

**The Warwickshire Shadow Health and Wellbeing Board
Interim Strategy**

[Inside Cover]

Health is something that we collectively share not individually consume. Inequalities in health arise because of inequalities in society – in the conditions in which people are born, grow, live, work, and age. So close is the link between particular social and economic features of society and the distribution of health among the population, that the magnitude of health inequalities is a good marker of progress towards creating a fairer society. Taking action to reduce inequalities in health does not require a separate health agenda, but action across the whole of society.

Professor Sir Michael Marmot

Marmot's key enablers of equity:

- 1. Giving every child the best start in life***
- 2. Enabling all children, young people and adults to maximise their capabilities and have control over their lives***
- 3. Creating fair employment and good work for all***
- 4. Ensuring a healthy standard of living for all***
- 5. Creating and developing healthy and sustainable places and communities***
- 6. Strengthening the role and impact of ill-health prevention***

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Appendix 1 Our Baseline Performance

The Purpose of our strategy

The Health and Wellbeing Board (HWBB) is a body tasked with the improvement of the health and wellbeing of the population. It is required by Government to produce a formal strategy outlining how it will achieve these improvements. The Board will be guided by the intelligence and information contained within Warwickshire's Joint Strategic Needs Assessments (JSNAs) which can be found at www.warwickshire.gov.uk/jsna and the Joint Director of Public Health's Annual Reports which can be found at www.warwickshire.gov.uk/publichealth.

Using the JSNA tools, data and intelligence, and the Joint Director of Public Health's Annual Report 2012, all partners and statutory agencies can inform and influence their decisions and policies to impact positively on the health and wellbeing of the population. It is a fundamental principle of the Health and Wellbeing Strategy that all organisations will work together to target agreed investment and efforts to where they are needed most and proven to have the greatest effect.

The strategy will continue to be informed by extensive engagement with not only our key stakeholders (public representatives, clinicians and service providers, local authority professionals and emergency services staff), but also by the public at large through a variety of approaches – community forum discussions, special interest groups, engagement with parent – teacher associations, Foundation Trust Governors and patient groups.

This Strategy offers a way of using our current health and social care services to best effect and puts forward evidence-based measures that all Warwickshire's major statutory and independent sector bodies can adopt in order to improve the wellbeing of our residents.

Resourcing health and wellbeing

It is important to acknowledge that the wide range of organisations and services that support the health and wellbeing agenda are in a period of significant financial challenge. District and County Council budgets have been reducing under the current spending review period and will continue to reduce under the next one. Health budgets are not falling in cash terms but demographic pressures are not being funded and are therefore driving the need to continue to find significant savings and productivity improvements. It is not clear if or when any of the key financial recommendations from the Dilnot review will be implemented to help to manage the financial position locally. In the private and voluntary sector many traditional sources of income are reducing, and the outlook for the economy and the business to be won from public services is far from certain.

However, improvements in the use of public funds to promote health and wellbeing and to provide care and support for those who need it are still achievable. This strategy should change where spending is focussed as services are reshaped, resulting in new costs and new savings. This strategy does not quantify the potential financial impact of the priorities proposed but key organisations and stakeholders will need to ensure appropriate business cases and plans are in place for particular initiatives before they are implemented. Crucially

this strategy is seeking to find ways to promote and champion early intervention and prevention that by its very nature will achieve savings and improved outcomes for individuals.

We need to use our current health and social care services to best effect and put forward evidence-based measures that all Warwickshire's major statutory and independent sector bodies can adopt in order to improve the wellbeing of Warwickshire residents. We feel the partnership approach to formulating and delivering this strategy will help avoid duplication of effort and allow us to support and challenge each other in our delivery. We will always consider how to deliver our services from a value for money perspective, making the most of community assets and encouraging and stimulating change and innovation where possible.

Introduction and Context

Our aspiration is that:

“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.”

This strategy identifies both the challenges we in Warwickshire face in achieving the very best health for ourselves and the opportunities now available to us to dramatically improve our health and wellbeing.

Warwickshire has an ageing population, in part because we are living longer, in part because older people choose to retire here. Both trends are to be welcomed. Living longer and well, must be a key goal for any compassionate society.

However, this county still demonstrates unacceptable differences in life expectancy between the north and south, between those on low incomes and those who are comfortably off. In addition, despite being a relatively prosperous county, Warwickshire is ranked 128th out of 142 local authority areas when it comes to ‘happiness’. Worryingly, Warwickshire’s Observatory Quality of Life report shows that one in five people spend at least ten percent of their income on fuel bills and a quarter of children do not eat breakfast. A rural county poses particular problems in accessing health and social care, whilst older people are more limited in their own personal mobility and transport options.

This strategy is not a reference document to all key services. It highlights the highest priorities, that if addressed would make the most significant difference to reducing our health deficit. Many services are working extremely well in Warwickshire and provide high quality care and support. These services are not the focus of this strategy, though they will in due course express their own strategic ambitions.

We have attempted to chart a path forward to a better, healthier and more independent life for all Warwickshire residents. This is our *‘Life Course approach’*, and there are three aspects of that path to improved health and wellbeing:

- Mobilising communities
- Improving access to services including 24/7 access to care
- Public agencies - working together

As Sir Derek Wanless pointed out, without the “full engagement” of all our citizens the health and social care we seek will become unaffordable by the 2020s. The demand for care by an ageing population will be unsustainable if we do not improve our health in old age by sensible preventative measures and offer more care and support closer to people’s homes and neighbourhoods where informal support can also be offered. That in turn will require greater attention being paid to supporting carers and community infrastructure.

