



# JSNA Commissioning Group

Monday 26<sup>th</sup> November 2012, 2pm – 4pm

Building 1, Ground Floor, Conference Room 2  
Saltisford, Warwick, CV34 4UL

## Agenda

<b>1. Welcome and apologies</b>	
<b>2. Action notes and logs to be agreed from 20<sup>th</sup> September meeting</b>	
<b>3. Terms of Reference and governance structure</b>	
- Representation for final ratification	
<b>4. Local Information System (LIS) - live demo by Paul Larcombe/Andy Davis</b>	
<b>5. Prioritisation of needs assessments</b>	
- Gareth Wrench to feedback on scoping exercise of good practice by other local authorities	
- Update on draft work programme	
<b>6. Creating a shared view of what constitutes a good needs assessment</b>	
- Good examples of how they have been used and lessons learnt from the process	
<b>7. Update on the 2012/13 JSNA Annual Review</b>	
- 2011/12 Annual Review attached for reference	
<b>8. A.O.B</b>	
<b>9. Next Meeting – 2pm to 4pm on 28<sup>th</sup> January 2013 Building 3, Ground Floor, Conference Room 4 , Saltisford, Warwick, CV34 4UL</b>	



## JSNA Commissioning Group



### Action Notes

Thursday 20<sup>th</sup> September 2012

#### Attendees

Chris Lewington (Chair), Andrew Sharp, Rob Wilkes, Liz Holt, Peter Hatcher, Jenny Butlin-Moran, Andy Davis, Jenny Bevan, Howard Tomlin, Nick Darwin, Lisa Mowe, Elizabeth Abbott, Steve Shanahan, Kevin Hollis, Anna Burns, Gareth Wrench, Vic Jones, Nicola Lomas (representing Jo Dillon), Paul Roberts, Paul Tolley,

#### Item 1 – Welcome & Introductions

Andy Davis welcomed everybody for attending the first JSNA Commissioning Group and invited all attendees to give a brief overview as to:-

- What their expectations were of the JSNA
- What as individuals they could contribute to the JSNA

Note: A record of these introductions has been made and are available on request

#### Item 2 – Apologies

Chris Lewington (first half meeting only), Rachel Robinson, Sue Davies, Jo Dillon, Nick Cadd, Glen Charman,

#### Item 3 – Terms of Reference & Governance Structure

Andy Davis presented to the Group a copy of the Governance Structure, draft Terms of Reference and Meeting pack including Highlight Reports and Action Logs. Group Members gave their feedback and proposed a number of amendments to the documentation.

#### Commissioning Group Decisions

##### Terms of Reference

- The Commissioning Group were in agreement that a number of the responsibilities in the draft Terms of Reference of the Commissioning Group would need to be amended before they could be formally approved to ensure clearer linkages with the Strategic Group and the Working Group. In particular the provision of additional resources to the working group and the rephrasing of Public Health to be more inclusive.

##### Action Notes

- Commissioning Group agreed the proposed layout and content of Action Notes

##### Action Log

- Commissioning Group agreed the proposed layout and content of the Action log

##### JSNA Commissioning Group Highlight Report

- Commissioning Group agreed the proposed layout and content of the Highlighted Report and requested that a consultation section be included at the bottom of the report for a record of who has been engaged with.

##### Draft Meeting Schedule

- It was agreed that the Commissioning Group would meet on a bi-monthly basis and that the draft schedule of meetings be rewritten to include the quarterly meeting dates of the Strategic Group.

<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>☆ Terms of Reference to be revised to soften the responsibility of the Commissioning Group to provide resources and to rephrase public health as being a separate organisation to the county council</li> <li>☆ JSNA Commissioning Group highlight report to include a section on consultation</li> <li>☆ Revised draft meeting schedule including the Strategic Group to be circulated with the Action Notes and a proposed date for next meeting</li> </ul>	<p>Elizabeth Abbott</p>
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**Item 4 – Priority Setting & Future Priorities for Needs Assessments**

Jenny Bevan presented to the board a draft template for producing needs assessments and commented that collectively there was a need for better co-ordination of requests for needs assessments and that the Commissioning Group should take responsibility for the programme of work for the Working Group.

Chris Lewington presented to the Group the draft Work Programme that Group Members had contributed to in advance of the meeting and challenged whether or not the programme covered all areas that impact on all Members or whether there were any gaps

<p><b>Commissioning Group Decisions</b></p> <p><b>JSNA Needs Assessment Template</b></p> <ul style="list-style-type: none"> <li>• Commissioning Group agreed that the template does add value as it provides a consistent approach therefore can be used to make decisions. However, it would be useful to highlight where the information is lacking or low.</li> <li>• Group also decided that within the template, links need to be made that are wider than the JSNA when assessing the impacts. There is a need to be more holistic in our needs assessments and to ensure appropriate dialogue where links are made. Can no longer be about referencing but also has to be included.</li> <li>• Group decided that the Needs assessment templates also need to state the source of the data especially in light of Freedom of Information requests</li> </ul> <p><b>JSNA Priority Setting</b></p> <ul style="list-style-type: none"> <li>• Group agreed the need to have some guidance on priority setting and welcomed the development of a more formal approach to setting priorities including the use of a priorities matrix and a more detailed understanding of population profile and budget financial information would be required</li> </ul>	
<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>☆ Members of the Commissioning Group to provide Elizabeth Abbott with any outstanding items they would like to have included on the Draft Work Programme</li> <li>☆ Draft Guidance and approach to prioritising the Work Programme to be developed and added as an agenda item for the next Commissioning Group meeting</li> <li>☆ Population Profile Information and Presentation using LIS to be arranged by the Warwickshire Observatory. The inclusion of Budget / Financial information to be deferred until April 2013</li> </ul>	<p>Commissioning Group</p> <p>Gareth Wrench / Elizabeth Abbott</p> <p>Andy Davis</p>

**Item 5 – Public Engagement**

Public Engagement with Community Forums during Winter 2011/ Spring 2012 had highlighted a number of top priorities for residents of Warwickshire and the top three were Health, Housing and the Voluntary Sector. The Commissioning Group considered how

data is currently used for social marketing purposes and how it can be used to influence people to use our services

Andy Davis reported to the Group that there is already a Joint Consultation Hub and piloting “Ask Warwickshire” and asked the Group whether the Hub was a potential option in holding the information that we already have

<p><b>Commissioning Group Decisions</b></p> <ul style="list-style-type: none"> <li>Group agreed that as a collective, they need to be highlighting any consultation and engagement they are carrying out with a view to sharing it more widely and sharing it in relevant needs assessments.</li> <li>Group agreed that if the Joint Consultation Hub was not a suitable vehicle for holding all the Consultation data then a proposal would be put to JSNA Strategic Group outlining a Comprehensive Public Engagement Exercise and asking for their support</li> </ul>	
<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>☆ Commissioning Group Members are to provide details on relevant consultation / engagement activities that could be held on the Joint Consultation Hub at the next meeting and this to be an agenda item</li> </ul>	<p>Commissioning Group</p>

**Item 6 – Local Information System (LIS) Development**

Andy Davis reported to the group that Warwickshire was in the process of developing further the Local Information System and that the Commissioning Group’s request for Population profiles could be used to demonstrate the capability of the new LIS system

<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>☆ Warwickshire Observatory to give a presentation to the Commissioning Group demonstrating the level and type of information available focusing on the Commissioning Groups request for information about population profiles</li> </ul>	<p>Andy Davis</p>
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**Item 7 – Communication with Key Stakeholders**

Lisa Mowe informed the Commissioning Group that there was already in place a health and well-being communication strategy and therefore, asked whether the group felt the need for a separate communication strategy given that the action plan was already reported to the Health & Well Being Board

<p><b>Commissioning Group Decisions</b></p> <p>Commissioning Group agreed that there was not a requirement to have a separate JSNA Communication Strategy but a separate Action Plan was to be produced</p>	
<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>☆ JSNA Communications Action Plan to be developed and presented to the Commissioning Group later on in the year. To be a forward plan item post January 2013.</li> </ul>	<p>Communications Sub Working Group</p>

**Item 8 – A.O.B**

- County Wide Voluntary & Community Sector Health & Social Care Forum to meet on the 6<sup>th</sup> December
- County Wide Children Sector Health & Social Care Forum are also due to meet (DtbC)

**Item 9 – Date of Next Meeting – 26<sup>th</sup> November 2012**

## JSNA Commissioning Group Action Log

Ref	Date	Action	Action Owner	Date To Be Completed	Identified Milestone Activity	Status	Progress
	20/09/2012	Members of the Commissioning Group to provide Elizabeth Abbott with any outstanding items they would like to have included on the Draft Work Programme	Commissioning Group	26/11/2012			Some additional information has been received and the spread sheet has been updated to reflect this. However, the programme is still lighter than anticipated given commissioning requirements.
	20/09/2012	Approach to prioritising the Work Programme to be developed and added as an agenda item for the next Commissioning Group meeting	Gareth Wrench / Elizabeth Abbott	26/11/2012			
	20/09/2012	Population Profile Information Presentation using LIS to be arranged by the Warwickshire Observatory.	Andy Davis	26/11/2012			The inclusion of Budget / Financial information to be deferred until April 2013
	20/09/2012	Revised draft meeting schedule including the Strategic Group to be circulated with the Action Notes and a proposed date for next meeting	Elizabeth Abbott	26/11/2012			Completed
	20/09/2012	Terms of Reference to be revised to soften the responsibility of the Commissioning Group to provide resources and to rephrase public health as being a separate organisation to the county council	Elizabeth Abbott	26/11/2012			Completed
	20/09/2012	JSNA Commissioning Group highlight report to include a section on consultation	Elizabeth Abbott	26/11/2012			Completed
	20/09/2012	Commissioning Group Members are to provide details on relevant	Commissioning Group	26/11/12			

Ref	Date	Action	Action Owner	Date To Be Completed	Identified Milestone Activity	Status	Progress
		consultation / engagement activities that could be held on the Joint Consultation Hub at the next meeting and this to be an agenda item					
	<b>20/09/2012</b>	JSNA Communications Action Plan to be developed and presented to the Commissioning Group later on in the year. To be a forward plan item post January 2013.	<b>Communication Sub Working Group</b>	<b>Post January 2013</b>			

## ***Structure and Local Governance Arrangements For Warwickshire JSNA***

### ***Health & Well-Being Board***

*The Health & Well Being Board is statutorily responsible for developing joint Health and Well Being Strategies based on the assessment of need outlined in Warwickshire's JSNA*

### ***JSNA Strategic Group***

The Strategic Group has the responsibility for ensuring that the JSNA is embedded in local decision making and signing off significant JSNA. The membership of the group includes the Joint Director of Public Health, Strategic Director for People Group and Head of Strategic Commissioning. The group meet quarterly and feeds directly into the Health & Wellbeing Board. The Terms of Reference (TOR) for this group are included in Appendix A.

### ***JSNA Commissioning Group***

The JSNA Commissioning Group is responsible for the preparation and delivery of the JSNA and its components. It is responsible for commissioning decisions using the JSNA Analysis and for the setting of current and future editorial priorities. The group provides the link between the Strategic Group and the JSNA Working Group

Membership of the group covers a wide range of partners, and includes representatives from both the health and local authorities and other agencies. The group will meet on a bi monthly basis and a core representative group from public health, local authorities and voluntary sector will attend for the group to be quorate. The Terms of Reference (TOR) for this group are included in Appendix B

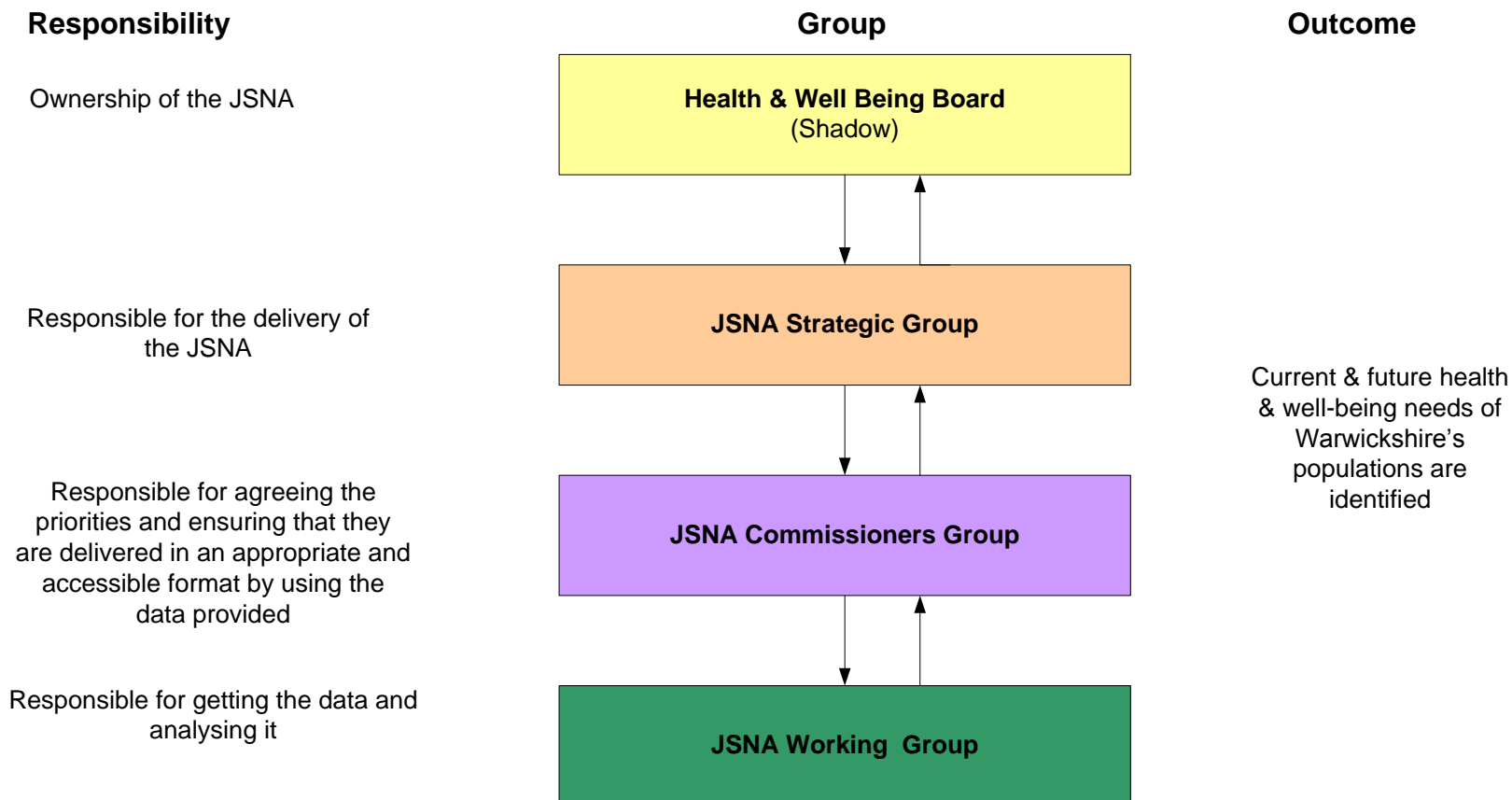
### ***JSNA Working Group***

The JSNA Commissioning Group is supported by the JSNA Working Group. The Working Group on behalf of the Commissioning Group is responsible for the overall management and development of the JSNA. The Group will provide guidance, assist in the identifying of priorities and lead in the production and development of Warwickshire's JSNA.

Membership of the Working Group includes research, intelligence, consultation and commissioning representatives covering a wide range of partners as required and subject to commissioning priorities. The group will meet on a monthly basis and a core representative group from public health, WCC and the voluntary sector will attend for the group to be quorate. The Terms of Reference (TOR) for this group are included in Appendix C.



