

LGA Peer Challenge

The Health and Wellbeing System in Warwickshire

**Position Statement
January 2015**

Foreword

The health and wellbeing system in Warwickshire, as in all areas of the country, relies on collaborative working between different partners. This requirement is growing as new legislation and funding arrangements come into force that specify improved integration of health and social care services.

Since April 2013, local collaboration between partners has become formalised through statutory Health and Wellbeing Boards, which have a remit to align strategies, prioritise actions, produce plans, minimise duplication, monitor progress and encourage partners to work in a more integrated manner.

After more than 18 months of operation, the Warwickshire Health and Wellbeing Board is seeking an external view on how effective we are in fulfilling this remit – and how we might be able to speed our progress towards a properly integrated health and wellbeing system as the Care Act and Better Care Fund move ever closer.

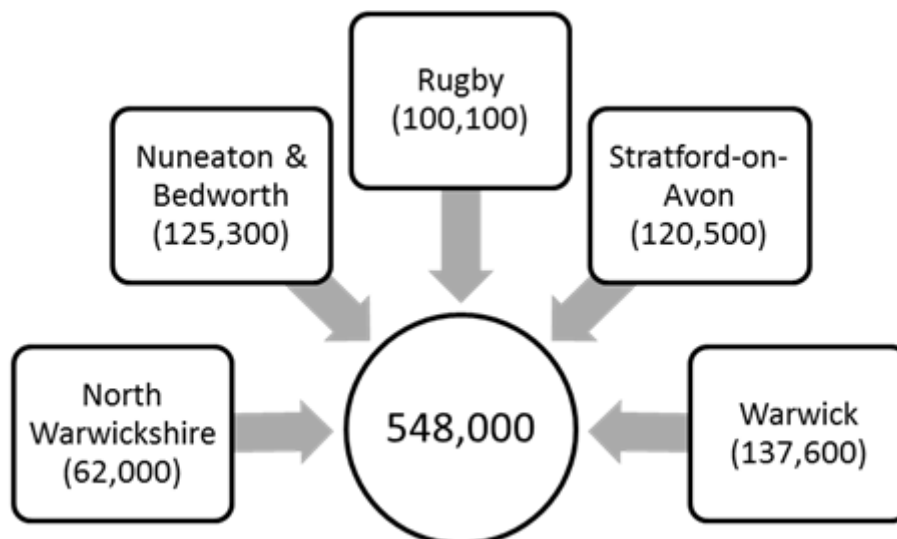
We look forward to welcoming the LGA Peer Challenge team to Warwickshire in January as critical friends to explore these aims and examine a number of other key themes, which are outlined within this Position Statement.

Cllr Izzi Seccombe

Chair of Warwickshire Health and Wellbeing Board

1. Introduction to Warwickshire

- Warwickshire is a two-tier shire county in the heart of the midlands, covering an area of 764 square miles.
- It was recently [ranked in the top ten best places to live](#) in the UK.
- Warwickshire has an estimated population of 548,000 across its five districts and boroughs:



This has grown by 8% since 2001, and is projected to rise by a further 13.9% by 2037 to reach a total population of 623,900. The ageing population, particularly among the over-85s, is a major factor in that growth – especially as Warwickshire is seen as an attractive place to live in retirement. Also, during the last ten years there has been a significant increase in the annual number of births, up from 5,301 in 2002 to 6,273 in 2011, an increase of over 18%. At a district level, the largest increase has been in Rugby Borough (32%).

2. Health Profile of Warwickshire

According to Public Health England (PHE), “the health of people in Warwickshire is generally better than the England average”. Specifically, this relates to factors including:

- Obesity levels in children and adults
- Children living in poverty
- Under-18 conception rate
- Smoking-related deaths
- Drug and alcohol misuse

Although these are positive indicators, comparisons with national averages are not the benchmarks by which health and wellbeing partners in Warwickshire judge success.

