Warwickshire Health and Wellbeing Board

Agenda

22 March 2017

A meeting of the Warwickshire Health and Wellbeing Board will take place at **Shire Hall, Warwick** on **Wednesday 22 March 2017 at 13:30.**

(13.30 – 14.00) Development Session

This is the third of three development sessions for the Board and will be used to informally feedback on the Peer Review held in w/c 13 March 2017.

Formal agenda:-

1. (14.00 – 14.05) 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) Minutes of the Meeting of the Warwickshire Health and Wellbeing Board on 23 January 2017 and Matters Arising.

Draft minutes of the previous meeting are attached for approval.

Updates to the Board (14.05 – 14.45)

2. Updates to the Board (to be considered together)

a) Transforming Care

An update on Coventry, Warwickshire and Solihull's Transforming Care Programme, which seeks the Board's endorsement of the current position. (Becky Hale)

b) Warwickshire County Council One Organisational Plan Transformation Plan

The Board will receive a general update on the One Organisational Plan with specific context for Public Health, Adult Social Care and Children's Services. (Beate Wagner, Chris Lewington and John Linnane)

c) Report from District and Borough Council Portfolio Group

A verbal update on health and wellbeing related activity provided by the District and Borough Council Portfolio Holders. (Councillor Les Caborn)

d) Pharmaceutical Needs Assessments and Applications for Pharmacies

Update on the process for producing the next Pharmaceutical Needs Assessment. (John Linnane)

e) Health and Wellbeing Executive Team Report

Update on activity from the last meeting of the Health and Wellbeing Executive. (John Dixon)

Substantive Items (14.45 – 15.45)

3. Coventry and Warwickshire Sustainability and Transformation Plan

The Board will consider an updated position on the Sustainability and Transformation Plan. (Councillor Les Caborn - verbal)

4. Health Protection Strategy 2017-2021

To seek the approval of the Health and Wellbeing Board to the Health Protection Strategy 2017-2021. This strategy sets out the partnership approach, specific aims and seven priorities for Health Protection across Coventry and Warwickshire for the period 2017-2021. (John Linanne)

5. Joint Strategic Needs Assessment - Refreshed Approach

The Board will receive a report on the refreshed approach to the Joint Strategic Needs Assessment. (Jenny Bevan)

Board Business Management (15.45 – 16.00)

6. Forward Plan

7. Any Other Business (considered urgent by the Chair)

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, Vice Chair), Adrian Canale-Parola (Coventry and Rugby)

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: Robin Wensley

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 Tony Jefferson (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

Board Member Attendance for the 2016/17 Municipal Year

Board Member	Representing	No. of meetings attended	No. of meetings apologies submitted	No. of meetings replaced / replaced by / notes
Councillor Izzi Seccombe (Chair)	Warwickshire County Council	4	1	0
Councillor John Beaumont	Warwickshire County Council	5	0	0
Councillor Les Caborn	Warwickshire County Council	4	1	0
Councillor Jose Compton	Warwickshire County Council	5	0	0
John Dixon	Warwickshire County Council	2	3	Chris Lewington (3)
Dr John Linnane	Warwickshire County Council	5	0	0
Dr Adrian Canale-Parola	Coventry and Rugby CCG	3	2	Dr Jill O'Hagan (1)
Dr David Spraggett	South Warwickshire CCG	3	2	Gillian Entwistle (1)
Dr Deryth Stevens	Warwickshire North CCG	4	1	Andrea Green (1)
Stuart Annan	George Eliot Hospital	3	2	0
Russell Hardy	South Warks Foundation Trust	1	4	0
Andy Meehan	University Hospitals C&W	2	3	0
Jagtar Singh	C & W Partnership Trust	1	3	Simon Gilby (1); Mike Williams (1)
Phil Robson	Healthwatch Warwickshire	4	0	Board member for 4 meetings
Robin Wensley	Healthwatch Warwickshire	1	0	Board member for 1 meeting
David Williams	NHS England	3	2	0
Philip Seccombe	Police and Crime Commissioner	0	4	Chris Lewis (4)
Margaret Bell	North Warwickshire BC	5	0	0
Councillor Mike Brain	Stratford District Council	3	1	Susan Adams (1)
Councillor Tony Jefferson	Stratford District Council	1	0	Board member for 1 meeting
Councillor Moira-Ann Grainger	Warwick District Council	4	1	Marianne Rolfe (1)
Councillor Leigh Hunt	Rugby Borough Council	2	2	Board member for 4 meetings
Councillor Barry Longden	Nuneaton and Bedworth BC	4	0	Board member for 4 meetings

*The permanent PCC representative is Chris Lewis

Minutes of the Meeting of the Warwickshire Health and Wellbeing Board held on 23 January 2017

Present:-

Warwickshire County Councillors
Councillor Izzi Seccombe (Chair)
Councillor John Beaumont
Councillor Les Caborn
Councillor Jose Compton

Warwickshire County Council (WCC) Officers
John Dixon (Interim Strategic Director for People Group)
Dr John Linnane (Director of Public Health)

Clinical Commissioning Groups (CCG)
Dr Adrian Canale-Parola (Coventry and Rugby CCG)
Dr Deryth Stevens (Warwickshire North CCG)
Gill Entwistle (South Warwickshire CCG)

Provider Representatives
Stuart Annan (George Eliot Hospital)
Andy Meehan (University Hospitals Coventry & Warwickshire)
Mike Williams (Coventry & Warwickshire Partnership Trust)

Healthwatch Warwickshire
Robin Wensley

NHS England
David Williams

Police and Crime Commissioner
Chris Lewis (Office of the Police and Crime Commissioner)

Borough/District Councillors
Councillor Margaret Bell (North Warwickshire Borough Council)
Councillor Tony Jefferson (Stratford District Council)
Councillor Moira-Ann Grainger (Warwick District Council)
Councillor Barry Longden (Nuneaton and Bedworth Borough Council)

1. General

(1) Apologies for Absence

Russell Hardy (South Warwickshire NHS Foundation Trust)
Councillor Leigh Hunt (Rugby Borough Council)
Philip Seccombe (Police and Crime Commissioner replaced by Chris Lewis)
Jagtar Singh (Coventry & Warwickshire Partnership Trust replaced by Mike Williams)
Dr David Spraggett (South Warwickshire CCG replaced by Gill Entwistle)
Karen Manners (Warwickshire Police)

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

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.

(3) Appointment of Board Members

The Board noted the appointment of Robin Wensley as the representative for Healthwatch Warwickshire and Tony Jefferson as the representative for Stratford District Council. The Chair welcomed them both to the Board.

(4) Minutes of the meeting held on 9 November 2016 and matters arising.

The Minutes were agreed as a true record.

2a. Multi-Agency Safeguarding Hub - Six Month Report

John Coleman, WCC's Service Manager for the Multi Agency Safeguarding Hub (MASH) provided an update to the Board. This included background on the commencement of the MASH and performance data for the children's and adults safeguarding pathways.

Since 1 September 2016 the MASH had been managed through an Initial Response Service, which brought it together with the Child Sexual Exploitation Team, Missing Children's Team and Emergency Duty Team. There were three specific aims of the MASH; to improve effectiveness, understanding and timeliness, through the initial response to safeguarding concerns. Comparing the performance of the MASH to the intended outcomes showed that through the co-location of agencies, working together to share information and challenging one another, it was leading to a more consistent and integrated response. A holistic view of the child or adult was leading to different and better decision making. However, there remained work to be completed to ensure all referral pathways were interlinked, to improve timescales and to ensure concerns and any previous early interventions were fully understood.

A section of the report focussed on multi-agency engagement. The most pressing issue remained the health contribution to the MASH. The risks of not having health represented in the MASH were significant and discussions with the clinical commissioning groups (CCG's) had continued. The CCG's had put forward funding for a business support liaison officer. They had also circulated a further written update. A MASH health co-ordinator post would be hosted by South Warwickshire Foundation Trust (SWFT) and was expected to commence in March 2017. Details were provided of the proposed safeguarding rota, which would be a virtual presence, to be provided by SWFT named nurses, with a designated nurse for child protection and safeguarding adults' lead, which would commence before the end of January. The proposed rota would not yet include a physical presence within the MASH although in the first six months of their employment, the health coordinator (supported by the designated nurse for child protection and safeguarding adults' lead) would establish the exact requirements and benefits of a physical presence of clinical staff within the MASH in order to aid future discussions in this regard.

In discussing the report, the Board noted the high proportion of enquiries (80%) that were not safeguarding issues and how these were referred to the appropriate agencies. Thanks were recorded to John Coleman and the staff working in the MASH for the progress made. The update on the health contribution and support of the mental

health team was welcomed, whilst urging a permanent co-located presence in the MASH.

Further development priorities and risks for the MASH were discussed, together with the regulatory/audit processes in place. A key area was providing feedback to the referrer, which a recently introduced IT system would help to achieve. The key risks were the involvement of health in the MASH, on which good progress had been made and the historic backlog of referrals, which was being addressed. There was a multi-agency audit process in place and plans for an external peer review within the next year. The Care Quality Commission and County Council Scrutiny also monitored the MASH. A plea was made to take note of Primary Care feedback which was acknowledged. Other points made were signposting of the MASH via websites, ensuring the public understood the role of the MASH, the low proportion of referrals from the heath sector and how this could be increased. An offer was made for members of the Board to visit the MASH.

Resolved

That the Board:

1) Notes the progress made in relation to the implementation of the MASH.

2) Notes the areas for development.

3) Records its thanks to health colleagues for their contribution to the MASH and urges a permanent co-location in the MASH.

2b. Report from the District and Borough Council Portfolio Group

A summary had been circulated showing the valuable contribution that district and borough councils made to improving Health and Wellbeing in Warwickshire. This covered the period since the last Board meeting on 9th November 2016, showing activity under the three themes of Promoting Independence for all, Community Resilience and Integration & Working Together. Additionally, items of interest / issues for the Board were reported with district and borough members and officers highlighting specific areas. WCC Public Health was thanked for its assistance with data for the place-based assessments and in support of work on addressing teenage conception rates. Councillor Margaret Bell explained how the data for place-based assessments would be used to engage with the public in North Warwickshire, to encourage them to improve their own health. Dr John Linnane added that the pilot in Atherstone would be rolled out across the County. Rachel Jackson, Communities Manager at Nuneaton and Bedworth Borough Council explained that the authority had taken the Health and Wellbeing Strategy and embedded it in all its services. The Chair invited district and borough representatives to report local priorities and concerns, with the following points being raised:

- North Warwickshire BC – Creating a new health action plan; addressing teenage pregnancy rates in Atherstone and end of life care, referring particularly to staffing issues at George Eliot Hospital.
- Nuneaton and Bedworth BC – Alcohol related harm; linking the work of health and community safety, to examine gaps in provision. There is a Warwickshire North health partnership covering both local authority areas. The Director of Public Health will be an item for its next scrutiny committee.
- Warwick DC – child obesity. There is a desire to work with Stratford DC, to create a similar partnership approach to that in the north of Warwickshire. The

Director of Public Health would present his annual report to Warwick District Council's next meeting.

The implications of residential developments for health services were discussed. David Williams of NHS England outlined how monies were provided through planning agreements (known as Section 106 agreements) linked to planning consents. This provided money for GP services, but also had to take into account current capacity in the area where development took place. Whilst this met the capital costs, there was no ongoing revenue contribution for staff costs. He offered to provide a summary for Board members. Other points made were the revised commissioning arrangements of clinical commissioning groups (CCGs) and the significant work that CCGs were doing to assess the impact of population growth. There was a perception that health contributions requested through Section 106 agreements should be higher and it was suggested that this matter be discussed further at the next portfolio holder group meeting.

Councillor Barry Longden referred to a proposed funding cut for a young persons' health drop in service in Nuneaton. The value of this service was acknowledged by Councillor Les Caborn, who assured that the County Council would continue to provide some funding and he would arrange a meeting within the next few weeks with district and borough councillors, with a view to securing the future of the service, based on a partnership funding approach.

Resolved

That the Board notes and welcomes the update from District and Borough Councils on their health and wellbeing activity since the last Board meeting.

2c. Health and Wellbeing Executive Team Report - December 2016

John Dixon, Interim Strategic Director for People Group, reminded the Board of the role of the Health and Wellbeing (HWB) Executive Team. A report was provided to summarise the areas discussed and agreements reached at the Executive Team meeting on 9th December. It had been agreed to pilot the LGA Peer Review in February/March 2017 with Coventry HWB Board. This would focus on making the Concordat real in terms of the relationship between the two Boards and the STP. It had been the key focus of the joint session with Coventry's HWB Board the previous week.

The Executive Group had decided not to refresh the HWB Strategy to the previously proposed timescale of March 2017. Instead, nominated leads would focus on delivery of the Strategy, initially mapping current activity and groups within the HWB system. A refreshed approach to the JSNA and widening the membership of the JSNA Strategic Group had been approved, to include representation from CCGs, district and borough councils and Warwickshire CAVA.

Resolved

That the Board notes the key messages and decisions from the Health and Wellbeing Executive Team meeting held on 9 December 2016.

3. Coventry and Warwickshire Sustainability and Transformation Plan

A report was submitted to present the Sustainability and Transformation Plan (STP) to the Board and to stimulate a discussion on how it should relate, engage and influence the STP moving forward. The Board was reminded of its core roles, as agreed in the

2015 governance review and further cemented within the vision of the Alliance Concordat agreed by the Coventry and Warwickshire Health and Wellbeing Boards (HWBBs) in October 2016. The Coventry and Warwickshire STP was a critically important piece of work which the HWBB needed to both understand and influence. It was submitted for consideration of both its content and the relationship between the STP and the health and wellbeing system.

The STP had already been considered by a number of bodies, with a summary of their resolutions being appended to the report. It was noted that Warwick District Council and Warwickshire Police had not yet considered the STP formally. On 16 January the HWBBs for Coventry and Warwickshire held a joint workshop, to focus on the STP and the specific messages for the Boards and the system, as well as understanding the next steps for development of the STP.

John Dixon introduced the report, summarising the key points, including the need for organisations to work together and the diminishing resources. The STP sought to address this, but the document and its content had been controversial. As the system leaders, the members of this Board and that for Coventry would have to work with the STP Board on improving the outcomes for their populations and he questioned how the Boards would take this forward.

The Chair, speaking as the Leader of Warwickshire County Council gave a summary of the key points raised in its debate of the STP. There had been a lot of feedback on the process, the lack of engagement and the use of the Alliance Concordat. Nationally, the STPs had been veiled in secrecy and an opportunity had been missed to engage properly. The County Council advocated that an independent Chair of the STP should be appointed. She had been disappointed to learn that an STP programme director post was to be advertised, which would answer to the STP Chair.

David Williams of NHS England gave a context. He assured the Board that the STP document was not the end of the process and there were lots of opportunities to engage going forward.

Councillor Les Caborn spoke about the lack of public engagement and the numerous requests local councillors had received from constituents, whilst themselves being at the fringe of this process. Councillor Margaret Bell advocated the need for an independent chair, also referring to historic issues between the George Eliot Hospital (GEH) and UHCW. Councillor Tony Jefferson of Stratford District Council referred to the cross border aspects to the south of Warwickshire and the amount of work that implementation of the STP would require.

David Williams acknowledged the strength of feeling and accepted that the STP process to date could have been better. He stated that the Alliance Concordat was a good foundation to work from. The STP in its current format was a management document and it needed to be presented in a format suitable for other audiences.

Stuart Annan of GEH spoke about the incorrect assumptions made and he confirmed that no decisions had been taken to close any services at GEH. He clarified that its Board had not yet discussed the STP formally, other than to note it. There had been no discussions about working with UHCW or other service providers.

With the Chair's permission, County Councillor Matt Western addressed the Board, referring to the debate at the County Council meeting, the financial savings required, the lack of public engagement and the fact that some STP documents had included

options to achieve the required savings. He agreed that an independent Chair was needed.

Andy Meehan of University Hospitals Coventry & Warwickshire (UHCW) stated that this STP area was well placed and numerous highly qualified people had been involved in formulating the STP document, including some from the County Council. The STP was a plan and public consultation would take place on this plan. There were close working relationships between UHCW and GEH and a desire to rearrange services together. He stated the need for strategic leadership and felt the Board should be expressing its thanks, not its criticism for the substantial work completed to date.

Jim Graham, Chief Executive of Warwickshire County Council confirmed that his officers had been fully involved in the STP. The issue was the current separation of health and social care, which needed to be brought together. This process had been far too heavily health focussed. The STP needed to be redrafted so it could be understood by the public. An independent chair was needed to enable the process to move forward. There had been incorrect speculation about closure of George Eliot Hospital fuelled by the decision to embargo information and to refuse freedom of information requests. There was a need to state clearly what the impact of removing £267 million from the health and social care system in Coventry and Warwickshire would be and there would be difficult questions to answer.

Councillor Barry Longden questioned why local authorities had been asked to endorse the STP without being consulted or involved in its formation. He questioned why the current arrangements couldn't be retained, the presumption that cuts to services would affect the north of Warwickshire, also referring to the previous acute service review and the public reaction to that review, which he felt would be repeated.

The Chair summarised the clear message from elected members, reiterating that the Concordat set out how organisations should work together and yet she had not been kept informed. She referred to the funding cuts that the County Council had met to date and those it was now facing. Elected members wanted to be part of the discussions on the STP and could share their experience in meeting funding cuts.

David Williams thanked the Board for its views. There was the intention to engage widely and he acknowledged that the STP wasn't suitable for the public in its current form. He explained plans to engage with clinical staff through Professor Guy Daly, who was Chair of the Design Authority and he reinforced the comments from Stuart Annan that the George Eliot Hospital was not closing.

Resolved

That the Board notes the Coventry & Warwickshire Sustainability and Transformation Plan.

4a. Health and Wellbeing Board Management

Gereint Stoneman, Health and Wellbeing Delivery Manager presented feedback on the first of three Board meetings and development sessions observed by the King's Fund. A series of recommendations had been made to improve the Board's processes. The report set out those recommendations and the improvements already implemented under the themes of Agenda Management, Reports and Forward Plan. More complex work relating to roles and governance, would be progressed through the Board's Executive Team.

Resolved

That the Board approves the ongoing iterative improvement of the support and management arrangements.

4b. Health and Wellbeing Board Sub-Committee - Children and Adults Mental Health Service Transformation Plan Refresh

At its meeting on 9 November 2016, The Board was advised that the transition plan for Children and Adult Mental Health Services (CAMHS) needed to be approved for submission to NHS England. The timing of this submission required a meeting of the Sub-Committee, which took place on 21 December 2016. A copy of the report and supporting papers were circulated to all members of the Board this report back included the Minutes of the Sub-Committee meeting.

It was questioned how the Board could receive periodic updates on CAMHS data and this could be provided via briefing notes.

Resolved

That the Board notes the decision taken by the Health and Wellbeing Board Sub-Committee at its meeting on 21 December 2016.

4c. Forward Plan

The Board reviewed its Forward Plan, with board members seeking further information and suggesting additional items. The frequency of future reports on the Sustainability and Transformation Plan and Multi Agency Safeguarding Hub were discussed. Chris Lewis of the OPCC suggested an item to explore potential links between the health, community safety and crime and disorder service areas.

It was questioned if the membership of the Board should be reviewed to include representation from the Fire and Rescue and Ambulance services. The Board did have a number of active observers, who could attend and participate in board meetings without being formal members.

Resolved

That the Board notes its Forward Plan and that officers consider the requests shown above in determining the agenda content of future meetings.

5. Any Other Business

A document had been circulated showing the attendance data for Board members. It was questioned if such a document would be a useful addition to the agenda pack to show the representation of organisations at each meeting and it was agreed that this be implemented.

The meeting rose at 4.05pm

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Chair

Item 2(a)

Health and Wellbeing Board

22nd March 2017

Coventry, Warwickshire and Solihull's Transforming Care Partnership

Recommendations:

That Coventry, Warwickshire and Solihull Health and Well-Being Boards:

- Continue to support the Coventry, Warwickshire and Solihull Transforming Care Partnership (TCP) to drive local transformation.
- Note the current position in relation to delivery of the Transforming Care plan from a financial perspective.
- Agree to receive periodic briefings on progress relating to the delivery of the Transforming Care programme.

1. Introduction

1.1 This paper provides Health and Well-Being Boards with a further update on 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 Health and Well-being Boards received a paper on the programme in September 2016 where they supported progress and plans while endorsing the local decision not to sign off the revised TCP plan until greater clarity exists on funding arrangements.

1.3 The paper provides a further update on the current position of the programme including progress, achievements and current challenges.

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 Coventry and Warwickshire were initially identified as a fast track site for transforming care and in October 2015 were awarded £825k non recurrent funding from NHS England to deliver against the locally developed fast track plan during 2015/16. Following the publication of the national plan and service model, *Building the Right Support* (October 2015), Coventry and Warwickshire formed a new Transforming Care Partnership (TCP) with Solihull. The formation of the new partnership required a revised and combined plan to be submitted to NHS England by 1 July 2016. This submission was required to demonstrate how the partnership intends to fully implement the national service model by 31st March 2019. Summary information

about the plan was presented to respective Health and Well-being Boards in September 2016.

2.3 The Senior Responsible Officer (SRO) for our local TCP is Glynis Washington, Interim Chief Nursing Officer, Coventry and Rugby CCG with John Dixon, Strategic Director, Warwickshire County Council, as Deputy SRO.

Current Achievements and Plans

3.1 Our TCP has achieved a great deal to date:

- A new personalised model of care has been co-produced with adults with a learning disability and/or autism, carers and wider stakeholders. An accessible DVD articulating our model of care through individual stories has been developed in partnership with a local community support provider; Gettalife.
- The £1.4m previously invested in operating Gosford Ward (a local assessment and treatment unit now closed) has been reinvested in community support and is specifically funding the new Intensive Support Service, including the admission avoidance accommodation provided by CWPT. This service is currently subject to review to ensure early learning informs future commissioning intentions.
- The TCP has worked collaboratively with NHSE Specialised Commissioning to understand the needs and future community support requirements of our current in patient population.
- The TCP has undertaken a market testing exercise and as a result of this are now obtaining approval to tender for a new framework of support providers to work with us to deliver personalised care and support packages for our transforming care population.
- We have agreed the standard operating procedure to support development of our live 'at risk of admission' register for people 14 years and over.
- We are undertaking Care and Treatment Reviews and are currently developing a local policy to inform our approach and ensure the effective use of resources.
- The work of the TCP was highly commended at the HSJ Awards in November 2016 in the Service Re-design Category.

