

# Warwickshire Health and Wellbeing Board

# Agenda

26 July 2017

A meeting of the Warwickshire Health and Wellbeing Board will take place at **Shire Hall, Warwick** on **Wednesday 26 July 2017 at 10.00am**.

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## 1. (10.00 – 10.10) 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 or 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 22 March 2017 and Matters Arising.

Draft minutes of the previous meeting are attached for approval.

## Substantive items

2. **(10.10 – 10.40) Draft Health and Wellbeing Board Annual Review 2016/17 and Delivery Plan 2017/18** – *Setting out the achievements made by HWB Partners over the past year, together with the activity programme for the Board in 2017/18* – John Dixon
3. **(10.40 – 10.55) Place-based Joint Strategic Needs Assessment (JSNA)** – *Updating the Board on the progress and future timeline of the new, place-based JSNA for Warwickshire* – Spencer Payne

## Updates to the Board

4. **(10.55 – 11.15) Warwickshire Better Together Programme and HEART project** – *Summary report of the position of the Warwickshire Better Together programme with a focused presentation on the HEART project* – Chris Lewington and Paul Coopey
5. **(11.15 – 11.30) Improving Stroke Services in Coventry and Warwickshire** – *Update on the progress of the engagement exercise undertaken by the Clinical Commissioning Groups across Coventry and Warwickshire* – Andrea Green
6. **(11.30 – 11.45) 0-5 Redesign and Consultation** – *WCC consultation shared with the Board for information* – Beate Wagner
7. **(11.45 – 11.50) Report from District and Borough Council Portfolio Group (verbal)** – Les Caborn
8. **(11.50 – 11.55) Health and Wellbeing Executive Team Report (verbal)** – John Dixon
9. **(11.55 – 12.10) Coventry and Warwickshire Better Health, Better Care, Better Value (formerly STP) programme** – *Update on the programme status* – Andy Hardy and Brenda Howard

## Board Management

10. **(12.10 – 12.15) Forward Plan and Related Activity**
11. **Any Other Business (considered urgent by the Chair)**
12. **(12.15 – 12.45) HWBB Communication Strategy Development** – *An interactive session delivered by WCC Marketing and Communication Team*

## Health and Wellbeing Board Membership

Chair: Councillor Izzi Seccombe (Warwickshire County Council)

Warwickshire County Councillors: Councillor Les Caborn, Councillor John Holland, Councillor Jeff Morgan.

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 Emma Crane (RBC), Councillor Andrew Thompson (WDC), Councillor Margaret Bell (NWBC), Councillor Tony Jefferson (SDC)

**General Enquiries: Please contact Paul Spencer on 01926 418615**

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All public papers are available at [www.warwickshire.gov.uk/cmis](http://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](http://www.healthwatchwarwickshire.co.uk/?page_id=237)



## Minutes of the Meeting of the Warwickshire Health and Wellbeing Board held on 22 March 2017

### **Present:-**

#### Warwickshire County Councillors

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)  
Dr David Spraggett (Vice Chair in the Chair, South Warwickshire CCG)

#### Provider Representatives

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

#### Healthwatch Warwickshire

Robin Wensley

#### Police and Crime Commissioner

Helen Earp (Office of the Police and Crime Commissioner)

#### Borough/District Councillors

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

### **1. Coventry and Warwickshire Sustainability and Transformation Plan (STP)**

The Board received a verbal update from Councillor Les Caborn. He advised that the County Council had formed a working group to consider further its position in relation to the STP. The working group had recently reported back to the Council, which had reaffirmed the Council's previously stated position on the need for openness, transparency and regarding leadership of the STP. Moving forward, a meeting had been arranged between the STP lead, Andy Hardy and the Council's Leader. There were some key issues to resolve, but the Council was engaged, with officers contributing to a number of the STP work streams.

Councillor Alan Webb, who had chaired the working group was invited to address the Board. He spoke of the Council's concerns about the way in which the STP was written, the useful briefing session for County Councillors provided by David Williams of NHS England, the lack of clear information on what the STP would mean for local

people and their concerns about service changes. The process had shown the need for close working between Coventry and Warwickshire.

Prior to the formal Board meeting, a development session had taken place to feedback on the recent Board Peer Review. The development session had included some discussion of the STP. District and borough representatives had debated the STP in their respective council meetings and recorded their concerns. The impact of reviews in neighbouring STP areas was raised and the Oxfordshire STP was used as an example. There were ongoing discussions between Stratford District Council, The STP lead, South Warwickshire CCG and South Warwickshire Foundation Trust to understand the impact and likely service changes. The role of elected members as community leaders was stated.

Andy Hardy, the STP lead was invited to speak. He accepted the criticism of the STP document, but stated that it was never designed to be for the public. Production of the STP hadn't been an inclusive process, but it had involved the Coventry City and Warwickshire County Councils. He was attending a meeting with Stratford District Council and encouraged other district and borough councils to invite him to address their members. He provided an update on the work streams, the endeavours to provide equality of services and place based services, also the appointment of independent posts and the funding allocation for 2017/18.

Councillor Barry Longden voiced strong concerns about the STP process and lack of clarity in the document. He wanted to know what the service reviews would mean for residents in the north of Warwickshire, in terms of the GP, hospital and other health services. Mr Hardy responded that the STP wasn't intended as a public document. The Chair suggested that councils take up Mr Hardy's offer to address their authorities.

Other Board members contributed. Some stated the need to work through the current issues collectively, whilst others felt there was a lack of trust and a need to be more open, engaging with the public. It was understood that some of the STP work streams had started and felt the Board should have an oversight role. Mr Hardy offered to attend future Board meetings to provide updates. A point was made that there had been poor communication about the STP to date, which could be remedied. However there were difficult decisions ahead to achieve the required transformation and financial savings. Adopting a 'no surprises' approach was advocated. It was suggested that the STP be considered further at the Board's Executive Group.

## **Resolved**

That the Board notes the update on the Sustainability and Transformation Plan and that this is considered further at the next meeting of the Board's Executive Group.

## **2. General**

### **(1) Apologies for Absence**

Councillor Izzi Seccombe (Chair), Philip Seccombe (Police and Crime Commissioner) and David Williams (NHS England). The Chair welcomed Helen Earp, who would represent the Office of the Police and Crime Commissioner at future Board meetings.

### **(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) Minutes of the meeting held on 23 January 2017 and matters arising.**

The Minutes were agreed as a true record.

#### **3. Joint Strategic Needs Assessment - Place-based Delivery Model**

The Board received an update on the Joint Strategic Needs Assessment (JSNA) from Jenny Bevan, Programme Manager. The JSNA had delivered significant benefits, providing a broad evidence base and a bank of specific needs assessments, based upon priority themes. The current work programme was now complete. There had been increasing numbers of enquiries for an understanding of needs from a 'place' perspective rather than on a thematic basis. Reflecting this and the need to support significant transformation programmes across health and social care, it was timely to refresh the JSNA approach. An amended approach had been agreed by the JSNA Strategic Group and the Health and Wellbeing (HWB) Executive Team in December. It was now presented to the Board for its approval.

There were multiple drivers for increased place-based working within the HWB system in Warwickshire which relied on the JSNA process for their supporting evidence base, examples being:

- The HWB Strategy
- The Sustainability and Transformation Plan
- Out of Hospital Programme
- GP Five Year Forward View
- Community Hubs
- County Council (Adult Social Care and Children's Services) Transformation Plans

Under the new model, it was proposed that the JSNA be positioned as the primary source of evidence, to support all these needs in a holistic and consistent way. It would become a single shared evidence base. The key features of the refreshed approach were reported, together with the role of a Geographies Data Group, to provide mapping expertise and use of a 'data building block' approach with population levels of 30 to 50 thousand people, engaging with those with local knowledge, to ensure community interests were best served. This would result in 15-20 place-based geographies. The Boroughs of North Warwickshire and Nuneaton & Bedworth were being completed first, as there were already well defined lower level geographical areas. It was estimated that the profiles would start to be published within 6 months of the geographies being agreed.

The Board was supportive of the proposals. Areas discussed were the links with Coventry as there would be commonality of issues, the arrangements for community hubs and how the needs assessment would help to identify gaps in provision. Dr John Linnane, Director of Public Health reminded of the background to the place-based approach, the legal obligations of the County Council and the benefits of this work which sought to bring together all of the information held by a range of organisations. It was confirmed that the Police and clinical commissioning groups were involved.

## Resolved

- 1) That the Board endorses the place-based approach to the JSNA for 2017 and beyond.
- 2) That partners commit resources to additional joint working, which will agree the shared geographies and provide analytical resources to inform area profiles and needs assessments.

### 4a. Coventry, Warwickshire and Solihull's Transforming Care Partnership

The Board received an update from Chris Lewington, Head of Strategic Commissioning at WCC. A programme of work was underway across Coventry, Warwickshire and Solihull to transform care and support for people with a learning disability and/or autism, those with mental health needs or behaviours that challenged.

Transforming Care was an NHS led national programme, with cross sector support. Coventry and Warwickshire were initially identified as a 'fast track' site for transforming care and in October 2015 were awarded £825k of funding from NHS England to deliver against the locally developed fast track plan during 2015/16. Following the publication of a national plan and service model '*Building the Right Support*', 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, to demonstrate how the partnership intended to fully implement the national service model by 31 March 2019.

An update was given on the significant achievements to date and future plans. The current plan focussed on improving care for adults and developing/implementing a new model of care for children and young people. The development of community support and the intention to drive integrated commissioning and pooled budgets were also referenced. The plan contained specific inpatient trajectories that needed to be delivered locally. A section of the report focussed on the latest milestones, the recognition that trajectories were not going to be achieved and the remedial action taken.

There were a number of key risks associated with delivery of the plan, which were being managed through the TCP Board and associated work streams. These were categorised under the headings of financial, resource, quality and patient experience and the market for this service area.

Under the financial aspects, the report set out the implications of the inclusion of an additional cohort of patients, requiring increased community funding and there was a recognised commissioning gap. Key to delivery of this programme was moving people out of NHS England Specialised Commissioning secure services, to community based services. An initial estimate of the potential additional costs was provided for the three clinical commissioning groups (CCGs) and local authorities. It was requested that the financial implication for each CCG be provided. John Dixon, Interim Strategic Director for the People Group emphasised that an area of difficulty was securing the transfer of monies from NHS England Specialised Commissioning to local authorities and CCGs to meet the additional costs. It was requested that the Board add its support to the ongoing endeavours to resolve this aspect.

Chris Lewington commended the work of the staff involved in this initiative as a good example of integrated working. A board member suggested that a 'lessons learned' report would be useful.



## **Resolved**

That Coventry, Warwickshire and Solihull Health and Wellbeing Boards:

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

### **4b. Warwickshire County Council One Organisational Plan Transformation Plan**

Councillor Les Caborn introduced this item. He explained that the One Organisational Plan (OOP) 2020 had been agreed by Warwickshire County Council as its Corporate Plan for the next 3 years. A copy of the Plan had been circulated. The overriding aspiration was to make 'Warwickshire the best that it can be' through the two key priorities:

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

The delivery of priorities would require a radical transformation of the way that the County Council conducted its business. Such transformation needed to be undertaken through a multi-agency approach, working together to deliver joint outcomes.

A number of slides were displayed detailing the areas of most relevance to the remit of the Board for the Adult, Children's and Public Health service areas. A key theme was 'helping people to help themselves'.

Board members discussed the report. Comment was made about the different definitions of 'place' in terms of geography, scale and service area. It was noted that there was no financial information shown in the presentation slides. Whilst broad acceptance of service reviews could be achieved, difficulties arose when the financial implications were known. There was a need for operational detail of such things as pooled budgets and streamlined plans. It was confirmed that there was a corresponding corporate plan for Coventry City Council and asked how a consistent message could be embedded across the two areas. Reference was made to the Council's savings targets and it was confirmed these were now included within the STP figures.

Dr John Linnane used examples to show the work required as a system to help people to help themselves. There was unnecessary use of accident and emergency services and lower level interventions which could help to alleviate some of the pressures on acute services.

In summary, the actions for officers were to link with partners through the STP, for the Board to monitor the Council on the achievement of its OOP and to create a single narrative for the 'help you to help yourself' approach.

## **Resolved**

That the report is noted and that further updates are brought to the Board in relation to the transformation activity resulting from the One Organisational Plan 2020.

### **4c. Report from District and Borough Council Portfolio Group**

Councillor Les Caborn gave a verbal update, confirming the valuable work with district and borough portfolio holders. In future, six monthly reports from this group would be provided to the Board. He reported back on the items raised at the previous Board meeting and progress made.

A request was made to encourage the participation of district and borough council members in the public meetings arranged by CCGs.

## **Resolved**

That the report is noted.

### **4d. Pharmaceutical Needs Assessment and Applications for Pharmacies Update**

Dr John Linnane reported on the proposals to produce the second Pharmaceutical Needs Assessment (PNA) by March 2018. The PNA was an assessment of the services that were currently provided in Warwickshire. Following legislation in 2012, responsibility for development and updating the PNA transferred from Primary Care Trusts to Health and Wellbeing (HWB) Boards. The process of producing a PNA would take around 12 months and the report detailed the stages to be followed and work completed to date.

It was confirmed that this review would not seek to remove any existing pharmacies. Detail was provided on how engagement took place with planning authorities, to predict future service needs over a three year period. The role of NHS England as the commissioner for pharmacies was explained, together with the statutory minimum requirements for a pharmacy and their ability to supply other goods on a commercial basis.

## **Resolved**

That the Board notes the update and progress on the Pharmaceutical Needs Assessment.

### **4e. Health and Wellbeing Executive Team Report**

John Dixon provided an update. In February, the Health and Wellbeing (HWB) Executive Team held a workshop which focussed on reviewing the current position of the HWB Strategy and building a shared view of the future challenges and activity planned by each organisation. Executive Team members were asked to provide details of their anticipated strategic aims and transformation up to 2020. This provided a consolidated view, which was then compared to the aims and direction as set out in the HWB Strategy 2014. The conclusions of the Executive from this exercise and agreed actions were reported. The next Executive Meeting would be held in April and its agenda would include the outcome from the recent peer review.

It was suggested that the Executive Team should provide periodic reports on the detail of work being completed, to include timeframes and accountabilities.

## **Resolved**

That the Board notes the key messages and decisions from the Health and Wellbeing Executive Team on 15 February 2017.

### **5. Health Protection Strategy 2017-2021**

Dr John Linnane introduced this report and gave a presentation to the Board. The Health Protection Strategy set out the partnership approach, specific aims and seven priorities for Health Protection across Coventry and Warwickshire for the period 2017-2021. It outlined progress made on priority areas identified in the previous Health Protection Strategy and the joint ambitions for the new Strategy.

Progress against the Strategy would be monitored by the Health Protection Committee and be reported annually to the Board. Action plans and work-streams/partnership boards were currently in place or would be developed for each of the seven priority areas. The priorities comprised: air quality, tuberculosis, hepatitis b/c, screening and immunisations, infection control, emergency planning and excess winter deaths.

Discussion took place on diabetic eye screening, specifically changes to the service provider and cultural aspects. On excess winter deaths, the biggest causes were cold weather and flu. Last year saw a significant reduction in uptake of vaccinations in many of the risk groups. There was an incorrect perception amongst some people that the vaccines were either ineffective or could cause flu symptoms. There was also a challenge around the quality of housing and fuel poverty.

From the earlier discussion of 'help you to help yourself', there was support for this to be used as a branding at all partners' premises to promote health protection. Discussion also took place on air quality, the cost of monitoring equipment, the cumulative impact of additional development and need for local data to inform planning decisions. An air quality group had been established to look at this, with all district and borough councils being invited to participate.

## **Resolved**

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 vaccinations 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.

**6. Forward Plan**

Gereint Stoneman, the Health and Wellbeing Board Delivery Manager gave an update and sought Board input to the future programme. It was suggested that a report on the work of the Executive Group be scheduled, to give an assurance to the Board of the actions, accountability and a timeline, so the Board can hold the Executive Team to account.

**Resolved**

That the Board members note the Forward Plan and the suggestion for a future item on the Executive Group's work, as set out above.

**7. Any Other Business**

None.

The meeting rose at 4.00pm

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Chair

## Health and Wellbeing Board

26 July 2017

### Draft Health and Wellbeing Board Annual Review 2016/17 and Delivery & Development Plan 2017/18

#### Recommendation(s)

1. The HWB Board are asked to:
  - Consider the achievements made to date as set out in the Annual Review
  - Consider the proposed role of the HWB Board, partnership principles and common model of working
  - Endorse the Delivery and Development Plan for 2017/18

#### 1.0 Key Issues

- 1.1 This paper presents the draft HWB Annual Review for 2016/17 and the Delivery plan for 2017/18.
- 1.2 The document reflects the fact that we are now in the 4<sup>th</sup> year of the HWB Strategy 2014-18.
- 1.3 It therefore seeks to celebrate the significant volume and breath of achievements made to date, whilst also beginning to look to the future and next phase for the HWB systems in Warwickshire
- 1.4 The document is the product of three consecutive workshops with the HWB Executive and Board where progress against the current HWB Strategy has been reviewed and priorities for future work have been identified.
- 1.5 It has therefore been designed as a working document, which will provide a focus and reference point for the Board's activity in 2017/18.

## 2.0 Options and Proposal

- 2.1 Building upon the discussion and debate at previous sessions with the HWB Board and Executive team members the report is made up of a number of key elements:

**Examples of success** – The report contains a summary of the 90+ examples of achievements from across the HWB system and partners. A companion document with the detail of each of these will be developed and shared at the meeting.

**Roles and remit of the Board** – Restatement of the roles and remit of the HWBB together with reference to supporting and connected bodies.

**Partnership principles** – Inclusion of the Alliance Concordat together with the Partnership principles emerging from the Proactive & Preventative workstream which shape the way we as partners work together.

**Common model of working** – Establishment of a common model of working for the HWB System, which clearly sets out where each partners and activity will have an influence

**Delivery programme for 2017/18** – A clear work programme of activity for 2017/18, setting out areas of focus as well as statutory duties and development areas This will shape the content of meetings and the workshops as well as further work as overseen by the HWB executive on behalf of the Board.

**Development programme** – A set of development activities which will support delivery and continue to build resilience of the system

## 3 Timescales associated with the decision and next steps

- 3.1 The document is presented in draft form for early comment
- 3.2 The HWB Board are asked to consider and endorse each of these elements at the meeting on 26<sup>th</sup> July 2017.
- 3.3 The intention is to take on board any feedback and refine the document over July in time for the final version to be considered at the September meeting, alongside the Annual Director of Public Health report.
- 3.4 At this point we anticipate also being able to share the annualised data sets which support the HWB Strategy

## Background papers

None

	<b>Name</b>	<b>Contact Information</b>
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Strategic Director	John Dixon	<a href="mailto:johndixon@warwickshire.gov.uk">johndixon@warwickshire.gov.uk</a> Tel. 01926 412992
Portfolio Holder	Cllr Les Caborn	<a href="mailto:cllrcaborn@warwickshire.gov.uk">cllrcaborn@warwickshire.gov.uk</a>

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

Local WCC Member(s): N/a

Other WCC members: Councillors Seccombe, Caborn, Morgan, Redford, Golby, Parsons and Rolfe.





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Item 2 Appendix



Warwickshire  
Health and  
Wellbeing  
Board

Annual Review 2016/17  
Development and Delivery Plan 2017/18





# Introduction

Over the past 12 months we have seen an unprecedented level of change across the health wellbeing sector both nationally and within Warwickshire.

As partners in health and wellbeing we are coalescing around a set of common goals and outcomes for the people and communities we serve.

Whether as providers or commissioners of services we are increasingly talking a common language of prevention, encouraging self-help, place based working, and service integration.

These are system-wide and long term challenges. We can't achieve them in isolation or without a step change in the way work together.

There has never been a better time to do this. As a Health & Wellbeing Board we have a role in leading and shaping this agenda.

This renewed drive reaffirms the relevance of our HWB Strategy and the importance of an effective Board and Executive Team in influencing and championing joint working.

We now need to capitalise on all the good work and strengthened relationships that the strategy has given us to date.

Having last year invested in building relationships, we now want to make 2017/18 a year of action and impact for the HWB Board.

As the Warwickshire Health & Wellbeing Board we therefore present both a review of the achievements we have made over the past 12 months and the focus for our work over 2017/18.



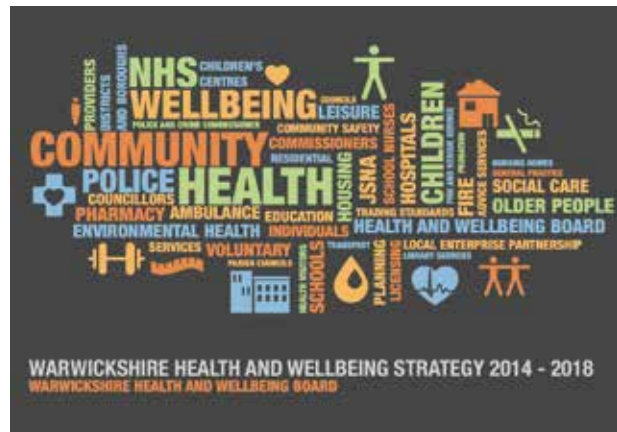


## How this document works

In 2014 we produced the County's first Health & Wellbeing Strategy 2014 -18.

The outcomes set in 2014 have renewed relevance today. As we enter the fourth year of the Strategy we are seeking both to celebrate the considerable success and progress we have made so far and continue to strive towards achievements of these outcomes.

Our Annual review and Delivery Plan is therefore both a celebration of success and a focus for our work this year.



