Health and Wellbeing Board

Date: Wednesday 12 January 2022
Time: 1.30 pm
Venue: Committee Room 2, Shire Hall

Membership

Councillor Margaret Bell (Chair)
Councillor Jeff Morgan
Councillor Jerry Roodhouse
Councillor Isobel Seccombe OBE
Councillor Marian Humphreys
Councillor Julian Gutteridge
Councillor Howard Roberts
Councillor Jo Barker
Councillor Jan Matecki

Warwickshire County Council Officers: Shade Agboola and Nigel Minns

Coventry and Warwickshire Clinical Commissioning Group: Sarah Raistrick

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: Polly Reed (Office of the PCC)

Items on the agenda: -

1. General

(1) Apologies

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

(3) Minutes of Previous Meetings of the Warwickshire Health and Wellbeing Board and Matters Arising 5 - 18

Draft minutes of the previous meetings held on 21 September and 17 November 2021 are attached for approval.

(4) Chair's Announcements

Discussion items

2. Dementia Strategy 19 - 38

To present the findings from the Living Well with Dementia Strategy engagement process for consideration, comment and approval of proposed changes to the strategy, based on the feedback received.

3. Better Care Fund (Warwickshire Better Together Programme) 39 - 46

To consider the draft list of schemes to be funded from the Improved Better Care Fund (iBCF) for 2022/23. It is suggested that a further update be provided to the Board, following publication of the national Better Care Fund Policy Framework for 2022/23 or equivalent replacement.

4. Provider Workforce Update 47 - 54

An update to the Board on the impact of the recruitment and retention challenges currently being faced in the adult social care market, the workforce pressures within the children's public health and children's social care commissioned provision and the mitigations being undertaken. Board support is sought to the short-term actions and long-term options being taken locally to assist/improve recruitment and retention.

5. Commissioning of Dental Services 55 - 74

NHS England and NHS Improvement will provide an update on the position of dental services.

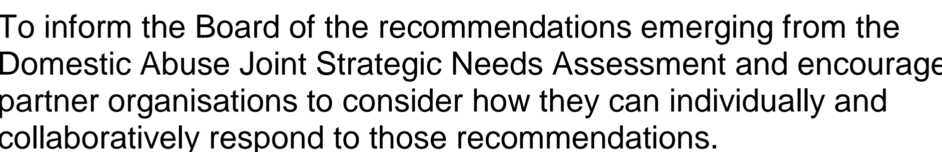
6. System Health Inequalities Strategic Plan 75 - 86

The Health and Wellbeing Board is asked to consider the requirements for a Coventry and Warwickshire Health Inequalities Strategic Plan, local priority population groups for the Strategic Plan, the progress made to date and support the implementation of the Plan.

Updates to the Board

7. Domestic Abuse Needs Assessment 87 - 92

To inform the Board of the recommendations emerging from the Domestic Abuse Joint Strategic Needs Assessment and encourage partner organisations to consider how they can individually and collaboratively respond to those recommendations.



8. Warwickshire Health and Wellbeing Partnerships 93 - 108
To provide an update from each place-based Health and Wellbeing Partnership in Warwickshire.

9. Annual Report of the Safeguarding Boards 109 - 134
The annual report for Warwickshire Safeguarding is submitted for the Board's consideration.

10. Health and Wellbeing Strategy: Progress Report 135 - 184
The Board will receive an update on progress of the delivery of Warwickshire's Health and Wellbeing Strategy 2021-2026. It is asked to endorse the outcomes framework dashboard, a progress monitoring tool.

11. Pharmaceutical Needs Assessment 185 - 186
An update on the timescales for the delivery of the Pharmaceutical Needs Assessment.

12. Health in All Policies 187 - 194
The Board will receive an update on the work to implement 'health in all policies' in Warwickshire.

13. Place Forum 195 - 196
The joint Coventry and Warwickshire Place Forum held an online development session in November. This report updates the Board on the key areas discussed.

Board Management

14. Forward Plan 197 - 198
An update on the Forward Plan for the Health and Wellbeing Board.

Monica Fogarty
Chief Executive
Warwickshire County Council
Shire Hall, Warwick

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A member attending a meeting where a matter arises in which they have a disclosable pecuniary interest must (unless they have a dispensation):

- Declare the interest if they have not already registered it
- Not participate in any discussion or vote
- 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 relevant to the agenda 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

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Any member or officer of the Council or any person attending this meeting must inform Democratic Services if within a week of the meeting they discover they have COVID-19 or have been in close proximity to anyone found to have COVID-19.