3.2 Coventry, Warwickshire and Solihull's current plan focusses on improving our revised model of care for adults as well as developing and implementing our new model of care for children and young people. Specific attention is being given to developing community support for people with autism who do not have a learning disability and people with forensic needs. Another intention of the plan is to drive integrated commissioning and pooled budgets for people with learning disabilities and/or autism.

3.3 The plan contains specific inpatient trajectories we need to deliver locally to meet the requirements of *Building the Right Support*. It is important to note that 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 people concerned have a range of complexities that are subject to change.

In-patient Trajectories

4.1 The latest milestone report for the TCP identifies the following performance in relation to individuals with a learning disability and/or autism with mental health issues or

behaviours that challenge in hospital provision. Please note; NHSE numbers include young people (11) and adults (30) while the CCG numbers are all adults:

Trajectory progress	31/03/2016 Baseline	Q2 target	Q2 actual	Q3 target	Q3 actual	Q4 to date	Q4 target
NHS E	41	41	38	38	43	43	34
CCG	15	17	18	17	18	18	17
Total	56	58	56	55	61	61	51

4.2 While rated green by NHSE up to Q2 the TCP was informed in December 2016 that they had moved to amber rating as the Q3 target was not going to be met (it subsequently was not). In response, the TCP was required to prepare and submit an amber escalation plan. The plan outlined a number of mitigating actions to enable us to meet trajectories in future including route cause analysis, further work on financial modelling, reviewing the model of care, populating the At Risk of Admission Register and collaborative working with CCGs and LAs to address discharge issues. This was submitted on 3rd January 2017 and has been accepted by the NHSE regional team as satisfactory.

4.3 The TCP took the opportunity in December 2016 to adjust our trajectories over the course of the programme following additional information received about the number of people in Specialised Commissioning placements at the beginning of the programme. The changes made are highlighted in pink below:

	Year 0 (2015/16)	Year 1 (2016/17)				Year 2 (2017/18)				Year 3 (2018/19)			
	as at 31/03/16	as at 30/06/16	as at 30/09/16	as at 31/12/16	as at 31/03/17	as at 30/06/17	as at 30/09/17	as at 31/12/17	as at 31/03/18	as at 30/06/18	as at 30/09/18	as at 31/12/18	as at 31/03/19
NHS England commissioned inpatients	41	41	41	41	37	36	35	34	28	27	27	26	23
CCG commissioned inpatients	15	17	17	19	19	19	19	18	18	16	16	16	14
Total No. of Inpatients with learning disabilities and/or autism* (TCP level; and by TCP of origin)**	56	58	58	60	56	55	54	52	46	43	43	42	37

Key Issues and Risks

5.1 There are a number of key risks associated with delivery of the plan. These risks are being actively managed through the TCP Board and associated workstreams.

Financial

5.2 With the inclusion of children and adults with autism and mental health needs or behaviours that challenge, with no learning disability, in the TCP programme there is increased need for community support (and associated funding) for this cohort of individuals. This is a recognised commissioning gap locally that will need to be effectively and appropriately managed. It is anticipated that additional resources will be required to support those at risk of admission and to develop intensive community support for this cohort of individuals.

5.3 Key to the delivery of this programme is our ability to move people out of NHSE Specialised Commissioning secure services to community based services. This will increase the number of community support packages that will need to be commissioned and funded locally. The nature of the presentation of this group of people invariably requires specialist bespoke packages that are complex and expensive.

5.4 An initial review of the potential cost of the increased number of patients across the TCP stepping down from Specialised Commissioning to locally funded care estimates that over the next 2 ¼ years the funding increase will be:

£1,222,797 for CCGs:

- Coventry – £638,077
- Warwickshire – £551,473
- Solihull – £33,247

£**886,095** for Local Authorities

- Coventry – £495,930
- Warwickshire – £356,918
- Solihull – £33,247

5.5 This does not include the costs of packages of care representing the natural flow/normal churn of customers absorbed by the CCGs and local authorities, i.e. those that would be expected to be discharged within any given year without the impact of the Transforming Care Programme. This is estimated at £2,251K across the TCP (approximately 4 people per year over the course of the programme).

5.6 While work continues nationally and regionally to agree funding flows there is no current agreement on the exact funding arrangements to meet the increased cost associated with this accelerated discharge programme; thus presenting a potential cost pressure to all local commissioning organisations. There is agreement in principle that CCG allocations will be increased in line with the closure of specialised inpatient provision and we are actively working with NHSE Specialised Commissioning to model and understand this. As a consequence, we have recently devised a new financial plan for our TCP and a bid for transformational funding. These were submitted to NHSE on 24th February 2017.

5.7 The local authorities within the TCP have taken the position to date that the additional costs of this programme must be met or guaranteed in full by NHS Specialised Commissioning to enable discharges to take place. The CCGs understand this

position, and are working to support discharges on the basis that they expect appropriate funds to flow from NHS Specialised Commissioning as anticipated.

5.8 The issue of funding is expected to be resolved imminently and as stated in 5.6 we have recently revised and submitted our financial plan and are awaiting feedback. The latest update from NHS England (18/01/2017) contained the following:

One of the outstanding issues to resolve was the mechanism for transferring resources to Local Authorities/Clinical Commissioning Groups (CCGs) from NHS England, when NHSE-funded beds are closed, and where a pooled budget is not in place. It was agreed to transfer funds by adjusting CCG allocations – to cover community support for both dowry and non-dowry-eligible patients.

Resource

5.9 The demands on CCGs and LAs to support all of the TCP related activity has continued to increase. In addition to programme management, supporting the various governance meetings and both planned and ad hoc reporting expectations, CCGs have a statutory requirement to attend all Specialised Commissioning Care and Treatment Reviews (CTRs), which occur at least every 6 months for all 43 children and adults currently in hospital. In relation to CCG funded inpatients (currently 18) the requirement is to organise and chair all CTR's which include post admission CTRs shortly after admission and again every 6 months or following a significant change after that. Each of the inpatient CTRs is expected to last a full day to ensure all aspects of the person's presentation and care needs are considered. There is then time required writing up the CTR using the agreed national paperwork. There is also an expectation that social care attend and contribute to CTRs.

5.10 From a community perspective all individuals considered to be an immediate risk of admission must also have what is known as a blue light CTR. This must be held within 24-36 hours of a concern being raised. The demand for these CTRs, which again the CCG is required to organise and chair at short notice, has significantly increased with the inclusion of children and those with challenging behaviour and autism but no LD. The TCP has initiated some work to quantify the extent of this impact currently and any anticipated further increases in the short to medium term.

Quality and Patient Experience

5.11 In relation to quality, the key issue currently is the potential impact of funding issues for those stepping down from Specialised Commissioning. This may lead to people who are ready to be supported in a less restrictive environment closer to home being held in placements that no longer appropriately support their needs. This patient care and experience issue has been recognised by the TCP and governance steps have been agreed to ensure any such patient care issues are highlighted through the governance process and escalated to NHS England regionally.

5.12 It is also important to note that this programme creates clear expectations as to how we will deliver support for individuals across our TCP footprint now. As we work to together to create our new community service infrastructure and preventative offer, within a complex TCP structure, there continues to be a challenge regarding the pace

of transformation and the ability of our local health and social care systems to deliver expectations.

Market

5.13 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.

5.14 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 has taken 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. The TCP is currently seeking approval to undertake a specific tender for community support services to facilitate delivery of this programme.

Background Papers

None

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

Local Member(s): none

Other members: Councillors Izzi Secombe, Jose Compton, Alan Webb, Mike Perry, John Holland, Kate Rolfe

Item 2(b)

Health and Wellbeing Board

22 March 2017

One Organisational Plan 2020

Summary:

On 2nd February 2017, Warwickshire County Council approved its 3 year Corporate Plan. This report sets out key features of the Plan and asks the Board to note the multi agency dimensions of the Plan and it basis for the Transformation of Services over the next three years.

Recommendations:

1. That the report be noted; and
2. That further updates be brought to the Board in relation to the Transformation Activity resulting from the One Organisational Plan 2020.

1.0 Overview

1.1 On 2nd February 2017, the One Organisational Plan 2020 (OOP 2020) was agreed by Warwickshire County Council as its corporate plan over the next 3 years.

1.2 The Plan is attached as Appendix 1. The overriding aspiration is to make 'Warwickshire the best that it can be' through the two key priorities:

a) Warwickshire Communities and Individuals are supported to be safe, healthy and independent.
b) Warwickshire's economy is vibrant and supported by the right jobs, training and skills and infrastructure.

1.3 The delivery of priorities will require a radical transformation of the way that the County Council conducts its business and the document recognises the need for such transformation to be undertaken in a multi-agency manner that is genuinely collaborative and recognises that in a climate of restricted resources the need to work together to deliver joint outcomes is paramount.

1.4 The submission of the document to the Board is viewed as the commencement of that engagement and in due course, with the Board's guidance, further updates will be provided that provide greater detail on the transformation

workstreams that will underpin delivery of the plan and highlight those areas where collaborative opportunities are greatest.

2.0 Recommendations

1. That the report be noted; and
2. That further updates be brought to the Board in relation to the Transformation Activity resulting from the One Organisational Plan 2020.

Background papers

1. Full Council Papers (2nd February 2017)

	Name	**Contact Information**
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Portfolio Holder	Cllr Les Caborn	cllrcaborn@warwickshire.gov.uk 01926 492512

Local members consulted:

None

Other members consulted:

Councillors Seccombe, Caborn, Compton, Webb, Holland, Perry and Rolfe.

OOP 2020

Warwickshire: Your Council

Warwickshire County Council One Organisational Plan 2020

Warwickshire County Council

Warwickshire County Council

Introduction

Welcome to Warwickshire County Council's new corporate plan. The One Organisational Plan 2017-20 describes how we will rise to the challenge of making Warwickshire the best it can be.

The journey over the last three years has been challenging - we have delivered the £92 million pounds of savings demanded of us to balance our budgets and we are now faced with making further savings of £67 million.

This means shaping the future of a very different County Council and different public service provision in Warwickshire by 2020. The reduction in resources does not diminish our ambition for the County. We are clear about our priorities - firstly, we want Warwickshire's communities and individuals to be supported so they are safe, healthy and independent with priority focussed on the most vulnerable. Secondly, we want Warwickshire's economy to be vibrant and supported by the right jobs, training, skills and infrastructure. We will seek to build our economy by attracting more investment, maximising business opportunities and encouraging job creation.

To achieve this we need to ensure our services are more efficient, integrated and that we make best possible use of new technologies and innovation. This means better access and information.

We cannot do this alone and we are continuing to look to our residents and partners in the public, private and voluntary communities to open up a new conversation with us to find solutions and different ways of working.

This plan sets out the journey we face - and begins to describe how we can work together to make Warwickshire the best it can be for everyone.

Warwickshire in the future

We know that in delivering our OOP 2020, we will be shaping a very different public service for Warwickshire. We know people will access services in different ways and technology will play a big role in this. This section sets out some of the key drivers and challenges that may impact on the landscape of the County over the next three years and through our understanding of Warwickshire of 2020, we can begin to plan for our future today and deliver our priorities.

Population

By 2020 the estimated population of Warwickshire will be

568,000

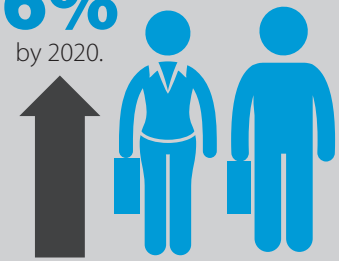
Economy

There will be a continuing focus on the growth of the economy and the importance of business rates.

It is predicted that the number of businesses is likely to increase further in the county and employment growth is expected to increase by

6%

by 2020.



Children & Families

It is estimated that by 2020 there will be

91,054

school age children living and accessing education in Warwickshire a **4%** increase on the 2015 mid year population of 4 to 17 year olds.

By 2020 more than

2,790

vulnerable families and individuals will have been identified and offered support that enables them to achieve greater stability and independence

Community Capacity & Voluntary Sector

Carers, particularly young carers, will continue to play a significant role in delivering aspects of social and personal care.

Some

60,000

carers in Warwickshire

currently provide vital support for their family and/or friends and with a growing population this is expected to increase.

Changing the way we deliver services & access them

The increase in use of **Smart Phones, Tablets** and the improvements in **Broadband speed** and coverage are changing the way people deliver and receive services.

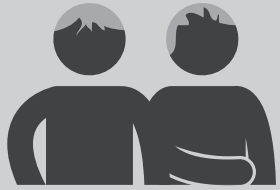
By 2020, Warwickshire residents will contact Warwickshire County Council for information and advice primarily via online tools (e.g. website and email)

Health & Wellbeing (including Adult Social Care & Public Heath)

The demands on adult social care will increase and by 2020 there are predicted to be

2,175

adult Warwickshire residents with a moderate or severe learning disability and 35,465 adult residents with a moderate or serious physical disability.



There is predicted to be a **19%** increase in people aged over 70 years by 2020

By 2020, it is estimated that the number of Warwickshire residents aged 65 and over with a limiting long term illness will be in the region of

59,564

We want to make Warwickshire the best it can be.

Warwickshire's Communities and Individuals are supported to be safe, healthy and independent

- Our communities are independent, resilient and safe
- Vulnerable members of our communities are supported to be independent and safe
- We support and coordinate other organisations to deliver services

Warwickshire's economy is vibrant and supported by the right jobs, training and skills and infrastructure

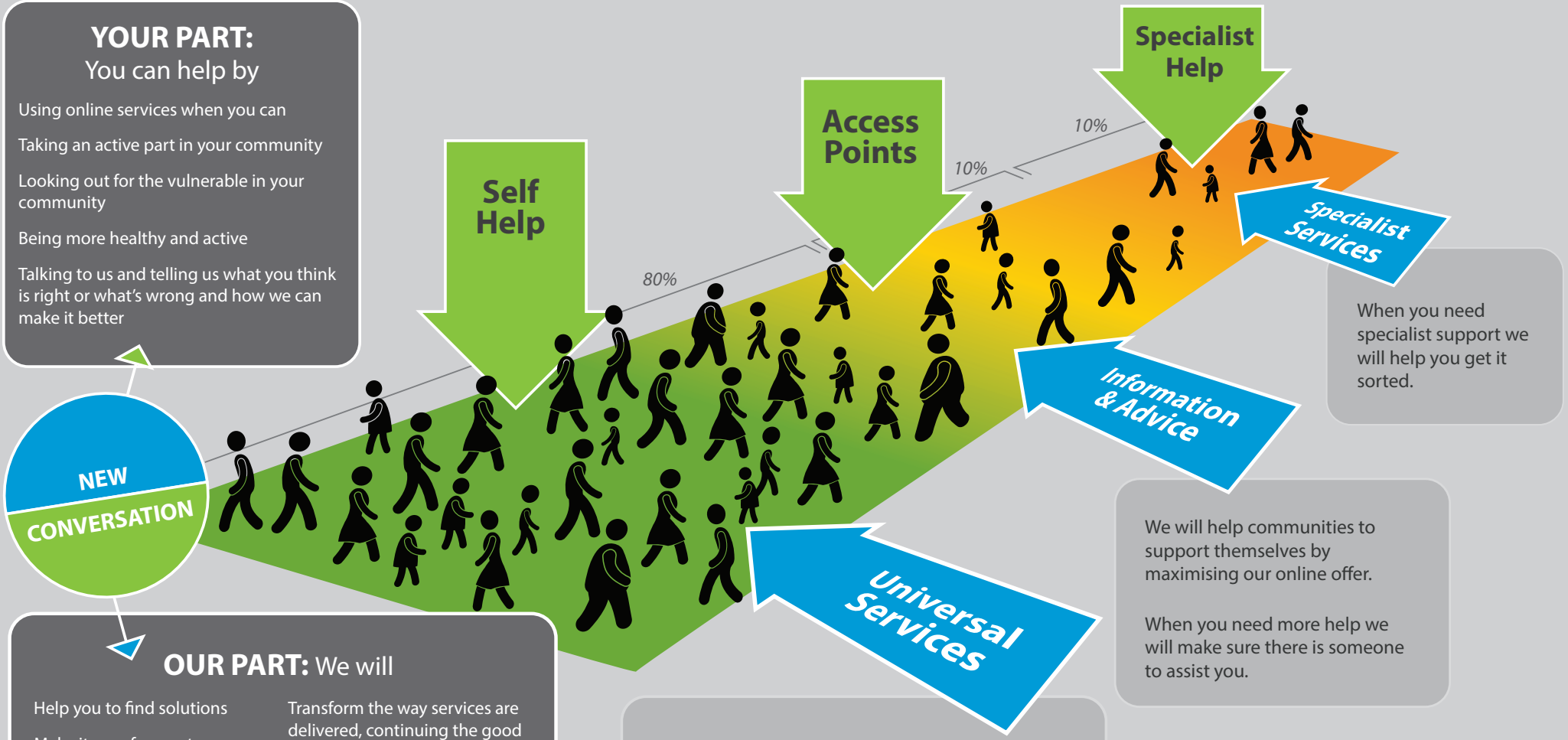
- Children and adults have access to quality learning throughout their lives
- Young people are supported to access apprenticeships and employment
- Warwickshire is an attractive place to do business with a strong local economy and infrastructure
- Our communities and businesses are thriving and prosperous

To make Warwickshire the best it can be and deliver the savings we need to make, we will need to use our resources differently and transform the way we deliver and commission services. The diagrams/frameworks on the following pages set out how we will make the changes we need to make to respond to this challenge.

Making Warwickshire the best it can be: A new conversation

YOUR PART:
You can help by

- Using online services when you can
- Taking an active part in your community
- Looking out for the vulnerable in your community
- Being more healthy and active
- Talking to us and telling us what you think is right or what's wrong and how we can make it better



When you need specialist support we will help you get it sorted.

We will help communities to support themselves by maximising our online offer.

When you need more help we will make sure there is someone to assist you.

We will provide a range of services which are available to all including schools, roads, libraries, fire & rescue.

We will work to increase the ability of individuals and communities to find solutions by developing communities and working with partners including the voluntary sector.

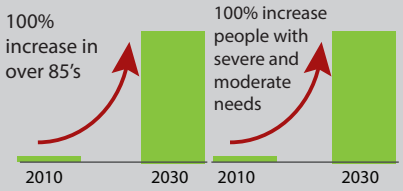
OUR PART: We will

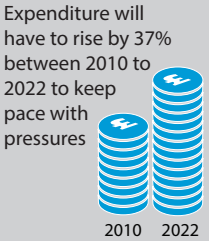
- Help you to find solutions
- Make it easy for you to access services you need
- Maximise the use of digital services
- Listen to your needs
- Build services around individual and community needs
- Transform the way services are delivered, continuing the good work we have started
- Work with partners to make experience between agencies seamless
- Support the economy to make it grow

Towards an integrated health and care model

The case for change

- Increasing demand, reducing supply
- Reducing money in the system
- Complex system to navigate





New model of care

- Enable people to be self sufficient
- Support people to be independent & stay in control
- Use technology & light touch self assessments
- Provide care & support that is proportionate to your needs

Design principles

- Self care
- Build upon existing assets & strengths
- Staff at a more local level
- Keep bureaucracy to a minimum
- Digital first

Behaviours: we will

- Do what we say
- Help people & communities to find their own solutions
- Move with purpose & energy
- Build strong working relationships
- Focus on solutions
- Be the best we can be

Traditional

Transitional

Transformational

New care pathway

Public health campaigns

Info & advice

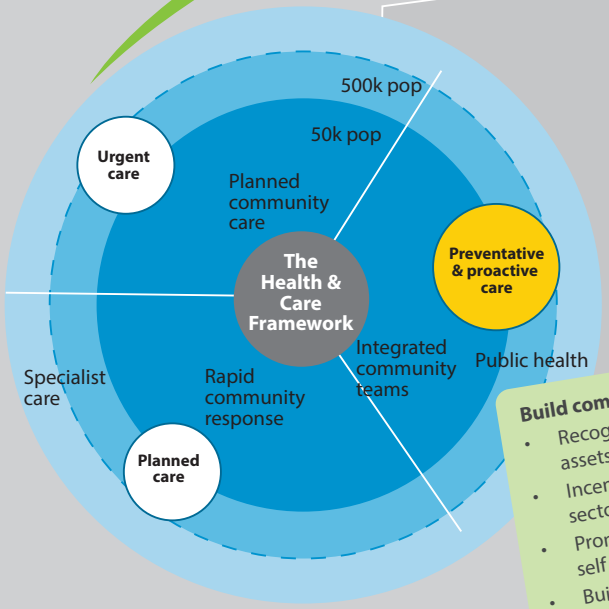
Community assets

Outreaching our social work consultants

Self service

Digital channels

Joint commissioning



Conversation 1 – Front door

- **Starts with a different conversation at the front door – connecting people to local solutions**

80%

Conversation 2 – Local Hubs

- **Takes place in communities where people live – local hubs. With a focus on people's own strengths and assets within their families and communities**

10%

Conversation 3 – Specialist Support Social work consultant/occupational therapists

- **Builds on 1 and 2 if needed**
- **Plan; what needs to change for you and work together to make this happen**

10%

Build community capacity

- Recognise local strengths & assets
- Incentivising voluntary sector & micro enterprises
- Promote health lifestyles & self care
- Build resilient self supporting communities

Front door

- Different conversations
- Improve information & advice offer
- Signpost to hubs & local assets
- Use technology & digital channels

Community based delivery

- Optimise community venues
- Focus on self care & management
- Partners & volunteers a cornerstone
- Social workers will work together with communities & partners

Integrated teams

- Health & Care Teams
  - Co-located
  - Proportionate assessments & reviews
  - Increased use of personal budgets/individual service funds
  - Simple systems & processes
  - Social work professional role strengthened

The outcomes

"I have help to make informed choices"

"I know where to get info about what is going on in my community"

"I have systems in place so that I can get help at an early stage to avoid a crisis"

"I have a network of people who support me – carers, family, friends, community and if needed paid staff"

"I am in control of planning my care & support"

"I have the information and support I need to remain as independent as possible"

"I am supported by people who help me make links to my local community"

"I have a clear line of communication, action and follow up"

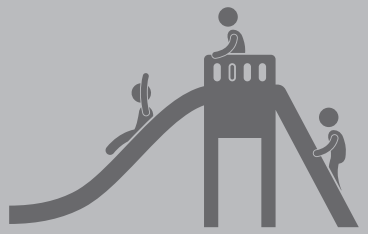
Integrated delivery models

Children and families - a vision for the future

Warwickshire Children

Clear emphasis on
Evidence based interventions
What works at what level
Learning from Priority Families
High quality practice making a difference

Financial context:
Reduced funding
Increasing costs
Increasing volume of need
Cost effectiveness - making every pound count



Easy access to information:
Internet resources, books, libraries, health promotions, leaflets, online video, community led groups, Family Information Service

Universal access to direct advice and guidance:
Schools, GPs, health services, children groups, pharmacies, parenting courses, advice lines, community led groups, emotional wellbeing

Access to direct family support:
Early help single assessment, family support workers

Tier 3: Local problem solving panels
Local multi agency problem solving group focusing on removing barriers and prevention.

