report any alcohol advertising perceived to be irresponsible to the appropriate authorities.	DAAT to coordinate	All partners to raise the need to report irresponsible activity to the DAAT with relevant staff and have processes in place for reporting by December 2012.
A8. Monitor the activity of local businesses signed up to the Responsibility Deal and report any incidents of non-compliance.	DAAT to coordinate	All partners to raise the need to report non-compliance activity to the DAAT with relevant staff and have processes in place for reporting by December 2012. Information on business signed up to the Responsibility Deal can be found here: http://responsibilitydeal.dh.gov.uk/pledges/
A9. Undertake an assessment of the extent to which alcohol-related violence and anti-social behaviour occurs in Warwickshire's hospitals.	Warwickshire Observatory	Assessment undertaken by February 2013. Dependant on findings, discussions may need to be held between the DAAT, Public Health, NHS Warwickshire and Hospital Trusts to agree any follow up action required.
A10. Amend data recording mechanisms to enable intelligence to be gathered about alcohol related attendances at Accident and Emergency departments.	Hospital Trusts	Data recording mechanisms to be put in place by March 2013. Links into outcome measure to be used to measure the overall success of the plan.

Action	Who – Lead Agency	Timescale and Comments
A11. Undertake an audit of the alcohol-related data currently being collected around the county, and ensure that this is shared between all relevant partners wherever possible.	Public Health	Audit completed by March 2013.
A12. Launch a campaign publicising the services offered by Trading Standards and encouraging complaints about under age alcohol sales.	Trading Standards	Campaign to be launched by December 2012. Consideration to be given to making schools the focus of the campaign, utilising school newsletters and other methods of communication to encourage parents to report any premise they know is selling alcohol to under 18s.
A13. Undertake test purchase operations in on and off-licensed premises, focusing on those receiving high volumes of complaints.	Trading Standards	Ongoing from April 2012. Fixed Penalty Notices issued to all individuals caught selling alcohol to under 18s. Follow up advice offered to premises to prevent repeat offences.
A14. Distribute information and literature about age check 25 and the illegality of proxy sales to priority on and off-licensed premises.	Trading Standards	Ongoing from April 2012. A condition is also placed on all new premise licences, requiring the premise to display information about age check 25.
A15. Utilise existing powers to prosecute and sentence those persistently selling alcohol to under 18s.	Trading Standards	Ongoing from April 2012. Problem premises to be targeted for test purchasing activity.

Action	Who – Lead Agency	Timescale and Comments
* A16. Implement the Alcohol and Drug Diversion Scheme in Warwickshire.	Police – Head of Incident Resolution, Recovery Partnership	Scheme implemented by March 2013. Funding available to implement the scheme must be utilised by March 2013. The Recovery Partnership is fully committed to the scheme, which is already in place in Coventry.
A17. Develop the use of effective Alcohol Treatment Requirements (ATRs), delivered as part of a Community Sentence.	Warwickshire Probation Trust - Assistant Chief Executive (Interventions)	Audit of current arrangements undertaken by December 2012. Any amendments identified as being required with ATR processes made by March 2013.
A18. Explore the potential to provide information about ATRs to Magistrates via brief training sessions.	Recovery Partnership – Criminal Justice Team Leader	Feasibility of providing training sessions explored by December 2012. Sessions provided by March 2013 if feasible.