Health and Wellbeing Board

Tuesday 21 September 2021

Minutes

Attendance

Board Members

Warwickshire County Council (WCC)
Councillor Margaret Bell, Chair
Councillor Jeff Morgan
Councillor Jerry Roodhouse
Shade Agboola, Director of Public Health

Coventry and Warwickshire Clinical Commissioning Group
Sarah Raistrick

Provider Trusts
Dame Stella Manzie DBE, University Hospitals Coventry and Warwickshire (UHCW)

Healthwatch Warwickshire (HWW)
Elizabeth Hancock

Borough/District Councillors
Councillor Julian Gutteridge, Nuneaton and Bedworth Borough Council
Councillor Jan Matecki, Warwick District Council (WDC)
Councillor Marian Humphreys, North Warwickshire Borough Council (NWBC)

Other Attendees

Chris Bain (HWW), Anne Coyle (South Warwickshire Foundation Trust (SWFT))
Chris Elliott (WDC), Chris Evans (Coventry and Warwickshire Partnership Trust (CWPT))
Councillor John Holland (WCC), Mannie Ketley (Rugby Borough Council), Salmah Mahmood and Jenni Northcote (George Eliot Hospital (GEH)), Steve Maxey (NWBC), Blair Robertson (UHCW), Charlotte Temple (Community Connections, linked to Rugby Place Partnership), Helen Barnsley, Rachel Jackson, Gemma Mckinnon, Rob Sabin, Ashley Simpson, Peter Wren and Katie Wilson (WCC Officers).

1. General

(1) Apologies

Councillor Izzi Seccombe and Nigel Minns (WCC), Julie Grant (NHS England and Improvement), Russell Hardy (GEH and SWFT), Polly Reed (Office of the Police and Crime Commissioner) and Dianne Whitfield (CWPT).
Mel Coombes (CWPT), David Eltringham (GEH), Becky Hale (WCC) and Sir Chris Ham (C&W Health and Care Partnership)

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

Councillor Roodhouse declared an interest as a director of Healthwatch Warwickshire.

(3) Minutes of the Meeting of the Warwickshire Health and Wellbeing Board on 7 July 2021 and Matters Arising

The Minutes of the Board meeting held on 7 July 2021 were accepted as a true record.

(4) Chair's Announcements

The Chair welcomed everyone to the meeting, explaining that some of the officers presenting reports would be joining remotely and she outlined the agenda content.

The Chair advised that an Integrated Care System (ICS) workshop for the Board would take place on 18 October and be facilitated by the Kings Fund. This would be followed by a presentation for elected members. She spoke of the pace of this work, the interviews for the Chair of the ICS and the recommendation on appointment referred to the Secretary of State. This would shortly be followed by the recruitment process for the ICS Chief Executive.

2. Coventry and Warwickshire Local Transformation Plan

This item was introduced by Rachel Jackson and Rob Sabin of WCC, together with Chris Evans of CWPT.

The 'Future in Mind' review, released in 2015, set out a series of recommendations to improve outcomes for children and young people's (CYP) mental health and emotional wellbeing. The key principles of the review were set out within the report and reflected in NHS guidance and ambitions. This included a requirement for local areas to develop specific Local Transformation Plans (LTP) for CYP on an annual basis to demonstrate how the NHS ambition was being fulfilled. The Coventry and Warwickshire CYP Mental Health and Emotional Wellbeing LTP had been updated for 2021-22 and was submitted for the Board's endorsement. It had been developed collaboratively between the two local authorities (WCC and Coventry City Council), the CWCCG and CWPT. The emerging ambitions were reported and had been included in the LTP delivery plan for 2021-22. A copy of the LTP was appended to the report for consideration.

Rachel Jackson highlighted key sections of the report providing examples of the initiatives on early help and prevention, the eating disorder pathway, strengthening the multi-agency approach to services for CYP and digital services. Feedback was being sought from CYP in crisis to shape co-production of the service offer for those aged 18-25. Transition work was also planned.

There had been a number of challenges, with reference to system capacity demand for children in crisis, CYP presenting with more complexity of need, access to services, timeliness and effectiveness of service delivery. Similar capacity issues were reported for the eating disorder pathway. Reference to the additional difficulties caused by the Covid pandemic for children looked after, those with special educational needs and disabilities (SEND) and with the Youth Justice Service. The ability to engage with CYP and measure outcomes had similarly been impacted.

These challenges had been taken on board in formulating the ambitions which were set out in the report.

Questions and comments were invited with responses provided as indicated:

