

Warwickshire Health and Wellbeing Board

Agenda

7 September 2016

A meeting of the Warwickshire Health and Wellbeing Board will take place at **Shire Hall, Warwick** on **Wednesday 7 September 2016 at 13:30**.

The agenda will be:-

1. (13.30 – 13.35) General

(1) Apologies for Absence

(2) Members' Disclosures of Pecuniary and Non-Pecuniary Interests.

Members are required to register their disclosable pecuniary interests within 28 days of their election of appointment to the Council. A member attending a meeting where a matter arises in which s/he has a disclosable pecuniary interest must (unless s/he has a dispensation):

- Declare the interest if s/he has not already registered it;
- Not participate in any discussion or vote;
- Must leave the meeting room until the matter has been dealt with (Standing Order 43); and
- Give written notice of any unregistered interest to the Monitoring Officer within 28 days of the meeting

Non-pecuniary interests must still be declared in accordance with the Code of Conduct. These should be declared at the commencement of the meeting.

(3) Appointment of Vice Chair.

(4) Minutes of the Meeting of the Warwickshire Health and Wellbeing Board on 6 July 2016 and Matters Arising.

Draft minutes of the previous meeting are attached for approval.

Items For Decision

1. (13.35 – 13.50) **Director of Public Health Annual Report**
John Linanne
2. (13.50 – 14.05) **Transforming Care – Learning Disabilities**
Chris Lewington
3. (14.05 – 14.20) **Concordat and Health & Wellbeing Board Alignment**
John Dixon
4. (14.20 – 14.35) **Multi Agency Safeguarding Hub (MASH)**
Councillor Les Caborn (verbal)

Items For Information

5. (14.35 – 14.50) **Draft Health & Wellbeing Annual Report**
John Dixon
6. (14.50 – 15.05) **District and Borough Council Health and Wellbeing Activity Update**
Portfolio Holders (to follow)
7. (15.05 – 15.20) **Sustainability and Transformation Plan Update**
8. (15.20 – 15.25) **Report of the Executive Team**
John Dixon (verbal)
9. (15.25 – 15.30) **Health and Wellbeing Board Sub-Committee**
Councillor Seccombe
10. **Any other Business (considered urgent by the Chair)**
 - Studley Health Centre
 - Combined Authority
 - Reablement

Development Session (16.00 – 16.45)

Board members are advised that the formal meeting will be followed by a private development session. The topics for this meeting are:

- Integration Presentation – Chris Lewington
- Board Development Programme – Gereint Stoneman

Health and Wellbeing Board Membership

Chair: Councillor Izzi Seccombe (Warwickshire County Council)

Warwickshire County Councillors: Councillor John Beaumont, Councillor Les Caborn, Councillor Jose Compton.

Warwickshire County Council Officers: John Dixon – Interim Strategic Director, People Group, John Linnane - Director of Public Health

Clinical Commissioning Groups: Deryth Stevens (Warwickshire North), David Spraggett (South Warwickshire), Adrian Canale-Parola (Coventry and Rugby) (Vice Chair)

Provider Representatives

Andy Meehan (University Hospital Coventry & Warwickshire), Russell Hardy (South Warwickshire NHS Foundation Trust), Jagtar Singh (Coventry & Warwickshire Partnership Trust), Stuart Annan (George Eliot Hospital NHS Trust)

Healthwatch Warwickshire: Phil Robson

NHS England: David Williams.

Police and Crime Commissioner: Philip Seccombe

Borough/District Councillors: Councillor Barry Longden (NBBC), Councillor Leigh Hunt (RBC), Councillor Moira-Ann Grainger (WDC), Councillor Margaret Bell (NWBC), Councillor Mike Brain (SDC)

General Enquiries: Please contact Paul Spencer on 01926 418615

E-mail: paulspencer@warwickshire.gov.uk

All public papers are available at www.warwickshire.gov.uk/cmis

Further Information, Future Meetings and Events:

- Health and Wellbeing Board Newsletter
<http://hwb.warwickshire.gov.uk/about-hwbb/newsletters/>
- Healthwatch Newsletter
http://www.healthwatchwarwickshire.co.uk/?page_id=237

Minutes of the Meeting of the Warwickshire Health and Wellbeing Board held on 6 July 2016

Present:-

Warwickshire County Councillors

Councillor John Beaumont
Councillor Les Caborn
Councillor Jose Compton

Warwickshire County Council Officers

Dr John Linnane (Director of Public Health)
Chris Lewington (Head of Strategic Commissioning, replacing John Dixon)

Clinical Commissioning Groups (CCG)

Dr Adrian Canale-Parola (Vice Chair in the Chair) (Coventry and Rugby CCG)
Dr Deryth Stevens (Warwickshire North CCG)
Gillian Entwistle (South Warwickshire CCG, replacing Dr David Spraggett)

Provider Representatives

Andy Meehan (University Hospitals Coventry & Warwickshire)

Healthwatch Warwickshire

Phil Robson (Chair)

Police and Crime Commissioner

Chris Lewis (OPCC Policy Officer, replacing Philip Seccombe)

Borough/District Councillors

Councillor Margaret Bell (North Warwickshire Borough Council)
Councillor Susan Adams (Stratford District Council, replacing Councillor Mike Brain)
Councillor Moira-Ann Grainger (Warwick District Council)
Councillor Barry Longden (Nuneaton and Bedworth Borough Council)
Councillor Leigh Hunt (Rugby Borough Council)

1. (1) Apologies for Absence

Councillor Izzi Seccombe (Chair), John Dixon (Interim Director for the People Group), Dr David Spraggett (South Warwickshire CCG), Russell Hardy (South Warwickshire NHS Foundation Trust), David Williams (NHS England), Philip Seccombe (Police and Crime Commissioner) and Councillor Mike Brain (Stratford District Council).

(2) Appointment of Board Members

The Board approved the appointments of Councillor Barry Longden (Nuneaton and Bedworth BC), Councillor Leigh Hunt (Rugby BC) and Philip Seccombe (Police and Crime Commissioner). The Chair welcomed new members to the Board and introduced Gereint Stoneman, the recently appointed Health and Wellbeing Board Delivery Manager.

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

Councillor Susan Adams declared non-pecuniary interests, as a governor of the South Warwickshire Foundation Trust and a member of the Alcester Health and Wellbeing Board.

Councillor Margaret Bell declared a non-pecuniary interest, as a member of the County Council's Adult Social Care and Health Overview and Scrutiny Committee.

Councillor Leigh Hunt declared a non-pecuniary interest, as an employee of the Warwickshire County Council.

Councillor Barry Longden declared a non-pecuniary interest, as two family members were employees of the Rugby Hospital and West Midlands Ambulance Service.

(4) Minutes of the meeting held on 11 May 2016 and matters arising.

The Minutes were agreed as a true record. As a matter arising, it was reported that a meeting of the Sub-Committee was held on 30 June, to approve the final submission of the Better Care Fund. Subject to two minor points, the submission had been approved by NHS England.

2. Multi Agency Safeguarding Hub

A report was presented by John Coleman, manager of the Multi Agency Safeguarding Hub (MASH). This provided a summary of the current position regarding the health contribution towards the Warwickshire MASH. As background, the MASH provided a single front door for the assessment and initial planning of safeguarding services for Warwickshire's residents. The MASH was a multi-agency project developed over the last two years. Health services, the Police and the County Council were the three key partners, as each had a statutory responsibility to share the information held on children, young people and adults known to the service, in order to safeguard them. An outline was given of action taken to engage with the health sector and secure its participation in the MASH. The benefits and risk analysis were also reported. The Board was asked to consider the issues raised and to request Chief Officers across CCG's, Public Health and Service Providers to work together to establish an urgent solution, to ensure health representation was provided within the MASH.

Councillor Les Caborn spoke of the considerable effort and progress made, stressing the need for the health sector to engage with the MASH. Karen Manners, Deputy Chief Constable of Warwickshire Police added that the MASH was a practical example of the joint working required under Sustainability and Transformation Planning, redesigning services to work together. There would be benefits to the health sector from this joint approach.

On behalf of the CCGs, Gillian Entwistle and the Chair responded. A proposal was being formulated and efforts would be made to resolve this quickly. The Chair hoped it could be resolved by the time of the next Board meeting, but Gillian Entwistle felt that it could be resolved in a matter of days.

Resolved

That the Board notes the report and that action will be taken to address this matter.

3. Coventry and Warwickshire Health and Wellbeing Alliance Concordat

A Coventry and Warwickshire Alliance Concordat was developed following the Integration Summit held in April 2016. The draft Concordat was endorsed by the Health and Wellbeing Board (HWBB) on 11 May 2016. A commitment was made to pursue alignment with Coventry's HWBB and the emerging Sustainability and Transformation Plan (STP). Coventry's HWBB considered the Concordat at its meeting on 27 June 2016. That Board had approved the Concordat, subject to two alterations which were circulated.

The HWBB discussed the changes proposed. There was considerable debate and differing opinions on whether the suggested alteration to principle four to read 'We will consider the impact of our decisions on other parts of the system after consultation', could be accepted. Several members felt the wording weakened this principle significantly. This principle had been debated at length at the May Board meeting. For some members it was felt the change now proposed went too far and it would be difficult for them to support it. Other Board members stated the need for pragmatism and the benefits of having a Concordat agreed by both HWBBs for the Coventry and Warwickshire STP area. The wording of principle four could be discussed further with the Coventry HWBB and there were plans for a joint meeting of the two Boards.

Discussion took place on the funding gap within the STP. Two figures had been suggested of a shortfall of £200 million or £500 million. There was a need to clarify and evidence the actual funding shortfall. A further point was the health inequalities in some parts of Warwickshire and the need to be assured that services would be maintained despite the funding shortfall.

A proposal was made to agree the Concordat apart from principle four and that further discussion take place on that principle. In terms of clarity on the funding shortfall, this aspect of the Concordat could be deferred or researched, as further information would be available by the time of the next STP submission in September. The Chair provided a summation of the points raised.

Resolved

That the principle of the Coventry and Warwickshire Alliance Concordat is agreed, subject to evidence to support the identified shortfall of £500 million and that principle four is deferred to enable further discussion with the Coventry's Health and Wellbeing Board, to agree wording acceptable to both Boards.

Note: Councillor Longden recorded that he was not in favour of this decision.

4. Local Government Association (LGA) Integration Tool

Gereint Stoneman, Health and Wellbeing Board (HWBB) Delivery Manager presented this item. The HWBB had an opportunity to pilot the LGA's new tool for assessing levels of integration within health and wellbeing systems. It had been developed to support the 'Stepping up to the Place' document being launched by the LGA and a copy of that document was circulated.

It was considered a timely opportunity to build upon the findings of the LGA Peer review conducted in 2015 and the Integration Summit held in April 2016. The tool offered an opportunity to self-assess, to identify areas for improvement, gain a detailed understanding of the current level of integration and an objective baseline from which system development could then be measured. An outline was given of the plans to take this forward in the autumn, including a workshop.

Resolved

That the Health and Wellbeing Board approves the piloting of the LGA integration tool in September 2016, as part of the next steps to the Coventry and Warwickshire Alliance Concordat.

5. North Warwickshire Health and Wellbeing Working Group

Councillor Margaret Bell gave a verbal report on the North Warwickshire Health and Wellbeing Working Party, which she chaired. The terms of reference and the Group's first set of minutes had been circulated. Councillor Bell confirmed that there were three main strands of work. These looked at grass roots work in the Borough, how other Council decisions, for example in the areas of planning and leisure incorporated health and wellbeing aims and strategic aspects, looking to work with and influence other decision makers. Other areas she referred to were action plans, some concerning health statistics in areas of the Borough and the need to focus on causes. An example used was Atherstone central area.

Board members commended the excellent work being undertaken. Other district and borough council representatives provided an outline the health and wellbeing work being undertaken in their areas. A number of points were made:

- There would be value in understanding the links between the strategies of each local authority and County-wide strategies.
- Using the North Warwickshire model as a template and sharing knowledge would help all district and borough councils.
- Healthwatch Warwickshire was willing to work with each district and borough council.
- Locality profiling of health issues already took place in other areas of Warwickshire.
- Holding a workshop was suggested to understand how each authority was working on health and wellbeing and their progress made to date.
- The current Warwickshire North work included the Nuneaton and Bedworth area.

- It would be useful to receive an update from each local authority at future Board meetings.
- There were plans to resume the meetings with portfolio holders of local authorities, which took place between formal Board meetings.

Resolved

That the Health and Wellbeing Board commends the approach being taken to Health and Wellbeing in North Warwickshire and that a brief summary of health and wellbeing activity is provided by each authority to future Board meetings.

6. Coventry and Warwickshire Sustainability and Transformation Plan

Andy Hardy, Chief Executive Officer of University Hospitals Coventry and Warwickshire and lead officer for the Sustainability and Transformation Plan (STP) gave a verbal update. He referred to the NHS five year forward view, the announcement of STPs and the requirements placed on both commissioners and providers of services. Nationally, there were 44 groupings or 'footprints' for STPs, with Coventry and Warwickshire being one of the footprints. An STP Board had been appointed comprising representatives of each commissioning group and service provider, plus representatives of Coventry City and Warwickshire County Councils. There was good engagement with the Healthwatch organisations for these two areas. The STP had identified its principal work streams split between in hospital and out of hospital service areas; an outline was given of each and the lead officers for each work stream.

From the work to date, a financial shortfall of £320 million had been identified by year five for health services. Taking into consideration other saving targets, the outstanding shortfall reduced to £90 million. However, it did not account for any funding shortfalls in Adult Social Care. Each STP had been required to make an initial submission by 30 June and these submissions were now being assessed. The next stage was a challenge meeting on 22 July. During August, feedback would be received and a final submission would be required by 18 September, to add detail to the proposals and close financial gaps.

Members of the Board submitted questions and comments with further information being provided by Mr Hardy:

- The priority areas of paediatrics, maternity, mental health, frailty & care of the elderly and 'right care' were welcomed.
- The need for financial and clinical sustainability was recognised.
- The update had made no reference to the prevention agenda.
- The integration of services was a key aspect.
- There was a significant service change agenda. The impact for users of services would need to be monitored with Healthwatch and the public being kept informed. Mr Hardy agreed that it would be necessary to review services, and some would need to be centralised. Service reviews might mean that patients (and their families) would have to travel further.
- There were a number of constraints including staffing shortfalls, the as yet unknown implications of 'Brexit' the use of agency staff and associated costs.

- The growth of Rugby and the diversity of the population in the area served by the Coventry and Rugby CCG were discussed, as well as the funding for services.
- Providing more services in GP surgeries was raised. It was confirmed that there was a shortage of GPs in both Coventry and the North of Warwickshire. Mr Hardy acknowledged the need to address these issues through better workforce planning, otherwise people would continue to present at accident and emergency services.
- It was questioned when the HWBB would see the final STP and this would be after the 18 September submission.
- Changing culture to breakdown boundaries between different organisations and the move to accountable care organisations were further areas discussed.

Resolved

That the Board notes the update on the Sustainability and Transformation Plan.

7. Warwickshire Health and Wellbeing System Development

The Board received a presentation from Gereint Stoneman. In support of the Concordat and the commitment to development of the Health and Wellbeing system in Warwickshire, dedicated support to the Board, Executive and wider system had been put in place. The presentation included a context, the aims for a high performing system, the success factors and potential risks. The Board was reminded of the areas where, as a system, it was doing well and the actions already completed. There were a number of key challenges and these were shown in slides under the categories of direction, impact, alignment and connectivity, knowledge, awareness and confidence, governance and accountability and system leadership. The presentation concluded with information on 'what success would look like', the timeframe, the different levels of development and support to the Board.

It was questioned when the Board would be able to evidence the difference it had made. A lot of work was being undertaken. Reference was made to the Health and Wellbeing Strategy, which was the Board's Strategy. It was requested that the presentation slides be circulated. Service reviews were discussed and related to this, the need to keep residents informed.

Resolved

That the Board notes the presentation.

8. Meeting Schedule and Work Programme

It was reported that the Health and Wellbeing Board currently met three times each year, with a commitment to participate in an additional three development sessions. The Board was supported by an Executive Team, comprising Chief Officers from the respective organisations, whose meetings were currently scheduled to fall after the Board.

It was proposed that the dates for the formal Board meeting and development sessions be combined and that these take place on 7 September, 9 November, 23 January 2017 and 22 March. On each date there would be a formal Board meeting with the opportunity for informal discussion and development sessions following that meeting. This arrangement would be further supported by the rearrangement of the Executive Team meetings so that these were scheduled to inform the Board. These would in turn be informed by reports to the Executive Team from supporting sub-groups.

A detailed Forward Plan for the Board and Executive Team would be produced, reflecting all statutory obligations plus a locally agreed work programme. It was envisaged that these small revisions would increase visibility and momentum around the Health and Wellbeing agenda within Warwickshire and facilitate greater opportunity for system development and fostering of key relationships.

It was requested that a knowledge base be provided when new members joined the Board. The planned meetings with Coventry City Council were discussed. A joint integration session would be held in October, but as this was some time away endeavours were being made to arrange a meeting beforehand. Agreeing the wording of the Concordat was a key aspect.

Resolved

That the Health and Wellbeing Board approves the proposed meeting schedule for the remainder of 2016/17 and commissions the Executive Team to develop a detailed work programme.

9. Any Other Business

Councillor Margaret Bell referred to the service review in the north of Warwickshire to relocate the urgent care centre from Camp Hill to the George Eliot Hospital. There had been a number of concerns raised, which she asked the Warwickshire North CCG to investigate. These concerned:

- There being a single reception for Accident and Emergency and the Urgent Care Centre.
- The opening hours of the Urgent Care Centre were 8am to 8pm. However, there was no doctor available until 10am.
- When located at Camp Hill, there had been a number of services for people aged under 16 years, which had not transferred to the new centre.

Deryth Stevens offered to refer this matter to the CCG. It was agreed that an update be provided to the next HWBB.

The meeting rose at 3.55pm

.....Chair

Health & Wellbeing Board

7 September 2016

Director of Public Health Annual Report 2016

Recommendation(s)

That the Health and Wellbeing Board:

1. **Note and support the Director of Public Health Annual Report 2016.**
2. **Agree to endorse the recommendations stated in the report.**

1.0 Background

- 1.1 Directors of Public Health have a statutory requirement to write an annual report on the health of their population. The Director of Public Health (DPH) Annual Report is a vehicle for informing local people about the health of their community, as well as providing necessary information for decision makers in local health services and authorities on health gaps and priorities that need to be addressed.

2.0 Purpose

- 2.1 This year's report has three main sections which include: an overview of the latest health and wellbeing needs and trends; evidence of how public health has and can make a difference; and outlines achievements against recommendations set out in my previous six annual reports.
- 2.2 The report emphasises the importance of preventing people getting ill, by promoting and protecting health and wellbeing. Prevention and early intervention will not only halt the increasing demand on health and social care, reduce inequalities and improve quality and quantity of life but it is also very cost effective.
- 2.3 It should be recognised that the recommendations and outcomes outlined in the report are 'everybody's business' and require a concerted joint effort if they are to be achieved.
- 2.4 It is important that the Health & Wellbeing Board ensures its constituents organisations renew their focus on prevention and early intervention and that the board provides leadership across all partners.

3.0 Key Headlines

3.1 Health and Wellbeing

There have been improvements in a number of key public health areas:

- physical activity in adults has improved across all district and boroughs - all are now similar to or better than the England average;
- smoking during pregnancy is now below the England average;
- teenage conceptions continue to fall; and
- number of Dementia Friends in Warwickshire has increased to over 11,000.

