Health and Wellbeing Board

Date: Wednesday, 11 September 2019
Time: 1.30 pm
Venue: Committee Room 2, Shire Hall

Membership
Councillor Les Caborn (Chair)
Councillor John Holland
Councillor Jeff Morgan
Councillor Izzi Seccombe
Nigel Minns
Helen King
Sarah Raistrick
Dr David Spraggett
Julie Grant
Russell Hardy
Andy Meehan
Jagtar Singh
Philip Seccombe
Elizabeth Hancock
Councillor Jo Barker
Councillor Sally Bragg
Councillor Judy Falp
Marian Humphreys
Councillor Neil Phillips

Items on the agenda: -

1. **General**

    (1) Apologies

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

    (3) Minutes of the Meeting of the Warwickshire Health and Wellbeing Board on 1 May 2019 and Matters Arising   5 - 14

    (4) Chair's Announcements

Discussion items

Updates to the Board

Board Management

Disclaimers

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Disclosures of Pecuniary and Non-Pecuniary Interests

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

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

Non-pecuniary interests must still be declared in accordance with the Code of Conduct. These should be declared at the commencement of the meeting
The public reports referred to are available on the Warwickshire Web
www.warwickshire.gov.uk/committee-papers 2

Public Speaking

Any member of the public who is resident or working in Warwickshire, or who is in receipt of services from the Council, may speak at the meeting for up to three minutes on any matter within the remit of the Committee. This can be in the form of a statement or a question. If you wish to speak please notify Paul Spencer in writing at least two working days before the meeting. You should give your name and address and the subject upon which you wish to speak. Full details of the public speaking scheme are set out in the Council's Standing Orders.

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Minutes of the Meeting of the Warwickshire Health and Wellbeing Board held on 1 May 2019

Present:-

Warwickshire County Councillors
Councillors Les Caborn (Chair), John Holland and Izzi Seccombe OBE

Warwickshire County Council (WCC) Officers
Nigel Minns (Strategic Director for People Directorate, WCC)

Clinical Commissioning Groups (CCGs)
Dr. Sarah Raistrick (Vice Chair, Coventry and Rugby CCG)
Dr. David Spraggett (South Warwickshire CCG)

Healthwatch Warwickshire
Elizabeth Hancock (Chair)

Borough/District Councillors
Councillor John Beaumont (Nuneaton and Bedworth Borough Council (NBBC))

Other Attendees
Angie Arnold (Shakespeare Hospice), Ruby Dillon (Public Health Officer, WCC), Gillian Entwistle (South Warwickshire CCG), Monica Fogarty (Chief Executive, WCC), Jane Grant (NBBC), Andrea Green (Warwickshire North and Coventry & Rugby CCG), Becky Hale (Assistant Director, Strategic Commissioning, WCC), Trevor Illsley, Jackie Kerby (Public Health, WCC), David Lawrence (Press), Harrison Marsh (Alzheimer's Society), Spencer Payne (Service Manager, Business Intelligence, WCC), Faris Al Ramadani, Rob Sabin (Public Health, WCC), Deb Saunders (Public Health, WCC), Hayley Sparks (Public Health, WCC), Emily Van de Venter (Associate Director of Public Health, CCG and WCC).

1.   **General**

        (1) Apologies for Absence

        Board Members
        Councillor Jeff Morgan (WCC), Helen King, (WCC Assistant Interim Director of Public Health), Russell Hardy (Chair, George Eliot Hospital NHS Trust (GEH) & South Warwickshire NHS Foundation Trust (SWFT)), Jagtar Singh (Coventry & Warwickshire Partnership Trust),

        Other Apologies
        Sir Chris Ham (Chair, Better Health, Better Care, Better Value (BHBCBV)) and Noel Hunter (Myton Hospice).

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

        None.

        (3) Minutes of the Board Meeting held on 9 January 2019

        The Minutes were agreed as a true record.

(4) Chair's Announcements

There had been a number of changes to the Board's membership and the Chair thanked the following people for their service:

Deryth Stevens, Chair of NHS Warwickshire North CCG
Prem Singh, GEH
Rachael Danter, NHS England, who was now System Transformation Director for BHBCBV
Councillor Jacqui Harris, Stratford District Council

He welcomed new Board members:

Councillor John Beaumont, NBBC
Elizabeth Hancock, Chair of Healthwatch Warwickshire

The Chair announced that Helen King had been appointed as Interim Director of Public Health and noted that Russell Hardy was now Chair of both GEH and SWFT.

The Board had agreed in January that the final approval of the Better Care Fund submission would be delegated to a meeting of the Sub-Committee between formal Board meetings. The receipt of the final guidance was still awaited and it was anticipated that the Sub-Committee would need to be convened around week commencing 10th June.

2.   **Health and Wellbeing Board Annual Review 2018/19 and Delivery Plan 2019/20**

The Board considered its Annual Review for 2018/19 and Delivery Plan for 2019/20. The Annual Review highlighted the continued achievements in health and wellbeing across the system, building on previous reports. The achievements had been sourced from across the Health and Wellbeing Board (HWB) partnership and reflected the breadth of effort in delivering the outcomes in the HWB Strategy.

The second part of the report looked forward, covering elements to support the delivery of the refreshed HWB Strategy and the focus of activity for 2019/20. The key elements were outlined:

- Prioritising prevention;
- Strengthening communities;
- Coordinating services; and
- Sharing responsibility.

Feedback was sought on the draft document, which would then be updated and submitted to the Board in September 2019 for final approval, alongside the annual performance report. It would also be submitted to the County Council for its endorsement and would then be published.

Nigel Minns, Strategic Director for WCC's People Directorate referred to the publication 'Public Health Transformation - Six Years On' and a link to this document would be circulated. He added that the current HWB Strategy was initially for the period to 2018 and had subsequently been extended to 2020. It was timely for a new strategy to be drafted and submitted for the Board's consideration, possibly to the meeting in September 2019. A request was made by Councillor Beaumont that better quality digital graphics be used in documents to assist members in interpreting them.

This point was noted.

Resolved

That the Health and Wellbeing Board endorses the Annual Review 2018/19 and Delivery and Development Plan for 2019/20.

3.   **Better Health, Better Care, Better Value Programme Update**

An update was provided which covered the following areas:

- Integrated Care System Update
- Place-based Planning - 2019/20
- Priorities:
  - Maintain over-arching responsibility for driving system-wide achievement of all national deliverables
  - Significant transformational change - in 2019/20 the necessary foundations would be in place at three levels of System, Place and Network.
  - In response to the NHS long term plan, the opportunity throughout the spring and summer of 2019/20 for partnership work to refresh our system-wide Health and Well Being Strategy.
- Clinical Strategy – update on identified priorities
  - Frailty
  - Mental Health and Emotional Wellbeing
  - Musculoskeletal
- Transformational Programmes of Work
  - Proactive and Preventative
  - Maternity and Paediatrics
  - Mental Health and Emotional Wellbeing
  - Planned Care
  - Productivity and Efficiency
  - Urgent and Emergency Care
  - Demand and Capacity
- Enabling Programmes of Work
  - Estates and Digital Health

Liz Hancock reported that HWW was undertaking the local consultation work for the NHS ten-year plan. To date, some 490 responses had been received, one of the highest response rates in the country. Nigel Minns urged that use be made of the data from the place-based JSNA work and engagement with the local JSNA steering groups, to feed in emerging priorities. Liz Hancock spoke of the positive feedback on levels of engagement with the JSNA work, especially in Atherstone.

A comment was made by Councillor Beaumont on the differing numbers of primary care networks (PCNs) being proposed for each area of Warwickshire. Some were planning to have far more PCNs than others, meaning that there was a corresponding variance in the number of people that each PCN would serve. Sarah Raistrick clarified that for the Rugby area, there was a strong desire amongst GPs to work together and a single PCN was currently proposed to achieve economies of scale. However, it may be the case that this was sub-divided into three PCNs. The Chair offered to keep the Board updated on this matter.

Resolved

That the Board notes the report and its contents.

4. **Better Together Programme Progress Update**

The Board received an update from Becky Hale, WCC Assistant Director of Strategic Commissioning. The Better Together Programme plan for 2017-19 focussed activity to improve performance in four key areas that were measured against the national performance metrics shown below and commentary was provided on each of these areas.

    a. Reducing Delayed Transfers of Care (DToC)
    b. Reducing Non-Elective Admissions (General and Acute)
    c. Reducing admissions to residential and nursing care homes and
    d. Increasing effectiveness of reablement

In terms of the High Impact Change Model (HICM), progress continued to be made against implementing all eight changes in the model and the most recent self-assessment of progress was provided. An update was also provided on the Better Care Fund policy framework and guidance for 2019/20.

The Chair referred to the 'red bag' scheme, displaying a sample of the bag that was used when care home residents went into hospital. All of their medication, notes and required personal items were kept together securely, throughout the period of stay in hospital. This was being trialled with 22 care homes across Warwickshire. It was questioned if this scheme could be extended to patients who lived at home, but their conditions required frequent hospital stays. Several Board members were supportive of this suggestion, which the Chair agreed to look into. Positive publicity of the pilot scheme was encouraged.

Resolved

That the Board notes:

1) The progress of the Better Together Programme in 2018-19 to improve performance against the four national Better Care Fund (BCF) areas of focus;

2) The progress against the High Impact Change Model; and

3) The update on the Better Care Fund Policy Framework and Guidance for 2019-20.

5. **Children 0-14 Unintentional Injuries**

Deb Saunders of WCC Public Health introduced this item. In Warwickshire, hospital admissions following an injury amongst 0-4 year olds and 0-14 year olds were significantly higher than the national and regional averages and higher than the majority of Warwickshire's statistical neighbours. There had been a notable rise in these admissions since 2012/13 and data was provided on the types of injuries. A multi-agency Child Accident Prevention (CAP) Steering Group had been established with clear governance links to key bodies, to provide strategic leadership across the county in

tackling unintentional injuries in children. The strategic partnership had established three task and finish groups to undertake joint interrogation of local accident and emergency department data, to ensure consistent messages were delivered and to foster a collaborative approach to tackling local unintentional childhood injuries. The focus of each of the following groups and their progress to date was reported:

- Data and Insight Task & Finish Group
- Developing the Workforce Task & Finish Group
- Communications and Partnerships

The report also detailed the partnership work with the Child Accident Prevention Trust. In response to questions, it was confirmed that children's centres had been involved in this work and that good working relationships had been established with all hospital trusts, most recently with the Gorge Eliot Hospital. Councillor Beaumont advised that there were several informal groups providing services for those with younger children in the Nuneaton and Bedworth area and these groups should be engaged too. There was knowledge of these groups and the aim was to progress steadily and to seek information from a wide variety of sources. Discussion took place about older children self-harming, the efforts to make every contact count and where appropriate, to refer people to the child and adolescent mental health services. The current focus was to understand why Warwickshire was an outlier in terms of unintentional injuries and the findings from this work may be a catalyst for other areas. It was suggested that a briefing note on progress be provided in six months and a formal report to the Board in twelve months' time.

Resolved

That the Board:

1) Notes the progress that the multi-agency Child Accident Prevention Steering Group is making towards understanding and tackling high rates of hospital admissions for childhood injuries in Warwickshire; and

2) Supports the three year Warwickshire Child Accident Prevention strategic action plan, as outlined in Appendix 1 to the report, and the 2019/20 Mar Comms Plan, as outlined in Appendix 2 to the report.

6.   Joint Strategic Needs Assessment

Emily van de Venter provided an update on the delivery of the place-based needs assessments as part of the Warwickshire Joint Strategic Needs Assessment (JSNA) programme.

The needs assessments for wave one of the programme had been completed and published on the website: http://hwb.warwickshire.gov.uk/jsna-place-based-approach/. Based on the analysis and key findings presented in these reports, steering groups in each area had developed action plans reflecting specific local health and wellbeing needs. Some common overarching themes had been identified, together with specific needs for each local area, as summarised in the report. Actions had already commenced to address local community needs.

Wave two was underway and steering groups had been established for each JSNA area to oversee the process. The following areas fell within wave two:

- Bedworth West
- Bedworth Central and Bulkington
- Bilton and Rugby Town Centre
- Hillmorton
- Cubbington and Lillington & Warwick District East
- Stratford-upon-Avon

Stakeholder events and engagement sessions had been planned across these communities. In order to support more effective programme governance, the project had been split into four integrated work streams; Insight, Engagement, Communications and Quality, and Action Plans.

The report concluded with next steps and an outline of the support being sought from Board members. A short demonstration was provided by Spencer Payne of the new web-based tool 'Warwickshire Insights' that enabled users to profile JSNA areas. It gave the ability to obtain detailed information for a local area, for example on deprivation. The tool could be used to produce reports and had a mapping function to give a visual overview. The link would be circulated to Board members. The tool was welcomed and examples were provided of how it was being used already. Board members were keen to see this level of information being available for all areas of the County. It was confirmed that the place-based JSNA work would be completed during this year. Other services could similarly add data to the tool. A question was submitted about NHS population health data. Andrea Green advised that some information was already available, but this would be a long-term project. In addition, there were governance restrictions on the sharing of health data.

Resolved

That the Board

1) Notes the progress made to date in delivering Waves 1 and 2 of the JSNA place-based programme;

2) Notes the emerging priority themes identified in the needs assessments and uses this evidence base to drive commissioning intentions and decision making; and

3) Endorses and implements the suggested actions identified in section 4 of the report.

7.   **Feedback from the Place Forum on 6 March 2019**

The Warwickshire and Coventry Health and Wellbeing Boards met as the Place Forum on 6 March 2019. This was the fifth joint meeting, again with good attendance by over 40 people.

The report outlined the main aims of the session and the subjects that had been considered. It had been acknowledged that there was mature collaboration between the health and wellbeing boards and some key products were in place. This gave a real opportunity for the Place Forum to play a key role in the future and to review its position in light of the NHS Long Term Plan and refresh of the Sustainability and Transformation Plan by the autumn of 2019.

The report confirmed the actions agreed as part of the Place Plan and the focus of partner activity up to the next meeting. It was currently planned for the next Place Forum to take place on 11th June and an outline was given of the topics for consideration at that time.

Nigel Minns referred to the Integrated Care System (ICS). He had spoken with Sir Chris Ham, Chair of BHBCBV the previous day and gave a verbal update. There was the intention to follow through with the assurances provided at the February special Council meeting in regard to the ICS. Reviews were currently underway and it was expected that further information would come to the next Place Forum.

Sarah Raistrick picked up a point from the previous Place Forum about secondary services and making services more community based. This may require a review of some of the headings within the Place Forum Outcomes Framework. Revised wording was suggested to a recommendation within the report. The Chair added that the move to an ICS may also require a review of the Board's constitution.

Resolved

That the Board:

1) Notes the outcomes of the Place Forum held on 6 March 2019:

2) Endorses the concept of a Place Forum Outcomes Framework for oversight of performance across the system and to support the ongoing development of that framework; and

3) Notes the outline agenda items for the Place Forum on 11 June 2019.

8. **Pharmacy Steering Group**

In May 2018 the Board agreed that a Pharmacy Steering Group be established to monitor and support the delivery of the recommendations included within the Pharmaceutical Needs Assessment (PNA). An update was provided on the progress that the group had made to date. The PNA made a number of recommendations, which were summarised in the report's background. Key areas of the report covered:

*   The development of a dashboard to provide real-time access to information to monitor data from the PNA and inform supplementary statements.
*   The six national pharmacy campaigns this year, with a plan to link local themes into these wherever possible. In addition, the group was planning to use Healthy Living Pharmacies to run local campaigns with local monitoring.
*   Pharmacy, pharmacists and the NHS Long Term Plan. The steering group proposed to bring together a range of stakeholders across the STP to a workshop in May, to strengthen integration of community pharmacy and clinical pharmacists across pathways, promoting better outcomes for patients and optimising value from investment.

Reference was made to teenage conception and it was questioned why only some pharmacies were providing free condoms. A map was requested showing the pharmacies that were participating in the scheme. This would be researched and a reply provided. The Chair noted that there had been some difficulties for homeless people in accessing pharmacy services.

Resolved

That the Board notes the update on the Pharmacy Steering Group.

9.   Forward Plan

The Board reviewed its Forward Plan and the Chair asked for any additional items. Elizabeth Hancock suggested that the Healthwatch Warwickshire Annual Report be submitted to an appropriate meeting.

Resolved

That the Forward Plan is updated accordingly.

10.   Minutes of the Health and Wellbeing Board Sub-Committee

At its meeting on 9 January 2019, The Board delegated to a meeting of the Sub-Committee, to consider the CAMHS Transformation Plan Year 3 Refresh.

The Sub-Committee met for this purpose on 22 March 2019. A copy of the report and supporting papers had been circulated and the Minutes of the meeting were submitted.

Resolved

That the Board notes the decisions taken by the Health and Wellbeing Board Sub-Committee at its meeting on 22 March 2019.

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

Councillor Margaret Bell had asked the Chair for permission to submit a question to the clinical commissioning groups. This concerned a NHS England guidance document 'Improving Physical Health and Care for People Living with Severe Mental Illness in Primary Care' and the expectation for delivery of annual physical health checks for people with serious and enduring mental illness. A copy of the full question is attached at Appendix A to these Minutes. The Chair agreed that the question be provided to the CCGs and asked that a response be provided for Councillor Bell.

The meeting rose at 2.40pm

………………….…………..
Chair

Question from Councillor Margaret Bell to Warwickshire North and Coventry & Rugby CCG and South Warwickshire CCGs:

NHS England has produced guidance to CCGs in a document entitled: 'Improving Physical Health Care for People Living with Severe Mental Illness (SMI) in Primary Care'.

This guidance sets out the NHS E expectation for delivery of annual physical health checks for people with serious and enduring mental illness. This relates to those individuals on GP Practice 'SMI' registers (i.e. those who have a diagnosis of Bipolar, Schizophrenia or other psychosis). The checks should include cardiovascular risks, review of smoking status, alcohol consumption, promoting access to relevant screening programmes (cervical, breast & bowel cancer where age-relevant), medicines review and general health enquiry. NHS E's strapline for this work is "don't just screen intervene" – i.e. patients should receive proactive support and appropriate follow-up to clinical and health promotion.

From April 2017 transformation funds entered all CCG's baseline funding to support increasing the delivery of the required physical health screening, improving access to physical health interventions beyond those incentives to be found in the current QOF framework and ensuring high quality training is in place for all staff responsible for undertaking the screening.

The NHS E target is for 60% of people on the SMI register to receive annual health checks, with 50% provided by primary care and 10% provided by CWPT for those under their care. The latest figures show that CWPT have achieved around 90% of their cohort and across primary care Coventry and Warwickshire currently sit at 22%.

Could the CCGs please:

1. Detail the actions they have taken in response to the additional funding and this report.
2. Provide the statistics on the percentage of SMI patients receiving these annual physical health checks within their Primary Care organisations
3. Set out their plans for taking this initiative forward within their primary care teams.
4. Provide the anticipated timescales for achieving the targets set out in this report.

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Health and Wellbeing Board

11 September 2019

Health and Wellbeing Strategy Refresh 2020-25

Recommendation

That Health and Wellbeing Board members endorse the proposed approach to refreshing the Health and Wellbeing Strategy for 2020-25.

1.0 Background

1.1 The Health and Wellbeing Board has a statutory duty to develop a Health and Wellbeing Strategy (HWBS) under the Health and Social Care Act 2012. The HWBS should translate findings from the Joint Strategic Needs Assessment (JSNA) into clear priority outcomes to help determine actions by local authorities, NHS and other partners to address the wider determinants that impact on health and wellbeing. CCGs and local authorities' commissioning plans are expected to be informed by the JSNA and HWBS.

1.2 The current HWBS concludes in 2020. A new place-based JSNA is currently being delivered to help partners understand needs and assets at a local level, and is due to complete in March 2020. It is considered timely to commence the refresh of the HWBS now to align with the emerging Integrated Care System (ICS) for Coventry and Warwickshire and also the new Coventry HWB Strategy 2019-23. The HWBS also needs to have reference to the Coventry and Warwickshire Health and Wellbeing Concordat, system design and outcome framework development.

1.3 The HWBS will seek to translate the emerging JSNA findings into priorities that the Board wants to achieve. This will be followed by more detailed action plans as work progresses.

2.0 Refreshing the Health and Wellbeing Strategy

2.1 **Overview**: Work is now underway to refresh the Warwickshire HWBS with support from the HWB Executive. The outline process and timeline for this work is shown in Appendix A:

2.2 **Learning from the Current Health and Wellbeing Strategy:** It is important in developing a new HWBS to consider the impact and learning from the current HWBS which identifies three high level priorities:
- Promoting independence for all;
- Building community resilience; and
- Integration and working together.

The high level priorities have galvanized commitment between partners around promoting independence and a more preventative and early intervention approach. The HWB Executive has delivered annual delivery plans to translate the HWBS into actions, and positive progress has been reported in annual reviews. A stronger focus on prevention is also evident in the work of the Joint Place Forum (the Health and Wellbeing Boards for Coventry and Warwickshire) with a Year of Wellbeing 2019 to upscale prevention across the health and care system. Improved performance can be seen across a range of areas (as highlighted below), however, it is recognised there is still more to be done.

2.3   **Performance** has improved in many areas and generally health in Warwickshire is reported as good compared with the rest of the country. Life expectancy is above national average for both males (79.9 years) and females (83.6 years). However, there are inequalities across the county, with deprivation and poor health outcomes in several areas.

2.4   A review of performance on health and wellbeing can be found in the Director of Public Health Annual Report, and highlights are shown below against the high level priorities in the HWBS.

Strengths	Areas for Improvement
Promoting Independence for all	
Teenage conceptions - falling rates since 2009	**Suicide** - significantly above the England average for the last two reporting periods.
NEET- reduction in percentage of young people who are not in employment, education or training	**Wellbeing of children and young people** with above average and rising numbers of hospital admissions due to: self-harm in children aged 10-14 years; unintentional and deliberate injuries in children aged 0-14; and alcohol specific conditions in young people (under 18)
GCSE attainment – increase in percentage of pupils achieving GCSE at grade 9 to 5 in Maths and English since 2016.	**Adult obesity** - increase in percentage of adults (over 18) classified as overweight or obese in last two years
Cancer – under 75 mortality rate has fallen considerably since 2012	
Community Resilience	
Access to information - a higher proportion of people who use services in Warwickshire find it easy to access information about support than the national average for the past 3 years.	**Social isolation** is a growing issue. The JSNA has also identified the need for better and more joined-up communication about services and stronger public transport links.
Integration and working together	
Supporting people to remain healthy and independent in their homes for longer with more proactive care out of hospital.	Further integration of services will evolve with the development of an Integrated Care System across Coventry and Warwickshire.
Partnerships have strengthened across the wider determinants of health, with effective joint working on areas such	

as homelessness, suicide prevention and early help for vulnerable children.	

3.0 HWB Strategy Refresh 2025

3.1 It is proposed that the refresh of the HWBS is structured around the King's Fund population health model which outlines a framework centred on four pillars (Figure 1). The model proposes that an effective population health system needs to recognise and maximise activity in the overlaps between the pillars, as well as develop activity in, and rebalance activity between, the four pillars themselves. A workshop facilitated by the Kings Fund with senior partners and stakeholders is planned in October utilising the model in reviewing the value of existing activity and identifying gaps and priorities.
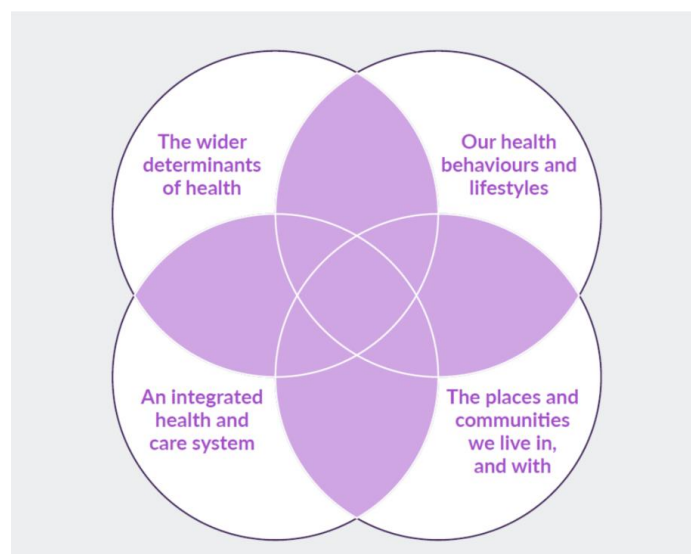
Figure 1: Population Health Model *(Ref. A vision for population health: Towards a healthier future, The King's Fund, November 2018)*

3.2 It is intended that the consultation and engagement process for the HWBS refresh will be an extension of the current JSNA engagement activity. Further public consultation is planned for early 2019, following engagement planned in the Autumn as part of the move to an ICS to avoid duplication of activity and ensure alignment. An Equality Impact Assessment (EIA) will be completed and will help inform the targeting of certain groups to ensure a broad representation of views.

4.0 Next steps

4.1 The outline timeline is shown in Appendix A. At the next Board meeting in January 2020, an update on the HWBS development will be provided including feedback from the Kings Fund event and a high level outline of suggested HWBS priorities for public consultation. It is then intended to bring a final draft of the HWBS to the Board in May 2020 for endorsement.

5.0 Financial Implications

5.1   There are no direct financial implications from this update at this stage. However, as and when more detailed plans are being developed, the relevant Finance Officers will be involved to provide scrutiny and assurance on spending and benefits where necessary.

6.0   Environmental Implications

6.1   There are no direct environmental implications from this update at this stage. However, as and when more detailed plans are being developed, the relevant Officers will be involved to provide scrutiny and assurance on this area where necessary.

Background papers - None.

	Name	**Contact Information**
Report Author	Rachel Barnes	rachelbarnes@warwickshire.gov.uk
Director of Public Health	Helen King	helenking@warwickshire.gov.uk
Strategic Director	Nigel Minns	nigelminns@warwickshire.gov.uk
Portfolio Holder	Cllr Caborn	cllrcaborn@warwickshire.gov.uk

The report was circulated to the following members prior to publication:
WCC members: Councillors Caborn, Redford, Golby, Adkins and Roodhouse.

Proposed Timeline for the Health and Wellbeing Strategy Refresh

Warwickshire Health and Wellbeing Strategy Refresh 2020-2025

PURPOSE AND APPROACH: The Warwickshire Health and Wellbeing Board is delivering a place-based JSNA to help partners understand needs and assets at a local level. The Health and Wellbeing Strategy for 2020-2025 will translate the emerging JSNA findings into priorities for the Board for the next five years. The Strategy will set out a high level plan for **improving heath and wellbeing outcomes** for Warwickshire residents, with a view to developing further place-based actions aligned to the Strategy. It is being developed in the context of an emerging Integrated Care System for Coventry and Warwickshire and with reference to the joint Health and Wellbeing concordat and system design.

Sept | Oct | Nov | Dec | Jan | Feb

Outline of strategy process & JSNA update

High level priorities

Draft HWB Strategy 2020-25

Delivery of Waves 2 and 3 of Place-based JSNAs, including stakeholder engagement, up to March 2020

Stocktake of existing HWB priorities

Senior partner engagement & prioritisation event

Stocktake of existing HWB Strategy, October event outcomes, further stakeholder and ICS engagement

ICS engagement stocktake and develop HWBS consultation plan

Web-based consultation

Community consultation events

Analysis of emerging JSNA findings to inform suggested priorities

Analysis

Report drafting

Place-based actions informed by JSNA profiles

Health and Wellbeing Board meeting

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Warwickshire Health and Wellbeing Board

11 September 2019

Governance Arrangements for the
Coventry & Warwickshire Health & Care Partnership

Recommendation(s)

That the Health and Wellbeing Board:

1.   Endorses the governance arrangements for the Coventry and Warwickshire Health and Care Partnership (formerly the STP) as proposed by Professor Sir Chris Ham (independent chair).

2.   Recognises the key role of the three Place Partnership Boards (North Warwickshire, Rugby and South Warwickshire) in delivering the Warwickshire Health and Wellbeing Strategy and agrees to receive regular reports from these Boards.

3.   Considers and recommends to Council any changes to representation arrangements for the Health and Wellbeing Board.

1.0   Key Issues

1.1   In February 2019, Warwickshire County Council held a public interest debate to debate the following motion: 'This Council believes that an integrated care system focused on communities is the right way forward for the health and wellbeing of citizens in Warwickshire.' In his presentation to this meeting, Professor Sir Chris Ham, the independent chair of the STP (known as Better Health, Better Care, Better Value) committed to improving the transparency of the health system in Coventry and Warwickshire.

1.2   A governance review has been conducted, led by a task group involving senior representatives of Warwickshire County Council and Coventry City Council alongside NHS organisations.

1.3   A copy of Professor Sir Chris Ham's report, including his proposals for future governance, can be found in Appendix A. The key elements are set out in Section 2 below.

1.4   Alongside a review of the governance of the health and care system, it is a logical step for the Health and Wellbeing Board to consider whether its own membership remains appropriate or whether it wishes to consider recommending any changes to Council.

2.0 Options and Proposal

2.1 It is proposed that the governance arrangements as set out in Appendix A are endorsed by the Health and Wellbeing Board, including:

- a new Coventry and Warwickshire Health and Care Partnership Board will be established to work alongside the Joint Coventry and Warwickshire Health and Wellbeing Board (the Place Forum);
- the two bodies will have many (if not all) members in common and will meet on the same day in the same place, but with different agendas;
- the Partnership Board will meet in public, with published terms of reference, agenda and minutes;
- the current Better Health, Better Care, Better Value board will be replaced by a new Partnership Executive Group (PEG) whose members will be drawn from NHS organisations, Warwickshire County Council and Coventry City Council. PEG will report to the Partnership Board;
- each of the four 'places' (North Warwickshire, South Warwickshire, Rugby and Coventry) will have a Partnership Board for their place; and
- the 'Place Forum' will continue to be a developmental workshop led by the two Health and Wellbeing Boards.

2.2 If the Health and Wellbeing Board endorses these recommendations, it is important to ensure that new arrangements build on existing local arrangements. The Place Partnership Boards proposed in these arrangements will have a key role in bringing together the Health and Wellbeing Board county wide priorities and the local health and wellbeing priorities, both identified through the JSNA, with the health and care system priorities identified through the NHS long term plan.

2.3 There are existing partnership boards in North Warwickshire (covering North Warwickshire and Nuneaton and Bedworth), South Warwickshire (covering Warwick and Stratford Districts) and Rugby and it is proposed that they take on the role of the Place Partnership Board in their areas.