Access intensive family support:
Intensive family support, social work

Tier 4: MASH and specialist social worker support
Statutory support provided at acute level of need

Services for children at serious risk of harm:
Foster care or residential, child protection

Tier 2: Single Assessment
One assessment
One plan
Coordinated services

Tier 1: Self help and brokerage
Empowering conversation
Community hubs
Connecting people to local solutions and guided self help

Reduce the time children need in care

Reduce inefficiencies & streamline services

Better outcomes for children

766
Children looked after and
440
Child protection plans

1,800
open child in need plans

1,400
open early help single assessments

Children and young people are at the heart of our practice

Guided self help Communities supporting one another

Working to support at the earliest opportunity

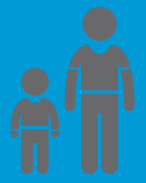
Right Support for the Right issue at the Right time

Services proportionate to need

Reduce the need for looked after children by 25% by 2020

Streamlining the child's journey

In 2014 an estimated 112,262 0-18yrs lived in Warwickshire



The population of children is 28% - 0-5 years 66% - 5-16 years

Over the next 10 years the 3-13 population is estimated to increase by 10%

Developing Community Capacity 2017-2020

Warwickshire County Council, communities, voluntary sector, district and borough councils, health partners and other public service providers work together in the delivery of high quality, cost effective opportunities with an emphasis on supporting people and communities to create their own solutions.

The Case For Change

- Less money into the system
- Increased demand on services
- The need for integrated solutions across sectors
- Under-utilisation of community assets

FOUNDATIONS

Community Engagement

- Promoting healthy and well communities
- Understanding the assets which exist
- Agreeing mutual outcomes with communities
- Empowering conversations
- Increasing participation and utilising community knowledge

Community Development

- Utilising community assets which already exist
- Encouraging communities to recognise and use their own assets
- Developing community –led solutions
- Promoting and encouraging volunteering
- Supporting neighbourhood level activity

Voluntary Sector Transformation

- Self-sustaining organisations
- A broader market of providers
- Supporting micro-enterprise
- Trusted referrals
- Bringing together private sector corporate social responsibility and community work

Community Infrastructure

- Digital access to services
- Universal services accessed through 'hubs'
- Signposting to specialist services
- Supporting flexible and targeted service delivery

Information and Advice

- Easy access to the right information and advice
- Making the interaction between the customer and the council the best it can be
- Directing customers towards self-help
- Ensuring compliance with standards and principles

Digital Services

- Supporting channel shift to digital first
- 'Closing down' other forms of access
- Supporting residents to 'get online'

Principles

- A new relationship with communities
- An asset based approach
- Consistent messages and leadership
- Investing to save

Behaviours: We will

- Do what we say
- Move with purpose and energy
- Focus on solutions
- Build strong working relationships
- Help people communicate and find their own solutions
- Be the best we can be

Transforming the way we work

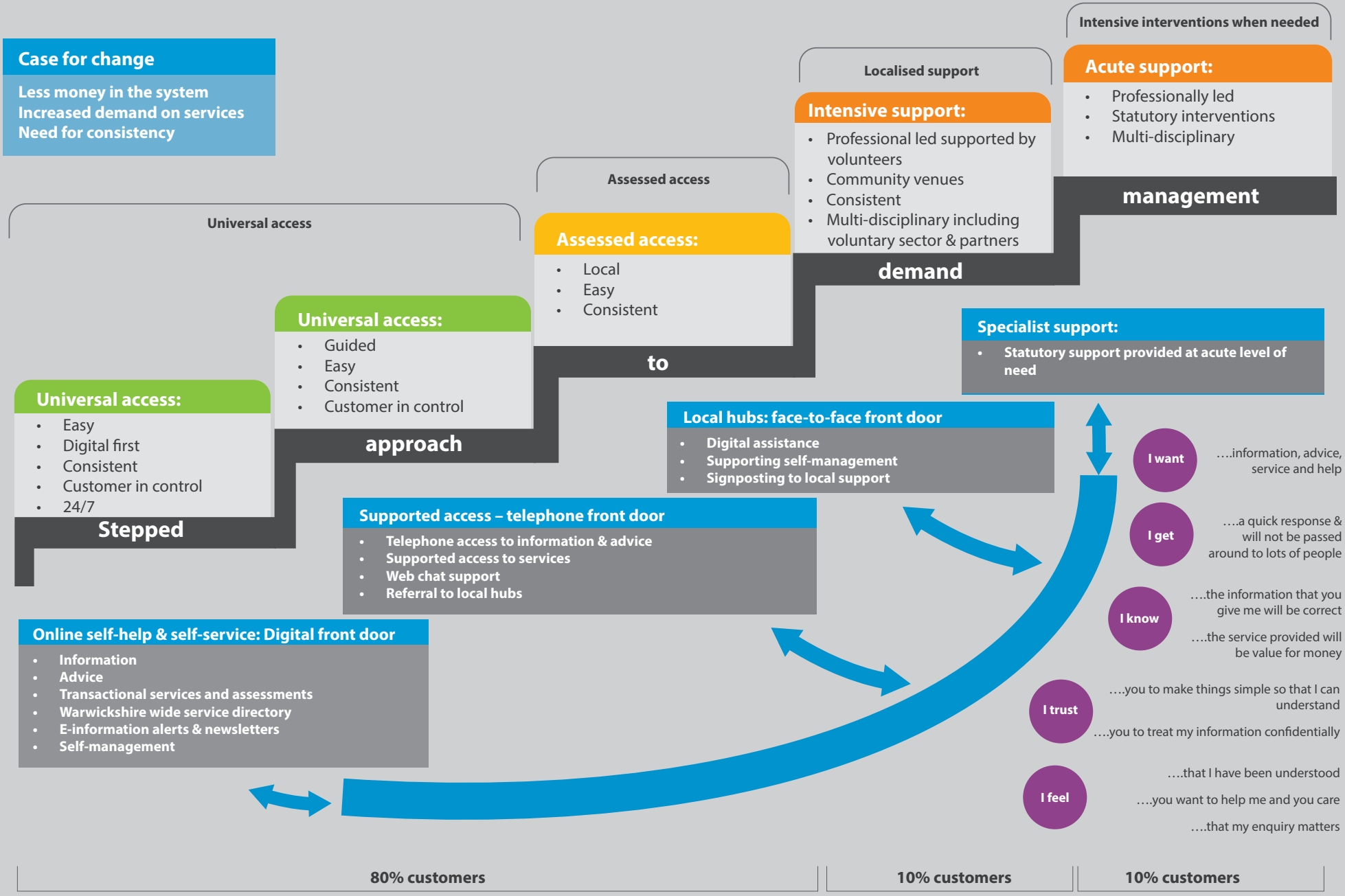
- Raising awareness and usage of the widest range of community assets
- Recognising community assets as enablers and solutions
- Unlocking the potential of emerging community assets
- Making clear and easy links between agencies, community assets and people
- Encouraging people's early participation to protect and promote health and wellbeing outcomes
- Understanding and recognising return on investment

Adult Customer Journey

Children's Customer Journey

Universal Services Customer Journey

Making information and advice freely available



Budget

On 2 February 2017 Warwickshire County Council agreed a medium term financial plan covering the period 2017-2020. This medium term financial plan will underpin the delivery of our One Organisation Plan 2020 and we will continue to review our medium term revenue position during the course of the plan.

The plan outlines how we will invest in Warwickshire's future so the economy is vibrant and we can use the proceeds from that to ensure our most vulnerable citizens are safe.

The amount of money we have available to provide services will be in the region of £395 million by 2020. A year by year breakdown is presented in more detail here and includes an annual increase in Council Tax each year of 1.99% plus an extra 2% levy specifically for adult social care.

Overall Predicted Council Revenue Position

	2017/18 £m	2018/19 £m	2019/20 £m
Revenue Support Grant	20	10	-
Business Rates	61	63	65
Other Government Grants[1]	41	44	49
Adult Social Care Levy *(2% year on year increase)*	10	15	20
Council Tax *(1.99% year on year increase)*[2]	247	254	261
Total Revenue Resource	**379**	**386**	**395**

Council tax remains the biggest source of income and the development of the 2017-2020 Plan continues to provide the opportunity to take a longer term approach to setting the level of council tax.

We have identified that over the three years of the plan we must deliver savings of £67 million. The savings have been identified from all areas of activity and will be delivered in a phased manner over the three years.

Inflation

We have allowed for the cost of inflation over the period 2017-20 of £24 million. Funding has been allocated to cover the cost of inflation at a local level to minimise the impact on services.

Spending Pressures

We have allocated £2.5 million a year to respond to expected or new spending pressures that emerge through to 2020 to ensure we have in place a medium term financial plan that is financially resilient.

Capital Resources

We will use our capital resources over the next three years to support an enhanced programme of investment in Warwickshire's future. We will supplement our £20 million annual borrowing by reinvesting the additional funding we receive as a result of growth in delivering a positive and sustainable impact for the people and communities of Warwickshire.

Adult Social Care

We will use all of the additional 2% levy to increase the resources available to deliver adult social care, meeting demographic, statutory and inflationary pressures and delivering a service that supports people shaping their own solutions.

1 Other Government Grants included here are New Homes Bonus, Better Care Fund, Public Health Grant, Education Services Grant and Local Services Grants. Dedicated Schools Grant is excluded.
2 Council Tax figures assume a 0.75% year-on-year increase in tax base in future years
3 Figures may be amended following decisions taken on the Budget in February 2017

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Performance Business Unit
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February 2017

Item 2(d)

Health & Wellbeing Board

22nd March 2017

Pharmaceutical Needs Assessment (PNA) and Applications for Pharmacies Update

Recommendation

That the Board notes the update and progress on the PNA

1.0 Key Issues

1.1 Background

1.2 The Pharmaceutical Needs Assessment (PNA) 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.

1.3 The Health and Social Care Act 2012 transferred responsibility for the development and updating of the PNA from Primary Care Trusts to HWBs.

1.4 The NHS regulations of April 2013 state that HWBs must have produced their first PNA no later than 1st April 2015. After publication, each HWB must publish a statement of its revised assessment within 3 years of its previous. Therefore, the second PNA should be published no later than 24th March 2018.

1.5 Producing a second PNA

1.6 The process of producing a PNA takes around 12 months and involves a period of consultation, concluding with board level sign off.

1.7 Initial scoping work is underway to undertake the PNA:

1.7.1 NHS England, West Midlands Pharmacy Team, have confirmed their commitment to support this work through the provision of local data.

1.7.2 To maximise the resources available and align with local planning footprints, we are exploring a Coventry and Warwickshire PNA for 2018.

1.8 ***Applications for Pharmacies***

1.9 PNAs also provide the basis for the HWB response to applications for pharmacies, identifying any gaps in provision.

1.10 The 2015 PNA did not identify gaps in service provision for pharmacies.

1.11 The HWB are asked on occasion to comment on applications for new pharmacies. The PNA is seen as the HWB response to any such application and the HWB would be only be asked to respond by exception where there had been a significant change in service provision. This would then need to be supported by a supplementary statement updating the PNA.

2.0 Options and Proposal

2.1 The Board notes the update on the PNA

3.0 Timescales associated with the decision and next steps

3.1 An update will be brought to the June HWB with a final draft for approval by the 7th March 2019.

Background papers

N/A

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Portfolio Holder	Cllr Les Caborn	lescaborn@warwickshire.gov.uk

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

Local Member(s): None
Other members: Cllr Les Caborn, Portfolio Holder for Health

Item 2(e)

Health and Wellbeing Board

22 March 2017

Health and Wellbeing Executive Team Report

Recommendation(s)

1. The Board notes the key messages and decisions from the Health and Wellbeing (HWB) Executive Team on 15th February 2017.

1.0 Key Issues

1.1 The HWB Strategy was agreed in November 2014. It sets out a 5 year ambition for the Health & Wellbeing system in Warwickshire.

1.2 Having reached the mid-point of the original strategy the HWB Executive used their meeting in February 2017 to address three clear objectives :

- To be confident about what the HWB Strategy has achieved so far
- To be assured that the HWB Strategy is still being delivered
- To be confident that the direction set in 2014 is still relevant

1.3 As part of the regular reporting from the Team to the Board, this report provides summary of the session.

2.0 Options and Proposal

2.1 The February meeting of the HWB Executive Team was delivered as a workshop focusing on reviewing the current position of the HWB Strategy and building a shared view of the future challenges and activity planned by each organisation.

2.2 Ahead of the meeting all Executive Team members were asked to provide details of their anticipated strategic aims and transformation activity related to Health & Wellbeing up to 2020.

2.3 This provided a consolidated view which was then compared to the aims and direction as set out in the HWB Strategy as set in 2014.

NB. Where not submitted in time, Partner organisations have been asked to update the consolidated view to ensure this is re-presentative of the whole system.

2.4 In considering both progress made to date and the consolidated future view, the following points were made:

- It was felt that the three strategic priorities within the HWB Strategy are easy to understand, well recognised and visible across partner agencies. They remain fit for purpose, but should be given more meaning in light of the current operating context, particularly:
  - The shift to Place based working (refreshed JSNA) and the importance of access to services in this
  - Prevention as an underpinning principle
  - Self-help and building community capacity
- It was recognised that the volume of contributions to these strategic priorities is significant and growing as we mature as a partnership and better understand each other's business. This emphasised the importance of 'bottom-up' contributions to partnership working. As a result inputs towards health & wellbeing outcomes are often linked to these three strategic priorities.
- The detailed activity/outcomes which sit below the strategic priorities in the HWB Strategy are less visible within organisational plans and are harder to track because they do not have clear accountabilities and/or leads. In the future we may therefore need to improve how we confirm accountabilities between ourselves - with one partner leading on certain areas and supported explicitly by others.
- Given this complexity it was considered critical that we continue to invest time understanding what each organisation does and is trying to achieve.

2.4 In conclusion the HWB Executive team agreed that:

- Overall the current HWB Strategy remains relevant and fit for purpose
- Future effort should therefore seek to evolve the current strategy through annual review, rather than develop a brand new one.
- The headline priorities/principles remain relevant, but should be given refreshed meaning to reflect greater clarity of what we want to achieve in areas such as community capacity and changes in the JSNA/placed based working etc
- An annual implementation plan to support the HWB strategy should be developed and owned by the Executive Group. This should be

influenced by the detail of the HWB Strategy, but prioritise key areas of work and/or themes which better reflects the key priorities of each organisation

- As an example of good practice it was felt the HWB Board and Executive Team could begin to emulate the behaviours and working practices of an Accountable Care system. In the first instance:

  - Work will continue on developing a score card/outcome framework for the HWB Strategy to tighten measurement of impact where possible

  - The strength and visibility of connection of the HWB strategy to individual planning with organisations will continue to be overseen by the respective HWB Executive Team members

  - Greater effort and focus should be placed on fostering positive relationships; and increasing awareness and understanding each other's drivers and business and that this should be made visible to the public.

2.5 This approach was felt to take into consideration the national and local operating content, including the development of STPs.

3 Timescales associated with the decision and next steps

3.1 The next HWB Executive Meeting will be held in April, where the proposed themes for the Implementation Plan for 2017/18 will be considered.

3.2 A further report on progress will be submitted to a later meeting of the HWB Board.

3.3 The Annual review for 2016/17 will adopt the principles set out above and be used to provide a mid-point review of the 5 year Strategy. This will be brought back to the HWB Board later in the year.

3.4 The Executive Team further reinforced the criticality of effective working relationships and behaviours to reassuring the public and making this agenda work. Future HWB Executive meetings will therefore seek to facilitate this sharing of knowledge and awareness based upon the success of this session

Background papers

None

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

Local member(s): None
Other members: None

Item 4

Health and Wellbeing Board

22 March 2017

Health Protection Strategy 2017-2021

Recommendation(s)

That the Strategy be approved and adopted, and that key areas of influence are supported strategically by Health and Wellbeing Board Members, in particular:

- Increasing uptake of flu vaccinations for health and social care staff who provide direct personal care, alongside promoting the role of frontline staff as important advocates for the vaccination programme for their own patients/Customers.

- Working to improve air quality through championing active/sustainable travel strategies and programmes for their own organisations.

- Supporting the development of a Coventry and Warwickshire-wide Anti-Microbial Resistance strategy, building on good work that is already being undertaken.

- Ensuring all frontline staff are aware of and referring vulnerable individuals to commissioned support and advice services related to affordable heating.

1.0 Key Issues

1.1 The Health Protection Strategy 2017-2021 sets out the partnership approach, specific aims and seven priorities for Health Protection across Coventry and Warwickshire for 2017-2021. The strategy supports the local authority statutory duty to “ensure there are plans in place to protect the health of the population” as defined in the Health and Social Care Act 2012.

1.2 The Strategy outlines progress made on a number of priority areas identified in the Health Protection Strategy 2013 – 2015 and the joint ambitions for the new Strategy are outlined in the “Strategy on a Page” at the beginning of the document.

1.3 Progress against the Strategy will be monitored by the Health Protection Committee and reported (as required) annually to the Health and Wellbeing Board. The Health Protection Committee consists of partners from Public Health England, CCGs (Infection Control), Environmental Health, NHS England (Screening and Immunisation Teams), as well as Public Health. Action plans and work-streams/partnership boards (both formal and informal) are currently in place/will be developed for each of the seven priority areas.

Options and Proposal

1.4 Local population Health Protection needs have been assessed to develop the current Strategy document being proposed for approval by the Board. The strategic aims and priorities have also importantly been aligned to those of Committee member organisations.

1.5 The Health Protection Strategy can be delivered within existing financial resources of Warwickshire County Council and does not require investment in order to implement per se. As it is a partnership document and does require the commissioning of some frontline services/providers by all partners it is expected and assumed that each individual commissioner/organisation will agree and procure any services within their own organisation's agreed financial capacity, and this is the whole responsibility of that commissioning organisation. There may also be options for partners to apply for external funding to support some of the strategy objectives.

1.6 With regard to Equality Impact Assessment (EIA), this is a partnership strategy. As such, the strategy makes a number of proposals, and it is the responsibility of all partners involved in commissioning services, or developing policy related to implementation of strategy recommendations to undertake EIAs as appropriate for their organisation and service areas.

2.0 Timescales associated with the decision and next steps

2.1 If duly approved by the Health and Wellbeing Board on March 22nd 2017, the Strategy will be presented to the Health and Wellbeing Executive on April 13th 2017 for discussion regarding implementation.

Background papers

1. Draft Health Protection Strategy 2017-2021 (for approval by Board)

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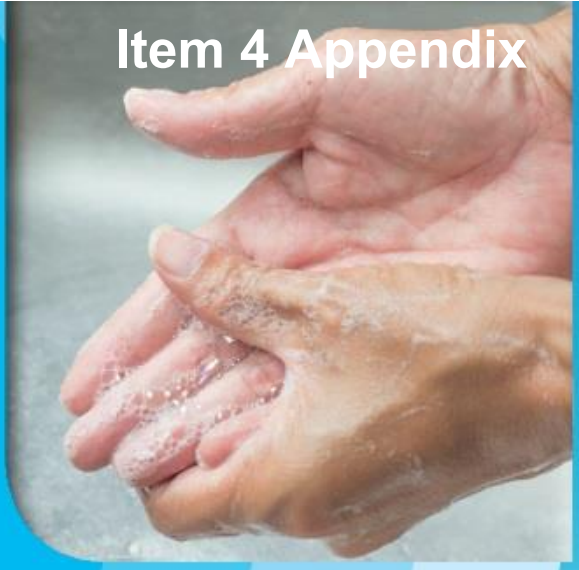
Local Member(s): none
Other members: Cllr Izzi Secombe, Cllr Jose Compton, Cllr Alan Webb, Cllr Mike Perry, Cllr John Holland, Cllr Kate Rolfe.