3.2 Return on Investment

Case studies have been used to highlight where public health and preventions has made a difference, examples include:

- every £1 spent on behavioural support for pregnant smokers to stop smoking results in £13.60 in savings in future healthcare costs;
- every £1 spent preventing teenage pregnancy saves £11 in health care costs; and
- every £1 spent on physical activity/healthy lifestyle on referral services yields £19.59 in cost savings and improved outcomes e.g. heart disease.

3.3 The Director of Public Health Annual Report: a tool for Public Health advocacy

This report reviews the impact of the previous annual reports as tools or interventions for changes in policy and services. Over the last six reports, 203 recommendations have been made by the DPH to improve the health and wellbeing of the Warwickshire population. Overall 17% have been implemented completely and almost 70% are in progress.

4.0 Next steps

4.1 Dissemination

A detailed marketing and communications plan will be prepared to ensure the report is communicated widely within WCC, as well as across partners and the public. A survey will be created to obtain feedback about the report.

4.2 Audit

The report will be subjected to an audit process and will be subject to peer review by external public health colleagues. Progress against the recommendations will also be monitored and reported. We welcome any feedback on the content of the report. Comments can be addressed to publichealthintelligence@warwickshire.gov.uk.

Background Papers

None

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Public Health Matters: Sex, Drugs and Fluoridation

Director of Public Health Annual Report 2016

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Cllr Izzi Seccombe, Leader of Warwickshire County Council and Local Government Association (LGA) Community Wellbeing spokesperson

“We need to move away from a focus on treating sickness to actively promoting health. Investing in prevention saves money for other parts of the public sector by reducing demand for hospital, health and social care services and ultimately improves the public’s health.”

Data Sources

This report utilises the most recently available published information from a variety of data sources.

If you would like this information in a different format, please contact Marketing and Communications on 01926 413727.

The report is available to view online or download at publichealth.warwickshire.gov.uk/annual-report

Introduction

Benjamin Franklin once said *“An ounce of prevention is worth a pound of cure”* summing up public health and its potential in both saving lives and achieving value for money.

In previous reports, I have explored in detail lifestyle risk factors, highlighted the burden of long term conditions, patterns of mortality, the importance of protecting the health of our population and the value and challenges in improving outcomes for our young people. An overview of the latest health and wellbeing needs and trends is provided in more detail in **chapter 1** of this report.

This report focuses on the return on investment. The need to make the best impact with limited and shrinking resources across the public and voluntary sector is now greater than ever. However, the significant cuts to public health will have a major impact on public health activity. In **chapter 2**, I use five case studies across the public health remit to illustrate value for money locally.

In the final section, **chapter 3**, I consider the impact of my previous annual reports as a tool or intervention for change in policy and services.

I have used evidence from a number of sources including, Public Health England (PHE), National Institute for Health and Care Excellence (NICE), and the King’s Fund and Local Government Association (LGA) report, ‘Making the case for public health interventions’. The LGA also suggest that investment in prevention could yield a net return of 90%.

In Warwickshire, we have led improvements in a number of key public health areas:

- physical activity in adults has improved across all district and boroughs - all are now similar to or better than the England average;
- physical inactivity in adults has reduced - from 1 in 3 down to 1 in 4;
- smoking during pregnancy is now below the England average;
- teenage conceptions continue to fall;
- deaths from cardiovascular disease have fallen across the north of Warwickshire; and
- number of Dementia Friends in Warwickshire has increased to over 11,000.

These achievements need to be recognised and celebrated. However we must not be complacent. We need to continue to work collaboratively to reduce preventable causes of ill health.

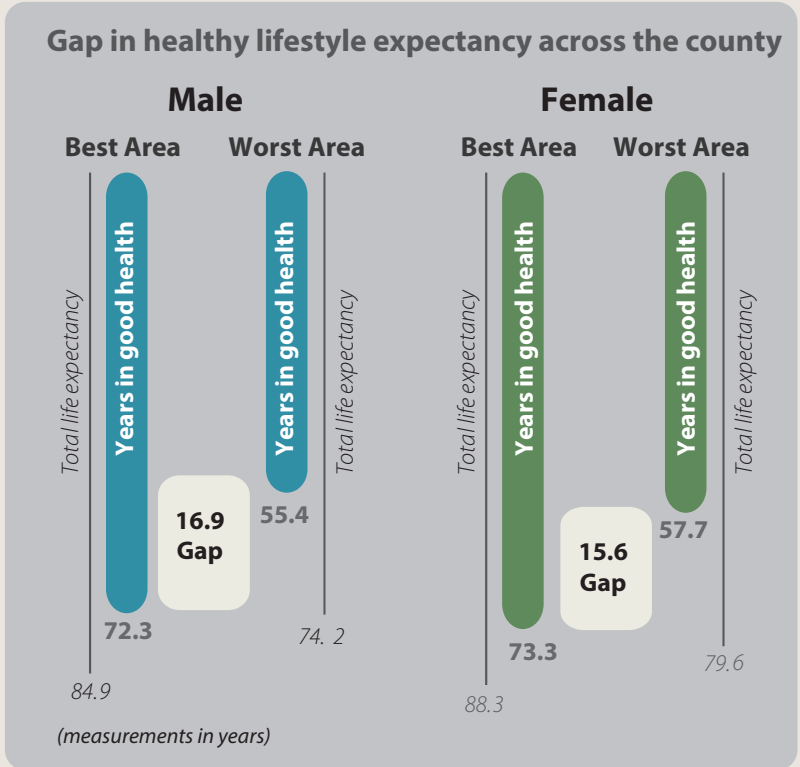
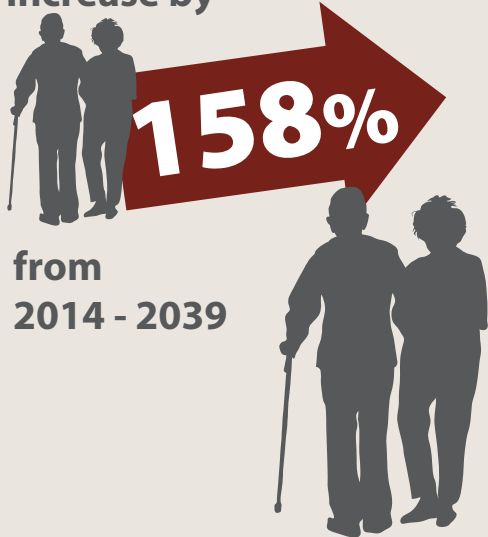


Dr John Linnane

Director of Public Health,
Warwickshire County Council

Today people in Warwickshire are living longer, but not necessarily healthier lives

Warwickshire's population of over 85s is projected to increase by



Warwickshire continues to face a number of public health challenges



1 in 4 adults are physically inactive



1 in 8 adults are smokers



1 in 4 will experience a mental health problem in any given year



Warwickshire's public health challenges are being tackled within a wider strategic context

Responsibility for public health transferred from the NHS to local authorities in April 2013. This means upper tier and unitary authorities have become responsible for improving the health of their population.

The Health and Wellbeing Board (HWBB) has strategic influence over commissioning decisions across health, social care, and public health, and delivery of the Health and Wellbeing Strategy by partner organisations.

The NHS Five Year Forward View was published on 23 October 2014 and sets out a new shared vision for the future of the NHS based around the new models of care. It calls for a radical upgrade in prevention and public health.

NHS England Sustainability and Transformation Plans (STP) outlined an approach to ensure health and care services are built around the needs of the local population, to close the health and wellbeing gap. Every health and social care system will produce an STP, detailing a partnership approach to delivery of the Five Year Forward View.

Public Health Warwickshire - Our Priorities

The public's health is our priority, where wellness and tackling health inequalities will be central to all we do, working collaboratively with all our partners on outcomes that will reduce the preventable causes of ill-health.

Public Health Warwickshire has identified health and wellbeing priorities to focus commissioning:

- ▶ Healthy start
- ▶ Mental health and wellbeing
- ▶ Physical activity
- ▶ Lifestyle risk minimisation
- ▶ Healthy place

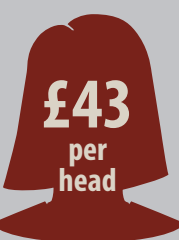
Costs and spend on health and public health varies across the country



Average NHS spending



Average Public Health grants to local authorities



Warwickshire Public Health grants

Approximate costs to the NHS in Warwickshire per year



Someone in mid-life who smokes, drinks too much, exercises too little and eats poorly is

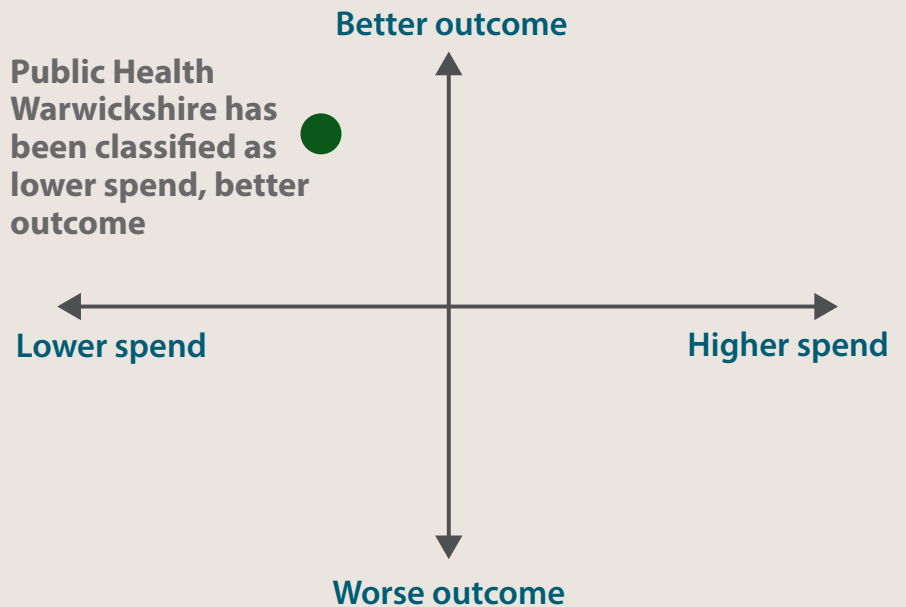


four times more likely to die
over the next 10 years than someone who does none of those things.

Source: Department of Health and NHS England (2016/17)

There are economic reasons for investment in public health

Public Health England, Spend and Outcome Tool (SPOT) gives organisations in England an overview of spend and outcomes across key areas of business.





Source: Public Health England (2016)

Economic reasons for investment in public mental health

For every

£1

invested in public mental health interventions, the net savings are:

-  school based social and emotional learning programmes
-  suicide prevention through GP training
-  early intervention for psychosis
-  school-based interventions to reduce bullying

Economic reasons for investment in public health

For every **£1** invested the savings are:

-  smoking prevention programmes in schools
-  parenting programmes to prevent conduct disorders over six years
-  improving homes over 10 years can save the NHS
-  back to work for disadvantaged groups can reduce costs of homelessness, crime, benefits and NHS care
-  befriending services can reduce mental health service spending and improve health
-  supportive networks and motivational interviewing for alcohol and drug addictions can reduce health, social care and criminal justice costs
-  drug treatment can reduce NHS and social care and crime costs

Recommendations

Preventing people getting ill, by promoting and protecting health and wellbeing, is not only necessary to halt increasing demand on health and social care, to reduce inequalities and to improve quality and quantity of life but is actually very cost effective. Therefore, prevention and early intervention should be integral to every aspect of organisation planning to help build a resilient community and promote independence.

Recommendation 1 - Sustainability and Transformation Plan (STP)

I recommend the Health and Wellbeing Board (HWBB) does all it can to ensure that the local STPs:

- acknowledge their individual organisational responsibilities to focus on prevention and early intervention.

The local STP footprint covers Warwickshire and Coventry, and the plans must address three gaps outlined in the NHS Five Year Forward View:

- health and wellbeing gap;
- quality gap; and
- financial gap.

Recommendation 2 - Community capacity

I recommend that all statutory partners with health and wellbeing responsibilities across Warwickshire:

- develop a co-ordinated comprehensive asset based approach to community capacity;
- recognise and support the increasing role played by 'informal' carers;
- ensure the voluntary sector is central to this asset based approach;
- engage with other 'community assets' - families, friends and local people who have the ability to support each other; and
- promote 'wellbeing', and empower people to find solutions to improve their health and wellbeing.

Recommendation 3 - Place based working

I recommend the HWBB partners:

- renew their commitment to place based working to improve health and wellbeing;
- promote and challenge the STP to acknowledge and embed this place based working at the core of their plans; and
- engage with local government assets such as housing, transport and planning to develop a healthy places approach.

Recommendation 4 - Making Every Contact Count (MECC)

I recommend the HWBB partners:

- commit to the principles of MECC;
- promote the MECC approach;
- ensure all front line staff are trained in the Five Ways to Wellbeing/MECC approach and feel confident to have the conversation, where appropriate; and
- include Five Ways to Wellbeing/MECC as an essential element of the induction programme for new staff.

Recommendation 5 - The workplace

I recommend that all statutory partners in Warwickshire:

- sign up to the 'Workplace Wellbeing Charter' (or equivalent);
- promote adoption of the charter through the Local Enterprise Partnership (LEP) and the Chamber of Commerce; and
- encourage a similar commitment from partners across the combined authority area.

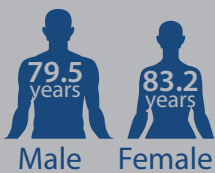
Chapter One

Patterns of Health and Wellbeing across Warwickshire: Health Profiles 2016



England

Life expectancy



Smoking prevalence



Under 18 conceptions



Excess weight in 10-11 year olds



Hospital admissions as a result of self-harm (10-24 years)

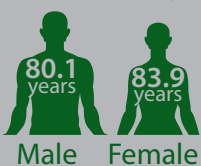


Hospital admissions for alcohol related conditions



Warwickshire

Life expectancy



Smoking prevalence



Under 18 conceptions



Excess weight in 10-11 year olds

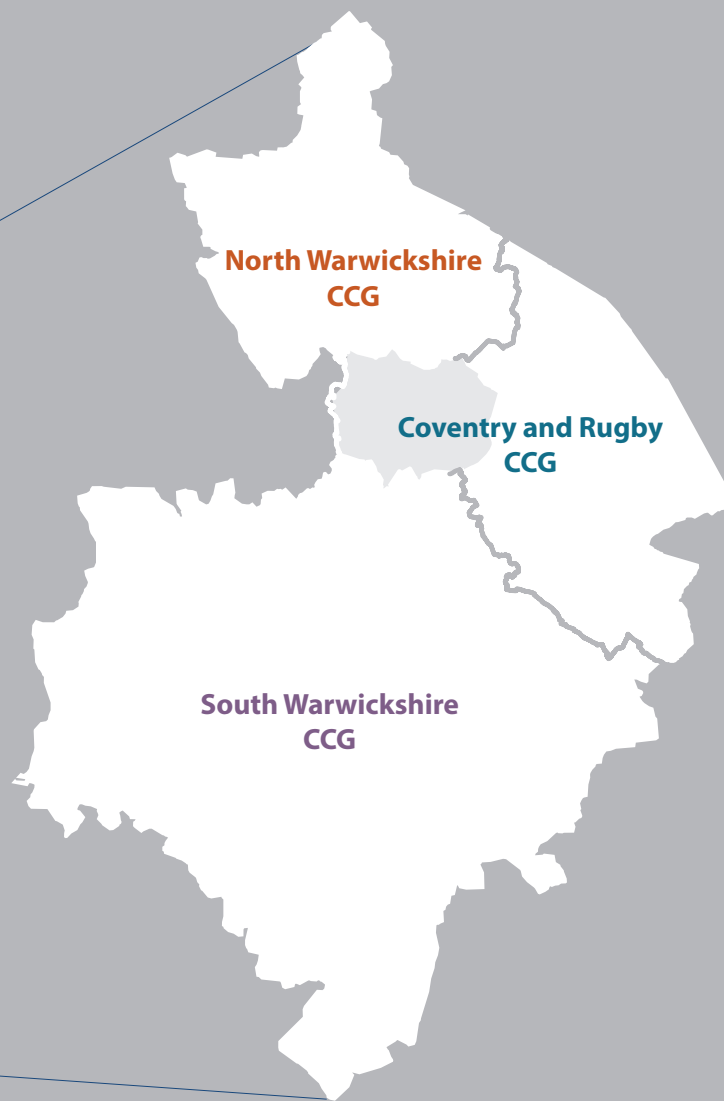


Hospital admissions as a result of self-harm (10-24 years)



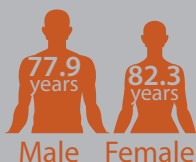
Hospital admissions for alcohol related conditions





North Warwickshire CCG

Life expectancy



Smoking prevalence



Under 18 conceptions



Excess weight in 10-11 year olds



Hospital admissions as a result of self-harm (10-24 years)

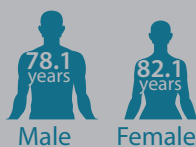


Hospital admissions for alcohol related conditions



Coventry & Rugby CCG

Life expectancy



Smoking prevalence



Under 18 conceptions



Excess weight in 10-11 year olds



Hospital admissions as a result of self-harm (10-24 years)

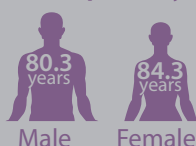


Hospital admissions for alcohol related conditions



South Warwickshire CCG

Life expectancy



Smoking prevalence



Under 18 conceptions



Excess weight in 10-11 year olds



Hospital admissions as a result of self-harm (10-24 years)



Hospital admissions for alcohol related conditions



Warwickshire Health Profile



Table 1 displays the current health performance of the Warwickshire County and allows comparisons of performance between the districts and boroughs. The values are coloured to indicate statistical significance compared to England. *This is the most recent compiled and published data as of 2nd August 2016.*

Indicator	Period	England	Warwickshire	North Warwickshire	Nuneaton & Bedworth	Rugby	Warwick	Stratford-on-Avon	Unit of measure
		Value	Value	Value	Value	Value	Value	Value	
Deprivation	2014	20.2%	5.4%	5.4%	18.3%	1.7%	1.0%	0.0%	%
Children in poverty (under 16s)	2013	18.6%	12.9%	13.9%	19.0%	12.4%	10.2%	8.5%	%
GCSE achieved (5 A*- C inc. Eng & Maths)	2014/15	57.3%	60.4%	57.3%	51.5%	56.9%	68.3%	68.3%	%
Violent crime (violence offences)	2014/15	13.5	8.9	8.6	12.8	9.3	7	7	per 1,000 population
Long term unemployment	2015	4.6	2.3	2.0	5.4	2.4	1.2	0.6	per 1,000 working-age population
Breastfeeding initiation	2014/15	74.3%	72.1%	67.2%	Value cannot be calculated	82.2%	69.1%	74.3%	%
Obese children (Year 6)	2014/15	19.1%	16.8%	19.8%	21.1%	16.7%	12.4%	14.8%	%
Alcohol-specific hospital stays (under 18)	2012/13-14/15	36.6	39.3	29.7	58.9	32.5	39.8	27.4	per 100,000 population
Under 18 conceptions	2014	22.8	22.9	24.3	43.0	18.5	12.9	14.2	per 1,000 females aged 15-17
Smoking prevalence in adults	2015	16.9%	12.1%	10.8%	15.9%	11.9%	9.8%	11.9%	% population aged 18 and over
Percentage of physically active adults	2015	57.0%	61.2%	60.0%	58.6%	61.1%	62.0%	63.6%	%
Excess weight in adults	2012-14	64.6%	65.6%	71.4%	67.3%	66.6%	61%	65.3%	%
Cancer diagnosis at early stage	2014	50.7%	43.2%	45.5%	43.6%	47.4%	37.7%	43.8%	%

Hospital stays for self-harm	2014/15	191.4	197.0	208.5	279.4	221.8	143.6	156.2	per 100,000 population
Admission episodes for alcohol-related conditions (Narrow)	2014/15	641	590	523	625	659	580	563	per 100,000 population
Recorded diabetes	2014/15	6.4%	6.1%	6.6%	7.5%	6.2%	5.4%	5.4%	% population aged 17 and over
Incidence of TB	2012-14	13.5	9.2	4.3	15.1	11.5	9.4	3.3	per 100,000 population
New sexually transmitted infections (STI)	2015	815	687	597	840	788	623	558	per 1,000 population aged 15-64
Hip fractures in people aged 65 and over	2014/15	571	576	682	657	647	432	558	per 100,000 population
Life expectancy at birth (Male)	2012-14	79.5	80.1	79.3	78.4	80.5	80.9	81.2	Years
Life expectancy at birth (Female)	2012-14	83.2	83.9	82.6	82.7	84.1	84.5	84.7	Years
Infant mortality (aged under 1 year)	2012-14	4.0	3.6	4.7	3.6	3.2	2.8	4.3	per 1,000 live births
Killed and seriously injured on roads*	2012-14	39.3	54.8	92.8	38.6	54.3	34.2	76.2	per 100,000 resident population
Suicide rate	2012-14	10.0	11.6	Suppressed suicide rate	11.0	Suppressed suicide rate	16.6	10.9	per 100,000 population aged 10 and over
Deaths from drug misuse	2012-14	3.4	2.7	Value cannot be calculated	Value cannot be calculated	Value cannot be calculated	Value cannot be calculated	Value cannot be calculated	per 100,000 population
Smoking related deaths	2012-14	274.8	226.4	260.9	272.9	228.3	210.1	186.6	per 100,000 population aged 35 and over
Under 75 mortality rate: cardiovascular	2012-14	75.7	69.6	80.4	80.7	67.9	67.1	58.1	per 100,000 population
Under 75 mortality rate: cancer	2012-14	141.5	131.8	144.8	139.8	126.3	127.4	126.1	per 100,000 population
Excess winter deaths (see glossary)	Aug 2011 - Jul 2014	15.6	15.7	21.0	15.7	19.4	11.7	14.1	*Excess Winter Death Index

*This includes all people (residents and non-residents) killed or seriously injured on Warwickshire roads, based on accidents reported to the police.