Theme 2: Health, Treatment and Recovery		
Action	**Who – Lead Agency**	**Timescale and Comments**
* B1. Provide effective and appropriate alcohol treatment, support and recovery services for both adults and young people.	Recovery Partnership, Compass	Ongoing from April 2012. Extended opening hours being explored to increase the effectiveness of services for people who work during office hours.
B2. Provide effective alcohol treatment services for young people working with the Youth Justice Service, where this is appropriate.	Youth Justice Service	Protocol setting out joint working arrangements between Compass and the Youth Justice Service, including circumstances in which referrals should be made between the services, to be agreed by September 2012.
* B3. Provide support, including a peer mentoring service, for alcohol treatment service users and their carers.	ESH Works	Ongoing from April 2012. Peer mentoring service to be fully established by September 2012. Once this service is up and running, peer mentors can be utilised to increase engagement in alcohol treatment.
B4. Ensure GPs are appropriately supported to deliver the Identification and Brief Advice (IBA) section of the revised NHS Health Check and are aware of appropriate onward referral mechanisms to specialist alcohol treatment.	Public Health - Consultant in Public Health	IBA to be included in NHS Health Check from April 2013. Information to be provided to GPs in Warwickshire ahead of this launch date. Use of GP 'champions' to promote IBA for alcohol to be considered.
B5. Explore the potential to develop a Warwickshire alcohol Local Enhanced Service (LES) with pharmacies.	Public Health - Health Development	Decision made on the feasibility of an alcohol LES with pharmacies by March 2013. LES implemented by December 2013 if feasible. This could link into Healthy Living Pharmacy work currently being developed.

Action	Who – Lead Agency	Timescale and Comments
* B6. Roll out IBA for alcohol to all mainstream services through the 'Making Every Contact Count' (MECC) programme designed to improve unhealthy lifestyles.	Public Health – Consultant in Public Health	MECC programme to be rolled out to all relevant services by summer 2013. Health agencies have targets for the delivery of MECC in their contracts. This now needs to be rolled out to non-health related agencies.
B7. Consider and implement as appropriate the recommendations of the Alcohol Concern review into alcohol hospital liaison services in Warwickshire.	DAAT to co-ordinate and monitor	Agreed priority actions to be implemented by December 2012, with a report back to DAMG in January 2013. Actions B7 and B8 link into Integrated Acute Liaison (IAL) work ongoing to join up hospital and treatment services.
B8. Develop, approve and implement an alcohol pathway between Warwickshire hospitals, Compass and school nurses.	Compass	Pathway approved and implemented by December 2012.
B9. Ensure appropriate links are in place between treatment services and the Integrated Offender Management (IOM) scheme, to enable all offenders with alcohol misuse issues to access appropriate treatment.	Recovery Partnership – Criminal Justice Team Leader, IOM Co-ordinator	Ongoing from April 2012. Drugs and alcohol has been identified as one of seven pathways required to break the cycle of reoffending in the Warwickshire Reducing Reoffending Strategy. Intensive outreach will be required with some offenders to (re)engage them in treatment.

Action	Who – Lead Agency	Timescale and Comments
* B10. Ensure effective referral mechanisms are in place between specialist treatment services for young people and all relevant partners including; schools, colleges, Youth Justice Service (YJS), services for looked after children, Child and Adolescent Mental Health Services (CAMHS), A&E departments and family and parenting services.	Compass	Referral mechanisms in place and promoted to all services by December 2012.
B11. Raise awareness of young people's treatment services in schools, academies, colleges, GPs and pharmacies.	DAAT, Compass	Ongoing from April 2012. All available opportunities (Alcohol Awareness Week, Alcohol and Pharmacy Week etc) utilised to promote services as widely as possible.
* B12. Extensively promote the new adult treatment service to all partners, to ensure practitioners are aware of referral routes for clients requiring specialist support.	DAAT, Recovery Partnership	Ongoing from April 2012. All available opportunities utilised to promote services as widely as possible. Services to be promoted to and through agencies that may not previously have received information including; libraries, Children's Centres, cafes and hostels.
B13. Ensure that appropriate care pathways are in place between treatment services and mental health providers for clients with a dual diagnosis.	Recovery Partnership	Pathways in place by March 2013. A 12 month pilot project Improving Access to Psychological Therapies (IAPT) launched for Prolific and Priority Offenders (PPOs) in July 2012. The outcomes from this may usefully inform future provision for drug and alcohol service users.