We also recognise that we have constructed a health and social care system that for many of our residents appears to disappear at six o’clock on a Friday evening only to reopen at

eight o'clock the following Monday, unless it is a bank holiday! That experience is rare in all other aspects of our society where supermarkets may be open 24/7, and the rest of the service sectors work through the weekend.

Some of our Primary Care services are already looking to address this problem. Larger practices are planning an integration of medical, nursing and social care with pharmacy and even short stay care. The use of tele-health, e-medicine, remote alarm screening and the development of nurse practitioners will make round the clock care sustainable and will prevent the hospital admission that often leads not to cure but increasing dependence. Some commentators now suggest that up to a third of current hospital admissions could be avoided with such developments. That in turn will radically change the way our hospitals are used.

We have created environments in which healthy lifestyles are ever harder to maintain. And the very fact that there are identifiable groups exhibiting health compromising behaviours demonstrates that they do not result from random irresponsibility.

The evidence of the ban on smoking in workplaces and enclosed public places demonstrates how individual changes in healthy lifestyles can be supported by collective action. The Police with zero tolerance of domestic violence, bearing down on speeding drivers and addressing anti-social behaviour are as engaged in improving our health and wellbeing as our immunisation and vaccination service. We are committed to the Department of Health's policy of "Making Every Contact Count" whereby all public services – with brief advice and encouragement - can encourage healthier behaviours whether by ignoring the lift, giving up smoking or walking along the "measured mile" marked routes appearing across the county.

Warwickshire can improve our health and wellbeing as long as individuals, local neighbourhoods' public and commercial services, serving the county together, all embrace the message that "health and wellbeing is for the taking". Our interim Health and Wellbeing Strategy outlines how this can be achieved.

Professor Bryan Stoten
Chair of the Warwickshire Health and Wellbeing Board

Our priorities explained

Warwickshire has a health deficit. It is an affluent county but has only little better than average health outcomes compared to the rest of England. We need to do much better.

1. Mobilising communities to develop and sustain their independence, health and wellbeing

We want to concentrate our efforts on encouraging communities to set up support networks which will help individuals to improve their lifestyle choices and which will significantly reduce Warwickshire's health deficit. In line with the localism agenda, this includes:

- Mobilising community and neighbourhood support ensuring full engagement of local communities, motivating an interest in social responsibility and the independence of vulnerable people
- Building a healthier, more productive and fairer society in which we recognise difference, build resilience, promote mental health and wellbeing and challenge stigma and discrimination
- Working with local community and voluntary sector organisations to build the social infrastructure of community facilities.

By mobilising communities, we are aiming to:

- Reduce the social acceptability and so the levels of smoking in the north of the county compared to that in the south
- Reduce carbon monoxide (CO) levels in pregnant women through getting compliance with CO monitoring at first booking
- Support independent living and enable all Warwickshire residents to enjoy the best possible mental health, have a good quality of life and a greater ability to manage their own lives in community settings
- Reduce the weight of schoolchildren by engaging local communities in creating opportunities for physical activity
- Develop personalised, tailored and bespoke health prescriptions for wellbeing to counteract poor lifestyle choices targeting diet, exercise and addictive behaviours
- Improve the monitoring of weight, blood pressure and cholesterol levels into old age by the vulnerable, and where necessary, their carers

2. Improving access to services

We need to improve access to our public services. We will do this by:

- Ensuring that primary, community and social care facilities are of high quality across the county with health and care pathways being easily accessible to all communities
- Developing the co-ordinated delivery of out of hours access that includes pharmacy, general medical, general dental, mental health and wellbeing services, health visiting and district nursing care
- Developing alternative models for out of hours services which better meet the needs of the population and fit with models of independence and wellbeing that we see as the basis for a sustainable health care system
- Ensuring that children and young people have timely access to support and service to reach their full potential and make their right decision for themselves

- Investing in the development of tele-health and tele-care services

3. Public Services – Working Together

Demand for services is growing at a time when all services are under increased pressures. In order to meet these challenges we need to find new ways to work together to share resources and improve the quality of services whilst delivering them more effectively.

We need to address the sustainability of services faced by increasing demands from an ageing population and take account of the changing socio-demographic profiles for wellness and ill health. We also need to work together to ensure children and young people are able to reach their full potential to help ensure that health and wellbeing inequalities such as differential levels of educational attainment are minimised.

Managing demographic pressures, the increases in long term conditions and complex diseases such as dementia alongside the need to reduce costs creates an on-going challenge. National policy such as Think Local Act Personal and the Care and Support White Paper are re-stating the need to ensure that low level, early intervention services and support are available to people at the earliest possible stage to prevent them needing to rely on more costly health and care services at a later stage.

Housing plays a core and central role in maintaining and improving health and wellbeing. Joint approaches should be developed to ensure that there is recognition of the role that good housing has on people's health and wellbeing. We need to work together to ensure that Warwickshire residents have access to an adequate standard of housing as this has an impact on the extent to which someone experiences good health and wellbeing.