## Governance Arrangements



## Appendix A

### JSNA Strategic Group – Terms of Reference

#### Background

The JSNA provides a framework to examine all the factors that impact on the health and wellbeing of Warwickshire's population including economic, education, housing and environmental factors. This information enables the prioritising of resources and the commissioning and decommissioning of services that will improve outcomes for Warwickshire's residents. The JSNA is the process by which the current and future health and well-being needs of Warwickshire's population are identified.

#### Purpose of Group

To provide leadership, strategic guidance, identify clear priorities, and champion the ownership of Warwickshire's Joint Strategic Needs Assessment (JSNA).

#### Responsibilities of the Strategic Group

- Provide the strategic leadership in the delivery of the Joint Strategic Needs Assessment for Warwickshire
- Discharge the statutory function to undertake a JSNA in Warwickshire
- Champion the ownership of Warwickshire's JSNA at the Warwickshire Health & Well-Being Board
- Provide strategic advice and guidance to both the Health & Well-Being Board and also the JSNA Commissioning Group
- Provide overall guidance and direction to the JSNA, including the setting and agreement of clear priorities resulting from the analysis
- Ensure the implementation of the JSNA Commissioning Programme and report progress on both outputs and outcomes to the Health & Well-Being Board
- Agree the future strategic direction of the work.

#### Governance

The JSNA is a statutory document produced in partnership across Health and Social Care. In Warwickshire, the JSNA has been undertaken jointly between the Director of Public Health and the Strategic Director for People Group.

The JSNA Strategic Group is responsible for the overall ownership and delivery of the JSNA to ensure that it becomes the robust evidence base for future commissioning and planning decisions for health and wellbeing in Warwickshire and will champion the JSNA at Warwickshire's Health & Well-Being Board.

## **Membership**

- Director of Public Health, Warwickshire
- Strategic Director of People Group, Warwickshire County Council -
- Head of Strategic Commissioning, Warwickshire County Council

Subject to invitation only, request Members of the JSNA Commissioning Group and or the JSNA Working Group to attend meetings

## **Meetings**

The Strategic Group shall meet on a quarterly basis.

## **JSNA Commissioning Group – Terms of Reference**

### **Background**

The JSNA provides a framework to examine all the factors that impact on the health and wellbeing of Warwickshire's population including economic, education, housing and environmental factors. This information enables the prioritising of resources and the commissioning and decommissioning of services that will improve outcomes for Warwickshire's residents.

In Warwickshire, the JSNA has been undertaken jointly between the Director of Public Health, and the Strategic Director for People Group. The JSNA is a statutory document and the process by which the current and future health and well-being needs of Warwickshire's population are identified. Therefore, the JSNA is now produced in partnership across Health and Social Care in Warwickshire with the strategic direction remaining with the Director of Public Health and the Strategic Director for People Group.

### **Governance**

The JSNA Commissioning Group is responsible for commissioning decisions using the JSNA analysis and for the setting of current and future editorial priorities. It provides the link between the Strategic Group and the JSNA Working Group. The group will include a range of partners in shaping the priorities for JSNA in Warwickshire and will lead on the evaluation of its success.

### **Purpose of Group**

To identify clear commissioning and editorial priorities for Warwickshire's Joint Strategic Needs Assessment (JSNA).

### **Responsibilities of the Commissioning Group**

- Ensure that the JSNA is used to underpin commissioning, decommissioning and investment decision making in Warwickshire
- Provide guidance and direction to the JSNA, including the setting and agreement of clear priorities for Warwickshire
- Prioritise and agree the setting of current and future priorities for the annual work programme of the JSNA Working Group
- Provide advice and guidance to the JSNA Strategic Group
- Lead the evaluation of the JSNA in Warwickshire
- Ensure the implementation of the JSNA Commissioning Plan and report progress on both outputs and outcomes to the JSNA Strategic Group
- Agree the future direction of the work.
- Approve JSNA Needs Assessments

## **Membership**

Membership of the Commissioning group will include senior representatives from both the health and local authorities, and other agencies where appropriate, who have responsibility for commissioning decision making. All members will ensure that the JSNA is used in future commissioning and planning decisions for health and wellbeing in Warwickshire.

Membership of the group is as follows:-

*To be completed when confirmed*

- Head of Strategic Commissioning, Warwickshire County Council (Chair) Chris Lewington
- Head of Warwickshire Observatory – Andy Davis
- Public Health Consultant – Rachel Robinson

## **Meetings**

The Commissioning Group shall meet on a bi monthly basis and last 2 hours.

Meetings will be serviced by (to be determined) Wherever possible, agenda and papers will be circulated seven days prior to a meeting.

All Group members shall nominate a substitute at attend meetings in their absence.

Action notes will be recorded and written up as soon as possible after the meetings and circulated to all Members within a week after the meeting

## **JSNA Working Group – Terms of Reference**

### **Background**

The JSNA provides a framework to examine all the factors that impact on the health and wellbeing of the Warwickshire population including economic, education, housing and environmental factors. This information enables us to prioritise resources and commission services that will improve outcomes for Warwickshire's residents. The JSNA is the process by which the current and future health and well-being needs of Warwickshire's population are identified.

### **Purpose of Group**

To provide guidance, identify priorities and lead in the production and development of Warwickshire's Joint Strategic Needs Assessment (JSNA) and to ensure that it is embedded within future commissioning and planning decisions for health and wellbeing.

### **Responsibilities of the Working Group**

- Discharge the statutory function to undertake a JSNA in Warwickshire.
- Prioritise and coordinate the development of intelligence within the JSNA.
- Provide overall guidance and direction to the JSNA on behalf of the responsible Directors.
- Provide technical advice and expertise to the JSNA Commissioning Group.
- Advise the JSNA Commissioning Group to ensure adequate technical and managerial input is available.
- Produce a detailed work programme to take forward and develop Warwickshire's JSNA
- Ensure the implementation of the work programme and report progress to the Commissioning Group
- Provide advice on the key components and methodologies of needs assessments.
- Facilitate the embedding of JSNA recommendations within commissioning, planning and delivery.
- Liaise and link with the Local Information System (LIS) Partnership Group to ensure development of appropriate infrastructure to support the JSNA.
- Oversee the updates to the content of the JSNA and ensure effective version control.

- Coordinate and oversee consultation activity on the JSNA to ensure local people, relevant groups and professionals are engaged in the process.
- Provide editorial advice and oversight of the JSNA.
- Evaluation of the JSNA to feed into future iterations of it.

## **Governance**

The Working Group is responsible for the overall management and development of the JSNA on behalf of the Director of Public Health, Strategic Director of People Group. The Working Group will regularly report to the JSNA Commissioning Group who will in turn report to the JSNA Strategic Group.

## **Membership**

Membership of the Working Group will comprise of representatives from Warwickshire County Council, NHS Warwickshire and other agencies within Warwickshire involved in carrying out research, consultation and needs assessments across the health and social care sectors and a core representative group from public health, WCC and the voluntary sector will attend for the group to be quorate

## **Meetings**

The Working Group meet on a monthly basis and serviced by NHS Warwickshire, through the Public Health Intelligence Manager. Wherever possible, agenda and papers will be circulated seven days prior to a meeting.

Group members shall nominate a substitute to attend meetings in their absence and minutes of meetings will be recorded and written up as soon as possible after the meetings.

The Chair of the Group shall be the Public Health Intelligence Manager at NHS Warwickshire.



# Quality of Life

in Warwickshire 2012/13



## Key Messages

- Demographic change
- Rise in dependency ratios
- Long Term unemployment increasing
- Skills and qualifications need to continue to improve
- Turning points in trends
- The Happiness mystery
- Little evidence of inequalities gap shrinking

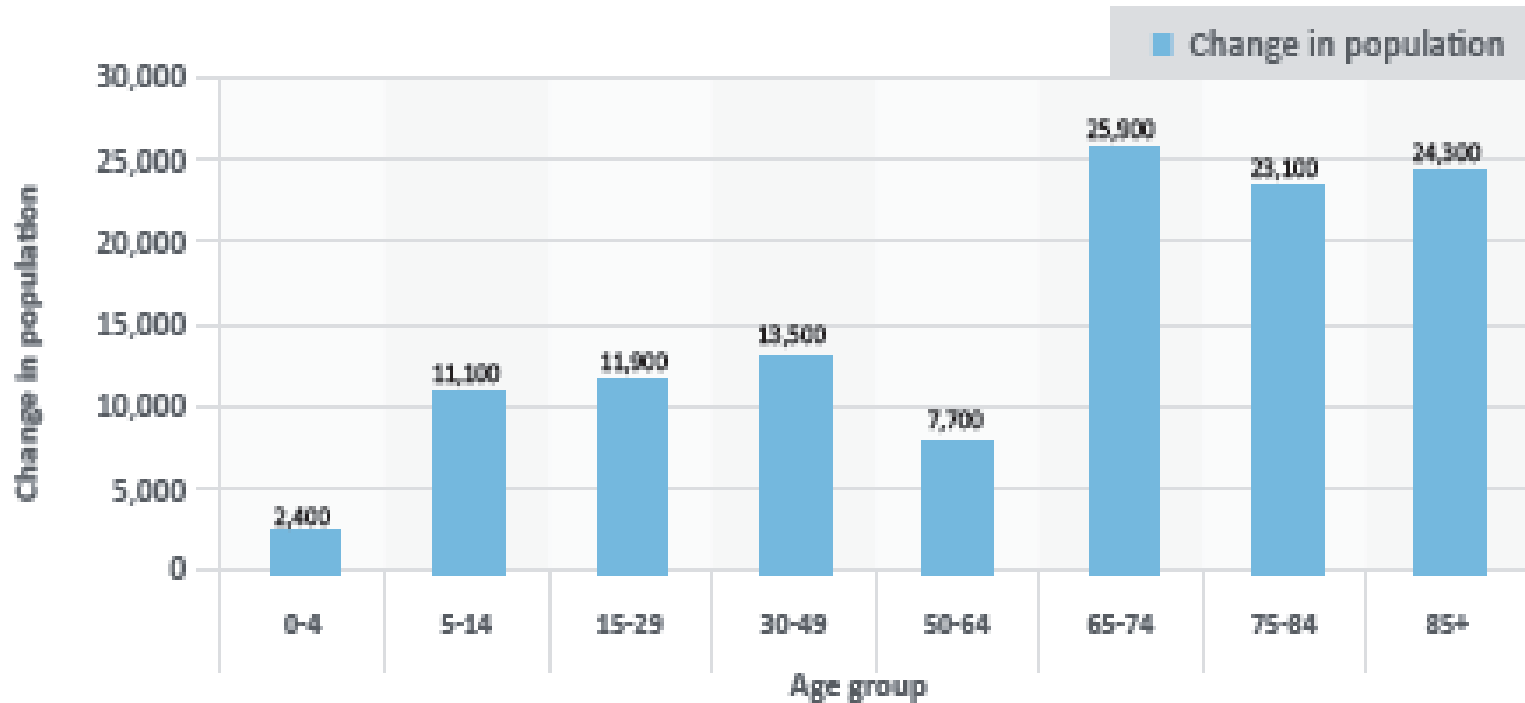
## Population Change

Population ('000s)	1981	1991	2001	2011	Change 2001 - 2011
North Warwickshire	60.0	61.0	61.8	62.0	0.3%
Nuneaton & Bedworth	113.9	117.5	119.2	125.3	5.1%
Rugby	87.5	85.0	87.5	100.1	14.4%
Stratford	100.6	105.4	111.6	120.5	8.0%
Warwick	115.3	118.1	126.1	136.0	7.9%
<b>Warwickshire</b>	<b>477.2</b>	<b>487.1</b>	<b>506.2</b>	<b>543.8</b>	<b>7.4%</b>
West Midlands	5,187	5,230	5,281	5,601	6.1%
England and Wales	49,634	50,748	52,360	56,075	7.1%

## Dependency Ratios on the rise...

- In 2010, there were 1.74 people of working age for every dependent in the county (those aged under 16 or over 64)
- By 2035 this figure is expected to fall to 1.32
- This change brings significant implications, in particular for the local economy, education, health and social care

## Projected Population Growth



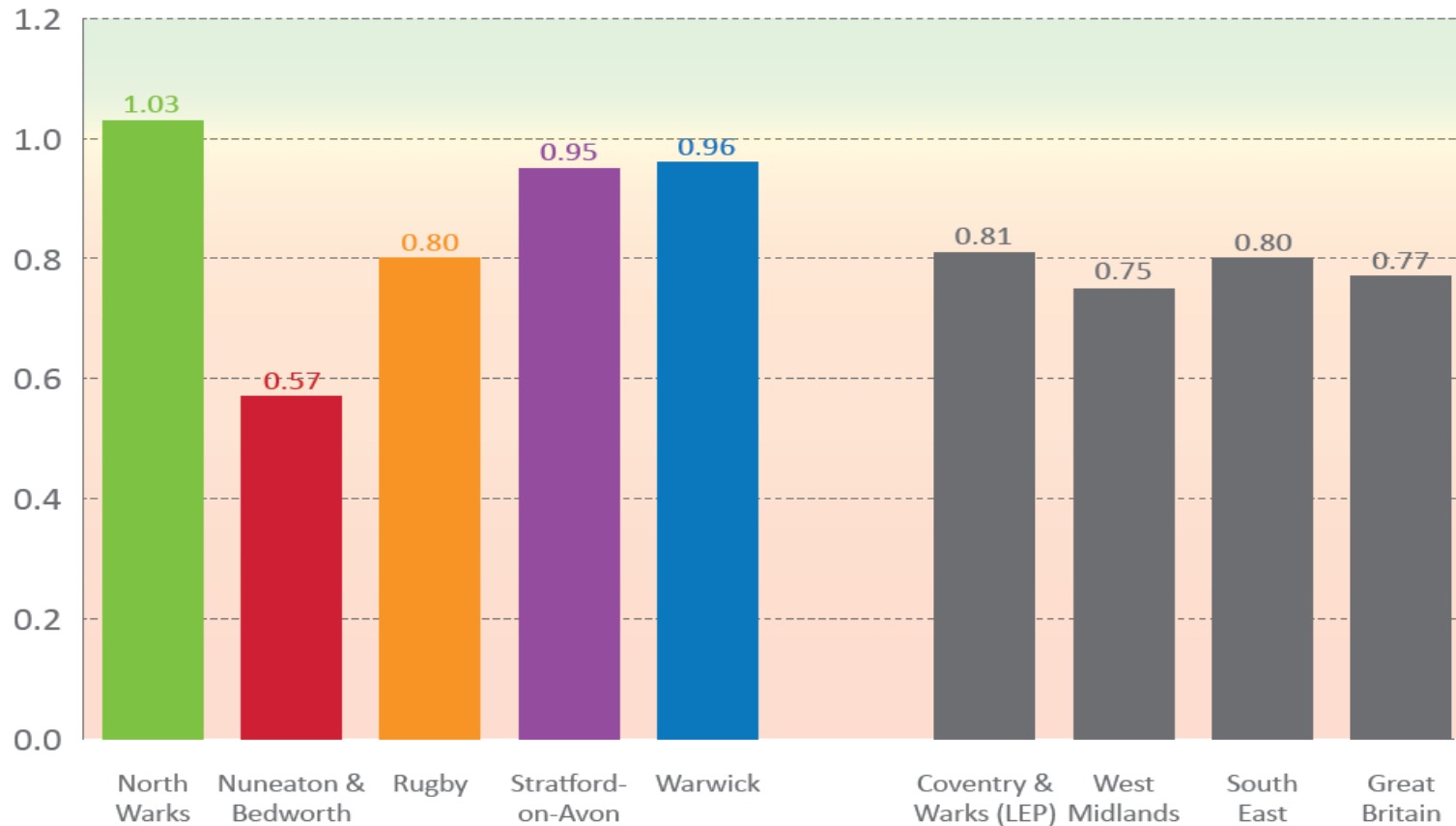
Source: 2010-based Sub-National Population Projections, National Statistics ([www.statistics.gov.uk](http://www.statistics.gov.uk)) © Crown Copyright 2012