2.4 As these Place Partnership Boards will play a key role in delivering the Health and Wellbeing Strategy in each 'place', it is proposed that they provide regular reports on progress to the Warwickshire Health and Wellbeing Board.

2.3 The Health and Wellbeing Board is asked to consider the membership of the Board and whether it wishes to recommend any changes to Council.

3.0 Financial Implications

3.1 None

Background papers

1.   None.

	Name	Contact Information
Report Author Strategic Director	Nigel Minns	Nigelminns@warwickshire.gov.uk Tel: 01926 412665
Portfolio Holder	Cllr Les Caborn	lescaborn@warwickshire.gov.uk

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

WCC Councillors: Councillors Caborn, Redford, Golby, Adkins and Roodhouse.

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Governance Arrangements for the Coventry and Warwickshire Health and Care Partnership

Background and Context

1.1   In preparing to become an accredited Integrated Care System (ICS), it was agreed that there would be a review of governance arrangements in the Coventry and Warwickshire Health and Care Partnership. The objective of this review was to ensure that any future architecture would enable efficient and effective decision making (as close to our communities as possible) and that there was alignment across the system with regards to our agreed vision and purpose.

1.2   In order to undertake this review, a Task and Finish group was established comprising the following membership:

a) Chair – the Independent Chair of the Partnership

b) North Warwickshire and Coventry & Rugby CCG Accountable Officer

c) Coventry and Warwickshire Partnership Trust (CWPT) CEO

d) Officers deputising for the CEOs of Coventry City Council and Warwickshire County Council

e) Chair of the Clinical Design Authority

f) Chief Strategy Officer, University Hospitals Coventry and Warwickshire (UHCW)

g) System Transformation Director

1.3   The group has held 4 formal meetings, supplemented with several informal conversations being undertaken between the Chair and various leaders across the system to ensure that a wide range of views and experiences were fed into the discussions. The proposals in this paper have been discussed at the Coventry and Warwickshire Joint Health and Wellbeing Board (the Place Forum) and at the Better Health, Better Care, Better Value board.

1.4   The group agreed the following principles to inform and steer the discussions:

a) there will be no change to the legal powers or duties of partner organisations

b) we will build on and utilise existing work and structures where possible and not 're-invent the wheel';

c) we will learn from the experience of other ICSs and use their learning to inform our discussions and proposals;

d) future governance should be based on the principle of subsidiarity with the Partnership focusing only on those issues that cannot better be dealt with in the four places that make up Coventry and Warwickshire

e) each of the four places will establish its own governance arrangements to support partnership working

f) governance across the system and in the four places should be transparent and inclusive of relevant organisations and interests

2 Building on our existing arrangements to develop new, collaborative relationships

2.1 Our approach begins in each of the 19 neighbourhoods/primary care networks which make up Coventry and Warwickshire, in which GP practices work together, with community and social care services, to offer integrated health and care services for populations of 30-50,000 people. These integrated neighbourhood services focus on preventing ill health, supporting people to stay well, and providing them with high quality care and treatment when they need it.

2.2 Neighbourhood services sit within each of our four local Places (Coventry, Rugby, South Warwickshire and Warwickshire North). These places are the primary units for partnerships between NHS services, local authorities, charities and community groups, which work together to agree how to improve people's health and improve the quality of their health and care services.

2.3 The focus for these partnerships will be to increasingly move away from simply treating ill health to preventing it, and to tackling the wider determinants of health, such as housing, employment, social inclusion and the physical environment. Place-based partnerships, overseen by the Coventry and Warwickshire Health and Care Partnership Board, are key to achieving the ambitious improvements we want to see.

2.4 We recognise that there are clear benefits in working together across a wider footprint and that local plans need to be complemented with a common vision and shared plan for Coventry and Warwickshire as a whole. System working is likely to be beneficial in order to:

a) achieve better outcomes for people by tackling issues that require action at scale, such as delivering some specialist services and implementing a shared care record
b) collaborate on issues of common concern that would benefit from collective action, such as workforce planning and the use of the estate
c) use all the resources in the system to achieve common goals and support each other in improving health and care for our population

d) speak with one voice to regulators and agree a single version of the truth about the performance of the Coventry and Warwickshire Partnership

2.5 The arrangements described below highlight how we propose to organise ourselves, at the Coventry and Warwickshire level, to provide the best health and care, ensuring that decisions are always taken in the interest of the patients, communities and populations we serve.

3 Partnership Governance

3.1 The proposed Partnership governance arrangements build on existing system arrangements, particularly the work undertaken by the Place Forum.

3.2 The Coventry and Warwickshire Partnership Board does not replace or override the authority of the Partners' Boards and governing bodies. Each of them remains independent and Councils remain directly accountable to their electorates. The proposed Partnership Board provides a mechanism for collaborative action and common decision-making for those issues which are best tackled on a wider scale.

4 Partnership Board

4.1 A new Partnership Board will be established to provide the formal leadership for the Partnership. This will be strongly aligned to and heavily influenced by the Health and Wellbeing Boards, their Concordat and the Place Forum. The Partnership Board will meet in public at least four times each year.

4.2 The Partnership Board will be responsible for setting strategic direction. It will provide oversight for all Partnership business, and a forum to make decisions together as Partners on the range of matters which neither impact on the statutory responsibilities of individual organisations nor have been delegated formally to a collaborative forum.

4.3 It is proposed that The Partnership Board works alongside the Place Forum which provides leadership across Coventry and Warwickshire on population health and wellbeing. The developmental work of the Place Forum will continue under the leadership of the chairs of the two Health and Wellbeing Boards.

4.4 The Partnership Board will oversee the emergence of the Coventry and Warwickshire Integrated Care System and will be chaired by the independent chair of the Partnership. It is proposed that meetings of the Place Forum and the Partnership Board take place on the same day and in the same place with separate agendas to signify their distinctive but complementary roles.

4.5   The Partnership Board will be made up of the chairs and chief executives from all NHS organisations, elected member Chairs of Health and Wellbeing Boards, and chief executives, or their designated deputies, of Local Authorities. Other members will include senior representatives of other relevant Partner organisations such as Healthwatch, voluntary and community sector organisations, NHS England, NHS Improvement, Health Education England, and Public Health England.

4.6   The Partnership Board has no formal delegated powers from the organisations in the Partnership. It will work by building agreement with leaders across Partner organisations to drive action around a shared direction of travel.

5   Partnership Executive Group

5.1   The current Better Health, Better Care, Better Value board will be replaced by a new Partnership Executive Group (PEG) whose members will be drawn from NHS organisations, Warwickshire County Council and Coventry City Council. PEG will report to the Partnership Board.

5.2   Each organisation will be represented by its chief executive or accountable officer. Members will be responsible for nominating an empowered deputy to attend meetings of the group if they are unable to do so personally. PEG will also require attendance from the System Clinical Lead, the System Finance Lead and the System Transformation Director and NHSE/I representation.

5.3   Members of PEG will be expected to recommend that their organisations support agreements and decisions made, always subject to each Partner's compliance with internal governance and approval procedure.

6   Place Based Partnerships

6.1   Partnerships arrangements for the four places that make up Coventry and Warwickshire bring together the councils, voluntary and community sector organisations, and NHS commissioners and providers in each Place, including GPs and other primary care providers, to take responsibility for the cost and quality of care for the whole population.

6.2   The extent and scope of these arrangements is a matter for local determination. They should provide a greater focus on population health management, integration between providers of services around the individual's needs, and a focus on care provided much closer to where people live in primary and community settings. They will be a means of involving elected members, members of NHS boards and others in providing local leadership of the Partnership with the support of executive leaders.

6.3   Arrangements at place build on existing partnership working by bringing those commissioning and providing services into even stronger alignment with each other and with a wide range of other partners. The four places are where most of the ambitions of the Coventry and Warwickshire Health and Care Partnership will be delivered. The four places will report to the Partnership Board.

7   Clinical Forum

7.1   Clinical leadership is central to all we do. Clinical leadership is built into each of our programmes, and our Clinical Forum provides formal clinical advice and expertise to all of the workstreams. The Forum will supersede the Clinical Design Authority and will report to the PEG and the Partnership Board.

7.2   The purpose of the Clinical Forum is to be the primary forum for clinical leadership, advice and challenge for the work of the partnership in meeting the Triple Aim: improving health and wellbeing; improving care and the quality of services; and ensuring that services are financially sustainable.

7.3   The Clinical Forum ensures that the voice of clinicians, from across the range of clinical professions and partner organisations, drives the development of new clinical models and proposals for the transformation of services. It also takes an overview of system performance on quality.

7.4   The Clinical Forum operates at two levels with a core Executive membership overseeing the development of all proposals that are shared with either place or the system and a wider membership who provide the clinical expertise and input into designing any proposals. The wider membership includes clinical leaders from NHS trusts, CCGs and primary care networks together with public health and social care leaders from local authorities. It will include clinicians from a wide range of backgrounds.

8   Other governance arrangements between Partners

8.1   The three local CCGs in Coventry and Warwickshire have established a Joint Strategic Commissioning Committee, which has delegated authority to take decisions collectively. The Joint Committee is a sub-committee of the CCGs, and each CCG retains its statutory powers and accountability. The Collaborative Commissioning Forum brings together CCGs with local authority commissioners.

8.2   NHS providers meet together as the Provider Alliance which is governed by a Memorandum of Understanding (MOU) which defines the objectives and principles for collaboration. The arrangement provides the forum for working together and making

recommendations that are then formally approved by each Trust Board individually in accordance with their own internal procedures. Coventry and Warwickshire providers also meet with providers in Hereford and Worcestershire to discuss issues of common concern.

9   Next Steps

9.1   Subject to the agreement of Health and Wellbeing Board and NHS boards, it is suggested that these new arrangements are adopted from September 2019, alongside the 5-year system plan and the overarching System Framework (currently being developed by the Proactive and Preventative Group). The new arrangements will be reviewed after 12 months to ensure that they are fit for purpose.

Professor Sir Chris Ham

Independent Chair

Coventry and Warwickshire Health and Care Partnership

20 June 2019.

Health and Wellbeing Board

11 September 2019

Commissioning Intentions

Recommendation

1.   That the Health and Wellbeing Board members endorse the direction of travel around developing Commissioning Intentions for 2020-21 of the Clinical Commissioning Groups and Warwickshire County Council. Further detail will be presented to the Board on 11 September 2019.

1.0   Background

1.1   Commissioning Intentions identify how the Clinical Commissioning Groups (CCGs) and Warwickshire County Council (WCC) intend to translate their strategic aims into the commissioning of services.

1.2   A different approach is being taken for 2020-21 within the context of significant change in the health and care system. There is commitment to a more integrated approach and collaborative commissioning between partners to improve health outcomes and be more efficient in the use of resources.

1.3   Key factors include the following:

- The move to an Integrated Care System (ICS) with formation of the Coventry and Warwickshire Health and Care Partnership and the four 'Places' of Coventry, Warwickshire North, Rugby and South Warwickshire;
- The development of a Coventry and Warwickshire Outcome Framework, a five-year System Plan (in response to the NHS Long Term Plan) and Place Delivery Plans to improve the health and wellbeing of local populations;
- The principles outlined in the Coventry and Warwickshire Health and Wellbeing Concordat and focus on prevention and wellbeing;
- The refresh of Health and Wellbeing Strategies for both Coventry and Warwickshire; and
- Local population health needs as identified in the Joint Strategic Needs Assessment (JSNA) which will play a key role in shaping priorities and plans at both system and place level.

2.0   Proposal

2.1 The timetable for developing the strategic documents highlighted above extends beyond September when the Commissioning Intentions are normally published by the CCGs and WCC. Hence, the Commissioning Intentions narrative will outline the direction of travel and highlight the emerging priorities at both System and Place levels at a point in time. The detail of the proposed approach will be provided in the form of PowerPoint presentations at the Board meeting.

2.2 This will then be followed by the development of more detailed plans as governance around the ICS emerges, and the new HWB Strategy is developed. Further updates will be provided to the Board as plans develop.

3.0 Financial Implications

3.1 There are no direct financial implications from this update at this time. However, as and when more detailed plans are being developed, the relevant Finance Officers will be involved to provide scrutiny and assurance on spending and benefits where necessary.

4.0 Environmental Implications

4.1 There are no direct environmental implications from this update. However, as and when more detailed plans are being developed, the relevant Officers will be involved to provide scrutiny and assurance on this area where necessary.

Background Papers
None.

	Name	Contact Information
Report Author	Rachel Barnes	rachelbarnes@warwickshire.gov.uk
Director of Public Health	Helen King	helenking@warwickshire.gov.uk
Strategic Director	Nigel Minns	nigelminns@warwickshire.gov.uk
Portfolio Holder	Cllr Caborn	cllrcaborn@warwickshire.gov.uk

The report was circulated to the following members prior to publication:
WCC members: Councillors Caborn, Redford, Golby, Adkins and Roodhouse.

Health and Wellbeing Board

11ᵗʰ September 2019

**Warwickshire Safeguarding Boards
Annual Reports 2018-2019**

Recommendation

1. The Health and Wellbeing Board receive the 2018-2019 Annual Reports for Warwickshire Safeguarding Children's Board and Warwickshire Safeguarding Adults Board and note the progress they have made against their respective strategic priorities.

1.0 Key Issues

1.1 Both Safeguarding Boards are required to produce and publish an annual report in accordance with the statutory requirements governing their establishment i.e. The Care Act 2014 (Adults) and Working Together 2015 (Children).

1.2 The Boards are required to share their reports with the following offices, including its members and wider public:
   - Leader of the Local Authority and the Chief Executive, reflecting the fact that they are responsible for establishing the Boards
   - Office of the Police and Crime Commissioner
   - Clinical Commissioning Groups
   - The Chair of the Local Health and Wellbeing Board
   - The Local Healthwatch (WSAB only)

2.0 Options and Proposal

2.1 The annual reports provide a high level overview of key performance data in relation to safeguarding children and adults, details of work undertaken against each of their respective priorities and learning and improvement work conducted throughout the course of the year.

2.2 During the period of this report considerable amount of time and effort was spent on developing our response to the government's request that safeguarding children's boards redesign their partnership arrangements. In Warwickshire we were eager to take advantage of this opportunity to enable us to develop a streamlined approach to safeguarding that would incorporate both adults and children's safeguarding partnerships. We are delighted to have submitted our proposal to the Department of Health on 27ᵗʰ June 2019.

2.3 Moving forward, with effect from 29ᵗʰ September 2019 Warwickshire Safeguarding Children's Board and Warwickshire Safeguarding Adults Board

will be known as Warwickshire Safeguarding and will operate within a new governance structure. This will be led by an Executive Board who will have overarching responsibility for overseeing the coordination of local work to safeguard and promote the welfare of children and adults; and to ensure the effectiveness of what the member organisations do individually and together.

2.4 The focus of this work will centre on seeking assurance on the effectiveness of safeguarding practice against the following strategic priorities which have now been agreed for Warwickshire Safeguarding:

- o <u>Effective Safeguarding</u> - core safeguarding practice is effective in keeping children, young people and adults safe
- o <u>Prevention & Early Intervention</u> – Early help support is timely and effective and referral pathways are clear and accessible; and prevention work is person-centred and empowers individuals to make appropriate choices and supports them to manage risks
- o <u>Exploitation</u> – safeguarding children, young people and adults from all forms of exploitation is effective and achieves good outcomes for individuals

3.0 Timescales associated with the decision and next steps

3.1 The Annual Reports will now be published on the Safeguarding Warwickshire website and distributed amongst partner organisation for wider circulation.

Background Papers

1. Warwickshire Safeguarding Boards Annual Reports 2018-2019

	Name	Contact Information
Report Author	Amrita Sharma	amritasharma@warwickshire.gov.uk Tel: 07766367414
Head of Service	Pete Sidgwick	petesidgwick@warwickshire.gov.uk Tel: 01926 742962
Strategic Director	Nigel Minns	nigelminns@warwickshire.gov.uk Tel: 01926 412665
Portfolio Holder	Cllr Les Caborn Cllr Jeff Morgan	cllrcaborn@warwickshire.gov.uk Cllrmorgan@warwickshire.gov.uk

Warwickshire Safeguarding Adults Board

Warwickshire Safeguarding Children Board

Warwickshire Safeguarding Boards

Annual Reports

2018-19

Contents

Introduction from the Independent Chair

I was delighted to join Warwickshire in September 2018 when I took over the chairing of both the adults' and children's safeguarding boards. I would like to acknowledge the work done by my predecessors and thank them for their considerable input.

During the period of this report a considerable amount of time and effort was spent on developing our response to the government's request that safeguarding children's boards redesign their partnership arrangements. In Warwickshire we were eager to take advantage of this opportunity to enable us to develop a streamlined approach to safeguarding that would incorporate both adults' and children's safeguarding partnerships. We are delighted to have submitted our proposal to the Department of Health and have this accepted. The full document can be accessed via https://www.safeguardingwarwickshire.co.uk

In developing this work we became aware of a number of areas that required consideration for improvement. We were conscious of the fact that we had undertaken very few Safeguarding Adults Reviews (SARs) across Warwickshire; this led us to looking at our processes and our thresholds and

ensuring that everyone was aware of the criteria for referral to the adult safeguarding board for consideration of a SAR.

When looking at the number of serious case reviews undertaken by the children's board we were conscious of the fact that work sometimes lacked pace and was frequently not completed within acceptable timescales. With the new statutory guidance for the management of case reviews coming into place we took advantage of the opportunity to join the regional early adopters' pilot for the management of Rapid Reviews. This has proved very helpful in our work and I am pleased to say that the new process appears to be running more efficiently. Sadly, we have had a number of complex and high-profile reviews to undertake in children's services and this serves as a reminder that despite living in an affluent and pleasant county there are still children suffering severely from neglect and abuse.

In looking at how to develop a streamlined safeguarding service across adults and children we have looked again at the area of transitions. This is a period when children leave the care and support of children's health care and education and move into adult services. We are particularly anxious to improve services to children who have been or are still victims

of CSE. Similarly we are concerned to better understand how to support and manage those children, young people and adults who are involved in the business of trafficking, gangs and knife crime. To this end, our new safeguarding arrangements include a subgroup to look at exploitation in its widest form. This group is being chaired by the police and will take full responsibility for raising awareness of the depth and breadth of exploitation across professionals and driving a process of practice improvement.

We are disappointed not to have managed to complete more quality assurance and audit work during the period of this report. With this in mind our new arrangements are specifically designed to allow us to undertake up to four major audits each year. This work will run through learning hubs and will ensure that professionals are closely involved with learning from the outcomes.

In order to support our new arrangements we are very pleased to have developed a robust and knowledgeable business support team. Under the leadership of the Business Manager, this team will support all key aspects of the new partnership arrangements. Key areas of work will include the management of case reviews, development of a robust and effective quality assurance system supporting the drive to improve safeguarding through prevention and early help, supporting the work of the exploitation subgroup; and running the audit cycle and learning hub. I look forward to be able

being able to report more on this work in the next annual report.

The period of this report has been marked by considerable change across all of our partnerships and I would like to thank everyone who has been involved in supporting the development of the new way of working for safeguarding Warwickshire. In particular, I would like to express my gratitude to the four executive members who have taken on board the role of leaders with such willingness and seriousness. Without this support the development of the new model for Safeguarding Warwickshire would not have taken off as well as it has. I look forward to continue working with them as Warwickshire transitions into its new partnership arrangements.

Elaine Coleridge Smith
Independent Chair
Warwickshire Safeguarding Children's Board and
Warwickshire Safeguarding Adults Board

PART A: Warwickshire Safeguarding Adults Board Annual Report 2018-19

1 Key Facts

Warwickshire had a total population of **455,082** people aged 18+ years, **118,244** of these were aged 65+ years

QUICK FACTS

2679
Safeguarding concerns reported into Adult Social Care where it was suspected an individual subjected to a form of abuse or neglect

58 Safeguarding enquiries related to people with mental health needs

41 Safeguarding cases involved strangers who were unknown to the victim

19
Safeguarding concerns related to Neglect

192
Safeguarding concerns went on to be investigated further as enquiries

269
Safeguarding enquiries listed the source of risk as an individual known to the victim

19 Safeguarding allegations involved alleged abuse by social care staff

TYPE and PLACE OF ABUSE

98 Safeguarding enquiries related to allegations of financial and material abuses

53 Safeguarding enquiries related to allegations of psychological or emotional abuse

60 Related to physical abuse

160 Safeguarding allegations were alleged to have occurred in the victims own home

17 Occurring in care homes

GENDER, RACE and AGE

Male 41%
Female 59%

More women were victims of alleged abuse than men

149
15
White British
BME

The majority of safeguarding enquiries related to White British people

135 Safeguarding enquiries related to people aged 18-64 years old

44 Safeguarding enquiries related to people aged 85+ years

Making Safeguarding Personal

71% adults were asked about their desired outcomes

50% adults achieved their outcomes fully

94% adults either partly or fully achieved their desired outcomes

2   Strategic Priorities

The overarching objective of a Safeguarding Adults' Board is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its areas who have needs for care and support, who are experiencing, or are at risk of, abuse or neglect; and as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Making Safeguarding Personal
- Warwickshire's Trading Standards' Team have continued to prioritise rapid assistance and supported vulnerable adults to confront rogue traders making demands for money on their doorstep. £14,640 saved – this is money that would have been handed over to scammers if Trading Standards' Officers had not been present. Furthermore, a total of 13 Truecall nuisance call blockers were fitted in the homes of vulnerable Warwickshire residents to protect them from scams/fraud conducted over the telephone.
- Warwickshire's Public Health and Strategic Commissioning mobilised new advocacy service contracts, including:
  - Health Advocacy Service, incorporating: NHS Complaints Advocacy, Independent Mental Health Advocacy, and General Health Advocacy;
  - Care and Support Advocacy Service, incorporating: Care and Support advocacy and Independent Mental Capacity Advocacy.

A hospital based statutory advocacy services pilot was also undertaken to complement the non-statutory general health advocacy provision.

During 2018-19 a total of 48 people with care and support needs were supported by an advocate to help them with their safeguarding issues and enabled them to:
- Express their views and concerns;
- Access information and services;
- Defend and promote their rights and responsibilities;
- Explore choices and options.

- All 3 CCGs now have dedicated health practitioners to support the Personal Health Budget agenda to move forwards. Safeguarding considerations are a key aspect of the PHB approvals process and on-going monitoring. The CCGs continue to ensure that the adult, their families and their carers are fully involved in the assessment process and decision making and the application of the Mental Capacity Act, when appropriate, and referral to advocacy, when needed.

Safe Services
- The management of public mental health services' contracts includes a requirement for providers to report any safeguarding issues or

incidents arising from their provision, so that these are effectively managed. Providers are also expected to report any safeguarding referrals made to the safeguarding hub, to ensure that providers are adhering to their duties in this regard.

- The Clinical Commissioning Groups continue to carry out themed reviews/inspections of commissioned services, seeking assurance that they were providing safe, effective quality care. Work also continued with partners to reduce out of area placements for individuals with learning disabilities or mental health needs and support timely repatriation to local services.
- Warwickshire Police now operate a Harm Assessment Unit within the MASH, whereby Police Officers work alongside Children's Services, Adult Services, Child Sexual Exploitation Social Workers, Domestic Abuse Social Workers, Missing Child Practitioners and Health Professionals. There are also now well-developed links to Mental Health, Education and General Practice. Aligned to these are dedicated Detective Sergeants (one South- based in the MASH, one in the North) supported by Child Protection Liaison Officers (CPLO) to ensure that there is early, effective and professional police representation at strategy meetings/discussions. Through these arrangements early and effective decisions are enabled on whether or not an investigation should be a joint or single agency investigation.

Listening and Engaging

- The Clinical Commissioning Groups have continued to raise awareness and embed the newly defined categories of abuse, such as Modern Slavery and self-neglect, ensuring they are understood across agencies by supporting training sessions, dissemination of updated policies and procedures.
- Warwickshire Police have established a Victim Management Unit (VMU) to research and analyse data to identify vulnerable members of the community and present at the Integrated Victim Management (IVM) meeting. The IVM meetings ensure that the most appropriate agencies are taking the lead and hold the Police and Partners to account. The VMU officer takes ownership of risk management plans associated with vulnerable persons and works in partnership with other agencies to maximise opportunities to reduce the risk of harm to them and their families. The VMU provides a personal single point of contact for repeat victims, hate crime and identified vulnerability that does not have ownership elsewhere within the organisation.

Workforce Training

- Warwickshire's Trading Standards' Team have delivered talks to staff working with elderly and vulnerable adults on how to spot signs of financial abuse. These included WCC Independent Living Team, Age UK and the Alzheimer's Society. Furthermore, it also provided training to staff at 3 Warwickshire banks on how to spot, and intervene to prevent customers potentially falling victim to scams or rogue trading.
- Warwickshire Police's Modern Slavery Human Trafficking Tactical Review Team delivered a CPD Event to 150 front line staff from across Warwickshire and West Mercia to raise awareness and understanding of this type of abuse and referral pathways for victims.
- The Clinical Commissioning Groups continue to raise awareness and deliver bespoke training on Prevent, Mental Capacity Act and Deprivation of Liberty Safeguards and Recognition of Domestic Violence.

Transitions
- The Clinical Commissioning Groups have worked collaboratively with partners to take forward the Transforming Care Agenda with a focus on ensuring appropriate support for those individuals moving from child to adult services. They have also contributed to the development of community learning disability services, driven by the Transforming Care Programme.
- Warwickshire Police supported a series of multi-agency audits to understand the journey of Warwickshire young people using services who transitioned from children to adults. This highlighted the need for additional support for post 18 year olds to maintain successful independence. This was supported by Warwickshire Police CSE team who continue to maintain contact with victims post -18 for consistency and rapport to encourage the reporting of offences against them.

Informing
- Warwickshire Trading Standards supported national campaigns, including Scams Awareness Month 2018 and National Consumer Week 2018. They also issued community messages and advice via press releases, email alerts and social media.
- The Clinical Commissioning Groups have continued to raise the profile of abusive behaviour across healthcare commissioners and providers and have provided information on how to raise concerns, including use of one page fact sheets and posters produced by WSAB explaining 'What you need to know' with regard to making a SAR referral.

3   Learning and Improvement

SARs
The Care Act 2014 places a statutory duty on local Safeguarding Adults Boards (SABs) to arrange Safeguarding Adults Reviews (SARs)
- When an adult, with needs for care and support, (whether or not the local authority was meeting any of those needs) in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult; OR
- If an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect and there is concern that partner agencies could have worked more effectively to protect the adult.

'Serious Abuse' is considered to be life threatening which requires intervention to prevent death and/or where there is significant psychological impact of the abuse on the individual.

During 2018-19 WSAB received four SAR referrals. One of these referrals is being progressed as a review and learning from this will help identify any required need for change in practice and procedures.

Another one of the referrals was found not to meet the criteria for a SAR, but learning from it was managed through a tabletop review exercise, which involved a number of agencies who had provided support and services to the adult before they died.

Learning Points from this review focused on the following areas:

- Communication;
- Understanding the role of the Relevant Persons Representatives;
- MCA processes and the assessment of capacity;
- Protocol for a care/nursing home resident refusing care/support/treatment ;
- Making Safeguarding Personal.

Learning points from the above provided the basis of an action plan, which continues to be monitored by the SAR sub-committee. Each agency is responsible for feeding back on the outcomes of their action plans.

The remaining two referrals did not meet the Care Act criteria and feedback was provided to the referrer in accordance with the statutory guidance.

Multi-Agency Audits

Learning from multi-agency audits, conducted on the level of inappropriate referrals, helped to inform change in practice, where high levels of referrals were being received from certain partner agencies. This resulted in the introduction of a new referral form within the agency to achieve consistency in the scoping of incidents before they are submitted as safeguarding concerns. It also raised the need to ensure feedback is given to agencies against the submission of their safeguarding referrals, where they are found not to meet the Care Act criteria for safeguarding.

4. Funding

The WSAB agreed an operating budget for 2018-19 of £125,858 which included contributions from Warwickshire County Council, Police, Clinical Commissioning Groups (3), District and Borough Councils.

5. Membership Attendance
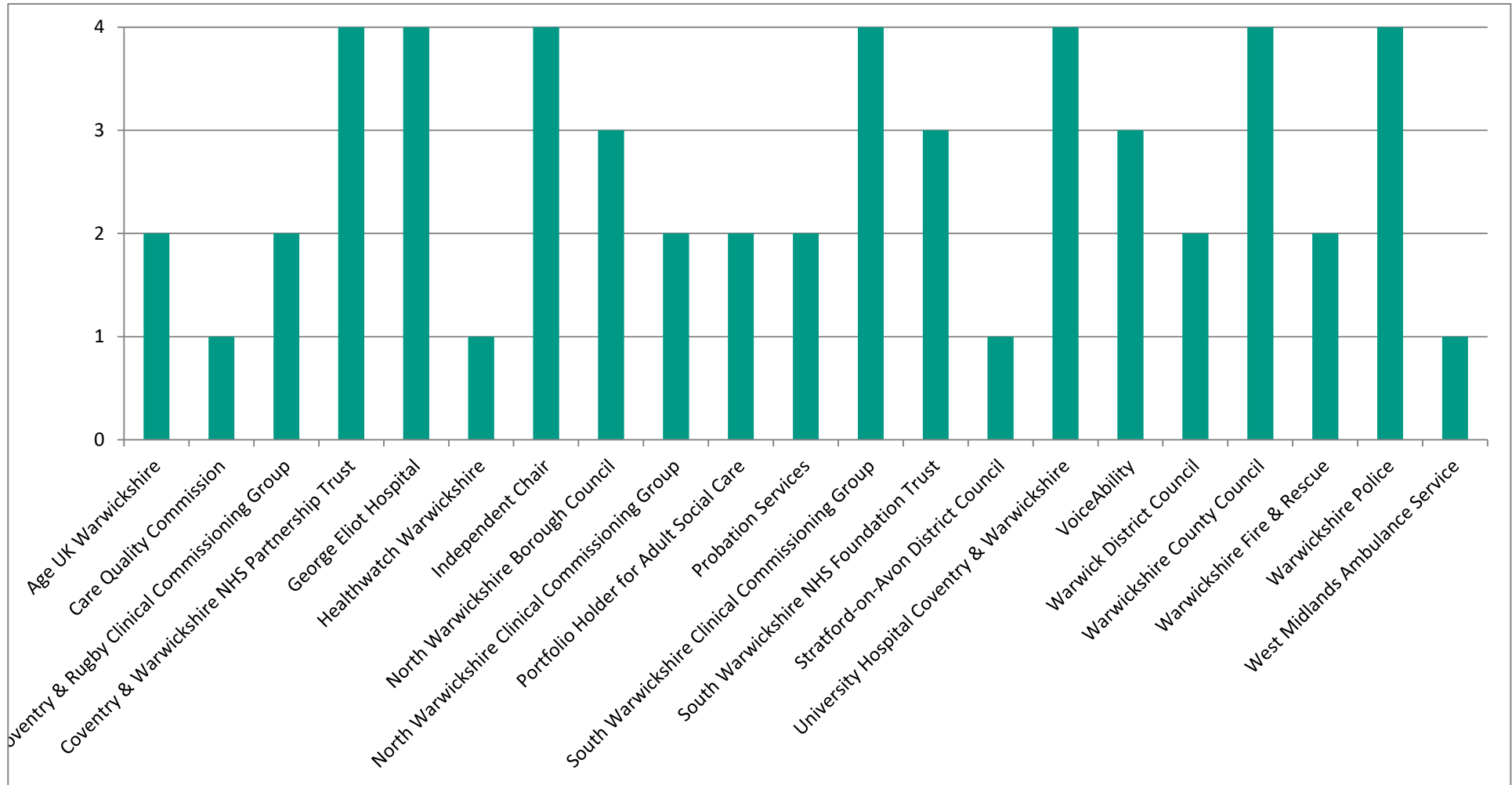
PART B: Warwickshire Safeguarding Children's Board Annual Report 2018-19

1. Strategic Priorities

The overarching role of the Board is to co-ordinate local multi-agency safeguarding arrangements and evaluates the effectiveness of these arrangements. During the course of 2018-19 partners have made the following contributions to the WSCB strategic priorities:

Diversity and Equality

- Warwickshire County Council's Children with Disability (CwD) Team has been redesigned to provide a stepped approach of support. This was achieved in consultation with the parents. We are also reviewing our direct payments scheme and parent/carer assessment and early help offer for CwD in consultation with parents and partners.
- The CCGs have continued to work with partners and the Safeguarding Board to address the reporting of data which will identify any areas where children or their parents are less able to access services. Work is also ongoing to ensure that the health needs of all children who are looked after, including unaccompanied asylum seeing children, are met in a timely manner.
- Warwickshire Police have delivered training and education events at Leamington Football club and other sporting events around Warwickshire; interest was also received from Coventry City Football Club. Social Media campaigns conducted around CSE within Sport and with boys and young men have received a positive reaction, and Barnardos continue with this project to get in to more sports. The multi-agency team has continued to build upon the success of the 'Something's Not Right' Campaign which reaches out to young people across Warwickshire and promotes reporting of concerns through referral pathways.

