Health and Wellbeing Board

Date: Wednesday 3 March 2021
Time: 1.30 pm
Venue: Microsoft Teams

Membership
Councillor Les Caborn (Chair)
Councillor Jeff Morgan
Councillor Dave Parsons
Councillor Isobel Seccombe OBE
Councillor Marian Humphreys
Councillor John Beaumont
Councillor Sally Bragg
Councillor Jo Barker
Councillor Judy Falp

Warwickshire County Council Officers:
Shade Agboola and Nigel Minns

Clinical Commissioning Groups:
Sarah Raistrick (Coventry and Rugby and Warwickshire North) and David Spraggett (South Warwickshire)

Provider Representatives:
Russell Hardy (South Warwickshire NHS Foundation Trust and George Eliot Hospital NHS Trust), Dame Stella Manzie (University Hospitals Coventry & Warwickshire), Dianne Whitfield (Coventry and Warwickshire Partnership Trust)

Healthwatch Warwickshire: Elizabeth Hancock

NHS England: Julie Grant

Police and Crime Commissioner: Richard Long (Office of the PCC)

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 6 January and Matters Arising 5 - 16

Draft minutes of the previous meeting are attached for approval.

(4) Chair's Announcements

Discussion items

2. Director of Public Health's Annual Report 17 - 20

Dr Shade Agboola, Director of Public Health will provide a presentation on her statutory annual report.

3. Health and Wellbeing Strategy 21 - 132

The Health and Wellbeing Strategy is submitted for the Board's approval – *Nigel Minns / Gemma McKinnon*

4. Homelessness Strategy 133 - 214

The Homelessness Strategy is submitted for the Board's consideration and approval – *Emily Fernandez*

5. Health and Wellbeing Board Sub-Committee 215 - 220

To receive the minutes of the Health and Wellbeing Board Sub-Committee meeting.

Monica Fogarty
Chief Executive
Warwickshire County Council
Shire Hall, Warwick

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- 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
https://democracy.warwickshire.gov.uk/uuCoverPage.aspx?bcr=1

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 Democratic Services 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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Health and Wellbeing Board

Wednesday 6 January 2021

Minutes

Attendance

Committee Members
Warwickshire County Council (WCC)
Councillor Les Caborn (Chair)
Councillor Jeff Morgan
Councillor Dave Parsons
Nigel Minns, Strategic Director for People Directorate

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

Provider Trusts
Russell Hardy South Warwickshire Foundation Trust (SWFT) and George Eliot Hospital (GEH) Trust
Dame Stella Manzie DBE, University Hospitals Coventry and Warwickshire (UHCW)
Jagtar Singh and Dianne Whitfield, Coventry and Warwickshire Partnership Trust (CWPT)

NHS England
Julie Grant

Police and Crime Commissioner
Richard Long (Office of the PCC)

Healthwatch Warwickshire (HWW)
Elizabeth Hancock

Borough/District Councillors
Councillor Jo Barker, Stratford-on-Avon District Council
Councillor John Beaumont, Nuneaton and Bedworth Borough Council (NBBC)
Councillor Sally Bragg, Rugby Borough Council
Councillor Judy Falp, Warwick District Council
Councillor Marian Humphreys, North Warwickshire Borough Council

Other Attendees
Chris Bain (HWW), Councillor Margaret Bell (WCC), Simon Gilby (CWPT),
Sir Chris Ham (Coventry and Warwickshire Health and Care Partnership), Phillip Johns and Rose Uwins (CCG officers)

Jagdeep Birring, Liann Brookes-Smith, Becky Hale, Gemma Mckinnon, Kate Sahota,

Pete Sidgwick, Ashley Simpson, Paul Spencer, Emily van de Venter and Duncan Vernon (WCC Officers).

Nayyab Butt and Robert Stroud (Public Health junior doctor placements)

1. General

(1) Apologies

None.

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

None.

(3) Minutes of the Meeting of the Warwickshire Health and Wellbeing Board on 15 September and Matters Arising

The Minutes of the Health and Wellbeing Board held on 15 September 2020 were approved.

(4) Chair's Announcements

The Chair gave an introduction, welcoming everyone to the meeting. In particular, he welcomed Phil Johns, the new Chief Operating Officer for the combined CCG and Sarah Raistrick in her new role as Chair designate of the combined CCG. The Chair welcomed Mel Coombes the new Chief Executive Officer of CWPT. He thanked Simon Gilby of CWPT and Gillian Entwistle of South Warwickshire CCG for their service to the area. Similarly, he thanked Councillor Neil Phillips and welcomed Councillor John Beaumont as the representative for NBBC. Finally, he welcomed two junior doctors, Robert Stroud and Nayyab Butt who were currently doing their placements in Public Health and are observing today's meeting.

2. Health and Wellbeing Partnerships

The Chair introduced this item, acknowledging the tremendous amount of work undertaken in the three place partnerships. Emily van de Venter, public health consultant presented written updates from the health and wellbeing partnerships (HWP) in the three places of Warwickshire North, Rugby and South Warwickshire. These partnerships were critical to the successful delivery of the Health and Wellbeing Strategy (HWS), the Coventry and Warwickshire Health and Care Partnership and the place-based Joint Strategic Needs Assessment (JSNA). A coordination group had been established to share information across the HWPs. Each was at a different stage in developing JSNA action plans, with delays being experienced due to Covid-19. Detailed reports were provided by each of the HWPs, with an outline given of planned activities over the coming months and areas where the Board members would be asked to support and contribute. Appreciation was recorded for the targeted approach to track and trace work and the use of JSNA to drive actions and strategy to reducing the impact of Covid-19. Similarly, the contribution of the voluntary and community sector was acknowledged.

Resolved

That the Health and Wellbeing Board notes and supports the progress made by the three Health and Wellbeing Partnerships in Warwickshire.

3. Children 0-14 Unintentional Injuries

An update was provided on child accident prevention by Liann Brookes-Smith, public health consultant. The rate of hospital admissions for unintentional and deliberate injuries in children was higher than national and regional averages and the majority of Warwickshire's statistical neighbours. This data had been interrogated and a link was provided to the latest data analysis. https://www.warwickshire.gov.uk/directory-record/2164/injuries-leading-to-a-hospital-admission-in-0-to-14-year-olds-in-warwickshire-2018-

An update was provided on accident prevention activity during Covid-19, with a focus on messaging and signposting support services and the plans for a full review post pandemic. It also outlined the workstreams of the Child Accident Prevention (CAP) steering group suspended due to the pandemic around data insight work. In summary, once the pandemic work reduced, the focus would be on reviewing child accident prevention, to seek an understanding of causes for the county's high numbers of accidents.

Discussion took place on the following areas:

- Unintentional accidents during Covid and links to more people being in the home.
- Discussion about the different data in terms of hospital admission of children, it being noted that GEH did not have a children's ward and patients were redirected to UHCW for scans which may require sedation and admission. Messaging to direct young patients straight to UHCW may help. Post Covid a detailed audit should assist understanding of this area.
- The concerns around 'button' batteries which could be swallowed by young children causing significant issues. Related points on the increase in internet shopping during lockdown, the quality of some products and potential for trading standards support.
- Makeshift arrangements for childcare during periods of lockdown and issues associated with alcohol and substance misuse were referenced. There was ongoing messaging to warn about risks.
- A suggestion for feedback from the CAP steering group, with an analysis of the final data.
- Publicity of the findings via ask Warwickshire would be helpful. Also, ensuring that residents were made aware of this information source, to encourage survey responses. The points would be taken on board.
- Further contributions were made via the meeting chat dialogue regarding batteries for smoke detectors, falls prevention work and healthy ageing, with reference to the following web page: https://www.warwickshire.gov.uk/healthy-ageing

Resolved
That the Health and Wellbeing Board notes the progression of work since the last update and future planned work.

4. Covid-19 Residents Survey Findings

A Covid-19 recovery survey was undertaken between August and September 2020, to explore the impacts of the pandemic on people living and working in Warwickshire and their thoughts about recovery. The survey received 2,510 responses. The report was supplemented by a presentation from Emily van de Venter, to draw out the key findings. The presentation slides covered the following areas:

- Summary findings and key messages
- Information about Coronavirus
- Test and trace
- Employment.
- Out and about
- Transport
- Methods of accessing health appointments
- Volunteering and community action
- Positive and negative health behaviours
- Stressors related to the pandemic
- Loneliness and mental wellbeing
- Interaction between health behaviours and wellbeing
- Future priorities

Questions and comments were submitted, with responses provided as indicated:

- There was praise for the work undertaken in conjunction with Coventry University.
- Reference to the longer-term impacts of Covid both for the elderly and younger people, the likely outcomes and changed behaviours. A suggestion to reflect on what this would mean for the future Health and Wellbeing Strategy (HWS) and its priorities. This point was reiterated later in the discussion, with a suggestion to revisit the priorities in three to six months.
- Links should be made to the Coventry and Warwickshire work on mental health strategies. Additionally, a statistical analysis had been undertaken across the West Midlands to look at mental health needs and pressures, which would fit well with the survey data. It was confirmed that the survey findings would feed into a mental health needs assessment and that data from CWPT had been requested too.
- An observation on the value of parish councils in connecting with communities and the additional arrangements needed for areas such as Nuneaton and Bedworth, which did not have parish councils.
- A suggestion to compare feedback to the survey undertaken by Healthwatch Warwickshire in May and June 2020, to see if there had been any significant shifts in sentiment in the areas included within that survey.
- Addressing behavioural changes on alcohol consumption, smoking and eating foods that were unhealthy.
- There would be value in revisiting this survey to provide a comparison after the current lockdown. This view was supported and would give the opportunity to publicise the survey to those who hadn’t responded previously.

Resolved

That the Board notes the initial findings from the Covid-19 residents survey and utilises the findings within recovery planning and service restoration.

9. Joint Strategic Needs Assessment (JSNA) Update

Duncan Vernon, public health consultant provided an update on the delivery of the JSNA programme since September 2020. The report included updates on:

- Place-based needs assessments, detailing how the reports had been utilised.
- Action plans developed using the recommendations from the place-based JSNA reports. These would drive the work of each health and wellbeing partnership. The next phase of the JSNA programme would be thematic, with a pilot needs assessment focused on mental health. A prioritised work programme of needs assessments would be established for the next two to three years.
- Details of the 'long list' of topics for needs assessments.
- Updates on the mental health needs assessment pilot, grapevine project and the covid-19 health impact assessment.

The move to a thematic approach was supported but it should also reference each of the places to provide granular data. This was the intention, whilst noting the differences between the physical geographies and boundaries of health services. Whilst moving to a thematic approach, the intention was still to identify at both the place and neighbourhood levels.

Resolved
That the Health and Wellbeing Board:

1. Notes the progress of the JSNA programme to date;

2. Uses the JSNA evidence base to ensure partners are working to a consistent understanding of local need, enabling joined up service provision targeted to the right areas and driving commissioning intentions;

Supports the development of the mental health needs assessment through promoting the survey and supporting requests for resource to support the analysis and development of the needs' assessment.

9(a) Vaccination Update (Item of Urgent Business)

The Chair had agreed to take an urgent item on progress with Covid-19 vaccinations and he invited Phil Johns, the new accountable officer for the CCGs to give a verbal update. Mr Johns advised that the hospital hubs at GEH, SWFT and UHCW were all operational, with CWPT due to be operational later in the week. By next week there would be full coverage across all primary care networks for vaccinations too. It was expected that local services could achieve the initial vaccinations to priority groups. Both vaccine types were being utilised. A list of the vaccination sites would be shared for publication.

Questions and comments were invited, with responses provided:

- It was noted that the national target was for 2 million vaccinations per week and asked if there was confidence that local services could deliver their share of the vaccinations. This was confirmed with the estimate being in excess of 20,000 vaccinations per week.
- Key factors were vaccine supply and government priority lists, but there was confidence that services were well on the way with the planning aspects.
- Discussion about where vaccinations would be provided for the general public on the priority list. These would be coordinated by primary care through their local network (PCN). Health and social care staff were being vaccinated at hospital sites. Public vaccinations at hospitals were limited to those in the priority group who were inpatients or attending for another hospital appointment and were well enough to receive the vaccine. A system approach was being taken.
- The location of the mass vaccination site was confirmed as Stoneleigh Agricultural Centre.
- Discussion about the support being provided to GP practices delivering vaccinations, via the CCGs, CWPT and NHS England. There was a 'bank' for staff and volunteers to assist with the effort. Active promotion of the uptake of vaccinations was urged.
- It was questioned why teachers were not included in the priority groups.
- Discussion about the capacity to deliver vaccinations and the registration process. There were some concerns over bureaucracy regarding the training requirements, which were being escalated. Vaccination centres were currently operating well with existing staff. There was a lot of good will and offers from volunteers, who would be needed when the vaccination rates increased. Retired health colleagues could add capacity but would need refresher training to ensure vaccinations were provided safely. It may prove necessary to suspend some GP services to deliver the vaccination programme.
- It was clarified that the vaccine wasn't licensed for younger children.
- Discussion about people taking an 'anti vaccine' stance and the collection of data to assist targeted communications. Currently the aim was to roll out the vaccinations on a prioritised approach. Reference to the Covid community champions, providing local messaging and a recent survey had shown a reduction in the number of people adopting the 'anti vaccine' stance. Further comments on the need to not over or under estimate this viewpoint and the approach undertaken in Wye Valley using front line clinicians to give factual messaging.
- The potential to use pharmacists or community phlebotomists to increase vaccination capacity. The Pfizer vaccine could not be transported and roll out of the AstraZeneca vaccine would initially be focussed on vaccinating people in care homes. Currently, pharmacists were playing a key role in diluting the Pfizer vaccine. Another point was the capacity of pharmacists to use each complete batch of vaccine (975 doses) within its limited shelf life.
- It was noted that people having the Pfizer vaccination required supervision for 15 minutes afterwards. This was not the case for the AstraZeneca vaccine.
- A number of contributions via the meeting chat function regarding the clinical supervision of people delivering vaccinations and the plans to include pharmacists as part of the larger national roll out, subject to appropriate criteria and national approvals. Publication of the mass vaccination sites would follow.

Resolved
That the Health and Wellbeing Board notes the update.

10. Pharmaceutical Needs Assessment

An update was provided on the Pharmaceutical Needs Assessment (PNA). The Health and Wellbeing Board had a legal responsibility to maintain a statement around the needs for services from community pharmacies. The
PNA assessed local needs, to identify gaps in service or unmet needs and to highlight any services that community pharmacies could provide to address those needs.

The PNA was due to be refreshed in March 2021, but in light of the Covid-19 pandemic, the deadline for publication had been extended to March 2022. In the interim, a supplementary statement would be submitted to NHS England and NHS Improvement, to provide an update and review of findings from the 2018 PNA. This statement would be published by April 2021.

Context was provided on the findings from the last PNA, notably the need to consider additional pharmacy provision in areas where significant housing development took place. To maximise the resources available and align with local planning footprints, it was again proposed to work with Coventry City Council on the PNA. This aligned with the Coventry and Warwickshire Concordat and agreements to work together on areas that would
improve outcomes for the public. The key milestones for the proposed
consultation and production of the new PNA were reported. These might be subject to change if there were further impacts of Covid-19.

Resolved
That the Board

1. Notes the update on the Pharmaceutical Needs Assessment for Warwickshire.

2. Agrees the process for Warwickshire to conduct its revised PNA in partnership with Coventry City Council, noting the potential impact of the COVID-19 response on timescales.

6. Social Inequalities Action Plan

Kate Sahota, WCC lead commissioner (family wellbeing) provided a presentation to the Board on developing a new approach to tackling social inequalities, which covered the following areas:

- An introduction and outline of social inequality, showing differences between groups in society against a range of indicators
- Changes in social inequality
- Warwickshire data
- Social inequality between ethnic groups
- Health inequalities
- Educational attainment gap
- Foodbank access
- Covid-19 impact
- Developing the strategy and links to other strategies/plans
- Initial themes for discussion
- Practitioner engagement
- Provider and resident case studies

- Tackling inequalities
- Vision statements
- Next steps, including sign-off of the strategy.

Discussion took place on the following areas:

- The Chair noted that the final strategy would need to be submitted to the additional meeting of the Board scheduled for March 2021.
- Discussion about links to the new Health and Wellbeing Strategy (HWS), which also referenced inequalities as a key priority area. A complementary approach was being taken to integrate, align and cross reference to all strategies, under the 'umbrella' of the HWS, with detailed mapping taking place.
- Automatic enrolment for school meal entitlement was a key area.
- Reference to the practitioner engagement and the need for close working and cross referral between practitioners across agencies. The approach outlined was welcomed and the key was how it worked at the ground level with children and families. An outline was given of the open invites to the practitioner training, the broad range of agencies involved, mutual learning and plans for an ongoing forum. Subject to the formal approvals, one aim would be for a comprehensive training package to identify indicators of poverty and how to address it locally. There was current work between WCC social care and the family information service to provide additional support through brokers. This could provide a model to expand further.
- Research indicated that in work poverty was a key issue. Contributing factors included the costs of private rented homes, universal credit and having access to internet/technology. There were fundamental areas beyond the remit of the county council, which required a national approach and lobbying.
- Via the chat dialogue a comment on the free data offer from mobile telephone companies when people were referred by schools. Endeavours were being made to source funding for additional IT equipment. A comment that there may be a causal link between the cultural dimensions of this strategy and effective engagement and involvement with the public.

Resolved

That the presentation is noted and that the final strategy is submitted to the additional meeting of the Board scheduled for March 2021.

7. Better Together Programme Progress Update

Becky Hale provided an update on the Better Together Programme. Due to ongoing pressures from the Covid-19 pandemic, formal Better Care Fund (BCF) plans for 2020/21 would not have to be submitted for approval. Instead local areas had to ensure that use of the mandatory funding contributions were agreed in writing, and that the national conditions were met. This was currently in progress and due to the short timescales involved, an additional meeting of the Health and Wellbeing Board Sub-Committee may be required to give formal approval.

In addition, the HWBB would be required to provide an end of year reconciliation, confirming that the national conditions had been met, the total spending from the mandatory funding and a breakdown of agreed spending. In the meantime, the schemes and priorities to be delivered had been agreed locally through the Better Together Programme and continued to be commissioned

and delivered, where it was possible to do so. Updates were provided for each of the following areas:

- The revised discharge policy requirements effective from August 2020. The Better Together Programme continued to support commissioners and delivery leads to implement these requirements and in doing so support the acute hospitals to discharge patients requiring care and support safely.
- The continuation of the Better Care Fund (BCF) Policy Framework for a further year in 2021/22, supported by a one-year funding settlement and the iBCF grant would be maintained at its current level.
- An update on the project activity which had been able to continue, specifically the falls prevention project and commencing a public campaign on healthy aging.
- A performance update on the four key areas of reducing delayed transfers of care, reducing non-elective hospital admissions, admissions to residential and care homes and increasing effectiveness of reablement.
- A financial update.

The Chair confirmed that the final documents would be circulated to the Board, ahead of a meeting of the Sub-Committee to give final approvals due to the time constraints for submission.

Resolved
That the Board:

1. Notes the update on the Better Care Fund Policy Framework and Guidance for 2020/21.

2. Notes the update on the Better Care Fund Policy Framework and Guidance for 2021/22.

3. Notes the progress of the Better Together Programme in 2020/21 to improve performance against the four national Better Care Fund areas of focus.

Approves the sign-off arrangements by a meeting of the Sub-Committee on a date to be confirmed.

8. Feedback from the Joint Place Forum and Health & Care Partnership

Sir Chris Ham referred the Board to the circulated update and gave a verbal report covering the following areas:

- The collective response to Covid-19 had demonstrated the necessity and benefits of partnership working. Examples were quoted on the delivery of health and care services and hospital discharge.
- Cooperation between hospitals on critical care, with the mutual aid arrangements extending to neighbouring systems.
- Partnership working would focus in the future on recovery from Covid.
- The anchor alliance, providing for collaboration between councils, the NHS and universities to create job opportunities, training and procurement to support local businesses.
- In terms of next steps, key aspects were reasserting the role as a system to tackle health inequalities, championing the call to action and ensuring a joint approach. The second

aspect was progressing the year of wellbeing pledges, seeking support from system leaders and particularly in view of the challenges for staff health and wellbeing due to the pandemic.

A report back was provided on the joint meeting of the Coventry and Warwickshire Place Forum and the Health and Care Partnership Board held virtually on 3 November 2020. This continued the discussion on health inequalities & Covid-19 and the potential for collaborative work. The report summarised the key themes from the meeting. Several presentations and discussion items were covered:

- Tackling health inequalities in our Covid-19 response.
- Addressing the economic impact of Covid-19.
- Partnership with the voluntary and community sector.
- Improving workforce mental wellbeing.
- Developing the role of anchor institutions.

The report detailed key next steps and actions. It provided the results from a pre-event survey to explore what was most important to partners in terms of the pandemic response and future opportunities. The survey results could inform the theme of the next meeting on 2 March.

Resolved

That the Board:

1. Notes the report and the next steps and actions resulting from the Joint Place Forum and Health & Care Partnership held on 3 November 2020.

2. Endorses the proposed thematic approach to future meetings.

5. Health and Wellbeing Strategy Update

Gemma McKinnon, WCC Health and Wellbeing Delivery Manager introduced this item. It was reported that the Health and Wellbeing Strategy (HWS) provided the high-level plan for reducing health inequalities and improving the health and wellbeing of Warwickshire residents. The draft HWS set out three priorities for the next two years to help achieve the strategic ambitions:

- Helping our children and young people have the best start in life.
- Helping people to improve their mental health and wellbeing, particularly around prevention and early intervention.
- Reducing inequalities in health outcomes and the wider determinants of health.

A five-week consultation period on the draft HWS had concluded on 5 January. Due to the impact of Covid-19 restrictions, most of the engagement had been online, via virtual meetings with a range of partners and presentations at the place-based HWPs and other forums. The consultation asked residents and people working within Warwickshire whether they agreed with the proposed priorities and ways of measuring against the strategic ambitions within the HWS. The responses would now be analysed to inform the final version of the strategy, which would be presented to the additional Board meeting on 3 March.

It was questioned how organisations would work together to deliver the priorities, with a plea to ensure that the voluntary and community sector was involved as much as possible and that this was referenced in the final strategy. A comment on the need for clarity about how to make the strategy meaningful to local communities eg through use of appropriate language and cultural references.

The Chair suggested that the draft HWS be circulated ahead of the agenda for the March Board, to give adequate time for partners to consider it.

Resolved

That the Board notes the update on the Health and Wellbeing Strategy 2020-2025 consultation.

11. Forward Plan

The Board reviewed its forward plan. The March meeting would now include the Social Inequalities Action Plan and the annual report from the Director of Public Health.

Resolved
That the forward plan is noted.

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

See item 9(a) above.

……..
Councillor Les Caborn, Chair

The meeting closed at 3.50pm

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Agenda Item 2

Health & Wellbeing Board

3rd March 2021

Director of Public Health Annual Report 2020

Recommendations

1. To note and support the DRAFT Director of Public Health Annual Report 2020
2. To agree to endorse the recommendations stated in the report.

1. Background

1.1 Directors of Public Health have a statutory requirement to write an annual report on the health and wellbeing of their population, and the local authority is required to publish it.

1.2 The Director of Public Health Annual Report is a vehicle for informing local people about the health of their community, as well as providing necessary information for decision makers in local health services and authorities on health gaps and priorities that need to be addressed.

2. Purpose

2.1 The theme of this year's report is the impact of Covid-19 on health inequalities in Warwickshire. It will also include an overview of the health and wellbeing of the Warwickshire population and information on progress with the 2019 recommendations.

2.2 The report will make a series of recommendations which require a concerted joint effort across the health and care system if they are to be achieved.

3. Key Headlines

3.1 Update on health and wellbeing of the Warwickshire population

- Warwickshire continues to face a number of public health challenges. The impact of Covid-19 on these indicators is not yet reflected, given the time lag associated with these predominantly annual measures. The impact of Covid-19 however, is further explored in the wider report and the measures below will continue to be monitored closely. A dashboard will be created to signpost to the latest data which will be updated as new data is published.

- 63.7% of adults classified as overweight or obese (2018/19) (England 62.3%)
- Hospital admission for unintentional and deliberate injuries in children aged 0-14 - 124.9 per 10,000 (England 96.1 per 10,000)
- Statutory homelessness rate – 1.2 per 1,000 eligible homeless people not in priority need compared to 0.8 per 1,000 for England
- Cancer screening coverage (2019)
  - breast cancer 76.3% (England 74.5%)
  - bowel cancer 61.9% (England 60.1%)
  - cervical (ages 25 to 49) 72.8% (England 69.8%)
  - cervical (ages 50 to 64) 76.6% (England 76.2%)
- Admission episodes for alcohol-specific conditions - under 18 – 50.9 per 100,000 (2016/17-2018/19) (England 31.6)
- Estimated dementia diagnosis rate – 59.1% (England – 67.4%) (2020)
- Depression: recorded prevalence (18+) 12.1% (England 11.6%)

3.2 Impact of Covid-19 on health inequalities

- Covid-19 has impacted on everyone's health and wellbeing. It has highlighted the health inequalities which exist nationally and locally. For example, nationally the most deprived areas are more than twice as likely to have higher rates of mortality from Covid-19 compared to the least deprived areas. People who are in lower paid occupations are also twice as likely to die compared to those in higher occupations and people from BAME communities are at more risk of having more severe symptoms of Covid-19.
- The aim of this report is to highlight the impact of Covid-19 on health inequalities in Warwickshire. Case studies have been used to illustrate the impact locally from both Covid-19 survivors and wider impact of lockdown on our residents. These case studies show the benefits from accessing services and support to improve their health and wellbeing. It has also demonstrated the need for services to understand the lives of the people they are working with and be able to engage in holistic conversations to understand the underlying or hidden problems that people face, making sure they are able to get access to the support they need.
- The recommendations in the report will aim to improve the health and wellbeing of Warwickshire population and reduce the health inequalities which exist.

3.3 Progress on 2019 recommendations

The 2019 annual report entitled, 'Working for Wellbeing in Warwickshire' focused on the impact of work on health and wellbeing. Some great progress has been made despite some delays due to staff working on the current Covid-19 pandemic. It is expected that further progress will be made throughout 2021/22 as partners continue to work together to recover from the pandemic.

- All Health and Wellbeing Board Organisations have signed up to "Thrive at Work". 50 businesses across the county are working towards bronze status.
- Warwickshire County Council have launched the Warwickshire Skills Hub website which is due to develop further and offer a digital platform for businesses to engage in the wellbeing support
- New Wellbeing Manager role has been created to support business with "Thrive at Work" and their wider wellbeing agenda.

4. Timescales associated with the decision and next steps

4.1 Dissemination

A draft report will be taken to Corporate Board on 25th February.
A detailed marketing and communications plan will be prepared to ensure the report is communicated widely with partners across the health and care system and Warwickshire residents.

4.2 Audit

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

5. Financial Implications

None

6. Environmental Implication

None

Supporting Papers

None

	Name	Contact Information
Editorial team	Shade Agboola Duncan Vernon Katie Wilson Catherine Shuttleworth Kate Rushall Marina Davidson Michael Jackson	Shadeagboola@warwickshire.gov.uk katiewilson@warwickshire.gov.uk
Assistant Director	Shade Agboola	shadeagboola@warwickshire.gov.uk
Strategic Director	Nigel Minns	Nigelminns@warwickshire.gov.uk
Portfolio Holder	Cllr Les Caborn	lescaborn@warwickshire.gov.uk

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

Local Member(s): None

Other Members: Councillors Adkins, Bell, Kondakor, Redford and Roodhouse

Agenda Item 3

Health and Wellbeing Board

Health and Wellbeing Strategy

3 March 2021

Recommendation(s)

1. To **note** the outcomes from the five-week public consultation (Appendix 1).

2. To **approve** the final Health and Wellbeing Strategy 2021-2026 and the three priority areas (Appendix 2).

3. To **support** the mechanism for annual reviews of the Health and Wellbeing Strategy to the Board.

4. To **support** the development of local place-based implementation plans (through the Health and Wellbeing Partnerships).

1. Executive Summary

1.1 The Health and Wellbeing Strategy sets out the Board's ambitions and approach to ensure support is effective and available where it is most needed. The Health and Wellbeing Strategy for 2021-2026 was drafted using findings from the most recent Joint Strategic Needs Assessment (JSNA), a Covid-19 recovery survey and a health impact assessment (HIA). A survey was carried out to consult with Warwickshire residents on the draft Strategy.

1.2 Consultation took place between 23rd November 2020 and 5th January 2021 through Ask Warwickshire. An easy-read version, created by Grapevine, was live between 16th December 2020 and 5th January 2021. Appendix 1 details the outcomes from the survey. There was a total of 562 responses to both surveys, the majority from Warwick District (31%). The second highest areas for responses were Stratford-on-Avon district for the Ask Warwickshire survey (n = 48; 17.14%) and North Warwickshire borough for the easy-read survey (n = 38; 18.35%). Responses from Focus Groups are detailed in section 5 of Appendix 1.

1.3 The majority of respondents were female (60%); while 66 % were aged 45 or over. Respondents were broadly representative of Warwickshire with regards to religion and ethnicity, although it should be noted that a high proportion of people did not give their religion (36.12%) or ethnicity (21.35%). Most people (62.8 %, n = 353) did not consider themselves to have a disability (272 Ask Warwickshire respondents; 81 easy-read respondents), whilst 77 (13.7%) did consider themselves to have a disability (52 Ask Warwickshire respondents;

25 easy-read respondents), and 40 (7.1%) preferred not to say (31 Ask Warwickshire respondents; 9 easy-read respondents).

1.4 Consultees were specifically invited to respond to the following ambitions set out in the draft Strategy:

- ***Ambition 1: People will lead a healthy and independent life.***
  - The majority of respondents (93%) agreed.
  - The outcome *'Encourage people to adopt healthy lifestyles and behaviours'* was ranked the most important.

- ***Ambition 2: People will be part of a strong community.***
  - The majority of respondents (87%) agreed.
  - The outcome *'Help build strong communities recognising the importance of education, employment, quality housing and leisure to provide good quality of life*' was ranked the most important.

- ***Ambition 3: People will have access to effective and sustainable services***
  - The majority of respondents (90%) agreed.
  - The outcome '*Seek to develop accessible, responsive and high-quality services'* was ranked most important.

1.5 11% of respondents disagreed with these ambitions; a number of other outcomes and indicators were also proposed (more detail is provided in Tables 8, 9, 10 and 11 of Appendix 1). There were also concerns expressed that the draft Strategy did not necessarily reflect strongly enough that it was a partnership document and that the wording did not strongly enough reflect the partnership approach to delivery; a specific request was made to ensure that the voluntary and community sector were involved fully. Working collaboratively with a wide range of diverse communities was recognised as a key to success and therefore we need to look at how we engage and co-produce services to reflect the individual needs of these communities.

1.6 Consultees were further asked as to what the Health and Wellbeing Board should concentrate on specifically: 387 respondents (69%) supported the priority helping people improve their mental health and wellbeing; 354 (63%) supported the priority helping children and young people have the best start in life and 294 (52%) supported the priority health inequalities (particularly in respect to Covid-19). Respondents also identified a number of other priority areas the Board should focus on which are detailed in Table 12 of Appendix 1).

1.7 The draft Strategy was reviewed in light of the consultation findings and has been strengthened throughout to ensure a strong partnership presence that includes the voluntary and community sector (VCS). For example, within Section 3 (where do we want to get to?) of the draft Strategy all three ambitions have been amended and in particular ambition 2 has been rewritten to emphasis the role of the VCS. We have also included a wider set of indicators to reflect how we will monitor the direction of travel of each of our

ambitions following feedback that these needed to reflect wider services and ‘soft’ outcomes.

1.8 In relation to section 5 of the draft Strategy on implementation and monitoring, we have made it clearer that implementation plans will now be developed and that although our plan is to review our three priorities after a two-year period, we recognise that we are still yet to understand the full impact on covid-19 across all areas of health and wellbeing. With this in mind, we will be monitoring progress against our priority areas routinely on a quarterly basis and within our annual reports to the Board.

1.9 The draft Strategy has also been updated to reflect the ambition to work with communities, to ensure cultural competence in what we do, and the ambition to seek to develop accessible, responsive, and high-quality services that are designed in a way that seeks to reduce inequalities in health.

2. Financial Implications

None.

3. Environmental Implications

None.

4. Timescales associated with the decision and next steps

4.1 Providing feedback to respondents is a vital element of the consultation process and this will be undertaken by ensuring the final consultation report is made publicly available on Ask Warwickshire and widely shared with all partners and stakeholders. Links to final strategy document will be provided and well as an update on the dedicated Ask Warwickshire ‘You Said, We Did’ section.

4.2 Following adoption of the draft Strategy, a delivery plan will be developed at the Health and Wellbeing Executive. In addition to this, each place-based Health and Wellbeing Partnership develop local implementation plans that meet the population health needs of that place (North, Rugby, South). Alongside this we will be developing an outcomes framework to monitor our progress. Suggested indicators from consultation feedback will used to inform the development of this framework and it will be aligned with the Health and Care Partnership’s system outcomes framework.

4.3 An easy read version of the strategy is being produced and will be ready by the end of March 2021.

5. Supporting Information

Appendix 1: Consultation findings
Appendix 2: Health and Wellbeing Strategy
Appendix 3: Equality Impact Assessment

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

Local Member(s): N/A
Other members: Councillors Redford, Bell, Adkins, Kondakor and Roodhouse

Living Well in Warwickshire - Health and Wellbeing Strategy 2020-25 Consultation Survey

Report of results

produced by Business Intelligence

January 2021

Contents

1. Background

The Warwickshire Health and Wellbeing Board is committed to helping people be as well as possible. The Board (comprised of public and voluntary sector representatives from health and care, councils, the NHS and wider partners) helps to ensure people have access to information and services to enable them to make positive choices about their health. The Health and Wellbeing Strategy sets out the Board's ambitions and approach to make sure support is effective and available where it is most needed.

The Warwickshire Health and Wellbeing Board drafted a Health and Wellbeing Strategy for 2020-2025, using findings from the most recent Joint Strategic Needs Assessment (JSNA), a Covid-19 recovery survey and a health impact assessment (HIA). A survey was carried out to consult with Warwickshire residents' on the draft strategy.

2. Method

The survey was live on Ask Warwickshire between 23rd November 2020 and 5th January 2021. An easy-read version, created by Grapevine, was live between 16th December 2020 and 5th January 2021. Paper copies were also available, although none were requested.

3. Key Messages

- There were 355 responses to the survey on Ask Warwickshire and 207 responses to the easy-read survey.
- The majority of respondents were members of the general public. Of these, the highest proportion of respondents to both surveys lived in Warwick District (Ask Warwickshire = 116 (41.42%); easy-read = 59 (28.50%)). The second highest areas for responses were Stratford-on-Avon district for the Ask Warwickshire survey (n = 48; 17.14%) and North Warwickshire borough for the easy-read survey (n = 38; 18.35%).

Ambition 1: People will lead a healthy and independent life.

- The majority of respondents (91.50% of Ask Warwickshire respondents (n = 323 out of 353 responses) and 94.59% of easy-read respondents (n = 175 out of 185 responses) agreed with Ambition 1.
- Respondents ranked the outcome *Encourage people to adopt healthy lifestyles and behaviours* as most important for this ambition.

Ambition 2: People will be part of a strong community.

- The majority of respondents (84.90% of Ask Warwickshire respondents (n = 298 out of 351 responses) and 89.84% of easy-read respondents (n = 168 out of 187 responses) agreed with Ambition 2.
- The outcome *Help build strong communities, recognising the importance of education, employment, quality housing and leisure to provide good quality of life* was ranked most important out of the four options.

Ambition 3: People will have access to effective and sustainable services

- The majority of respondents (89.20% of Ask Warwickshire respondents (n = 314 out of 352) and 91.26% of easy-read respondents (n = 167 out of 183) agreed with Ambition 3.
- The outcome *Seek to develop accessible, responsive and high-quality services* was ranked most important out of the three options.

What should we concentrate on specifically?

- 387 respondents (68.86%) said that the Health and Wellbeing Board should prioritise *helping people improve their mental health and wellbeing* in 2020-2025, whilst 354 (62.99%) agreed with the priority *helping children and young people have the best start in life* and 294 (52.31%) agreed with the priority *health inequalities (particularly in respect to Covid-19).*

4. Questionnaire results

There were 355 responses to the survey on Ask Warwickshire and 207 responses to the easy-read survey.

Respondents on the Ask Warwickshire site were asked in which capacity they were answering the survey. Figure 1 shows that the majority of responses came from the general public (n = 280; 78.87%).

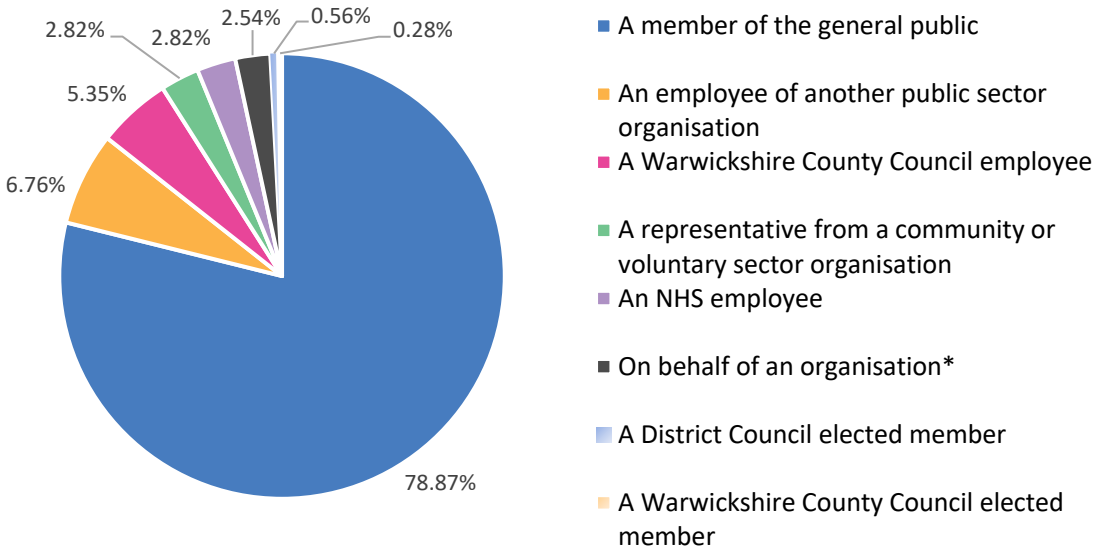

Figure 1. Respondents who answered the Ask Warwickshire questionnaire (n = 355).

** Organisations included: St. Michael's Children and Family Centre, Dunchurch Parish Council, Citizens Advice South Warwickshire, Warwickshire College Group, South Warwickshire Healthy Citizens Forum, Healthwatch Warwickshire & Think Active.*

If respondents to the Ask Warwickshire survey selected that they were a member of the general public (n = 280), they were asked where they lived. All respondents to the easy-read survey were asked where they lived, and 207 people responded to this question. Figure 2 shows that most respondents to both surveys lived in Warwick District (Ask Warwickshire = 116 (41.42%); easy-read = 59 (28.5%)). The second highest districts for responses were Stratford-on-Avon for the Ask Warwickshire survey (n = 48; 17.14%) and North Warwickshire for the easy-read survey (n = 38; 18.35%).

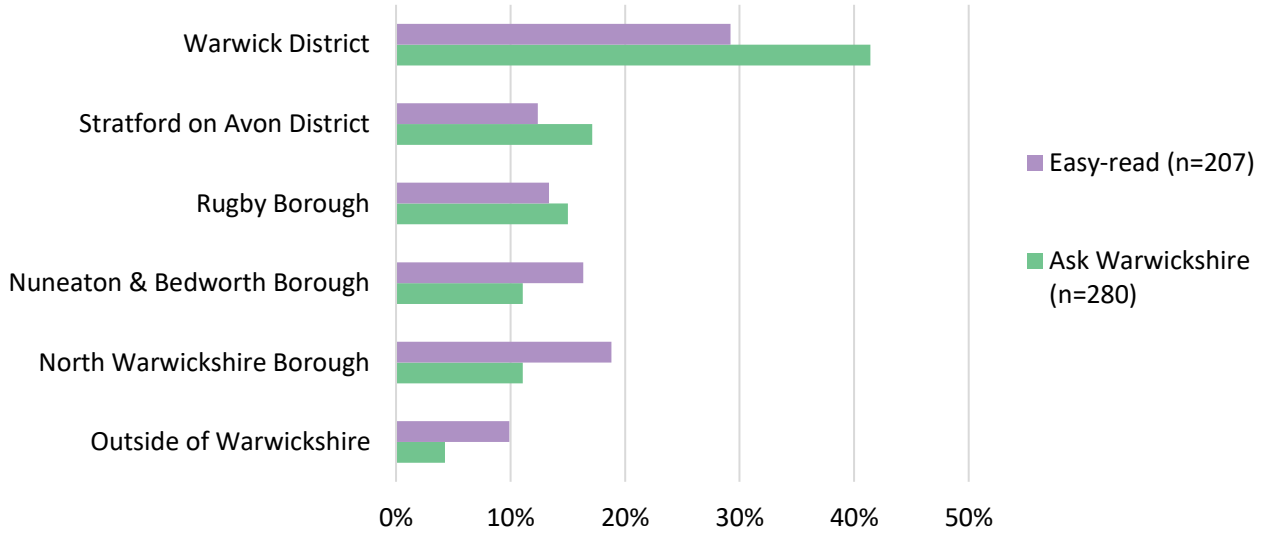

Figure 2. Where respondents live.

If respondents to the Ask Warwickshire survey selected any other option than a member of the general public (n = 280), they were asked in which district/borough they worked. Eighteen respondents worked county-wide; two worked in North Warwickshire; seven worked in Nuneaton & Bedworth; ten worked in Rugby; seven worked in Stratford-upon-Avon and 26 worked in Warwick. Five respondents worked across two or more boroughs. No respondents to the easy-read survey were asked this question.

4.1 Respondent Profile

Tables 1 – 6 below show demographic information around respondents': gender identity (Table 1); age (Table 2); sexual orientation (Table 3); religion/beliefs (Table 4), ethnicity (Table 5) and employment status (Table 6). Men are underrepresented in both surveys (23.66% of Ask Warwickshire responses; 13.53% of easy-read responses), although it should be noted that 44.44% of easy-read respondents did not give their gender identity. The age group 45-59 years is slightly overrepresented (21% of Warwickshire residents are in this age bracket, and 26.51% of survey responses were from people aged in this bracket), whilst those aged 75+ were underrepresented (9.8% of Warwickshire residents, but only 2.14% of survey respondents, are in this age bracket). Respondents were broadly representative of Warwickshire with regards to religion and ethnicity, although it should be noted that a high proportion of people did not give their religion (36.12%) or ethnicity (21.35%).

Most people (62.8 %, n = 353) did not consider themselves to have a disability (272 Ask Warwickshire respondents; 81 easy-read respondents), whilst 77 (13.7%) did consider themselves to have a disability (52 Ask Warwickshire respondents; 25 easy-read respondents), and 40 (7.1%) preferred

not to say (31 Ask Warwickshire respondents; 9 easy-read respondents). Ninety-two easy-read respondents did not answer.

Four respondents stated that their gender identity had changed, all of whom answered the Ask Warwickshire survey. Most people identified as the gender assigned to them at birth (79%, n = 444; 331 Ask Warwickshire respondents, 113 easy-read respondents) whilst 18 respondents preferred not to say (16 Ask Warwickshire respondents, 2 easy-read respondents). Ninety-two easy-read respondents did not answer.

Table 1. Gender identity of respondents.

Gender Identity	Ask Warwickshire	Easy-read	Total
Female	249 (70.14%)	85 (41.06%)	334 (59.43%)
Male	84 (23.66%)	28 (13.53%)	112 (19.92%)
Prefer not to say	16 (4.51%)	2 (0.97%)	18 (3.20%)
Prefer to self-describe	2 (0.56%)	0	2 (0.36%)
Not Answered	4 (1.13%)	92 (44.44%)	96 (17.08%)
Grand Total	355	207	562

Table 2. Age of respondents.

Age	Ask Warwickshire	Easy-read	Total
Under 18	13 (3.66%)	8 (3.86%)	21 (3.74%)
18 – 29	40 (11.27%)	14 (6.76%)	54 (9.61%)
30 – 44	83 (23.38%)	33 (15.94%)	116 (20.64%)
45 – 59	118 (33.24%)	31 (14.98%)	149 (26.51%)
60 – 74	78 (21.97%)	23 (11.11%)	101 (17.97%)
75 +	8 (2.25%)	4 (1.93%)	12 (2.14%)
Prefer not to say	15 (4.23%)	94 (45.41%)	109 (19.4%)
Grand Total	355	207	562

Table 3. Sexual orientation of respondents.

Sexual orientation	Ask Warwickshire	Easy-read	Total
Heterosexual / straight	274 (77.18%)	98 (47.34%)	372 (66.19%)
Bi / bisexual	16 (4.51%)	5 (2.42%)	21 (3.74%)
Gay man	7 (1.97%)	3 (1.45%)	10 (1.78%)
Gay woman / lesbian	4 (1.13%)	1 (0.48%)	5 (0.89%)
Other	2 (0.56%)	2 (0.97%)	4 (0.71%)
Prefer not to say	43 (12.11%)	6 (2.90%)	49 (8.72%)
Blank	9 (2.54%)	92 (44.44%)	101 (17.97%)
Grand Total	355	207	562

Table 4. Religion/belief of respondents.

Religion/belief	Ask Warwickshire	Easy-read	Total
Buddhist	0	2 (0.97%)	2 (0.36%)
Christian	138 (38.87%)	51 (24.64%)	189 (33.63%)
Hindu	2 (0.56%)	0	2 (0.36%)
Muslim	1 (0.28%)	0	1 (0.18%)
Sikh	2 (0.56%)	3 (1.45%)	5 (0.89%)
Spiritual	17 (4.79%)	0	17 (3.02%)
Any other religion or belief	5 (1.41%)	5 (2.42%)	10 (1.78%)
No religion	149 (41.97%)	54 (26.09%)	203 (36.12%)
Prefer not to say	34 (9.58%)	0	34 (6.05%)
Not Answered	7 (1.97%)	92 (44.44%)	99 (17.62%)
Grand Total	355	207	562

Table 5. Ethnicity of respondents.

Ethnicity	Ask Warwickshire	Easy-read	Total
White British	301 (84.79%)	98 (47.34%)	399 (71.0%)
White Irish	3 (0.85%)	2 (0.97%)	5 (0.89%)
Other White background	17 (4.79%)	5 (2.42%)	22 (3.91%)
Asian or Asian British - Indian	4 (1.13%)	3 (1.45%)	7 (1.25%)
Asian or Asian British – Pakistani	1 (0.28%)	0	1 (0.18%)
Black or Black British - African	1 (0.28%)	0	1 (0.18%)
Black or Black British - Caribbean	1 (0.28%)	0	1 (0.18%)
Mixed - White and Black Caribbean	0	1 (0.48%)	1 (0.18%)
Chinese	2 (0.56%)	0	2 (0.36%)
Other Mixed Background	2 (0.56%)	0	2 (0.36%)
Other ethnic background	0	1 (0.48%)	1 (0.18%)
Prefer not to say	20 (5.63%)	5 (2.42%)	25 (4.45%)
Not Answered	3 (0.85%)	92 (44.44%)	95 (16.9%)
Grand Total	355	207	562

Table 6. Employment status of respondents.

Employment status	Ask Warwickshire	Easy-read	Total
Employee in full-time job	141 (39.72%)	40 (19.32%)	181 (32.21%)
Employee in part-time job	61 (17.18%)	19 (9.18%)	80 (14.23%)
Self employed	28 (7.89%)	6 (2.9%)	34 (6.05%)
Full-time education at school, college or university	31 (8.73%)	13 (6.28%)	44 (7.83%)
Wholly retired from work	53 (14.93%)	20 (9.66%)	73 (12.99%)

I am unemployed and open to work	2 (0.56%)	1 (0.48%)	3 (0.53%)
Looking after home or family	7 (1.97%)	4 (1.93%)	11 (1.96%)
Not working due to illness or disability	13 (3.66%)	8 (3.86%)	21 (3.74%)
Other	4 (1.13%)	1 (0.48%)	5 (0.89%)
Prefer not to say	12 (3.38%)	95 (45.89%)	107 (19.04%)
Something else (please specify)*	3 (0.85%)	0	3 (0.53%)
Grand Total	355	207	562

**Apprenticeships and voluntary work.*

4.2 Results: Looking forward

Ambition 1 includes the following aims:

- We will encourage people to adopt healthy lifestyles and behaviours.
- We want to prevent existing health conditions from worsening to a point where significant, complex and specialist health and care interventions are required.
- We want people to be able to age well and be able to stay in their own homes for as long as possible.
- We will provide effective, timely support to empower people to take action to improve their health.

Respondents were asked whether this was the correct ambition to focus on. There were 353 responses from the Ask Warwickshire survey and 185 from the easy-read survey. Figure 3 shows that the majority of respondents (91.50% of Ask Warwickshire respondents (n = 323) and 94.59% of easy-read respondents (n = 175) agreed with Ambition 1: People will lead a healthy and independent life. Two respondents in the Ask Warwickshire survey and 22 from the easy read survey did not respond to this question.

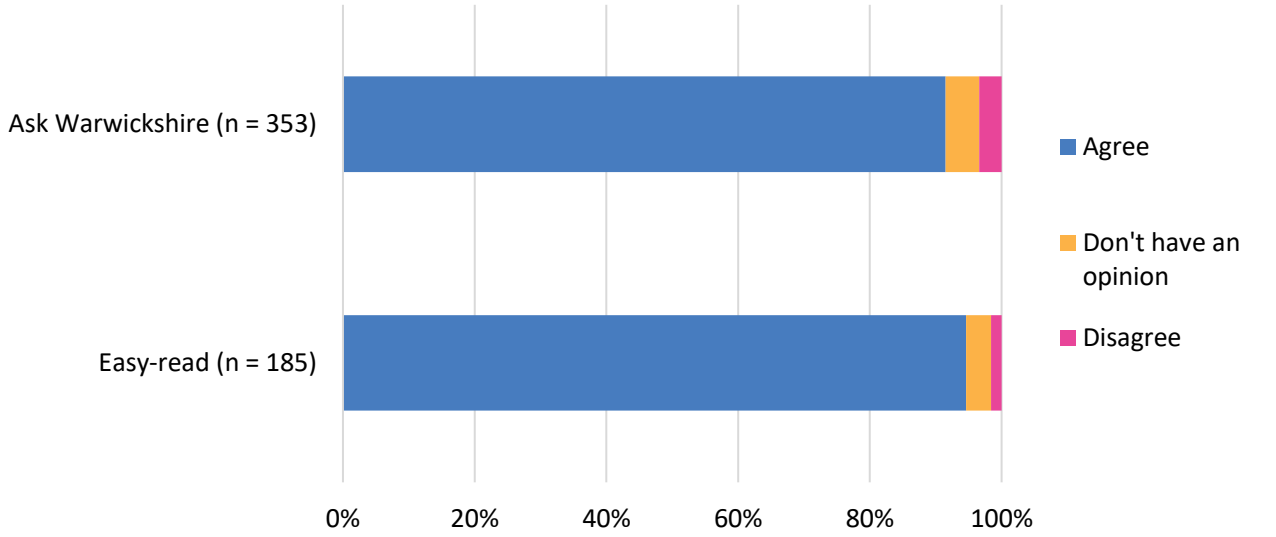

Figure 3. Percentage of respondents to both Ask Warwickshire (n = 353) and easy-read survey (n = 175) who agreed with Ambition 1: People will lead a healthy and independent life.

Ambition 2 includes the following aims:

- We will help build strong communities, recognising the importance of education, employment, quality housing and leisure to provide good quality of life.
- We will work together to create communities with healthy environments, economic prosperity and where the social needs of people are met.
- We will support the development of community networks connecting people to opportunities and each other.
- We will do more to support the health and wellbeing of carers and those they look after.

Respondents were asked whether they thought that this was the correct ambition to focus on. There were 351 responses from the Ask Warwickshire survey and 187 from the easy-read survey. Figure 4 shows that the majority of respondents (84.90% of Ask Warwickshire respondents (n = 298) and 89.84% of easy-read respondents (n = 168) agreed with Ambition 2: People will be part of a strong community. Four respondents in the Ask Warwickshire survey and 20 from the easy read survey did not respond to this question.