## Projected Population Growth

Projected Population ('000s)	2010	2015	2025	2035	Change 2010 - 2025	Change 2010 - 2035
North Warwickshire	62.2	63.2	66.2	69.0	6.4%	10.9%
Nuneaton & Bedworth	122.9	127.5	137.5	146.0	11.9%	18.8%
Rugby	95.9	102.2	114.9	124.7	19.8%	30.0%
Stratford-on-Avon	120.2	126.9	139.5	149.1	16.1%	24.0%
Warwick	137.8	144.9	158.1	170.0	14.7%	23.4%
<b>Warwickshire</b>	<b>538.9</b>	<b>564.7</b>	<b>616.2</b>	<b>658.9</b>	<b>14.3%</b>	<b>22.3%</b>

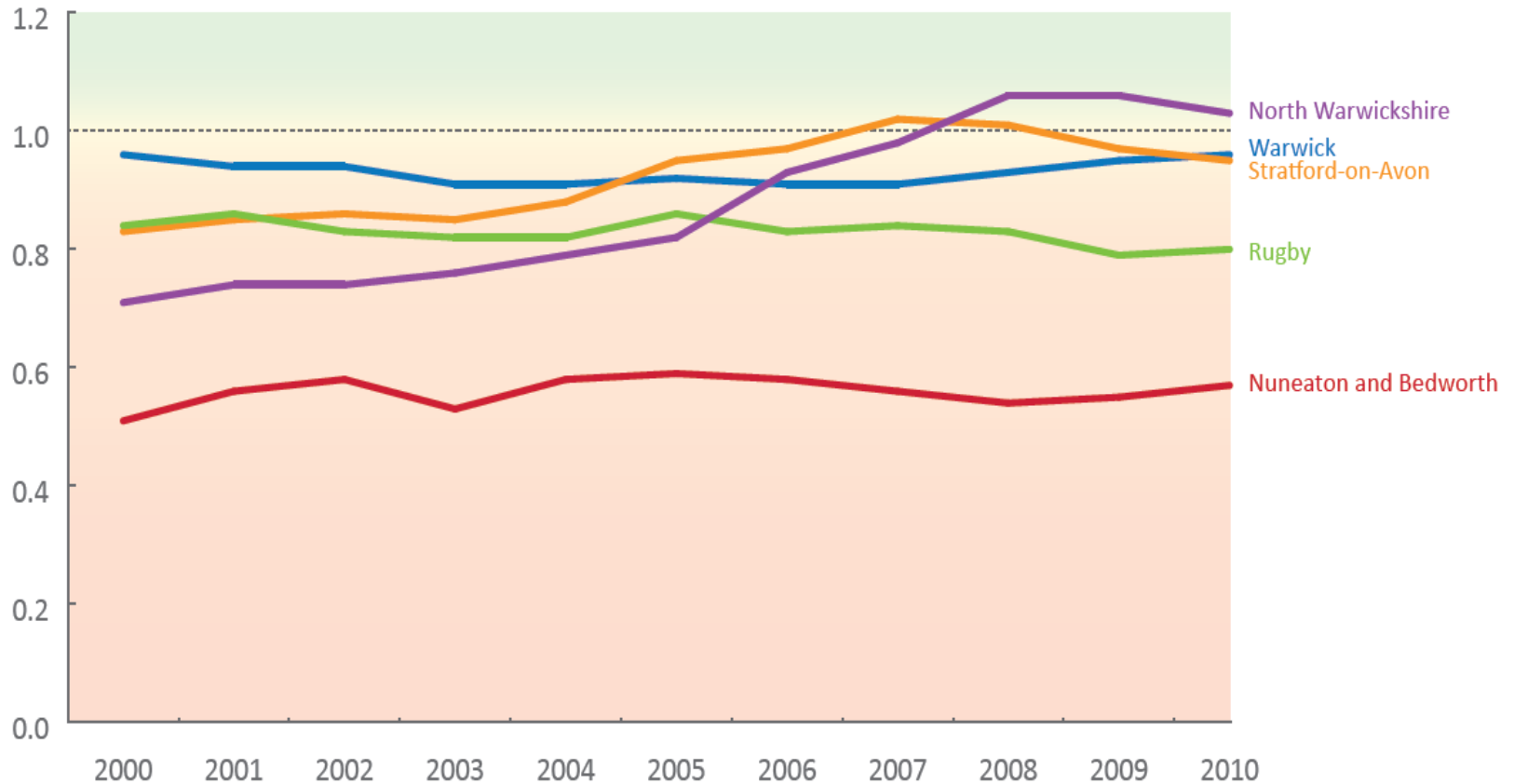
## Job Density by District

Jobs per person aged 16-64



# Warwickshire Observatory

Jobs per person aged 16-64



## Unemployment Young People

	June 2011		June 2012	
	Number	Rate (%)	Number	Rate (%)
North Warwickshire	290	6.1	315	6.6
Nuneaton & Bedworth	950	9.2	880	8.5
Rugby	455	6.7	395	5.8
Stratford-on-Avon	215	3.0	240	3.4
Warwick	470	3.3	420	3.0
<b>Warwickshire</b>	<b>2,385</b>	<b>5.5</b>	<b>2,255</b>	<b>5.2</b>
West Midlands	46,290	8.8	47,215	9.0
South East	34,180	4.5	35,810	4.8
England & Wales	356,490	6.8	379,870	7.2



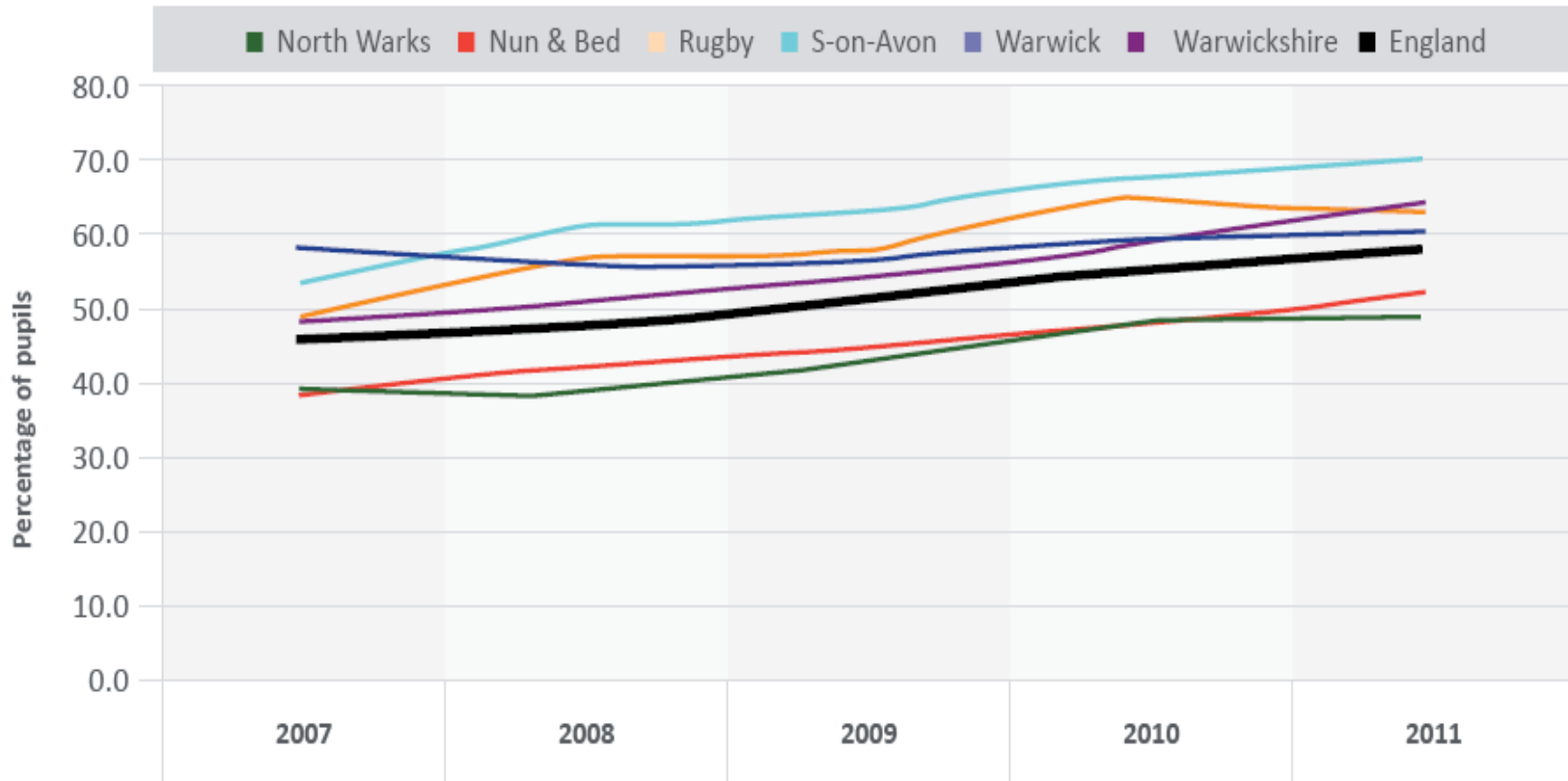
## Long Term Unemployment

	Up to 6 months		Over 6, up to 12 months		Over 12 months		Total
	Number	%	Number	%	Number	%	
North Warwickshire	625	61.9	195	19.3	190	18.8	1,010
Nuneaton & Bedworth	1,575	55.7	575	20.3	680	24.0	2,830
Rugby	910	63.2	245	17.0	285	19.8	1,440
Stratford-on-Avon	695	70.2	145	14.6	150	15.2	990
Warwick	1,065	61.0	290	16.6	390	22.3	1,745
<b>Warwickshire</b>	<b>4,875</b>	<b>60.8</b>	<b>1,445</b>	<b>18.0</b>	<b>1,695</b>	<b>21.1</b>	<b>8,015</b>
West Midlands	81,305	50.1	33,930	20.9	47,170	29.0	162,405
South East	77,695	56.5	29,060	21.1	30,765	22.4	137,520
England & Wales	709,140	52.5	295,345	21.7	355,040	26.1	1,359,525

Source: Claimant count, National Statistics ([www.nomisweb.co.uk](http://www.nomisweb.co.uk)) © Crown Copyright 2012

Note: : Data is rounded to nearest five because of disclosure controls. Figures may not sum to previous totals due to rounding

## Educational Attainment



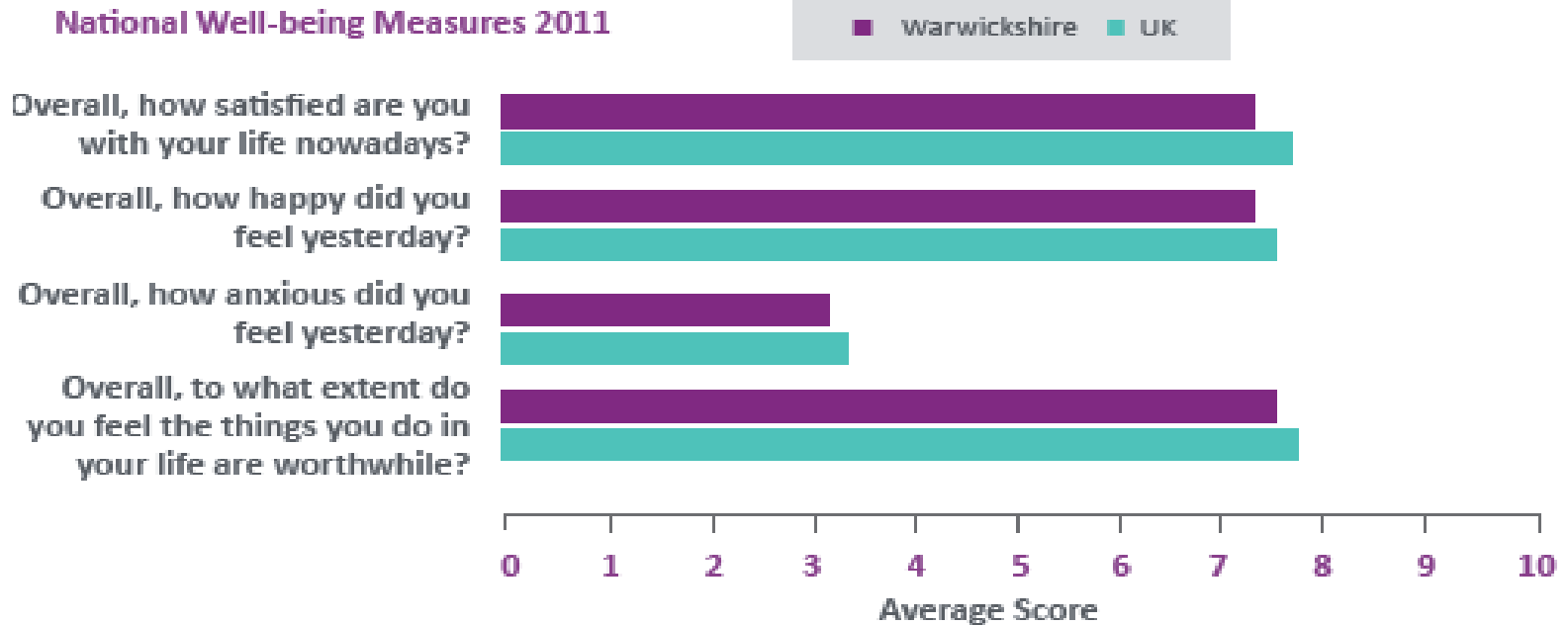
## Skill Levels

	NVQ4+	NVQ3+	NVQ2+	No Qualifications
North Warwickshire	24.3	42.6	59.7	18.1
Nuneaton & Bedworth	22.4	43.4	61.8	16.0
Rugby	29.7	48.7	68.4	12.7
Stratford-on-Avon	33.3	49.3	69.3	9.2
Warwick	41.0	58.7	72.1	10.3
<b>Warwickshire</b>	<b>31.3</b>	<b>49.7</b>	<b>67.1</b>	<b>12.7</b>

## Turning points in trends?

- Over past 10 years a number of QofL indicators followed a predictable trend
- However, there are signs that these trends are starting to change
- New levels of performance?
- Is this as good as it gets?