We will work together to promote health and wellbeing by:

- Agreeing and, where possible, aligning our strategic commissioning intentions and financial plans to achieve value for money across all public sector services. For example jointly scoping the development of a co-ordinated primary, community and social care delivery model that will help make the best use of scarce resources and result in the best outcomes for patients, customers and the wider public
- Creating opportunities for joint commissioning – working with partners towards shared objectives and outcomes, reducing duplication and making the best use of resources
- Ensuring frontline services support the delivery of preventative as well as treatment strategies across all public services
- Identifying opportunities to address the impacts of the wider determinants of health and wellbeing such as poverty, homelessness and obesity
- Supporting young people to aspire and achieve to their educational potential to close the outcomes gap between vulnerable groups and their peers
- Promoting the message of *Making Every Contact Count (MECC)* in frontline customer and public interactions
- Integrating community and secondary care delivery. The management of community health services by South Warwickshire NHS Foundation Trust offers such an approach. This is where early discharge from hospital is enabled following planned surgery e.g. a hip replacement, by providing outreach nursing and physiotherapy. It

helps ensure that people are enabled to recover in the best place for them with efficient community support around them to help support a safe recovery

- Improving the public knowledge, awareness of and access to early intervention services
- Jointly recognising the role that good quality housing has on people's health and wellbeing and prioritise joint approaches to securing decent housing for all
- All agencies adopting the principles of early help and support, e.g. public sector, voluntary organisations, community organisations, businesses, schools, colleges, GP surgeries, housing services, clinical commissioning groups, etc.
- All public services working together in keeping people safe from harm.

By doing all of the above we will harness a strong joint sense of achievement by all agencies, acknowledging their contributions and valuing the inter-dependency needed to meet agreed outcomes.

Our Vision

'We will be a healthy county, where all our partners are committed to supporting jointly agreed priorities for action, embedding behaviours and approaches that will make a tangible difference to the economic and lifestyle prospects of all Warwickshire residents enabling all to live well.'

How healthy will Warwickshire be:

- Warwickshire will be in the best 20% in the UK for all major health and social care indicators.
- The educational attainment of children in Warwickshire will be consistently improved in our most deprived areas – no school will demonstrate more than 20% variance from the best in examination outcomes (GCSEs etc).
- All our local councils will be 'Healthy Councils' which champion health and wellbeing in its widest sense with a focus on Marmot's top six objectives (shown on the inside of the covering page) and our local priorities.
- All our partners will actively role model health and wellbeing.
- Adults and children will have early access to high standard mental health and wellbeing services that are community based and close to home.
- Our investment in preventative health and social care will be prioritised and underpin our commissioning strategies.
- Statutory services will be much more integrated with, in particular, innovative joint primary, secondary and social care teams that work together in the interests of the public's health rather than the interests of the organisations who employ them.

What working together for Warwickshire means for all public services?

It is our intention that Warwickshire residents should be able to maintain a healthy lifestyle, in an environment that is supportive of their health and wellbeing, with access to the highest quality health and social care at the most local level possible within the resources available. This can be achieved most efficiently by the collaborative work of the NHS, Local Authorities and the Voluntary and Independent Sector together with the fullest possible engagement of the population at large in behaviours which are evidenced to improve their health and wellbeing.

In our collaborative work and joint commissioning we will be guided by the following principles:

- 1. We will enable people to remain independent and well for as long as possible, wherever possible and in a place of their choosing.**
- 2. We will encourage more people in Warwickshire to have a greater say in how local services are provided.**

- 3. Every public service will be involved in improving the health and wellbeing of Warwickshire residents.**
- 4. We will invest in preventative approaches to keep people well and identify where we can act early to prevent ill health.**
- 5. We will look for all public services to work together towards the same aims and improve the quality of people's lives.**
- 6. We will endeavour that people get the right care in the right place at the right time.**

What needs to be done in Warwickshire?

This strategy asks every statutory agency in Warwickshire to articulate their commitments to the strategy using the life course approach and demonstrate this in organisational policies and plans as well as local area and joint partnership plans.

Our Life Course approach

Our approach is based on Marmot's Life Course Approach. **Thinking about the life course should enable all statutory agencies to plan for the health and wellbeing of the population they serve.**

In November 2008, Professor Sir Michael Marmot chaired an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010. *Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England*. He looked at ways in which each stage in the populations' lives could be enhanced by appropriate interventions.

When Marmot commenced the review it was feared that he would make financially unsustainable recommendations. The review, however, looked at the cost of doing nothing. Doing nothing is simply not an economic option. The human cost is enormous – 2.5 million years of life potentially lost resulting from health inequalities alone.

There are important differences in the north and the south of Warwickshire – the health deficit in Warwickshire overall is 13.7 years. A man in Nuneaton and Bedworth would live on average 15.4 years less and a Rugby woman nearly 14.7 years less than people in the least deprived areas of Warwickshire. The least deprived ward in all cases is Leek Wootton (ONS data).

Broader factors have a far greater impact on health and wellbeing than NHS and social care services do alone.