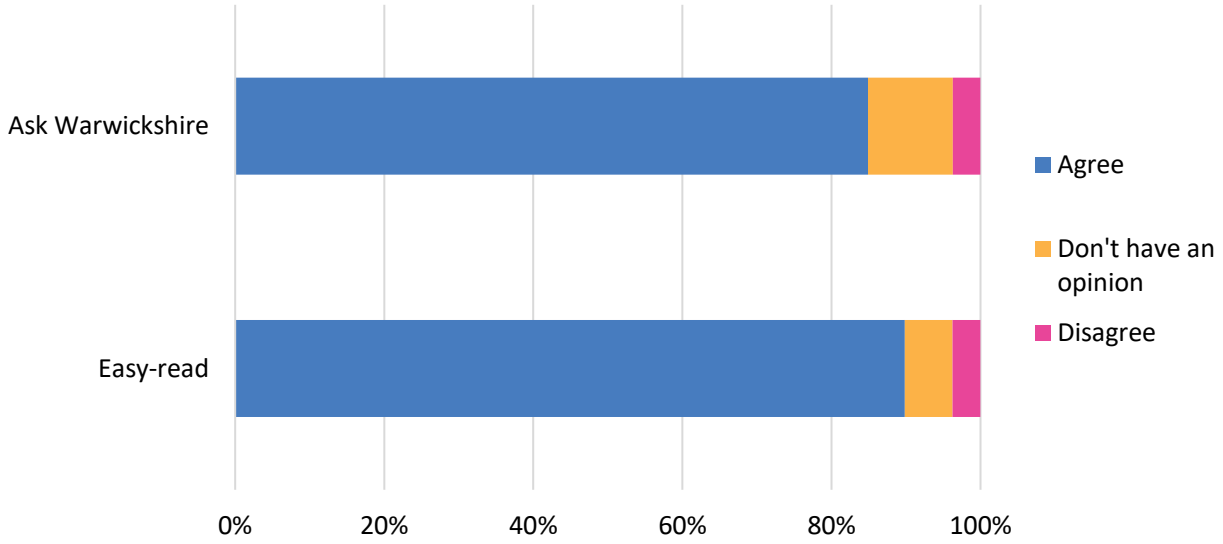

Figure 4. Percentage of respondents to both Ask Warwickshire (n =351) and easy-read survey (n = 187) who agreed with Ambition 2: People will be part of a strong community.

Ambition 3 includes the following aims:

- We will share information to help people stay well.
- We will seek to develop accessible, responsive and high-quality services.
- We will focus on ensuring services deliver the right standard of care in consistent ways.

Respondents were asked whether they thought that this was the correct ambition to focus on. There were 352 responses from the Ask Warwickshire survey and 183 from the easy-read survey. Figure 5 shows that the majority of respondents (89.20% of Ask Warwickshire respondents (n = 314) and 91.26% of easy-read respondents (n = 167) agreed with Ambition 3: People will have access to effective and sustainable services. Three respondents in the Ask Warwickshire survey and 24 from the easy read survey did not respond to this question.

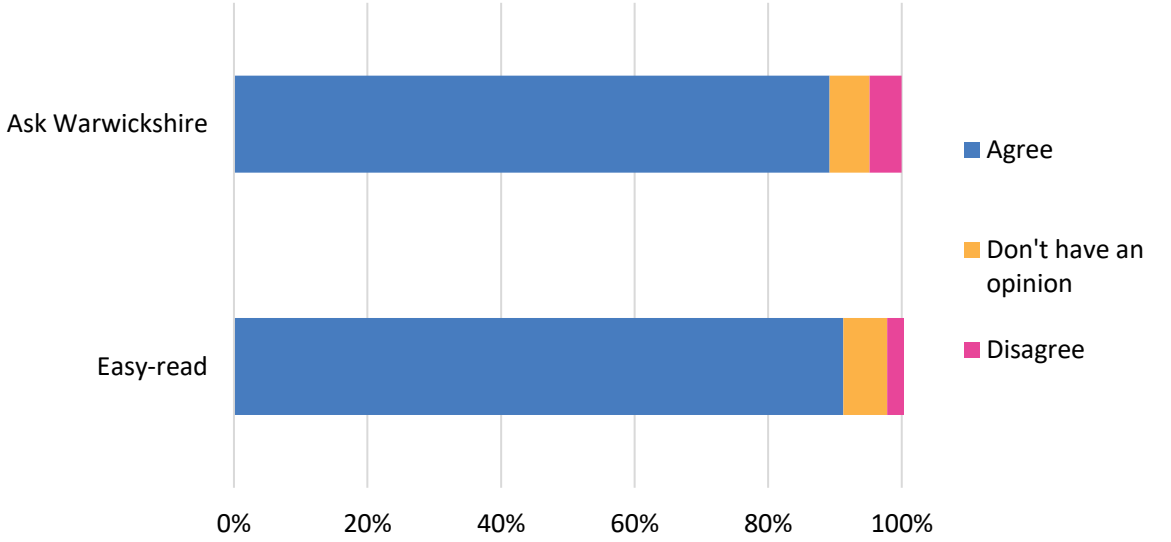

Figure 5. Percentage of respondents to both Ask Warwickshire (n = 314) and easy-read survey (n = 167) who agreed with Ambition 2: People will have access to effective and sustainable services.

Respondents from the Ask Warwickshire survey only were asked if they disagreed with any of the ambitions, and if so, why. Thirty-nine (11%) respondents said that they disagreed with the ambitions. Reasons are outlined in Table 7 below.

Table 7. Why respondents disagreed with the three ambitions (n = 39).

Theme / description	Count (%)	Example Quotes
Infrastructure for improving health and wellbeing Respondents were concerned that the existing infrastructure would not support the proposed ambitions.	12 (30.77%)	*"Without the infrastructure and support network encouragement doesn't go very far - it has to be a sustainable solution that is accessible to all without hidden costs or implications."* *"I disagree with the third outcome because I just feel that there are not enough services out there that people can access for their health and wellbeing. Secondly, I for one feel that more of these services need putting into place."*
Practicality of achieving ambitions Respondents were concerned that the processes of how to achieve the ambitions were not laid out.	11 (28.21%)	*"I agree with these but have questions about HOW they will be achieved."* *"The aims are ok I would like to know the processes proposed to achieve them. The support structures and systems are crucial rather than a focus on changing individual behaviour."* *"I dont think any single organsiation can make people part of a community, strong or otherwise. think this aim is ambiguous and needs clarification if it is to achieve any measurable aims."*

		"Your ambitions SOUND nice, but they're hardly SMART targets. You've not detailed how you will do any of them, what the investments into them will be, or what the measurements (or timelines) will be."
Inequalities within Warwickshire Some respondents felt geographical inequality across Warwickshire should be explicitly addressed.	6 (15.38%)	*"Need to acknowledge explicitly inequalities: Would be good to acknowledge the need to proactively address equity of health and wellbeing outcomes across the county, and proportionate universalism linked to service provision. Would be good to explicitly acknowledge the need to tackle poverty and aim for equitable community economies across Warks. Reaching those communities less well served (with inequities - eg BAME)."* *"No support is given to those with Mental Health Issues, Disability or Geriatric issues, (and has not been for the last 20 years), in the many Rural communities. I do not expect this to change."*
Contribution of and access to health services	6 (15.38%)	*"There are not enough community support services to help people suffering during this difficult time. Particularly young people."* *"And while we're at it... Nuneaton and Bedworth are building lots of new houses within Bulkington borders (and making a FORTUNE btw), but there's no plans for anything like new GP surgeries - so how will that improve the health of the village?"*
Contribution of individual choices and preferences to health & wellbeing	5 (12.82%)	*"There will be little or no integration from certain ethnic groups as they have no interest in assimilating into the British Way of Life."* *"Even if the facilities are there people won't always use them."* *"People need to feel free and welcome to join or be a part of a community. Individuals must not be put under any social pressure to join or conform to groups. Authentic social cohesion will only occur organically, not controlled."*
Independence amongst elderly Some respondents were concerned that independence at all costs is not right for all elderly people.	2 (5.13%)	*"I don't agree with elderly people staying in their own homes for as long as possible. I believe there is too much strain on the core in the community team and it costs too much money. I believe elderly people suffer isolation, poor nutrition, poor hygiene etc and the care team don't get to stay long enough, travel time between homes is wasted time that could be spent caring for more people etc. I believe the elderly who need daily support should live in sheltered housing where care can be concentrated and thus more effective and save costs."*
Consider broader determinants of public health and inequalities	2 (5.13%)	*"I do not disagree with 'People will lead a healthy and independent life, but it stresses personal responsibility and misses the importance of tackling upstream public health determinants of health and wellbeing and local inequalities (geographical poverty, inequality of health outcomes etc) that*

Respondents felt that upstream determinants of health and wellbeing also needing addressing.		*will not be fully addressed by 'stronger communities' and 'sustainable services' (income, education, housing etc). "*
Definitions around health and wellbeing	1 (2.56%)	*"The term 'healthy' should be defined to enable a full response eg does it include mental health?"*
Other Other comments were not related to the strategy	2 (5.13%)	*"You handling of this Covid PLANDEMIC has been EMBARESSING! You just say what we want to hear, then follow whatever the elite tell you to do. I want a 100% admission of any freemasonry or secret societies in all public sector/public servant work top to bottom before we move forward."*

Respondents to both surveys were then asked to rank the following proposed outcomes for each ambition from most important (1) to least important (4). Just over 10% of respondents didn't rank the outcomes or only ranked some of the outcomes, this is shown in the varying number of respondents for each outcome in Figures 6-8.

Ambition 1: People will lead a healthy and independent life.

Figure 6 shows the number of respondents that ranked each outcome as either 1,2,3 or 4. The outcome *Encourage people to adopt healthy lifestyles and behaviours* was ranked as most important by the highest number of people. In addition, the outcome *Prevent existing health conditions from worsening to a point where significant, complex and specialist health and care interventions are required* was ranked as least important by the fewest respondents.

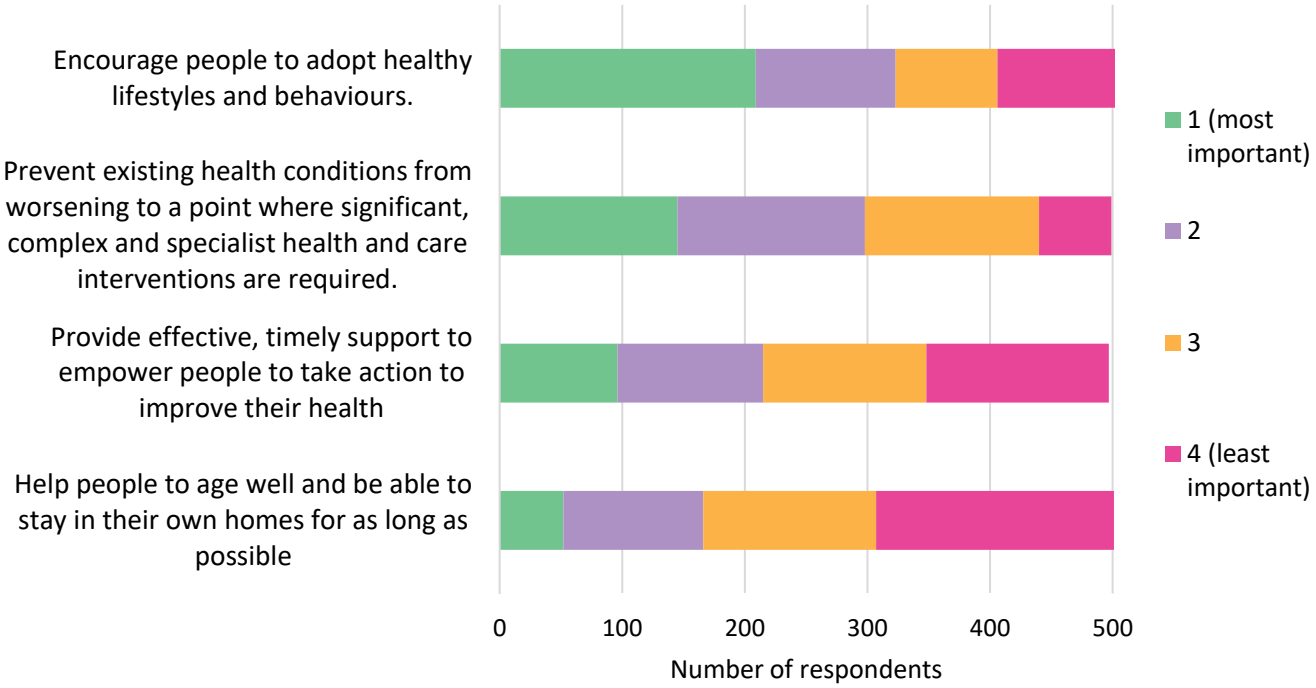

Figure 6. Respondents rated four outcomes from most important to least important.

Ambition 2: People will be part of a strong community

Figure 7 shows the number of respondents that ranked each outcome as either 1,2,3 or 4. The outcome *Help build strong communities, recognising the importance of education, employment, quality housing and leisure to provide good quality of life* was ranked as most important by the highest number of people. In addition, the outcome *Work together to create communities with healthy environments, economic prosperity and where the social needs of people are met* was ranked as least important by the fewest respondents.

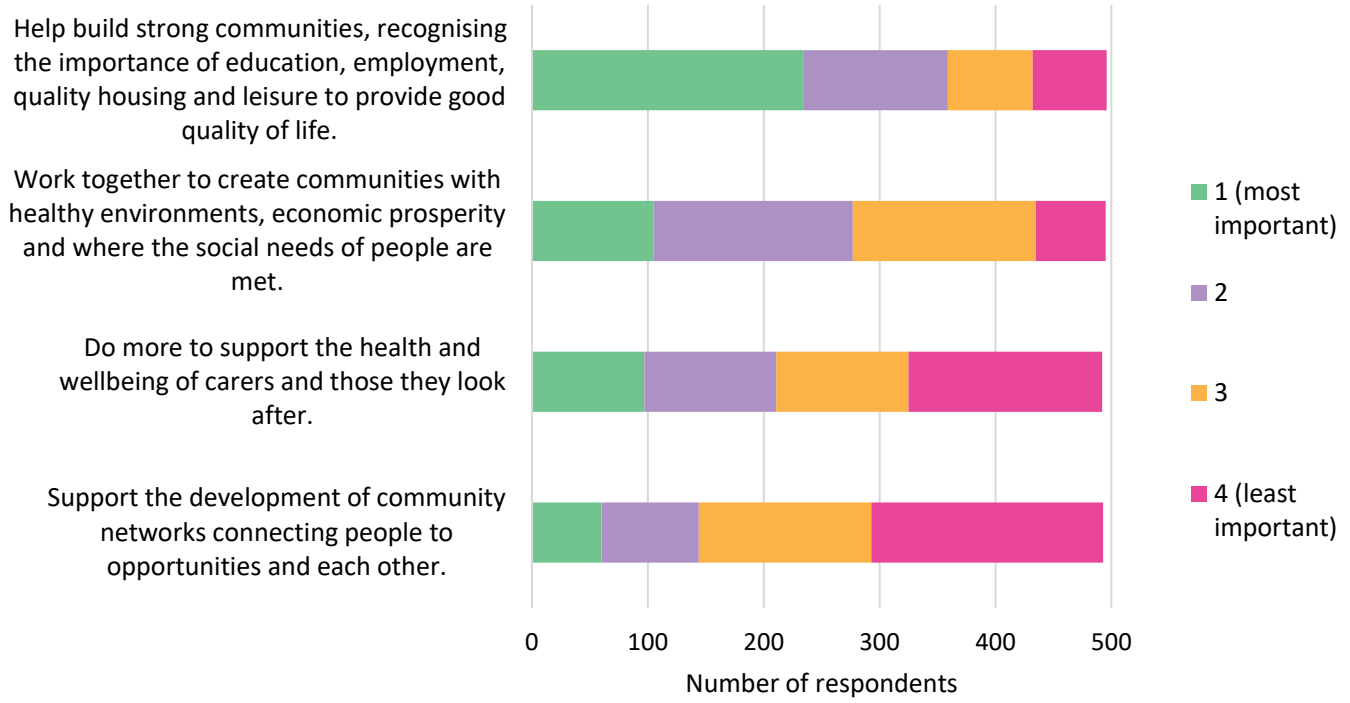

Figure 7. Respondents rated four outcomes from most important to least important.

Ambition 3: People will experience effective and sustainable services

Figure 8 shows the number of respondents that ranked each outcome as either 1,2,3 or 4. The outcome *Seek to develop accessible, responsive and high-quality services* was ranked as most important by the highest number of people. This outcome was also ranked as least important by the fewest respondents.

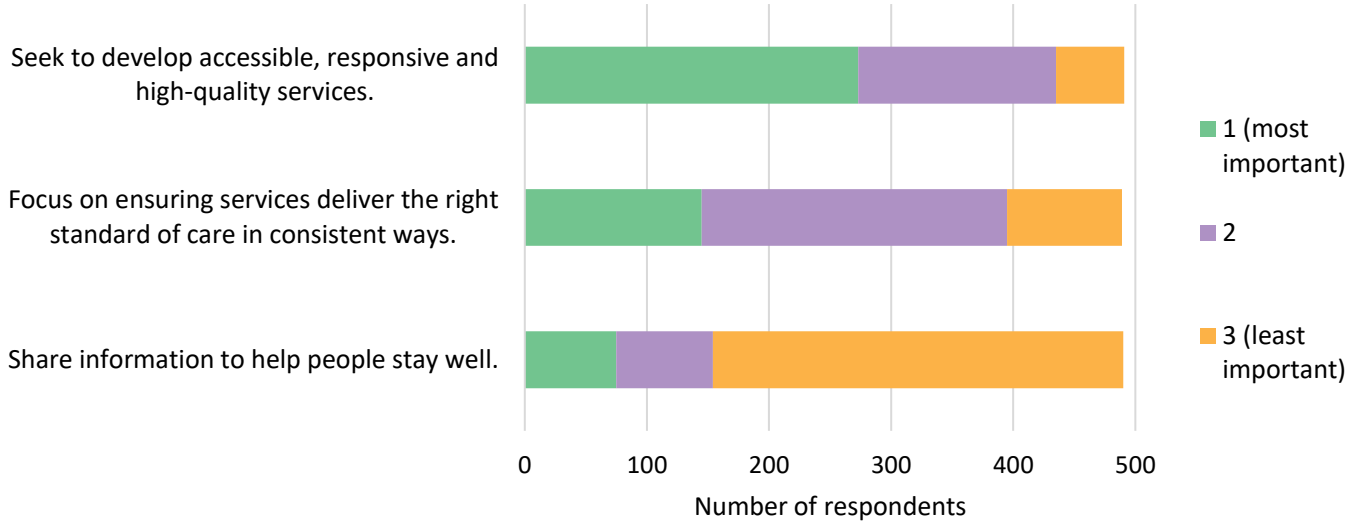

Figure 8. Respondents rated three outcomes from most important to least important.

Respondents to the Ask Warwickshire survey only were then asked whether there were any other outcomes that should be considered. Whilst respondents placed comments under the ambitions, the comments did not always necessarily relate to that particular ambition. Themes and example comments from this question can be seen in Table 8. There were 65 responses, of which 17 related to Ambition 1, eight related to Ambition 2, three related to Ambitions 1 & 2, 18 related to Ambition 3, and 19 related to all three ambitions. We have considered all the responses and themed them. Where the respondent linked their comment to an ambition, we have linked the ambition in brackets. All the comments can be found in Appendix 2.

Table 8. Other outcomes that should be considered (n = 65).

Theme / description	Count (%)	Example Quotes
Mental Health & Wellbeing (comments referenced Ambition 1 & 3)	11 (16.92%)	*"Mental health and well being should be on par with physical health." (Ambition 1)* *"Developing capacity for person-to-person Mental Health support, not just online resources for self-help" (Ambition 3)* *"More of a focus on positive mental wellbeing, rather than physical health (as one impacts on the other) and the significant impact of the current climate even more so than usual. Eg: Employers actively supporting employers to maintain positive mental wellbeing. Employers to walk the walk, not just talk the talk. WCC to be a key lead organisation and employer in leading by example in this respect. WCC are good at talking the talk, not so much as walking the walk." (Ambition 1)*
Joined-up services (comments referenced all three ambitions)	11 (16.92%)	*"Services need to be linked and share information on people they deal with-so people/carers do not have to repeatedly explain their situation/needs." (Ambition 1)* *"Clear and effective communications between services to support those with dual diagnosis and co-morbidity." (Ambition 3)* *"I think there should be something about connecting organisations offering support with each other and with the health care sector to enable people to be signposted to organisations quickly and receive more holistic support." (Ambition 2)*
Encouraging healthy lifestyles (comments referenced Ambition 1 & 3)	9 (13.85%)	*"Greater support should be available for the most disadvantaged with additional incentives to encourage healthy lifestyles." (Ambition 1)* *"Ensuring that infrastructure allows people to make healthy choices particularly with regard to encouraging active travel which has been shown to improve people's physical and mental*

		health as well ensuring more interaction which will help build communities." (Ambition 1)
Environmental concerns (comments referenced all three ambitions)	8 (12.31%)	*""More emphasis on the environment! Low pollution, plenty of green spaces that are car-free and safe (possibly lit at night) so that people can enjoy exercising. Encourage active travel to work and make it easy for people not to use their cars" (Ambition 2)* *"I believe the strategy should more explicitly consider the role of the council in providing the infrastructure to support active travel - cycling and walking. This is eluded to in the Draft Health and Wellbeing strategy, but still remains relatively vague. Active travel has a major impact on people's health and wellbeing. By prioritising linked-up cycle paths as well as safe and accessible options for walking, the council would address all priorities in the plan. Furthermore, given the reluctance of people to use public transport due to Covid-19, it is essential that active travel is urgently supported to avoid a further escalation of motor-traffic and its accompanying pollution, which directly and negatively impact on people's health." (Ambition 2)*
Funding, monitoring & improving services (comments referenced all three ambitions)		*"Reducing length of waiting times of treatable medical conditions (at the moment, no organisation take responsibility for this issue ie GPs and hospitals need to be jointly measured on these outcomes)." (All ambitions)* *"People with long term conditions that will not improve/ be cured or even get worse should not have to reapply for funding for various areas of their support-this is time consuming, and stressful." (Ambition 3)*
Housing (comments referenced all three ambitions)	5 (7.69%)	*"Provide practical support , not directly linked to health, that enable people in older age to maintain their homes." (Ambition 1)* *Good quality housing that will result in a healthier lifestyle and reduce fuel poverty. This will lead to people having more money for decent food enabling children to perform better at school." (Ambition 2)*
Engagement (comments referenced all three ambitions)	4 (6.15%)	*"Engaging participation in the community from a young age could be important. There are a lot of students in Leamington and many young people who move here for the engineering and tech businesses - engaging at this level will help to build a stronger community for generations to come." (Ambition 2)* *"Any decisions and actions taken need to be open and shared with the community being served." (All ambitions)* *"Whether people feel involved in decisions about their own care, the support that their cares get, what happens in their communities etc." (All ambitions)*

Covid-19 (comments referenced all three ambitions)	3 (4.62%)	*"Consider specific community needs likely to arise following COVID-19 pandemic - such as additional mental health and drug and alcohol support." (Ambition 3)* *"Voluntary and faith organisations are key means to carry messages and services and are uniquely accepted and chredished by people. They are depleted after Covid. Please replenish and support them." (All ambitions)*
Inequalities within Warwickshire (comments referenced all three ambitions)	3 (4.62%)	*"Make sure you are meeting the needs of the BAME Community when it comes to care." (All ambitions)* *"With the increase of house building in my area (Weddington, Nuneaton), my local area has almost doubled. No provision has been made for additional GP and Dentists. It is extremely difficult to get in touch with the practice, i am often on the telephone in the queuing system for a minimum of 20 munites. The surgery now has patient in excess of 10 thousand. This is unacceptable for the residents and for the practice. I do not understand why this has not been addressed." (All ambitions)* *"Ensuring equality of services- so that people with learning disabilities can be supported to understand information and access services as well as receiving ongoing support." (All ambitions)*
Employment (comments referenced Ambitions 1 and 2)	2 (3.08%)	*"Ensure young people are able to access employment opportunities." (Ambition 2)* *"Education and job finding help especially with young adults." (Ambition 1)*
Other	2 (3.08%)	*"Yes leave us to make our own decisions. Let us go to gyms & pools. Stop scaremongering & maybe read about the globalists plan & stop it right now" (all ambitions)*

4.3 How we will measure Ambition 1 (People will lead a healthy and independent life)

Respondents to the Ask Warwickshire survey only were then asked whether they thought the indicators listed in Figure 9 should be used to measure Ambition 1. Most people (n = 348) answered this question. The highest level of agreement was for suicide rate as an indicator; three quarters of respondents (75.87%) fully agreed with this and 18.31% partly agreed, whilst 3.20% disagreed. The lowest level of agreement was for number of children admitted to hospital for injuries; 31.61% fully agreed, 43.39% partly agreed, and 19.54% disagreed.

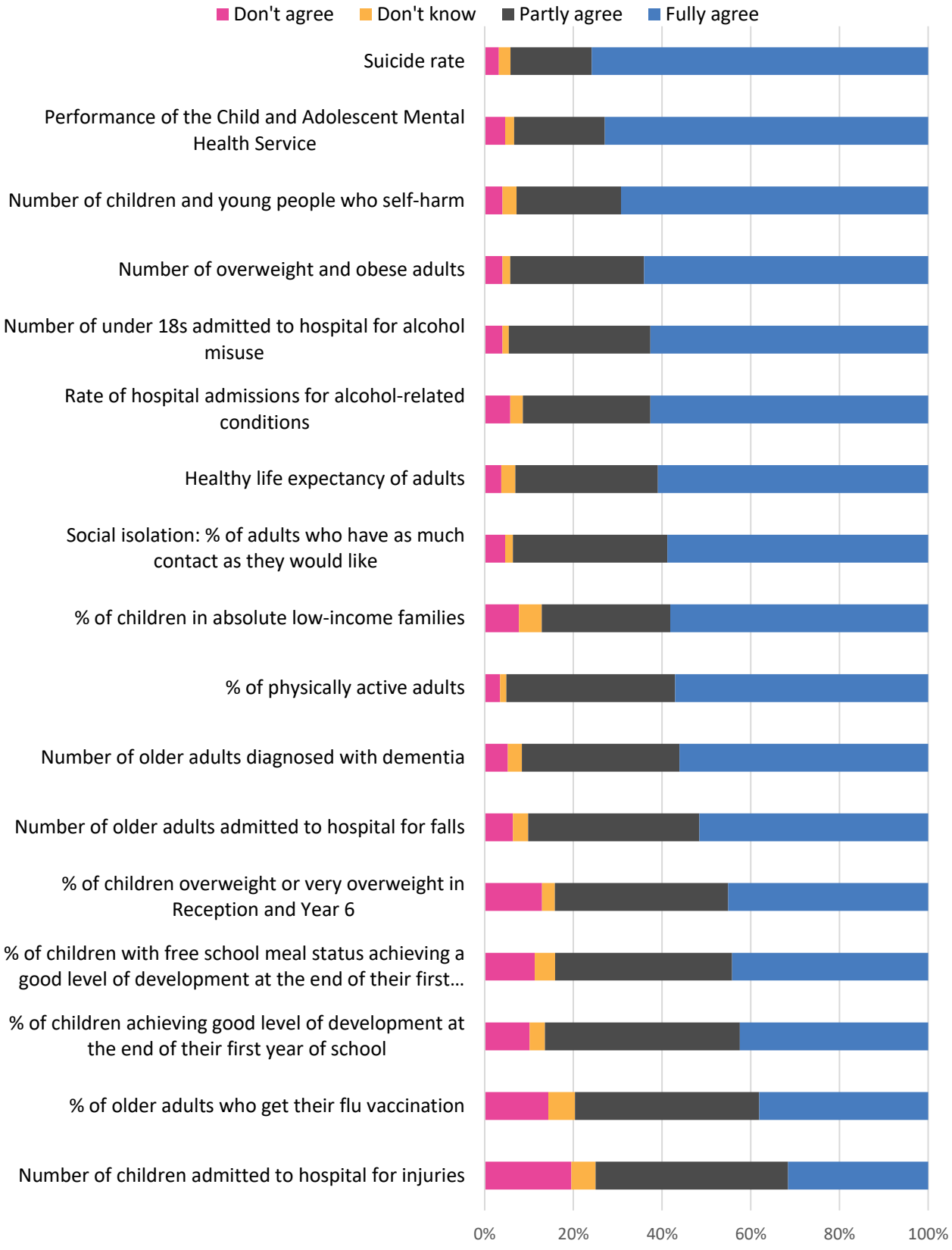

Figure 9. Respondents to the Ask Warwickshire survey (n= 348) answered whether they thought that the above indicators should be used to measure Ambition 1.

The surveys then asked whether respondents had ideas for any other indicators the Health and Wellbeing Board should consider for Ambition 1. There were 88 responses from the Ask Warwickshire survey, and 115 from the easy-read survey, totalling 203 comments. Responses have been collated into themes, which can be found in Table 9 below. Some comments addressed more than one theme.

Table 9. Other indicators the Health and Wellbeing Board should consider for Ambition 1 (n = 203).

Theme / description	Count (%)	Example quotation(s) for illustration
Healthy living, exercise and diet Respondents commented on sports facilities, health and diet education, and community initiatives to boost fitness.	61 (30.05%)	*"By seeing which communities are actively engaged in wellness, paying particular attention to seldom heard communities, ethnically diverse communities and make sure we are reaching out to all pockets of communities to engage and then measure by being inclusive."* *"Look at how active people's lifestyles are. Ensure more children have access to fitness and health clubs."* *"Sport for disabled and wheelchair patients."* *"Percentage of children active for 60 minutes a day"*
Mental Health People suggested measuring the number of people accessing formal mental health services and associated wait times as well as 'soft' measures such as happiness, isolation and lasting anxiety around Covid-19.	45 (22.12%)	*"Number of adults attending A&E for mental health issues."* *"Children and young adults that have been referred to CAMHS or any mental health team even if they are not taken on."* *"Waiting times for adult mental health services."* *"How happy people feel (suggest you look at Outcome Stars - they enable good measurement of 'soft' outcomes). You're missing the soft outcomes here."* *"No of calls to mental health services like iapt and possibly to voluntary sector in region such as Samaritans."* *"Happiness and life satisfaction; lack of anxiety - the latter two can be measured through surveys run regularly."* *"You're looking to measure eg performance of C& A Mental Health services surely application for such services is as/more relevant that performance as an indicator."* *"Number of people with disabilities or long term illness suffering from isolation."*
Health services People thought it was important to conduct regular health checks, measure GP attendance, and use/misuse of A&E.	39 (19.21%)	*"Number of Contacts with a doctor/ health professional."* *"Average referrals to specialists from health care providers such as GPs and social services."* *"Health check every year."* *"% of adults with learning disability getting annual health checks with GP."*

Physical health Respondents suggested measuring asthma rates, obesity levels, levels of type 2 diabetes, cancer rates, falls at home.	38 (18.71%)	*"Epidemiological maps of health conditions ."* *"Don't discourage children for their weight it can lead to serious mental health issues in the generations"* *"How many adults are overweight? Overweight adults are more likely to have overweight children. Do survey on eating & exercise amongst households."* *"Asthma rates"*
Older adults Respondents had varied suggestions including measuring the number of older adults requiring care, how many live independently, how many are isolated, and how many have poor diets/lack of exercise.	14 (6.90%)	*"Life span of older adults supported to remain living independently vs care home residents."* *"Number of older adults with addictions & number of older people on low income & poor diets."* *"Number of older people unable to be discharged from hospital when medically able."* *"Number of isolated older people."* *"Monitor average age of death and check against best area of UK, Europe and World ask yourself why Warwickshire is lower."*
Housing, employment & finance Respondents considered that measures including debt, housing and employment were relevant to a person's overall health and wellbeing.	12 (5.91%)	*"Number of adults saying they have trouble with debts."* *"Number of adults who consider they are in the most suitable accommodation for their needs (as a measure of whether there are enough affordable care places available, not just for elderly but for young disabled and supported adults)."* *"Number of homeless people"* *"Those with a job and those without and what the reason is for them not having a job."*
Environment / Active transport People wanted more green spaces locally and cycling and walking to be encouraged.	11 (5.41%)	*"Availability of safe, attractive & continuous routes for active travel to local facilities such as schools, shops, social centres.."* *"Number or proportion of trips made by active travel modes"* *"How many children have access to a park that doesn't result in a mile long walk down a narrow path next to a high speed road with no crossing!!"* *"Reduced level of air quality. There is a daily report on this from the 2 monitoring stations in the area. There could be an ambition to improve this."*
Substance use/misuse Respondents pointed out that other substances, such as illicit drugs and cigarettes, should also	11 (5.41%)	*"You also need something around substance misuse - not just alcoholism."* *"Number of children under 18 admitted to hospital due to drug misuse."* *"Percentage of adults and young people smoking."*

be measured as well as alcohol misuse.		
Poverty People thought that measures should include foodbank use and gap in life expectancy by index of multiple deprivation.	7 (3.45%)	*"Use of food banks."* *"Should measure the gap in life expectancy by deprivation."* *"People on UC"*
Community groups and support Respondents suggested measuring useage of local facilities/clubs/community groups.	6 (2.96%)	*"Number of people accessing clubs (eg Tai chi) and services (eg SYDNI Centre) - if low numbers then what are the accessibility issues? Financial? Transportation? Times of classes?"* *"Look at the take up of people in clubs - mother and baby groups, social groups, walking groups etc."*
Pregnancy/post-partum Respondents were keen to see measures around breastfeeding rates, interventions with children under 2 years, and contraception.	6 (2.96%)	*"Number of pregnant women who smoke at the beginning and end of pregnancy."* *"Number of pregnant women with a BMI over 30."*
Children and young people Respondents suggested that outcomes of children post education should be measured.	5 (2.46%)	*"Numbers of children needing additional learning support in schools both primary and secondary."* *"Measure outcomes of young people post education - including those with SEND."* *"Number of children of school age who have a social worker (on a child in need/child protection plan). These families typically do not lead 'healthy' lifestyles in my professional experience."*
Other	12 (5.91%)	*"All of these indicators are important in different ways. A few of the listed indicators are long-term outcome indicators (e.g. the healthy life expectancy of adults, or the number of older adults diagnosed with dementia, which presumably in part reflect trends in health behaviours and opportunities across the life-course, such as smoking, overweight/obesity, nutrition, physical activity etc.), but most are shorter-term 'process' indicators (e.g. the percentage of older adults who get their flu vaccination, or the percentage of children overweight in R & Y6 - which is something that may impact on health in adulthood many years ahead)."* *"Mindful not to over-rely on indicators. It's important to take into account qualitative responses from our communities and triangulate the findings to present a fuller picture."* *"Adults who suffer domestic abuse."*

4.3 How we will measure Ambition 2 (People will be part of a strong community)

Respondents to the Ask Warwickshire survey only were then asked whether they thought the indicators listed in Figure 10 should be used to measure Ambition 2. Most people (n = 350) answered this question. The highest level of agreement was for measuring the rate of households in temporary accommodation; two-thirds of respondents (66.76%) fully agreed with this and 24.36% partly agreed, whilst 5.44% disagreed. Similarly, measuring the number of 16-17 year olds not in education, employment or training was fully agreed with by 66.47% of respondents, partly agreed with by 26.53% of respondents and only 5.25% of respondents disagreed. The lowest level of agreement was for the number of people killed or seriously injured on roads in Warwickshire; 40.86% fully agreed, 36.0% partly agreed, and 18.29% disagreed.

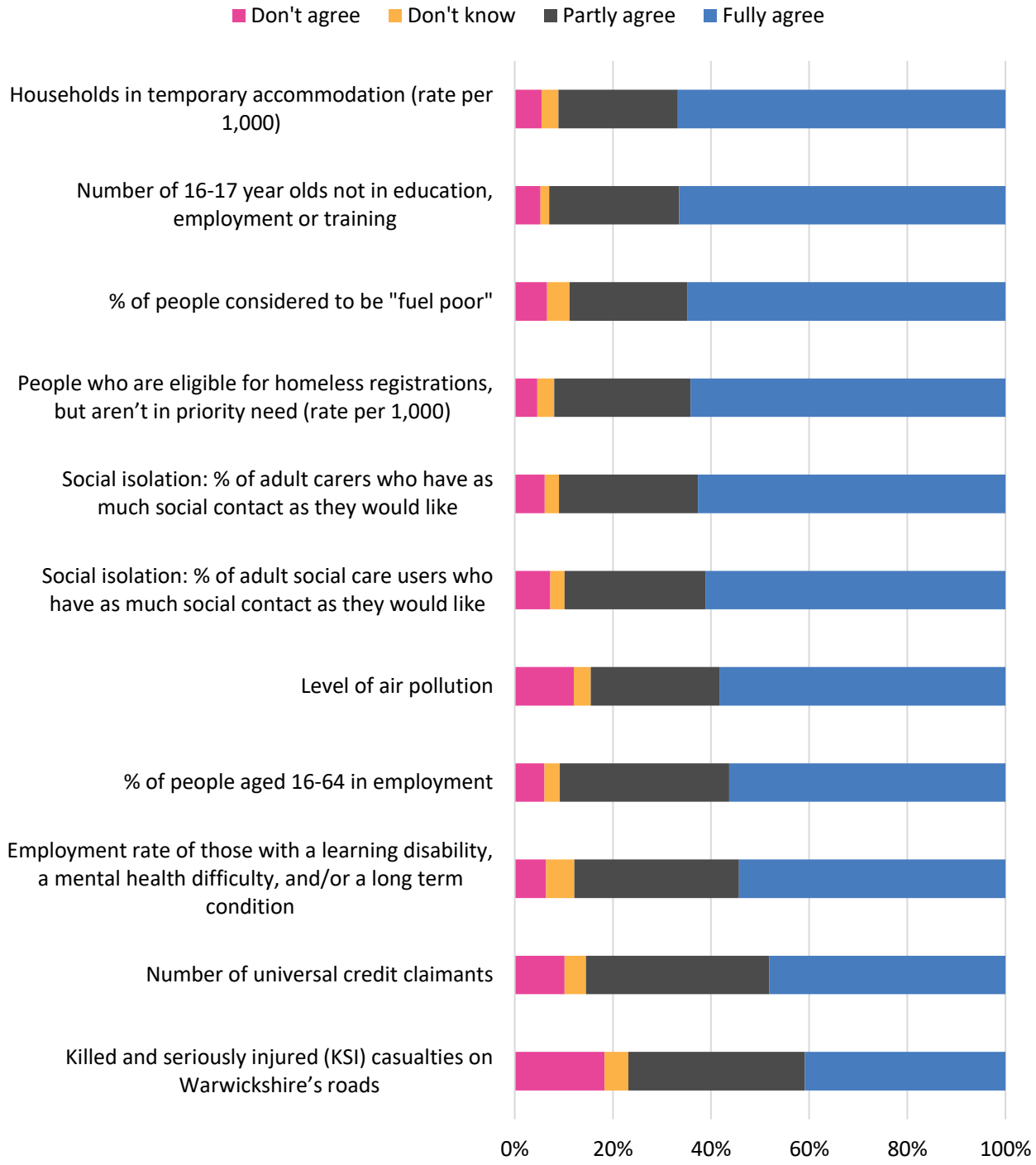

Figure 10. Respondents to the Ask Warwickshire survey (n= 350) answered whether they thought that the above indicators should be used to measure Ambition 2.

The surveys then asked whether respondents had ideas for any other indicators the Health and Wellbeing Board should consider for Ambition 2. There were 59 responses from the Ask Warwickshire survey, and 98 from the easy-read survey, totalling 157 comments. Responses have been collated into themes, which can be found in Table 10 below.

Table 10. Other indicators the Health and Wellbeing Board should consider for Ambition 2 (n = 157).

Theme / description	Count (%)	Example quotation(s) for illustration
Independence at home Respondents considered that how much people who live independently with support from carers could do without help.	22 (14.01%)	*"Ability to arrange travel and complete day to day requirements, i.e. self cooking, cleaning, shopping, travel..."* *"Ask people if their independence has reduced or increased over specific periods. Identify what people think makes them independent (pandemic might be useful for this - e.g. when people self-isolated, what did they miss being able to do?)"* *"Are they are a carer or cared for, officially or by family doesnt matter. How many times a week or day does they have carers. What about a list of tasks carers can do for them and count how many tasks they need help with."*
Community engagement Respondents suggested measuring the number of people who volunteer, local club membership and opportunities for social projects.	20 (12.74%)	*"Measure of civic engagement - eg % voter registration/turnout; number of registered/active volunteers signed up with WCAVA from each district?"* *"The concept of community is complex. Are we talking about neighbourly communities, common interest communities, welfare/support communities? Encouraging people to become part of a community will lead to a decrease in those who feel isolated."* *"Unsure if any of these KPI's actually measure this Ambition. What about membership levels of clubs and societies?"*
Social contact People thought it was important to measure social contact and loneliness in the wider population.	18 (11.46%)	*"Independence is often linked to loneliness. It is not all it is cracked up to be. Look at Age, infirmity single households where depression is a factor driven by independence assumptions as a panacea. Health provides independence and socialising options but doesn't translate into happiness. We should be encouraging living interdependently with others to form Social bubbles."* *"It's all very well measuring the amount of social contact carers and social care users have - but what about everyone else?"*
Council services and social care services Respondents had varied suggestions including measuring the number of older adults in care homes, number of people living alone who have carers, and how many people know of services that could help them.	17 (10.83%)	*"Compare nos of people by age against how many are accessing a support service eg home help etc. Also support given from voluntary sector. Consider the amount of young people being supported at home by working parents. They can be off the radar if they're not drawing a benefit. Can be at home years but not independent"* *"Look at how many people access or use services that provide support in comparison to Warwickshire's population and national average"* *"How many people are in homes"*

Health indicators Respondents commented on GP visits in relation to social indicators mental health and suicide rates.	13 (8.28%)	*"Measure the percentage of people seeing their GPs with mental health conditions related to money worries, housing concerns, employment worries and other social indicators you've identified."* *"That's the worst thing about this plan. What do you mean saying independent here? Staying independent often leads to feeling lonely and having mental health issues. We need to be careful about this."*
Transport and proximity to services People wanted to measure car vs bus vs bike use, and how accessible services are by active transport.	10 (6.37%)	*"Number of households who complete most of their journeys by foot bike or public transport."* *"Number of parks, open places, community hall, church, pub, shop etc in walkable distance of the community."* *"Percentage of people who cycle or walk or get public transport to work or school/higher education and look at how far they travel."*
Unemployment, benefits and food banks Respondents suggested measuring disability benefit claims, employment figures and food bank use.	9 (5.73%)	*"Look at use of food banks, numbers of children going hungry, working parents who are not paid enough by their employers and so have to claim benefits in order to survive."* *"Ask for peoples own opinions based on pre-defined considerations. For e.g I am mobile (I have a car) which gives me independence but I have no financial independence currently as out of work. Again independence is subjective and context is important."* *"By looking at the number of disability benefits claims."*
Environment People suggested measuring active transport and distance to green spaces.	5 (3.18%)	*"Pleased to see air quality mentioned. Improvement in air quality should be strived for. Number of cycle lanes (connected, not just piecemeal). Number of cases of people admitted to hospital due to low air quality."* *"Easy access to green spaces where people can go for a walk, children can play etc."*
Crime Respondents suggested measuring crime rates and racially motivated incidents.	5 (3.18%)	*"Crime levels. Number of racially motivated incidents. Number of neighbour disputes."* *"Levels and Percentages of crime in that area and ages of those doing the crime like knife crime, graffiti, stealing etc."*
Technology People thought that measures should include internet poverty.	5 (3.18%)	*"Number of people unable to make use of reliable WiFi Internet connection, for whatever reason, skills, money or signal"* *"Able to seek help independently and use technology to source help"*

Other	33 (21.02%)	*"My question is whether these measures will be distorted by the current circumstances, and what longer term lessons can safely be drawn. How people are feeling during a national lockdown may be very different to how they feel in the new normal, whatever that looks like."* *"All these suggestions are great as long as you do actually find out the real numbers and not just those who want to take part. Those who isolate are not likely to come forward and be counted. How will you know about those people?"* *"Ask them through surveys and making sure we are using different channels of communication and breaking down any language and cultural barriers."*

4.4 How we will measure Ambition 3 (People will experience effective and sustainable services)

Respondents to the Ask Warwickshire survey only were then asked whether they thought the indicators listed in Figure 11 should be used to measure Ambition 3. Most people (n = 347) answered this question. The highest level of agreement was for measuring number of people who die from preventable causes; over three quarters of respondents (79.07%) fully agreed with this and 18.02% partly agreed, whilst 1.74% disagreed. The lowest level of agreement was for the Estimated dementia diagnosis rate for people aged over 65; 55.20% fully agreed, 34.10% partly agreed, and 5.20% disagreed.

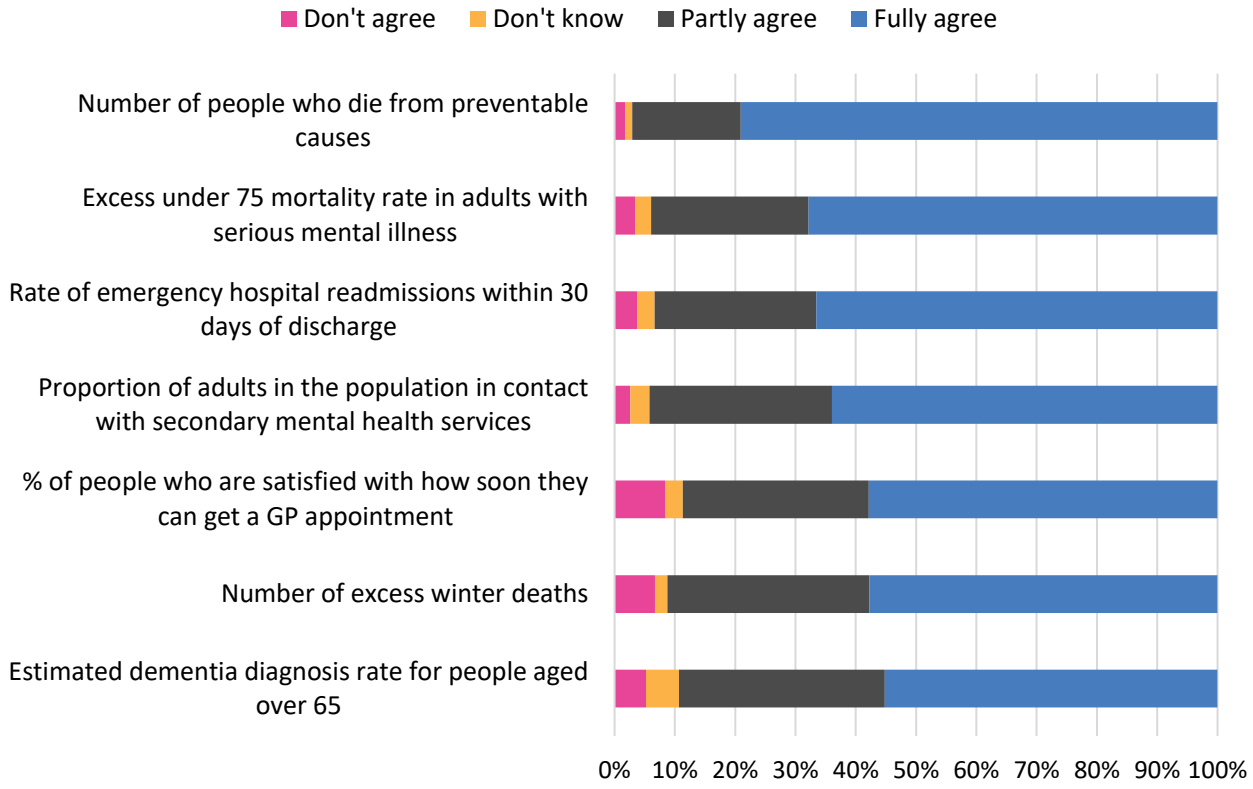

Figure 11. Respondents to the Ask Warwickshire survey (n= 347) answered whether they thought that the above indicators should be used to measure Ambition 3.

The surveys then asked whether respondents had ideas for any other indicators the Health and Wellbeing Board should consider for Ambition 3. There were 73 responses from the Ask Warwickshire survey, and 112 from the easy-read survey, totalling 185 comments. Responses have been collated into themes, which can be found in Table 11 below. Some comments addressed more than one theme.

Table 11. Other indicators the Health and Wellbeing Board should consider for Ambition 3 (n = 185).

Theme / description	Count (%)	Example quotation(s) for illustration
Health services Respondents considered more indicators around repeat GP visits, A&E visits and surveys after healthcare visits.	41 (22.16%)	*"By the number of repeat users. The aim of any health service should be to offer service but that it is not needed frequently or repeatedly due to good community health. (with the exception of mental health, disability and life long illness)"* *"If we are to see the benefits of social prescribing and working with the community at local level then surely admissions to hospitals and doctors is an excellent indicator. We are already seeing millions of GP appointments per year meaning that (apart from the reduction in the number of visits due to Covid) that people are not shy from seeing their GP. Therefore a reduction*

		here will be a good robust indicator of the underlying health of the community." *"Percentage of people registered with a GP within 2 miles of their home. (or similar measure)"*
Customer satisfaction levels Respondents suggested surveys after people had used health/social services.	39 (21.08%)	*"Quick, automatic text surveys like at a&e."* *"Greater consultation with users of services- give them a bigger voice."* *"Offer a review service like trust pilot style that is monitored on a monthly basis"*
Waiting times People thought it was important to measure how long people had to wait to access services.	25 (13.51%)	*"Look at the waiting list for how long it takes people to get access to help that they need whether that me for mental health, time for an operation etc."* *"How often someone is re-admitted due to complications or unsuccessful attempts//waiting times on productive appointments, both days from phoning for appointment and time lost in the waiting room(outside of expected time)."* *"Measure how long it takes to see a consultant after referral form a GP. Measure how long it takes to get a diagnosis after referral from a GP, patients can lose a lot of time being referred for one test, waiting to see consultant who refers for another test and then wait to see consultant again, this process can take so long that a patient could die before getting diagnosis or treatment."*
Mental health services People thought it was important to measure waiting times and service provision for mental health services.	13 (7.03%%)	*"Excess over 75 mortality rate in adults with serious mental illness. Number of dementia suffers receiving support"* *"Percentage of people who have access to mental health services within six months of applying"* *"Measure also the number of people with any mental health issues getting declined support from child or Adult mental health services, and the number of people being closed and re-referred into mental health services within 6 months of being 'closed'."*
Disability Respondents had suggestions around specific measures for disabled people.	7 (10.83%)	*"whether buildings and information are accessible to all"* *"Measure and monitor the number of disabled children unable to get suitable overnight respite which reduces the negative impact on family carers and the wider family network."* *"Measure and monitor the number of deaths of disabled adults whose life expectancy is generally lower than the rest of the population"*
Social services	5 (3.78%)	*"Number of support services offered and uptake of these - not virtual ones."*

Respondents commented on ease of access for social services.		*"Social care in this area is very hard to access and needs monitoring. Not enough social workers per head of population."*
Children and young people People wanted to measure CAMHS referrals and performance in particular.	5 (2.70%)	*"Mental Health in teenagers secondary school age also an issue, yet support takes years with most pupils having left with failing grades before a diagnosis or support comes. CAMHS give one bit of support, then chuck you on a waiting list for neuro whilst in the meantime, your child is threatening suicide, self harming and messing up at school. Schools are also bad at reporting mental health issues, preferring to pretend to help then actually do nothing and fail to report to CAMHS. Doctors refuse to refer as they claim its schools responsibility. It's a joke."* *"Measure health, education and place in community/work for those under CAMHS from initial referral to adulthood to ensure none are lost in the system."*
Other	50 (27.03%)	*"I think an outcome is needed of how to engage the disengaged. You can put support in place, but this will be ineffective for a small proportion of residents. Usually our most vulnerable people."* *"There is no mention of school/education. Is this not considered a service? Services other than hospital/health care i.e. more leisure and recreational facilities."* *"Compare stats with other areas."*

4.5What should we concentrate on specifically?