## Well-Being and Happiness

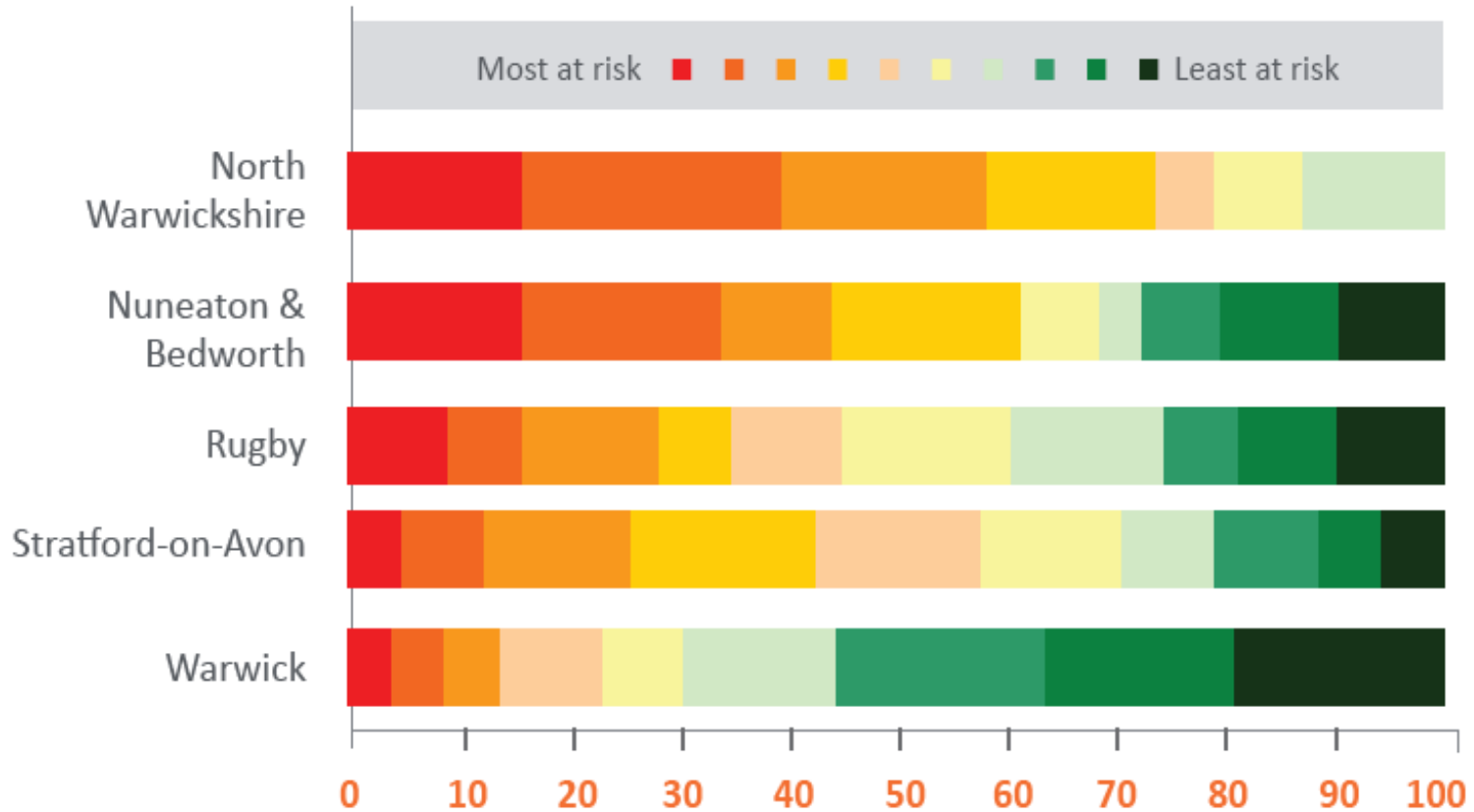


Source: Office for National Statistics (First ONS Annual Experimental Subjective Well-being Results)

## Inequalities continuing to widen

- Prosperous neighbourhoods have displayed higher resilience to deal with impact of recession & associated trends
- Evidence suggests the trend is continuing and inequalities widening
- Long term trend to change

## Households at risk of falling into poverty



## Health & Lifestyle Trends

- Births and deaths
- Years of life lost
- Smoking
- Alcohol
- Sexual health
- Teenage pregnancy
- Healthy eating & physical exercise
- Health deprivation and disability



## Contact Us

- Tel 01926 418049
- Email [research@warwickshire.gov.uk](mailto:research@warwickshire.gov.uk)
- Blog [www.warksobservatory.wordpress.com](http://www.warksobservatory.wordpress.com)
- Web [www.warwickshireobservatory.org](http://www.warwickshireobservatory.org)
- Twitter @WarksObs
- JSNA Web [www.warwickshire.gov.uk/jsna](http://www.warwickshire.gov.uk/jsna)

Reference	Title	Type of Work	Resource	Timescale	Term	Summary	Commissioned by	Lead	Contact	Priority	Progress	Outcome	Signed Off By	Published / Location	Comments
11	Quality of Life 2012	Analysis of wider sociodeterminants	High	Sep-12	Long term	Annual document to be completed by the Observatory team by end of September 2012 - includes analysis of wider sociodeterminants of health & well being		WCC	Jemma Bull	High	On-going	Annual Review	Warwickshire Observatory Spencer Payne/Andy Davis	Observatory Blog Observatory Website JSNA Website	
24	Stakeholder Conference	Communications	High	On-going	Long term	Planning for conference in Spring 2013?		Other - Please specify		High	Yet to Start				
32	Dementia Services (South Warwickshire)	Communications	High	Sept 2012 - Jan 2013	Short term	To join with partners in a conference around dementia services / issues in South Warwickshire with special emphasis on championing the provision of the Admiral Nurse service in the South	LINK	LINK	Deb Saunders	High	Yet to Start				Taken from Warwickshire LINK, Overview of Work Programme - not for wider publication
40	Relationship building with Clinical Commissioning Group	Communications	High	On-going	Long term	To establish dialogue with the CCG's to start to initiate a working relationship	LINK	LINK	Deb Saunders	High	On-going				Taken from Warwickshire LINK, Overview of Work Programme - not for wider publication
8	Future Events/ Communication	Communications	High		Long term	Planning for future events and communications around updates, also communications between the different divisions and teams		Public Health	BIC/PH						
17	Presentations	Communications	Low	On-going	Long term	Highlighting findings/headlines from our analysis, e.g. recent presentations include N&B Area Committee, CSS Senior Leadership Team, Warwickshire LINK Council.		Other - Please specify	Rachel, Gareth, Andy	Medium	On-going				
33	Improve partnerships and joint working with a range of organisations	Communications	Low	On-going	Long term	To continue to attend a range of strategic meetings to raise the visibility and understanding of the work of LINK and it's movement to HealthWatch	LINK	LINK	Deb Saunders	Medium	On-going				Taken from Warwickshire LINK, Overview of Work Programme - not for wider publication
37	LINK Bulletin	Communications	Low	On-going	Long term	Ensure the bulletin is written and disseminated to all members and partners	LINK	LINK	Deb Saunders	Medium	On-going				Taken from Warwickshire LINK, Overview of Work Programme - not for wider publication
16	Pledges Follow up	Communications	Low	On-going	Short term	Group responses and contact delegates regarding the pledges, linking where appropriate with specific projects identified in this document		WCC	Jemma Bull						To be deleted
21	JSNA Plain English Summary	Communications	Low	On-going	Short term	Idea proposed by Alison Gingell - Plain English Summary of Need / Key Findings to articulate to general public/patients/service users									
34	Increase the number of involved members	Communications	Medium	On-going	Long term	Develop a range of groups and initiatives across the county to engage and retain volunteers - Community Engagement Officer	LINK	LINK	Deb Saunders	High	On-going				Taken from Warwickshire LINK, Overview of Work Programme - not for wider publication
38	Marketing and Publicity	Communications	Medium	On-going	Long term	Ensure the website is up to date and accessible. Leaflet printed and ready for distribution. Promotional material designed and purchased	LINK	LINK	Deb Saunders	Medium	On-going				Taken from Warwickshire LINK, Overview of Work Programme - not for wider publication
28	Dignity Project	Legacy Project	High	June 2012 - Feb 2013	Medium term	Commission Age UK to revisit the work done around Dignity and to re-engage with signed up homes but particularly to engage with homes that did not sign up last time. To work with Enter & View team to refresh training and develop 'Dignity Pathfinder' roles	LINK	LINK	Deb Saunders	High	On-going				Taken from Warwickshire LINK, Overview of Work Programme - not for wider publication
31	End of Life Care (North Warwickshire)	Legacy Project	High	Aug 2012 - Dec 2012	Short term	To organise and host (with interested partners) a conference to open up dialogue and discussion about creating an innovative and effective process for managing End of Life care and related issues in North Warwickshire	LINK	LINK	Deb Saunders	High	On-going				Taken from Warwickshire LINK, Overview of Work Programme - not for wider publication
35	Quality Accounts	Legacy Project	Medium	On-going	Long term	Working with HOSC and Coventry LINK to form on-going joint groups to work in a meaningful way with all 5 trusts in Warwickshire to ensure that QA's start to deliver	LINK	LINK	Deb Saunders	High	On-going				Taken from Warwickshire LINK, Overview of Work Programme - not for wider publication
5	Districts/CCGs 'Mini' JSNAs	Needs assessment	High	On-going	Short term	Develop needs assessment for 3 localities within Warwickshire working with CCGs and Districts, a request from the JSNA event	From Stakeholder Event	Public Health	PH Intelligence Team + Trainee	High	On-going	Annual Review		Due to be published on JSNA site in September	
9	Housing	Needs assessment	High	March 2012 - Sept 2012	Short term	Include housing data in LIS, support the local Housing Market Assessments, identify additional project work		Other - Please specify	Jenny Bevan	Medium	On-going				
6	Equality & Diversity	Needs assessment	Low	On-going	Long term	Look at Equality and Diversity issues within the JSNA, a cross cutting theme		???		Medium	Yet to Start				
10	Improved Integration of Qualitative Data	Needs assessment	Low	On-going	Long term	Coordination and collation of Healthwatch/Patient Engagement data/Establishing links with independent sector agencies who may hold useful data.		WCC	Jenny Bevan						
42	Child poverty 2012 refresh	Needs assessment	Medium	Report sent 05/09/12	Short term	The child poverty strategy was published in 2010 in line with LA statutory requirements but no action plan was put in place to deliver the strategy. Bill Basra in 2012 has been tasked with refreshing the strategy and implementing an action plan. Part of this required a refresh of the needs assessment by the Observatory and BIC.	Bill Basra	WCC	Kate McGrory (Obs) Jenny Bevan (BIC)	High	Completed		Bill Basra		
43	Infant mental health	Needs assessment	Medium	Report due 21/12/12	Short term	Following the draft Post Natal Depression chapter in January 2012, it was felt by the CAMHs commissioner Kate Harker that the chapter could be enhanced by broadening its remit to include infant mental health. This will feed into an Infant Mental Health strategy being launched Feb 2013 and being written by Warwick University.	Kate Harker and Infant Mental Health Strategy Group	WCC	Jenny Bevan (BIC)	High	On-going				
12	Alcohol & Drug Treatment Needs Assessment	Needs assessment	Medium	Oct-12	Long term	Needs assessment to be completed by Observatory team & commissioned by DAAT	WDAAT	WCC	Jemma Bull	Medium	On-going	Lifestyle factors affecting health & well-being	Warwickshire Drug and Alcohol Management Group (DAMG)	JSNA website Community Safety website Observatory Blog	
41	Delaying parenthood in LAC	Needs assessment	Medium	Report due 21/12/12	Short term	Looked after children are more likely than children who have not been in care to become teenage parents and their children are more likely to be taken into care. This project aims to understand why LAC in Warwickshire engage in risky sexual behaviour and what would help them to make an informed decision to delay parenthood.	County Sexperts Group - Jo Davies and Amy Danahay as	WCC	Jenny Bevan (BIC)	Medium	On-going				
44	Exploring the CAF/Social Care Threshold	Needs assessment	Medium	To be agreed	Short term	Following the LARC4 report which identified differences in practices across Warwickshire in terms of the threshold for social care when referred by CAF professionals, a piece of research was commissioned to understand the variables influencing the threshold decisions with a view to standardising practices across Warwickshire and identifying capacity issues.	Jenny Bullin-Moran & Pat Tate	WCC	Jenny Bevan (BIC)	Medium	Yet to Start				
25	Oral Health	Needs assessment	Resource requirement to be determined	To be agreed	Long term	New topic proposed by John Linnane following discussions with lead commissioner									
26	Dual Diagnosis	Needs assessment	Resource requirement to be determined	To be agreed	Long term	New topic proposed by John Linnane									
29	GP Access	Other	High	Sept 2012 - Feb 2013	Medium term	To revisit this report and re-circulate (slightly) updated questionnaire to establish a database of intelligence re GP's. Especially in light of reports from member re waiting times for appointments and telephone issues	LINK	LINK	Deb Saunders	High	On-going				Taken from Warwickshire LINK, Overview of Work Programme - not for wider publication
30	Healthy Living Pharmacy	Other	High	Sept 2012 - Dec 2012	Short term	To act as 'mystery shoppers' for new Warwickshire initiative with pharmacies	LINK	LINK	Deb Saunders	High	On-going				Taken from Warwickshire LINK, Overview of Work Programme - not for wider publication
45	PD & SI Strategy	Other	Low	Unsure	Short term	A birth-death physical disability and sensory impairment strategy is being written which the JSNA is contributing to.	Andrew Sharp	WCC	Jenny Bevan (BIC)	High	On-going				
46	Market Positioning Statement	Other	Low	Unsure	Short term	The Adult Social Care market is setting out its market position expectation for the next 5-10 years which the JSNA is contributing to.	Andrew Sharp	WCC	Jenny Bevan (BIC)	High	On-going				
47	Adult JSNA Focus Group on Adult MHNA	Other	Low	1st December 2012	Short term	The Transformation Assembly has indicated it would like to play a larger role in the JSNA. A small group has put themselves forward to be involved in consultation and it was felt the Adult MHNA provided the earliest opportunity to capitalise on their enthusiasm to be engaged.		WCC	Jenny Bevan (BIC) Rachel Flowers (CET)	Low	Yet to Start				

Reference	Title	Type of Work	Resource	Timescale	Term	Summary	Commissioned by	Lead	Contact	Priority	Progress	Outcome	Signed Off By	Published / Location	Comments
36	NHS Changes	Other	Low	On-going	Long term	Monitoring development with NHS Warwickshire	LINK	LINK	Deb Saunders	Medium	On-going				Taken from Warwickshire LINK, Overview of Work Programme - not for wider publication
23	Website	Process	High	On-going	Short term	Updating the site, moderating comments, coordination of 'guest posts' idea, governance around the site, topic summaries ownership, develop online presentations, YouTube clips?		Public Health	Jenny & Amy (BIC), Public Health	High	On-going				Would be good to get some posts from John and Wendy dotted throughout the year, to give some further visibility to the leadership aspect of JSNA
39	Support transition to HealthWatch	Process	High	On-going	Long term	To work with Warwickshire County Council to plan for an effective transition to HealthWatch	LINK	LINK	Deb Saunders	High	On-going				Taken from Warwickshire LINK, Overview of Work Programme - not for wider publication
15	Needs Assessment / Training / Template	Process	Low		Short term	Develop the template for Needs Assessment to ensure a uniform approach and provide training where requested. This would also include clarifying the audience and may require a number of templates for simple scoping, rapid needs assessments and full needs assessment. This would link with the prioritisation process.	Commissioning Editorial Group	Public Health	Public Health Trainee	High	On-going				
18	Prioritisation	Process	Low		Short term	Develop and agree the prioritisation process for the annual review/Develop a prioritisation matrix for future needs assessments/activity	Commissioning Editorial Group	Other - Please specify	Led by Commissioning Group	High	Yet to Start				
27	Formal sign off process for future needs assessments	Process	Low	Sep-12	Short term	Development of a formal sign off for future needs assessments based on agreed set of criteria	Commissioning Editorial Group	WCC	Elizabeth Abbott	High	Yet to Start				
7	Evaluation	Process	Low	On-going	Long term	Measurement and evaluation of the impact of the JSNA - Is it fit for purpose?	Commissioning Editorial Group	Other - Please specify	All						This is the sort of work that is really important but will have such low priority that other things will come along. Is it one for the Commissioners Group to own?
19	Programme Management	Process	Low	On-going	Short term	Support to ensure the delivery of the JSNA through management of each project area		WCC	Andy & Rachel						
3	Commissioners Editorial Group	Process	Medium	April - May 2012 to establish	Short term	Establishing group, chairing, TOR to oversee governance/sign off/topic summaries	Strategic Group	WCC	Jenny Bevan	High					
2	Asset Based Approach	Scoping	Low	Sep-12	Long term	Initial scoping around work involved and project proposal around how to implement the approach	National Recommendation	Other - Please specify	??	Medium	Yet to Start				
22	Super' Profile of Data	Suite of tools	Low	On-going	Long term	Development of a 'Super' Profile utilising data from various profiles released by the Public Health Observatories - will include subsequent analysis.	Public Health	Public Health	Pam Cork	Low	On-going				
4	Cross Boarder Issues	Suite of tools	Low	On-going	Short term	Linking to out of area JSNAs/Analysis of cross border issues with Coventry to inform work of the Arden CSS	From Stakeholder Event	Public Health	Gareth Wrench/Rachel Robinson	Medium	On-going				
14	Modelling	Suite of tools	Low	April - Sept 2012	Short term	Collating current models e.g. QOF prevalence, POPPI, population modelling, looking for gaps and developing new models where appropriate		Public Health	Paul Kingswell and William Tigbe						We've suggested that this could be a cross border collaborative piece of work to do, as both Coventry and Warwickshire are interested in this
20	Resources	Suite of tools	Low	On-going	Short term	Add additional resources to the site, other needs assessments, strategies, links to outcomes frameworks and performance management, core dataset, Marmot indicators		Other - Please specify	All						
1	Annual Review	Suite of tools	Medium	Jan - Feb 2013	Long term	Annual Review to be completed Sept or March each year, process needs to be led by Editorial Group	Commissioning Editorial Group	Public Health	Commissioning Editorial Group	High	Yet to Start	Annual Review			
13	LIS	Suite of tools	Medium	On-going	Short term	Include core dataset, develop front end, develop profiles, additional data		Public Health	Rob - BIC, Rumbi - PH						