Item 4 Appendix



Coventry and Warwickshire
Health Protection Strategy
2017 - 2021

Warwickshire County Council

Nuneaton & Bedworth United to Achieve

Public Health England
Protecting and improving the nation's health

Coventry City Council

Stratford-on-Avon District Council

North Warwickshire Borough Council

Rugby Borough Council

Warwick District Council

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Health Protection Strategy 2017-2021 Plan on a Page

Priority Area	Vision	Measures of success	What the Strategy will Deliver
Air Quality	To reduce the concentrations of air pollutants which have a negative impact on health, with a focus on areas of poorest air quality	↓Concentrations of N02 and PM 2.5 ↓Use of cars for short journeys ↑Development of Cycleways and use of cycle ways	●Practical solutions to promote behaviour shifts and initiatives that reduce car journeys and promote physical activity, including in school and workplace environments ●More 'active' travel infrastructure solutions with increased cycle ways, and improved public transport infrastructure ●Evidence of designing in health through planning processes ●Exploration of wider opportunities for improving fleet vehicles, and green procurement. opportunities
TB	To improve prompt diagnosis of suspected TB, maintain high treatment completion rates, and establish a latent TB case finding programme	↓Time between onset of symptoms and diagnosis ↑Treatment completion rates ↑Diagnosis and treatment of latent TB in new entrants from high incidence countries	●Raise TB awareness among professionals and high-risk communities to improve knowledge and early diagnosis in underserved groups. ● Increase prompt diagnosis and treatment: All patients to commence treatment within 2 days of suspected diagnosis, with suspected infectious cases seen in clinic within 2 weeks ●Screening of New Entrants: a nurse led Latent TB Screening programme is being established and will target people within Coventry and Rugby CCG catchment area who are new entrants from high incidence countries. ●Effective management of both hospital and community incidents with outcomes and learning shared appropriately.
Hepatitis B/C	To develop clear and agreed pathways for testing of those at risk, high quality treatment for those diagnosed, and the public health management of contacts	Agreed commissioning policy re Hepatitis B/C testing in community NICE recommendations re Hepatitis B/C treatment in Acute contracts Agreed commissioning policy for screening of contacts	●Reduce the spread of Hepatitis B/C through appropriate targeted testing and screening and engagement with treatment ●Increase uptake of appropriate Hepatitis B vaccinations for individuals in high risk groups and contacts of cases. ●Support commissioned Sexual Health and Drug and Alcohol service providers in Coventry and Warwickshire to increase appropriate identification, treatment and vaccination within their service area. ●Embed NICE Guidance into future commissioning planning and service specifications for treatment and care of individuals with Hepatitis B/C
Screening and Immunisations	To maintain/increase uptake in all screening/immunisation programmes, with a focus on groups with low uptake, and service-related disparities in uptake	Maintain or increase uptake in all screening and immunisation programmes, with a focus on groups with low uptake	●Maintain or increase (as appropriate) uptake across all screening and vaccination programmes ●Effectively targeting underserved/'harder to reach' groups or those programmes with lower levels to increase specific engagement and uptake. ●Work with commissioners and services supporting Looked After Children to increase uptake of routine immunisations
Infection Control	To reduce the incidence and duration of outbreaks in health and care settings, and develop and deliver a system-wide Antimicrobial resistance strategy	↓incidence of outbreaks in health and care settings ↓duration of outbreaks in health and care settings	●Work to reduce both the incidence and duration of outbreaks in health and care settings, and ensure when these do occur, reflective learning drives service change and good practice is shared. ●Embed a 'Champions' model in all care homes so all staff are trained and confident in preventing infections ●Develop and embed an Antimicrobial Strategy to sit alongside this overarching strategy ●Standardise the Root Cause Analysis approach for all C. difficile infection cases (caused by a number of things including inappropriate antibiotic prescribing).
Emergency Planning	To develop a comprehensive system-wide pandemic flu plan, and focus on continuous improvement in outbreak planning arrangements	NHS and LA/LRF pandemic flu plans in place and tested	●Development of comprehensive system-wide pandemic flu plan(s) that focus on continuous improvement in outbreak planning arrangements, at both strategic and operational levels, including NHS, Local Authority and Local Resilience Forum Plans.
Excess Winter Deaths and Health Effects of Cold Weather	To minimise excess winter deaths and morbidity through collective preventative action on key drivers of cold-related ill-health	↓Number of households in fuel poverty ↓Flu-related hospital admissions and deaths ↑Seasonal Flu vaccination uptake among risk groups	●Reduce the number of homes experiencing fuel poverty through increasing referrals to commissioned services that offer advice/support and physical interventions, including 'affordable warmth on prescription' services to vulnerable, eligible households. ●Increase uptake of Flu vaccinations in eligible groups through annual campaigns, and engaging with frontline staff to recommend flu vaccinations ●Explore multi agency commissioning opportunities to look at widening out affordable warmth initiatives ●Ensure an ongoing collaborative approach to planning for cold weather across health and care services

Health Protection Strategy 2017 - 2021 – Local Focus		
Priority	Focus in Coventry	Focus in Warwickshire
Air Quality	City-wide Air Quality management required	Urban Areas
TB	Establishing Latent TB Case-finding programme and strengthening partnerships for managing patients with complex medical and social needs	Focus on education of health professionals regarding epidemiology of TB in Warwickshire, when to "think TB", as well as maintaining excellent treatment completion rates
Hepatitis B/C	Understanding and tackling reasons for high incidence of Hepatitis B/C in Coventry	Ensuring whole pathway of care – from screening/testing to treatment is evidence-based and working well.
Screening and Immunisations	Focus on adult screening programmes (lower uptake than national), and immunisation uptake in Looked after Children	Focus on maintaining overall good immunisation and screening uptake, identifying geographical areas/particular groups where uptake is lower
Infection Control	Establishing Root Cause Analysis for healthcare acquired infections in the Community, and development of an Antimicrobial Resistance Strategy for the sub-region	Particular focus on infection control and outbreaks in health and care settings, and an Antimicrobial Resistance Strategy for the sub-region
Emergency Planning	Ensuring multi-agency pandemic flu plans are in place and tested.	Focus on access to treatment/prevention services (e.g. antivirals, vaccinations) during a pandemic, especially in rural areas
Excess Winter Deaths	Reducing numbers and proportions of households in fuel poverty, and increasing uptake of seasonal flu vaccinations across all risk groups	Reducing numbers and proportions of households in fuel poverty, with a focus on ensuring support services are accessible to rural populations. Increasing seasonal flu vaccination uptake across all risk groups, particularly in North of the County

Introduction

Background

This strategy sets out the partnership approach and specific aims and priorities for Health Protection across Coventry and Warwickshire for 2017-2021.

Health Protection is concerned with ensuring the health and wellbeing of the Coventry and Warwickshire populations. It uses population-wide surveillance and interventions to prevent disease and provide protection from a range of potential hazards and harms. To achieve this, a multi-agency approach is required.

Purpose and Priorities

The purpose of developing this strategy, which builds on work outlined in the previous 2013 - 2015 strategy document, is to produce a shared and integrated 5-year vision for Health Protection for the population of Coventry and Warwickshire. A summary of progress made since the 2013-15 strategy was implemented is outlined in Appendix 1.

The Health and Social Care Act 2012 proposed new duties and responsibilities for both the NHS and Local Authorities, creating a range of new organisations, each with a number of health protection responsibilities. It placed the responsibility for system-wide health protection assurance with Directors of Public Health, to ensure appropriate oversight and challenge in the system for the effective planning and delivery of health protection programmes.

Coventry and Warwickshire have well-established and effective relationships and a long history of collaborative working to deliver health protection functions. However, we are confronted with new and evolving challenges to population health; emerging epidemics and drug resistance; changing environments and demographics, and the ongoing risk of chemical and biological incidents. This clearly demands an ongoing robust health protection response.

This strategy is structured around the shared priorities and aims of the multi-agency membership of the Coventry and Warwickshire Health Protection Committee.

The collective role of the Health Protection Committee is to provide assurance on behalf of the population of Coventry and Warwickshire that there are safe and effective plans in place to protect local population health. This includes communicable disease control, infection prevention and control, emergency planning, environmental health, and screening and immunisation programmes. The Committee therefore takes a strategic lead for Health Protection, provides a professional forum for discussion/collaboration, ensures plans are tested, reviews risks and outbreaks as appropriate, and seeks assurance that quality improvements and incident ‘lessons learnt’ are embedded in practice.

The identified priorities, as set out below, have been agreed by the Committee, as well as being aligned to regional/national health protection priorities. It is the responsibility of Health

Protection Committee members to monitor progress against the strategy and underpinning action plans delegated to specialist working groups/teams.
The overarching aims of the Committee with regard to supporting the strategy are to guide the collective work of partners on the priorities, monitor progress against actions and be a vehicle to discharge statutory Public Health obligations required through the Health and Social Care Act 2012.

The Priorities identified for 2017 – 2021 are:

- Air Quality
- Tuberculosis
- Viral Hepatitis
- Population Screening and Immunisation Programmes
- Infection Control
- Emergency Planning
- Excess Winter Deaths

Who is the strategy for?

Coventry and Warwickshire residents, Local Health and Wellbeing Boards, Executive Teams of City, County, District and Borough Councils, local NHS organisations, Clinical Commissioning Groups, voluntary sector partner organisations and Public Health England in the West Midlands.

This strategy has links with other key local strategies such as the Joint Strategic Needs Assessments (JSNA), and Health and Wellbeing Strategies. It also links to and compliments a range of specific strategies underpinning the work of local partners and members of the Committee.

Implementation

The implementation of this strategy will be carried out jointly by partner organisations, and implementation groups and Boards which already exist (or will be convened in the future), e.g. the Coventry & Warwickshire TB Programme Board, Coventry and Warwickshire Hepatitis Strategic Group, Coventry and Warwickshire Air Quality Alliance, Warm and Well in Warwickshire and Keeping Coventry Warm Programme boards/operational groups.

Air Quality

Why is this important?

Poor air quality, both indoor (such as second hand smoke) and outdoor, can lead to significant adverse health effects. Our focus in this strategy is on outdoor air pollution, which has been linked to cancer, asthma/respiratory disease, strokes, and heart disease. Older people, those with existing long term conditions and children are more vulnerable to the effects of living or working in areas of high pollution.[1] There is also emerging evidence of effects in pregnancy and childhood.[1]

It is estimated that the equivalent of 40,000 deaths per year in the UK are directly attributable to outdoor air pollution.

Air quality across the UK has been impacted by the modern pollutants associated with the rapid increase in transport infrastructures, increased freight journeys and personal vehicle use/ownership. Nitrogen Dioxide (NO_2) and particulate matter PM_{10} and $PM_{2.5}$ are specific areas for concern.[2]

What does the data tell us?

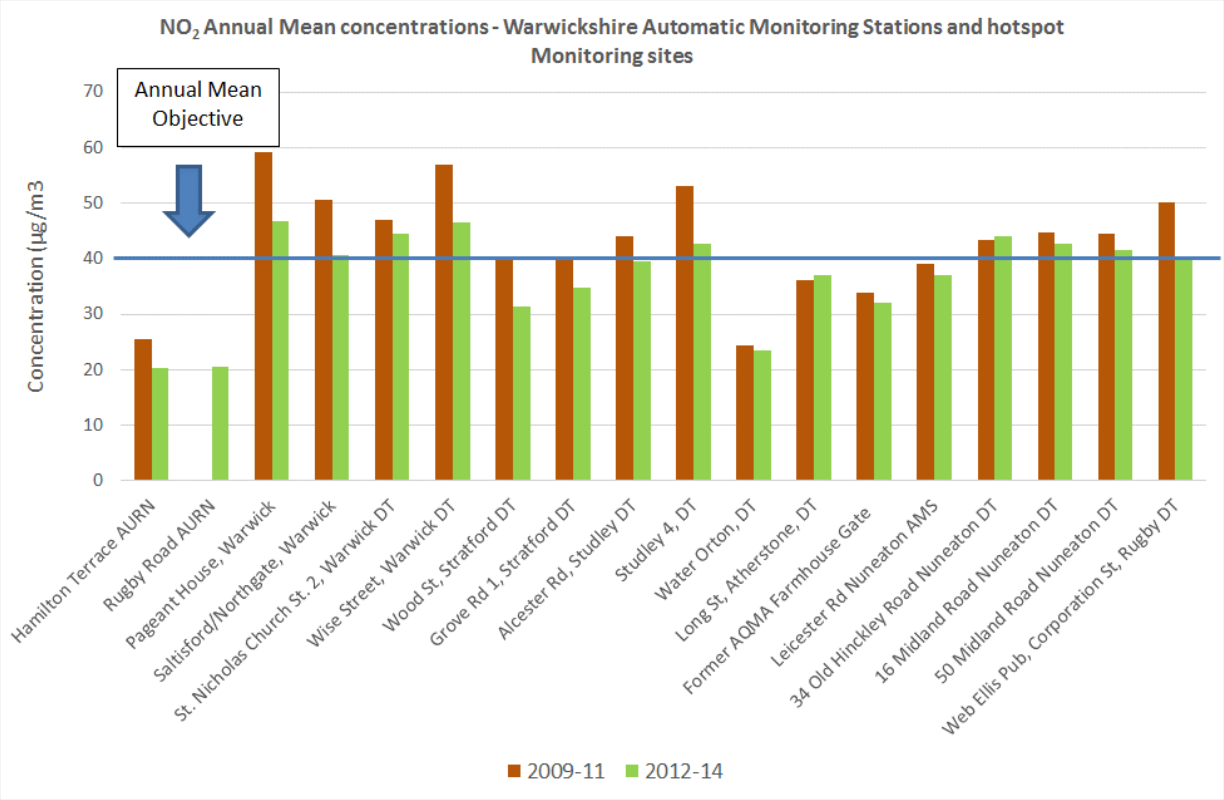
Figure 1 shows that in Warwickshire, there has been a reduction in measured NO_2 concentrations from 2009-11 to 2012-14 across 15 of 17 monitoring sites (selected on the basis of showing the worst measured pollutant levels across the county), with half of the monitoring stations reporting levels below the annual mean objective. Please note the monitoring sites presented in Figure 1 are 17 (9%) of a total of 180 monitoring sites across the County. The remaining sites show lower measured levels of pollutants. It should be noted that the increasing trend shown for one of the roadside[3] monitoring sites in Nuneaton and Bedworth (34, Old Hinckley Rd, Nuneaton) is likely due to a high reading in 2012 attributed to the presence of roadworks. NO_2 concentrations have declined since 2012.

[1] https://www.rcplondon.ac.uk/projects/outputs/every-breath-we-take-lifelong-impact-air-pollution

[2] https://www.gov.uk/government/collections/comeap-reports

[3] NB This is not a receptor location.

*Figure 1. NO_2 annual mean concentrations Warwickshire 2009-11 and 2012-14**

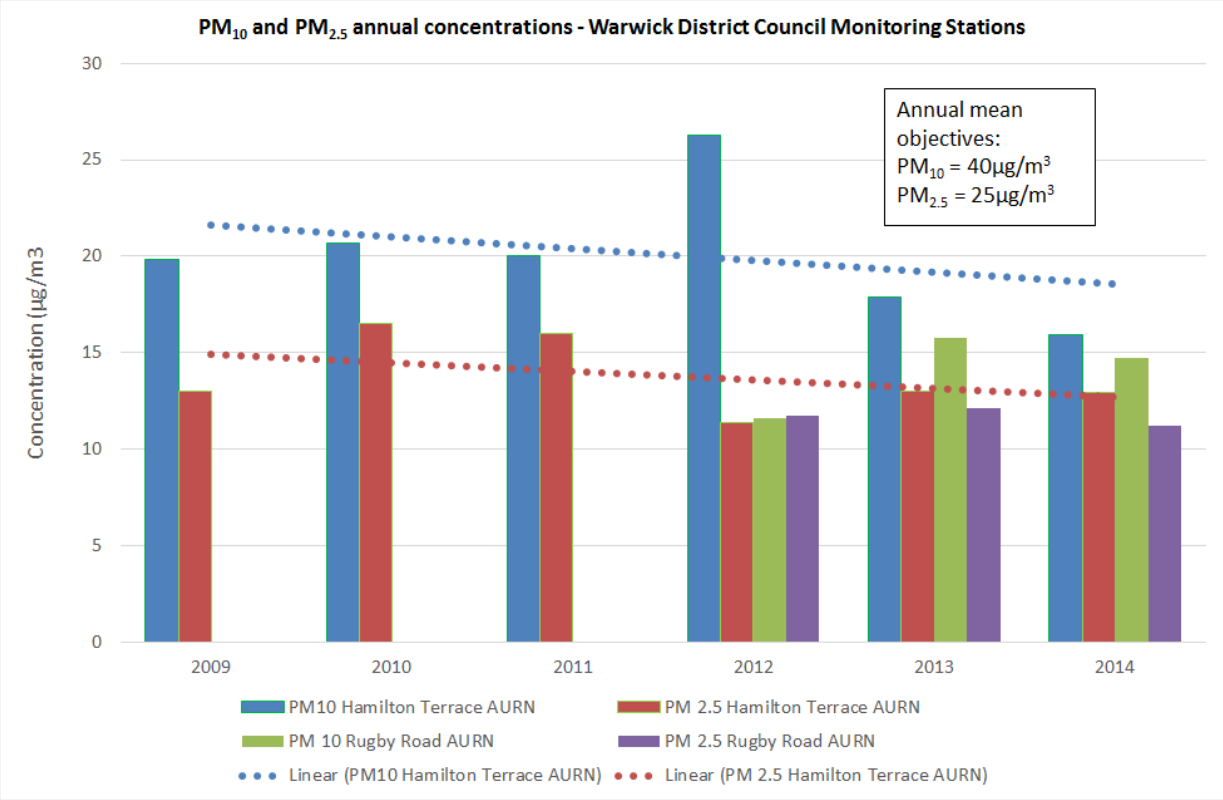


Source: Updating and Screening Assessment Reports, 2015

*All sites are roadside locations with the exception of Hamilton Terrace (urban background) and Long St. Atherstone (kerbside location).

In Warwick district, there has emerged an overall trend towards a reduction in both PM_{10} and $PM_{2.5}$ at Hamilton Terrace automatic monitoring station between 2009 and 2014 (Figure 2).

*Figure 2. PM_{10} and $PM_{2.5}$ annual concentrations Warwick**

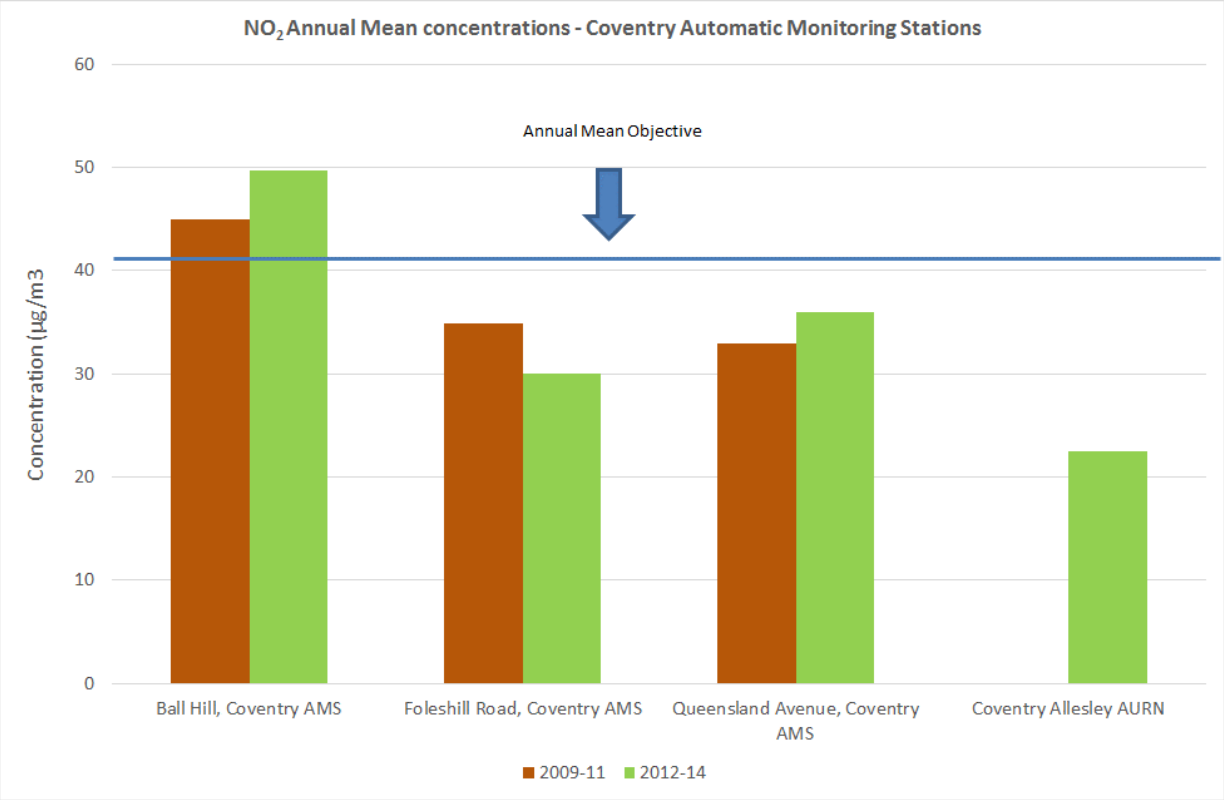


Source: Updating and Screening Assessment Reports, 2015

*All sites are roadside locations with the exception of Hamilton Terrace (urban background)

Figure 3 shows that in Coventry, 3 out of 4 automatic monitoring stations have shown NO_2 levels below the annual mean objective concentration, although in 2 of the 3 stations where data is available from both 2009-11 and 2012-14, an increase is seen between these time periods.

Figure 3. NO_2 annual mean concentrations Coventry 2009-11 and 2012-14*

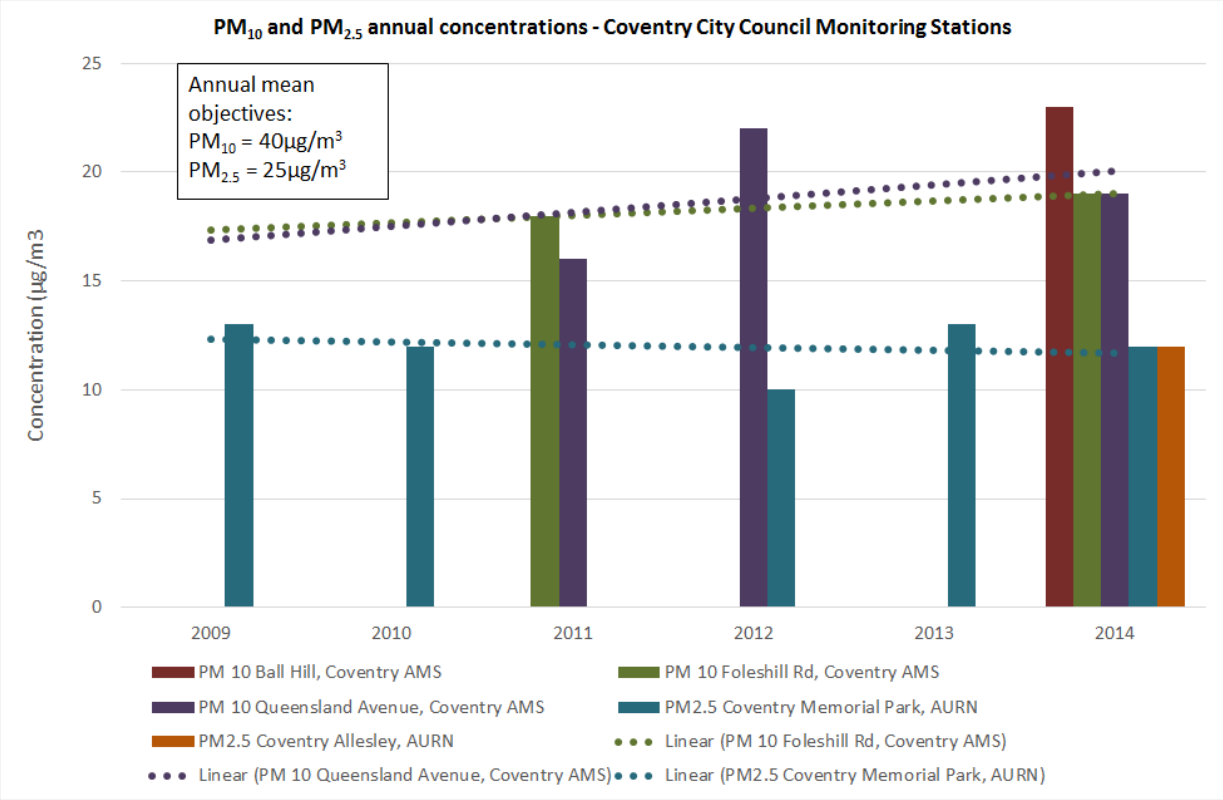


Source: Updating and Screening Assessment Reports, 2015

*All sites are roadside locations with the exception of the Allesley AURN (urban background)

In Coventry, there has been a small reduction in $PM_{2.5}$ annual concentrations at Memorial Park from 2009 to 2014, although there has been an increase in PM_{10} annual concentrations at Queensland Avenue and Foleshill Road between 2011 and 2014 (Figure 4). Please note that the only remaining monitoring station presented below is at Allesley. There is a further automatic monitoring station which will soon also be operational at Gosford Green. Non-automatic monitoring (with diffusion tubes) also continues across the City.