Chapter 2

Public Health Interventions: Money well spent?

Public health commission a range of services to improve health and wellbeing of the Warwickshire population. Some of these services are illustrated below. Public health initiatives are used to raise awareness and provide information on key issues.

This report focuses on the return on investment in relation to public health interventions. This chapter includes five case studies from across the public health remit to demonstrate value for money locally:

- Fluoridation
- Teenage Pregnancy
- Physical Activity
- Diabetes
- Smoking in Pregnancy



Services



Books on Prescription

Experience, Strength & Hope



Drug and Alcohol Service

The Recovery Partnership

Drug and Alcohol Service

Sexual Assault Referral Centre



blue sky centre

Wellbeing for **Warwickshire**

Mind in Warwickshire | For better mental health

NHS HEALTH CHECK



Sexual Health Warwickshire

pass

Drug and Service

Doing It!

Secondary School Relationships and Sexual Health Education

QUIT 4 GOOD



Big White Wall™

Fitter Futures Warwickshire

Weight Management and Physical Activity/Healthy Lifestyles on Referral 12-16 years

Fitter Futures Warwickshire

Weight Management and Physical Activity/Healthy Lifestyles on Referral 16+

RESPECT YOURSELF

five ways to wellbeing in Warwickshire

Living well with Dementia in Warwickshire

#onething

LIVING IN WARWICKSHIRE



Warm and Well in Warwickshire

WARWICKSHIRE HEALTH & WELLBEING PORTAL



Dementia Friends An Alzheimer's Society Initiative

Water Fluoridation

Although largely preventable, tooth decay remains the most common oral disease affecting children and young people and is one of the most common reasons for hospital admission in children.

Background

Fluoride is a naturally occurring mineral found in water in varying amounts. Research shows that fluoride can help prevent tooth decay; because of this it is added to many brands of toothpaste and, in some areas, to the water supply through a process called fluoridation.

Tooth decay, also known as dental caries, can damage the tooth structurally and cause pain and infection. Treatment usually involves the repair of the affected tooth but if decay is extensive, the tooth may be extracted.

Six million people (10% of England's population) benefit from a water supply where the fluoride content, either naturally or artificially, is at the optimum level to reduce tooth decay. In terms of population coverage, the West Midlands (70%) is the most extensively fluoridated area in England compared to the North West (4%) which is largely non fluoridated (table 2). The whole of Warwickshire is covered by fluoridation agreements (Severn Trent Water and a small population served by South Staffordshire Water), which were introduced progressively between 1964 and 1987.

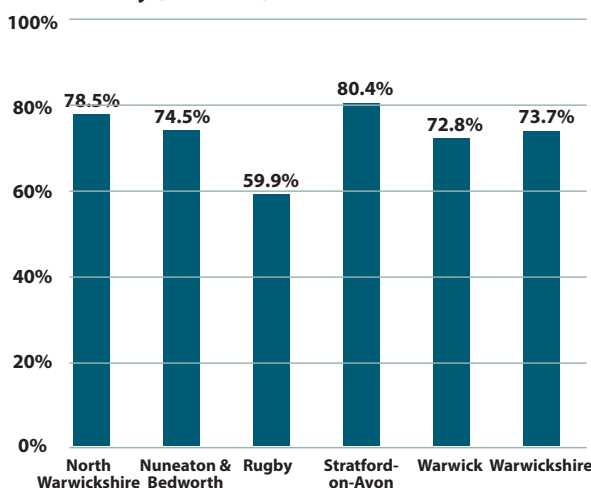
Table 2: Percentage of 5 year olds free from tooth decay and extractions for children 10 and under admitted to hospital, 2014/15

	Percentage of 5 year olds free from dental decay	Rate of extractions due to decay for children aged 10 and under, admitted to hospital (per 100,000)	Fluoridated (approximate figures)
Warwickshire	73.7	53.6	Yes
West Midlands	76.6	217.2	70%
North West	66.6	703.8	4%
England	75.2	462.2	10%

Source: Public Health England and NHS Digital

Table 2 shows the West Midlands has a significantly higher proportion of five years olds free from tooth decay (76.6%) and a lower rate of extractions compared to the North West. The water supply in the North West is largely non fluoridated and the proportion of five year olds free from tooth decay is significantly lower (66.6%) with a higher rate of admissions. In 2014/15, Warwickshire (73.7%) was similar to England (75.2%) and admissions were lower than both the national and regional rates.

Figure 1: Proportion of five year old children free from tooth decay (2014/15)



Source: Public Health England

Figure 1 shows Stratford-on-Avon (80.4%) has the highest proportion of children free from tooth decay, and Rugby (59.9%) has the lowest.

Oral health is an integral part of children's health and wellbeing; when children are not healthy this affects their ability to learn, thrive and develop. Tooth brushing, healthy eating and regular dental check ups are vital to prevent tooth decay particularly in the early years.

Evidence Base

The possible effects of fluoride in water have been extensively studied and reviewed over the last 50 years; the most recent review was conducted in 2015 by the Cochrane Oral Health Group. Public Health England recommends the use of water fluoridation as a safe and effective public health measure to improve oral health.

Does fluoridation of water pose any risks?

Consensus is that no significant health risks have been detected, in populations who have been provided with a fluoridated water supply.

One of the most compelling pieces of evidence comes from the US. Around 200 million people have been exposed to a fluoridated water supply for decades and there have been no credible reports of harm.

There is a potential risk that a condition called dental fluorosis can occur, particularly if a child's teeth are exposed to too much fluoride. Fluorosis changes the appearance but does not cause damage to the teeth.

Impact of Fluoridation

Hospital admissions: Around 45% fewer hospital admissions (55% fewer admissions, once levels of social deprivation are taken into account) in children aged one to four for tooth decay (mostly for extraction under a general anaesthetic) in fluoridated areas.

Dental health: Around 15% fewer five-year olds have tooth decay in fluoridated areas. When deprivation and ethnicity (both important factors for dental health) are taken into account, the figure is 28%. On average, there are 11% fewer 12-year olds with tooth decay in fluoridated areas than non-fluoridated areas.

Return on Investment

In 2015/16, Warwickshire County Council spent almost £200,000 on water fluoridation, equating to £0.36 per person. The benefits of this go towards alleviating health costs.

Cost effectiveness estimates vary depending on the size of the population, level of decay and water supply system complexity. However, the largest impact is considered to be in reducing avoidable hospital admissions in children, where an extraction by general anaesthetic costs **£541** per procedure.

Water fluoridation in Warwickshire costs,

£0.36

per person per year.

In 2014/15 hospital trusts in England spent

£35 million

on extraction of multiple teeth for under 18s.

Costs have risen by 61% over five years.

Excessive consumption of fizzy drinks and foods high in added sugar are a major reason behind the surge in cases of treatment.



Water fluoridation is considered to be one of public health's 10 greatest achievements of the 20th century

A return on investment tool is being developed by York Health Economics Consortium. This is expected to be available in the Autumn 2016

Teenage Conceptions

Background

A teenage conception is defined as a pregnancy which happens to a woman under 18 years old. The rates are measured per 1,000 of the 15-17 year old female population. In Warwickshire the rate is 22.9 per 1,000 of the population which is similar to the England average, 22.8 per 1,000 (table 3).

Evidence Base

Children born to teenage parents are more likely to experience a range of negative impacts, including lower educational attainment, poorer physical and mental health, poverty, and becoming teenage parents themselves. Not all conceptions lead to live births, in 2014 the abortion rate for under 18s was 56.9%.

1998

1998 - Nationally there was a plan to reduce teenage conceptions by half by 2010. This was achieved nationally in 2014.

2014

Table 3: Rate of teenage conceptions per 1,000 of the 15-17 year old female population

	1998	2011	2012	2013	2014	2014 conception numbers
North Warwickshire	44.6	29.5	29.0	26.6	24.3	27
Nuneaton & Bedworth	48.8	43.2	38.4	29.7	43.0	97
Rugby	43.1	24.3	20.8	22.6	18.5	36
Stratford-on-Avon	31.3	25.4	16.2	18.9	14.2	29
Warwick	40.1	29.6	17.1	19.7	12.9	27
Warwickshire	41.4	30.9	24.3	23.4	22.9	216
England	46.6	30.7	27.7	24.3	22.8	21,282

Source: Public Health England

From our experience of working with young people, we know the majority would not seek sexual health advice from their parents or carers. Therefore, in Warwickshire, we see that it is essential that young people get the right information, at the right time, in a way that they can understand.

What works to reduce teenage pregnancies?

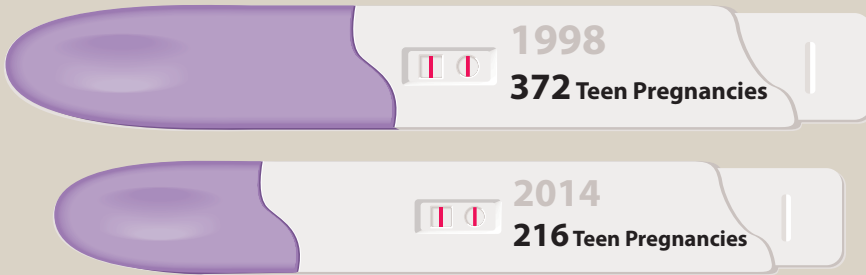
International evidence shows that access to good quality Relationship and Sex Education (RSE), and sexual health services that actively welcome young people are the key drivers to reduce teenage pregnancies.

In Warwickshire we have adopted a comprehensive 'sex positive' approach to RSE, and the services provided. Being 'sex positive' means that we accept that sex is natural and to be curious about it is normal. We aim to provide young people with the information they need to make positive choices about their relationships and sexual health. We know that this approach has worked in other countries to reduce the rate of teenage pregnancies and sexually transmitted infections and this is why we have adopted this approach here in Warwickshire.



Impact

There were 372 'teen' pregnancies in 1998 in Warwickshire. The latest (2014) figure is 216. That's 156 (42%) fewer conceptions.



How Public Health in Warwickshire has contributed to the reduction in teenage pregnancies:



Respect Yourself: respectyourself.info The programme was developed by young people for young people, using best evidence from the Netherlands (where teenage pregnancy and sexually transmitted infections have reduced dramatically over recent decades).



Spring Fever: A relationship and sex education programme for primary schools, based on the successful Dutch approach.



One stop shop approach to sexual health services:

sexualhealthwarwickshire.nhs.uk Services have been recommissioned and Public Health are working towards having integrated sexual health provision across the county, which is accessible to all.



Long Acting Reversible Contraception: Almost a quarter of women (24.3%) aged under 25 in Warwickshire choose long acting reversible contraceptives (LARC) as their main method of contraception at Sexual and Reproductive Health Services. This compares favourably with the England (20.1%) and West Midlands (18.5%) rates.

Nationally over 2/3 of men and 3/4 of women (16-19 years) reported they did not have sex before the age of 16.

Return on Investment

We know from national research that preventing teenage pregnancies in Warwickshire saves us money and because our rate has gone down we could save between £700m and £1.2bn in wider public sector costs between 2013 and 2020.

The King's Fund research estimates that for each **£1** spent preventing teenage pregnancy

saves **£11** in health care costs.

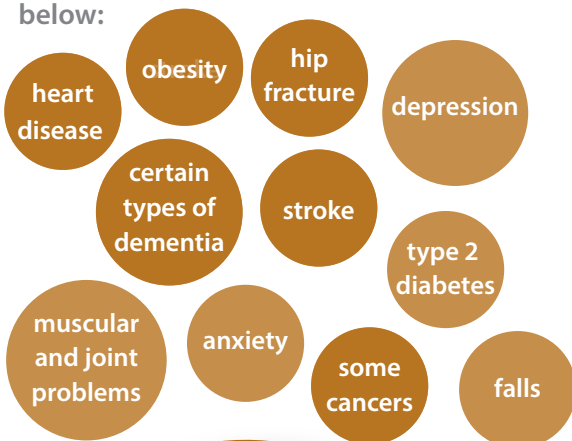
Physical Activity

Background

Being physically active can improve physical and mental health and wellbeing. Physical activity includes a variety of activities such as walking, sports, gardening and housework.

In Warwickshire, 61.2% of the adult population are meeting the recommended physical activity levels. Table 4 shows variation in adult physical activity levels across the county. The latest figures reporting physical inactivity in adults shows Warwickshire (24.4%) is better compared to the England average (28.7%). Physical inactivity increases the risk of developing a variety of health conditions and has a cost impact to society.

Being physically active can reduce the risk of a variety of health conditions outlined below:



Across the United Kingdom, it is estimated that the cost to the NHS of physical inactivity amounts to £1.1 billion per year. In Warwickshire, this equates to £9.4m each year.



Evidence Base

What are the recommended physical activity levels?

The UK Chief Medical Officers recommend the amount of physical activity which improve health and wellbeing, as shown below by age group.

Children (aged 0-5) should be allowed to move as freely as possible, whenever possible. Children (aged 0-5) who can walk without help, should be physically active for at least 3 hours spread throughout the day.

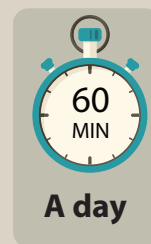


A day



A week

Children and Young People (aged 5-18) aim for at least 60 minutes per day including muscle and bone strengthening activities 3 times per week.

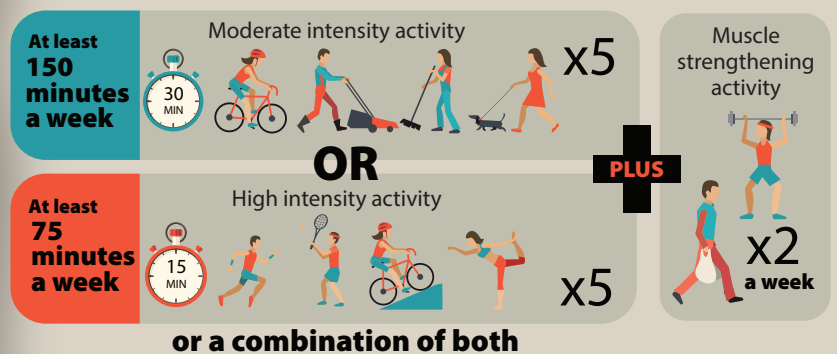


A day



A week

Adults (aged 19 and over)



or a combination of both

Table 4: Percentage of adults who are physically active in Warwickshire.

	2012	2013	2014	2015
North Warwickshire	56.6%	61.0%	57.5%	60.0%
Nuneaton & Bedworth	52.8%	53.3%	52.2%	58.6%
Rugby	54.0%	58.9%	59.3%	61.1%
Stratford-on-Avon	58.4%	59.4%	60.3%	63.6%
Warwick	55.3%	63.3%	61.1%	62.0%
Warwickshire	55.3%	59.1%	58.2%	61.2%
England	56.0%	56.0%	57.0%	57.0%

Source: Public Health England

**Public Health
Warwickshire with partners have provided and supported a range of evidence based initiatives to create local environments which support and encourage residents to be more physically active.**



Fitter Futures Warwickshire, countywide physical activity and healthy lifestyle services



Green gyms providing free outdoor gym equipment in local parks



Measured miles have been waymarked across the county at parks and hospitals



Big Day Out offers free outdoor events to encourage the use of green spaces



Healthy Travel Choices evidence review produced to encourage active travel



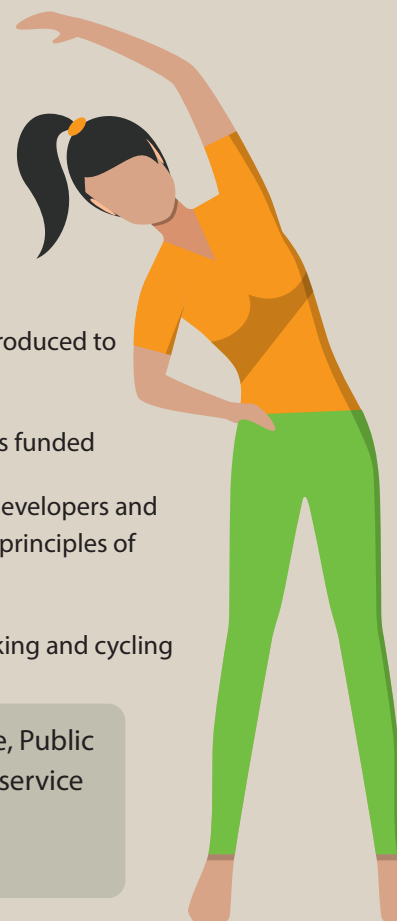
Local community physical activity projects funded



Health Planners work with planners and developers and across the health economy to embed the principles of public health into the planning system.



Signage evidence review to promote walking and cycling



Warwickshire residents are living longer, not necessarily in good health. In Warwickshire, Public Health provide a countywide physical activity/healthy lifestyles on referral service. This service has been recommended by NICE for people who are inactive and have existing health conditions to improve their health and wellbeing.

Impact of Fitter Futures Warwickshire

In Warwickshire, Public Health are able to measure the health improvement impact of some physical activity opportunities that are available to Warwickshire residents.