Respondents to both surveys were asked to consider a number of priority areas identified from the Health and Wellbeing Board's Joint Strategic Needs Assessment (JSNA). These areas are:

- Helping children and young people have the best start in life
- Helping people improve their mental health and wellbeing, particularly around prevention and early intervention
- Health inequalities (particularly in respect to Covid-19)

All 562 respondents (Ask Warwickshire = 355, easy-read = 207) were asked to select as many priorities as they thought that the strategy should focus on. Figure 12 shows that 387 (68.86%) respondents selected the priority *helping people improve their mental health and wellbeing*, whilst 354 (62.99%) selected the priority *helping children and young people have the best start in life* and 294 (52.31%) selected the priority *health inequalities*.

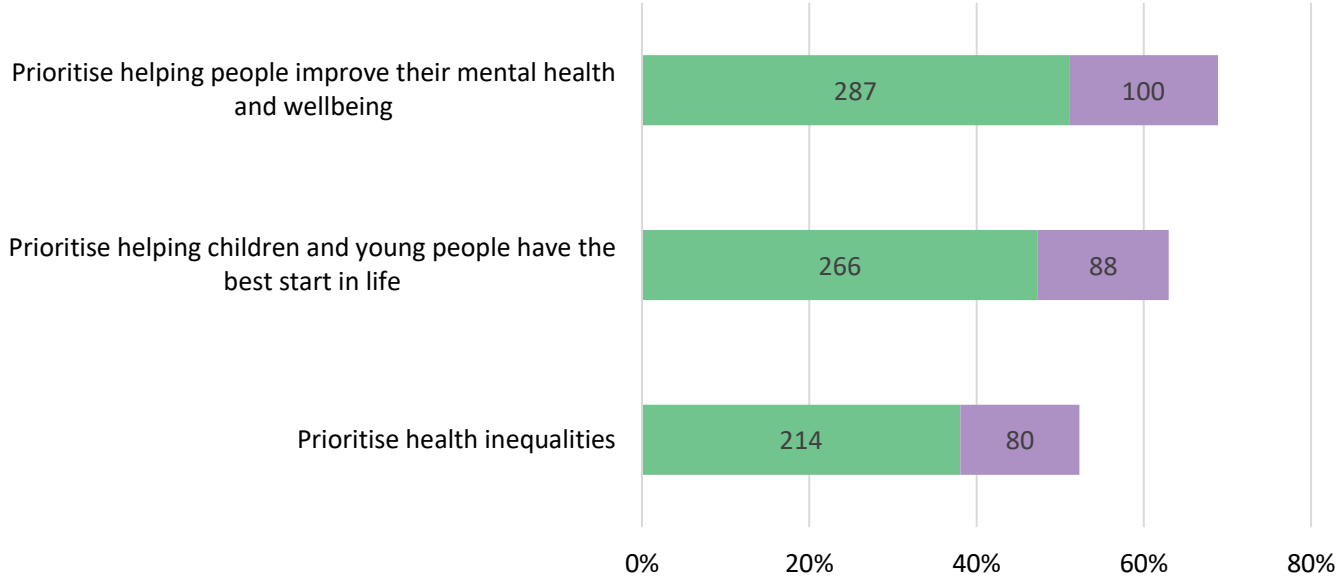

Figure 12. Which priorities should the Health and Wellbeing Board focus on specifically? Data labels indicate number of respondents who chose this option.

Respondents were then asked if there was anything else that they think should be prioritised. There were 179 responses (87 from the Ask Warwickshire questionnaire and 92 from the easy-read questionnaire). These have been collated into themes in Table 12 below.

Table 12. Other priorities the Health and Wellbeing Board should focus on (n = 179).

Theme / description	Count (%)	Quotes
Older adults Respondents were keen to see older adults supported to live more years in good physical and mental health and improve care for people in their own homes/ residential homes.	28 (15.64%)	*"Prioritise helping older people live longer better. The issue of a growing older population with people having 'more later years in ill health' requires more explicit support for older people in your priorities (2) and (3). Isolation, loneliness and complex health needs in older people needs support."* *"Support for the growing number of people with dementia and their carers."* *"Supporting elderly with services to make their lives more fulfilling and less lonely and supporting those with disabilities to have access to all areas and buildings and events in Stratford."* *"Healthy ageing - helping older adults maintain their ability to walk and be independent but also targeting middle age people to focus on physical activity/exercise."*

Health services People thought it was important to prioritise the speed at which patients could be seen by GPs, holistic care, staffing levels (particularly in respect to Covid-19) and facilities for those with learning disabilities.	25 (13.97%)	*"Impact of coronavirus both in terms of physical health with long covid and huge mental health impact."* *"How quickly transgender treatments (i.e. hormones, gender alignment) are received and the quality."* *"Increased support/treatment for cancer patients - pre, during & post treatment as cancer is everywhere! Increased emphasis on healthy diet/exercise/sleep is fundamental to general health & wellbeing anyway so can help in both areas."* *"Issues suffered by women - endometriosis, adenomyosis, menopause."*
Mental Health Respondents said that mental health support should be easily accessible and available outside of normal working hours, so that people can be supported when they begin to struggle with their mental health.	23 (12.85%)	*"Prioritise making mental health services easily accessible."* *"Impact of new ways of working due to Covid, impact of zero hours contracts etc etc."* *"It is almost impossible to get emergency support for a loved one who is threatening suicide without being passed from one place to another. Appointments for help take weeks or months. The only option is a 999 call which only helps briefly and hospitals are unable to give the appropriate level of supervision for such cases. It is a desperate situation to be in and immediate professional help should be available to keep the person are and provide the support they need."* *"Prioritise the mental health of working people so that gave access to support outside of normal working hours."*
Children and young people Respondents commented that young people should be more supported with any mental health needs/diagnoses, as well as support for vulnerable children and care leavers.	21 (11.73%)	*"Supporting children with learning difficulties in school."* *"Childbirth outcomes and perinatal deaths, breastfeeding rates at 6months"* *"Prioritise support for young members of the LGBT+ community especially those who are transgender/non-binary."* *"More services for those 16-24 year olds who have mental health needs."* *"Help schools help teenage girls with Autism/Aspergers - early diagnosis as symptoms are often masked by girls and more support needed on how teachers can help reduce anxiety and not treat all students the same, train teachers on how to use different strategies. All primary and secondary teachers need to be trained in how to react to situations and to ease the anxiety for the child."*
Healthy living, exercise and diet Respondents commented on sports facilities, health and diet	20 (11.17%)	*"Schools should prioritise cookery and yoga - two areas that will support physical and mental health and well-being. These need to be core foundation blocks throughout education not just early years. Habits must be created and the importance given to health."*

education, and community initiatives to boost fitness.		*"Making sure local communities have accessible sports facilities. What about Henley. They have lost everything."* *"Loneliness and inactivity in all age groups."*
Inequality / Disability Respondents commented on economic inequalities, racial inequalities, housing issues, accessibility of services and supporting disabled people to live a normal life.	14 (7.82%)	*"Equality is of utmost importance. Everyone should feel able to access the same services and receive the same priority and treatment."* *"Address digital exclusion"* *"Helping people with long term illness or disability lead a more fulfilling life whether that be training to get a job or volunteering or clubs without fear of losing benefits"* *"Economic inequalities that lead to poorer health outcomes - such as employment and skills training."*
Environment / Active transport People wanted more green spaces locally and cycling and walking to be encouraged.	13 (7.26%)	*"Improve under-developed areas in the towns which could be used to encourage healthier and fitter lifestyles. E.g. south Leamington / old town to be improved."* *"Air quality. The air we breathe has been overlooked in this."* *"Improving facilities and having more green spaces that you can actually walk in (not private farmland). Currently seems like 90% of Nuneaton is residential with another 5% being built on. There's more green spaces in city centres, even London which is saying something..."* *"I think all three priorities are very important and I would like to see explicit recognition of active transport infrastructure across all three - providing safe and connected infrastructure for cycling and walking would enable children and young people be more physically active and have a better start in life, it would improve people's mental health and wellbeing, and it would reduce health inequalities, as it would help people, regardless of where they live, to increase everyday active travel and prevent social isolation of those that can't afford a car."*
Community groups and support Respondents were keen to see local community connections to assuage loneliness and build mental health resilience, without being dependent on health services.	8 (4.47%)	*"More community projects and building relationships so when people don't need services they don't go backwards, there needs to be a focus on the austerity faced and the fact that Warwickshire ends up averaging on the index of multiple deprivation because that is a big gap between high and low income families. Socio economic factors have a massive impact on health."* *"Encouraging socialising to share responsibility. Empowerment and establishment of groups of individuals that are independent but lonely. Hard as they are often apathetic and reliant."*

Social care People wanted unpaid carers to be recognised in the priorities.	7 (3.91%)	*"Supporting unpaid carers."* *"Support for elderly carers who are trying to support their needy loved ones."* *"Reducing abuse of local resources e.g. misuse of social housing."*
Working together It is important to respondents that healthcare professionals offer a joined-up approach to health and social care.	5 (2.79%)	*"Prioritising a joined-up approach which ensures that agencies work together to support the above priorities. EG Midwifery does not work in partnership with health visiting to support priority 1"* *"Ability of GPs to work with hospitals and other providers."* *"integration of services to provide better information to all."*
Other	33 (18.43%)	*"Supporting economic fall out of C19"* *"Crime prevention"* *"Suicide rates and homelessness."* *"Smoking in public areas. Ban all smoking in hospital car parks etc."* *"I think there are too many busy high traffic spots in rugby. I'd like to see more being done to alleviate this as it does have an effect on health and wellbeing. For example it can take up to 45 mins to travel from Clifton rd to Bawnmore rd in Bilton because of heavy traffic."*

Finally, respondents to both surveys were asked to consider whether anything else needs to change or improve over the next five years with respect to health and wellbeing for everyone who lives in Warwickshire. Results can be seen in Table 13 below. There were 295 responses to this question (191 from the Ask Warwickshire survey and 104 from the easy-read survey). Some comments covered more than one theme.

Table 13. What else needs to change or improve with respect to health and wellbeing over the next five years (n = 295).

Theme / description	Count (%)	Quotes
Access to formal healthcare (physical and mental health) Respondents said that mental health support in particular should be easily accessible and available	72 (24.40%)	*"Access to mental health services. A wait of18 months plus for an autism diagnosis is not acceptable. Increased attention on mental health services."* *"Better access to services remotely would also be great. Village internet speeds and connectivity are poor compared to cities and*

outside of normal working hours, so that people can be supported when they begin to struggle with their mental health.		*towns. Improved services and improved networking would be great, for example contacting your doctor for a video call."* *"Improved access to alcohol detox facilities - no local service dedicated to this so pressure lands on acute Trusts."* *"I think Rugby Hospital should take more patients and provide full treatment of all ailments I was taken to Coventry Hospital last Jan where i spent 7 hours on a trolley with no food or drink my husband wasnt allowed to visit and we have no car so when he could visit we spent a vast amount of money on taxis This is wrong when i have a hospital here.."* *"Quicker access to CAMHS. A 24 month + waiting list is unacceptable."* *"No mental health support for carers of individuals with mental health conditions. Carers are burnt out and no end in sight."*
Local health/exercise opportunities Respondents commented on local social activities geared towards healthy eating/exercise, cheap access to gyms and sports facilities, and encouraging children to be active	40 (13.56%)	*"Less pre packed processed food available. More back to basics cookery lessons for kids. Swapping of skills....I can sit with elderly person so carer can go out for a walk, the carer might knit me a hat etc."* *"Provision (re-introduction) of leisure classes which are easily physically and financially accessible. More organised social activities which don't segregate people into groups - which encourage mixing of people who normally wouldn't mix together. (young/older; different economic backgrounds, professions)"* *"More promotion of classes like pilates and yoga"* *"Create allotment areas where communities can congregate together and grow their own fruit and veg. Schools and children's clubs should be included."*
Environment and Green travel Respondents commented on air quality, building cycle lanes, developing safe green spaces, encouraging parents to walk their children to school and reducing the need for cars.	38 (12.88%)	*"Work with transport team to enable active travel via walking and cycling. Numerous studies by health bodies show by providing proper infrastructure and programmes to get more people cycling will help with the majority of your objectives. For eg. everyday walking and cycling help with obesity, mental health, wellbeing, reduces air pollution and if done correctly will reduce KSIs."* *"Active travel needs to be prioritised and recognised as a means to complete everyday journeys, not just as a leisure activity. Lead can be taken from Scandinavian countries that have much more active lifestyles and much better health outcomes."* *"Traffic levels! These clearly reflect that the majority of residents do not feel able to use either active travel or public transport. Given the effect of air pollution (including from electric cars) on overall health, and the negative effects on wellbeing of towns dominated by cars not people, this should be a priority. People*

		need access to healthy green spaces without having to drive their first." *"Air quality. Improved transport links with a focus on cycling and pedestrians. We need a paradime shift in focus to prioritise these. The current focus is not on the correct priorities."*
Funding Respondents were keen to see an increase in funding in order to support more services.	25 (8.47%)	*"The infrastructure. Our doctors desperately needs expanding."* *"More investment , compare it to Switzerland you'll find that your running health care on thin air, that's why it's poor."* *"More funding for children with Special Educational Needs and Disabilities in education."* *"CAMHS are in urgent need of additional resources and funding."*
Communication Respondents were keen to see people made more aware of services and understand what they can do.	23 (7.80%)	*"Engaging with people who's voices are not often heard. Finding better ways of doing so, talking to those people about what their communication needs are, as well as what their service needs are."* *"More collaboration and less duplication. People get confused as to who they should contact and words like Health and Wellbeing, Social Prescribing etc sometimes blur the lines. GPs need to be more proactive in signposting people. I understand that my own GPs has 3 social prescribers but I do not know how to access them."* *"The Macmillan Information centre at the George Eliot hospital is one of the few places offering generic information. Doctors are busy and people are concerned about covid in pharmacies. There needs to be a wellbeing hub, whether that means extending the service at George Eliot or a new area somewhere else."*
Education People commented on education about healthy living and mental health would help to catch problems before they get worse.	21 (7.12%)	*"Improved access to parenting classes and advice for those parents who struggle with aspects of bringing up their children."* *"Ensure lots of learning about mental as well as physical health from an early age in schools. Improve levels of mental health support for young people - it's very hard to access support for young people, for example, CAMHS, unless there are extreme behaviours/conditions, or you are an able and pushy guardian/parent. Feels like a bit of a lottery. Prevention must be less expensive in the long run than treatment."* *"Employment stimulation to benefit young people in particular, to get as many into work if not continuing in education. This will be necessary to avoid a surge in NEET young people and all the health implications that come as a result of this."*
Attitudes towards health & wellbeing	18 (6.10%)	*"Change of lifestyle and mentality. Get away from relying on cars to go around, especially for short trips. Think long-term. Prioritise staying healthy: physical exercise, meditation, life coaching, healthy eating (more veg and fruit, less processed).*

Respondents commented that people should take ownership of their health and wellbeing, prioritising good food, exercise and community support.		*Focus on mental health and happiness, as happier people tend to look after themselves better."* *"Empowerment and creating ownership of ones health."* *"Improve awareness of what services available and make them easy to access. Encourage a more supportive community, helping each other. We've seen this blossom throughout the pandemic but it's not encouraged by the health system, councils, government etc. When I think it should be! This community spirit needs to be harnessed, encouraged, supported."*
Social services and housing People thought it was important to support social workers, offer more respite care for families, support for carers and accessing social care assessments for disabled children and adults.	12 (4.07%)	*"New NHS services need to be provided and properly funded with every new housing development or new Care Home."* *"More social housing for families that are paying their bills and working normal jobs but can't afford to buy a house in the ever increasingly expensive areas like Warwick and Leamington because they are paying extortionate rates in rent."* *"New homes need more space - gardens are too small for children to exercise in and the roads are too busy to let them play out. New housing is undoubtedly needed but cramming homes so close together is not going to help physical or mental wellbeing. Homes being built next to busy roads, like the A46, or roads that are being made bigger, like Europa Way is going to put people's health at risk from pollution."* "*Ensuring that children with disabilities and their carers get access to a social care assessment and ongoing support."*
Health Inequalities Respondents thought it was important to ensure equal opportunities with regard to health and wellbeing.	11 (3.73%)	*"BLM - how this can be integrated more into health and wellbeing agenda ."* *"More support for mental health of men and women and that mens mental health is recognised and supported aswell Rights for people apart of the lgbtqia+ community and more support of them to be recognized as equals."* *"Re-instating services in such a way that it does not exacerbate existing health inequalities, but focusing on ways to deliver services differently to ensure those who are currently less well served have better access & outcomes in the future."*
Working together	11 (3.73%)	*"Better integration of physical health and mental health services, with links and pathways to housing, financial, and educational services."* *"It is all going to be about local engagement. With the spiraling costs and demands on the NHS, the only way to cut costs and demand on services but ensure a positive outcome for patients is through commissioning local services. Take the strain off the NHS using volunteers. This is a win win as not only are the needy helped but the volunteers feel valued. Sadly the CCG and NHS have a vested interest in maintaining their stranglehold on their*

		budgets, and will not entertain alternatives, even alternatives that will ultimately save money. All of the things in the documents supporting this survey have been said before many times. Is this really going to be the time that change happens? I genuinely hope so."
Poverty People talked about internet access and digital isolation, along with services for people in poverty.	6 (2.03%)	*"Increase number of agencies providing support to people who are under privileged."* *"Most services and business now rely on people having access to the internet and/or exclusive use of a device ... in the real world the large sections of society do not have access to have the ability to get help via on line services further, research shows different people respond better to different types of learning (face to face, by experience, reading, being shown etc etc) what support is available help reduce digital isolation as it's a barrier to accessing services."*
Geography Respondents were keen to see parity of service provision across the county and in rural/urban areas	5 (2.03%)	*"More access to Mental Health and Adult Social Care Services for those in the Rural Areas. The assumption that if you do not live in Atherstone or Bedworth then you CANNOT receive assistance is a standard response from WCC."* *"Focus on areas where health needs are most i.e. north. Fair, level playing field for all particularly when the CCGs align from 3 to 1."*
Isolation Respondents thought it was important to prioritise those who are isolated.	4 (1.36%)	*"Supported community schemes for tackling isolation and loneliness."* *"How are we monitoring those who are isolated, ie elderly who have no one to help them. Children who are electively home educated, no educational services to make sure they are ok. Homeless."*
Other Other comments included how to measure the impact, comments around recovery from Covid-19, and crime.	21 (7.12%)	*"There seems to be a good number of performance indicators which are counting numbers and I accept we need those. I would like to see more about measuring the impact of services provided and the 'so what' being measured. More outcome focused than output. Age UK have published an interesting report on the Impact of COVID 19 on older people - worth a read and a response in any Health and Wellbeing Strategy. 'Impact of Covid 19 on Older People' by AGE UK"* *"Family and children's centres and health visitor services should be seen as essential and continue in person alongside COVID-19. If supermarkets and soft play can be open safely then why can new parents not receive in person support or get their baby weighed?"* *"Harassment from travellers for your dog etc and selling stolen goods from vans."*

5. Responses from focus groups

Leamington Town Council

Leamington Spa Town Council's Policy & Resources Committee recently considered the draft Warwickshire Health & Wellbeing Strategy. On behalf of Leamington Spa Town Council, it wishes to make the following comments in response to the consultation:

- The Town Council supports the 3 long term strategic objectives identified in the strategy, namely:
  - Healthy People
  - Strong Communities
  - Effective Services
- Along with the 3 priority areas identified for focus over the next 2 years:
  - Help our children and young people have the best start in life
  - Help people improve their mental health and wellbeing, particularly around prevention and early intervention in our communities
  - Reduce inequalities in health outcomes and the wider determinants of health
- The Town Council is particularly encouraged by the emphasis within the strategy on creating places that contribute to health and wellbeing, including through healthy and active environments and strong communities. The Town Council notes that this is well aligned with its own strategic objectives.
- Specifically, the Town Council would like to see significant emphasis on the following issues:
  - Supporting the wellbeing of pre-school children, particularly noting the role of health visitors in this.
  - Addressing the issue of Diabetes and its prevention.

Warwick District Council

The generic issue we have is that the document purports to be a partnership document but quite often falls into being a WCC policy document with its references. The document will be more effective by rectifying those slips and reflecting it much more as a real partnership document. If it doesn't then partners will feel excluded and won't try to implement the Strategy. We have no issues with the intended outcomes as they are very broad and on the measures we would suggest there are others that can be used to measure the breadth of achievement from all organisations involved but at the moment it is short on actions to deliver the outcomes set out in the Strategy. That may be a deliberate exercise to strategise and measure and by a separate process work out the actions perhaps at place level, in which case we think that process needs to be more explicit. We are committed to improving the health and well-being of our communities and tackle inequalities and

we believe that our comments will strengthen the strategy and the intended outcomes. Comments are included in Appendix 1.

SWFT (Anne Coyle)

It is great to see it and we are excited to be part of the partnership to deliver against it. Very supportive of it being underpinned by JSNA data and it's recognition of the contribution of the voluntary sector. In considering implementation of the strategy the Trust would make the following observations; It would be good to see an overt commitment throughout linked to 'helping people to help themselves' whether this be through easy access to resource, education, incentivisation etc; Strengthening 'the digital agenda' for example The Trust is supportive of use of Stratford Digital hub to test out new technologies; Recognition of PLACE as future engine room of the NHS creating an opportunity to agree an implementation and resource plan; Connection of Hospital and Anchor Alliance with delivery of H&W Strategy Perhaps more to be included on measurement of impact on quality, inequalities and use of resources

Healthwatch (Chris Bain)

We have submitted our response using the online survey. Overall the ambitions in the Strategy seem to be about right from a patient/public perspective, however I was slightly confused by it. In particular I was not clear who the target audience was. There was a lot of language used that is in common currency within the system but might mean little to a lot of residents, indeed they may feel excluded by it. There was also an acceptance (for perfectly understandable and pragmatic reasons) of concepts such as 'Place' that we all now use regularly but might have little resonance outside the system. I could not see anywhere within the survey to ask these sorts of questions so I thought I would raise them here. Is there going to be an easy read version of this?

Health and Wellbeing Board (Sir Chris Ham)

It was questioned how organisations would work together to deliver the priorities, with a plea to ensure that the voluntary and community sector was involved as much as possible and that this was referenced in the final strategy. A comment on the need for clarity about how to make the strategy meaningful to local communities eg through use of appropriate language and cultural references.

BAME Test & Trace Group

Ambition 1: People will lead a healthy and independent life

- Needs to reflect that we need to work with communities e.g. promoting healthy foods needs to reflect that different communities have different dietary requirements. Need to refer to both physical and mental health.
- Top priority is to encourage people to adopt healthy lifestyles and behaviours - this supports building a strong community by empowering individuals and supporting preventative strategies. Focus must also encompasses younger populations to embed throughout their lives.

Ambition 2: People will be part of a strong community

- The terminology around addressing some of the health inequalities is not coming through enough – needs to be more 'punchy' and explicit. The statements are however quite generic which allows for nuances across the county. This is a plus as it allows flexibility across districts and borough's, so they can be adapted by the H&WB Partnerships to tailor their own action plans.
- Working together to create communities with healthy environments, economic prosperity and where the social needs of people are met is a top priority. Working together in collaboration with communities and involving them is the key to success so need to look at how we engage and co-produce with communities to reflect their individual needs.

Ambition 3: People will experience effective and sustainable services

- Seeking to develop accessible, responsive and high-quality services was considered to be top priority. Two-way information sharing is important - needs to be accessible to all communities e.g. translated into different languages. Need to ensure that we also reach communities 'offline', work with them in a co-production manner and agree specific feedback processes.

Measuring success for the next 2 years

- What are measures for each ambition? How do we know these have been met? The survey refers to different, but there are gaps in the way we collect the data. Needs to be thought out a bit more.
- Need to monitor progress to ensure clarity. Strategy is at a very high level with action plans feeding into but unclear how groups will feed into this? Need to give further consideration on how this is achieved. Danger that strategy is detached from communities and therefore a mechanism is required for filtering up and down the chain.

Appendix 1: Warwick District Council comments

DRAFT Warwickshire Health and Wellbeing Strategy 2020-2025

Foreword from Councillor Les Caborn, Chair of Warwickshire Health and Wellbeing Board

Our new Health and Wellbeing Strategy presents a real opportunity to make a difference to the health and wellbeing of everyone in Warwickshire. The Strategy has been produced in collaboration with Health and Wellbeing Board partners in a context of change which brings both challenges and opportunities. Much has happened since our first Strategy in 2014. There is significant pressure in the health and care system and the public sector more widely because of increasing demand and reducing capacity. This has been further amplified by the Covid-19 pandemic which has radically changed how society functions.

As we start to rebuild communities and reset services as part of our recovery from the COVID-19 pandemic, even more importance needs to be placed on tackling inequalities in health and creating engaged and cohesive communities that are able to thrive despite the ongoing challenges we all face. Helping our children and young people to get the best start in life is key to this, as is supporting people to look after their mental health and wellbeing particularly as 1 in 3 visits to mental health services during the pandemic were from new users. Our Covid-19 Health Impact Assessment (HIA) has highlighted two findings which will be key drivers behind our new Strategy and its implementation:

1. An **integrated recovery** which looks across traditional organisational boundaries is required to understand the wider impact to services; and
2. There is a **double impact of harm** which disproportionately impacts on Black, Asian and Minority Ethnic (BAME) communities, and the most vulnerable individuals facing multiple deprivation and inequalities in health

The NHS long-term plan and Coventry and Warwickshire Five Year Health and Care Plan both confirm a greater focus on prevention and a move to a more integrated health and care system. We want to build on the momentum from our previous Strategy and the Year of Wellbeing 2019 to drive further commitment around improving health and wellbeing. We have set out high level ambitions for the next five years, as well as specific priorities we think we should focus on over the next two years.

This Strategy sets out our commitments and vision for improving health and wellbeing for Warwickshire. It is however the first step, and next we need to deliver on these

commitments. To make sure that we get this right for our communities, we are taking a place-based approach to delivery. In Warwickshire our 3 places are:

- North – covers North Warwickshire Borough and Nuneaton and Bedworth Borough
- Rugby – covers Rugby Borough
- South – covers Stratford on Avon District and Warwick District

Each place has a Health and Wellbeing Partnership and a Health and Care Executive that will play a key role in delivering the Strategy locally, making sure that action plans have been tailored to meet local needs, and build on the strengths, of each place.

1. Introduction – What is the Health and Wellbeing Strategy

The Health and Wellbeing Strategy is Warwickshire's high-level plan for reducing health inequalities and improving health and wellbeing for our residents. The Strategy is owned by Warwickshire's Health and Wellbeing Board, a collaborative partnership bringing together senior leaders from the county, borough and district councils, the third sector represented by Warwickshire Community and Voluntary Action (WCAVA), Healthwatch Warwickshire, Clinical Commissioning Groups (CCG), NHS trusts, Warwickshire Fire Service and the Police & Crime Commissioner.

The 2020-2025 Strategy is informed by data and engagement evidence from our Joint Strategic Needs Assessment (JSNA) and learning from our 2014-2020 Health and Wellbeing Strategy, as well as drawing on national research and good practice. We are undertaking engagement and consultation with stakeholders, communities and the public on our proposals and this feedback will be reflected in the final Strategy. The Strategy responds to the rapidly changing context for health and social care by setting out a five-year vision for health and wellbeing in Warwickshire. It will be used by local health and care partners to inform plans for commissioning services and shape how we will work together to meet health needs and address the wider determinants of health.

Our long-term strategic ambitions for Warwickshire are:

Figure 13: Coventry and Warwickshire's Strategic ambitions (HCP, 2019)

These ambitions are aligned to our shared vision for health and wellbeing across Coventry and Warwickshire's Health and Care Partnership (HCP). Together we want to do everything in our power to enable everyone to pursue a happy, healthy life by putting people at the heart of everything we do.

"One Health & Care Partnership, Two Health and Wellbeing Boards, Four Places, Three Outcomes"

In order to deliver our ambitions, the Health and Wellbeing Board has agreed three priority areas to focus on over the next two years. These emerged as priorities within the findings from the JSNA and the Covid-19 health impact assessment (HIA).

- Help our children and young people have the best start in life
- Help people improve their mental health and wellbeing, particularly around prevention and early intervention in our communities
- Reduce inequalities in health outcomes and the wider determinants of health

After two years, we hope to see improvements in outcomes related to these priorities. We will then use our latest JSNA data to decide if these should remain our priorities for a further two-year period, or if we need to focus our attention on other areas to achieve our long-term strategic ambitions. We are shaping our priorities at 'place' – North, Rugby and South. Each place has a Health and Wellbeing Partnership and a Health and Care Executive to lead on the implementation of the Strategy, making sure local action plans are tailored to the local context.

2. Our journey – Where we are now

There has been ongoing commitment to deliver on the priorities of the 2014-2020 Strategy from each organisation represented on the Health and Wellbeing Board and our Annual Reviews highlight some of the achievements in delivering our ambitions of the Strategy over the last 5 years. Over this period, the role of wider partners in health and wellbeing has been increasingly recognised such as Housing and Planning teams in our District and Boroughs, the

Police and the Fire and Rescue Service. There has been stronger partnership working, however it is recognised that we don't always join up what we do and make the connections between different areas of work.

This means we may miss opportunities to identify synergies and complementary activity and don't always get the best outcomes as a result. To do this better we are adopting a 'population health' approach which takes a holistic view of everything that impacts on people's health and wellbeing and pays greater attention to the connection between the four pillars of: wider determinants of health, our health behaviours and lifestyles, the place and communities we live in, and with, and an integrated health and care system.

Figure 14: Population health model (Kings Fund, 2019) [to be adapted]

2.1 Place-based needs assessment

To inform the development of the new Health and Wellbeing Strategy we have undertaken research and engagement as part of the Joint Strategic Needs Assessment (JSNA) process. We developed a new place-based approach to understanding the health needs of Warwickshire residents. By undertaking this approach, we have been able to identify the needs and priorities within each area and ensure our recommendations are tailored to the needs of each place.

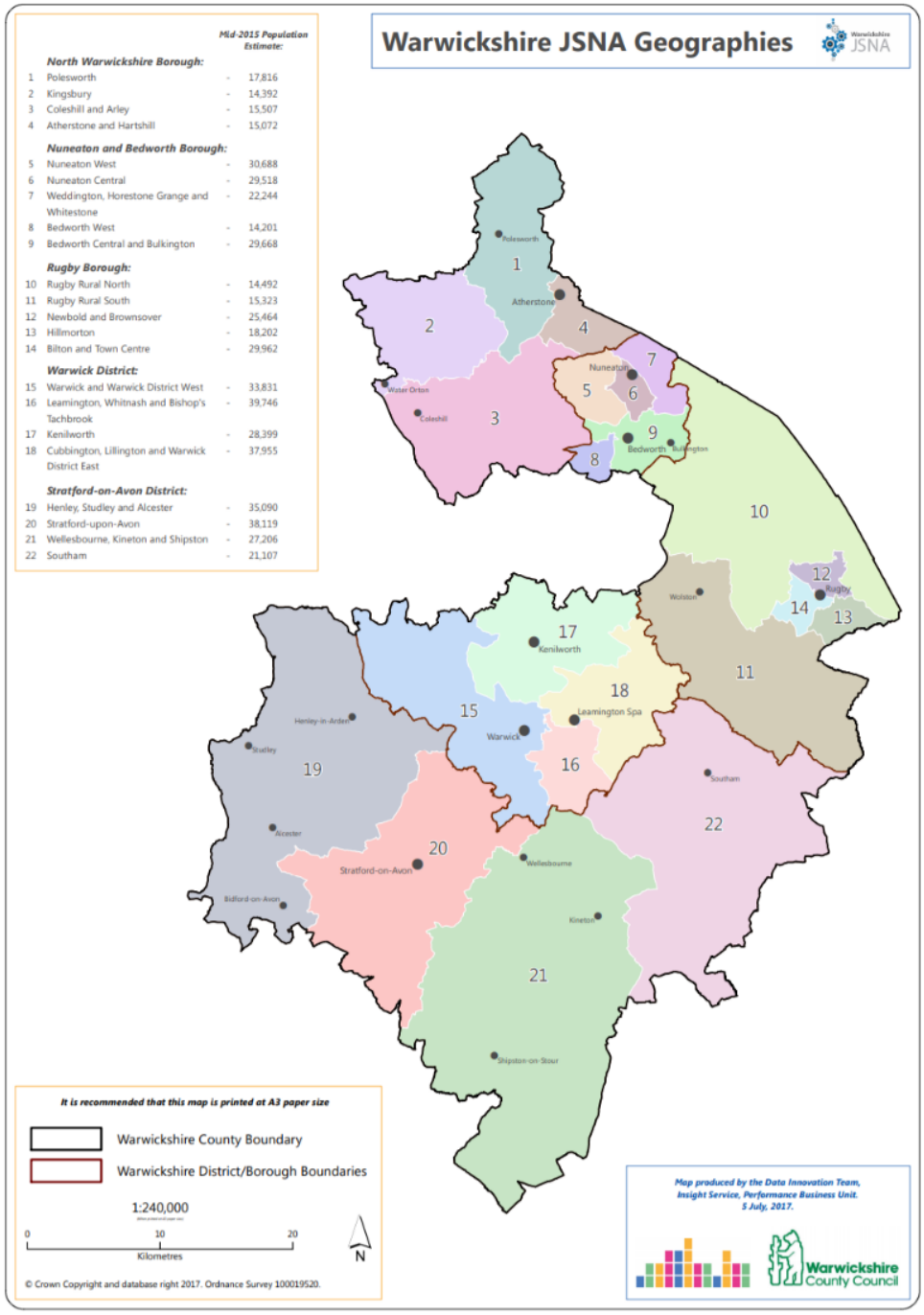

Figure 15: JSNA place-based approach

Over the last two years we have been building our understanding of assets and needs across the county through analysis of evidence from a wide range of sources. We have talked to over 2,000 residents and professionals and over 300 community organisations

about the key issues facing local communities as part of our JSNA. In light of the Covid-19 outbreak we have undertaken further engagement and heard from over 2,500 residents on how life has changed for them since the outbreak. From this, we know that:

- **Overall health in Warwickshire is above average but varies, with residents in more deprived parts living shorter lives and spending a greater proportion of their lives in poor health.** In less deprived parts of the county males can expect to live over 9 years longer and females 5 years longer than those in more deprived areas[i]. People are spending more of their later years in ill-health – over 18 years for men and nearly 20 years for women[ii]. There are avoidable differences in health outcomes, often linked to smoking, alcohol consumption, obesity and lack of physical activity. There is a need for better communication and advice to help people keep lead a healthy and independent life.
  Covid-19 impact: Nationally mortality rates from Covid-19 during the first wave of the pandemic were more than twice as high in the most deprived areas compared to the least deprived areas for both males and females. Five areas in Nuneaton & Bedworth Borough and one in North Warwickshire Borough are in the 10% most deprived nationally. These are areas where residents are more likely to be working in essential services, be from a BAME group or living in more crowded housing and hence at increased risk of contracting Covid-19[iii].

- **Children and younger people have increasing needs.** Nearly one in three children age 10-11 are overweight or obese[iv]. Increasing numbers of children aged 0-14 are being admitted to hospital with injuries and hospital admissions have also increased for alcohol specific conditions in under 18s[v,vi]. There are growing concerns regarding mental health issues and self-harm rates among young people (age 10-24)[vii]. With the number of school children forecast to increase by over 4,000 by 2025 the demand on support services is likely to increase[viii].
  Covid-19 impact: During the first lockdown period, referrals to RISE (the local Child and Adolescent Mental Health Service) reduced by 52% (February to May) despite mental health challenges increasing for many young people. Reductions in referrals may have reflected that the primary need of patients changed. The service often sees patients presenting with educational stressors, which were reduced during the Covid-19 outbreak period because of school closures. An increase in referrals for eating disorders was seen during this time.[ix]

- **Around one in four adults experience mental health problems, but the county has seen an improvement in the suicide rate.** Levels of suicide in Warwickshire have historically been higher than the England average. However, following a large programme of work aimed at suicide prevention, local rates are now in line with the England average[x]. With awareness of mental health increasing and changes in underlying risk factors, more adults and young people are likely to present to health services with a mental health need by 2025. Covid-19 impact: During the first lockdown period, the Office for National Statistics (ONS) highlighted across Great Britain the percentage of adults with high levels of anxiety reduced from 49.6% in the period 20th to 30th March to 33.3% in the period 24th April to 4th May. However local mental health support services reported seeing more people experiencing anxiety disorders[xi].and the Warwickshire COVID-19 Survey found an increase in self-harming behaviours among people with pre-existing mental health conditions.

- **Warwickshire has a growing older population.** There are more people over the age of 65 than the national average (20.8% in Warwickshire and 18.4% for England) and those over 85 are expected to almost double from 16,561 in 2020 to 30,132 in 2040. The prevalence of dementia (all ages) is higher than the national average in South Warwickshire CCG (similar to the national average for Coventry and Rugby CCG and below the national average for Warwickshire North CCG)[xii]. Across all three CCGs the estimated dementia diagnosis rate for those aged 65 and above is below the national average[xiii]. These issues put pressure on services and carers who provide support. We need to focus on preventative health in the younger and working age population now to help manage future demand on health and care services. Covid-19 impact: Among people with a positive test, those who were aged 80 or over were 70 times more likely to die when compared to those under the age of 40. In Warwickshire a fifth of the population is aged over 65 and at an increased risk of mortality[xiv].

- **Despite the county's comparatively good performance on education and skills and economic growth, pockets of deprivation limit people's opportunities to succeed in life.** 6 Lower Super Output Areas (LSOAs) are in the 10% most deprived nationally. A further 16 LSOAs are in the second most deprived decile, and 26 are in the third most deprived decile. 12% of children (11,400) live in low-income households. Social inequalities and life chances are already established from these early years of life.

COVID-19 impact: Across Warwickshire the percentage of working age people receiving Job Seekers Allowance plus those receiving Universal Credit was gradually increasing since April 2019 from 1.9% to 2.2% in March 2020. Across Warwickshire the highest rates were in Nuneaton and Bedworth Borough which were consistently higher than the England rate, and the lowest were in Warwick and Stratford Districts. However, since the first lockdown, claimant rates increased significantly across the county, with each district and borough seeing at least double the number of claimants. North Warwickshire saw the biggest percentage increase in claimants when comparing rates between May 2019 and May 2020[xv].

- **Inequalities in health exist between White and Black, Asian and Minority Ethnic communities**. People from ethnic minority groups are at higher risk of being out of work; prior to Covid-19 the rate of unemployment in some ethnic minority communities was 6.1% compared to 3.5% for people from a white background[xvi].
  Covid-19 impact: People from black and minority ethnic groups were more likely to be at increased risk of exposure to Covid-19 than White British groups during the first wave of the pandemic, often due to working in frontline or essential services. Mortality rates were highest among South Asian and Black Caribbean groups[xvii].

- **The county has a higher level of homelessness** than other areas. We know that good quality housing leads to better health and wellbeing as it indirectly affects early years outcomes, educational achievement, economic prosperity, mental health and community safety[xviii].
  Covid-19 impact: Under the 'everyone in' directive we supported 139 rough sleepers to access emergency shelter who had not been assessed formerly to be owed a statutory duty to accommodate. Wider financial impacts of the pandemic have led to an increase in people concerned about meeting housing costs.[iii]

- **Poor transport links** in some parts of the county contribute to loneliness and social isolation. Nearly a third of people live in rural areas in Warwickshire, often with poor public transport links, which can make it difficult to access services, and over one in three of the population over 65 report they are lonely some or all of the time[xix].

COVID-19 impact: Residents feel less comfortable about using public transport due to concerns of exposure to COVID-19.[iii]

- **Road safety** issues, with a higher rate of people killed and seriously injured on roads in Warwickshire. This is compounded by rapid population growth in areas such as Rugby resulting in pressure on services, increased road traffic, and poorer air quality in some of our town centres.
  COVID-19 impact: Warwickshire residents have walked or cycled more during the pandemic, however the most common barrier to opting to walk or cycle more is concern about traffic and other road users.[iii]

- **Air quality –** improving air quality and taking action on climate change has significant benefits both for our local environment and our health and wellbeing, including reducing the risk of developing or exacerbating respiratory illnesses.
  COVID-19 impact – reduced traffic during the pandemic has led to improved air quality; there is an opportunity to harness changes in behaviour made during the pandemic for longer-term environmental and health benefits. Additionally, when asked residents would feel most motivated to take local action on conservation and action on climate change within their local communities[iii].

- **Community capacity –** Our JSNA has highlighted a wealth of voluntary and community activity. Community organisations are often best placed to address health challenges as they have networks, understanding and legitimacy. However, their resources are limited and the public sector must change how it works with communities by shifting to an 'enabling' leadership style to join forces and build capacity.
  Covid-19 impact: The grassroots response to mobilising mutual aid during the pandemic period has had a big impact on local volunteering, how it is perceived and how it can be promoted in the future.

- **Improvements to access and integration of services** are needed, with a focus on self-care and prevention to help people stay well and ensuring a seamless experience of accessing care when help is needed.
  Covid-19 impact: Respondents reported access to services as a top priority and 1/3 were uncertain about accessing these facilities compared to other settings during the initial lockdown period. For some the shift to digital GP appointments represented a more convenient way of accessing services, whilst others felt this did not adequately replace face to face contact.[xx]

More information about the findings from our Joint Strategic Needs Assessment can be found at www.warwickshire.gov.uk/joint-strategic-needs-assessments-1

More information about the findings from our Covid-19 Health Impact Assessment can be found at: www.warwickshire.gov.uk/joint-strategic-needs-assessments-1/impact-covid-19/1

3. Where do we want to get to?

Based on this understanding of local needs, we are proposing three overarching **strategic ambitions** for the health and wellbeing of our residents.

Figure 16: Coventry and Warwickshire's Strategic ambitions (HCP, 2019)

The outcomes we hope to achieve are:

1. **People will lead a healthy and independent life.**

By this we mean promoting healthy lifestyles and behaviours to help people stay healthy and well. It means working together to make sure that every child had the same opportunity to thrive and has the best start in life. If people have existing health problems, we want to prevent them from escalating to the point where they require significant, complex and specialist health and care interventions. It means helping people to age well and to slow the development of frailty in older people. The focus will be on empowering people to take action to improve their health and wellbeing and providing effective, timely support where needed.

Direction of travel will be monitored through indicators such as:

- ***Children and young people:*** healthy weight; admissions for injuries; under 18 alcohol admissions; Child and Adolescent Mental Health Services

performance; children living in poverty; children and young people who self-harm; school readiness
- ***Working-age Adults:*** healthy life expectancy; physically active adults; overweight and obese; alcohol admissions; suicide
- ***Older people:*** falls; dementia diagnosis; flu immunisations

2. **People will be part of a strong community.**

By this we mean working together to create communities that have a healthy environment, economic prosperity and where the social needs of people are met. We will work together to build community resilience and where everyone has the opportunity to thrive, with access to jobs, secure housing and feel connected to people around them. We will co-produce services with our communities where possible to make sure they meet people's needs.

Direction of travel will be monitored through indicators such as:

- ***Economic inclusion***: universal credit claimants; people in employment; gap in employment rate between those with mental health or learning disabilities and the overall employment rate How about gap between worst SOAs and best? Or number of SOAs in worst quarter nationally?
- ***Housing and homelessness***: fuel poverty Those accessing support, epc ratings of properties in district; statutory homelessness and priority need or in temporary housing; affordable housing What about affordable housing – numbers built?
- ***Transport and air quality measures***: level of air pollution; Why not use annual measurement of CO2 emissions? active travel All districts monitoring their levels of CO2 emissions now which one of main factors is travel.
- ***Road Safety:*** killed and seriously injured (KSI) casualties on England's roads
- ***Carers support***: percentage of adult carers who have as much social contact as they would like

3. **People will experience effective and sustainable services.** Form the indicators below this seems to reference only specific health service outcomes. There are other District level measures that could be used.

These outcomes are also aligned to the Coventry and Warwickshire Health and Wellbeing Concordat, owned by the Health and Wellbeing Boards for both Warwickshire and Coventry. We will focus on the best way to achieve good outcomes for people, reduce the number of interactions people have with our services, and avoid multiple interventions. We will also focus on early intervention to prevent people from

needing to use complex and specialist services. We will work closely with the Health and Care Partnership to do this.

Direction of travel will be monitored through indicators such as:

- ***Quality of services:*** emergency readmissions within 30 days of discharge; excess winter deaths
- ***Access to services:*** proportion of adults in the population in contact with secondary mental health services; proportion of patients satisfied with GP practice appointment time What about access to open spaces? Measure of inactive persons survey, use of leisure centres?
- **Early intervention:** Uptake of health checks among people with learning difficulties and among people with serious mental illness Participation in VCS groups tackling mental health / loneliness? Vulnerable persons seeking assistance/referrals
- ***Long term conditions***: people feeling supported to manage their condition

4. How will we get there

We are working on a population health framework for Warwickshire to underpin everything we do as a health and wellbeing system to achieve our long-term vision for change. It is taken from a model developed by the King's Fund and is based on four areas that impact on people's health and wellbeing. For Warwickshire this means:

- **Wider determinants** – working in partnership to tackle health inequalities through addressing the social determinants of health such as education, employment, Income? housing and a healthy environment.
- **Our health behaviours and lifestyles** – aligning and coordinating prevention programmes to maximise impact and tackle barriers to healthy lifestyle choices.
- **The places and communities we live in and with** – working together in our places and with our communities to mobilise solutions, informed by our understanding of local needs and assets from our place-based JSNAs. They don't cover everything concerned with place though
- **An integrated health and care system** – health and social care commissioners and providers working together to commission and deliver services in Warwickshire.

Figure 17: Our approach to population health (Kings Fund, 2019)

We plan to invest in getting these foundations right and our plans will consider each of these components and the connections between them. Some of the outcomes related to our ambitions will be delivered indirectly by other strategies and plans, such as the Economic Growth Plan Is this a WCC plan as WDC isn't aware? If so shouldn't mention be made of other economic strategies that other Councils have? which will improve access to employment and training and therefore influence improvements in the wider determinants of health. Similarly, the Local Transport Plan will support a shift in transport modes to more sustainable, active travel that will provide greater opportunity for people to be physically active. So will invest in leisure facilities, parks and gardens, play equipment so why no mention? Is this WCC investment of where it is perceived is district contribution? Local Plans have significant impact on all of these issues but no mention?

The importance of whole-system approaches for promoting health and wellbeing and strengthening the local economy is highlighted by the NHS Confederation report "NHS Reset: The Role for Health and Care in the Economy: a five- point plan for every system"[xxi]. This identifies key areas for all systems to address covering the role of Anchor Institutions, strengthening recruitment of local residents, building the local supply chain, embedding health within planning frameworks and supporting civic restoration in the recovery from the pandemic. These have relevance to each of our

strategic ambitions and our local recovery programme. Whose? I wasn't aware that we'd agreed a joint one.

4.1 Our ways of working

The following principles, which form part of the Coventry and Warwickshire Health and Wellbeing Concordat, will underpin the way we work as Health and Wellbeing Board partners:

Prioritising prevention: we will tackle the causes of health-related problems to reduce the impact of ill-health on people's lives, their families and communities. We will seek to address the root causes of problems, listening to local people's priorities and acting on their concerns.

Strengthening communities: we will support strong and stable communities. We will listen to residents to understand what their want from the services we provide and encourage the, to lead change themselves where possible.

Co-ordinating services: we will work together to design service which take account of the complexity of people's lives and their over-lapping health and social needs. We will focus on the best way to achieve good outcomes for people, reducing the number of interactions people have with our services and avoiding multiple interventions from different providers.

Sharing responsibility: we value the distinct contributions by all organisations that are represented on the Health and Wellbeing Board. We will maintain partnerships between the public sector, voluntary and community sector, local business and residents, recognising that we share a responsibility to transform the health and wellbeing of our communities. We will pool resources, budgets and accountabilities where it will improve services for the public.

4.2 Our priorities

We have identified **three initial priorities** where we can make a tangible difference in the short-term by working together in partnership. We will use these areas to test our new ways of working and bring our population health framework to life. There is a wealth of great work already being done in these areas and the challenge is to add value by making connections and creating energy and momentum to upscale existing activity. We will look at each area through the lens of the population health framework,

identifying how each component contributes to addressing the issue and links to the others. We think that these are areas that, if we make a difference here, will impact positively on other health and wellbeing issues and priorities for the county.

We have chosen these priorities because we know that they are areas where we could do better. The first two priorities were identified through the JSNA findings and workshops with senior leaders and remain relevant now. Reducing health inequalities has long been a priority underpinning our work and now deserves more prominence due to the 'double-impact' of the pandemic. Our three initial priorities are to:

- Help our children and young people have the best start in life
- Help people improve their mental health and wellbeing, particularly around prevention and early intervention in our communities
- Reduce inequalities in health outcomes and the wider determinants of health

We will review our progress on these areas annually and, if necessary, change our priority areas after two years. To make sure that these priorities reflect the need of each place (North, Rugby and South) our place-based Health and Wellbeing Partnerships, as well as place-based Health and Care Executives will lead on implementation.

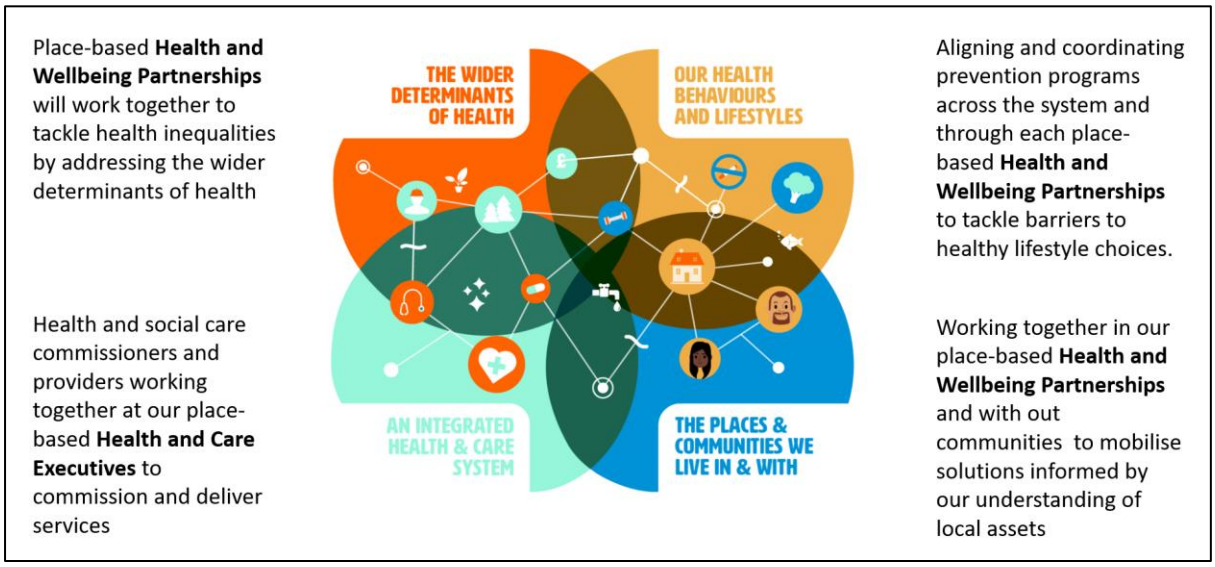

Figure 18: How we will operate at place (adapted from the Kings Fund Population Health framework)

Priority 1 – help our children and young people have the best start in life

We know that positive early experiences are vital to make sure children are ready to learn, ready for school, and have good life chances. Support need to start early,

including support for parents in the “1001 Critical Days” (from conception to age two) when the foundations for development are laid.

Children and young people have experienced significant challenges throughout the Covid-19 pandemic. For many, disruption to education and homelife may have impacted on their mental health and wellbeing. Helping our children and young people catch up on their education is a key priority within WCC’s Covid-19 Recovery Plan.

Between March and April 2020, we know that there was an increase in the number of food parcels given to families with children, as well as an increase in the number of children newly eligible for a free school meal. We Whose we? are developing a Social Inequalities Action Plan to tackle childhood disadvantage.

Childhood vaccinations are a vital health priority to protect against a number of diseases. Nationally and locally in Warwickshire there has been a decrease in the numbers of children being vaccinated during the Covid-19 outbreak. Good uptake in Warwickshire is important to avoid a resurgence of vaccine-preventable diseases, which could have a major impact on the health of children and vulnerable groups. This is why we have started our #Carryonvaccinating campaign and why we are committed to improving uptake of vaccinations across Warwickshire.