In Warwickshire:

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 suffer from some form of mental illness

1 in 3 adults over the age of 16 live with a long term condition (147,000 people)

Wider determinants of health and wellbeing

Care and support at home

Housing has a central role in improving health and wellbeing. We know that most older people and people with physical and learning disabilities want to stay in their own home wherever possible and not have to go into residential or nursing care. In Warwickshire, more than 30% of people with a severe disability are looked after in residential care whilst in other parts of the UK this is 10%. Similarly, between one third and a half of people in hospital could be cared for just as well in their own home. Secure, warm and non-overcrowded housing conditions mean people are less likely to suffer from physical or mental illness, and children in similar settings are likely to do better at school.

Freedom from poverty

14.3% or 16,160 children in Warwickshire are growing up in poverty, an increase from 13.2% in 2008. In some neighbourhoods over half of our children are living in poverty. Since 2008 the number of looked after children in our county has increased by 20%. Providing the best start in life for children includes living in a home that offers healthy food, warmth and opportunities. Protecting children in their early years from poverty has been shown to be one of the most beneficial long term interventions to support their health and wellbeing.

Poverty in adults can lead to serious physical and mental health conditions. Such adults are more likely to drink harmful amounts of alcohol and smoke. Much poverty arises from a lack of employment as a result of ill health or disability, or lack of educational skills. However, low-income working families with children remain the single largest group of people living in poverty. Part of the 'Going for Growth' initiative within the County Council has been to offer more apprenticeships to enable improved employment and life chances.

Smoke free Warwickshire

Over half of the health inequalities between the north and the south of the county result from differential smoking behaviours. Three quarters of smokers begin smoking before it is legal to buy a cigarette. Our Trading Standards colleagues are crucial in addressing this shameful statistic.

Smoking has serious consequences for people's health with one in two life-long smokers dying from their addiction. The effect of second hand smoke on us all, but especially unborn babies and young children is harmful. In Warwickshire around 20% of people still smoke, as do 15% of pregnant women. At least 20% of our children live in a house where people smoke. Children of smokers are almost twice as likely to be admitted to hospital with breathing difficulties as those that live in a smoke free home. Community attitudes to smoking are probably the most powerful factor in shaping smokers preparedness to quit or continue with their addiction. Our work with Warwickshire Fire and Rescue Services will be important in both engaging in the **Make Every Contact Count (MECC)** programme and undertaking home safety visits to vulnerable people known to partners. Tobacco control is the responsibility of all of us.

Stopping smoking even in later life can make big differences to people's health and to how long they live. Quitting on retirement will increase life expectancy by an average of three years.

Hundreds of frontline public sector staff go into thousands of people's homes and see thousands more. This presents opportunities to MECC.

We must support people who work with children in their own homes such as social workers, health visitors and midwives to spend more time and be more confident in encouraging parents to keep their homes and cars smoke free.

Living in Warwickshire

The environment where we live is crucial for our health and wellbeing. Well maintained areas have low levels of crime and when people feel safe there is a greater feeling of community cohesion which in turn leads to people taking greater responsibility for themselves and their local community.

We have however created an environment that minimises the expenditure of effort. As a society we must consciously build a "non-obesogenic" environment which encourages walking, physical effort and minimises car use, sedentary game playing and recourse to convenience foods and "grazing". The school meal as a communal experience needs to re-enter the school setting to support the development of desirable nutritional behaviours from the earliest age.

Safe and green spaces encourage play and physical exercise. Maintaining the number and quality of community spaces is especially important when considering new housing developments. Local plans can encourage walking, cycling or the use of public transport instead of car use. Similarly, statutory agencies need to determine how our health and social care systems will cope with a growth in new residencies. Equally, good quality leisure facilities that are especially accessible to those living in more deprived areas are important where people may be unable to pay for alternative leisure pursuits.

We need to plan our public sector buildings in a more co-ordinated way, so that we can base several services in one place. 'Community hubs' are developing across the country where local people can access a range of public services such as GPs, social services, housing, dentistry, pharmacists, optometrists, libraries and community healthcare. Often these hub developments have been catalysts to shape and increase the level of joint community and voluntary sector involvement.

Safer Communities

Crime

Being a victim of crime or being afraid of crime has a major impact on people's confidence, mental health and wellbeing. Anti-social behaviour is a major factor in promoting this fear. Complex family problems often include domestic abuse, alcohol or drug misuse and non-attendance at school.

Drugs, alcohol and illicit substances

In Warwickshire, we estimate that drug misuse is a factor in 21% of crimes; alcohol in 43% of crimes and half the prison population has some form of mental health condition.

“Well-mannered” alcohol consumption is killing too many of our citizens. Warwickshire had 164 alcohol related deaths in 2011 compared to the West Midlands average of 131. We need a “wake up” call now. Alcohol admissions are increasing in prevalence nationally and locally. Harmful and dependent lifestyle choices are limiting people’s ability to both improve their life chances and their health and wellbeing. This is an area for significant concern and needs continued investment and attention.

Offender health

Improving the health outcomes for offenders can contribute to reducing re-offending rates which in turn will bring wider benefits to the community. Warwickshire Probation Trust supervises approximately 2000 offenders in the community each year of which 29% experience drug problems, 51% have alcohol problems and 31% report emotional wellbeing concerns. Without access to good healthcare this group will continue to place disproportionate demands on health services. We will work with Warwickshire Probation Trust, Warwickshire Police and the Prison Service on reaching offenders who have the greatest need to improve their health and wellbeing.