Residents who have completed a Fitter Futures Warwickshire service have reported the following positive health outcomes since the service launched in July 2015:



increased physical activity levels



increased consumption of fruit and vegetables



improved mental wellbeing



achieved a healthier weight



reduced feelings of loneliness and isolation



Services include:

Physical activity/healthy lifestyles on referral for young people aged 12-16 and adults 16+

Weight management on referral for young people aged 12-16 and adults 16+

Family weight management for children aged 4-12

Healthy lifestyles for children aged 0-5 and families



fitterfutureswarwickshire.co.uk

Return on Investment

Between 1st July 2015 and 31st March 2016, Warwickshire County Council, Public Health spent £89,000 on the Fitter Futures Warwickshire Physical Activity/Healthy Lifestyle on Referral service. 1,143 referrals were made to this service. Based on these figures, the cost of the service, and using a NICE return on investment tool the following savings can be estimated:

Every **£1** spent

£19.59

made in cost savings and the value of health improvement outcomes

Diabetes

Background

Diabetes is a chronic condition that causes a person's blood sugar level to become too high. There are two main types of diabetes, type 1 and type 2. This section focuses on type 2 diabetes because it can be prevented.

Type 2 diabetes develops when the insulin-producing cells in the body are unable to produce enough insulin, or when the body does not respond appropriately to the insulin that is produced (known as insulin resistance).

Type 2 diabetes is often associated with lifestyle issues such as obesity and physical inactivity which can increase the risk of cardiovascular disease.

2.9 million adults are diagnosed with diabetes in England. In Warwickshire the number is around 28,000, which is an increase of 20% from 2010/11 - equating to 4,600 new cases. It is estimated about 90% of those diagnosed have type 2 diabetes.

Evidence Base

How can type 2 diabetes can be prevented

Adopting a healthier lifestyle by increasing physical activity levels, eating a healthy diet and achieving a healthy weight can delay or prevent the onset of type 2 diabetes. Effective lifestyle interventions can reduce the incidence of type 2 diabetes by up to 58%.

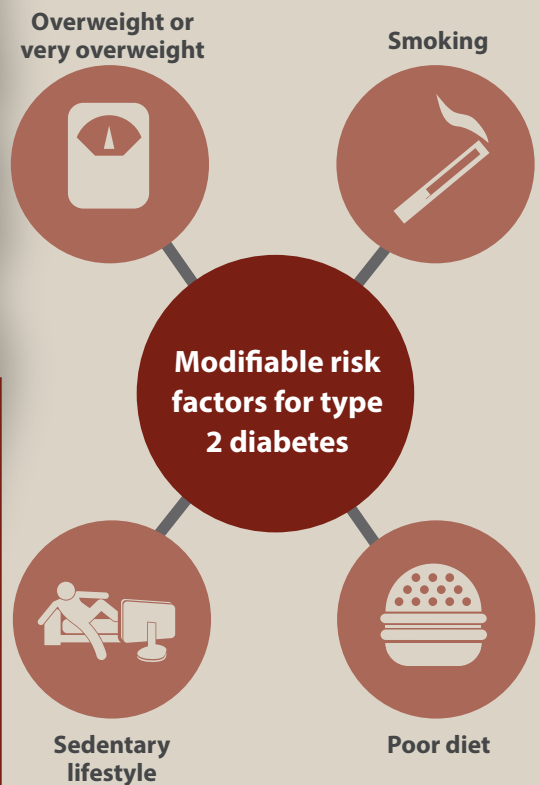
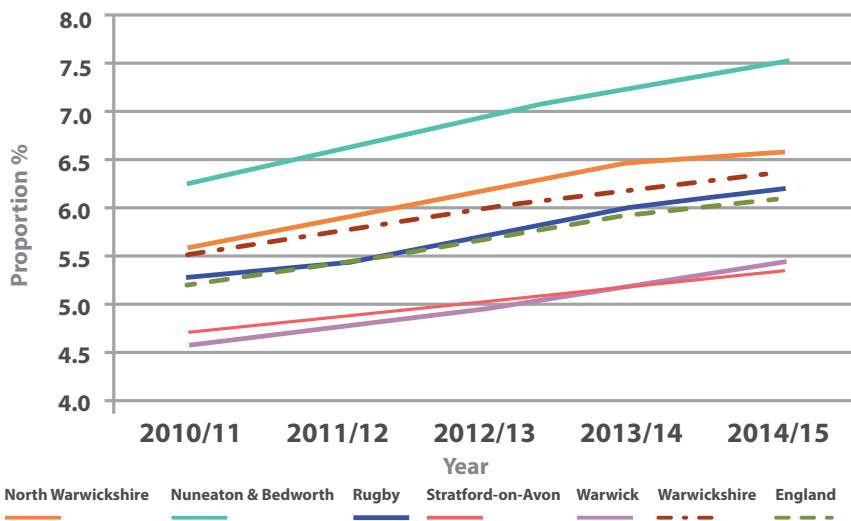


Figure 2: Proportion of population (aged 17 and over) with recorded diabetes

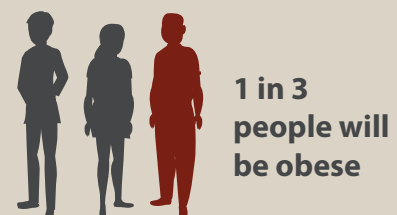


Source: Public Health England

What are the benefits of prevention and early detection?

Prevention and early detection of type 2 diabetes could result in a longer healthy life expectancy for people and prevent the 20,000 early deaths which occur each year in England as result of this condition. Through early detection and control, the complications associated with type 2 diabetes - sight loss, kidney failure, heart attack, stroke, limb amputations and tooth loss - can be prevented or delayed.

By 2034:



Impact of health inequalities

There is strong evidence to suggest those who are more deprived are more likely to be at risk of developing type 2 diabetes. Risk factors which are associated with type 2 diabetes are more prevalent amongst those who are more deprived.



Public health interventions and their impact:

It is estimated that around 150,000 new cases of type 2 diabetes are diagnosed in the UK, and around 800 cases in Warwickshire each year.

Detecting pre-diabetes could save over £3,000 per patient over 5 years if the development of type 2 diabetes is prevented or significantly delayed through intensive lifestyle intervention. Below are three examples of programmes that support people in Warwickshire to adopt a healthier lifestyle.



Fitter Futures Warwickshire

Fitter Futures Warwickshire provides weight management, physical activity and healthy lifestyle services to support people to improve their health and wellbeing. Reported outcomes include; healthier weight, increased physical activity levels and improvement in mental wellbeing. For more information please see page 19.

fitterfutureswarwickshire.co.uk

#onething

The **#onething campaign**, as part of a wider health awareness initiative, undertook mini health checks in the community in North Warwickshire. In 2015/16, 350 blood sugar tests have identified 25 (7%) individuals with high blood sugar. These individuals were advised to visit their GP where further investigation and advice was provided.

warwickshire.gov.uk/onething



NHS Health Check programme and its role in early diagnosis of diabetes

The NHS Health Checks are a national risk assessment and prevention programme offered to all individuals aged 40-74. A healthcare professional will test for and treat certain conditions, including type 2 diabetes, and will give lifestyle advice. Around 135 cases of diabetes are diagnosed early in Warwickshire through NHS Health Checks every year.

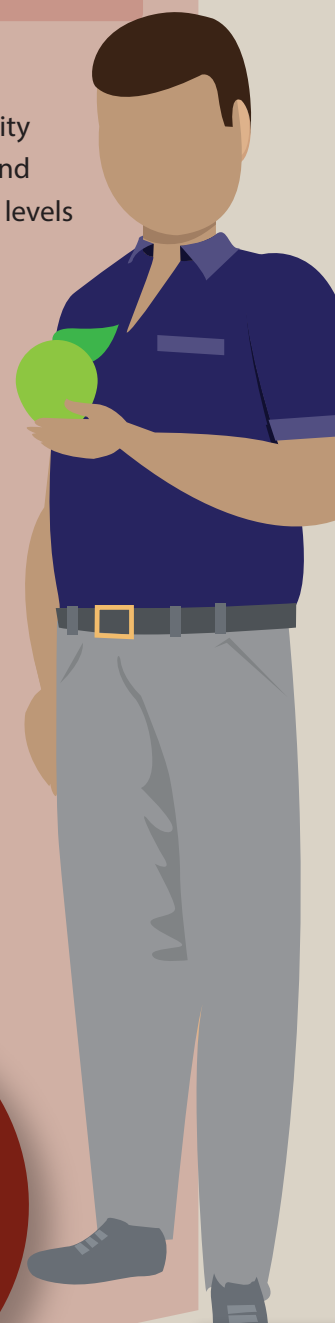
healthcheck.nhs.uk

The health checks have been assessed as cost effective, producing an estimated annual cost saving of



per patient in the short term when diabetes is detected.

In 2012 it was estimated the NHS spends approximately £8.8 billion a year on type 2 diabetes and its complications.

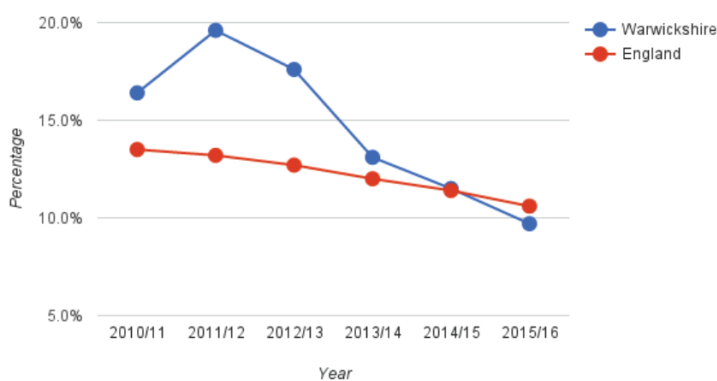


Smoking in Pregnancy

Background

Smoking in pregnancy has been a priority in Warwickshire for the last 5 years and the percentage of women smoking at time of delivery in Warwickshire has reduced (figure 3).

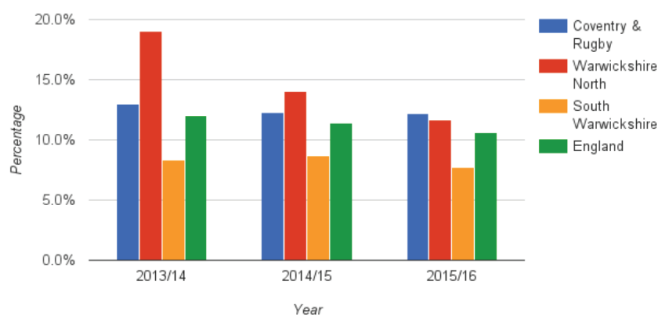
Figure 3: Percentage of births to mothers who smoked during pregnancy in Warwickshire.



Source: Public Health England and locally calculated

In particular there has been a large reduction in the north of the county which is shown in the graph below.

Figure 4: Percentage of births to mothers who smoked by CCG



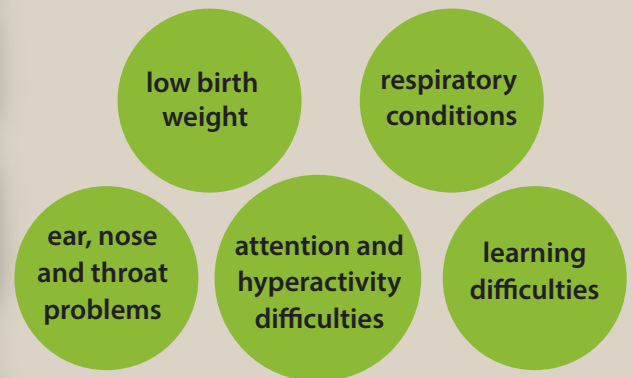
Source: Public Health England

Evidence Base

What are the risks of smoking in pregnancy?

Smoking in pregnancy can cause complications during labour and up to 2,200 premature births, 5,000 miscarriages and 300 perinatal deaths every year in the UK.

Risks for the baby born to a mother who smokes during pregnancy:



As well as human costs, there are also financial ones. Treating mothers and their babies (0-12months) with problems caused by smoking in pregnancy is estimated to cost the NHS between £20 million and £87.5 million each year.

Who is more likely to smoke during pregnancy?

- ▶ Pregnant women aged 20 and under are 5 times more likely compared to those aged 35 and over.
- ▶ Mothers who work in routine and manual occupations are 4 times more likely to smoke during pregnancy.
- ▶ Mothers who have lower educational attainment.
- ▶ Mothers living in rented accommodation.
- ▶ Mothers who are single or have a partner who smoke.



Key fact:
Smoking during pregnancy can restrict the essential oxygen supply to the baby, making the baby's heart beat harder with every cigarette

Key fact:
Cigarettes contain over 4,000 chemicals, which pass into the baby's bloodstream, harming an unborn baby

In 2014/15, 700 babies were born in Warwickshire who have been effectively smoking for the first 9 months of their pre-birth development



Return on Investment



Warwickshire invests £150,000 in the Quit4Baby service, providing behavioural support to pregnant smokers. Using the NICE return on investment tool the following cost savings can be estimated:



Health Outcomes

In Warwickshire the stop smoking service has supported 1,725 pregnant smokers and their families to quit smoking over the past 5 years resulting in 750 quitting smoking at 4 weeks.

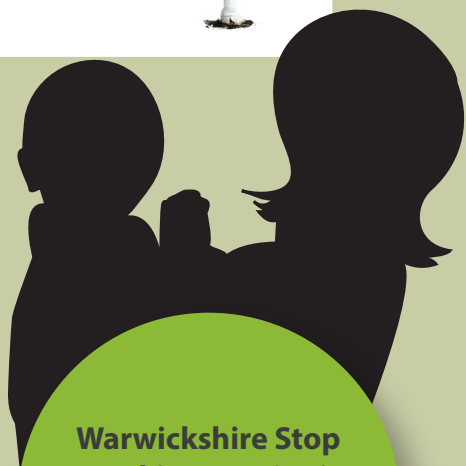
Table 5: Number of pregnant women and their families who set a smoking quit date and number who had quit at 4 weeks

	No. Quit Dates 	No. Quit at 4 Weeks 
2015-16	328	147
2014-15	356	162
2013-14	345	153
2012-13	322	136
2011-12	374	152

Source: Warwickshire Stop Smoking Service






NICE recommends all women who smoke and who are pregnant, planning a pregnancy or who have an infant aged under 12 months should be referred for help to quit smoking.

The guidance also recommends that advice and support be given to partners and others in the household who smoke. In Warwickshire we have a stop smoking service available to support all women who smoke during pregnancy and their partners and household members.



Warwickshire Stop Smoking Service is now available online warwickshire.gov.uk/quit4good

Benefits of quitting smoking to both the mother and baby:

-  Fewer complications in pregnancy
-  Reduce the risk of stillbirth
-  Reduce the likelihood of premature birth
-  Less likely to be born underweight. On average babies born to mothers who smoke are 200g lighter than other babies
-  Reduce the risk of cot death otherwise known as sudden infant death

Chapter 3:

The Impact of Public Health Advocacy

Evaluating public health policy is complex, because so many wider local and central Government actions impact on public health. There are also time lags, both in measuring the outcomes of public health policies, and in data release and analysis.

Despite the difficulties, there have been some real successes. I look to the previous Director of Public Health reports and more specifically the recommendations made within them to understand their impact.

The Director of Public Health Annual Report: a tool for Public Health advocacy

One of the functions of the Director of Public Health and their team is to act as an advocate and champion for local residents, seeking to improve the health of the public through effective relationships, influencing policy, and providing a robust evidence base. The annual report is also a tool for this advocacy.

The Director of Public Health Annual Report

"An [independent] vehicle for informing local people about the health of their community as well as providing necessary information for decision makers in local health services and authorities on health gaps and priorities that need to be addressed."

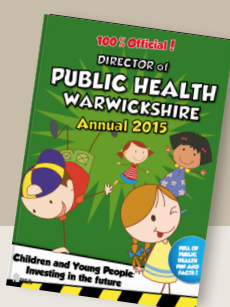
Faculty of Public Health

Each report will include a series of recommendations based on the evidence presented within the report. These may be strategic or operational. Implementing the recommendations will help achieve improvements in health and wellbeing by addressing the issues highlighted in the report.

The Director of Public Health Annual Report is a statutory responsibility

The Director of Public Health for a local authority must prepare an annual report on the health of the people in the area of the local authority. The local authority must publish the report.

2015
Children and Young People: Investing in the Future – Children's health



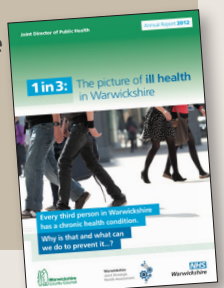
2014
Protecting Health: A Hidden Agenda – Health protection



2013
Learning from the Past Planning for the Future – Reflection and action



2012
The Picture of Ill Health in Warwickshire – Long term conditions

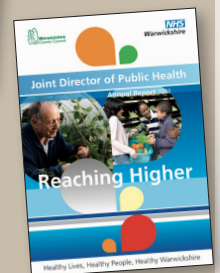


Public Health Warwickshire – Previous Reports

2009/2010
Best Health for Older People – Reviewing older people's health



2011
Reaching Higher – The priority health concerns are everyone's business



The Director of Public Health Annual Report: "Value for Money"?

In other words, does the report help improve and protect the health of the population in the most efficient way possible? In this section, we review feedback from previous reports and show progress against current and past recommendations to understand their impact.



What do people tell us about the report?

For the last 5 years, feedback on the Director of Public Health Annual Report has been invited and the results have been evaluated. In addition, the 2011 report went through an internal audit process of the recommendations and progress made. On two occasions, reports have been externally reviewed by peers. The process of writing and disseminating the report is also reviewed annually.

Overall, formal feedback has been limited in numbers. However, where it has been received the majority of respondents have been positive.

All respondents in 2013 stated that they agreed or strongly agreed that the report was interesting and easy to read.

88% of respondents in 2013 stated that they found the report useful, and increased their knowledge of the subjects.

In 2015, **84%** of respondents agreed or strongly agreed that the report was interesting and 89% agreed or strongly agreed it highlighted the key local issues.

70% would adopt the relevant recommendations:

'All as part of the children's development agenda - School health and Wellbeing and 0-19/25s'

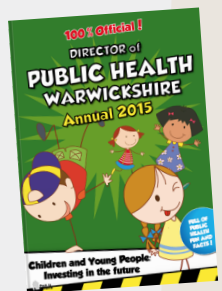
'All recommendations can be supported'

'There are a number that impact on Health Visiting, School Nursing and Family Nursing Partnership'

'We will discuss these in our executive team and ultimately our Trust Board'

PRESS RELEASE...PRESS REL

Warwickshire County Council awarded top prize in Association of Directors of Public Health Annual Report Competition



On 26th May at the Association of Directors of Public Health AGM, Warwickshire County Council, Public Health was awarded 2nd place for the 2015 Annual Report. The report looks at the needs of children in Warwickshire and is entitled 'Children and Young People: Investing in the Future'.

The report was short-listed in the top 6 in the country and received the second place accolade for its engaging content and 'wow' factor. First place was awarded to Leeds and third place to North Yorkshire.

Achievement against recommendations

Over the past 6 years...

203 recommendations have been made by the Director of Public Health to improve the health and wellbeing of our population.

Recommendations have varied:

- in theme; and
- to whom they have been addressed (councils, NHS providers and commissioners, the public, businesses and schools).

More than **60%** of the recommendations have focused on risk minimisation; these include protecting the public's health from disease, improving uptake and access to screening, improving sexual health outcomes, reducing smoking and promoting healthy lifestyles. Of these, around 17% of recommendations are complete, of those not complete, 64% are in progress.