Providing extra support for mothers at risk of premature birth is a key priority within the NHS Long Term Plan. We know that the smoking status of mothers can impact on birthweight of babies and that this can impact on health outcomes over the life course. Rates of smoking at the time of delivery are higher in the North of Warwickshire compared to the South. To tackle this inequality in health we are working to implement the recommendations from our Local Maternity Services (LMS) Smoking in Pregnancy Review and making sure that access to services is proportionate to need. We are taking this same approach with our other services to support children and young people, such as Health Visiting. By taking a targeted approach to earlier intervention and prevention we will work together to give every child the best possible start in life.

Case Study: Establishing a pool of locally trained Youth support Workers

Our young people are growing up in an environment that makes securing these vital building blocks more difficult than it was for previous generations. Today’s young people face an unstable labour market, heightened by the economic impact

from Covid-19, and a more challenging housing market. They are reporting higher levels of loneliness and poor mental health than previous generations[xxii].

In response to a lack of youth groups and youth-led support in North Warwickshire borough and across south Warwickshire, Young people first, a local youth organisation working across Warwickshire were approached by WCC and Borough and District Council partners to run an accredited training programme to establish pools of local youth support workers.

Once trained and having completed their portfolio based on a 6-month work-based placement in a youth setting successful applicants were awarded a Level 2 Award in Youth Work Practice by ABC Awards.

With a pool of accredited youth support workers in the local areas, youth projects could be better supported and able to provide a worthwhile initiative to work with young people.
The courses were free to join and funded through Warwickshire County Council with contributions in the North from the Borough Council also. In
North Warwickshire 10 people took part in the course with people from all over the borough and Nuneaton and Bedworth, whilst 15 were selected from a pool of 25 in the south with approximately half from Warwick district and half from Stratford. There was a range of experience within both groups with some already working in voluntary or paid youth worker roles, whilst others looking to expand their skills to better support the local communities and offer additional services and some looking for a change of career.

The groups received 4 days of intensive training over 6 weeks covering topics such as: theory of youth work; safeguarding; young people's development; engaging and communicating with young people. The group training was accompanied by individual portfolios of written and practical work followed by at least 6 months of paid or voluntary work with young people 2-3 hours per week.

Priority 2 – help people improve their mental health and wellbeing, particularly around prevention and early intervention in our communities

Delivering an all-age mental health system that is underpinned by prevention, building resilience, early intervention, recovery and self-care in the places people live and work is a key priority across Coventry and Warwickshire.[xxiii] This is an even greater priority

now because of the impact that Covid-19 has had on mental health and wellbeing. People have reported experiencing more feelings of loneliness and heightened anxiety due to uncertainty about the virus and the wider implications of the outbreak[xx]. In Warwickshire 85,000 people were furloughed during the initial lockdown period, and research suggests that an increase in hardship and economic recession can exacerbate mental health illness. We also know from our Covid-19 residents survey that respondents with a prior mental health condition were more likely to report engaging in less healthy behaviours as coping mechanisms, such as drinking more alcohol or making unhealthy food choices, and for a smaller proportion turning to self-harming behaviours.

Prevention and early intervention is key to supporting people to improve their mental health and wellbeing. Building community resilience and community capacity is crucial to this and involves working with wider partners from the community and voluntary sector, and not solely health. As part of this, the Working Together Partnership, led by Coventry and Warwickshire Partnership Trust (CWPT), brings together health and care partners and Voluntary and Community Sector organisations across Coventry and Warwickshire to improve holistic support for people to improve positive mental health.

Following the success of our Year of Wellbeing, we are launching Wellbeing for Life to continue with the positive action we saw during 2019. We want to ensure mental health and wellbeing is considered within our own policies, which is why we are committed to reviewing these to see how we can improve. Evidence shows that having a happy and healthy workforce increases staff productivity and job satisfaction, contributing to overall improvements in quality of life. In partnership with the WMCA we are supporting employers to sign-up to Thrive at Work, a commitment which promotes employee health and wellbeing by focusing on key areas such as: mental, musculoskeletal and physical health; and promoting healthy lifestyles.[xxiv]

Certain groups face inequalities in mental health and wellbeing due to existing conditions or specific life experiences. There are a number of key strategies that will help us achieve this priority including our Living Well with Dementia Strategy, that sets out how we will improve outcomes for people living with dementia. Our Homelessness Strategy aims to better address the needs of people who are homeless or sleeping rough. Individuals experiencing homelessness are less likely to engage with traditional services, which is why we have established a Mental Health Enhanced Care Pathway that aims to improve mental health support for people who sleep rough and reduce the risk of exacerbation of poor mental health, which can often result in A&E attendance.

To help reduce inequalities in mental health and wellbeing, the Health and Care Partnership is developing a transformation plan for improving services for priority groups, to help ensure that access is proportionate to need.

Case study: Creative Health interventions – helping residents improve their mental health and wellbeing during the Covid-19 pandemic

Artists have been helping defeat the loneliness of lockdown thanks to a special Covid 19 programme of activity called #creativecarecw.

Warwickshire County Council funded eight organisations across the county to create new activities specifically designed to beat the isolation that some people are suffering during the pandemic. The result has been a varied programme targeted at improving the lives of lots of different groups of people both young and old and activity in each of our District and Boroughs. The projects have reached over 450 people directly (virtually) plus 10,000 residents received an “Arts pack” to work on at home, and over 5,000 residents engaged with online activities.

Examples include:

- Sundragon Pottery provided clay modelling packs with a creative clay booklet for young people in a supported housing scheme.
- Arts Uplift organised online sewing, singing and drama classes, for groups including older people in care homes and people isolated at home
- Singer Juliet Russell provided choir practice for people with respiratory difficulties,
- Escape Arts' 'We are One' series included a printed pack which has been distributed widely in hospitals and the community, offering creative activities for all ages, including street homeless people who are in temporary accommodation.

Research shows creative activities like these can have a huge impact on people's physical and mental health and wellbeing.[xxv] Here in Warwickshire, new links have been forged between arts groups and groups of people at risk of isolation through their disability, illness, age or a host of other reasons. We believe this approach could be a blueprint to help us develop our work with arts organisations and target activity on those people who need our help the most, at the same time reducing their dependency on health services.

We are working with Coventry University to evaluate the programme, the findings of which will inform the roll-out of a Warwickshire Arts on Referral programme in early 2021.

Priority 3 – Reduce inequalities in health outcomes and the wider determinants of health

Reducing health inequalities has always been at the heart of the work of the Health and Wellbeing Board and the Health and Wellbeing Strategy. Findings from national and local data has highlighted that the Covid-19 pandemic has had a disproportionate impact on specific groups, including those from Black, Asian, and Minority Ethnic (BAME) communities. We have set up a system-wide health inequalities group to help improve our response to these findings. From reports we know that BAME communities are over-represented in social care and lower income settings, which is why a longer-term focus on access to higher income employment is needed for these groups.[xxvi] This is why one of our WCC Is it the partnership or WCC? Recovery Plan priorities is to harness the power of our communities to tackle inequality and social exclusion.[xxvii] We are supporting this work in a number of ways for example:

- Two Connecting Communities Support Officer posts have been created to support the local Test and Trace team
- Commissioning collaborative research project to find out more about the Covid-19 in BAME communities
- Inclusive recruitment and employment policies and processes to improve diversity in our workforce
- Health partners being asked to improve ethnic to better understand access and outcomes of health and wellbeing

Other groups also tend to experience poorer health outcomes or access to services, including people living with disabilities, learning difficulties, people with serious mental illness, and people from lower socio-economic groups. We want to support people from these groups to keep fit and healthy and reduce their risk of developing Covid-19 through “prehab” activities. Health inequalities are multi-factorial with people with the worst health outcomes often experiencing a combination of risk factors and living in environments less conducive to good health. We know the environment in which we live can influence the choices we make, which is why the Warwickshire Health and Wellbeing Board endorsed local ‘Promoting Health and Wellbeing through Spatial Planning’ guidance in January 2020.

We have also established a system-wide group to lead on the response to address inequalities in NHS provision and outcomes. The Health Inequalities Task and Finish Group is identifying how best to respond to eight urgent actions on inequalities. As part of this a Call to Action has been made, aimed at employers and organisations, to ask them what they can do to help reduce health inequalities. Areas for action include: developing a shared approach to social value across anchor organisations; reducing barriers to work; and exploring the impact of Covid-19 on families with children 0-5s.

Case study: Promoting Health and Wellbeing through Spatial Planning

The environment we live in plays a vital role in both improving and protecting the health and wellbeing of our communities. Good planning and well-designed places can provide opportunities for people to be physically active and connect with others. The importance of our built environment has been highlighted more during the Covid-19 pandemic as poor housing conditions, such as overcrowding, have been associated with an increased risk of disease transmission.[xxviii] The value of accessing good quality green spaces has also proven beneficial for people's mental wellbeing during this period.

We know that inequalities in health exist along the social gradient and those living in the most deprived areas are likely to have a lack of green space, poor air quality, and poorer housing compared to the least deprived areas. We don't want this to be the case for Warwickshire, which is why we have developed a Spatial Planning for Health guidance document to support Health in All Policies (HiAP) and want to make sure that health and wellbeing is embedded within local and joint planning policies and decisions.

Health and wellbeing is also seen as a key strategic driver behind WCC's place shaping programme. Place shaping describes local governments role in creating an environment for communities to flourish by improving infrastructure, services, connectivity and sustainability to deliver a better quality of life. Our Promoting Health and Wellbeing through Spatial Planning guidance document will help support this. Why no reference to the tools that will actually deliver this – the borough and District Council Local plans and core Strategies and the planning applications they determine will be what makes these things happen.

5. Monitoring - How will we know when we have got there

Leadership and accountability is key to knowing if we are getting things right. The Health and Wellbeing Board will have oversight of progress against our strategic ambitions. The direction of travel indicators will be developed into a performance dashboard for the Board, and the Board will receive an annual performance report on progress.

Each place-based Health and Wellbeing Partnership in Warwickshire will develop an action plan with clear performance measures based around the four components of the population health framework. The Partnerships action plans will be tailored to meet the specific needs of each place and will routinely report to the Board. We will evaluate the overall progress we have made on our three priorities after two years and take a view on if we should continue with these or focus our efforts on other priorities for the next two years.

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[ii] https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000049/pat/6/par/E12000005/ati/302/are/E08000025/cid/4/page-options/ovw-do-0

[iii] https://api.warwickshire.gov.uk/documents/WCCC-1350011118-2953

[iv] https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000042/pat/6/par/E12000005/ati/302/are/E08000025/cid/4/page-options/ovw-do-0

[v] https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000042/pat/6/par/E12000005/ati/302/are/E10000031/iid/90284/age/26/sex/4/cid/4/page-options/ovw-do-0

[vi] https://fingertips.phe.org.uk/sexualhealth#page/4/gid/8000037/pat/6/par/E12000005/ati/302/are/E10000031/cid/4/page-options/ovw-do-0

[vii] https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/4/gid/1938133090/pat/6/par/E12000005/ati/102/are/E10000031/iid/90813/age/305/sex/4/cid/4/page-options/ovw-do-0

[viii] Warwickshire Education Team

[ix] https://api.warwickshire.gov.uk/documents/WCCC-1350011118-2946

[x] https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/0/page-options/ovw-do-0

[xi] https://api.warwickshire.gov.uk/documents/WCCC-1350011118-2946

[xii] https://fingertips.phe.org.uk/search/dementia#page/3/gid/1/pat/219/par/E54000018/ati/165/are/E38000038/iid/247/age/1/sex/4/cid/4/tbm/1/page-options/ovw-do-0_car-do-0

[xiii] https://fingertips.phe.org.uk/search/dementia#page/3/gid/1/pat/219/par/E54000018/ati/165/are/E38000038/iid/92949/age/27/sex/4/cid/4/tbm/1/page-options/ovw-do-0_car-do-0

[xiv] https://api.warwickshire.gov.uk/documents/WCCC-1350011118-2953

[xv] https://api.warwickshire.gov.uk/documents/WCCC-1350011118-2946

[xvi] https://commonslibrary.parliament.uk/research-briefings/sn06385/

[xvii] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

[xviii] https://data.warwickshire.gov.uk/housing/

[xix] https://api.warwickshire.gov.uk/documents/WCCC-630-2139

[xx] WCC Covid-19 resident survey report (October 2020)

[xxi] https://www.nhsconfed.org/resources/2020/07/the-role-of-health-and-care-in-the-economy

[xxii] Health Foundation, 2019

[xxiii] https://www.happyhealthylives.uk/our-priorities/mental-health-and-emotional-wellbeing/improving-mental-health-and-emotional-wellbeing-in-coventry-and-warwickshire/

[xxiv] https://www.wmca.org.uk/what-we-do/thrive/thrive-at-work/about-the-programme/

[xxv] https://www.artshealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017.pdf

[xxvi] South Asian Foundation
[xxvii] WCC Recovery Plan
[xxviii] https://www.ageing-better.org.uk/sites/default/files/2020-09/Homes-health-and-COVID-19.pdf

Appendix 2: Any other outcomes that should be considered for the three ambitions proposed in the consultation survey

Below are the 65 comments that respondents to the Ask Warwickshire survey made when asked whether any other outcomes should be considered for the three ambitions. These have been categorised into themes. Respondents were able to add which ambition they thought their comment addressed. Comments in yellow applied to Ambition 1 (people will lead a healthy and independent life); those in green to Ambition 2 (people will be part of a strong community) and those in blue to Ambition 3 (people will have access to effective and sustainable services). Those without a colour were labelled by respondents as addressing all the ambitions.

Encouraging healthy lifestyles

- Greater support should be available for the most disadvantaged with additional incentives to encourage healthy lifestyles.
- Support health diets in children and young people.
- Individuals know where to look to find the relevant information about services and self-help and this is clear and easy to understand and is accessible to all
- "Create open spaces for exercise. Free from bike gangs scaring dogs and churning up the paths rendering them unsafe to run or walk on. Create a strategy to tackle nuisance noise and enforce fines. Create a scheme to support small businesses who provide leisure , sport or education to the local area."
- Ensuring that infrastructure allows people to make healthy choices particularly with regard to encouraging active travel which has been shown to improve people's physical and mental health as well ensuring more interaction which will help build communities.
- creating neighbours and places which actively support and encourage physical activity
- look at education - the lack of basic home skills like cooking and food hygene means that too many people rely on take aways and fast food. you need to know how to look after yourself it you are to be indipendent and healthy at any age, i beleive a number of the obesity isses etc is becuase peole no longer know how to cook a healthy cheap meal.
- That young mums have access to parent centres where intervention can start early on with the parenting courses they used to offer . Community centres for the teenagers. Much more to keep teenagers off the streets and engaging in sports, music, arts to give

them things to do other than the drugs which are so prevalent and so easily accessed these days.

- Promote access to health screening available.
- "Right care in the right place in the right time. People know they should be healthier. Its difficult and it should not be a stick to beat them with."
- "No mention of seeking to improve any of these outcomes. So for example improving air quality or transport links. No mention of mental well-being, thus impacts health. No mention of considering new ideas to support the environment."

Mental health and wellbeing

- Need to prioritise mental health and support for young people including employment opportunities.
- Mental health and well being should be on par with physical health.
- Support the young people with guidance to stay mentally healthy and fond employment and housing.
- Provide a range of appropriate, effective, timely and targeted mental health interventions to individuals families and groups.
- "More of a focus on positive mental wellbeing, rather than physical health (as one impacts on the other) and the significant impact of the current climate even more so than usual. Eg: Employers actively supporting employers to maintain positive mental wellbeing. Employers to walk the walk, not just talk the talk. WCC to be a key lead organisation and employer in leading by example in this respect. WCC are good at talking the talk, not so much as walking the walk."
- Developing capacity for person-to-person Mental Health support, not just online resources for self-help
- Ensure access to mental health services is timely and appropriate
- People need to diverse mental health support to enable them to self actualise
- There should be a much greater focus on people's mental health. In 2020 a large portion of the community were branded racists, locked in their houses and had things dear to them taken away (including meeting people). The message given by the Director of PHE for Warwickshire and published in local newspapers is that people shouldn't leave their houses even whilst in tier 1 and for a region with a low death rate I think that there is a big trust issue that should be addressed. There should be events that are organised for the whole community not just those defined as needy.

Environmental concerns

- Reducing the need to use private cars; helping parents to learn to take their children in a sustainable manner to reduce pollution and increase exercise
- Addressing climate change and loss of biodiversity
- "More emphasis on the environment! Low pollution, plenty of green spaces that are car-free and safe (possibly lit at night) so that people can enjoy exercising. Encourage active travel to work and make it easy for people not to use their cars"
- I believe the strategy should more explicitly consider the role of the council in providing the infrastructure to support active travel - cycling and walking. This is eluded to in the Draft Health and Wellbeing strategy, but still remains relatively vague. Active travel has a major impact on people's health and wellbeing. By prioritising linked-up cycle paths as well as safe and accessible options for walking, the council would address all priorities in the plan. Furthermore, given the reluctance of people to use public transport due to Covid-19, it is essential that active travel is urgently supported to avoid a further escalation of motor-traffic and its accompanying pollution, which directly and negatively impact on people's health.
- Sustainability - reducing over-consumption and reducing waste.
- Environment sustainability is critical to achieve all of these outcomes. They go hand in hand - you will not have healthy communities without providing services, education, goods etc in a sustainable capacity.
- In terms of sustainability, this needs to include the requirement to be carbon neutral and create a good, clean, healthy physical environment for people to live in.
- Invest in and promote sustainable travel in particular cycling and walking for those who are able to. Do this by ensuring that there is a suitable infrastructure for sustainable travel and that all public and private organisations work together to ensure that all new developments have this outcome at their core.

Joined-up services

- Services need to be linked and share information on people they deal with-so people/carers do not have to repeatedly explain their situation/needs.
- Ensuring services are coordinated. I once visited a frail couple in their 90s; on way day that had costs from district nurse, millbrook health care, physiology therapist, occupational therapist, gp, district housing officer, home care worker, lifeline people and that's excluding family members. They were exhausted and hadn't managed to eat a meal due to constant unannounced interruptions!

- Tie up existing services eg seamless interaction between schools, CAMHS, and associated support services so children don't suffer. Schools aren't trained in mental health issues and kids get missed and penalised.
- Clear and effective communications between services to support those with dual diagnosis and co-morbidity.
- sharing of information between differnt agencis is critical if peole are not to fall through the loop holes and be over looked. Until the NHS, Doctor practices, Social Services etc can shre information on sime systmes which are aligned the ambitions of this programme will not be achieved.
- I think there should be something about connecting organisations offering support with each other and with the health care sector to enable people to be signposted to organisations quickly and receive more holistic support
- That agencies work together and share information eg, mental health, oa, local gp as well as a review of a patients case by all.
- Make sure services provided by different organisations are connected.
- "Effective and efficient communication between services is key but there are barriers of confidentiality which often prevent the sharing of vital information. Long term projects should be supported so there is time to develop and grow - they should not change as and when there is a government 'whim'. Encouraging communities to care for each other needs the enhancing of volunteers and those who are unemployed or retired to use their skills for the good of projects which can benefit all."
- People feel listened to by health care professionals who consider their holistic needs (mental & physical health, social and economic factors) and are empowered to access appropriate support
- "The answers I have given are not a true reflection of my opinion as the survey will not allow me to select all the options. Allowing people access to holistic therapy may prevent a person spiralling into psychosis and other mental disorder and save the NHS money in caring for people with mental health issues in the long term."

Employment

- Ensure young people are able to access employment opportunities
- Education and job finding help especially with young adults

Housing

- Good quality housing that will result in a healthier lifestyle and reduce fuel poverty. This will lead to people having more money for decent food enabling children to perform better at school
- fewer houses and more open space so people can get some fresh air and go about without being worry
- "It is highly important to bring back the feeling of being part of a community, where friendship, help and neighbourly assistance are the norm. Health services must be paramount in any decisions, and allowing people to stay in their own homes with access to emergency services is extremely important and necessary."
- Can't select options, maybe me. People need to feel safe and comfortable in own homes, lots of people particularly older generation have no access, nor want it to internet. Feel these people particularly vulnerable in this day and age, to scammers, and for want of a better word.....rotters.
- Provide practical support , not directly linked to health, that enable people in older age to maintain their homes.

Engagement

- inclusive activities
- engaging participation in the community from a young age could be important. There are a lot of students in Leamington and many young people who move here for the engineering and tech businesses - engaging at this level will help to build a stronger community for generations to come.
- Any decisions and actions taken need to be open and shared with the community being served
- Whether people feel involved in decisions about their own care, the support that their cares get, what happens in their communities etc.

Funding, monitoring & improving services

- Use of technology for providing care - i.e booking appointments, requesting medicines etc
- Reducing length of waiting times of treatable medical conditions (at the moment, no organisation take responsibility for this issue ie GPs and hospitals need to be jointly measured on these outcomes).
- Recognise when a service is under performing, and rectify.

- People with long term conditions that will not improve/ be cured or even get worse should not have to reapply for funding for various areas of their support-this is time consuming, and stressful.
- "Not charging for essential care, especially when the carers are only given minutes between clients. Ensure that carers speak clear English and do not talk in their native language whilst in the presence of the client"
- Yes, invest more so as to comply with existing legal requirements
- How will WCC monitor & police effectively the performance of the care organisations within Warwickshire.

Covid-19

- "I think you need a greater focus on building resilience early, and preventing problems (especially mental health ones) at the earliest possible stage. And part of this - you HAVE to make services available out of hours. There are a lot of relatively high functioning people holding down jobs who are teetering on the edge of quite major mental health issues - and there's really very little support for them. Until they crash and burn and need serious health interventions. You also failed miserably with the roll out of the flu vaccine in 2020. Pharmacies who could have been delivering the vaccine in outdoor areas weren't able to get them, while large stores like Tesco had more than they could use - encouraging EVEN MORE PEOPLE to walk through large, busy stores in the middle of a pandemic. GPs ran out of doses, leaving vulnerable people - and their carers - having to choose between not getting the vaccine they needed, and risking covid infection. It's already been proven that the most frequently visited place prior to a positive covid test is a supermarket - so why not get involved with the distribution of vaccines? This really needs sorting - urgently!"
- Consider specific community needs likely to arise following COVID-19 pandemic - such as additional mental health and drug and alcohol support.
- Voluntary and faith organisations are key means to carry messages and services and are uniquely accepted and chredished by people. They are depleted after Covid. Please replenish and support them.

Inequalities within Warwickshire

- Make sure you are meeting the needs of the BAME Community when it comes to care.
- With the increase of house building in my area (Weddington, Nuneaton), my local area has almost doubled. No provision has been made for additional GP and Dentists. It is

extremely difficult to get in touch with the practice, i am often on the telephone in the queuing system for a minimum of 20 munites. The surgery now has patient in excess of 10 thousand. This is unacceptable for the residents and for the practice. I do not understand why this has not been addressed

- Ensuring equality of services- so that people with learning disabilities can be supported to understand information and access services as well as receiving ongoing support

Other

- Yes leave us to make our own decisions. Let us go to gyms & pools. Stop scaremongering & maybe read about the globalists plan & stop it right now
- Positive support to prevent specific long term issues that are manageable with available technology eg Diabetic Continuous Glucose Monitoring.

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Warwickshire Health and Wellbeing Strategy

2021-2026

Foreword

Our new Health and Wellbeing Strategy presents a real opportunity to make a difference to the health and wellbeing of everyone in Warwickshire. The Strategy has been produced in collaboration with Health and Wellbeing Board partners in a context of change which brings both challenges and opportunities. Much has happened since our first Strategy in 2014. There is significant pressure in the health and care system and the public sector more widely because of increasing demand and reducing capacity. This has been further amplified by the Covid-19 pandemic which has radically changed how society functions.

As we start to rebuild communities and reset services as part of our recovery from the Covid-19 pandemic, even more importance needs to be placed on tackling inequalities in health and creating engaged and cohesive communities that are able to thrive despite the ongoing challenges we all face. Helping our children and young people to get the best start in life is key to this, as is supporting people to look after their mental health and wellbeing particularly as 1 in 3 visits to mental health services during the pandemic were from new users. Our Covid-19 Health Impact Assessment (HIA) has highlighted two findings which will be key drivers behind our new Strategy and its implementation:

1. An **integrated recovery** which looks across traditional organisational boundaries is required to understand the wider impact to services; and
2. There is a **double impact of harm** which disproportionately impacts on Black, Asian and Minority Ethnic (BAME) communities, and the most vulnerable individuals facing multiple deprivation and inequalities in health

The NHS long-term plan and Coventry and Warwickshire Five Year Health and Care Plan both confirm a greater focus on prevention and a move to a more integrated health and care system. We want to build on the momentum from our previous Strategy and the Year of Wellbeing 2019 to drive further commitment around improving health and wellbeing. We have set out high level ambitions for the next five years, as well as specific priorities we think we should focus on over the next two years.

This Strategy sets out our commitments and vision for improving health and wellbeing for Warwickshire. It is however the first step, and next we need to deliver on these commitments. To make sure that we get this right for our communities, we are taking a place-based approach to delivery. In Warwickshire, our 3 Places are:

- North – covers North Warwickshire Borough and Nuneaton and Bedworth Borough
- Rugby – covers Rugby Borough
- South – covers Stratford on Avon District and Warwick District

Each place has a Health and Wellbeing Partnership and a Health and Care Executive that will play a key role in delivering the Strategy locally making sure that action plans have been tailored to meet local needs and build on the strengths, of each place.

Councillor Les Caborn
Chair of Warwickshire Health and Wellbeing Board

Introduction

What is the Health and Wellbeing Strategy?

The Health and Wellbeing Strategy (HWS) is Warwickshire's high-level plan for improving health and wellbeing and reducing differences, or inequalities, in health within Warwickshire. The HWS is owned by Warwickshire's Health and Wellbeing Board (HWB), a collaborative partnership bringing together senior leaders from the county, borough and district councils, the third sector represented by Warwickshire Community and Voluntary Action (WCAVA), Healthwatch Warwickshire, NHS Coventry and Warwickshire Clinical Commissioning Group (CCG), NHS trusts, Warwickshire Fire Service and the Police & Crime Commissioner.

The 2021-2026 HWS is informed by data and engagement evidence from our Joint Strategic Needs Assessment (JSNA) learning from our 2014-2020 Health and Wellbeing Strategy, as well as drawing on national research and good practice. Key stakeholders, including people living and working in Warwickshire, were consulted with during the early stages of strategy development. The findings from the consultation have been reflected within this final draft. The HWS responds to the rapidly changing context for health and social care by setting out a five-year vision for health and wellbeing in Warwickshire. It will be used by local health and care partners to inform plans for commissioning services and to shape how we will work together to address the wider determinants of health.

Our long-term strategic ambitions for Warwickshire are:

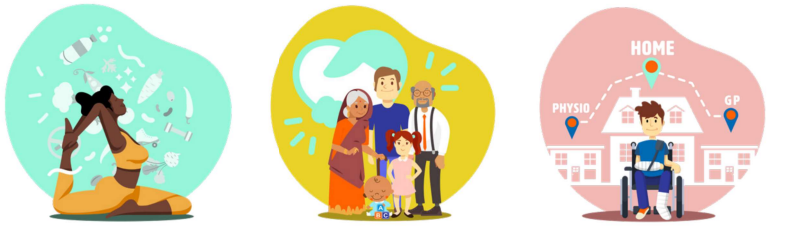


Figure 1: Coventry and Warwickshire's Strategic ambitions (HCP, 2019)

These ambitions are aligned to our shared vision for health and wellbeing across Coventry and Warwickshire's Health and Care Partnership (HCP). Together we want to do everything in our power to enable everyone to pursue a happy, healthy life by putting people at the heart of everything we do.

"One Health & Care Partnership, Two Health and Wellbeing Boards, Four Places, Three Outcomes"

To deliver on these ambitions in Warwickshire, the HWB has agreed three priority areas to focus on over the next two years.

Priorities for Warwickshire:

- Help our children and young people have the best start in life
- Help people improve their mental health and wellbeing, particularly around prevention and early intervention in our communities
- Reduce inequalities in health outcomes and the wider determinants of health

Within Warwickshire health and wellbeing outcomes can differ dependent where you live. For example, males living in the north of the county in Nuneaton and Bedworth Borough die on average 3.6 years earlier when compared with males living in the south of the county in Stratford on Avon District [1]. To make sure that we are getting things right for each area we have established local Health and Wellbeing Partnerships (HWP) for North, Rugby, and South Warwickshire. Each HWP is developing an action plan outlining how they will focus on our county-wide priorities in a way that meets the health and wellbeing needs of North, Rugby, and South Warwickshire.

We will routinely monitor our performance in outcomes related to these priorities and after two years we will evaluate if these should remain our priorities for a further two-year period, or if there are other areas we should focus on to help achieve our long-term strategic ambitions. However, the HWB partners recognise that we are still yet to understand the full impact of Covid-19 across all areas of health and wellbeing. With this in mind, we will be monitoring progress against our priority areas regularly to understand if our two-year timeframe needs to change.

OUR journey - Where we are now

There has been ongoing commitment to deliver on the priorities of the 2014-2020 Strategy from each organisation represented on the HWB and our Annual Reviews highlight some of the achievements in delivering our ambitions of the Strategy over the last 5 years. Over this period, the role of wider partners in health and wellbeing has been increasingly recognised, such as Housing and Planning teams in our Districts and Boroughs, the Police and the Fire and Rescue Service.

There has been stronger partnership working, however it is acknowledged that we do not always join up what we do and make the connections between different areas of work. This means we may miss opportunities to identify synergies and complementary activity and do not always get the best outcomes as a result. To do this better we are adopting a 'population health' approach which takes a holistic view of everything that impacts on people's health and wellbeing. A population health approach pays greater attention to the connection between four areas that influence health and wellbeing (figure 2). These areas are *the wider determinants of health, health behaviours and lifestyles, the place and communities we live in and with, and an integrated health and care system.*

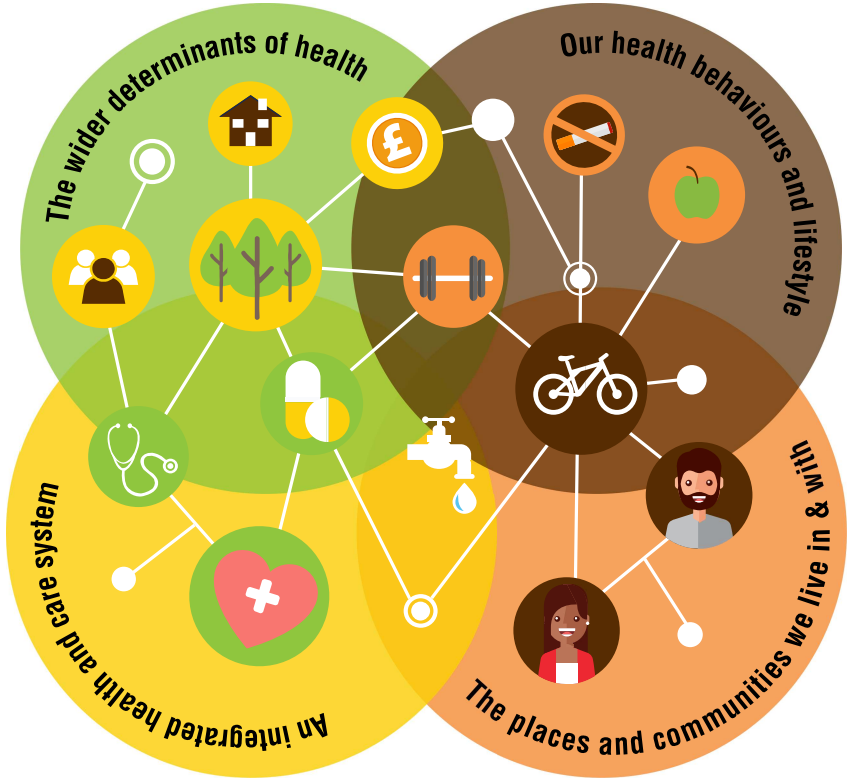
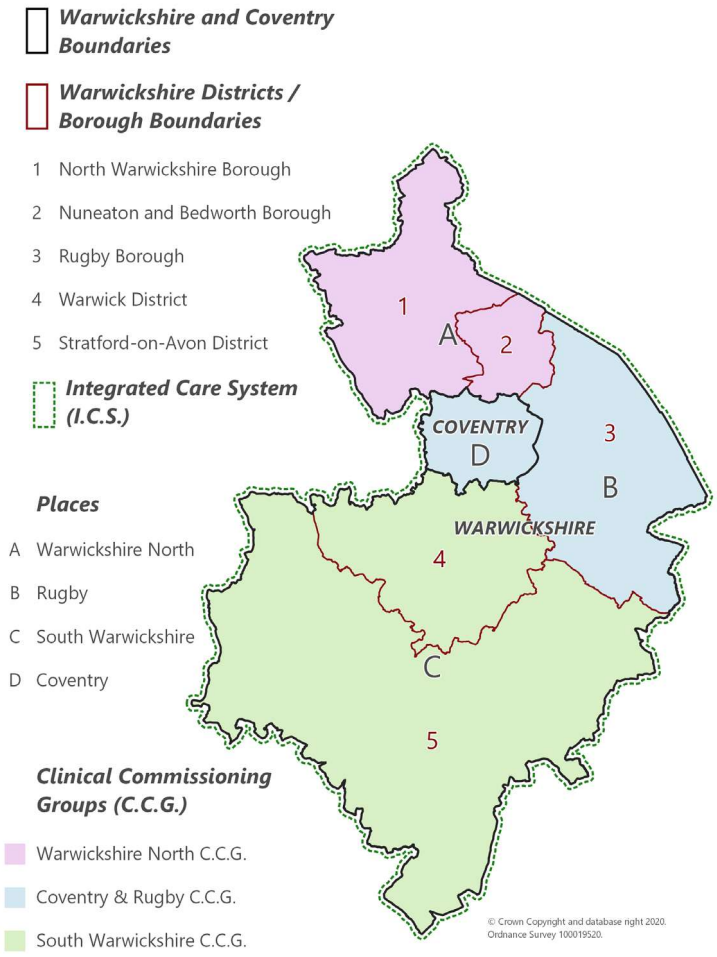


Figure 2: Population health model (Kings Fund, 2019)

Joint Strategic Needs Assessment

To inform the development of the new HWS we have undertaken research and engagement as part of the Joint Strategic Needs Assessment (JSNA) process. We used an approach that focused on the health needs of people within each local HWP (figure 3). By undertaking this approach we have been able to identify the needs and priorities within the North, Rugby, and South Warwickshire and ensure our recommendations are tailored to each place.



Over the last two years we have been building our understanding of assets and needs across the county through analysis of evidence from a wide range of sources. As part of our JSNA we have talked to over 2,000 residents and professionals and over 300 community organisations about the key issues facing local communities. In light of the Covid-19 outbreak we undertook further engagement in September 2020 and heard from over 2,500 residents on how life had changed for them since the outbreak. These findings reflect a snapshot in time and over the next few years data may have changed as the lasting impact of the pandemic continues to emerge.

From this, we know that:

- **Overall health in Warwickshire is above average but varies, with residents in more deprived parts living shorter lives and spending a greater proportion of their lives in poor health.** In less deprived parts of the county males can expect to live over 9 years longer and females 5 years longer than those in more deprived areas[2]. People are spending more of their later years in ill-health – over 18 years for men and nearly 20 years for women[3]. There are avoidable differences in health outcomes, often linked to smoking, alcohol consumption, obesity and lack of physical activity. There is a need for better communication and advice to help people lead a healthy and independent life.
- **Children and younger people have increasing needs.** Nearly one in three children age 10-11 are overweight or obese[4]. Increasing numbers of children aged 0-14 are being admitted to hospital with injuries and hospital admissions have also increased for alcohol specific conditions in under 18s[5,6]. There are growing concerns regarding mental health issues and self-harm rates among young people (age 10-24)[7]. With the number of school children forecast to increase by over 4,000 by 2025 the demand on support services is likely to increase[8].
- **Around one in four adults experience mental health problems, but the county has seen an improvement in the suicide rate.** Levels of suicide in Warwickshire have historically been higher than the England average. However, following a large programme of work aimed at

suicide prevention, local rates are now in line with the England average[9]. With awareness of mental health increasing and changes in underlying risk factors, more adults and young people are likely to present to health services with a mental health need by 2025.

Covid-19 impact: We know that for many people mental health and wellbeing has been negatively impacted as a result of the pandemic response. Local mental health support services reported seeing more people experiencing anxiety disorders[10] and the Warwickshire COVID-19 Survey found an increase in self-harming behaviours among people with pre-existing mental health conditions.

- **Warwickshire has a growing older population.** There are more people over the age of 65 than the national average (20.8% in Warwickshire and 18.4% for England) and those over 85 are expected to almost double from 16,561 in 2020 to 30,132 in 2040. The prevalence of dementia (all ages) is higher than the national average in South Warwickshire (similar to the national average for Coventry and Rugby and below the national average for Warwickshire North)[11]. Across the CCG as the whole, the estimated dementia diagnosis rate for those aged 65 and above is below the national average[12]. These issues put pressure on services and carers who provide support. We need to focus on preventative health in the younger and working age population now to help manage future demand on health and care services.
- **Despite the county's comparatively good performance on education and skills and economic growth, pockets of deprivation limit people's opportunities to succeed in life.** 6 Lower Super Output Areas (LSOAs) are in the 10% most deprived nationally. A further 16 LSOAs are in the second most deprived decile, and 26 are in the third most deprived decile. 12% of children (11,400) live in low-income households. Social inequalities and life chances are already established from these early years of life. .

  Covid-19 impact: Across Warwickshire the percentage of working age people receiving Job Seekers Allowance plus those receiving Universal Credit was gradually increasing from 1.9% in April 2019 to 2.2% in March 2020. Across Warwickshire the highest rates were in Nuneaton and Bedworth Borough which were consistently higher than the England rate, and the lowest were in Warwick and Stratford Districts. However, since the first lockdown, claimant rates increased significantly across the county, with each district and borough seeing at least double the number of claimants. North Warwickshire saw the biggest percentage increase in claimants when comparing rates between May 2019 and May 2020[13].
- **Inequalities in health exist between White and Black, Asian and Minority Ethnic communities.** Individuals from a Black, Asian and Minority Ethnic (BAME[a]) background are highlighted to potentially have greater rates of mental health illness compared to White British individuals. People from ethnic minority groups are at higher risk of being out of work; prior to Covid-19 the rate of unemployment in some ethnic minority communities was 6.1% compared to 3.5% for people from a white background[14].

  Covid-19 impact: People from BAME groups were more likely to be at increased risk of exposure to Covid-19 than White British groups during the first wave of the pandemic, often due to working in frontline or essential services. Mortality rates were highest among South Asian and Black Caribbean groups[15].
- **The county has a higher level of homelessness than other areas.** We know that good quality housing leads to better health and wellbeing as it indirectly affects early years outcomes, educational achievement, economic prosperity, mental health and community safety[16].

  Covid-19 impact: Under the 'everyone in' directive we supported 139 rough sleepers to access emergency shelter who had not been assessed formerly to be owed a statutory duty to accommodate. Wider financial impacts of the pandemic have led to an increase in people concerned about meeting housing costs.[3]

[a] We use the acronym BAME throughout this strategy. However, we recognise its limitations as a term that combines and, therefore, dilutes the experiences of Black, Asian and other minority ethnic groups. WCC is actively seeking ways to address this by holding discussions about the use of the acronym BAME, the impact of the term and potential alternative terms that may be more suitable.

- **Poor transport links in some parts of the county contribute to loneliness and social isolation.** Nearly a third of people live in rural areas in Warwickshire, often with poor public transport links, which can make it difficult to access services, and over one in three of the population over 65 report they are lonely some or all of the time[17].

  Covid-19 impact: Residents feel less comfortable about using public transport due to concerns of exposure to COVID-19[3].

- **Road safety** – a higher rate of people are killed and seriously injured on roads in Warwickshire when compared to the England average. This is compounded by rapid population growth in areas such as Rugby resulting in pressure on services, increased road traffic, and poorer air quality in some of our town centres.

  Covid-19 impact: Warwickshire residents have walked or cycled more during the pandemic, however the most common barrier to opting to walk or cycle more is concern about traffic and other road users[3].

- **Air quality** – improving air quality and taking action on climate change has significant benefits both for our local environment and our health and wellbeing, including reducing the risk of developing or exacerbating respiratory illnesses.

  Covid-19 impact: Reduced traffic during the pandemic has led to improved air quality; there is an opportunity to harness changes in behaviour made during the pandemic for longer-term environmental and health benefits. Additionally, when asked residents would feel most motivated to take local action on conservation and action on climate change within their local communities[3].

- **Community capacity** – our JSNA has highlighted a wealth of voluntary and community activity. Community organisations are often best placed to address health challenges as they have networks, understanding and legitimacy. However, their resources are limited, and the public sector must change how it works with communities by shifting to an 'enabling' leadership style to join forces and build capacity.

  Covid-19 impact: The grassroots response to mobilising mutual aid during the pandemic period has had a big impact on local volunteering, how it is perceived and how it can be promoted in the future.

- **Improvements to access and integration of services are needed, with a focus on self-care and prevention to help people stay well and ensuring a seamless experience of accessing care when help is needed.**

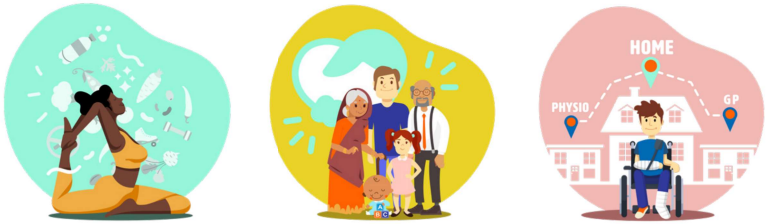
  Covid-19 impact: Respondents reported access to services as a top priority and a third were uncertain about accessing these facilities compared to other settings during the initial lockdown period. For some the shift to digital GP appointments represented a more convenient way of accessing services, whilst others felt this did not adequately replace face to face contact[18].

More information about the findings from our Joint Strategic Needs Assessment can be found at **www.warwickshire.gov.uk/joint-strategic-needs-assessments-1**

More information about the findings from our Covid-19 Health Impact Assessment can be found at: **www.warwickshire.gov.uk/joint-strategic-needs-assessments-1/impact-covid-19/1**

Where do we want to get to?

Based on this understanding of local needs, we are proposing three overarching ***strategic ambitions*** for the health and wellbeing of our residents.



HEALTHY PEOPLE | STRONG COMMUNITIES | EFFECTIVE SERVICES

These ambitions are interdependent and the outcomes we hope to achieve are:

1. People will lead a healthy and independent life.

By this we mean promoting culturally competent healthy lifestyles and behaviours to help people stay healthy and well. By 'healthy' we mean being in a good state of physical and mental health and wellbeing. It means working together to make sure that every child has the same opportunity to thrive and has the best start in life. If people have existing health problems, we want to prevent them from escalating to the point where they require significant, complex and specialist health and care interventions. It means helping people to age well and to slow the development of frailty in older people. The focus will be on empowering people to take action to improve their health and wellbeing and providing effective, timely support where needed.

Direction of travel will be monitored through engagement activities with our communities and indicators such as:

- **Children and young people:** healthy weight; admissions for injuries; under 18 alcohol and drug admissions; child and adolescent mental health services (CAMHS) performance; children living in poverty; children and young people who self-harm; school readines; children physically active; mental health and wellbeing at Year 9; breast feeding rates at six weeks.
- **Working-age adults:** healthy life expectancy; physically active adults; overweight and obese; alcohol admissions; suicide rate; number of health checks; happiness/wellness; smoking status.
- **Older people:** falls; dementia diagnosis; flu immunisations; social isolation; support needs met by admission to residential and nursing care homes.

2. People will be part of a strong community.

By this we mean working together with communities and the voluntary and community sector (VCS) to create a healthy environment where everyone has the opportunity to thrive, with access to jobs, secure housing and social connections. We will take a strengths-based approach to build community capacity, increase levels of volunteering and social action, and will continue to build on our existing strong relationships with the VCS to enable and support new approaches to secure integrated, more efficient and community-led outcomes. We will co-produce services with our communities where possible to make sure they meet people's needs.

Direction of travel will be monitored through engagement activities with our communities and indicators such as:

- **Economic inclusion:** universal credit claimants; people in employment; gap in employment rate between those with mental health or learning disabilities and the overall employment rate; use of food banks; index of multiple deprivation; free school meals; digital and financial inclusion measures.
- **Housing and homelessness:** fuel poverty; statutory homelessness and priority need or in temporary housing; proportion of affordable homes being built; energy performance certificate (EPC) ratings of properties; those accessing support through citizens advice.

- **Transport and air quality measures:** level of air pollution; number of trips made using active travel methods; CO2 emissions; use of public transport.
- **Road Safety:** killed and seriously injured (KSI) casualties on England's roads.
- **Carers support:** percentage of adult carers who have as much social contact as they would like; carers wellbeing service measures.

3. People will experience effective and sustainable services.

These outcomes are also aligned to the Coventry and Warwickshire Health and Wellbeing Concordat, owned by the Health and Wellbeing Boards for both Warwickshire and Coventry. We will focus on the best way to achieve good outcomes for people, reduce the number of interactions people have with our services, and avoid multiple interventions. We will work together with VCS and HCP partners to focus on early intervention to prevent people from needing to use complex and specialist services. We will seek to develop accessible, responsive, and high-quality services that are designed in a way that seeks to reduce inequalities in health. We will co-produce services with key stakeholders where possible and work with service users to ensure cultural competence of materials and accessibility for a range of needs including people with learning disabilities.

Direction of travel will be monitored through engagement activities with our communities and indicators such as:

- **Quality of services:** emergency readmissions within 30 days of discharge; excess winter deaths, delayed transfers of care from hospital.
- **Access to services:** proportion of adults in the population in contact with secondary mental health services; proportion of patients satisfied with GP practice appointment time; active travel, access to open space; use of leisure centres; waiting times for Child and Adolescent Mental Health Services (CAMHs); referral to fitter futures; digital inclusion; walking and cycling routes; use of country parks.
- **Early intervention:** Uptake of health checks among people with learning difficulties and among people with serious mental illness; social prescribing measures; participation in VCS groups tackling mental health/loneliness; vulnerable persons seeking assistance/referrals; evaluation of social prescribing; number of schools and businesses signed up to Thrive.
- **Long term conditions:** people feeling supported to manage their condition.

How will we get there

We are working on a population health framework for Warwickshire to underpin everything we do as a health and wellbeing system to achieve our long-term vision for change. It is taken from a model developed by the King's Fund and is based on four areas that impact on people's health and wellbeing (figure 5). For Warwickshire this means:

- **Wider determinants** – working in partnership to tackle health inequalities through addressing the social determinants of health such as education, employment, income, housing, transport and a healthy environment.
- **Our health behaviours and lifestyles** – aligning and coordinating prevention programmes to maximise impact and tackle barriers to healthy lifestyle choices.
- **The places and communities we live in and with** – working together with our communities to mobilise solutions, informed by our understanding of local needs and assets from local data and intelligence.
- **An integrated health and care system** – health and social care commissioners and providers working together to commission and deliver services in Warwickshire.

We plan to invest in getting these foundations right and our plans will consider each of these components and the connections between them. Some of the outcomes related to our ambitions will be delivered indirectly by other strategies and plans, such as economic strategies and growth plans which will improve access to employment and training and therefore influence improvements in the wider determinants of health. Local development plans and core strategies that will set the vision for development and regeneration across Warwickshire and will provide key infrastructure and housing to meet local need. Similarly, the Local Transport Plan will support a shift in transport modes to more sustainable active travel that will provide greater opportunity for people to be physically active; and

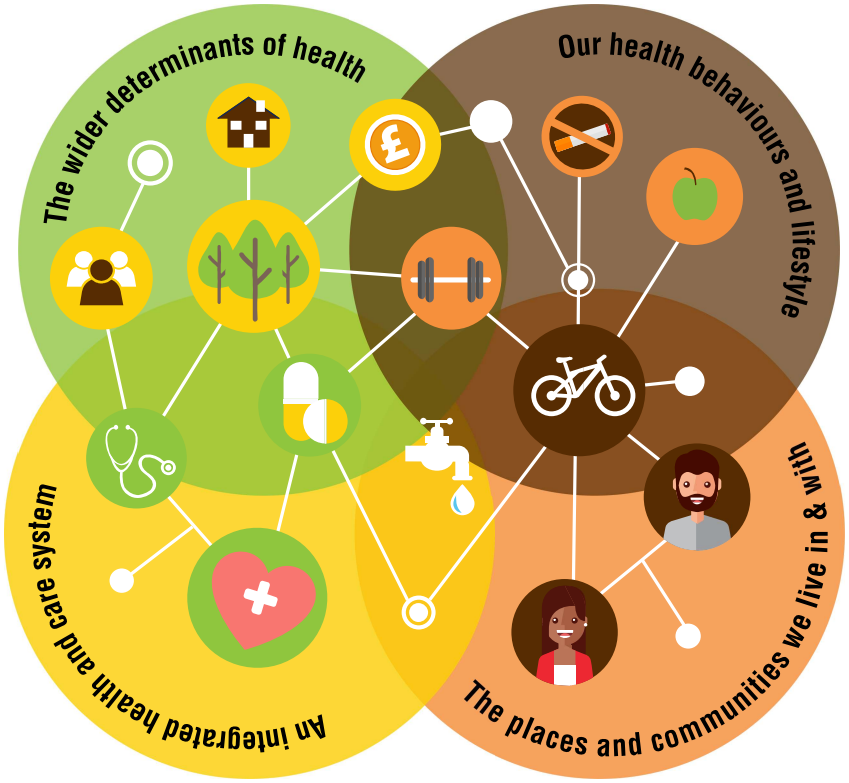


Figure 5: Our approach to population health (Kings Fund, 2019)

leisure, recreation and green space strategies will improve local facilities, parks, and play equipment to support everyone to keep active.

The importance of whole-system approaches for promoting health and wellbeing and strengthening the local economy is highlighted by the NHS Confederation report "NHS Reset: The Role for Health and Care in the Economy: a five - point plan for every system"[19]. This identifies key areas for all systems to address covering

the role of Anchor Institutions, strengthening recruitment of local residents, building the local supply chain, embedding health within planning frameworks and supporting civic restoration in the recovery from the pandemic. These have relevance to each of our strategic ambitions and our local place-based priorities and recovery plans.

Our ways of working

The following principles, which form part of the Coventry and Warwickshire Health and Wellbeing Concordat, will underpin the way we work as Health and Wellbeing Board partners:

Prioritising prevention: we will tackle the causes of health-related problems to reduce the impact of ill-health on people's lives, their families and communities. We will seek to address the root causes of problems, listening to local people's priorities and acting on their concerns.

Strengthening communities: we will work with communities and the community and voluntary sector to support strong and stable communities. We will listen to residents to understand what they want from the services we provide and encourage them, to lead change themselves where possible.

Co-ordinating services: we will work together to design services which take account of the complexity of people's lives and their over-lapping health and social needs. We will focus on the best way to achieve good outcomes for people, reducing the number of interactions people have with our services and avoiding multiple interventions from different providers.

Sharing responsibility: we value the distinct contributions by all organisations that are represented on the Health and Wellbeing Board. We will maintain partnerships between the public sector, voluntary and community sector, local businesses and residents, recognising that we share a responsibility to transform the health and wellbeing of our communities. We will pool resources, budgets and accountabilities where it will improve services for the public.

Our priorities

We have identified **three initial priorities** where we can make a tangible difference in the short-term by working together in partnership. We will use these areas to test our new ways of working and bring our population health framework to life (figure 6). There is a wealth of great work already being done in these areas and the challenge is to add value by making connections and creating energy and momentum to upscale existing activity. We will look at each area through the lens of the population health framework, identifying how each component contributes to addressing the issue and links to the others. We think that these are areas that, if we make a difference here, will impact positively on other health and wellbeing issues and priorities for the county.