We recognise that there is significant variation in the level of health and wellbeing across the county – and these health inequalities tend to correlate to varying deprivation levels. For example, while average life expectancy in Warwickshire is better than the national average, PHE states that it “is 7.8 years lower for men and 7.4 years lower for women in the most deprived areas”.

Deprivation in Warwickshire has typically been talked about in the context of a “north/south divide”. The decline of the coal and manufacturing industries in the north during the 1980s led to high unemployment, which has led to long-standing deprivation, low aspiration and low attainment in certain communities. While the south has benefited from a rural topography; close connections to the prosperous southern regions; and renowned tourist attractions like Warwick Castle and Shakespeare’s Stratford.

However, in recent years, a more localised understanding of inequity has developed, which goes beyond a simple north/south divide. Deprivation exists in pockets all across the county. There are severely deprived wards in the south, just as there are prosperous areas in the north. Furthermore, we are now able to drill down to much smaller geographic levels (such as Super Output Areas) and utilise Mosaic data to understand behaviour and needs at a hyperlocal level – potentially even individual households.

In conclusion, while the general level of health and wellbeing in Warwickshire is good, we face a significant challenge in reducing health inequalities (wherever they may be in the county), at the same time as championing further improvements in health and wellbeing for all residents.

3. Key themes for the Peer Challenge

We welcome the five headline questions that the Peer Team will use to frame its review activity:

1. *Is there a clear, appropriate and achievable approach to improving the health and wellbeing of local residents?*
2. *Is the HWB at the heart of an effective governance system? Does leadership work well across the local system?*
3. *Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?*
4. *Are there effective arrangements for evaluating impacts of the health and wellbeing strategy?*
5. *Are there effective arrangements for ensuring accountability to the public?*

These five questions will assist the Peer Team in assessing our progress towards better *integration of health and social care* services – which is the main driver for commissioning the Peer Challenge.

Integration is, of course, a requirement of the forthcoming Care Act and Better Care Fund. Therefore, we are also seeking a view on our readiness to *fulfil new legislative requirements* and the *robustness of our financial planning*.

Fundamental to these overarching themes is the strength of the Health and Wellbeing Board as a body in its own right. So we would like an assessment of the following qualities:

Leadership: the Board’s *capability and capacity to lead* the health and wellbeing system in Warwickshire, and the extent to which that leadership is being driven *collectively by all partners*.

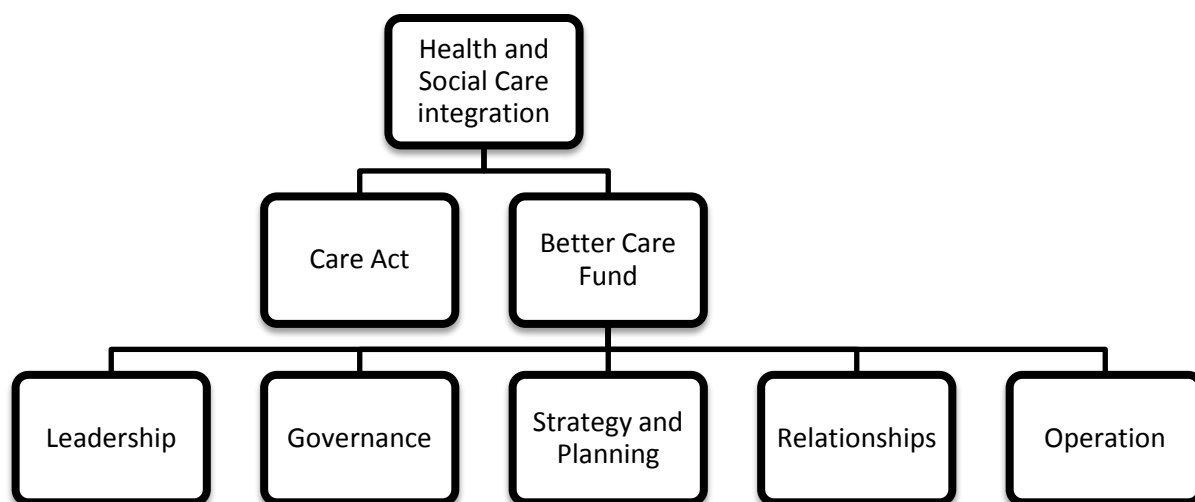
Governance: whether the current make-up of the Board, consisting of voting members and active observers, provides the right balance between *effective decision making and appropriate stakeholder engagement*.