- Reference to the outcome of the SEND inspection, which was awaited, the increases in SEN cases and the lack of real improvement in this area. Points about wider social issues, family issues and poverty, which required a partnership approach. The funding aspects were raised.
- Discussion about the governance process, the key lines of enquiry provided by NHS England (NHSE) and requirement for both this Board and that for Coventry to sign off the plan. Comment on the valuable local knowledge and opinions amongst Board members which should inform the process. These points would be made to NHSE.
- A view that there was a lack of support and funding for children in rural areas. It seemed from contact with school headteachers and parents of children that there was an issue to be addressed. Officers confirmed that any school could make a referral for CAMHS services. An outline was given of the other support available, including for professionals in schools. There were plans to expand the support teams piloted in the south of Warwickshire to both Nuneaton & Bedworth and North Warwickshire. Despite communications efforts, it seemed some schools were unaware of the services available. The member asked that consideration be given to future pilots starting in North Warwickshire rather than other parts of the county.
- Chris Evans spoke of the benefits of online/digital solutions to overcome the geographic challenges in service delivery, and these could be developed further. He mentioned use of the online Dimensions Tool or seeking a consultation with the primary care team via the RISE website.
- The Chair asked that a report be provided to a future board meeting on the learning from the support teams and roll out of the service to the rest of the County.
- Sarah Raistrick commended the report and suggested other resources which Board members may wish to visit, being the Kooth digital application and the Dear Life website. She also spoke about the crisis helpline, which had been valuable in helping people. The developing work on eating disorders and the long waiting times for autism patients were also referenced.
- The Chair referred to the breadth of this plan and need to revisit key strands of it. She reminded of the challenges before the pandemic and the position had exacerbated because of it. She asked how the plan would address this position and sought a summation. Officers confirmed that there were workforce challenges, a need for finance and for a dialogue with NHSE to future proof services. The LTP provided a snapshot of the current position. Further points about integration of services and collaboration at all levels including with education and social care. Reference to place-based working and the need for trained staff to meet the needs of those requiring support. Monitoring of the LTP was raised an offer to provide a further update to the Board in six months.
- From the system perspective, CWPT had received additional resources recently and it would be useful to understand how this was being allocated between services for adults and those for children and young people. Linked to this was the workforce challenges due to staff vacancies and it was questioned how this would be tackled. Points about autism and learning disability and the transition arrangements into adulthood, with reference to the challenges experienced in Norfolk.

- There had been a significant uplift in funding for children's mental health services. However, there were workforce challenges particularly for some areas, with reference to the eating disorder work as an example. A creative and innovative approach was being taken to address staffing shortages. This was evidenced by the joint work with acute hospitals and local authorities to provide services for children in crisis. It was considered that the local system was ahead of other parts of the region.
- The Chair asked that a breakdown be provided of the additional funding allocations for adult services, those for children and young people and for specialist areas like autism services.
- Reference to the All-age Autism Strategy and the links within the LTP to support the implementation of that strategy.
- A point that there were numerous strategies. For elected members, understanding how these aligned and when targets would be achieved were important, so that the impact of the strategies and the benefit for children, young people and their families could be seen. There were examples of improvements, but a need as a system to address this collectively and through this board to provide a robust challenge. A need to share data and to work in partnership. The Chair agreed that future reports should reference timing and impact.
- A discussion about the links between the LTP, the Integrated Care System (ICS) and each of the 'places'. It was confirmed that integration was a key element of the plan. Detail on the ICS and its governance structures were to be determined.

Resolved

That the Health and Wellbeing Board endorses the Local Transformation Plan for Children and Young People's Mental Health and Wellbeing 2021-22.

3. Healthwatch Warwickshire Annual Report 2020-21

Elizabeth Hancock, Chair of Healthwatch Warwickshire (HWW) introduced this item. A presentation had been circulated with the agenda covering the following areas.

- Performance Report: How we are working:
  - All staff working from home.
  - Virtual board meetings.
  - Telephone service to the public.
  - Website enquiries; use of social media.
  - Information on service changes (via website) updated regularly.
  - Engagement strategy with all key partners implemented.
  - Public engagement and outreach largely on a virtual basis.
  - Surveys and projects delivered.
- Performance Report: Activity May – July 2021:
  - This comprised pieces of feedback, signposting people to partner agencies, increased social media profile and use of the HWW website, as well as an increase in the HWW mailing list.
- Our Influencing role May – July 2021:
  - Attending 49 strategic meetings.
  - Within this reference to the ICS and the closer work with Healthwatch Coventry.
  - Project work which raised issues and highlighted concerns.

Chris Bain, Chief Executive of HWW then spoke on the following areas:

- Published reports:
  - Annual Report (a statutory requirement).
  - Dentistry in Warwickshire.
  - Carers – understanding your health and wellbeing needs.
  - Context on the core functions of HWW and the added value from identifying trends and emerging priorities, leading to the above reports.
- Carers survey highlights
  - This was in response to growing enquiries from carers about their needs. There was recognition of the effort and emphasis of support for carers in Warwickshire, both from WCC and the voluntary and community sector. Plans to revisit the exercise in the Spring of 2022.
  - 239 people had responded to the survey and key data was provided from the analysis undertaken.
- Dentistry survey highlights:
  - A continuing issue first identified in May 2020.
  - Calls to 53 dental practices which showed variance in the number taking NHS patients.
  - A particular issue in the Stratford and Rugby areas where none of the 20 practices offered NHS services; approximately half of those in other areas offered NHS services.
  - The position seemed to be deteriorating and there were long term implications for oral health, including cancer.
  - The requirements for cleaning and ventilation were restricting capacity.
  - It was considered that dentistry should be commissioned locally, and this was planned as part of the ICS arrangements, but had recently been delayed until April 2023.
- Looking forward - showing the top four areas people had contacted Healthwatch about, both from enquiries and the annual report. This showed increasing concerns in regard to mental health. Access to GPs and dentistry remained a problem too.
- Future Priorities:
  - Strategic direction after Covid19.
  - The future for patient groups/standing conference.
  - Patient voice in integrated care systems.
  - Projects:
    - NHS111
    - Diabetes
    - NHS administration
    - Deafness and accessing care services
    - Lived experiences of people with learning disabilities
    - Health and social care forum