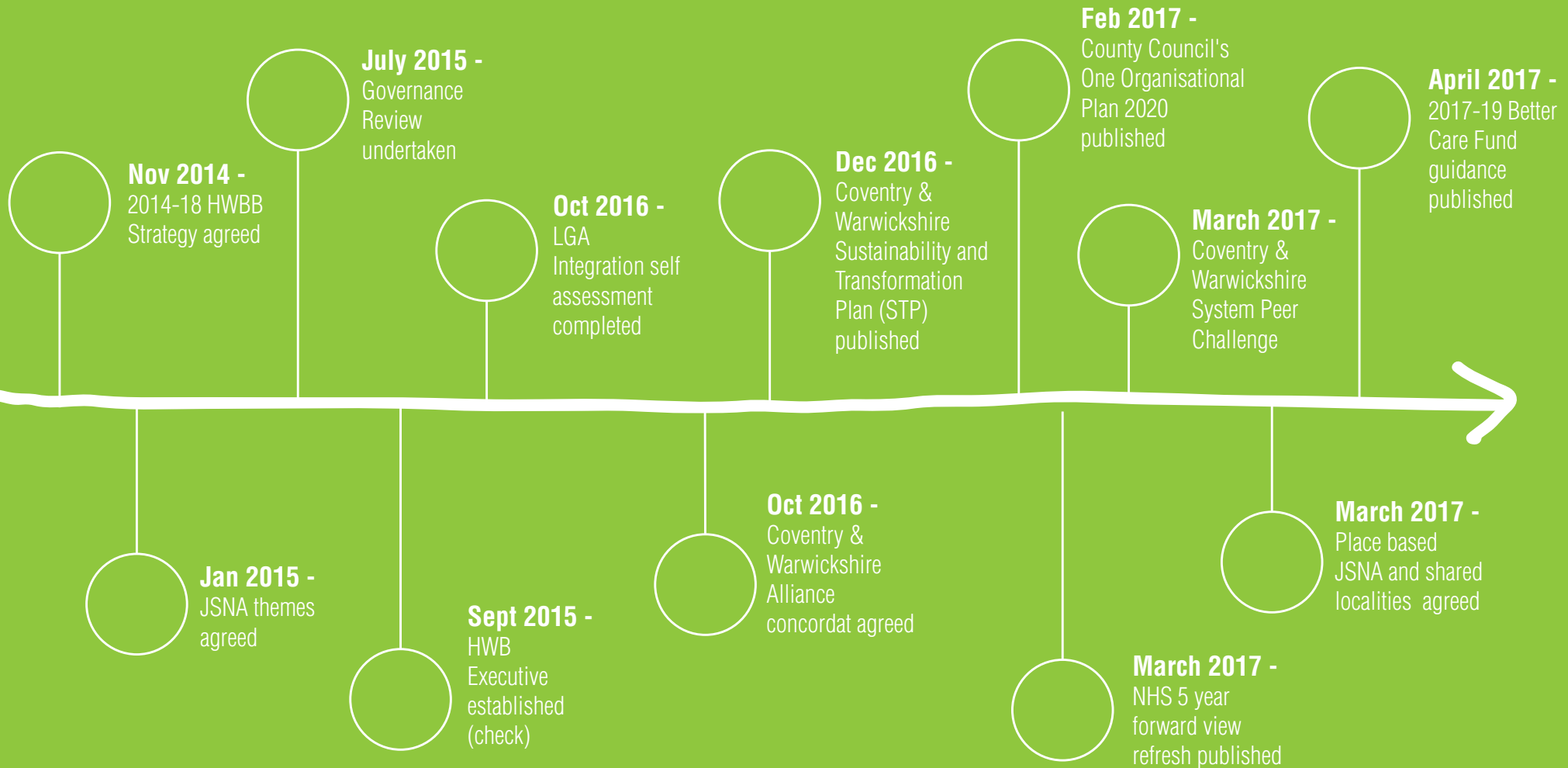
**Our Annual Review 16/17**  
Our annual review brings together the achievements made by all HWB partners in support of the HWB priorities. Within the Strategy there are 18 outcomes which support our priorities. The Annual review provides examples of achievements against each of these from across Social Care, Public Health, commissioning, health provision, volunteering and community work. Each example is summarised in this document and full casestudy is included in the supporting document.

**Our Delivery & Development Plan 17/18**  
As a HWB Board we have an inherently strategic role, but to be effective we must be assured of delivery against the outcomes set in our HWB Strategy. Our Delivery plan focuses on the priority areas of focus for the Board in 2017/18 as well as setting out the statutory duties of the Board in 2017/18 and the areas of regular reporting .  
Our development Plan takes a slightly longer term view and is focused both on the elements which will support delivery such as strong communication and performance management as well as thinking ahead to the development of the next HWB Strategy. This work will also be undertaken in 2017/18.



# Our journey so far

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# Examples of our success

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Set out below is a summary of all the case studies provided from across our partnership in support of the outcomes in our Health and Wellbeing Strategy. Full versions and the detail of each case study are provided in the companion document to this report.

**Outcome 1 - Ensure the best possible start for children, young people and their families**

- 1. Smoking in pregnancy (quit for baby)** During 2016 the Smoking in Pregnancy Services has seen an overall increase of 151 referrals (25%) compared to the previous year.
- 2. Smart start (PH) An investment that lasts a lifetime** Sets out what the partnership organisations should collectively do to improve outcomes for Warwickshire children and families.
- 3. Teenage Conception rates** Agencies from across the health, education, wellbeing spectrum have come together

and made commitments to work together to address the issues of teen conception.

**4. Warwickshire Welcomes Breastfeeding Scheme** Aims to improve the support available to mothers to exercise their right to breastfeed their babies in public places.

**5. Childminders Food Safety** Considers food safety issues and provide information and signposting to guidance and advice on providing healthy food choices for babies and children.

**6. Priority Families (Childrens).** As of 1st April 2017, 1509 families were attached to the programme and a total of 563 families have achieved significant and sustained progress.

**7. Family and Parenting Support.** Some 99% of adults and 98% of children gave feedback saying that they highly rated the help from their Family Support Worker.

**Coming up - Journey of the Child (part of OOP 2020)**

**Outcome 2 - Support those young people who are most vulnerable and ensure their transition into adulthood is positive**

- 8. Warwickshire Youth Justice** Presents the first opportunity many young people have had to have their needs recognised and addressed.
- 9. Child Poverty** In late 2014 HMI raised concerns about the size of gap in Warwickshire and in response the Closing the Gap project was established.

**10. Transitions Childrens** Working to deliver 'Progress', a tailored programme of coaching and support to help young people who are NEET (not in employment, education or training) and those at risk of NEET.

**11. Transition Team in Adult Social care** The work includes supporting young people leaving school and college to find employment.

**12. CAMHS Redesign** A redesign of children's mental health services in Warwickshire.

**Coming up - Journey of the Child (part of OOP 2020)**



**Outcome 3  
- Enable people to  
effectively manage  
and maintain their  
physical and mental  
health and  
wellbeing**

- 13. Walking for Health.** Promotes social inclusion, prevents isolation, contributes mental and physical health improvements and provides opportunities for physical exercise.
- 14. NHS Health Checks** Together diabetes, heart, kidney disease and stroke make up a third of the difference in life expectancy between the most deprived areas and the rest of the county. Addressing these differences is a key aim of this programme.
- 15. Dementia Friends** A Dementia Friends survey undertaken with 1,472 Dementia Friends in 2016 by the Alzheimer's society found that: 86% had a better understanding of dementia and 73% felt more confident interacting with people with dementia.
- 16. Food for Life** Outcomes for the programme demonstrate that children and parents taking part in the programme consume one third more fruit and vegetables than children and families in a non Food for Life setting.
- 17. Fitter Futures Warwickshire** Between 01 July 2015 and 31st March 2017, over 7000 referrals have been made with just under 2000 people completing a service and have shown many health improvements that are being sustained.
- 18. Mental Health and Wellbeing Services** Public Health and Warwickshire County Council launched a range of early intervention mental health and wellbeing services.
- 19. Dementia Awareness** Projects Local communities working together to be aware of the needs of people with dementia and take appropriate action.
- 20. South Warwickshire Mental Health Partnership** WCAVA has set up this partnership as a result of an increase in the amount of reporting of people presenting with mental health issues at a variety of community settings.
- 21. NHS South Warwickshire CCG** Telehealth Project CCG, SWGP and the service provider Phillips will work together with other key partners within the local health system to develop improved ways of managing people living with several long term conditions.
- 22. Dementia Pilot** The pilot pathway will support patients with complex presentation to continue to access specialist provision through the Memory Assessment Service.
- 23. Big Day Out** Initially a Public Health initiative, Big Day Out events aim to get the local community using and enjoying their local green space.
- 24. Dementia Friendly Communities** A leaflet is being created to showcase the range of services locally and a Memory Walk is being organised for the local community.
- 25. Atrial Fibrillation Pathway Redesign** The CCG is improving services for the whole community by identifying the at risk population (65+) and screening them to identify Atrial Fibrillation at the earliest opportunity.

**Coming up -  
CAMHS  
redesign  
(SWCCG)**

**Outcome 4 - Ensure that people with disabilities have the same choice, control and freedom as any other individual - at home, at work and as members of the community**

**26. Transforming Care for People with Learning Disabilities** Strengthening the support available in the community, promoting prevention and offering early intervention we aspire to improve the quality of life for some of the most vulnerable members of our society.

**27. Partnership with Oak Wood Secondary School** Placements are designed to provide the students with the key skills needed to secure jobs once they leave School and increase their employability.

**Outcome 5 - Provide additional support to other vulnerable groups**

**28. Public Health Advocacy Services** Public Health funds 3 health advocacy services to support the most vulnerable members of our communities receiving NHS treatment.

**30. IRIS (Identification and Referral to Improve Safety)** Research has found that victims living in rural areas may experience more barriers accessing services, therefore services need to be targeted to overcome potential barriers.

adults in south Warwickshire are diagnosed more quickly.

**29. Discharge to Assess Project** The trusted assessment between health and social care, in-house reablement and rehabilitation, and care co-ordinators support patients and their families throughout the discharge process.

**31. Adult Neuro Development Pathway Launch** Provides therapy-led diagnostic assessment and post diagnostic support to ensure

**32. End of Life Care in Warwickshire North** The CCG has reinvigorated its plans to develop a model of care known as a Compassionate Community to enhance local people's capacity to support and care for those reaching the end of their life.

**Outcome 6 - Enable older people to be able to remain in their own homes and to live healthy lives for as long as possible**

**33. HEART - Housing Environment Assessment Response Team** Enables customer choice and control, by empowering customers to manage their own lives and maintain their ability to carry our daily activities, within their own homes that are safe, warm and without hazards.

homes and live independently for as long as possible.

**34. Alcester Health and Wellbeing Partnership – Wellbeing Project for Over 55s** The aim of the project is to support people to remain in their own

**35. Fit for Frailty Project** The scheme consists of 4 components and its aim to encourage GP practices to identify and better manage patients with frailty.

**37. Borough Care** Borough Care acts to prevent a problem becoming a crisis by getting to know its customers and their needs over time and delivering help.

**36. Respiratory Rehabilitation Scheme** Two gym sessions a week were set up to help COPD sufferers continue their physical activity post rehab.

**38. Extra Care Housing** Provision of customised accommodation in South Warwickshire.

**Outcome 7 - Take an asset based approach to working which values communities and the range of assets they possess**

**39. Asset Based Community Development Service** Community Development Workers in targeted neighbourhoods across the County, alongside residents, community groups and local partners, help to identify 'what's strong, not what's wrong' about an area.

**40. Social Prescribing and Care coordinators** The main aim is to support patients to stay fit, well and active and support their care holistically utilising currently existing voluntary and third sector services.

**41. Connectwell - Social prescribing** A new Client Management System is being rolled out across the project to assist with data capture, monitoring and closing the feedback loop to referrers.

**42. End of Life - Compassionate Communities** The programme draws on, and reinforces the strengths in communities. It brings together a wide range of partners who can work together to meet local priorities around death, dying and the provision of end of life care.

**43. Healthy Community Hubs** Facilitation and service delivery support to champion health and wellbeing across the Community Hubs.

**Outcome 8 - Work in partnership with our communities to build capacity and support them to increase their resilience, enabling them to better care for themselves within the community**

**44. Wider Determinants Funding from Public Health** Through 11 projects individuals reported feelings of improved mental wellbeing and increased social interaction.

**45. WCC County Councillor Grant Scheme** Available for grass roots community groups and town and parish councils to support the development of small scale locally based projects/activities which help to build community capacity.

**46. Warwickshire Association of Local Councils (WALC)** Town and Parish Councils empowered to take on the design and delivery (and future funding) of local services.

**47. Health and Wellbeing Working Party** Created in April 2016 to establish and structure the corporate contribution to the health and wellbeing agenda.

**48. Warwickshire Dietetic Service** Talks delivered for Warwickshire Racial Equality Partnership (WREP) during

2016 During the session, the people attending would be helped to identify an individual action plan for change. The co-ordinator would then organise a third session to give people the opportunity to discuss their progress with the action plan.

**49. Community Hubs – Adult Customer Journey (WCC)** Supporting residents and community groups to utilise community assets to help themselves and others.





**Outcome 9 - Empower individuals and communities to take control and responsibility for their own and the community's health and wellbeing**

**50. Warm and Well** The programme offers advice and support to residents who may be living in fuel poverty and struggling to heat their homes to help them to stay well in winter.

**51. Making Every Contact Counts and Five Ways to Wellbeing** Warwickshire County Council (WCC), Public Health have developed a refreshed Making Every Contact Counts (MECC) training offer for front line staff in Warwickshire.

**52. Over six stone lost by management team at SWFT** Inspired by Warwickshire Council's 5 Ways to Wellbeing scheme, 14 members of staff, which included

Executive Directors, took part in a 6 week weight loss programme.

**53. Nutrition and Hydration** The aim was to shift the focus from reactive to proactive care and to deliver education and advice to patients at risk of dehydration.

**54. #onething campaign** The #onething campaign engages the population of Warwickshire North to pledge one thing to improve their lifestyle.

**55. Citizen Advice** The support offered helps people to manage crisis situations, which are often multi faceted and complex, and then offers advice on how to manage their

finances on an ongoing basis.

**56. Armed forces community covenant** Front line staff are better equipped to offer appropriate and tailored support to ex forces personnel who may be vulnerable.

**57. Alcester Health and Wellbeing Board** Establishment of Alcester Health and Wellbeing Board.

**58. Community asset mapping** These maps are used mainly by partners at the moment to signpost residents to community provision, although some are produced in leaflet form for residents.

**Outcome 10 - Ensure infrastructure, public services and resources are effective, accessible and tailored to those communities that need it the most**

**59. Interdisciplinary Hub.s** With the aim of solving local issues and responding more sensitively to local needs through better joined up working at a very local level.

**60. Community hubs –(WCC)** WCC is investigating the potential to establish 'Community Hubs' in Warwickshire

with 3 key functions; Access to Universal Services; Delivering Guided Conversations; Delivering Specialist Services.

**61. Out of Hospital** It is our belief that some specialist services, that are currently provided in hospital, could also be provided in the community.

**62. Strategic Leisure Review** This work will include the production of a Leisure Facilities Strategy, a new Green Space Strategy and a Playing Pitch Strategy, which will shape service provision across the Borough until 2031.

**Outcome 11 -  
Facilitate  
communities to take  
ownership of shaping  
and transforming  
local services**

**63. Kingswood Road Youth Club, Grove Farm, Nuneaton** The County Council has developed a scheme in partnership with local residents to set up a youth club in an area where there was previously no provision, and a high level of need.

**64. Coventry and Warwickshire Stroke Services** We are implementing the Midlands and East Stroke Service specification which will ensure stroke services are fully .integrated with an end to end pathway

for pre hospital, assessment, treatment, rehabilitation and long term care.

**65. Have Your Say Days** The CCG regularly undertakes Have Your Say Days which are used by the CCG to understand the needs and requirements from the local community that it serves.

**66. Rugby Edible Action Partnership (REAP)** The activities outlined have encouraged communities to work

together to support health and wellbeing outcomes, including: physical activity, healthy eating, tackling isolation and improving general wellbeing.

**67. Community Catalyst programme** People in receipt of these services will be well supported at home by people from their neighbourhood. People will stay connected to their community and avoid loneliness.

**Outcome 12 -  
Improve educational  
attainment and  
access to learning at  
all ages**

**68. Warwickshire School Health and Wellbeing Service** During 2015, Warwickshire Public Health led the procurement of the 'School Health & Wellbeing Service'.

**Outcome 13 -  
Facilitate  
communities to  
expand social capital  
and neighbourliness,  
building and increase  
in resilience**

**69. Promoting volunteering** There is a thriving volunteer economy in Warwickshire, where residents and employees donate their time to support their local community and individuals who may be vulnerable, isolated or lonely.

**70. Timebanking** Everybody's time is worth the same and for every hour an

individual gives helping someone, they are entitled to one hour's credit in return.

**71. Domiciliary care (BCF)** . This brings domiciliary care providers together with local community assets in an attempt to locate people back into their communities.

**72. South Warwickshire Health Champions** By becoming a South Warwickshire Health Champion you have the opportunity to have your voice heard and be involved in the important decisions that the CCG have to make.



**Outcome 14 - Support people to remain healthy and independent, in their own homes for longer**

**73. Mental Health Crisis Outreach Support Service (BCF)** The Crisis Outreach Support service has been set up to work collaboratively with the Coventry and Warwickshire Partnership Trust (CWPT) mental health teams to offer follow up support to patients after crisis.

**74. An emergency response team (BCF)** Working towards commissioning a response team to avoid hospital and/or residential care admissions.

**75. Homefirst** Project is a potential

cornerstone for the recently announced Out of Hospital Collaboration across Warwickshire.

**76. Integrated community Equipment Service (ICES) service (BCF)** Reducing emergency admissions and the amount of time people unnecessarily stay in hospital.

**77. Heart Failure Service** A service based on the needs of the local population and it supports both patients and their carers.

**78. Extra Care Housing** The first ECH scheme suitable for Older People in Warwickshire opened in June 2010. There are now 9 schemes suitable for those aged 55+ in operation across Warwickshire.

**79. Extra Care Housing Integrated Model Project** Locates many elderly residents in one location and through a combination of independent living with communal facility and support provides a model for housing which is expected to increase significantly in the coming years.

**Outcome 15 - Improve accessibility and visibility of 'front doors' to support people, to make the right choice, the easiest choice, informed by customer journey examples**

**80. Urgent Care Services** The CCG mobilised plans to relocate the Walk In service from the Camp Hill practice to the George Eliot Hospital.

**81. Multi Agency Safeguarding Hub** In the first year the MASH have received over 23,000 contacts and referrals from professionals and members of the public. 18.9% of referrals were from nursery, schools or colleges.

**82. End to end process review-** Adult Social Care Revised processes will be simple to use and effective in guiding people towards appropriate levels of support, according to need, while maximising independence and community resources, ensuring assessments and reviews are timely, proportionate and outcome driven.

**Outcome 16 - Improve care coordination in the community for high risk/cost patients**

**83. Warwickshire Joint Carers Strategy (BCF)** The BCF Guidance for 2017-19 includes the importance of support available to informal carers and the benefit this has on helping people live independently in the community for longer and reducing the impact on commissioned services.

**84. Warwickshire North Frail and Vulnerable Multi-Disciplinary Team** Supporting over 75's within GP practices in a more intergrated way.

**Outcome 17 -  
Improve data  
sharing, IT  
infrastructure and  
health and social  
care governance**

**85. Ongoing improvements to data sharing (BCF)** There is alignment of ICT plans to deliver either integrated systems or data sharing across the health and social care system.

**86. NHS South Warwickshire CCG Telehealth Project** The GPFV underpins the NHS Five Year Forward View and sets out national investment and commitments to strengthen general practice in the short term and support sustainable transformation for the future.

**Outcome 18 -  
Improve partnerships  
across the wider  
social determinants  
of health**

**87. Health Planning** In 2015 Public Health dedicated a Public Health Officer to focus on embedding public health principles into planning and the built environment.

**88. Local Estates Forum, Section 106 and Community Infrastructure Levy (CIL)** We responded to 14 individual planning applications and engaged with both District Councils in relation to the major strategic development sites.

**89. Housing (extension of HEART service - BCF)** The WCBT Housing Board plans to refresh its role in supporting this ambition, primarily through delivering a successful HEART service where we continue to make good progress on adaptation and support within people's own homes.

**90. Warwickshire Third and Public Sector Partnership Group** Following consultation across the sectors, the County Council has established and co ordinates the Warwickshire Third and Public Sector Partnership Group.

**91. Community Partnerships** Comprises of 4 key areas  
1.) North Warwickshire Community Partnership  
2.) North Warwickshire Financial Inclusion Partnership  
3.) Rugby Local Strategic Partnership  
4.) Nuneaton and Bedworth Community Development Partnership

**92. Cyber Safe Warwickshire** Two Cyber Crime Advisors have been funded and are engaged in wide range of activities and projects over the last 12 months to raise awareness of the issues and help protect people online.

**93. Warwickshire North Health and Wellbeing Partnership** The group meets bi-monthly and comprises elected members and officers from Nuneaton and Bedworth and North Warwickshire Borough Council's, NHS Warwickshire North Clinical Commissioning Group, Warwickshire CAVA and Warwickshire County Council.





## The way forward...

### HWB priorities

Promoting  
Independence

Building community  
resilience

Integrating and working  
together

#### Plus . . .

A unified focus on prevention

Integrating health & care (commissioning  
and provision)

Place based working

Managing demand and deescalating need






Encouraging self-help

Ensuring Return on Investment






# Our role and remit

## Assumptions

-  The HWB Strategy is universally recognised as the overarching strategy for the health and care system
-  The HWB Board is inherently strategic. It is an influencing body and a primary strategic advisor to the HWB system
-  The HWB Board must ensure that the HWB strategy is translated into action and be assured of progress/delivery
-  This delivery must be prioritised and at this stage new work should not be added
-  The effectiveness of the HWB Board relies upon its level of influence, which in turn relies upon strong understanding, relationships and judgement – the conditions which support these, must continue to be fostered and developed over time

## Role of the HWB Board and Executive

-  Understanding need and setting the strategic direction for the system
-  Responding to the need and being assured of delivery
-  Fostering greater system working

## Key HWB bodies

**Organisational bodies** e.g. Council and Governing Bodies - Decision making bodies for each constituent organisations within the Health & Care system

**Health & Wellbeing Board** - Advisory board with limited statutory functions, but significant influence (Board members to influence organisational bodies above)

**Health and Wellbeing Executive** - Chief Executive/director level group which support the HWB Board - oversee delivery groups and enabling activity

**Portfolio Holders Group** - District/Borough and County HWB Board Elected members - informal group

## Related bodies we work closely with

**Adult Social Care and Health Overview and Scrutiny Committee**  
Statutory body with remit to scrutinise health related issues across Warwickshire and jointly with other areas

**Partnership Boards** e.g. Community safety, MASH  
Partnership based boards for ongoing partnership working

**Safeguarding Boards**  
(Childrens and Adults)  
Independent boards with statutory safeguarding role)

**Programme Boards** e.g. STP,  
Boards focused on specific programmes of work/delivery



## The way we work together

During 2016 we developed the Alliance Concordat and agreed this across the Coventry and Warwickshire Health & Wellbeing Boards and subsequently the STP. We have supplemented this with a further set of principles which set out the how we want to work together as public services in Warwickshire and Coventry. We know that the future is challenging, but believe that together these principles will strengthen our partnership and ensure we are well placed to address those challenges when they arise.



