

Warwickshire Health and Wellbeing Board  
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## Introduction

***Maintaining health and wellbeing enables individuals to maximise their potential, lead active, fulfilled lives and participate fully in their community.***

## Foreword to the Warwickshire Health and Wellbeing Strategy

The Warwickshire Health and Wellbeing Board provides a countywide approach to improving local health and social care, public health and community services so that individuals, service-users and the public experience more 'joined up' care. The Health and Wellbeing Board is also responsible for leading locally on tackling health inequalities.

The Health and Wellbeing Board is a forum for councillors, commissioners and communities to work with wider partners to address the determinants of health, reduce health inequalities and strengthen our communities. One of the key benefits of Health and Wellbeing Boards is to increase the influence of local people in shaping services by involving democratically elected councillors and through Healthwatch, so that services can better meet local need, improve the experience of service users, and improve the outcomes for individuals and communities<sup>1</sup>.

Looking after the health and wellbeing of the population of Warwickshire is not the responsibility of one single body. Statutory and non-statutory organisations, including the voluntary sector, across the county all play a part in impacting on our health and wellbeing and influencing our behaviour.

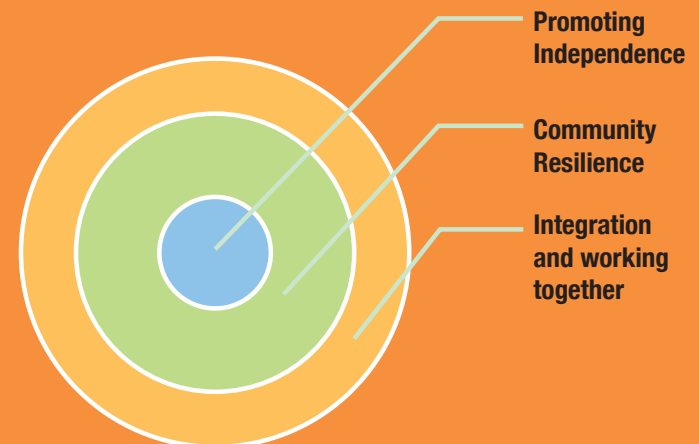
The Health and Wellbeing Strategy provides Warwickshire residents and organisations with a picture of what the Health and Wellbeing Board, through its members and wider partners, will need to deliver over the next 5 years and how we will work together to achieve this.

The Warwickshire Health and Wellbeing Board has agreed three priorities that will inform how we will work together, develop actions and report on our progress on improving the health and wellbeing of Warwickshire.

**Cllr Izzi Seccombe**

Chair of Warwickshire Health and Wellbeing Board  
Leader of Warwickshire County Council

### The Health and Wellbeing Strategy Priorities are:



## How does the Health and Wellbeing Strategy link with other responsibilities and requirements?

Warwickshire's Health and Wellbeing Strategy does not sit in isolation. We need to be aware of other priorities, legislation and documents that should be considered alongside this Strategy. Current key policy areas are:

### 1: Warwickshire's Joint Strategic Needs Assessment

Warwickshire's JSNA is a vital tool which brings together a range of high quality evidence and local information, local assessments and data to identify local priority groups across the county.

The JSNA highlights who, what and where Warwickshire's priority groups are in relation to health and social care need. The Health and Wellbeing Strategy identifies how we are going to deliver our services differently so that the needs of the identified priority groups are able to be met.

The Health and Wellbeing Board uses the JSNA to make collaborative decisions on how best to meet the needs of the priority groups, through joined up, integrated and appropriate services and by tackling the wider, or social, determinants of health. The JSNA and the Health and Wellbeing Strategy enable everyone to understand the factors that influence services in their area.

This Health and Wellbeing Strategy will not repeat the findings within the JSNA.

*For each priority within the current JSNA, partners should be ensuring that there is a focus on the Health and Wellbeing Strategy's priorities – that there are opportunities for people to maintain their independence, that the community is better placed to support that JSNA priority group. Finally, when individuals from the JSNA priority group do require support from services, those services are integrated and working together.*

### 2: The Care Act 2014, Better Care Fund and Children and Families Act 2014

The Children and Families Act 2014, the Care Act 2014 and the Better Care Fund (BCF) all have the principles of personalisation at their heart.

These principles include giving the person and their family/carer choice and control over the care and support they receive, providing them with the right information so that they make informed decisions, and organising services around the needs and outcomes for the person and their family/carer, rather than directed by organisational boundaries.

There is a shift in focus towards preventative services helping to maintain people's wellbeing and prevent crises, thus enabling people to remain as independent as possible for as long as possible. Where higher levels of care are subsequently needed, there will be increased opportunity for people to choose how their care needs are met, via options such as Direct Payments, and Personal Health Budgets, both of which enable individuals to choose and arrange their own services, to meet their needs.