Of the remaining recommendations:

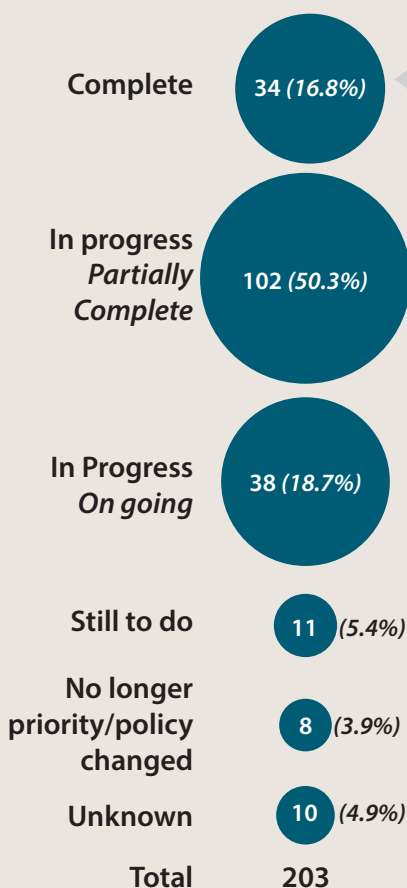
15% are related to mental health and wellbeing

7% relate to a healthy start

8% are related to creating a healthy place

9% are related to other categories (including young carers)

Overview - progress of the recommendations



There have been some quick wins and lots of progress...

Overall, 17% of the recommendations have been implemented completely. Several were implemented almost immediately during or following the production of the report.

Other completed recommendations included the production of needs assessments to develop the evidence base around mental health or HIV, the formation of an action plan (contribute to the formation and implementation of the local Tobacco Control Implementation Plan) or strategy (Dementia) to give a clearer sense of direction on specific issues.

For example, "The health service and local government across Warwickshire must urgently ratify and implement a simple strategy and pathway of care and support for dementia."

... but public health requires a long term approach to addressing some very complex issues.

The 5.4% of recommendations that are yet to be implemented focus primarily around workplace health and liaising with businesses to create a healthy environment.

Measuring the Impact: Progress against recommendations

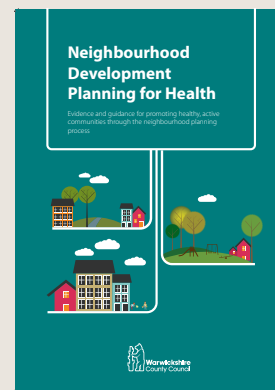
Health Impact Assessments: A tool to consider impacts on health and wellbeing

My 2012 Annual Report highlighted the importance of Health Impact Assessments (HIAs) and recommended that all public sector organisations commit to carrying out HIAs on all new major policies or plans as a way of ensuring that health and wellbeing implications are explicitly considered in planning decision making.

Following publication of the 2012 annual report, I committed to commissioning Health Impact Assessments (HIA) on each of the districts and boroughs core strategies or strategic site allocation plans, or any emerging neighbourhood plans.

By September 2016, four of the five HIAs have been completed and the final one is planned to be undertaken during the autumn, aligned to their planning cycles.

Feedback from Nuneaton and Bedworth Borough Council - *One example has been the inclusion of a new Borough Plan policy on health, a part of which focuses on limiting the number of hot food takeaways within a 400m boundary of secondary schools. This is an excellent example of the way planning can help to create healthier environments.*



Joint Strategic Needs Assessment: The essential tool for decision makers

The Joint Strategic Needs Assessment (JSNA) was introduced in 2007 to establish a shared, evidence based consensus of the current and future health and wellbeing needs of the local population and key local priorities.

Whilst progress had been made to develop and adopt the JSNA, more work is needed to implement the findings systematically. In 2013, I recommended that all partners across health and local government should demonstrate their commitment to the Joint Strategic Needs Assessment (JSNA).

The 2015/16, review of the JSNA in our Annual Statement highlighted the good progress being made:



The Health and Wellbeing Board was peer reviewed in January 2015. Feedback was positive in concluding that Warwickshire has a “clear, credible JSNA with good analysis and data”.

A JSNA workshop for Health & Wellbeing Board members was positively received.

The JSNA is annually assessed, by the Health and Social Care Overview and Scrutiny Committee to ensure good governance.

Local stakeholders interviewed for the annual statement highlighted the positive progress but reminded us that there was still work to do in ensuring there is an evidence based culture.

Smoking in pregnancy: A countywide priority, core to maternity care

In 2013, I drew attention to the unacceptably high smoking in pregnancy (SIP) figures in Warwickshire (19.6%) compared to nationally (13.2%), recommending that all partners commit to delivering significant reductions in smoking in pregnancy. In 2015, although numbers were falling, I advocated that more needed to be done and maternity services be prioritised.

The Tobacco Control Action Plan and my commissioning intentions, continue to highlight this important issue. By implementing clauses and key performance indicators in our contracts and suggesting partners do the same, we are adopting a system wide approach to addressing the issue. These have been well received across Warwickshire.

The Family Nurse Partnership are undertaking SIP training, and maternity staff at George Eliot Hospital and South Warwickshire Foundation Trust have been trained to implement the Risk Perception Intervention with pregnant smokers who do not engage with the SIP Service. For more information on the impact of tackling SIP please see page 22.



Dementia: Rising numbers, raising awareness and a simple pathway

In 2009/10 in my first report, I raised awareness of the issues affecting older people in the county and discussed mental health and dementia. I recommended that the health service and local government across Warwickshire must urgently ratify and implement a simple strategy and pathway of care and support for dementia.

Today, we have a Living Well with Dementia Strategy. This includes a pathway of care and support for people with dementia and their carers. It supports the development of dementia friendly communities, businesses and organisations.



In addition, from the 1st April 2015 the Dementia Navigator Service was made available across Warwickshire to support people with dementia and carers and signpost to appropriate services.

The Living Well with Dementia portal, warwickshire.gov.uk/dementia is available to all and has been highly commended nationally.

To raise awareness and understanding of the condition, Warwickshire County Council and partners have now created over 11,000 Dementia Friends across the county.

Inequalities: Variation in Health and Wellbeing Outcomes

There is a strong evidence base for the causes of increasing health inequalities. All of my Annual Reports have illustrated the variation in health and wellbeing outcomes across Warwickshire by geography, age group, gender and in 2012 by GP practice.

I recommended that we continue to work to reduce the variation and continuing inequality in health outcomes, as it is a cause for concern and should be a priority for partners on the Health and Wellbeing Board.

In each of my Annual Reports, I include health profiles to highlight variation and produce performance/outcome reports, Health Needs Assessments and HIAs to raise issues with partners.



Warwickshire County Council's Quality of Life report, presented to full council in March 2015, showed long standing and growing inequalities in the county's population, including health inequalities. At that time, the council approved a recommendation around ensuring evidence is used to underpin policy development and service transformation.

We need to keep the reduction of the variation in outcomes as a priority as we strive to improve poorer outcomes.

Cancer: Spotting symptoms early and accessing screening programmes

Cancer is a major cause of ill health and death. Up to half of all cancers may be preventable through lifestyle changes.

In 2011, I dedicated a chapter of my report to cancer and I made a series of recommendations to improve outcomes.

Every effort must be made to support people to quit smoking and young people encouraged not to smoke. For the cervical screening programme locally, increasing the level of coverage in young women aged 25-29 should be a particular priority. We need to ensure prompt diagnosis and treatment of cancer in line with national guidance.



Despite continued reductions in cancer mortality since 2011, changes to the structure of the NHS in 2013 have shifted the responsibility for improving cancer outcomes and the cancer pathway has become more fragmented.

In addition, there continues to be significant variations in outcomes from cancer across Warwickshire.

The five-year strategy for Cancer 'Achieving World-Class Cancer Outcomes', together with the STP to deliver the Five Year Forward View to improve the NHS across Coventry and Warwickshire, give us an opportunity to refocus on this important issue.

Workplaces: Healthy staff make productive workplaces

The workplace is an important setting for health and wellbeing programmes. NICE shows that promoting a culture that improves the health and wellbeing of employees is good management and leads to healthy and productive workplaces.

In 2009 and 2012, I made recommendations for local businesses including the development of healthy workplace policies such as smokefree workplaces and healthy choices in food. However, this is an issue where progress in Warwickshire has been limited.

Last year, NHS England Chief Executive Simon Stevens launched a major drive to improve the health and wellbeing of health service staff, in a bid for *“the NHS to put its own house in order”*.



With this renewed drive to promote good workplace health, I recommended that statutory partners in Warwickshire promote adoption of the ‘The Workplace Wellbeing Charter’ (or equivalent approach) to encourage adopting healthy lifestyles, focusing on reducing risks to health and promoting protective factors by:

- promoting good mental well-being;
- promoting ‘health promoting environments’ for all health facilities; and
- offering staff access to physical activity opportunities as available through local programmes.

Making Every Contact Count (MECC): Putting prevention into all our contacts

MECC is about encouraging people to adopt healthier lifestyle behaviours such as stopping smoking, eating healthily or being physically active. Where appropriate, staff or volunteers who have been trained in MECC can have a conversation with the member of the public about their health and wellbeing.

All partners on the Health and Wellbeing Board need to promote the potential to improve health and wellbeing through lifestyle risk factor reduction both for their staff and for their customers. This should be achieved through a commitment to, and implementation of, the MECC approach.



Partners have confirmed that through our contracts with providers, we are promoting the MECC approach and ensuring that a smoking cessation policy is a standard component for our public sector contractors. Our local NHS Trusts have all implemented smoke free policies across all their sites.

During 2016/17, we plan to relaunch the MECC programme across all partner organisations. Recognising that for some partners the traditional MECC is too prescriptive, an enhanced MECC training scheme is being developed for implementation in 2016.

Glossary

Chief Medical Officer - the most senior medical advisor on health matters in a government.

Clinical Commissioning Group (CCG) - groups of GP Practices that are responsible for commissioning most health and care services for patients.

Commissioning (Public Health) - the contracting, or setting up of a service.

Deprivation - the damaging lack of material benefits considered to be basic necessities in a society.

Dental Fluorosis - appears as marking on the enamel surface of teeth. It is one of 90 or so 'enamel defects' that may affect teeth, and is caused when children ingest excessive amounts of fluoride while their teeth are developing in the gums.

Excess Winter Deaths Index - is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths.

Health inequalities - differences between people or groups due to social, geographical, biological or other factors.

Health Impact Assessment - a tool to consider impacts on health and wellbeing.

Health intervention - the action or process of intervening, which could relate to commissioning a service for disadvantaged populations, to attempt to address a particular issue.

Health Needs Assessment - is a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities.

Health outcome - a change in the health status of an individual, group or population which is attributable to an intervention.

Incidence - the number of new events e.g. new cases of disease in a defined population within a specified time period.

Insulin - a hormone produced by the pancreas for regulating blood sugar levels.

Joint Strategic Needs Assessment - a systematic method for reviewing the health and wellbeing needs of a population.

Local Authority - an organisation that is responsible for the public services and facilities in a particular area.

Long acting reversible contraception - methods of birth control including injections, intrauterine devices (IUDs) and subdermal contraceptive implants.

National Institute for Health and Care Excellence (NICE) - a public body that develops guidance, standards and information on high quality health and social care.

Perinatal - from 24 completed weeks of pregnancy to seven days after birth.

Pre-diabetes - higher than normal blood sugar, but not high enough for a diagnosis of type 2 diabetes.

Premature (birth) - birth which occurs before the start of the 37th week of pregnancy. Usually a pregnancy lasts 40 weeks.

Prevalence - measures existing cases of disease and is expressed as a proportion e.g. 1% of the population or as a rate per 1,000 or per 100,000.

Signage evidence review - to understand what signage is available and how it can encourage people to walk and cycle more.

Stakeholder - in terms of business, an organisation interested in your area of work, or a 'partner'.

Suppressed suicide rate - where the observed total number of deaths is less than 25, the rates have been suppressed as there are too few deaths to calculate directly standardised rates reliably.

Warwickshire Health and Wellbeing Board - a board made up of partners from the county, district and borough councils, NHS and public and social care sector to ensure a coordinated approach.

Public Health Warwickshire

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www.warwickshire.gov.uk/publichealth

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References are available at: publichealth.warwickshire.gov.uk/annual-report



Health and Wellbeing Board

7 September 2016

Coventry, Warwickshire and Solihull's Transforming Care Partnership

Recommendations:

Warwickshire Health and Well-Board:

- Support the Coventry, Warwickshire and Solihull Transforming Care Partnership (TCP) to continue to drive local transformation.
- Endorse the local decision not to sign off the revised TCP plan until greater clarity exists on funding arrangements.
- Receive future briefings on progress to include the management of financial implications and risks across the health and social care economy associated with delivery of the Transforming Care Partnership agenda.

1. Introduction

- 1.1 This paper provides Health and Well-Being Board with an update on the current position in relation to the programme of work underway across Coventry, Warwickshire and Solihull to transform care and support for people with a learning disability and/or autism with mental health needs or behaviours that challenge.
- 1.2 The paper summarises the background to the TCP; a summary of the delivery plan prepared as required by NHS England; progress and achievements to date and an outline of challenges facing the programme.

2. Background

- 2.1 Transforming Care is an NHS led national programme with cross sector support from the Local Government Association (LGA), Association of Directors of Adult Social Services (ADASS) and the voluntary sector. The programme is aimed at improving care and support for people with learning disabilities and/or autism with mental health problems or behaviour that challenges.
- 2.2 In September 2015 Coventry and Warwickshire, alongside Hereford and Worcestershire, were invited to submit a plan to NHS England to become a fast track. Following submission of this plan Coventry and Warwickshire received £825k non recurrent transformation funding from NHS England to deliver against the fast track plan during 2015/16.

- 2.3 In October 2015, NHS England published *Building the Right Support*, a national plan to develop community services and close inpatient facilities for people with a learning and/or autism who display behaviour that challenges, including those with a mental health condition. Following this, NHS England introduced a new requirement where all areas of England were to form new Transforming Care Partnerships and to develop a new transformation plan including a bid for a share of an additional £30m funding available nationally.
- 2.4 This new local TCP includes Coventry, Warwickshire and Solihull. The TCP is currently chaired by Jacqueline Barnes, Chief Nurse, Coventry and Rugby CCG who is the Senior Responsible Officer (SRO) with John Dixon, Strategic Director, Warwickshire County Council, as Deputy SRO. The formation of the new partnership required a revised and combined plan to be submitted to NHS England by 1 July 2016.

3. Fast Track Plan Implementation and Achievements

- 3.1 The fast track plan submitted in September 2015 described three phases of implementation. Work has been focussed on delivery of the first phase which required the establishment of an Intensive Support Team to create community resilience in order for the nine bedded assessment and treatment ward at Gosford Ward at the Caludon Centre, Coventry to be closed. The transformation funding received was used to deliver this change.
- 3.2 Prior to proceeding with any definite plans to decommission the beds admissions were suspended on 31 March 2016 to test the robustness of the intensive support model. Plans are being progressed by health commissioners to achieve formal closure of the ward by September 2016. Legal advice has confirmed that given the public engagement to develop '*Its My Life*' and '*The Local Response to Winterbourne View*,' and the fact that individuals directly affected by the closure have been engaged with by CWPT, no further public engagement or consultation is required to initiate formal closure.
- 3.3 Key achievements to date in delivering the fast track plan are:
- A new personalised model of care has been co-produced with people with a learning disability and/or autism, carers and wider stakeholders. An accessible DVD articulating our model of care has been developed in partnership with one of our local community support providers; Gettalife.
 - Short term community accommodation and support facilities have been commissioned at Ashby House in Nuneaton and Gilliver Road in Solihull to provide treatment and support to individuals who require it in a safe environment as an alternative to a hospital admission.
 - The £1.4m previously invested in operating Gosford ward has been reinvested in community support and is specifically funding the new Intensive Support Team (IST) and admission avoidance accommodation provided by CWPT.
 - Coventry and Warwickshire have collectively achieved a 33% reduction in inpatients comparing March 2015 and March 2016.
 - Closure of Gosford ward to admissions brought the partnership within the 10-15 beds per million target for CCG commissioned beds as at 31st March 2016. This achievement has been recognised nationally.
 - The average length of stay for discharged patients has reduced from 105 days to 30 days.

- Two patients have moved on from low secure environment (commissioned by specialised commissioning) into a less restrictive environment commissioned by local Clinical Commissioning Groups.

4. Coventry, Warwickshire and Solihull Transforming Care Plan Submission – 1st July 2016

- 4.1 The Coventry, Warwickshire and Solihull partnership was required by NHS England to submit a refreshed and combined plan with a deadline of 11 April 2016. Due to the timescales set by NHS England only a provisional plan was submitted with a further and final iteration required for submission by 1 July 2016. This submission is required to demonstrate how the partnership plans to fully implement the national service model, *Building the Right Support*, by 31 March 2019.
- 4.2 The national service model describes how people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition are to be supported in community settings to reduce the requirement for long term in-patient facilities. The development of this plan has been led by Coventry and Rugby Clinical Commissioning Group (CRCCG) and informed by engagement with a broad range of stakeholders including users, carers, families and providers.
- 4.3 The delivery of this model requires a whole system response and partnership working to deliver and as such should be endorsed through the Health and Well-Being Board.
- 4.4 The refreshed plan focusses on the second and third phases which will extend the model of care to children and young people and people with autism who do not have a learning disability along with people with forensic needs, some of whom will have a learning disability.
- 4.5 The plan contains trajectories associated with delivering the target range 30-40 beds per million population. However, there are a number of risks and issues in relation to inpatient trajectories, not least that predictions and forecasts can be challenging to realise as the individuals concerned have a range of complexities that are subject to change.
- 4.6 There are a number of key issues and risks outlined in relation to the programme and refreshed plan as outlined below. As such, the position held locally is as follows:
- We continue to be fully committed to the Transforming Care Programme and will continue to work jointly with our TCP partners to drive forward this agenda to deliver the best possible outcomes for our Warwickshire citizens with a learning disability and/or autism with behaviours that challenge. Ensuring we have the appropriate resources to deliver personalised support to individuals with complex needs in the community is absolutely key to the programme. As such, without clarity of how resources will flow from NHS England to enable this to happen we are not in a position to sign off the plan at this time.*
- 4.7 The programme has been discussed at the ADASS West Midlands Regional Group, and at ADASS nationally, and appears to be a consensus position.

5. Key Issues and Risks

5.1 There are a number of key risks associated with delivery of the plan. These risks are being managed through the Transforming Care Partnership Board.

Financial

5.2 Recognising that there is more work to be done, the latest version of activity and finance modelling indicates that an additional £7m could be required to fund the increased cost of packages of care over three years across health and social care. This £7m comprises approximately £3m due to growth and inflation and £4m which is due to additional packages which are likely to be required to support people in the community coming out of specialised services. One possible mechanism of managing this financial risk is through dowry payments. NHS England have issued high level guidance regarding dowries, which will apply for anyone who had been in hospital for 5 years or more as at 1 April 2016. However, there has been no clarity as to how dowry funding is to be calculated, how it will flow through the system and whether it will be sufficient to deliver the requirements of the programme.

5.3 In addition to the above, additional community health services may also be required, for example specialist forensic services in the community. This could further increase the financial pressure on CCGs of delivering this programme.

5.4 Actions in place to manage this risk include:

- Further work to be undertaken to understand how, and if, the model of care can be delivered within existing resources, which will require a review of existing spend on learning disability services to understand the extent to which services can be redesigned.
- Further local modelling to understand the potential pressures for each organisation in the TCP.
- Continuing to work with NHS England specialised commissioning to better understand how much money will be transferred to local services as people are discharged from specialised services.
- Continuing to work with NHS England on the financial elements of the programme. Extended fast tracks (see next steps) may support this.