Figure 4. PM_{10} and $PM_{2.5}$ annual concentrations Coventry



Source: Updating and Screening Assessment Reports, 2015

*All sites are roadside locations with the exception of the Allesley and Memorial Park AURNs (urban background)

What will the strategy deliver?

- **Practical solutions to promote behaviour shifts** and initiatives that reduce car journeys and promote physical activity, including in school and workplace environments.
- **More 'active' travel infrastructure solutions** with increased cycle ways, and improved public transport infrastructure.
- **Evidence of designing in health through planning** processes.
- **Exploration of wider opportunities** for improving fleet vehicles, and green procurement opportunities.

Tuberculosis

Why is this important?

Tuberculosis (TB) is an infectious disease commonly affecting the lungs, but which can involve any part of the body. It is usually spread by the cough of an infected person. Prolonged close contact with a person with active TB, for example living in the same household, is usually necessary for infection to be passed on. However, it may take many years before someone infected with TB develops the disease, this is known as latent TB.

Active TB requires a minimum of 6 months treatment, with drug resistant TB costing much more in terms of treatment, hospitalisation and complex social care needs.

Nationally, the rates of active TB have shown increases since the mid-1980s, but since 2010 the incidence has decreased, partly due to reduced migration into the UK from high incidence countries. This trend has been mirrored locally across Coventry and Warwickshire. However, the complexity of cases and incidents has increased locally.

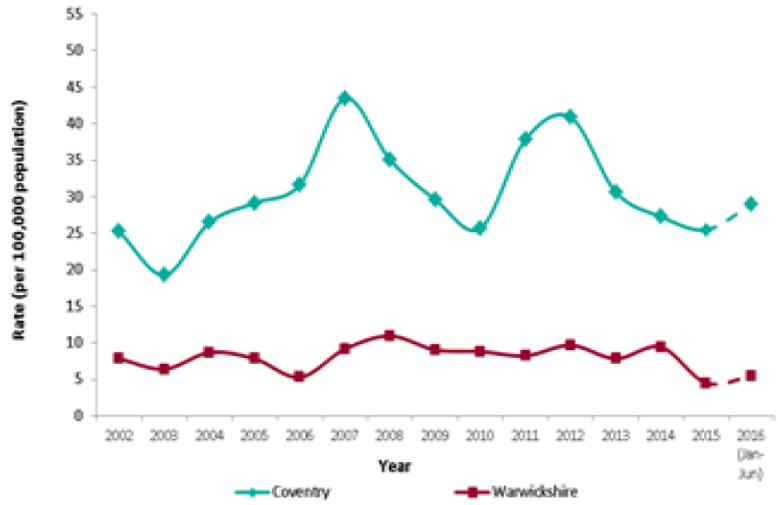
The National Collaborative Tuberculosis Strategy for England 2015 - 2020[4] was launched in 2015 proposing key areas for action. One of these relates to establishing Latent TB case finding programmes, which is one of the four areas for action locally identified by the Coventry and Warwickshire TB programme board, and mirrored in the strategy priorities for TB highlighted below.

What does the data tell us?

Figure 5 shows that rates of TB in Warwickshire have remained fairly steady over time with around 5-10 per 100,000 population since 2002. Rates in Coventry have been higher, although there has been a reduction in rates from 2012 to 2015.

[4] https://www.gov.uk/government/publications/collaborative-tuberculosis-strategy-for-england

Figure 5. TB rates per 100,000 population in Coventry and Warwickshire 2002-2016



Source: PHE, Tuberculosis (TB) Quarterly Report West Midlands, Quarter 2, 2016

There is variation in the rates of TB across Coventry and Warwickshire, as can be seen in Figures 6 and 7. In Coventry, the North and East of the city see more cases of TB, with Foleshill and St Michael's wards having the highest rates in the city. Across Warwickshire, the highest rates can be seen in areas of Rugby, Nuneaton and Bedworth and Leamington. Coventry and Rugby CCG has the third highest rate of TB amongst all CCGs across the West Midlands

Figure 6. Three year annual average TB incidence rate per 100,000 population Coventry 2012-2014

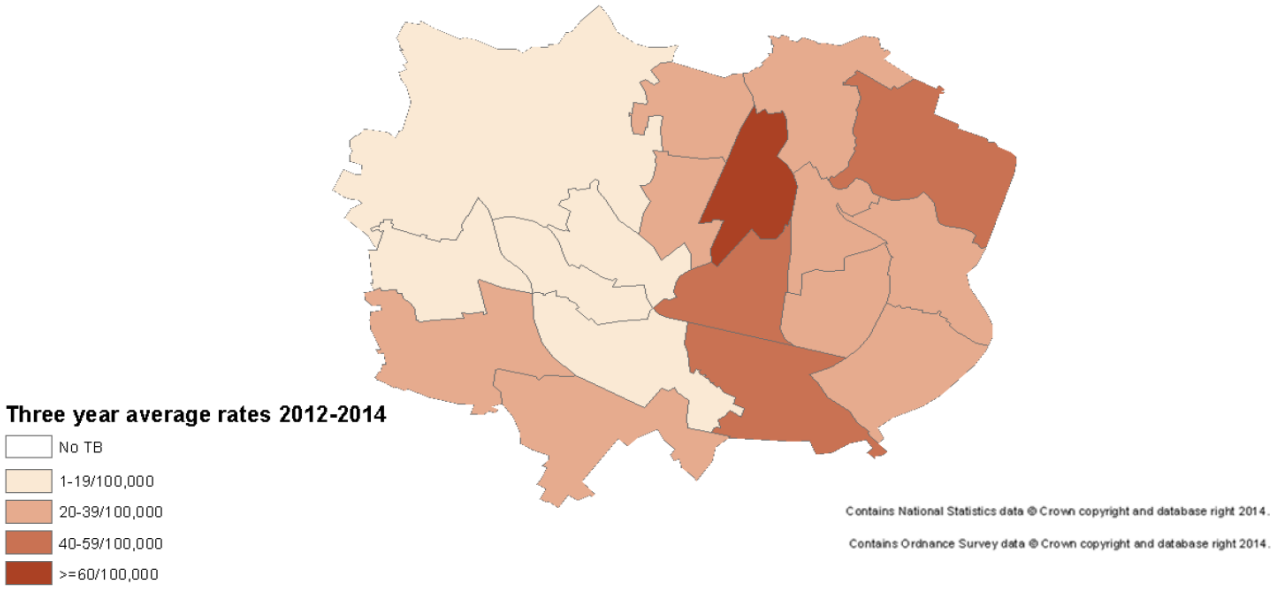
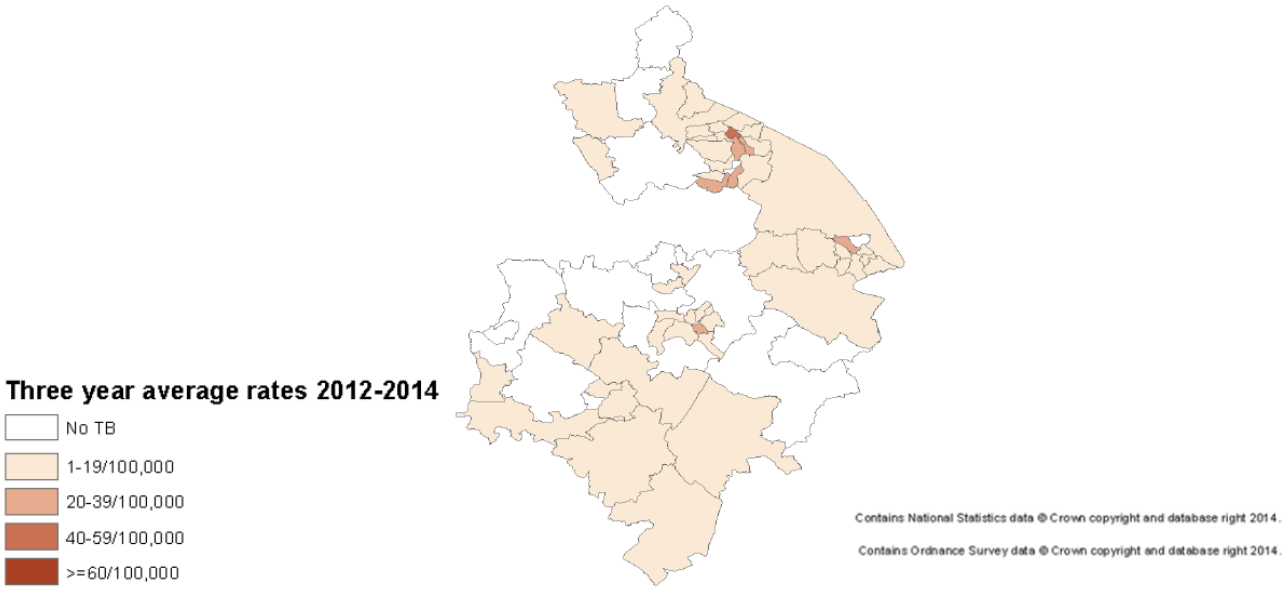
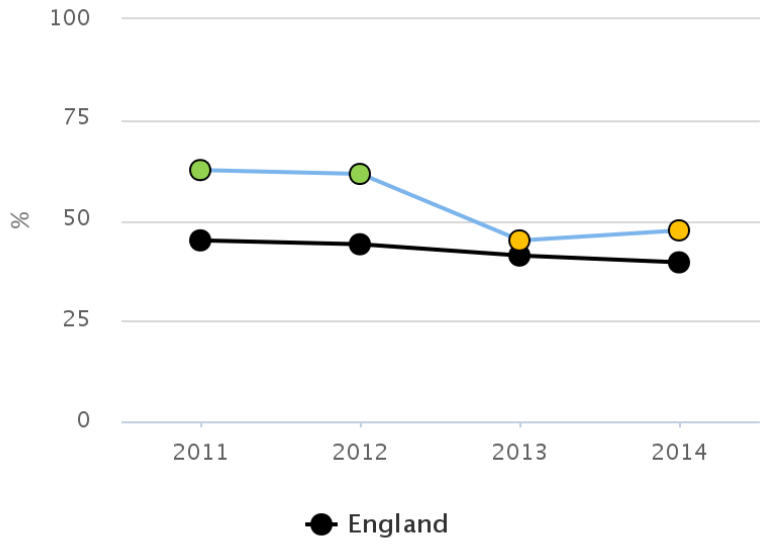


Figure 7. Three year annual average TB incidence rate per 100,000 population Warwickshire 2012-2014



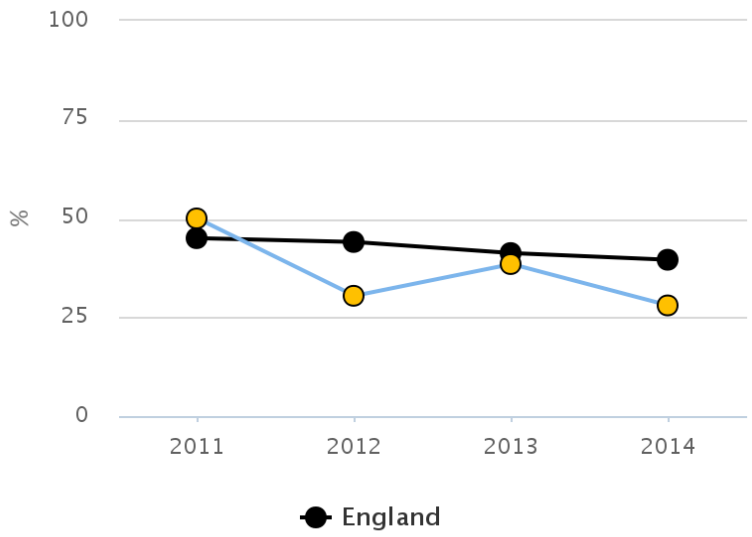
In Coventry, there is a higher proportion of pulmonary TB cases starting treatment within two months of symptom onset compared with the national average. The proportion in Warickshire has been similar to the national average. Figures 8 and 9 below show that in the latest figures for 2014, both areas show no significant difference compared to the national average.

Figure 8. Proportion of pulmonary TB cases starting treatment within two months of symptom onset Coventry 2011-2014



Source: Enhanced Tuberculosis Surveillance system (ETS)

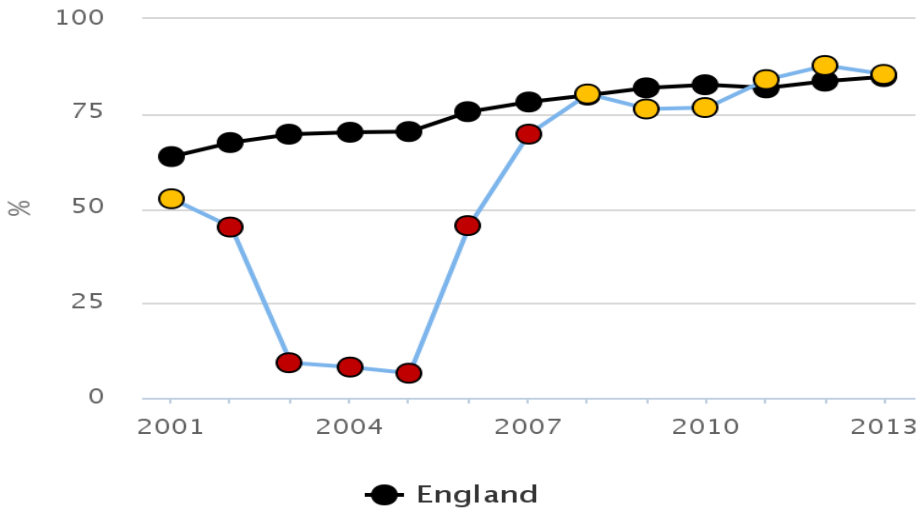
Figure 9. Proportion of pulmonary TB cases starting treatment within two months of symptom onset Warwickshire 2011-2014



Source: Enhanced Tuberculosis Surveillance system (ETS)

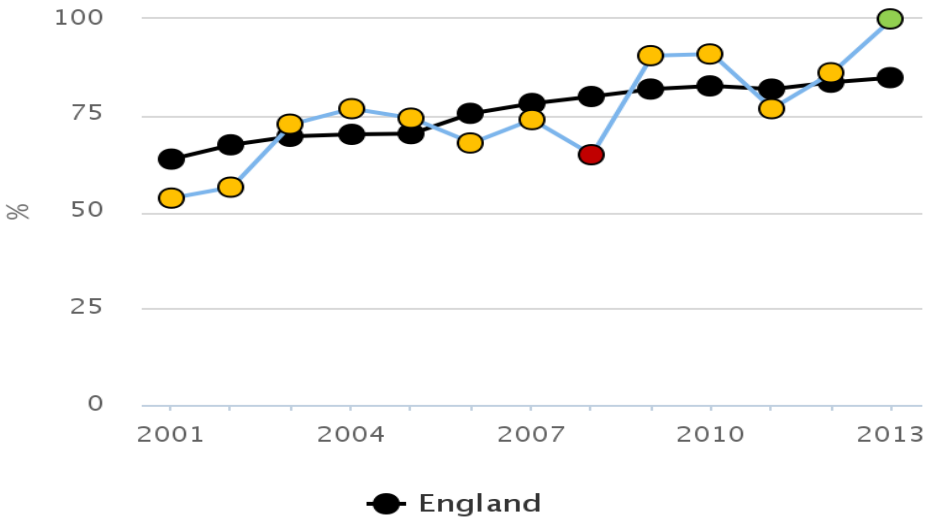
Figures 10 and 11 below show that since 2008, both Coventry and Warwickshire have seen similar rates of treatment completion for drug sensitive TB within 12 months compared to the national average, with an overall increase in treatment completion over time.

Figure 10. Proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months Coventry 2001-2013



Source: Enhanced Tuberculosis Surveillance system (ETS)

Figure 11. Proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months Warwickshire 2001-2013



Source: Enhanced Tuberculosis Surveillance system (ETS)

What will the strategy deliver?

- **Raise TB awareness** among professionals and high-risk communities to improve knowledge and early diagnosis in under-served groups.
- **Increase prompt diagnosis and treatment**: All patients to commence treatment within 2 days of suspected diagnosis, with suspected infectious cases seen in clinic within 2 weeks.
- **Screening of new entrants**: a nurse led Latent TB Screening programme is being established and will target people within Coventry and Rugby CCG catchment area who are new entrants from high incidence countries.
- **Effective management of both hospital and community incidents** with outcomes and learning shared appropriately.

Viral Hepatitis (Hepatitis B and Hepatitis C)

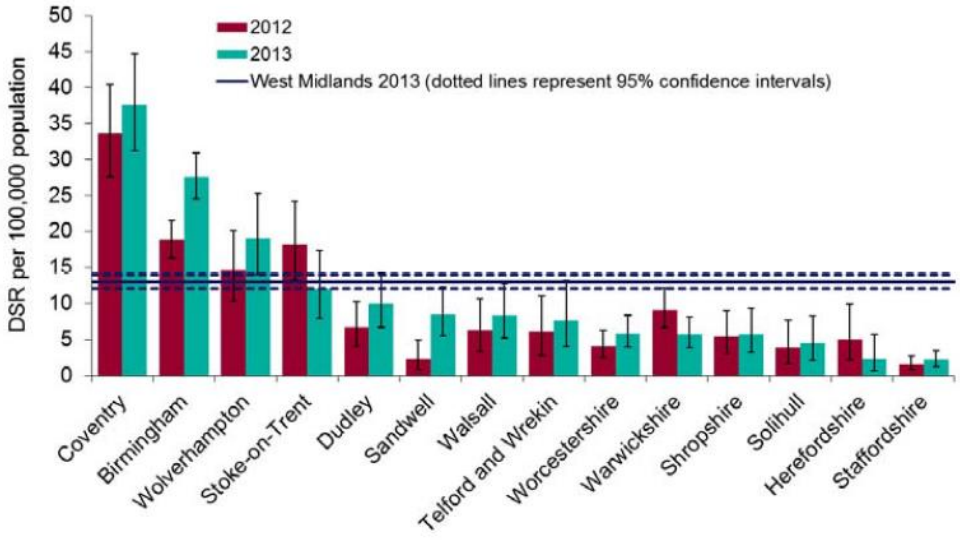
Why is this important?

Hepatitis B virus (HBV) and Hepatitis C virus (HCV) are both blood borne viruses which cause liver infection. Both viruses are spread by contact with blood or body fluids from an infected person, with HBV being more infectious than HCV. Many people who carry the viruses are unaware of this and can therefore spread the infection without knowing. Untreated Hepatitis infection can lead to cirrhosis and liver cancer. In the UK, the commonest risk factor for acute cases of HBV is transmission via unprotected sex, followed by injected drug use (IDU). In contrast, more than 90% of all newly diagnosed HCV infections for which the source of infection is reported, are acquired via IDU. Other groups at increased risk of infection include individuals originating from countries where the prevalence of Hepatitis B and C is high (such as South Asia and Africa). It should be noted that Hepatitis B is preventable by vaccination and both Hepatitis B and C are notifiable diseases.

What does the data tell us?

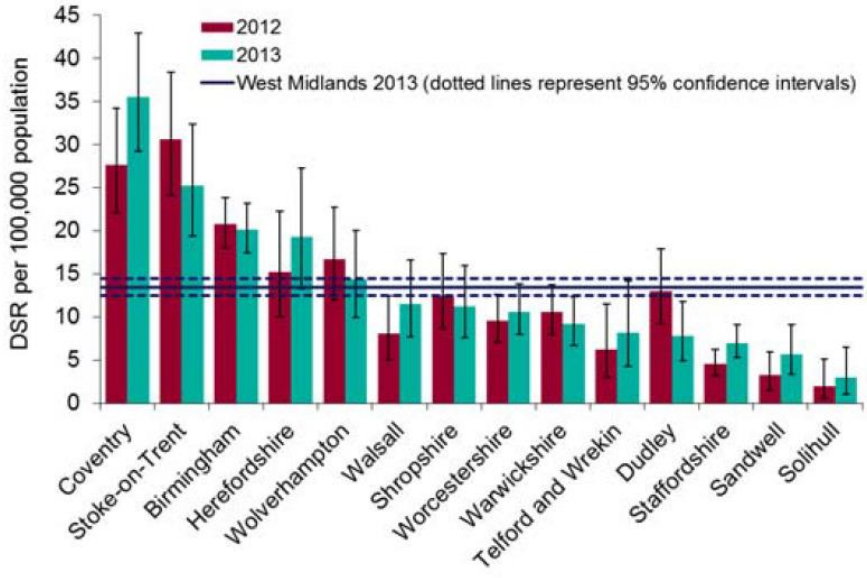
Standardised rates of Hepatitis B and C are shown in Figures 12 and 13 below. Rates in Coventry in 2012 and 2013 were both well above the West Midlands average, whilst rates in Warwickshire fall below the West Midlands average.