We have chosen these priorities because we know that they are areas where we could do better. The first two priorities were identified through the JSNA findings and workshops with senior leaders and remain relevant now. Reducing health inequalities has long been a priority underpinning our work and now deserves more prominence due to the 'double-impact' of the pandemic. Our three initial priorities are to:

- Help our children and young people have the best start in life.
- Help people improve their mental health and wellbeing, particularly around prevention and early intervention in our communities.
- Reduce inequalities in health outcomes and the wider determinants of health.

We will review our progress on these areas annually and change our priority areas after two years if necessary. Our three HWP and Health and Care Executives (HCE) will play a crucial role in the delivery of the HWS and will have strategic oversight of the four areas within the population health model. Together they will develop local implementation plans that are rooted in the understanding of the health of the population in each place (North, Rugby, South).

Priority 1 – help our children and young people have the best start in life

We know that positive early experiences are vital to make sure children are ready to learn, ready for school, and have good life chances. Support needs to start early, including support for parents in the "1001 Critical Days" (from conception to age two) when the foundations for development are laid. Children and young people have experienced significant challenges throughout the Covid-19 pandemic. For many children and young people disruption to education and homelife will have impacted on their mental health and wellbeing.

More families have found themselves in financial hardship following the Covid-19 pandemic. For example, between March and April 2020, we know that there was an increase in the number of food parcels given to families with children, as well as an increase in the number of children newly eligible for a free school meal. Financial hardship can impact negatively on children's prospects. WCC has developed the **Family Poverty Strategy** and will work in partnership with HWB members and VCS partners to implement the strategy and seek to tackle childhood disadvantage.

Childhood vaccinations are a vital health priority to protect against a number of diseases. Nationally and locally in Warwickshire there has been a decrease in the numbers of children being vaccinated during the Covid-19 outbreak. Good uptake in Warwickshire is important to avoid a resurgence of vaccine-preventable diseases, which could have a major impact on the health of children and vulnerable groups. This is why we have started our **#Carryonvaccinating campaign** and why we are committed to improving uptake of vaccinations across Warwickshire.

Providing extra support for mothers at risk of premature birth is a key priority within the NHS Long Term Plan. We know that the smoking status of mothers can impact on the birthweight of babies and that this can impact on health outcomes over the life course. Rates of smoking at the time of delivery are higher in the North of the county compared to the South. To tackle this inequality in health we are working to implement the recommendations from our Local Maternity Services (LMS) **Smoking in Pregnancy Review** and making sure that access to services is proportionate to need. We are taking this same approach with our other services that support children and young people, such as Health Visiting. **By taking a targeted approach to earlier intervention and prevention we will work together to give every child the best possible start in life.**

Case Study: Establishing a pool of locally trained Youth support Workers

Our young people are growing up in an environment that makes securing these vital building blocks more difficult than it was for previous generations. Today's young people face an unstable labour market, heightened by the economic impact from Covid-19, and a more challenging housing market. They are reporting higher levels of loneliness and poor mental health than previous generations[20].

In response to a lack of youth groups and youth-led support in North Warwickshire borough and across south Warwickshire, Young People First, a local youth organisation working across Warwickshire were approached by WCC and Borough and District Council partners to run an accredited training programme to establish pools of local youth support workers.

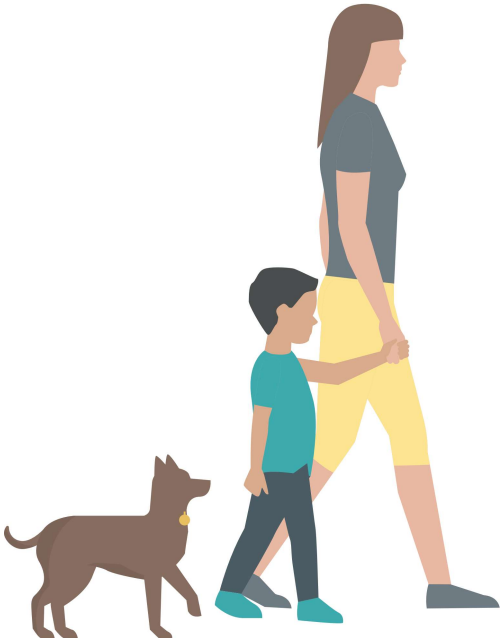
Once trained and having completed their portfolio based on a 6-month work-based placement in a youth setting successful applicants were awarded a Level 2 Award in Youth Work Practice by ABC Awards.

With a pool of accredited youth support workers in the local areas, youth projects could be better supported and able to provide a worthwhile initiative to work with young people.

The courses were free to join and funded through Warwickshire County Council with contributions in the North from the Borough Council also. In North Warwickshire 10 people took part in the course with people from all over the borough and Nuneaton and Bedworth, whilst 15 were selected from a pool of 25 in the south with approximately half from Warwick

district and half from Stratford. There was a range of experience within both groups with some already working in voluntary or paid youth worker roles, whilst others looking to expand their skills to better support the local communities and offer additional services and some looking for a change of career.

The groups received 4 days of intensive training over 6 weeks covering topics such as: theory of youth work; safeguarding; young people's development; engaging and communicating with young people. The group training was accompanied by individual portfolios of written and practical work followed by at least 6 months of paid or voluntary work with young people 2-3 hours per week.



Priority 2 – help people improve their mental health and wellbeing, particularly around prevention and early intervention in our communities

Delivering an all-age mental health system that is underpinned by prevention, building resilience, early intervention, recovery and self-care in the places people live and work is a key priority across Coventry and Warwickshire.[21] This is an even greater priority now because of the impact that Covid-19 has had on mental health and wellbeing. People have reported experiencing more feelings of loneliness and heightened anxiety due to uncertainty about the virus and the wider implications of the outbreak[20]. In Warwickshire 85,000 people were furloughed during the initial lockdown period, and research suggests that an increase in hardship and economic recession can exacerbate mental health illness. We also know from our Covid-19 residents survey that respondents with a prior mental health condition were more likely to report engaging in less healthy behaviours as coping mechanisms, such as drinking more alcohol or making unhealthy food choices, and for a smaller proportion turning to self-harming behaviours. This is why mental health and wellbeing is a top priority for the HWB and why we are committed to continue investing in mental health and wellbeing services.

Prevention and early intervention are key to supporting people to improve their mental health and wellbeing. Building community resilience and community capacity is crucial to this and involves working with wider partners from the VCS, and not solely health. As part of this, the **Working Together Partnership**, led by Coventry and Warwickshire Partnership Trust (CWPT), brings together health and care partners and VCS organisations across Coventry and Warwickshire to improve holistic support for people to improve positive mental health.

Following the success of our Year of Wellbeing, we are launching **Wellbeing for Life** to continue with the positive action we saw during 2019. We want to ensure mental health and wellbeing is considered within our own policies, which is why we are committed to reviewing these to see how we can improve. Evidence shows that having a happy and healthy workforce increases staff productivity and job satisfaction, contributing to overall improvements in quality of life. In partnership with the West Midlands Combined Authority (WMCA) we are supporting employers

to sign-up to **Thrive at Work**, a commitment which promotes employee health and wellbeing by focusing on key areas such as: mental, musculoskeletal, and physical health; and promoting healthy lifestyles.[22]

Certain groups face inequalities in mental health and wellbeing due to existing conditions or specific life experiences. There are a number of key strategies that will help us achieve this priority including our **Living Well with Dementia Strategy**, that sets out how we will improve outcomes for people living with dementia. Our **Homelessness Strategy** aims to better address the needs of people who are homeless or sleeping rough. Individuals experiencing homelessness are less likely to engage with traditional services, which is why we have established a Physical Health Outreach Service and a Mental Health Enhanced Care Pathway that aim to improve the physical and mental health of people who sleep rough, which if left unsupported, can often result in A&E attendance.

Case study: Creative Health interventions – helping residents improve their mental health and wellbeing during the Covid-19 pandemic

Artists have been helping defeat the loneliness of lockdown thanks to a special Covid-19 programme of activity called #creativecarecw.

WCC funded eight organisations across the county to create new activities specifically designed to beat the isolation that some people are suffering during the pandemic. The result has been a varied programme targeted at improving the lives of lots of different groups of people both young and old and activity in each of our District and Boroughs. The projects have reached over 450 people directly (virtually) plus 10,000 residents received an "Arts pack" to work on at home, and over 5,000 residents engaged with online activities.

Examples include:

- Sundragon Pottery provided clay modelling packs with a creative clay booklet for young people in a supported housing scheme.
- Arts Uplift organised online sewing, singing and drama classes, for groups including older people in care homes and people isolated at home.
- Singer Juliet Russell provided choir practice for people with respiratory difficulties.
- Escape Arts' 'We are One' series included a printed pack which has been distributed widely in hospitals and the community, offering creative activities for all ages, including street homeless people who are in temporary accommodation.

Research shows creative activities like these can have a huge impact on people's physical and mental health and wellbeing.[23] Here in Warwickshire, new links have been forged between arts groups and groups of people at risk of isolation through their disability, illness, age, or a host of other reasons. We believe this approach could be a blueprint to help us develop our work with arts organisations and target activity on those people who need our help the most, at the same time reducing their dependency on health services.

We are working with Coventry University to evaluate the programme, the findings of which will inform the roll-out of a Warwickshire Arts on Referral programme in early 2021.

Priority 3 – Reduce inequalities in health outcomes and the wider determinants of health

Reducing health inequalities has always been at the heart of the work of the HWB and the HWS. Certain groups tend to experience poorer health outcomes or access to services, including people living with disabilities, learning difficulties, people with serious mental illness, people from BAME communities, and people from lower socio-economic groups. We want to support people from these groups to keep fit and healthy and reduce their risk of developing Covid-19 through "prehab" activities. Health inequalities are multi-factorial with people with the worst health outcomes often experiencing a combination of risk factors and living in environments less conducive to good health. We know the environment in which we live can influence the choices we make, which is why the HWB endorsed local **'Promoting Health and Wellbeing through Spatial Planning'** guidance in January 2020 to support the development of healthy equitable places.

Findings from national and local data has highlighted that the Covid-19 pandemic has had a disproportionate impact on people from BAME backgrounds. We have prioritised reducing inequalities for people from BAME backgrounds and will continue to work with our VCS partners and local faith groups to continue this work. Some of the ways we are supporting this work include:

- Appointing two Connecting Communities Support Officers as part of the Test and Trace team.
- Commissioning collaborative research projects that will work with people from BAME backgrounds to find out more about how Covid-19 has impacted on BAME communities.
- Adopting inclusive recruitment and employment policies and processes to improve diversity in our workforce.
- Improving our recording of ethnicity data to better understand access and outcomes of health and wellbeing.
- Advocating the use of the Health Equity Assessment Tool[24] (HEAT) across the wider determinants of health.

We have established a system-wide group to lead on the response to address inequalities in NHS provision and outcomes. The **HCP Health Inequalities Group** is identifying how best to respond to eight urgent actions on inequalities. Areas for action include: developing a shared approach to social value across anchor organisations; reducing barriers to work; and exploring the impact of Covid-19 on families with children 0-5s. As the HWB we are also championing a **Call to Action**, asking local employers to focus on what they can do to reduce inequalities in health within their own workforce.

Working in partnership is key to reducing inequalities in health and across Coventry and Warwickshire we want to make sure we are engaging more meaningfully and strategically with VCS partners, which is why we are supporting programmes of work which take community-centred approaches to bring the whole system together. An example of this is the **Healthy Communities Together**[25] programme which will bring learning for new ways of working across the Coventry and Warwickshire Health and Care system.

The **Coventry and Warwickshire Anchor Alliance**, an informal alliance of the two councils, the acute trusts and CWPT, the universities and Coventry and Warwickshire Local Enterprise Partnership (CWLEP). The intention is to work together where there are levers of influence to benefit local people and achieve the best return on the Coventry and Warwickshire pound – as employers, purchasers, land and asset owners and resource users.

Case study: Promoting Health and Wellbeing through Spatial Planning

The environment we live in plays a vital role in both improving and protecting the health and wellbeing of our communities. Good planning and well-designed places can provide opportunities for people to be physically active and connect with others. The importance of our built environment has been highlighted more during the Covid-19 pandemic as poor housing conditions, such as overcrowding, have been associated with an increased risk of disease transmission.[26] The value of accessing good quality green

spaces has also proven beneficial for people's mental wellbeing during this period.

We know that inequalities in health exist along the social gradient and those living in the most deprived areas are likely to have a lack of green space, poor air quality, and poorer housing compared to the least deprived areas. We do not want this to be the case for Warwickshire, which is why we have developed Promoting Health and Wellbeing Through Spatial Planning. The guidance document will help to make sure that we embed health and wellbeing within our Borough and District Council's local development plans and core strategies, as well as our county place-shaping programme. Working together will help strengthen our approach to creating environments that flourish by improving infrastructure, building good quality housing, improving air quality and ensuring connectivity and sustainability. We also want to make sure that we are focused on improving the built and natural environment for specific vulnerable groups for example by making them friendly for people living with dementia and people with autism, as well as by delivering better-focused housing and related support services for those at risk of homelessness.

How will we know when we have got there

Leadership and accountability are key to knowing if we are getting things right. The HWB will have oversight of progress against our strategic ambitions. The direction of travel indicators will be developed into an outcomes dashboard for the HWB, and the HWB will receive an annual performance report on progress.

Each HWP in Warwickshire will develop an implementation plan with clear performance measures based around the four components of the population health framework. The HWP action plans will be tailored to meet the specific needs of each place and will routinely report to the HWB.Local HWPs will work with the HWB Executive Officer Group to ensure wider determinants and access to services are addressed collectively at a local level whilst contributing to the overall vision for the system. This will enable the places to be the future engine room of the NHS.

We will evaluate the overall progress we have made on our three priorities after two years and take a view on if we should continue with these or focus our efforts on other priorities for the next two years. The HWB partners recognise that we are still yet to understand the full impact on Covid-19 across all areas of health and wellbeing. With this in mind, we will be monitoring progress against our priority areas routinely on a quarterly basis.

There are a number of needs assessments planned over the next two years which will help inform the delivery of our priorities, including a mental health needs assessment, health visiting and CAMHS. A partnership approach will be taken to the development of these, with local authority, CCG, and VCS involvement.

We will measure our progress by focusing on the impact that the strategy will have on people's lives. The Health and Wellbeing Board will choose indicators that will help us measure our progress over the lifetime of this Strategy. The Warwickshire Health and Wellbeing Board acknowledges that major change will not happen overnight, so we will be seeking gradual improvements in these indicators. Warwickshire's Health and Wellbeing Board will review progress with:

- Regular locality performance updates at a District and Borough level.
- Local reports at a CCG level.
- An annual review to the Health and Wellbeing Board Submission of action plans to Warwickshire Overview and Scrutiny Committees.

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Warwickshire's population health framework

key drivers behind our new Strategy and its implementation:

The double impact of harm which disproportionately impacts on Black, Asian and Minority Ethnic (BAME) communities, and the most vulnerable individuals facing multiple deprivation and inequalities in health

An integrated recovery which looks across traditional organisational boundaries

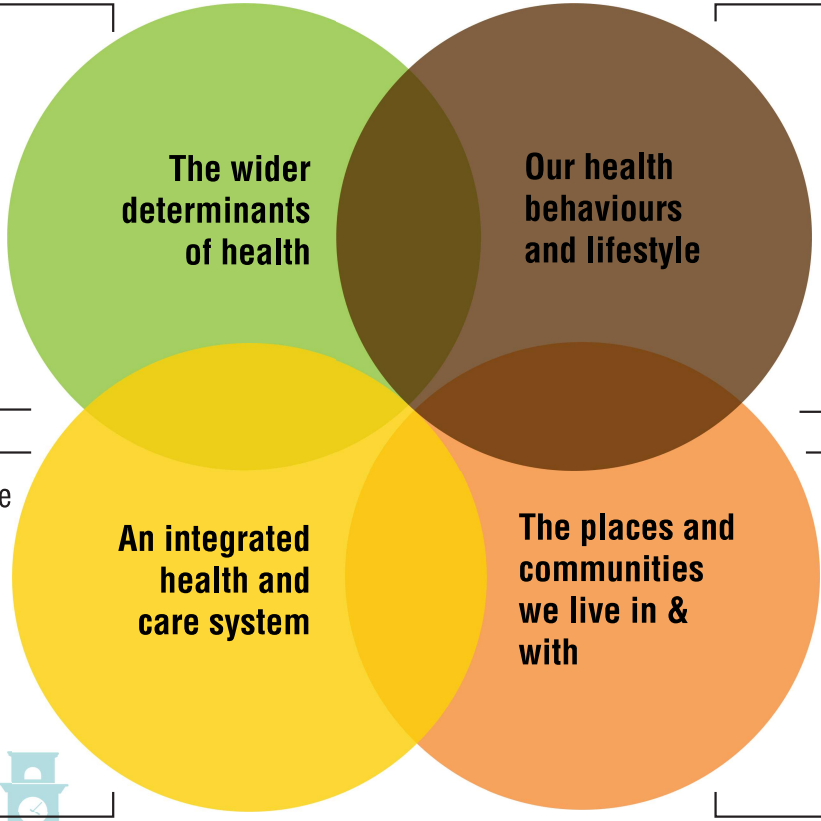
Our long-term strategic ambitions:

People will lead a healthy and independent life.

People will be part of a strong community.

People will experience effective and sustainable services.

Place-based Health and Wellbeing Partnerships will work together to tackle health inequalities by addressing the wider determinants of health.



Aligning and coordinating prevention programs across the system and through each place-based Health and Wellbeing Partnerships to tackle barriers to healthy lifestyle choices.

Health and social care commissioners and providers working together at our place-based Health and Care Executives to commission and deliver services.

Working together in our place based Health and Wellbeing Partnerships and with out communities to mobilise solutions informed by our understanding of local assets

Our immediate focus:

Help our children and young people have the best start in life

Help people improve their mental health and wellbeing, particularly around prevention and early intervention in our communities

Reduce inequalities in health outcomes and the wider determinants of health

Our ways of working: • Prioritising prevention • Strengthening communities • Co-ordinating services • Sharing responsibility

NHS Warwickshire North Clinical Commissioning Group

NHS South Warwickshire Clinical Commissioning Group

NHS George Eliot Hospital NHS Trust

NHS South Warwickshire NHS Foundation Trust

NHS Coventry and Rugby Clinical Commissioning Group

NHS University Hospitals Coventry and Warwickshire NHS Trust

NHS Coventry and Warwickshire Partnership NHS Trust

Warwickshire CAVA Community & Voluntary Action

Borough Rugby Council

North Warwickshire Borough Council

Nuneaton & Bedworth United to Achieve

Stratford-on-Avon District Council

Warwick District Council

Warwickshire County Council

west midlands police and crime commissioner

Philip Seccombe Police and Crime Commissioner for Warwickshire

healthwatch Warwickshire

Warwickshire County Council Equality Impact Assessment (EIA) Form

The purpose of an EIA is to ensure WCC is as inclusive as possible, both as a service deliverer and as an employer. It also demonstrates our compliance with Public Sector Equality Duty (PSED).

This document is a planning tool, designed to help you improve programmes of work by considering the implications for different groups of people. A guidance document is available here.

Please note that, once approved, this document will be made public, unless you have indicated that it contains sensitive information. Please ensure that the form is clear and easy to understand. If you would like any support or advice on completing this document, please contact the Equality, Diversity and Inclusion (EDI) team on 01926 412370 or equalities@warwickshire.gov.uk

Service / policy / strategy / practice / plan being assessed	**Health and Wellbeing Strategy refresh 2020 – 2025**
Business Unit / Service Area	Public Health (on behalf of the Warwickshire Health and Wellbeing Board)
Is this a new or existing service / policy / strategy / practice / plan? If an existing service / policy / strategy / practice / plan please state date of last assessment	Existing Strategy (refresh)
EIA Review team – list of members	Gemma McKinnon, Ashley Simpson
Do any other Business Units / Service Areas need to be included?	Business Intelligence, Communications, wider Health and Wellbeing Board partners
Does this EIA contain personal and / or sensitive information?	No

Are any of the outcomes from this assessment likely to result in complaints from existing services users, members of the public and / or employees?	No If **yes** please let your Assistant Director and the Customer Relations Team know as soon as possible

1. Please explain the background to your proposed activity and the reasons for it.

The Health and Wellbeing Board has a statutory duty to produce and deliver a Health and Wellbeing Strategy for Warwickshire to help improve health and wellbeing in the local population and reduce health inequalities. The strategy outlines the vision, objectives and priorities based on the findings of the Joint Strategic Needs Assessment (JSNA) including performance data and feedback from communities and senior leaders across the health and care system. The objectives of the refreshed strategy need to be reflected in the commissioning plans of Warwickshire County Council (WCC) and the wider Health and Care Partnership.

Generally, health in Warwickshire is good overall but it varies widely across the county and we are facing significant challenges over the next five years with an aging population and rising demand for services. We are proposing a vision of 'Living Well in Warwickshire' and three high level strategic outcomes:

- People will lead a healthy and independent life.
- People will be part of a strong community.
- People will experience effective and sustainable services.

We are also proposing two short term areas of focus in the next 12-18 months:

- Help our children have the best start in life
- Help people improve their mental health and wellbeing, particularly around prevention and early intervention in our communities.

2. Please outline your proposed activity including a summary of the main actions.

The Strategy has been produced in collaboration with Health and Wellbeing Board partners in a context of change which brings both challenges and opportunities. Much has happened since our first Strategy in 2014. There is significant pressure in the health and care system and the public sector more widely because of increasing demand and reducing capacity. This has been further amplified by the Covid-19 pandemic which has radically changed how society functions.

As we start to rebuild communities and reset services as part of our recovery from the Covid-19-19 pandemic, even more importance needs to be placed on tackling inequalities in health and creating engaged and cohesive communities that are able to thrive despite the ongoing challenges we all face. Helping our children and young people to get the best start in life is key to this, as is supporting people to look after their mental health and wellbeing particularly as 1 in 3 visits to mental health services during the pandemic were from new users. Our Covid-19 Health Impact Assessment (HIA) has highlighted two findings which will be key drivers behind our new Strategy and its implementation:

1. An integrated recovery which looks across traditional organisational boundaries is required to understand the wider impact to services; and
2. There is a double impact of harm which disproportionately impacts on Black, Asian and Minority Ethnic (BAME) communities, and the most vulnerable individuals facing multiple deprivation and inequalities in health

The NHS long-term plan and Coventry and Warwickshire Five Year Health and Care Plan both confirm a greater focus on prevention and a move to a more integrated health and care system. We want to build on the momentum from our previous Strategy and the Year of Wellbeing 2019 to drive further commitment around improving health and wellbeing. We have set out high level ambitions for the next five years, as well as specific priorities we think we should focus on over the next two years.

This Strategy sets out our commitments and vision for improving health and wellbeing for Warwickshire. It is however the first step, and next we need to deliver on these commitments. To make sure that we get this right for our communities, we are taking a place-based approach to delivery. In Warwickshire our 3 places are:

- North – covers North Warwickshire Borough and Nuneaton and Bedworth Borough
- Rugby – covers Rugby Borough
- South – covers Stratford on Avon District and Warwick District

Each place has a Health and Wellbeing Partnership and a Health and Care Executive that will play a key role in delivering the Strategy locally, making sure that action plans have been tailored to meet local needs, and build on the strengths, of each place.

3. Who is this going to impact and how? (customers, service users, public and staff)

It is good practice to seek the views of your stakeholders and for these to influence your proposed activity. Please list anything you have already found out. If you still need to talk to stakeholders, include this as an 'action' at the end of your EIA. **Note that in some cases, there is a duty to consult, see more.**

This Strategy will have an impact on residents and local communities in Warwickshire. Views on the draft Strategy were sought using an online survey on Ask Warwickshire between 23rd November 2020 and 5th January 2021. An easy-read version, created by Grapevine, was live between 16th December 2020 and 5th January 2021. Paper copies were also available, although none were requested.

Key Messages

There were 355 responses to the survey on Ask Warwickshire and 207 responses to the easy-read survey.

Most respondents to both surveys lived in Warwick District (Ask Warwickshire = 116 (32.67%); easy-read = 59 (28.50%)). The second highest districts for responses was Stratford-on-Avon for the Ask Warwickshire survey (n = 48; 13.52%) and North Warwickshire for the easy-read survey (n = 38; 18.35%).

Ambition 1: People will lead a healthy and independent life.

- The majority of respondents (91.50% of Ask Warwickshire respondents (n = 323 out of 353 responses) and 94.59% of easy-read respondents (n = 175 out of 185 responses) agreed with Ambition 1.

- Respondents ranked the outcome Encourage people to adopt healthy lifestyles and behaviours as most important for this ambition.

Ambition 2: People will be part of a strong community.

- The majority of respondents (84.90% of Ask Warwickshire respondents (n = 298 out of 351 responses) and 89.84% of easy-read respondents (n = 168 out of 187 responses) agreed with Ambition 2.

- The outcome Help build strong communities, recognising the importance of education, employment, quality housing and leisure to provide good quality of life was ranked most important out of the four options.

Ambition 3: People will have access to effective and sustainable services

- The majority of respondents (89.20% of Ask Warwickshire respondents (n = 314 out of 352) and 91.26% of easy-read respondents (n = 167 out of 183) agreed with Ambition 3.

- The outcome Seek to develop accessible, responsive and high-quality services. was ranked most important out of the three options.

What should we concentrate on specifically?

- 387 respondents (68.86%) said that the Health and Wellbeing Board should prioritise helping people improve their mental health and wellbeing in 2020-2025, whilst 354 (62.99%) agreed with the priority helping children and young people have the best start in life and 294 (52.31%) agreed with the priority health inequalities (particularly in respect to Covid-19).

Please analyse the potential impact of your proposed activity against the protected characteristics.

N.B Think about what actions you might take to mitigate / remove the negative impacts and maximize on the positive ones. This will form part of your action plan at question 7.

	What information do you have? What information do you still need to get?	Positive impacts	Negative impacts
Age	The number of people aged over 65 is increasing significantly across Warwickshire. People are living longer but live with poor health for longer. Public services are struggling to meet the increase in demand. Services for older people is an overarching theme identified in the consultation.	Increased preventative and early intervention solutions to develop resources and assets to meet the needs of an ageing population	Some older people may not have the opportunity to engage in this process due to transport and accessibility issues. There may also be issues with accessing virtual appointments/services that require technology.
Disability Consider • Physical disabilities • Sensory impairments • Neurodiverse conditions (e.g. dyslexia) • Mental health conditions (e.g. depression) • Medical conditions (e.g. diabetes)	Living with a disability may increase the chances of experiencing poor health and social isolation	This consultation sought to engage a wide range of residents and members of the community, including people with a range of disabilities	Ensuring that those with disabilities can access the consultation process may be challenging.
Gender Reassignment	No information available		

Marriage and Civil Partnership	No information available		
Pregnancy and Maternity	No information available		
Race	BAME communities may have a greater chance of experiencing poverty and or social isolation. The consultation sought to engage these communities to help to identify mechanisms to overcome these barriers.	BAME communities engaged and given greater opportunities to address health and wellbeing issues specific to their needs.	Inadvertently excluding minority communities and therefore not meeting their needs.
Religion or Belief	Consultation data is available		
Sex	Women are generally living longer than men. This in itself creates challenges. As a result women may experience more poor health conditions associated with old age. There is an increased prevalence of men experiencing poor mental health.	Women have shown a greater interest in the consultation. This has helped to gain a greater understanding of the needs of women.	Ensuring the needs of both men and women are met equally. Exploring mechanisms to overcome the gender bias in the consultation and engage equal numbers of both genders.
Sexual Orientation	Consultation data is available		

4. What could the impact of your proposed activity be on other vulnerable groups e.g. deprivation, looked after children, carers?

There will be a positive impact as there are priorities identified in the Strategy to support vulnerable groups. People from poorer socioeconomic backgrounds and those with long-term health conditions and disabilities may experience more barriers to social inclusion and are at greater risk of experiencing inequalities in health.

5. How does / could your proposed activity fulfil the three aims of PSED, giving due regard to:

- the elimination of discrimination, harassment and victimisation
- creating equality of opportunity between those who share a protected characteristic and those who do not
- fostering good relationships between those who share a protected characteristic and those who do not

The public consultation on the draft Health and Wellbeing Strategy has provided the opportunity to engage further with protected equality groups wherever possible, utilising the expertise and networks of organisations such as Pride and EQuiP (Equality and Inclusion Partnership).

6. Actions – what do you need to do next?

Consider:

- Who else do you need to talk to? Do you need to engage or consult?
- How you will ensure your activity is clearly communicated
- Whether you could mitigate any negative impacts for protected groups
- Whether you could do more to fulfil the aims of PSED
- Anything else you can think of!

Action	Timescale	Name of person responsible
Strategy to be adopted by the Health and Wellbeing Board	March 2001	Gemma McKinnon

7. Sign off.

Name of person/s completing EIA	Gemma McKinnon
Name and signature of Assistant Director	Shade Agboola
Date	January 2020
Date of next review and name of person/s responsible	September 2020

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Agenda Item 4

Health and Wellbeing Board

3rd March 2021

Preventing Homelessness in Warwickshire: a multiagency approach

Recommendation(s)

1. Note the contents of this report.

2. Agree to the strategic vision and recommendations within the strategy; Preventing Homelessness in Warwickshire: a multiagency approach.

3. Support the Homelessness Strategic Group to develop the action plan underpinning these recommendations and continue to work towards preventing homelessness in 2021/22.

1. Key Issues

1.1 In January 2019, Warwickshire's Housing Board sought approval from Warwickshire's Health and Wellbeing Board to:

- Form a Homelessness Strategic Group that reports directly to the Warwickshire Health and Wellbeing Board
- The Homelessness Strategic Group begins to work on a countywide strategy on Tackling and Reducing Homelessness

1.2 Since then, the Warwickshire Homeless Strategic Group has been formed and has been working collaboratively across a wide range of partners, writing a countywide strategy on preventing homelessness.

1.3 The development of the strategy has been delayed for several months during 2020 due to COVID-19, however since wave 1, partners have made a concerted effort to continue work on the strategy, to bring it to fruition.

1.4 Since the strategy is countywide, District and Borough Council's have taken the completed strategy through their own governance processes in January/February 2021, with the final version going to the Health and Wellbeing Board in March 2021.

2. Development of the strategy

2.1 Since the Homelessness Strategic Board was formed, it has held five board meetings to progress the countywide strategy. Broad chapters were agreed following feedback from the homeless conference in 2018. Each chapter had a nominated lead and has worked in smaller task and finish groups to collate the evidence and work up the chapter content and strategic recommendations collaboratively.

2.2 The strategic vision for the strategy is:

"statutory, voluntary and community organisations working together for the benefit of our residents to promote and deliver the changes expected by the government in the Homelessness Reduction Act 2017 with particular reference to the prevention duty and the Duty to Refer."

2.3 Within the strategy, there are five strategic priorities, each with their own detailed chapters, which include: what we know (the evidence to support the inclusion of that strategic priority), what are we currently doing to tackle homelessness within that chapter theme, what opportunities are there to improve services – including recommendations for each chapter.

2.4 Strategic priorities include:

- Health – to reduce the inequalities and improve the health of people at risk of homelessness, homeless or sleeping rough.
- Financial inclusion – to ensure that a wide range of appropriate services are available to support those at risk of homelessness due to financial difficulties.
- Young people – to enhance and improve services that prevent homelessness among young people.
- Domestic abuse – to prevent domestic abuse and the crisis homelessness resulting from it wherever possible.
- Offending – to deliver better-focused housing and related support services for those at risk of homelessness when leaving prison.

3. Strategy Engagement

3.1 Following the collaborative approach to develop the strategy, a formal countywide online engagement was launched in October, this gave partners and members of the public the opportunity to comment on the high-level strategic vision and recommendations. The recommendations and content have been refined following the engagement, to ensure relevant comments have been reflected within the strategy.

3.2 A webinar was held with members of the community and voluntary sector to obtain their views and shape the strategic vison and recommendations. Due to COVID having a wide impact, in particular on health partners, an additional webinar

was held to discuss the health recommendations to determine if any changes needed to be reflected as a result of COVID.

3.3 Thanks to Warwickshire County Council Business Intelligence colleagues, feedback was analysed and presented in a detailed report (Appendix 2). Overall, respondents either agreed or agreed to some extent that the recommendations proposed for each strategic priority are the correct ones to focus on for 2021/22:

- Priority 1 – Health: 62% agreed, 31% agreed to some extent
- Priority 2 – Young People: 60% agreed, 24% agreed to some extent
- Priority 3 – Domestic Abuse: 73% agreed, 15.6% agreed to some extent
- Priority 4 – Offending: 57.8% agreed, 24.4% agreed to some extent
- Priority 5 - Financial inclusion: 64.4% agreed, 22.2% agreed to some extent

3.4 Many of the qualitative comments fed back featured in the existing draft of the strategy, however there were some additional changes made as a result of the engagement:

- Education – more focus was given to education in the context of offending and preparing people for release, one of the existing recommendations was updated to specifically include education to help people reacclimatise, integrate into society and find suitable employment.
- Veterans – whilst veterans were mentioned in the strategy, following engagement feedback, services to support veterans with their mental health was included within the health chapter. The matter of the military covenant requiring housing authorities to prioritise veterans was also raised. After discussions with Heads of Housing, it was determined that this was a housing allocations and policy matter and that there was work happening elsewhere to progress this and therefore considered linked, but out of scope for this strategy.
- Digital inclusion – little focus was given to this within the draft strategy, however following helpful feedback on this within the engagement, this has been strengthened within the financial inclusion chapter, specifically around financial support for customers in digital formats.
- Service user involvement – COVID restrictions have prevented meaningful service user involvement. This was raised both in the engagement feedback and webinar with the community and voluntary sector. To keep within COVID secure guidelines and avoid tokenistic engagement, a commitment has since been made to involve service users in parts of the action planning, where appropriate and to establish a service user involvement feedback mechanism, to gain their unique and integral perspective into the delivery of the strategy recommendations.

4. Options and Proposal

4.1 That Warwickshire's Health and Wellbeing Board adopt the strategy, Preventing Homelessness in Warwickshire: a multiagency approach.

5. Financial Implications

None

6. Environmental Implications

None

7. Timescales associated with the decision and next steps

7.1 District and Borough Council's have taken the strategy through their governance processes in January/February 2021, before the Warwickshire Health and Wellbeing Board receives the final version for consideration and sign off in March 2021.

7.2 The homelessness strategic group will reconvene in 2021 and continue to work collaboratively with partners, developing the action plan that will underpin the strategic recommendations. This will result in the development of different workstreams around homelessness, in order to achieve the strategic vision. Updates on progress will be provided to the Health and Wellbeing Board and other boards as requested.

Background papers

Appendix 1 – Preventing Homelessness in Warwickshire: a multiagency approach
Appendix 2 – Draft Countywide Homeless Strategy – Survey Results
Appendix 3 – Equality Impact Assessment

	Name	**Contact Information**
Report Author	Emily Fernandez	Emilyfernandez@warwickshire.gov.uk
Assistant Director	Shade Agboola	Shadeagboola@warwickshire.gov.uk
Strategic Director	Nigel Minns	Nigelminns@warwickshire.gov.uk
Portfolio Holder	Cllr Les Caborn	Lescaborn@warwickshire.gov.uk

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

Local Member(s): N/A
Other members: Councillor Caborn, Councillor Redford, Councillor Roodhouse, Councillor Bell, Councillor Adkins, Councillor Kondakor

Preventing Homelessness in Warwickshire: a multi-agency approach

Contents

Foreword

We are delighted to introduce the first ever Warwickshire-wide homelessness strategy, which has been produced by the county, district and borough councils of Warwickshire working in partnership together and liaising and engaging with the widest range of statutory and voluntary organisations operating across the county.

A place to live is a basic human need and the lack of a home blights the lives of too many individuals and families in our community. While housing itself will always be the cornerstone of any solution, homelessness is often a multi-dimensional issue that is impacted by, and impacts upon, many other social policy areas. That is why this strategy is so important: because it seeks to prevent and tackle homelessness by addressing the broader underlying issues and because it brings together the organisations working in those other policy areas to help to define and develop the way forward to reduce homelessness in Warwickshire.

Our vision for the next two years is of statutory, voluntary and community organisations working together for the benefit of our residents to promote and deliver the changes expected by the government in the Homelessness Reduction Act 2017 with particular reference to the prevention duty and the Duty to Refer, both of which are explained in depth in this document.

We have identified five equally important priorities for the strategy:

- **Health** – to reduce the inequalities and improve the health of people at risk of homelessness, homeless or sleeping rough.
- **Financial inclusion** – to ensure that a wide range of appropriate services are available to support those at risk of homelessness due to financial difficulties.
- **Young people** – to enhance and improve services that prevent homelessness among young people.
- **Domestic abuse** – to prevent domestic abuse and the crisis homelessness resulting from it wherever possible.
- **Offending** – to deliver better-focussed housing and related support services for those at risk of homelessness when leaving prison.

In this strategy you will see each of these priorities addressed in turn, with an analysis of what we know about the issue, a description of some of the excellent projects that are already underway and a set of recommendations for further work that will help to improve the situation.

Writing this foreword at a time when the country is still grappling with the Coronavirus pandemic, it seems clear to us that now, more than ever, a joint approach is essential to preventing homelessness in all its complexity and we are confident that this strategy will help to substantially deliver the changes needed over the coming years.

Councillor Les Caborn, Portfolio Holder for Adult Social Care & Health, Warwickshire County Council

Councillor Caroline Symonds, Chair of Resources Board, North Warwickshire Borough Council

Councillor Chris Watkins, Portfolio Holder for Housing and Communities, Nuneaton and Bedworth Borough Council

Councillor Emma Crane, Portfolio Holder for Communities and Homes, Rugby Borough Council

Councillor Jan Matecki, Portfolio Holder for Housing and Property, Warwick District Council

Councillor Jo Barker, Portfolio Holder for People, Stratford on Avon District Council

Introduction

Warwickshire is a county covering approximately 760 square miles in the West Midlands region of England and is home to 570,000 people. It has a two-tier structure of local government, with Warwickshire County Council (WCC) delivering upper-tier services across the whole county and five district and borough councils (D&Bs) providing services over smaller geographic areas within the county: North Warwickshire Borough Council (NWBC); Nuneaton and Bedworth Borough Council (NBBC); Rugby Borough Council (RBC); Stratford-on-Avon District Council (SDC); and Warwick District Council (WDC).

Ever since the first national legislation on homelessness in 1977 the D&Bs, as local housing authorities, have had the primary responsibility for helping homeless people in their area. In April 2018 the Homelessness Reduction Act 2017 (HRA17) came into force bringing sweeping changes in how councils should respond to homelessness. Further details on the act are included elsewhere in this document, but one of the most significant changes was the introduction of a "Duty to Refer" which required other public bodies to become more involved in homelessness service provision.

This new obligation intensified conversations that were already ongoing between the D&Bs and WCC culminating in a conference on homelessness in the autumn of 2018 that involved a wide range of statutory and voluntary organisations with remits connected with homelessness. Following the conference all six councils agreed to develop a countywide strategy and this document is the result. The process has included full engagement with other relevant agencies, along with a period of open public engagement, inviting the widest possible cross-section of views. The key messages from this engagement are included as appendix one.

The document begins by giving more details on the background to the strategy, followed by key data on homelessness across Warwickshire. It then sets out specific information and recommendations in five key social policy areas where co-ordinated action can have the greatest impact in preventing and tackling homelessness:

- **Chapter three** - Health.
- **Chapter four** - Financial inclusion.
- **Chapter five** - Young people.
- **Chapter six** - Domestic abuse.
- **Chapter seven** - Offending.

There are many operational interventions that are already underway across the county to help prevent and tackle homelessness. Many of these are relevant to tackling the issues set out in each of the policy areas so, to avoid excessive repetition, they are detailed in section 1.3 and then a list of the most pertinent is included at the beginning of the second section of each policy chapter. The same applies to system-wide actions needed that cut across every area: these are explained in section 1.4 and referenced briefly at the start of the third section of each policy chapter.

This strategy is intentionally written so that it will continue to be relevant over a two-year period. The recommendations will be taken forward through partnership working between

the most relevant agencies in each case, with a lead identified for each work-stream. Detailed action plans will be drawn up for each chapter theme and service user involvement incorporated wherever appropriate. Progress will be monitored annually by the Health and Wellbeing Board, where the need for amendments and additions to the strategy will be considered. The Board will also receive updates on the key datasets, the baseline information for which is included in chapter two and appendix three of this strategy.

Chapter 1

The context for the strategy

1.1 Homelessness

The causes of homelessness can be complex and have links to several factors that can broadly be divided into “structural” and “individual”. However, it is acknowledged that structural factors create the conditions within which homelessness occurs, and people with individual complex problems are more vulnerable to social and economic factors than the general population (Alma Economics, 2019). The wide range of causes and their classification are shown in the following depiction.

It is important to note that not all causes of homelessness are complex and early intervention by relevant services can ensure homelessness is prevented so that consequent issues do not arise. While D&Bs are responsible for tackling homelessness, many of the public services that support people with these wider needs are provided by other organisations.

The Government’s ambition is to promote a holistic approach to addressing housing needs in order to reduce some of the consequent effects at the same time as resolving an individual’s homelessness. This approach was made all the more urgent by the specific set of challenges of the COVID-19 pandemic, which required partners to act in collaboration to prevent health risks due to homelessness. This has promoted strong working relationships to deliver agreed actions which will underpin future work as directed by

THE CAUSES OF HOMELESSNESS AND ROUGH SLEEPING

The causes of rough sleeping are typically described as either structural or individual factors. These can be interrelated and reinforced by one another.

STRUCTURAL FACTORS INCLUDE:	INDIVIDUAL FACTORS INCLUDE:
• poverty • inequality • housing supply and affordability • unemployment or insecure employment • access to social security	• poor physical health • mental health problems • experience of violence, abuse and neglect • drug and alcohol problems • relationship breakdown • experience of care or prison • bereavement • refugees

this strategy. Joint COVID-19 recovery planning includes anticipating further challenges from a period of recession in which households may find themselves in financial difficulty due to periods of unemployment.

1.2 The new legislative framework

For many years local housing authorities have had defined statutory responsibilities towards homeless people in their area, the principal legislation being the Housing Act 1996. To address an increase in homelessness nationally, and the prevalence of rough sleeping particularly, the Government enacted changes to the 1996 Act through the HRA17 (see appendix two) which came into force on 3 April 2018.

The broad aim of the HRA17 is to reduce homelessness by introducing systems to ensure early intervention and prevention and by changing an over-emphasis in the old system on technical decisions about priority need categories and intentional homelessness judgements. This is achieved by requiring that all households who seek assistance have a full needs assessment and a Personal Housing Plan.

The HRA17 also confers new duties on other statutory agencies through the Duty to Refer (introduced from October 2018) bringing a wide range of other statutory organisations into firm collaboration with local housing authorities to implement the legislation. This demands joint action; it recognises that early intervention and prevention cannot be achieved by the housing authority alone because other organisations are likely to see early indications or triggers which could lead to homelessness before a household makes contact with the housing authority.

The Personal Housing Plan and Duty to Refer together underpin a legislative requirement to provide a holistic assessment of the households needs which results in a joint, multi-agency approach to achieving a positive outcome.

Implementation of this new legislation brings a number of challenges:

- All councils must make a fundamental shift in the way that they deal with homelessness, from a safety net of last resort to proactive, joined up services which are able to deliver early intervention and prevent homelessness.
- Other statutory organisations need to collaborate and act to ensure early intervention and prevention in order to avoid crisis.
- Housing options services must be promoted in a positive manner to encourage households to seek assistance as early as possible. This requires a shift away from demand management (encouraged by the previous legislation) towards a more proactive, open door approach.
- In order to address the issues drawn out in needs assessments and actions agreed in Personal Housing Plans, positive collaborative systems of work must be developed between statutory agencies and support providers.
- Strategically, all housing authorities must act to increase the supply of affordable housing in their area.
- This new approach should ultimately prevent households falling into crisis and needing to rely on statutory and voluntary support services. However until that shift is achieved the reduction in available resources for both statutory and voluntary agencies is a challenge in meeting needs.

1.3 What are we doing in Warwickshire?

HRA17 has been implemented operationally by all of the D&Bs. To aid prevention: households at risk of homelessness are being assessed much earlier; all applicants have a needs assessment and are provided with a Personal Housing Plan; and the Duty to Refer is in operation. In addition there are a number of initiatives underpinning the shift to early intervention and a more holistic approach:

A wide range of interventions are available for all applicants to access in order to prevent homelessness, such as: grants to support people

to sustain their tenancies or find an alternative before homelessness occurs; mediation and early intervention with parents or friends no longer willing to accommodate; rent deposit and guarantee schemes.

Community and voluntary sector support. Whilst in Warwickshire there are many statutory and commissioned services to prevent and tackle homelessness, Warwickshire's homeless communities are fortunate to have excellent support from the third sector. There are a variety of hardworking and dedicated voluntary groups who provide integral support, particularly to those people who find themselves with no home, street homeless and need to rely on shelters or soup kitchens. The voluntary sector support for this population is a valued resource in Warwickshire. Going forward, we will work closely with the community and voluntary sector providers to establish a service user involvement feedback mechanism, to gain their unique and integral perspective into the delivery of the strategy recommendations.

p.h.i.l. (Preventing Homelessness Improving Lives) is a service that actively seeks early referrals about, and direct contact from, people who are concerned that they may become homeless. The service provides a holistic and tailored approach and focusses on prevention and well-being. It was funded by government trailblazer funding from 2017 to 2021 and operated across the county. From April 2021 p.h.i.l. will continue to operate in NWBC, RBC and SDC, with other preventative services operating in NBBC and WDC.

Mental health first aid training has been commissioned by Warwickshire Public Health, specifically focussed on housing officers and front line workers whose clients include people vulnerable to homelessness.

Housing-related support services commissioned by WCC. Providers work with clients with needs that place them on the edge of care, supporting them to maintain a tenancy and helping with issues that could lead to homelessness. Some of the services include short-term accommodation to support households who are homeless.

Research undertaken by Doorway considered working practices in statutory services for young people and care leavers and delivered clear recommendations for action to improve joint working.

A Domestic Abuse Strategy for the County is being developed to set out how agencies will work together to tackle domestic abuse and its consequences.

Rough sleeping initiatives are being developed in partnership across the county. These include the delivery of specific mental health services and action to provide more accommodation for this particular group.

Financial inclusion is being proactively promoted by D&Bs. This includes a focus on financial inclusion as a driver to provide sustainable housing, using Discretionary Housing Payments to prevent homelessness and addressing broader issues around budgeting skills, education, training and employment opportunities.

Support services for armed forces veterans have been developed and promoted across the County.

Supporting hospitals by working with Warwickshire's Hospital Liaison Officers across our main acute trusts, to support safe and positive discharge arrangements for patients where homelessness, housing need or property condition is an issue.

Improved access to affordable housing is being promoted by D&Bs using their Local Plans and Lettings Schemes as well as by intervening to shape the private sector market. This includes the need for specialised housing and extra-care housing schemes.

1.4 System wide actions to be taken to tackle and reduce homelessness

The legislation requires statutory agencies to act to promote positive outcomes for applicants. The inclusion of the Duty to Refer in the HRA17 indicates Government awareness

that better partnership working is needed to resolve homelessness when it occurs. In addition, a recent consultation paper, “Tackling Homelessness Together”, set out Government concerns that partners are not engaging positively to resolve homelessness and are not co-operating. As a result, Government is now proposing statutory requirements to provide for specific structures which could include a duty to co-operate and the establishment of Homelessness Reduction Boards.

System changes are needed to prevent homelessness, with the councils that are party to this strategy acting together to prevent crisis by promoting the importance of the Duty to Refer in our partnership work. We need new and robust pathways enabling early notice of a threat of homelessness and the opportunity to intervene at an early stage.

In Warwickshire, a Strategic Homelessness Board has already been established. This supports the legislative changes, anticipates the Government’s further proposals and provides a strategic framework to reduce the prevalence of homelessness in the county. Actions are concerned with how statutory agencies in Warwickshire will work together to promote and deliver the changes required by Government for the benefit of our residents. These actions are intended to define a strong culture of collaboration and joint working arrangements. In promoting collaborative working the board will also welcome challenge to existing systems of work in order to develop more effective interventions. To provide for an informed network of agencies that can assist front line services to prevent homelessness the board will encourage a culture of professional curiosity, ensure professionals know that acting to prevent homelessness, is everybody’s business and create clear referral pathways. The effectiveness of the board’s actions to strengthen joint working will be monitored formally at its meetings.

Chapter 2

Facts and figures about homelessness in Warwickshire

The purpose of this chapter is to draw a picture of homelessness in Warwickshire, comparing it to the national situation where relevant, and to provide baseline information for monitoring as this strategy is implemented.

As part of the new set of duties introduced by the HRA17, local housing authorities send case level data to the Ministry of Housing, Communities and Local Government (MHCLG) quarterly through the Homeless Case Level Information Collection system (H-CLIC). The data is collated and analysed by MHCLG and they publish a quarterly report.

"Homeless" covers a broad range of living circumstances but H-CLIC data covers statutory homelessness, i.e. the homelessness applications taken and decisions made by local authorities according to their legal duties. This means that not all homelessness is included in the data as it is concerned with reported homelessness only. Nonetheless, H-CLIC data is useful in helping to understand homelessness nationally and locally.

H-CLIC data includes information about the new duties owed for prevention and relief as well as the long standing main homelessness duty, the reasons for homelessness and the support needs of applicants. Critically it also includes information about the use of temporary accommodation which should reduce over time if the new prevention duty is effective. The new duty to refer, given to other statutory agencies, is also monitored as part of the H-CLIC return.

Appendix three sets out the detailed data for Warwickshire but a summary of the most important points is included below. Some detailed contextual information about the health of the population in Warwickshire is shown in an extract from the 2019 annual report of the Director of Public Health in appendix four.

In 2018/19, the first year of implementation of the HRA17, D&Bs received 2,476 approaches across Warwickshire. This increased to 2,853 in 2019/20, an increase of almost 15% compared to an increase of only 5% for England over the same period.

In 2019/20 the duty owed to applicants was split fairly evenly between prevention (46%) and relief (48%) with around 5% owed no duty. Table one (appendix one) shows how these applications were split across the five D&Bs according to duty owed.

For those owed the prevention duty in Warwickshire (appendix one: table two):

- The two main reasons were "End of an assured shorthold tenancy" and "Family or friends no longer being willing or able to accommodate" (together accounting for more than 50% of applicants). This was the same for the West Midlands and England.
- The profile of reasons for the applicant losing their home, or being threatened with losing it, was broadly similar to the regional and national picture with two notable differences: a much higher proportion of applications were caused by the end of a social rented tenancy or by a non-violent relationship breakdown.

For those owed the relief duty there is a different profile (appendix one: table three):

- There is a much smaller proportion than is true for prevention cases, of applications due to "End of an assured shorthold tenancy" (11% at all three geographic levels).
- The main reason for application is "Family or friends being no longer willing or able to accommodate" at roughly 30% across all three areas.

- Warwickshire has a significantly higher proportion of applications due to "Non-violent relationship breakdown" and this is offset by fewer "Other" reasons.

When looking at the support needs of households (appendix one: table four):

- The profile is broadly similar to the West Midlands region as a whole with the three most common reasons in both cases being: "A history of mental health problems"; "Physical ill health and disability"; and "At risk of / has experienced domestic abuse". These three reasons accounted for roughly half of all cases (53% in Warwickshire and 49% in the West Midlands).
- In Warwickshire no other support need accounted for more than 5% of needs whereas in the West Midlands there were two such needs: "Young person aged 18-25 requiring support to manage independently" at 8% and "Access to education, employment or training" at 6%.

As regards the Duty to Refer (appendix one: table five):

- This was widely used in 2018/19, the first year of operation, with 617 cases referred in this way. However, there was a huge drop to only 95 cases the following year and every organisation subject to the duty made fewer referrals in 2019/20 than they did in 2018/19.
- The profile of referrals also changed between the two years: in 2018/19 the biggest referrer was Jobcentre Plus at 41% but this fell to 17% in 2019/20 while Children's Social Services increased from 12% to 24% and Adult Social Services increased from 3% to 15%. As indicated above, this was not due to an increase in the number of referrals from those agencies.

Tables six and seven (appendix one) show the number of households in temporary accommodation by type of accommodation and by type of household, for each D&B as at 31st March 2020. There is no clear pattern as regards the nature of accommodation being used. Single adults are by far the most common household type in temporary accommodation, as was the case at the end of each quarter in 2019/20. However, the total number as at 31st March 2020 will have been inflated by the "Everyone In" initiative in response to the Coronavirus pandemic.