As a result of the Children and Families Act 2014, the new Education, Health and Care Plans and associated personal budgets for those with special educational needs (SEN) and disabilities, will be required to be in place from September 2014.

Similarly, the adoption reforms in the Children and Families Act 2014 provide a greater emphasis for post adoption support and personal budgets to support this.

*The Health and Wellbeing Board has a key role to play in overseeing the reforms and contributing to delivery of an integrated health, care and community system.*

### 3: Information and Data Sharing

Sharing appropriate information enables those involved in providing health, care and community services to improve the quality of services for all. It is important to get a complete picture of what is happening across services to plan according to what works best.

The type of information shared, and how it is shared, is controlled by law and strict confidentiality rules.

Sharing information about the care provided helps us to understand the health and wellbeing needs of everyone and the quality of the treatment and care provided and reduce inequalities in the care provided.

There is a commitment within Warwickshire to further improve appropriate, safe and relevant data sharing.

*Source: Your records – Better information means better care*

### What happens next?

The Warwickshire Health and Wellbeing Strategy identifies the Board's agreed priorities for the next 5 years. It is now for each partner organisation on the Health and Wellbeing Board to develop its own plans of how they will contribute to the delivery of these priorities and it is important that these plans are developed and shared with provider organisations and the voluntary and community sector.

Organisations across the county should be identifying opportunities in their locality, in the services that they commission and in their own strategies on how they can add value and focus on the priorities that have been agreed by the Health and Wellbeing Board.

### Monitoring and progress

We will measure our progress by focusing on the impact that the strategy will have on people's lives. The Health and Wellbeing Board will choose indicators that will help us measure our progress over the lifetime of this Strategy. The Warwickshire Health and Wellbeing Board acknowledges that major change will not happen overnight, so we will be seeking gradual improvements in these indicators.

Warwickshire's Health and Wellbeing Board will review progress with:

- Regular locality performance updates at a District and Borough level
- Local reports at a CCG level
- An annual review to the Health and Wellbeing Board
- Submission of action plans to Warwickshire Overview and Scrutiny Committees

### The Health and Wellbeing Strategy makes a difference by:

- Providing clarity for public, community and voluntary sector providers of the Warwickshire Health and Wellbeing Board's priorities for its delivery of health and wellbeing across the county
- Providing a framework for organisations to use when commissioning, redesigning and decommissioning services
- Enabling Warwickshire to use existing assets and resources of partners, including workforce, communities and information, to reshape services
- Influencing the wider determinants of health and wellbeing through joint working across the county

# Priority 1 – Promoting independence for all

## 1.1 Definition

*Please refer to the JSNA for the current JSNA Priorities.*

Independence can mean different things to different people, depending on their level of need and their individual situation. In Warwickshire, 'promoting independence' is considered an important concept across the life course starting out with babies and young children, running throughout adulthood and into old age. We believe that independence should be encouraged as part of all these events, roles and transitions in order to prevent ill-health, disability and dependence on services throughout life.

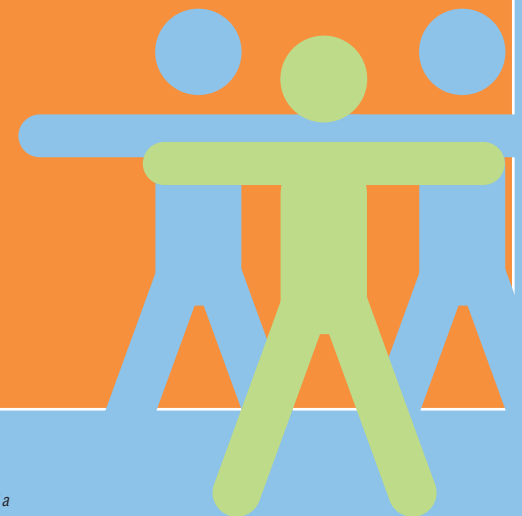
## 1.2 Evidence base – Why is promoting independence important?

What happens to babies and children before they are born and in their early years has lifelong effects on many aspects of health and wellbeing – from obesity, heart disease and mental health, to educational achievement and economic status. <sup>2</sup>We know from the Warwickshire JSNA that vulnerable young people are a priority group. We will therefore work with this group to ensure that they receive early intervention and support where necessary and that their families are given the support and early help they need to nurture their children and provide them with the skills to become independent in their later life.