Name	Contact Details	Commissioning priorities next 2 - 3 years	Needs Assessments Outstanding	Commissioning cycle deadlines	Other Comments
Anna Burns	Anna.burns@warwickshire.nhs.uk	We already have the key messages from the JSNA which will inform our priorities but overall the 4 keys areas of work are <ul style="list-style-type: none"> <li>To build relationships with our patients and communities</li> <li>To improve health and reduce health inequalities</li> <li>To improve the quality of services and transform services</li> <li>To make the best of our resources</li> </ul>	We have the JSNA at Warwickshire, district level; in the future it needs to be south Warwickshire. We would also want analysis at a more local level e.g. Leamington, Shipston or potentially at practice population level	We have to do commissioning intentions every September so we would need JSNA updates in April/May to give us sufficient time to work anything up that as new	
Angela Coates	angelacoates@north.warks.gov.uk paulrobberts@north.warks.gov.uk	* Improved services for young people * Enabling older people to stay independent in their own homes * Domestic abuse services	Reviewing support needs of vulnerable groups in liaison with Supporting People Understanding the impact of welfare reforms on single people and people with disabilities		Our comments are indicative. We will want to talk to district colleagues in order to come to a unified view on priorities
Etty Martin Joint commissioner for Sexual Health	Etymartin@warwickshire.gov.uk Telephone 01926 742342	<ul style="list-style-type: none"> <li>Developing information and data and needs assessment related to the new awaited the Sexual Assault Referral Service (SARC) about to be launched this Autumn.</li> <li>Evaluating the effect of the new Respect Yourself website launched this summer for example:</li> <li>Understanding the Google analytics information relating to hits on the website and relating that to SH and other related inequalities.</li> <li>Mapping need identified on the website to localities eg picking up trends as early as possible .</li> <li>Ensuring that HIV tests are offered and taken much earlier than they are at present for Warwickshire residents.</li> <li>Increasing the number of chlamydia screening tests performed in areas of high prevalence where uptake is maximised</li> <li>Activity and uptake of new integrated GUM and Cash clinic model by locality</li> </ul>		Reviews of new initiatives being commissioned will need to be built in by September 2013 (SARC and GUM/ Cash integrated provision)	
Kate Harker	kateharker@warwickshire.gov.uk	<ul style="list-style-type: none"> <li>Work with Commissioning Support and Public Health to refine and enhance the child and adolescent mental health robust needs assessment</li> <li>Continued development of clear and transparent clinical pathways and thresholds for specific conditions, collaboratively between, Specialist CAMHS, Education, Primary Care and Community Paediatrics to better inform specifications re referral criteria.</li> <li>Continued refinement and improvement of outcomes monitoring to measure effectiveness of interventions across the CAMHS system of Care</li> <li>Increase awareness amongst children and parents of enhancing and maintaining mental health.</li> <li>Continue to improve access to CAMHS - reduce waiting times to 14 weeks by working with provider to review pathways and improve patient flow</li> <li>Commitment to further investigate ways of funding targeted low level counselling and CBT therapy in line with the national children's IAPT pilot</li> <li>Further development of user and carer involvement.</li> <li>Closer monitoring of admissions with Specialist Commissioning and Investigation into the benefits of the development of a tier 3.5 home intensive service to support complex children at home.</li> </ul>	A specific CAMHS needs assessment was undertaken to focus on specific areas where anecdotally we perceive there to be gaps in service provision which provided excellent qualitative data. The quantitative data with regards to needs across the children and young people of the county has been less easy to ascertain due to lack of diagnostic information from the specialist child and adolescent mental health service provider. This is improving but the picture is still incomplete so as to inform modelling and future commissioning decisions.	<ul style="list-style-type: none"> <li>Retendering for Tier 2 CAMHS services Jan/Feb 2013</li> <li>Possible tendering for Tier 3 services early 2014 depending on performance improvement 2012/13</li> </ul>	
Ross Caws	01926 740211 rosscaws@warwickshire.gov.uk	Contract for YP substance misuse services started December 2011. To run to November 2013 with option to extend up to November 2017. Therefore commissioning priorities are to monitor trends in substance misuse by young people and the performance of the key service provider in addressing concerns.	Annual needs assessment carried out by Commissioning team, with assistance from Warwickshire Observatory.	Needs assessment to be carried out annually (August/September).	Happy to continue with current arrangements (ie. Annual needs assessment drafted by commissioning team August/September, checked and supported by the Observatory – Jemma Dealtry and Kate McGrory).
Nicola Lomas	nicolalomas@warwickshire.gov.uk	Commissioning priorities include: 12/13 Children's Centres, Independent Advice and Guidance, External fostering, Parenting programmes 13/14 Short breaks for Disabled Children (both daytime and overnight), Supported Accommodation for 16-18s, Residential care, After Care	Information needed, as well as relevant protective characteristics: Disabled children by location, primary and subsequent disability. Children with SEN by location and SEN status. Looked After Children by caseholding team, primary and secondary reason for current care episode, projections for length of episode in care, projected number of Care leavers, projected number of adoptive placements. Young carers by location, school location,, category of care giver, category of cared-for, age of cared-for, number of cared-for. NEETS by location. Entrants to the youth justice system by location. Incidents of anti-social behaviour by date and location. Babies breastfed at 6-8 weeks by location. Reception children height and weight by location and school. Readiness for school by location and school.		

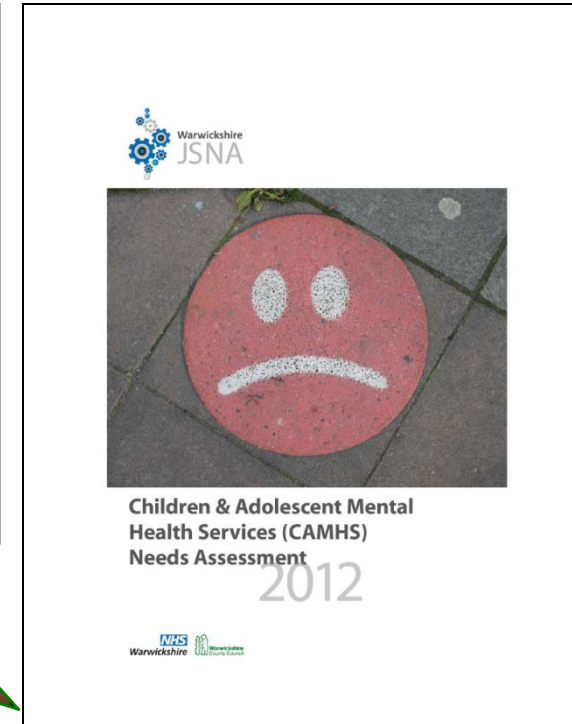
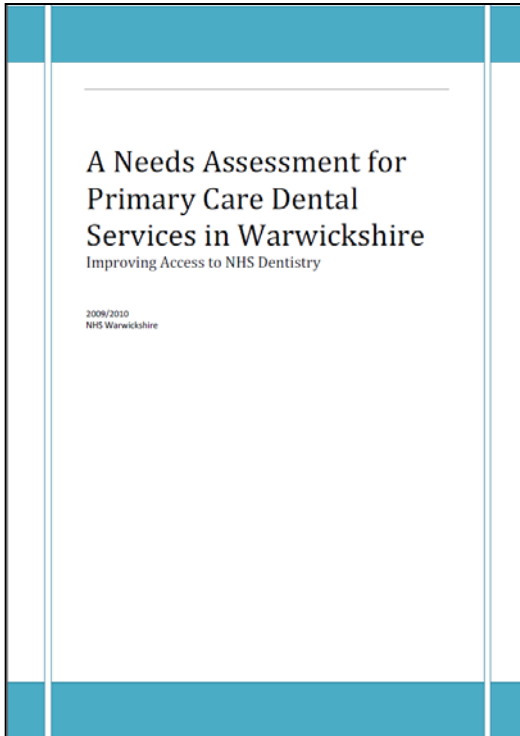
Kevin Hollis	Leisure Trust, 3rd Floor Heron House, Newdegate Street, Nuneaton. CV11 4EL E.mail kevin.hollis@nbleisuretrust.org Office 02476 400581 or mobile 07769 886513	Currently not involved in commissioning services, operational delivery within the Sport, Leisure and Physical Activity / Youth Provision area within Nuneaton & Bedworth.  Link with Coventry, Solihull and Warwickshire Leisure Officers forum (SCWaLO) and also linked with Coventry, Solihull and Warwickshire Sports Partnership	Physical Activity, Community Walking, links with Warwickshire Leisure sites (MECC) opportunities. ??	Warwickshire leisure provision are annual, normally October will be review budget setting for the following year. However, 3 year service / business plans will be set for the area	
Peter Hatcher	Targeted Youth Support peterhatcher@warwickshire.gov.uk 01926 742485	Do not have commissioning priorities as such but priorities identified is the need for more young people to receive specialised services to assess their needs, especially those with significant issues and when they get into the system, the time taken to assessment is to long. This is likely to be the same priority now and going forward for family workers	Annual needs assessment carried out by the Warwickshire Observatory - usually in the summer but would benefit from this being carried out in February to inform business planning		Gaining the voice of young people' - statutory obligation and good practice and clearly looking at commissioning cycle and needs analysis. It is important that commissioners think about this when thinking about commission services for young people
Nicholas Cadd, Housing and Communities Manager, Stratford-on-Avon DC	<a href="mailto:Nick.cadd@stratford-dc.gov.uk">Nick.cadd@stratford-dc.gov.uk</a> 01789 260841	We have a variety of priorities derived from the Housing Strategy  1) Introduction of accommodation and support provision for younger people (2013/14) (e.g. Nightstop and Supported Lodgings). 2) Emergency accommodation and support for single people including rough sleepers (2012/13/14) 3) Supported accommodation for people with physical and or learning disabilities (Commission 2013/2014/2015) 4) Measures to address fuel poverty (on-going) 5) Delivery of general needs affordable homes (on-going) 6) Continued delivery of Extra Care housing within the District in line with the WCC Care and Choice Programme (on-going) 7) The return of empty homes to use (on-going)	1) Young peoples housing needs and aspirations 2) Assessment of private sector rent levels 3) Housing and support needs of single people 4) Strategic Housing Market Assessment (underway) 5) Private Sector House Condition Survey	See previous columns'	
Vic Jones	Warwickshire Children and Voluntary Youth Services Elizabeth House Church Street Stratford Upon Avon CV37 6HX  01926 413611	WCVYS does not commission services. We support the voluntary children and youth sector with grants: to County Youth Infrastructure Organisations that support their members with direct delivery to young people in groups across the county and also a small grants programme that support training and youth activities for members of WCVYS.  WCVYS has a role in supporting the engagement of the voluntary children and youth sector through the Children Trust Voluntary and Community Sector Forum in commissioning services. This includes gathering and sharing information for the JSNA. We can identify voluntary sector organisations and service users that may assist in the process of identifying need and offer consultation to support the commissioning process and bespoke market development activity.	There are no outstanding needs assessment. WCVYS were commissioned by Warwickshire LINK to undertake research on Giving Young People a Voice in Health and Social Care . This included four key aspects: <input type="checkbox"/> Identifying young people's groups and organisations that offer services to young people <input type="checkbox"/> Creating a co-ordinated mechanism to engage with young people and organisations that work with young people <input type="checkbox"/> Undertake consultations and engagement activities with young people to enable them to have a say on health and social care <input type="checkbox"/> Recommendations for those providing services to young people		We would encourage all partners to specifically look at the recommendations within the report. See <a href="http://www.linkwarwickshire.org.uk/content/reports-and-recommendations">http://www.linkwarwickshire.org.uk/content/reports-and-recommendations</a>
Jameel Malik	Jameel Malik Head of Housing and Property Services Warwick District Council PO Box 2175 Milverton Hill CV32 5QE  T: 01926 456403 M: 07747 62 41 57 E: jameel.malik@warwickdc.gov.uk	* Have a variety of priorities in relation to delivering high quality housing services now and in the future. * Currently have a clearly defined customer base - intelligence gathered from rent and council tax systems and can pin point down to every person in the district. However, struggling to get customer specific health profiles	* Want to make decisions that are on broader social/ economic profile. * No prioritising on health determinantes * Struggling to get customer specific health profiles especially in relation to the more hard to reach communities. Would be beneficial to understand what other agencies are doing in similar priority area and areas of activity * Influencing policy to improve intervention & use the JSNA to get support from political masters. * Joined up approach to service delivery. Want to understand the required outcomes and therefore need to understand the journey		

# What makes a good needs assessment?

JSNA Commissioning Group  
26<sup>th</sup> November 2012

All these needs assessments are equal...  
...even though they don't *look* the same.