Rough sleeping numbers countywide (appendix one: table eight) have gone from 39 in 2016 to 49 in 2017 and 78 in 2018 before falling back to 47 in 2019.

Warwickshire had a proportion of "White" applicants at 85% that was significantly higher than either the West Midlands (65%) or England (70%). This was offset by lower proportions in Warwickshire of "Black/African/Caribbean/Black British" and "Asian/Asian British" applicants (appendix one: table nine).

The age profile of applicants in Warwickshire was broadly similar to both the West Midlands and England with relatively small differences between the three regional distributions (appendix one: table ten).

In Warwickshire and England 14% of applicants contained more than one adult (in the West Midlands the figure was a little higher at 17%) so that the gender of the main applicant was not specified. Gender analysis is therefore only provided for the remaining 86% of applicants, of which 60% were single adults and 26% were single parents.

The gender profile of single parents (appendix one: table 11) is broadly similar across all three geographic profiles with the split being 89% "Female" and 11% "Male" in Warwickshire. The West Midlands is slightly different as it has a much higher proportion (6%) of "Other/gender not known" cases.

For single people (appendix one: table 12) there is a higher proportion of "Male" (62%) than "Female" (37%) in Warwickshire, very similar to England and the West Midlands, though the latter again has a slightly higher proportion of "Other/gender not known".

Chapter 3

Homelessness and health

Our objective is to reduce the inequalities and improve the health of people at risk of homelessness, homeless or sleeping rough.

3.1 What do we know?

There is a wealth of research into the health and well-being of the homeless population, in particular around health inequalities, mental health, and use of drugs and alcohol. It is important to note that someone can be officially homeless while living in temporary accommodation with a roof over their heads. This will have a different impact on their health, compared to someone who is street homeless and sleeping rough, but much of the published research does not differentiate between being homeless in temporary accommodation and rough sleeping.

Data from 27 Health Needs Audits across England in 2019 showed that an estimated 44% of homeless people had a diagnosed mental health condition; 86% had reported a mental health difficulty (the most common issue being depression); 27% had an alcohol problem; 78% smoked; and 41% used drugs or were in recovery.[1]

The physical and emotional health of homeless people is generally worse when compared to that of the wider population, including the most deprived in the wider population.[2] Poor health is exacerbated by poor access to health services and lack of adherence to prescribed medication.[2]

There are two particularly significant consequences of this poor health that have implications for health and social care services:

- Homeless people aged 50 have the same age-related health conditions as people in the general population at 70, such as falls, cognitive impairments and incontinence. Consequently, researchers have recommended that homeless people should be eligible for older adult services at 50.[2]
- Homeless people die younger compared to the general population. People who experience rough sleeping over a long period have an average age of death of 45 years for men and 43 years for women, compared to 76 and 81 years respectively within the general population.[3] Causes of this include infections, such as tuberculosis and HIV, heart disease and a host of external factors such as unintentional injuries, suicide and poisoning. In recent decades however, the causes of this early mortality have shifted from infections to drug overdoses, substance misuse disorders and mental health problems.[2]

While estimates of alcohol and drug use rates among homeless people vary, there is an acknowledgement that rates of substance misuse are much higher than they are within the general population. In 2008, a systematic review was undertaken to examine the prevalence of mental disorders among homeless people in western countries[4] and there were two main conclusions:

- The most common mental disorders were alcohol and drug dependence with an estimated prevalence of 37.9% and 24.4% respectively.
- The prevalence estimates for psychosis were at least as high as those for depression, which is in marked contrast to the general population estimates of these conditions.

Conversely, among those with drug and alcohol issues, the number of people without adequate and secure housing is also high. The links between drug and alcohol use and homelessness are widely acknowledged, and in the majority of research, this association is recognised as an established fact. It is, however, important to note that not everyone who has an issue with drugs or alcohol becomes homeless and not everyone who is homeless has a drug or alcohol issue.

Autism and learning disability are another important consideration in health and homelessness. Autism is a lifelong condition that affects how people perceive the world and interact with others. Autistic people can experience challenges in communicating and interacting with others which can lead to relationship breakdown and social isolation, creating difficulties in accessing support and/or maintaining education and employment. For autistic adults in employment, more than one third consider workplace adjustments for their condition to be poor or very poor.[5]

One study found that 12% of a group of people experiencing homelessness showed strong signs of autism.[6] It is likely that autistic people are not only more at risk of becoming homeless, but also more vulnerable once they are on the streets and they may find it more difficult to move into new accommodation.

A 2018 systematic review of cognitive impairment and homelessness (including learning disability and autism) found that cognitive impairment was over-represented in the homeless population, with some groups of individuals with specific conditions having higher rates of experiences of homelessness than in the general population.[7]

The review noted differences in the needs and experiences of homeless individuals with cognitive impairment compared to the needs of homeless individuals without a learning disability. The needs of people with cognitive impairment tend to be enduring as opposed to temporary. In addition, services do not tend to be adapted or adjusted to meet the needs of people with cognitive impairment and so struggle to meet such needs. Issues include a lack of awareness of learning disability and autism amongst practitioners, lack of accessible programmes and inappropriate and low-quality housing which is unsustainable in the long term.

Difficulties in accessing support were also experienced by individuals with mild autism or learning disability, or "high-functioning" autism who are either undiagnosed, experiencing long delays during the diagnostic process, or do not meet the threshold for social care or mental health services.

An Autism and Homelessness Toolkit has been created by a multi-agency group including Resources for Autism, Westminster City Council, St Mungo's, National Autistic Society and Homeless Link, to help staff in homelessness services understand:

- What autism is and how it can present.
- How autism might change the way that people engage with services and support.
- How they can tailor their responses to better meet the needs of autistic people.

Workforce upskilling in understanding autism and how it may impact on a person's behaviour is crucial to the provision of support which is responsive to their needs.

Among **young people,** the causes of homelessness include family conflict, victimisation, non-heterosexual sexual identity and having been in the child welfare system.[2] Shelter, in collaboration with policy experts, undertook a comprehensive evidence review of the impact bad housing has on children's life chances and found that:

- Experience of multiple housing problems increases children's risk of ill-health and disability by up to 25 per cent during childhood and early adulthood.
- Children who are homeless are three to four times more likely to have mental health problems than other children. Mental health issues such as anxiety and depression have also been linked to overcrowded and unfit housing.

- Children who are homeless are two to three times more likely to be absent from school than other children due to the disruption caused by moving into and between temporary accommodation.
- Children who are homeless are more likely to have behavioural problems such as aggression, hyperactivity and impulsivity: factors that compromise academic achievement and relationships with peers and teachers.
- Children who are homeless have lower levels of academic achievement that cannot be explained by differences in their levels of ability.[8]

Adults who are homeless are high users of acute health services, according to the evidence, including emergency visits to Accident & Emergency (A&E) and in-patient admissions. This is often compounded by the high risk factors of substance misuse and mental health disorders which increase their use of these services.[2] The cost of hospital use by homeless people is estimated to be four times higher than for the general population and eight times higher for in-patient services.[9]

There is also evidence that a high proportion of homeless people are discharged from health services onto the street without their underlying health problems being addressed. Appropriate and timely discharge planning is crucial in terms of supporting homeless patients: a randomised control trial tested the success of intervention with people at risk of homelessness from a psychiatric unit. It found that those who were offered immediate assistance with housing still had that accommodation, both three and six months later. However for those without such an intervention, all but one participant remained homeless after three and six months.

The COVID-19 pandemic may be expected to have longer term impacts on the health of Warwickshire's homeless population, but whilst it is too early to tell what this might be there have been some anecdotal benefits. In particular the government's "Everyone In" directive brought a focussed effort to offer temporary accommodation to anyone sleeping rough. Not only did this give some people who were sleeping rough the opportunity to take up the offer of accommodation, it also gave some people in unsuitable accommodation the same opportunity, e.g. people who had been sofa surfing were now able to reside in temporary accommodation.

As a result some individuals became known to services for perhaps the first time. This presented an opportunity to work with these individuals and link them into health-related services such as: registering with a GP; reviewing prescriptions; general health checks; being linked into drug and alcohol services; and mental health outreach services.

3.2 What are we currently doing to tackle homelessness and health issues?

There are a number of initiatives set out in chapter one that are being undertaken towards preventing and tackling homelessness generally across Warwickshire. The following are of particular relevance to health (and are explained in more detail in section 1.3 above):

- P.h.i.l./prevention work.
- Mental health first aid training.
- Housing-related support services.
- A Domestic Abuse Strategy.
- Rough sleeping initiatives.
- Financial inclusion.
- Support services for armed forces veterans.
- Hospital discharge pilot.
- Improving access to affordable housing, including specialist and extra-care schemes.

There are also specific initiatives underway that tackle homelessness and health issues and these are explained in the following paragraphs.

Change Grow Live, Drugs and Alcohol Services offer free and confidential support to adults, young people, carers and families across Warwickshire. A range of treatments and

interventions are provided that are designed to support people to take control of their recovery journey and achieve their goals. Services include: harm reduction; prescribing; detoxification; training; housing and employment advice.

Mental Health Enhanced Care Pathway - WCC have worked in partnership with Coventry and Warwickshire Partnership Trust (CWPT) to second two Advanced Nurse Practitioners into the P3 Street Outreach Service (part of Warwickshire's floating support service, within the housing-related support portfolio). The Mental Health Enhanced Care Pathway in Warwickshire works proactively to engage people who sleep rough and people who reside in local hostels, to encourage them to seek support with their mental health. The aim is to support more people who sleep rough with their mental health challenges and reduce the risk of exacerbation of their mental health, which can often result in A&E attendance.

A Physical Health Outreach Service is being piloted by WCC with funding from MHCLG's 2019 Cold Weather Fund, in collaboration with the Out of Hospital Team. The Physical Health Outreach Pilot conducts outreach and visits people who are sleeping rough, either on the streets or in a location convenient to them e.g. a local hostel, drop-in centre or café. The aims of this pilot are to:

- Increase access to health services for people who sleep rough in Warwickshire.
- Work with people sleeping rough, who may have physical health problems, in a preventative way to help them to manage their health and avoid inappropriate use of A&E and emergency admissions.
- Facilitate and foster a positive relationship between people sleeping rough and health services; support them to have confidence in becoming responsible for their own health; and increase their confidence in accessing primary care.

Pathway needs assessments are being conducted by Public Health Warwickshire working with Pathway in Warwickshire's acute trusts. In order to determine the most appropriate Pathway model for an acute trust, it is important to understand current practice and assess local levels of need and demand on current services. A Pathway hospital team puts the patient at the centre of his or her own care and works to transform health outcomes for one of the most vulnerable and deprived groups in our society. The model of healthcare, developed for and with homeless people, can also benefit other multiply excluded groups.

Warwickshire's physical health outreach service for people sleeping rough was launched in January 2020, just before lockdown measures were introduced as a result of the Coronavirus pandemic. The "Everyone In" directive presented an opportunity for the nurses to carry out patient assessments of individuals not previously known to the health service that were placed into temporary accommodation. Patient data was captured on the NHS secure system and will be anonymously collated for evaluation purposes, thereby offering an opportunity to examine the prospective health of this cohort of individuals "post-COVID", as they move on through temporary accommodation, into more sustainable accommodation.

Veterans Mental Health Transition, Intervention and Liaison Service (Midlands and East) is a partnership between CWPT, Lincolnshire Partnership NHS Foundation Trust, North Essex Partnership University NHS Foundation Trust, Walking with the Veterans' Wounded and Mental Health Matters, established to achieve joined up care pathways for veterans across the Midlands and East regions. Staff include veterans and civilians with a range of highly relevant and professional experience. The service will provide a responsive, innovative and high quality service user mental health service operating as one team, delivering local care through three geographically well-placed hubs. Each hub is attached to its nearest Ministry of Defence Department of Community Mental Health for a direct in-reach link for those veterans in transition, to ensure they receive the best transition possible into civilian life. The team is based in Rugby, Warwickshire.

CWPT is also offering a new NHS High Intensity Veterans mental health service to complement existing mainstream NHS services, ensuring a military sensitivity and understanding is there for veterans and families at points of mental health crisis. It is one of a number of pathfinders, essentially different pilots across England, that run until March 2022 in order to inform NHS England on what works best, in time for the re-procurement of all NHS specialist veterans mental health services thereafter.

3.3 What opportunities will be taken to improve services?

A number of system-wide actions have been referred to in section 1.4 above that the Strategic Homelessness Board is proposing. In addition the following opportunities have been identified that will improve services for those with health issues that are at risk of homelessness. These will be taken forward as recommendations from this strategy.

1. **Supporting the development and mobilisation of the Mental Health Enhanced Care Pathway in Warwickshire.**
   This targeted mental health and wellbeing service for people who are street homeless/ sleeping rough is explained in section 3.2 above. There are opportunities to develop this further and to work with the system to realise the benefits and sustain this service into the future.
2. **Holding collaborative discussions with CWPT around options for prioritisation of mental health support for people who are homeless/rough sleeping.**
   Currently there are no specialised mental health services for people who are homeless or sleeping rough in Warwickshire. This population often have multiple, complex needs and do not access services in the same way that the general population do, often presenting when situations or symptoms have reached a point where they need emergency care and support. Further discussions are needed as to whether prioritising this vulnerable population's access to such services is achievable.
3. **Supporting the development and embedding of the Dual Diagnosis protocol and pathways into mental health/drugs and alcohol services.**
   Dual Diagnosis covers a broad spectrum of substance misuse and mental health challenges that individuals may face at the same time. The protocol describes a joint approach that will be taken by organisations involved to support these individuals. Understanding how this protocol can be used to support people who are homeless is crucial.
4. **Considering system-wide options to address the physical health needs of people who are homeless/sleeping rough.**
   Due to this population having multiple, complex needs, physical health is often not prioritised or accessible in the same way, compared to the general population. System-wide discussions and actions are required in order to determine how to best meet the physical health needs of this vulnerable population.
5. **Ensuring access to pharmacies.**
   It is necessary to explore the use of behaviour policies with local pharmacies and the Local Pharmaceutical Council, to ensure that access to pharmacies does not become a barrier to engaging with treatment services for people who are homeless.
6. **Maintaining good dental health.**
   People who are homeless and/or rough sleeping may struggle to access dental treatment so it is important to ensure that there is availability of such treatment and clear pathways for people to follow in order to access it.
7. **Facilitating entry into residential rehabilitation and inpatient detoxification services.**
   Organisations need to work together to explore opportunities for people who are homeless or sleeping rough to access both commissioned and privately funded detox

and rehabilitation services, ensuring a quality assured approach to both.

8. **Improving the accessibility of services available for homeless individuals who may have a learning disability or autism.** This can be achieved by: increasing awareness of autism and learning disability issues amongst practitioners; providing accessible and easy-read documentation; ensuring reasonable adjustments to services are made by improving links with relevant health and social care practitioners; and increasing access to advocacy services to ensure individuals are not inappropriately excluded from accessing suitable housing. In addition, specific considerations about the suitability of accommodation for people who are homeless with learning disability and/or autism is required due to social, information processing or sensory needs which may make it difficult for these individuals to live in certain environments.

Chapter 4

Homelessness and financial inclusion

Our objective is to ensure that a wide range of appropriate services are available to support those at risk of homelessness due to financial difficulties.

4.1 What do we know?

Stable finance underpins a stable home: without being financially secure, one cannot have access to sustainable housing. There are many people who have at best limited access to somewhere warm, safe and secure to live. They have often been in and out of various types of accommodation due to short term arrangements because financial exclusion has undermined sustainability. The quality of accommodation is invariably at the lower end of the market. This insecurity of tenure and access to inferior housing means that basic safety and physiological needs are not met. This then feeds into poor wellbeing.

The cost of obtaining and maintaining accommodation requires constant financial discipline, especially for those on low incomes. Household costs such as rent, Council Tax, gas, electricity, water, telephone, mobile phone and broadband are all subject to regular increases. Mortgage costs, fluctuate with interest rates, which have been at historic low levels since the "credit crunch" in 2008/09 but there is no guarantee that this will continue and if rates were to begin rising then so too would mortgage repayments.

People on low incomes are particularly vulnerable to these cost increases which can easily push people who were "just about managing" into difficulties. Once financial security is lost it is a spiral that is difficult to escape, leading to debt which can mean that housing costs go unpaid and ultimately the home is at risk. This can be a gradual process but sometimes homelessness can be triggered by a financial crisis such as losing a job, or having problems with claiming or receiving benefit.

Financial exclusion is closely linked with both fuel poverty and food poverty. Broadly speaking fuel poverty has three influencing factors: household income; energy prices; and home energy efficiency. Those on low incomes are often unable to access the best energy tariffs as they have pay as you use meter arrangements applied to them by utility companies, the unit costs of which are among the highest on the market. This is then compounded by the household living in the least energy efficient accommodation resulting in a higher proportion of limited funds being spent on high-cost energy. If money is being exhausted by energy costs this leads to impossible choices between spending on rent, utilities or food which leads to reliance on foodbanks.

Lack of financial security may also increase the risk of other issues such as mental health, worklessness and social isolation. A 2010 study found that half of UK adults in problem debt were also living with mental health issues.[10]

As with many of the other priorities in this strategy the shortage of affordable housing is both a contributor to the issues arising and a constraint upon finding solutions. This applies as much to those looking to buy a home as it does to those seeking to rent. Financial issues therefore present challenges both to preventing and to tackling homelessness.

People may lack budgeting skills leading to debt.

Those on limited incomes but with access to mainstream credit are more likely to turn towards short-term/high interest credit and do not take advantage of options to reduce utility costs etc. A 2014 report found that where clients struggled to repay their debt, 84% reported that they were not warned of the risks of extending their loan further.[11]

People on lower incomes and people who are street homeless in particular, can find it difficult to open a basic bank account. Those that do may only be able to obtain accounts with high charges and high interest rates on overdraft facilities. Around 1.2 million people in the UK did not have access to a bank account in 2017.[12] Some people may prefer to use cash to keep control of their limited finances but many transactions can be more expensive or impossible without a bank account as many organisations (including local authorities) move to cashless transactions. Dealing in cash will also prevent a credit rating being established.

For those on fixed or limited incomes pressure is increased by welfare reform changes, the most significant being: removing the spare room subsidy; freezing Local Housing Allowance (LHA) rates until 2020; and reducing LHA rates from 50th percentile to 30th percentile (effectively reducing affordable rented accommodation in the private sector from five in 10 to three in 10 properties). One analysis found that 65% of non-working households have a shortfall between their rent and the housing support levels, with over 170,000 households having a shortfall of more than £100 per month.[13]

Wage growth has generally been below inflation for a number of years and when added to the freeze on welfare benefits this has resulted in a real terms reduction in income. An analysis of the cheapest 25% of private rents compared to the lowest paid 25% of employees found that rent is more than a third of full-time pay in over half of English local authorities.[14]

Once people are homeless financial problems, for example housing-related debts or county court judgements, can be a major barrier to regaining a stable home. There are often restrictions in social housing allocations policies of both council and housing association landlords about offering a home to, or even admitting onto the housing register, someone with these kinds of debt.

When it comes to gaining access to private rented housing many people do not have funds to make upfront payments of deposits and rent in advance, borrowing in order to do so and therefore starting their tenancy in high levels of debt.[15] Many local authorities offer support with these payments but this is not always sufficient for a landlord, with a common question being "what will happen at the end of the payment". Landlords may also look to the local authority to be a guarantor for the life of the tenancy.

The underlying problem is a scarcity of affordable/sustainable accommodation. There are more people chasing fewer affordable properties. In a survey of 2,500 residential landlords, 25% were looking to reduce their housing portfolio.[16] In the social housing sector the Right To Buy continues to outstrip the building rate so that overall numbers continue to decline. This enables landlords to be selective in accepting more financially secure tenants to reduce their exposure to risk. When allocating tenancies, social housing providers are increasingly risk averse to prospective tenants with financial problems.[17]

The national response to COVID-19 is likely to have a significant impact on financial well-being. While many of the factors contributing to financial exclusion remain constant, the scale of the issue will be increased due to fallout from the economic shock caused by lockdown measures. Within the first six weeks of lockdown there were an additional 1.8 million claims for Universal Credit. By the end of May 2020 over 8 million UK employees were being paid via the government's furlough scheme. A survey conducted by Make UK, a manufacturing industry lobby group, revealed that 25% of companies questioned were drawing up plans for redundancies. A decline in job vacancies across key sectors such as hospitality will disproportionately affect lower-income workers.

Economically challenging times mean that many

households fall back on the support of voluntary providers to augment statutory provision. However, charitable giving usually decreases during times of economic hardship.

There may also be new endeavours and initiatives which agencies and partners must understand quickly in order to harness benefits to their customers in a timely manner.

4.2 What are we currently doing to tackle issues of homelessness and financial inclusion?

There are a number of initiatives that are being undertaken towards preventing and tackling homelessness generally across Warwickshire set out in chapter one. The following are of particular relevance to financial inclusion (and are explained in more detail in section 1.3 above):

- Through the HRA17, making referrals for financial and budgeting advice to ensure that income is maximised and expenditure is proportionate and utilising Flexible Homelessness Support Grant where appropriate.
- Housing-related support services include helping customers with financial issues.
- p.h.i.l. and other preventative services. These provide a holistic and proactive approach to homelessness prevention enabling people to stay in their own home or be assisted in moving to a new home, including looking at the financial security of the individual.
- Financial interventions such as grants to sustain tenancies and rent deposit and guarantee schemes.
- Financial inclusion initiatives using Discretionary Housing Payments.
- Improving access to affordable housing to ensure a good supply of suitably priced, high quality accommodation.

There are several other initiatives aimed at mitigating or tackling the challenges and risks around homelessness and financial inclusion, some of which are listed below.

Citizens Advice has a network of bureaux offering financial advice and debt management across Warwickshire. In addition it has a national contract to support clients applying for Universal Credit. This support is available from the point of application up to receipt of the first payment and includes help with requesting advance payments or alternative payment arrangements.

The Warwickshire County Financial Inclusion Partnership brings together activities regarding financial inclusion across the county including both local authorities and partner agencies. It is currently adopting two overarching priorities:

ADDRESSING POVERTY NOW	BREAKING THE CYCLE OF POVERTY
• Debt advice • Income maximisation • Affordable credit • Fuel poverty • Food poverty	• Educational attendance and attainment • Pathways to employment • Health • Money management/financial resilience

A new Family Poverty Strategy is being created by WCC to support the partnership.

Charities specifically for Armed Forces veterans (like the Royal British Legion and the Soldiers, Sailors, Airmen and Families Association) have been set up to help with financial difficulties, securing a home, discharging bills or even furnishing a home with basic necessities such as white goods.

4.3 What opportunities will be taken to improve services?

A number of system-wide actions have been referred to in section 1.4 above that the Strategic Homelessness Board is proposing. In addition the following opportunities have been identified that will improve services for those who are at risk of homelessness due to financial exclusion. These will be taken forward as recommendations from this strategy.

1. **Making a collective effort to lobby government over required national policy changes.**
   There are some changes that would help to tackle financial inclusion that can only be achieved by action at national level: reintroducing LHA at the 50th percentile to increase the amount of affordable accommodation; allowing Universal Credit claimants the choice to have the housing element paid direct to the landlord; increasing the provision of new-build affordable housing; and providing sustainable funding for all activity around homelessness. In the latter case, funding at present is sporadic and short term. A consolidated grant guaranteed in the medium term would allow service planning to be sustainable and more coherent.

2. **Ensuring homelessness is seen as a more broadly-based problem than simply a "housing issue".**
   This involves developing agreements and protocols around joint working across the various services such as health, social care, criminal justice and housing in order to enable support to be provided on a coordinated basis and in a concerted fashion. This is important because placing homeless people into accommodation without appropriate, coordinated support is setting them up to fail.

3. **Learning from the Community Financial Inclusion Officer scheme.**
   WCC provided financial support to councils for the provision of Community Financial Inclusion Support Officers in 2019/20. These officers worked with clients to ensure that they received help and support around debt management and budgeting advice. Although this project has now ended learning from the activity needs to be embedded across D&Bs to ensure close working relationships with external partners such as Citizens Advice.

4. **Undertaking a financial support gap analysis across the county, identifying target audiences, geographical areas covered and areas of potential duplication.**
   This analysis can be used for service planning to ensure financial support is available across the whole of the county and that the quality of the service provided is assured. It is also essential that financial support is delivered in locations where it can be utilised by clients (e.g. the provision of additional support and advice at foodbank locations to try and reduce the need for future food vouchers by resolving underlying issues) and in appropriate digital formats (to access bank accounts and Universal Credit).

5. **Making the most of available funds by reviewing activities within local authorities to ensure best use of resources.**
   This should include:
   - Making best use of prevention funding and discretionary housing payments.
   - Creating a package of incentives for landlords to rent accommodation to those who would otherwise find these solutions unaffordable.
   - Reviewing relationships with external agencies such as foodbanks, community advice and other support agencies to ensure close working relationships, avoid duplication of service delivery, and aim for the best placed service to deliver support in every case.

6. **Encouraging engagement with financial inclusion services as a condition within support provided under the HRA17.**
   A key part of this legislation is that local

authorities are able to set out actions that homeless applicants must take as part of the process to resolve homelessness or the threat of homelessness. There could be a condition that anyone at risk of financial exclusion must engage with financial advice. If courses around life skills, financial skills and housing skills were available (the provision of which would involve some joined-up working between partners) there could be conditionality around this also i.e. to realise a housing solution they must first commit to attending the course.

7. Promoting the use of schemes such as Housing First and the Rugby Housing Pathway to enable engagement with financial inclusion services.

These specialist schemes can allow the accommodation provider to insist on engagement with financial support as a condition of accessing their services.

Chapter 5

Homelessness and young people

Our objective is to enhance and improve services that prevent homelessness among young people.

5.1 What do we know?

For the purposes of this strategy Young People covers single people aged 16 and 17, young people in care, and care leavers. This chapter will also include young parents, up to and including 25 years of age.

The importance of collaboration to prevent homelessness for 16 and 17 year olds is underpinned by the specific statutory guidance which was published by MHCLG and the Department for Education in April 2018.

Self-evidently the supply and availability of suitable accommodation will be a key determinant of the level of homelessness among young people. For the most part young people with no children only need shared or bedsit/ one-bedroom self-contained accommodation and unfortunately there is a significant shortage of this in both the public and private sectors in Warwickshire.

Over the twenty year period from 2011 to 2031, across the housing market area as a whole, the largest requirement for affordable housing to deal with both the backlog of need and newly arising need has been found to be for one bedroom dwellings. This was also true of five of the six councils covered by the assessment (the D&Bs and Coventry). The sole exception was Stratford-on-Avon where the one bedroom need was second to two bedroom need.[18]

Social and affordable housing is in high demand from all types of household and single people place the greatest demand on all the D&B housing registers in terms of housing need.

It is important to stress that even when such accommodation does become available young people are in competition with other households with a one bedroom need thus exacerbating the problem.

Given the shortage of, and high demand for, social and affordable housing, young people will often need to look to the private rented sector but this also presents challenges.

Often landlords require references, deposits and rent in advance, all of which may be difficult for some young people to provide. Some landlords are reluctant to take on young tenants, who have no experience of managing their own home and paying bills and who may need welfare benefits to assist them to pay their rent. The Residential Landlords Association found that “The majority of landlords are willing to let to tenants who are under 35 (87%). Of those who are not, the largest group of under 35’s who landlords are not willing to let to are single people who claim housing benefit/universal credit (79% of landlords).”[19]

As well as housing supply and demand, there are non-housing factors in early life that can contribute to homelessness among this age group. There are several issues identified by partners that work with young people to prevent homelessness and enable planned and sustainable accommodation options. Young people in general may lack the financial resources, the awareness and knowledge of the reality of “having your own place” and all the obligations and expectations that this entails. National Research by Homeless Link states that:

“Explanations of the causes of homelessness

tend to focus on either structural or personal factors. Structural factors include social and economic issues such as poverty, the welfare safety net, unemployment, housing supply and housing cost issues. Personal factors cover issues such as mental health, substance dependency, lack of social support, or family breakdown." [20]

Graph 11 in the report[20] showed that, of the young people accessing services in August 2017, the top 10 reasons for needing accommodation (with multiple responses permitted) were:

- Parents/carers no longer willing to accommodate (49%).
- Drug or alcohol problems (31%).
- Mental or physical health problems (26%).
- Leaving care (17%).
- Anti-social behaviour or crime (17%).
- Overcrowded housing (12%).
- Other debt-related issues (12%).
- Unemployment (11%).
- Domestic abuse (11%).
- Financial problems caused by benefit reduction (9%).

This suggests that homelessness is more likely among young people affected by such circumstances than among young people who do not face similar challenges in life.

Where any of these vulnerabilities exist they add to the difficulty of sourcing appropriate accommodation and support created by the supply problems referred to above. Other challenges include:

- The shortage of specialised accommodation with support for people with particular vulnerabilities (for example mental health, learning difficulties, autism, complex needs, young parents and care leavers).
- Mental health services are not easily accessible or responsive in a timely manner and therefore mental health support isn't readily available when, or how, it is needed.

Again, the Homeless Link report states: "83% of providers said the number of young people presenting with multiple and complex needs had increased in the last year due to limited capacity and resources in the homelessness sector, a lack of specialist mental health services and inadequate early intervention initiatives."[20]

As regards young people leaving the care of the social services authority, WCC data shows that across the county over 100 children aged 16 to 18 leave care every year. Over 80% are looked after until their 18th birthday.

Across Warwickshire, according to D&B statistics, there were 86 homelessness applications from young people in 2018/19 and 129 in 2019/20. Of these, just over half (55% in 2018/19 and 51% in 2019/20) were from people leaving care.

5.2 What are we currently doing to tackle young people's homelessness issues?

There are a number of initiatives that are being undertaken towards preventing and tackling homelessness generally across Warwickshire set out in chapter one. The following are of particular relevance to young people (and are explained in more detail in section 1.3 above):

- p.h.i.l. and other preventative services.
- Support services providing accommodation-based and floating support for 16 -25 year olds.
- Research undertaken by Doorway on working practices in statutory services for young people and care leavers.
- Rough sleeping initiatives.
- Financial inclusion being proactively promoted by D&Bs.
- Improving access to affordable housing.

There are several other initiatives aimed at young people to mitigate or tackle the challenges and risks mentioned above, and in turn reduce the impact of homelessness, some of which are listed below.

Two dedicated Leaving Care Accommodation Personal Advisers have been appointed. One of these officers works with 18 year old care leavers who are homeless or at risk of homelessness. The second officer works with 17 year olds in care who are considering their housing options when they reach 18. These two posts were initiated with government funding up to March 2021. However, they have now been made permanent.

A pilot House Project for care leavers has been run by NBBC, who committed to providing a quota of three one bedroom flats to be let as Equitable Tenancies (ET) to young people in care aged 17. An ET runs for 12 months, with WCC acting as a guarantor for the tenant. If the tenancy is conducted satisfactorily, the care leaver becomes an introductory tenant in their own right at the end of the ET, with the prospect of becoming a full secure tenant after a further 12 months. Once a care leaver becomes an introductory tenant, NBBC will release a further 1 bed flat for another care leaver so that there are always 3 units being used by The House Project.

The Warwickshire Young Persons Protocol, originally developed over 10 years ago and reviewed in 2017, sets out the way WCC and the D&Bs will respond if and when approached by a young person under 18 that is homeless or potentially homeless.

An Independence Training project to provide care leavers with the skills needed for independent living was commissioned by WCC and run by Doorway. This ran from 1st August 2018, initially for one year but with options to extend, which were taken up, for two further years. An internal WCC service is being set up to run from when the Doorway project concludes in July 2021.

WCC reorganisation of its team structure for children in care led to the development of a team specifically for those aged 14-18 years. This new team is able to begin working with young people at an earlier age and can prioritise preparing them to become more independent and to plan for the longer term. The team was established following feedback from young people that the previous situation where they transferred at 16 years of age to the Leaving Care Team was not appropriate as this was a key stage in their life; sitting exams and leaving school so that a change of worker at that stage was unhelpful.

WCC engaged with the MHCLG Homelessness Advice and Support Team (HAST) in 2019 regarding preventing and reducing youth homelessness in the county, with HAST putting forward a number of recommendations. In response, WCC has undertaken a review of the arrangements for supporting 16 and 17 year olds who are homeless or threatened with homelessness in Warwickshire.

5.3 What opportunities will be taken to improve services?

A number of system-wide actions have been referred to in section 1.4 above that the Strategic Homelessness Board is proposing. In addition the following opportunities have been identified that will improve services for young people at risk of homelessness. These will be taken forward as recommendations from this strategy.

1. **Expanding pre-tenancy training.**
   With the success of the Doorway Independence Training project referred to above, WCC and D&Bs will consider whether this could be offered more widely, to all young people at risk of homelessness.

   It could also be considered for young people more widely by seeking to establish working arrangements alongside schools and colleges around life skills, financial skills and housing skills. While many young people pick up the basic skills from their parents and others, those from more dysfunctional backgrounds do not and the school setting is an opportunity for some targeted work around these essential skills.

2. **Maximising opportunities for joint working for officers and roles between partner agencies.**
   The opportunities that present themselves to

those statutory and third sector organisations involved with young people are varied. WCC and the D&Bs, though working in isolation in some respects, are now more than ever working collaboratively and closely to support young people experiencing homelessness. Many of these young people have vulnerabilities and these issues cannot be resolved by one single agency. The links established through some of the initiatives mentioned in this chapter mean that professionals can explore options and support individual young people to make informed choices about their lives in a holistic way. This can involve third sector organisations too, especially if the individual has a better rapport with, and more trust in, such an organisation.

3. Considering expanding the House project across the county.

The House project has been explained in 5.2 above. This was a pilot scheme and so, as the findings and learning from it become clearer, D&Bs will consider with WCC whether it is appropriate to initiate the service in other parts of the county.

4. Embedding Duty to Refer processes at a county level.

Opportunities exist through the statutory Duty to Refer, which may generate greater knowledge of housing obligations and limitations among other agencies. It is envisaged that this will enhance the focus on earlier interventions, for example more robust pathway planning earlier in the pre-leaving care stage.

5. Reviewing the long standing Young Persons Protocol in Warwickshire.

The last refresh of the protocol preceded the HRA17 so it requires a further review, in part to take account of the new legislation, but also in light of recommendations by Doorway who conducted an operational review of how the protocol is actually working on the ground. In October 2020 the government published good practice advice on joint housing protocols for care leavers that will also be used to inform the review. A revised protocol will give a renewed commitment to stop the passing of 16/17 year olds between housing and social care services.

6. Moving forward with the WCC review of support arrangements for young people.

This review was explained in section 5.2 above. The recommended approach arising from the review is to develop a hybrid model, introducing housing expertise into the Initial Response Service and working across family information services, early help, front line social care teams and leaving care. This would build upon and strengthen existing service delivery models, whilst responding to all the recommendations made in the 2019 report from HAST.

Chapter 6

Homelessness and domestic abuse

Our objective is to prevent domestic abuse and the crisis homelessness resulting from it wherever possible.

6.1 What do we know?

The Government definition of domestic violence and abuse is "Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: Psychological; Physical; Sexual; Financial; Emotional." Further information about this definition can be found on the government's website.[21]

National research shows that domestic abuse accounts for 16% of all violent crime and one in four women will experience domestic abuse in their lifetime. Domestic abuse also has more repeat victims than any other crime and, on average two women in England and Wales are killed every week by a current or former male partner. However, the prevalence of domestic abuse has reduced from 7% in 2011/12 to 6% in 2017/18 indicating a gradual, longer term downward trend.[22]

Around one in every 20 women has experienced extensive physical and sexual violence and abuse. Of these women: more than half have a common mental health condition; over a third have made a suicide attempt; a fifth have self-harmed; one in five has experienced homelessness; half have a disability that means they need help with everyday activities; and one in three has an alcohol problem.[23]

Women in poverty are particularly likely to experience the most extensive violence and abuse in their lives: 14% of women in poverty have faced extensive violence and abuse, compared to 6% of women not in poverty.[24]

There is a significant toll on the health of those experiencing domestic abuse: 36% of women in the "Extensive physical and sexual violence" group of the Adult Psychiatric Morbidity Survey had attempted suicide. In the same group, women were more than twice as likely to have an alcohol problem and eight times more likely to be drug dependent than women with little experience of violence and abuse.[2]

Financial abuse often sits beside physical and emotional abuse and is demonstrated to lead to increased debt problems, a lessening of financial capability, and rent and utilities arrears which may become a barrier to future rehousing. Thus, financial abuse can contribute to a cycle of poverty and dependence that can result in repeat and chronic homelessness.[25]

International research found that children who live with, and are aware of, violence in the home face many challenges and risks that can last throughout their lives, including:

- An increased risk of children becoming victims of abuse themselves.
- Significant risk of ever-increasing harm to the child's physical, emotional and social development.
- A strong likelihood that this will become a continuing cycle of violence for the next generation.[26]

Many children do cope with and survive abuse, displaying extraordinary resilience. However, the physical, psychological and emotional effects of domestic violence on children can also be severe and long-lasting. Some children may become withdrawn and find it difficult to communicate; others may blame themselves for the abuse. All children living with abuse are under stress that may lead to a wide range of problems.[27]

Under-reporting is a major challenge in the identification and prevention of domestic abuse. Research identified six main reasons as to why people chose not to contact the police (the first three being the most significant):

- Concerns related to the perpetrator.
- Concerns related to the Police and Criminal Justice System.
- Concerns about children and the involvement of social services.
- Practical barriers such as housing and/or financial concerns.
- The abuse being normalised.
- Cultural or community barriers.

The fear of not being believed or taken seriously was also a major contributing factor.[28]

Across Warwickshire the most recent police data reveals that there were 1,895 domestic abuse offences and crime incidents recorded in March 2019 and that the percentage of "violence with an injury" incidents that have a domestic abuse marker has risen from 27.9% in April 2014 to 35.5% in March 2019.[22]

National statistics demonstrate a near doubling in the number of domestic abuse related crimes for Warwickshire recorded by the police in the past four years from 3,498 in 2015/16 to 6,825 in 2018/19. As a percentage of all crimes the figure for Warwickshire, at 16%, is now higher than both regional and national prevalence rates (which are 15% and 14% respectively).[29]

There are clear links between domestic abuse and homelessness, with domestic abuse being both a cause and consequence of homelessness. A charity found that a third of their female clients said that domestic violence had contributed to their homelessness, as did 8% of male clients.[30]

Domestic abuse, as a cause of homelessness, is different from the other primary causes of homelessness. The levels of harm the survivor and their children are exposed to are potentially and directly life threatening. It is often the case that the survivor will have a range of additional needs including substance misuse or mental health related challenges, resultant in part from many years of abuse. Further compounding the difficulties experienced is the often unplanned nature of the event triggering crisis homelessness, necessitating emergency responses that are not always well matched to the household's needs and preferences.

Secure, affordable, decent housing, both temporary and permanent, is a key determinant of the ability of a survivor and their family to escape abuse and avoid future risk. The supply of such accommodation is limited, which can lead to delays in moving, both into and on from, temporary or refuge accommodation. Delays can also be caused by local authority housing allocation scheme constraints which can hold up, or even prevent, allocation of social housing to those without local connections, with a history of anti-social behaviour, with rent arrears or with any housing related debt that may have been incurred as a result of abusive behaviour. The end result can be survivors either staying in the abusive home or staying at unsuitable, unsafe accommodation. The pressures of such unsuitable accommodation can also push the survivors into returning to the abuser, which is rarely a safe option.

H-CLIC data shows that between April 2018 and March 2019 around one in ten of all presentations to local authorities in Warwickshire for assistance with emergency accommodation under homelessness legislation were a result of domestic abuse, some 219 households. This is roughly 90 per 100,000 households in Warwickshire, higher than for the West Midlands region (80 per 100,000) but lower than for England (96 per 100,000).

Countywide there are four refuges for survivors of domestic abuse provided by Refuge Domestic Violence Service Warwickshire (RDVSW). In the 2018/19 financial year it received 342 referrals.

The need for services for women and girls is well established, however it is important to note that within Warwickshire there is no specific male-only accommodation for domestic abuse survivors. Whilst women are around twice as likely to have experienced domestic abuse as men (7.9% compared with 4.2%), the figure for men still represents a large number of crimes.[31] Furthermore, it is understood there is no provision regionally and there are only 20 beds of this nature in the whole of England.

6.2 What are we currently doing to tackle homelessness and domestic abuse?

The prevention of homelessness resulting from domestic abuse may be achieved in two ways: by (preferably) preventing the domestic abuse from occurring at all, or by preventing the crisis homelessness that arises as a consequence.

There are a number of initiatives that are being undertaken towards preventing and tackling homelessness generally across Warwickshire set out in chapter one. The following are of particular relevance to domestic abuse (and are explained in more detail in section 1.3 above):

- p.h.i.l. and other preventative services which actively seek early contact with people who may become homeless.
- Housing-related support services which include: training and awareness raising of front line professional/voluntary sector staff to recognise those at risk of or experiencing domestic abuse; and signposting and support to access specialist services.
- Refuge provision for survivors.
- Developing a Domestic Abuse Strategy.
- Improving access to affordable housing.

There are several other initiatives aimed at mitigating or tackling the challenges and risks around homelessness and domestic abuse, some of which are listed below.

An Independent Strategic Review of Domestic Abuse Services and Support Across Warwickshire[22] was recently completed by WCC. This detailed examination of the existing provision and approach provides examples of some of the good work underway aimed at preventing domestic abuse.

Five Domestic Homicide Reviews have taken place from which agencies have been implementing the learning. Amongst other things this included the roll-out of additional training for the housing sector and support for a successful multi-agency bid for increased Independent Domestic Violence Adviser (IDVA) capacity around housing, health and rural outreach, with the Housing IDVA hosted by RDVSW and co-located with p.h.i.l.

As regards preventing crisis homelessness, there is a variety of services specifically targeted towards the reduction of harm to survivors of domestic abuse that can also be seen, to some extent, as tools in homelessness prevention. These include: the Sanctuary Scheme; the IDVA work; the support of Civil Protection Orders; the Refuge Rural Outreach Workers; the police focus on enforcement and prevention; and close working with the Crown Prosecution Service to improve the judiciary system.

WCC commissions four refuges across Warwickshire that are part of a wider national network of supported schemes. This ensures that those who have lived through domestic abuse are enabled to rebuild their lives in a setting where they are protected and have specialist support on hand. Whilst these schemes operate within Warwickshire it is critical that they are considered as an element of a national resource/network of facilities because those experiencing domestic abuse will often need to distance themselves from the abuse to ensure their family's safety.

Within one borough the existing refuge building is limited in terms of its facilities and layout and this has prevented the current service from providing a more client focussed premises

equivalent to other purpose-built refuges in the county. To date, partners have been unable to identify new affordable premises that would be suitable for a domestic abuse refuge so work is continuing with local planning departments and local Registered Providers to investigate other potential alternatives.

6.3 What opportunities will be taken to improve services?

A number of system-wide actions have been referred to in section 1.4 above that the Strategic Homelessness Board is proposing. In addition the following opportunities have been identified that will improve services for those who are suffering domestic abuse and are at risk of homelessness. These will be taken forward as recommendations from this strategy.

1. Taking forward the Independent Strategic Review of Domestic Abuse Services and Support Across Warwickshire.

This detailed review[22] provides examples of some of the excellent work undertaken that is aimed at preventing domestic abuse. The Violence Against Women and Girls Board will consider it as part of their future strategic planning and commissioning and will:

- Explore whether domestic abuse can be considered by social landlords as a breach of tenancy conditions so that perpetrators can be held accountable and potentially evicted as part of a multi-agency response.
- Consider whether a mechanism can be introduced to facilitate the early identification of properties where property damage and repairs indicate that abuse is present.
- Work with agencies such as the police to ensure the safety of survivors so that staying at home is a safe and realistic option for more survivors.

2. Catering for multiple disadvantage.

Commissioners of new domestic abuse services can ensure that services are able to cater for multiple disadvantage and address issues around poor mental health and substance misuse alongside the core service provision.

Within Warwickshire, a Dual Diagnosis policy operates between the providers of substance misuse and adult mental health services to ensure that appropriate, collaborative interventions are provided to those who have a dual diagnosis. There is an opportunity to expand this to incorporate those who are also experiencing or perpetrating domestic abuse.

3. Treating all survivors of domestic abuse as having a priority need for accommodation.

The HRA17 requires that local housing authorities provide meaningful support to everyone who approaches them as homeless or at risk of homelessness within 56 days. However, the government's Domestic Abuse Bill proposes to change this so that people fleeing domestic abuse will be automatically considered in priority need and therefore benefit from the statutory homelessness process and receive an offer of settled housing. If the bill fails to go forward and become law a countywide agreement to treat all survivors of domestic abuse as having a priority need for accommodation under the legislation (and therefore avoid risk of return to the abuser) should be evaluated and implemented if appropriate.

4. Creating women-only spaces in temporary accommodation.

It is reported that mixed shared accommodation can be detrimental to recovery for some at risk of domestic abuse. Therefore D&Bs and other commissioners of supported and similar accommodation should improve the existing provision of temporary and supported accommodation by providing some women-only spaces in temporary accommodation where these do not currently exist.

5. Increasing outreach work.

Reducing crisis homelessness resulting from domestic abuse is contingent on

the early identification and reduction of domestic abuse. A key measure in the early identification of domestic abuse is the existence of a network able to identify domestic abuse and intervene to reduce the impact. Outreach work across the landscape is an important element of this work but Warwickshire has recently lost two outreach workers funded by MHCLG, leaving noticeable gaps in this service, including in the rural south of Warwickshire. This should therefore be considered as a priority alongside more significant interventions taking place for higher risk households.

6. Promoting and encouraging early contact with D&Bs and domestic abuse support services.

Early intervention is crucial to preventing crisis homelessness. The Duty to Refer is a simple mechanism for public sector organisations to refer those at risk of homelessness to local authorities so promotion of this should be undertaken within the wider public sector: health, social care, police and probation services.

In addition to the Duty to Refer, and for cases where homelessness may be more than 56 days away, p.h.i.l. and other preventative services can be contacted for support, advice and signposting. Promotion of the Duty to Refer should be accompanied by details of those services.

There are also other specialist domestic abuse support services available across Warwickshire. To increase the quantity of early referrals to p.h.i.l. and the domestic abuse support services, a series of promotional events for public sector professionals should be delivered highlighting: the benefits of early intervention; the Duty to Refer; p.h.i.l.; other prevention services; and specialist domestic abuse support services.

7. Specialist training to ensure early identification.

Specialist training has been demonstrated to be effective in equipping other front line workers (e.g. housing, benefits, rents, property maintenance and repairs) with the skills to identify and report the signs of abuse with a particular focus on: the identification and impact of coercive control; identifying young people (aged 16 to 24) at risk through domestic abuse; and having a psychologically informed approach. The training would ensure routine professional curiosity when supporting residents, tenants and homeless applicants so as to identify early domestic abuse support needs and implement safety planning.

The recent independent strategic review[22] found that health services provide a significant opportunity, including extra capacity within the Hospital IDVA role, for routinely screening for domestic abuse at mental health services access-points. Therefore, to achieve increased prevention of crisis homelessness we should seek to maintain the Hospital IDVA presence and expand this where evidence suggests that the greatest levels of early identification can be achieved.

In addition screening for domestic abuse should be mandatory where vulnerable households are accessing support services commissioned by the public sector. This would include all support and outreach services funded through schemes such as the Rough Sleeper Initiative, Cold Weather Fund and Housing-Related Support, or services with charitable and other public funding. Contracts should be amended and developed to require providers, where appropriate, to screen clients for vulnerability to, or current experience of, domestic abuse. Training plans, policies and procedures should also be required to provide staff with appropriate skills to safeguard those at risk of, or experiencing, domestic abuse.

8. Addressing "Move On" challenges.

Housing allocation schemes in all five D&Bs should be reviewed to ensure that arrears, debts, anti-social behaviour and other factors that may limit rehousing options always require an evaluation of whether these may have arisen from, or be a consequence of, domestic abuse. Where this is the case these factors should not be regarded as behaviour of choice but as a consequence of the domestic abuse.

Chapter 7

Homelessness and offending

Our objective is to deliver better focussed housing and other support services for those at risk of homelessness when leaving prison.

7.1 What do we know?

Several research studies have found that having a stable home following release from prison reduces the risk of re-offending.[32] However a high proportion of prisoners require help with housing upon their release. According to the government's Rough Sleeping Strategy[33] "In 2016-17 30% of adult prisoners under supervision from Community Rehabilitation Companies (CRC) (excluding London) were discharged to unsettled or unknown accommodation on their first night of release."

Local data on offenders is collected and managed through the Integrated Offender Management system (IOM), which covers those deemed to pose the greatest threat, risk and harm to communities. This shows that, as at October 2020, there were 180 IOM offenders across Warwickshire, of which 91 were in custody and 89 were in the community. Of those in the community, 10 were street homeless, nine were either in bed and breakfast accommodation or living with friends/sofa surfing and 18 were living in approved premises. That equates to 42% of IOM offenders in the community who were not in permanent and settled accommodation.

The National Probation Service (NPS) had 379 cases "in the community" as at October 2020, of which fewer than five were recorded as No Fixed Abode (NFA). However, there were 59 cases (15.5%) that were not in permanent, settled and suitable accommodation and had accommodation needs.

For children that are leaving custody the best way to help them to make a positive shift is to change their view of themselves and their identity. Research on adverse childhood experiences recognises stable accommodation as a key factor in helping offenders to abstain from committing further crimes and children that have no stable accommodation identified as part of their resettlement planning are at higher risk of re-offending upon release.[34] Government guidelines set out clear responsibilities for statutory strategic partners around the resettlement of children in the youth justice system.[35]

While housing is extremely important, support services can also be crucial for ex-offenders with specific needs. Suitable accommodation and support can provide the foundations for an offender to leave behind a chaotic lifestyle, offering a platform for change, opening up opportunities to employment and training, whilst also enabling access to health and social care. Unfortunately however, both suitable housing and support services are in high demand and access is constrained by supply and eligibility rules that it may be difficult for offenders to satisfy. This provides the strategic context for preventing and tackling homelessness among offenders.

The vast majority of offenders at risk of immediate homelessness are single people (because those with families can move back in with their family) therefore one bedroom accommodation is the main housing need of this group. As has already been explained in chapter five above, this is the type of accommodation for which there is the greatest need. As regards supply of mainstream housing therefore many of

the comments set out in chapter five about the shortage of one bedroom accommodation apply equally to offenders. However there are several additional factors that can affect an offender's ability to access such housing as is available, including the appropriate support.

For an offender that will be homeless upon release, planning is required well in advance of the discharge date. However, there may be communication issues between prison/probation authorities and D&Bs and lack of understanding and clarity as to the relative responsibilities of, and restrictions upon, each organisation that hamper such planning. For example, being an offender, of itself, may not be a sufficient vulnerability for them to be considered a priority under homelessness legislation even if a referral is made under the Duty to Refer.

The licence conditions that an offender may have to comply with following release can constrain the ability to meet housing needs. If for example an offender is required to remain in, or indeed be prohibited from entering, a prescribed area then this will further reduce the amount of accommodation that D&Bs can look to provide.

Standard landlord requirements may be difficult for offenders to meet, such as the need for references, deposits, rent-in-advance and a full housing history. In addition, some landlords may be cautious about accepting someone with a criminal record as a tenant.

Offenders are less likely than the general population to have employment upon leaving prison.[36] As a result they are more likely to encounter problems of affordability with housing, needing to resort to welfare benefits to help pay their rent. Recent research found that 87% of private sector tenants were only entitled to a level of Local Housing Allowance that was lower than their actual rent.[37]

Some offenders will have other specific needs that a landlord may not be able or willing to provide support for, such as a need for drug and alcohol support services. Research by the Revolving Doors Agency stated that:

"Evidence illustrates that as a group, those who have or are at risk of offending frequently suffer from multiple and complex health issues, including mental and physical health problems, learning difficulties, substance misuse and increased risk of premature mortality. These underlying health issues are often exacerbated by difficulties in accessing the full range of health and social care services available in the local community."[38]

As indicated earlier these needs can be met either by purpose-built supported housing schemes or by support services provided to occupiers of mainstream housing.

Obviously the latter option is inhibited by the supply issues with mainstream housing but also by the availability of support services. Purpose-built schemes are also very limited in number.