A particularly vulnerable group are Looked After Children<sup>3</sup> (LAC) (or Children Leaving Care) and as a consequence of their life experiences, outcomes for LAC are traditionally poorer than non-looked after children. Care leavers are more likely to have poor educational performance, contact with the criminal justice system, poorer health and be vulnerable to homelessness and unemployment. Some care leavers cope well, but others find the path to independence precarious.<sup>4</sup> In Warwickshire, we believe that focusing on care leavers and their transition to adulthood and independence will help prevent negative experiences and crisis later in adulthood.

### We believe that promoting independence means...

- Providing a strong start in life, within a family environment, to enable babies and children to develop healthily and flourish in their learning and education
- Ensuring young people are prepared and supported to make successful transitions from care into independent living
- Enabling all people to manage and maintain their physical and mental health and wellbeing
- Ensuring all disabled people having the same choice, control and freedom as any other individual – at home, at work and as members of the community
- Providing additional support to other vulnerable groups of people to help them to become more resilient and avoid crisis situations
- Enabling older people to be able to remain in their own home and to live healthy active lives for as long as possible
- Keeping or improving physical and cognitive function to fulfil the tasks of independent living, maintaining social connections, and allowing people to have choice and control over how they live their lives



2. Waldfogel J (2004) Social mobility, life chances, and the early years, CASE Paper 88, London: London School of Economics.

3. Children become 'looked after' when their birth parents are unable to provide ongoing care in either a temporary or permanent capacity. Children can either be looked after as a result of a voluntary agreement by their parents or as the result of a care order. Children may be placed with family members, friends or foster carers or residential accommodation depending on individual circumstances.

4. National Children's Bureau, Supporting care leavers' successful transition to independent living [online] available from [http://www.princes-trust.org.uk/pdf/NCB\\_RSCH\\_9\\_FINAL\\_FOR\\_WEB.pdf](http://www.princes-trust.org.uk/pdf/NCB_RSCH_9_FINAL_FOR_WEB.pdf) (07/08/2014)

One of the key features of independence is providing the tools and information to enable people, of all ages, to maintain their physical and mental health and wellbeing. However, although most of us know some of the everyday things we can do to improve our own health and wellbeing, some people are not able to make health decisions or adopt healthy behaviours. In Warwickshire, we aim to help people and communities gain control over the influences on their health, making the healthier choices the easier choices. We will take pro-active steps to enable and encourage people in all age groups to have an active and healthy lifestyle, particularly those who are at higher risk of ill-health.

A disability is a condition which affects an individual's ability to undertake everyday activities and may affect a person's sensory, mobility or mental function. There are estimated to be 85,000 disabled people living in Warwickshire - 19% of the population aged over 16<sup>5</sup>. In Warwickshire, we believe that all disabled people should have the same choice, control and freedom as any other citizen – at home, at work and as members of the community. Through personalisation, disabled people should be enabled to live independent lives, putting them at the centre of their care. We will ensure that people have wider choice in how their needs are met and are able to access universal services such as transport, leisure and education, housing, health and opportunities for employment, regardless of age or disability.

Certain members of the population are considered vulnerable due to their individual circumstances, for example, ex-offenders, troubled families, young carers, the homeless, gypsies and travellers, migrants, people living in poverty, victims of domestic abuse, people with mental health problems and drug and alcohol misusers. These groups often need more support to enable them to become independent

**There are estimated to be 85,000 disabled people living in Warwickshire - 19% of the population aged over 16**

and resilient to adverse living conditions and life events. In Warwickshire, we will work in partnership to provide additional support to the most vulnerable including housing related support, help to access statutory and universal services (e.g. social care and healthcare), support with entering education and training, debt and funding advice, and help accessing health and wellbeing services and information.

In Warwickshire, we believe that there needs to be a shift in the way we think about older people, from dependency and deficit towards reablement, independence and wellbeing. The challenge for us all is to be inclusive, to help older people to stay healthy and active and to encourage their contribution to the community. Across Warwickshire as a whole, the highest rates of projected population growth are in the groups aged 65 years and over<sup>6</sup>. This means that there is the potential for a significant increase in the numbers of people accessing health, social care and community services in the years to come and resources will have to be used differently to provide more responsive and integrated health and social care services. For some older people, independence and wellbeing can be more difficult to maintain so we need to help the particularly vulnerable older people to manage their health conditions so that they can maintain the aspects of their lives that they value most<sup>7</sup>. This includes people who have reached the end of their life and ensuring that they can retain their personal dignity, autonomy and choice throughout the care pathway towards the end of their life<sup>8</sup>.

**Across Warwickshire as a whole, the highest rates of projected population growth are in the groups aged 65 years and over.**

5. Warwickshire JSNA

6. 2011-based Sub-National Population Projections, National Statistics ([www.statistics.gov.uk](http://www.statistics.gov.uk)), © Crown Copyright 2013.