5.5 The relative impact of these risks, particularly financial, will require sign off through the organisations governance structures. The HWBB should note that any individual organisation is unlikely to be able to absorb additional cost, which could, in turn impact on the delivery of the Transforming Care programme and the ability of individuals to be discharged to local services in a timely manner.

Resource

5.6 This programme is resource intensive and requires a great deal of commitment from partner organisations to deliver on the significant change management programme required ensuring a real co-production approach throughout. Commissioning resource is limited and as such there is a risk that key activities associated with the programme may be compromised, for example; reviewing and evaluating changes to date including the impact of the Intensive Support Team, initiating the at risk of admission register requirements and resourcing the significant amount of Care and Treatment Reviews required as a result of this programme.

- 5.7 However, risks continue to be actively managed and overseen by the Transforming Care Partnership Board and it is anticipated that the following activities will support capacity issues to some extent:
- Recruitment of a Senior Lead Commissioner to transform services for people with a learning disability/autism across the 5 Coventry and Warwickshire commissioning partners.
 - Take up of the NHS Improvement Team offer of accelerated support on the basis this is hands on support to delivery to support locally agreed TCP work programmes.
 - Coventry and Warwickshire CCGs re-tendering of person centred commissioning support services in which the delivery of care and treatment reviews is included.

Market

- 5.8 Working collaboratively with NHS England Specialised Commissioning it has become clear that many individuals who will be supported to leave secure services as part of this programme over the next few years do not have a learning disability but have an autistic spectrum disorder instead.
- 5.9 Across the TCP our health and social care markets are not developed enough to meet the specific needs of these individuals. In response to this, work is taking place to test and develop the market across the TCP to support the development of local solutions to enable individuals to step down in to the least restrictive community setting able to meet their needs.
- 5.10 The Transforming Care Board will work closely with adults' and children's safeguarding boards across the partnership to ensure that all agencies are sighted on the risk factors associated with discharge of individuals from secure services, including public protection concerns.

6. Next Steps

- 6.1 Work will continue to drive the transforming care programme forward locally with a focus on delivering the new model of care and ensuring positive outcomes for people with a learning disability and/or autism. There is an established multi-agency Transforming Care Delivery Group and associated workstreams to support this.
- 6.2 Partners will continue to work on fully understanding the financial element of the programme, and associated risks, working on the development of a clear plan as to how these risks will be managed within existing resources. The TCP will continue to engage with NHS England to facilitate the national programme commitment that resources will flow from NHS England as appropriate to support local delivery.
- 6.3 Linked to this, we have recently been made aware by NHS England that they are looking to coordinate extended fast track sites across the country with an early indication that our local area will be part of this and expected to work with Birmingham and the Black Country. We await further details on this proposed element of the programme.

Background Papers

None.

The report was circulated to the following members prior to publication:

Local Member(s):

N/A

Other Members:

Cllr Seccombe

Cllr Rolfe

Cllr Caborn

Cllr Perry

Cllr Webb

Report Author	Becky Hale on behalf of the TCP	beckyhale@warwickshire.gov.uk
Strategic Director	John Dixon	johndixon@warwickshire.gov.uk
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Health & Wellbeing Board

7 September 2016

Coventry & Warwickshire Concordat and Health & Wellbeing Board Alignment

Recommendation(s)

1. The Health & Wellbeing Boards of Coventry & Warwickshire approve the proposed revisions to the Concordat and approve its formal publication in September 2016.
2. The Health & Wellbeing Boards approve the approach to greater alignment between Warwickshire & Coventry Health & Wellbeing Boards as set out in the paper.
3. The Health & Wellbeing Boards agree to a joint development session in Autumn 2016 which will focus on the Coventry and Warwickshire Sustainability and Transformation Plan.

1.0 Key Issues

- 1.1 There is a longstanding history of joint working and integration across Coventry and Warwickshire and the respective Council bodies.
- 1.2 In relation to Health & Wellbeing, Coventry City and Warwickshire County Council operate two independent Health & Wellbeing Boards, although there are a number of representatives who attend both.
- 1.3 The emerging Sustainable Transformation Plan (STP) relevant to both Boards is being developed on a Coventry & Warwickshire footprint.
- 1.4 The Coventry & Warwickshire Health & Wellbeing Alliance Concordat has also been agreed in principle by both HWB Boards, with minor amends to be made to the final wording.
- 1.5 This paper seeks to build upon ongoing discussion between members of both Boards and systems and identifies opportunities for greater alignment and finalisation of the Concordat.

2.0 Options and Proposal

2.1 HWB Concordat

2.1.1 When considering the Concordat in June/July 2016 both HWB Boards endorsed the overall intention of the Concordat and independently identified further work on two particular areas, prior to its formal publication:

a. Robustness of the financial gap figure of £500m

Detailed calculation of this total is now incorporated within the STP development process. Finance leads are verifying the final figure over August 2016 and it is proposed that the same figure is used for the STP and the Concordat – which now includes both Health and Social Care savings for Coventry & Warwickshire.

b. Wording of Principle 4

The principle currently reads as:

'We will only take decisions that impact on other parts of the system after consultation'

On 30th June, Coventry HWB proposed a slight change as set out below.

'We will consider the impact of our decisions on other parts of the system after consultation'

Subsequent discussion with Warwickshire Board and Executive team has exposed a desire to make this both as strong and pragmatic as possible. A further alternative based upon these discussions is set out below:

'We will take decisions that we know will impact on other parts of the system, only after we have talked to each other'

These amendments are presented to both HWB Boards for final agreement at the September meeting

2.2 HWB Board Alignment

2.2.1 In support of the Concordat and STP there is an expressed commitment and to seek greater alignment of interest and approach across the two HWB Boards.

2.2.2 There is however a practical challenge to this as the Boards meetings for the coming 6 months are already set and do not align, as illustrated in the table below:

	Coventry	Warwickshire
Sept 2016	5 th	8 th
Oct 2016	17 th	
Nov 2016		9 th
Dec 2016	5 th	
Jan 2017		23 rd
Feb 2017	6 th	
March 2017		22 nd

2.2.3 There is support for the two Boards to participate jointly in two dedicated development sessions – the first of which is focused on the STP. It is envisaged that both would shape the work programmes and direction of the Boards for 2017/18.

2.2.4 There is also an opportunity to agree two further development sessions as part of the Committee meeting schedule for 2017/18 as these are currently being set.

2.2.5 In the meantime representatives who attend both Boards will continue to facilitate joint working between the Boards on an informal basis.

3.0 Timescales associated with the decision and next steps

3.1 The approach to addressing the need for alignment is set out below. It is designed as a phased approach which addresses the key immediate issues and takes a pragmatic approach to influencing future meeting schedules and the development of shared agendas:

Sept 2016	<ul style="list-style-type: none"> Joint paper to be considered by each Board
Oct/Nov 2016	<ul style="list-style-type: none"> Joint HWBB development session held on STP
Dec/Jan 2017	<ul style="list-style-type: none"> Joint HWBB development session
2017/18	<ul style="list-style-type: none"> 2 further joint development sessions per annum identified for the two Boards in 2017/18

Background papers

N/A

	Name	Contact Information
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Portfolio Holder	Cll Jose Compton Cllr Les Caborn	cllrcompton@warwickshire.gov.uk cllrcaborn@warwickshire.gov.uk

The report was circulated to the following members prior to publication:

Local Member(s):

Other members:

Health and Wellbeing Board

7 September 2016

Health & Wellbeing Annual Report 2015-16

Recommendation(s)

1. The Health & Well Being Board comment on the draft Health & Wellbeing Board Annual report ahead of its submission to full Council

1.0 Key Issues

- 1.1 The Health & Wellbeing Board is committed to producing an annual report which summarises its activity and achievements over the financial year.
- 1.2 This report presents the 2015-16 Annual report of the Board.
- 1.3 The Annual report is under production and a draft will be shared with Board members ahead of the meeting.

2.0 Options and Proposal

- 2.1 As a strategic body the Health & Wellbeing Board influence a broad range of activity across multiple organisations.
- 2.2 This activity is aligned to the priorities as set out in the Health & Wellbeing Strategy 2014-18, which in turn are informed by the intelligence provided by the Joint Strategic Needs Assessment (JSNA).
- 2.3 The Annual report therefore provides a summary of the Board's work, focusing on agenda items and newsletter items generated during 2015/16.
- 2.4 In 2015/16 a key feature of this work was the Better Together Programme and this is featured alongside the three Strategic priorities within the report.
- 2.5 This year the report also signposts readers to the greater detail held in a number of related reports, including:
 - Director of Public Health Annual report
 - CCG and Trust Annual Reports
 - Health Watch Annual report
 - Safeguarding Board Annual Reports
 - Key service area reports ie. MASH and Priority families
 - County, District & Borough Council performance reports

2.6 Given the timing of the report an additional section has also been added to address anticipated activity for 2016/17. In particular this reflects the importance of activity surrounding the development of Sustainable Transformation Plans (STP) and the Combined Authority, but also includes commitment of the Board to further system development and translation of the Alliance Concordat into action.

3.0 Timescales associated with the decision and next steps

3.1 The Annual report is presented to the Board in draft ahead of submission to full Council in December 2016 and final publication on the Health & wellbeing Board website.

3.2 In producing the report a number of enhancements to future reporting have been noted and will be incorporated into the Board's development programme for 2016/17.

Background papers

N/a

	Name	Contact Information
Report Author	Gereint Stoneman	gereintstoneman@warwickshire.gov.uk Tel. 01926 742611
Head of Service	Chris Lewington	chrislewington@warwickshire.gov.uk Tel. 01926 745101
Strategic Director	John Dixon	johndixon@warwickshire.gov.uk Tel. 01926 412992
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The report was circulated to the following members prior to publication:

Local Member(s):

Other members:



WARWICKSHIRE HEALTH AND WELLBEING BOARD
ANNUAL REVIEW 2015/16

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Chair's Introduction and Foreword

It is my pleasure to present the Health & Wellbeing Board's Annual Review for 2015/16.

The report summarises the business we have covered and the progress we have made during the year.

The importance of maintaining our own Health & Wellbeing and that of our families and close friends is always at the forefront of our minds.

In support of this aim, the role of the Health & Wellbeing Board is to make sense of a complex landscape by bringing together the work of multiple agencies who commission, deliver and administer the Health & Wellbeing services in Warwickshire. This covers, Hospital Trusts, GP led Clinical Commissioning Groups, , The voluntary sector, Local Authorities, and Health Watch

The Board seeks to set the agendas and influence the policies and strategies that promote working effectively

together across the system, to build healthier communities and lifestyles for our residents.

Increasingly this is becoming the way we work and we now have some great examples of integrated service provision and teams becoming our new business as usual in Warwickshire.

This report provides an opportunity to celebrate these successes.

It also marks a tipping point for us and future years will see increased integration of services. The final sections of the report outline the future direction of travel.

This is truly a collective effort. Whilst we have drawn out casestudies this not intended to be an exclusive set. Great work is happening across the system and I'd encourage you to follow the signposting section to the more detailed work of our partner organisations.



Cllr Izzi Seccombe

Chair of Warwickshire Health and Wellbeing Board
Leader of Warwickshire County Council
September 2016

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Our Priorities

Warwickshire Health & Wellbeing Strategy 2014-18

In November 2014, the Board agreed the new Health & Wellbeing Strategy for 2014-18. This was the culmination of 12 months' extensive engagement and consultation with the Board's member organisations and the wider partnership.

Through the Strategy, partners have agreed three over-arching priorities for the next five years. For each priority, partners have set out a number of areas of focus and planned outcomes.

The Priorities and areas of focus are:



1. Promoting Independence for All

- Ensuring the best start for children & young people
- Supporting vulnerable young people & their transition to adulthood
- Enabling people to manage their own health & wellbeing (through prevention, screening advice, information etc.)
- Empowering disabled people to have choice & control
- Enabling older people to stay independent & in their own homes for as long as possible
- Identifying and supporting other vulnerable groups



2. Community resilience

- Building the capacity of local communities to shape & deliver services
- Building social networks - reducing loneliness & isolation
- Improving educational attainment & access to learning across the whole community



3. Integration & working together

- Reducing admissions to acute services & residential care
- Simplifying access to services & the customer journey
- Data sharing and IT infrastructure
- Creating healthier environments (e.g. through housing, planning, licensing, alcohol & crime)



Better Together Programme

Fundamental to supporting all three of the priorities is the Warwickshire Better Together Programme.

Introduced nationally with the intention of reducing the number of older people being admitted into hospital unnecessarily and ensure they were able to return home as quickly as possible by integrating health and social care services.

Working to the Vision of providing 'The Right Care at the Right Time, in the Right Place – Every Time' 2015/16 saw the first full year of this programme in Warwickshire.

It is therefore a key feature of this Annual report and the related activity is presented with the common Better Together programme branding where needed.

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Joint Strategic Needs Assessment (JSNA)



Understanding the needs of our Population

The Joint Strategic Needs Assessment (JSNA) provides the evidence based upon which the Health & Wellbeing Strategy is based.

It is designed to analyse the current and future health and wellbeing needs of the Warwickshire population to inform the commissioning of health, wellbeing and social care services.

The JSNA is made up of two key elements - The overall Annual

statement, which is refreshed each year, plus a programme of needs assessments stretching over the next 3 years.

Annual Statement

The JSNA Annual Statement 2015/16 was the first annual statement in the three year cycle of the JSNA and refreshes and updates stakeholders on the priority topics agreed by the Health & Wellbeing Board in January 2015 that impact on the health and wellbeing of Warwickshire's people.

Completed Needs Assessments

As well as this overarching assessment, a number of theme-specific JSNAs have been completed and approved in 2015/16

• Helping Vulnerable Children

This needs assessment considers a number of risk factors, presenting a potential cohort of vulnerable children in Warwickshire.

• Children Looked After

This needs assessment is intended to provide insight to better understand Warwickshire's profile of children looked after. This work dovetails closely with the Prevention JSNA aimed at preventing and reducing the numbers of children coming into care which is due to be approved in July 2016.

• Carers (including young carers)

This needs assessment is intended to provide insight into the unpaid care provision across Warwickshire, recognising the important contribution this makes to the overall supply of care services as well as the extent and nature of local support services.

Ongoing needs assessment work

There are a number of needs assessments (both JSNA priority themes approved by the Health & Wellbeing Board as well as broader themes) that are worth highlighting that will continue to enable evidence-based decision making.

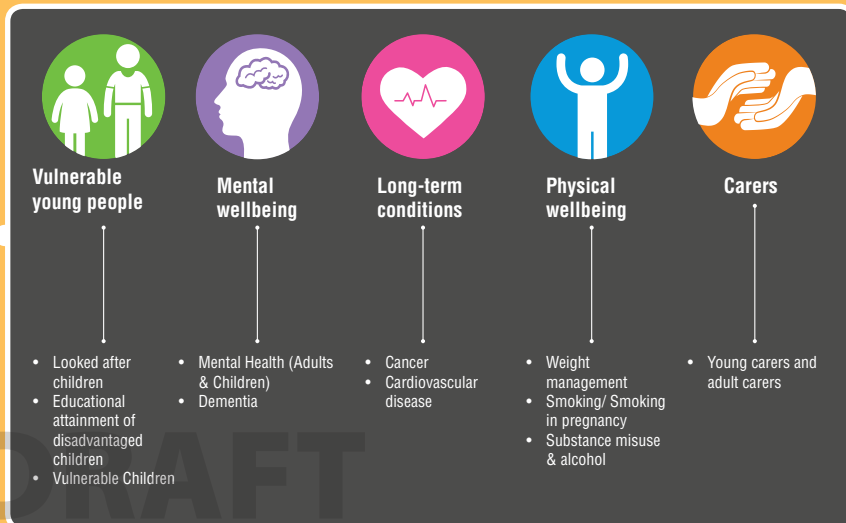
Nearing publication:

- Prevention (preventing & reducing children coming into care) Needs Assessment (JSNA priority theme)
- Needs analysis to inform CAMHS Redesign (JSNA priority theme)
- 0-5 Needs Assessment
- Lillington Needs Assessment
- Youth Justice Needs Assessment
- SEND Needs Assessment

Ongoing and upcoming work:

- Substance Misuse & Alcohol Needs Assessment (JSNA priority theme)
- Smoking Needs Assessment (JSNA priority theme)
- Dementia Needs Assessment (JSNA priority theme)
- CCG JSNA profiles
- Atherstone Needs Assessment
- Criminal Justice & Mental Health Needs Assessment.

For more information on the JSNA, please contact jsna@warwickshire.gov.uk



Delivering Our Priorities



1. Promoting Independence for All

- Ensuring the best start for children & young people
- Supporting vulnerable young people & their transition to adulthood
- Enabling people to manage their own health & wellbeing (through prevention, screening advice, information etc.)
- Empowering disabled people to have choice & control
- Enabling older people to stay independent & in their own homes for as long as possible
- Identifying and supporting other vulnerable groups

Better Together Achievements

- Dementia navigators in place across the county [Living Well with Dementia](#).
- New access and self-care/management arrangements are being put into place utilising technology and new online self-assessments that enable people to navigate and secure help for themselves.
- Community development workers are allocated to local health and wellbeing hubs providing a direct link between patients being seen by their GPs and a range of community led activity.



Case Study: Smart Start

The JSNA's 0-5 needs assessment and Smart Start engagement activities have shown that access to early years services, mental health support and community based activities for families need to be improved and delivered differently.

Smart Start aims to develop and deliver a strategy for joint action to improve the wellbeing and development of our 0-5s, focusing on prevention and early help.

Organisations like the County Council, the NHS, early years education and nurseries, and the third sector have been working together to develop and deliver a 3 year programme called Smart Start. Into its second year, the Programme so far has:

- Undertaken extensive research and engagement activities involving parents/ carers of 0-5s, including the most hard to reach families and front line workers.
- Developed and published Warwickshire's 0-5s Strategic

Needs Assessment

- Developed and published the Smart Start Strategy which sets out what we will collectively do to make sure that all children in Warwickshire have the best possible start in life and that their parents and carers are well supported from the moment of conception through to the time when children reach school.
- Funded 11 projects contributing to the delivery of the Smart Start priorities and outcomes.
- Is planning the delivery of the Smart Start Strategy with all Partners, including co-production with communities, parents and carers.
- Developed a plan to integrate 0-5 universal and early help services.
- Is about to launch a scheme of small grants to offer practical support to 0-5 communities.

The Health & Wellbeing Board has fully



endorsed the Smart Start Programme and Strategy, recognising it as a significant step forward to improve health and wellbeing of Warwickshire's families and giving future generations the best start in life.

Mapping of all projects and initiatives contributing to the delivery of the Smart Start Strategy is currently taking place with a view to further invest into the most impactful work and effectively address the gaps by developing and delivering innovative solutions.

For more information on the Smart Start Programme visit:

www.warwickshire.gov.uk/smartstart or contact Programme lead: Helen King, Deputy Director of Public Health helenking@warwickshire.gov.uk or Programme Coordinator: Monika Rozanski, Public Health Officer - monikarozanski@warwickshire.gov.uk

Case Study: Child Sexual Exploitation

Bringing people together to discuss difficult and challenging issues is a key role of the Health Wellbeing Board.

Child Sexual Exploitation (CSE) is a complex type of sexual abuse affecting young people across Warwickshire, although the problem is often hidden.

In January 2016 a joint exploratory workshop was held between Public Health colleagues and the health subgroup of the CSE NWG to scope the key challenges for front-line services. The purpose of the joint work and conference described here were

to help define the ways in which Public Health departments can support system-wide working to tackle CSE.