The following questions and comments were submitted:

- On the carers' strategy, a question on next steps how to take the findings, explore these issues further and secure meaningful outcomes as a partnership. HWW was working with the Carers' Forum and voluntary sector partners. An aim to co-design the support that carers needed. There was an emerging carers' culture which needed to be responded to.

- It was questioned who funded carers' support and was thought to be the county council. A carers' strategy was being developed across Coventry and Warwickshire and the findings of the survey could feed into that strategy.
- A view that this was an issue that should be discussed at the Place level.
- A suggestion to provide meaningful communications in an easy read format to inform carers of their rights under the Care Act legislation.
- Many people did not view themselves as a carer when supporting family members.
- The language used in communications was important.
- There was a low proportion of male respondents to surveys.
- On dentistry, the Chair considered that NHS England should report to the Board on the commissioning proposals. She was concerned on the implications for children and risk of undiagnosed oral cancer cases.

Resolved

That the Health and Wellbeing Board notes the presentation from Healthwatch Warwickshire.

4. Health and Wellbeing Partnership Plans

Dr Shade Agboola, WCC Director of Public Health introduced this item. It comprised a series of presentations showing the progress made by the North, Rugby and South Health and Wellbeing Board Partnerships and NHS Place Executives. She provided context on the places and the different speakers involved which was a testament to the partnership working on the place agenda. A recap was provided on the Health and Wellbeing Strategy adopted in March 2021. The following slides were provided:

- Warwickshire's population health framework, describing the collective long-term strategic ambitions, areas of immediate focus and the four quadrants of focussed activity, which should improve health outcomes in Warwickshire. Each of the place plans was based on this model.
- A slide showing the reporting arrangements, including the direct link from each place into the Health and Wellbeing Board. Each comprised a place partnership and place executive, with the arrangements varying to suit each area and its priorities.
- The partnerships forward plan.

Steve Maxey gave a presentation on behalf of the North Place, which covered the following areas:

- North population health framework.
- Progress on Partnership priorities.
- Governance arrangements for Partnership and Executive.
- North Place Project SITREP for September 2021:
    - Place Executive priority view – wider determinants of health
    - Place Executive project view – wider determinants of health
- Reference to the housing initiatives and those related to hospital discharge.
- An area of challenge concerned the merger of the CCG, impacting on some aspects of data available at the place level. This was being worked through with the CCG. Shade Agboola asked for examples of the data that was no longer available, so this could be investigated. Sarah Raistrick similarly asked for specific examples and felt the data should be available.

- A further concern was the need for replacement of a public health consultant for the north area. Shade Agboola gave a brief outline of the temporary public health cover being provided and would be speaking with Steve Maxey later in the day regarding the recruitment of a replacement consultant. This was a joint post and required input from the ICS.
- Salmah Mahmood, Place Programme Manager at GEH spoke of the good partnership work that was taking place, bringing place plans together and looking at further areas for integration and joint opportunities.

Katie Wilson of WCC Public Health and Blair Robertson of UHCW gave a presentation on the following areas:

- Population health framework – shared priorities across both the place partnership and delivery group, using a task and finish approach to address priorities.
- Progress on the following priorities:
    - Mental health and wellbeing – self harm in young people.
    - Poverty and inequalities.
    - Health behaviours – smoking.
    - Covid-19 recovery.
    - LTCs – heart failure.
- In focus:
    - Covid-19 recovery and the Rugby incident management team, with thanks to colleagues involved in the place partnership and delivery group for their work. Recent work on vaccinations and contact tracing were highlighted.
    - Blair Robertson of UHCW and Charlotte Temple of Community Connections provided detail on the priority on children and young people's mental health. Charlotte spoke about the demands on services from the pandemic and the aspirations of the compassionate communities' work to move from away from service dependency to encouraging empowered conversations. Examples were given of specific projects including the community connections project, story circles and plans for a community listening project. A further slide showed feedback from those involved in the compassionate communities' work.
    - Homelessness - information was provided on current progress and linked initiatives being led by Rugby BC, which also involved the group.