Schools and Education

Education is an independent determinant of life expectancy. Together with its impact on employment potential and earnings, educational attainment has a direct effect on people’s health and wellbeing over their entire lifetime. The gap in achievement between our schools is too great and we must demonstrate much greater equity in outcome.

39% of children in Warwickshire leave school without five good GCSEs. This means - for many – poor employment opportunities, low income and resultant poor health. Warwickshire’s aspiration for educational attainment needs to increase significantly. We are performing below the standard to be expected given our levels of affluence and cannot be satisfied with 39% of our children leaving school without good qualifications. We expect the variation in attainment to reduce to no more than 20% by 2018.

Schools are important settings where children spend a lot of their life. Schools can significantly influence the positive social and lifestyle behaviours we take into later life. Children need to be encouraged to live their lives to their full potential. Healthy children who stay safe, achieve economic wellbeing and make a positive contribution are key indicators of success for this strategy.

We can show that school performance varies significantly depending on the culture and leadership within the school. The experience of those with a proven track record of success should be drawn upon by less successful neighbours to improve the attainment of all our children. As schools such as Ash Green have shown dramatic improvement in school performance is possible with the right authoritative leadership.

We believe the school meal is a vital component of social interaction and an excellent means of supporting children to develop mature social skills and behaviours. The School Food Trust found that healthier school food has a positive impact on pupils' academic achievement and therefore on earnings through the course of an individual's life. (*School Food Trust (2009) 'Healthy School Meals and Educational Outcomes', Institute for Social and Economic Research, Paper 2009-1*)

We believe breakfast clubs can also make a positive contribution to children, particularly those from low income and/ or priority families, achieving increased performance at school.

Re-shaping the delivery of care

Warwickshire's ageing population will force changes in the way that we deliver both health and social care. We expect to see a major increase in the over 75-year-old population in the county in the next decade, and more than half of unplanned or emergency hospital admissions are from this age group.

For too long the debate about hospital care has centred around waiting times, waiting lists, patient choice in hospital referrals, and the "tariff" to be paid for such episodes of care. In fact such referrals constitute no more than 11% of NHS activity. This pre-occupation has resulted in insufficient attention being given to the management of emergency admissions, the long term conditions of diabetes management, chronic obstructive pulmonary disease (COPD), heart failure, Parkinson's disease and cancers which increasingly require longer term management as a chronic rather than acute condition. As a result there has been a public demand to protect existing services rather than reconfigure them to meet the new and increasingly complex care needs of patients, facilitate new techniques and technologies and maximise the best care and patient safety. Evidence shows that this comes from high volumes and short bed stays. The fear of hospital closures has led to maintaining suboptimal services in the wrong place for too long. Increasingly, we need to support unpaid carers in their caring role and their life apart from caring. Their involvement in developments affecting them and the people they care for will be valuable in reshaping services.

This strategy looks to build on the strengths of our hospitals rather than their weaknesses and continue to offer more care choices and greater independence for those living with Long Term Conditions (LTC), supporting them to develop their own care plans that include end of life preferences, and for those who are frail or ill. We want to see specialist and major surgical interventions concentrated where such patients can be treated in high volume by clinicians with the greatest experience of such procedures. The evidence shows that outcomes for patients of all ages are safer and better as a result.

We want our local hospitals to offer increasing levels of day surgery, outpatient attendances, imaging and diagnostic facilities. Rapid hospital discharge is shown to be safer and we know of remarkable achievements in this area by hospitals in Warwickshire. Integrated care pathways can significantly reduce the cost of emergency admissions and at a time of great change across health and social care we must ensure that our joint working can be maintained and enhanced.

People at the end of their lives are often unnecessarily admitted to hospitals when they and their families could be more sensitively cared for at home. Hospice at home is vital in supporting this aspiration. Our joint responses can ensure that we increase people's ability to live well with terminal illness and die where they prefer.

That will require changes in Primary Care, too. We know that there is clinical enthusiasm for closer working between GPs, community and practice nurses, social care providers and therapists – physiotherapists, chiropodists, podiatrists, community pharmacists and key voluntary sector organisations.

Leading successful improvements

We know there are radical changes required to improve the health and wellbeing of Warwickshire residents. We will need to gain their support and confidence. The Health and Wellbeing Board, Overview and Scrutiny mechanisms and existing local area joint partnership will all be important in delivering tangible improvements for this strategy.

The demise of the Primary Care Trust with its monthly publication of key performance indicators must be replaced. We propose to publish outcome information from our hospitals and GP practices on the JSNA website, so that residents can compare, and hold to account, those serving their health and social care needs.

We expect to see in the plans of Clinical Commissioning Groups measures designed to bring about changes in the way and the place where patients are treated and cared for, together with an outline of the changes required in existing infrastructure.

There are four key outcomes frameworks that will drive the improvements in this strategy and in core services. Department of Health performance frameworks guide delivery for health overall, children's services and adult social care services and are the key documents that will indicate an improvement or deterioration in any given service area. These frameworks are also referenced in, and integral to, the Health and Wellbeing Board review mechanisms:

- [Adult Social Care Outcomes Framework 2012-13](#)
- [Every Child Matters Outcomes Framework](#)
- [NHS Outcomes Framework 2012-13](#)
- [Public Health Outcomes Framework for England 2013-16](#)

The performance frameworks including at a glance summaries are on the JSNA website and we will use additional indicator sets from these frameworks to assess overall progress. These are cited at <http://jsna.warwickshire.gov.uk/supporting-documents/government-guidance/>

Evaluating collective views on our health and wellbeing

Local Healthwatch will play a key role in ensuring patients' and public voice is represented on the Board. 'Healthwatch Warwickshire' will be the local consumer champion for health and social care. It will build up a local picture of community needs, aspirations and experiences. It will do this by engaging with local communities, including local voluntary organisations, networks, people who use services and the wider population.