Action	Who – Lead Agency	Timescale and Comments
B14. Ensure that appropriate support is made available to families with drug or alcohol problems as identified through the Troubled Families initiative.	Recovery Partnership	Troubled Families initiative in place and support being provided to individuals and families identified through the scheme by March 2013. Links will need to be established between treatment services and providers of the Troubled Families scheme, to ensure referrals are made for specialist treatment where appropriate.
B15. Identify cases where drug and alcohol use is becoming intergenerational across families and liaise with relevant services to ensure that all family members are appropriately supported.	Recovery Partnership	Ongoing from April 2012. Links with ESH Works and floating support provider for alcohol users, as well as wider family support services, will be crucial to ensuring the successful implementation of this action.
B16. Undertake work with siblings of young people who offend, exploring a range of issues including substance misuse with the aim of breaking the cycle of offending.	Youth Justice Service	Ongoing from April 2012.
B17. Work with children and family services to develop and implement a substance misuse and safeguarding joint working protocol.	DAAT	Protocol developed, approved and implemented by December 2012.
B18. Undertake visits to all new prisoners at Onley prison to discuss their role as a parent and identify potential support needs upon release.	Warwickshire County Council, Early Intervention Service	Process for visits in place by September 2012. Number of referrals to specialist treatment services made following prison visits to be recorded by the Early Intervention Service.

Action	Who – Lead Agency	Timescale and Comments
B19. Appoint one Multi-Agency Risk Assessment Conference (MARAC) champion per team, with a role to promote the use of the Domestic Abuse, Stalking and Honour-Based Violence (DASH) risk assessment tool within their team.	Recovery Partnership	Champions to be appointed by March 2013. Champions scheme currently being developed by the Domestic Abuse Manager at Warwickshire County Council, with information to be provided to all services by March 2013.
B20. Provide arrest referral services in Police custody suites at key times (including weekends and Bank Holidays) to ensure individuals requiring alcohol treatment are identified at an early stage within the criminal justice system.	Recovery Partnership – Criminal Justice Team Leader	Ongoing from April 2012. New shift pattern implemented for arrest referral workers, to increase the number of hours Recovery Partnership staff are available in Police custody suites. Referral processes from the Police in place for times when arrest referral workers are not present.
B21. Consider the new alcohol pathway in prisons when this is published and incorporate into service provision as appropriate.	Recovery Partnership	Pathway being developed nationally and will be considered when published. Pilot pathways being established in four prisons from July 2012.
B22. Re-launch the Substance Misuse and Fire Protocol and monitor delivery to ensure effective two-way referral processes are in place.	Recovery Partnership, Fire and Rescue	Protocol to be re-launched by December 2012.
B23. Co-ordinate the work of the Warwickshire Recovery Forum, to address key issues of concern including housing, employment, health and wellbeing and support for family members and carers of those with drug and alcohol problems.	DAAT	Ongoing from April 2012. Forum established in February 2012 as a result of a recommendation arising from the alcohol needs assessment. Potential to expand this group to include wider family support services to be explored.

Action	Who – Lead Agency	Timescale and Comments
B24. Develop housing related support provision that enhances recovery and rehabilitation.	Supporting People	Enhanced housing related support provision developed by April 2013.
B25. Implement the recommendations of the DAAT employability review to improve employment outcomes for drug and alcohol service users.	DAAT to co-ordinate.	Implementation of all recommendations to have commenced by December 2012, with a report back to DAMG in January 2013. Recommendations to be fully implemented by July 2013.
B26. Implement the action plan to address the key findings and recommendations from the Voices 4 Choices research into why people choose not to engage in alcohol treatment.	DAAT to co-ordinate.	Action plan implemented by March 2013. Implementation of plan to be monitored through the Recovery Forum.