Communities first



Work across sectors



Intervene early, think prevention



Build stronger, self-sufficient communities through the ways that we work



Provide coordinated, seamless services

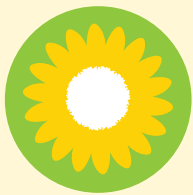


Do what works best, regardless of who does it



We learn from others as well as from what we do





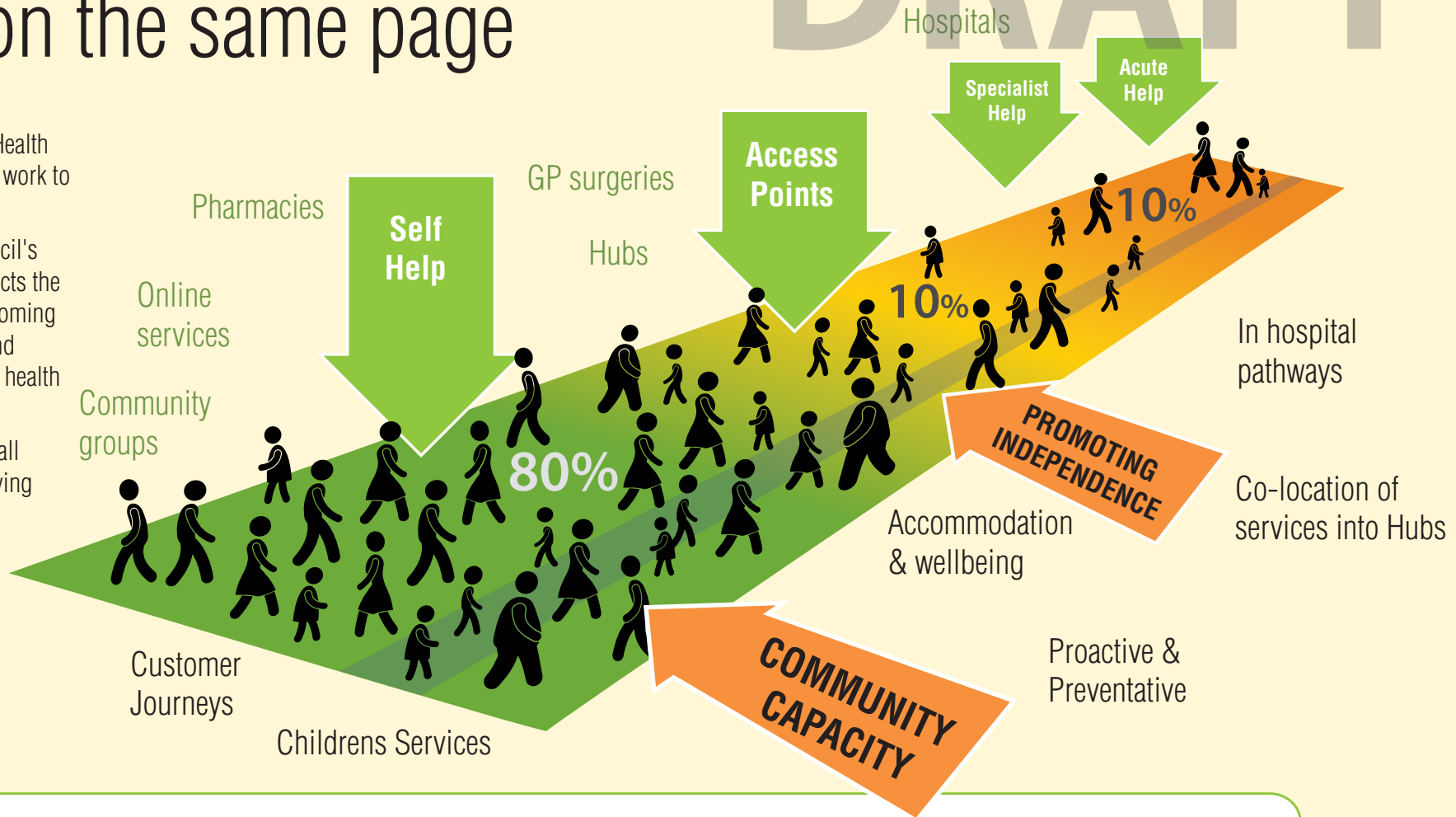
# All on the same page

# DRAFT

Our shared model describes the Health and Wellbeing system we want to work to in Warwickshire.

It is based upon the County Council's own transformation plan and reflects the common themes and principles coming out of national and local policy and multiple operating models across health and social care.

It sets out clearly where and how all partners will contribute to improving health and wellbeing outcomes in Warwickshire.



**Working Together**





# Looking ahead - our work programme 2017/18


## Priority areas

Whilst the HWB is inherently strategic, to be effective in our duty, we must be assured that delivery against the priorities is happening. With this in mind in 2017/18 we have agreed to focus on a number of specific areas which support our wider priorities.


These have been developed through a series of workshops with the HWB Board and Executive and are based upon the messages coming out of the;


- System Peer challenge
- Review of current HWB Strategy
- STP, Warwickshire Better Together and organisational transformation programmes

 STP Proactive & Preventative work (*Including Out Of Hospital, Public Health, Community Capacity*)

 Impact of Housing on Wellbeing and Accommodation for Vulnerable People Strategy

 Children's Services




 Integration and Co-location of services into Hubs

 In hospital wellbeing pathways. *e.g. stroke*

A separate delivery plan to support these areas will be developed and overseen by the HWB Executive.

## Statutory duties




The HWB Board has a number of statutory duties. In 2017/18 these will include:

-  Delivery of the place based JSNA
-  Completion of the Pharmaceutical needs assessment
-  Endorsement of CCG commissioning intentions, (Public Health and Adult care considered at the same time)

**STOP PRESS** - As we head towards 2018 and the completion of the current HWBB Strategy, effort will also be focused on producing a revised strategy which aligns to the 2020 timeline set by the NHS Forward View and County Council's OOP




## Development programme

In support of our role as system leaders we will continue to invest in developing the conditions which foster effective partnership working. This will include:

-  The development of refreshed communication strategy
-  The development of the outcome framework
-  Shared development sessions with Coventry HWB Board.

## Regular reporting

In addition to the areas of focus over the course of the year the HWB Board will seek to receive regular updates on key activities

-  Better health, Better care, Better value programme
-  Warwickshire Better Together programme
-  Place based updates

**Work programme**

**July**

**September** - Commissioning intentions, JSNA, DPH Report

**November** - Workshop on priority themes

**January** - Future strategy

**March** - Workshop on priority themes





# Understanding need

## Moving Forward...

The Health & Wellbeing Board have endorsed a new 'place-based' approach to the delivery of the JSNA. The next programme of work will focus on understanding need on a geographical basis. This is in line with the requirement to inform the Proactive & Preventative element of the Sustainability & Transformation Partnership and the Out Of Hospital programme, which seeks to build integrated services around populations of around 30,000 – 50,000. Transformation programmes relating to both adult and children's services are also based on the need to understand service needs at a more local level.

The JSNA is the primary source of evidence which can support the place-based approach in a holistic and consistent way. Moving forward it will become a single shared evidence base, delivered through coordinated resource across the Insight Service and meeting multiple needs.

## What are we doing next?

Work is currently underway to develop the geographical areas that will be used in this new place-based approach. Once the areas are confirmed, a profiling tool will be made available which will provide a statistical overview of each area. This will then be followed by the production of detailed needs assessments for each area, enabling Health & Wellbeing partners to commission the most appropriate services for each locality.

Warwickshire's eleven JSNA priorities for 2015 - 2018 were grouped under five themes:

-  Vulnerable Young People
-  Mental Wellbeing
-  Long-term Conditions
-  Physical Wellbeing
-  Carers

2017 Onwards  
Moves to...  
▶▶ A Place-Based Approach

### Place-Based Approach Drivers

Health & Wellbeing Strategy	The JSNA provides the evidence base for the Strategy and a placed based approach supports the strategy's three headline priorities: Promoting independence, community resilience and working together as a system.
STP	A place-based JSNA will provide the evidence base for the delivery of services at a local level (circa 30 - 50k population), in support of the Proactive and Preventative workstream of the STP.
Out of Hospital Programme	The programme is led by the Clinical Commissioning Groups and is seeking to specifically build integrated services around 15-20 communities of approx. 50,000 population. This has led to the production of a first wave of place-based profiles.
GP Five Year Forward View	Based upon the provision of Primary Care services around GP clusters.
Community Hubs	Providing 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'. The JSNA place-based approach will inform where these hubs should be located and what the service offer should be to meet specific local need.
County Council Transformation Plans	Emerging proposals for service redesign in Adult Social Care and Children's Services are based upon the management of demand through increased self-help and community capacity. Service delivery will look towards community hub models.







## Health and Wellbeing Board

26 July 2017

### Joint Strategic Needs Assessment Update

#### Recommendations

The Health and Wellbeing Board is recommended to:

- a. Note the recent activity completed through the Joint Strategic Needs Assessment work programme, including the development of a new set of geographical areas to be used for understanding the health and wellbeing needs of our communities.
- b. Reaffirm the Board's commitment to using a common evidence base across all partners to inform strategic planning and commissioning activity. The provision of a community profiling tool will enable partners to use consistent data for commissioning plans in 2018.

#### 1. Background

- 1.1 The Health and Wellbeing Board received a paper at its meeting on 22 March 2017 where the move towards delivering the Joint Strategic Needs Assessment (JSNA) on a geographical basis (rather than thematic) was endorsed. The provision of a common evidence base for all partner organisations on the health and wellbeing needs of our communities will support a range of strategic planning activities, including the Health & Wellbeing Strategy, the STP, Out of Hospital programme, commissioning plans and transformation programmes for adult and children's services.
- 1.2 The purpose of this paper is to update the Board on recent progress in this area, particularly the development of a set of geographical boundaries that will be used to profile our communities and create the aforementioned common evidence base.

#### 2. JSNA Geographies

- 2.1 The WCC Insight Service has led a programme of work to define a set of geographical boundaries for use across all partner organisations to understand and respond to the health and wellbeing needs of our

communities. The task was to create a set of areas that met the following criteria:

- Approximately 30k – 50k each in terms of population
- Aligned to District/Borough and CCG boundaries
- Aligned to Super Output Areas (the small geographical units used when official statistics are published)

- 2.2 The geographies have been developed in consultation with a wide range of partners. The boundaries were approved at the JSNA Strategic Group on 28<sup>th</sup> June. There are 22 areas, and they can be viewed via the map provided at the end of this report (see Background Paper 1, which also presents the locations of GP surgeries).
- 2.3 The Insight Service will now produce a profiling tool which will enable all partners to view statistical profiles on these areas (plus Districts/Boroughs, CGs and other geographies). The profiles will include data from a wide range of organisations across all aspects of health and wellbeing. This will enable all partners to use a common set of localities and data to inform strategic planning. The Health & Wellbeing Board is asked to reaffirm its commitment to these areas being applied to strategic planning activity in respective organisations and partnership settings. The profiling tool will be available by September 2017 at the latest, ensuring partners have a common evidence base to inform commissioning plans in 2018.

### **3. Other key JSNA Activity**

- 3.1 Aside from the development of the JSNA Geographies, there has been a considerable volume of other work completed through the JSNA in recent months. Health & Wellbeing Board members are encouraged to review the JSNA Annual Review document (see Background Paper 2), which provides a summary of the recent needs assessment activity.
- 3.2 Particular attention is drawn to the results of the Living in Warwickshire Survey (see Background Paper 3). The objective of the Living in Warwickshire project was to undertake a survey of local residents to gather intelligence on the lifestyle characteristics of our local population. This included questions on residents' perceptions about life in Warwickshire, their lifestyle behaviours and general wellbeing and also sought to address intelligence gaps on financial worries, community safety and neighbourhood cohesion. The intended value of the survey is for it to be used as a contextual dataset to contribute to any needs assessment work. All JSNA partners are encouraged to consider how the material might be used in their own settings and contact the Insight Service ([insight@warwickshire.gov.uk](mailto:insight@warwickshire.gov.uk)) when specific data is needed.

## Background papers

1.	JSNA Geographies Map (inc. GP surgeries)	<a href="#">Link</a>
2.	JSNA Annual Statement 2017	<a href="#">Link</a>
3.	Living in Warwickshire survey – Key Messages Report	<a href="#">Link</a>

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

Local WCC Member(s): N/a

Other WCC members: Councillors Seccombe, Caborn, Morgan, Redford, Golby, Parsons and Rolfe.





# Warwickshire JSNA Geographies



Mid-2015 Population Estimate:

**North Warwickshire Borough:**

1	Polesworth	-	17,816
2	Kingsbury	-	14,392
3	Coleshill and Arley	-	15,507
4	Atherstone and Hartshill	-	15,072

**Nuneaton and Bedworth Borough:**

5	Nuneaton Common and West	-	30,688
6	Nuneaton Central	-	29,518
7	Weddington, Horestone Grange and Whitestone	-	22,244
8	Bedworth West	-	14,201
9	Bedworth Central and Bulkington	-	29,668

**Rugby Borough:**

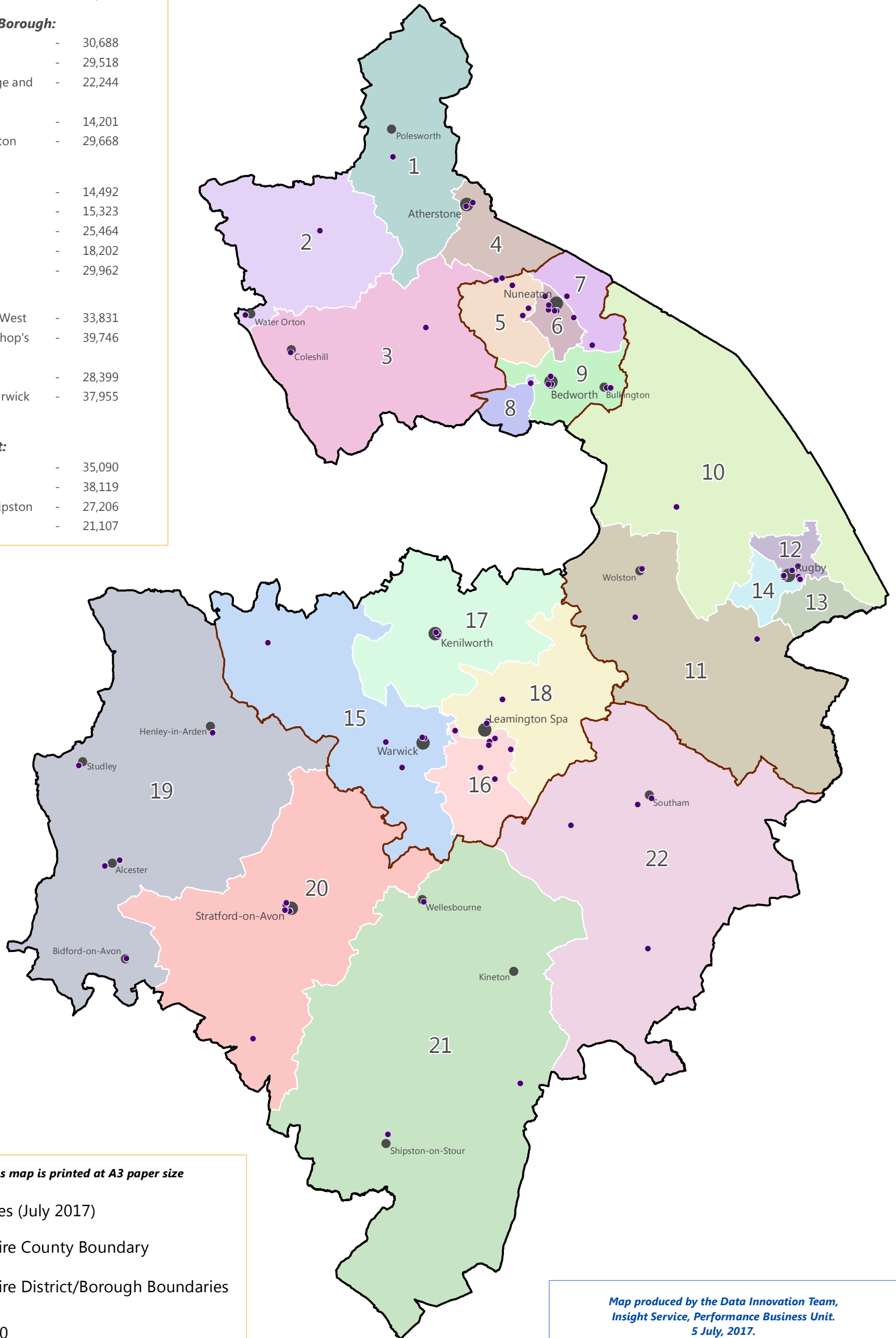
10	Rugby Rural North	-	14,492
11	Rugby Rural South	-	15,323
12	Newbold and Brownsover	-	25,464
13	Hillmorton	-	18,202
14	Bilton and Town Centre	-	29,962

**Warwick District:**

15	Warwick and Warwick District West	-	33,831
16	Leamington, Whitnash and Bishop's Tachbrook	-	39,746
17	Kenilworth	-	28,399
18	Cubbington, Lillington and Warwick District East	-	37,955

**Stratford-on-Avon District:**

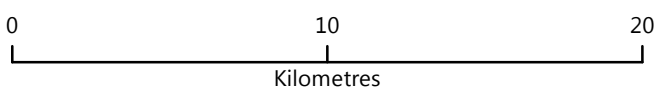
19	Henley, Studley and Alcester	-	35,090
20	Stratford-upon-Avon	-	38,119
21	Wellesbourne, Kineton and Shipston	-	27,206
22	Southam	-	21,107



It is recommended that this map is printed at A3 paper size

- GP Surgeries (July 2017)
- Warwickshire County Boundary
- Warwickshire District/Borough Boundaries

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(When printed at A3 paper size)



Map produced by the Data Innovation Team,  
Insight Service, Performance Business Unit.  
5 July, 2017.





*The purpose of the JSNA is to analyse the current and future health and wellbeing needs of the local population, to inform the commissioning of health, wellbeing and social care services. The JSNA aims to establish a shared, evidence based consensus on the key local priorities across health and social care.*

## JSNA Programme Update

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 the most recent outputs are shared here.

More recently, there have been increasing numbers of enquiries into the Insight Service, where the WCC capacity for delivering the JSNA work programme sits, to understand need on a place basis rather than focus on themes. Reflecting this emerging requirement, along with supporting significant transformation programmes across health and social care, it is timely to refresh Warwickshire's approach to the JSNA.

Warwickshire's eleven JSNA priorities for 2015 - 2018 were grouped under five themes:

-  Vulnerable Young People
-  Mental Wellbeing
-  Long-term Conditions
-  Physical Wellbeing
-  Carers

2017 Onwards

Moves to...



A  
Place-Based  
Approach

### Place-Based Approach Drivers

Health & Wellbeing Strategy	The JSNA provides the evidence base for the Strategy and a placed based approach supports the strategy's three headline priorities: Promoting independence, community resilience and working together as a system.
Sustainability & Transformation Plan (STP)	A place-based JSNA will provide the evidence base for the delivery of services at a local level (circa 30 - 50k population), in support of the Proactive and Preventative workstream of the STP.
Out of Hospital Programme	The programme is led by the Clinical Commissioning Groups and is seeking to specifically build integrated services around 15-20 communities of approx. 50,000 population. This has led to the production of a first wave of place-based profiles.
GP Five Year Forward View	Based upon the provision of Primary Care services around GP clusters.
Community Hubs	Providing 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'. The JSNA place-based approach will inform where these hubs should be located and what the service offer should be to meet specific local need.
County Council Transformation Plans	Emerging proposals for service redesign in Adult Social Care and Children's Services are based upon the management of demand through increased self-help and community capacity. Service delivery would look towards community hub models.

## Moving Forward.....

The Health & Wellbeing Board have endorsed a new 'place-based' approach to the delivery of the JSNA. The next programme of work will focus on understanding need on a geographical basis. This is in line with the requirement to inform the Proactive & Preventative element of the Sustainability & Transformation Plan and the out of hospital programme, which seeks to build integrated services around populations of around 30,000 – 50,000. Transformation programmes relating to both adult and children's services are also based on the need to understand service needs at a more local level.

The JSNA is the primary source of evidence which can support the place-based approach in a holistic and consistent way. Moving forward it will become a single shared evidence base, delivered through coordinated resource across the Insight Service and meeting multiple needs.

## What are we doing next?

Work is currently underway to develop the geographical areas that will be used in this new place-based approach. Once the areas are confirmed, a profiling tool will be made available which will provide a statistical overview of each area. This will then be followed by the production of detailed needs assessments for each area, enabling Health & Wellbeing partners to commission the most appropriate services for each locality.

## Key Features of the Place-Based Approach

### Geographies User Group

*Includes all partners with a stake in place-based service delivery e.g. Clinical Commissioning Groups, Warwickshire County Council, Districts and Boroughs, Town and Parish Councils, Healthwatch and voluntary sector representatives. The work links 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.*

### Geographies Data Group

*Provides the mapping expertise to create the geographic options and supply the data at the geographical levels required to support the creation of the profiles. Includes representations from partners holding the data identified by the Geographies User Group.*

### Data Building Block Approach

*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 a 30k-50k population level, whilst engaging with those with local knowledge to ensure community interests are served, will provide the maximum amount of data for the requested profiles and needs assessments.*

### Agreement on the Geographies (June 2017)

*An agreement to produce a set of place-based geographies to cover Warwickshire with profiles being delivered for each of the geographies.*

### Profile Production (September 2017)

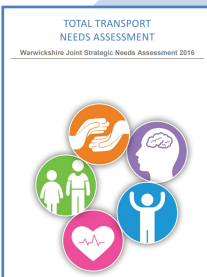
*To produce a profiler tool for this geographic, focusing on a selection of key themes and indicators. This will provide HWB partners with a statistical overview of the different population needs in each area.*

### Needs Assessment Activity (September 2017 onwards)

*To establish a programme of place-based needs assessments with timelines for delivery and an annual call for thematic needs assessments to pick up any needs assessments which are required above and beyond the place-based assessments.*

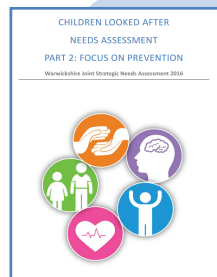


There have been a number of needs assessments which have been conducted over the past twelve months which have been aligned to the JSNA work programme. There have also been several other key reports produced which link to JSNA activity. Published documents are listed below with links included to the full reports.....



### Total Transport Needs Assessment

*Aims to assess available transport and health data to ascertain the non-emergency transport needs of the population. The recommendations will act as a guide for transport and health colleagues when working to improve the services that exist, to enhance patient experience and reduce journey duplications and wastage across the county.*



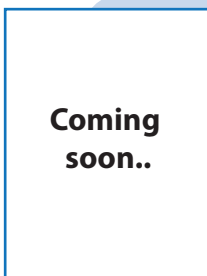
### Children Looked After Needs Assessment Part 2: Focus on prevention

*Aims to inform WCC's strategic planning, commissioning and service development aimed at reducing the need for children and young people to go into care. The main focus of the assessment is stage 1 – preventing entry into care in the first place.*

### Other Reports....

#### Clinical Commissioning Group (CCG) Profiles

*Profiles have been created for the 3 Warwickshire CCGs to help inform areas of focus for 2017 onwards.*



Coming soon..

### Self-Harm Needs Assessment

*Aims to better understand the needs of young people (0-25 years) who were currently, or were at risk of, self-harm (SH) in Warwickshire.*

*To be published shortly.....*

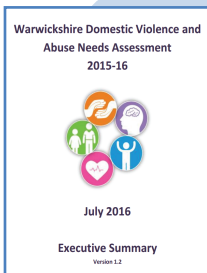


### SEND Needs Assessment Special Educational Needs and Disability (SEND)

*Aims to bring together a wealth of work to understand the views and needs of children and young people with special educational needs and/or disabilities. It's primary purpose is to inform commissioning at both strategic and operational levels, so that services are based on evidence.*

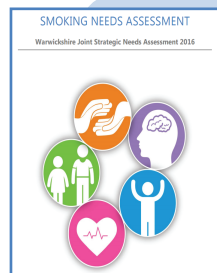
#### Child Poverty Profile Update

*The Warwickshire profile looks at child poverty across a range of measures, including a focus on income and educational attainment.*



### Domestic Violence & Abuse (DVA) Needs Assessment

*An in-depth analysis of the national and local picture of DVA. It aims to inform the ongoing development of Warwickshire's response to Violence Against Women and Girls (VAWG) and in particular the re-commissioning of the county's specialist DVA support services.*

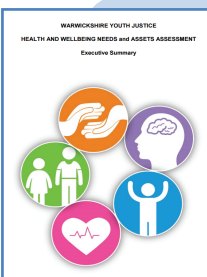


### Smoking Needs Assessment

*Aims to provide insight into the prevalence of smoking and tobacco use across Warwickshire and to explore the performance and equity of the local services tasked with helping people stop smoking in the county.*

#### Rural Social Isolation

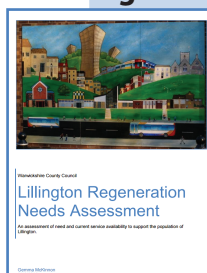
*The report covers South Warwickshire and focuses on rural isolation across Stratford-on-Avon and Warwick Districts. It informs the District Council's approach to working with partner agencies towards achieving social inclusion across the rural areas of the two districts.*



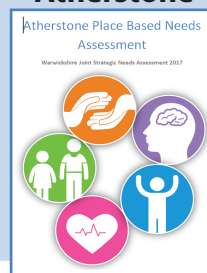
### Warwickshire Youth Justice Service Health & Wellbeing Needs & Asset Assessment

*Informs the re-commissioning of the health service currently provided to the Youth Offending Team. The assessment aims to quantify the identified health and wellbeing needs and assets of children and young people accessing the Youth Justice services and make recommendations to inform future health provision.*

#### Lillington



#### Atherstone



### Place Based Needs Assessments

*The work programme to support a place based approach to needs assessments is already underway and two needs assessments have been completed.*

*Once the new JSNA geographies have been agreed, further needs assessments will be conducted from September 2017 onwards.*



# LIVING IN WARWICKSHIRE

## Key Messages



# LIVING IN WARWICKSHIRE: KEY MESSAGES

## What is Living in Warwickshire?

Living in Warwickshire is a survey that provided residents with the opportunity to have their say on what living in Warwickshire is like and gathered people's views on a variety of topics including:

- Health and wellbeing
- Community safety
- Personal finances and community cohesion
- Satisfaction with the local area and services provided

## Why Living in Warwickshire?

It has been widely acknowledged that there is a lack of robust intelligence on the lifestyle characteristics of our local population, the survey aimed to address this gap. This work will inform council work programmes to address these local needs and shape services for the future.