It's all about knowing your audience



# Key elements a needs assessment must cover:

## Demographic data

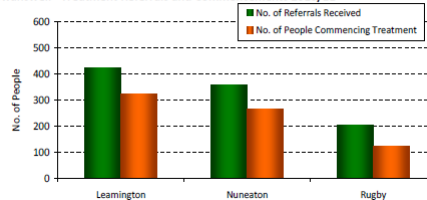
Population Pyramid: Warwickshire compared with England & Wales, 2011



Source: Census 2011

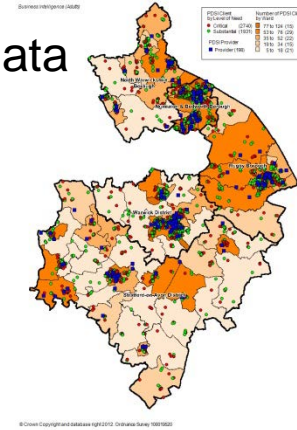
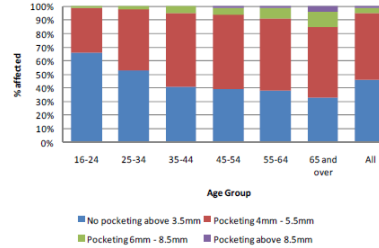
## Demand and supply data

Swanswell - Treatment Referrals and Commencements 2010/11



## Prevalence and incidence data

Prevalence of periodontal disease as indicated by pocketing in UK dentate adults, 1998



## Consultation and engagement data

*"It was too late by the time the diagnosis came through, his school life had been ruined."*

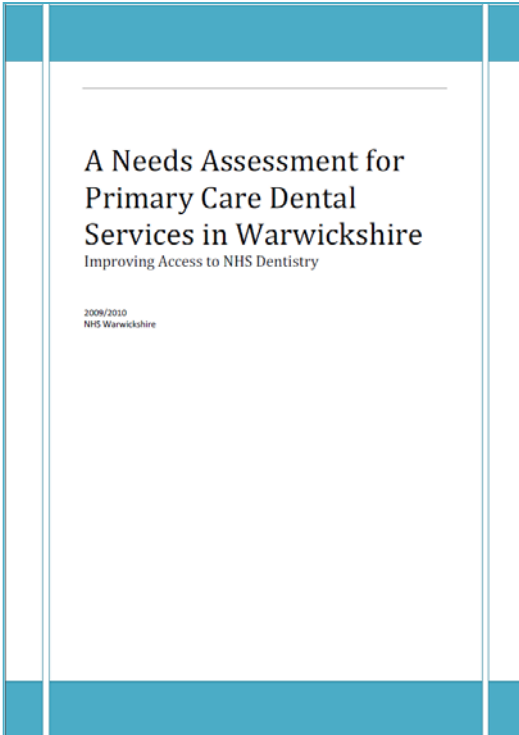
*Parent of child with ASD*

*"At the end of year 10 she had a crash and burn... she was admitted to [acute mental health care unit]. Within weeks they diagnosed her as Asperger's, they said it's just beltingly obvious."*

*Parent of child with ASD under CAMHS for 7 years*



# But they can be covered in a variety of ways...



A Needs Assessment for  
Primary Care Dental  
Services in Warwickshire  
Improving Access to NHS Dentistry

2009/2010  
NHS Warwickshire

→ Often led by national guidance

→ Primarily written by academics  
for an academic audience

→ Focus on clinical data

→ Heavier on quantitative data, lighter on  
qualitative data

→ Service user views included via  
secondary research

→ Strong & direct recommendations

# But they can be covered in a variety of ways...

Commissioned by partnership group including service commissioner



Attractively presented in easily accessible style



Less academic approach to content



Holistic process to meet multiple agendas



Includes primary quantitative research



Progress update on previous recommendations

# But they can be covered in a variety of ways...

Commissioned by service commissioner



Jointly produced between Public Health and People Group



Wide variety of sources of data incorporated including VCS data



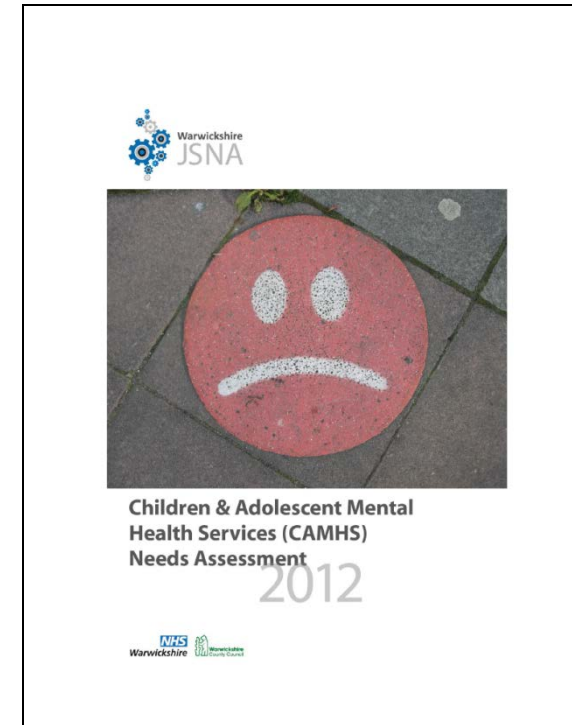
Less academic process



Balance of quantitative and primary qualitative data including stakeholder views

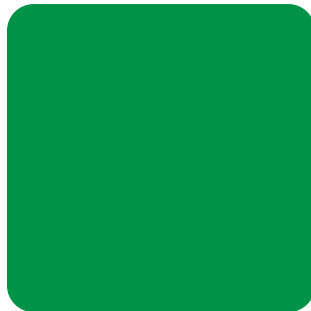
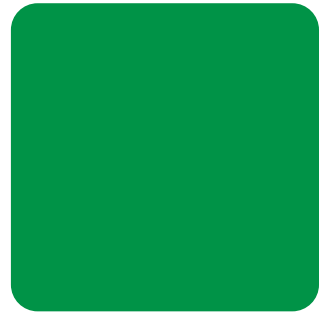


Practical and actionable recommendations





Warwickshire  
JSNA



# Warwickshire Joint Strategic Needs Assessment

Annual Review 2011

# Foreword

Welcome to the Joint Strategic Needs Assessment (JSNA) Annual Statement which sets out the current and future health and wellbeing needs for people in Warwickshire.

No agency alone can fully achieve better health and wellbeing for our county's residents without working in partnership with others. Our work requires the contribution of a wide range of agencies to improve health and social care; housing; learning and achievement; growth in the economy and household income.

As the JSNA is the cornerstone for the way in which we will build our plans to improve the health and well-being of our communities, it is crucial that all agencies share the same intelligence through this assessment.

This year we have made substantial changes to the process and presentation of the JSNA and this document highlights our key areas for attention.

We have chosen five themes and 10 topics that cover the milestone events in people's lives from cradle to old age. Topics have been chosen using a number of criteria which include;

- the magnitude of the issue
- poor outcomes currently achieved
- worsening situation

Rather than remaining static, the JSNA is a live document. As circumstances change, outcomes vary and intelligence and analysis is updated, the JSNA will evolve and maintain its relevance. With the launch of the JSNA website, local information system, summary statement of need and a question/feedback facility we are hoping the JSNA will become an even more up to date, interactive and user friendly tool.

This Annual Statement marks the beginning of a new approach and hopefully the start of a conversation with commissioners of health and social care, but also importantly the public, patients, clients and partners to enable us to accurately outline the needs for our community. We look forward to working with you all to deliver a robust, fully engaged JSNA for Warwickshire.



**Dr John Linnane**  
Joint Director of Public Health  
NHS Warwickshire/Warwickshire County Council



**Wendy Fabbro**  
Strategic Director People Group  
Warwickshire County Council

# Introduction

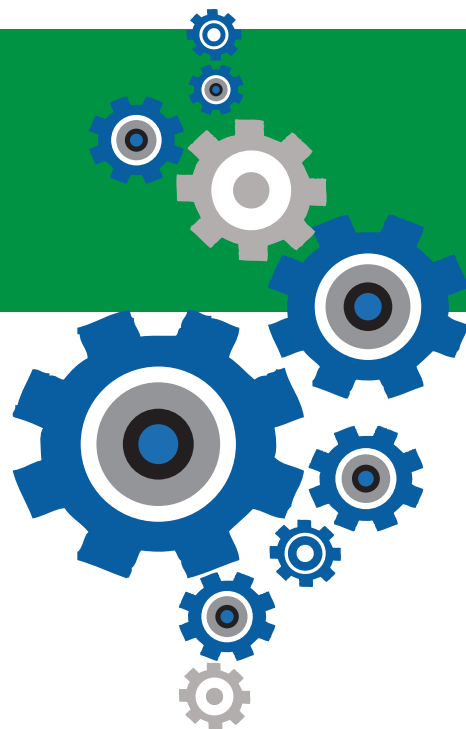
Welcome to the 2011 Annual Review for Warwickshire's Joint Strategic Needs Assessment (JSNA). The purpose of the JSNA is to analyse and examine the current and future health and well-being needs of the local population, to inform and guide the commissioning of health, well-being and social care services.

The JSNA aims to establish a shared, evidence based consensus on the key local priorities across health and social care and is being used to develop Warwickshire's Health and Wellbeing Strategy, Commissioning Plans for the Clinical Commissioning Groups (CCGs) and Transformation Plans for the local Health Economy.

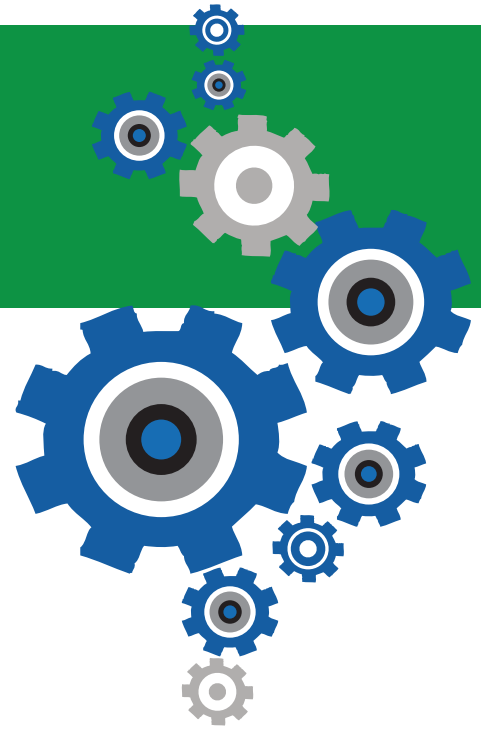
The following set of key themes has been developed to inform the Health & Wellbeing Board of the emerging key messages from the JSNA. The information provides a 'position statement' and a 'snapshot' of our work so far at the end of 2011. It includes the key headline messages from our initial analyses and provides the basis for further, more detailed needs assessment work.

The themes have been loosely structured to follow a 'life-course approach' and are not just an amalgamation of facts and figures. Where possible, a broader range of qualitative information (e.g. knowledge, pathway information, consultation activity with stakeholders, service users, professionals, etc.) has also been included.

Further information is available at [www.warwickshire.gov.uk/jsna](http://www.warwickshire.gov.uk/jsna)



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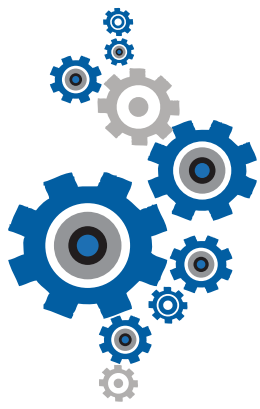
## Vulnerable Communities

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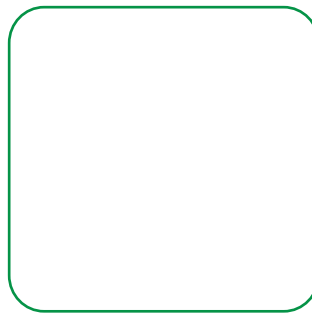
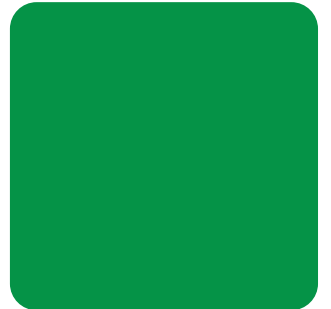
## Old Age

- Dementia
- Ageing and Frailty

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# Children & Young People

## Educational Attainment

### Looked After Children





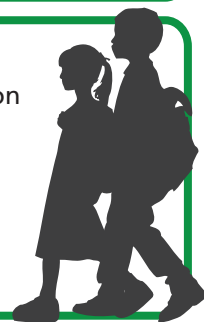
# Educational Attainment

Research shows that education is a key determinant of health, with the more educated reporting lower morbidity from common acute & chronic diseases, lower anxiety/depression & experiencing better physical & mental functioning. Many of Warwickshire's children and young people achieve the expected national standards of educational attainment but significant disparities exist on a geographic and demographic basis. The tackling of this under achievement and health and well being inequalities among certain groups is crucial for reasons including raising aspirations, improving opportunities and reducing social & economic inequalities.

- The proportion of children in Warwickshire (66% in 2011) achieving a good level of development as assessed through the Early Years Foundation Stage Profile continues to increase year on year. However, there is an average year on year difference of 10% in achievement levels between the lower achieving north (Nuneaton & Bedworth and North Warwickshire) and the south (Warwick and Stratford).
- At Key Stage 2, geographical differences become more marked & attainment gaps are not decreasing. There are geographical differences between those achieving the expected level (level 4 and above), an average year on year gap of 6% between the north and the south. Differences between those achieving level 5+ are even more considerable with the gap increasing to an average of 9%. This demonstrates that higher level performance is less evident in the north than the south.
- At Key Stage 4 (KS4), the target level attainment is for five or more GCSE grades A\*-C including Maths and English GCSE. For this, Warwickshire is above the national average, with 60.5% of pupils reaching this standard. Attainment levels in the north are lower than those in the south. This gap is not decreasing & less than half (48%) of pupils in the north achieve this level.
- Children with a special educational need (SEN) in Warwickshire achieve better than the national KS4 target level attainment, but the gap between SEN children and non-SEN children is still significant and remains consistently large.
- A 32.5 percentage point difference in 2011 exists between those eligible for free school meals and those who are not, in terms of achieving the KS4 target level attainment. This gap has remained consistently large over the last 3 years.
- There is little difference in achievement at GCSE level by broad ethnic group with Mixed, Asian, Black & Chinese pupils tending to do slightly better than their White counterparts. However, the gaps widen when breaking down these ethnic groups further.
- 14% of the 60 children who had been looked after continuously for at least 12 months as at 31st March 2011 who were eligible to sit their GCSEs in 2010/11 achieved the KS4 target level attainment, significantly lower than the Warwickshire average.
- Of the 54 children looked after continuously for 12 months at 31 March 2011 who completed year 11 during the 2009/10 academic year, 24 (44.4%) were in full time education, 1 (1.9%) was in f/t employment, 18 (33.3%) were in p/t employment, education or training & 11 (20.4%) were unemployed.
- For 95.7% of young people post-16 their destinations were positive as at November 2011. 89.5% continued in f/t education, 0.6% were involved in non-employed training, 5.1% were employed and 0.5% were involved in voluntary or part time activities.
- Negative outcomes account for 4.3% of young people with 3.1% not in education, employment or training (NEET) and 1.2% where data is not available/young person has left area (NALA).
- In 2010, 87% of young people educated in Warwickshire special schools had positive destinations post 16; 83.3% continued in f/t education, 2.8% were involved in non-employed training, 0.9% were employed & 0% engaged in voluntary or p/t activities.
- In Adult & Community Learning, there were 6,035 enrolments by 3,749 learners. Participation rates of ethnic minorities and from deprived communities were greater than the population average. The overall achievement rate of 92% is significantly above the national average. Much of this learning is non-accredited, but 629 qualifications were achieved in literacy, numeracy, ESOL and ICT.

## Outcomes Sought

- Pupils are ready for school, attend and enjoy school with key indicators measuring attendance, exclusion and attainment.
- Achieve personal and social development and enjoy recreation, as reported in the Annual Pupil survey
- Positive outcomes for pupils post 16
- Transitions between settings and from children's to adult services are well managed
- Re-engage adults, particularly those with low prior attainment in learning to support their own & their children's development



## What are we going to do about it?

- Warwickshire Children and Young People's Plan
- Warwickshire Child Poverty Strategy
- National Pupil Premium Strategy
- Public Health Outcomes Framework

## Who Needs to Know This?

- Commissioners and practitioners of children services, and those involved in the transition to adulthood
- Children's Trust partners – see website for Children and Young People's Plan
- Head teachers





# Looked After Children

As 'corporate parents', the County Council, officers and practitioners from across a range of agencies and services are responsible and accountable for the care, well-being and future prospects of children and young people in care.

- The number of Looked After Children (LAC) has increased over the last 3 years; by 11% between 2009/10 (574) and 2010/11 (636); by 7% between 2008/09 (536) and 2009/10; and by 11% between 2007/08 (482) and 2008/09.
- The rate of LAC per 10,000 population is highest in Nuneaton & Bedworth, and increased from 167 at 31st March 2010 to 197 at 31st March 2011.
- The majority of children who have started to be looked after over the last three years have been aged between 10 and 15 years. However, over the last four years, there has been an increase in the number of children under the age of 1 who are being accommodated, up from 12.2% during 2007/8 to 17.2% during 2010/11. There has also been an increase this year in the number of young people aged 16-17 starting to be looked after, up from 8.5% in 2009/10 to 19.7% in 2010/11.
- The majority of looked after children have a main need category of 'abuse & neglect'. However, it is worth noting that the number of children with a main need of 'absent parenting' has increased in line with the overall increase in the number of unaccompanied asylum seeking children in Warwickshire, up from 66 in 2009/10 to 87 in 2010/11.
- Warwickshire had a total of 60 children who had been looked after continuously for at least twelve months as at 31st March 2011, who were eligible to sit their Key Stage 4 exams in 2010/11. Of these, 14% achieved the target level attainment of five or more GCSEs at Grade A\*-C including Maths and English. This is significantly lower than the GCSE attainment of all children in Warwickshire, which sits at 60.5%.
- There were 54 children looked after continuously for 12 months at 31st March 2011 who completed Year 11 during the 2009/10 academic year. For 79.6% of these children their post 16 destinations were positive. 44.4% continued in full-time education, 1.9% were in full-time training, 33.3% were in part-time employment, education or training, whilst 20.4% were unemployed. Whilst this figure is higher than the previous year, nationally it stands at 18%.
- The rate of offending by LAC in Warwickshire remains relatively constant from 2008 with a rate of 5.3%, below the national comparator at 31st March 2011 which was 7.3%.