The outcome of the conference is now being used across the West Midlands to agree a joint work programme between Public Health and the CSE network. Likewise, in Warwickshire the output will inform a local work programme between Public Health and our local partners.

For more information please visit warwickshirecse.co.uk



Integrated Community Equipment and Support Service (ICESS)

The Integrated Community Equipment and Support Service (ICESS) provides equipment and services to enable people in Warwickshire to live more independently, prevent admission to and facilitate discharge from hospital. The range of equipment includes beds, mattresses, hoists, equipment to assist people with their personal care and to enable people to maximise their mobility. A monitored Telecare service is also available, providing personal alarms and a range of sensors that can for example detect epileptic fits.

During 2015/ 16 over 88,000 items of equipment were delivered to 18,530 customers across Warwickshire.

During the year the contract for the Telecare service commissioned by Warwickshire County Council was transferred to the ICESS contract. At the end of March 2016, 717 customers received this service. In addition over 7,300 customers benefit from a service provided by the District and Borough Councils.

A draft Assistive Technology Statement of Intent and action plan has been developed and a workshop with senior staff across health and social care took place to further develop the plan. The plan focusses on the promoting the use and benefits of Assistive Technology to the public, customers, carers, health and social care professionals and embedding the use of Assistive technology as part of customer's care packages. See www.athome.uk.com for more information and case studies about the use of Assistive Technology.

For more information please contact kaywinterburn@warwickshire.gov.uk

Case Study: Quit4good campaign

Smoking is the leading cause of preventable death and disease in the UK. About half of all lifelong smokers will die prematurely, losing on average about 10 years of life.

The number of quitters accessing the smoking cessation service in Warwickshire has declined over the last 3 years by 40% however surveys show that more than two thirds of smokers say they want to give up smoking.

The Quit4good campaign launched on No Smoking Day 2015 promoted the fact that a smoker is 4 times more likely to quit with support from the NHS Stop Smoking Service. No Smoking day 2016 was

another opportunity to promote the Quit4good campaign with the introduction on a new online service.



To support No Smoking Day 2016 Pharmacists across Warwickshire promoted the Quit4good campaign to encourage smokers to access the stop smoking service. Warwickshire Stop Smoking service also introduced a new online service which provides an alternative web based source of support for smokers who choose not to access the more traditional methods of support through their GP surgery or local pharmacy.

For more information contact suewild@warwickshire.gov.uk

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Children and Young People: Investing in the Future

Directors of Public Health have a statutory requirement to write an annual report, to inform local people about the health of their community, and provide information for decision makers in local health services and authorities on health gaps and priorities.

The theme of the 2015 report was children and young people, including a focus on early years, education, mental health, healthy weight, risky behaviours and vulnerable groups.

The report emphasised the importance of adopting of a 'life course' approach to addressing health inequalities within the population.

Key successes outlined in the 2015 report included:

- the rate of teenage pregnancy had declined;
- a reduction in the number of alcohol-specific hospital admissions for the under 18s; and
- a slight reduction in the number of obese year 6 school children.

However, at the time of publishing the

report in 2015, there were still areas for improvement:

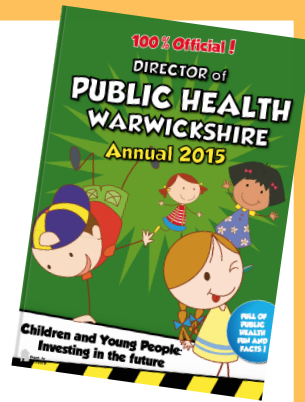
- 40% of children did not achieve a good level of development by the end of reception year;
- 13.1% of pregnant women were still smoking at the time of delivery;
- A & E attendances for 0-4 year olds were higher than the national average; and
- rates of self harm in young people aged 10-24 were rising.

The Warwickshire Health and Wellbeing Board endorsed the recommendations in the report, and it was awarded second place in the Association of Directors of Public Health Annual Report Competition, for its engaging content and 'wow' factor.

The report is available online:

<http://publichealth.warwickshire.gov.uk/annual-report/>

The Director of Public Health Annual Report 2016 will be published in September 2016.



Care Homes (with or without nursing) for Older People and Adults with high support needs

STOP PRESS



During 2015/16 Warwickshire County Council have been working jointly with South Warwickshire Clinical Commissioning Group (SWCCG) and Warwickshire North Clinical Commissioning Group (WNCCG) to review how care home (with and without nursing) services are commissioned across Warwickshire.

The development of a joint outcomes-based service specification for care homes (with and without nursing) for Older People and/or Adults with high support needs and complex health conditions and has been completed and a new contract for services finalised.

This will be relevant to existing and new care home provision (without nursing) across Warwickshire; and existing and new care home provision (with nursing) relevant for Funded Nursing Care (FNC) and Continuing HealthCare (CHC) within the boundary for SWCCG and WNCCG.

Coventry and Rugby Clinical Commissioning Group have developed a similar approach with Coventry City Council.

This joint approach will focus on improving quality standards for all customers and will support an affordable and sustainable care home market across Warwickshire.

For more information, please contact Sue Green, Commissioner, Accommodation with Support.

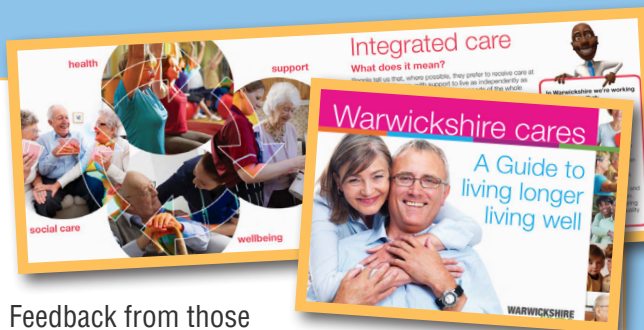
suegreen@warwickshire.gov.uk

Living Longer Living Well Guide

The Living Longer Living Well Guide was commissioned by Public Health in 2015, on behalf of Warwickshire County Council, and in partnership with the NHS and voluntary sector locally.

40,000 hard copies were printed and distributed to older people through Pharmacies, GP practices and Clinical Commission groups.

The guide gives clear information, advice and local service details to older Warwickshire residents to support their health and wellbeing, and to help people to remain active, healthy and independent for as long as possible.



Feedback from those who received them was excellent, and many more copies were requested. Although not formally evaluated, it was clear that the guide was considered useful and an electronic version for further distribution is to be considered next.

For more information please visit www.warwickshire.gov.uk/livinglongerlivingwell

Five Ways to Wellbeing in Warwickshire

Five Ways to Wellbeing (5WtW) in Warwickshire has drawn on national evidence to develop a programme that aims to encourage Warwickshire residents and the County Council workforce to talk about wellbeing and build the ways to wellbeing into their lives. It also aims to raise awareness of support and services to enhance mental health and wellbeing.

Building upon the success of the website launch the year before, in 2015, Warwickshire County Council commissioned the

development of 5WtW eLearning. This was launched in January 2016 to WCC staff and particularly aims to increase the skills of front-line staff, who are obliged to promote wellbeing under the Care Act legislation and also in their work on Making Every Contact Count.

Around 250 WCC staff have completed the eLearning, and are beginning to use the 5WtW in their interactions with customers.

For more information please visit publichealth.warwickshire.gov.uk/5ways



Home Care Tender

STOP PRESS



On February 26th 2016, The County Council's Strategic Commissioning Unit began the tender process for a new Care at Home Contract that will reshape how services are delivered across Warwickshire. Warwickshire County Council currently delivers domiciliary care to over 2,400 customers, to ensure they are able to live independently in their own home for as long as possible.

Significant engagement with customers has led to the development of a new joint service specification for domiciliary care and supported living services along with Clinical Commissioning Group (CCG) partners that is person-centred with a focus on individual outcomes for the people using the services.

The new contract model went live on August 1st 2016 and will provide many benefits; including improved clarity around service definitions, improved relationships with providers, and care and support that is more consistent, high in quality and person-centred.

The new Care at Home contract has been developed with a focus on customer outcomes. Customers will be given the opportunity to receive care and support that is flexible and tailored to meet their individual needs. This also has the added benefits of giving care staff increased job satisfaction, a reduction in long term high volume traditional packages of care, and a reduction in unnecessary processes and protocols.

If you would like further information please contact Amanda Fawcett, Commissioner for Domiciliary Care, WCC on amandafawcett@warwickshire.gov.uk



2. Community resilience

- Building the capacity of local communities to shape & deliver services
- Building social networks - reducing loneliness & isolation
- Improving educational attainment & access to learning across the whole community

Dementia Friends

Raising awareness of dementia, creating dementia friendly communities and supporting people to live well with dementia are key aims of Warwickshire's Living Well with Dementia Strategy (2016-2019).

Dementia Friends aims to change the way people think, act and speak about dementia. The initiative is led nationally by the Alzheimer's Society and is based on the principle that people with dementia can live well with a greater understanding and a little help from other people.

Together Clinical Commissioning Groups, County council, District and Borough Councils, NHS Trusts, voluntary sector, private sector and the public set a target in January 2015 to create 10,000 Dementia Friends across Warwickshire during 2015.

Various communication strategies were used to encourage people to get involved. People either attended a face-to-face information session or signed up on-line and the ambitious target was achieved by September 2015.

A new target has now been set, to create 30,000 Dementia Friends by 2019.

For more information, please visit warwickshire.gov.uk/dementia



Better Together Achievements

- In North Warwickshire, Age UK, Warwickshire North CCG and George Eliot Hospital have supported a pilot of a care navigator role to work across primary care and the hospital to prevent repeat, non-elective admissions and support discharge of patients back into the community.
- Developed an online portal for care coordinators, navigators, social prescribing staff and primary care, which includes information on all provision available locally.
- WCC have commissioned Age UK to pilot a new service within hospitals to support timely discharge. Age UK workers will be located with hospital social care teams to provide information, advice and guidance to anyone needing additional support to get back home.



School Health & Wellbeing Service

During 2015, Warwickshire Public Health led the procurement of the "School Health & Wellbeing Service" (previously known as the School Nursing Service) based on a re-designed service specification. The new service commenced on the 1st November 2015 and colleagues from the new provider have been working with parents, children and young people, schools, GPs, local hospitals, health visitors and other partners as part of the service transformation.

The service is responsible for

delivering a number of key activities, including:

- Annual height and weight measurements of Reception and Year 6 pupils as part of the National Childhood Measurement Programme
- Annual health needs assessments for Reception and Year 6 pupils
- Annual health reviews for 'Looked After Children' in partnership with the LAC Health team and Children's Social Care

- Contributing to education and individual healthcare plans for children and young people with long-term health conditions or complex medical needs
- Support for schools in developing annual school public health plans and reviewing health-related policies, including the delivery of PSHE in the curriculum.

For further information, please contact katesahota@warwickshire.gov.uk or warwickshireSH&WBSERVICE@COMPASS-UK.ORG

Over 75's Project



The Over 75's project was commissioned by South Warwickshire CCG to deliver high quality care for South Warwickshire's ageing population to keep them happy, healthy and well at home and prevent unnecessary hospital admissions. It comprised of 3 pilots, of different size and scale, delivering local services targeted at improving the health and wellbeing and reducing social isolation.

The qualitative feedback from patients, carers, GP teams and those providing the services was very positive. This was reinforced by case studies and by an independent evaluation undertaken by Age UK for the SWGP pilot.

The project has provided the following learning:

- Universal screening was not required nor always appreciated by all Over 75's

For more information please contact suephillips@southwarwickshireccg.nhs.uk

- Case management of individual patients makes the difference
- Unmet/unknown need was identified – physical and social – people had been 'managing'
- The scheme would benefit some Under 75's too
- Main reasons for crisis – Falls, Urinary Tract Infections, medication, 'off feet' and anxiety/depression
- The co-ordinators/navigators had time to liaise/co-ordinate and this was recognised as the key component for the success of improved patient care
- Solutions are not just medical – they are holistic

All of this learning has now been mainstreamed in the Fit for Frailty Programme now in operation in all GP Practices across South Warwickshire.

Warwickshire North CCG Cardiovascular Disease (CVD) Programme Board

NHS Warwickshire North Clinical Commissioning Group (WNCCG) established the 2 year task and finish Cardiovascular Disease (CVD) Programme Board in May 2014. Since its inception the Board has been actively leading work to develop, target and improve services and care for Warwickshire North patients through a co-ordinated delivery programme from prevention to chronic management of CVD.

The board has developed a 30 point Cardiovascular Disease Work Programme. Many of these work streams require a partnership approach to effectively tackle the issue. This approach has allowed the board to make improvements in both outcomes for patients and reduced spending from the CCG and Partners.

The work of the board will continue to be reviewed through the CCGs Commissioning Finance and Performance Meetings, Warwickshire

Contact: Rachel.robinson@warwickshire.gov.uk (chair) or Andrea.Green@warwickshirenorthccg.nhs.uk (Chief Officer) for more information.

North Health and Wellbeing Partnership and reported bi-annually through the Executive Team.

#onething has been launched which is a social media health campaign designed to address high rates of early mortality from cardiovascular disease (CVD), particularly in women, across Warwickshire North by reducing risk factors of CVD. Please visit warwickshire.gov.uk/onething for more information.

When the Board convened the objective was to improve on the 2012 data of 152 premature deaths from CVD, our ambition was to reduce this by 22 deaths by 2017. Last year deaths had fallen to 122.

The CVD Programme Board has demonstrated that multi agency partnership approach to addressing long term issues has shown success.



ConnectWELL Social Prescribing has been operating in Rugby over the past 18 months. A person centered service that, in simple terms, engages with health professionals, primarily GP's and is the conduit for patients to access none medical services and activities that, alongside clinical interventions will contribute to their health and wellbeing. There are over 800 such activities in the Rugby Borough alone and ConnectWELL trained Navigators and Health Buddies help patients to find opportunities to suit them. Following a pilot year, referrals now number over 300.

ConnectWELL is the first project of this kind in Warwickshire. Funded by the CRCCG and the Esme Fairbairn Foundation, the scheme is delivered by Warwickshire Community and Voluntary Action (WCAVA). The project is engaged with all 12 GP Practices in Rugby

For more information please contact Alison Orr, Training Manager & Rugby Locality Manager, Warwickshire Community and Voluntary Action

aorr@wcava.org.uk

and takes referrals from health practitioners including GPs, nurses and self-referrals.

Patients are provided with information about the services and in some cases are assigned a Health Buddy to accompany them.

ConnectWELL aims to assist people in addressing underlying societal causes or manage compounding factors of ill-health by unlocking and aligning the many resources and community assets that exist within communities.

One patient said, "Prior to my referral to ConnectWELL, I was seeing my GP once a month." She has now reduced the frequency to 2 months. "The major change is that in the past I have struggled physically and financially. Now that my financial difficulties have been reduced, I am better able to cope with my health problems".

Changing Places and Sensory Areas

During 2015/16 WCC funded four projects to deliver Changing Places and Sensory Areas that improve the accessibility of local communities for people with a disability:

- Age UK - The project proposal included:
 - o The refurbishment and redesign of the access area to the female W.C in the Atherstone Centres main community room which will be dementia friendly.
 - o Creation of a dementia friendly outdoor sensory garden offering a community resource to people / groups / professionals who are affected by dementia and or other disabilities and aims to promote a volunteer led gardening programme.
- Individual Support Solutions (ISS) - ISS installed a Sensory Area to their existing Head Office,
- Day Opportunity and Community Hub Services Building in Nuneaton. This includes a self-contained room where people can access positive sensory experiences that provide fun, aid communication and offer learning opportunities.
- New Directions Rugby - New Direction have created a therapeutic space to promote sensory modulation and assist with the learning and practice of stress management and anxiety reducing skills. The equipment used will meet a wide range of needs such as autism, sensory needs, anxiety, learning disabilities and dementia.
- Heart of England Mencap - Provision of a specific sensory facility that proactively provides the opportunity to have the stimulation and experiences that are difficult to achieve through every-day experiences.

For more information please contact beckyhale@warwickshire.gov.uk



3. Integration & working together

- Reducing admissions to acute services & residential care
- Simplifying access to services & the customer journey
- Data sharing and IT infrastructure
- Creating healthier environments (e.g. through housing, planning, licensing, alcohol & crime).

Better Together Achievements

- Phase one of integrating our Intermediate Care Services will see Warwickshire County Council and South Warwickshire Foundation Trust (SWFT) co-locate the Community Emergency Response and Reablement teams.
- In north Warwickshire, community matrons have supported clusters of GPs (Interdisciplinary Hubs) to identify the frail and vulnerable population. Multi-disciplinary teams then provide proactive support to those identified.
- A County wide model is in place that uses community based beds to support the discharge of patients with complex needs.



End of Life Care

End of Life Care (EoLC) is the care experienced by people who have an incurable illness and are approaching death. Good EoLC enables people to experience as much comfort as possible until they die, and to make choices about their care. It has a significant impact on the wellbeing of patients and importantly on the wellbeing of surviving family and friends.

Good EoLC is challenging because it needs to be delivered by all front-line services requiring collaborative multidisciplinary working between generalist and specialist teams, whether the person is at home, in hospital or elsewhere.

It is a system-wide challenge that requires integrated thinking and working. Through the Executive the HWB team have brought together a system wide view of the complex needs. Commissioners now have a comprehensive picture of EoLC provision across the county and have agreed the key developments required to secure improvements.

An action plan has been developed and will be progressed during 2016/17.

For more information please contact bernilee@warwickshire.gov.uk

Mental Health Crisis Care Concordat

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis to make sure that people get the help they need when they are having a mental health crisis.

To respond to the concordat a multi-agency Steering Group for Coventry and Warwickshire was established at the beginning of 2015, with membership from the across the Health & Wellbeing Board. The group agreed the five priorities to deliver the concordat's five areas of focus as:

- Prevention and intervention
- Implementing the street triage service
- Enhancing place of safety (PoS)
- Reviewing the Crisis Resolution and Home Treatment service (CRHT)
- User experience and engagement

This has directly led to introduction of Street triage provision; Suicide audit and prevention strategy; increase in acute service provision; and additional training for GPs and school nursing teams.

For more information please visit www.crisiscareconcordat.org.uk/areas/warwickshire/#action-plans-content

Pharmaceutical Needs Assessment

The Pharmaceutical Needs Assessment (PNA) for Warwickshire was approved by the Health and Wellbeing Board in March 2015. It is an assessment of the pharmaceutical services that are currently provided in Warwickshire including dispensing of prescriptions by community pharmacies, dispensing GPs and other providers, as well as other services available from community pharmacies.

The PNA is an essential tool used by the NHS England when deciding if new

For more information please visit http://hwb.warwickshire.gov.uk/reviews_annual_updates/pharmaceutical-needs-assessment/

pharmacies are needed when dealing with applications for entry onto the pharmaceutical list and also (in certain rural locations) whether GPs should be allowed to dispense.

Following consideration by the Board, an action plan has been developed and work is underway with the Local Pharmaceutical Committee (LPC) and local pharmacies on specific initiatives such as systems resilience, urgent care and supporting public health initiatives.

Integrated IT Infrastructure

In early 2015 South Warwickshire CCG supported nine GP practices to migrate to a common clinical IT platform.

In addition the CCG have supported the implementation of a central search and reporting system that works across all 36 practices in South Warwickshire as well as the A&E and frailty wards at South Warwickshire Foundation trust.