Neglect

- Warwickshire's Children's Services have been training their workforce in Restorative Practice. This is focusing on the relationships with children, their families, and their personal/professional support network. We are designing a new practice tool for practitioners across the service which will support the multi-agency development of a single plan with a family.
- The CCGs have continued to work with providers and partners to ensure neglect is recognised through the delivery of training, and implementation and monitoring of Serious Case review actions.
- Warwickshire Police have invested in a Missing Persons Team consisting of a Missing Persons Coordinator, 5 Missing Persons Practitioners and 1 Support Staff. The ethos of Problem Solving is embedded within the team using the SARA approach seek to solve

problems in relation to frequent missing persons with an aim to reduce the duration of the missing episode and the number of missing episodes. This approach will enhance the safeguarding of the most vulnerable, particularly children, many of whom are in the care of the local authority.

Exploitation

- Warwickshire Multi Agency Exploitation, Missing and Trafficked Children's team have strengthened their offer to children exposed to all forms of exploitation. With the expanded WSCB priority, we are collecting data now and identifying the young people at risk of/being exploited. We continue to make progress in the area of wider exploitation; Since Jan 2019, 33% of all referrals to the Exploitation Team have been for Criminal Exploitation. And we have worked jointly with Police on several Operations to support the young people and progressing cases through the Complex Abuse procedures. We have conducted County Lines training to raise awareness of the staff and a wider training offer to the workforce is to be developed through the CE Task & Finish Group. Also, funding from WCC has been agreed for a practitioner to support exploited young people into adulthood. This strengthens support through transitions and those young people who are likely to not meet the criteria for support or protection under the care act.
- The Clinical Commissioning Groups have worked closely with partners to identify the responses and recognition of CSE across health provider services. The work is continuing with Public health to address the gaps in health provision to work effectively to keep children at risk of exploitation safe.
- Warwickshire County Council and Warwickshire Police CSE Team now also manage complex criminal exploitation cases. This is a new area of work within the multi-agency team. Warwickshire Police CSE Team now hold 2 Criminal Exploitation Operations and are working jointly with multi-agencies such as Social Services and Youth Justice to provide support and intervention for the young people involved. Proactive arrests have been conducted and, due to gang affiliations and County Lines links, there has been joint action from wider Police Teams both within Warwickshire and cross border with Coventry Police Teams.

Early Help

- The Early Help Strategy was agreed by the board. This is supported by an Early Help action plan has been designed in consultation with our partners. The parenting support offer is being aligned across the service in partnership with public health. The roles of our targeted support officers are being reviewed so we can provide a streamlined offer. The Family Information Service has been expanded to provide greater opportunity for advice and guidance to parents. Social Care consultations have been offered in schools and this continues to expand through clinics provided by our Family Support Services.
- The Clinical Commissioning Groups have continued to be engaged in the multiagency Early Help development and implementation. The theme of Early Help has arisen through a number of serious case reviews and the Clinical Commissioning Groups have been involved in the monitoring and implementation of this across providers.
- The CSE Team has continued to work closely with the multi-agency teams and regularly conducts allocation meetings, operational group meetings with partner agencies and regular daily conversations within the whole CSE team, sharing concerns to flag vulnerability and information to promote safeguarding. The Multi-agency team (sitting together) has been integral to this process in providing a fast

and risk assessed response to vulnerable young people and immediate information sharing. The Missing Team has enhanced this process by gathering intelligence and from return home interviews, flagging crimes and safeguarding concerns quickly so Police can respond at an earlier stage.

2. Learning and Improvement

This is a key function of WSCB and is performed this statutory duty through the following activities:

Multi-Agency Training
A total of 23 multi-agency training courses were delivered to partner agencies across Warwickshire throughout 2018-19 attended by 509 delegates from statutory and non-statutory organisations. Courses provided covered the following topics:
- Working Together to Achieve Effective Referrals;
- Child Sexual Exploitation;
- Effective Child Protection Planning and Core Group Working;
- Domestic Abuse and Child Protection;
- Protective Behaviours.

Course content was based on statutory/national guidance and local learning from serious case reviews. Course evaluation returns received confirmed delegates' increased understanding and confidence in using safeguarding processes and procedures, language and terminology and helped to inform subsequent change/update in local safeguarding practice procedures.

Serious Case Reviews (SCRs)
The responsibility for how the system learns lessons from serious child safeguarding incidents lies at a national level with the Child Safeguarding Practice Review Panel (the Panel) and at a local level with the safeguarding partners.

It is the duty of WSCB to ensure that systems are in place to make arrangements to:
- identify serious child safeguarding cases which raise issues of importance in relation to the Warwickshire
- commission and oversee the review of those cases, where they consider it appropriate for a review to be undertaken

Serious child safeguarding cases are those in which:
- abuse or neglect of a child is known or suspected
- the child has died or been seriously injured

'Serious harm' includes serious or long-term impairment of mental health or intellectual, emotional, social or behavioural development. It should also cover instances of impairment of physical health.

New statutory guidance issued as part of the new Working Together 2018 now requires WSCB's to conduct a Rapid Review for each SCR notification it receives which meets the SCR criteria. This requires Boards to acquire initial scoping information from relevant partner agencies involved with the case and reach a recommendation based on the facts presented to them within 15 days of receiving the SCR notification.

In 2018-19, WSCB received four SCR notifications which were scoped against the statutory criteria. Two of these have progressed onto SCR reviews, one of which has concluded and learning has been shared with WSCB and the other is currently underway. The remaining two did not meet the criteria but are being further scoped to identify any additional learning points, which may benefit from an alternative learning exercise.

Schools Safeguarding Audit

As part of the 2017-18 academic year, 273 schools/education settings submitted a return of their safeguarding audit. Initial analysis of the returns has provided the following overview of findings:

- 272 schools' Designated Safeguarding Lead is a member of the school/setting's senior leadership team, the majority of whom have undertaken up-to-date safeguarding training;
- 98% of schools/settings confirmed their Child Protection and Safeguarding Policies had been reviewed with key stakeholders and ratified by the governing body within the last 12 months;
- 88% of schools/settings confirmed all new staff - including temporary staff and volunteers - received a safeguarding induction before they had contact with pupils/students;
- 90% of schools/settings confirmed they had an appropriately trained designated teacher for children who are 'looked after';
- 96% of schools/settings confirmed, in line with statutory guidance and the Early Help strategy, they had a plan for every child in their school/setting who required early help;
- 97% all members of the school/setting's governing/proprietor body are aware of their duty as a governing/proprietor body to ensure that the school's safeguarding policies, procedures and training are effective and comply with statutory requirements at all times;
- A total of 1,751 referrals were made into the MASH in total;
- Total of 3,066 consultations were conducted with MASH;
- 1,044 Early help single assessments were initiated by schools/settings.

3.   Funding

In 2018-19 WSCB had a total income of £116,865. This was made up of contributions from the following partner agencies:

- Police
- Warwickshire County Council
- Health - Clinical Commissioning Groups
- District and Borough Councils
- Community Rehabilitation Company
- CAFCASS

4. Membership Attendance
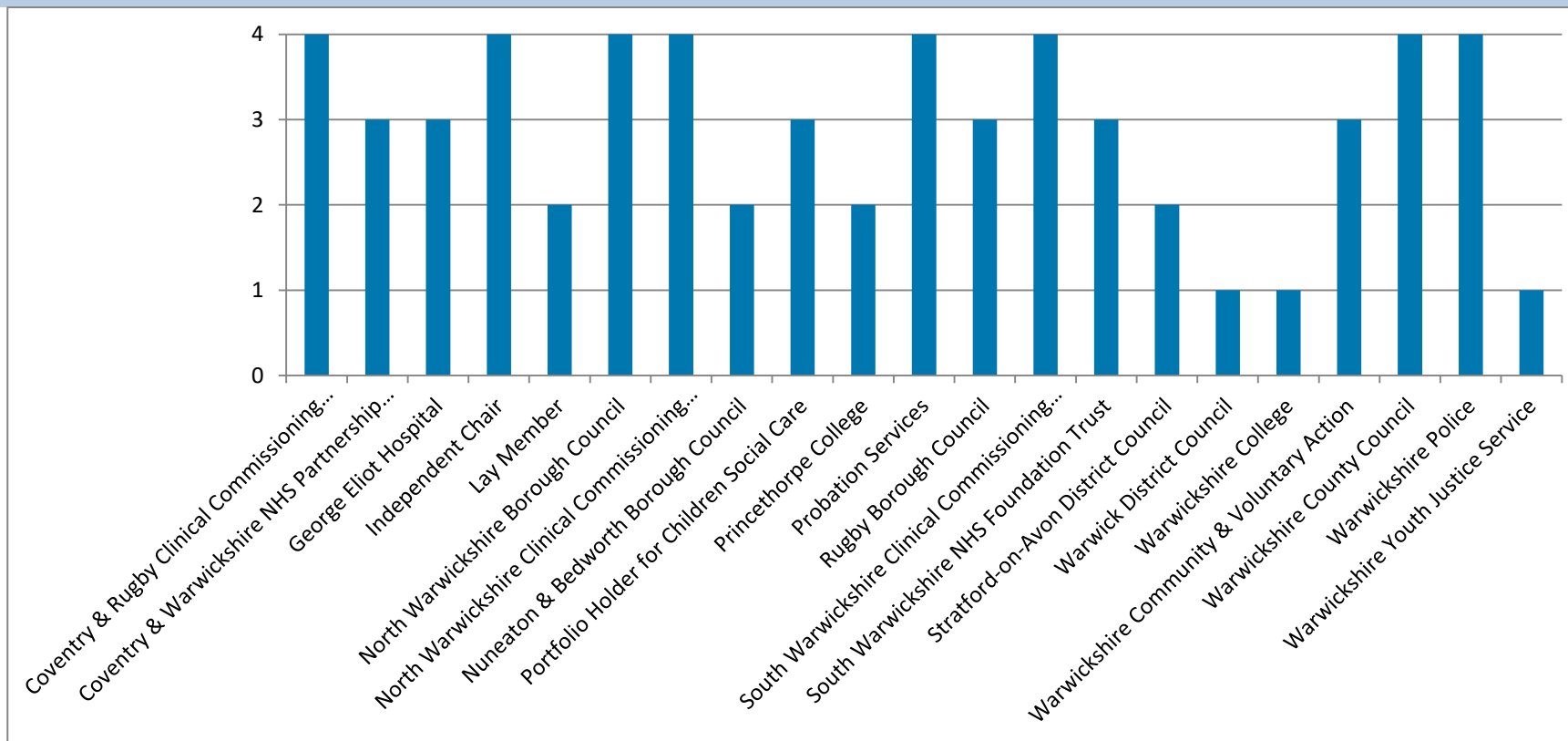
5. Safeguarding Data Analysis 2018-19

Contacts and Referrals received by Warwickshire

	2014/15	2015/16	2016/17	2017/18	2018/19
Number of Contacts	14,846	18,929	12,797	13,993	19,878
Number of Referrals	5,965	5,975	11,330	11,071	5,351
Total	**20,811**	**24,904**	**24,127**	**25,064**	**25,087**

Rate of Referrals to Children's Social Care per 10,000 of the 0-17 child population

	2014/15	2015/16	2016/17	2017/18	2018/19
Warwickshire	531.3	530.3	1001.4	967.6	461.6
Statistical Neighbours	417.7	420.3	443.0	404.3	TBC
England	548.3	532.2	548.2	552.5	TBC

Breakdown of Referrals to Children's Social Care by Source of Referral

During the 2018/19 financial year the largest number of referrals received by child social care teams came from Schools (25.5%). The second largest number of referrals was received from the police accounting for 22.6% of all referrals. This continues the trend seen in previous years of the most referrals being received from the Police and Schools.

Source of Referral	Number of Referrals during 2017/18	As % of all Referrals received during 2017/18	Number of Referrals during 2018/19	As % of all Referrals received during 2018/19
Individual - Family member/relative/carer	913	8.2%	508	9.5%

Individual - Acquaintance (including neighbours and child minders)	211	1.9%	85	1.6%
Individual - Self	56	0.5%	46	0.9%
Individual - Other (including strangers, MPs)	60	0.5%	20	0.4%
Schools	**2513**	**22.7%**	**1362**	**25.5%**
Education Services	287	2.6%	120	2.2%
Health services - GP	205	1.9%	67	1.3%
Health services – Health Visitor	197	1.8%	112	2.1%
Health services – School Nurse	12	0.1%	7	0.1%
Health services – Other primary health services	896	8.1%	415	7.8%
Health services – A&E (Emergency Department)	343	3.1%	148	2.8%
Health services – Other (e.g. hospice)	97	0.9%	46	0.9%
Housing (LA housing or housing association)	245	2.2%	90	1.7%
LA services – Social care e.g. adults social care	472	4.3%	203	3.8%
LA services – Other internal (department other than social care in LA e.g. youth offending (excluding housing))	308	2.8%	223	4.2%
LA services – External e.g. from another LAs adult social care	301	2.7%	130	2.4%
Police	**1999**	**18.1%**	**1211**	**22.6%**
Other legal agency – Including courts, probation, immigration, CAFCASS, prison	399	3.6%	195	3.6%
Other – Including children's centres, independent agency providers, voluntary organisations	523	4.7%	218	4.1%
Anonymous	478	4.3%	144	2.7%
Unknown	556	5.0%	0	0.0%
Total	**11071**	**100.0%**	**5351**	**100.0%**

Referrals by District

	2014/15	2015/16	2016/17	2017/18	2018/19
N. Warwickshire	339	356	1031	1495	451
Nuneaton & Bedworth	463	445	1114	947	587
Rugby	585	651	942	866	419
Stratford	659	511	609	588	262
Warwick	395	381	778	876	437
Warwickshire	**531.3**	**530.3**	**1001.4**	**967.6**	**461.6**

Data Caveat: The Warwickshire rate per 10,000 includes referrals received by countywide teams such as the Childrens Asylum Team

Referrals by Ethnicity

	2015/16	2016/17	2017/18	2018/19	Warwickshire School Age Children (Reception to Yr 11) Source: School Census – January 2017
Ethnicity	%	%	%	%	%
White British/Irish/Other	74.0%	72.8%	77.2%	85.00%	81.50%
BME	11.5%	8.7%	10.3%	12.90%	17.70%
Not Recorded	13.4%	17.0%	11.5%	0.40%	0.80%

Unborn	1.1%	1.5%	1.0%	1.70%	n/a
Total referrals	**100%**	**100%**	**100%**	**100%**	**100%**

Referrals by Disability

	2014/15	2015/16	2016/17	2017/18	2018/19	National Average (Jan 2017)
Referrals received for children with a disability	4.5%	2.9%	3.4%	0.9%	4.1%	6%

Single Assessment Activity

	Warwickshire 2015/16	Warwickshire 2016/17	Warwickshire 2017/18	Warwickshire 2018/19	England 2017/18
Number of assessments started during the census year	3818	5218	5704	6146	-
Number of assessments completed during the census year	4082	4438	6207	6119	631,090
% of assessments authorised within 10 working days	30.70%	16.30%	13.50%	9.90%	-

Risk Factors identified at Single Assessment

As part of the annual Children in Need Census return the Department for Education require local authorities to record the risk factors as understood at the end of the assessment relevant to:

- Impairment of the child's health and development ("Child").
- The parent/carer's capacity to respond to the child's needs ("Parenting capacity").
- Other people in the family/household e.g. a sibling or lodger ("Other").

Number of single assessments with assessment factor of	2017/18	2018/19
Alcohol misuse	940	783
Drug Misuse	982	896
Domestic violence	2304	2269
Mental Health	2001	1709
Learning disability	658	495
Physical Disability or Illness	439	322
Young carer	116	79
Privately Fostered	19	20
UASC	25	33
Missing	152	168
Child Sexual Exploitation	184	185
Trafficking	8	28
Gangs	25	62
Socially unacceptable behaviour	321	268
Self Harm	277	191
Neglect	700	512
Emotional Abuse	1049	844
Physical Abuse	655	573
Sexual Abuse	237	205
Other	1274	762
No factors identified - only use this if there is no evidence of any of the factors above and no further action is being taken	1506	2070
Female genital mutilation (FGM)	5	6
Abuse linked to faith or belief	12	1

Children in Need

Number of children who are receiving child in need services

	31 March 2015	31 March 2016	31 March 2017	31 March 2018	31 March 2019
Number of Looked After Children at 31 March	690	764	698	717	722
Number of Children subject to Plans at 31 March	536	473	439	563	345
Number of Children in Need (excluding CLA and CP)	2,721	1,927	2,629	2,744	2,445

Number of new Child in Need cases opened during the past year that stayed open for two months or more

	31 March 2015	31 March 2016	31 March 2017	31 March 2018	31 March 2019
Number of new Child in Need cases opened during the past year that stayed open for 2 months or more	2,463	1,997	2,468	2,647	3,082

Child Sexual Exploitation

Number of children open to the Child Sexual Exploitation Team	31/03/2016	31/03/2017	31/03/2018	31/03/2019

Number of children open to Child Sexual Exploitation Team at end of quarter	58	65	68	59
Number/Percentage of children open to Child Sexual Exploitation Team at end of quarter who are looked after	19/58= 32.7%	23/65= 35.4%	18/68= 26.5%	8/59= 15.8%

Number of Warwickshire Looked After Children missing, identifying repeat episodes

	2016/17	2017/18	2018/19
No. of missing episodes	328	794	877
No. of missing children	85	113	130
No. of children who had multiple missing episodes during the month	47	74	94

Data Caveat: Please note that the increase seen between the 2016/17 and 2017/18 is due to more robust recording of missing episodes for children following the move from Carefirst to Mosaic in November 2016.

Percentage of Children Looked After whom had a missing incident during the year

	2014/15	2015/16	2016/17	2017/18	2018/19
Warwickshire	3%	5%	8%	12%	12.8%
Statistical Neighbours	7.8%	9.8%	10.5%	10.3%	TBC
West Midlands	5%	6%	8%	9%	TBC
England	6%	9%	10%	11%	TBC

Data Caveat: Please note the year on year increases are as a result of more robust recording around children who go missing each year.

Number/Percentage of Warwickshire LAC in residential placements at year end

	31-Mar-15	31-Mar-16	31-Mar-17	31-Mar-18	31-Mar-19
Number of Warwickshire LAC in residential placements	33	39	25	33	**40**
Number of Warwickshire LAC in residential placements as % of all all LAC	4.8%	5.1%	3.6%	4.6%	**5.5%**

Child Protection Activity

Number of Children subject to a CP Plan at year end

	31-Mar-15	31-Mar-16	31-Mar-17	31-Mar-18	31-Mar-19
Number of Children subject to Plans at 31 March	536	473	439	563	**345**

Children subject to a CP Plan per 10,000 of the Child Population by District

	2014/15	2015/16	2016/17	2017/18	2018/19
N. Warwickshire	51	35	39	47	22
Nuneaton & Bedworth	77	60	54	67	36
Rugby	42	39	37	36	24
Stratford	22	23	24	43	27
Warwick	45	45	39	51	24
Warwickshire	**47.7**	**42**	**38.8**	**49**	**29.8**
Statistical Neighbours	34.9	39.4	35.7	34.4	TBC
England	42.9	43.1	43.3	45.3	TBC

Child Protection Population Demographics Summary at end of year

Gender of Children subject to CP Plans

Warwickshire	2017/18	2018/19
Male	53%	46%
Female	44%	51%
Unborn	3%	3%

Age Profile of Children subject to CP Plans

Warwickshire	2017/18	2018/19
Unborn	3%	3%
Under 1	10%	10%
1 to 4	27%	26%
5 to 9	28%	26%
10 to 15	27%	31%
16 to 17	5%	4%

Disabled Children subject to a CP Plan

	2014/15	2015/16	2016/17	2017/18	2018/19
Disabled Children subject to a CP Plan	0.5%	0.8%	0.9%	4.6%	6.4%

Child Protection Categories

Warwickshire	2017/18	2018/19
Neglect	27%	30%
Physical Abuse	1%	3%
Sexual Abuse	2%	1%
Emotional Abuse	31%	43%
Multiple	38%	23%

Ethnicity of Children subject to CP Plans

Warwickshire	2017/18	2018/19
White British/Irish/Other	87.90%	87.20%
BME	9.20%	9.50%
Not Recorded	0.50%	0.30%
Unborn	2.80%	3.20%

Child Protection Performance Indicators

Long Plans: The percentage of children who ceased to be the subject of a child protection plan during 2018/19 who had been the subject of a child protection plan continuously for two years or more, saw a decrease (3.0%) when compared to the 2017/18 out-turn (5.9%). This means that the length of time for which professional's judge those children are suffering or are likely to suffer significant harm before a resolution is found has shown a decrease when compared to the previous financial year out-turn. It is worth noting that as at 31 March 2019 only 1.2% of all active CP cases had been subject to a CP Plan for 2+ years, this is compared to 0.9% at 31 March 2018.

	2014/15	2015/16	2016/17	2017/18	2018/19
Warwickshire	6.5%	4.9%	4.9%	5.9%	3.0%
Statistical Neighbours	3.0%	2.6%	3.3%	3.8%	TBC
England	3.7%	3.8%	3.4%	3.4%	TBC

Short Plans: Warwickshire saw an increase in the percentage of children who ceased to be the subject of a child protection plan who had been the subject of a child protection plan for 3 months or less (20.0% during 2018/19 compared to the 2017/18 out-turn of 14.8%).

	2014/15	2015/16	2016/17	2017/18	2018/19
Warwickshire	14.4%	13.3%	15.8%	14.8%	20.0%
Statistical Neighbours	N/A	N/A	N/A	N/A	N/A
England	N/A	N/A	N/A	N/A	N/A

Repeat Plans: During 2018/19, the % of repeat plans (regardless of length of time between current plan starting and previous plan ending) has remained stable with 18.6% of plans initiated being repeat plans compared to the 2017/18 year end out-turn of 18.6%.

	2014/15	2015/16	2016/17	2017/18	2018/19
Warwickshire	19.8%	18.1%	20.8%	18.7%	18.6%
Statistical Neighbours	16.8%	19.0%	18.9%	21.6%	TBC
England	16.6%	17.9%	18.7%	20.2%	TBC

Repeat Plans within Two Years: There has been an increase in those repeat plans within <u>less than two years</u> of their previous plan, up from 7.4% during 2017/18 to 8.3% during 2018/19. This would suggest that original issues are being sufficiently resolved without the need for a subsequent plan.

Care Leavers Activity

The percentage of former relevant young people aged 19-21 who were in education, employment or training (EET)

Direction of Performance: Improvement (Increase)

Employment amongst care leavers aged 19, 20 and 21 saw an improvement during 2018/19 and we are slowly moving more in line with the national average. The national average for 2017/18 was 51% whilst our statistical neighbour average was 54.3%. The West Midlands average is 50%.

	2014/15	2015/16	2016/17	2017/18	2018/19
Warwickshire	39%	44%	48%	42%	50%
Statistical Neighbours	46.4%	47.5%	49.3%	54.3%	TBC
West Midlands	41%	47.0%	46.0%	50.0%	TBC
England	48.0%	49%	50%	51%	TBC

Please note that if we only include those we are 'in touch' with then actually 55.2% of our care leavers aged 19, 20 and 21 were EET. This gives a better indication of how the leaving care service ensures that our care leavers who stay 'in touch' are in EET.

The percentage of former relevant young people aged 19-21 who were in suitable accommodation

Direction of Performance: Slight Improvement

Warwickshire saw a year but is still below average of care leavers accommodation (84%). putting this into context:

	2014/15	2015/16	2016/17	2017/18	2018/19
Warwickshire	60.4%	64.0%	76.0%	77.0%	78.0%
Statistical Neighbours	81.8%	84.2%	86.1%	85.1%	TBC
West Midlands	75.0%	80%	82.0%	84.0%	TBC
England	81.0%	83%	84.0%	84.0%	TBC

slight improvement this the 2017/18 national who were in suitable However, it is worth

- The fact that we do not have information for 8.5% of our care leavers which are deemed as in 'unsuitable accommodation' for the purposes of this indicator. This includes young people with whom the local authority are not in touch, young people who refused contact and young people who no longer require services.
- If we only include those we are in touch with then actually 86.1% of our care leavers aged 19-21 are in suitable accommodation. This gives a better indication of how the leaving care service ensures that our care leavers who stay 'in touch' are in suitable accommodation.

Warwickshire age UK

CareQuality Commission

Warwickshire & West Mercia Community Rehabilitation Company — PROBATION

NHS Coventry and Rugby Clinical Commissioning Group

Cafcass — Children and Family Court Advisory and Support Service

WARWICKSHIRE CAVA — COMMUNITY & VOLUNTARY ACTION

NHS Coventry and Warwickshire Partnership NHS Trust

Princethorpe College

WARWICKSHIRE FIRE & RESCUE SERVICE

NHS George Eliot Hospital NHS Trust

WARWICK DISTRICT COUNCIL

healthwatch Warwickshire

VoiceAbility

Warwickshire County Council

NHS University Hospitals Coventry and Warwickshire NHS Trust

NHS West Midlands Ambulance Service University NHS Foundation Trust

Warwickshire POLICE

NHS South Warwickshire NHS Foundation Trust

BOROUGH RUGBY COUNCIL

North Warwickshire Borough Council

STRATFORD-ON-AVON DISTRICT COUNCIL

NHS South Warwickshire Clinical Commissioning Group

Police and Crime Commissioner Warwickshire

National Probation Service

NHS Warwickshire North Clinical Commissioning Group

Nuneaton & Bedworth

The Polesworth School ENSURING EXCELLENCE

NHS England

Working for Wellbeing in Warwickshire

Director of Public Health Annual Report 2019

Warwickshire
County Council

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Acknowledgements

Foreword

I am very pleased to welcome our Director of Public Health's (DPH) Annual Report for 2019, which this year focuses on work, and the health and wellbeing of our working age population - a key aim of our Year of Wellbeing 2019.

With our working age population growing and ageing, and 1 in 3 reporting at least one long-term condition, it is a priority for us all to support the health and wellbeing of those aged 16-64.[1]

Being in work is good for health and wellbeing. Our employment rates are high, but this varies greatly between different groups, with only half of disabled people in employment. Employment not only impacts on our health and wellbeing, but it impacts on businesses, the economy and wider society.[2]

To progress the work and health agenda we must work collaboratively with our partners from across the private, public and voluntary and community sectors to create good jobs and healthy workplaces for all.

This year's report will be a great tool to highlight the importance of work on health and wellbeing. Together we are **working for wellbeing in Warwickshire**.

Councillor Les Caborn
Portfolio Holder – Adult Social Care and Health
Warwickshire County Council

Introduction

The theme of this year's annual report explores the impact of work on the health and wellbeing of the working age population. Nationally, there has been a huge drive to improve wellbeing in the workplace, which is highlighted within the report in some of the key strategies and policies. This theme was chosen for good reason as the potential for further health gain and wellbeing in this population group is considerable.

Chapter 1 of my report provides an overview of the health and wellbeing of Warwickshire's population. **Chapter 2** introduces the evidence base for the impact of work on wellbeing and **Chapter 3** focuses on workplace health and those who are out of work but seeking work in Warwickshire. This chapter also signposts to **Support for Warwickshire Residents**. **Chapter 4** provides progress on last year's recommendations. The **Glossary** at the end of the report will help you to understand key terms.

This year's **recommendations** focus on how we can work together to improve the health and wellbeing of our working age population.

Helen King
Interim Director of Public Health
Warwickshire County Council

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Recommendations 2019

Reflecting on the key challenges highlighted in this report, I believe the following recommendations will improve the health of the working age population in Warwickshire.

1. The workplace provides an opportunity for the promotion of health and wellbeing. Warwickshire County Council (WCC) and partners should work with businesses of all sizes to enable them to support employee health and wellbeing. Businesses should recognise wellbeing as a key element of core business as healthy employees are more productive, are less likely to take sickness absence and are more likely to remain in work.