Figure 12. Laboratory reports of Hepatitis B (acute and chronic), directly standardised rate per 100,000 population, 2012 and 2013



Source: PHE LabBase

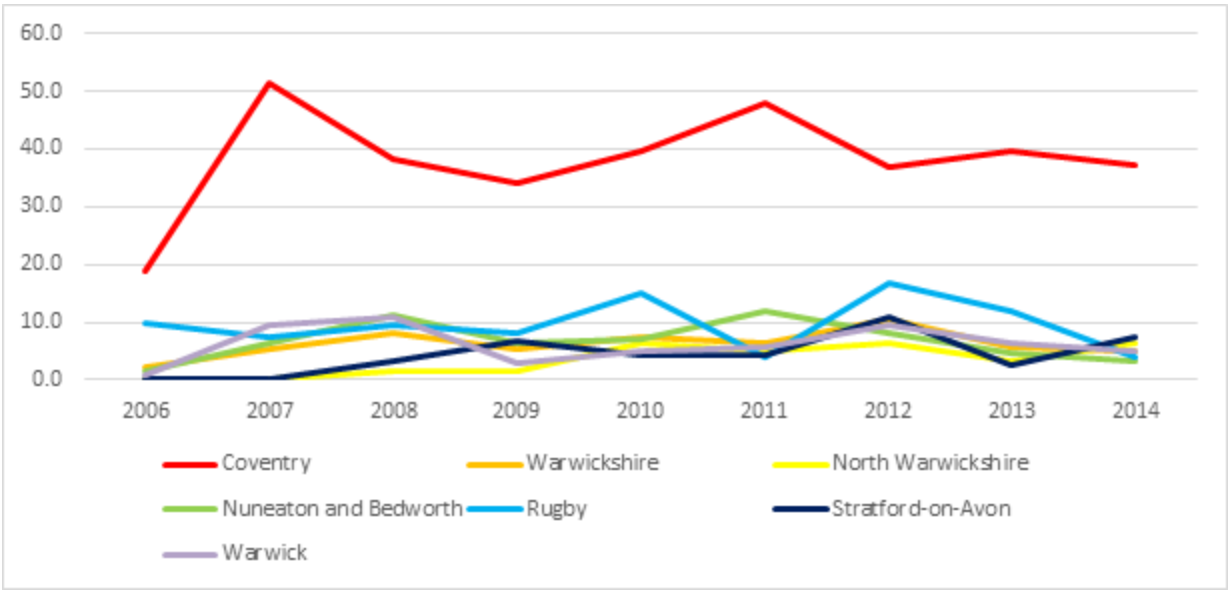
Figure 13. Directly standardised rate of laboratory reports of Hepatitis C per 100,000 population 2012 and 2013



Source: PHE, LabBase

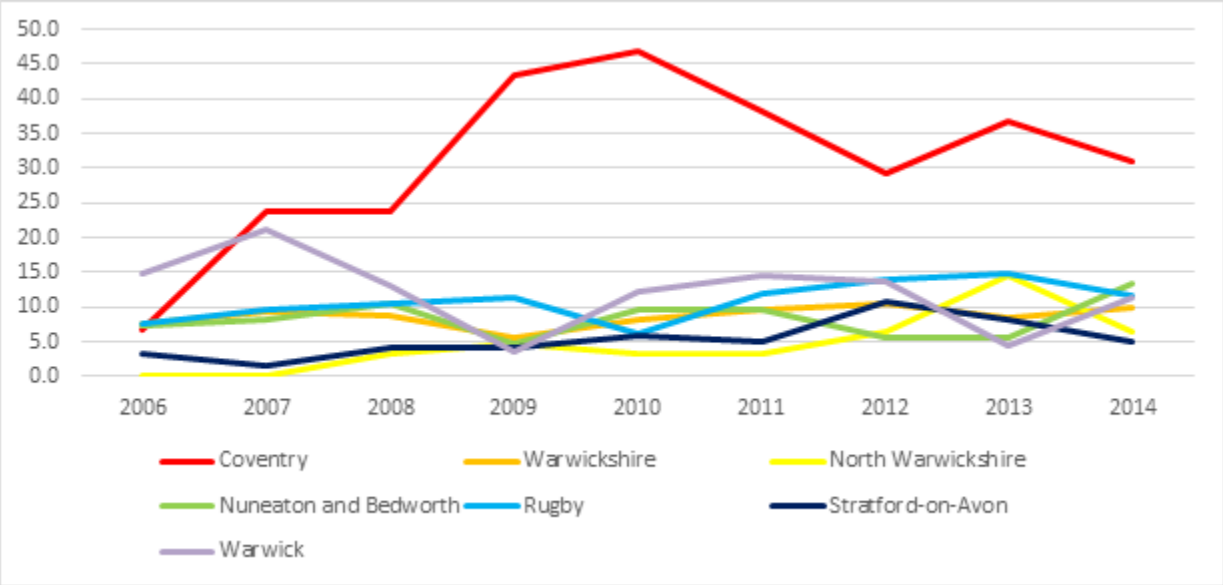
Figures 14 and 15 demonstrate the relatively stable rates of both Hepatitis B and C across the sub-region, with higher rates in Coventry compared with areas of Warwickshire. There has been a reduction in rates of Hepatitis C in Coventry since 2010.

Figure 14. Laboratory reports of Hepatitis B (acute and chronic) per 100,000 population by local authority of residence, Coventry and Warwickshire, 2006-2014



Source: Public Health England

Figure 15. Laboratory reports of Hepatitis C per 100,000 population by local authority of residence, Coventry and Warwickshire, 2006-2014



Source: Public Health England

In sexual health services in Warwickshire in 2015/16, 1332 individuals were screened for Hepatitis B/C, with 3 testing positive for Hepatitis B, and 3 for Hepatitis C. 119 individuals had their first dose of Hepatitis B vaccination in 2015/16. In Coventry sexual health services, 3298 individuals were screened for Hepatitis B and C in 2015/16, with 11 testing positive for Hepatitis B and/or C. 693 individuals were given a full course of Hep B vaccination and 498 a partial course during the year.

Figures 16 and 17 show testing, positivity and vaccination rates in Drug and Alcohol Services.

Figure 16. Uptake of Hepatitis B vaccination and positivity rates among Drug and Alcohol Priority Service Users (i.e. those with previous or current intravenous needle usage in structured support) (April 2015 - March 2016)

	Coventry *Number (%)*	Warwickshire *Number (%)*
No. of Priority Service Users	201	243
Offered Hep B vaccination	118 (59%)	125 (51%)
Completed full course	7 (6% of those offered)	9 (7% of those offered)
Tested positive for Hepatitis B	2 (1% of priority service users)	0 (0% of priority service users)

Source: The Recovery Partnership, Coventry and Warwickshire

In Coventry, the number of priority service users offered Hepatitis B vaccination has been steadily increasing over the past 3 years, with 59% of service users offered vaccination in 2015/16. For Warwickshire, this figure was slightly lower at 51%. Of those not offered vaccination, the majority are already immunised, or the vaccination was deemed inappropriate

due to compliance concerns. There are, however, low rates of completion of the vaccination course - 6% in Coventry and 7% in Warwickshire. Only 1% (2) of all priority service users in Coventry, and none of the priority service users in Warwickshire tested positive for Hepatitis B in 2015/16.

Figure 17. Uptake of Hepatitis C testing and positivity rates among Drug and Alcohol Priority Service Users (i.e. those with previous or current intravenous needle usage in structured support) (April 2015 -March 2016)

	Coventry *Number (%)*	Warwickshire *Number (%)*
No. of Priority Service Users	201	243
Offered Hep C testing	154 (77%)	175 (72%)
Tested	37 (24% of those offered)	69 (39% of those offered)
Tested positive for Hepatitis C	37 (18% of priority service users)	25 (10% of priority services users)

Source: The Recovery Partnership

The number of priority service users offered Hepatitis C testing has remained steady in Coventry over the last 3 years, with some reduction in Warwickshire. 77% of priority services users were offered testing in Coventry and 72% in Warwickshire in 2015/16. The remaining were not offered testing due to concerns regarding compliance with treatment should they test positive. A higher proportion of priority service users who had been offered testing were tested in Warwickshire (40%) than in Coventry (24%). Of all priority service users, 18% were Hepatitis C positive in Coventry, and 10% were Hepatitis C positive in Warwickshire in 2015/16.

What will the strategy deliver?

- **Reduce the spread of Hepatitis B/C through appropriate targeted testing and screening and engagement with treatment.**

- **Increase uptake of appropriate Hepatitis B vaccinations** for individuals in high risk groups and contacts of cases.

- **Support commissioned Sexual Health and Drug and Alcohol service providers** in Coventry and Warwickshire to increase appropriate identification, treatment and vaccination within their service area.

- **Embed NICE guidance into future commissioning planning** and service specifications for treatment and care of individuals with Hepatitis B/C.

Population Screening and Immunisation Programmes

Why is this important?

Screening is the process of identifying health people who may be at increased risk of a disease or condition. The current UK population screening programmes include antenatal and newborn, as well as adult, screening programmes. They have an important role to play in population health by using a preventative model to identify individuals at higher risk of a health problem, offer them a diagnostic test which can lead to earlier diagnosis of disease, at a stage when treatment is more likely to be successful. This reduces costs to the NHS, and improves long term patient outcomes.

Robust quality assurance and initiatives to ensure good coverage are essential to ensure the effectiveness and safe operation of local screening programmes.

Worldwide vaccination and immunisation programmes have saved many lives and are the second most effective public health intervention after provision of clean water. It is important to emphasise the need to continue to achieve high uptake of vaccination in order to prevent the re-emergence of vaccine preventable diseases in our local communities. National evidence shows that inequalities in immunisation uptake persist.

Screening and immunisation programmes are currently commissioned by NHS England, with Public Health England providing oversight of the programmes. However, local authorities, and Directors of Public Health on their behalf, maintain the responsibility for health protection assurance, which includes that these programmes are working well.

Please note that Seasonal Flu vaccination programme is covered in the Excess Winter Deaths section.

What does the data tell us?

Adult Screening Programmes

Since 2010, breast cancer screening coverage has remained below the national average (75.4%) in Coventry (71.7%), and above the national average in Warwickshire (77.9%), although Warwickshire has shown a decline in rates since 2010 (from 79.3%). Rates in Stratford on Avon District are significantly higher than those in three of the four other Boroughs in Warwickshire, which are all above the England average.

Figure 18. Breast cancer screening coverage (previous 3 years) for eligible women aged 53-70 years, West Midlands 2015

Area	Recent Trend	Count	Value
England	↓	4,327,589	75.4
West Midlands region	↓	458,009	76.0
Shropshire	↑	31,800	81.5
Worcestershire	↓	55,885	79.6
Telford and Wrekin	↑	14,364	78.6
Staffordshire	↓	80,180	78.5
Herefordshire	↓	18,424	78.2
Warwickshire	↓	49,697	77.9
Solihull	↓	18,729	76.8
Stoke-on-Trent	↑	19,471	76.5
Dudley	↓	25,877	76.0
Walsall	↑	20,542	75.7
Wolverhampton	↓	17,549	71.9
Coventry	→	20,773	71.7
Sandwell	↓	20,780	71.5
Birmingham	↓	63,938	69.6

Source: Health and Social Care Information Centre (Open Exeter)/Public Health England

Area	Count	Value
England	4,327,589	75.4
Warwickshire	49,697	77.9
Stratford-on-Avon	12,965	79.6
North Warwickshire	6,072	78.4
Nuneaton and Bedworth	11,030	77.7
Rugby	8,459	77.2
Warwick	11,171	76.6

Source: Health and Social Care Information Centre (Open Exeter)/Public Health England

Cervical screening coverage has declined from 72.7% to 71.7% in Coventry between 2010 and 2015, remaining below the national average (73.5%) in 2015. Warwickshire has remained above the national average since 2011, with coverage of 75.6% in 2015. Within Warwickshire, Nuneaton and Bedworth Borough have the lowest rates of 73.6% in 2015, significantly lower than other Districts and Boroughs, although just above the England average.

Figure 19. Cervical screening coverage West Midlands 2015[5]

Area	Recent Trend	Count	Value
England	↓	10,405,033	73.5
West Midlands region	↓	1,036,567	72.6
Shropshire	↓	54,700	77.6
Warwickshire	↓	106,518	75.6
Staffordshire	↓	158,089	75.5
Worcestershire	↓	106,772	75.5
Solihull	↓	40,491	75.3
Herefordshire	↓	32,058	74.8
Telford and Wrekin	↓	31,800	74.7
Walsall	↓	48,656	73.1
Dudley	↓	56,198	73.0
Stoke-on-Trent	↓	45,016	71.8
Coventry	↓	59,890	71.7
Sandwell	↓	58,442	69.9
Wolverhampton	↓	45,235	69.4
Birmingham	↓	192,702	67.1

Source: Health and Social Care Information Centre (Open Exeter)/Public Health England

Area	Count	Value
England	10,405,033	73.5
Warwickshire	106,518	75.6
Stratford-on-Avon	24,083	77.2
North Warwickshire	11,788	75.7
Rugby	20,087	75.7
Warwick	27,240	75.7
Nuneaton and Bedworth	23,320	73.6

Source: Health and Social Care Information Centre (Open Exeter)/Public Health England

[5] The percentage of women in the resident population eligible for cervical screening who were screened adequately within the previous 3.5 years or 5.5 years, according to age (3.5 years for women aged 25-49 and 5.5 years for women aged 50-64) on 31 March.

Bowel cancer screening coverage in Coventry (57.9%) and Warwickshire (63.1%) are higher than the national average (57.1%). Figure 18 (below) shows coverage in Warwickshire as the highest in the region. North Warwickshire and Nuneaton and Bedworth have significantly lower uptake rates than the other Districts and Boroughs, although they are above the England average

Figure 20. Bowel cancer screening coverage in 60-74 year olds (previous 2.5 yrs) West Midlands 2015

Area	Recent Trend	Count	Value
England	–	4,406,923	57.1
West Midlands region	–	479,641	57.3
Warwickshire	–	55,708	63.1
Herefordshire	–	21,446	62.8
Worcestershire	–	61,987	62.4
Solihull	–	20,662	61.2
Staffordshire	–	86,028	60.0
Dudley	–	29,512	59.1
Shropshire	–	33,189	58.4
Coventry	–	23,019	57.9
Walsall	–	20,515	54.4
Telford and Wrekin	–	13,526	53.9
Wolverhampton	–	17,498	52.9
Stoke-on-Trent	–	18,182	51.0
Sandwell	–	19,656	49.6
Birmingham	–	58,713	48.7

Source: Health and Social Care Information Centre (Open Exeter)/Public Health England

Area	Count	Value
England	4,406,923	57.1
Warwickshire	55,708	63.1
Stratford-on-Avon	14,975	64.9
Rugby	9,740	64.4
Warwick	12,716	63.6
North Warwickshire	6,795	62.0
Nuneaton and Bedworth	11,482	59.8

Source: Health and Social Care Information Centre (Open Exeter)/Public Health England

Figure 21 shows screening for abdominal aortic aneurism in Warwickshire is above the national average (84.5% compared with 79.4%). Coverage in Coventry is similar to the national average.

Figure 21. Abdominal aortic aneurism screening coverage (males aged 65 years) West Midlands 2014/15

Area	Recent Trend	Count	Value
England	–	233,315	79.4
West Midlands region	–	25,556	80.5*
Worcestershire	–	3,245	84.8*
Shropshire	–	1,761	84.7
Warwickshire	–	2,902	84.5*
Telford and Wrekin	–	848	83.4
Herefordshire	–	1,075	82.9
Solihull	–	989	82.8
Dudley	–	1,496	82.7
Staffordshire	–	4,555	81.8*
Walsall	–	1,127	81.4
Coventry	–	1,176	79.1
Wolverhampton	–	978	79.0
Sandwell	–	1,099	74.1
Birmingham	–	3,288	72.6
Stoke-on-Trent	–	1,017	72.4

Source: Screening Management and Referral Tracking (SMaRT) database

Area	Count	Value
England	233,315	79.4
Warwickshire	2,902	84.5*
Stratford-on-Avon	726	86.4
Warwick	670	84.8
North Warwickshire	365	84.7
Nuneaton and Bedworth	705	83.3
Rugby	436	82.9

Source: Screening Management and Referral Tracking (SMaRT) database

The latest local screening coverage for diabetic eye disease, as shown in Figure 22, is below the national average for Warwickshire North and Coventry and Rugby CCGs, but above the national average in South Warwickshire CCG. Figures for 2015/16, provided at a Coventry and Warwickshire-wide level show an uptake of approximately 85% across the sub-region for the first three quarters of the year.

Figure 22. Diabetic eye screening 2013/14

	England	*Coventry and Rugby CCG*	*South Warwickshire CCG*	*Warwickshire North CCG*
Diabetic eye screening 2013-14	*82.6*	*78.5*	*84.2*	*78.4*

Antenatal and Newborn Screening Programmes

Local data for Syphilis and Hepatitis B screening in pregnancy in Coventry and Warwickshire are not available through national Public Health England sources.

Figure 23 shows newborn bloodspot coverage is higher than the national average in South Warwickshire and Warwickshire North CCGs, and lower than the national average in Coventry and Rugby CCG.

Figure 23. Newborn bloodspot coverage Q4 2015-16

	England	*Coventry and Rugby CCG*	*South Warwickshire CCG*	*Warwickshire North CCG*
Newborn bloodspot screening coverage	*96.2*	*95.1*	*98.0*	*96.9*

PHE Q4 2015-16 KPI data submissions (01/01/2016 - 31/03/2016)

Local coverage of the newborn physical examination is higher than the national average. UHCW and GEH show similar coverage of antenatal testing for HIV, Sickle cell and Thalassaemia to the national average, with SWFT showing slightly lower levels.

Figure 24. Newborn physical examination, antenatal HIV screening and antenatal Sickle Cell and Thalassaemia screening by Trust Q4 2015-16

Trust	Newborn physical examination	Antenatal HIV screening coverage	Antenatal sickle cell and thalassaemia screening coverage
England	94.4	99.1	98.7
SWFT	97.5	98.5	96.8
GEH	97.1	99.8	99.8
UHCW	98.2	99.2	98.8

PHE Q4 2015-16 KPI data submissions (01/01/2016 - 31/03/2016)

Coverage for newborn hearing screening nationwide is very high (98.5%), with similarly high rates in Coventry (98.9%) and Warwickshire (98.6%).

Figure 25. Newborn hearing screening coverage West Midlands 2014/15

Area	Recent Trend	Count	Value
England	–	639,841	98.5*
West Midlands region	–	67,943	99.1*
Shropshire	–	2,499	99.6
Birmingham	–	16,609	99.6
Stoke-on-Trent	–	3,487	99.5
Staffordshire	–	8,419	99.5
Worcestershire	–	5,712	99.4
Solihull	–	2,211	99.3
Herefordshire	–	1,647	99.2
Telford and Wrekin	–	2,016	99.2
Coventry	–	4,445	98.9
Wolverhampton	–	3,359	98.8
Sandwell	–	4,552	98.7
Warwickshire	–	5,748	98.6
Walsall	–	3,582	98.2
Dudley	–	3,657	97.5

Source: National hearing screening IT system

Childhood Immunisations

DTaP/IPV/Hib[6] vaccination rates at 2 years, MMR[7] coverage at 5 years, and Hib/MenC[8] booster at 5 years in Coventry and Warwickshire are high and above the national coverage. DTaP/IPV/Hib vaccination rates have remained stable across Coventry and Warwickshire since 2010/11, MMR rates have increased year on year for Warwickshire over the same time period, with overall increases also seen in Coventry. Hib/Men C vaccination has seen a small decline in rates in Warwickshire. Figures 26 - 28 show how Coventry and Warwickshire compare to other areas in the West Midlands.

[6] Diphtheria, Tetanus, Pertussis (Whooping Cough), Polio and Haemophilus Influenzae B
[7] Measles, Mumps and Rubella
[8] Haemophilus Influenzae B and Meningitis C

Figure 26. DTaP/IPV/Hib vaccination coverage at 2 years West Midlands 2014/15

Area	Recent Trend	Count	Value
England	↓	662,348	95.7
West Midlands region	↓	71,049	96.5
Walsall	→	3,435	98.9*
Warwickshire	→	5,949	98.9*
Dudley	↑	3,755	98.6*
Coventry	→	4,531	98.4*
Staffordshire	→	9,105	98.1*
Stoke-on-Trent	→	3,550	98.1*
Worcestershire	↑	6,437	97.9*
Shropshire	→	2,904	97.7*
Telford and Wrekin	→	2,179	97.2*
Herefordshire	↑	1,884	97.0*
Solihull	↓	2,575	96.8*
Sandwell	↓	4,693	94.2*
Wolverhampton	→	3,433	93.9*
Birmingham	↓	16,619	93.4*

Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by Public Health England (PHE). Available from The Health and Social Care Information Centre (HSCIC)

Figure 27. Hib/MenC booster vaccination coverage at 5 years West Midlands 2014/15

Area	Recent Trend	Count	Value
England	–	641,075	92.4
West Midlands region	–	65,712	93.0
Stoke-on-Trent	–	3,543	97.3*
Walsall	–	3,290	96.9*
Shropshire	–	2,900	95.5*
Telford and Wrekin	–	2,203	95.3*
Solihull	–	2,489	95.3*
Staffordshire	–	8,780	95.1*
Dudley	–	3,517	95.0*
Warwickshire	–	5,436	93.5*
Sandwell	–	4,192	93.1*
Coventry	–	4,153	92.5*
Worcestershire	–	5,713	91.2*
Birmingham	–	14,706	90.8*
Herefordshire	–	1,738	90.1*
Wolverhampton	–	3,052	86.2*

Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by Public Health England (PHE). Available from The Health and Social Care Information Centre (HSCIC)

Figure 28. MMR vaccination 2 doses coverage at 5 years West Midlands 2014/15

Area	Recent Trend	Count	Value
England	↑	614,892	88.6
West Midlands region	↑	63,988	90.6
Walsall	↑	3,255	95.8*
Warwickshire	↑	5,544	95.3*
Coventry	↑	4,262	94.9*
Telford and Wrekin	↑	2,173	94.0*
Stoke-on-Trent	↑	3,416	93.8*
Dudley	↑	3,464	93.6*
Shropshire	↑	2,835	93.4*
Worcestershire	↑	5,760	91.9*
Staffordshire	↑	8,453	91.6*
Solihull	↑	2,392	91.5*
Herefordshire	↑	1,690	87.6*
Sandwell	↑	3,919	87.0*
Wolverhampton	↑	3,065	86.6*
Birmingham	↓	13,760	85.0*

Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by Public Health England (PHE). Available from The Health and Social Care Information Centre (HSCIC)

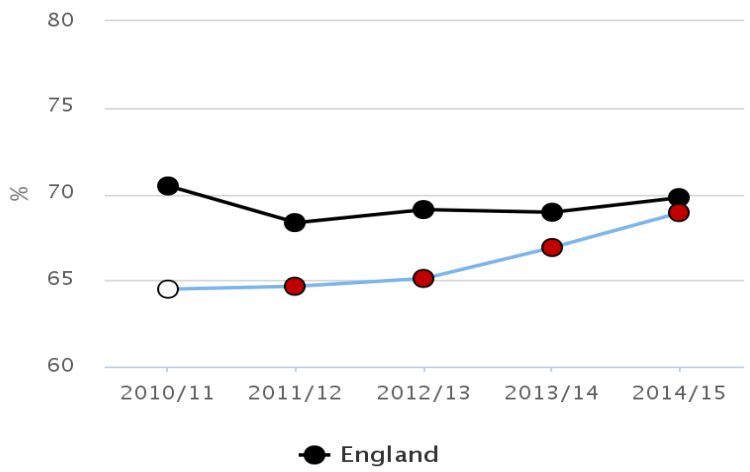
Whilst uptake of childhood immunisations is good locally, it must be noted that uptake is much lower in certain groups. For example, in 2015 only 85% of Looked after Children in both Coventry and Warwickshire were up to date with their immunisations.[9]

Older adult immunisations

Pneumococcal vaccination rates have been increasing in Coventry since 2010/11 although remain slightly below the national average. Rates in Warwickshire have been slightly above the national average for the past 3 years.