Theme 3: Education and Prevention		
Action	**Who - Lead Agency**	**Timescale and Comments**
* C1. Develop a rolling programme of alcohol awareness campaigns targeting key groups.	DAAT to coordinate	Ongoing from April 2012. Delivery mechanisms appropriate to the target audience for each campaign need to be utilised. Initial campaigns could focus on: - Young people (under 18s) - Young adults (18-25) - Pregnant women and those trying to get pregnant - Parents - High risk drinkers - Appropriate migrant communities (information needs to be available in a variety of languages) - Prevention of drink driving (jointly with Road Safety). Learning from any campaigns proven to work elsewhere to be incorporated into the Warwickshire information.
C2. Launch an alcohol awareness campaign and interventions tool kit for midwives and health visitors.	DAAT	Toolkit to be developed by December 2012. Campaign to be launched by March 2013. Potential for a joint campaign with Stop Smoking services to be explored. Links to be made with the Family Nurse Partnership to help deliver the campaign. Number of referrals made to treatment services following the campaign to be monitored.
C3. Utilise all available opportunities to highlight the links between alcohol and domestic abuse, using both local and national resources.	Warwickshire County Council, Domestic Abuse Manager	Ongoing from April 2012, utilising available local and national materials.

Action	Who - Lead Agency	Timescale and Comments
C4. Promote the Change4Life campaign locally.	DAAT	Ongoing from April 2012, utilising available national materials. Messages to be made relevant to Warwickshire where appropriate and promoted via social media and incorporated into local campaigns.
C5. Reflect messages from the national youth marketing programme in the partnership communications tool kit and launch appropriate campaigns promoting these messages.	DAAT	Warwickshire toolkit to be updated if required when the national youth marketing programme is launched. This programme aims to ensure that young people know the risks associated with alcohol and drive reductions in regular smoking, drinking, drug use and risky sexual behaviour during teenage years.
* C6. Explore and promote opportunities for delivering key messages about alcohol to young people during the school timetable.	DAAT to coordinate	Ongoing from April 2012. Potential options for delivering messages within schools could include: - Provision of alcohol specific training for teachers to enable them to feel confident in delivering key messages - Via Safer Schools PCSOs - Via Third Sector providers - Commissioning theatre companies to run workshops - Delivery of Enterprise Events, enabling young people to develop their own alcohol-related resources.

Action	Who - Lead Agency	Timescale and Comments
* C7. Circulate information about alcohol to parents and promote this as appropriate throughout the year.	DAAT to coordinate	Ongoing from April 2012. Potential ways of delivering messages to parents could include: - Information at parents' evenings - Press and media campaigns - Supermarket stalls - Provision of information via young people in schools. Potential for schools to offer rewards (e.g. discounts for school trips) to parents if they attend relevant alcohol related events to be explored.
C8. Promote information and guidance from the Centre for the Analysis of Youth Transitions (CAYT) to schools as it becomes available.	DAAT	Information to be promoted to schools as it becomes available. The CAYT has been established to provide robust evidence on transitions between childhood and adulthood and inform government policy. Information is available here: http://www.ioe.ac.uk/research/40814.html Available research will need to be considered alongside Warwickshire policies and key messages before decisions are made on how to promote this to schools.
C9. Increase the total number of young people receiving brief advice on substance misuse.	Compass	Number of young people receiving brief advice to increase in 2013/14 compared to 2012/13.

Action	Who - Lead Agency	Timescale and Comments
C10. Work with universities and further education colleges to raise awareness about the risks of excessive alcohol consumption.	DAAT (in partnership with Coventry City Council)	Links made with Warwick University and all colleges by March 2013. Possible methods of engagement include: Freshers' Fairs Engagement with student unions Recruitment of student 'champions' to promote key messages to their peers Online debates.
C11. Provide alcohol awareness training to targeted professionals from a range of partner agencies, including health trainers and those working with young people.	Recovery Partnership, Compass	Ongoing from April 2012. Sessions to be tailored to meet need. Links into MECC agenda.
C12. Update and distribute the 'Guidance for practitioners working with young people using alcohol' toolkit.	DAAT	Guidance to be updated and re-distributed by December 2012. Potential for this to be hosted on the schools e-learning platform to be explored.
C13. Develop an inventory of services and key contacts involved in alcohol harm reduction work for use by all partners.	Public Health to co-ordinate	Comprehensive inventory to be developed as part of the MECC programme and rolled out to partners by summer 2013. Responsibility of providers to keep Public Health updated of any changes to contact details to be established through contracts.
C14. Develop an alcohol resources 'library' for use by practitioners working with both adults and young people.	DAAT	Resources library developed and information circulated to partners on how to access items within it by March 2013.