2. The public sector is a key employer across Warwickshire employing in the region of 12% of the working age population. The public sector should promote messages about wellbeing and self-care to this group as it provides the opportunity to: improve their own health and wellbeing; influencing their social circle and family as well as improving their interaction with customers and patients.[3]

3. Workplace wellbeing is a key focus for the Place Forum and Year of Wellbeing 2019. The Forum should promote "Thrive at Work" which provides a framework enabling all employers to support the health and wellbeing of their staff.[4]

4. WCC, businesses and partners should work with the Department of Work and Pensions, and other partners, to provide programmes of support to improve the health and wellbeing of those out of work, to enable them to gain employment should they choose to do so.

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Chapter 1:
The picture of health and wellbeing in Warwickshire

This chapter provides an update on the health and wellbeing of our local population at district/borough, county and clinical commissioning group (CCG) levels. At a Warwickshire level, health and wellbeing is generally reported as good compared to England and there have been many improvements in the population's health over the last twelve months.

Warwickshire has an estimated population of **571,010**. Over the period 2016 to 2041, the population in Warwickshire is expected to increase by **53,250** (9.5%); Rugby Borough is expected to have the greatest population growth (14.3%) and Stratford-on-Avon District the least (6.7%) (figure 1).[5,6]

It is projected that the population of those aged 85 years and over in Warwickshire will increase by **116%** by 2041. This has an impact on the working age population, as by 2041, **3 in 4** adults will have dependants (those aged 0-15 years old and/or 65+).[6]

Figure 1: Population in Warwickshire
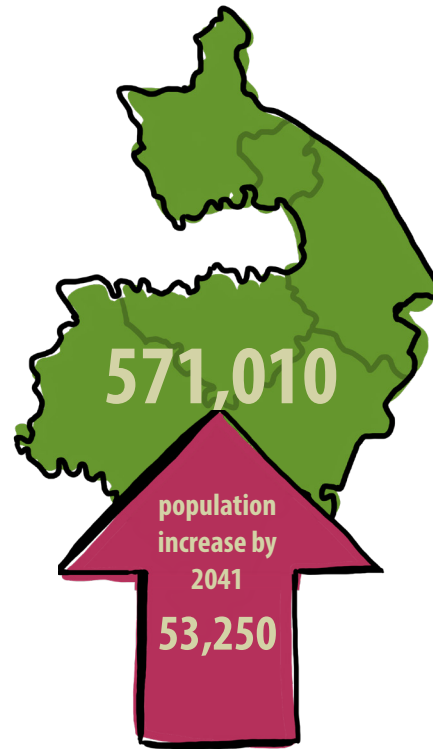
Source: ONS mid-2018 population estimates[5]

Figure 2: Warwickshire population by age and gender

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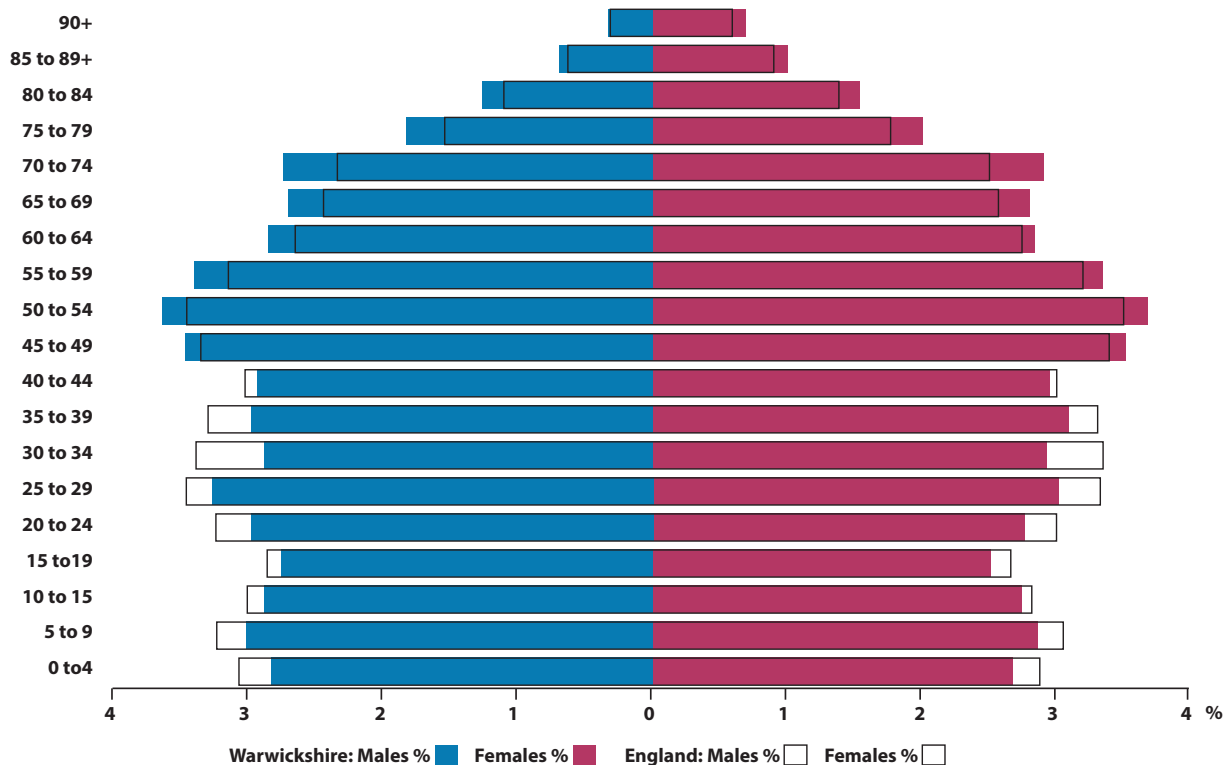
Life expectancy and healthy life expectancy:

In Warwickshire, life expectancy at birth is significantly better for females (83.7) compared to England (83.1) and similar for males (Warwickshire - 79.8, England - 79.6). These figures have remained relatively stable over the last five years. This is reflected nationally as improvements in life expectancy have slowed during the second decade of the 21st century.[7]

Healthy life expectancy, particularly in males, continues to decline. In 2015-17, Warwickshire's healthy life expectancy for males at birth fell to 64.0 years from 66.2 years in the previous reporting period (2014-16) and is no longer significantly better than the national average (63.4 years). Healthy life expectancy at birth for females remains stable (66.2 years), however, it remains significantly higher than the England average (63.8 years).[7]

The gap between life expectancy and healthy life expectancy is known as the 'window of need'. **While it is good that we are living longer, the window of need shows that much of the additional time is spent in poor health, 15.8 years for men and 17.5 years for women** (figure 3). Years spent in poor health impact on families and workplaces, and increases pressure on health and social care services. The 'window of need' for males in Warwickshire is 0.4 years narrower than the England average and for females is 1.8 years narrower than the England average (19.3 year gap for females nationally and 16.2 year gap for males nationally).[7]

Figure 3: Warwickshire life expectancy and healthy life expectancy at birth

FEMALE

Life expectancy

2015-17

83.7 YEARS

Window of need
17.5 years

Healthy life expectancy

2015-17

66.2 YEARS

MALE

Life expectancy

2015-17

79.8 YEARS

Window of need
15.8 years

Healthy life expectancy

2015-17

64.0 YEARS

Source: Public Health England, 2019

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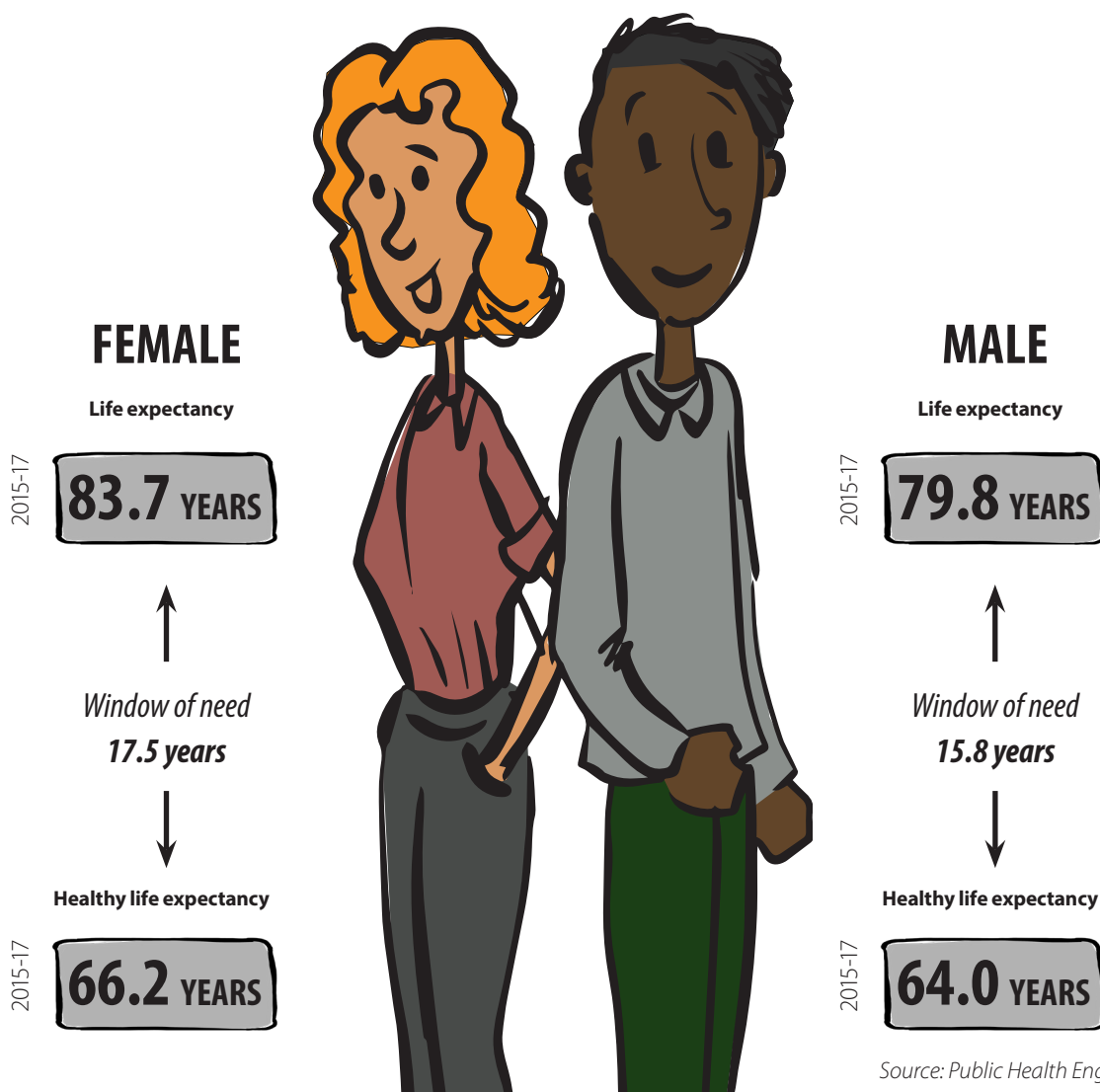
There have been improvements in core areas of public health and in some of the wider determinants that affect health:[7]

The under 75 mortality rate from cancer has fallen from **131.0** per 100,000 in 2014-16 to

(England 134.6)

127.6 per 100,000 in 2015-17

Under 18s conception rate has fallen

from 18.7 per 1,000 in 2016

to **17.5 in 2017**

(England 17.8)
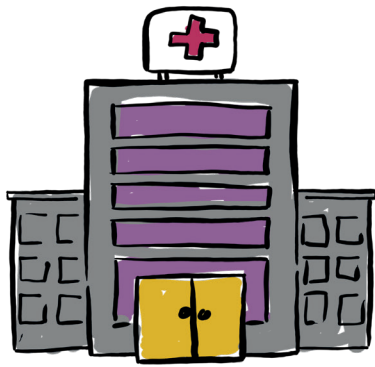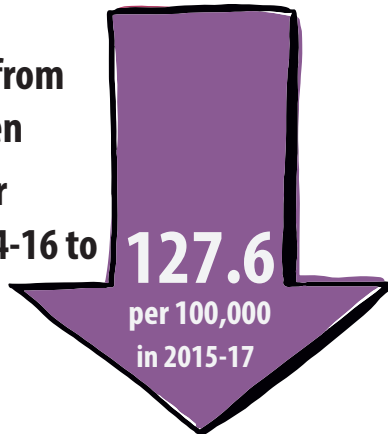
477.1 per 100,000

Hospital admissions in 2017/18 as a result of self-harm in people age 10-24 this has reduced from 500.8 in 2016/17

(England 421.2)

The percentage of young people who are not in employment, education or training (NEET) has decreased from **6%** in 2016 to

(England 6%)

3.8% in 2017

The percentage of people aged 16-64 who are in employment has increased from **79.5%** in 2017 to **80.2%** in 2018

(England 75.6%)
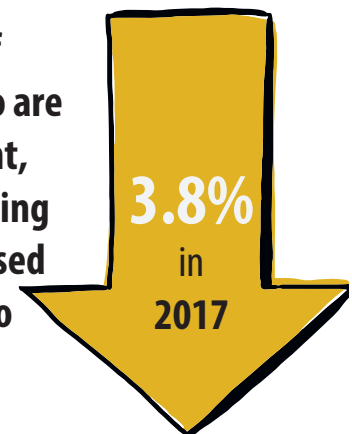
The percentage of pupils achieving a GCSE at grade 9 to 5 in Maths and English has increased from **48.1%** in 2016/17 to **48.7%** in 2017/18

(England 43.5%)

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Warwickshire continues to face a number of public health challenges:[7]

14.1%
of adults smoke
(18 years and over)
2018

(England 14.4%)

The mortality rate from suicide is

11.3 per 100,000
(2015-17)

(England 9.6)

62.4%
of adults are classified as overweight or obese (2017/18)

(England 62.0%)

49.6 per 100,000
under 18s are admitted for alcohol specific conditions (2015/16-17/18)

(England 32.9%)

118.3 per 10,000
children aged 0-14 years admitted to hospital for unintentional/ deliberate injuries (2017/18)

(England 96.4)

10.1% of women smoking in pregnancy
(2017/18)

*(England 10.8%)
(national target
6% or less by 2022)*

Clinical Commissioning Group (CCG) Health and Wellbeing Profiles

There are 3 CCG organisations commissioning health services in Warwickshire. Table 1 includes information on both the services provided and the health of the population served.[7]

Table 1: CCG health and wellbeing profiles

Compared to England:
● *Better* ● *Similar* ● *Worse*

		Coventry and Rugby CCG	South Warwickshire CCG	Warwickshire North CCG	England	
Estimated dementia diagnosis rate age 65+	%	63.5	60.5	60.2	68.7	*Aug 2019*
Depression: recorded prevalence QOF % (aged 18+)	%	9.1	10.6	8.5	9.9	*2017/18*
People entering IAPT (in month) as % of those estimated to have anxiety/depression	%	21.1	20.2	21.6	19.1	*Mar 2019*
People on primary care mental health register/with SMI with a comprehensive care plan	%	79.8	83.5	78.1	78.2	*2017/18*
Hospital admissions as a result of self-harm (10-24 years)	DSR per 100,000	406.8	458.0	473.6	407.0	*2017/18*
Prevalence of diabetes QOF (aged 17+)	%	6.7	5.7	7.6	6.8	*2017/18*
Hospital admissions due to substance misuse (15-24 years)	per 10,000	63.6	66.9	95.8	85.2	*2015/16-2017/18*
Infant mortality	per 1,000	4.8	3.4	5.4	3.9	*2015-17*
Females, 50–70 years, screened for breast cancer in last 36 months (3 year coverage)	%	69.1	73.0	74.6	72.1	*2017/18*
Persons, 60–74 years, screened for bowel cancer in last 30 months (2.5-year screening coverage)	%	57.7	63.5	59.8	59.6	*2017/18*
Females, 25–64 years, attending cervical screening within target period (3.5 or 5.5 year coverage)	%	70.0	74.8	72.1	71.7	*2017/18*

Source: Public Health England, 2019

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Table 2: Warwickshire Health Profile 2019

Table 2 shows the current health performance of the Warwickshire County and allows comparisons of performance between the districts and boroughs. The values are coloured to indicate statistical significance compared to England. This is the most recent compiled and published data as of 6th August 2019. [7]

● Better ● Similar ● Worse

Short name	Unit	Eng	Warwickshire	North Warwickshire	Nuneaton & Bedworth	Rugby	Stratford-on-Avon	Warwick	Period
Under 18 conceptions	per 1,000	17.8	17.5	18.6	22.0	21.8	11.1	14.2	2017
Low birth weight of term babies	%	2.8	2.4	2.4	2.6	3.4	1.7	1.9	2017
Breastfeeding initiation	%	74.5	Not published data quality issues	61.2	61.1	82.6	81.2	80.2	2016/17
Smoking prevalence in adults	%	14.4	14.1	14.4	16.6	23.1	9.4	9.9	2018
New sexually transmitted infections	per 100,000	784	548	537	675	554	466	505	2018
5 year olds free from dental decay	%	76.7	78.4	79.3	71.8	78.1	82.6	80.9	2016/17
Overweight & obese (reception)	%	22.4	22.3	27.2	23.5	22.9	22.7	17.7	2017/18
Overweight & obese (Year 6)	%	34.3	31.7	31.9	37.6	33.6	28.4	26.0	2017/18
Hospital admissions for unintentional and deliberate injuries in children (aged 0-14 years)	per 10,000	96.4	118.3	91.9	111.7	153.0	110.5	113.5	2017/18
Overweight & obese (adults)	%	62.0	62.4	70.6	71.9	65.8	56.4	52.8	2017/18
Incidence of TB	per 100,000	9.2	5.5	3.6	7.8	5.6	2.9	6.4	2016-18

Indicator	Units								Period
Suicide rate (aged 10+)	per 100,000	9.6	11.3	12.4	14.2	9.8	10.7	10.1	2015-17
Infant mortality (under 1 year)	per 1,000 live births	3.9	4.2	3.1	6.4	3.5	2.7	3.9	2015-17
Mortality rate from causes considered preventable (all ages)	per 100,000	181.5	171.8	179.3	213.1	178.6	147.2	153.2	2015-17
Under 75 mortality rate: cardiovascular	per 100,000	72.5	66.8	75.7	79.9	68.2	53.7	62.4	2015-17
Under 75 mortality rate: cancer	per 100,000	134.6	127.6	124.3	145.7	127.0	120.3	120.3	2015-17
Hip fractures in people aged 65 and over	DSR per 100,000	578	615	668	713	515	516	694	2017/18
Emergency hospital admissions for intentional self-harm (all ages)	per 100,000	185.5	157.7	107.6	154.9	187.0	174.3	155.0	2017/18
Killed or seriously injured on the roads*	per 100,000	40.8	62.6	105.5	31.6	75.0	75.1	50.9	2015-17
Hospital admissions for alcohol-related conditions (Under 18 years).	per 100,000	32.9	49.6	48.7	67.9	49.8	40.1	39.5	2015/16-2017/18
Sickness absence - the percentage of working days lost due to sickness absence	%	1.1	1.4	1.3	3.1	0.8	0.2	1.3	2015-17

The values are coloured Red, Amber and Green (RAG) to indicate statistical significance compared to England. RAG ratings are affected by small numbers for some indicators.

*This includes all people (residents & non-residents) killed or seriously injured on Warwickshire roads.

Source: Public Health England, 2019

Place-based approach to understanding our health and wellbeing needs

Warwickshire JSNA

Warwickshire's Joint Strategic Needs Assessment (JSNA)

WCC is embarking upon a programme to develop place-based assessments of population health known as a Joint Strategic Needs Assessment (JSNA). The JSNA identifies the health and wellbeing needs of local communities. Twenty-two geographic areas, each covering populations of around 30-50,000 people, have been defined across Warwickshire and a detailed needs assessment is being produced for each area. These needs assessments will inform the development of health and social care services across Warwickshire. The JSNA process involves engagement with local stakeholders and communities and is being delivered in three waves (see below and figure 4).[8]

Wave 1 *- complete*	**Wave 2** *- complete*	**Wave 3** *- to be completed*
1 Polesworth	8 Bedworth West	5 Nuneaton Common and West
2 Kingsbury	9 Bedworth Central and Bulkington	7 Weddington, Horeston Grange and Whitestone
3 Coleshill and Arley	13 Hillmorton	10 Rugby Rural North
4 Atherstone and Hartshill	14 Bilton and Town Centre	11 Rugby Rural South
6 Nuneaton Central	18 Cubbington, Lillington and Warwick District East	15 Warwick and Warwick District West
12 Newbold and Brownsover	20 Stratford-upon-Avon	17 Kenilworth
16 Leamington, Whitnash and Bishops Tachbrook		21 Wellesbourne, Kineton and Shipston
19 Henley, Studley and Alcester		22 Southam
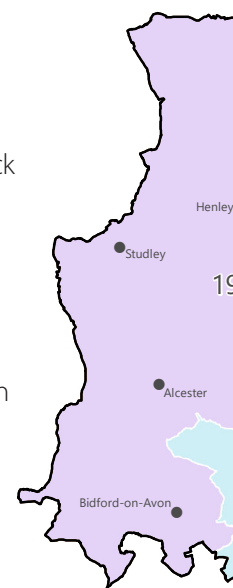
Emerging themes and issues have been identified in Wave 1, these include:

- Transport
- Housing and homelessness
- Healthy lifestyles
- Mental health and wellbeing
- Children and young people

- Older people and an ageing population
- Carers and young carers
- Deprivation
- Population growth

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Figure 4: Map of Warwickshire JSNA geographies
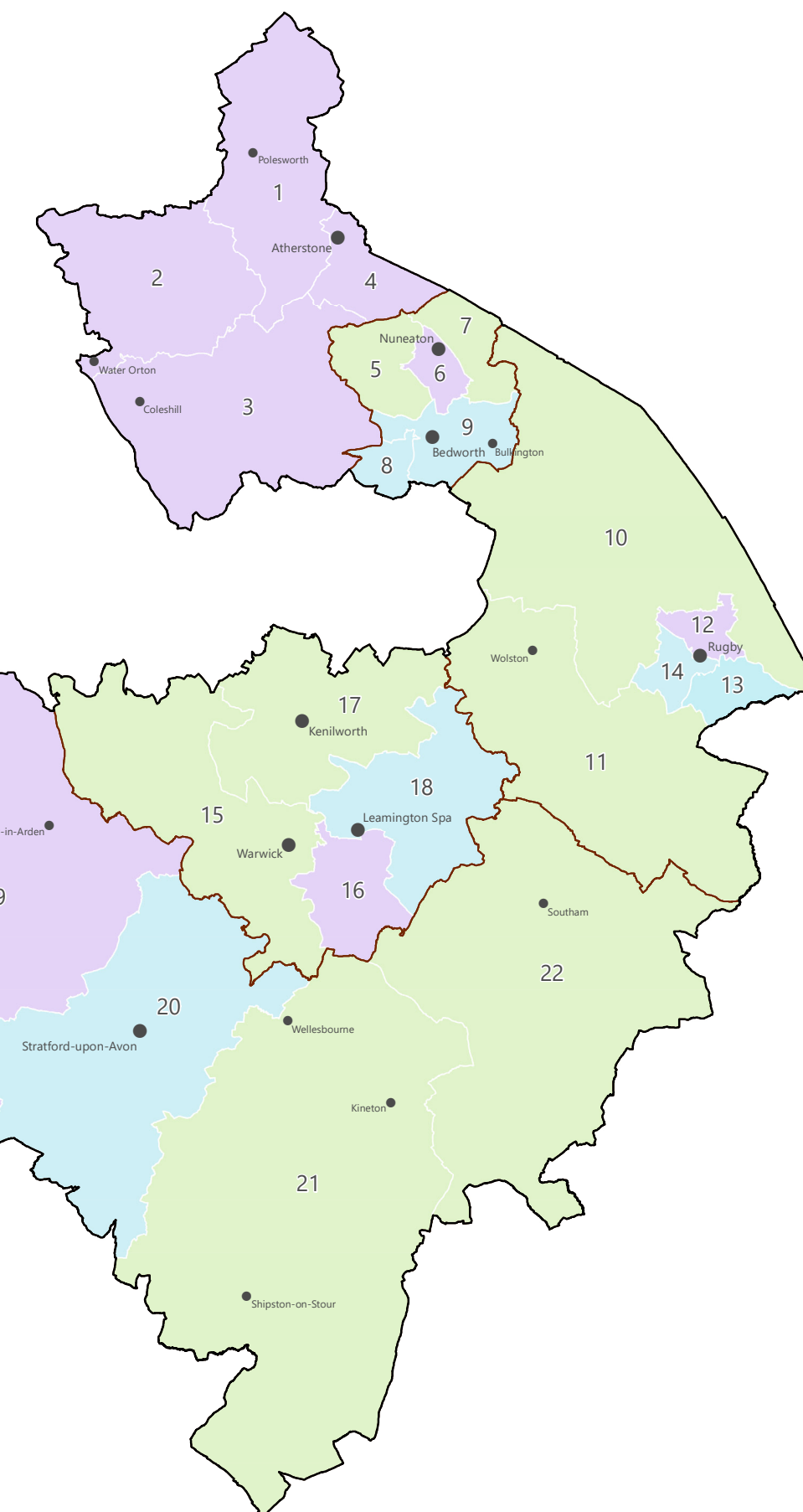
Why look at data at this level?

Example - childhood obesity
In Warwickshire, the proportion of children aged 4-5 years old who are overweight (including obese) is **22.3%** (similar to England - 22.4%). By year 6, **31.7%** (better than England - 34.3%) of 10-11 year olds are overweight (including obese), an increase of over 450 children (2017/18).

However, when analysing the data at JSNA level there is **significant variation across the county over a five year period (2013/14 - 2017/18)**

Reception (4-5 year olds)
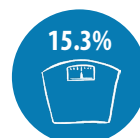
15.3%
Kenilworth
(lowest)
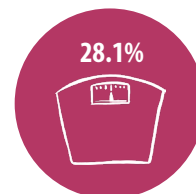
28.1%
Atherstone and Hartshill
(highest)

Year 6 (10-11 year olds)

21.8%
Cubbington, Lillington and Warwick District East
(lowest)

37.1%
Bedworth Central and Bulkington
(highest)

For more information: warwickshire.gov.uk/jsna

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Chapter 2:
Work, health and wellbeing:
health of the working age population in Warwickshire

Key terms:
Working age population – those aged 16-64 years old
Wellbeing – is about feeling good and doing (or functioning) well

Background

There is a strong relationship between work, health and wellbeing. Being in a secure good quality job has a positive impact on healt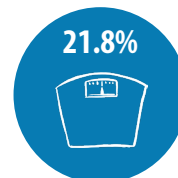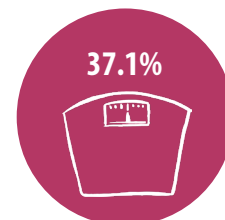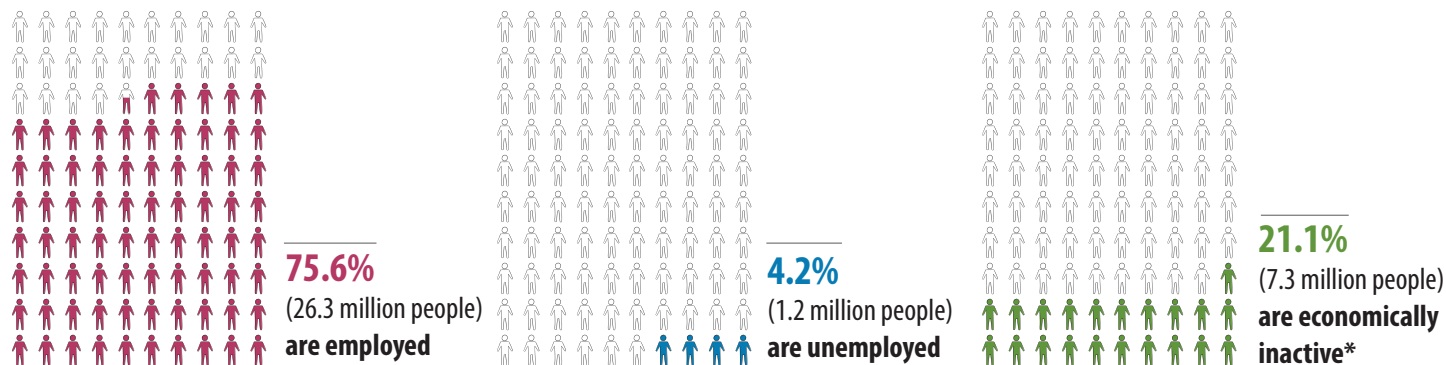h, whilst being unemployed or having insecure employment is generally bad for health. Work, health and wellbeing impacts on individuals, families, communities, and wider society, and has been identified as a key public health issue. The connection between work and health is highlighted by Public Health England and within the recently published NHS Long Term Plan. Locally, the Coventry and Warwickshire Health and Care Partnership (HCP) also emphasises the importance of good working conditions.[9,10,11]

The working age population (those aged between 16-64 years) has been increasing across England and in Warwickshire. However, this population is forecast to fall between now and 2030 and then (in Warwickshire) will remain static over the next 25 years. Despite this, the number of jobs in the county is set to increase and this will likely have an impact on congestion (in-commuting), skills shortages and recruitment difficulties for employers. The vast majority of the working age population are in employment and will spend a great proportion of time at work (figure 5).[3,6]

Figure 5: Estimated working age population (April 2018 - March 2019)[3]

England

75.6% (26.3 million people) **are employed**

4.2% (1.2 million people) **are unemployed**

21.1% (7.3 million people) **are economically inactive***

Warwickshire

80.2% (273,000 people) **are employed**

2.4% (6,700 people) **are unemployed**

17.9% (60,900 people) **are economically inactive***
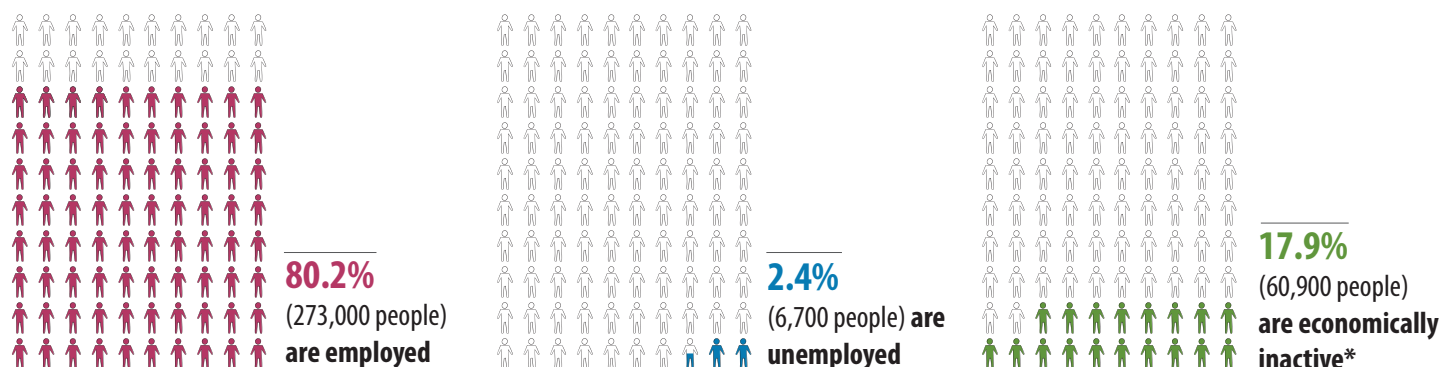
*People not in employment who have not been seeking work within the last four weeks and/or are unable to start work within the next two weeks.