There are other challenges in ensuring the right support: offenders often lead a chaotic lifestyle, which adds a layer of complexity, which is important to consider in terms of their ability to successfully negotiate hurdles. The services that the offender wants may be different from the services that are, or can be made, available. Data protection regulations may make information exchange more complicated and, as with many public sector bodies, organisational capacity may be under pressure. As every case is different it is important to understand the specific needs in relation to each individual, to determine and manage the risks and to seek to address all of this holistically when housing individual offenders.

Taken together the issues surrounding the housing of offenders create a range of direct and indirect impacts upon the wellbeing of the individuals concerned, including impacts upon: physical health; mental health; the ability to rehabilitate from a life of crime; the ability to gain employment; the ability to gain support from recognised professionals; and the ability to form meaningful and valuable personal relationships.

7.2 What are we currently doing to tackle homelessness and offending?

There are a number of initiatives that are being undertaken towards preventing and tackling

homelessness generally across Warwickshire set out in chapter one. The following are of particular relevance to offending (and are explained in more detail in section 1.3 above):

- Implementing the Duty to Refer following the HRA17. This applies to prisons, youth offender institutions, youth offending teams and probation services (including CRCs).
- p.h.i.l. and other preventative services.
- Rent and deposit guarantees.
- Rough sleeping initiatives.
- Housing-related support.
- Improving access to affordable housing.

There are several other initiatives aimed at mitigating or tackling the challenges and risks around homelessness and offending, some of which are listed below.

There is a clear strategic local understanding of the problem in terms of demand and risk. This is discussed at Reducing Reoffending Board meetings and the importance of this area has resulted in the formation of a Housing Task and Finish Group.

Police and Probation staff involved with IOM and multi-agency public protection arrangements (MAPPA) regularly report on activity and performance in managing IOM offenders. This includes the risk that offenders are likely to cause criminal behaviour. As such, data is available to understand housing needs and the challenges that exist regarding the IOM/MAPPA cohort and offenders in general. This position is regularly reviewed at local and force level meetings and the challenges that exist have been escalated to the Office of the Police and Crime Commissioner and the Safer Warwickshire Partnership Board, but progress is slow. The challenges are replicated across the whole country: this is a national rather than a local problem.

The restorative approach to children leaving custody as set out in 7.1 above, facilitating an identity shift whereby children are motivated and ready to change for themselves, is widely endorsed in Warwickshire as an effective approach to working with children and families. It is therefore crucial that resettlement services involve children as the primary agents in their own resettlement, rather than defining problems or solutions on their behalf.

The Bail Remand, Intensive Care & Support service is run by Barnardo's. It is a fostering service working in partnership with Warwickshire Youth Justice Service (WYJS) to provide children supervised by WYJS with an alternative to custody placements for remand, sentence, and rehabilitation into the community from custody.

WYJS works closely with colleagues in WCC Children Services so that stable accommodation can be identified at the beginning of a child's custodial sentence. Where there are placement difficulties there is a clear escalation process in place to address this.

7.3 What opportunities will be taken to improve services?

A number of system-wide actions have been referred to in section 1.4 above that the Strategic Homelessness Board is proposing. In addition the following opportunities have been identified that will improve services for offenders at risk of homelessness. These will be taken forward as recommendations from this strategy.

1. Achieving greater housing opportunities for offenders.

The underlying problem is understood as a lack of housing options for offenders and the requirements for this can be quantified. The solution is to better understand the need and to identify and facilitate access to adequate housing stock across all tenures that is suitable for offenders who are homeless. Affordable housing will not be available in every case so while D&Bs should gather and assess the available data to determine the overall shortfall in housing provision in their areas and seek to deliver more affordable accommodation, the criminal justice agencies should consider adopting policies that help offenders to meet their housing needs in the private rented sector especially when the offender is not owed a duty by the D&Bs.

2. Planning support services for offenders that need them.

There are increasing numbers of people being released from prison with housing and support needs. Support services from a range of commissioners and providers can help to support offenders on release and address some of the chaotic behaviours that can be a barrier to obtaining more settled housing. Such services are also valuable in helping offenders to stay long term in accommodation once they have found somewhere to live.

A review of the nature and extent of support services required to meet future need would help to inform planning by organisations involved in the provision of such services.

3. Enhancing strategic leadership

There are specific strategic challenges explained in this chapter. Partners should seek to agree strategic leadership around housing and offending across Warwickshire to ensure that challenges and issues can be escalated and resolved.

One option is for the Community Safety Partnership Boards and the Office of the Police and Crime Commissioner to lead in co-ordinating interaction to raise the national profile of the issues involved and to seek to secure additional resources for Warwickshire for the housing and support services identified as being required under recommendations one and two above.

4. Preparing offenders for release.

Support organisations should work together to seek to understand what opportunities exist, prior to release, to prepare people leaving prison with new and different life skills, including education, that will help them to re-acclimatise and integrate into society and to find employment.

5. Working better together.

Police and probation staff can provide details of IOM offenders who are homeless and require suitable housing. Well-established police and partnership processes and procedures are in place to refer offenders. However, system-wide actions should be reviewed and considered post-referral by relevant local authorities and agencies.

There is a clear need for better understanding among the agencies involved with offenders as they leave prison, of the relevant responsibilities but also the constraints upon each other. The Duty to Refer is now a legal duty but could be improved in terms of information exchange, timing, and better understanding of roles and responsibilities. Consideration should therefore be given to:

- A training programme for staff in all of the relevant agencies to cover the Duty to Refer and also the wider roles and responsibilities of all of the various agencies.
- Relaunching the Housing Task and Finish Group, led by the NPS.

6. Considering reciprocal rehousing arrangements between D&Bs.

There are occasions when it can be inappropriate for offenders to live in the area with which they have a local connection so that there is a need for rehousing in the area of a different local housing authority. However local allocation policies often require a local connection for an applicant to be admitted to the local housing register, or higher priority may be given to those with a local connection. D&Bs should explore whether there is the potential for some form of reciprocal arrangement for assistance with regard to the rehousing of offenders across the county.

Appendices

Appendix one – Key messages from public engagement

The Draft Countywide Homeless Strategy survey received 45 responses. Of these, 28 were from members of the general public and the remainder from other groups (business, statutory partner, local Councillor/elected member, voluntary community sector).

In total, 91.1% (n=41) of all respondents stated that they agreed (either agree or strongly agree) with the vision set out for this strategy. Just 6.8% (n=3) disagreed (either disagree or strongly disagree) with the vision.

Respondents generally agreed with each of the strategic priorities.

- Priority 3 (domestic abuse) had the greatest agreement – 93.3% (n=42) of all respondents stated they agreed or strongly agreed with this priority.
- A small percentage, 8.9% (n=4), of all respondents disagreed (disagree or strongly disagree) with Priority 1 (health).

Respondents were asked whether there were any other priorities, issues, drivers, policies or strategies that they felt should be considered and addressed. In total, almost half of all respondents (48.9%, n=22) stated that there were other priorities to consider. A wide variety of themes and issues were mentioned, with concerns regarding health (including mental health) and the need to consider specific groups (e.g. asylum seekers, those with a disability or long-term health condition, single parents with children) featuring in multiple comments.

Overall, respondents either agreed or agreed to some extent that the recommendations proposed for each strategic priority are the correct ones to focus on for 2021/22:

- **Priority 1** – Health: 62% agreed, 31% agreed to some extent
- **Priority 2** – Young People: 60% agreed, 24% agreed to some extent
- **Priority 3** – Domestic Abuse: 73% agreed, 15.6% agreed to some extent
- **Priority 4** – Offending: 57.8% agreed, 24.4% agreed to some extent
- **Priority 5** - Financial inclusion: 64.4% agreed, 22.2% agreed to some extent

For each priority a small number of respondents (n=1-3) said the recommendations were not the correct recommendations to focus on. Proposed recommendations under the financial inclusion priority had the most negative responses with 6.7% (n=3) of all respondents stating that the recommendations were not the right recommendations to focus on.

Appendix two - Summary of the Homelessness Reduction Act 2017

The Homelessness Reduction Act 2017 (HRA17) reforms homelessness legislation so that support is offered to all eligible people who are threatened with homelessness or who are homeless, providing support to a broader range of people than ever before. It does this through five key measures.

1 **New prevention duty**
HRA17 shifts the focus of services from crisis intervention to prevention, meaning that services will intervene earlier and help more people to avert crisis.

Local housing authorities must take reasonable steps to prevent homelessness for any eligible applicant at risk of homelessness within 56 days, regardless of priority need. This can involve assisting them to stay in their current accommodation, or helping them to find a new place to live.

2 New relief duty

Local authorities must take reasonable steps to help an applicant to secure suitable accommodation. Help could be, for example, providing a bond guarantee, funding a rent deposit or working with a private landlord to make properties available.

3 Personal Housing Plans

Local authorities must carry out a holistic assessment of the applicant's housing needs, support needs and the circumstances that led to them becoming homeless. This assessment will result in developing a Personal Housing Plan with the applicant that sets out the reasonable steps that the housing authority, the applicant and, if applicable, other professionals will take in order to prevent or relieve their homelessness.

4 Information

HRA17 strengthens the duty on local housing authorities to provide free advice and information designed to meet the needs of certain vulnerable groups, including those who are not eligible for further assistance. This means that people at risk of homelessness will receive more meaningful information earlier, to help prevent their homelessness.

The Act requires local authorities to give free information and advice on:

- Preventing homelessness and securing accommodation when homeless.
- The rights of people who are homeless or threatened with homelessness.
- How to get help.
- Information on tenants' rights; rights to benefits; advice on debt; rent and mortgage arrears; help for people at risk of violence and abuse; and advice on how to obtain accommodation in the social sector and private rented sector.

5 Duty to Refer

By placing duties on public bodies other than housing authorities HRA17 aims to reduce homelessness by joining up services to provide better support for people, especially those leaving prison/hospital and other groups at increased risk of homelessness, such as people fleeing domestic abuse and care leavers.

Certain named public authorities must refer users of their service, who they have reason to believe are homeless or threatened with homelessness, to a local housing authority of the service user's choice.

Appendix three – Data about homelessness in Warwickshire

All data in this appendix is taken from MHCLG, which compiles information from H-CLIC returns from all local housing authorities. The full dataset, including a wide range of other information, can be found on the gov.uk website.[39]

In 2018/19, the first year of implementation of the HRA17, D&Bs received 2,476 approaches across Warwickshire. This increased to 2,853 in 2019/20, an increase of almost 15% compared to an increase of only 5% for England over the same period.

In 2019/20 the duty owed to applicants was split fairly evenly between prevention (46%) and relief (48%) with around 5% owed no duty.

Tables one to eight show the following key information for 2019/20:

- Homelessness assessments in Warwickshire by local authority and duty owed.
- The reason for the loss, or threat of loss, of the last settled home of households owed the prevention duty.
- The reason for the loss, or threat of loss, of the last settled home of households owed the relief duty.
- The support needs of households owed a homelessness duty.

- Referrals made under the Duty to Refer by the various referring bodies.
- The number of households in temporary accommodation as at 31st March 2020 by the type of accommodation occupied.
- The number of households in temporary accommodation as at 31st March 2020 by household composition.
- Official numbers of people sleeping rough by local authority for 2016 to 2019.

TABLE 1
Homelessness assessments in Warwickshire in 2019-20 by local authority and duty owed.

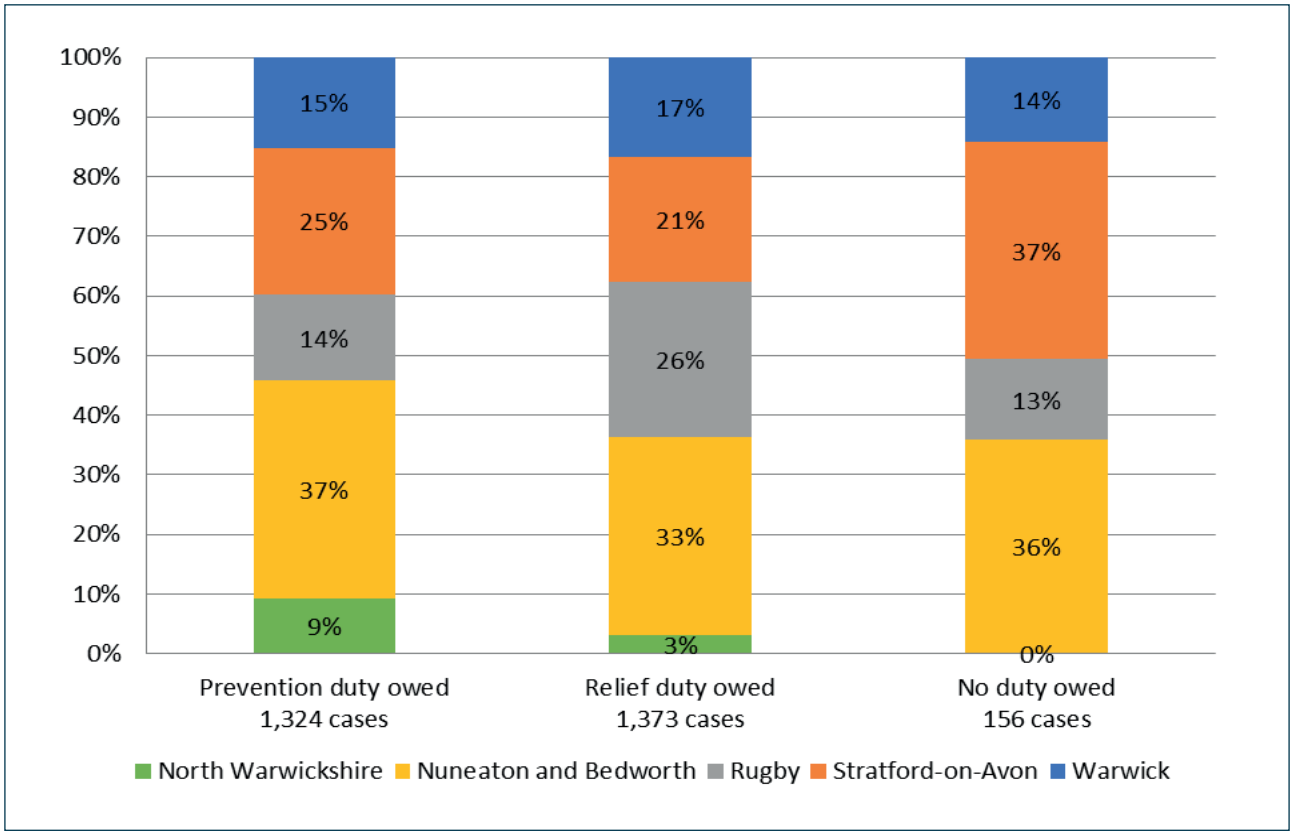


TABLE 2
Households owed a prevention duty by reason for loss, or threat of loss, of last settled home 2019-20

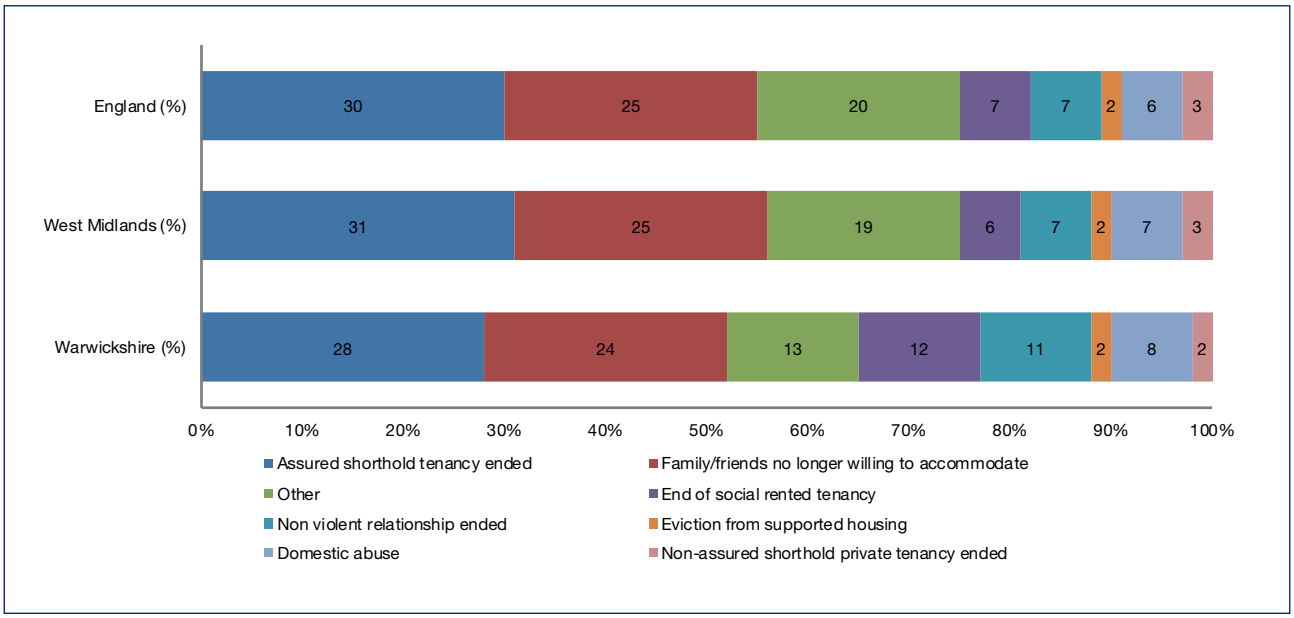


TABLE 3
Households owed a relief duty by reason for loss, or threat of loss, of last settled home 2019-20

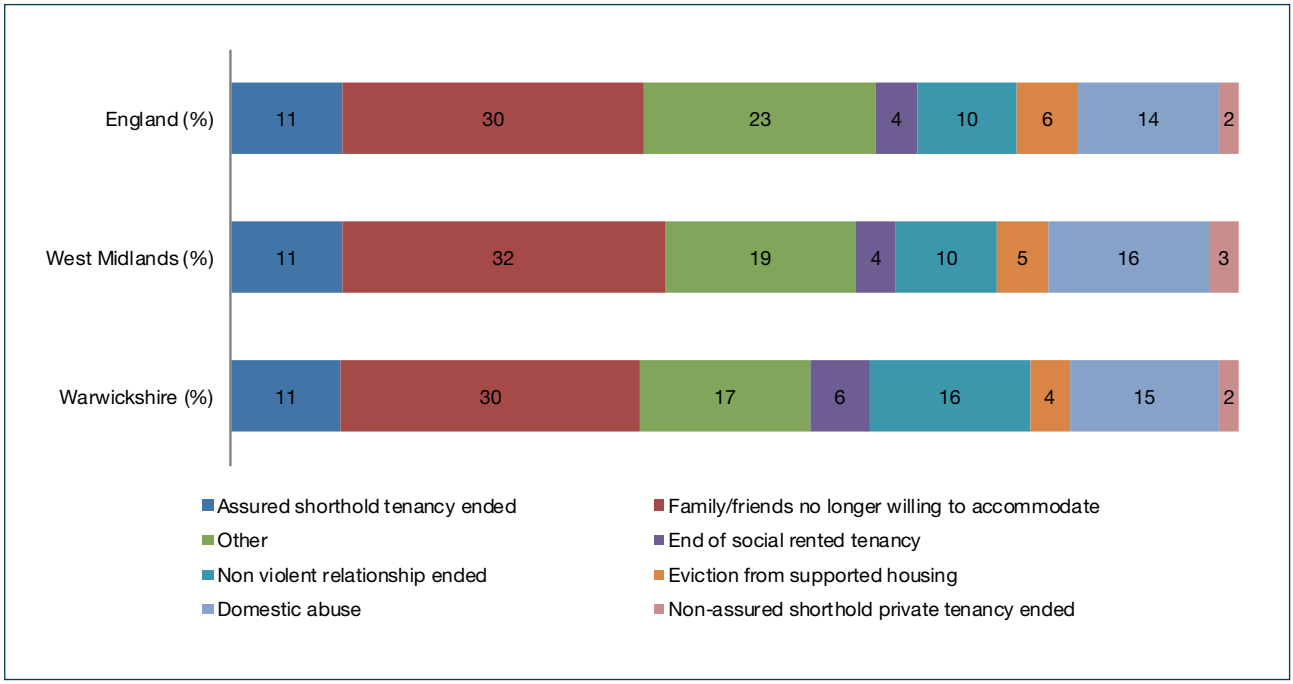


TABLE 4
Support needs of households owed a homelessness duty 2019-20
(Where one household has multiple needs all needs are counted.)

SUPPORT NEEDS OF HOUSEHOLD	WARWICKSHIRE		WEST MIDLANDS
	COUNT	PERCENT	PERCENT
History of mental health problems	714	27	23
Physical ill health and disability	423	16	14
At risk of / has experienced domestic abuse	277	10	12
Drug dependency needs	127	5	5
Young person aged 18-25 requiring support to manage independently	141	5	8
Offending history	139	5	5
History of repeat homelessness	125	5	4
Learning disability	98	4	4
Alcohol dependency needs	110	4	4
History of rough sleeping	89	3	3
At risk of / has experienced sexual abuse / exploitation	40	2	1
At risk of / has experienced abuse (non-domestic abuse)	64	2	2
Care leaver aged 18-20 years	41	2	2
Old age	41	2	1
Access to education, employment or training	62	2	6
Young person aged 16-17 years	49	2	2
Young parent requiring support to manage independently	38	1	2
Care leaver aged 21+ years	26	1	1
Served in HM Forces	31	1	0.6
Former asylum seeker	5	0.2	1
TOTAL*	**2,640**	**99.2**	**100.6**

*** Percentages do not add up to 100 due to rounding.**

TABLE 5
Referrals made under the Duty to Refer by referring body 2018-19 & 2019-20

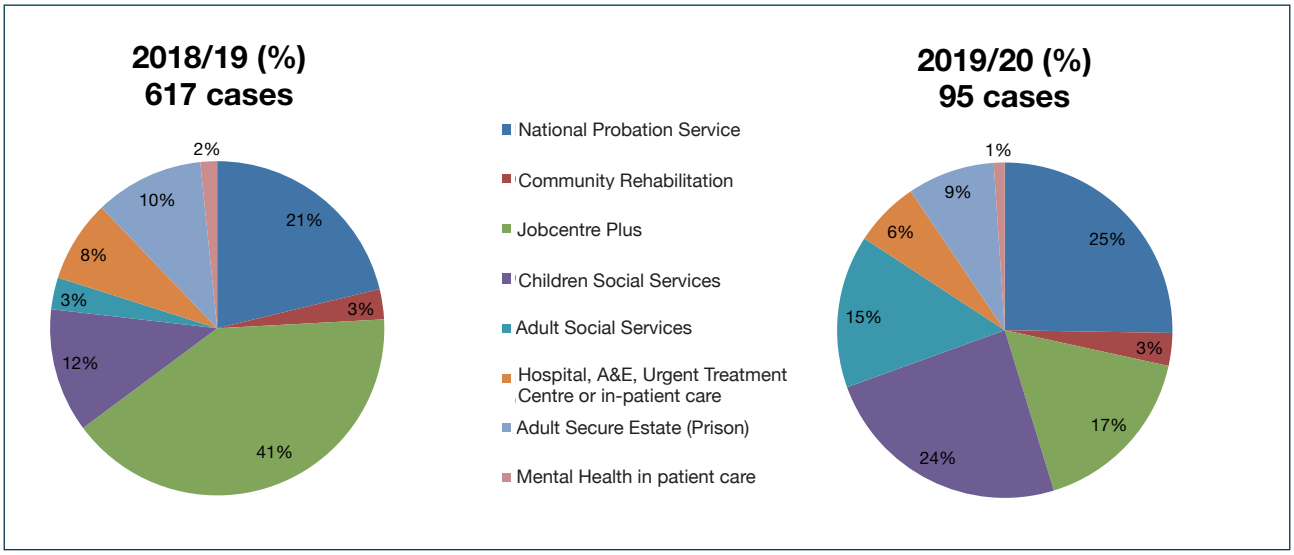


TABLE 6
Number of households in temporary accommodation as at 31st March 2020 by type of accommodation

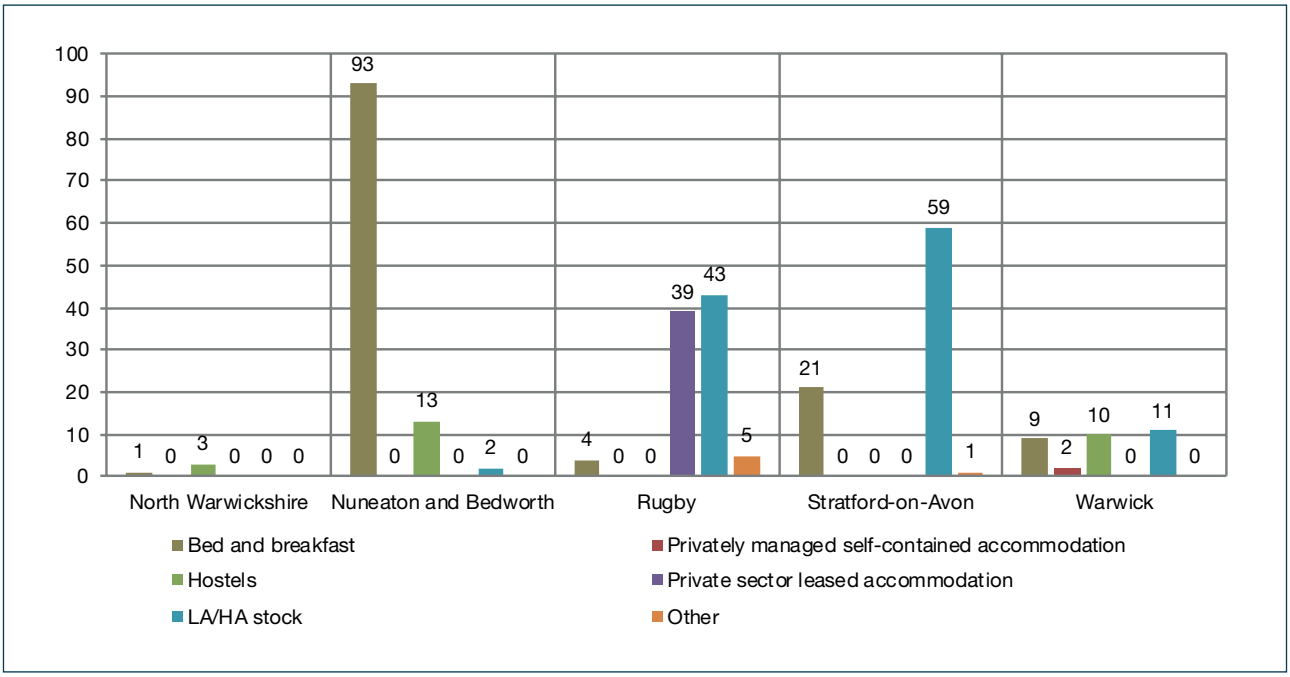


TABLE 7
Number of households in temporary accommodation as at 31st March 2020 by household composition

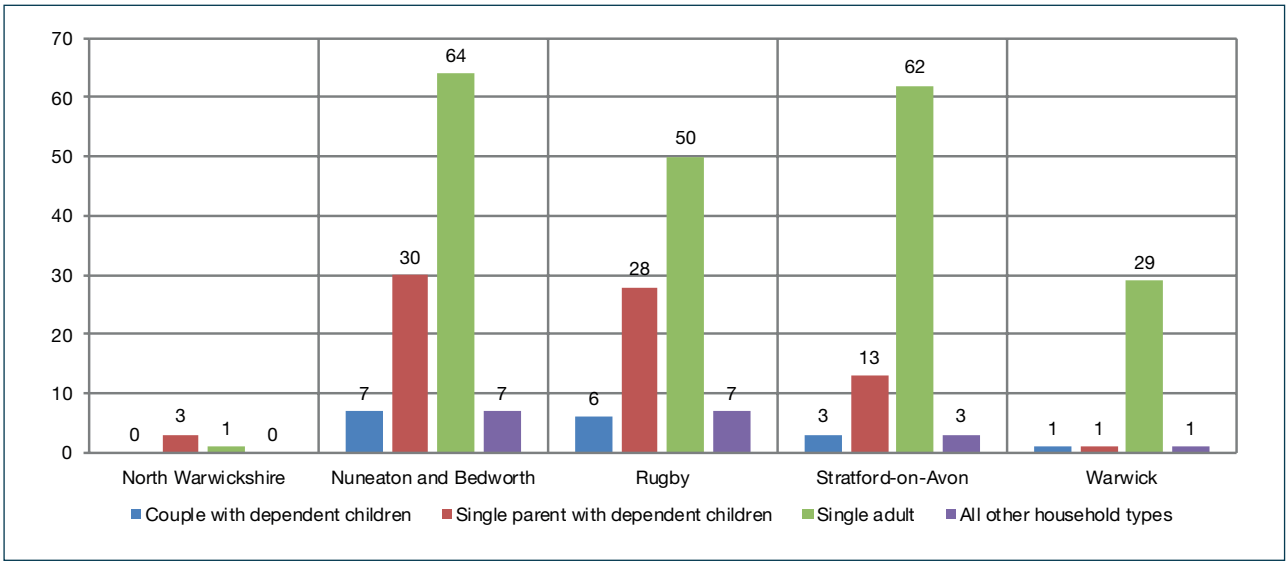
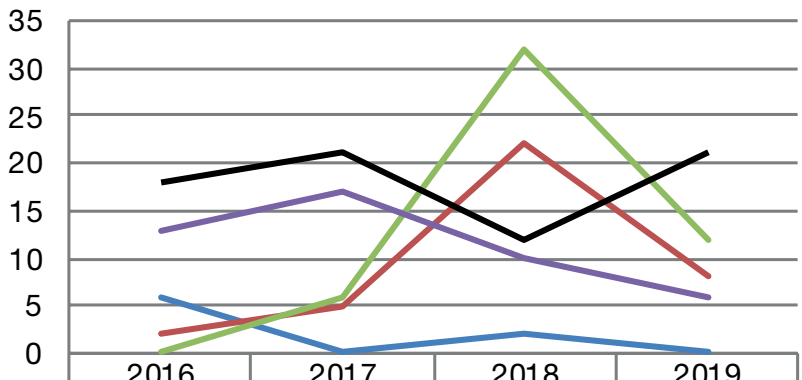


TABLE 8
Rough sleeping counts 2016-2019 by local authority



	2016	2017	2018	2019
North Warwickshire	6	0	2	0
Nuneaton & Bedworth	2	5	22	8
Rugby	0	6	32	12
Stratford-on-Avon	13	17	10	6
Warwick	18	21	12	21

EQUALITIES INFORMATION

For applicants seeking assistance under homelessness legislation the following tables show information on various characteristics that are protected under the Equalities Act 2010. This information is drawn from the MHCLG database referred to earlier. It should be noted that the information is only collected for those owed a prevention or relief duty under the legislation so the tables do not include those where it was found that no duty was owed.

As regards information about households that include someone with a support need due to a disability, the data is included in table four above. If any other protected characteristic is not covered below it is because the information is not collected through the H-CLIC data returns.

TABLE 9
Ethnicity distribution of main applicant 2019/20

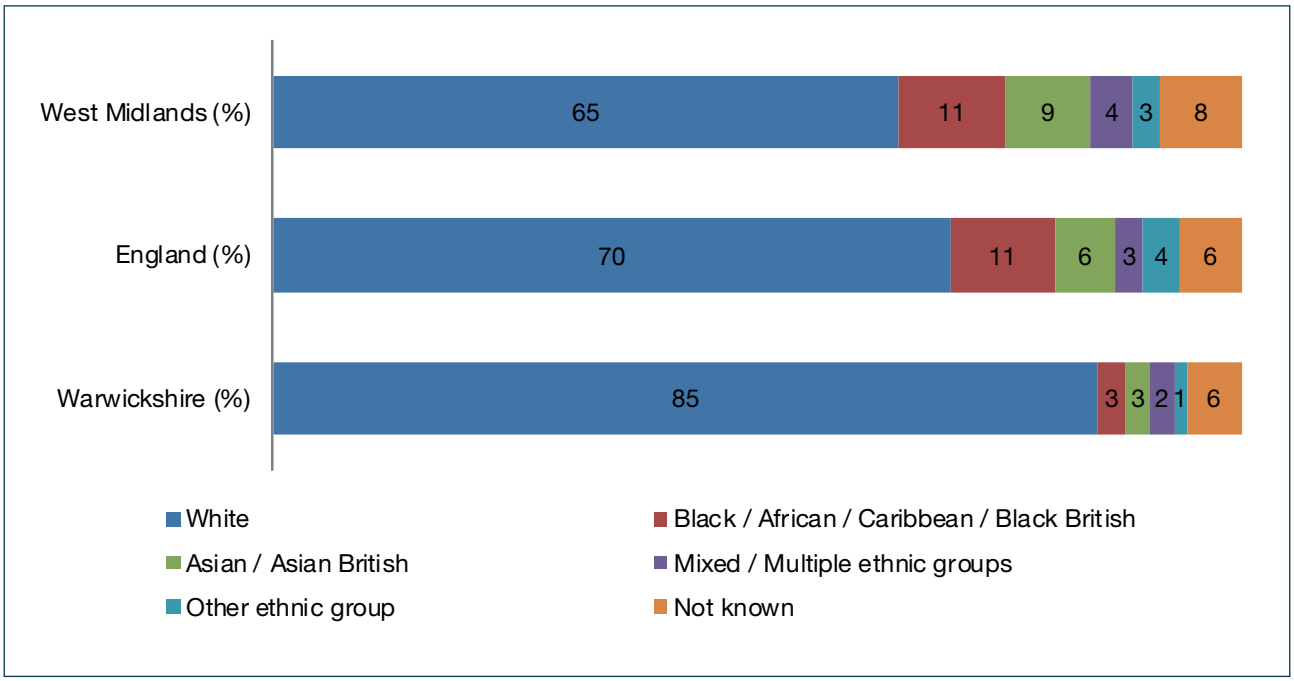


TABLE 10
Age distribution of main applicant 2019/20

TABLE 11
Gender of single parent applicant with dependent children 2019/20

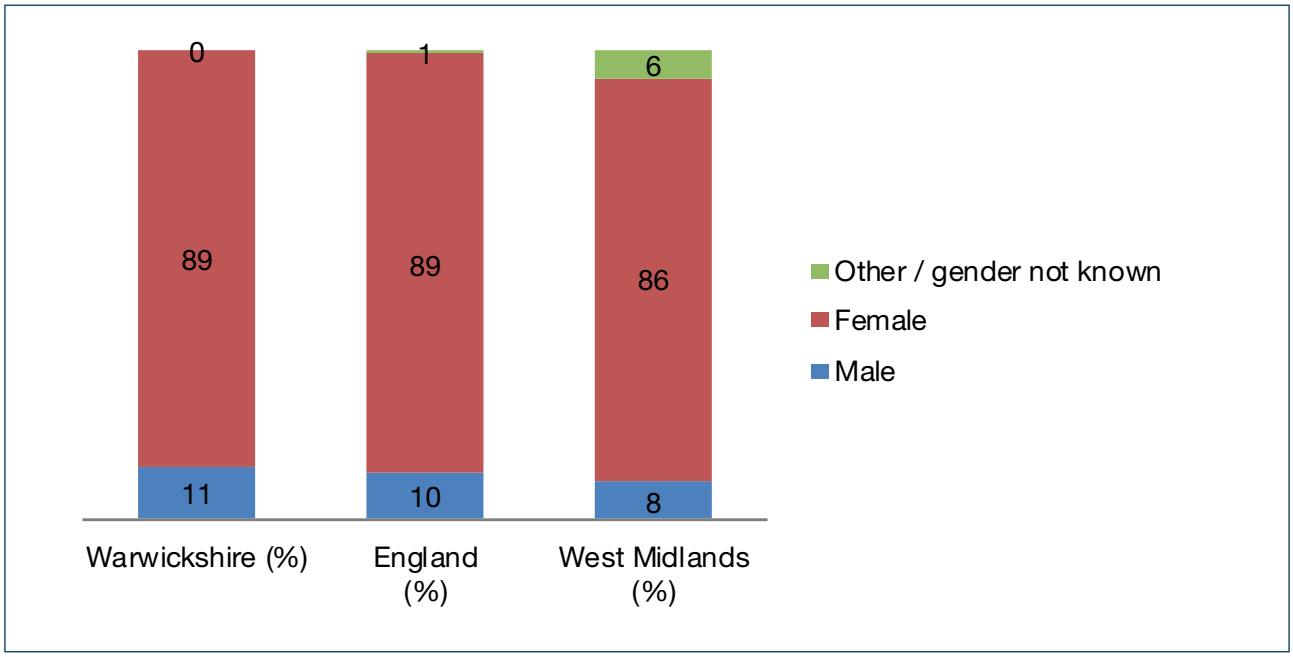
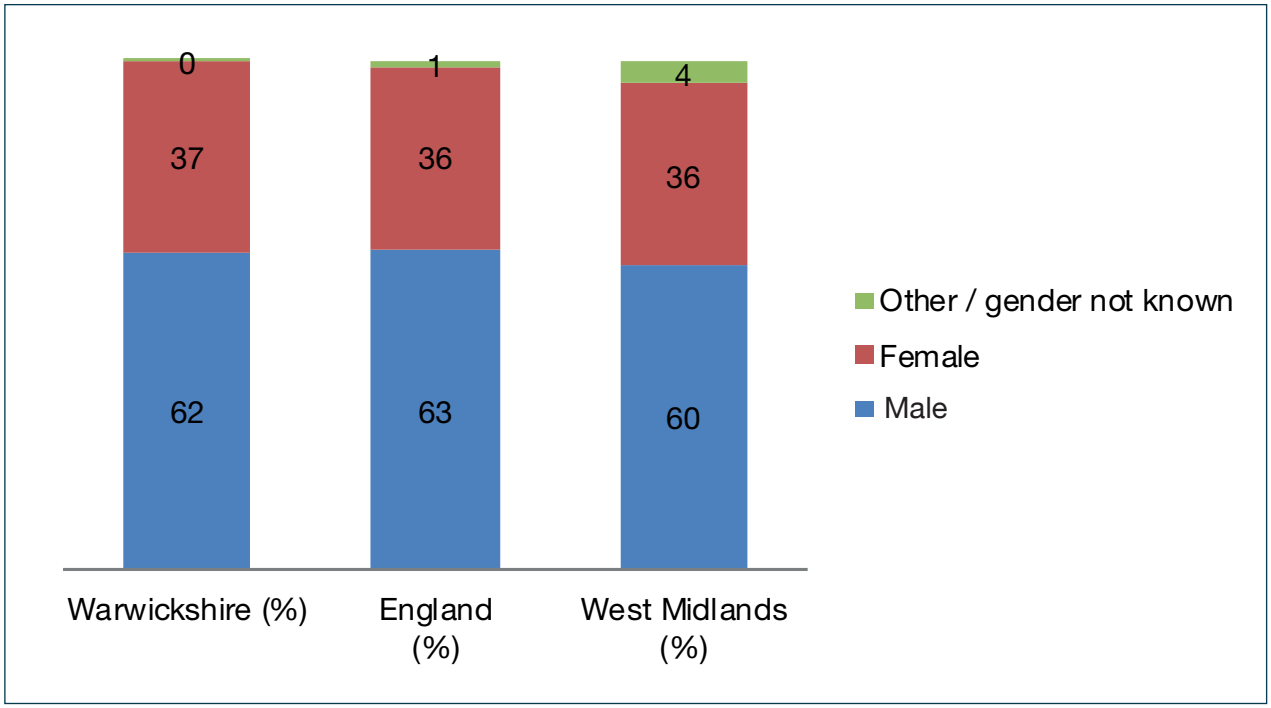


TABLE 12
Gender of single person applicant 2019/20



Appendix four - Extract from the Annual Report 2019 of the Director of Public Health for Warwickshire.

Warwickshire Health Profile 2019

Better Similar Worse

SHORT NAME	UNIT	ENGLAND	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 pulished 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 and obese (adults)	%	62	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
Suicide rate (aged 10+)	per 100,000	9.6	11.3	12.4	14.2	9.8	10.7	10.1	2015-17

Better Similar Worse

SHORT NAME	UNIT	ENGLAND	WARWICKSHIRE	NORTH WARWICKSHIRE	NUNEATON & BEDWORTH	RUGBY	STRATFORD-ON-AVON	WARWICK	PERIOD
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 alcohal-related conditions (under 18 years)	per 100,000	32.9	49.6	48.7	67.9	49.8	40.1	39.5	2015/18
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 and non-residents) killed or seriously injured on Warwickshire roads.

Appendix five - Glossary of abbreviations

A&E	Accident and Emergency
CRC	Community Rehabilitation Companies
CWPT	Coventry and Warwickshire Partnership Trust
D&Bs	The five District and Borough Councils of Warwickshire collectively
ET	Equitable Tenancy
H-CLIC	Homeless Case Level Information Collection system
HAST	Homelessness Advice and Support Team at MHCLG
HRA17	The Homelessness Reduction Act 2017
IDVA	Independent Domestic Violence Adviser
IOM	Integrated Offender Management system
LHA	Local Housing Allowance
MAPPA	Multi-agency public protection arrangements
MHCLG	The Ministry of Housing, Communities and local Government
NBBC	Nuneaton and Bedworth Borough Council
NFA	No Fixed Abode
NHS	National Health Service
NPS	National Probation Service
NWBC	North Warwickshire Borough Council
p.h.i.l.	Preventing Homelessness Improving Lives
RBC	Rugby Borough Council
RDVSW	Refuge Domestic Violence Service Warwickshire
SDC	Stratford-on Avon District Council
WCC	Warwickshire County Council
WDC	Warwick District Council
WYJS	Warwickshire Youth Justice Service

Appendix six - References

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HM Prison & Probation Service

Nuneaton & Bedworth United to Achieve

Warwick District Council

Warwickshire Police

Philip Seccombe Police and Crime Commissioner for Warwickshire

Warwickshire & West Mercia Community Rehabilitation Company — Probation

North Warwickshire Borough Council

p.h.i.l. preventing homelessness improving lives

Warwickshire County Council

Borough Rugby Council

NHS South Warwickshire NHS Foundation Trust

Stratford-on-Avon District Council

Warwickshire cares

DRAFT COUNTYWIDE HOMELESS STRATEGY

SURVEY RESULTS

Author: Chloe Kinton

Date published: November 2020

Report produced by Business Intelligence, Commissioning Support Unit

BACKGROUND

Warwickshire County Council, North Warwickshire Borough Council, Nuneaton and Bedworth Borough Council, Rugby Borough Council, Warwick District Council and Stratford-on-Avon District Council recognise the importance of tackling and preventing homelessness in Warwickshire. In developing the draft countywide strategy on homelessness, joint working and collaboration has taken place with a wide range of stakeholders, including; health, police, probation, county and district and borough councils, the voluntary and community sector.

The Homelessness Reduction Act 2017 came in to force on 3 April 2018. It introduced fundamental changes to how Local Authorities assess and assist homeless applicants. The intention of the Act is to give a greater focus on prevention. The aim of the changes is to reduce homelessness by introducing systems to ensure early intervention and prevention. In October 2018, the Duty to Refer brought a wide range of other statutory organisations into firm collaboration with local authorities to implement the legislation.

The legislation requires statutory agencies to act to promote positive outcomes for applicants. The inclusion of the Duty to Refer in the Act indicates Government awareness that better partnership working is needed to resolve homelessness when it occurs. In addition, a recent consultation paper – 'Tackling Homelessness Together' set out Government concerns that partners are not engaging positively to resolve homelessness and not co-operating. As a result, Government is now proposing statutory requirements to provide for specific structures which could include a duty to co-operate and the establishment of Homelessness Reduction Boards. The development of the Strategic Homelessness Board in Warwickshire supports the legislative changes and anticipates the Government's further proposals.

The Board is developing a Warwickshire-wide Homeless Strategy, proposing recommendations for consideration by partners which are concerned with how statutory agencies in Warwickshire will work together to promote and deliver the changes expected by Government and which will benefit residents. These objectives are intended to define a new culture of collaboration and effective joint working arrangements. They include:

- Supporting and fully utilising the Homelessness Strategic Board to promote collaboration, challenge systems of work, develop new initiatives and deliver joint training.
- Evolving the strong partnership working built during the COVID-19 pandemic to anticipate challenges to residents from a recession – particularly in connection with their financial circumstances, unemployment and the actions of private landlords to evict tenants.
- Enabling front line teams to act in partnership to intervene early where there is a housing issue – to encourage a culture of professional curiosity and ensure teams know that homeless is everybody's business.
- Developing agreed pathways for referrals which underpin a culture of collaboration
- Agreeing formal monitoring systems to provide information to the Board about the effectiveness of joint working.
- Setting out specific actions to include joint working with regard to tackling domestic abuse, working with

young people and offenders, health and financial inclusion.

- Using Local Plans, Lettings Schemes and intervention in the private sector housing market to deliver a sufficient range of affordable housing options to meet housing needs in Warwickshire.

Views were sought on the Draft Countywide Homeless Strategy using an online survey that was available between 5th October and 1st November 2020. Responses were invited from the general public, businesses, statutory partners, local councillors/elected members, and voluntary and community sector. The results and feedback will assist in getting the strategy right for those who are at risk of homelessness, currently homeless or sleeping rough on Warwickshire streets. It will inform the priorities and recommendations of the final version of the strategy being presented to the Health and Wellbeing Board in March 2021.

METHODOLOGY

In order to gather views, an online survey was available on Ask Warwickshire using Citizen Space (a paper-based version of the standard online survey could be requested by telephone or email and alternative formats and languages could also be requested). Respondents were also able to respond directly via email or in writing to Public Health Warwickshire.

This report is structured in three main sections. First, the key messages of the analysis on the Draft Countywide Homeless Strategy. The main section of the report presents the results from the survey which includes: about respondents, our vision, strategic priorities, recommendations, further comments and Housing Related Support. This is followed by a section that presents the equality and diversity analysis.

KEY MESSAGES

- The Draft Countywide Homeless Strategy survey received 45 responses. Of these, 28 were from members of the general public and the remainder from other groups (business, statutory partner, local Councillor/elected member, voluntary community sector).
- In total, 91.1% (n=41) of all respondents stated that they agreed (either agree or strongly agree) with the vision set out for this strategy. Just 6.8% (n=3) disagreed (either disagree or strongly disagree) with the vision.
- Respondents generally agreed with each of the strategic priorities.
    - Priority 3 (domestic abuse) had the greatest agreement – 93.3% (n=42) of all respondents stated they agreed or strongly agreed with this priority.
    - A small percentage, 8.9% (n=4), of all respondents disagreed (disagree or strongly disagree) with Priority 1 (health).
- Respondents were asked whether there were any other priorities, issues, drivers, policies or strategies that they felt should be considered and addressed. In total, almost half of all respondents (48.9%, n=22) stated that there were other priorities to consider. A wide variety of themes and issues were mentioned, with concerns regarding health (including mental health) and the need to consider specific groups (e.g. asylum seekers, those with a disability or long-term health condition, single parents with children) featuring in multiple comments.
- Overall, respondents either agreed or agreed to some extent that the recommendations proposed for each strategic priority are the correct ones to focus on for 2021/22:
    - Priority 1 – Health: 62% agreed, 31% agreed to some extent
    - Priority 2 – Young People: 60% agreed, 24% agreed to some extent
    - Priority 3 – Domestic Abuse: 73% agreed, 15.6% agreed to some extent
    - Priority 4 – Offending: 57.8% agreed, 24.4% agreed to some extent
    - Priority 5 - Financial inclusion: 64.4% agreed, 22.2% agreed to some extent
- For each priority a small number of respondents (n=1-3) said the recommendations were not the correct recommendations to focus on. Proposed recommendations under the financial inclusion priority had the most negative responses with 6.7% (n=3) of all respondents stating that the recommendations were not the right recommendations to focus on.
- The final section of the survey focused on eligibility criteria for Housing Related Support (HRS). The majority of respondents felt that all of the statements provided should be included as a criteria that makes a person eligible for HRS. In particular, 93.3% (n=42) considered 'Their health needs impacting their ability to maintain their tenancy (disability/mental health/substance misuse)' should be eligible. A large amount of debt which may affect their tenancy was the only eligibility criteria that received less than 75% support (71.1%, n=32).

DRAFT COUNTYWIDE HOMELESSNESS STRATEGY RESULTS – SURVEY ANALYSIS

ABOUT RESPONDENTS

In total, the online survey received 45 responses. At the beginning of the survey, respondents were asked to state in what capacity they were responding to this questionnaire. Depending on how a respondent answered, they were then asked which Warwickshire district or borough they live in, work in or represent. The results of this are presented in Table 1 below.

Table 1. Respondent background and Warwickshire borough/district

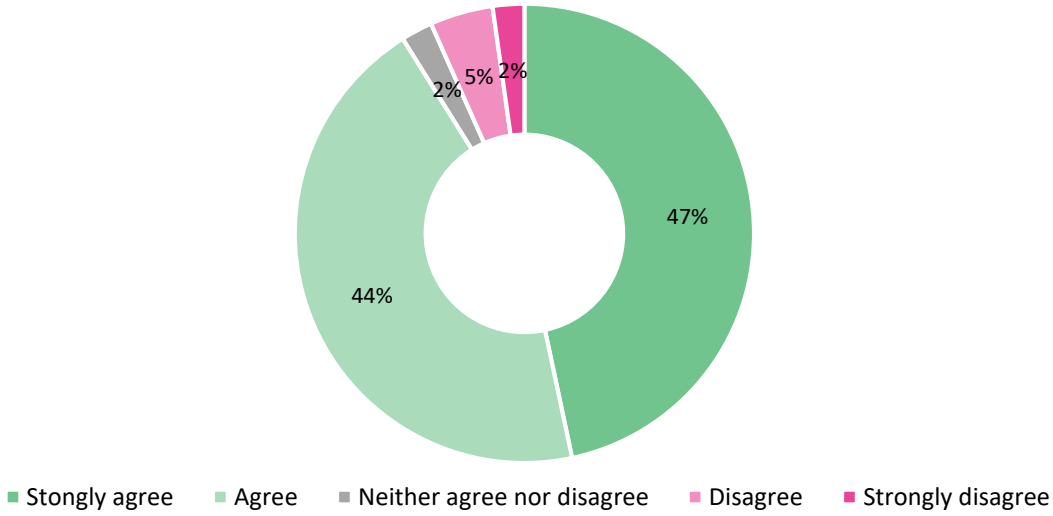
	General public	Business	Statutory partner	Local Councillor / elected member	Voluntary and community sector	Other	Total
North Warwickshire	1	0	0	0	0	0	**1**
Nuneaton & Bedworth	2	1	0	0	0	3	**6**
Rugby	5	0	1	1	0	0	**7**
Stratford-on-Avon	9	0	0	1	0	1	**11**
Warwick	11	0	0	0	3	2	**16**
Countywide	N/A	0	1	0	3	0	**4**
Outside of Warwickshire	N/A	0	0	0	0	0	**0**
Not answered	N/A	0	0	0	0	0	**0**
Total	**28**	**1**	**2**	**2**	**6**	**6**	**45**

The figures in Table 1 indicate that the majority of respondents who completed the survey were members of the public (62.2%, n=28), with 11 residing in Warwick District and 10 in Stratford-on-Avon District. There were six respondents who answered in their voluntary and community sector capacity, two local councillors/elected members (WCC, District/Borough, Town Council) and just one business. Of those who stated 'other', there were two householders/landlords, a housing solutions team member, a health/nursing service and an adult social care practitioner. Indeed, 60% (n=27) of all respondents stated they live, work or represent either Stratford-on-Avon District or Warwick District (see Table 1).

OUR VISION

The first section of the survey focused on Our Vision (that statutory agencies in Warwickshire will work together to promote and deliver the changes expected by the Government in the Homelessness Reduction Act 2017, for the benefit of our Warwickshire residents). Respondents were asked to what extent they agree or disagree with the vision set out for this strategy. The results of this are presented in Figure 1.

Figure 1. How strongly do you agree or disagree with the vision set out for this strategy?



As Figure 1 shows, 91.1% (n=41) of all respondents stated that they agreed (either agree or strongly agree) with the vision set out for this strategy. Just 6.8% (n=3) disagreed (either disagree or strongly disagree) with the vision.