7. The Audit Commission, *Older people – independence and well-being. The challenge for public services* [online] available from [http://archive.auditcommission.gov.uk/auditcommission/sitecollectiondocuments/AuditCommissionReports/NationalStudies/OlderPeople\\_overarch.pdf](http://archive.auditcommission.gov.uk/auditcommission/sitecollectiondocuments/AuditCommissionReports/NationalStudies/OlderPeople_overarch.pdf) (13/08/14).

8. Coventry & Rugby CCG (2013), *2014-16 Commissioning Intentions* [online] available from <http://www.coventryrugbyccg.nhs.uk/DocLib/1aebaa7e-e727-41a1-bc82-42f545bb6531> (02/10/14)

## 1.3 Our focus

In order to promote independence, we believe that the Health and Wellbeing Board in Warwickshire should focus on the following areas over the next 5 years:

Our focus in Warwickshire will be to...	In five years' time Warwickshire will have...
<p>Ensure the best possible start to life for children, young people and their families</p>	<ul style="list-style-type: none"> <li>• A reduction in antenatal risk factors e.g. smoking in pregnancy and improved maternal and infant health and wellbeing</li> <li>• Positive parenting and an increase in the number of families receiving early help to tackle problems</li> <li>• A reduction in the local variations between educational attainments in Warwickshire's GCSE grades and improved positive destinations post 16</li> <li>• Fewer numbers of children living in poverty</li> </ul>
<p>Support those young people who are most vulnerable and ensure their transition into adulthood is positive</p>	<ul style="list-style-type: none"> <li>• Integrated services across education, health, social care and the voluntary sector which focus on the needs of the most complex and vulnerable young people to ensure an effective transition to adult services</li> <li>• More young people remaining in education and training post 16 ensuring that they are ready for entry into the adult labour market</li> <li>• More vulnerable children and young people helped to make positive life choices</li> <li>• Continuity of workers and carers to provide stability and security while preparing vulnerable young people for independence.</li> </ul>
<p>Enable people to effectively manage and maintain their physical and mental health and wellbeing</p>	<ul style="list-style-type: none"> <li>• More people, across all ages choosing to adopt healthier lifestyles to improve their health and wellbeing</li> <li>• Enhanced services for the early prevention, treatment and recovery of mental health problems across all ages</li> <li>• People will have equitable access to screening and prevention services to help them avert ill-health</li> <li>• Communities that understand dementia issues and support dementia sufferers</li> </ul>
<p>Ensure that people with disabilities have the same choice, control and freedom as any other individual – at home, at work and as members of the community</p>	<ul style="list-style-type: none"> <li>• Improved early assessment of needs for children with special educational needs (SEN), physical and learning disabilities</li> <li>• Better health outcomes and quality of life for people with disabilities through the implementation of personalisation</li> <li>• More people with learning disabilities in paid work</li> <li>• Adequate and appropriate housing for people with disabilities</li> <li>• Better support and information for carers of disabled people to empower them to live the lives they want and achieve their full potential</li> </ul>
<p>Provide additional support to other vulnerable groups of people</p>	<ul style="list-style-type: none"> <li>• Health and care services that better meet the needs of vulnerable people to accelerate improvement in their health and wellbeing outcomes</li> <li>• Better mechanisms of identifying vulnerable people and ensuring that they are signposted to the most appropriate services</li> <li>• Safe and suitable housing provided by the private sector</li> </ul>
<p>Enable older people to be able to remain in their own homes and to live healthy lives for as long as possible</p>	<ul style="list-style-type: none"> <li>• An increase in preventative interventions for older people which reduce unnecessary hospital admissions for people with long term conditions</li> <li>• A focus on reablement of older people to prevent further ill-health and promote greater wellbeing</li> <li>• The right range of housing for older people with the right support (including telecare and telehealth<sup>9</sup>), as appropriate</li> <li>• More older people being able to live at home longer and be supported to do so through the provision of appropriate and timely advice, adaptations to people's homes and the provision of extra-care housing</li> <li>• Integrated services for frail older people with involvement from community health, housing, voluntary support and social care tailored to the needs of the individual</li> <li>• Fewer people who feel lonely or socially isolated</li> <li>• Better support for carers of older people to ensure they have access to appropriate information, funding and respite should they need it</li> </ul>

9. Telecare and telehealth services use technology to help people (usually older people) live more independently at home. They include personal alarms and health-monitoring devices. They are especially helpful for people with long-term conditions and they can also help people live independently in their own home for longer, so they can avoid a hospital stay or put off moving into a residential care home.