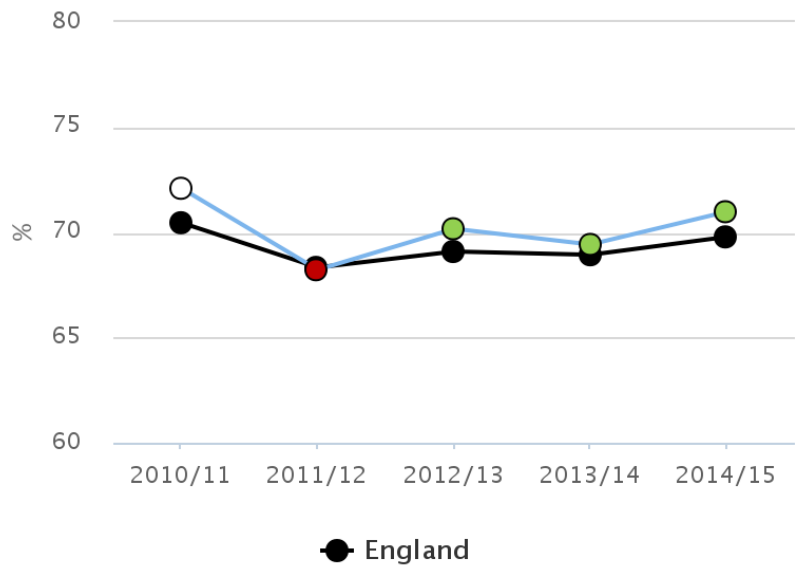
[9] https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2014-to-2015

Figure 29. Pneumococcal vaccination uptake, Coventry



Source: Public Health England

Figure 30. Pneumococcal vaccination uptake, Warwickshire



Source: Public Health England

What will the strategy deliver?

- **Maintain or increase (as appropriate) uptake across all screening and vaccination programmes**

- **Effectively target under-served/'harder to reach' groups** for those screening and immunisation programmes with lower levels of uptake to increase specific engagement and uptake.

- **Work with commissioners and services supporting Looked after Children to increase uptake of routine immunisations**

Infection Control

Why is this important?

Infection Prevention and Control is concerned with preventing the spread of infection in health and care settings. Healthcare-associated infections can affect patients of all ages. Healthcare workers, family members and carers are also at risk of acquiring infections when supporting patients. All providers of healthcare services are expected to have appropriate provision for infection prevention and control.

Outbreaks like norovirus within a health or social care setting can impact on the ability to deliver effective services. This can add to severe demands and pressures on resources/systems, especially in the winter season. However, there is also a significant need for effective infection prevention alongside the healthcare sector, for example within social care settings, schools and nurseries. Significant progress has been made over the last 10 years, both nationally and locally, in reducing rates of health-care associated infections such as MRSA[10] (which lives on the skin, and in the nose and throat, but can get into the body and cause life-threatening infections) and C. difficile (which causes infectious diarrhoea). Continuing this progress is essential.

Furthermore, in 2014, the WHO raised concerns that globally we are entering a 'post antibiotic' era; organisms and bacteria are developing multiple resistances to available antibiotic and antimicrobial treatments, meaning common infectious diseases will no longer be able to be treated effectively.[11] This means we need to take urgent local action to embed antimicrobial stewardship policies that respond to and reduce over-prescription of antimicrobial treatments.

An independent Infection Control Review was undertaken in Coventry and Warwickshire in 2015, focusing on the full range of health and care setting, and its key recommendations underpin the strategic focus and delivery of this strategy.

What does the data tell us?

Figure 31 shows a comparison of local CCG antibiotic prescribing rates. Warwickshire North and Coventry and Rugby CCGs have slightly higher antibiotic prescription rates than the national rate, whilst South Warwickshire CCG has a slightly lower rate. Figure 32 shows that South Warwickshire CCG also has proportionally lower prescribing rates for those antibiotics considered to predispose individuals to developing C. difficile, an infectious diarrhoea. Despite this, Figure 33 shows that C. difficile rates were above the national and regional average in South Warwickshire CCG, and below these averages in Coventry and Warwickshire CCG and Warwickshire North CCG.

[10] Methicillin Resistant Staph Aureus (resistant to a number of widely used antibiotics)
[11] http://www.who.int/mediacentre/factsheets/fs194/en/

Figure 31. 12 month rolling total number of prescribed antibiotic items per 1000 individuals per day (crude rate) West Midlands 2015/16

Area	Count	Value
England	34,509,255	1.74
West Midlands NHS region	2,722,186	1.81
NHS Birmingham South And...	164,295	2.23
NHS Wyre Forest CCG	72,677	2.01
NHS Warwickshire North CC...	133,128	1.93
NHS Solihull CCG	146,416	1.91
NHS Redditch And Bromsgro...	123,434	1.88
NHS Walsall CCG	186,996	1.87
NHS Wolverhampton CCG	172,438	1.87
NHS Sandwell And West Bir...	321,307	1.82
NHS South Worcestershire...	194,721	1.80
NHS Dudley CCG	202,693	1.76
NHS Coventry And Rugby CC...	280,617	1.75
NHS South Warwickshire CC...	163,657	1.72
NHS Herefordshire CCG	116,206	1.70
NHS Birmingham Crosscity...	443,601	1.66

Prescribing data is sourced from HSCIC and supplied as monthly downloads that are aggregated into annual and quarterly datasets. Population data is produced by the Office of National Statistics.

Figure 32. 12 month rolling percentage of prescribed antibiotic items from cephalosporins, quinolone and co-amoxiclav class West Midlands 2015/16

Area	Count	Value
England	3,343,298	9.73
West Midlands NHS region	225,725	8.33
NHS South Worcestershire...	20,699	10.71
NHS Warwickshire North CC...	13,807	10.40
NHS Birmingham South And...	16,769	10.24
NHS Redditch And Bromsgro...	12,005	9.79
NHS Wyre Forest CCG	6,669	9.24
NHS Coventry And Rugby CC...	25,574	9.14
NHS South Warwickshire CC...	14,725	9.03
NHS Birmingham Crosscity...	39,721	8.99
NHS Herefordshire CCG	9,094	7.88
NHS Solihull CCG	10,737	7.37
NHS Sandwell And West Bir...	21,589	6.75
NHS Dudley CCG	13,444	6.66
NHS Walsall CCG	11,100	5.96
NHS Wolverhampton CCG	9,792	5.70

Prescribing data is sourced from HSCIC and supplied as monthly downloads that are aggregated into annual and quarterly datasets. Population data is produced by the Office of National Statistics.

Figure 33. C. difficile rates per 100,000 by CCG West Midlands 2015/16 financial year

Area	Count	Value
England	13,960	26.0*
West Midlands NHS region	1,068	25.9*
NHS Dudley CCG	110	34.8
NHS Wolverhampton CCG	86	33.9
NHS South Warwickshire CC...	88	33.7
NHS Solihull CCG	70	33.3
NHS Herefordshire CCG	52	27.7
NHS Coventry And Rugby CC...	110	25.0
NHS Sandwell And West Bir...	113	23.3
NHS South Worcestershire...	69	23.2
NHS Birmingham Crosscity...	170	23.2
NHS Walsall CCG	63	22.9
NHS Warwickshire North CC...	41	21.7
NHS Birmingham South And...	43	21.3
NHS Redditch And Bromsgro...	35	19.4
NHS Wyre Forest CCG	18	18.2

Source: HCAI Mandatory Surveillance Data

From these Figures, it can be seen that there is no clear relationship between antibiotic prescribing and C. difficile rates. This is likely to be due to these indicators not taking into account age structures of populations (e.g. older people are more vulnerable), alongside other factors. Reducing inappropriate antibiotic prescribing remains an important public health intervention.

What will the strategy deliver?

- **Work to reduce both the incidence and duration of outbreaks in health and care settings,** and ensure when these do occur that reflective learning drives service change and good practice is shared.

- **Embed a 'Champions' model in all care homes** so all staff are trained and confident in preventing infections.

- **Develop and embed an Antimicrobial Strategy** to sit alongside this overarching strategy.

- **Standardise the Root Cause Analysis** approach for all C. difficile infection cases including, but not limited to, those involving inappropriate antibiotic prescribing.

Emergency Planning - Pandemic Flu

Why is this important?

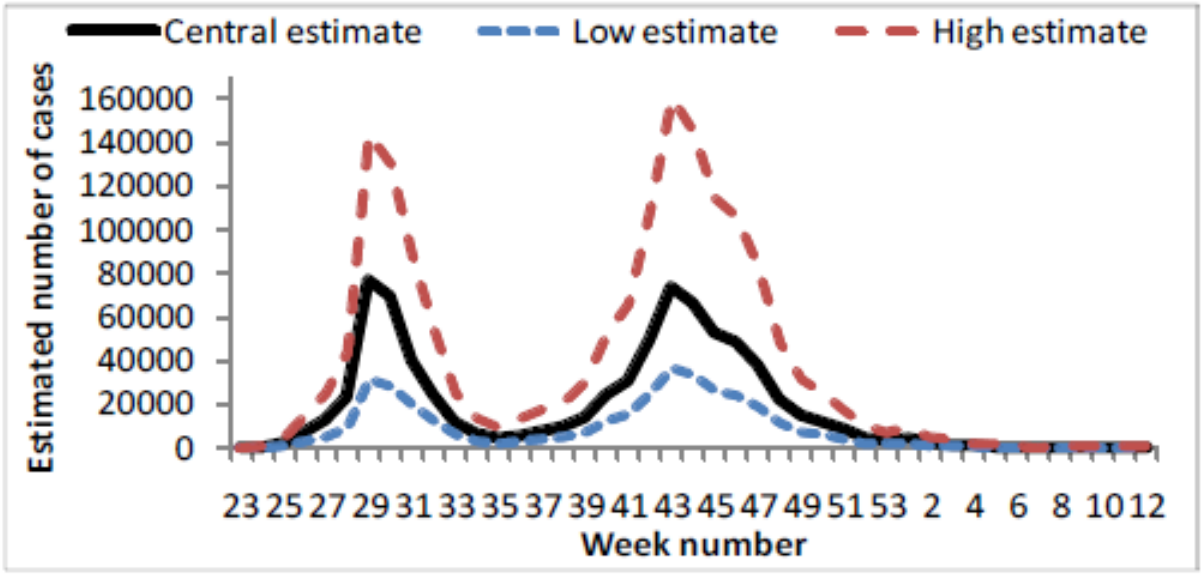
Planning for outbreaks, incidents, and environmental threats is crucial to support and protect the population, alongside protecting the provision of health and care, as well as wider services. Healthcare-related emergency planning is governed by the Local Health Resilience Partnership, which brings together health emergency planners, as well as those from local authorities.

This strategy will have a specific focus on Pandemic Flu. Following the learning from the pandemic in 2009, there needs to be assurance that all relevant agencies have plans in place, that procedures have been tested, that all partners are clear of roles and responsibilities, and that the care and support of people across the health and social care economy will continue to be effective during the next pandemic. This requires a multi-agency co-ordinated approach to testing and planning.

What does the data tell us?

Figure 34 shows the estimated number of cases and deaths due to the 2009 H1N1 pandemic.[12]

Figure 34. Estimated number of clinical cases in England June 2009- March 2010



The symptomatic case-fatality ratio for this pandemic was estimated to be 0.04%. This compared favourably with previous pandemics. However, it should be noted that the

[12] http://www.qresearch.org/Public_Documents/Pan%20flu%20report_final_8October2010%20covered[2].pdf

pandemic in 2009 still had a significant impact on health services. Estimates suggest we should be planning for a pandemic that: could emerge anywhere in the world at any time, may cause up to 50% of the population to present with symptoms (from mild to severe), of which 30% will require primary care services, and 1-4% critical care.[13,14] Employers need to plan for at least 50% of staff being off work at some stage, with between 15% and 20% of staff off at any one time.

What will the strategy deliver?

- **Development of comprehensive system-wide pandemic flu plan(s)** that focus on continuous improvement in outbreak planning arrangements, at both strategic and operational levels, including NHS, Local Authority and Local Resilience Forum Plans.

[13] https://www.gov.uk/government/publications/responding-to-a-uk-flu-pandemic

[14] https://www.gov.uk/government/publications/health-and-social-care-response-to-flu-pandemics

Excess Winter Deaths and Health Effects of Cold Weather

Why is this important?

Living in a cold home and experiencing fuel poverty increase the risks of cold related illness, and account for between 10 and 30% of all excess winter deaths.[15]

Fuel poverty is measured in England using the low income-high cost definition, which states that a household is in fuel poverty if:

- Their required energy costs are above average and
- Were they to spend this amount, they would be left with a residual income below the official poverty line.

Alongside winter deaths, cold-related illnesses in Warwickshire and Coventry place significant strain on local health and care services. People living with long term conditions and /or disabilities, those over 75 years old or under 5 years old are particularly vulnerable to the effects of cold related illness/fuel poverty.

Seasonal Flu is also one of the main drivers of excess winter deaths. One in three people are entitled to a free flu vaccination in Coventry and Warwickshire and we need to strive to improve uptake year on year in eligible groups: those aged 65 and over, adults and children with a chronic health condition, carers, care home residents, pregnant women, with the programme being rolled out to all 2 – 16 year olds over the next few years. Health and care workers who provide direct personal care are also eligible for vaccination through their employers.

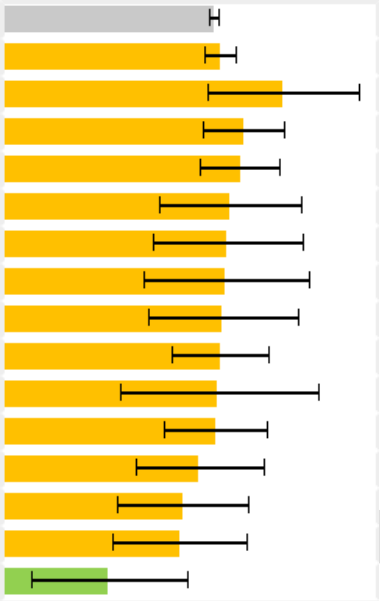
What does the data tell us?

Figure 35 shows that the number of excess winter deaths in Coventry and Warwickshire are not significantly different to other local authorities in the region or the national average. However, nationally, our excess winter deaths are significantly higher than our European counterparts.

[15] http://nhfshare.heartforum.org.uk/RMAssets/HealthyPlaces/FuelPoverty/ToolkitJan2015.pdf

Figure 35. Excess winter death index 3 years (2011-14)

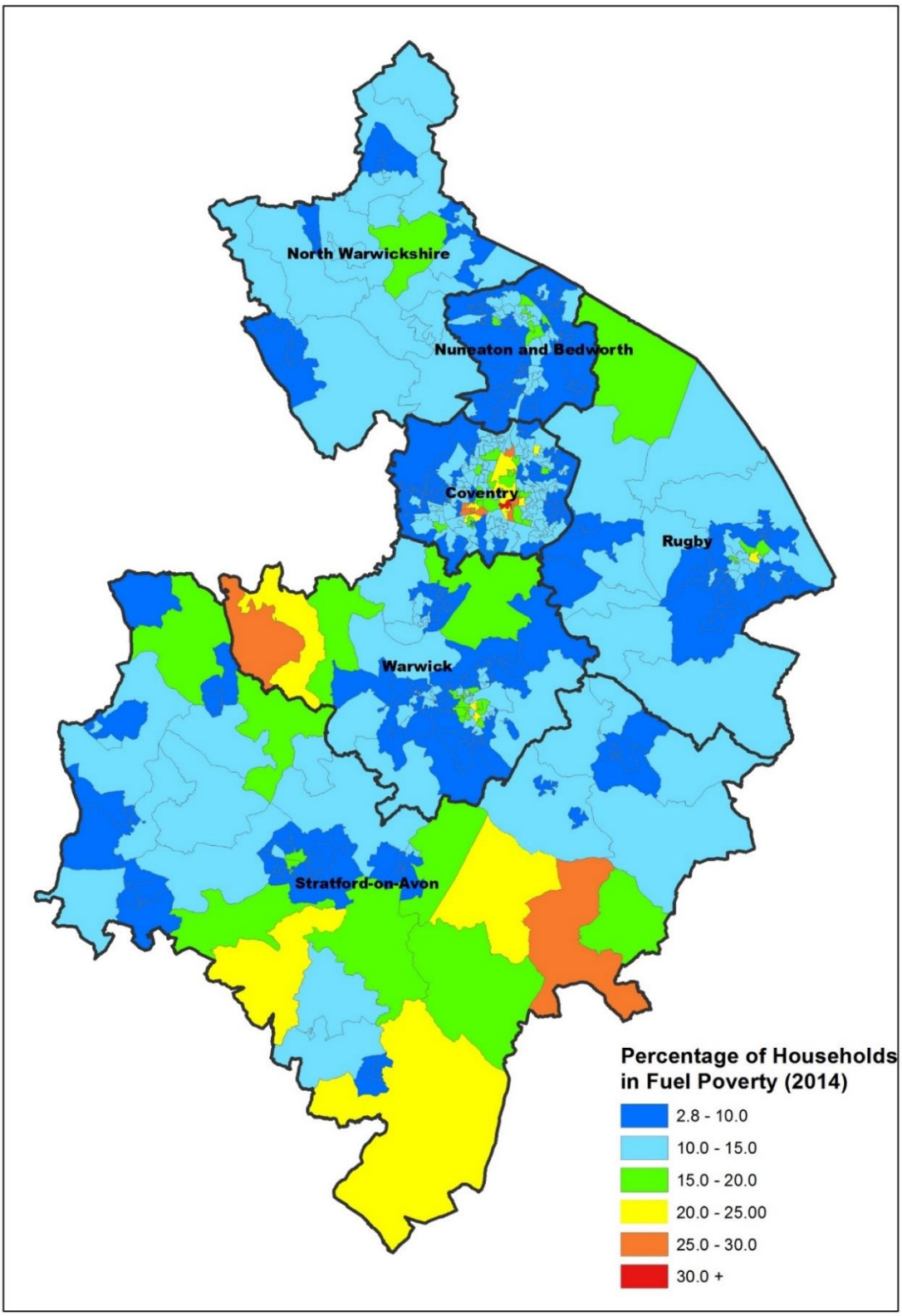
Area	Recent Trend	Count	Value
England	–	69,038	15.6
West Midlands region	–	7,751	16.1
Walsall	–	476	20.7
Staffordshire	–	1,351	17.8
Birmingham	–	1,361	17.5
Coventry	–	422	16.8
Stoke-on-Trent	–	372	16.5
Solihull	–	301	16.4
Wolverhampton	–	367	16.2
Worcestershire	–	860	16.1
Telford and Wrekin	–	203	15.8
Warwickshire	–	735	15.7
Shropshire	–	437	14.5
Dudley	–	377	13.2
Sandwell	–	353	13.0
Herefordshire	–	143	7.7



Source: Office for National Statistics: Public Health England Annual Births and Mortality Extracts

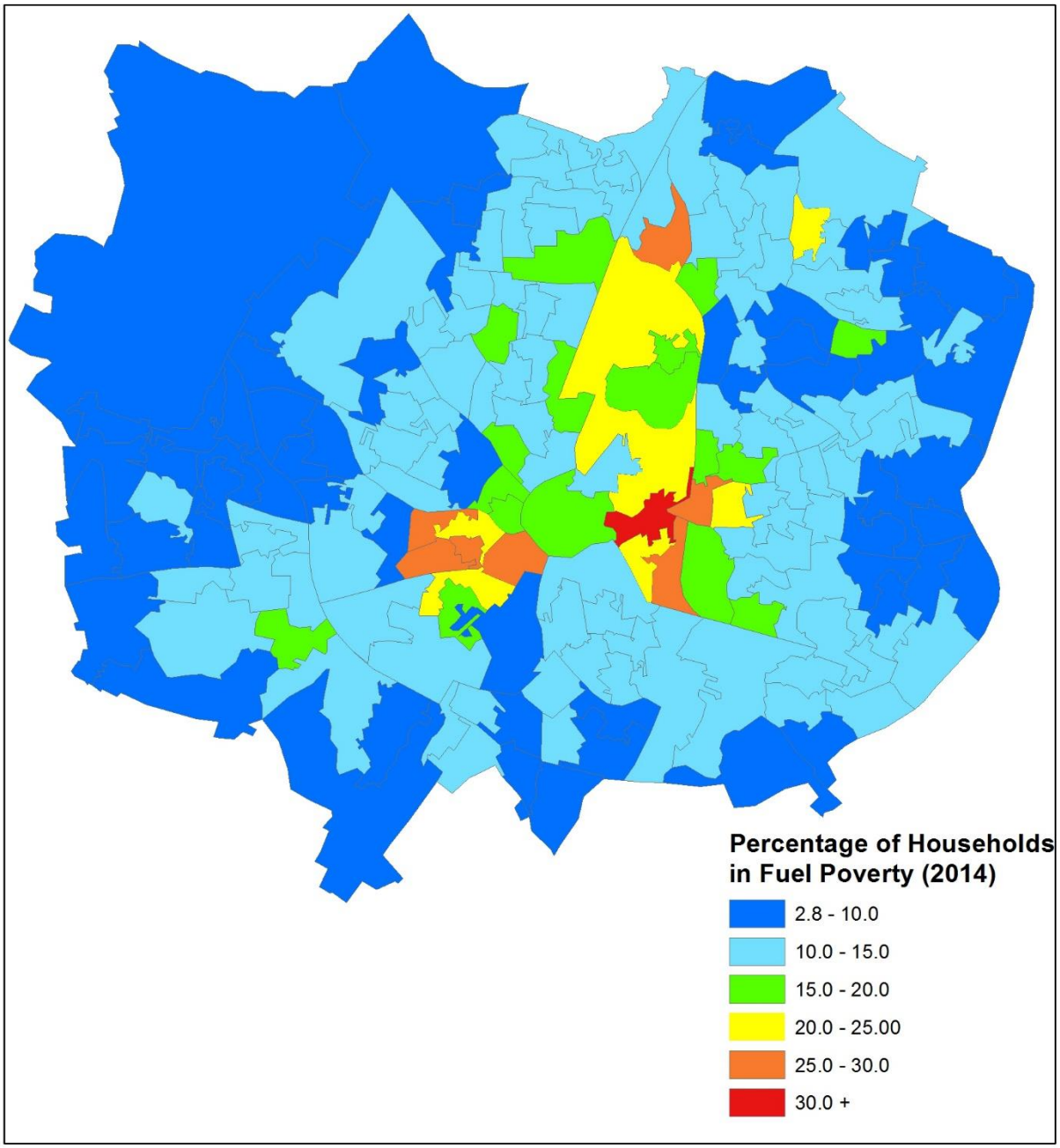
Figures 36 and 37 demonstrate the variation in fuel poverty across the sub-region. In Coventry, areas around the city centre and into the north and east of the City are highlighted as having particularly high levels of fuel poverty. In Warwickshire, areas in the south of Stratford-on-Avon District and east of Warwick District are noted as areas with high levels of fuel poverty.