Strategy and Planning: is the Board using its strategic position to influence a *Warwickshire-wide health and wellbeing “offer”*, which draws together the provision of all partners, and is there a *robust and integrated approach to planning*, both in terms of the Board’s own agenda and the distribution of funding.

Relationships: given the complexity of having three Clinical Commissioning Groups, one of which also spans Coventry and therefore reports to two separate Health and Wellbeing Boards, how well are we *managing relationships* and how could we *operate better collectively as a single body*.

Operation: as with any partnership body, there is a danger that we all just go back to our day jobs and focus on organisational priorities, rather than the collective strategy. We’d like to understand *to what extent the Health and Wellbeing Strategy is being embedded* across our partner organisations and whether *partner priorities are informed by the best available information*, such as the JSNA.

Fig. 1: Focus areas for the Peer Challenge



4. History of the Board

The formation of the Warwickshire Health and Wellbeing Board followed the suggested process laid out in the Health and Social Care Act 2012. A “shadow” Board was established on 15 May 2012, in preparation for the statutory Board coming into effect from 1 April 2013.

The current terms of reference and membership of the Board are available via the Warwickshire Health and Wellbeing [website](#) and are also included within the Peer Challenge Information Pack.

In May 2014, following 12 months of operation in full form, the Board undertook a review of its activities and priorities. This process identified a number of achievements:

- Successful transition from shadow to statutory form
- Development of relationships, both internally and between partners
- Memorandum of Understanding for the Board's working relationships with Overview & Scrutiny and Healthwatch
- Agreement of the Board's performance indicators
- Joint workshop with Coventry Health and Wellbeing Board to develop a consistent message and culture

5. Current activity of the Board

During 2014/15, a major focus has been the production and implementation of the second Health and Wellbeing Strategy – approved by the Board in November 2014 [TBC].

In July 2014, the Board agreed on the approach to the review of the Strategy and on the three new proposed three new priorities, as follows:

- Priority 1: Promoting Independence
- Priority 2: Community Resilience
- Priority 3: Integration and Working Together

In addition, the 2014/15 JSNA Review has informed the Board's priorities, which are aligned to those identified both nationally and locally by workshops with partners and stakeholders:

- Children and young people
- Mental wellbeing
- Long-term conditions
- Physical wellbeing
- Carers

An ongoing challenge for the Board is to support partners in making their required savings, while still improving the overall health and wellbeing offer. Imaginative solutions and effective relationships are essential to this process – and it is hoped that the recommendations of the Peer Challenge will help support this.

6. Self-assessment

A number of reflections have been made in preparing for this Peer Challenge, particularly around the functionality of the Board. We would summarise these as follows, against the LGA's five headline questions:

- 1. Is there a clear, appropriate and achievable approach to improving the health and wellbeing of local residents?*

There is a lack of clarity about the Board's role in relation to health improvement. Partners are unclear if the Board is there to approve/endorse decisions made by others; whether it should be challenging decisions; and at what strategic level it should operate. The Board is aware of the local complexity of having three CCGs, one of which spans Coventry and also reports to their Board, and we are striving to manage this to ensure consistency – but is our approach right?

2. Is the HWB at the heart of an effective governance system? Does leadership work well across the local system?

Warwickshire is a county with multiple district and boroughs, CCGs and providers. Currently, there is a clear delineation between voting members and active observers, but is the composition right? Are all the relevant stakeholders represented? Is the political balance appropriate? Is the governance structure agile enough to keep pace with the rapidly changing national picture? Healthwatch has its place on the Board, but is the voluntary and community sector properly represented and engaged? Other Boards have representation from local schools, colleges and universities – should we pursue this locally?

3. Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?

The Health and Wellbeing system in Warwickshire is possibly too focused around the Board as a formal committee of the County Council, rather than as a strategic partnership that sets shared objectives for all of its members. A key objective for the future is to achieve collective ownership and a collective commitment to shared goals.

Enabling all members to take more of a lead could help the Board realise that partnership vision. It would help with agenda planning and co-production of reports, ensuring that its activity is properly inclusive and reflective of all stakeholder issues. This collective ownership and commitment would encourage the Health and Wellbeing Strategy to become more embedded within each organisation's culture, maximising the likelihood of the health and wellbeing priorities being achieved.

4. Are there effective arrangements for evaluating impacts of the health and wellbeing strategy?

The embedding of the Health and Wellbeing Strategy is certainly an area of development for all partners. There is a natural tendency to revert to our individual organisation's priorities when back in the day job. Embedding the Health and Wellbeing priorities, and utilising common sources of data and intelligence such as the JSNA to inform plans and decisions, will see a more joined up and integrated system. In turn, this will create the conditions by which the Board can identify local outcomes, set work themes, collectively resource initiatives, monitor impacts and put in place action plans. But how do we get to that point?

5. Are there effective arrangements for ensuring accountability to the public?

A Memorandum of Understanding has been agreed between the Board and the Health Overview & Scrutiny Committee, which acts as a critical friend and seeks to hold the Board to account for the delivery of its statutory obligations. This agreement has been in place for just over a year, so we need to understand whether it is effective, whether all partners understand the relationships in place, and whether appropriate arrangements are in place for the public to freely and easily engage.

7. The future

The integration of health and social care is firmly set as an objective by all the main political parties. Therefore, although we approach the end of the current Parliament, the drivers for integration are only likely to get stronger.

In a recent Corporate Peer Challenge of Warwickshire County Council, a key recommendation was that the Health and Wellbeing Board should take a lead on driving forward health and social care integration. The Peer Team recognised that the Board was best placed, with the right people and the right abilities, to shape a shared health and wellbeing system.

With this recommendation in mind, and with 18 months of operation behind us, the Board believes that now is the right time to reflect on our progress (the successes, the challenges and the areas for improvement) with a view to strengthening our ability to shape and influence moving forwards.

Our long-term ambition is for the people of Warwickshire to have equitable access to sustainable, relevant and joined-up health and wellbeing services, driven by shared leadership. The system would be governed by Warwickshire-wide strategies, built on shared evidence and agreed objectives, that seek to achieve meaningful outcomes for residents.

We hope that the Peer Challenge will help us to focus our improvement efforts in support of this ambition – and we look forward to welcoming you to Warwickshire.

Success stories *[to be distributed throughout the document]*

JSNA Prioritisation Process

As part of the 3-year review of our JSNA, we developed a tool to evaluate the level of 'need' and objectively assess the strength of evidence behind a range of priority topics suggested by partners.

Each topic was run through the tool and the relevant evidence was assessed with 'high', 'medium' or 'low' scores given against each particular criteria. The outcomes from this process are informing the next iteration of our JSNA and provide the underlying evidence base for the new Joint Health and Wellbeing Strategy.

We consider this to be an example of good practice as it provided ownership to partners, while ensuring that our overall assessment of need was still robust and transparent.

Health and Wellbeing Portal

Based on feedback from healthcare professionals, partners, patients and the public, we have developed a single point of access for health improvement service information.

The Health and Wellbeing Portal provides a directory of information and services, all supported by a robust evidence base, that practitioners can signpost people to. The system is fast, easy to use, up to date and reliable, and has been developed in partnership by the Council, the CCGs and health partners.

Living in Warwickshire Survey

As part of our JSNA work, it was acknowledged that a lack of robust intelligence existed on the lifestyle characteristics of the local population and the perception of residents with regard to local public services.