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The health of the working age population

People are living and working longer. The number of people working aged 50-64 is increasing and fewer people are retiring early. While it is good that people are living longer, much of the additional time is spent in poor health which can impact on a persons' work, their ability to work, and ultimately their quality of life.[1]

In the UK:[1]

1 in 3 working age people in England **have a health condition**
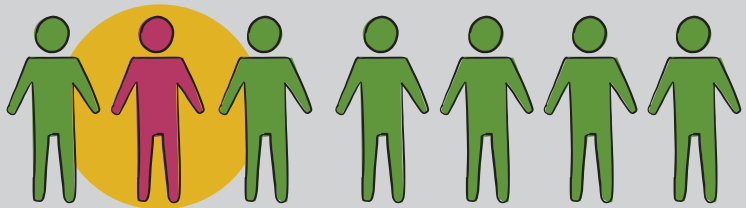
1 in 7 working age people in England report having **more than one** long-term condition

Long-term conditions are more prevalent in older people

15% 16 to 24
21% 25 to 44
42% 45 to 64
57% 65 to 74
69% 75+
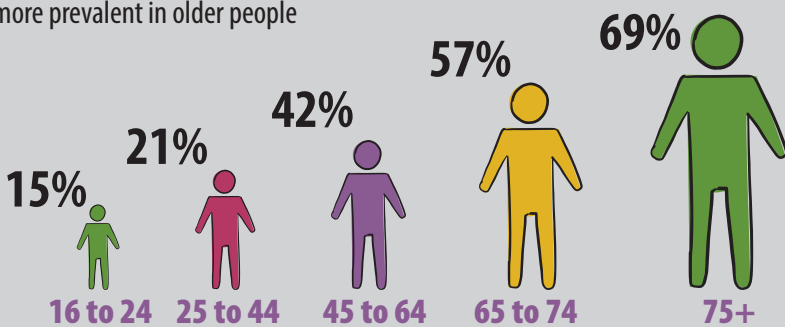
Over half of people with a long term condition say their health is a barrier to the type or amount of work they can do, this rises to over **80%** when someone has **3 or more conditions**
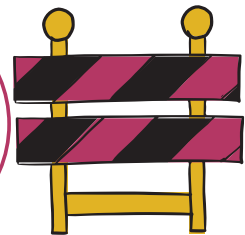
People in the **most deprived communities** have a **60%** higher prevalence of long-term conditions than those in the **least deprived**

43 YEARS

The workforce is projected to get older. The **average age** is predicted to increase from **39 in 2016** to **43 by 2030**

52% of employees from **unskilled** occupations experience long-term conditions compared to just **33%** of those from **professional** occupations
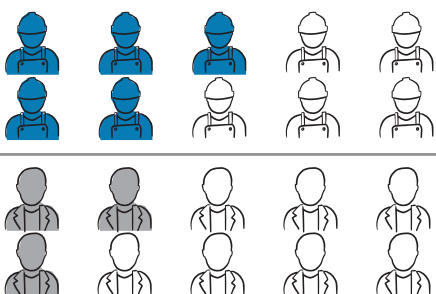
By **2030**, **40%** of the working age population will have a long-term condition
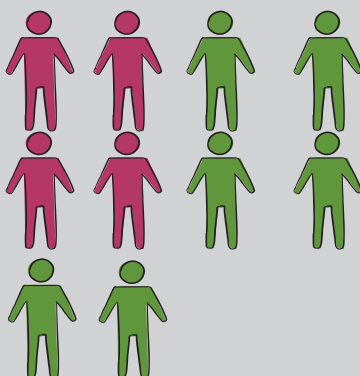
Almost 1 in 6 people of working age have a diagnosable mental health condition

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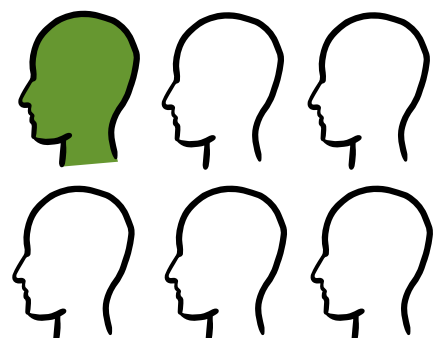
Relationship between work and wellbeing

Work is a key factor that influences health and wellbeing (figure 6).[12]

Figure 6: Factors that influence health and wellbeing
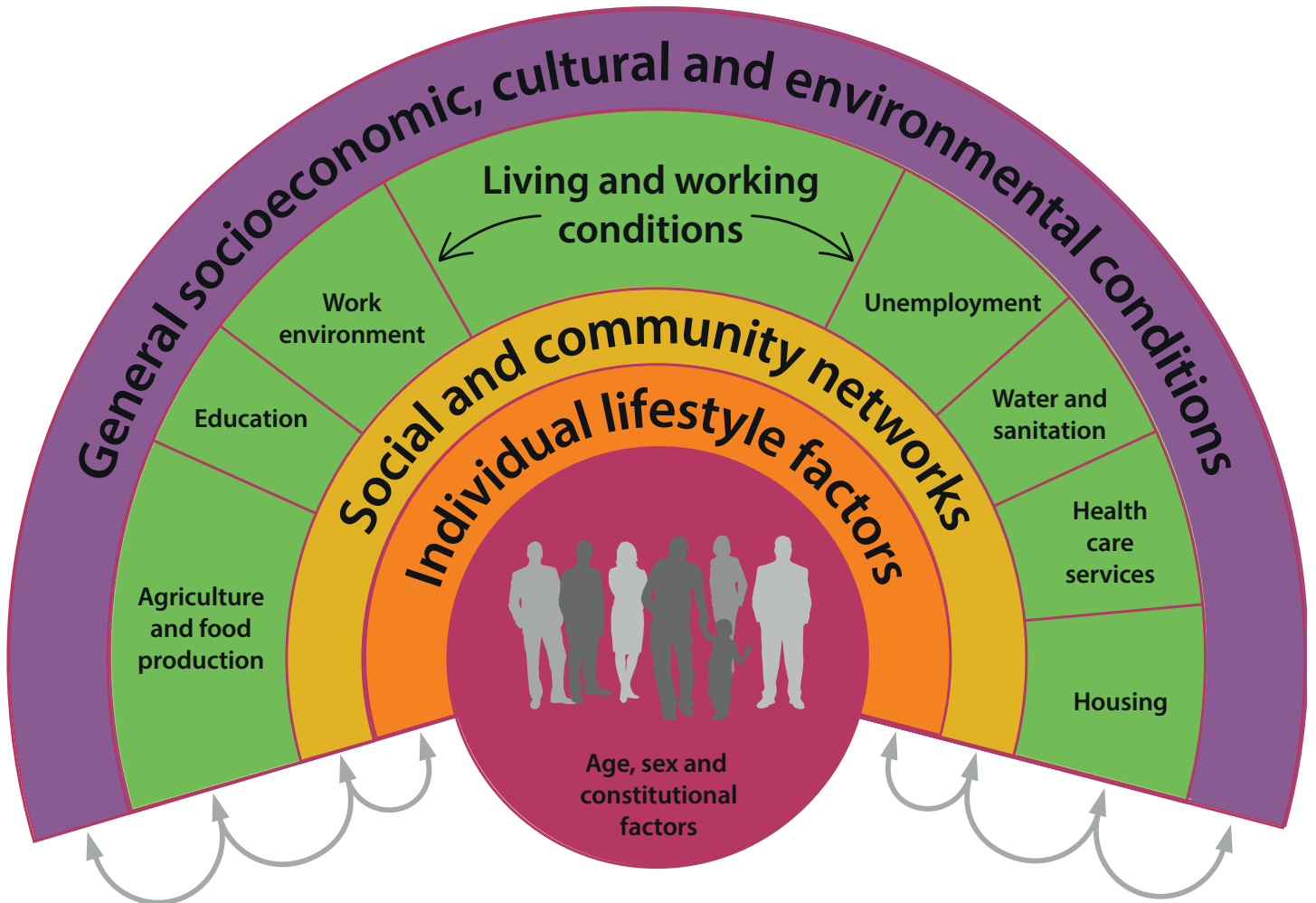
Source: Dahlgren and Whitehead, 1991

The relationship between work and health is complex and varies between individuals. Overall there is clear evidence that being in work is beneficial to health and wellbeing, whilst in general being out of work is associated with poorer health outcomes.

The following **chapter** will explore in more detail the relationship between health, work and wellbeing of the working age population in Warwickshire. The focus will be on those who are in paid employment as this is the majority of the working age population (**3.1**). The chapter will also explore the health and wellbeing of those out of work but seeking work (**3.2**). These have been selected to illustrate the impact of work on health and wellbeing. It is recognised there are other groups within the working age population who are not in paid employment and are not seeking work for example students, early retirees, volunteers, stay at home parents and carers. Their health and wellbeing needs would also need to be considered to improve the overall health and wellbeing of the working age population in Warwickshire.

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Chapter 3
3.1 Workplace health and wellbeing

Workplace wellbeing is a huge challenge facing employers. Creating a healthy workplace protects and improves the health and wellbeing of all employees. It also ensures that appropriate support is given to people living with disabilities and long-term health conditions, enabling everyone to thrive at work.[13]

A healthy workplace will encourage people to stay in work and where possible return to work. **There is strong evidence that a healthy workforce increases productivity and reduces costs, which is good for businesses and the economy (figure 7).** [14]

Figure 7: The health and work cycle
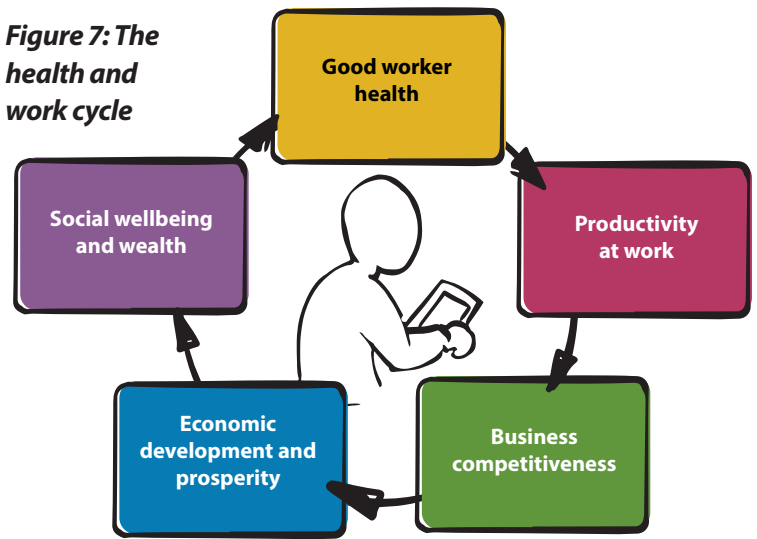
The Warwickshire Picture

Employment rates in Warwickshire **(80.2%)** are higher than the average for England **(75.6%)** and the average for the West Midlands region **(69.0%).** Of those employed, **13.7%** are self-employed. Employment rates vary across the county (table 3). The highest employment rate is in Warwick District **(85.6%)** and the lowest employment rate is in Nuneaton and Bedworth Borough **(74.0%).**[3]

In general, employment rates are high but there are variations between different groups. For example, there is a substantial employment rate gap between those living with or without a disability.[3]

Estimates for 2017 indicate that there is approximately **1 job** per person in Warwickshire although this varies by district and borough, with most jobs being in North Warwickshire Borough (**1.3** per person) and the least in Nuneaton and Bedworth Borough **(0.7).** The majority of Warwickshire's workforce is employed in the private sector (table 4).[3]

Table 3:
Warwickshire employment rate 2018 - aged 16-64 years (April 2018 - March 2019)

	No.	%
North Warwickshire	31,500	82.7
Nuneaton & Bedworth	57,300	74.0
Rugby	54,600	83.9
Stratford-on-Avon	52,600	75.1
Warwick	77,100	85.6
Warwickshire	273,000	80.2
England	26,264,100	75.6

Table 4 :
Employment sector in Warwickshire

Warwickshire Employees	Public Sector	Private Sector
Full-time	8.6%	91.4%
Part-time	18.6%	81.4%
All employees	11.8%	88.2%

The three largest employment sectors in Warwickshire:[3]

 51,000 people (17.2%) Wholesale and retail trade
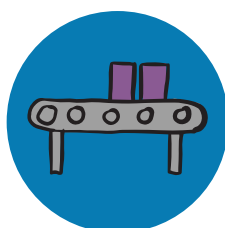
 35,000 people (11.8 %) Manufacturing

 31,000 (10.5%) Health and Social Work

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The health of employees in Warwickshire

In the UK[1,13]

1 in 3
with a long-term condition have not discussed it with their employer

1 in 8
have a mental health condition

1 in 4
have a physical health condition, of whom 1 in 5 also have a mental health condition

1 in 10
have a musculoskeletal condition

The data below provides further insight into the current health and disability of the Warwickshire employees:[3]

Employment rate
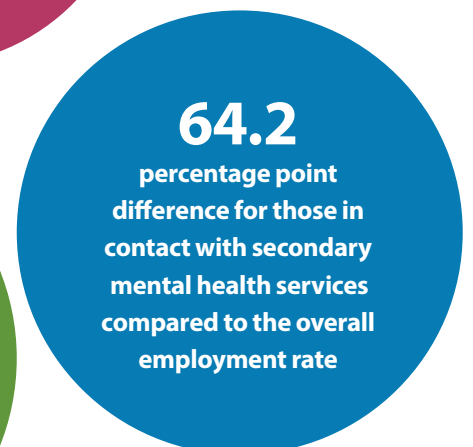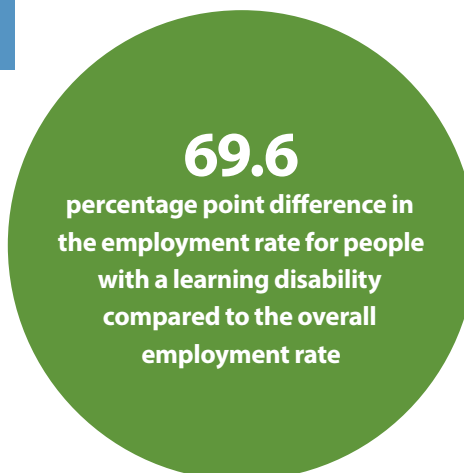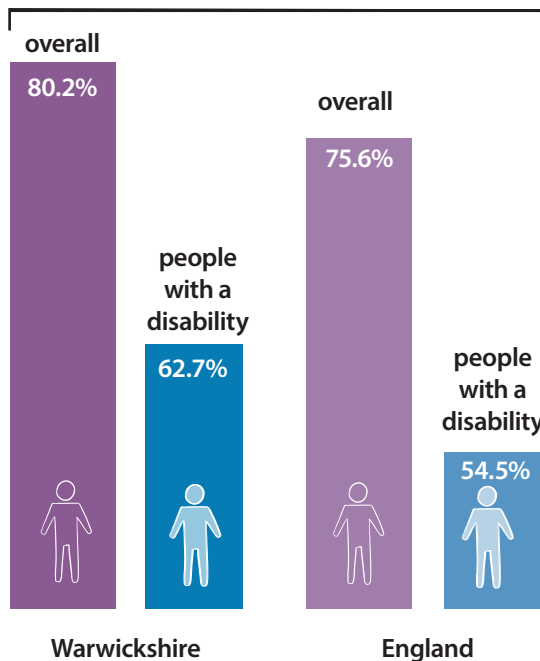
overall
80.2%

people with a disability
62.7%

Warwickshire

overall
75.6%

people with a disability
54.5%

England

12.9
percentage point difference for those with long term conditions compared to the overall employment rate

64.2
percentage point difference for those in contact with secondary mental health services compared to the overall employment rate

69.6
percentage point difference in the employment rate for people with a learning disability compared to the overall employment rate

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Warwickshire - 12.4% (1,660)
England - 12.3% (214,620)

Sickness absence provides an indication of how well businesses are supporting staff health and wellbeing.[15]

Estimated annual sickness absence:

137.3 **million days** lost due to sickness in the UK

1.4 **million days** lost to sickness in Warwickshire

Main causes in the UK:

34 million days — **minor illnesses** (including coughs and colds)

30.8 million days — **musculoskeletal problems** (including back and joint pain)

15.8 millions days — **stress, depression and anxiety**

Cost of sickness absence, worklessness and health-related productivity losses:

England
over £100 billion annually
£100 bn

Warwickshire
over £1 billion annually
£1 bn

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Good work is good for you and good for business

"Having a job is good for our health, but the quality of our jobs makes the difference. Ensuring people have a safe, encouraging and supportive working environment will help keep them well and in work for longer. This is something that all employers can and should take steps to achieve." [2]

Duncan Selbie, Chief Executive, Public Health England

To improve the health and wellbeing of employees we need to ensure everyone has the opportunity to experience good work as evidence suggests that good work has a positive impact on employee health. There is no universal definition of good work however, the Health Foundation UK have identified four key attributes:[2]

'Just about managing' - households falling short of achieving the minimum income standard but who are not in poverty or destitute.[17]

For work to support a healthy life it should:

1. Pay fairly and offer lasting security:

Having a fair income and job security is important for people's health and wellbeing as it can enable a good quality of life.[2]

Despite unemployment remaining at its lowest level since the mid-1970s, in-work poverty is at its highest point in 20 years.[16]

In 2016 the government introduced the national living wage to encourage people into work.[16]

It is estimated in Warwickshire that 12.6% of the population (72,000 people) are 'just about managing'. Households that are 'just about managing' tend to sit just above the poverty line and, although they may be struggling financially, they are likely to fall short of meeting criteria for financial support.[17]

Evidence shows that job insecurity and/or a lack of job control are strongly related to long-term health conditions such as cardiovascular disease and poor mental wellbeing.[18]

2. Ensure good working conditions:

Good working conditions mean everyone should be safe and comfortable at work and have secure contracts.[2]

The working environment can be physical (e.g. office layout, temperature) and psychosocial (e.g. organisational culture, support at work) and both can impact on health and wellbeing. Working conditions are an important source of job satisfaction and impact on work motivation and relationships between employees.[19]

Permanent contracts positively impact on health compared to short-term contracts. Research shows that those on zero hours contracts are at a greater risk of reporting poor mental health than those in secure jobs.[19]

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3. Enable a good work life balance:

Good work ensures employees have a balance between their work and personal lives. [2]

A good work-life balance may vary from person to person and can be determined by a variety of factors, such as hours spent at work. Flexible working is a way of working that suits an employee's needs, such as flexible start and finish times, or working from home. [19]

Research shows greater flexibility within a role can increase the sense of control that an individual feels at work, and provides opportunities to improve work-life balance and health and wellbeing. Flexible employment can reduce barriers to employment for people with caring responsibilities and/or health conditions.[19]

4. Provide training and opportunities to progress:

Good work allows staff to gain skills and progress. Providing training and development opportunities (e.g. apprenticeships, internships, in-work training) makes employees more likely to engage in work, develops job satisfaction and improves performance.[20]

Research shows further training and education creates happier and more productive employees. Most employers recognise a highly skilled workforce is good for business.[13]

Local research with employers has highlighted a skills shortage in Warwickshire. The Coventry and Warwickshire Chamber of Commerce conducted a survey with local businesses and over half of respondents reported a skills shortage within their workforce.[21]

Benefits of good employment:[13]

Healthier and happier employees:
- Are more productive
- Take less time off sick
- Remain in employment
- Are less likely to retire early

Healthy working environments have higher levels of:
- Employee attraction
- Employee retention
- Employee morale
- Job satisfaction
- Productivity

A healthy workforce positively impacts on our economy and society due to:
- Increase in productivity
- Increase in income tax receipts
- Decrease in long-term sickness
- Decrease in healthcare costs

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National and local strategies and policies

There are a wide range of national and local strategies, policies and initiatives which are driving improvements in workplace health for example:

National:

Improving Lives: The Future of Work, Health and Disability paper was published by the government in 2017. The paper sets out plans to transform employment prospects for people living with disabilities and those with long-term health conditions over the next 10 years. The action plan within the paper covers three areas:

- Welfare: creating a sustainable welfare and employment support system that operates in tandem with the health system and as part of strong wider local partnerships to support people into work when they are ready;

- Health system: availability of effective occupational health and wellbeing services within but also beyond the NHS, giving access for everyone, including small businesses and the self-employed; and

- Workplace: working with employers, managers and supervisors to create healthy workplaces.[22]

Industrial Strategy was published by the government in 2017. The aim of this strategy is to improve productivity by backing businesses to create good jobs and increase the earning power of people throughout the UK with investment in skills, industries and infrastructure. The strategy sets out four 'grand challenges', one of which is meeting the needs of an ageing society, which is of great importance to the work and health agenda. A more localised West Midlands Local Industrial Strategy has also been developed to translate the national ambitions to the issues and opportunities that exist within the West Midlands region.[23,24]

Thriving at Work: the Stevenson/Farmer review of mental health and employers 2017 makes six recommendations for employers on managing mental health at work. These include:
- having a mental health at work plan
- promote mental health to employees
- provide support for employees to talk about their mental health and signpost to support
- provide employees with control and a sense of purpose over their work
- ensure managers manage people properly
- ensure regular checks on employees mental health and wellbeing[25]

Local:

Thrive at Work is one of the West Midlands Combined Authority 2018/19 priorities. It is an accreditation scheme which aims to encourage and empower employers to take an active role in supporting their employees' wellbeing. There are 23 local businesses committed to the programme so far including all Warwickshire Health and Wellbeing Board member organisations. [4]

Coventry & Warwickshire Year of Wellbeing 2019 is an initiative to encourage everyone to feel good and function well. It is a unique partnership between Coventry and Warwickshire Health and Wellbeing Boards - the first of its kind in the country. One of the key objectives is to work to improve health and wellbeing at work in the voluntary, public and private sectors.[26]

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Evidence of best practice to improve workplace health and wellbeing

An effective health and wellbeing strategy should be at the heart of every organisation and include good policies to create and maintain a healthy workforce to improve the health and wellbeing of the working age population.[13]

A workplace health and wellbeing strategy should include:

☐ Good recruitment and workplace policies e.g. flexible working policies

☐ Good management training for all managers

☐ Good staff engagement, communication and consultation

☐ Access to schemes which improve skills, provides training and education e.g. apprenticeship schemes

☐ Training of employees to become "wellbeing champions"

☐ Offering wellbeing training for staff such as Making Every Contact Count (MECC), Five Ways to Wellbeing training, Mental Health First Aid training

☐ Encouraging healthy behaviours in the workplace e.g. regular breaks, eating well, smokefree workplaces, active travel to work - promoting the Coventry and Warwickshire 'Choose How You Move' campaign - **warwickshire.gov.uk/activetravel**

☐ Promoting uptake of local health and wellbeing services and initiatives for example:

- NHS Health Checks - **healthcheck.nhs.uk**

- Fitter Futures Warwickshire - weight management, physical activity and healthy lifestyle services - **warwickshire.gov.uk/fitterfutures**

- Mental health and wellbeing - **warwickshire.gov.uk/mentalhealth**

- Drugs and alcohol - **warwickshire.gov.uk/drugsandalcohol**

- Stop smoking - **warwickshire.gov.uk/quit4good**

For more services and initiatives visit - **warwickshire.gov.uk/health**

☐ Providing access to occupational health services

☐ Measuring and monitoring sickness absence levels and using data to develop support

☐ Conducting an annual workplace health needs assessment

☐ Committing to a workplace wellbeing accreditation scheme such as 'Thrive at Work' - **wmca.org.uk/what-we-do/**

An effective workplace health and wellbeing strategy will:[13]

Create a working environment where staff feel happy, healthy, valued and motivated. This will increase morale and engagement and improve recruitment and retention of employees

Have wellbeing at the core of the organisation which will improve productivity

Promote a culture where staff take ownership for their own wellbeing, managers lead by example, are trained and proactively supporting the health and wellbeing of their staff

Recommendations for employers:

Develop or work towards a workplace wellbeing strategy, which employees can contribute to. The wellbeing strategy should include policies, from recruitment and retention of employees, through to managing the physical and mental health and wellbeing of employees.

Case studies
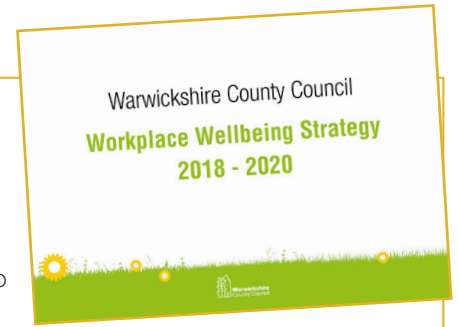
Workplace Health and Wellbeing Strategy - Warwickshire County Council (WCC)

Scenario
Health and wellbeing of the workforce is at the heart of WCC's core behaviours, and WCC want to continue to improve the health and wellbeing of employees.

Intervention
A Workplace Health and Wellbeing Strategy was launched in 2018 which sets out the vision and commitment for improving staff health and wellbeing. The key themes of the strategy include: staff engagement, communication and awareness, mental health and the Year of Wellbeing.

WCC initiatives:
- A new, proactive occupational health service and employee assistance programme
- A "Wellbeing Wednesday" promoting health and wellbeing campaigns, information and signposting to Workplace Wellness and the Year of Wellbeing initiatives
- Recruitment, training and promotion of WCC Health and Wellbeing Champions to support teams and staff
- WCC have signed up to the "Thrive at Work" commitment, working to attain the Bronze Level which focuses on: enablers of health, mental health, musculoskeletal health and healthy lifestyles
- Resilience and mindfulness training sessions
- Delivery of mental health awareness and wellbeing sessions for teams
- Employee carers group

Outcome
WCC staff are more engaged and aware of wellbeing information, support and initiatives. The annual staff survey found a 5% increase in response to 'employee wellbeing being promoted at work'. Sickness absence has reduced from 9.87 to 9.51 (days lost per full time equivalent employee) in 2018/2019.

'Thrive at Work' - Citizen Advice South Warwickshire (CASW)

Scenario
Citizen Advice South Warwickshire (CASW) employees provide a front line welfare role to the public. Employees engage with a large number of people with complex needs, which often puts them under significant pressure.

Intervention
The service manager signed a commitment to take part in the trial 'Thrive at Work' programme. CASW feel the programme will provide them with tools and resources to significantly enhance their approach to workplace wellbeing.

Outcome
CASW are working towards achieving an accreditation award for Workplace Wellbeing. They are currently focusing on mental health, musculoskeletal health, lifestyles, social value and improving policies and management practices to better support colleagues with their health and wellbeing. Activities are planned for the year to help them on their journey to a healthier, happier workplace.

Find out more about 'Thrive at Work' programme at **www.wmca.org.uk/what-we-do/thrive/thrive-at-work/**

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Key terms:
Unemployed – is generally defined as someone of working age not working, but looking for work.
Worklessness – the state of being without paid work.

Background

The overall employment rate in England is at a near historic high of 75.6%, however for certain groups it can be much lower. For example, only around half of people living with disabilities in the UK are in work, and 600 people give up work every day due to caring responsibility.[3,27]

Employment should be open to all who want to and have the capacity to work. Many people who are out of work want to work, and could do so with the right support. It is therefore important that everyone is supported to gain employment and maintain economic independence for themselves and their families, especially as they age. Enabling people to obtain or retain work, and be productive within the workplace, is a crucial part of economic success and key to improving health and wellbeing.[22]

Public Health England's return on investment tool identifies nationally:[13]

Every person moving from worklessness to employment would save...

£12,035
per person over a 1 year period

£540
to local authorities

£85
to the NHS

£11,410
to government

The Warwickshire picture

Overall, Warwickshire's unemployment rates are low (**2.4%**) when compared with the national (4.1%) and regional (4.7%) averages. Unemployment rates vary across the county (table 5). The lowest unemployment rate is in Warwick District (**2.7%**) and the highest unemployment rate is in Nuneaton and Bedworth Borough (**4.2%**). Overall, in Warwickshire, unemployment rates have been steadily declining since 2016.[3]
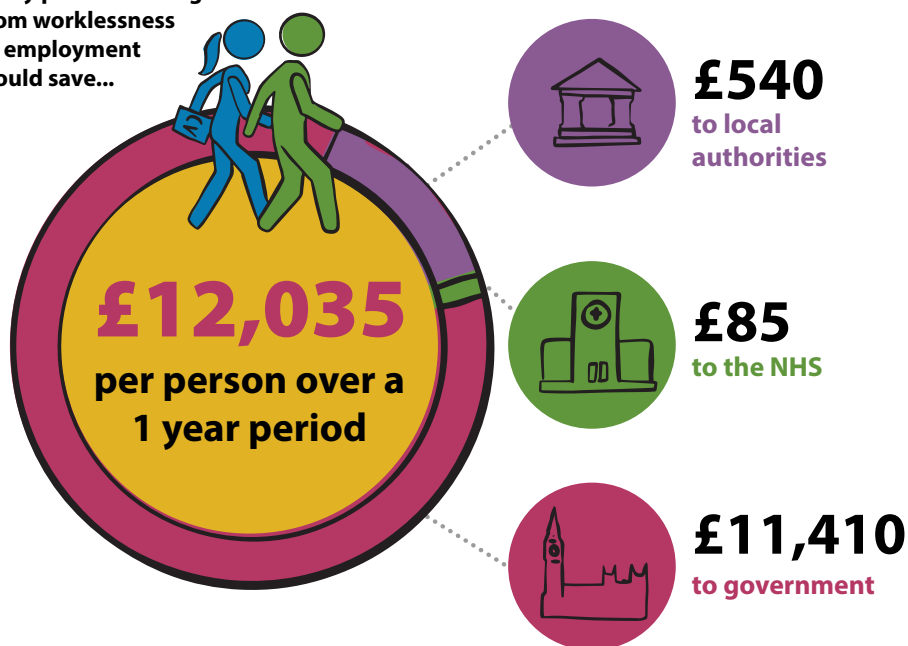
Table 5:
Warwickshire unemployment rate 2018 (16+ years)

	Number	%
North Warwickshire	1,000	2.9
Nuneaton & Bedworth	2,600	4.1
Rugby	2,000	3.4
Stratford-on-Avon	1,700	2.8
Warwick	2,200	2.7

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Groups at higher risk of being out of work

Research shows that certain groups are at higher risk of being out of work, for example:

Young people (16-24 years old)[7]	**Black, Asian and Minority Ethnic (BAME) groups[28]**	**Lower socioeconomic groups[19]**
People living with physical and learning disabilities[22]	**People with long term conditions[22]**	**Those in contact with secondary mental health services[29]** / **Those with caring responsibilities[27]**

Impact on health and wellbeing

There is clear evidence that unemployment is detrimental to health and wellbeing and that the longer the period of unemployment, the greater the impact on health.[13]

Physical
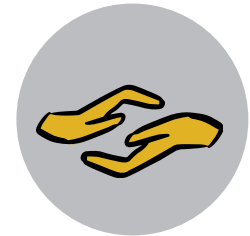
Increased risk of:

- long-term illness
- cardiovascular disease
- making unhealthy lifestyle choices e.g. smoking, drug and alcohol misuse

Mental

Increased risk of:

- depression
- anxiety
- low self esteem

Social

Increased risk of:

- social isolation
- loss of networks
- relationship breakdowns

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National and local strategies and policies

There are a wide range of national and local strategies, policies and initiatives to support those out of work to get into work for example:

National:

Equality Act 2010 states that employers must make reasonable adjustments to ensure that people living with disabilities can do their jobs as well as someone without a disability. A reasonable adjustment could be changing the physical layout of the work environment.[30]

The government's Improving Lives: The Future of Work, Health and Disability paper 2017 sets out actions to implement across three settings; employment system, workplace and health services. Key actions relating to those out of work, seeking work are around:

- A welfare system which offers people living with a disability and those with long-term health conditions personalised and tailored support adapted to their needs, and which links them to healthcare and other services for support.