## Outcomes Sought

- To narrow the gap in outcomes for looked after children and young people as compared with that of the general population
- To have access to universal and targeted health and educational services to meet their assessed needs and circumstances, that will promote the best possible outcomes
- To receive support and positive opportunities to progress into further education, training and employment
- To have both placement choice and stability
- To be subject to clear plans and to be able to participate in decisions and matters that affect their lives
- To sustain improved health and emotional wellbeing and to have opportunities to develop resilience and skills to prepare them for change, independence and adulthood.



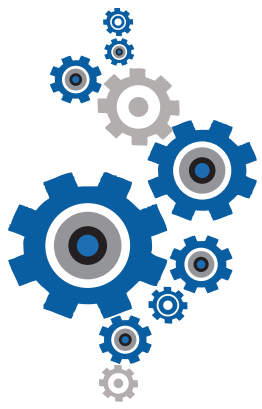
## What are we going to do about it?

- Warwickshire Children and Young People's Plan
- Corporate Parenting Policy and Strategy
- Foster Care Development Plan
- Virtual School for Looked After Children
- Leaving Care Strategy

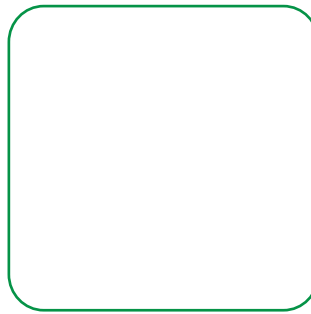
## Who Needs to Know This?

- Commissioners of Children's Services
- Children's Trust Partners
- Schools
- Districts and Boroughs – particularly housing teams





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# Lifestyle

## Lifestyle Factors Affecting Health and Wellbeing



## Lifestyle Factors Affecting Health and Wellbeing

Reviewing the public health outcomes for Warwickshire show the need to prioritise and focus on a number of key issues. These should not be treated in isolation from each other – they are interlinked, cut across all sectors of society and require a joined-up approach to tackling them.

- In Warwickshire, approximately one teenager becomes pregnant every day, with over half resulting in a termination. Warwickshire has reduced the under-18 conception rate by 12.2% since the inception of the Teenage Pregnancy Strategy in 1998. However, Warwickshire still has one of the highest conception rates among our statistical neighbours. Much of the reason for this is the hot-spot areas within the county.
- The number of Sexually Transmitted Infections (STIs) is on the increase. The total number of STIs in Warwickshire has risen by more than 20% since 2003. Overall, the 15-24 year age group had the highest number of diagnoses for all STIs, although Chlamydia which has the highest number of infections, mainly affects the 16 to 19 year age group.
- Warwickshire has low overall levels of child poverty but small localised pockets with relatively high levels do exist. 14,760 (13.2%) children are in 'poverty' in the county (2008). However, more children are likely to be in poverty than official statistics suggest as they do not reflect the impact of the economic down turn & recession. Nearly a third of all Warwickshire's children living in 'poverty' live in only 10% of the Super Output Areas.
- Obesity can have a severe impact on people's health, increasing the risk of type 2 diabetes, some cancers, and heart and liver disease. One in four adults in Warwickshire is estimated to be obese. This equates to 110,000 people and this figure is growing every year. According to the latest data, 20% of Reception age children and over 31% of Year 6 age children are classed as being overweight and obese.
- According to the 2009/10 Warwickshire Partnership Place Survey, 26.5% of respondents across the County reported achieving the recommended levels of exercise (5 x 30 minutes per week). It is notable that even in the district achieving the highest levels of exercise, some 70% of people do not achieve recommended levels.
- There are 32,000 people in Warwickshire who are drinking so much alcohol it is harming their health and this is increasing every year. The rate of alcohol-related hospital admissions has more than doubled since 2002/03 and is continuing to rise.
- There are 130,000 people in Warwickshire who smoke. In Warwickshire nearly 1,000 babies were born to women who still smoked at the time of delivery in 2010/11.
- Approximately 2,500 cases of cancer are diagnosed in Warwickshire each year, and about 1,400 deaths (representing 27% of all deaths) occur from cancer each year in the County.
- The number of repossession claims in Warwickshire has changed significantly over the last decade, from a low of 460 in 2002, to a high of 1,335 in 2007. During 2010, a total of 750 housing repossession claims were made against households in Warwickshire.
- The number of households on local authority housing waiting lists has risen for all of Warwickshire's boroughs and districts since 1997. Warwickshire has seen a 120% increase in the number of households on its local authority waiting lists from 1997 to 2010; Rugby has increased by 32% but Warwick has increased by 199%.

### Outcomes Sought

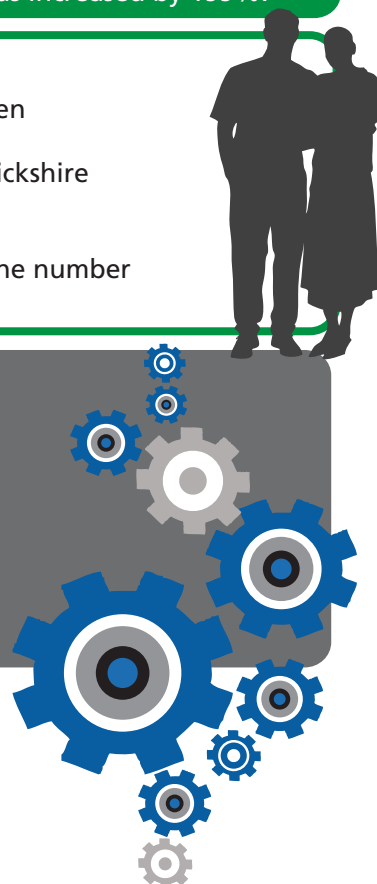
- A reduction in the number and proportion of overweight and obese adults and children
- Increased levels of physical activity and healthy eating
- A reduction in alcohol-related harm to individuals, families and communities in Warwickshire
- A reduction in the rate of under 18 (15-17 years) conceptions
- Increased levels of uptake within the National Chlamydia Screening Programme
- A reduction in the number of people who start smoking coupled with an increase in the number of people who are supported to quit

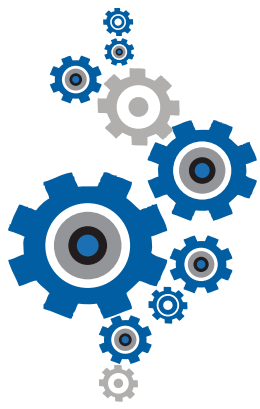
### What are we going to do about it?

- Joint Director of Public Health Annual Report 2011
- 'Healthy Lives, Healthy People: A call to action on obesity in England' - This document sets out how action on obesity will be delivered as the move is made towards the new public health system.
- Warwickshire 'Respect Yourself' Campaign
- Warwickshire Alcohol Harm Reduction Strategy & Implementation Plan
- Warwickshire Child Poverty Strategy

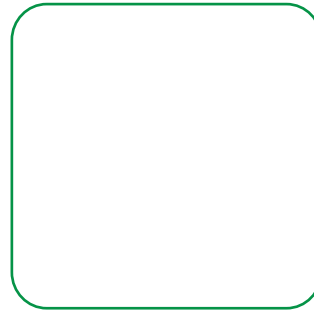
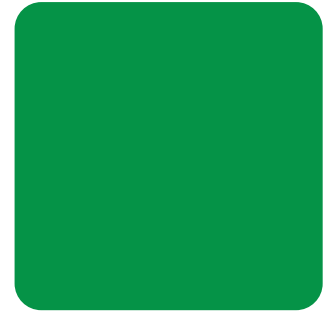
### Who Needs to Know This?

- Commissioners in Public Health
- Headteachers
- Councillors
- GPs and other health professionals
- Voluntary Sector
- Districts & Boroughs





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# Ill-Health

## Long-Term Conditions

## Mental Wellbeing



# Long-Term Conditions

Long term conditions are those conditions that cannot, at present, be cured but can be controlled by medication and other therapies. Examples of long term conditions in Warwickshire include high blood pressure, diabetes, asthma, arthritis, heart disease and chronic obstructive pulmonary disease. People live with these conditions for many years, often decades, and they can impact on their quality of life by causing disability and early death.

- Nationally, around 1 in 3 people live with at least one long term condition. In Warwickshire, this equates to an estimated 178,000 people.
- People with long term conditions are more likely to see their GP, be admitted to hospital, stay in hospital longer, and need more help to look after themselves than people without long term conditions. They are also increasingly involved in managing their own conditions with the support of a health care team.
- High quality management of long term conditions help to keep people healthier and independent for longer.
- People with long term conditions need to be helped to understand their condition to manage it as well as possible, but in Warwickshire we have very few services that can help people learn about their condition, or have the right rehabilitation to improve the management of their condition
- Warwickshire GPs usually work with people to manage their long term condition and for the most part this care is very good, but we know that there are some people that are not getting the right treatments that they need, for example:
  - 20% of people with high blood pressure do not achieve the recommended level of control
  - 11% of people with diabetes have dangerously poor levels of blood sugar control
  - 10% of people with heart failure are not taking the recommended treatment
  - 6% of people who have coronary heart disease are not taking blood thinning medication that has been proven to reduce the chance of a heart attack and death.

## Outcomes Sought

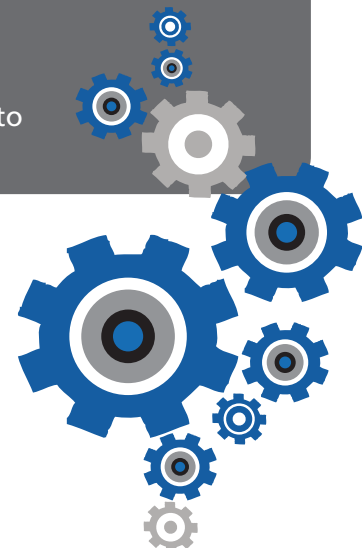
- Improved clinical outcomes for people with long term conditions
- Greater use of telehealth, telecare and aids and adaptations to support people with long term conditions
- Better rehabilitation services for people with long term conditions
- More expert patient programmes for people with long term conditions
- Reduced hospital admissions and deaths for people with long term conditions
- Improved coordination of health and social care services for people with a long term condition

## What are we going to do about it?

- Quality and Outcomes Framework
- Long Term Conditions Strategy, NHS Warwickshire, 2007/08
- Prioritising Need in the Context of Putting People First: A Whole System Approach to Eligibility for Social Care, 2010

## Who Needs to Know This?

- GPs and other health professionals
- Clinical Commissioning Groups
- Primary Care and NHS Commissioners
- Hospital Trusts
- Social Care Commissioners





# Mental Wellbeing

Mental illness affects not only the individual with the condition, but also family, friends and wider society. Around one in four people will suffer from mental illness during their lifetime.

- National data suggests 1 in 10 children under 16 has a clinically diagnosed mental illness and that between 10% and 13% of 15 and 16 year olds have self harmed; however, access to reliable local data is limited.
- In 2008, it was estimated that there were 5,960 young people aged 5-10 years old and 3,550 young people aged 11-16 years old with a mental health condition. It is estimated that among young people aged 5-10 years old the most prevalent type of disorder is a conduct disorder. Emotional disorders are the most common disorder among those aged 11-16. A CAMHS mapping exercise in 2007/8 showed that there is a higher prevalence of mental health disorders in the north than the south.
- Analysis from the 2011 Annual Pupil Survey suggests that nearly three quarters of secondary school pupils in Warwickshire feel either happy 'all of the time' or 'most of the time'. This represents a slight fall from 2010.
- People with mental illness have a higher risk of poor physical health; equally physical activity improves mental wellbeing. Primary pupils engaging in more than five sessions of physical activity per week has declined considerably from 35.8% in 2010 to 29.8% in 2011. Secondary pupils' physical activity has also declined from 29.6% in 2010 to 26.1% in 2011.
- Research links bullying in adolescence to mental illness in young adulthood. In 2010, a quarter of primary pupils said that they had been bullied in the last 12 months which decreased to 22.8% in 2011. In 2010, 13.7% of secondary pupils said that they had been bullied but this increased to 16.2% in 2011.
- At least one in four people will experience a mental health problem at some point in their life, one in six has a mental health problem at any one time and at least half of all adults will experience at least one episode of depression during their lifetime.
- Suicide remains the most common cause of death in men under the age of 35 in Warwickshire.
- One in ten new mothers experience postnatal depression.
- Local data indicates that over 13,000 Warwickshire residents accessed specialist mental health services in 2008/9. Overall, the proportion of patients accessing such services is higher for females than males and increases with age. However, many more individuals will be treated by their GP, private counselling, or have not yet identified that mental illness is affecting them.
- In 2010/11, 3,745 adults and older people with a functional mental health problem (i.e. not dementia) received social care professional support and of these 449 also received a funded social care service. Of those receiving support 633 were in paid employment.
- Since the start of 2010, Warwickshire Libraries have loaned over 11,000 self-help books and audio CDs as a means of early intervention for common mental health conditions.
- In 2010/11, 77% of people with a mental health need requiring social care support were living in 'settled accommodation' (i.e. not residential care, homeless, prison or hospital)
- In 2010/11, 19% of people with a mental health need requiring social care support were in paid employment
- Increasing physical activity can enhance independence, well-being, mental health and quality of life.

## Outcomes Sought

- Mentally and emotionally healthy.
- Improve the emotional and mental health of individual children and young people.
- Enhancing quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support

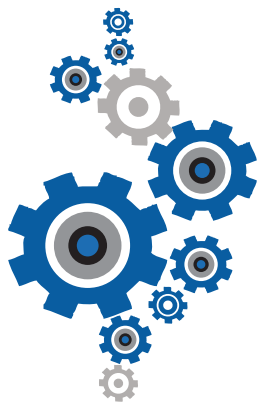
## What are we going to do about it?

- Warwickshire Children and Young People's Plan
- Director of Public Health Annual Report 2011
- Supporting People 5 year strategy
- Joint Mental Health Needs Assessment - A full needs assessment incorporating detailed data analyses and findings from a comprehensive consultation process with a wide range of stakeholders.
- Emotional Well-being and Mental Health Strategy 2011 - 2014
- A Vision for Adult Social Care: Capable Communities and Active Citizens
- Putting People First
- Think Local Act Personal

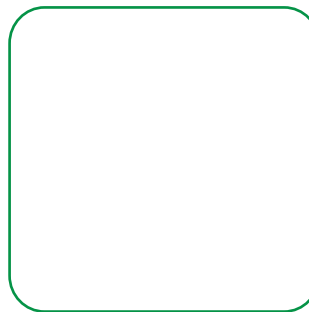
## Who Needs to Know This?

- Commissioners in Public Health and Social Care
- GPs and other health professionals
- Voluntary Sector
- Councillors





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# Vulnerable Communities

Reducing Health and Wellbeing Inequalities

Disability  
Safeguarding





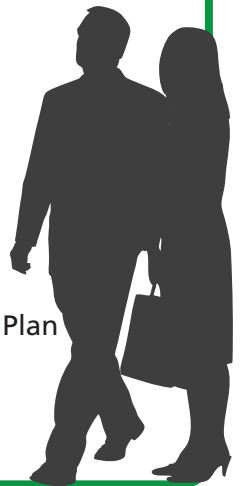
# Reducing Health and Wellbeing Inequalities

In Warwickshire, significant disparities exist both on a geographic and population group basis. The health of the most disadvantaged in our society should be our top priority. However, there is a need to ensure that our programmes target people across the inequality profile. In line with the Marmot report, the highest priority should be given to children from pre-conception through to adolescence.