Actions relating to the implementation plan as a whole		
Action	**Who – Lead Agency**	**Timescale and Comments**
D1. Regularly report work to reduce alcohol harm to the Health and Well-Being Board, Clinical Commissioning Groups (CCGs), Safer and Stronger Partnership Board (SSPB) and Police and Crime Commissioner (PCC)	DAAT	Ongoing from April 2012.
D2. Respond to Government consultations when published	DAAT to coordinate	Responses developed and submitted to meet deadlines for each consultation.
* D3. Share information as appropriate, within the principles of the Warwickshire Information Sharing Charter, to enable effective services to be delivered.	DAAT to coordinate	Ongoing from April 2012. All partners to ensure that the principle of appropriate information sharing is embedded within their organisation.

Appendix A

The following agencies have committed to working in partnership to deliver the actions within this implementation plan:

- Warwickshire County Council
- NHS Warwickshire
- Warwickshire Police
- Warwickshire Probation Trust
- Warwickshire Youth Justice Service
- North Warwickshire Borough Council
- Nuneaton and Bedworth Borough Council
- Rugby Borough Council
- Stratford District Council
- Warwick District Council
- The Recovery Partnership
- Compass
- ESH Works
- Local Pharmaceutical Committee
- George Eliot Hospital NHS Trust
- University Hospitals Coventry and Warwickshire NHS Trust
- South Warwickshire NHS Foundation Trust.

Warwickshire Shadow Health and Wellbeing Board

24 January 2013

Mortality Review – George Eliot Hospital – January 2013

Recommendation

That the Warwickshire Shadow Health and Wellbeing Board notes the current mortality rates at the George Eliot Hospital and proposes ways in which they can be further reduced.

1.0 Introduction

1.1 The George Eliot Hospital has been previously identified as an 'outlier' against mortality ratings over the years, with a higher than expected HSMR. We have also been identified as having a higher than expected SHMI, the highest in England.

2.0 Current Mortality Rate

2.1 The current Hospital Standardised Mortality Ratio (HSMR) for the time period analysed (October 2011- September 2012) was 112.6; September 2012's HSMR was 96.4. It is important to note that the current benchmark year is 2011/12 after being rebased at the end of August 2012.

2.2 The most recent Standardised Hospital Mortality Indicator -SHMI (April 2011 to March 2012) is 116.39. SHMI data is rebased and published on a quarterly basis.

2.3 Despite still reporting rates higher than expected, the improvements to the (SHMI) are amongst the best in the region, reducing from 1.23 reported in Oct ober 2011 to 1.16 reported in October 2012; this against a national baseline fi gure of 1.00.*

3.0 Actions

3.1 The Trust put an action plan in place to undertake a wholesale review of systems and processes in place to reduce both HSMR and SHMI rates. Detail s of actions within the plan have been previously reported. Further work has since been implemented or completed which includes;

- All inpatient deaths are coded by the consultant responsible for the care in the final illness with subsequent review of the coding by the Medical Director, the Associate Medical Director and members of the coding team.