# Priority 2 – Community resilience

## 2.1 Definition

*Please refer to the JSNA for the current JSNA Priorities.*

In Warwickshire, we believe community resilience is “the ability of communities to be stronger and empowered to support themselves, particularly in times of pressure”.

## 2.2 Evidence base: Why is community resilience important?

Communities are important for physical and mental health and wellbeing. Thriving communities are those where everyone has someone to talk to, neighbours look out for each other, people have pride and satisfaction with where they live and feel able to influence decisions about their area. Residents are able to access green and outdoor space, feel safe and there are places and opportunities that bring people together.<sup>10</sup> A number of national strategies and targets aiming to improve health and wellbeing and reduce health inequalities highlight the importance of involving local communities.<sup>11</sup>

Asset working values the capacity, skills, knowledge, connections and potential in a community. Instead of starting with the problems, it starts with what is working, what makes us feel well and what people care about.<sup>12</sup> Taking an asset-based approach supports a community to do things for itself and fosters greater confidence and self-esteem. It can build resilience, local confidence, capacity and capability to take action as equal partners with services in addressing health inequalities. In Warwickshire, we need to focus on the assets, opportunities and strengths in our communities. We aim to achieve a better balance between service delivery and community building.

In Warwickshire we need to work together with community groups and the voluntary sector to build capacity and empower them to take control of, better able to cope under pressure and

### We believe that community resilience means...

- Empowered communities able to determine their own needs and support local initiatives
- Communities with the capacity to identify their strengths and use them
- Communities with the opportunities for a healthy life and the ability to take responsibility for their own health and wellbeing
- Communities that are in control, able to protect themselves and supported to overcome difficulty
- Communities that have access to the right information, advice and signposting to public services and support that are available where they live
- Communities that work together with commissioners and organisations to identify where interventions are needed and co-produce and deliver local services



10. Jane Foot and Trevor Hopkins (2010) A glass half full: how an asset approach can improve community health and well-being [online] Available from: [http://www.local.gov.uk/c/document\\_library/get\\_file?uuid=bf034d2e-7d61-4fac-b37e-f39dc3e2f1f2&groupId=10180](http://www.local.gov.uk/c/document_library/get_file?uuid=bf034d2e-7d61-4fac-b37e-f39dc3e2f1f2&groupId=10180) Accessed 2 October 2014

11. NICE. Community engagement (PH9). [online] Available from: [www.nice.org.uk/guidance/ph9/chapter/public-health-need-and-practice](http://www.nice.org.uk/guidance/ph9/chapter/public-health-need-and-practice) [www.nice.org.uk/advice/LGB16/chapter/introduction](http://www.nice.org.uk/advice/LGB16/chapter/introduction) Accessed 12 August 2014

12. Jane Foot (2012) What makes us healthy? The asset approach in practice: evidence, action, evaluation [online] Available from: <http://www.assetbasedconsulting.co.uk/uploads/publications/WMUH.pdf> Accessed 2 October 2014.

support each other. This is particularly important in the least resilient communities as they often experience poorer health and wellbeing and difficulties in engaging with local services and the people around them. Resilience is important because it can help to protect against the development of health problems and helps to maintain our wellbeing in difficult circumstances. Communities that are resilient and empowered are more prepared for change and able to cope with pressures, including crisis and hardship.<sup>13</sup> People are better able to look after themselves and support each other within the community, leading to less reliance on statutory services.

Communities can create the right conditions for improvements in health and wellbeing. The capacity and motivation to choose healthy behaviours is strongly influenced by mental wellbeing.<sup>12</sup> It is often influenced by social isolation, unemployment, housing, financial or relationship problems, making it harder for people to cope. In Warwickshire, we aim to work with community health champions, build capacity and empower communities to have control over their physical and mental health and wellbeing and the influences that affect it.

Access to services and resources are an important part of a community's resilience. In Warwickshire, approximately a third of our local areas have difficulty accessing key services.<sup>14</sup> Some communities are more vulnerable, these may include those that are socially isolated, young

people, older people, those living in rural areas, or with long term health conditions. Where health needs can only be met through public services, we need to ensure that these services are effective, accessible and targeted efficiently to those that need it the most.

The extent of people's participation in their communities and the added control over their lives that this brings, has the potential to contribute to their psychosocial wellbeing and, as a

result, to other health outcomes.<sup>10</sup> On average only one in three residents across Warwickshire feel that they can influence decisions affecting their local area.<sup>14</sup> Approaches where communities are supported and encouraged to work as equal partners to co-design and deliver public services may lead to more positive health and wellbeing outcomes. We need to actively work together with our communities collaborating with them in local decision making, using their skills, experience and knowledge to co-produce and take ownership of services that impact on their health and wellbeing. We also need to be able to demonstrate that we are delivering wider social value.