Health and wellbeing – building success

Aligned to the Joint Strategic Needs Assessment, that underpins this strategy, we will use the following outcomes and outputs to measure progress against our three priorities. These will be further developed through an action plan and aligned to the outcomes frameworks relevant to each organisation.

Children and young people

- Pupils are ready for school, attend and enjoy school with key indicators measuring attendance, exclusion and attainment.
- Children and young people achieve personal and social development and enjoy recreation.
- There are positive outcomes and destinations for pupils post 16 years.
- Transitions between settings and from children to adult services are well managed.
- 95% of children receive their vaccinations and immunisation.
- The variance in the percentage of children, in particular those looked after, attaining 5 or more GCSEs across Warwickshire schools will be no more than 20%.
- We will narrow the gap in outcomes for looked after children and young people as compared with that of the general population.
- Children and young people will sustain improved health and emotional wellbeing and have opportunities to develop resilience and skills to prepare themselves for change, independence and adulthood.

Healthy lifestyles

- There is a reduction in the number of people who start smoking coupled with an increase in the number of people who are supported to quit.
- Pregnant woman will be offered the opportunity to be assessed for smoking, alcohol use and obesity and helped to adopt a healthy lifestyle.
- All relevant partner organisations will support the delivery of *'Making Every Contact Count'*.
- Children and adults will be encouraged to eat more healthily.
- At least three "measured mile" walks will be available within every district and borough council.
- Warwickshire services will work with retailers to publicise the calorific content of alcoholic drinks and to encourage fast food outlets to promote healthier and informed choices.
- Supermarkets will be canvassed to promote healthy food and we will develop a "healthy hearts" award for local retailers in association with the British Heart Foundation.
- We will continue to reduce the number of under 18s' conception rates.
- More Warwickshire will reduce their alcohol consumption through good advice and the number of alcohol related admissions also be reduced.

Reducing health and wellbeing inequalities

- We will reduce poverty and increase educational attainment and skills to improve jobs prospects for those most in need.
- We will embed the reduction of health inequalities in the decision making process of all public agencies and partners.
- We will improve equity of access to services, especially health and care services.
- We will continue to promote mental health and wellbeing as a foundation stone to good health across the population, building on the notion of 'No Health without Mental Health'.
- We will increase the promotion of positive sexual health with a focus and promotion on HIV prevention.

Ill health

- We will improve clinical outcomes for people with long term conditions.
- There will be a greater use of assistive technology including, tele-health, aids and adaptations.
- We will improve rehabilitation services for people with long term conditions.
- Pregnant women and new mothers will all be offered assessment for post natal depression and other needs in order to prevent, detect and treat early mental health and wellbeing issues.
- People are supported to manage their condition themselves with improved access to personal learning opportunities and services such as psychological therapies and "Books on Prescription".
- Greater use of risk stratification tools will identify people who are at high risk of being admitted to hospital and will be proactively supported to prevent deterioration.
- We will reduce hospital admissions and improve discharges.
- All at risk patients will receive an annual health check.
- Warwickshire children and young people will have improved and timely access to early intervention mental health services.

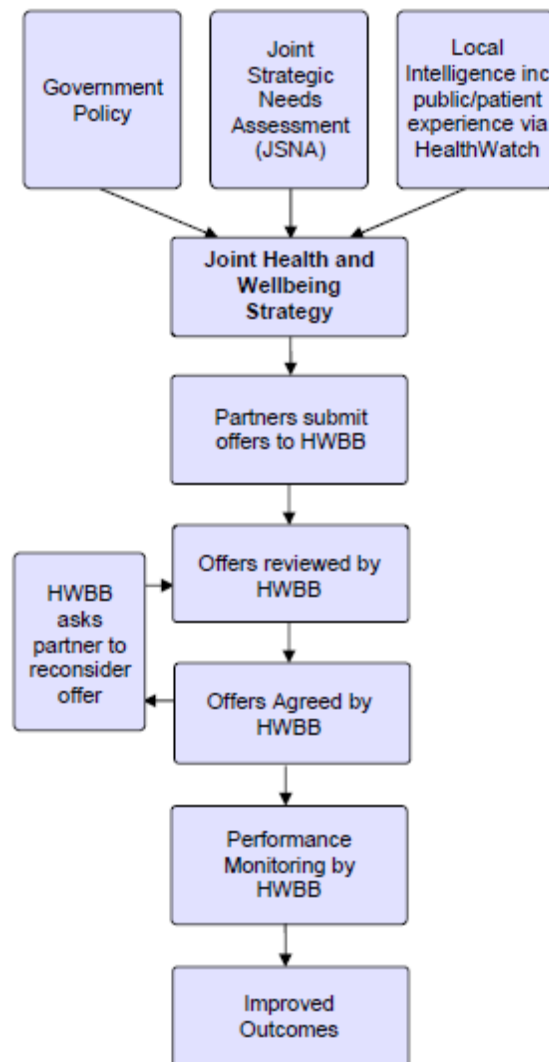
Older people's needs

- Universally older people will be offered appropriate and timely advice to support them to maintain their independence and remain at home for as long as they choose including good advice about housing and related support such as keeping warm and well.
- We will work to reduce the risk of falls and fractures in older people.
- We will work to decrease social isolation, in particular in rural areas, through improved community inclusion and activities.
- We will promote and encourage the benefits of healthy living in old age, including health eating and exercise.