- Mortality Reviews are carried out on 20 medical deaths per month and all surgical deaths. The reviews are carried out by a buddy consultant and presented to the consultant responsible for the care. Any issues of concern are discussed at a mortality review meeting with the Medical Director and Associate Medical Director.
- Patient moves have been seen to be a key component of diminished care and the number of moves is being monitored and has reduced.
- The management of end of life is being addressed and a Task Group established to improve this process. The Trust intends to join the Route to Success Pilot Programme for End of Life Care and education of staff.
- A sepsis care bundle has been introduced and is being audited regularly to address compliance.
- Investigation of a number of Dr Foster alerts over a period of time have demonstrated inaccuracies of coding and have not demonstrated sub standard care.
- To facilitate 7 day working, business plans have been approved in cardiology and radiology, an additional cardiologist has been appointed and the interviews for an additional radiologist will be held in November. Work is underway in pharmacy.
- The Trust Board receives detailed information regarding HSMR and SHMI and are fully appraised of the actions and progress on a regular basis, including monthly reports utilising the Dr Foster data.
- Medical and Nursing Directors of both the Trust and Arden Cluster continue to meet monthly to review the action plan. The Chair of the CCG has recently joined this meeting.
- Significant improvements have been made to quality of care including:
    - Reduction in the number and severity of pressure sores – success recognised with the Trust being shortlisted in the 'Care of the Elderly' category of the Nursing Times Awards 2012
    - Introduction of improved seven-day working rotas for consultants and key services such as radiography and pharmacy.
    - Continuity of care – An analysis of 'patient flows' has resulted in the number of times a patient is moved per hospital stay dropping from 3.6 to 2.2. A special focus has been placed on vulnerable and confused patients.
    - Improvements in 'cleanliness', 'nutrition' and 'privacy and dignity' recognised with a verdict of 'excellent' in all three areas in a recent PEAT inspection.
    - Maintaining low rates of hospital acquired Clostridium Difficile and MRSA bacteraemia.

Kevin McGee
Chief Executive
George Eliot Hospital

Item No 6 (ii)

Warwickshire Shadow Health and Wellbeing Board

24 January 2013

George Eliot Hospital NHS Trust
Securing a Sustainable Future

Recommendation

The Shadow Health and Wellbeing Board is asked to note this update report.

1.0 Introduction

1.1 Following feedback and discussions regarding our plans, we are delighted to have received approval from NHS Midlands and East Strategic Health Authority to proceed with the procurement of a strategic partner. We have a firm vision for the future, and are looking forward to seeing what potential partners can offer. Regardless of the organisation which is chosen through this procurement process, it should be emphasised that staff and assets will remain a part of the NHS and patients will continue to receive NHS services.

2.0 Update

2.1 George Eliot's Board has agreed that it is in the best interests of the hospital, its patients and staff to seek a partner via a competitive procurement process. This enables both NHS and non-NHS healthcare providers to make proposals and for the Trust to ensure that it can choose the best solution to achieve clinical and financial sustainability.

2.2 An advertisement asking for formal applications from potential bidders will be placed in the Official Journal of the European Union (OJEU) and on the NHS Supply2Health website. A pre-qualification questionnaire (PQQ) will be issued to organisations registering an interest in partnering with the hospital, and through this questionnaire they will have to prove their capacity and capability to take part in the tendering process. The Trust will then select a number of organisations which will be asked to submit formal proposals.

2.3 The Trust has placed a strong emphasis on involving local people, including staff, patients and members of the public in this project. Following an options appraisal exercise involving members of the hospital's executive team, clinicians, staff representatives and colleagues supported by NHS Midlands & East Strategic Projects Team, a number of engagement events and visits to community groups in the local area were held to discuss the future of the hospital and address any other issues or concerns that people may have. This engagement will continue throughout the process.

3.0 Timescales associated with the decision/Next steps

The overall process, resulting in the selection of a preferred partner for the hospital, is expected to take about 12 months. Subsequently, there will be a requirement to obtain all the necessary approvals and to implement the change in organisational model depending on the solution and partner that is chosen.

This is a complex process and one that may be followed by other Trusts in the future, so we will continue to work closely with the new NHS Trust Development Authority (replacing the role of the SHA) and the Department of Health to ensure their support for actions at each stage.

4.1 Background Information

1. The Outline Business Case and other project documents are available from the Trust website at: http://www.geh.nhs.uk/about-us/intoroduction-to-the-securing-a-sustainable-future-project/

2. The Government requires all hospitals to reach Foundation Trust status but, like many other smaller district general hospitals, the George Eliot is unlikely to meet the required criteria on its own. So, last year, the hospital's management began to assess how it might best ensure that patients continue to receive the full range of high quality services they require.