Education and learning is important for longer-term resilience and is closely associated with health and wellbeing throughout life. In Warwickshire our GCSE attainment is above the England average but there is a large gap in attainment between those who receive free school meals and those that do not.<sup>15</sup> Pupils receiving free school meals have a lower educational attainment and will also be experiencing other issues that may also affect their health and wellbeing. It is also important to be able to continue with learning and education throughout our lives to further build our capacity and resilience.<sup>16</sup> In Warwickshire we believe that everyone should be able to achieve the best education they can and that learning should be a lifelong goal. We need to look at the barriers to doing well at school and accessing adult learning.

Social capital, *"the links, shared values and understandings in society that enable individuals and groups to trust each other and so work together"*, is important as greater interaction between people creates a greater sense of community spirit. Higher levels of social capital are associated with better health, higher educational achievement, better employment outcomes, and lower crime rates, which all contribute towards a more resilient community. Across Warwickshire, one in three people responded that they did not know their neighbours<sup>14</sup> and nearly 39% of respondents felt that they didn't belong very strongly with their surrounding immediate area.<sup>14</sup> We will work in partnership with our communities, the voluntary sector and other organisations to facilitate social capital and 'neighbourliness', increase the number of volunteers and community champions.

**Across Warwickshire, one in three people responded that they did not know their neighbours**

13. WHO. Resilient communities [online] Available from [www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being/about-health-2020/priority-areas/resilient-communities](http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being/about-health-2020/priority-areas/resilient-communities) Accessed 28 August 2014.

14. Warwickshire Observatory, Warwickshire County Council. (2014) Living in Warwickshire Survey.

15. Warwickshire JSNA.

16. OECD (2007) OECD Insights: Human Capital: How what you know shapes your life [online] available from: <http://www.oecd.org/insights/>

## 2.3 Our focus

### Our focus in Warwickshire will be to...

Take an asset based approach to working which values communities and the range of assets they possess

Work in partnership with our communities to build capacity and support them to increase their resilience, enabling them to better care for themselves within the community

Empower individuals and communities to take control and responsibility for their own and the community's health and wellbeing

Ensure infrastructure, public services and resources are effective, accessible and tailored to those communities that need it the most

Facilitate communities to take ownership of shaping and transforming local services

Improve educational attainment and access to learning at all ages.

Facilitate communities to expand social capital and neighbourliness, building an increase in resilience.

### In five years' time Warwickshire will have...

- Organisations with an understanding of what community assets exist and how they can work in collaboration
- Services and resources in place that are based on community identified needs
- Communities with greater resilience who are better able to cope with and adapt to pressures
- Focus on prevention and early information, advice and resources
- Invest in and direct services and resources that increase resilience, reducing reliance on statutory services
- Healthier individuals and communities, more informed and taking responsibility for their health and wellbeing
- Quick and easy access to mental health and wellbeing information and services
- Front line workers from a range of sectors and community leaders supporting Making Every Contact Count (MECC) and 5 Ways to Wellbeing
- Communities supported through tailored interventions to build resilience and improved wellbeing
- The right information, advice and signposting to appropriate forms of available and accessible support within the communities they live
- Interventions and service outcomes measured using existing tools, ensuring they are effective and fit for purpose
- Communities and organisations working together to co-design, produce and deliver integrated services
- Social enterprises established and working together with commissioners and organisations to deliver local services
- Improved educational attainment learning opportunities for all, particularly with those eligible for free school meals.
- Strong social and community networks that are cohesive and connected, with less isolation.
- Volunteers and community champions supported to work with their community.



# Priority 3 – Integration and working together

## 3.1 Definition

*Please refer to the JSNA for the current JSNA Priorities.*

The Health and Wellbeing Board in Warwickshire is committed to integration and working together effectively. Enhanced integration of the delivery of services and targeting resources effectively and efficiently is key to reducing costs, avoiding duplication, improving relationships with patients and communities, improving services across Health, Social Care, Public Health and Community sectors, but also those of other key organisations involved, such as: Community Safety, Environmental Health, Housing, Probation, Education, Planning, Leisure, Transport, Library Services, Family Services, Public Health England and NHS England (not an exhaustive list).

Integration and working together is the ultimate aim in Warwickshire and the Better Care Fund is one of the mechanisms by which this will be achieved and a live example of partnerships in Warwickshire working together towards a shared vision. The ultimate aim of integrated care is to support improved outcomes and experiences for individuals and communities through<sup>17</sup>:

- Population-based public health, preventative and early integration strategies
- Individual experience of integrated Health and Social Care and support that is personalised and coordinated, in collaboration with the individual, carer and family
- Shift away from over reliance on acute care towards focus on primary care and self care.