- We will make sure at the end of life people die well and in a place of their choosing with dignity and respect and their loved ones are supported.
- We will aspire to decrease winter deaths by 10% up to 2016 (baselined against 2013 population figures and environmental factors).
- We will develop a more extensive “trusted traders” scheme.
- Carers of older people will have access to information, advice and support services that is timely and specific to their own needs and the needs of the person they care for.
- We will improve the rates of diagnosis and support for people with dementia and their carers.
- We will have created at least one integrated care hub that will enable more people to be cared for closer to home and in more local community settings without recourse to being admitted to hospital.

Turning the strategy into action

The 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 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 plans that describe the services that they will commission to care for their population.



[Designer to integrate into the main body of the document with relevance to text as the examples of where we are making progress]

Partnerships

Unipart which employs over 2600 people in Warwickshire and Leicestershire has embarked on a programme of health and wellbeing initiatives in partnership with Public Health Warwickshire. Emma Dempsey, a Director at UTL said: "We are delighted to work in partnership with Public Health Warwickshire across a range of initiatives and hope that by participating in the programme our people become increasingly aware of the benefits of healthy living, which means UTL will benefit from healthier, happier people working in the business."



Integrated care

The local community of Shipston on Stour and its health providers are proposing full integration of primary community and social services around a health and social care hub. One of the aims of this initiative is to keep people out of hospital, maintaining their independence wherever possible for as long as possible and minimise lengths of stay when admissions to hospital are unavoidable.

Increasing physical activity in the North

For a small investment, we are targeting people with a CVD risk factor, who live in one of five of the most deprived wards. The aim of the project is to get people more active, addressing diet and healthy eating at the same time, thereby reducing health inequalities. Of 73 people seen, 17 have now completed the programme losing 145 kg in total and an average 7.5% body fat. Several cases show significant reductions in health-threatening blood pressure and cholesterol levels. This has been a joint venture between Public Health and the Nuneaton and Bedworth Local Leisure Trust. In addition, a recently agreed pilot study in North Warwickshire will build on the healthcheck screening programme and identify people who are at risk of developing diabetes. Blood tests will target patients who have abnormally high blood sugars and are pre-diabetic. They will be referred to exercise schemes and healthy living education to encourage preventative behaviours thereby preventing them from becoming diabetic.

Healthy eating programmes for Children - NOSH

Public Health and the Mancetter Children's Centre enhanced the original Baby and Toddler NOSH Programme developed by the Centre and tailored it for families. Children's Centre Staff have been trained by health advisors to deliver 4-6 week projects. Each project develops parent/carer skills and knowledge on healthy eating, menu planning, hygiene and cooking skills. All information given to parents/carers, aligns with national Start4life,

Change4life and The Healthy Child programme recommendations. Early indications are that as a result of this programme, the families are carrying out on a budget, more healthy eating at home and cooking with their children. The impact of each project assesses changes in parents' knowledge and attitude to healthy lifestyle behaviours.

Smoking in pregnancy

Together with the Tobacco Control Collaborating Centre (TCCC) we have been working to improve the way we collect data around smoking at the time of delivery in pregnant women. A new screening method is being piloted at the labour wards of Warwickshire hospitals which tests Cotinine levels within the saliva of women due to deliver on the test day. The saliva test is accompanied by a simple questionnaire. The new tests hope to improve on the reliability and accuracy of the previous technique which involved monitoring carbon monoxide levels. Tests results will encourage women to stop smoking with support from the smoking cessation team.

Supporting independent living and re-ablement

A recently funded joint programme between Public Health and Stratford District Council is supporting people with learning disabilities to learn how to cook and support their independent living. A ten week programme guides the candidates through basic cookery skills and provides them with a basic food hygiene safety certificate. On a weekly basis they hold a luncheon club at the Buzz community café in Stratford town for people with Parkinson's disease. The people coming for lunch purchase the meal at a nominal charge and get a copy of the menu and a recipe card to encourage them to eat more healthily at home. This is a sustainable solution for promoting healthy eating and social inclusion. We are seeking to expand this initiative to meet a range of needs.

Reducing harmful drinking

Warwickshire Police is supporting the Warwickshire Drug and Alcohol Action Team to implement the Alcohol Diversion Scheme, targeting people who commit minor disorder offences. The scheme allows people subject to a fixed penalty notice to attend a course where alcohol abuse and health related consequences are presented – much like the speed awareness courses, and where the attendance results in the level of fine being reduced or removed.

Linking offenders to appropriate treatment and interventions:

Warwickshire has designated treatment for offenders requiring treatment and interventions for substance misuse which is provided through the recovery partnership and the Criminal Justice Mental Health Liaison service. This initiative attempts to connect offenders with required mental health services from the point of arrest onwards. This service has recently attracted favourable attention from the Government. This is an important service that will need to be strengthened as needs continue to grow.