Chris Elliott of WDC and Anne Coyle of SWFT provided this presentation covering:

- Population health framework.
- Update on priorities with examples being given of the work undertaken at the place level on each the following areas:
    - Respiratory health and inequalities – SWFT had undertaken a range of actions in response to a coroner report citing air pollution as a cause of death.
    - Covid-19 recovery and prevention of illness – action to encourage people to be vaccinated with door knocking in communities with the lowest levels of take up.
    - Environment and sustainability – a range of air quality and transport aspects, to replace diesel buses in town centres, planning guidance for development, provision of open spaces and promoting active travel and lifestyles. Warm and well homes and links to energy efficiency were also raised.
    - Mental health, suicide and bereavement – an arts and health project.

    - Children and young people – seeking to influence plans for the future use of the Ellen Badger hospital. Reference also to a video clip on feedback from children about the new play facilities at Myton Green Park.
- Enabling Activities and Next Steps:
    - Building relationships across partners.
    - Bringing our strategy to life.
    - Using recommendations from a recent audit to build a roadmap to a mature place operating model.
    - By the end of the financial year, to create a four-quadrant plan bringing together the priorities from the Health and Wellbeing Strategy, JNSA and Place Plan.
    - Additional activities to enable delivery of priorities by reducing inequalities in health outcomes and the wider determinants of health.
- Examples of Communications.
- Reference to the work on estates, linking a GP practice development to assist in regenerating an area, at the same time as addressing housing need.
- Anne Coyle added that against the backdrop of a difficult year, the work at place had been a highlight and showed the benefits of collaboration.

The Chair thanked all the presenters. This showed the power of ownership at the place level and need for the ICS to be driven by place level priorities. Updates to future meetings were requested.

Resolved

That the Health and Wellbeing Board notes the presentations.

5. Forward Plan

The Board gave consideration to its forward plan of items.

Resolved

That the Health and Wellbeing Board notes its forward plan.

…………………………………..
Councillor Margaret Bell, Chair

The meeting closed at 12:50pm

Health and Wellbeing Board

Wednesday 17 November 2021

Minutes

Attendance

Board Members
Warwickshire County Council (WCC)
Councillor Margaret Bell, Chair
Councillor Jerry Roodhouse
Nigel Minns, Strategic Director, People Directorate
Shade Agboola, Director of Public Health

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

Borough/District Councillors
Councillor Julian Gutteridge, Nuneaton and Bedworth Borough Council (NBBC)
Councillor Jan Matecki, Warwick District Council (WDC)
Councillor Marian Humphreys, North Warwickshire Borough Council (NWBC)

Other Attendees
Councillor John Holland (WCC), Rachel Briden, Becky Hale, Isabelle Moorhouse, Pete Sidgwick and Paul Spencer (WCC Officers) Chris Bain (Healthwatch Warwickshire (HWW))

1. General

(1) Apologies

Councillors Jeff Morgan and Izzi Seccombe OBE (WCC), Dianne Whitfield, (CWPT), Julie Grant (NHSE/I), Elizabeth Hancock (HWW), Councillor Jo Barker (Stratford-upon- Avon District Council) and Sir Chris Ham (Coventry and & Warwickshire Health and Care Partnership).

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

None.

(3) Chair's Announcements

None

2. Better Care Fund Submission

Rachel Briden, WCC Integrated Partnership Manager introduced this item. Background was provided on the Better Care Fund (BCF), a programme spanning both local government and the NHS which sought to join-up health and care services, so that people could manage their own health and wellbeing and live independently in their communities.

The report set out the BCF policy framework for 2021/22 and the requirements for submission of the annual plan for approval, by the deadline of 16th November 2021. This provided continuity to previous years of the programme and included four national conditions:

1. A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board.
2. NHS contribution to adult social care to be maintained in line with the uplift to Clinical Commissioning Group (CCG) minimum contribution.
3. Agreement to invest in NHS commissioned out-of-hospital services.
4. Plan for improving outcomes for people being discharged from hospital.

The CCG and local authority were required to confirm compliance with the above conditions to the Board. They were also required to ensure that local providers of NHS and social care services had been involved in planning the use of BCF funding for 2020 to 2021. In particular, activity to support discharge funded by the BCF should be agreed as part of the whole system approach to implementing the hospital discharge service policy. It should support an agreed approach for managing demand and capacity in health and social care. This continued to be managed through the Better Together Programme and Joint Commissioning Board.

The financial implications were reported with sections on the Improved Better Care Fund (iBCF), Disabled Facilities Grants (DFGs) and a table showing the financial contributions, funding sources and expenditure plans. There were minimum mandatory funding sources pooled in the BCF and for 2021/22, which totalled £60.3 million. As in previous years, WCC would continue as the pooled budget holder for the fund. Additionally, it continued to align out of hospital service provision and funding with Coventry and Warwickshire CCG to support closer integration as part of plans for moving to an Integrated Care System. A Section 75 legal agreement would underpin the financial pooling arrangements.