- Continuing to build the capability of Jobcentre Plus work coaches to deliver tailored support, and continue to build positive relationships with customers.

- Ensuring individuals can access personalised and tailored employment support.

- Continuously improving the assessment process so that people experience a streamlined assessment and are able to easily access the employment support they need – paving the way for future reform and improvement of the system.

- Empowering those furthest away from the labour market (Employment and Support Allowance (ESA) Support Group and its equivalent in Universal Credit (UC)) who wish to seek employment or develop their skills to do so.[22]

Local:

Warwickshire County Council Careers Strategy (2019/20 - 2024/25) includes assisting those who may be looking for work or training. The strategy has five key priorities:[31]

- Raising awareness of the range of career and employment opportunities locally, inspiring residents of all ages to develop their education and skills as far as possible.

- Building the capacity of education providers to deliver effective and sustainable careers support and advice.

- Providing targeted support and help to the most vulnerable learners.

- Improving alignment of demand and supply of skills, now and in the future.

- Encouraging and enabling businesses to recruit from a richer and wider talent pool.

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Evidence of best practice to prevent unemployment and supporting those out of work who are seeking work

Below are examples of the factors that need to be considered to prevent people being unemployed and support those out of work, who are seeking work.
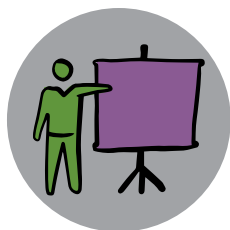
Education and training

Early intervention for those at higher risk of becoming 'not in education, employment or training' (NEET) to prevent unemployment among young people. For example, extend career guidance in schools to include earlier promotion of apprenticeships, as well as pathways into them. This must also apply to services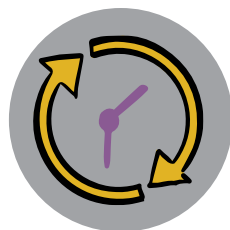 supporting young people who are not in formal education or training. Education and training opportunities need to then be accessible to support people to find and remain in meaningful employment. For example, internships for people with special educational needs and disabilities (SEND).[32]

Flexible working

Research suggests flexible working opportunities will better support the needs of carers, people living with disabilities and long-term health conditions. For example, flexible working locations.[22]

Assistive technologies

New advances in technology offer more opportunities than ever before to improve outcomes for people living with disabilities and long-term health conditions. Assistive technology can be highly specialised and designed to overcome a specific impairment or difficulty, such as embossing machines that can produce hard copies of information in braille. More common assistive technologies can also be used, such as a smartphone voiceover which reads out text on a screen for those who are visually impaired.[33]

Individual Placement and Support Programmes

An individual placement and support (IPS) scheme is recognised as the most effective way to support people with mental health problems to gain and keep paid employment. It involves intensive, individual support, a rapid job search followed by placement in paid employment, and time-unlimited in-work support for both the employee and the employer.[34]

Workplace

Employers need to be supported to create healthy workplaces to enable people to enter and remain in employment. This includes having effective workplace health and wellbeing strategies and policies in place to provide employment opportunities for all. For example, work experience for young people at higher risk of NEET, in-work skills development and training, and apprenticeships for all ages.[22]

Recommendations:

Private, public, voluntary and community sector and partners should work together to ensure support programmes are in place to prevent unemployment and support those back into work if they choose to do so.

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Case studies

Breakthrough Programme

Scenario

The client was unable to work due to anxiety and depression and living on benefits had resulted in debts.

Intervention

A referral to the Breakthrough Programme meant the client was supported to reclaim benefits, apply to a trust fund and arrangements were made with creditors. Budgeting advice was also given and a sustainable payment plan for debts and priority payments made. The client was also supported to complete employment application forms.

Outcome

As the support continued and debts were dealt with, the client's mood and confidence improved resulting in securing employment locally. The client felt they could not have done this without support from the Breakthrough Programme.

Note: The Breakthrough Programme is jointly funded by the European Social Fund and the National Lottery
Community Fund. The programme led by Bedworth Rugby and Nuneaton Citizens Advice
(BRANCAB) working in partnership with the other Citizens Advice Services in Coventry and Warwickshire and Groundworks West Midlands.

Warwickshire Employment Rights Service

Scenario

Warwickshire Employment Rights Service (WERS) assisted a client who experienced problems at work. The client had been on sick leave for approximately six months, due to suffering from anxiety and depression.

Impact on health and wellbeing

During this period there had been very little contact from the client's employer which was making the client feel even more anxious about the situation, especially as the client had received a 'fit note' from their GP stating that they could return to work with amended duties.

Intervention

The client attended an appointment with WERS, who made contact with the client's employer to assist with a phased return to work and to act as a mediator. WERS were able to suggest some reasonable adjustments to the client's position to enable them to return to work. This included the use of various tools which enabled the client to notify their line manager if they needed a few minutes away from their desk as they were becoming stressed.

Outcome

After a 12 week period the client returned to work full time and the reasonable adjustments had been put in place. WERS supported the client and employer during the phased return to work. The client and employer can receive further support from WERS in the future if required.

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"Making Space" – Warwickshire Mental Health Service User Co-production Service

Scenario

The client's mental illness led to them leaving their job. Prior to working the client had been to university and straight into employment. The client was aware there was something not quite right with their health over a number of years, but continued to carry on as normal.

Impact on health and wellbeing

A long period of unemployment led to the client's mental health declining and they were sectioned under the Mental Health Act.

Intervention

The client wanted to return to work but struggled to find employment. The client then heard about Making Space and began working as a volunteer and is now employed part-time.

Outcome

The clients confidence and wellbeing have improved and they have a renewed sense of purpose and structure in their life. The client describes work as an important part of their life.

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Below are some examples of national and local services available to support local residents

Workplace health and wellbeing

Citizens Advice - provides general information and impartial advice to residents on a variety of topics including money, work, health, benefits, housing - **citizensadvice.org.uk**

The Centre for Research in Social Policy - has produced a Minimum Income Standard Calculator to help people understand if they are earning enough for a decent standard of living i.e. they are able to buy the goods that they need to - **minimumincome.org.uk**

Thrive at work - this WMCA initiative aims to encourage and empower employers to take an active role in supporting their employee's wellbeing. It's free to sign up to and places of work can achieve a bronze, silver or gold standard - **wmca.org.uk/what-we-do/thrive/thrive-at-work**

Warwickshire credit unions - available across Warwickshire, credit unions are non-profit making money cooperatives. Members can borrow money from pooled deposits at low interest rates - **creditunions.co.uk/warwickshire**

Warwickshire Employment Rights Service (WERS) - provides residents with confidential specialist employment law advice - **warksemprights.wixsite.com/home**

Public Health England's workplace health needs assessment - this document gives employers of all types and sizes a tool for carrying out workplace health needs assessments, and provides practical workplace health advice - **gov.uk/government/publications/workplace-health-needs-assessment**

Public Health England and Business in the Community employer toolkits - a range of free evidence-based toolkits for employers, all co-produced with business leaders and topic expert charities. Examples of toolkits include: musculoskeletal health, physical activity, healthy eating and healthier weight and suicide prevention - **wellbeing.bitc.org.uk/tools-impact-stories/toolkits**

Warwickshires mental health and wellbeing services - free services to support Warwickshire residents - **warwickshire.gov.uk/mental health**

Warwickshire County Council five point plan - provides support to businesses to tackle the skills shortage in Warwickshire - **i.warwickshire.gov.uk/tackling-skills-shortages-2018-campaign**

Out of work but seeking work

ReThink - delivers an Individual Placement Support (IPS) scheme for people with mental health conditions across Warwickshire - **rethink.org/help-in-your-area/groups-in-your-area**

WISE Ability - supports those who are disadvantaged or have a disability to find and keep employment. - **wiseability.co.uk**

Jobcentre Plus - is part of the Department of Work and Pensions which delivers working-age support and a skills gap service. There are 6 job centres within the county. Their offer includes training, careers advice, access to mental health support, citizen's advice and other local partnerships via a job coach. The centres implement the national "Access to work" programme which helps those with a disability start or stay in work, and the work and health programme which supports those out of work to find and keep a job - **gov.uk/contact-jobcentre-plus**

Building Better Opportunities programmes The National Lottery Community Fund and the European Social Fund (ESF) have invested in local projects tackling the root causes of poverty, promoting social inclusion and driving local jobs and growth. Three local programmes in Warwickshire:

- Accelerate **accelerate.org.uk**
- Progress **groundwork.org.uk/Pages/Category/building-better-opportunities-progress**
- Breakthrough - **bbobreakthrough.org.uk**

For more information on health and wellbeing services and initiatives in Warwickshire including:

- mental health and wellbeing
- weight management, physical activity, healthy eating
- active travel
- drugs and alcohol
- smoking

warwickshire.gov.uk/health.

Guide for employers visit: **warwickshire.gov.uk/publichealthannualreport**

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Progress on 2018 recommendations

This chapter outlines progress with the recommendations made in last year's annual report, which were endorsed by the Warwickshire Health and Wellbeing Board in September 2018. The report entitled, '**Eat, Sleep, Selfie, Repeat**' focused on the impact of social media on young people's health and wellbeing. Great progress has been made in a relatively short period of time. It is expected that further progress will be made throughout 2019/20 as partners continue to work together. If your organisation would like to share further progress on these recommendations please contact - **dphadmin@warwickshire.gov.uk.**[35]

Recommendation

Progress

1. Social media can improve access to physical and emotional health and wellbeing information. Warwickshire County Council (WCC) and local NHS partners need to recognise that social media is potentially the best method to engage, inform and signpost young people to information, support and services.

WCC invited young people to participate in the reprocurement of the Warwickshire School Health and Wellbeing Service. Young people led a session and challenged the potential providers on the use of social media. The contract has been awarded to Compass.

WCC are working towards developing a social media account to engage with young people. Promoting services such as the School Health and Wellbeing Service (**warwickshire.gov.uk/schoolhealthandwellbeing**) and Respect Yourself website (**respectyourself.info**).

WCC have been invited to speak at the Public Health England Annual Conference 2019 to share the findings of social media research with partners.

2. Tackling the resilience of young people in a social media world is urgent. All partners need to demonstrate that we adequately resource and work in partnership to protect our young people from harm through social media.

WCC Cybercrime Advisors deliver sessions which include protecting young people from harm through social media:

- 'Preventing online grooming' sessions for parents, carers and teachers. Includes: risks of social media and how to keep young people safe e.g. parental controls of social media platforms.

- Online safety sessions for young people includes: how to keep personal information safe, how to avoid the risks of location sharing services, cyber bullying and cyber stalking, sexting and image based sexual abuse (delivered to the appropriate age group), general cyber safety tips (passwords, email etc.) and also where to report a cyber crime and seek psychological and emotional support – **cybersafewarwickshire.com**

Recommendation

Progress

3. **We need to take account of the influence that social media can have on promoting healthy lifestyle choices (including getting enough sleep, being physically active and having a balanced diet). Resources aimed at promoting healthy lifestyles and support for young people should be adapted to reflect this.**

In 2019/20 Warwickshire School Health and Wellbeing Service will employ a dedicated communications lead who will work with the Warwickshire Youth Parliament to develop a plan to communicate with young people using social media.

WCC actively promote the PHE Rise Above campaign (**campaignresources.phe.gov.uk/schools/topics/rise-above/overview**) which includes how schools can effectively educate students on a range of subjects, including:

- Bullying and cyberbullying
- Online stress and fear of missing out (FOMO)
- Body image in a digital world
- Forming positive relationships

4. **Social media can influence relationships in both a positive and negative way. We should ensure that Relationship and Sex Education, as part of the broader Personal Social and Health Education (PSHE) curriculum, includes information on how social media can impact on relationships and how to prevent inappropriate relationships and contact with others online.**

Social media and the impact of this, both negative and positive, is embedded within all WCC Relationship and Sex Education (RSE) training for professionals:

- Avoiding the OOPS
- Its only Banter
- Breaking the Taboo
- RSE Foundation

and school programmes for young people:

- All About Me (primary schools)
- Doing It (secondary schools)

WCC Cybercrime team cover the impact on relationships within the online training for young people (see recommendation 2).

5. **Social media dependency may be detrimental to health and wellbeing. We should raise awareness to help young people, parents and carers recognise the signs and symptoms of this and provide information on where to seek support.**

WCC Cybercrime team raise awareness of the impact of social media dependency within the online session for parents, teachers and carers.

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Glossary

Apprenticeship - a way to gain the skills, knowledge and experience you need to get into many careers. They combine work, training, and study, letting you 'earn while you learn'.

Breastfeeding initiation - the mother is defined as having initiated breastfeeding if, within the first 48 hours of birth, either she puts the baby to the breast or the baby is given any of the mothers breast milk.

Cancer screening - can detect cancers at an early stage and in some cases, even prevent cancers from developing in the first place. Screening is not the same as the tests a person may have when doctors are diagnosing or treating cancer.

Carer - anyone that has an unpaid caring role for another person, such as a family member or friend, above what would be normally expected.

CCG - clinical commissioning groups were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

Commissioning (Public Health) - planning, setting up and contracting of a service.

Deprivation - covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. The English Indices of Deprivation 2015 use 38 separate indicators, organised across seven distinct domains of deprivation which can be combined, using appropriate weights, to calculate the Index of Multiple Deprivation 2015 (IMD 2015). This is an overall measure of multiple deprivation experienced by people living in an area.

Directly Standardised Rate (DSR) - the rate of events that would occur in a standard population if that population were to experience the age specific rates of the subject population.

Economically inactive - people not in employment who have not been seeking work within the last 4 weeks and/or are unable to start work within the next 2 weeks.

Economy - the activities of a region, measuring the use of products, goods, services and resources available and what people spend.

Employment Support Allowance (ESA) - offers financial support to those who are unable to work, and personalised help so that you can work if you're able to. A person can apply for ESA if they are employed, self-employed or unemployed.

Fit note - a record given by a doctor, of someone's ability to work. This may include suggestions for adaptations to their normal work, to enable them to return to work earlier than would otherwise be achievable.

Five Ways to Wellbeing - evidence suggests there are 5 actions to improve personal wellbeing: connect, be active, take notice, keep learning, give.

Health and wellbeing champion - role of a health and wellbeing champion is to support the overall health and wellbeing programme of an organisation by encouraging colleagues to think about and act on improving their health and wellbeing, both mentally and physically.

Health outcome - a change in the health status of an individual, group or population.

Healthy life expectancy at birth - the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.

IAPT - Improving Access to Psychological Therapy services are for people with mild, moderate and moderate to severe symptoms of anxiety or depression.

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

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

Job density - this figure is calculated to show how many jobs in an area per person living in that area, eg a job density of 1 means that there is 1 job for every working age person living in that area.

Joint strategic needs assessment (JSNA) - looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning (buying) of health, well-being and social care services within a local authority area.

Just about managing (JAM) - households that are 'just about managing' tend to sit just above the poverty line and, although they may be struggling financially, they are likely to fall short of meeting criteria for financial support.

Life expectancy at birth - the average number of years a person would expect to live based on contemporary mortality rates.

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

Low birth weight - recorded birth weight under 2500g.

Making Every Contact Count (MECC) - is an approach to behaviour change that utilises the millions of day to day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing. MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health.

Mortality - the number of deaths in a given area or period, or from a particular cause.

Musculoskeletal condition - any injury, disease or problem with muscles, bones or joints.

National living wage - is higher than the National Minimum Wage - workers get it if they're over 25.

Not in Education Employment Training (NEET) - people not in employment, education or training (age 16-24).

Obese - adults are defined as obese if their body mass index (BMI) is greater than or equal to 30kg/m2. In children, obesity is defined as BMI greater than or equal to the 95th centile for population monitoring, 98th centile for clinical assessment (UK90 BMI reference).

Overweight - adults are defined as overweight if their body mass index (BMI) is 25-29.9kg/m^2.

Place Forum - comprises the two health and wellbeing boards for Coventry and Warwickshire plus the Sustainability and Transformation Partnership (STP). Forum sets the vision and principles for how the health, care and wellbeing system will work together.

Poverty - those whose lack of resources forces them to live below a publicly agreed minimum standard.

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

The Quality and Outcomes Framework (QOF) - is a voluntary reward and incentive programme. It rewards GP practices in England for the quality of care they provide to their patients and helps standardise improvements in the delivery of primary care.

Severe Mental Illness (SMI) - people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired. Schizophrenia and bipolar disorder are often referred to as an SMI.

Socioeconomic - relating to or concerned with the interaction of social and economic factors.

Unemployment Rate - the proportion of people unemployed as a percentage of the economically active population.

Unemployed - is generally defined as someone of working age not working, but looking for work.

Universal Credit - is a social security payment that is intended to simplify working age benefits and to incentivise paid work, it replaces six previous means tested benefits.

Warwickshire Health and Wellbeing Board (HWBB) - the board is a statutory committee of the county council with members from the county council (Social Care and Public Health), clinical commissioning groups, district & borough councils, the Police & Crime Commissioner, NHS Provider Trusts, Healthwatch Warwickshire and NHS England. Its primary purpose is to provide strategic direction and develop shared outcomes for improving health and wellbeing in Warwickshire.

Wellbeing - is about feeling good and doing (or functioning) well.

Worklessness - the state of being without paid work.

Year of Wellbeing 2019 - a joint initiative of the Coventry and Warwickshire Health and Wellbeing Boards, which aims to inspire everyone to recognise, celebrate, and improve wellbeing. The Year of Wellbeing places a strong emphasis on the importance of workforce wellbeing, and has a focus on initiatives to reduce sedentary behaviours and promote mental wellbeing. **bettercarecovwarks.org.uk/year-of-wellbeing-2019**

Zero-hour contract - also known as casual contracts. Zero-hours contracts are usually for 'piece work' or 'on call' work, for example for interpreters. A type of contract between an employer and a worker, where the employer is not obliged to provide any minimum working hours, while the worker is not obliged to accept any work offered.

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Warwickshire County Council

healthwatch
Warwickshire

Healthwatch Warwickshire

Annual Report 2018-19

Contents

For full details of our board visit:
www.healthwatchwarwickshire.co.uk/about-us/our-board/
And for our current staff members:
www.healthwatchwarwickshire.co.uk/about-us/our-staff/

Message from our Chair

Having been Vice Chair for a number of years, I was delighted to take over as Chair in January 2019, when Robin Wensley stepped down. What do I bring to Healthwatch Warwickshire? Well, I have more than 26 years' experience of working in healthcare, the last 15 being in Warwickshire. I also live in Warwickshire and use local healthcare services. I know what a good service looks and feels like, and understand some of the frustrations and fears we all feel when things aren't going well, or if we feel our concerns are not being heard.

Our aim "to be an accessible, trusted, independent source of advice – listening, and responding effectively, to express your voice on local health and social care issues."

I know that everyone wants the best results from any involvement they, or their family, have with health and social care services. Healthwatch Warwickshire (HWW) works hard to ensure this happens. If it doesn't, then we are here to listen to your concerns and speak up on your behalf.

Partnership working is a vital component of our work, as it enables us to hear first hand the plans and initiatives for health and social care in the area. We can then strive to ensure the voice of Warwickshire people is not just heard by decision makers, but understood and really listened to. We are also here to help local services improve future provision.

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In this Annual Report, you will learn more about the work we have been doing over the past year, all of which is important to help shape your services. This year, I would like to highlight one important development - our Right to Access Project (RAP). Through the hard work of our staff and volunteers, RAP is already making a real difference to the lives of people in Warwickshire, and I am delighted that this work will continue into 2019-20.

With the ever changing health and social care landscape, and continuing political uncertainty, I am very proud of our small team of staff and volunteers, who work hard to encourage and engage with local people to help make sure that local services meet their needs. It is often a complex world they are working in but I have noticed that they never lose focus of the end result – making care better for people. Thank you.

Elizabeth 'Liz' Hancock
Healthwatch Warwickshire Chair

Changes you want to see

Last year we heard from 1,583 local people, who told us about their experience of a number of different areas of health and social care. Some of the changes you want to see include:

+ Improved access to GP services

+ A reduction in GP appointment waiting times

+ More mental health support

+ Improved public transport

About us

Shaping health and social care services that work for you

As the independent champion for people using local health and social care services, our sole focus is on understanding the needs, experiences and concerns of everyone who uses these services.

Our aim is to be a powerful voice, ensuring that Warwickshire's services meet your needs today. We also aim to amplify your input, to influence improvements that will shape the services of the future.

As Chair of Healthwatch England, it's my role to make sure your Healthwatch gets effective support and that national decisions are informed by what people are saying all over England.

If you were one of the 400,000 people who shared their experiences with us last year, I want to say a personal thank you. Without your views, Healthwatch wouldn't be able to make a difference to health and social care services, both in your area and at a national level. One example of this is how we shared 85,000 views with the NHS, to highlight what matters most, and help shape its plans for the next decade.

If you're part of an organisation that's worked with, supported or responded to Healthwatch Warwickshire, thank you too. You've helped to make an even bigger difference.

None of this could have been possible without our dedicated staff and volunteers, who work in the community every day to understand what is working and what could be better when it comes to people's health and care.

If you've shared your views with us then please keep doing what you're doing. If you haven't, then this is your chance to step forward and help us make care better for your community. We all have a stake in our NHS and social care services: we can all really make a difference in this way.

Sir Robert Francis QC
Healthwatch England Chair

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Everything we say and do is informed by you

We are here to help create health and care services that work for you. We believe that by asking local people to share their experiences, we can identify issues that, if addressed, will help to make the improvements that will benefit everyone.

Our purpose

Our purpose is to ensure that the voice of patients is heard in every decision that affects them.

Our approach

By listening to your views, and sharing your feedback with local service providers, we work collaboratively to make sure that Warwickshire's health and care services work better, for everyone.

People are at the heart of everything we do

We play a prominent role bringing communities and services together. Everything we do is shaped your views. Our staff and volunteers identify what matters most to you by:

+ Visiting services to assess their provision by speaking with the people who use them
+ Attending community group events
+ Running surveys and focus groups
+ Working with partner organisations to better understand the needs of all local people, especially seldom heard groups.

Our main job is to raise people's concerns with health and care decision-makers so that they can improve support across the county. The evidence we gather also helps us to influence future policy.
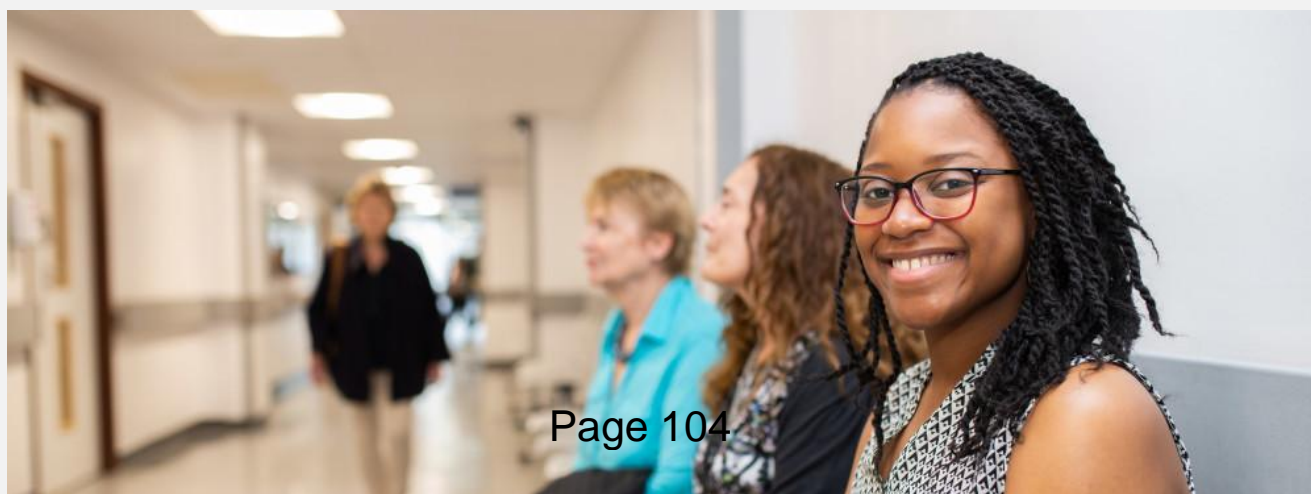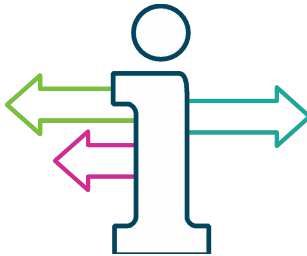
Highlights from our year

Find out how we've supported people in 2018-19

689 local people shared their feedback, telling us their experiences of local health and social care.

We have 9 volunteers, who gave up their time to respond to your feedback by visiting care homes to gather the views of staff and residents.

4,091 people accessed Healthwatch advice and information online, by phone or in person.
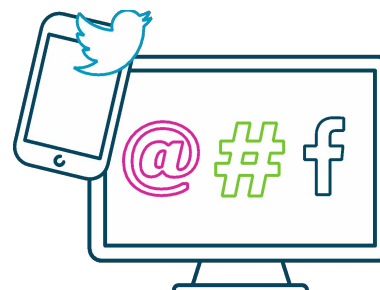
77 people attended our annual conference, which focused on the 2019 Year of Wellbeing. 400 people took part in a wellbeing survey we launched on the day.

101 people attended our Rights to Access workshop

All of the recommendations we made were adopted by local services, making health and care better for the whole community.

3,082 people engaged with us through our website and social media.

How we've made a difference

Changes made to your community

When you share your views with us, this helps us to make positive changes to Warwickshire's health and social care services. When you speak up about what's important to you and services listen, then you help us to make sure care gets better, for everyone.

Here, we share some examples of the work we've been doing to not only improve your local services, but also influence long-term national policy.

Tackling barriers to healthcare in the homeless community

Many people told us that services don't truly understand the challenges for people who do not have a home. People found it difficult to access support because they lacked a permanent address, phone number or identification.

NHS guidelines say that GP services cannot refuse to register someone because they don't have proof of address. To raise awareness of this issue, we launched our Rights to Access project (RAP) on 10th December 2018 - National Human Rights Day.

12 workshops delivered

Warwick (Kenilworth Leamington & Warwick)

738 cards distributed

101 attendees

More than 200 booklets given out

19 GP practices called

With the help of our local partners and volunteers, we created a range of literature with information on the rights of those who are homeless to access healthcare. These resources included distributable cards for those who are homeless and the agencies who support them, and information booklets on the project for GPs and agencies.

We also offered awareness training workshops for several voluntary organisations and community groups. The GP booklet was finalised with the help of South Warwickshire Clinical Commissioning Group (CCG), Healthwatch Warwickshire volunteers and Board members. The agencies booklet was finalised with the help of Warwickshire Community And Voluntary Action Rugby (WCAVA), Hope 4, Healthwatch Warwickshire volunteers and Board members.

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So far, we have delivered 12 workshops to 101 attendees in the Warwick district, and more than 200 booklets have been given out. Of those who attended workshops, 75% described the training as "excellent."

We have also given out a total of 738 of the cards at meetings, networking and training workshops, and made 19 calls to GPs. Most of the GP Practice Managers we spoke to, told us that they would see the individual the same day, asking them to register as either a temporary or permanent patient. Only one practice said that they would send the patient to A&E.

This project is ongoing, with the next wave taking place in Stratford-Upon-Avon between May and July 2019. Phase 2 of RAP will also include a letter to all GP surgeries, which will be co-signed by South Warwickshire Clinical Commissioning Group (CCG).

Delivering a RAP workshop

"Every bit of info was most effective and will be a great help in the environment we work in."

"Very informative workshop and well delivered"

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CASE STUDY: Helping a homeless man exercise his right to register with a local GP

A Healthwatch volunteer attended one of the workshops, taking some cards and booklets away with her. She then took these to her local Church, where she discussed the project.

One of the attendees of the discussion later met a homeless person who was struggling to walk, and she told him about the project.

Subsequently this man went to the Church to learn more and receive one of our cards. He then went to his GP and was able to access an appointment the same day.

The GP referred him to Warwick hospital for x-rays and physiotherapy. He was supported by the Church to attend these appointments and was given crutches by a member of the congregation.

He said that having our card had given him the confidence to go and see the GP. He now has a NHS number and, with help from the Church, has applied for a HC1 and is awaiting his HC2.

WELLBEING: What does the 2019 Year of Wellbeing mean to you?

Coventry and Warwickshire's Year of Wellbeing 2019 was announced last year by the Coventry and Warwickshire Place Forum. The Year aims to promote wellbeing by encouraging individuals and communities to think about what they can do for their wellbeing.