### We believe that integration and working together means...

- A commitment to partnership working, joint commissioning, and using resources (people, premises and finances) to maximise cost-effectiveness and health and wellbeing for individuals and communities
- Identifying the right health, social and community care at the right time in the right place
- Increasing the involvement of service users, representatives and local groups in the planning (including co-production) of services and policies
- Ensuring that strategies for new and existing communities consider the health and wellbeing impacts for residents in the short and the long term
- Improved coordination of personalised care through a case management approach with one identified member of staff directing services for an individual
- A shift in focus of care upstream from secondary care to primary care services. e.g. from inappropriate A&E visits to more appropriate use of pharmacies and GP's
- Acknowledging the direct impact on individual, family or community health that organisations delivering non health-related services have, and fully using their expertise
- The ability to share data on individuals without compromising information governance



### 3.2 Evidence base – Why is integration and working together important?

The Health and Social Care Act 2012 introduced statutory duty to promote integrated care.<sup>18</sup>

Maintaining quality personalised care for vulnerable groups, an ageing population and supporting increasing numbers of people managing chronic long term conditions presents a challenge to organisations in Warwickshire. Increasing pressure on the system can result in increasing cost and in some cases inappropriate use of services; e.g. people visiting A&E rather than seeking the advice of their pharmacies or GP; or poor management of long-term conditions, resulting in admission to hospital, sickness absence from work, rents arrears and financial hardship.

In order to achieve successful delivery of integrated services, we need to consider the needs of the individual and ensure they are at the heart of services working together. Desired outcomes from successful integration of service delivery in Warwickshire will include, person centred coordinated care using a case management approach, co-production, improved outcomes for individuals, reduced pressure on the system by preventing illness, managing conditions effectively, appropriate use of primary care, appropriate discharge and reablement<sup>17</sup>. All of these outcomes should be underpinned by best practice, national evidence and work towards achieving a positive impact against the priorities in the JSNA.

Improving key aspects of the way services are organised for older people, vulnerable groups and those with long term conditions are

key in preventing hospital admissions in Warwickshire<sup>19</sup>. We need to be able to identify individuals most at risk through effective IT systems and data sharing, in line with information governance requirements. We should support individuals to make informed decisions about how their care is planned and deliver care on a personalised level, through a case management approach, avoiding emergency care and admissions<sup>17</sup>.

Where we live, the housing conditions we live in and feeling safe as an individual or within a community directly impacts on our health. The World Health Organisation<sup>20</sup> highlights that those in deprived housing are more likely to be affected by noise, fear of crime, and outdoor environmental pollution. Poor housing can be an exacerbating factor for unstable households adding additional strain to family life.

Ensuring the safety, protection and resilience of wider communities requires an integrated approach that no one organisation can deliver in isolation. A continued focus on crime, reducing reoffending and excessive alcohol intake, with an overall aim to create safer communities remains a priority for Warwickshire.

Part 2 of the Child Poverty Act 2010 places duties on local authorities and partners to 'cooperate with a view to reducing and mitigating the effects of child poverty in their areas'. We are also required to publish a local child poverty needs assessment and to develop a joint child poverty strategy. Supporting families affected by crime, unemployment and poor educational attainment should remain a key focus for Warwickshire. All of these are separate responsibilities for different organisations and only through integration and working together can these issues can be tackled effectively across organisational boundaries.

Overall, to ensure successful integration across service delivery for individuals, families and communities, this will require a data sharing commitment from organisations in Warwickshire. In order to achieve this, we need to be committed to innovation, support cross organisational decisions on commissioning innovation or decommissioning services that are no longer fit for purpose, whilst also enabling the impact of integrated care to be evaluated.<sup>21</sup>

**Where we live,  
the housing  
conditions  
we live in and  
feeling safe...**

**...directly  
impacts on our  
health**

18. Accountable care organisations in the United States and England Testing, Evaluating and Learning what works, The Kings Fund, March 2014

19. The Kings Fund, Integrated Care in Northern Ireland, Scotland and Wales: Lessons for England, 2013

20. World Health Organisation, Combined or multiple exposure to health stressors in indoor built environments, An evidence-based review prepared for the WHO training workshop, "Multiple environmental exposures and risks", 2013

21. Goodwin et al, The Kings Fund. A Report to the Department of Health and the NHS Future Forum: Integrated care for patients and populations: Improving outcomes by working together, 2012