Supporting information was provided on the national metrics which had to be included in the BCF plans, those still included from previous years and a new measure around avoidable hospital admissions. With regard to discharge metrics, there was a requirement to agree ambitions and a plan to improve outcomes across the HWB area. The proposed ambitions and rationale were provided in the planning template and narrative plan, included as appendices to the report.

The report concluded with information on the other review and approval processes undertaken, prior to the BCF submission taking place and the timetable for regional and national assurance activities.

It was confirmed that this item related to the BCF for the current financial year. The Chair invited questions and comments from Board members:

- Clarity was sought on the degree of flexibility within the BCF, it being understood that this was only within the iBCF element. This was confirmed, but commissioners may choose to flex some core funding too and agreement was reached in advance on the schemes that would be undertaken.
- An area of concern was frontline social care services which may impact on discharge from acute hospitals. In terms of flexibility, the iBCF funding element had been the same for the last three years. Due to the pandemic, there had been additional funding through a hospital discharge grant this year, which had given additional flexibility.
- The Chair explored the impact of the hospital discharge grant ceasing. This grant would remain in place for the rest of this financial year, but thereafter, clarity was awaited. A need to consider the totality of resources available and what this would mean for current schemes. The Chair stressed the importance of effective hospital discharge and that this was resourced adequately even if this grant was withdrawn.
- A concern about the adequacy of care facilities available for those discharged from hospital in some areas, with North Warwickshire used as an example. There were pressures in the community support market, with a lot of work from the Council working with care providers to support recruitment, retention and ensuring capacity. Staff from WCC, the acute sector and CCG continued to work jointly and have a regular dialogue, looking at different options and solutions. The preference remained to return people to their home. Current pressures would continue through the winter months. An assurance that officers understood the current issues and were working jointly. It was not necessarily about the funding, more about recruitment and retention of staff. The Council was prioritising hospital discharge and looking to provide additional bedded capacity. Context that the BCF was an element of the expenditure, which had a long and complex history, with the iBCF being a more recent funding stream. There was activity within this submission to enable hospital flow. Examples were provided of the schemes which sought to assist with hospital discharge, some of which enabled the patient to return home. It was emphasised that the iBCF funding only accounted for a small proportion of the total activity. The current complexities and pressures faced by the care market were reiterated (locally, regionally and nationally).
- A plea for the future that the BCF proposals be brought to the Board at an earlier stage so it may provide influence. An example was used of the DFG allocations and understanding more about how this was formulated. Reference to the current challenges in the care market with examples of the use of agency staff in care homes and some staff doing very long shifts, which couldn’t continue indefinitely. There were extreme work pressures for staff in domiciliary care too with examples provided of the long working hours. The system was in severe difficulty and required close monitoring. Reference also to the Warwickshire care collaborative and working at the ‘place’ level.
- The Chair summarised the key issues raised about forward planning for the BCF and recognising the challenges for both care homes and domiciliary/ community care. These should be discussed further at the next Board meeting. Officers reminded of the complexities around the BCF funding. The iBCF had been intended for one year but had been used for several years. There was very short notice of the requirements (metrics) used to base submissions on. There was an expectation the current arrangements would be replaced with a new joint funding scheme. Additionally, the hospital discharge money was due to end in March and would need to be replaced by another scheme. It was hoped that the revised schemes would have a proper planning cycle to enable engagement with stakeholders. Similarly, on the DFG allocations this was largely prescriptive at present.

- The Chair noted that aside from the formal funding applications, joint planning took place based on the estimated requirements. She asked that the Board be involved in that planning and that a report be provided to the next Board meeting.
- Officers explained that clarity was awaited on the BCF requirements for next year. It was likely to form part of the Care Collaborative responsibilities and there would be a number of aspects to work through in terms of the Section 75 agreement as the CCG will cease to exist. An assurance that the Joint Commissioning Board, which was a collection of commissioners and providers, was looking at this. After this BCF submission, work would start promptly to review the current schemes for 2022/23 as some are likely to need to continue. A further report would be provided early in the new year to give an update on the planning process.
- A comment about the complexity of the BCF. This confused what was core adult social care funding and what was labelled as better care, resulting in an untransparent methodology. A more transparent scheme would be welcomed. There was empathy for the endeavours to make best use of the separate funding streams with differing conditions. From the health perspective there were challenges regarding deployment of funding. It was hoped the authority may have some influence with government in securing a more transparent and appropriate scheme moving forwards.
- The current workforce issues for the care market were emphasised and it was considered that this may take 2-3 years to address. In areas such as Herefordshire and south Lincolnshire increased pay rates were being trialled as a recruitment drive. A workforce strategy was required for social care. This may need to include cross funding from the acute hospital sector as it would make financial sense for patients to be discharged to appropriate care provision, rather than staying in hospital longer than necessary.
- A collective view and strategic approach were needed on workforce across the health and social care system, where possible using the local population, which would also assist the prevention agenda. A need for a strategic debate on how to inspire people to work in these sectors.
- The related point on workforce was staff retention, providing career paths, training and ensuring quality.
- A comment on gathering the patient and public perspective on the BCF proposals and a plea that their views were captured at the appropriate stage when planning for future submissions.
- There was recognition of the need for a long-term strategy on recruitment and retention for the care market. The focus currently was on short-term measures for the winter period. Examples were provided of a range of initiatives being used to support the care market. There were continuing discussions about commissioning support to recognise and respond to these challenges. A report would be brought to the Board on both the current short-term measures and those required in the longer-term, which were likely to have resource implications.