Some of the way it hopes to achieve this is with the promotion of existing campaigns, such as the daily mile, awareness raising through publicity campaigns, and by utilisation and co-ordination of local resources, reaching out to the third sector and encouraging organisations to make a pledge for wellbeing.
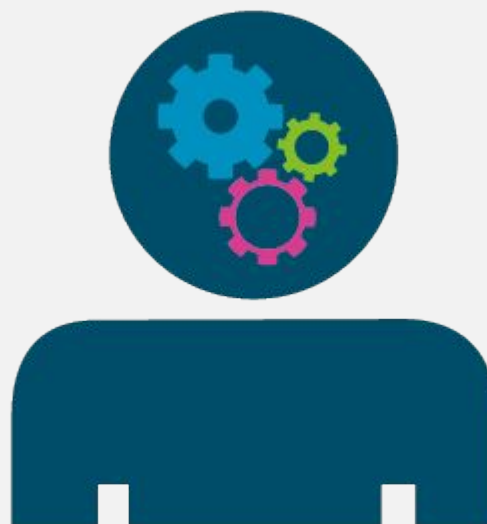
As champions of the patient voice, Healthwatch Warwickshire wanted to better understand what wellbeing means to people and what people themselves thought would improve their wellbeing. We would use this information to ensure that the public's views were heard by sharing what we learned and informing the Year of Wellbeing work.

We introduced the Year of Wellbeing project at our annual conference, on 18th October 2018. We worked with our partners to design and run workshops at this event, and on the day these sessions were facilitated by our colleagues at Rethink, Age UK and EQuIP.

The event was a success, with **77 people attending** from a variety of organisations. Attendees said that they enjoyed learning about the Year of Wellbeing, and taking part in the thought provoking discussions that followed.

As well as collecting information from the event attendees about what wellbeing means to different groups (9 protected characteristics, elderly and frail, living with dementia, long term conditions and mental health), we also launched a survey that ran for three months and consisted of one single question: **What do you think would improve your wellbeing?** This survey, which ran until the end of 2018, attracted **more than 400 responses.**

Overall, the results suggested that people would benefit from having better access to healthcare, less money troubles, being more connected socially and through transportation to a community where there are adequate services and activities (including physical activities) available. However, many of the responses individuals gave for improving their wellbeing were things outside of their control.

The full report is available on our website, and has been shared with the Health and Wellbeing Board, Adult Social Care Health Overview and Scrutiny Committee, Jane Coates (Year of Wellbeing Delivery Manager), as well as other interested partners, to inform their ongoing work.

NHS Long Term Plan

The Government is now investing an extra £20bn a year in the NHS. The NHS has produced a Long Term Plan, which sets out all the things it wants to improve across health and care services nationally. Alongside our colleagues at Healthwatch Coventry, we were asked to gather local people's views on what those changes should look like in Coventry and Warwickshire.

So far, we have met with our local partners; Better Health, Better Care, Better Value and local Clinical Commissioning Groups (CCGs), and had discussions with Healthwatch Coventry, to agree our joint priorities for the Long Term Plan. The final report on phase 1 of this work will be published in July 2019, and this piece of work will evolve based on the findings of the NHS Long Term Plan survey. We are committed to undertaking a phase 2, which will ensure that the patient and public voice continue to be heard.

Acting on your feedback

As well as focusing on our longer-term plans, which will help to improve services both locally and nationally, we also continue to act on your feedback to ensure that your local services are fit for purpose.

When concerns are raised with us about care homes we treat this information confidentially. We talk to the Care Quality Commission and Multi Agency Safeguarding Team, who may act on these concerns by carrying out their own investigations. We then decide whether to carry out an Enter and View visit to the home.

This year, our volunteer Authorised Representatives made four unannounced visits to care homes in response to information we received from the public. We visited:

+ Overslade Care Home
+ Red House Care Home
+ Park View Care Home
+ Sycamores Care Home

We found no evidence to support these particular concerns on the day of our visits, but most of the visits led to recommendations. Where recommendations were made, the Registered Managers committed to implementing them. This demonstrates that your voice matters and that by speaking up, we can make improvements to services. Please continue to share your concerns, with the trust that they will be treated confidentially.
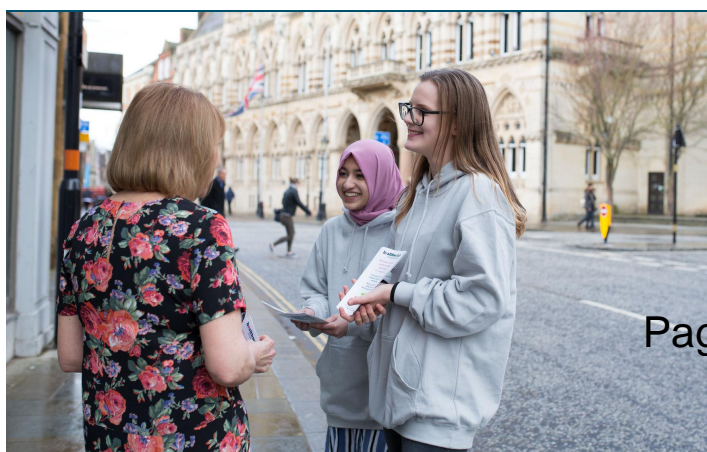
Have your say

Share your experiences with us, so that we can help service providers to understand what works, what doesn't, and what you want from care in the future.

w: www.healthwatchwarwockshire.co.uk
t: 01926 422823
e: info@healthwatchwarwickshire.co.uk

"Healthwatch Warwickshire's purpose is to make sure the voice of patients is heard in every decision that affects them. This has always been such an important role but it is particularly vital at the moment due to local changes in response to the NHS Long Term plan.

Their staff and volunteers work really hard to make a difference locally. They go out to local communities to ask for feedback from anyone receiving health and social care and they also have 'Enter and View' rights, which give their volunteers access to care homes to provide a truly independent view on the care that is provided. Projects such as their Homelessness Rights to Access project show just how they champion those who may not have a voice otherwise."

Catherine White
Lay Member for Patient and Public Involvement
South Warwickshire Clinical Commissioning Group

Ensuring your voice is heard

To make sure that your voice is heard in decisions that affect you, we continue to maintain our role at various strategic meetings, where we represent the views of local people. This ensures that your views can influence health and social care policy at both local and national level.

Key strategic meetings in 2018-19 include:

+ Health Overview and Scrutiny Committee (HOSC)
+ Better Health, Better Care, Better Value Sustainability & Transformation Partnership (STP)
+ Clinical Commissioning Groups (CCGs)
+ George Eliot Hospital Quality Oversight
+ Joint Strategic Needs Assessment (JSNA)
+ Mental Health Co-production
+ NHS England and NHS Improvement
+ Nuneaton and Bedworth Borough Council Overview and Scrutiny

We also contributed to various forums and working groups, including the GP working group, which has now reported back to the Health and Wellbeing Board.

Making care better for you, influencing care for everyone.

Our key partnership activities for the year:

+ Our Chief Executive was appointed as a trustee of EQuIP
+ We began working in partnership with the Out of Hospital (OOH) programme, collaborating on community and engagement and the implications of an Integrated Point of Access for seldom heard groups
+ We have signed a Memorandum of Understanding (MoU) with VoiceAbility, so that we can share information on themes of concern to patients
+ We have met with the Carers Trust to discuss how we can work together.

Healthwatch Warwickshire are a very active partner within the local health and care system and their relationship with NHS South Warwickshire is a very positive one.

Gillian Entwistle
Chief Officer,
NHS South Warwickshire CCG

We also continue to maintain strong working relationships with other local Healthwatch organisations. This year, our Chief Executive, Chris Bain, was elected as Chair of the Healthwatch regional network for the West Midlands. He will take up the post from June 2019.

Chris will coordinate all the West Midlands local Healthwatch organisations, reporting in to Healthwatch England, with whom we continue to attend regular meetings, to feedback local opinion on national health and social care issues.

Helping you find

the answers

What services do people want to know about?

People don't always know how to get the information they need to make decisions about their own health and care. We are here to provide advice and support, helping people to find the information they need about local health and care services.

The most common enquiries this year were around:

Mental health

Quality of care

Access to services

GP services
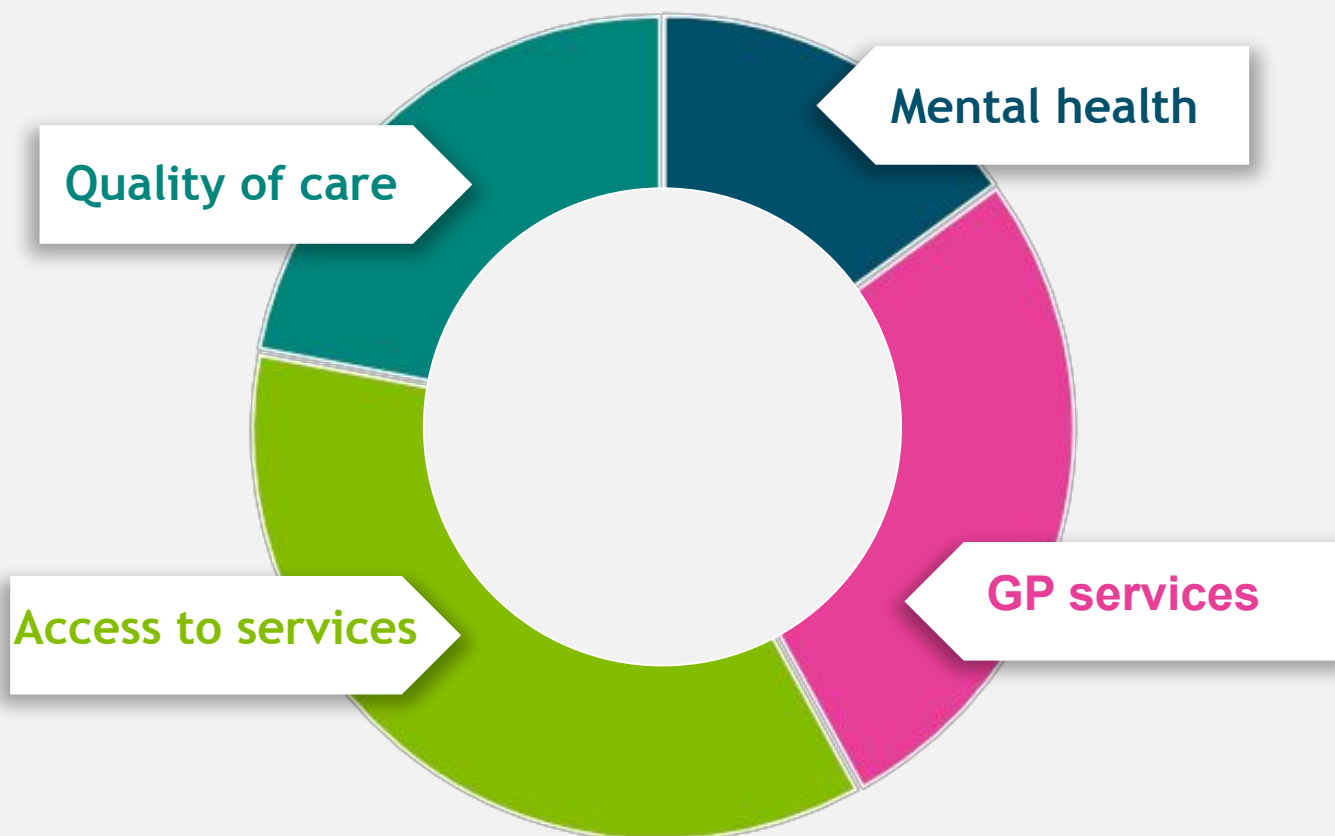
How we provide people with advice and information

Finding the right care or support can be worrying and stressful. There are several organisations that can help, but people don't know where to look. Last year, we gave advice and information in a number of ways:
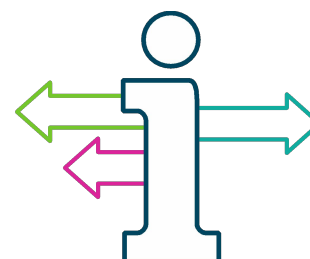
+ We have helped 289 people with their enquiries or feedback about health and social care via direct calls, emails an our website. We have also engaged with 817 people through our outreach and talks at community events
+ We have run a number of Events: 77 people attended out annual conference this year, where they shared their views on what wellbeing means to them, and we delivered the Rights to Access (RAP) workshops to 101 people
+ Our website. healthwatchwarwickshire.co.uk, launched last year, continues to attract a high number of users, with 3,802 people seeking advice and information online this year
+ We have continued to build on our social media presence, engaging people via Facebook and Twitter. We now have 191 Facebook 'likes' and 1,491 followers on Twitter
+ We have produced 3 issues of our Newsletter to keep Warwickshire residents and our partners up to date. Our newsletter has a distribution list of 1,186, and goes out to Patient Participation Group (PPG) members, Clinical Commissioning Groups (CCGs), Local Authorities, NHS Staff and local charity organisations.

Are you looking for help?

If you have a query about a health and social care service, or need help to find out where you can access further support, get in touch. We're here to help.

w: www.healthwatchwarwickshire.co.uk
t: 01926 422823
E: info@healthwatchwarwichire.co.uk

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Our volunteers

How do our volunteers help us?

At Healthwatch Warwickshire, we couldn't make all of these improvements without the support of our 9 volunteers, who work with us to help make care better for our community.
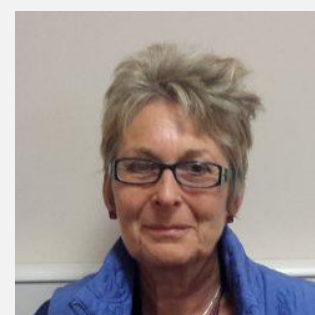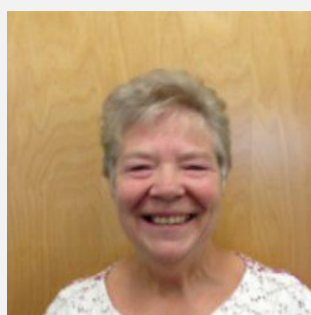
8 of our 9 volunteers

Our volunteers give up their time to help us improve your local services

Thanks to the work of our volunteers, a follow up visit to a local GP practice resulted in all of our recommendations being met.

Our volunteers play an important role in helping us make a difference to your health and social care services. This year, they have been supporting our work by:

+ Visiting local health services and care homes to investigate the concerns of local users. In the case of one revisit to Abbey Medical Centre, all of the recommendations our volunteers made following their initial visit had been met
+ Getting involved with specific projects like Right to Access (RAP).

We are especially grateful for the assistance our volunteers provided in helping us to develop some of the literature for RAP. Four helped us by carrying out a 'mystery shop' of GP practices, and two gave their time to help finalise the content of the brochures that we have started giving out to GPs and agencies.

Why volunteer?

Our volunteers share some of the reasons they give up their time to help.

Healthwatch makes a difference for people without a voice.
   - David Alexander

To give people a voice who think they aren't listened to.
   - Alison Wickens

Now I am retired it's good to give something back.
   - Sue Roodhouse

It's interesting and fulfilling.
   - Su Jenkins

Because I can use my skills and knowledge to make a difference. It provides me with the challenge I need to overcome my health problems.
   - Sue Tulip

I volunteer for Healthwatch Warwickshire to gain a wider view of patient experience in Warwickshire and to have a broader view of policy and practice within the County.
   - Dilys Skinner

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Meet Gillian

We caught up with one of our fantastic volunteers, Gillian, who shares her personal motivation for volunteering and what she gets out of it. Gillian is a long term volunteer and Authorised representative.

Gillian Fletcher

"Throughout my career in the public sector, I was always keen to for the people who use health and care services to have more choice, more control and more involvement in decisions being made about the services they use. I see Healthwatch as an independent organisation that champions this patient/customer view.

Healthwatch has the right 'seats at the tables' and we are able to influence commissioners, politicians and providers of services in order to listen more to that important patient voice.

Quite often, the things people are asking for are really quite simple to put right, and, with our optimistic approach and willingness to generate a spirit of honest and constructive communication, we can be the catalyst that sees some of those improvements implemented, and that is very satisfying."

Volunteer

We are always on the lookout for more volunteers. If you are inspired by Gillian's enthusiasm and interested in volunteering with us, please do get in touch.

w: www.healthwatchwarwickshire.co.uk
t: 01926 422823
E: info@healthwatchwarwichire.co.uk

"My enthusiasm for being a volunteer with Healthwatch Warwickshire stems mainly from wanting to give something back to the community where I live that is helpful and constructive."

Gillian Fletcher
Healthwatch Volunteer

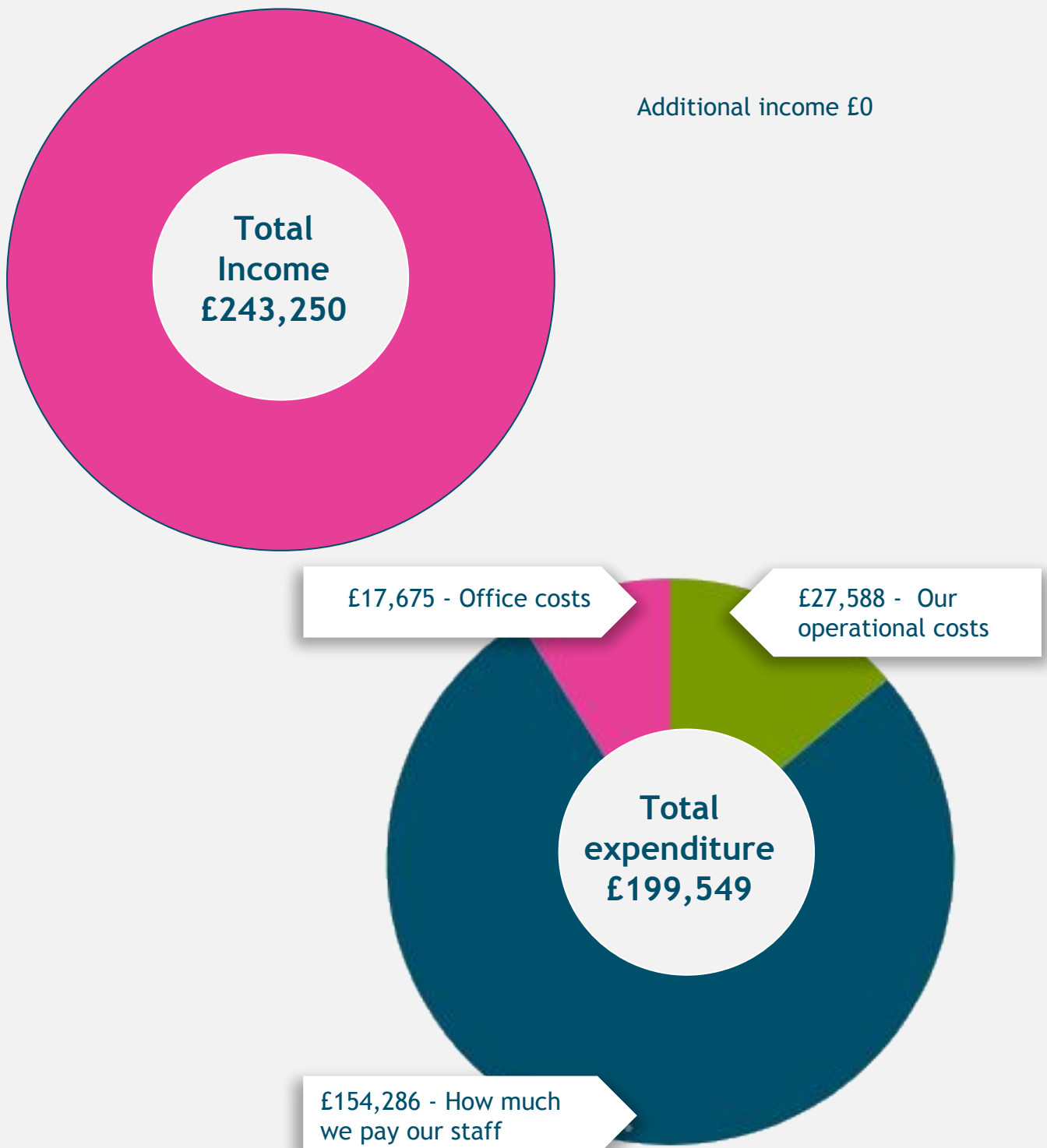# Our finances

How we use our money

To help us carry out our work, we are funded by our local authority. This year, we received no additional income and in total, we spent £199,549 in 2018-19. This leaves us with £43,701* to fund projects in 2019-20.

Additional income £0

Total Income £243,250

£17,675 - Office costs

£27,588 - Our operational costs

Total expenditure £199,549

£154,286 - How much we pay our staff

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*All figures subject to audit

Our plans for

next year

Message from our Chief Executive

2018-19 was an important year for Healthwatch Warwickshire (HWW).

We were successful in a competitive Tender process, and secured a new contract with Warwickshire County Council to deliver Healthwatch services for a further three years, starting from November 2018.

Over the years, we have further developed our role as critical friend to our key partners across Warwickshire. We have very positive relationships with bodies such as the Health Overview and Scrutiny Committee, The Health and Wellbeing Board and its Executive Group, Adult Social Care, the STP Board and its successors, as well as third Sector Partners such as EQUiP, and the Joint Strategic Needs Assessment group. These relationships, plus many others, enable us to ensure that the patient perspective is heard across the system.

We have also been developing our relationships with Healthwatch England, the regional Healthwatch network, and the Care Quality Commission. There is a two-way flow of information, which support greatly strengthens the work that we do.

In addition to the normal functions of a Local Healthwatch, we have undertaken a number of projects over the year, including the Rights to Access Project for homeless people seeking primary care treatment, a wellbeing survey, linked to the Year of Wellbeing, and an extensive engagement program with our partners from Healthwatch Coventry, relating to the NHS Long Term Plan. Reports on all these activities will be available on our website upon completion.

Looking ahead

Looking forward at the emerging priorities for 2019/20, it is clear from patient feedback that we will need to respond to the new developments across the health and care sector. This will include continuing engagement on the NHS Long Term Plan proposals. Patients and the public have made it clear that they want to be heard across the new Integrated Care Systems, including Primary Care Networks and the Coventry and Warwickshire Place Forum.

A key part of this response is our Standing Conference on Patient Voice. This Standing Conference is driven by patient groups and is now beginning to find its place and its own identity as the Countywide Forum for concentrating and promoting the Patient Voice.

We will need the support of our volunteers to help us meet the challenges that lie ahead. We will work closely with our Volunteer Forum, to look at recruitment and retention of volunteers, new roles for volunteers, support and training and a range of other issues. We cannot do what we do without our volunteers and I want to formally acknowledge the huge contribution each one of them has made, and continues to make, to our work.

Further priorities in the coming year include strengthening our links with local communities, particularly in the north of the county, and responding to a persistent concern around waiting times and the impact that has on people's wellbeing.
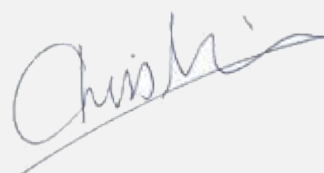
"This Annual Report offers us the opportunity to share our plans for the coming year, and it also enables us to say thank you to those who have left the organisation, and to welcome those who have joined us."

My thanks go to Robin Wensley, who took the decision to step down as Chair. Many thanks also to Karen Higgins, Louise Wilson and Rosalind Currie, who left to take up new positions elsewhere. The very best of luck to them all.

A big welcome to Jessica Brooks, Lucy Dean, and Isobel Jonas, who have joined us during the year. Each of them has already made their mark, and I hope they will enjoy their time at HWW.

2018-19 was an important year for Healthwatch Warwickshire and all our staff and Board members worked incredibly hard to make it a success. Next year promises to be at least as important, and possibly even more exciting and enjoyable. I just can't wait to get started.

Chris Bain
Healthwatch Warwickshire Chief Executive

"Warwickshire North CCG has been happy to work alongside Healthwatch Warwickshire (HWW), to support our shared commitment to ensuring our citizens have a strong voice in shaping local services for local people.

HWW have supported our patient group forum and helped us to review how we work with our PPGs. They have also contributed to our recruitment panels for key posts to help ensure we recruit staff who share our commitment to patient voice and co-production, and worked with us on specific engagement projects such as on Stroke and GP access. We have also value their Enter and View reports, which we find offer very helpful insights on general practice services provision.

We are proud to have a positive relationship with Healthwatch Warwickshire, and commend the work they do to engage our local community."

Jenni Northcote
Chief Strategy and Primary Care Officer
Warwickshire North CCG

Thank you

Thank you to everyone that is helping us put people at the heart of health and social care, including:

+ *Members of the public who shared their views and experience with us*
+ *All of our amazing staff, volunteers and our Board*
+ *Warwickshire Community And Voluntary Action (WCAVA)*
+ *Better Health, Better Care, Better Value*
+ *Healthwatch England*
+ *The Health and Wellbeing Board*
+ *The Health Overview and Scrutiny Committee (HOSC)*
+ *Clinical Commissioning Groups (CCGs)*
+ *Acute Trusts*
+ *Warwickshire County Council*
+ *District Councils*
+ *The wider voluntary sector, such as Age UK, EQuIP, Hope4 and others.*

Contact us

Address
Healthwatch Warwickshire CIC
4-6 Clemens Street
Leamington Spa
Warwickshire
CV31 2DL

Phone
01926 422823

Freepost
FREEPOST HEALTHWATCH WARWICKSHIRE

Email
info@healthwatchwarwickshire.co.uk

Website
www.healthwatchwarwickshire.co.uk

Facebook
facebook.com/HealthwatchWarw

Twitter
@HealthwatchWarw

We are accountable to Warwickshire County Council, Public Health. Their contact details are:

Public Health Warwickshire, Communities Group
Warwickshire County Council
Shire Hall
Barrack Street
Warwick, CV34 4RL
Website: publichealth.warwickshire.gov.uk

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Our annual report will be publicly available on our website by 30 June 2019. We will also be sharing it with Healthwatch England, CQC, NHS England, Clinical Commissioning Groups, Overview and Scrutiny Committee/s, and our local authority.

If you require this report in an alternative format please contact us directly to request a copy.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

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Health and Wellbeing Board

11 September 2019

Better Together Programme Progress Update

Recommendation(s)

1. To note the progress of the Better Together Programme in 2019/20 to improve performance against the four national Better Care Fund (BCF) areas of focus.

2. To note progress against the High Impact Change Model.

3. To note the update on the Better Care Fund Policy Framework and Guidance for 2019/20.

1.0 Better Together Programme Progress Update – 2019/20 Performance

1.1 Locally our plan for 2019/20 focusses our activities to improve our performance in the four key areas which are measured against the National Performance Metrics, these being:
   a. Reducing Delayed Transfers of Care (DToC)
   b. Reducing Non-Elective Admissions (General and Acute)
   c. Reducing admissions to residential and care homes; and
   d. Increasing effectiveness of reablement

a. Reducing Delayed Transfers of Care

i) The 2019/20 target for this metric is 44 average daily beds delayed. The stable performance seen last year has been maintained in quarter 1 with delays below (better than) the target. At the end of quarter 1 2019/20 (June 2019) the average daily beds delayed was 40.6.

ii) This sustained improved performance has been achieved whilst seeing increasing numbers of admissions and acuity of patients, as overall delays in Warwickshire (NHS, social care and joint delays) have now been at or below target since December 2018, with the exception of February 2019.

iii) Warwickshire Social Care DTOC performance has been at or below target for the last year with the exception of August 2018.

iv) However, NHS delays continue to be an area of focus as Warwickshire Health DTOC performance has been above target since August 2018 (with the exception

08 Better Together Programme

of December 2018). Work to address this continues particularly relating to Out of Area (West Midlands, Worcestershire, Oxfordshire etc) and Mental Health related delays at Coventry and Warwickshire Partnership Trust as these remain disproportionate to the number of patients and beds.

v) Note: There is a 6 week delay in confirming actual delays data.

vi) DToC performance is measured as the average number of daily beds occupied by a delayed Warwickshire resident.

Month	Average daily beds occupied by a delayed resident	Target (lower is better)	
July 18	41	43	
Aug 18	46	43	
Sept 18	46	43	
Oct 18	45	43	
Nov 18	44	43	
Dec 18	39	43	
Jan 19	41	43	
Feb 19	54	43	
Mar 19	42	43	
April 19	38	44 *	* New nationally set target
May 19	37	44	
June 19	41	44	

b. Reducing Non-Elective Admissions (General and Acute)

i) In quarter 1, Warwickshire non-elective admissions were 2.4% higher than the same period last year and 2.6% above target. The main reason for the continued growth in volumes of non-elective admissions in quarter 1 was a 1.8% increase in Warwickshire A&E attendances of all ages and a 5.6% growth of those aged 65+.

Non-Elective Admissions performance:

Quarter	Actual	Target	% over target
Q2 2018/19	14,075	13,985	0.6%
Q3 2018/19	14,660	14,000	4.7%
Q4 2018/19	14,498	13,711	5.7%
Q1 2019/20	14,475	14,102	2.6%

NHS	65+ NEAs	All Age NEAs
SWCCG	+8.6%	+3.3%
WNCCG	+6.6%	+3.4%

Rugby	-3.3%	-1.6%
Total	**+5.9%**	**+2.4%**

ii) The growth in non-elective admissions of those in the 65+ group in quarter 1 (5.9%) is higher than that of the all age non-elective admissions (2.4%). Non-elective admissions from Warwickshire North Clinical Commissioning Group and South Warwickshire Clinical Commissioning Group have seen the greatest growth in quarter 1 compared with the same quarter last year (3,4% and 3.3% respectively), while growth in non-elective admissions from Rugby residents has reduced by 1.6% over the same period. Although the growth in non-elective admissions from Warwickshire North CCG has dropped significantly in Q1 (3.4%) compared with the growth in 2018/19 (10.4%), the volumes of these admissions are still 10.2% above target. This is due to a significant increase in non-elective admissions which started in Q1 2018/19 and has been sustained over the last 5 quarters at George Eliot Hospital.

iii) As stated, a driver for growth in non-elective admissions is the increase in Warwickshire A&E attendances when compared to the same period in the previous year. University Hospital Coventry and Warwickshire and South Warwickshire Foundation Trust had the highest growth in A&E attendances in this quarter (3.4% and 2.9% respectively). At South Warwickshire Foundation Trust this growth was particularly driven by the 65+ age group (9.5%).

c. Reducing long term admissions to residential and nursing care 65+

i) Permanent admissions were 10.5% lower than quarter 1 18/19 and 2.7% above target in quarter 1 2019/20.

ii) The target for 2019/20 is 728 admissions per 100k population, which equates to a quarterly target of 182.