3. The George Eliot Board is working with the Department of Health and the Strategic Health Authority, along with partners from the primary care cluster and local GPs. It is being supported by the Strategic Projects Team at NHS Midlands and East.

4. The proposal recommends a procurement process that will invite interested organisations from NHS and non-NHS organisations to submit proposals for two solutions – either an acquisition or an operating franchise. All bids must meet certain minimum requirements and will be evaluated against a common set of qualitative and financial criteria. The Trust is running an open and transparent tendering process.

5. A franchise is an organisational model that would involve GEH entering into a contract with a franchisee, NHS or non- NHS, for a set period of time, under which the franchisee would take full operational control of the hospital and accept all risks, including demand risk for the Trust's clinical services. A key feature of this approach is that the Trust would remain as an independent entity in its own right, continuing to enter into contracts and undertake 'business as usual', albeit that this will be under the direction of the franchisee. All staff and assets will remain within the NHS and there will be a Trust Board to ensure that the franchisee meets its obligations under the contract. A franchise could be operated by either an NHS or non-NHS organisation.

6. An acquisition would involve another NHS organisation taking over the activities of GEH and operating a single enlarged organisation. All assets,

staff and contracts transfer to the acquiring Trust. The Trust would remain a part of the NHS under this approach, albeit as part of another organisation.

7. Throughout the process George Eliot's board has remained clear of its continued desire to keep the door open to potential partners from both NHS and non-NHS organisations. This allows for the widest range of options for the future of the Trust to be considered.

8. GEH are being supported in this procurement process by NHS Midlands and East's Strategic Projects Team, which has experience of supporting and delivering innovation in the NHS through strategic change, divestment, acquisition and franchise.

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Item 7

Warwickshire Shadow Health and Wellbeing Board

24 January 2013

Progress Report on the Health Check Programme in Warwickshire

Recommendation

That the Warwickshire Shadow Health and Wellbeing Board notes the progress being made with the Health Check Programme in Warwickshire and agrees on contingencies for 2013/14.

1.0 Introduction

1.1 Cardiovascular disease (CVD) affects the lives of over 4 million people in England, and is the leading cause of premature death and disability. It is also known that the burden of CVD falls disproportionally on those living in deprived circumstances and particular ethnic groups.

1.2 In April 2009, the Department of Health (DH) introduced the NHS Health Checks Programme, a cardiovascular risk assessment, to be offered to 40-74 year olds not currently on specific disease registers – i.e. aiming to identify new vascular disease earlier and treat more proactively.

2.0 Purpose of Report

2.1 The intention of this paper was for the Health and Wellbeing Board to be updated on the progress and outcomes of the Health Checks programme as currently being delivered in Warwickshire, and to discuss the resource implications for the Programme to be fully rolled out by March 2013, as per DH requirements.

2.2 The announcement re Public Health budgets for 2013/14 has only just been m ade. Therefore, this report can only describe the potential options for Warwick shire's delivery of Health Checks and a more up to date picture provided in ea rly 2013. However, such is the investment required to deliver Health Checks that a discussion at Health and Wellbeing Board is considered appropriate.

3.0 NHS Health Checks and Warwickshire

3.1 NHS Warwickshire has been delivering the NHS Health Checks Programme via an agreement (Locally Enhanced Service – LES) with GPs. The Programme started being offered in September 2010 in Nuneaton and Bedworth. A year later, North Warwickshire practices were able to sign up to

the LES, and since April 2012, the Rugby population has started to be invited to Health Checks via their GPs.

3.2 The reason for the gradual roll out of the Health Checks in Warwickshire has been two-fold – firstly, to pilot the LES, and to refine and improve the delivery process and agreement. Secondly, and more importantly, it was identified early on that NHS Warwickshire would use Health Checks as a tool to tackle health inequalities across the county and deliver the Health Checks in the areas with the greatest CVD and the greatest deprivation.