Resolved

That the Board supports the submission of the Better Care Fund Plan to NHS England.

…………………………………..
Councillor Margaret Bell, Chair

The meeting closed at 9:45am

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Health and Wellbeing Board

Coventry and Warwickshire's Living Well with Dementia Strategy

12 January 2022

Recommendations

That Health and Wellbeing Board:

1. Comments on the findings from the engagement regarding the Living Well with Dementia Strategy

2. Approves the proposed changes to the strategy based on the feedback from the engagement.

3. Approves the approvals process prior to publication of the strategy.

1. Executive Summary

1.1 Coventry and Warwickshire's Living Well with Dementia Strategy is in the process of being refreshed for 2022. Following a period of engagement on the draft strategy from early September to end of October 2021, the feedback has been collated into two reports. One including comments from 85 stakeholders obtained through the survey on Ask Warwickshire and one with feedback from over 220 people living with dementia and carers through a range of in-person engagement opportunities. These reports are currently being reviewed and the feedback will be used to further develop the strategy. The intention is to publish the strategy in Spring 2022 for the period 2022-2027.

1.2 The strategy will be a system document across health and social care in Coventry and Warwickshire with a system partnership approach and will therefore be fully supported by NHS colleagues and delivered in partnership with the voluntary and community sector.

2. Financial Implications

2.1 The dementia strategy is being developed jointly with local partners, including NHS partners and the voluntary and community sector. Achievement of the strategy's ambitions and priorities will utilise internal partner resources and include individual provider and partnership bids for funding.

2.2 Please note some of Warwickshire County Council's commissioned services for dementia are funded through the Better Care Fund.

3. Environmental Implications

3.1 None.

4. Supporting Information

4.1 A presentation will be given to the Health and Wellbeing Board on 12th January 2022. This will be circulated with the agenda for the meeting. The presentation will include a summary of the key findings from the Dementia strategy engagement undertaken through September and October 2021 and how these findings will be used to develop the strategy and associated strategy delivery plans.

4.2 Coventry and Warwickshire's Living Well with Dementia Strategy has been developed with key partners as a system approach across Coventry & Warwickshire, including health partners and with close collaboration with colleagues from Coventry City Council.

4.3 The associated strategic delivery plans, which will be developed following publication of the strategy, will include a range of actions to be undertaken across Coventry and Warwickshire as well as actions for Warwickshire (and Coventry) specifically.

5. Timescales associated with the decision and next steps

5.1 December 2021: the feedback reports from the dementia strategy engagement will be reviewed and incorporated into a 'You said, we did' document. This will outline the key changes to be made to the strategy, and also include details on how the associated strategic delivery plans will be developed. The two engagement reports (survey and in-person) and the 'You said, we did' report will be published on Ask Warwickshire in January 2022.

5.2 The engagement findings and proposed revisions to the strategy will be taken to various meetings and Boards including:

- For information and comment on findings:
  - Health and Care Partnership Dementia subgroup on 10th January 2022
  - Health and Wellbeing Board on 12th January 2022
  - People Group Directorate Leadership Team (date tbc)
- For information, discussion and to seek approval to publish (further to any final changes discussed at the meeting):
  - Health and Care Partnership Mental Health Strategic Group (date tbc)

- For approval to publish the revised strategy:
  - Corporate Board (late March tbc)
  - Cabinet (12th April 2022 tbc)
  - Health and Wellbeing Board (4th May 2022)
  - Coventry City Council are aiming to take the strategy to their own Cabinet meeting for approval to publish. Details on this are being finalised but the aim is to go to Cabinet in April 2022.

The strategy will then be shared with partners, published on the Council's website, and shared through local communication channels.

Appendices

1. Appendix 1 - Dementia Strategy Engagement presentation

	Name	**Contact Information**
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Portfolio Holder	Portfolio Holder for Adult Social Care & Health	margaretbell@@warwickshire.gov.uk

The report was circulated to the following members prior to publication:
Local Member(s): None.
Other members: Councillors Bell, Drew, Golby, Holland and Rolfe.