Quarter	Actual	Target	% Over target
Q2 18/19	168	181	-7.2%
Q3 18/19	184	181	1.7%
Q4 18/19	160	181	-11.6%
Q1 19/20	187	182	2.7%

d. Increasing the effectiveness of reablement

i) This target measures the percentage of older people (65 and over) who are still at home 91 days after discharge from hospital into reablement or rehabilitative services. This target is an annual measure and performance for 2018/19 was 96.8%.

ii)

Year	Actual	Target (higher is better)	% Over target
2017/18	93.0%	89%	4%
2018/19	96.8%	89%	8%

2.0 Better Together Programme Progress Update – High Impact Change Model (HICM)

2.1 Progress continues to be made against implementing all eight changes in the model and the most recent self-assessment of progress is detailed below:

		Status as at Q4 18/19	Status as at Q1 19/20
Change 1	Early discharge planning	Mature	Mature
Change 2	Systems to monitor patient flow	Mature	Mature
Change 3	Multi-disciplinary/multi-agency discharge teams	Mature	Mature
Change 4	Home first/discharge to assess	Mature	Mature
Change 5	Seven-day service	Established	Established
Change 6	Trusted assessors	Established	Established
Change 7	Focus on choice	Established	Established
Change 8	Enhancing health in care homes	Established	Established

2.2 The national Better Care Fund target was to achieve 'Established' status across all eight changes by March 2019 which has been achieved.

2.3 Plans are also currently being developed to achieve 'Mature' status for changes 7 and 8 in quarter 3/4.

3.0 Update on the Better Care Fund Policy Framework and Guidance for 2019/20

3.1 The national Better Care Fund framework and detailed planning requirements for 2019/20 were finalised and published in July 2019. As the guidance has been received, through the Better Together Programme Board work is now progressing to finalise the pooled budgets, metrics and priorities for 2019/20. Our plans will then through Warwickshire County Council and Clinical Commissioning Group local governance arrangements before review and approval by the Health and Wellbeing Board sub-committee on the 19th September 2019.

3.2 2019/20 is the last year of the national five year Better Care Fund programme. An update is therefore also awaited on the national initiative to replace this in 2020/21.

4.0 Timescales associated with progress reporting

4.1 The Better Care Policy Framework requires quarterly reporting and monitoring against the four national performance metrics and finances.

5.0 Financial Implications

5.1 The programme and initiatives for its success are in part funded through national grants: Better Care Fund, Improved Better Care Fund and Winter Pressures Grant (2019.20: £55.7m). The former comes from the Department of Health and Social Care through Clinical Commissioning Groups, while the latter two are received by the local authority from the Ministry for Housing, Communities and Local Government. All three are dependent on meeting conditions that they contribute towards the programme and the targets, and that plans to this effect are jointly agreed between Clinical Commissioning Groups and the Local Authority under a pooled budget arrangement.

6.0 Environmental Implications

6.1 None.

Background Papers
1. None

	Name	Contact Information
Report Author	Rachel Briden	rachelbriden@warwickshire.gov.uk Tel: 07768 332170
Assistant Director People, Strategy and Commissioning	Becky Hale	beckyhale@warwickshire.gov.uk Tel: 01926 74 2003
Strategic Director – People Directorate	Nigel Minns	nigelminns@warwickshire.gov.uk Tel: 01926 74 2655
Portfolio Holder	Cllr Les Caborn	cllrcaborn@warwickshire.gov.uk

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

Local WCC Member(s): N/a
Other WCC members: Councillors Caborn, Redford, Golby, Adkins and Roodhouse.

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Health and Wellbeing Board

11 September 2019

Feedback from the Place Forum

Recommendation

The Health and Wellbeing Board is asked to:

1.   Note the outcomes of the Place Forum meeting held on 11 June;
2.   Note the ongoing activity as part of the Year of Wellbeing 2019; and
3.   Support the recommended actions for Health and Wellbeing Board partners to further promote and progress the Year of Wellbeing 2019.

1.0 Background

1.1 Coventry and Warwickshire's two Health and Wellbeing Boards met together as the Place Forum on 11 June 2019 in Coventry. This was the sixth joint meeting and the Forum continues to be well supported, with over 40 members attending.

1.2 The main aims of this session were to:
- Update members on the work of Coventry and Warwickshire STP (now called the Health and Care Partnership) and consider proposals for its future governance and the role of the Place Forum;
- Engage members in development of a vision for population health across Coventry and Warwickshire, including a strategic framework and place delivery plans;
- Share learning from JSNA engagement and community capacity pilot projects about new ways of mobilising community solutions, focusing on the social isolation theme of the Year of Wellbeing; and
- Review the impact to date of the Year of Wellbeing.

2.0 Outcomes of June Place Forum

2.1 It was acknowledged that the collaboration had made significant progress and has now reached a watershed in its development, with a need to increase pace and focus on key areas to move from 'good' to 'great'. There is a real opportunity for the Place Forum to play a key role in the future.

2.2 At the meeting, the Place Forum:

- Received an update from Sir Chris Ham on progress being made in the 'Coventry and Warwickshire Health and Care Partnership' (previously the STP), including proposed changes to system level governance and arrangements to develop a five-year plan in partnership with leaders at system and place level over the next 3-4 months. Members supported in principle the proposal to establish a System Partnership Board, with further detail of the proposed governance arrangements to be brought to Health and Wellbeing Boards for consideration.
- Discussed proposals, outlined by Gail Quinton (Coventry CC) and Anna Hargrave (SWCCG), to develop a shared vision for population health, based around the high-level ambitions and outcomes in the Coventry & Warwickshire Health and Wellbeing Concordat. Members endorsed the need for a strategic framework to give coherence to plans and activities and supported the population health model.
- Received presentations from Moat House Community Trust and Grapevine on approaches being piloted in engaging with and mobilising communities, using an asset-based approach. Key messages from JSNA engagement activity about ways of mobilising community solutions were also presented. Members noted the potential power of the 'anchor institutions' represented in the Place Forum to work differently to strengthen and mobilise community assets (such as through use of estates and procurement practices), and considered how partners could enable and empower third sector solutions and support local sustainability.
- Heard about progress on the Year of Wellbeing and considered ways of securing the legacy of the Year, with the 5-year partnership plan identified as a potential vehicle for taking forward this commitment.

2.3 The following actions were agreed as part of the Place Plan (see Appendix 1):

- Continue to lead and support the Year of Wellbeing and plan for its legacy.
- Develop the detail of STP governance proposals and bring to Health and Wellbeing Boards for endorsement.
- Further develop the outcome framework as part of the Strategic Framework, for oversight of performance across the system and to mobilise action by partners to address identified challenges.
- Proactive and Preventative group to further develop the Strategic Framework, with the involvement of the four places.
- More detailed proposals on the Strategic Framework and STP 5-year plan to go to the Health and Wellbeing Boards in September / October ahead of the Place Forum in November.
- Take forward work on mobilising communities and maximising the social impact of anchor institutions in the population health management work.
- Continue to update each other on changes which impact on the work of the Place Forum, including ICS and the STP refresh.

3.0 Place Forum - 5 November 2019

3.1 The next meeting of the Place Forum will be in Warwick on 5th November 2019. The focus of partner activity up to the next Place Forum will be on:
- Confirming the governance arrangements for the STP (Coventry and Warwickshire Health and Care Partnership) and the Place Forum's role;
- Progressing work on the vision for population health, including the strategic framework and place delivery plans;
- Continuing to support and deliver the Year of Wellbeing, monitor impact and plan for its legacy; and
- Progressing work on mobilising communities and maximizing the social impact of anchor institutions in the population health management work.

4.0 Coventry and Warwickshire Year of Wellbeing 2019

4.1 The primary focus of recent activity has been organising and supporting community events across Coventry and Warwickshire. This theme will run through to the end of September, and is a key vehicle for raising the profile of the Year of Wellbeing with the public. The Godiva festival weekend was very positive, with an estimated footfall to our stand of 7000. Social media presence at events has been promoted and the number of Twitter followers has increased by almost 100 (to 417):

4.2 The gathering of individual pledges to improve wellbeing has been widely promoted at public events. There have been 914 pledges to date (excluding online pledges at OneThing), close to the original target of 1000.

4.3 The Year of Wellbeing has been promoted to staff through adult physical activity events. For the first time WCC competed in the Europe Corporate Games, held at the University of Warwick in August. 74 staff registered to compete in 12 sports and WCC came 5th out of 51 teams. Evidence of engagement of new-to-sport people is now being analysed. We are also exploring conversations with WCC colleagues about potentially widening out the annual static bike race to partners. This is a fun opportunity for teams of 4 people to compete to travel the greatest distance in 5-minute bursts, and attracts both competitive and for-fun teams.

4.4 Following the discussion at the March Place Forum on WMCA's Thrive at Work accreditation programme, all Warwickshire Health and Wellbeing Board partners are now signed up which is very positive. Additional officer support for Warwickshire businesses is also being secured (funded by WCC) and will be hosted by Coventry CC.

4.5 Throughout the summer 90 sports ambassadors across 15 primary schools in central Warwickshire will become trained to promote physical activity and wellbeing messages in their schools and communities. This year there will be a stronger focus on wellbeing and movement as opposed to traditional sports engagement. An initial meeting with head teachers in North Warwickshire has taken place to promote more physical activity in schools and has been well received. From September schools can sign up for active Maths and active

English courses as well as resilience courses for pupils. Work has started with The Canons CW Primary school in Bedworth to promote wellbeing messages via a coffee afternoon for parents called 'The Hive' which provides an opportunity for professionals, staff and parents to meet up once a week to socialise and gather information which might support them and their families. The Kids Run Free Festival of Running event in June saw over 900+ primary school pupils engage in a morning of multi-sports and running, supported by the Year of Wellbeing.

4.6 Clarity is developing regarding the most logical approach to reviewing loneliness and social isolation activity. A multi-partner group has been meeting for several months to outline the challenges and size of the existing offer. The Year of Wellbeing is shining a spotlight on innovative and successful ventures, particularly where led by third sector and community partners. This includes support for Creativity and Wellbeing Week and a free event hosted at the Herbert Art Gallery in June, the Arts for Health symposium at the Belgrade Theatre in May, and the Nations Football tournament led by Positive Youth Foundation in June as part of the 'Coventry Welcomes' event.

4.7 An evaluation plan for the Year of Wellbeing is being drafted. Social Engine, who were responsible for our brand development and prevention narrative, have indicated willingness to undertake the evaluation. With the end of the Year of Wellbeing in sight, partners are asked to consider what they want in terms of an exit strategy and legacy, and feedback from both Health and Wellbeing Boards is sought. This conversation needs to include perspectives from all partners including the Local Authorities, Clinical Commissioning Groups, NHS Providers, the Police, Fire and Rescue, charity and voluntary organisations, NHS England, the universities and Healthwatch.

4.8 Funding provided by WCC, CCC, the CCGs and Warwickshire Police to finance the Year of Wellbeing concludes at the end of February 2020. Therefore activity as delivered to date will only continue if funding is put in place with a similar remit. Partners have responded positively to creating their own responses to the Year of Wellbeing, and may opt to continue aspects of work with their own resources. We will seek to collect this information to articulate the continuity opportunities in the end of programme report. One potential opportunity is to seek alignment with and extension of the C&W Creative Health Alliance's work to develop a 'Year of Creativity' or similar. This could provide the Health and Wellbeing Boards with an increased opportunity to strengthen benefits from the City of Culture plans and activities for the health and wellbeing system. Plans are already in process to adapt the Year of Wellbeing's communication channels to host the Creative Health Alliance's growing agenda. A high level of legacy opportunity has been built into the Year of Wellbeing, including the following:

- Thrive at Work wellbeing awards programme;
- Warwickshire and Coventry-focused Thrive at Work support officer resource in place;
- Re-articulated Making Every Contact Count and wider prevention training offers promoted;

- Health and wellbeing champions trained in workplaces;
- Transformation of Schools sports ambassadors into Health and Wellbeing Ambassadors;
- Social prescribing and JSNA framing the prevention approach to working;
- Clearer understanding of community assets/services and how they promote wellbeing.
- Good Gym Coventry and Warwick launched.

We also intend to provide every partner with the opportunity to share their learning and positive progress in developing prevention and wellbeing offers. The most logical legacy opportunity would appear to be to inform the City of Culture work, particularly as it relates to arts and creativity in wellbeing.

5.0 Next Steps and Role of Partners

5.1 Partners are asked to:

- Consider what they would like to see form part of the evaluation and legacy of the Year of Wellbeing both from a partnership and an individual perspective;
- Link Year of Wellbeing social media content to corporate Twitter feeds and ask relevant staff in partner organisations to tweet/retweet content;
- Pursue opportunities to promote the Year of Wellbeing and your prevention services in public-facing media materials; and
- Request Year of Wellbeing materials for market stalls at your local events.

6.0 Financial Implications

6.1 There are no direct financial implications from this update at this time. However, as and when more detailed plans are being developed around the activities of the Place Forum, the relevant Finance Officers will be involved to provide scrutiny and assurance on spending and benefits where necessary.

7.0 Environmental Implications

7.1 There are no direct environmental implications from this update. However, as more detailed plans are being developed, the relevant Officers will be involved to provide scrutiny and assurance on this area where necessary.

Background Papers

None.

	Name	Contact Information
Report Authors	Rachel Barnes and Jane Coates	rachelbarnes@warwickshire.gov.uk
Director of Public Health	Helen King	helenking@warwickshire.gov.uk
Strategic Director	Nigel Minns	nigelminns@warwickshire.gov.uk
Portfolio Holder	Cllr Caborn	cllrcaborn@warwickshire.gov.uk

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

Councillors Caborn, Redford, Golby, Adkins and Roodhouse.

Place Plan – rolling actions June 2019

Trust and Behaviours	Products
Meet as a Place Forum to build trust; create a place wide model of care and outcomes; and hold each other to account	☑ Place Forum established ☑ System Partnership Board
Develop an update process which covers all Forum members	☑ Forum-wide updates
Refresh the Concordat and use it to capture priorities for improving health & wellbeing and ways of working together	☑ Concordat v2

Translatable vision	Products
Create a health and care system design for our Place	☑ Place System Design
Develop a common narrative	☑ Common narrative
Rollout a place-based approach to Joint Strategic Needs Assessments to inform services at a local level	☑ Place-based JSNA

☑ Complete   ☑ In Progress

Place Plan – rolling actions June 2019

Getting it done	Products
Build one strategic, place based plan that is owned by all and uses the means we have at our disposal (STP, BCF etc.)	☑ Place Plan ☑ Vision for Population Health
Develop a Year of Wellbeing to promote wellbeing and healthy lives, and make prevention/self help the 1st chapter of all change programmes	☑ Year of Wellbeing Plan ☑ Year of Wellbeing Logic Model

Holding to account	Products
Strengthen the place based governance and working arrangements to deliver against our Concordat	☑ Outcome framework ☑ Strategic Framework
Take collective ownership (coordinated through the Proactive & Preventative Executive) to ensure actions happen	☑ P&P Exec & Delivery groups
Strengthen communication and engagement between Forums to keep people updated	☑ Forum-wide updates

☑ Complete   ☑ To be further developed

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Warwickshire Health and Wellbeing Board

11 September 2019

Joint Strategic Needs Assessment Update

Recommendations

That the Health and Wellbeing Board:

1. Notes the progress made to date in delivering the JSNA place-based programme.
2. Notes the emerging priority themes identified in the needs assessments and use this evidence base to drive commissioning intentions and decision making.
3. Endorses and implements the suggested actions identified in Section 4 of this paper.

1.   Introduction

1.1.   This paper provides an update on the delivery of 20 place-based needs assessments as part of the Warwickshire Joint Strategic Needs Assessment (JSNA) programme from April 2018- March 2020.

2.   Key Messages

2.1.   The programme is progressing well, with action plans drafted for Wave 1 and stakeholder engagement and draft reports produced for Wave 2. Wave 3 is due to start in the Autumn, with final needs assessments produced by end of March 2020.

2.2.   Action Plans for Wave 1 are being developed in a consistent way in line with the population health themes of:
- Wider Determinants of Health
- Our Health Behaviours and Lifestyles
- The Places and Communities with live in and with
- An Integrated Health and Care System.

2.3.   Health and Wellbeing Partnerships in South Warwickshire, Warwickshire North and Rugby have been asked to endorse the Action Plans for Wave 1 and commit to governance of the plans and their delivery with the appropriate partners. Examples of actions and impacts to date as a result of needs identified can be found in Appendix A.

2.4.   All stakeholder events and community engagement for Wave 2 have been completed. Draft needs assessment reports have been circulated to steering groups for comment and final reports will be available by the end of September.

2.5.	In addition to stakeholder events, feedback has been captured via an on-line survey. The survey has mainly been promoted in areas where needs assessments have been carried out and will continue to be live until all needs assessments have been completed. The surveys provide useful additional information on perceived health and wellbeing priorities in each area. The numbers of responses to date are shown in Table 1.

Residents' Survey	Professionals' Survey
Total number of responses 1,236	**Total number of responses** 198
North Warwickshire 42	**North Warwickshire** 15
Nuneaton & Bedworth 346	**Nuneaton & Bedworth** 46
Rugby 183	**Rugby** 30
Stratford 403	**Stratford** 17
Warwick 262	**Warwick** 90

Table 1: Number of responses to JSNA Survey at 1 July 2019 by District and Borough

2.6.	In addition to this in the region of 300 community organisations and stakeholders have been engaged with since April 2018 as a result stakeholder events and consultations.

2.7.	Some common overarching themes have been identified to date, as summarized in Table 2:

Wave 1	Wave 2
• Access to transport, in particular for those in rural areas • Housing and homelessness • Communications and information sharing • Single Point of Access (SPA) to improve the accessibility of support • Promotion of volunteering opportunities • Mental health services, risk of suicide and self-harm • Support for young people and children • Ageing population and service for older people	• Lifestyle behaviours – prevalence of smoking/rates of obesity/diabetes • Mental Health • Longstanding deprivation and poverty • Ageing population and services for older people • Support for carers • Services for young people • Rates of Childhood obesity

Table 2: Summary of Themes Identified in Waves 1 and 2

2.8.   There were also some specific needs identified for each JSNA area in Wave 2, as summarised in Appendix B. These needs will inform the subsequent recommendations and action plans for each area.

2.9.   Planning for Wave 3 is now underway. This is the largest wave with eight areas, many of which are rural, and will be more resource intensive. Stakeholder events for Wave 3 are planned to take place between November 2019 and January 2020. The following areas fall within Wave 3:
- Nuneaton Common and West
- Weddington, Horeston Grange and Whitestone
- Rugby Rural North
- Rugby Rural South
- Wellesbourne, Kineton and Shipston
- Southam
- Warwick & Warwick District West
- Kenilworth

2.10   Work has taken place to increase engagement in the JSNA process with under-represented groups such as young people, BME groups and armed forces veterans. This will continue throughout the delivery of Wave 3.

2.11   The Working Group is continuing to promote the JSNA with internal management teams and external groups and stakeholders/partners.

2.12   The Warwickshire Insights tool provides a set of topic-based "Profiles" for the JSNA areas in Warwickshire. They include a range of statistics from official sources such as the Office for National Statistics and where possible, data collected by Warwickshire County Council. These figures will be regularly updated, in line with published sources.

3.   Next steps

3.1.   Local steering groups will continue to lead the process in each JSNA area. A Working Group continues to coordinate the work across Wave 3 ensuring there is consistency in approach and outputs.

3.2.   Final JSNA reports for Wave 2 to be completed and agreed by local steering groups.
Recommendations and Action Plans for Wave 2 will then be developed in line with the final reports.

3.3.   Stakeholder events for Wave 3 due to begin in November 2019 and community engagement including the JSNA residents and professionals survey will continue throughout Wave 3.

3.4.   Local Health and Wellbeing Partnerships, along with local steering groups, will manage the delivery of the Wave 1 and 2 Action Plans with progress to be reported to the Health & Wellbeing Board. Links will also be made with the

emerging Integrated Care System to inform the production of 'Place Delivery Plans' for health and care services.

4.   Support Requested

4.1.   Health and Wellbeing Board partners are asked to:
- Ensure the JSNA needs assessments and local action plans are used to inform commissioning intentions.
- Provide scrutiny around the implementation of local action plans.
- Use the evidence base generated through the JSNA programme to ensure all partners are working to a consistent understanding of local need in our communities, enabling service provision to be joined-up and targeted in the right areas.
- Continue to use the JSNA areas as the common geography for the planning and delivery of health and wellbeing services.
- Support the delivery of the needs assessments through the provision of local data when required.
- Engage with and support local steering groups to ensure the JSNA programme is fully representative of all stakeholder views and intelligence.
- Ensure partners commit and/or support the delivery any relevant items within the JSNA action plans

5.   Timescales and next steps

September - December 2019	- Steering Group meetings in all areas - Community engagement continues - Stakeholder engagement in Wave 3 areas - Action plans finalised from Wave 1 and commence implementation - Wave 2 needs assessments developed with recommendations - Wave 2 needs assessments signed off by local steering groups - Wave 2 Actions Plans drafted
January - March 2020	- Action Plans endorsed by local steering groups - Stakeholder events completed - Community Engagement completed - Wave 3 needs assessments developed with recommendations

6.   Finance

6.1   There are no direct finance implications from this update, however as and when individual action plans are being drawn up and progressed relevant Finance Officers are being involved to provide scrutiny and assurance around spending and benefits where necessary.

7.   Environmental Impact

7.1   There are no negative environmental consequences of this project. Where possible this project will promote positive environmental behaviour by encouraging active travel methods and the reduction of motorised transportation.

Background Papers
None.

	ame	ontact Information
Report Authors	Rob Sabin	robsabin@warwickshire.gov.uk
Director of Public Health	Helen King	helenking@warwickshire.gov.uk
Strategic Director	Nigel Minns	nigelminns@warwickshire.gov.uk
Portfolio Holder	Councillor Les Caborn	lescaborn@warwickshire.gov.uk

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

WCC members: Councillors Caborn, Redford, Golby, Adkins and Roodhouse.

Appendix A - Examples of actions taken to date in line with the needs identified

JSNA Area	Impact/Benefit
Polesworth, Atherstone and Hartshill	Transport identified as key area. Accessibility study now being undertaken by WCC (Transport Operations) to ascertain further identification of needs with a view to tendering for community transport in the area to support key issues around access to work, health, leisure and shops.
Kingsbury, Coleshill and Arley	Transport identified as key area. (Actions as above).
Brownsover	Young people's mental health identified as key issues. EQuIP have been awarded funding to deliver a project focusing on the health and wellbeing of girls and young women. The activity/empowerment programme will focus on wellbeing, exercise and physical activity, and civil rights of women to empower them to be more engaged with the wider community and develop their own support networks.
Wider Rugby Area	Healthy eating, support for financial planning within families and homelessness were identified as key issues in the recommendations. Hope 4 have been awarded funding to deliver 'health eating on a budget' sessions for a period of twelve months. Hope 4 will work with the homeless, poorly housed or 'food poor' people. The majority of those engaged with the programme will be day centre users and customers of the foodbank. The programme will form part of the pre and post tenancy support programme for customers of Hope 4.
South Warwickshire area	11 health and wellbeing projects have been funded by SWHWBP based on the outcomes of the wave 1 JSNA findings. This amounts to just under £88K of funding. The projects are addressing themes that include: mental health support for vulnerable populations - including training and research with young people, support for older men, support for parents of children with complex disability, support for new parents including provision for men, expanding MIND's offer and specific work around dementia support. Social isolation and physical activity through conservation projects, social prescribing and sports clubs. Work to develop art therapy for those with acquired brain injury. Support for visually impaired.
Leamington and Nuneaton area	Mental Health Matters have launched the Warwickshire Safe Haven Service for people experiencing mental distress in Leamington Spa and Nuneaton. The service commenced on Monday 1st July in Leamington Spa and Thursday 4th July in Nuneaton. The provision has been commissioned by WCC on behalf of the Better Care, Better Health, Better Value programme for Mental Health & Emotional Wellbeing.
Atherstone and Mancetter area	As a result of identifying that recruiting volunteers in North Warwickshire is a particular challenge but the demand for volunteers at a formal and informal level is increasing, WCC and NBBC have joined forces to fund a pilot Timebanking scheme for an initial period of 12 months in Atherstone and Mancetter. Timebanking is a way of engaging residents in helping each other on an informal level by sharing skills and company. Bids from Voluntary and Community Sector organisations were invited and the contract has been awarded to Coventry and Warwickshire Co Operative Development Agency. It is hoped to get the scheme up and running in the Autumn, overseen by a project group from NBBC and WCC.

Appendix B - Emerging themes in Wave 2 by area

Hillmorton	• Ageing population and services for older people • High rates of hypertension, coronary heart disease and long-term health conditions • Support for carers
Bilton and Rugby Town Centre	• Services for young people • Long standing deprivation and poverty • Rates of depression diagnosis • Lifestyle behaviours – prevalence of smoking
Bedworth West	• Ageing population and services for older people • Lifestyle behaviours - prevalence of smoking, obesity and diabetes • Rates of childhood obesity • Loneliness and social isolation • High rates of depression and dementia diagnosis • Support for carers • Longstanding deprivation and poverty
Bedworth Central and Bulkington	• Ageing population and services for older people • Lifestyle behaviours - prevalence of smoking, obesity and diabetes • Rates of childhood obesity • Loneliness and social isolation • High rates of depression and dementia diagnosis • Support for carers • Longstanding deprivation and poverty
Stratford-Upon-Avon	• Ageing population and services for over 65s • High rates of hypertension, coronary heart disease and long-term health conditions • Steady rise in cancer rates in the last 10 years • Fourth highest number of service users for drug and alcohol related issues • Support for carers and young carers • Numbers using Stratford-upon-Avon Foodbank increase 28% in the last year • Transport and social isolation in rural areas
Cubbington, Lillington and Warwick District East	• Services for young people • High rates of depression and dementia diagnosis • High rates of Osteoporosis and hip fractures • Obesity and low rates of activity among children and young • Numbers of rough sleepers has increased by 50% since 2013 • Lifestyle behaviours – prevalence of obesity

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Health and Wellbeing Board

11 September 2019

Forward Plan

Recommendation

That Board Members note the Forward Plan and identify items for future meetings to address Board and organisational requirements, as required.

1.0 Key Issues

1.1 This report provides an update on the Forward Plan for the Health and Wellbeing Board up to September 2020 (see Appendix A). Updates will be presented to each meeting for the Board to review and amend accordingly.

2.0 Options and Proposal

2.1 In support of the HWB Delivery Plan up to September 2020, the Forward Plan will be considered at each meeting. The Forward Plan provides details of the agenda items for formal meetings and the focus of the workshop sessions. These will be developed in consultation with the Health and Wellbeing Executive.

3.0 Next steps

3.1 To ensure full representation of partners, Board members are encouraged to add items to the Forward Plan as discussion items, updates or items for information.

4.0 Financial Implications

4.1 There are no direct finance implications from this update. However, as more detailed plans are developed, the relevant Finance Officers will be involved to provide scrutiny and assurance around spending and benefits where necessary.

5.0 Environmental Implications

5.1 There are no direct environmental implications from this update. However, as more detailed plans are being developed, the relevant Officers will be involved to provide scrutiny and assurance on this area where necessary.

Background Papers
None.

	Name	**Contact Information**
Report Author	Rachel Barnes	rachelbarnes@warwickshire.gov.uk
Director of Public Health	Helen King	helenking@warwickshire.gov.uk
Strategic Director	Nigel Minns	nigelminns@warwickshire.gov.uk
Portfolio Holder	Cllr Caborn	cllrcaborn@warwickshire.gov.uk

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

WCC Councillors: Councillors Caborn, Redford, Golby, Adkins and Roodhouse.

Appendix A: Health and Wellbeing Board Forward Plan

Place Forum 05/11/19	**Joint meeting of HWBBs and Executive Team.** *Meeting in Warwick.*	-
HWB Board 08/01/20	**Discussion items**	
	New Health and Wellbeing Strategy 2020-25. *Development of a new strategy for discussion.*	Rachel Barnes
	Health Protection Strategy 2017-21. *Progress update.*	Nadia Inglis
	Promoting Health and Wellbeing through Spatial Planning. *Draft guidance document for endorsement.*	Gemma McKinnon
	Drugs and Alcohol Issues and Opportunities. *Overview for the Board.*	Rachel Jackson
	Updates to the Board	
	Warwickshire Better Together programme. *Progress update.*	Becky Hale
	Coventry and Warwickshire Health and Care Partnership. *Update report.*	Sir Chris Ham
	Children 0-14 unintentional injuries. *Update from multi-agency group on progress.*	Director of Public Health (DPH)
	Homelessness Prevention Strategy. *Update on progress.*	Emily Fernandez
	Pharmaceutical Needs Assessment. *Proposed refresh.*	DPH
	JSNA Update. *Implementation of the place-based approach.*	Spencer Payne
	RISE Update: *Local Transformation Plan Year Four refresh*	Louise Birta
	Feedback from the Place Forum. *Summary of November meeting.*	Rachel Barnes
Place Forum 03/03/20	**Joint meeting of HWBBs and Executive Team.** *Meeting in Coventry.*	-
HWB Board 06/05/20	**Discussion items**	
	Health and Wellbeing Strategy 2020-25. *For endorsement.*	Rachel Barnes
	Updates to the Board	
	Warwickshire Better Together programme. *Progress update.*	Becky Hale
	Coventry and Warwickshire Health and Care Partnership. *Update report.*	Sir Chris Ham
	Children 0-14 unintentional injuries. *Report from multi-agency steering group on progress.*	DPH
	Mental Health and Wellbeing. *Update including suicide prevention.*	Emily van de Venter
	Feedback from the Place Forum. *Summary of March meeting.*	Rachel Barnes
	JSNA Update. *Report on the place-based approach.*	Spencer Payne
Place Forum 14/07/20	**Joint meeting of HWBBs and Executive Team.** *Meeting in Warwick.*	-
HWB Board 09/09/20	**Discussion items**	
	Commissioning Intentions. *From the CCGs and WCC..*	CCGs and WCC
	Annual Reports from the Safeguarding Boards. *From Adults and Children's Safeguarding Boards.*	Amrita Sharma
	Director of Public Health's Annual Report. *Presentation .*	DPH
	Healthwatch Annual Review. *Report for approval*	Elizabeth Hancock
	Updates to the Board	
	Warwickshire Better Together programme. *Progress update.*	Becky Hale
	Coventry and Warwickshire Health and Care Partnership. *Update report.*	Sir Chris Ham
	Feedback from the Place Forum. *Summary of July meeting.*	Rachel Barnes
	JSNA Update. *Review of the place-based approach.*	Spencer Payne

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