Those respondents who stated they disagreed or strongly disagreed with the vision were asked to explain their answer in the open text box. However, only two of the three respondents who disagreed with the vision chose to comment. A further five respondents (who answered strongly agree, agree or neither agree nor disagree) also made a comment. All seven comments are presented below along with the capacity in which the respondent answered the survey:

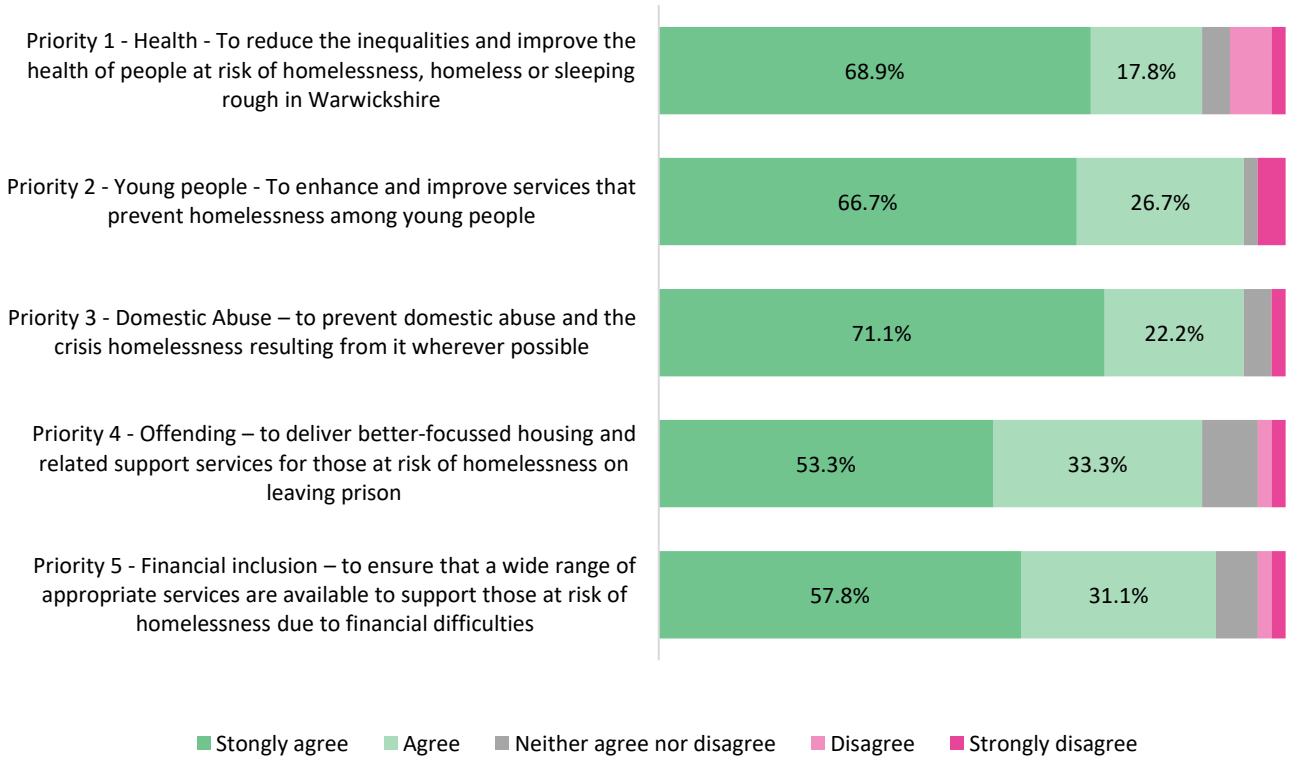
- *"A young girl and her partner that I know who have fallen on hard times and have had to sleep on people's sofa's for the last two months were told by RBC that they wouldn't be housed as this young girl wasn't pregnant so they didn't meet the criteria for housing these two young people are only 20 years old so why is the council promoting young adults who have no job or place to live to create a life to get someone to help them. Absolutely disgusting. Especially when there are several properties flats and houses sat empty in the town"* (General Public; disagree with vision).
- *"There is a need to get to the root of the problem with homelessness and the cause. The problem does not necessarily stop with providing a roof over someone' head. It may have complied with a 'duty' but, there needs to be intensive work needed for some of our counties most vulnerable. Also, a 'hidden homeless' and vulnerably housed community need to be better supported"* (General Public; disagree with vision).
- *"It's too long and wordy to be a vision. A simple statement of what you're aiming to do is required"* (Local Councillor/elected member; neither agree nor disagree with vision).

- *"Ensuring early intervention and prevention is the best way to try and reduce homelessness. Now, particularly, with COVID-19, agencies across Warwickshire need to work together to ensure nobody is at risk of being homeless. Joined up thinking and working will be crucial"* (General Public, agree with vision).
- *"Anything that benefits the residents is good"* (Business; strongly agree with vision).
- *"I believe we all want to achieve the best possible outcome & this will only be reached by working together, and highlighting any barriers we feel we face"* (Statutory partner, strongly agree with vision).
- *"I agree there needs to be promotion of working together between statutory agencies, and feel it is also imperative there is clarity regarding roles and responsibilities e.g. we often find Housing Dept's state someone is vulnerable as they are homeless and therefore require residential care to be provided when the individual has no care and support needs. By virtue of being homeless, any individual could be considered to be vulnerable, but that does not mean residential care should be provided when the need is for accommodation NOT care and support"* (Other respondent; strongly agree with vision).

STRATEGIC PRIORITIES

The next section of the survey focused on the five strategic priorities. Respondents were asked how strongly they agreed or disagreed with each of the strategic priorities – health, young people, domestic abuse, offending, and financial inclusion. The results of each of these are presented in Figure 2 below.

Figure 2. How strongly do you agree or disagree with the five strategic priorities?



As Figure 2 shows, respondents generally agreed with each of the strategic priorities. For Priority 3 (domestic abuse), 93.3% (n=42) of all respondents stated they agree or strongly agree with this priority. Further to this, both Priority 4 (offending) and Priority 5 (financial inclusion) saw 8.9% (n=4) and 6.7% (n=3) of respondents respectively state that they neither agreed nor disagreed with these priorities. Interestingly, 8.9% (n=4) of all

respondents disagreed (disagree or strongly disagree) with Priority 1 (health). In terms of the capacity in which they were responding to the survey, there was no statistical significance in the way respondents answered.

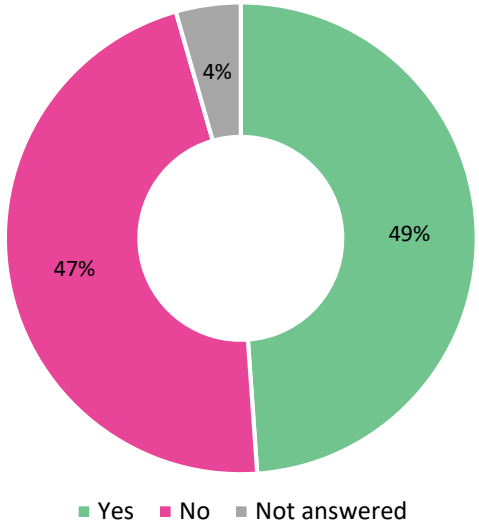
Following this, respondents who disagreed or strongly disagreed with any of the five priorities were asked to explain why. In total, five respondents made a comment, and these are presented below. Two of the comments related specifically to the health priority:

- *"Health - needs to be clear on the lack of mental health support availability and drug and alcohol services. Where an individual has a mental health issue and a substance addiction, Mental Health decline to support unless the individual will engage with substance misuse support services such as Change, Grow, Live, even where the individual is misusing substances as a form of self medication and/or feel unable to begin to address addiction issues, and/or has a long standing serious mental health condition. Mental Health services overall are seriously lacking and needs are not being addressed across the board. Financial inclusion - should consider whether this is because for example an individual is not claiming the correct benefits or needs to be supported to manage their money as they have mental capacity issues. I think it is more difficult in situations where addiction is at play and an individual is spending all money on substances to feed their addiction, therefore placing their tenancy at risk"* (Adult Social Care practitioner).
- *"I don't agree with the Health priority - if you can identify who's at risk of being homeless you should be offering appropriate support to prevent it rather than improving their health. I'm guessing that this priority was included at the request of your health partners. Strongly agree with assisting young people and offenders from drifting into homelessness"* (Local Councillor/elected member).
- *"I think people hitting poverty is more of a priority than single people coming out of custody due to people having children and living in poor conditions"* (Business).
- *"I see no mention of support for homeless veterans who have put their lives on the line for this Country"* (General Public).
- *"Please refer to previous statement as telling young couple who have lost their home and job through no fault of their own to get pregnant to get houses is disgusting"* (General Public).

The final question in this section asked respondents whether there were any other priorities, issues, drivers, policies or strategies that they felt should be considered and addressed. In total, almost half of all respondents (48.9%, n=22) stated that there were other priorities to consider. Similarly, 46.7% (n=21) said no. Just two respondents did not answer this question (see Figure 3).

In terms of the capacity in which they were responding to the survey, 17 (60.7%) respondents who identified as members of the general public felt there were other policies or strategies to consider compared to 5 (29.4%) from the other groups. This is a statistically significant difference in response to this question.

Figure 3. Are there any other, priorities, issues, drivers, policies or strategies that should be considered and addressed?



Those respondents who stated 'yes' were asked to explain their answer in more detail. In total, 21 respondents left a comment to this question and these are presented below. A wide variety of themes and issues were mentioned, with concerns regarding health (including mental health) and the need to consider specific groups (e.g. asylum seekers, those with a disability or long-term health condition, single parents with children) featuring in multiple comments:

- *"1 - Health - homeless people are less likely to want to or comply with health services for fear being sent into the hospital or because they have bad experiences with authority. Community-led nursing services should be increased. 2 - Young people - there are good initiatives from St Basils and other charitable organisations but, young people are more likely to 'sofa surf' or enter into risky and dangerous situations to keep from being homeless. Also, the transition from being a 'looked after child' to becoming independent is a fraught one and additional steps need to be in place to make sure a stable home life is in place. There needs to be a wrap-around and holistic approach to reducing homelessness. Sadly, it is not one size fits all - people often have had chaotic lives and traumatic experiences. All agencies need to be involved. We might be able to house people but, if they cannot read to pay bills, manage a bank account or have basic cooking skills being able to manage a tenancy successfully becomes untenable"* (General Public).
- *"Mental Health, substance misuse"* (Adult Social Care practitioner).
- *"Asylum seekers/refugees"* (General Public).
- *"Consider issue of companion animals being allowed in shelters/housing. Consider idea of community and sense of belonging. Consider employment and communities/projects offering housing for work/labour"* (General Public).
- *"Digital inclusion - with more and more services mainly accessed online (UC with its journals), all the housing bidding services etc it does disadvantage those that struggle with technology or literacy. I guess you are including disabilities in with health but learning difficulties may not be a medical issue as such"* (Voluntary and community sector).
- *"Disability should be explicitly referenced, not just health"* (General Public).
- *"Greater account to be taken of the fact that many people need support to access the help that is often out there and available to them, they just cannot access it. They are not being lazy or feckless but genuinely are unable to access help they are entitled to without support"* (General Public).

- *"How staff respond to each case and being forthcoming with all information of all help available to these young people who have never had dealings with the councils before so are not aware of what help is available such as your discretionary funds"* (General Public).
- *"Interdependencies of drug and alcohol being a barrier to people being able to secure or sustain tenancies"* (General Public).
- *"It would be good to see mental health more called out specifically in the listed priorities, perhaps including it in Priority 1"* (Local Councillor / elected member).
- *"Mental health issues such as schizophrenia"* (General Public).
- *"More work needs to be done to ensure that all agencies working with those who are homeless do so in a trauma informed way. Also, more needs to be done to address the trauma suffered by those who become homeless. Counselling those who have suffered trauma in their lives is essential if the hard work to house such individuals is to be sustained"* (General Public).
- *"Need to ensure alcohols drug related homelessness addressed i.e. If not already covered by 'health' priority"* (General Public).
- *"Old people who are homeless should also be included"* (General Public).
- *"Referral of those already homeless"* (General Public).
- *"Single parent families with children"* (General Public).
- *"Support our veterans!"* (General Public).
- *"The issues associated with COVID-19 (furlough and job losses, health etc). Also, more longer-term, how Brexit may need to be considered"* (General Public).
- *"There is a very big gap in service provision in this area, for patients who are alcohol dependent. Although they can get help at CGL for this addiction, for those patients who want to continue drinking and who are homeless, who may or may not have mental health issues on top of their dependency, there is little provision for them. Often they slip through the gap of all services and the only alternative presently, is to end up rough sleeping. This area needs a supported "wet house" or equivalent for a certain, small number, of patients"* (Health / nursing service).
- *"There is evidence that the number of homeless people is higher than official/reported statistics. Any scheme to tackle homelessness needs to ensure that we can include ALL of the homeless. We need to ensure that children in homeless families or children leaving care services do not fall into homelessness by giving more focused support in their teenage years"* (General Public).
- *"Yes - you're only looking at the demand side - you should also be looking at supply, i.e. affordable housing. Unfortunately the whole strategy seems to be light on data - how many people are genuinely homeless now, how many are expected to become homeless in future, how many appropriate units of affordable housing are available now, how many are needed in future, what are you doing to ensure their provision"* (Local Councillor / elected member).

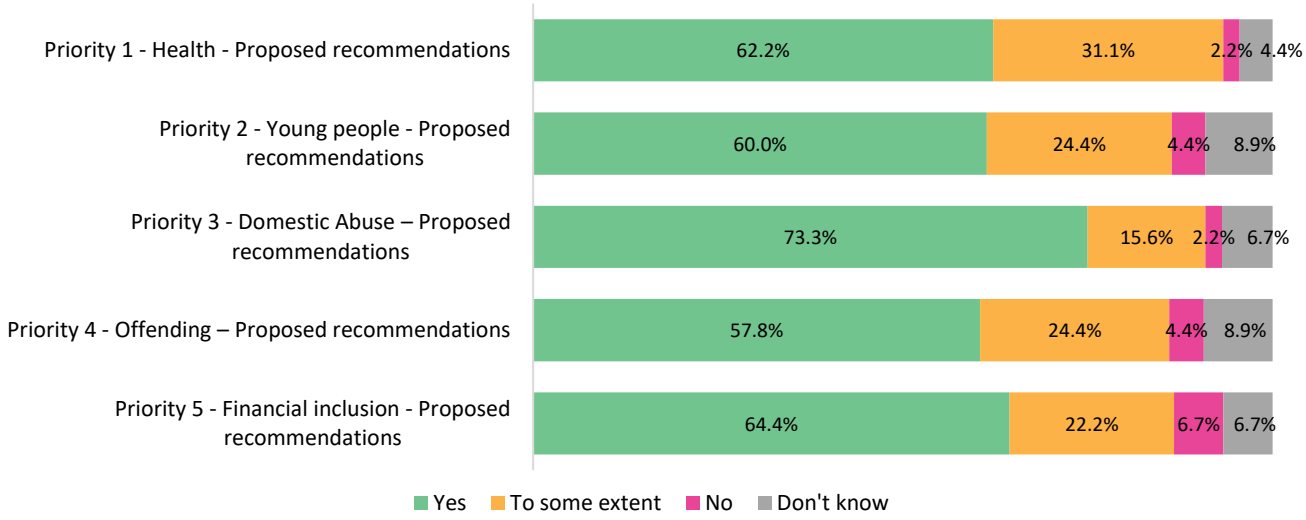
RECOMMENDATIONS

The next section of the survey focused on recommendations. The draft Strategy outlines recommendations under each strategic priority for actions to focus on for 2021/22 and the survey sought to understand respondents' thoughts about the recommendations they would like to see being undertaken under each of the five strategic priorities.

For each strategic priority, respondents were asked whether the proposed recommendations were the right recommendations to focus on for 2021/22. The results of this are presented in Figure 4 below. As the chart shows, there is general agreement that each of the recommendations are the correct ones to focus on for 2021/22, wholly or to some extent. In particular, 73.3% (n=33) of all respondents suggested that the

recommendations regarding Priority 3 (Domestic Abuse) are the right ones to focus on. However, 6.7% (n=3) of all respondents stated that the recommendations put forward regarding Priority 5 (financial inclusion) were not the right recommendations to focus on. There was no statistical significance in responses based on the capacity in which they were responding (general public v all other groups) to the recommendations.

Figure 4. Are these the right recommendations to focus on for 2021/22?



If a respondent answered 'no' or 'to some extent' to any of the five proposed recommendations, they were then asked to explain why.

For Priority 1, fifteen respondents made a comment on the recommendations regarding health. These are presented below. A wide variety of themes and issues were mentioned, with concerns regarding mental health featuring in multiple comments:

- *"Add help to overcome communication barriers to the issues to cover"* (General Public).
- *"COVID-19 and its implications need to be present (this may be linked to mental health)"* (General Public).
- *"It would be good to see something here that recognises the impact of trauma on those who are homeless. Trauma counselling needs to be offered to enable traumatised individuals to work on putting their lives back together. If the trauma is not addressed, we just see a continuing revolving door of homelessness and addiction"* (General Public).
- *"Mental health services are severely stretched and some effort needs to be made to ensure that people do not drift into homelessness by ensuring a preventative policy is closely linked to existing mental health services"* (General Public).
- *"Need to focus on mental health for those at risk of homelessness, not just for those who are already street homeless/rough sleeping. Prevention is better than cure! This would take into account the preventative agenda/approach"* (Adult Social Care practitioner).
- *"Not sure all alcohol/drug uses recognise or would describe their condition as mental health issue - so need to ensure 'pathways' are not restricted to mental health labels. Are all homeless people in the system? Do you need to think about establishing outreach services?"* (General Public).
- *"Priority One should be to quantify, address and eradicate homelessness. The whole strategy is predicated on an assumption that we will always have homeless people. You're addressing symptoms not the cause"* (Local Councillor / elected member).
- *"Promote awareness of the right to access a GP when homeless"* (General Public).

- *"Should also include better access to GPs services"* (General Public).
- *"The dual diagnosis work needs to be very robust since most of these patients have drug or alcohol issues and presently fall through the gap of mental health service support- if they are using they cannot be treated by M Health services. It is very frustrating as they cannot stop using to get their mental health treatment- the 2 things are inextricably linked"* (Health/nursing service).
- *"There is a great deal in these recommendations which is aspirational - I would like to see more focus on action and less: - "development" - "consideration" etc."* (General Public).
- *"These pathways and interventions should not be restricted to those that are street homeless/rough sleeping. Many people who are at risk of becoming homeless or are sofa surfing will also have these needs, surely it is better to help them before they end up sleeping rough"* (Voluntary and community Sector).
- *"These points sound good but, in an overworked, under-resourced service I would like to see this in action before I pass judgment. Needle exchange, homeless women to be able to access free sanitary products, sexual/ domestic violence support. This needs to be conducted in a non-judgmental way"* (General Public)
- *"They appear to be the right focus from a lay person's perspective"* (General Public).
- *"We must remember that some people choose to be homeless. The fact that they have chosen an alternative lifestyle to most of us doesn't give us the right to impose our lifestyle on them"* (General Public).

For Priority 2, twelve respondents made a comment on the recommendations regarding young people. These are presented below. A variety of themes and issues, with support, communication and joined-up thinking featuring in multiple comments:

- *"I think you need also to consider more substantially funding to Doorway, they are an important partnership and provide more support than the house project. I also think WCC should consider rent guarantor schemes for people on UC and benefits major stumbling block in private renting"* (Housing Solutions team member).
- *"I would like to see the Housing First model used across the county in its original form, provide accommodation quickly and make sure that the wrap around collaborative support is set up to then tackle the problems and issues. At the moment it is hard to house people unless they are tenancy ready, this is very hard to achieve while someone is homeless whether they are rough sleeping or sofa surfing"* (Voluntary and community sector).
- *"There needs to be emphasis on developing a cross county protocol for care leavers - - Local connection - as WCC care leavers can apply to all 5 district/boroughs but some district/boroughs are not accepting care leavers that do not have a local connection. This is not in line with government guidelines. - Care leavers should not have to go through the homeless route to gain priority - it should be automatic care leaver priority across all 5 councils - special agency referral for all care leavers that are tenancy ready. - An emphasis on pre-tenancy training standardised across the county for all care leavers...almost a passport for independent living - this could be introduced into schools for all young people not just care leavers"* (Statutory partner).
- *"To free up accommodation on the housing register for young people. Not acceptable for young people to be in supported accommodation for 2-3 years. Young people become very disillusioned and demoralised negative impact on their recovery" (Voluntary and community sector).*
- *"Very young people i.e. 18-21, do not have a need for, or the resources to deal with conventional accommodation. Something like Halls of Residence would be more appropriate"* (Local Councillor / elected member).
- *"Add - overcome any communication barriers"* (General Public).
- *"Are three flats per year sufficient for the number of care leavers?"* (General Public).

- *"Consider outreach services and develop pilot schemes to explore fostering of homeless people; with appropriate training and support"* (General Public).
- *"Engage with charities such as St Basils who have a reputation of providing a good standard of supported accommodation for all levels of homeless young people. Again wrap around help and support, to be able to keep and manage their tenancy it is likely they will have to work therefore, having access to education support and training opportunities is important. Young homeless people can often be NEET or estranged from their family due to broken relationships, abuse or broken foster/adoption placements. Therefore, it is important not to just focus on the housing as without all the other strands of support offered the young person may fail to thrive"* (General Public).
- *"If young people are old enough to vote then they are old enough to start accepting some personal responsibility"* (General Public).
- *"More work needs to be done to ensure that Children's Services teams operate in line with the Countywide protocol. At present the imperative appears to be to reduce or restrict the number of young people in foster care rather than ensuring the best outcome possible for young people"* (General Public).
- *"What about other support for young people e.g. developing their life skills, e.g. how to manage a budget, cook etc... developing employability skills"* (General Public).

For Priority 3, seven respondents made a comment on the recommendations regarding domestic abuse. These are presented below. The themes of communication and support were mentioned in multiple comments, and the consideration of domestic violence in relation to other groups (such as the LGBTQ+ community) was also mentioned:

- *"Need more rooms in local Refuges, we are currently having to place too far away"* (Housing Solutions team member)
- *Need to consider domestic abuse from an inclusive perspective eg: by stating 'women only spaces' is there an assumption domestic abuse happens to women? What about men, transgender, children and young people, etc?"* (Adult Social Care practitioner)
- *"Add - overcome any communication barriers"* (General Public).
- *"More work to be done to ensure that those experiencing domestic abuse do not need to flee their homes, local areas and support networks"* (General Public).
- *"Provision of intensive psychological support to engender positive relationships going forward and a process of healing. Access to justice - legal advice or improving legal aid to allow perpetrators to be brought to justice or apply for non-molestation orders. Increasing funding for more refuges. During lockdown, it was reported that up to 5 women a week were being murdered by their partner however, if there was access to a safe place for women this would not such a stain on our nation. Improving domestic violence services for LGBTQ+ community. It is often this community that suffers the most due to stigma firstly attached to being part of the LGBTQ+ community and the stereotype of what a domestic violence survivor is meant to be"* (General Public).
- *"Raise awareness of what domestic abuse is - often victims don't recognise/acknowledge the abuse. Establish victim abuse help line on similar lines to 'child line' - many 5 year olds I meet now quote what is acceptable and not acceptable behaviour from adults and this is a great success in terms of educating victims so they can refer themselves"* (General Public).
- *"There's nothing around long term support for counselling and development/learning opportunities. Women are usually at a disadvantage when it comes to their career options so a part of this should be around empowering women to be able to be financially independent. When you need two wages to be able to live then you set the system up to fail, people won't leave if they can't see a way out"* (General Public).

For Priority 4, eleven respondents made a comment on the recommendations regarding offending. A variety of different themes and issues were mentioned and these are presented below:

- *"DTR, need to give local housing teams more notice, very often people are released from detention and DTR are received the same day"* (Housing Solutions team member).
- *"These people also need more support post offending re job opportunities. A lot of boredom is involved and there are very limited opportunities to have a future once offended"* (Health / nursing service).
- *"Really need to improve the notice periods for prison release and possibly improve the communication options for prisoners and support workers prior to release. I know that at the moment referrals are made maybe a week before release and that is the first thought about housing after release. If more assessments and interviews can be done by councils and the voluntary sector while the prisoner is still in prison it would make the transition so much smoother"* (Voluntary and community sector).
- *"Add - overcome any communication barriers. Additionally, focus on encouraging change of setting/relocation - so previous unhelpful 'friendships' can be addressed"* (General Public).
- *"Agreements to be sought with housing providers that they will provide suitable and affordable housing to ex-offenders"* (General Public).
- *"Don't work in isolation with this one - set up collaborative project with Nacro or similar organisation they have the expertise and have already done plenty of research on this issue. They are nationwide and already work closely with prisons, offenders, local authorities, probation etc etc"* (General Public).
- *"Seem good but don't understand who is involved in the joint working - is that probation & housing"* (General Public).
- *"There is a tendency to push ex-offenders to the back of the queue for funding. This is why it is important that when an offender is released from prison it must be to an address. Also, improving the quality and standard of hostels and halfway houses and understanding the nature of offender on release. Having a stable, safe home with intensive support whilst expensive at the outset when balanced against the costs of the justice system reconvicting and imprisoning offenders it is fiscally irresponsible to allow these placements to breakdown with no other support provided, leading to reconviction and further imprisonment"* (General Public).
- *"They offended and must not be ranked above veterans"* (General Public).
- *"Why do services have to be re-tendered so frequently? It must be difficult for providers to really develop and embed services which could end before implementation and makes everything feel so 'temporary'"* (General Public).
- *"Work with colleagues who re supporting offenders before they are released to put in place accommodation provision to avoid last minute referrals. Understand the needs of ex-offenders better to enable suitable wrap around support to be considered and delivered locally"* (General Public).

For Priority 5, twelve respondents made a comment on the recommendations regarding financial inclusion. These are presented below. There was a stronger negative sentiment regarding this recommendation than the other four, and this comes across in several of the comments:

- *"CFISO, who are they? Where are they based?, how do LA refer to the house project, money better spent with the LA team or already established providers i.e. Doorway, P3. More floating support needed"* (Housing Solutions team member).
- *"I haven't seen (maybe I missed it) any proposals to involve the private rented sector in the various schemes. As a landlord with two two bed low rent (£450/month) properties, I do not rent to persons on UC, and in fact my agent, a well-known Estate Agent doesn't either. The apparent discrimination occurs for financial reasons - the need for a deposit and a month's rent in advance and failure to prove adequate income to maintain the lease. Landlords, especially small ones may be relying on the income for a pension, live in fear of having to evict a tenant or for that matter having to find a new tenant. The costs plus lost*

income and delays for eviction are horrendous. The costs to find a new tenant are not insignificant. My agent charges me £560 a time and the Council charges me full council tax while it's empty. If private landlords could be supported to take on 'high risk' tenants, there would a noticeable increase in available accommodation" (Private landlord).

- *"None of this actually provides homeless people with a sustainable income. Why is there nothing about employment - trains and supporting homeless people to get jobs? The whole strategy seems based on low level state support which will do nothing other than maintain a dependency culture amongst the homeless"* (Local Councillor / elected member).
- *"See previous comments relating to financial inclusion"* (Adult Social Care practitioner).
- *"Add - overcome any communication barriers"* (General Public).
- *"Clarify expectations in commissioning of services such as CAB, what their role will be to support referrals from HRS providers as there is often a suggestion that there is duplication and confusion about who is paid to deliver the service.* (General Public).
- *"consideration of the impacts of COVID-19 (furlough, job losses) and the potential impact of Brexit (funding cuts)* (General Public).
- *"Fully support"* (General Public).
- *"Housing First needs to include work on the impact of trauma on the homeless and rough sleepers. Provision of housing on its own without suitable support and counselling will not be sufficient to prevent such individuals from becoming homeless again in the future.* (General Public).
- *"This all smacks of jobs for the boys syndrome - lots of words and minimal action. We know the financial factors that lead to homelessness. Work more closely with job centre plus. Set up system of short and long term interest free loans to help people who have lost their jobs and also consider grant scheme - develop similar approach to furlough/ grant scheme that govt produced to help with impact of COVID-19. Offer training on household budget and house maintenance management to those facing eviction"* (General Public).
- *"What a load of waffle"* (General Public).
- *"What are financial inclusion services, is this benefits or job opportunities? Focus surely needs to be on preventing homelessness where at all possible as so much harder to climb out of the whole/start from nothing than have shelter and a safe space from which to get your life back on track. When people become homeless it sounds like a 'housing first' approach is a good way to go. People need basic needs met before they can get their head above water & swim"* (General Public).

FURTHER COMMENTS

Following the section on recommendations, respondents were asked if they had any additional comments that they would like to share in relation to the Draft Countywide Homeless Strategy. In total, 16 respondents gave a comment to this question. These included general comments in relation to the Draft Countywide Homeless Strategy, with many respondents returning to issues and themes raised earlier in the survey:

- *"Council cutbacks on supported housing have frustrated the needs and causes of homelessness. WCC need to stop naval gazing and get back to basics - focus on front line services, stop indulging in pointless ventures such as 'WOW' awards and trim down tall management structures. Too much time spent conducting internal reviews and re-structuring and not enough attention given to service delivery"* (General Public).
- *"Encourage a culture within the general population wherein people know how to inform the relevant services of a person in need of help/intervention. This could be done through ads/posters online and in*

public places with high numbers of foot traffic. Use the community to help the vulnerable" (General Public).

- *"I am impressed with the strategies that are being put in place for 2020/2021"* (Business).
- *"I believe the strategy needs to take a more preventative proactive approach as currently appears to be focussed on those who are street homeless/rough sleepers, rather than those whose tenancy is at risk. Need to consider how the needs of those with mental health issues and substance/alcohol misuse can be supported to prevent loss of tenancy. Need more clarity around roles and responsibilities of lead agencies e.g. Housing Dept's, Adult Social Care, etc. Housing tend to take the stance when they evict from accommodation, this then becomes a Social Care responsibility and they no longer have a duty to house (e.g. where there is substance misuse issues and challenging behaviours as a result, etc) even where the individual has no social care needs"* (General Public).
- *"It's a bit wordy and could maybe be simplified somewhat?"* (General Public).
- *"More work needs to be done to have a coherent strategy in relation to begging in the area. Most members of the public assume beggars are homeless when in fact most beggars are doing so to fuel drug and alcohol addictions and have their own accommodation. Countywide support and promotion of the Meaningful Change campaign could act to educate the public in this area. More work to combat loneliness and social isolation. Some rough sleepers and homeless individuals are reluctant to take on their own tenancies as they rely on the street community for their social interactions. More opportunities should be provided for positive social interaction in order to break the street links that result in a continuation of negative habitual behaviour. More work to be done on peer mentoring for homeless and former rough sleepers. Those with lived experience who have turned their lives around can deliver a powerful message that change is possible and achievable. More survey work to be undertaken to understand the causes of rough sleeping and the motivations and aspirations of those who sleep rough"* (General Public).
- *"Multi-agency working is defiantly necessary sharing proportionate and lawful risk information supporting individuals with homelessness and staff with safety"* (Other, not specified).
- *"Need to look at ways to encourage private LL to rent to social housing tenants"* (Housing Solutions team member).
- *"Not at this time, but would like to see the actions and benefits that arise from this initiative on a regular basis"* (General Public).
- *"Prevention is better than cure - there is nothing in the strategy that overtly looks at the reason people become homeless - to build in any preventative work that could be done prior to becoming homeless. You almost need an 'at risk of becoming homeless' strategy to run alongside this strategy -that various services could tap into as they see someone at risk of becoming homeless"* (General Public).
- *"Stop advising people to ha e children they can't afford so that they can get somewhere to live. Work closely with the job Centre and place where people can train for a career so you can all work in conjunction with each other to get these people back on their feet"* (General Public).
- *"Targeted prevention is always crucial. More consideration to the draft around COVID-19 and it's direct and indirect impact on homelessness"* (General Public).
- *"The impacts of the pandemic must make reducing and addressing homeless a higher priority than ever. Not only in the short term to get people of the street while the virus is out there but to help reduce people slipping into trouble as financial & job losses hit. Fear of losing your home places massive strain on mental health, relationships, families and individuals"* (General Public).
- *"The objectives are admirable, but implementation is the key"* (General Public).
- *"The strategy is negative and reactive and based on the assumption that we'll always have homeless people who will be dependent on the state. From my experience there are all sorts of categories of homeless people. Those who find themselves on the street because of unfortunate circumstances - coming out of prison, family break up, job loss etc. These people need a short-term support to get them back functioning in society. There are people with mental health issues - they will probably always need*

state support. There are some who are temporarily homeless - falling out with parents, domestic abuse etc. Again, short term, bespoke support. And there are some who make a deliberate lifestyle choice - the homeless 'industry' doesn't like to recognise this preferring to categorise all homeless people as victims of an uncaring society. The strategy seems more aimed at perpetuating the homeless industry than in doing something about it. There's no analysis of numbers, no data, nothing about solving the problem, nothing about employment, very little about housing supply. Have you actually taken the trouble to involve homeless people? No, I thought not" (Local Councillor / elected member).

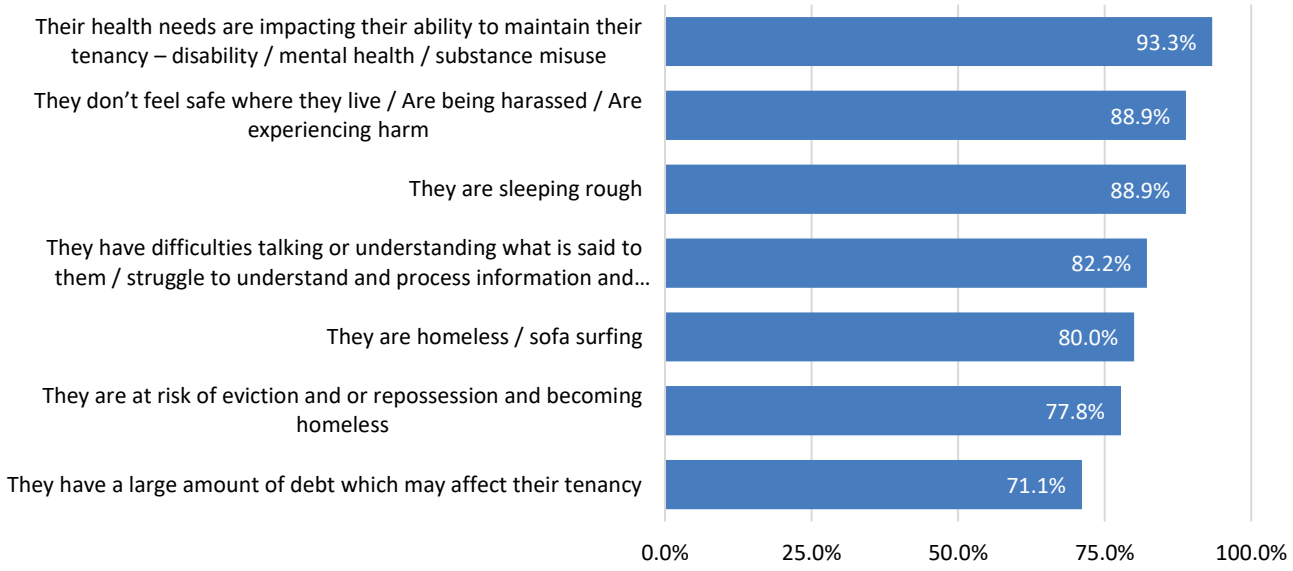
- *"What awareness raising and preventative work will be undertaken with schools and colleges to support and help young people? Can you link with existing groups working with young people eg: princes trust, groundwork, Prospects?"* (General Public).

HOUSING RELATED SUPPORT

The final section of the survey focused on Housing Related Support (HRS). Warwickshire County Council is preparing to re-tender HRS services in 2021. Since Housing Related Support services are considered a preventative service for homelessness across Warwickshire, the survey sought respondents' views on the eligibility criteria.

A person is eligible for an HRS Support assessment if one or more of the statements (listed below) is true. Respondents were asked to select all of the statements that they felt should be included as eligibility criteria (and could therefore select multiple options). The results of this are presented in Figure 5 below.

Figure 5. A person is eligible for an HRS Support assessment if one or more of these statements is true. Please tick all the ones you feel should be included



As Figure 5 shows, the majority of respondents considered each of the statements should be included as an eligibility criteria for housing-related support. In particular, 93.3% (n=42) considered 'Their health needs are impacting their ability to maintain their tenancy (disability/mental health/substance misuse)' should be eligible. A large amount of debt which may affect their tenancy was the only statement that received less than 75% support (71.1%, n=32). There was no statistical significance in responses based on the capacity in which they were responding (general public v all other groups) to the statements.

EQUALITY AND DIVERSITY ANALYSIS

The online survey asked respondents to complete information regarding equality and diversity. The results are set out in Table 2 below.

Table 2. Overall online respondent profile

Gender	Female	31
	Male	12
	Non-binary	0
	Prefer to self-describe	0
	Prefer not to say	1
	Not answered	1
Gender identity	Yes	43
	No	0
	Prefer not to say	1
	Not answered	1
Age in years	Under 18	0
	18-29	1
	30-44	14
	45-59	16
	60-74	10
	75+	2
	Prefer not to say	0
	Not answered	2
Long standing illness or disability	Yes	7
	No	34
	Prefer not to answer	3
	Not answered	1
Ethnicity	White-English/Welsh/Scottish/Northern Irish/ British	39
	White - Irish	2
	White - Gypsy or Irish Traveller	0
	Other White background	1
	Black or Black British - African	0
	Black or Black British - Caribbean	0
	Other Black background	0
	Asian or Asian British – Bangladeshi	0
	Asian or Asian British – Indian	0
	Asian or Asian British - Pakistani	0
	Chinese	0
	Other Asian Background	0
	Mixed – White and Asian	0
	Mixed – White and Black African	0
	Mixed – White and Black Caribbean	0
	Other Mixed background	0
	Arab	0
	Other Ethnic background	0
	Prefer not to say	2
	Not answered	1
Religion	Buddhist	0

	Christian	18
	Jewish	0
	Muslim	0
	Hindu	0
	Sikh	0
	Spiritual	1
	Any other religion or belief	1
	No religion	19
	Prefer not to say	4
	Not answered	2
Sexual orientation	Heterosexual or straight	40
	Gay man	0
	Gay woman / lesbian	1
	Bi / bisexual	0
	Other	0
	Prefer not to say	3
	Not answered	1

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Warwickshire County Council Equality Impact Assessment (EIA) Form

The purpose of an EIA is to ensure WCC is as inclusive as possible, both as a service deliverer and as an employer. It also demonstrates our compliance with Public Sector Equality Duty (PSED).

This document is a planning tool, designed to help you improve programmes of work by considering the implications for different groups of people. A guidance document is available here.

Please note that, once approved, this document will be made public, unless you have indicated that it contains sensitive information. Please ensure that the form is clear and easy to understand. If you would like any support or advice on completing this document, please contact the Equality, Diversity and Inclusion (EDI) team on 01926 412370 or equalities@warwickshire.gov.uk

Service / policy / strategy / practice / plan being assessed	Preventing Homelessness in Warwickshire: a multiagency approach 2021-2023
Business Unit / Service Area	People Group / Public Health
Is this a new or existing service / policy / strategy / practice / plan? If an existing service / policy / strategy / practice / plan please state date of last assessment	New
EIA Review team – list of members	Emily Fernandez / Minakshee Patel
Do any other Business Units / Service Areas need to be included?	No
Does this EIA contain personal and / or sensitive information?	No
Are any of the outcomes from this assessment likely to result in complaints from existing services users, members of the public and / or employees?	No If **yes** please let your Assistant Director and the Customer Relations Team know as soon as possible

1. Please explain the background to your proposed activity and the reasons for it.

In April 2018 the Homelessness Reduction Act 2017 (HRA17) came into force bringing sweeping changes in how councils should respond to homelessness and one of the most significant changes was the introduction of a "Duty to Refer" which required other public bodies to become more involved in homelessness service provision. The broad aim of HRA17 is to reduce homelessness by introducing systems to ensure early intervention and prevention.
Even though the District and Boroughs are responsible for implementing HRA17, the legislation is underpinned by a requirement to provide a holistic assessment of the households needs which results in a joint, multi-agency approach to achieving a positive outcome.
A recent consultation paper, "Tackling Homelessness Together", set out the Government's concerns that partners were not engaging positively to resolve homelessness and are not co-operating. As such they are proposing statutory requirements to provide for specific structures which could include a duty to co-operate and the establishment of Homelessness Reduction Boards.
However, Warwickshire already has an established Strategic Housing Board.
The new obligation highlighted in HRA 17, intensified conversations that were already ongoing between the District & Boroughs and WCC culminating in a conference on homelessness in the autumn of 2018 that involved a wide range of statutory and voluntary organisations who were working in the field of homelessness. Following the conference all six councils agreed to develop a countywide strategy.
In order for Warwickshire County Council and District / Borough Councils to deliver on the actions identified in HRA 17, a Countywide Homelessness Strategy – 'Preventing Homelessness in Warwickshire: a multiagency approach 2021 -2023' has been developed and this Equality Impact Assessment is related to that Strategy.

2. Please outline your proposed activity including a summary of the main actions.

Public Health has been working with the Heads of Housing from the 5 District and Borough Councils in developing the Strategy. The strategy provides details on the background, key data on homelessness across Warwickshire, specific information and recommendations in five key social policy areas where co-ordinated action can have the greatest impact in preventing and tackling homelessness. The five areas are:

- Health.
- Young people.
- Domestic abuse.
- Offending.
- Financial inclusion.

3. Who is this going to impact and how? (customers, service users, public and staff)

It is good practice to seek the views of your stakeholders and for these to influence your proposed activity. Please list anything you have already found out. If you still need to talk to stakeholders, include this as an 'action' at the end of your EIA. **Note that in some cases, there is a duty to consult, see more.**

This Strategy will have an impact on staff, customers, service users and the wider community.
Views were sought on the Draft Countywide Homeless Strategy using an online survey that was available between 5th October and 1st November 2020. Responses were invited from the general public, businesses, statutory partners, local councillors/elected members, and voluntary and community sector. The results and feedback will assist in getting the strategy right for those who are at risk of homelessness, currently homeless or sleeping rough on Warwickshire streets. It will inform the priorities and recommendations of the final version of the strategy being presented to the Health and Wellbeing Board in March 2021.
A summary of the findings from the survey are listed below, however the full consultation report is available as an Appendix to the Strategy.

- The Draft Countywide Homeless Strategy survey received 45 responses. Of these, 28 were from members of the general public and the remainder from other groups (business, statutory partner, local Councillor/elected member, voluntary community sector).
- In total, 91.1% of all respondents stated that they agreed (either agree or strongly agree) with the vision set out for this strategy. Just 6.8% disagreed (either disagree or strongly disagree) with the vision.
- Respondents generally agreed with each of the strategic priorities; Priority 3 (domestic abuse) had the greatest agreement – 93.3% of all respondents stated they agreed or strongly agreed with this priority.
    - A small percentage, 8.9% of the respondents disagreed (disagree or strongly disagree) with Priority 1 (health).
    - Overall, respondents either agreed or agreed to some extent that the recommendations proposed for each strategic priority are the correct ones to focus on for 2021/22:
    - Priority 1 – Health: 62% agreed, 31% agreed to some extent
    - Priority 2 – Young People: 60% agreed, 24% agreed to some extent
    - Priority 3 – Domestic Abuse: 73% agreed, 15.6% agreed to some extent
    - Priority 4 – Offending: 57.8% agreed, 24.4% agreed to some extent
    - Priority 5 - Financial inclusion: 64.4% agreed, 22.2% agreed to some extent

An equality analysis of the respondents is also included in the consultation report.
Data on homelessness in Warwickshire is taken from Ministry of Housing, Communities and Local Government, which compiles information from H-CLIC returns from all local housing authorities. Full information is available as an Appendix to the Strategy.

4. **Please analyse the potential impact of your proposed activity against the protected characteristics.**
   N.B Think about what actions you might take to mitigate / remove the negative impacts and maximize on the positive ones. This will form part of your action plan at question 7.

	What information do you have? What information do you still need to get?	Positive impacts	Negative impacts
Age	Consultation data and service user data is both available.	The service is open to everyone from the age of 16+	
Disability Consider • Physical disabilities • Sensory impairments • Neurodiverse conditions (e.g. dyslexia) • Mental health conditions (e.g. depression) • Medical conditions (e.g. diabetes)	Consultation data is available; however, it is not broken down into the different categories. Service user data is not collected through the H-CLIC data returns. However, is picked up as part of the support needs of household.	The service is open to everyone irrespective of what disability they present with. The service provision is based on individual needs.	
Gender Reassignment	Consultation data is available, however. Service user data is not collected through the H-CLIC data returns	The service provision is based on individual needs.	
Marriage and Civil Partnership	Data not collected either as part of consultation monitoring or the H-CLIC data returns. However, not required.	The service provision is based on individual needs.	
Pregnancy and Maternity	Data not collected either as part of consultation monitoring or the H-CLIC data returns. However, not required.	The service provision is based on individual needs.	

Race	Consultation data and service user data is both available.	The service is open to everyone irrespective of their ethnicity. The service provision is based on individual needs.	
Religion or Belief	Consultation data is available, however. Service user data is not collected through the H-CLIC data returns	The service provision is based on individual needs.	
Sex	Consultation data and service user data is both available.	The service is open to everyone irrespective of their gender. The service provision is based on individual needs. A specific priority relating to Domestic Abuse has been identified within the Strategy.	
Sexual Orientation	Consultation data is available, however. Service user data is not collected through the H-CLIC data returns	The service is open to everyone irrespective of their sexual orientation. The service provision is based on individual needs.	

5. **What could the impact of your proposed activity be on other vulnerable groups e.g. deprivation, looked after children, carers?**

There will be a positive impact as there are priorities identified within the Strategy to support vulnerable groups. They are:

- Young people, which includes looked after children, care leavers
- Domestic Abuse
- Financial Inclusion
- Offending

6. How does / could your proposed activity fulfil the three aims of PSED, giving due regard to:

- the elimination of discrimination, harassment and victimisation
- creating equality of opportunity between those who share a protected characteristic and those who do not
- fostering good relationships between those who share a protected characteristic and those who do not

The service is available to anyone who presents as homeless and are owed a duty under HRA17 irrespective of their specific protected characteristic. The service provision is based on individual needs.

7. Actions – what do you need to do next?

Consider:

- Who else do you need to talk to? Do you need to engage or consult?
- How you will ensure your activity is clearly communicated
- Whether you could mitigate any negative impacts for protected groups
- Whether you could do more to fulfil the aims of PSED
- Anything else you can think of!

Action	Timescale	Name of person responsible
Strategy to be adopted by Health & Wellbeing Board	March 2021	Emily Fernandez, WCC
Strategy to be adopted by District & Boroughs	February 2021	District & Boroughs Heads of Housing

8. Sign off.

Name of person/s completing EIA	Emily Fernandez / Minakshee Patel
Name and signature of Assistant Director	
Date	
Date of next review and name of person/s responsible	

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Agenda Item 5

Health and Wellbeing Board

3 March 2021

Health and Wellbeing Board Sub-Committee

Recommendation(s)

1. That the Board notes the decisions taken by the Health and Wellbeing Board Sub-Committee at its meeting on 29 January 2021.

1.0 Key Issues

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

2.0 Options and Proposal

2.1 At its meeting on 23 September 2015, the HWBB agreed proposals for a Sub-Committee to meet where a decision is required within a time frame which does not fall within the cycle of scheduled meetings of the Board.

2.2 At its meeting on 6 January 2021, the Board received an update on the Better Care Fund (BCF) Plan and delegated authority to a sub-committee to give final consideration to the BCF Plan for 2020/21. The sub-committee met for this purpose on 29 January 2021. A copy of the meeting documents were publicised to all members of the HWBB. The Minutes of the meeting are attached at Appendix ‘A’.

3.0 Financial Implications

3.1 None.

4.0 Environmental Implications

4.1 None.

Background Papers

None

	Name	Contact Information
Report Author	Paul Spencer	paulspencer@warwickshire.gov.uk Tel: 01926 418615
Assistant Director	Sarah Duxbury	
Strategic Director	Rob Powell	
Portfolio Holder	Councillor Caborn	

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

Local Member(s): None
Other members: None

Health and Wellbeing Board

Friday 29 January 2021

Minutes

Attendance

Committee Members
Councillor Les Caborn, Warwickshire County Council (WCC)
Councillor Jo Barker, Stratford-upon-Avon District Council (SDC)
Nigel Minns, WCC Strategic Director, People Group

Officers

Rachel Briden, Carl Hipkiss, Gemma McKinnon and Paul Spencer (WCC Officers).

1. General

(1) Appointment of Chair for the meeting

Resolved:

That Councillor Les Caborn be appointed Chair for the meeting.

(2) Apologies

None.

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

None.

2. Better Care Fund Plan 2020/21

At its meeting on 6 January, the Health and Wellbeing Board received an update on the Better Care Fund (BCF) Plan and delegated authority to a sub-committee to give final consideration to the BCF Plan for 2020/21. A report was introduced by Rachel Briden, WCC Integrated Partnerships Manager. The BCF provided significant additional funding to councils in order to protect adult social care and for Warwickshire, this was £14.688m in 2020/21. For this year the sum included the support for winter funding, which had previously been a separate grant. Disabled facilities grant funding continued to be allocated through the BCF. The funding conditions meant that this money must be used to support social care in a number of specified ways.

Background was provided on the delays to publication of the policy and planning requirements, due to the response to the Covid-19 pandemic. Councils were directed to prioritise continuity of

provision, social care capacity and system resilience and spend from ringfenced BCF pots based on existing local agreements, pending further guidance. That guidance was subsequently received on 3 December 2020. NHS England and NHS Improvement had agreed that formal BCF plans would not have to be submitted for approval. Instead, the requirement was to ensure that use of the mandatory funding contributions was agreed in writing, that the national conditions were met and that an end of year reconciliation was submitted in a prescribed format. Further background was provided on the content of the BCF policy statement for 2020/21 and associated national conditions.

Locally, the BCF plan continued to be focussed on the long-term vision, building on progress made previously and seeking further improvements in key areas. The Warwickshire plan had been developed following meetings with partners and met the requirements set out in the BCF policy statement published in December. Each of the partners had signed-off the plan through their own governance arrangements ahead of this meeting.

Further sections of the report outlined the monitoring and reporting arrangements, together with the financial implications.

The following questions and comments were submitted:

- Reference to the disabled facilities grants and Home Environment Assessment & Response Team (HEART) Board. Councillor Barker raised concerns which had been reported to the SDC overview and scrutiny committee about the position on HEART.
- Nigel Minns acknowledged the concerns raised, which led to an independent review being undertaken. The HEART Board was now chaired by Becky Hale an assistant director of WCC. The aim was to support the implementation of improvements for this managed service. Covid-19 had impacted on the achievement of the associated action plan. However, there were indications of improvements and a necessity for continued monitoring. In time, a review would be required of the long-term future of HEART.
- It was confirmed that additional support had been provided, with endeavours to reduce duplication and there was a far-reaching improvement plan.
- The Chair provided additional context on the involvement of partners.
- It was confirmed that the proposals had been approved by the WCC Cabinet and all clinical commissioning groups.
- Nigel Minns corrected an error in paragraph 1.8 of the report on the levels of expenditure, where commas implied the amounts of money were greater than the actual spend levels. The correct amounts were confirmed.

The Chair sought confirmation from the Sub-Committee members of the recommendations as submitted.

Resolved:

That the Health and Wellbeing Board Sub-Committee:

1. Approves the Better Care Fund (BCF) Plan for 2020/21, known locally as the Better Together Programme, including the plan for resources made available through the additional social care monies, Disabled Facilities Grant and Clinical Commissioning Group contributions.

2. Notes that formal BCF plans do not have to be submitted to NHS England and NHS Improvement for approval in 2020 to 2021 and that instead Health and Wellbeing Boards must ensure that use of the mandatory funding contributions has been agreed and that the national conditions are met.

3. Recommends Warwickshire County Council entering into a new Section 75 Partnership Agreement with Coventry and Rugby Clinical Commissioning Group (CCG), South Warwickshire CCG and Warwickshire North CCG for the delivery of the BCF Plan once completed. This will include the alignment of Out of Hospital service provision and funding across all partners as a step towards closer integration and risk sharing.

4. Recommends the County Council continuing as the pooled budget holder for the fund.

……
Chair

The meeting rose at 1.20pm

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