## Further Information

This document highlights the key messages derived from analysis of the Living in Warwickshire survey. Detailed reports on the following themes are available on request:

- Health and wellbeing
- Community safety
- Personal finances and community cohesion
- Satisfaction with the local area and services provided

The reports analyse each question in turn, breaking responses down by District & Borough, age and gender. If you have any questions or feedback on the Living in Warwickshire survey, please do get in touch by emailing us at:

[Insight@warwickshire.gov.uk](mailto:Insight@warwickshire.gov.uk)

## The response

The online survey, launched on Monday 18th April 2016, was open to all Warwickshire residents aged over 18 years old. The survey was set to close on Tuesday 31st May, but was extended to July 1st 2016 in order to increase the response rate. The survey received 3,807 responses which were 'weighted' to make the sample representative of the Warwickshire population.

Whilst the survey received a good response rate, which represented good value for money in light of it being carried out predominantly online, the relatively small sample means we are unable to carry out systematic analysis at both a lower geography than District/Borough level or using Mosaic, the customer segmentation tool. However, the data does give us a direction and can be treated as anecdotal intelligence to be cross-referenced alongside further more robust intelligence and tools such as Mosaic, to provide household level intelligence to ensure services respond to local need.

## Comparison to the 2013 Living in Warwickshire Survey

Where possible the current survey results have been compared to the 2013 Living in Warwickshire survey results to show any change, however many of the questions asked in the 2016 survey were not asked in the previous version of the survey.

Comparisons between the two surveys need to be viewed with **caution** due to the variation in the respondent profile and differing sample sizes.



## Scoping

All questions from the previous Living in Warwickshire survey were included and then refined following consultation with commissioners to ensure the questions met their requirements.



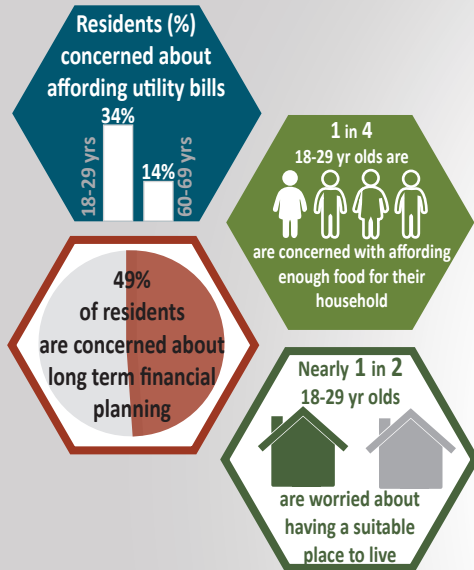
**LIVING IN WARWICKSHIRE**



# LIVING IN WARWICKSHIRE: PERSONAL FINANCES & COMMUNITY COHESION

## Personal Finances

Nationally, financial stability is a key factor that impacts on the wellbeing of residents. Those who are identified as JAMS, the 'just about managing' have received considerable media attention and are identified as a particularly vulnerable group of concern.



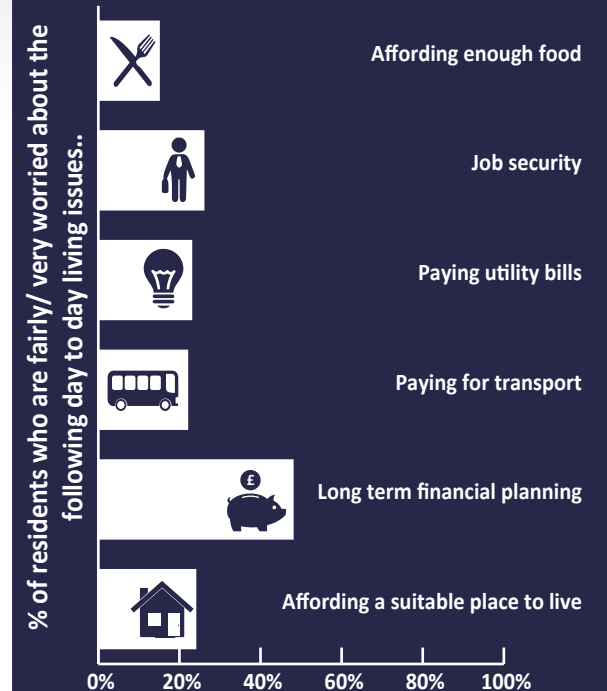
### Just over three quarters of residents reported that they were 'living comfortably' or 'coping' on their current income...

- This compares with almost one in five residents who are finding it either 'difficult' or 'very difficult' to cope on their current income.
- Stratford-on-Avon District has the highest proportion of residents who feel they are either coping or living comfortably on their income while Nuneaton & Bedworth Borough has the lowest. In the latter, almost a quarter of respondents report finding it 'difficult' or 'very difficult' to cope on current income levels.
- Concerns about household income appear to be particularly evident in younger age groups. The level of concern felt by respondents declines as age increases.

## Strategic Links & Implications

- Given that almost one in five residents in Warwickshire are finding it either 'difficult' or 'very difficult' to cope on their current income, this is likely to continue to be an area of focus for initiatives such as the Warwickshire Financial Inclusion Partnership (FIP), the Child Poverty Strategy and all services that provide financial inclusion and resilience services to Warwickshire residents (for example, Citizens Advice Bureau and Warwickshire Welfare Rights Advice Service).
- Linked to one of the core transformation programmes of the County Council, tailored, readily accessible debt and money advice will be freely available from all partner agencies working across Warwickshire. This will take a stepped approach to managing demand, providing both readily accessible information and advice as well as providing face-to-face support at local hubs and specialist support where required.
- Equally, for residents who are struggling to pay household bills, Warwickshire County Council offers a number of schemes which may offer financial help. The Warwickshire Local Welfare Scheme helps the most vulnerable residents at times of crisis, providing basic and essential help related to food and energy.

## Almost half of all residents are concerned about long term financial planning...



- In general, levels of concern about day-to-day living issues declined with age.
- All age groups had 'Long term financial planning' as their top concern. Having a suitable place to live was the second priority for both the youngest and oldest age groups. Job security was a higher priority for those aged 30 to 59 years.



# LIVING IN WARWICKSHIRE: PERSONAL FINANCES & COMMUNITY COHESION

## Community Cohesion

Local Government has a vital role to play in building community cohesion, supporting communities through active engagement, to develop community infrastructure and support neighbourhood level activity.

The majority of residents feel strongly that they belong to their

65%

immediate neighbourhood

### The majority of residents (65%) feel very or fairly strongly that they belong to their immediate neighbourhood...

- This figure was highest in North Warwickshire Borough (70%) but lowest in neighbouring Nuneaton & Bedworth Borough (59%).
- In general, older residents were more likely to report that they felt they belonged to their immediate neighbourhood than younger people.

### Volunteering rates in Warwickshire are considerably higher than the national picture...

- Around 43% of residents report that they have done some volunteering or community activity in the last year, nationally figures of around 20% are often quoted.
- North Warwickshire Borough had the highest rates of volunteering (49%), whilst Warwick District had the lowest (36%).
- Again, older residents were more likely to engage in volunteering/community activities than younger people; those aged 70-79 had the highest rates of volunteering.

## Strategic Links & Implications

- These findings highlight areas to capitalise on, linking to the organisation-wide objective of developing community capacity between now and 2020. Warwickshire has a strong sense of community and high volunteering levels and residents should be encouraged to take an active part in their communities, looking out for those who are most vulnerable, recognising and using assets and volunteering to support their communities.
- Warwickshire County Council will support this by maintaining and building strong working relationships across all public service providers to deliver high quality, cost effective opportunities to support communities to develop community-led solutions.
- Volunteering also has a number of further positive benefits for the individual. In a piece of research commissioned by Timebank, 84% of the 3,000 employers surveyed agreed that volunteering is a way to help people find paid employment work. By supporting residents to feel part of their community, volunteering can also start to alleviate some of the health and wellbeing issues associated with loneliness and social isolation.
- These findings also raise a number of important implications in terms of community resilience. In areas where residents identify less with their local neighbourhood, tailored approaches will be required on a community basis, given the notable differences which exist at a local level between communities and neighbourhoods.
- These findings should be shared with partners to validate the results.



61% of residents aged 70-79 have volunteered or engaged in a community activity over the past 12 months



LIVING IN WARWICKSHIRE

# LIVING IN WARWICKSHIRE: SATISFACTION WITH LOCAL AREA & SERVICES PROVIDED

## Satisfaction levels

Understanding resident's views is a key element of assessing the effectiveness of the organisation, alongside cost and performance information. Understanding resident satisfaction and being able to make informed comparisons can strengthen local accountability and be a key part of managing performance.

### In general, satisfaction levels are markedly lower than those recorded in the 2013 survey...

- Overall, almost seven in ten (69%) residents reported that they were fairly/very satisfied with their local area as a place to live. This is a fall from nine in ten (89%) residents in the 2013 survey and is lower than the equivalent figure obtained by Coventry City Council in their 'Life in Coventry Survey' (88%) and the LGA benchmark figure (82%).
- 45% of residents reported being very/fairly satisfied with the quality of services provided by Warwickshire County Council (WCC), in the 2013 survey the equivalent figure was 70%.



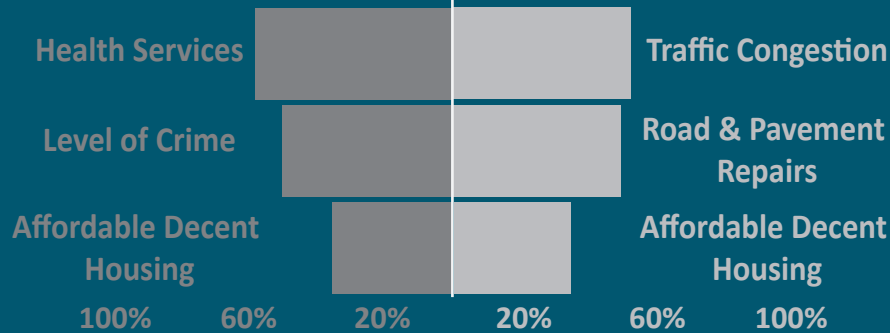
## Strategic Links & Implications

- These findings highlight a number of challenges and areas of focus for the County Council and links to the organisation-wide objective of developing community capacity between now and 2020. This will include identifying the most appropriate engagement mechanisms with communities including supporting channel shift to digital first services.
- Also, with increased demand for our services and less money available, Warwickshire County Council along with all other public sector providers will need to ensure community infrastructure is developed and utilised to empower communities to create their own solutions, supporting the delivery of services going forward.
- On a positive note, many of the issues that are considered important in making somewhere a good place to live differ to those which residents feel most need improving.
- Road and pavement repairs and traffic congestion remain key issues for residents in this survey. The quality of local infrastructure is identified as a key priority in making Warwickshire an attractive place to do business and supports a vibrant economy.



# LIVING IN WARWICKSHIRE: SATISFACTION WITH LOCAL AREA & SERVICES PROVIDED

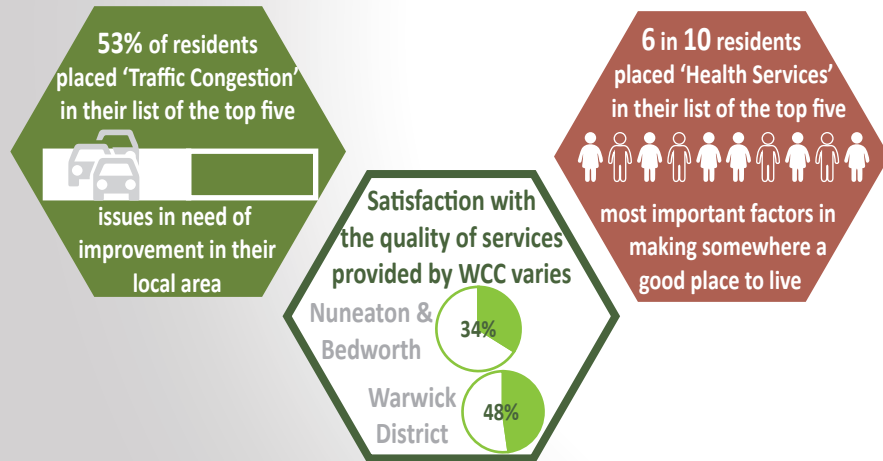
Top three most important factors making somewhere a good place to live...



Top three issues in need of improvement...

Older people generally record being more satisfied with their local area, ability to influence decision making and quality of services provided by WCC...

- Four in five (80%) residents aged 80+ reported being fairly/very satisfied with their area as a place to live. The least satisfied age group was those aged 50-59 years (63%).
- There is a 17 percentage point difference in satisfaction levels for quality of services provided by WCC between the youngest age group (45%) and oldest (62%). The least satisfied with WCC services are those aged 50-59 years (39%).
- 'Affordable Decent Housing' topped both the list of making 'somewhere a good place to live' and 'what most needs improving in the local area' for those aged 18-29 years.
- Half of residents in Nuneaton & Bedworth Borough reported being fairly/very satisfied with their local area as a place to live, yet in Warwick District this figure was 84%.
- One in five residents from Warwick District report being satisfied with their ability to influence decisions in their local area; in Nuneaton & Bedworth Borough this figure was one in eight.
- 34% of residents from Nuneaton & Bedworth Borough report being very/fairly satisfied with the quality of services provided by Warwickshire County Council, markedly lower than the level of satisfaction in Warwick District (48%).



## Strategic Links & Implications

- This intelligence gives areas to focus on; an increasingly important role the organisation will play is to empower residents of all ages, in all areas of Warwickshire, to increase participation, utilising online services and community knowledge and assets to both develop a new relationship with communities and unlock the potential of community assets.



# LIVING IN WARWICKSHIRE: HEALTH & WELLBEING

## General Health

### Overall the majority of Warwickshire residents reported they generally felt quite healthy...

- Almost three quarters of Warwickshire residents self-reported their general health as being 'Good' or 'Very Good', slightly lower than the 82% reported in the 2011 Census. The 30-39 age group reported feeling the healthiest, with the highest proportion of residents self-reporting their general health as 'Good' or 'Very Good'.
- The proportion of Warwickshire residents that rate their general health as 'Bad' or 'Very Bad' (6%) is slightly higher than reported 5% figure in the 2011 Census.

## Carers

Unpaid carers make an important contribution to the overall supply of care services. As the population grows and ages, an increasing number of people are likely to continue to provide significant levels of care. The value of unpaid care in Warwickshire is estimated to be between £575m and £1.24bn per year. As such, it is important to recognise the potential impact that providing many hours of care each week may have on carers' own quality of life – their physical and mental health, employment opportunities and social and leisure activities. Evidence nationally shows that carers have poorer health outcomes than those who do not provide care and that a significant number of hospital admissions are due to problems associated with the carer.



### More than 1 in 4 Warwickshire residents aged 40+ provide some unpaid care...

- More Warwickshire residents aged between 50-59 provide unpaid care than any other age group (35%), which correlates with the figures reported in the 2011 Census.
- A higher proportion of the oldest residents in Warwickshire reported to providing substantial care, with 13% of those over 80 years. The 2011 Census reported that the highest proportion of substantial care provision was also in the oldest age group (65 years and over).
- The proportion of residents providing some form of unpaid care was found to be higher in the 2013 survey (88%), than in the 2016 survey (77%).
- The proportion of the Warwickshire population reporting to providing more than 50+ hours of unpaid care (4%) is significantly higher than the England figure in the 2011 Census (2%).
- Just over 12% of carers in Warwickshire who provide 50 or more hours of care a week state that their health is either 'bad or very bad' compared to 4.6% among those who provide no care and 4% of other carers.

## Strategic Links & Implications

All statutory partners with health and wellbeing responsibilities across Warwickshire recognise and support the increasing role played by 'informal' carers. This supports the integrated health and care model across Warwickshire going forward but also recognises the role carers play in building community capacity, supporting people and communities to utilise community assets which already exist. This intelligence will feed into the commissioning of services related to all carers.



# LIVING IN WARWICKSHIRE: HEALTH & WELLBEING

## Alcohol

Alcohol when used irresponsibly can cause immense harm to users, their family, friends and wider community. Within Warwickshire, alcohol costs the NHS approximately £29.8 million per year. Alcohol is a priority for both health and community safety partners in Warwickshire, with a wide range of organisations having to deal with the often significant consequences of its misuse. Evidence continues to highlight the increased risk experienced by young people but also the high levels of drinking in the more affluent, older age groups.

### Residents in the south of the county reported drinking at higher levels than in the north of Warwickshire...

- According to the results of the shortened Audit-C questionnaire, the highest proportion of higher risk or increasing drinking were seen in males; residents of Warwick and Stratford-on-Avon Districts and those aged 18-29 and 40-49.
- There appears to be a link between higher educational attainment and increasing or higher risk drinking. More than 50% of residents who were educated up to sixth-form level reported alcohol consumption that would be described as higher risk or increasing drinking, compared to one in three residents educated to secondary school level.

1 in 3 residents educated up to secondary level are drinking alcohol at higher or increasing levels

## Strategic Links & Implications

Warwickshire County Council alongside partner agencies should consider the provision of universal services, information and advice and specialist services that support these target groups in the upcoming recommissioning of drug & alcohol services.

## Smoking

Smoking and tobacco consumption is the single largest cause of preventable illness, health inequalities and mortality in England. Questions on smoking were included in the survey as currently there is a lack of robust data at local level and a reliance on nationally produced modelled estimates or very small sample sizes.

70% of 18-29 yr olds



have never smoked

### Smoking prevalence in the Warwickshire population is falling and is a fraction of the estimated national prevalence...

- The proportion of current smokers (9.6%) is relatively low across all age groups in Warwickshire, 6.3% of residents are smokers in Warwickshire and 3.3% are smokers trying to quit. The integrated household survey carried out nationally shows that 15.3% of the over 18 population in Warwickshire smoke.
- Smoking peaks at one in ten residents (10.1%) in the 30-39 year age group. Although this is much lower than the national prevalence estimate (17%).
- The prevalence of current smokers is also falling and is much smaller across all of the age groups in the latest 2016 survey, compared to the previous 2013 survey.
- An unforeseen factor in the take-up of smoking has been the growing use of electronic cigarettes. Although intended as a quitting aid for traditional smokers, there is concern that these devices are re-normalising smoking and could act as a gateway to smoking, particularly for young people. E-cigarette usage is most popular in the 40-49 age group, despite only one in 20 reporting to be users (5%). The most common reason for e-cigarette use was 'Instead of cigarettes', which was reported by 53% of e-cigarette users.

## Strategic Links & Implications

Liaise with the commissioner to identify how this intelligence impacts on the services we provide to smokers. A further piece of work is required to agree the validity of smoking data, looking at national surveys, the results from this survey and GP data.



LIVING IN WARWICKSHIRE

# LIVING IN WARWICKSHIRE: HEALTH & WELLBEING

## Healthy Weight

Excess weight can have significant implications for health, social care and the economy. Individuals who are classified as obese are more at risk of developing serious diseases such as heart disease, diabetes and cancers than individuals who are a healthy weight. Moreover, obesity is estimated to cost the NHS in Warwickshire £35.7 million a year and if current trends are to continue, one in three Warwickshire residents will be obese by 2034.

## The 'excess weight' levels in the Warwickshire sample are lower than the national rate...

- The proportion of residents whose self-reported BMI put them in the 'excess weight' category was just over 50%, which is significantly lower than the national estimates (65%). The highest proportions of residents who reported to having excess weight were based in Rugby Borough (58%) and North Warwickshire Borough (59%), or those Warwickshire residents in the 60-69 age category (60%).

- When asked to describe their weight, 31% of residents felt they were about the right weight, 49% felt they were a little overweight, and a further 17% felt they were very overweight. These figures are similar to those obtained when calculated residents BMI suggesting have a good understanding of their bodyweight.

## Strategic Links & Implications

During the past 12 months, the Fitter Futures service has supported people across Warwickshire to improve their health through maintaining a healthy weight, become physically more active and having a healthier lifestyle. Intelligence from the Living in Warwickshire survey can be used to focus any targeting work in areas to improve uptake in referrals across the county.

## Mental Health and Wellbeing

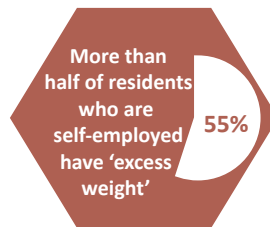
Mental ill health affects not only the individual with the condition, but it has an impact on family, friends and wider society. Around one in four people will experience a mental health problem during their lifetime.

## Older Warwickshire residents have significantly better mental wellbeing, than younger residents...

- Results from the shortened Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) survey suggest that self-reported mental wellbeing increases with age in the Warwickshire population, those aged over 80 had an average score of 25.55, which was significantly better than every other age group. Shortened WEMWBS scores increased with every subsequent age category, although not all increases were significantly different.
- Results from the shortened WEMWBS also suggest that males (23.41) have significantly better self-reported mental wellbeing than females (22.88) in the Warwickshire population.
- In comparison to the previous Living in Warwickshire survey results, residents self-reported wellbeing has fallen from 24.0 in 2013 to 23.4 in 2016. This finding was consistent across all of the age groups, except those residents aged 70 and above. For this age range, self-reported wellbeing improved between 2013 and 2016, and for those residents aged 80 and above, the level of improvement was significant.

## Strategic Links & Implications

- Whilst the wellbeing of our older population has improved since the previous survey, there is some concern regarding the reduction in self-reported wellbeing for the other age groups. Further work should be carried out to investigate possible explanations for this fall in wellbeing.
- The survey highlights better self-reported mental wellbeing in males and yet our evidence suggests higher suicide rates in males. The Public Health initiative 'It takes Balls to talk' aims to tackle this issue and should consider the link between self-reported mental wellbeing status and suicide rates in males in Warwickshire.