The improved IT interoperability work supports the delivery of primary care at scale through:

- Sharing of digital templates, protocols and concepts:
- Business continuity and system resilience

- Centralised search and reporting
- Patient records accessible by other care providers subject to IG approval
- Improved management of long term conditions through coordinated recall
- Improved monitoring with management of variation to improve care
- Inter-practice referrals with access to full clinical record supporting the management of referrals and follow ups in primary care
- Improved patient experience through consistent access to online service and access to medical records

For further information contact **xx**

Planning Healthy Weight Environments

Good planning can have a positive impact on the health and wellbeing of local communities, promoting independence and building resilience within them.

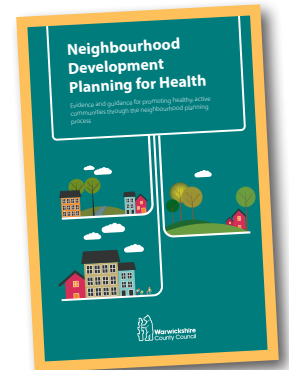
In particular the planning system can be used to encourage healthy behaviour changes by promoting active travel and physical activity, encouraging the provision and access to local green spaces and also restricting overconcentration of unhealthy food uses

In July 2016 Warwickshire hosted a Planning Healthy Weight Environments workshop in conjunction with the Town and County Planning Association (TCPA).

The workshop provided a dedicated forum for planners and public health teams, and local partners to explore the best ways of creating healthier environments through planning policy and new development proposals.

To access the 'Building the Foundations: Tackling obesity through planning and development' full report please click [here](#).

For further information planning for health please contact Warwickshire County Council's Senior Health Planner Eva Neale evaneale@warwickshire.gov.uk



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Priority Families Programme

At June 2016 there were 1,066 families attached to the Priority Families Programme and 60 families had been 'turned around', achieving positive outcomes including improved attendance at school, reducing offending behaviour and anti-social behaviour and had made progress to work.

At the heart of the programme is the 'key worker' model that seeks an intensive approach underpinned by a plan that seeks to transform families through developing independence and resilience. Underpinning delivery is an evidence based approach that not only satisfies national requirements, but allows us to track and monitor families locally to ensure that we are delivering outcomes and achieving value for money.

The next steps for the programme will see lessons learnt applied from Year One of Phase Two and also

For more information please visit <http://www.warwickshire.gov.uk/priorityfamilies>



use the opportunity to harness the opportunities afforded by the creation of a new business unit 'Children and Families', which will allow for a genuine seamless pathway for children and families and also embed the programme within a transformed Early Help Service.

Work is also underway to work closely with the 0-5 Strategy, Child Poverty Strategy and seek a more local approach that recognises that the issues that our children and families face cannot be wholly divorced from the challenges that their communities face as a whole. Only then and through working with our partners will we seek the significant and sustained change in the lives of children and families in Warwickshire.

CAMHS Transition Funds

Clinical Commissioning Groups across England have been awarded CAMHS Transformation Funds from NHSE following the publication of Future in Mind (DH 2015), a report setting out the recommendations for child and adolescent mental health services made by the Children and Young People's Mental Health Taskforce.

Across Coventry and Warwickshire these funds total £1.7m per year for five years. A Transformation Plan was developed by the three local CCGs which sets out seven priorities for this funding.

1. Community eating disorder service: to increase the scope of interventions available locally and reduce the need for in-patient stays for young people with eating disorders.
2. Specialist CAMHS waiting times: by investing in additional capacity to deliver interventions for those waiting for specialist CAMHS support.
3. ASD diagnostic waiting times: by investing in additional capacity to undertake autism

For more information please visit <http://www.camhscovwarks.nhs.uk/Home> or contact andrewsjurseth@warwickshire.gov.uk

assessments.

4. Acute liaison service: continuing to invest in a team providing assessment support to young people presenting at acute hospitals in Coventry and Warwickshire.
5. Vulnerable young people: focussing on those who are Children Looked After
6. Working with schools: to develop early intervention support
7. IT: to identify ways that technology can support child and young people's mental health support.

This funding comes at a time when the CAMHS provision across Warwickshire is being recommissioned following a comprehensive co-production process in 2015/16. The new child and young people's mental health service will be procured from September 2016 and will be transitioned in throughout 2017. The new service will focus on prevention, early intervention, and providing systemic support alongside the family and other professionals in education, social care, health or the voluntary sector.

Information Governance



One of the aims of the Better Together Programme is for health and social care to work much better together and integrate working practices where it makes sense. One of the key things we'll have to do to make this happen is to share information about the people we all provide care to.

Effective information sharing will help deliver the services that people expect from the health and care system, for example:

- Being able to access information about people's allergies or medications when they attend A&E
- A joint approach to assessment and planning so that people only have to tell their story once

- The ability to provide better care to those people who may be vulnerable or at risk

A working group, established under the Warwickshire Cares: Better Together programme, has been working on an Information Sharing Strategy designed to formalise a collaborative, constructive approach to the resolution of data exchange issues.

This strategy has now been approved by all partners and a Coventry and Warwickshire Information Sharing Advisory Group held its first meeting in June 2016. This group will be the first port of call for anyone undertaking a project or establishing a new way of working, they will be able to provide advice and guidance to share information safely, securely and efficiently.

For more information please visit <http://warwickshirecares.warwickshire.gov.uk/july-2016-Better-Together-Progress-to-date/working-together/article-2-information-governance>

MASH

STOP PRESS

The Warwickshire Multi-Agency Safeguarding Hub (MASH) provides an integrated front door service for safeguarding referrals. The MASH is a secure environment where information is shared across agencies as appropriate in order for safeguarding concerns to be assessed by the agencies all working together. In addition joint risk analysis and decision making is completed which allows for a co-ordinated response being provided to vulnerable children and adults within Warwickshire.

Following a multi-agency implementation project the MASH is now live. Child Safeguarding referrals went live on 3rd May 2016 and Adult Safeguarding referrals go live on 1st September 2016. Children's Social Care, Warwickshire Police, National Probation Service, Access to Education, Early Help and Independent Domestic Abuse Advocate (IDVA) have come together as one team, supported by Single Points of Contact across many other agencies and organisations.

Through the sharing and triangulation of information across agencies the MASH has been able to identify areas of risk and ensure children at risk of harm are

protected and supported appropriately. The co-location of agencies in one place provides efficiencies in time and resources. The barriers to information sharing have been removed and agencies work together taking joint responsibility for decisions made regarding safeguarding concerns.

In addition there has been improved information, advice and signposting for citizens and professionals. Work has been successful in the establishment of robust early help pathways to and from the MASH to ensure children who do not require statutory intervention receive the support and advice they require.

Further information contact
Johncoleman@warwickshire.gov.uk



People in Warwickshire are safeguarded from harm, receiving the services they need, at the right time, effectively and efficiently.

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Place Based Activity

To be supplemented with District/Borough additions following September Health and Wellbeing Board

In collaboration with Warwick Hospital, funding from Public Health was secured to establish 'Measured Miles' in Warwick District to encourage moderate activity for staff, patients and public

Warwick Health and Wellbeing Board Overview Scrutiny Sub-Committee established

Alcester Health and Wellbeing Board established

North Warwickshire Health and Wellbeing Board

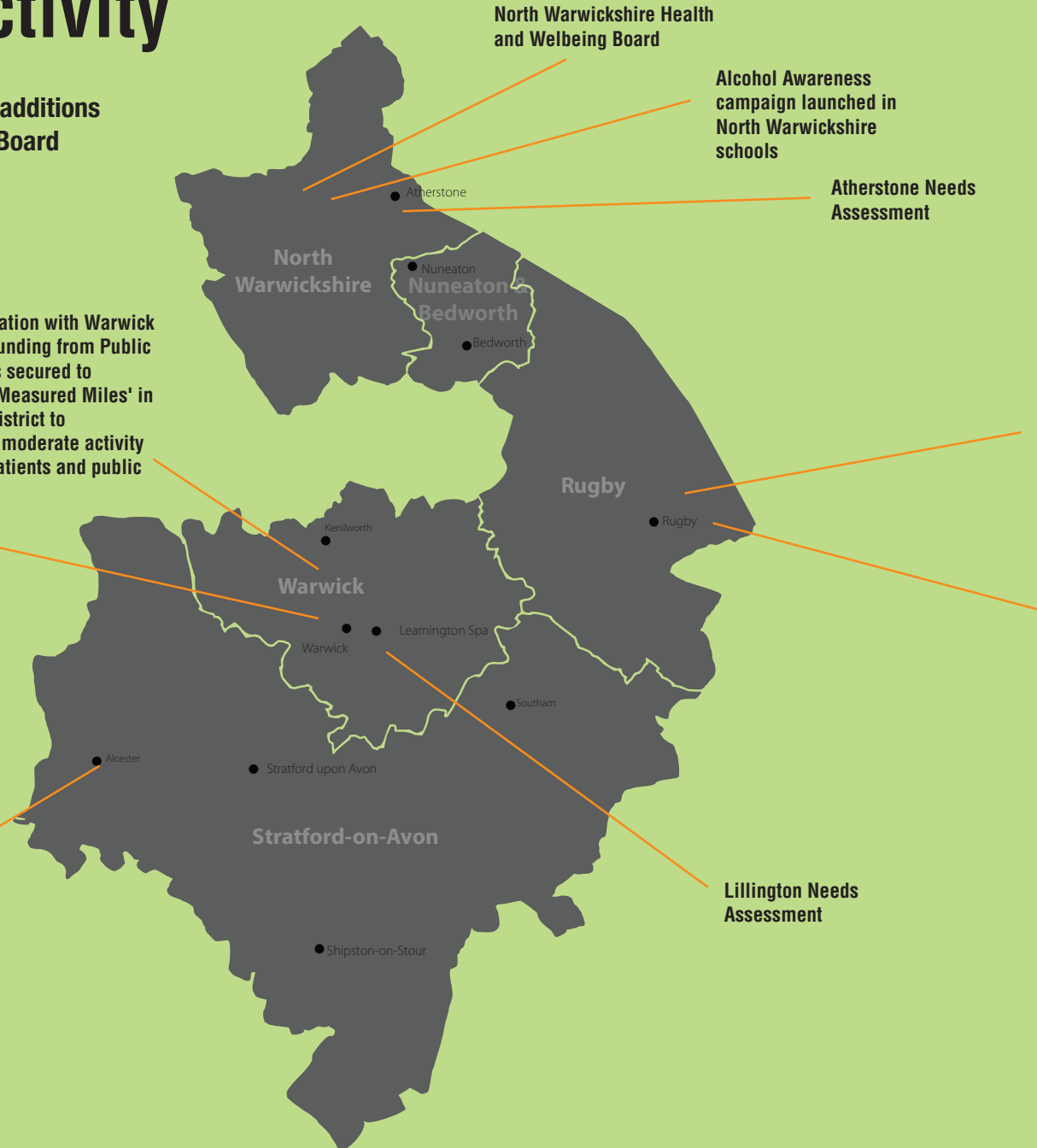
Alcohol Awareness campaign launched in North Warwickshire schools

Atherstone Needs Assessment

Private Sector Housing Strategy for 2015-17 introduced in Rugby. The priorities are to improve the quality of the private sector and improve access for households to live in private-sector properties.

Regeneration Strategy endorsed by Rugby Borough Council in January 2016. The strategy is based on the themes of wellbeing, employment, education and financial inclusion and is targeted toward our more deprived neighbourhoods.

Lillington Needs Assessment



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What's next for Health & Wellbeing in Warwickshire

The importance of delivering effective integration across Health & Wellbeing systems is growing as we respond to fundamental shift in demand, funding and delivery models.

Over the next year it is anticipated that that as demand continues to grow and resources become even more stretched, the role that the Health & Wellbeing Board play will become even more critical.

It will also see us agree the Sustainability Transformation Plans (STPs) for Coventry & Warwickshire, further integrating our Health service.

We have anticipated this and in April 2016, the Board and executive came together for a two day Integration Summit. One of the key products of this was the Coventry & Warwickshire Alliance Concordat.

This lays the foundation for the way we will work together and marks a step change in the level of integration and innovation that we will pursue.

Coventry & Warwickshire Alliance Concordat

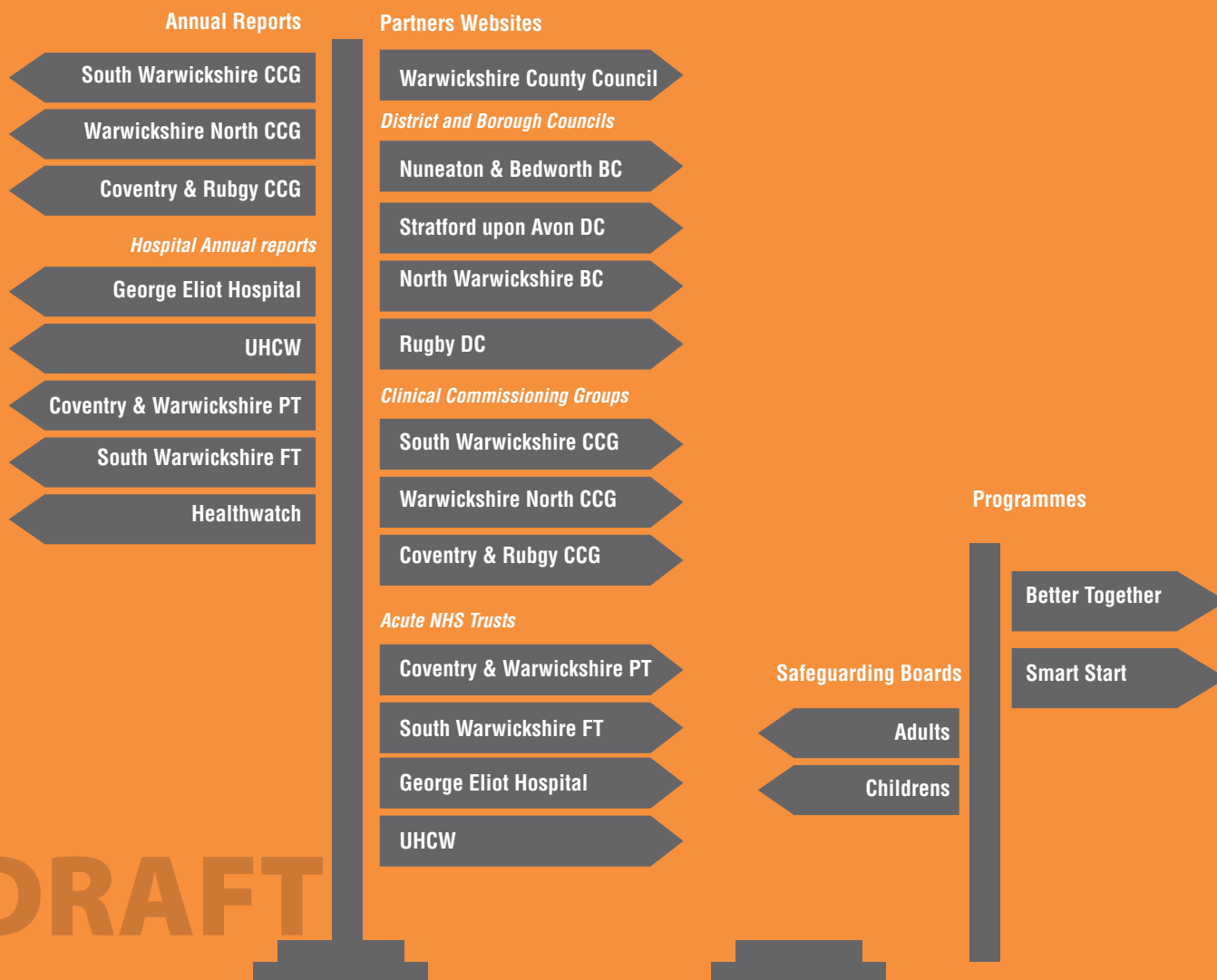
- We will be bold, brave and challenging in the service of the people of Coventry and Warwickshire.
- We will align, share and pool resources, budgets and accountabilities where it improves outcomes for the public.
- We will focus on benefits to the public as a whole rather than organisational interests.
- We will only take decisions that impact on other parts of the system after consultation. *(To be finalised)*
- We will streamline system governance The to enable decisions to be taken at scale and pace.
- We will design a system that is easy for everyone to understand and use

Approved in principle by Coventry and Warwickshire Health and Wellbeing Boards in Summer 2016

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Signposting

The Health & Wellbeing Strategy reaches across the Health & Wellbeing system and draws upon the work and effort of multiple organisations, agencies and individuals. It both informs and is influenced by the work of these organisations. As such this report provides only a highlight of the true level of activity within the system. It is therefore really important that this report signposts readers to the greater detail and effort that is delivered through the wider network of partner organisations. This section is therefore designed to signpost readers to further information:



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The Board

The Board's membership July 2016

Cllr Izzi Seccombe (Chair)	Warwickshire County Council
Cllr John Beaumont	Warwickshire County Council
Cllr Jose Compton	Warwickshire County Council
Cllr Les Caborn	Warwickshire County Council
Cllr Margaret Bell	North Warwickshire Borough Council
Cllr Barry Longden	Nuneaton & Bedworth Borough Council
Cllr Leigh Hunt	Rugby Borough Council
Cllr Stephen Gray	Stratford District Council
Cllr Moira-Ann Grainger	Warwick District Council
Dr Deryth Stevens	Warwickshire North CCG
Dr David Spraggett	South Warwickshire CCG
Dr Adrian Canale-Parola	Coventry & Rugby CCG
David Williams	NHS England
Phillip Robson	HealthWatch Warwickshire
Jagtar Singh	Coventry & Warwickshire Partnership Trust
Stuart Annan	George Eliot Hospital NHS Trust
Russell Hardy	South Warwickshire Foundation Trust
Andy Meehan	University Hospitals Coventry & Warwickshire
John Dixon	Warwickshire County Council
Dr John Linnane	Warwickshire County Council
Phillip Seccombe (or rep)	Police & Crime Commissioner

Thanks also to former board members:

Cllr Neil Phillips,
Cllr Derek Poole
Ron Ball

Further Information

For further information about the Health & Wellbeing Board, see:
<http://hwb.warwickshire.gov.uk/>

Including...

Newsletters

Meeting papers

Information resources

Warwickshire's JSNA (Joint Strategic Needs Assessment)

Healthwatch Warwickshire

If you would like this information in a different format, please contact Marketing and Communications on 01926 413727.

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Health and Wellbeing Board

7 September 2016

Health and Wellbeing Board Sub-Committee

Recommendation(s)

1. That the Board notes the decisions taken by the Health and Wellbeing Sub-Committee at its meeting on 30 June 2016.

1.0 Key Issues

- 1.1 This item provides a report back to the Health and Wellbeing Board (HWBB) on decisions taken by the Sub-Committee since the last Board meeting.

2.0 Options and Proposal

- 2.1 At its meeting on 23 September 2015, the HWBB agreed proposals for a Sub-Committee to meet where a decision is required within a time frame which does not fall within the cycle of scheduled meetings of the Health and Wellbeing Board.
- 2.2 At its meeting on 11 May 2016, The HWBB received a presentation on the arrangements for the Better Care Fund submission and delegated the final submission to a meeting of the Sub-Committee.
- 2.2 The Sub-Committee met on 30 June to consider the Better Care Fund submission to NHS England for 2016/17. A copy of the report and supporting papers were circulated to all members of the HWBB.

Background Papers

None

	Name	Contact Information
Report Author	Paul Spencer	paulspencer@warwickshire.gov.uk Tel: 01926 418615
Head of Service	Sarah Duxbury	
Strategic Director	David Carter	
Portfolio Holder	Councillor Seccombe	

The report was circulated to the following members prior to publication:

Local Member(s): None

Other members: None