- Latest data suggests widening health inequalities in Warwickshire. All of the top 13 most deprived areas from the Index of Multiple Deprivation (IMD) 2007 have shown considerable deterioration in rankings in the IMD 2010, suggesting that the gap between the most and least deprived areas of the County is widening. According to the 2010 indices, more areas of Warwickshire are ranked within the top 30% most health deprived areas in England compared with the 2007 indices.
- People in some areas of Warwickshire live for 13 years less compared to other areas. There is considerable variation in life expectancy at birth at ward level across the County ranging from 75 in Abbey ward, Nuneaton, to 88 in Leek Wootton, Warwick.
- Amongst the 10 wards with the highest teenage conception rates in Warwickshire, four are in Nuneaton & Bedworth, four are in Warwick and two are in Rugby. Six are within the top 10% most deprived areas of the county – representing a significant positive relationship between deprivation and teenage conception.
- It is also important to consider inequalities which persist across the wider determinants of health, including employment, education, and housing etc.
- Inequalities also exist within different population groups eg. by ethnicity, gender and age. More work is needed to fully understand this picture across Warwickshire.

## Outcomes Sought

- Reducing infant mortality, and reducing early mortality from cardiovascular disease and cancer
- Reducing poverty, and increasing educational attainment, skills & jobs for those most in need
- Embedding the reduction of health inequalities in the decision-making process of all public agencies and partners
- Improving equality of access to services especially primary care
- Continue the development of partnerships to jointly promote activities which support individuals to lead healthy lifestyles
- Increase the promotion of alcohol education campaigns and alcohol treatment services
- Coordinate the implementation of the 'Making Every Contact Counts' approach
- Ensure the provision and quality of smoking cessation services, and the NHS cancer screening programme
- Contribute to the formation and implementation of local Tobacco Control Implementation Plan
- Continue to promote mental health and wellbeing as a foundation stone to good health across the population, building on the notion of 'no health without mental health'
- Increase the promotion of positive sexual health with a focus on HIV prevention



## What are we going to do about it?

- Strategic Review of Health Inequalities in England Post-2010 (The Marmot Review)
- Warwickshire Health Inequalities Strategy - the existing Health Inequalities Strategy is being subsumed into the Draft Health and Wellbeing Strategy
- Joint Director of Public Health Annual Report 2011

## Who Needs to Know This?

- Commissioners in Public Health and Social Care
- GPs and other health professionals
- Voluntary Sector
- Councillors





# Disability

The Disability Discrimination Act (DDA) defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

- Using the DDA definition, there are estimated to be 80,000 disabled people living in Warwickshire, 19% of the over 16 population.
- All Warwickshire's districts and boroughs have lower proportions of their adult populations who are disabled than national and regional averages. In the County, North Warwickshire has the largest proportion of its adult population estimated to be disabled, at just below 22%.
- On 31st March 2011, 1,230 people were registered blind or severely sight impaired in Warwickshire, with 1,486 registered as partially sight impaired.
- Prevalence rates indicate Warwickshire's disabled children population to be between 3,750 and 6,750 (between 3% and 5.4% of all children).
- In January 2011, 19.7% of the Warwickshire school population were defined as having a special educational need (SEN). Nuneaton & Bedworth has the highest percentage (23.2%) with Rugby (19.5%) and Warwick (19.3%) having the next highest rates.
- Data on Disability Living Allowance claimants aged under 16 gives an indication of prevalence of disability among the population. Rugby has the highest rate of claimants (14%, 490 claimants) but Nuneaton & Bedworth has the highest number of claimants (700 claimants, 9%).
- Prevalence rates indicate that there are 9,310 people aged 14 and over in the County with some form of learning disability. This is projected to increase to 9,570 by 2015, with a reduction in numbers aged 14-18 but a large increase in those aged 65 and over.
- Within this group of 9,310 people, 220 people have profound and multiple learning disabilities and 1,560 people have severe learning disabilities. This means there are 1,780 with profound or severe learning disabilities. By 2015, this figure is predicted to rise to 1,830 with the increases occurring in the 65 and over age group.
- It is estimated that there are currently 8,050 people in Warwickshire aged between 18 and 64 with a serious physical disability, this is projected to increase to 8,600 by 2030.
- In 2010-2011, 1,480 people aged between 18 and 64 with a physical disability were assessed to need a funded social care service.
- In December 2011, 30% of social care customers with a learning disability and 9% of social care customers with a physical disability were living in residential or nursing care.

## Outcomes Sought

- Effective integrated working to promote early intervention
- Improved educational achievement so more children and young people are able to reach their true potential and gaps are narrowed between the attainment levels of vulnerable pupils and their peers
- Increased choice & control for all people with disabilities
- People with a disability are able to live a fulfilled life including accessing a range of community activities and are able to get paid employment
- People with a disability have a place of their own to live
- Better health and well-being for people with disabilities
- Carers of people with disabilities are supported to have a fulfilled life of their own
- Vulnerable children and adults are kept safe from harm including bullying and anti-social behaviour
- Transitions are managed, including from children's to adults services



## What are we going to do about this?

- Warwickshire Children and Young People's Plan
- 'A Good Life for Everyone' - Warwickshire's Joint Commissioning Strategy for Adults with a Learning Disability 2011 – 2014
- A Vision for Adult Social Care: Capable Communities and Active Citizens
- Putting People First
- Think Local Act Personal

## Who Needs to Know This?

- Commissioners of children and adult disability services
- Head teachers and GPs
- Third sector organisations supporting people with disabilities
- District and Borough practitioners, for example Housing officers





# Safeguarding

Ensuring that Warwickshire's vulnerable children and adults are safe from harm is a key priority. Safeguarding Children and Adults Boards meet on a regular basis with representation from all of the key organisations in Warwickshire including the County Council, Police, Health, District & Borough Councils, Ambulance and Fire Services, Hospital Trusts, Probation, Coventry & Warwickshire Partnership Trust and Voluntary Agencies.

- At 31st March 2011, 478 children were subject to a Child Protection Plan (CPP) compared to 503 at 31st March 2010, representing a 5% decrease. Once again this year, the largest group of children to become subject to a CPP were those aged 1-4 years. These figures are snapshots as of the 31st of March.
- The rate of children subject to a CPP per 10,000 is highest in Nuneaton & Bedworth, followed by Rugby.
- The proportion of children subject to a CPP who are aged under five, including unborn children, has increased slightly to 47.9% (229) in 2011 from 45.3% (228) in 2010. Of these, 12 were unborn at 31st March 2011 & 9 unborn at 31st March 2010.
- In 2010/11 862 adult safeguarding referrals were received, this compares to 826 in 2009/10 and in 2011/12 the number of referrals is expected to exceed 1,000. In 2010/11 Warwickshire had a rate of 20 referrals per 10,000 adult population compared to the national average of 26 referrals.
- 28% of safeguarding referrals were from Nuneaton and Bedworth and 22% from Warwick District. These are directly comparable with the percentage of customers in each district, therefore there appears to be no greater risk of Safeguarding incidents based on where people live.
- 50% of safeguarding referrals related to an incident in the customers own home, 33% were in a care home.
- 53% of alleged perpetrators in 2010/11 were professional (abuse by worker or institutional abuse) and 47% were personal relationships (family, friend or informal carer).

## Outcomes Sought

### Children and Young People are:

- Safe from maltreatment, neglect, violence and sexual exploitation
- Safe from accidental injury and death
- Safe from bullying and discrimination
- Safe from crime and anti-social behaviour in and out of school
- Have security, stability and are cared for

### Adults:

- Reduce the number of safeguarding incidents
- Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm
- Improving services and support for victims of sexual violence
- All customers are aware of how to make a safeguarding referral
- Reduction in 'Mate Crime' and 'Hate Crime'



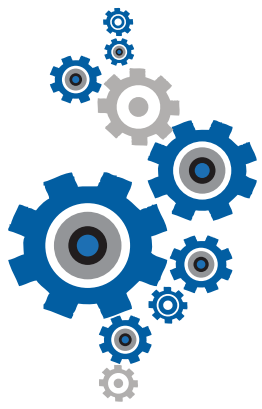
## What are we going to do about it?

- Warwickshire Children and Young People's Plan
- Warwickshire Children Safeguarding Board
- Adult Safeguarding Policy
- Adult Safeguarding Board Performance Report
- Adults Safeguarding Plan – In development
- Keeping Safe Plan for Customers with Learning Disability

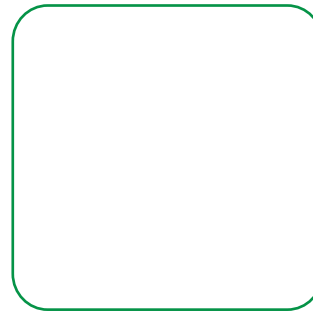
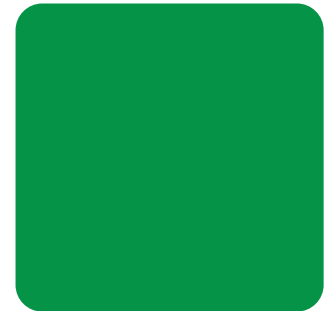
## Who Needs to Know This?

- Practitioners and Commissioners in Children and Adult services
- Members of the multi-agency safeguarding boards
- GPs and health professionals
- Police
- Third sector organisations supporting vulnerable people
- Whole community





Warwickshire  
JSNA



# Old Age Dementia Ageing and Frailty



# Dementia

The term 'dementia' is used to describe the symptoms that occur when the brain is affected by specific conditions, including Alzheimer's disease, stroke, and many other rarer conditions. Dementia is increasingly becoming one of the most important causes of disability in older people. In terms of Global Burden of Disease, it contributes 11.2% of all years lived with disability. This figure is higher than stroke, musculoskeletal disorders, heart disease and cancer.

- The Alzheimer's Society statistics indicate there are currently some 750,000 people living with dementia in the UK. This represents one person in every 88 (1.1%) of the UK population. By 2021, it is estimated there will be over 940,000 people living with dementia and this is predicted to soar to 1.7 million by 2050. This represents a 125% increase in the number of people living with dementia between 2010 and 2050, or a 3% per year increase.
- It is estimated that in Warwickshire, there were around 6,500 people aged over 65 living with dementia in 2010.
- In 2008, 3,353 people in Warwickshire were registered with their GP as having dementia, meaning over 50% of the predicted number of people with dementia are undiagnosed.
- Between 2010 and 2030, it is estimated that the number of older people with dementia in Warwickshire will double, to more than 13,000. The majority of these will be aged 75 and over.
- Currently, in the UK, around two thirds of people with dementia live in private households.
- The Alzheimer's Society estimates that in 2007 the total cost of dementia in the UK was £17 billion per annum, or on average £25,472 per person with late onset dementia.
- It is not currently known how many people with dementia are funding their own care both in residential care and in their own home.

## Outcomes Sought

- **Awareness and Understanding:** A key part of understanding mental ill health is to promote positive mental health and also the awareness of dementia and the services to enable individuals to live well. A lack of understanding of dementia can lead to a number of problems including symptoms not being recognised early enough leading to poor access to services and poor outcomes.
- **Early Diagnosis and Support:** Early diagnosis is key to providing the right support to both service users and carers in a timely manner.
- **Living Well with Dementia:** Users and carers highlight that once diagnosed with dementia they require a range of services that fully meet changing needs. Whilst there are already a number of services in Warwickshire that offer both support and services to people living with dementia, it is recognised that there is more to be done to make sure the highest quality support and services are available to people with dementia and their carers.
- **Making the Change:** Service users and carers in Warwickshire have told us that the National Dementia Strategy recommendations for an informed and effective workforce are key to improving services.
- **Transform health care for people with dementia and their families**



## What are we going to do about it?

- Joint Director of Public Health Report 2010: Best Health for Older People in Warwickshire p30/31
- Living Well with Dementia in Warwickshire
- National Dementia Strategy
- Dementia UK - Alzheimer's Report
- A Vision for Adult Social Care: Capable Communities and Active Citizens
- Putting People First
- Think Local Act Personal

## Who Needs to Know This?

- Commissioners in Public Health and Social Care
- Third sector organisations supporting vulnerable older people
- GPs and other health professionals





# Ageing and Frailty

Alongside general population growth in Warwickshire, there will be a particularly high rate of increase in those aged 65 and over, a trend reflected across all districts and boroughs. Whilst living longer is a cause for celebration, from a public sector point of view, the two key impacts are the additional pressures that will be placed upon services (particularly health and social care) and the quality of life experienced by residents as their life expectancy increases.

- Between 2012 and 2030 it is projected that the number of people aged 65 and over is projected to increase by 48%, the number of people aged 85 and over is projected to more than double, rising by 119%.
- Dementia is expected to increase by almost 90% in people aged over 60 by 2030.
- In the 2001 Census showed there are 53,000 people providing unpaid care in Warwickshire, of those 58% were aged over 50 and 18% were aged over 65.
- An estimated two thirds of over 75 year olds in Warwickshire live with one or more long term conditions, many of which are not known to the older person's general practitioner.
- By 2030, it is estimated that more than 37,000 people over 65 in Warwickshire will be obese, with greater risks for diabetes, heart disease and other associated health problems.
- In the next 20 years, new cancer cases are projected to increase by 100% in men aged over 70 and 50% in women aged over 70.
- Frail older people stay in hospital longer, occupy two thirds of hospital beds and are the main users of long term care services, much of which is unnecessary.
- Some 22% of all non-planned emergency inpatient admissions are to people aged over 75.
- The proportion of spend for hospital activity on the over 75 year old population is 26% of all activity and 39% of non-elective costs.
- In 2010/11 81,330 items of equipment were provided by the Integrated Community Equipment Service to meet both health and social care needs
- In 2010/11, 8,920 older people were assessed to need a funded social care service from Warwickshire County Council. This represents 9% of the population, if this percentage of the population continued to need social care support in 2030 over 13,000 people would require services. 7,309 people had needs that were supported in the community including services such as home care (4,416 people), equipment and adaptations (3,347 people), day care (773 people) and 472 people taking a direct payment to purchase their own care. 2,180 people required permanent residential or nursing care.
- Extra Care Housing offers the residents of Warwickshire alternative accommodation options to institutional, residential and nursing care; supporting their independence and well-being in their home environment.
- There are a number of screening programmes targeted at the over 50s population, for example bowel cancer screening, but uptake varies by age and depending on where people live.
- 68% of social care service users feel in control of their daily lives, compared to the national average of 75%.
- Currently 60% of customers who receive reablement do not require any on-going support for at least 3 months after receiving reablement. Since its pilot in April 2010 reablement has helped over 2,000 older people. The new model for reablement will see approximately 60 new referrals per week into the reablement service. 60 referrals per week represents 70% of the estimated adult social care referrals for new customers and changing needs for existing customers.

## Outcomes Sought

- Improve end of life care
- Reduce the risk of falls and fractures in older people
- Reduce excess deaths during winter months
- Meet needs arising from social isolation and rural living
- Encourage healthy living in old age
- Choice and control and services to promote independence
- Joined Up Services that are community based
- Enhancing quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support



## What are we going to do about it?

- Joint Director of Public Health Report 2010: Best Health for Older People in Warwickshire
- Supporting Independence (prevention) Strategy 2011 – 2014
- A Vision for Adult Social Care: Capable Communities and Active Citizens
- Putting People First
- Think Local Act Personal
- Care and Choice, Delivering better outcomes for Older People, 2008-2015

## Who Needs to Know This?

- Commissioners in Public Health and Social Care
- Providers of accommodation for older people, and also practitioners involved in housing adaptations
- Third sector organisations supporting vulnerable older people
- GPs and other health professionals