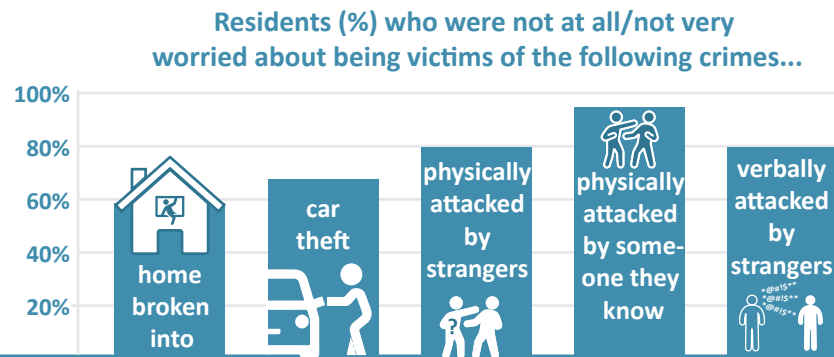
# LIVING IN WARWICKSHIRE: CRIME & COMMUNITY SAFETY

## Crime & Anti-Social Behaviour

Crime and Anti-Social Behaviour (ASB) can often rank highly in the public's concern and as a result can have a big impact on a person's quality of life in Warwickshire. It is considered to be the most important thing in making somewhere a good and safe place to live. It can also have an effect on a person's fear of crime levels, with what they perceive in their local communities as well as confidence towards the Police. Although general levels of crime in Warwickshire are low, the fear of crime remains high, a positive correlation was identified between fear and actual crime levels.

### Overall the majority of residents feel safe...

- Over six in ten (62%) residents had felt safe in all of the areas listed (for example, in car parks), in Warwickshire over the last 12 months.



### Generally, residents believe crime levels have not changed...

- At county level, just over half of residents (51%) felt that crime in their neighbourhood had stayed the same over the last 12 months.
- However, 43% of residents from North Warwickshire Borough felt crime in their neighbourhood had increased, but Warwick District saw the greatest increase in recorded crime (+21%) and North Warwickshire Borough saw an increase of just 7%.



### Strategic Links & Implications

- While levels of crime have remained the same, the nature of criminality has seen a shift in focus. The September 2016 Crime Survey for England and Wales bulletin advised that fraud is now the most commonly experienced offence type whereas in the past burglary and vehicle crime were the high volume crimes driving trends.
- A briefing note from the Warwickshire and West Mercia Police Chief Constable explained that criminality and the demand on police resources is changing and areas which we recognise as higher harm and targeting vulnerable people are showing large increases (for example Child Sexual Exploitation).
- Continual changes to recorded crime mean it is difficult to assess trends across crime categories, our understanding is that day-to-day crime levels have remained the same but the nature of criminality has changed. The complexity and resource requirements for many of the emerging crime types mean it is essential that partnership working is used to respond to offences and develop preventative measures.
- This data allows targeting of resources and initiatives and highlights areas of concern for residents.





# LIVING IN WARWICKSHIRE: CRIME & COMMUNITY SAFETY

1 in 5 residents have felt unsafe 'outside' in Warwickshire over the past 12 months...  
when looking at females this figure rose to 1 in 4



## Levels of Anti-Social Behaviour (ASB) have not changed over the past 12 months...

- The majority of residents (53%) felt that ASB had stayed about the same over the past 12 months in their local area; however, the remaining residents were more likely to think ASB had increased (27%) rather than decreased (13%).
- At county level, the number of ASB incidents reported between April 2015 and March 2016 decreased by 5% when compared with the same time period 12 months prior (2014/15). Overall 'speeding' was seen as the biggest ASB problem, followed by 'rubbish or litter lying around' and 'nuisance motorcycles'.
- Residents from the north of the county were more likely to perceive ASB to have increased, than residents from the south of the county. In Warwick District, one in five residents (20%) felt ASB had increased over the past 12 months; the equivalent figure for North Warwickshire Borough (42%) was double the Warwick District rate. Interestingly, police data reveals Rugby Borough saw the largest increase in reported ASB incidents over the examined 12 month period (1.2%), closely followed by North Warwickshire Borough (1.1%).

## Strategic Links & Implications

- Many residents feel speeding is a problem in their local area and it is an issue that is regularly raised at Community Forum meetings. Speed is believed to be a major contributory factor in around a third of all traffic accidents. The Speed Management Strategy, part of the Warwickshire Local Transport Plan 2011-2026 highlights important focus areas around education (in particular for young drivers) and fostering responsible attitudes towards driving at appropriate speeds and the awareness of the problems caused by speed.
- The main focus of the Community Safety Partnerships for ASB is the category of 'personal' which involves targeting an individual (for example neighbour disputes). These incidents can sometimes involve vulnerable people being victimised and a range of ASB measures and support exists to help reduce a victim's vulnerability.

## Female residents continue to feel more vulnerable in comparison to males...

- Overall, one in five residents reported feeling unsafe 'outside, such as on the street, in parks or grounds' over the past 12 months in Warwickshire, however when looking at the proportion of female residents who had felt unsafe in this setting, this figure rose to one in four. This trend was also evident when residents were asked about their concerns regarding being physically and/or verbally attacked by strangers. A recent YouGov survey (2016) found that significantly more women than men say they feel unsafe in public places (63% compared to 45%).

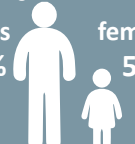
## Strategic Links & Implications

- The Crime Survey of England & Wales highlights that nationally, women and especially younger women, were more likely to be victims of domestic abuse than other demographic groups. For the time period year ending March 2014 to year ending March 2016, 11.9% of women living in England and Wales aged 16 to 19 were victims. In comparison, 6.9% of men aged 16 to 19 were victims of domestic abuse for the same time period.
- The Warwickshire Community Safety team have a responsibility to work with partner agencies to tackle violence against women and girls, the team also commission domestic abuse services. The work that the team are doing in support of the Violence Against Women and Girls Strategy centres around prevention and early intervention, the provision of services and protection from harm. It is hoped that the implementation of the strategy and action plan will ultimately help women feel safer and supported and may help prevent women becoming victims of crime.
- The recent Warwickshire Domestic Violence & Abuse Needs Assessment highlighted the need for a specific needs analysis to be conducted with regards to education programmes in Warwickshire schools as up to one in three children and young people will be exposed to domestic violence and abuse to some degree during their childhood.

1 in 3 residents felt ASB had increased in their local area  
... yet the number of incidents has fallen



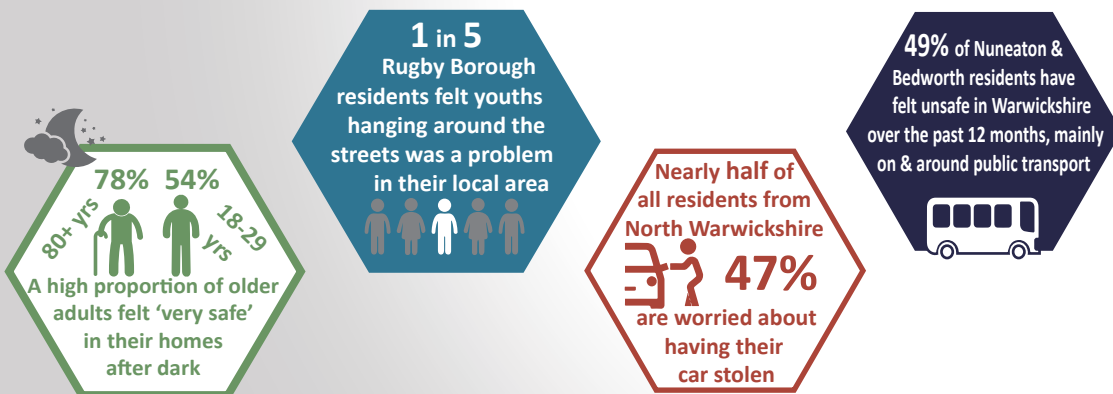
Residents who feel 'very safe' or 'safe' walking alone after dark  
males 83% females 57%



# LIVING IN WARWICKSHIRE: CRIME & COMMUNITY SAFETY

## Residents from the north of the county feel less safe than residents from the south of the county and were more worried about being victims of crime...

- In North Warwickshire Borough, 56% of residents were very/fairly worried about having their home broken into; similarly 52% of residents from Nuneaton & Bedworth Borough also felt this way. Conversely, the equivalent proportion for Warwick District was 29%. Recorded crime data reveals that between August 2015 and July 2016, North Warwickshire Borough had the highest rate of domestic burglary in the county, followed by Nuneaton & Bedworth Borough, though crime levels remain low.
- Three in ten (30%) residents from Nuneaton & Bedworth Borough indicated that they were fairly/very worried about being physically attacked by strangers. In the south of the county the equivalent figures for Stratford-on-Avon District and Warwick District are 15% and 17%, respectively.
- Recorded crime demonstrates that between August 2015-July 2016 Nuneaton & Bedworth Borough had the highest rate of violent crime, conversely Stratford-on-Avon District had the lowest rate.



## Older residents were found to feel safer than younger residents and are less worried about being victims of certain types of crime...

- Under a quarter of residents aged 70-79 years (24%) had felt unsafe in one of more of the areas listed in Warwickshire over the past 12 months, yet over half of residents aged between 18-29 years (55%) had felt unsafe in one or more of the areas listed.

## Strategic Links & Implications

- Fear of crime remains high in the county despite crime levels being generally low. The Anti-Social Behaviour, Crime and Policing Act 2014 offers protection to victims and communities and has introduced six anti-social behaviour powers. This legislation continues to emphasise a victim-centred approach to policing and this should have a positive effect on reducing people's fear of crime. Partner agencies are aware of the powers available to them in helping to tackle anti-social behaviour and continue to utilise them in the best possible way to benefit residents in Warwickshire.
- A high number of residents from Nuneaton & Bedworth Borough have felt unsafe on and around public transport, a trend that was not seen in the other areas of Warwickshire. It is recommended that the Nuneaton & Bedworth Community Safety Partnership undertake further work to investigate the cause of this and consider issuing crime prevention messages on how to stay safe on public transport, in particular targeting vulnerable groups.
- It should be noted that although volumes of crime appear to have increased, Warwickshire Police advise this is mostly due to the improvements to crime recording (following an internal audit) and not an increase in day-to-day levels of offence. Through the annual Strategic Assessment process, the Community Safety Partnerships are currently agreeing community safety priorities for the next twelve months. It is recommended that the Community Safety Partnerships utilise the Community Safety Partnership Analysts to help them understand what is behind the increases locally and continue to prioritise community safety resources in line with the priorities agreed through the Strategic Assessment process, taking a victim-centred approach.
- This data allows targeting and highlights areas of concern for particular groups of residents.



# LIVING IN WARWICKSHIRE: CRIME & COMMUNITY SAFETY

## Cybercrime

Warwickshire adults are more likely to fall victim to cybercrime than they are to a 'traditional' crime such as robbery or theft. The Office for National Statistics state that one in ten adults have been a victim of cybercrime in the past year and the chance of being a victim is the same, regardless of social circumstances, including those living in deprived and affluent or urban and rural areas.

### People who feel aware of the dangers posed by cybercrime feel less at risk online...

- Over half of all residents (55%) felt they had a good understanding of the risks they faced online, but did not feel at risk. Just under a third of residents (32%) whilst also believing they have a good understanding of the risks they face online, do feel at risk.
- However, for older adults (80+ years) knowledge of the risks faced online had little impact on their perception of feeling at risk.



### Concerns about cybercrime vary by type...

- 49% of residents were very/fairly worried about cybercrime related to hacking, phishing, fraud and/or identity theft, but only 17% of residents were worried about cybercrime related to cyber-stalking, bullying and/or harassment.
- The younger age group (18-29 years) had the highest proportion of residents who were not worried about being a victim of cybercrime related to hacking, phishing, fraud and/or identity theft, with two in three respondents in this age range feeling this way (66%).

### Strategic Links & Implications

•In Warwickshire, two Cybercrime Advisors provide advice on keeping residents safe online and help to prevent people becoming victims of this type of crime. The insight from this survey along with the recent cybercrime consultation, run by the Warwickshire Community Safety team, builds a more robust understanding in assessing the scale of cybercrime issues across the county and will help target the work of the advisors and increase community knowledge to prevent cybercrime related activity in the future.



# LIVING IN WARWICKSHIRE: EXAMPLES OF USE & NEXT STEPS

The overarching use of the insight generated from the Living in Warwickshire survey will be its role as a key part of the evidence base to fill known gaps in our intelligence to ensure decision making is based on the most robust evidence. This includes the commissioning and redesign of services and directly feeding into Warwickshire County Council's five overarching transformation programmes.

Specific examples in addition to those already included in each section include:

- **Place based offer** - the intelligence from the survey is an important component of any place-based offer including informing future profiling and needs assessment work and the development of access points/hubs. While the reliability of the data at a small geographical level does not allow systematic analysis of the data lower than District/Borough level, it does give us a direction and can be treated as anecdotal intelligence to be cross-referenced alongside further intelligence. For instance, the Living in Warwickshire results will be used alongside tools such as Mosaic to provide household level intelligence to inform future work such as the place-based profiles and needs assessments and the development of Community Hubs.
- **Developing the community capacity and information and advice transformation programmes based on evidence** - the findings from the satisfaction and community cohesion sections highlight a number of challenges and areas of focus for the County Council and link to the organisation-wide objective of developing community capacity and the provision and access to information and advice between now and 2020. These are identified more specifically in each section of the report but include ensuring community infrastructure continues to be developed, capitalising on high volunteering rates to empower communities to develop local solutions and ensure services are responsive to local need.
- This intelligence has a key role to play in informing the **future work of the Insight service** - examples would include the development of an intelligence hub and informing our gap in knowledge around key vulnerable groups.

Once the results of the service are made available, one of the key next steps would be to feed this intelligence directly through to key commissioners to support them to identify further appropriate actions for their services. For example,

- The insight from this survey along with the recent cybercrime consultation, run by the Warwickshire Community Safety team, builds an evidence base in assessing the **scale of cybercrime** issues across the county and will help target the work of the Cybercrime Advisors and prevent cybercrime related activity in the future.
- The Warwickshire smoking commissioner is informed of the intelligence around **lower smoking prevalence** across the county than national estimates suggest to identify how that might impact on the services we provide to smokers.
- Similarly, the initial 2013 Living in Warwickshire results were used to develop the baseline of the Warwickshire Mental Health & Wellbeing Strategy 2014-2016 in the absence of any quantitative indication of local mental wellbeing . The 2016 survey will allow WCC to evaluate the impact of the most recent **Mental Health & Wellbeing Strategy** by comparing mental wellbeing levels between 2013 and 2016 and to further inform King's Fund research.

## With thanks...

We would like to thank all of the Warwickshire residents who took the time to complete the 2016 Living in Warwickshire Survey.

## Further Information

If you have any questions or feedback on the Living in Warwickshire survey, please do get in touch by emailing us at:

- [Insight@warwickshire.gov.uk](mailto:Insight@warwickshire.gov.uk)



## Health and Wellbeing Board

26 July 2017

### Warwickshire Cares Better Together and HEART project update

#### Recommendation(s)

That the Health and Wellbeing Board (HWBB):

1. Notes that Housing is a workstream of the Warwickshire Cares Better Together (WCBT) Programme given the changes to the funding allocation of the Disabled Facilities Grant (DFG) (now through top tier authorities) and its importance to the health and care system and;
2. Acknowledges the achievements of a key partnership HEART (Home Environment Assessment Response Team) project, as part of the wider work of the Warwickshire Cares Better Together programme.

#### 1.0 Key Issues

- 1.1 At the recently held HWBB workshop it was agreed that Housing would be one of four priorities going forward. This decision aligns to the work that is already progressing as part of the Warwickshire Cares Better Together Programme when during 16/17 and as a consequence of emergent housing issues impacting on the health and care system it was felt important that greater synergies needed to be forged with District & Borough colleagues. As such the Housing workstream was added to the WCBT Programme (attached as Appendix 1).
- 1.2 The Housing Partnership was formed together with Terms of Reference and a scope that incorporated the requirements of the Better Care Fund (BCF) guidance and in particular the function of the Disabled Facilities Grant in supporting the health and care system and the national conditions; reducing the number of non- elective admissions, improving delayed transfers of care. The Chair of the WCBT Housing Partnership is also a key member of the WCBT Board and provides regular progress updates to the Board.

1.3 Establishing the housing work stream has provided real opportunities to further integrate and co-ordinate housing activity and support across the county and with health and social care. The new HEART (Home Environment Assessment Response Team) service is one example of this, funded by the WCBT Programme Board via the Disabled Facilities Grant and reporting into the WCBT Housing Board. Attached as Appendix 2 is the achievements of the HEART project and is the main focus of this report.

## 2.0 Options and Proposal

### How housing is supporting delivery of the WCBT programme

- 2.1 We have already started to see evidence of how housing support can have a significant impact on the health and social care system. For example: through improved access to support and assistance, reduced waiting times and more streamlined processes and services is already helping people to remain independent and safe in their own homes and returning home from hospital more quickly, aiding their recovery.
- 2.2 The WCBT Housing Board is currently developing an action plan to ensure countywide housing activity, including HEART is aligned to supporting 3 key health and social care priorities of:

<b>Preventing people from being admitted to hospital</b>	<b>Helping people be discharged from hospital (DToC)</b>	<b>Supporting people to remain independent in the community</b>
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More detail on areas of focus in the Housing Board action plan for delivery in 2017/19 is provided in Appendix 3. Once developed, the WCBT Programme Board will approve and monitor progress against the plan.

## 3.0 Timescales associated with the decision and next steps

- 3.1 During 2017/18 the HWB Board will continue to receive updates on the overall Warwickshire Better Together Programme as part of a regular performance update.

3.2 In addition, the BCF planning guidance for 2017-19 further strengthens the importance of housing to improving health and social care outcomes.

### Background papers

None

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

Local WCC Member(s): Cllr Seccombe, Cllr Caborn, Cllr Morgan, Cllr Redford, Cllr Golby, Cllr Rolfe and Cllr Parsons

Other WCC members: N/a

# Appendix 1 - Briefing Note: Warwickshire Cares Better Together Programme Workstreams

**Lead Officer:** Christine Lewington, Head of Strategic Commissioning  
Warwickshire County Council

Warwickshire Cares Better Together programme					
Public Health	Community Capacity	Care at Home	Accommodation with support	Integrated Care and Support	Strategic Partnerships
Redesign of Smoking Cessation, Advocacy, Healthwatch, Drugs & Alcohol, Dietetics	Community Engagement	Domiciliary Care Market	Extra Care Housing	Out of Hospital Services	<b>Housing Partnership – includes HEART, Housing for Vulnerable People and Housing Related Support</b>
Substance Misuse	Community Development	Carers Strategy	Integrated Residential and Nursing Care market	Delayed Transfers of Care (DToC)	Transforming Care Partnership
Learning and Development – Specialist Falls, Nutrition, Hydration, Oral Nutritional Supplements (ONS), MECC, Five Ways to Wellbeing and Fitter Futures	Voluntary Sector transformation	Assistive Technology and Telehealth	Shared Lives	HomeFirst	Dementia Strategy
	Community Infrastructure (including Hubs)			End of Life	LD / Autism
				Falls Prevention	Stroke Strategy
				ICESS	



## Appendix 2 - Briefing Note: HEART Service Project

**Lead Officer:** Sarah Faulks, HEART Team Manager, Nuneaton and Bedworth Borough Council

### Website Content:

[https://www.nuneatonandbedworth.gov.uk/info/21036/heart/353/heart\\_%E2%80%93\\_helping\\_you\\_live\\_independently\\_at\\_home](https://www.nuneatonandbedworth.gov.uk/info/21036/heart/353/heart_%E2%80%93_helping_you_live_independently_at_home)

### Background

In previous years, housing and adaptations services were delivered by numerous separate providers across district and borough councils in Warwickshire. County, district and borough councils have worked in partnership to examine the effectiveness of the separate services and look at the merits of combining funding streams and funding a universal service, available for eligible customers across the entire county.

The new HEART (Home Environment Assessment Response Team) service is an integrated Countywide approach between social care and housing, which focuses on getting the best outcomes for customers and their carers, by delivering the right practitioner at the right time with the right solution.

HEART enables customer choice and control, by empowering customers to manage their own lives and maintain their ability to carry out daily activities, within their own homes that are safe, warm and without hazards. Ultimately this means they can remain independent and live in their own homes for longer, thus, reducing the pressure on health and social care services.

HEART is a preventative approach to independent and safe living for our more vulnerable residents, that aligns to an integrated health and care model.

## **Key Messages**

- 1. Key Message 1: Funded through the contribution of District and Borough Councils, Disabled Facilities Grants (DFG) which is part of the Better Care Fund, Strategic Commissioning and Public Health within Warwickshire County Council.**
- 2. Key Message 2: Reduced the waiting times and end to end times of adaptations significantly across the county for major adaptations.**
- 3. Key Message 3: HEART service managed through one central host organisation, Nuneaton and Bedworth Borough Council.**
- 4. Key Message 4: Customers will qualify for an assessment under HEART if they have been assessed as having a need under the Care Act or will benefit from preventative works.**
- 5. Key Message 5: The HEART board are currently working together on a draft shared countywide Housing Financial Assistance policy document.**
- 6. Key message 6: HEART supports a reduction in delayed discharge and enables people to live independently and safely in their own homes for longer.**
- 7. Key Message 7: HEART provides services to address the following:**
  - a. Major and minor adaptations**
  - b. Housing hazards**
  - c. Falls and home safety**
  - d. Support to access suitable housing**
  - e. Accessing financial resources.**

## Appendix 3 - Briefing Note: How housing care support improving outcomes across health and social care

**Lead Officer:** Rachel Briden, Programme Manager for Warwickshire Cares Better Together

These are areas of activity the WCBT Housing Board lead by Nick Cadd, Housing and Communities Manager, Stratford Upon Avon District Council is reviewing.

<b>How housing can help prevent people from being admitted to hospital:</b>	<b>How housing can help people be discharged from hospital (DTC):</b>	<b>How housing can support people to remain independent in the community:</b>
Enabling access to home interventions (social prescribing)	Better co-ordination of countywide 7 day services	Enabling informed decisions about housing and housing options
Improving affordable warm homes (safe, warm homes)	Provision of Step Down Services	Assisted technology and community equipment
Improving sustainability and accessibility (regular repairs, adaptations and handyperson services)	Accessible Housing Design	Social Inclusion
Housing Support		Supported Housing
		Promoting Healthy Lifestyles



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**To: Warwickshire Health and Wellbeing Board****Date: 26<sup>th</sup> July 2017****From: Andrea Green****Title: Redesign and Improvement of Stroke Services**

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**1 Purpose**

The purpose of this report is to update the Board on the progress of improvement proposals and to seek a view from the Board about the proposals coherence with the Health and Wellbeing Strategy.

**2 Recommendations**

Health and Wellbeing Board Members review the proposals to improve stroke services from NHS Coventry and Rugby, NHS Warwickshire North, and NHS South Warwickshire Clinical Commissioning Groups (CCGs) noting that the CCGs are a) completing a further phase of engagement as the scenarios for improvement have now been translated from the feedback from patients, the public and clinicians into proposals attached at appendix A; b) commissioned another integrated impact assessment of the proposals, and c) are about to enter the final stage of assurance with NHS England.

**3 Information/Background**

As part of the regional approach to improve Stroke services in 2012, NHS Midlands and East issued a Stroke Service Specification, which set out a fully integrated end to end pathway for pre- hospital, assessment, treatment, rehabilitation, and long term care.

In April 2014, Warwickshire and Coventry Clinical Commissioners (CCGs) initiated a project to improve local services for those who have a Stroke, or have a Transient Ischemic Attack (TIA – sometimes known as a mini stroke). The CCGs established a project governance structure that has ensured full engagement of patient and carer voices, local clinical leaders for Stroke care, Warwickshire County and Coventry City Council officers, and the Stroke Association as an advocate and local expert patient/carer voice on the Project Stakeholder Board. The CCGs established an expert Patient and Public Advisory Group as part of the project Governance structure, the group is chaired by a Stroke Association lead, and includes a Healthwatch Member. The CCGs established an Expert Clinical Advisory Panel with national clinical stroke experts. This Panel have provided external clinical assurance to the review and provided confirm and challenge assurance in developing proposals for improvement as have the WM Clinical Senate.