### 3.3 Our focus

#### Our focus in Warwickshire will be to...

Support people to remain healthy and independent, in their own homes for longer

Improve accessibility and visibility of 'front doors' to support people, to make the right choice, the easiest choice, informed by customer journey examples

Improve care coordination in the community for high risk/cost patients

Improve data sharing, IT infrastructure and health and social care governance

Improve partnerships across the wider social determinants of health

#### In five years' time Warwickshire will have...

- An emergency response team that will reduce admissions to acute and residential care
- Developed the care coordinator model based on clusters of GPs coordinating services to minimise acute sector usage
- Delivered the reablement strategy and options appraisal for wrap around support
- Reduction in emergency admissions and an increase in more appropriate use of primary care
- Reduced the amount of time people unnecessarily spend in hospital
- Undertaken customer journey mapping of experiences at front doors to services
- Redesigned services appropriately, having considered integration options
- Scoped the IT and infrastructure requirements needed to facilitate delivery
- Established multi agency project groups to identify models that best fit the local areas, based around an integrated team approach, using case management, linked to GP clustered practices
- Incorporated the requirement to align processes for accessing personal budgets
- Used appropriate engagement methods and worked with individuals, their carers and families to assist in the redesign of services
- Established compatible systems to enable sharing of data
- Enabled the use of NHS numbers to be used as unique identifiers to share data and business intelligence, using a 'hub' where key data on individuals can be collated in a joint summary care record
- Developed a solution for the ability to send information confidentially and safely between organisations without compromising information governance
- Improved working with housing, planning and licensing to create healthy environments for individuals, families and communities to live
- A continued focus to support families affected by crime, unemployment and poor educational attainment
- Successful integrated working to tackle crime, reduce reoffending and excessive alcohol intake
- Created safer communities through the reduction of crime and the promotion of safety

# Partner responsibilities

The Warwickshire Health and Wellbeing Strategy identifies the Board's agreed priorities for the next 5 years. Organisations across the county should be identifying opportunities in their locality, in the services that they commission and in their own strategies on how they can add value and focus on the priorities that have been agreed.

Whether you are a commissioner, provider, councillor, community or an individual we all need to work together to improve the health and wellbeing of Warwickshire residents.

## Health and Wellbeing Board Members

- Will encourage integrated working between health and social care commissioners
- Will encourage close working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services
- Will provide a forum where agencies in Warwickshire can focus on reducing health inequalities

## Commissioners

- Will commission services and resources that support the priorities of the Health and Wellbeing Board and Strategy
- Will co-produce services and resources with other health, social care and community organisations
- Will tailor services and resources and target them according to need
- Will plan services that are person centred and developed with input from service users
- Will design services that promote independence rather than impose dependence
- Will ensure that services and resources are measured for effectiveness
- Will engage with and seek the views of individuals and communities, in line with the Good Engagement Charter standards<sup>22</sup>
- Will consider the physical, mental and emotional wellbeing of individuals needing care.

## Providers

- Will co-produce services and resources with other health, social care and community organisations
- Will tailor services and resources to different areas and target them where they are most needed
- Will ensure that services and resources are measured for effectiveness
- Will engage with and seek the views of individuals and communities, in line with the Good Engagement Charter standards
- Support communities and individuals to become more empowered and resilient
- Will provide services which promote independence and discourage dependence

## Councillors

- Will act as leaders for their communities, deliverers of services and catalysts for change
- Will promote the importance of prevention to improve health and wellbeing to its communities
- Will engage with and seek the views of individuals and communities, in line with the Good Engagement Charter standards
- Support communities and individuals to become more resilient and empowered.

## Communities

- Will take ownership and responsibility for their own health and wellbeing
- Will be proactive and access those services and resources readily available to them to increase their resilience
- Will work with organisations and commissioners to co-produce services and resources
- Will support more vulnerable members of the community to maintain good health and develop strong social connections.

## Individuals

- Will take ownership and responsibility for their own health and wellbeing
- Will be proactive and access those services and resources readily available to them to increase their resilience
- Will use services and resources that are limited and high cost wisely and only when essential.

22. Healthwatch Warwickshire. [http://www.healthwatchwarwickshire.co.uk/sites/default/files/uploads/Good\\_Engagement\\_CharterWarwickshire.pdf](http://www.healthwatchwarwickshire.co.uk/sites/default/files/uploads/Good_Engagement_CharterWarwickshire.pdf)

## Conclusion

The Health and Wellbeing Strategy is a partnership commitment. Successful delivery of the Health and Wellbeing Strategy will come from partners working together to address the priorities within the Health and Wellbeing Strategy and the Joint Strategic Needs Assessment (JSNA), across all organisational boundaries.