To address this gap in knowledge, the Health & Wellbeing Board sponsored a large-scale survey of local people which focused on issues around 'Living in Warwickshire'.

More than 7,500 people completed the survey, which was a significant response rate, and the results have provided valuable perception-type data about life in Warwickshire, use and satisfaction with public services, and also health and lifestyle intelligence - all of which has informed the latest JSNA and Health & Wellbeing Strategy.

Sexual Assault Referral Centre (SARC)

Established in 2010 to develop services for victims of sexual assault, the SARC is a purpose-built centre for adults, children and young people in Coventry and Warwickshire. The wide range of partners involved ensures a rapid response to any issues thanks to strong connections to other departments within each organisation. As a result of the SARC, the number of victims supported (either through self-referral or via the police) increased from 57 in 2012-13 to 276 in 2013-14.

Joint action to address wider determinants of health

A joint workshop was held recently, organised by the Regulatory Services and Public Health departments of both Coventry and Warwickshire, to consider what joint action could be taken to address the wider determinants of health.

Over 100 representatives from public health, planning, licensing, environmental health, transport, trading standards, housing and the Health and Wellbeing Boards were present. It provided an opportunity to reflect on the progress made over the previous 12 months, and for delegates to learn about the contribution of different departments to the health and wellbeing agenda.

Planning for Healthier Communities

A 'healthier communities' summit took place in July 2014 – attended by around 90 people from various professions, public bodies and voluntary organisations – with the goal of enhancing collaboration and gaining a better understanding of each other's priorities.

Pledges were made by all at the event to take forward the learning from the day and ensure that collaborative planning for healthier communities continues to be supported, such as:

- Closer working with internal and external partners
- Proactive liaison and collaboration on programmes of work and projects
- Sharing of locality profiles to assist planning teams
- Health Impact Assessments commissioned at the appropriate planning stage

Dementia Friendly Communities

Coventry and Warwickshire have developed a local Dementia Action Alliance to make the region a good place to live for people with dementia and their carers. The Alliance has helped to:

- Provide extensive frontline staff training around dementia awareness
- Create dementia friendly environments in services and buildings accessed by people with dementia
- Raise dementia awareness in the wider community via a range of promotional activities and campaigns

Underpinning this is a jointly agreed Living Well with Dementia Strategy, developed in partnership by each authority's public health teams, the three CCGs, hospital trusts, third-sector organisations, carers and people with dementia.

We have also developed an easy-to-use web-based portal, providing information about how to live well with dementia and links to local sources of support and services

www.livingwellwithdementia.org

Declaration on Tobacco Control

In July 2013, the Warwickshire Health and Wellbeing Board joined other local authorities in endorsing the LGA Tobacco Control Declaration and committing to drive down smoking prevalence and tobacco use.

Warwickshire was the first shire county to sign the declaration and Cllr Seccombe, Chair of the Health and Wellbeing Board, was invited to speak at the Parliamentary launch.

Local Response to Winterbourne View

Reflecting the nature of our local health commissioning arrangements, a multi-agency 'Strategic Action Planning Group' was established across Coventry and Warwickshire to respond to the requirements of the Winterbourne View concordat and oversee the change process. A live register of patients has been established, which differentiates between patients currently in hospital (phase 1) and those in various types of residential establishments (phase 2).

The Health and Wellbeing Board takes an active role in monitoring the local response to the concordat, and receives regular updates on how changes are being embedded. These updates are presented in a clear and transparent format, using a bespoke 'Getting Things Right' toolkit developed by the West Midlands divisions of ADASS and the NHS.

Joint Commissioning Board (JCB)

The JCB is part of the governance structure for managing joint commissioning and the integration of services across the health and social care system in Warwickshire. It manages and coordinates partnership activity, including the Better Care Fund (BCF) Programme.

Relatively speaking, the JCB is fairly new and relationships are maturing. It has successfully engaged with acute trusts and district/borough councils, and is seeking to bring in other local stakeholders, such as General Practitioners and the community and voluntary sector