Based on the earlier feedback received from the public and patients, the CCGs expanded the scope of the improvements from the original scenarios for hospital service improvements, and the proposal includes improvements to acute services, specialist rehabilitation and primary prevention of strokes.

**Report Author(s):**

**Name and Job Title:** Andrea Green, Chief Officer, NHS Coventry and Rugby CCG

**Directorate:**

**Telephone and E-mail Contact:** c/o [samatha.checklin@warwickshirenorthccg.nhs.uk](mailto:samatha.checklin@warwickshirenorthccg.nhs.uk) 02476324325

Enquiries should be directed to the above person.

**Appendices**

# Warwickshire Health and Wellbeing Board Redesign and Improvement of Stroke Services

## 1. Purpose of the Report

The purpose of this report is to update the Board on the progress of improvement proposals and to seek a view from the Board about the proposals coherence with the Health and Wellbeing Strategy.

## 2. Recommendation

Health and Wellbeing Board Members review the proposals to improve stroke services from NHS Coventry and Rugby, NHS Warwickshire North, and NHS South Warwickshire Clinical Commissioning Groups (CCGs) noting that the CCGs are a) completing a further phase of engagement as the scenarios for improvement have now been translated from the feedback from patients, the public and clinicians into proposals attached at appendix A; b) commissioned another integrated impact assessment of the proposals, and c) are about to enter the final stage of assurance with NHS England.

## 3. Background

### 3.1 Introduction

As part of the regional approach to improve Stroke services in 2012, NHS Midlands and East issued a Stroke Service Specification, which set out a fully integrated end to end pathway for pre- hospital, assessment, treatment, rehabilitation, and long term care.

In April 2014, Warwickshire and Coventry Clinical Commissioners (CCGs) initiated a project to improve local services for those who have a Stroke, or have a Transient Ischemic Attack (TIA – sometimes known as a mini stroke). The CCGs established a project governance structure that has ensured full engagement of patient and carer voices, local clinical leaders for Stroke care, Warwickshire County and Coventry City Council officers, and the Stroke Association as an advocate and local expert patient/carer voice on the Project Stakeholder Board. The CCGs established an expert Patient and Public Advisory Group as part of the project Governance structure, the group is chaired by a Stroke Association lead, and includes a Healthwatch Member. The CCGs established an Expert Clinical Advisory Panel with national clinical stroke experts. This Panel have provided external clinical assurance to the review and provided confirm and challenge assurance in developing proposals for improvement as have the WM Clinical Senate.

Based on the earlier feedback received from the public and patients, the CCGs expanded the scope of the improvements from the original scenarios for hospital service improvements, and the proposal includes improvements to acute services, specialist rehabilitation and primary prevention of strokes.

### 3.2 Key facts about stroke

#### Third largest killer in the UK and the largest cause of adult disability.

- The brain equivalent of a heart attack - ischemic; haemorrhagic; TIA
- NAO estimated direct care costs c£3-4.4billion, rising to c£8-8.9Billion if informal care costs and those to the wider economy included
- Effective primary and secondary prevention has significantly reduced mortality from Stroke
- Population growth and ageing and most recent evidence of more younger people having a Stroke
- Recognised national shortfall of Consultant Stroke Specialists, c163 post (BASP 2011)

#### Overview

- Perceptions of stroke have recently shifted from an inevitable consequence of old age to a potentially preventable and sometimes treatable disease.
- Modelling of future trends in stroke prevalence indicates that numbers will increase in the coming decades.
- New treatments have improved the care of some types of stroke, but not others.
- Services are being restructured nationwide, but provision is not uniform, and there are challenges to providing urgent specialist care in rural areas.
- Difficulties persist with the provision of long-term support and care for survivors, with many unable to re-engage with society and achieve a good quality of life.

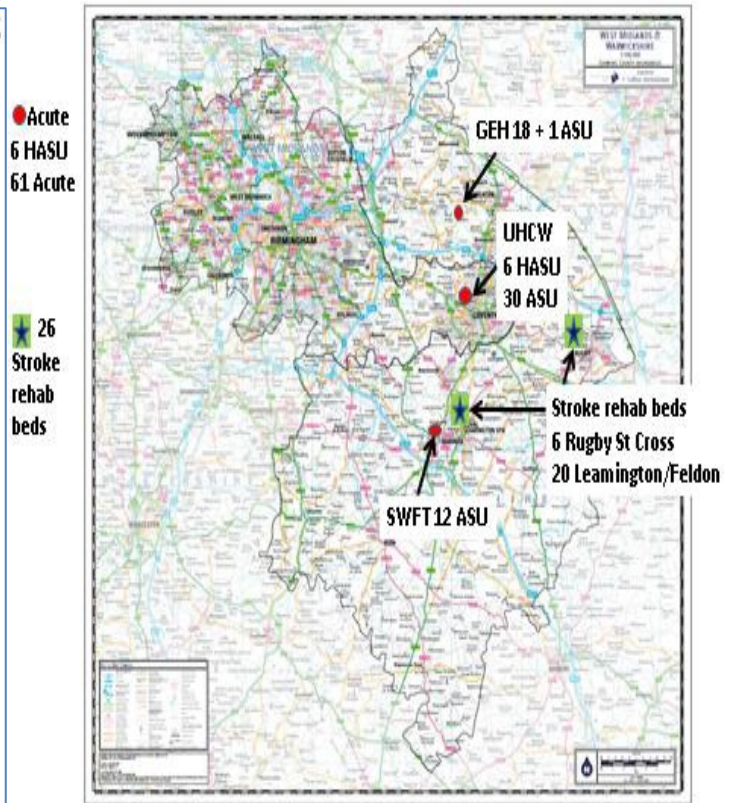
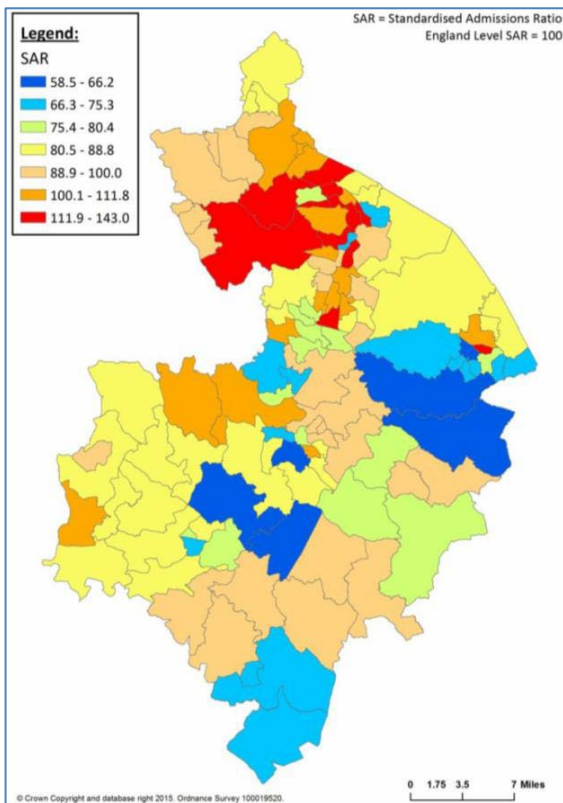
### 3.3 The prevalence of stroke, and the configuration of local services

Figure 1 shows the emergency hospital admissions over 5 years (2008/9 – 2012/13) compared with the resident population in each ward. The largest ratio of emergency admissions to the resident population were from 11 wards, 7 within Nuneaton & Bedworth, 2 in North Warwickshire, 1 in Coventry and 1 in Rugby.

Figure 2 shows the current configuration of acute hospital services and stroke rehabilitation beds at Leamington and Rugby St Cross. As well as the hospital based care, South Warwickshire NHS Foundation Trust (SWFT) and George Eliot Hospital NHS Trust (GEH) have stroke outreach teams to support patients discharge home and to provide some rehabilitation. The Stroke Association are also commissioned in some areas to support discharge home.

Where people live closer to, or have faster travel time to a specialist hospital outside the County and City boundary, they receive care from specialist hospitals other than University Hospital Coventry and Warwickshire NHS Trust (UHCW), such as Heart of England NHS Foundation Trust, Worcester Acute Hospitals NHS Trust etc. In the review, it has been assumed that there will be no change to this.

**Figure 1: Emergency Stroke Hospital Admissions SAR**      **Figure 2: Map and location of Hyper acute unit at 2008/9 – 2012/13, Coventry and Warwickshire. UHCW, Acute Stroke Units at UHCW, GEH and SWFT Source: Public Health Warwickshire Intelligence Team. Warwick Hospital plus Stroke rehab beds**



**HASU** – Hyperacute Stroke Unit; **ASU** – Acute Stroke Unit; Each type of service has very specific workforce, equipment, and service standards to meet, in order to be defined as either type of unit.



### **3.4 The Case for Change – Key Issues for service delivery and current gaps**

#### Access to service is time critical both to save lives and reduce disability

The evidence base is well established in showing the organisation and timeliness of access to the right specialist stroke service is critical to give people who have a stroke or TIA the opportunity to achieve the best recovery. “Time is brain” as described by leading Stroke Physicians.

The standard set for time to access services for those who have a stroke and those with a TIA are different. People who stroke need access in minutes and hours of onset of symptoms, and people with a TIA classified as high risk, need access within 24 hours, or access within 7 days for those with a TIA not diagnosed as high risk.

A suite of best practice standards for delivery of acute stroke services have been defined and all providers of acute stroke care participate in a national audit programme to compare how well they have met these standard. The data are collated and published so that clinical teams and the public can see how each stroke unit is progressing. The audit shows each hospitals performance against the national average performance.

#### Local gaps in timeliness for people who stroke

Improvements were introduced by the local Primary Care Trusts to commission a service where all patients assessed in the pre-hospital phase as having met the stroke criteria known as “FAST (Face, Arm, Speech, Time) positive”, and are within 4 hours of the onset of Stroke symptoms, are transferred to the Hyper Acute Unit at UHCW for the specialist care and treatment in that critical first phase of a stroke.

The new NHS Midlands and East stroke service specification expands on this, and defines that all people within the first 72 hours can benefit from assessment and treatment in a specialist hyper acute stroke unit. The extension from 4 hours to 72 hours means that we have inequity across the geography and on average 4 more patients a day could benefit from a hyperacute assessment if our services were configured optimally. Assessing people in the hyperacute unit has been shown to reduce complications following a stroke, and thereby reduce disability.

#### Local TIA (mini stroke) service variation

Unwarranted variation currently exists in how people who are diagnosed as having a TIA and are classified as “high risk”, access a service.

#### Workforce gaps - Stroke Specialist Consultants

The British Association of Stroke Physicians have defined set criteria which doctors have to meet to be classified as a Stroke Specialist Consultant, these doctors are needed to lead each acute Stroke Unit and nationally c75% of patients who have a stroke are assessed by this kind of Stroke Specialist with 24 hours of their admission.

The 3 local hospitals have struggled to consistently achieve this standard, and a review of the local medical workforce revealed that, consistent with the national picture, the clinical developments in stroke services have overtaken the specialist resources needed to support them. Locally there are 4 Stroke Specialist Consultants across the 3 acute hospitals. These Stroke specialists are working alongside other skilled doctors who have experience of working with Stroke patients, and although they have improved the timeliness of assessments, there are insufficient numbers to operate a 24/7 rota to ensure equity of access for all Coventry and Warwickshire patients.

Nationally, there is a shortage of Stroke Specialist Consultants which makes recruitment difficult, so local improvements need to support optimum use of the Stroke specialist doctors, and support delivery of a 24/7 rota for a hyperacute and acute service for all those within 72 hours of onset of stroke symptoms.

#### Unwarranted variation and inequity in stroke specialist rehabilitation services

The review identified that currently patients are spending too much time in acute stroke beds as we do not have the right type of specialist stroke rehabilitation services across the area. The proposal is now to expand early supported discharge (ESD) and introduce a new stroke community rehabilitation service to everyone who is suitable for this at home. The evidence shows that this will improve care outcomes and reduce the demand for acute beds; evidence shows that 40% of those who stroke would be suitable for ESD, and 30% suitable for community rehabilitation.

There is another cohort of stroke patients, about 10%, who after they have completed their acute care need stroke community rehabilitation in a bedded service before longer term decisions can be made. The evidence for other areas suggests that running a unit of 10 beds or less is not practical for these services, and the proposal is that there will be 2 locations for these beds, at George Eliot Hospital and Leamington Hospital.

### **3.5 Engagement with patients, carers and key stakeholders**

A pre-consultation engagement programme was undertaken in the initial stage of the project, to understand the views of key stakeholders and local people about the potential scenarios for a new stroke pathway, in order to help shape the future of stroke services in Coventry and Warwickshire. 24 Stroke Clubs, 17 disability networks of individuals or groups and a range of public, staff and other stakeholders were engaged and regular meetings were held with the Stroke Public and Patient Advisory Group established as part of the project.

The aims of the discussions have been to ensure that everyone has a clear understanding of the services delivered now, the evidence base and rationale for any proposed changes and what scenarios are being discussed. This was an introductory phase that gave people, particularly those who had not engaged as yet, time to understand the overall aims of the review, background context and progress to date. Throughout the project there has been ongoing internal communication with staff and external communication with the public. The engagement built on significant work over recent years to help improve stroke services.

The engagement materials presented to groups and individuals described the rationale for change and four possible scenarios for the future of acute stroke care;

1. Do nothing
2. Maximise centralisation of acute care at UHCW. All patients across the City and County go to the Hyper Acute and Acute unit.
3. All patients go to UHCW Hyper Acute unit for 2-3 days. People from the Warwickshire North area transfer to GEH and people from South Warwickshire area transfer to SWFT.
4. All patients go to UHCW Hyper Acute unit for 2-3 days then north and south Warwickshire patients transfer to one other hospital, either GEH or SWFT, with closure of stroke facilities at the other hospital.

It became clear from the feedback of stroke survivors and carers, that to consider configuration of acute services in isolation from community stroke rehabilitation services was not supported, patients and the public were also concerned about action to prevent strokes. The feedback was discussed with other Stakeholders, and it was agreed to expand the scope of the project to include specialist community stroke rehabilitation services and to look at where improvements could be made to prevent a stroke.

The original scenarios have been developed into the proposals set out in the current engagement document attached, and include improvements in prevention, acute and rehabilitation care. These proposals have been assessed for deliverability and sustainability, a key factor in achieving and sustaining improvement, has been the need to maximize the Stroke specialist staff and skills available and the current proposals create the opportunity for an integrated Stroke service, where staff can work, learn and develop together irrespective of where they deliver care, be that in hospital or at patients home.

An integrated impact assessment was commissioned from Public Health Warwickshire, to evaluate the potential impacts of any stroke service redesign on health, equality and travel/access. The assessment has informed actions during the current phase of engagement to ensure that all potential users and carers are considered, with the intention of enhancing the positive effects of the proposals and minimisation of detrimental effects of proposals. Further impact assessments are being completed as the scenarios have been further developed into the current proposals.

The key themes received from the early engagement with stroke survivors, carers and the public were related to: Transport issues, Communication difficulties, Compassion and dignity, Staffing, and Discharge support.

Additional to this engagement, each of the lead service providers Communications and HR professionals, worked together to ensure that staff are kept informed of the review, have had their say through the Project Team meetings, as well as newsletters and internal provider briefings.

### 3.6 Options for service configuration/ redesign, for improvement in stroke outcomes

From all of the evidence collated from clinicians, patients, carers and the public, Commissioners took account of the criticality of the timeliness of access to specialist assessment and treatment, alongside the national shortage of Stroke Specialists and the need to ensure the new service specification can be met sustainably. The improvements we aim to see are:

- Reduced the number of people who stroke
- Reduce the deaths from stroke
- Reduced disability for those who suffer a stroke
- Improved cognitive function for people after a stroke.

The review identified that there is only one clinically viable and sustainable future model of stroke service across Coventry and Warwickshire which will deliver the improved outcomes sustainably, this is an integrated service with acute care delivered by a centralised Hyper Acute and the Acute Stroke Unit on the UHCW site with patients transferring to one of five settings to meet their rehabilitation or ongoing needs, this will be either be,

- home with Early Supported Discharge service;
- cared for in a nurse led stroke “bedded” rehabilitation service at a local hospital;
- home with Stroke Community Rehabilitation service;
- home with a package or care;
- nursing or residential care for those with more complex needs.

Some people may have more than one type of service described above, and a small number of patients may have more specialist rehabilitation needs beyond those above for which a specialist rehabilitation service will be commissioned as now.

Following an extensive clinical assurance process during January and February 2016, which involved the West Midlands Clinical Senate of national experts on Stroke care led by NHS England the purpose of which was to assess the strength of the clinical case for change, and

- Check alignment with clinical guidelines and best practice
- Ensure a full range of options have been considered and that potential risks are identified and mitigated
- Assess alignment between the proposed change and strategic commissioning intentions
- Identify key areas where there is no need to repeat work which has been undertaken, ensure independent and impartial input to the Board and meet the formal requirements within the framework to which the Clinical Senate must adhere.
- Assess the scope of the review across the whole of the stroke pathway
- Assess the clinical case for change for the proposed future stroke model and future hyper-acute stroke configuration proposal in order to provide clinical assurance and sign off from the West Midlands Clinical Senate.

In May 2016, the Clinical Senate published the outcome of their review, which had identified support for the model alongside 11 recommendations which we have been working to conclude in the pre-consultation business case. Having completed the work to address the recommendations, to complete and consider the current phase of engagement, NHS England will be asked to complete their assurance process in order to test whether the CCGs might proceed to consultation.

### **3.8 The next phase of testing the proposals - Public and Patient Engagement underway**

The public and patient engagement underway is a 4 week period to test out the revised proposals as we have now addresses the issue of including community rehabilitation and primary prevention of strokes. This period can be extended by a couple of weeks if necessary to get sufficient comments and views about the proposals.

In outline the engagement includes:

- Stakeholder briefings have been distributed to key groups including stroke patient groups and community groups, local authorities and voluntary sector bodies.
- An engagement document has been distributed electronically and in printed form to libraries, community venues and other public venues. An easy read document is available next week
- The engagement document and communications has been sent to Local Authority Health and Scrutiny portfolio holders, local MPs.
- An electronic questionnaire is available and publicised widely, including the electronic link.
- Meetings are being held with 'seldom heard groups' such as Black and Minority Ethnic Groups, disability groups, older people's groups.
- Additional to the engagement above, 4 public meetings are planned in Coventry, Rugby, Bedworth and Warwick. Details attached appendix B.

#### **Appendix A – Engagement Document**

#### **Appendix B – Public meeting venues/dates in each area**

**Author: Andrea Green**

Senior Responsible Officer for Improving Stroke Outcomes Project, Coventry and Warwickshire CCGs and Chief Officer NHS Coventry and Rugby and NHS Warwickshire North CCG.

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# Appendix A

# Better stroke services in Coventry and Warwickshire



**Questionnaire**

**15th June to 16th July 2017**



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# Introduction



We are looking at how we can improve the services for people who have had a stroke in Coventry and Warwickshire.

This report explains:

- More about stroke
- How the treatment for stroke has improved
- How we want to change the way we work to provide the best for people who have had a stroke



We also want to know what you think about our plans.

Please read this report and answer the questions which start on page 13.



# Stroke



A **stroke** is where part of someone's brain does not get enough blood.

Their face may drop on one side.



They may not be able to lift their arms.

They may not be able to speak - or their speech may be blurry.



You must dial 999 straight away. It is important to act fast.



## A mini stroke

Some people have a mini stroke.

They will usually fully recover.

People who have had one mini stroke are likely to have a full stroke.

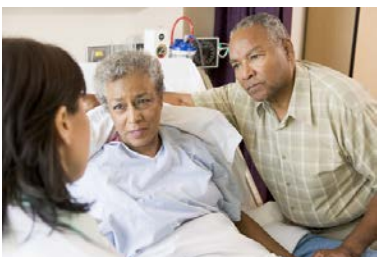
# Stroke in Coventry and Warwickshire



Stroke is common. About 800 people have a full stroke every year in Coventry and Warwickshire.



About 700 people a year have a mini stroke.



There are about 15,000 people in our area who have had a stroke.

# Treatment for stroke



There have been improvements to the treatment of stroke recently.

Many people make a good recovery if they get the right treatment quickly.

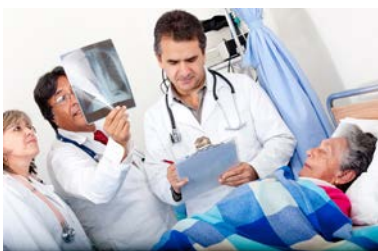
## Preventing stroke



Your local doctor can check if you are at risk of having a stroke.

They can arrange some treatment for you which will help to prevent a stroke.

## Stroke services



If you think you have had a stroke you need to get help straight away.

We can help people best if:

- They get emergency help in a specialist stroke unit in the first 3 days
- They get help to recover afterwards near to where they live



## Emergency help

We want to give people emergency help in the first 3 days.



This will include:

- Scans
- Special drugs
- Maybe surgery to get rid of a blood clot



This is best in specialist centre with staff who understand the issues.



These specialist centres don't need to be near to where people live - but they do need to have the best staff who have been trained to work with stroke patients.

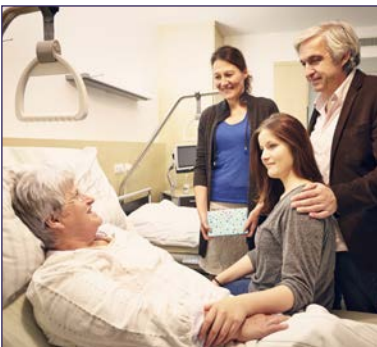
## Recovery



After the first three days patients need time to recover.



It can take time to start talking again and using arms and legs.



It is important that this is near to home so that family and friends can visit.

# Some issues for stroke services



We have been talking to patients, staff and other people about how we should change the services.

The main issues were:

## Travel time



People were worried that they might have to travel further to get to the right hospital.

Our plan will mean that:



- Fewer people will need stroke services
- People will only need to be in hospital for a short time
- People will be at home while they recover



## Ambulance travel times



People were worried that the ambulance would have to travel further to get to the right hospital.



But having the specialist stroke staff in one place is best, even if it takes a little longer to get there.

## The effect on other services



Some people were worried that if stroke services moved away from certain hospitals, other services might suffer.



We will make sure that changes to stroke services will not affect other services.

## Overcrowding at University Hospital



People were worried that if all the specialist stroke services were put in University Hospital, Coventry and Warwickshire (Walsgrave), it would become overcrowded.

We think that we can manage because:



- There will be fewer people suffering from stroke
- People will only need to be in hospital for a short time

## Communication



In the past the different hospital staff have not always been good at passing on information.

This will improve with the specialist team in one hospital.



# Our plans



We want to improve our services for people with stroke by:

- Giving treatment to people who are likely to have a stroke. We think that this will save about 100 people a year from having a stroke
- Having one specialist stroke team based at University Hospital, Coventry and Warwickshire (Walsgrave). This team will be experts in stroke services. They will treat people in the important first few days after the stroke.
- A community support service for people who are recovering at home.



The specialist stroke services at Warwick Hospital and George Eliot Hospital would close.