A new Sexual Assault Referral Centre

A new Sexual Assault Referral Centre for Coventry and Warwickshire is being built at George Eliot Hospital and will open in November 2012. The centre will enable those who have been sexually assaulted to be supported and treated in a specialist environment. The Centre will include support for children of sexual abuse and is a combined approach by Warwickshire Police, NHS Arden, Coventry and Warwickshire Councils and the voluntary sector.

Eliminating Child Sexual Exploitation

A new Child Sexual Exploitation (CSE) Task and Finish Group has been established with partners from Safeguarding, Education, Police and the Respect Yourself Campaign. The group are seeking to Prevent, Protect and Prosecute, particularly supporting the prevention aspects by:

- *Advising that consultation commences with young people regarding the definition of CSE*

- *Young people's forum to advise and influence CSE activity*
- *Including CSE as a core aspect of www.respectyourself.info within the safer relationships aspects and increasing awareness*
- *Embedding CSE training within the RYC training brochure and framework*

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

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Appendix 1. Our Baseline Performance and Key Performance Indicators

Indicator	Definition	Source	Time Period	Current Performance/Baseline	Comparator
Preventative					
Breast screening	Coverage of women aged 53-70 by Primary Care Organisation – Number of women screened as a proportion of the eligible population.	NHS Information Centre	31 st March 2011	To be inserted	To be inserted
Excess winter deaths	Excess Winter Deaths Index (EWD Index) is the excess of deaths in winter compared with an expected number of deaths based on non-winter months, expressed as a percentage. The year runs from August to July. Winter months are December to March; Non-Winter months are August to November and April to July.	Annual Public Health Mortality File provided by ONS.	2007-2010	Average yearly excess winter deaths – 276 EWD Index = 17.9%	England = 18.7% West Midlands = 19.8%
Immunisation and childhood vaccinations to achieve herd immunity (95%)	Proportion of children vaccinated by age 1 year of age: Diphtheria, Tetanus, Pertussis, Polio, Haemophilus Influenza type b (Hib) vaccinations, Pneumococcal vaccination, Meningitis C vaccine 2 years of age: Haemophilus Influenza type b (Hib) vaccinations, Meningitis C vaccine, Pneumococcal vaccination, Measles, Mumps and Rubella vaccination. 5 years of age: Diphtheria, Tetanus, Pertussis and Polio	Inform, Department of Health	To be inserted	At 12 months of age: 97.6% At 24 months of age: 95.6% At 5 years of age: 96.6%	To be inserted

	vaccinations, Measles, Mumps and Rubella vaccination				
Early Intervention					
NHS Health Check Uptake	Number of patients who have received a health check as a proportion of those offered in total	NHS Warwickshire Informatics	2012	9,934 Health Checks offered 6,896 Health Checks delivered 69.4%	
Childhood Obesity	Estimate of prevalence of obesity in children in Reception and Year 6. Children are classified as obese if their BMI is on or above the 95th centile of the British 1990 growth reference (UK90) according to age and sex. This definition is commonly used in England for population monitoring.	National Child Measurement Programme (NCMP)	2010/11	7.8% obesity prevalence in Reception children 16.2% obesity prevalence in Year 6 children	England - 9.4% obesity prevalence in Reception children England - 19.0% obesity prevalence in Year 6 children West Midlands Region – 10.1% obesity prevalence in Reception children West Midlands Region Reception children 20.5% obesity prevalence in Year 6 children
Treatment and management					
Falls and fall injuries in the over 65s	Age-sex standardised rate of emergency hospital admissions for falls or falls injuries in persons aged 65 and over	Hospital Episode Statistics (HES) via NHS Information Centre for Health and Social Care (IC).	2010/11	To be inserted	To be inserted
Hospital stays for alcohol related harm	Number of admissions for alcohol-attributable conditions, directly age and sex standardised rates, all ages, admissions per 100,000 European	Hospital Episode Statistics (HES) via NHS Information Centre for Health	2010/11	11,493 admissions, 1,693 admissions per 100,000 European Standard Population	England - 1,895 admissions per 100,000 European Standard Population

	Standard Population	and Social Care (IC).			West Midlands Region – 1,910 admissions per 100,000 European Standard Population
Patients diagnosed with Diabetes	Total Patients on GPs Diabetes Mellitus (Diabetes) Register (ages 17+) as a proportion of total GP Practice list size	Quality & Outcomes Framework (QOF), NHS Information Centre	2011/12 data as at end of July 2012	24,572(5.4%)	West Midlands – England –
Patients diagnosed with COPD (Chronic Obstructive Pulmonary Disorder)	Total Patients on GPs Chronic Obstructive Pulmonary Disease Register as a proportion of total GP Practice list size	Quality & Outcomes Framework (QOF), NHS Information Centre	2011/12 data as at end of July 2012	7,527	West Midlands – England –
Patients diagnosed with Depression	Total Patients on GPs Depression Register (ages 18+) as a proportion of total GP Practice list size	Quality & Outcomes Framework (QOF), NHS Information Centre	2011/12 data as at end of July 2012	47,286 (10.6%)	West Midlands – England –
Recovery and Reablement					
Readmission rates within 28 days	To be inserted	To be inserted	To be inserted	GEH SWFT UHCW	To be inserted