Figure 36. Percentage of households in fuel poverty, Coventry and Warwickshire, 2014



Source: 2014 sub-regional fuel poverty data: low income high costs indicator. 30 June 2016. Department of Energy & Climate Change, available from: https://www.gov.uk/government/statistics/2014-sub-regional-fuel-poverty-data-low-income-high-costs-indicator

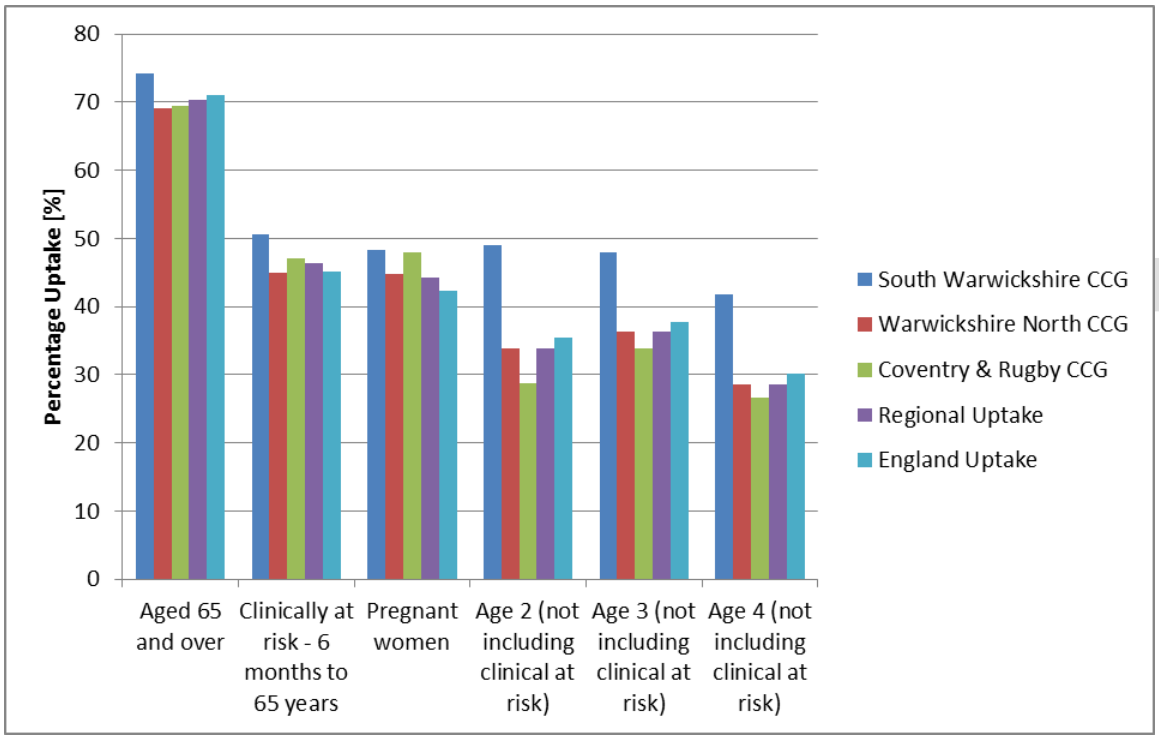
Figure 37. Percentage of households in fuel poverty, Coventry 2014



Source: 2014 sub-regional fuel poverty data: low income high costs indicator. 30 June 2016. Department of Energy & Climate Change, available from: https://www.gov.uk/government/statistics/2014-sub-regional-fuel-poverty-data-low-income-high-costs-indicator

Seasonal flu vaccination uptake for target groups within the three local CCG areas are shown in Figure 38. A general trend of higher uptake for those age 65 and over compared with those in clinical risk groups is seen nationally and locally, with lower levels still of vaccinations given to children in the eligible age groups. Locally, uptake across all eligible groups has been highest in South Warwickshire CCG, and uptake in adult at-risk groups lowest in Warwickshire North CCG.

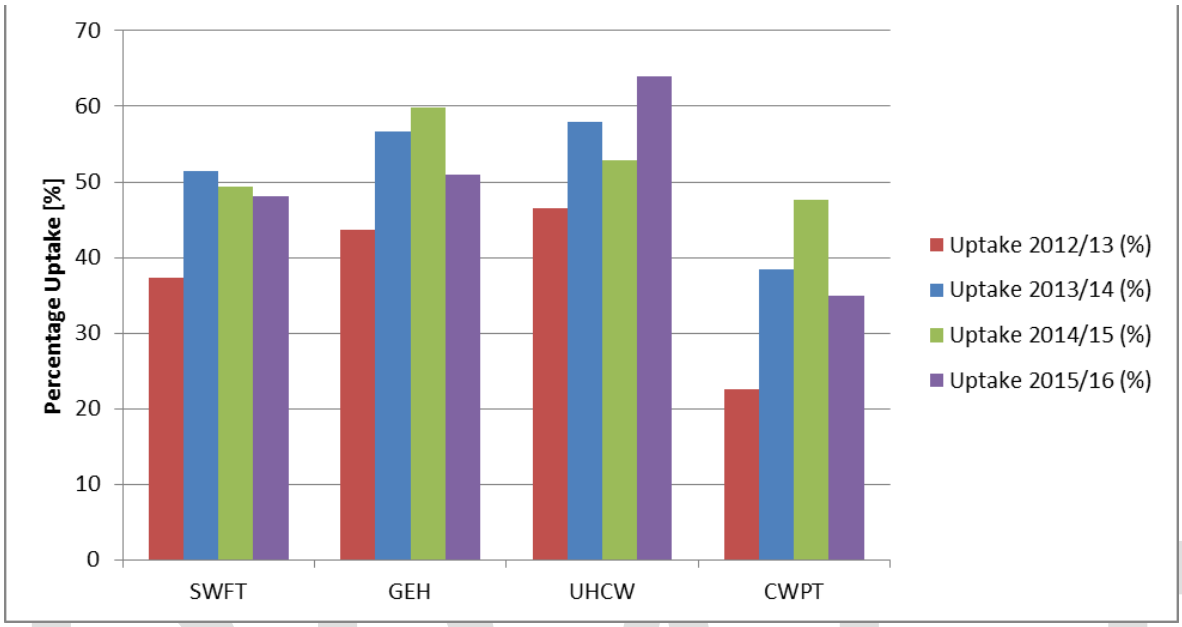
Figure 38. Seasonal flu vaccine uptake 2015/16



Source: Seasonal flu vaccine uptake in GP patients: 1 September 2015 to 31 January 2016. Public Health England: 25 February 2016. Available from: https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-1-september-2015-to-31-january-2016

Variation in seasonal flu vaccination uptake amongst healthcare workers over time and by NHS Trust can be seen in Figure 39. The most recent data shows highest uptake at University Hospitals Coventry and Warwickshire NHS Trust, and lowest rates at Coventry and Warwickshire Partnership Trust.

Figure 39. Percentage uptake of influenza vaccination in healthcare workers by location (2012/13 to 2015/16)



Seasonal flu vaccine uptake in healthcare workers: 1 September 2015 to 29 February 2016. Public Health England: 17 March 2016. Available from: https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-healthcare-workers-1-september-2015-to-29-february-2016

For 2016/17 there is an uptake ambition of 40-65% among the childhood cohorts, 55% for at risk clinical groups, and 75% for those aged 65 and over, and healthcare workers.[16]

What will the strategy deliver?

- **Reduce the number of households experiencing fuel poverty through increasing referrals to commissioned services that offer advice/support and physical interventions**, including 'affordable warmth on prescription' services to vulnerable, eligible households.

- **Increase uptake of Flu vaccinations in eligible groups** through annual campaigns, and engaging with frontline staff to recommend flu vaccinations.

- **Explore multi agency commissioning opportunities** to look at widening out affordable warmth initiatives.

- **Ensure an ongoing collaborative approach to planning for cold weather** across health and care services

16 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/529954/Annual_flu_letter_2016_2017.pdf

Appendix 1 Coventry and Warwickshire Health Protection Strategy 2013-2015: Summarising Progress

Priority	Progress
Gastrointestinal diseases	• Regular local and regional fora in place where food safety and food poisoning are discussed • Improvement in number of food premises classed as broadly compliant across the County and City (3* or above) • Work ongoing nationally to review food poisoning and food safety in the home
Viral Hepatitis	• Viral Hepatitis pathway for GPs developed and disseminated. • Viral Hepatitis GP training slide pack developed and delivered. • Neonatal Hepatitis B vaccination programme (of babies born to Hepatitis B positive mothers) continues to work well through a primary care model (with failsafes built in)
TB	• Treatment completion rates increasing across Coventry and Warwickshire. • Latent TB case finding programme established (nurse-led and working with primary care and community organisations supporting high risk groups). • Audit programme for all TB cases established. • Coventry and Warwickshire TB programme board established • West Midlands TB Control board established (with significant current local input from Coventry and Warwickshire).
Healthcare Associated Infection and Community Infection Control	• Healthcare associated infections continue to reduce in both hospitals and community settings in Coventry and Warwickshire. • Independent infection control review commissioned by Directors of Public Health • Establishment of process for conducting Root Cause Analysis of healthcare associated infections in the community in progress across Coventry and Warwickshire • Multi-agency Outbreak Plan and Memorandum of Understanding developed
Population Screening Programmes	• Screening and Immunisation Task and Finish Group established to look at effective partnership working between Local Authorities and Public Health England (including understanding of data required for understanding variation in uptake of programmes)
Immunisation and Vaccination	• Childhood immunisation rates remain above national average in both Coventry and Warwickshire. • A number of new vaccination programmes introduced (pertussis vaccination for pregnant women, rotavirus, Men ACWY programmes). • A multi-agency communications group has been established, and which is supporting annual seasonal flu/cold weather campaigns.
Sexually Transmitted Infections	• Integrated Sexual Health Service in Coventry and Warwickshire recommissioned, with a focus on reducing sexually transmitted infections and late diagnoses of HIV
Air Quality	• Coventry and Warwickshire Air Quality Alliance established, and working together on joint projects focusing on improving air quality. • Alliance comprises professionals from Transport, Planning, Environmental Health, Public Health and Public Health England.

Item 5

Health and Wellbeing Board

22 March 2017

Joint Strategic Needs Assessment – The place-based delivery model: 2017 onwards

Recommendation(s)

1. That the Health and Wellbeing Board endorses the place-based approach to the JSNA for 2017 and beyond. By endorsing the approach, partners are committing resource to additional joint working which will agree the shared geographies and provide analytical resource to inform area profiles and needs assessments.

1.0 Key Issues

1.1 The current JSNA has delivered significant benefit to the county providing both a broad evidence base and bank of specific needs assessments based upon priority themes. The current work programme, approved by the Health & Wellbeing Board in 2015, is now complete and a list of the outputs produced within that programme is provided in Appendix 1.

1.2 More recently, there have been increasing numbers of enquiries into the WCC business intelligence function, within which the WCC responsibilities for delivering the JSNA programme of work sit, for an understanding of needs from a *place* perspective rather than on a thematic basis.

1.3 Reflecting this emerging need, along with an awareness of requirements to support significant transformation programmes across health and social care, it is timely to refresh the JSNA approach.

1.4 As the fundamental evidence base for the HWB system it is critical that the Board own and champion the JSNA. The amended approach as agreed by the JSNA Strategic Group and the HWB Executive Team in December is presented to the HWB Board for endorsement and support.

2.0 Proposal

2.1 There are multiple drivers towards increased placed-based working within the Health & Wellbeing system in Warwickshire which rely on the JSNA process for their supporting evidence base:

- **Health & Wellbeing Strategy** – The JSNA provides the evidence base for the Strategy. The HWB Strategy works to three headline priorities: Promoting independence, community resilience and working together as a system. The JSNA approach is critical to providing the evidence base to all the work which underpins these priorities. A place based JSNA would support these priorities,

and in particular community resilience. These fresh outputs will be able to inform the new HWB Strategy which will be required once the existing one comes to an end in 2018.

- **Sustainability and Transformation Plan (STP)** – A key part of the STP, and in particular the Proactive and Preventative workstream, is based upon delivery of services at a locality level through (circa 50,000 population). A place-based JSNA could provide the evidence base for this work.

- **Out of hospital programme** – Part of the above, the programme is led by the CCGs and is seeking to specifically build integrated services around 15-20 communities of approximately 50,000 population. This work has already led to production of a first wave of place-based profiles.

- **GP 5 year forward view** – Based upon the provision of Primary Care services around GP clusters.

- **Community Hubs** – These would provide a range of solutions whereby WCC and partners are able to deliver an appropriate service offer to meet all or a combination of needs from a 'hub'. Where these hubs should be located and what the service offer should be will be informed by the place based JSNA approach, with the profiles providing an overview and the needs assessment providing the detail behind the needs, demand and supply in each geography.

- **County Council (Adult Social Care and Children's Services) Transformation Plans** – Emerging proposals for service redesign in these areas are based upon the management of demand through increased self-help and community capacity. Service delivery would again increasingly look towards community hub models.

2.2 Under the new model, it is proposed that the JSNA is positioned as the primary source of evidence which can support all these needs in a holistic and consistent way. It will become a single shared evidence base, delivered through coordinated resource and meeting multiple needs.

2.3 Key features of the refreshed approach include:

- A Geographies User Group which includes all partners with a stake in place-based service delivery. This includes CCGs, WCC, Districts and Boroughs, Town and Parish Councils, Healthwatch and voluntary sector representatives. Work is ongoing, linking together the multitude of emerging work programmes that have a focus on place and delivering services locally based upon the specific needs of our communities.

- A supporting Geographies Data Group will provide the mapping expertise to create the geography options and then supply the data at those geographical levels for the profiles.

- A 'data building block' approach to creating these geographies has consistently been agreed as the preferred method to determine the new areas. Using existing statistical boundaries and aggregating to 30k-50k

population level, whilst engaging with those with local knowledge to ensure community interests are served, would provide the maximum amount of data for the requested profiles and needs assessments.

- Agreement of a set of 15-20 of place-based geographies to cover Warwickshire.
  - NB. We are collaborating with the Insight team at Coventry City Council to cover the Coventry and Rugby CCG and STP footprint.

- Profiles delivered for each of the 15-20 geographies

- Programme of place based needs assessments

- An annual call for thematic needs assessments to pick up any needs assessments which were required above and beyond the place-based ones
  - The Appendix lists those delivered since 2014.
  - Health and Wellbeing Board members are invited to submit their thematic needs assessment requirements, along with those of stakeholder commissioning decision makers, by Friday 31st March 2017 to jsna@warwickshire.gov.uk

2.4 The principles of the place-based approach have been agreed by the Warwickshire County Council Customer and Transformation Board on 8th November, the JSNA Strategic Group on 1st December and the HWB Executive on 9th December 2016.

2.5 The refreshed approach is anticipated to deliver the following benefits:
- Shorter, sharper turnaround times
- Aligned with commissioning decisions
- Able to be responsive to needs while being clear on priorities
- Well-defined governance,
- Timely use of data,
- Active involvement/ownership from stakeholders and partners.
- Geographies meet all stakeholder needs as far as possible.
- Optimised use of resource

3.0 Timescales associated with the decision and next steps

3.1 Following agreement by the HWB Executive in December 2016 and further ratified by the Customer and Transformation Board in February 2017, the JSNA team has begun implementing the place-based approach.

3.2 The Geographies User Group and Data Group have both met twice to develop proposed geographies and will continue to do so regularly until all the areas have been agreed. The two Geographies groups will progress work on defining requirements around new geographies and propose a set (or multi-layered sets) of boundaries for approval at Customer and Transformation Board and HWB Executive. The aim is to conclude at least two of the district and borough areas by the end of March and will be overseen by the JSNA Strategic Group.

3.3 The Boroughs of North Warwickshire and Nuneaton & Bedworth are being completed first because there are already well defined lower level geographical areas currently being used which should only require small amendments to fit multiple purposes.

3.4 The Geographies User Group will decide the next district or borough to be completed but indications suggest it is likely to be Rugby, again because of the speed at which the lower level geographical areas can be agreed.

3.5 South Warwickshire has multiple ways it is currently split which will require some detailed unpicking with stakeholders and tackling it last would prevent lengthy delays for the other areas' profiles.

3.6 It is estimated that the profiles will begin to be published within 6 months of the geographies being agreed.

Background papers

None

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

Local Member(s): None
Other members: Councillors Seccombe, Caborn, Compton, Webb, Holland, Perry and Rolfe

Appendix: Thematic needs assessments delivered 2014-2016

- Cancer – to be delivered late 2017
- Substance misuse – to be delivered early 2017
- Self-harm Needs Assessment (2017)
- Youth Justice Service Needs Assessment (2016)
- Smoking Needs Assessment (2016)
- Special Educational Needs and Disability Needs Assessment (2016)
- Preventing Children from Becoming Looked After JSNA (2016)
- Smart Start (0-5s) Needs Assessment (2016)
- Domestic Violence Needs Assessment (2016)
- CAMHs Needs Analysis (2016)
- Place based Lillington Needs Assessment (2016)
- Children Looked After (CLA) Needs Assessment (2016)
- Carers Needs Assessment (2016)
- Helping Vulnerable Children Needs Assessment (2015)
- Veterans Mental Health Needs Assessment (2015)
- Loneliness & Social Isolation Needs Assessment (2015)
- Best Health for Older People in Warwickshire Report (2015)
- Learning Disabilities Needs Assessment (2015)
- Pharmaceutical Needs Assessment (2015)
- Child Sexual Exploitation (CSE) Needs Assessment (2014)

These reports, along with other JSNA material, can be found at http://hwb.warwickshire.gov.uk/jsna-needs-assessments/

Item 6

Health and Wellbeing Board

22 March 2017

Health and Wellbeing Board Forward Plan

Recommendation(s)

1. That the Board members note the Forward Plan and identify items for future meetings which address Board and organisational requirements.

1.0 Key Issues

1.1 This report provides an update on the Forward Plan for the Health and Wellbeing Board. Such updates will be presented to each meeting for the Board to review.

2.0 Options and Proposal

2.1 To develop a longer term strategic focus to the work of the Board, it has been agreed to submit a Forward Plan to each meeting for review and update. This will identify the dates for proposed agenda items. Board members are invited to discuss these and suggest additional items for the Forward Plan. No additions have been made to the Forward Plan since it was considered by the HWB in January 2017.

2.2 The following times have been added to the forward Plan since the last meeting on January 2017

- HWB Implementation plan/work programme (June 2017)
- Update on Place-based JSNA (July 2017)
- Commissioning Intentions (CCG and WCC) –Sept 2017)
- HWB Annual Report (Sept 2017)
- DPH report (Sept 2017)

2.3 All members of the HWB Board are encouraged to add items to the Forward Plan ahead of the new financial year,

2.4 The update Forward Plan is set out below:

Board	Date	Item	Presenter
Executive Team	13.04.17	HWB Implementation plan	
Executive Team	01.06.17	TBC	
HWB Board	14.06.17	District and Borough Update	Les Caborn
		Aligned approach to planning (incl JSNA, Com Intentions, HWB Strategy	Gereint Stoneman
		HWB Implementation plan	John Dixon
HWB Executive	11.07.17 (TBC)		
HWB Board	26.07.17	District and Borough Update	Les Caborn
		JSNA update	Jenny Bevan
Executive Team	10.08.17 (TBC)		
HWB Board	06.09.17	CCG Commissioning Intentions	Gill Entwistle/ Andrea Green
		County Council Commissioning Intentions	Chirs Lewington/John Linnane
		District and Borough Update	Les Caborn
		Draft HWB Annual Report	John Dixon
		DPH Annual report	Jhon Linnnane
HWB Executive Team	03.10.17		
HWB Board	08.11.17	District and Borough Update	Les Caborn
HWB Executive Team	06.12.17		
HWB Board	10.01.18	District and Borough Update	Les Caborn

Background Papers

None

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

Local Member(s): None
Other members: None