There will be some hospital beds for people who need to be in hospital while they recover at:

- Leamington Hospital
- George Eliot Hospital Nuneaton



# What do you think?



Please answer these questions and post them back to us by Sunday 16 July.

**Q1:** Have you ever had a stroke? or do you care for someone who has had a stroke?



Yes, I have had a stroke

Yes, I care for someone who has had a stroke

No

I don't want to say



**Q2:** What do you think about our plans to:

- Treat people who are likely to have a stroke
- Putting all the specialist stroke team in one place



Not at all important



Not very important



Quite important



Very important



Don't know

Q2b: Why do you say this?



Q3: What difference will our plans make to you, your family or friends?



- No impact
- Positive impact
- Negative impact
- Prefer not to say

Q3b: Why do you say this?





**Q4:** What do you think about our plans to move all the specialist stroke treatment to University hospital, Coventry and Warwickshire (Walgrave)?



Not at all important

Not very important

Quite important

Very important

Don't know

**Q4b:** Why do you say this?



**Q5:** What difference will our plans make to you, your family or friends?



No impact

Positive impact

Negative impact

Prefer not to say

Q5b: Why do you say this?



Q6: What difference will our plans make to you being able to get to a hospital for stroke services?



- No impact
- Positive impact
- Negative impact
- Prefer not to say

Q6b: Why do you say this?



**Q7:** What might help with any travel difficulties?



**Q8:** What difference will our plans have on safety and on people getting better?



- No difference
- It will be better
- It will be worse
- Prefer not to say

**Q8b:** Why do you say this?



**Q9:** What could we do to stop our plans making things worse?



A large, empty rectangular box with rounded corners and a blue border, intended for a response to Q9.

**Q10:** What else do we need to think about with these plans?



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**Q11:** What else should we do to involve people in making our plans?



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# About you



Please answer these questions to help us to be sure that we are getting the views from all different communities in Coventry and Warwickshire.

**Q12:** Are you answering these questions on behalf of an organisation?



Yes

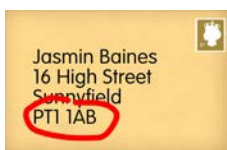
No

If yes, please state the name of the organisation



**Q13:** Which area of Coventry or Warwickshire do you live in?

**Q14:** What is your postcode?





Q15: What is your gender?



Male

Female

Transgender

Prefer not to say

Q16: Are you pregnant or have a new baby?



Yes

No

Prefer not to say

Q17: How old are you?



Under 16

16-24

25-34

35-59

60-74

75+

Prefer not to say

**Q18: What is your ethnic group?**



**White**

- English/Welsh/Scottish/  
Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other White background, please say  
what:



**Mixed race**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed race, please say what:



## Asian

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background, please say what:



## Black

African

Caribbean

Any other Black background, please say what:



### Other ethnic group

Arab

Any other ethnic group, please specify:

Prefer not to say

**Q19:** Do you look after someone with:



Long-term physical or mental-ill-health/  
disability

Problems related to old age

No

I'd prefer not to say

Other, please specify:

**Q20:** Are your day-to-day activities limited because of any of these? (Please select all that apply)



A problem with your vision - difficulty with seeing?

A problem with your hearing

Difficulty walking short distances or climbing stairs

Difficulty with using your hands and arms, lifting and carrying objects or using a keyboard

Learning disability or difficulty

A problem with your memory

Mental health problem

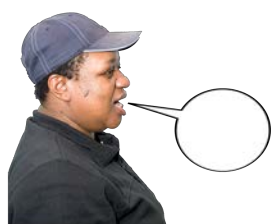
Difficulty with breathing or getting tired

Autism, Attention Deficit Disorder or Aspergers

No problems

Prefer not to say

Something else, please say:





Q21: Are you...

Bisexual

Heterosexual/straight

Gay

Lesbian

Prefer not to say

Other, please say

Q22: Are you?



Single - never married or partnered

Married/civil partnership

Co-habiting

Married (but not living with husband/  
wife/civil partner)

Separated (still married or in a civil  
partnership)

Divorced/dissolved civil partnership

Widowed/surviving partner/civil partner

Prefer not to say

Other, please say

Q23: What is your religion and belief?



- No religion
- Baha'i
- Buddhist
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Hindu
- Jain
- Jewish
- Muslim
- Sikh
- Prefer not to say
- Other, please say

# Thank you



Please post your answer to:

Freepost NHS QUESTIONNAIRE  
RESPONSES

(That's all you have to write on the envelope. You don't need a stamp)

## More information



If you need any help or more information please contact us on:

**Telephone:**  
0121 611 0231



**Web:**  
[www.strokecovwarks.nhs.uk/](http://www.strokecovwarks.nhs.uk/)



# Appendix B



# Improving stroke services in Coventry and Warwickshire Engagement Events

The NHS local Clinical Commissioning Groups (CCGs) are working to develop proposals to improve stroke services.

The proposals have been co-produced from engagement previously undertaken with local clinicians, patients, carers, community groups and our dedicated patient and public advisory group.

**We need to hear your views to inform any future decisions and hope that you will be able to attend one of the engagement events.**

**Friday 14 July 2017**

10am - 12noon

The Civic Hall,  
High Street,  
Bedworth,  
CV12 8NF

**Tuesday 18 July 2017**

3pm - 5pm

Benn Partnership Centre  
Railway Terrace,  
Rugby,  
CV21 3HR

**Wednesday 19 July 2017**

1:30pm - 3:30pm

Warwick Gates  
Community Centre,  
Cressida Close, Heathcote,  
CV34 6DZ

**Friday 21 July 2017**

10:30am-12:30pm

Koco Community  
Resource Centre,  
15 Arches Industrial  
Estate, Coventry  
CV1 3JQ

To register for an event call the Engagement Team on 0121 611 0231 or visit:

[www.surveymonkey.co.uk/r/stroke-events](http://www.surveymonkey.co.uk/r/stroke-events)

To read the full details and proposals you can visit the engagement page and download a copy of the engagement document by visiting:

[www.warwickshirenorthccg.nhs.uk/Get-Involved/Get-Involved/Stroke-Engagement](http://www.warwickshirenorthccg.nhs.uk/Get-Involved/Get-Involved/Stroke-Engagement)

## Health and Wellbeing Board

26 July 2017

### 0-5 Redesign and Consultation

#### Summary:

In June the Health and Wellbeing Board (HWBB) agreed that Children and Families would be a priority for 2017/18. This report seeks to endorse proposals to develop the potential areas that were identified at the workshop in June. Additionally the Board's attention is also drawn to 0-5 Redesign proposals that were approved by Warwickshire County Council's Cabinet as the basis for consultation. The consultation period commenced on 29<sup>th</sup> June 2017 and concludes on 11<sup>th</sup> September 2017.

#### Recommendations:

1. That Members of the Board consider and comment on the consultation document.
2. That Board Members disseminate the consultation document within their own organisations with a view to encouraging individual and collective responses; and
3. That the areas identified in Section 3 of the report be used as the basis for developing actions during 2017/18.

## 1 Introduction

- 1.1 On 2<sup>nd</sup> February 2017, the County Council approved its One Organisational Plan 2 (2017-2020) which sets out the corporate direction over the next 3 years. At the same time the budget was also agreed which requires a saving of £1,120,000 million to be made to the Children's Centres budget from 1<sup>st</sup> April 2018.
- 1.2 Building on the work from the Smart Start Programme (2015-17), a proposed approach was endorsed by Cabinet on 15<sup>th</sup> June 2017 that sought to address the challenge within the context of wider transformation activity being undertaken by the County Council and also had regard to the national context in relation to Children Centres.

## **2 Proposed Approach**

- 2.1 There are 5 key areas proposed in relation to the 39 children centres:
- a) Conversion of 12 Centres into Family Hubs that will extend the range of multi-agency services from the current 0-5 to 0-19 (or 25 in the case of disabilities)
  - b) Reassessing the use of the remaining 27 Centres with a view to the building being maintained by the community, partners or providers from where services can be delivered or where this is not feasible to consider potential closure
  - c) A universal provision delivered in hubs, libraries, community centres that facilitates access, signposting and self help and promotes school readiness
  - d) An Integrated Family Support Worker Service
  - e) Developing community capacity through building resilience in parents, carers and children.
- 2.2 The approach is now subject to consultation and further information can be found in the consultation document attached as Appendix 1 and also via [www.warwickshire.gov.uk/familyhubsconsultation](http://www.warwickshire.gov.uk/familyhubsconsultation). The timeline for consultation is 29<sup>th</sup> June 2017 to 11<sup>th</sup> September 2017. Thereafter results will be analysed with a view to final recommendations being submitted to Cabinet in the Autumn and then implementation of new arrangements from April 2018 onwards.

## **3. Development of Priorities**

- 3.1 Board consideration of the above is consistent with the priority areas that were identified at the workshop in relation children and families namely:
- a) Improved commitment, visibility and engagement in Children and Families within the HWBB
  - b) Secured assurance of alignment with development of hub model and 0-5 redesign
  - c) Progression of the Multi Agency Children and Families Champions who can engage, influence and ensure a partnership approach to safeguarding and services to children and families
  - d) Progress of integration commissioning, delivery and outcome models for children and families
- 3.2 It is proposed that these themes are now worked up in further detail.

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Portfolio Holder	Cllr Jeff Morgan	jeffmorgan@warwickshire.gov.uk

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

Local WCC Member(s): N/a

Other WCC members: Councillors Seccombe, Caborn, Morgan, Redford, Golby, Parsons and Rolfe.



# Warwickshire Children

Putting children at the heart of all we do.

## Have your say: Reshaping Services for Children and Families

Warwickshire County Council is proposing new ways to offer services and support to children and their families, and in particular children under 5.

If you use, or have an interest in these services, we want to know what you think of our ideas and invite you to take part in our public consultation.

This leaflet tells you more about the proposals.

From 29 June 2017 – 11 September 2017 share your views online at [warwickshire.gov.uk/ask](http://warwickshire.gov.uk/ask)



### **What is this consultation about?**

The council is proposing changes to how services are provided to local children and their families by remodelling its Children's Centres and considering different ways to make sure families who use them get the right support for the right issue at the right time.

### **Warwickshire County Council puts children at the heart of all we do.**

We want to make sure children have the best possible start in life and we are committed to working with families, services and communities, directing people toward easy to access support based on need in order to keep children safe, healthy and happy.

### **What are Children's Centres?**

Children's Centres offer a range of family services to parents, prospective parents and young children (0–5) across Warwickshire. Services include childcare, early years learning and school readiness, parenting support, health and wellbeing advice and employment, finance and adult education support.

Under the 2006 Childcare Act Warwickshire County Council must ensure the sufficient provision of Children's Centres in its area to meet the support needs of all local parents and carers, prospective parents and young children.

There are currently 39 Children's Centres in Warwickshire, which operate in groups to offer a mix of services at different sites.

### **Proposal for you to consider**

Conversion of 12 Children's Centres into Family Hubs.

Of the 39 Children's Centres, it is proposed we will convert 12 into Family Hubs in areas of greatest need and where targeted support would be most beneficial. The Family Hub will be a place where children and families can access a range of services for 0–19 year olds (up to 25 years for children with disabilities). In three of these hubs across the county, we propose exploring whether these services can be delivered alongside wider services to families and adults through proposed Community Hubs.

It is intended that Family Hubs will deliver a wide range of services to children, young people, families and adults. Underpinning the service delivery are the key principles of safeguarding and providing the right support, for the right issue, at the right time.

We will explore any opportunities within the local community and providers to continue to offer services at the remaining 27 centres. In doing this we will have to consider the reduced resources available and the future suitability of each centre based on access, location and whether there are alternative community based venues nearby. The aim is to help communities thrive with services which fit the needs of those living there. We believe that what is of paramount importance is ensuring that all our families in need have access to family support, wherever they live in the county. In places where the Children's Centres may not continue in their current buildings, we remain committed to retaining and building up the family support service.





### **Where will the Family Hubs be located?**

12 Family Hubs in Warwickshire to be located as follows:

#### **North Warwickshire Borough:**

Retain Atherstone as Family Hub

Centres subject to reassessment including alternative options and potential closure: Coleshill, Kingsbury, and Polesworth

#### **Nuneaton and Bedworth Borough:**

Retain Camp Hill, St Michael's, Stockingford, Abbey as Family Hubs

Centres subject to reassessment including alternative options and potential closure: Bulkington, Ladybrook, Park Lane, Rainbow, Riversley

#### **Rugby Borough:**

Retain Boughton Leigh, Claremont and Oakfield as Family Hubs

Centres subject to reassessment including alternative options and potential closure: Cawston and Dunchurch, Hillmorton, Long Lawford, Newbold, Wolston

#### **Stratford District:**

Retain Alcester as Family Hub

Centres subject to reassessment including alternative options and potential closure: Badger Valley (Shipston), Clopton, Lighthorne Heath, Southam, Stratford, Studley and Wellies (Wellsbourne)

#### **Warwick District:**

Retain Lillington, Sydenham and Westgate

Centres subject to reassessment including alternative options and potential closure: Kenilworth, Kingsway, Newburgh, St Johns, Warwick, Whitnash

### **Proposed Service Offer from family hubs**

- Early learning
- Stay and Play
- Library led activities
- Peer support to parents and carers
- School readiness programmes
- Speech, language, and communication advice and support
- Access to family information.

### **Parental support and education**

- Attachment support programmes
- Parenting courses
- Family support and advice
- Mediation/relationship support
- Access to support for families with special educational needs & disabilities (SEND).

### **Financial Wellbeing**

- Understanding finances/access to welfare
- Debt advice
- Income maximisation and budgeting
- Support into employment (including adult education)
- Housing advice.

### **Health and Wellbeing**

- Services delivered by midwifery, health visiting, Family Nurse Partnership, School Health and Wellbeing Service
- Health and wellbeing services for advice on a range of issues such as healthy eating, child development, breastfeeding, oral health, safety, exercise, emotional wellbeing
- Access to speech and language therapy
- Access to brief interventions for low mood/loneliness
- Access to mental health support for children and adults.



### **Proposed range of service**

Services available could include helping children be ready for school, positive parenting and child relationships, family support, speech, language and communication help, advice from health professionals such as midwives and health visitors, emotional health and wellbeing support and financial, education, employment and housing support.

The new hubs need to focus on the effective delivery of services to meet current and future need rather than the physical place those services have historically been delivered from. How services have been delivered in the past does not necessarily suit how people want services delivered in the future. For example, the new offer could make best use of online information and support, to help people find answers and solutions for themselves, reducing the time spent waiting for someone else to provide the information. This is part of a wider plan of changes to help with greater independence and choice of how to access services.

### **A 'whole family' integrated approach**

They will offer a range of multi-agency services offering a 'whole family' view of problem solving so families are able to get all the help they need with a range of issues, rather than visiting lots of different places to tell their story lots of times. The new approach could work closely with proposed Community Hubs whose services may be used by anyone of any age. Locating multiple services in one location reduces this duplication and increases the ability of these services to offer joined up support.

The redesign of 0-5 services provides an opportunity to create an integrated Family Support Worker service. This service would provide intensive support to families in a way that means they receive joined up help more quickly to help prevent issues from getting more serious. There would be a focus on the 0-2 year olds, because the first 1001 days are an important time to receive early help and make the most difference, whilst understanding that 0-5s are part of wider families who may be in need of support and who would like to access services which are located all in the same place

### **Accessibility of venues**

Increasingly, across the country, services are being delivered in different and more flexible ways through the use of 'hub and spoke' models. This is where some services are delivered from a central 'hub' with mobile outreach services delivered from 'spokes', such as community buildings where activities for children and families are already being delivered. People want services delivered from places which are more readily accessible to fit in with their busy lives. The new way focuses on services, not buildings. This means more resources can be spent on the actual people helping families, rather than the buildings where they have previously been based.

### **Community based**

The creation of 12 Family Hubs may mean the remaining 27 Children's Centres become 'spokes' or outreach sites. This consultation aims to understand which services are most valued by children and families and how they want to access these services. This may mean the existing Children's Centres do not meet current and future needs and those which don't will cease to be funded by the Council so the money can be better spent on alternative provision which is able to meet children and families' needs. With less money it is so important we target our remaining resources where they are most needed.

Where the existing Children's Centres may work as outreach sites, there will need to be conversations with the community based on the available funding and an understanding of whether there is capacity from the community (or an alternative provider) to take responsibility for the buildings and deliver the services that are wanted by children and families in the area. The proposed delivery model aims to provide a 'universal offer', where people could access information, advice and also where certain universal services are available. This could be delivered from a number of sites such as libraries or other community buildings. The services will promote self-help, independence and resilience, with assistance for those who may be in need of greater support. This means fewer buildings, better quality services, and a broader range of services.

### **Why are changes being proposed?**

The county council has a challenging savings target because of the national finance settlement and must further reduce its budget by £67million by 2020. This requires looking carefully at the way we do things now, reviewing how effective this is, and finding innovative and more efficient ways to get results and keep people safe, healthy and independent.

It is not about stopping services; it is about changing the way we do things, working more closely with communities and protecting those who are in greatest need of support. Our proposal to remodel Children's Centres will save £1.12million but will also allow us to deliver services which reach a wider group of people, as we want to put our overall family support services on a sustainable footing.

We are also bringing our family support services, including Children's Centres, more closely integrated with the rest of our Children's Services.

In balancing the issues faced during the early years of a child's life, with those of the whole family, we will be delivering more effective and better coordinated services. Now is the best time to change the way we do things to give the right support, for the right issue, at the right time with flexibility to adapt into the future.

The Council could keep the current number of Children's Centres across Warwickshire, with an even split of budget reductions across all centres. However, this option has been rejected as it would not take account of the different levels of needs of those using the centres and overlooks the opportunity to adapt the service to make the centres fit for purpose.

We have looked to how other areas are successfully managing these challenges and want to ask you if you think a similar solution could work in Warwickshire.

### **Who can respond to the consultation?**

Anyone, but in particular we want to hear from local families, staff, Children's Centre advisory boards, service providers and local residents. Taking part will give people an opportunity to comment on the proposals and put forward any alternative suggestions they may have.



## What do you think?

### Get involved.

The consultation period is 11 weeks from Thursday 29 June until midday on Monday 11 September 2017.

You can submit your views in one of the following ways:

### Online at:

[www.warwickshire.gov.uk/ask](http://www.warwickshire.gov.uk/ask)  
or [www.surveymonkey.co.uk/r/FamilyHubs](http://www.surveymonkey.co.uk/r/FamilyHubs)

### Attend a public meeting:

#### *Brownsover, Rugby Borough*

Thursday 20 July, 9.30am to 11.00am  
Christ Church, Brownsover, 43 Bow Fell, Rugby  
CV21 1JF

#### *Coleshill, North Warwickshire Borough*

Thursday 20 July, 7.30pm to 9.00pm  
Coleshill Town Council, Town Hall, High Street,  
Coleshill B46 3BG

#### *Warwick, Warwick District*

TBC  
TBC

#### *Stratford, Stratford District*

Monday 24 July, 2.30pm to 4.00pm  
Holy Trinity Parish Church, Old Town, Stratford-upon-Avon, CV37 6BG

#### *Leamington Spa, Warwick District*

Tuesday 25 July, 9.30am to 11.00am  
Town Hall, The Parade, Royal Leamington Spa,  
Warwickshire, CV32 4AT

#### *Rugby, Rugby Borough*

Wednesday 26 July, 7.30pm to 9.00pm  
Benn Hall, Newbold Rd, Rugby, CV21 2LN

#### *Southam, Stratford District*

Thursday 27 July, 7.30pm to 9.00pm  
Graham Adams Centre, St James Road, Southam,  
CV47 0LY

#### *Bedworth, Nuneaton and Bedworth Borough*

Tuesday 1 August, 10.00am to 11.30pm  
Bedworth Life Church,  
17 Bulkington Rd, Bedworth CV12 9DG

#### *Kenilworth, Warwick District*

Tuesday 1 August, 7.30pm to 9.00pm  
St John's Church, Warwick Road, Kenilworth,  
CV8 1HY

#### *Alcester, Stratford District*

Wednesday 2 August, 11.30am to 1.00pm  
Jubilee Centre, Jubilee Fields, St Faith's Road,  
Alcester, B49 6AG

#### *Nuneaton, Nuneaton and Bedworth Borough*

Wednesday 2nd August, 7.30pm – 9.00pm  
Our Lady of the Angels Hall, Coton Road, Nuneaton,  
CV11 5UA

#### *Atherstone, North Warwickshire Borough*

Thursday 3 August, 7.30pm to 9:00pm  
Atherstone Leisure Complex, Long Street, Atherstone,  
CV9 1AX

Email general consultation questions to  
[familyhubs@warwickshire.gov.uk](mailto:familyhubs@warwickshire.gov.uk)

### Paper questionnaires:

To request a paper version call 01926 742350

Paper questionnaires can be returned via  
Warwickshire County Council libraries or in the reply  
envelope that will be supplied with the questionnaire.

For further information go to  
[www.warwickshire.gov.uk/familyhubsconsultation](http://www.warwickshire.gov.uk/familyhubsconsultation)

**All consultation responses will be analysed  
and a report will be published and presented  
to the County Council for a final decision in  
Autumn 2017.**



## 1 Purpose

The purpose of this report is to provide the Warwickshire Health and Wellbeing Board with an update on the Better Health, Better Care, Better Value programme and work streams, highlighting any key points as necessary.

## 2 Recommendations

The board is asked to note this report and its contents

## 3 Background

The Chief Executive and Accountable Officers of the Health and Local Authority Organisations within the Coventry & Warwickshire Sustainability & Transformation Partnership (STP) footprint meet twice monthly as a Board. The Board enjoys the support of both Coventry and Warwickshire Healthwatch as attendees.

The programme was recently renamed “Better Health, Better Care, Better Value” which reflects the triple challenges facing health and social care, as originally described in the “Five Year Forward View” report. This also expresses more clearly our shared ambition for the outcomes we aspire towards.

We have established a joint vision which all members have signed up to:

***“To work together to deliver high quality care which supports our communities to live well, stay independent and enjoy life”***

Whilst members of the Board will represent their organisations, it is recognised and accepted by members that strategic decision making for the purpose of developing a system-wide plan for Health & Social Care will require an approach whereby overall system benefit is the primary consideration.

## 4 Progress since the last update

On 25<sup>th</sup> May, Board members met NHS England and NHS Improvement for a quarter one stocktake on progress. The meeting was positive with the strength of the collaborative being commended. The regional team commented that we have in place well defined governance and executive leadership structures. The formal feedback received is attached as appendix 1 to this report. The next quarterly review will be in September.

The board has agreed its support structure to enable the transformational and enabling workstreams to deliver their priorities and objectives. Recruitment is underway and our ambition is, as far as possible, to attract applicants internal to

partner organisations as secondments. External applications are also being invited to ensure that implementation and delivery can proceed at pace. We are keen to develop a cadre of staff who have the knowledge and skills to work across the health and care system seamlessly. As part of this ambition, we will establish a “System Leadership Academy” enabling participants to experience working in different organisations within our system.

We have reinforced the governance arrangements for the programme (Appendix 2). The Design Authority has been reframed, with greater representation from local clinical leaders (acting as a system-level senate) and this is progressing well. We also have established a Programme Delivery Group supporting the Board to ensure that agreed programmes of work are progressed and appropriately coordinated. All work streams have executive leads agreed, and they are represented on the Delivery Group. Following further debate, we recently concluded that mental health services should be designated as a transformational work stream and arrangements are now progressing to establish this. Given the emphasis highlighted in the recent Five-Year Forward View-Next Steps report, we have also agreed to establish a cancer work stream, as part of our approach to planned care. Progress in this area will be overseen by the regional Cancer Alliance.