Table 1: Summary of Numbers of Health Checks Offered and Delivered

Period	Locality	Number of Health Checks Offered	Number of Health Checks Delivered	Conversion Rate of Offers
Sept 2010 to March 2011	Nuneaton and Bedworth only	15,635	4,084	26.1%
April 2011 to March 2012	Warwickshire North CCG	10,330	6,393	61.6%
April 2012 to November 2012	Warwickshire North CCG	4,380	2,348	53.6%
April 2012 to November 2012	Rugby	4,480	1,047	23.3%
Overall Total Warwickshire 2010/2012		**34,825**	**13,872**	**39.8%**

4.0 Impact of NHS Health Checks

4.1 The investment in Health Checks needs to show that it is supporting the 'preventative' agenda. The Programme was modelled nationally and showed that with 75% uptake of offers that it was cost effective due to the increase in earlier diagnosis of diabetes, hypertension and chronic kidney disease etc.

4.2 For Warwickshire, Public Health has worked with Primary Care Intelligence to identify the number of individuals that are added to disease registers within three months of their Health Check. There will always be a time lag between initial Check, further investigations, and confirming a diagnosis. Three months was seen as an appropriate timeframe to use.

Table 2: Additions to Disease Registers Following an NHS Health Check

Disease Register	Warwickshire North (Sept 2010 to October 2012)	Rugby (April 2012 to October 2012)
Diabetes	113	6
Coronary Heart Disease	18	0
Chronic Kidney Disease	72	2
Hypertension	273	12
Atrial Fibrillation	36	0
Total	**512**	**20**

4.3 It is expected that with earlier monitoring and treatment that patients will have improvements in quality of life, and future use of secondary care services will be reduced.

5.0 Full Implementation Issues

5.1 The Health Checks Programme is required by the Department of Health to be fully implemented by the end of March 2013. This will require NHS Warwickshire to start offering Health Checks in the South of the county.

5.2 The full roll-out of the Health Checks programme will therefore require additional resources, both for the delivery of the Check, but also in supporting the lifestyle intervention programmes that are required if Health Checks are to make a difference to our population's CVD.

5.3 The uplift from the 2011/12 budget (Warwickshire North population only) to the 2013/14 budget requirement (countywide) was estimated to be just under £500,000 and this figure was submitted to the DH in the summer of 2012. Any uplift will be seen in the Public Health budget to be released in January 2013 but the time of writing we have no idea what, if any, additional resource will be available.

5.4 The ability to deliver Health Checks countywide, and to commission lifestyle intervention services to support the programme will be influenced by the outcome of the confirmed Public Health Budget

6.0 Options

The Health and Wellbeing Board are asked to consider and provide guidance on their preferred 'contingency' plan should the full budget for delivering Health Checks not be available in 2013/14.

Option 1
To delay the roll out to South Warwickshire for 12 months.

This would provide Public Health time to work with CCGs and service providers to look at ways to reduce the costs of the actual Health Check. It would also allow NHS Health Checks to continue to contribute to reducing the premature mortality from cardiovascular disease seen in the north of the county.

This would mean however, that Public Health in Warwickshire , the Local Authority , who take on responsibility for Health Checks from April 2013 (and partners) would not be delivering the Health Check programme as mandated.

Option 2
To reduce the investment in lifestyle intervention services.

This would allow Public Health to deliver the 'must do' of the mandate – the Health Check. However, there would be much reduced support for individuals to change their lifestyles and the future cost-savings of the Programme would be reduced.

Option 3
To reduce the frequency +/- age that NHS Health Checks are offered.

Modelling could be undertaken to identify what the estimated impact would be if a Health Check was not offered at 40 years old, but delayed until a later age. Similarly, it would be possible to investigate the impact of stopping offering Health Checks earlier than 74 years old.

Other alternatives could be considered, including a 10 year Health Check etc. However, all these variations would still mean that by definition the mandated Health Check Programme was not being delivered.

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