The STP board agreed at a recent away day to participate in a developmental OD process led by Health Education England in partnership with Deloitte. This is about to conclude with a workshop in early July. This will provide feedback to support the board in its future progress. The board has already planned to work with a well-respected facilitator (John Bewick) who is known to several partners locally in carrying forward the outcome of the OD analysis.

## **5. Transformation Work stream updates**

### **5.1 Maternity and Paediatrics**

In February 2016, Better Births set out the Five Year Forward View for NHS maternity services in England. Better Births recognised that its vision could only be delivered through transformation that is locally led, with support at national and regional levels. A Maternity System Transformation Group is now in place with four key work streams:

- Implementing ‘better births’
- Improving maternal safety and wellbeing;
- Reviewing and implementing the West Midlands Neonatal Review
- Implementing ‘saving lives care bundle’.

An Action plan will be agreed by October.

## **5.2 Urgent and Emergency Care**

The work stream has undertaken a stocktake to assess progress against implementation of the national A&E plan. An assessment of current capacity constraints has also taken place. A Patient mapping exercise is now being undertaken to identify patient flows to emergency and urgent care centres.

## **5.3 Mental Health**

A high level care model has been devised which considers the different approaches required to meet the needs of those experiencing challenges with their mental health, including mental ill health – differentiating between episodic and severe and enduring illnesses. Workstreams have been established which cover:

- Community capacity and resilience;
- Primary care;
- Specialist care;
- Acute and crisis care.

A programme brief, blueprint and road map are now being developed for agreement at the Clinical Design Authority.

## **5.4 Proactive and Preventative (P&P)**

A targeted proactive and preventative approach is the foundation for a wider system approach and has the potential to improve overall health and well-being

- Maintain quality of life for longer
- Reduce demand on services longer term
- Reduce costs and deliver return on investment

The P & P work stream enables us to scale up and build upon work already underway with an improved understanding of place-based need via the JSNA with a universal focus on self-help, early intervention.

Prevention is integrated into all aspects of the health and care model with agreed prevention priorities:

- Smoking prevention
- Obesity
- Falls prevention
- Thrive Mental Health Commission Report

The work stream has now agreed the out of hospital (OOH) model via the Clinical Design Authority and is moving into the procurement phase.

## **5.5 Productivity and Efficiency**

There is now a focus on progressing the work in this work stream. The governance structure including the scope of the work is being developed and will be agreed

shortly. The initial focus will be based upon the initial assessments by individual organisations against the opportunities identified in the Carter report.

## 5.6 Planned Care

Musculo–skeletal pathway: a workshop took place on 26<sup>th</sup> May to look at effective hospital discharge and reduction in patient follow up management. Three workstreams have been confirmed: primary care pathway; implementing the principles of the early discharge model; and reducing demand for patient follow up through virtual fracture clinic and group follow ups.

### Cancer

We have three confirmed priorities:

- Prevention
- Screening;
- Early diagnosis

**Low Priority Procedures:** consultant connect is currently being piloted in Coventry and Warwickshire South. Consultant connect aims to reduce acute referrals by providing advice, guidance and support to GP's regarding patients they are considering referral to surgery.

Reducing patient follow ups appointments: the first pilot is being undertaken in ophthalmology and will commence in July in Coventry and Warwickshire North.

## 6. Enabling work streams

### 6.1 Workforce

Workforce challenges will be an issue for all work streams. The workforce group has established three key areas of focus:

- i. Career pathways
- ii. Leadership and OD
- iii. New roles and new ways of working

The group is now completing an outline workforce strategy.

### 6.2 Estates

The estates group provided a recent report to the programme board outlining its key priorities relating to a premises stocktake, resources required to deliver the future model and the efficiency delivery of infrastructure functions. Further work is required to better understand the issues such as backlog maintenance. A briefing on the estates workstream is attached at Appendix 3.



The group is progressing discussions on a Health and Wellbeing Campus model for George Elliot Hospital and hosted a workshop for partners across the system to consider this further on 11<sup>th</sup> July.

### **6.3 Information management and technology (IM&T)**

The IM&T group has signed off a data sharing agreement between all partners. All residents of Coventry and Warwickshire have received a leaflet to their homes explaining how data will be shared and giving them the option to opt out via their GP at any time.

### **6.4 Communications and engagement**

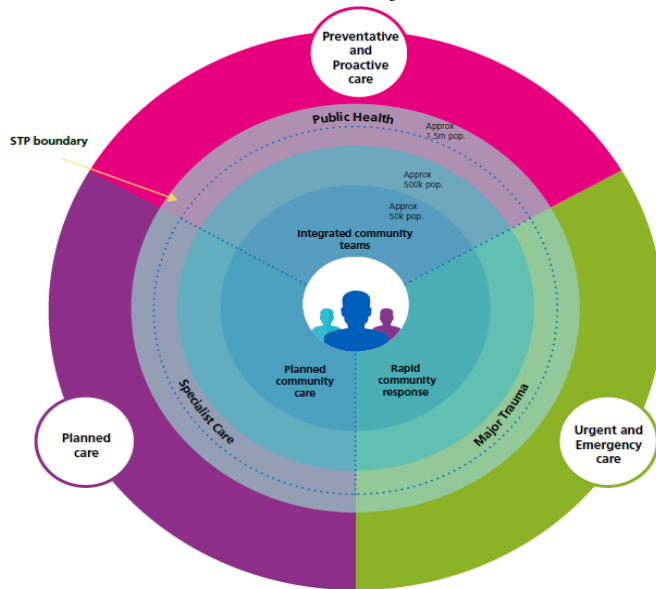
A number of communication and engagement sessions have taken place since the last report to the Health and Wellbeing Board:

- 50 members of Warwickshire County Council attended a session on 30<sup>th</sup> May
- Warwickshire health and well-being board executive held a workshop on 14<sup>th</sup> June.
- A Health and Social Care Summit took place on the 26<sup>th</sup> of June at Warwick University. Attendees from Coventry and Warwickshire were joined by national, local and regional experts.
- A workshop took place on 27<sup>th</sup> June facilitated by The Consultation Institute for representatives across the health and care system to explore responsibilities for public, patient and stakeholder involvement and effective partnership and co-creation of service models.

### **6.5 Primary care development**

The primary care development work continues to progress. The General Practice Forward View was published 21<sup>st</sup> April 2016. A clear direction for primary care is set, with strong emphasis on practices coming together to work at scale with the common currency of populations of 30,000 – 50,000. The intention is to deliver a “new version of what general practice can be”.

## Potential Model for Primary Care



This year's Shared Planning Guidance included a requirement for every CCG to develop a General Practice Forward View Plan. All three plans have now been rated 'Green' (assured) by NHS England.

## 6. Options Considered and Recommended Proposal

The board is asked to note this report and its contents

### Report Author(s):

**Name and Job Title:** Brenda Howard, Programme Director

Josie Spencer Deputy CEO Coventry & Warwickshire Partnership Trust

**On behalf of:** Better Health, Better Care, Better Value Board

**E-mail Contact:** [brenda.howard3@nhs.net](mailto:brenda.howard3@nhs.net)  
[josie.spencer@covwarkpt.nhs.uk](mailto:josie.spencer@covwarkpt.nhs.uk)

## Quarter 1 Stocktake letter



Dale Bywater  
 Executive Regional Managing Director  
 Cardinal Square  
 10 Nottingham Road  
 Derby DE1 3QT

Tel: 0300 123 2540

12 June 2017

Andy Hardy  
 STP Chair  
 Coventry and Warwickshire STP

*Sent via e-mail*

Dear Andy

### Quarter 1 Stocktake 2017

Thank you for meeting with us on 25 May 2017 to discuss progress you have made on the Coventry and Warwickshire STP.

It is clear that the STP structure has settled within the footprint and that you enjoy the support of stakeholders in leading the next phase of development.

We discussed the changes to the STP requirements since its inception, and that you are undertaking further marketing of your work, agreeing that the title "Better Health, Better Care, Better Value" represents your collective work moving forward. Whilst this is helpful to have a branding, could you ensure that you make your vision and collective work as localised and specific to your patch as possible as it could appear in this regard to be very generic. The STP plan was at such a high level it did not provide any details on the changes or ambitions you had locally. This needs to move forward now.

The strength of the collaborative is demonstrated by system partners who have signed up to a shadow shared control total for 2017 \ 2018, however we note that you currently have differing assumptions on how risk will be mitigated within your system, this will be a good test of your maturing approach.

You have outlined how governance and executive leadership structures are strengthening in your partnership. You have fortnightly meetings as a Board and are moving to recruitment of the PMO. You have established a Design Authority with local clinical leadership (a sort of internal senate) and this is progressing well. You also have a Programme Delivery Group beneath the Board to support senior leaders. Local Authority partners voiced their support and engagement in this partnership.

You confirmed that all work streams have Executive Leads agreed and have established a Mental Health work stream and are reviewing whether you require a separate Cancer work stream.

To date the STP has not thought about how it will approach performance management as an STP as this was not previously part of the ask of STPs. We agreed that this should be given some attention over the next few months, along with the delivery plan.

You are keen to develop as an ACS and have a workshop set up with the New Care Models Team in July 2017.

You have established an OD programme with transformation facilitation from Health Education England. All your STP Board members have filled in a 360 and the feedback from this will form the basis of STP OD going forward.

You have welcomed the support offer from NHS England (NHSE) and are keen to understand the offer more and integrate NHSE staff as part of STP Programme Team.

We discussed whether the STP had delivered any concrete benefit so far and you confirmed that some issues that have needed tackling for a long time in the system are now front and centre of the conversation.

We discussed Stroke as an example of your approach to reconfiguration. You have already had a strategic sense check and are ready to finalise the finance model. We support your commitment to reframe for maximum localisation. You are looking for full engagement over summer. Expecting HOSC agreement. We confirmed that the proposal is for a single HASU and ASU at UHCW is the preferred model.

We identified that there are tough conversations to be had on future service changes that will deliver sustainable acute services. Whilst short term mitigations are in place to support clinical rotas, you referenced the longer term networked solutions that are required to sustain specific services, for example Neonatal and Paediatrics. You are working with John Bewick as an independent Transformation Director to support some of these more difficult conversations and have also sought NHSE support in the clinical review.

We asked you about your top risks to the delivery of your plan and you identified:-

- Human behaviour as a risk if key people fall back into organisational defensive behaviour
- Risk of regulators not providing the right support for the system to adopt a control total approach
- A & E performance - it was noted that you have two Hospitals in the Group achieving the right level of performance but that UHCW is still underachieving. You were looking mitigate this by doing work on reshaping your system and had identified the link between your UEC performance and the OOH model and preventative work. We recognised the A & E Delivery Board being the same footprint as STP as a unique opportunity for sharing good practice and adopting a standard operating model. It is not clear whether the opportunities for this are being optimised in the STP

- The interface with Specialist Commissioning is a challenge also. To date Specialist Commissioning involvement has been patchy and inconsistent. You indicated your intention for the STP to take on the role of Specialist Commissioning for the Coventry and Warwickshire STP
- You further indicated the need to use the wider Acute Networks, and Specialist Networks with Hereford and Worcester to clarify delivery structures

### **Accountable Care Organisation and \ Accountable Care System Aspirations**

We asked about the intentions of the STP. You confirmed that Coventry and Warwickshire STP is interested in becoming the ACS and consider separate timeframes for accreditation of an ACO within this footprint when ready to take on some of the risk.

Currently most effort on ACS development is through the development of the Out of Hospital contract first – then add some acute and Primary Care incentives to work differently and deliver improved outcomes.

We discussed the support that NHSE and NHS Improvement (NHSI) could offer, which you indicated includes:-

- Moving away from transactional contracts and learning on accountable care
- Maturing toward this new model and system development
- Governance which includes Board expansion for GP \ NEDs – we would Chairs, Executives and Federation representatives are on a single board with an independent chair.
- Performance measurement and system management development for a system as functions transfer to the ACS
- Assistance with system financial strategy and modelling – please contact Brian Hanford as he is expanding his offer in this regard
- Support for capital bids where this is available

We believe that you are working well as a partnership; you have a sound foundation to build upon. In particular the work you have done on developing shared leadership and governance. But it is now time to bring this to life, firstly ensure you have a strong delivery plan that provides improved performance across your Group, secondly that you tackle long standing clinical quality and sustainability issues. This will ensure you stand ahead of others and can be an early accountable system.

We will, of course, continue to work with you over the coming months and look forward to seeing you at our next formal review which has been set for **Wednesday 13<sup>th</sup> September 2017** and Mandy Wilson from Alison Tonge's office will be in touch with further information shortly.

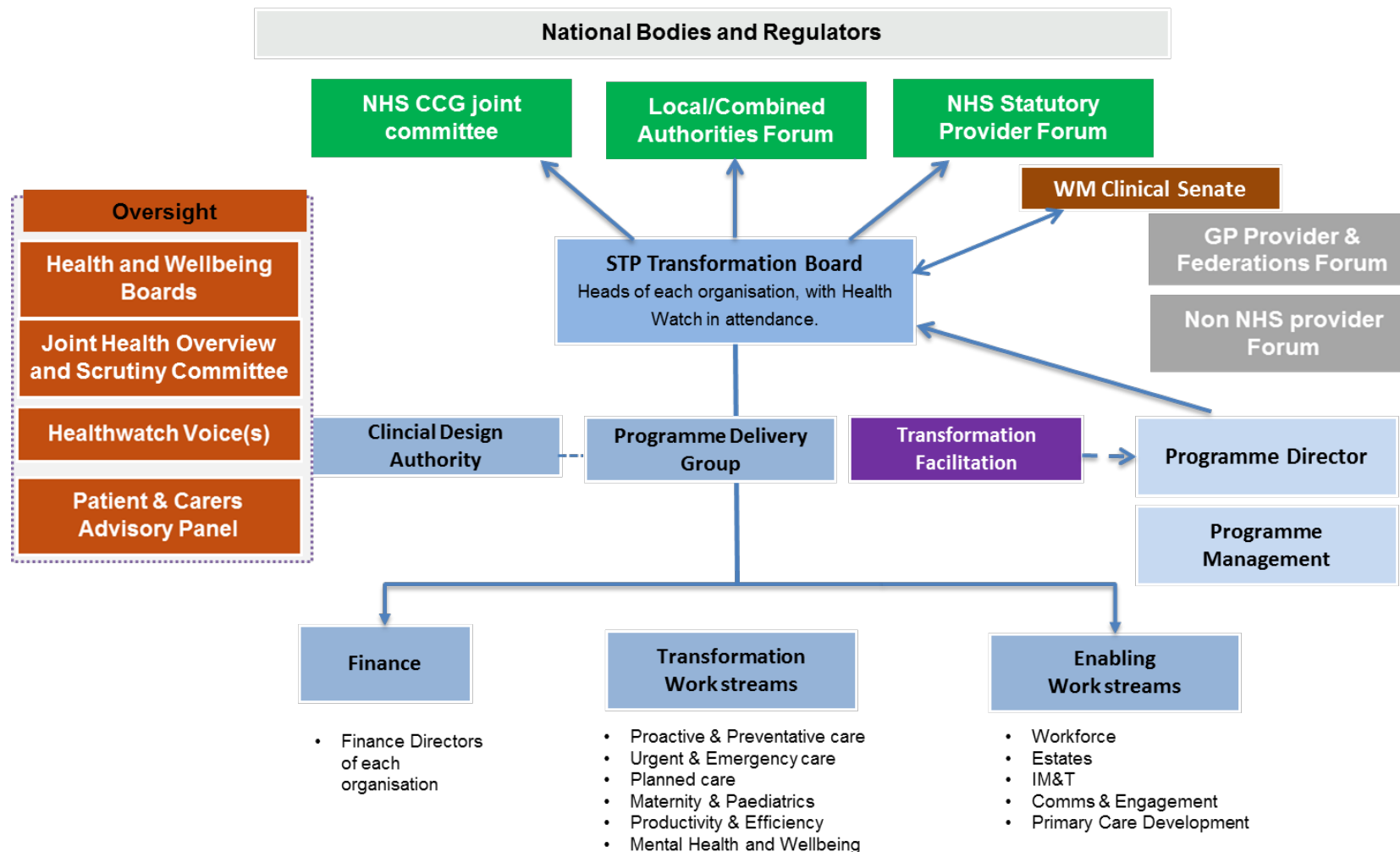
Yours sincerely

A handwritten signature in black ink, appearing to read 'D. Bywater'. The signature is fluid and cursive, with a large initial 'D' and a long, sweeping underline.

**Dale Bywater**  
**Executive Regional Managing Director (Midlands & East)**  
**NHS Improvement**

cc: Alison Tonge, Director of Commissioning Operations, NHS England

# Programme Governance, Structure & Work Streams



12/4/2017

## Briefing on Estates Strategy – June 2017

### Background – The Naylor Report

NHS Property and Estates – Why the estate matters for patients (Sir Robert Naylor Report) March 2017

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/607725/Naylor\\_review.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/607725/Naylor_review.pdf)

The Naylor report sets out to develop a new NHS estates strategy that supports the delivery of the specific DOH targets to release £2bn of assets for reinvestment and to deliver land for 26,000 new homes. The report estimates that the STP capital requirements may total circa £10bn with conservative back log maintenance estimated at £5bn and a similar sum likely to be required to deliver the 5YFV.

The report calls for the STP process to rapidly develop robust capital plans that are aligned to the clinical strategies, maximising value for money and addressing backlog maintenance.

The key recommendations include:

- Improving capability and capacity to support national strategic planning and local delivery through the establishment of a new NHS Property Board.
- Encouraging and incentivising local action:
  - STPs to develop affordable estates and infrastructure plans that include capital strategy to deliver 5YFV and address backlog maintenance.
  - STP estates plans and their delivery to be assessed against targets informed by benchmarking.
  - DH and HMT should provide robust assurance to STPs that any sale receipts from locally owned assets will not be recovered centrally provided the disposal is in agreement with STP plans and that the HMT provide additional funding to incentivise land disposals through a “2 for 1” offer in which public funds match disposal receipts.
  - Guidance to be provided on the relative roles of providers and STPs with respect to estates matters and ensure primary care facilities meet the 5YFV
  - Land vacated to be prioritised for development of residential homes for NHS staff where appropriate and that urgent action to be taken to accelerate the delivery of small scale and low risk developments.
- National robust capital investment plan for the NHS to be worked up.
- Substantial capital investment of circa £10bn for service transformation in well evidenced STP plans to be met by contributions from property disposal,
- private capital (for primary care) and from HMT.

The Report makes reference to a number of good practice premises considerations and priority areas for STPs to address, such as efficient use of estate including ratios of clinical versus non-clinical space (Carter Review), dealing with backlog maintenance (ERIC) and the condition of the estate, ensuring investment is value for money and focusses on enabling new models of care (recognising differences between metro and rural areas), allocating appropriate resources and skills towards delivery of the ask, delivering strong and robust investment plans (business cases) evidenced by real need within overall STP premises portfolio.



### Local plans

The STP Estates Group is led by Shahana Khan Director of Finance George Eliot Hospital. The group comprises of representatives from the NHS organisations in the Coventry & Rugby the Warwickshire locality, which are South Warwickshire Foundation Trust, the George Eliot Hospital Trust, and University Hospitals Coventry & Warwickshire Trust, Coventry & Warwickshire Partnership Trust, the three CCGs, the Warwickshire LMC and Local Authority representation.

Each of the three CCGs has retained its own Local Estates Forum (LEF), which is reporting into the STP ESG. This ensures a strong focus is kept on locality priorities, while the ESG can focus on the more strategic and overarching STP priorities, and perform a co-ordinating and integration role.

The ESG group has produced a revised draft Terms of Reference in February 2017 including a governance structure that reports into the overall STP governance.

### Key priorities

The ESG has identified and established three key areas to develop to enable it to be in better position to deliver and respond to service transformation infrastructure needs. The areas address the questions of

- What premises do we have now and what should the future premises portfolio look like?
- Which resources can we access to deliver the future model?
- How can we structure the delivery and management of the infrastructure functions more efficiently?

### Objectives

- Consolidation of estate and ensuring optimum use of existing estate
- Review of Primary Care Estate
- Consider new estates operating models
- Identify opportunities to collaborate with partners to ensure optimum usage of public estate

### Outcomes

- Reduce costs
- Reduce capital requirements
- Ensure the estate is fit for purpose

### George Eliot Health and Well Being Campus

George Eliot Hospital NHS Trust (GEH) is working with partners from health, education, local government and third sector to address health, housing and educational inequalities in the North Warwickshire . In order to support this agenda a health and wellbeing campus vision is being established that would be located on the GEH site. This would develop the estate as a community asset and would be used much more effectively.

As a result, GEH is planning on seeking a partner that will support them in delivering the campus vision and drive the maximum benefit from its. The vehicle that will be used to deliver this is a strategic estates partnership drawing benefit from the expertise of master planning, estates development, project management and potential funds to realise the vision.

**Report Author: Josie Spencer Deputy CEO Coventry & Warwickshire Partnership Trust, on behalf of the STP Programme Board.**

## Health and Wellbeing Board

26th July 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 (HWB) for 2017/18. Such updates will be presented to each meeting for the Board to review and addition by all partners.

#### 2.0 Options and Proposal

- 2.1 In support of the HWB Delivery Plan for 2017/18, the Forward Plan will be considered at each meeting.
- 2.2 The Forward Plan provides details of the agenda items for formal meetings and the focus of the agreed workshop sessions. These will be developed in consultation with the HWB executive.
- 2.3 In addition to the items noted, the following will be scheduled in 2017/18:
  - Pharmaceutical needs assessment
  - JSNA update
  - HWB communication Strategy

#### 3.0 Next steps

- 3.1 To ensure full representation of partners, all members of the HWB Board are encouraged to add items to the Forward Plan either as substantive items, updates or items for information which can be shared via the newsletter.

2.4 The update Forward Plan is set out below:

Board	Item	Report owner
HWB Board	<b>Substantive items</b>	
06/09/17	<b>Draft Commissioning Intentions 2018/19</b> <ul style="list-style-type: none"> <li>Clinical Commissioning Groups - WNCCG,CRCCG SWCCG)</li> <li>County Council Commissioning Intentions (Adult Social Care and Public Health)</li> </ul> <i>Draft Commissioning intentions for 2018/19 for consideration by the HWB Board</i>	Gill Entwistle/ Andrea Green Chris Lewington/John Linnane
	<b>Director of Public Health (DPH) Annual report 2017</b> –Annual report from the DPH for endorsement by the HWBB	John Linnane
	<b>HWB Annual report &amp; Delivery plan</b> – Final version of the HWBB annual report 2016/17 and Delivery Plan 2017/18 for the HWBB for approval	John Dixon
	<b>HWB Performance measures</b> – Summary of measures related to HWB Strategy and development of revised scorecard.	HWB Exec
	<b>Updates to the Board</b>	
	<b>HWB Delivery Programme 2017/18</b> – Update to the Board on the development and progress of the 2017/18 HWB delivery plan	HWB Exec
	<b>Place based activity update</b> – Extended version of the consolidated update from District and Borough Portfolio Holders, to include updates from wider partner activity	Les Caborn
	<b>Better Health, Better Care, better Value (STP programme) update</b> –Regular update on the Coventry & Warwickshire STP	Andy Hardy/Brenda Howard
Workshop 08/11/17	Workshop for HWB and Executive Team – Anticipated focus on priority areas	
HWB Board 10/01/18		
Workshop 22/03/18	Workshop for HWB and Executive Team – Anticipated focus on priority areas	

## 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