Coventry and Warwickshire's

Living Well with Dementia Strategy (2022-2027)

Presentation to Health and Wellbeing Board, 12th January 2022

The purpose of the presentation is to provide an overview of:

- Summary of the key findings from the Dementia strategy engagement undertaken through September and October 2021
- How these findings will be used to develop the strategy and associated strategy delivery plans
- Overview of Approvals process prior to publication

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Background to the refresh of the strategy:

- Strategy will be a Coventry and Warwickshire wide, and system wide strategy, involving health, social care and voluntary sector
- Fully supported by NHS colleagues and voluntary and community sector
- Draft strategy was presented at OSC (Sept 2021) and at Health and Wellbeing Partnership meetings (Rugby) / Place Executives (North and South)
- Also presented to Joint Commissioning Board, Health and Care Partnership Mental Health Strategic Board
- Focus of strategy is on key objectives for 2022-2027; progress on these key objectives will be reviewed and additional objectives may be added at a later date during the lifetime of the strategy
- System partnership approach for delivery of strategy
- Strategy has a ‘plan on a page’ approach - one page for each of the six priority areas
- Delivery plans will be developed for each Priority – to include Lead organisation with responsibility for delivery, dates and actions to ensure achievement of objectives

Coventry and Warwickshire Dementia Strategy priorities:

Priority One: Reducing risk of developing dementia
We will promote and support healthy lifestyles, aiming to reduce the risk of developing dementia.

Priority Two: Diagnosing Well
People with dementia will receive a timely, accurate diagnosis of dementia.

Priority Three: Supporting Well
People affected by dementia will have access to safe, high quality care.

Priority Four: Living Well
People affected by dementia will be able to live in safe and accepting communities, where they can access a range of support services and enjoyable and meaningful activities.

Priority Five: End of Life
People with dementia will be supported to die with dignity in the place of their choosing. Their families will be supported.

Priority Six: Training Well
Training and awareness opportunities will be offered to support communities to increase their awareness of dementia.
Staff who work with people with dementia and their carers will have access to appropriate training.

The local Dementia strategy priorities are aligned with the NHS Well Pathway for Dementia

Engagement on draft strategy – how it was undertaken:

September and October 2021 – 6 week engagement

- Online survey through Ask Warwickshire. Distributed widely via emails to stakeholders and through other communication channels (Easy read version, hard copies and alternative formats were available to maximise engagement).

- In-person engagement with people with dementia and carers. Making Space (commissioned co-production service) led this engagement in Warwickshire. Offered 1-to-1 sessions, small groups and visits to Dementia cafes etc. Face to face and virtual opportunities offered. Signposted to services and support.

- Responses could be submitted via email.

- Commissioner attendance at various meetings with practitioners took place prior to, and during formal engagement period.

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Engagement – survey participants:

Survey: 85 people responded to survey (62 to main survey; 23 to easy read)

Capacity in which person was completing the survey (Number of people/percentage of total)

- Person living with dementia - 3 (3.5%)
- Family member, friend, informal unpaid carer taking care of someone affected by dementia - 37 (43.5%)
- Member of the general public - 8 (9.4%)
- Statutory partner (health/ local authority) - 13 (15.3%)
- Councillor / elected member (WCC, District or Borough, Town Council) - 2 (2.4%)
- Voluntary and/or community sector - 7 (8.2%)
- Business - 7 (8.2%)
- Other - 8 (9.4%)

Area of Warwickshire / Coventry they live / work in (Number of people/percentage of total)

- North Warwickshire Borough - 11 (12.9%)
- Nuneaton & Bedworth Borough - 7 (8.2%)
- Rugby Borough - 11 (12.9%)
- Stratford-on-Avon District - 16 (18.8%)
- Warwick District - 19 (22.4%)
- Coventry - 6 (7.1%)
- Work / undertake role across all of Warwickshire - 3 (3.5%)
- Work / undertake role across all of Warwickshire and Coventry - 5 (5.9%)
- Live outside of Warwickshire and Coventry - 6 (7.1%)
- Other - 1 (1.2%)

Engagement (in-person engagement):

In person engagement:

- A total of 223 people with dementia and carers were engaged with through a range of 1-to-1 sessions, small groups and visits to Dementia cafes / groups.

- At least one group session took place in each district and borough of Warwickshire and in Coventry.

- Focus of in-person engagement was on Priority Three: Supporting Well and Priority Four: Living Well, but other priorities were explored.

- The vast scope and significance of this engagement captured feedback relating to all priorities.

- Participants were informed about support services - Dementia Connect and Carer Wellbeing service.

- Little representation from people from ethnically diverse communities

- 4 emails were received with feedback about the draft strategy.

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Key findings - summary:

- Overarching message from **in person engagement** – more information on what support is available and how to access it. 'People don't know what they don't know'.
- Participants highlighted a lack of knowledge of available services, with carers often learning about them through word of mouth, emphasising the importance of peer support networks.

- **Survey responses:** Many people in strong agreement or agreement with the objectives (for 5 of the 6 priorities, this was approximately 90% of respondents (range was 87-92%). For priority Three – supporting well – 84% of respondents strongly agreed or agreed with the objectives.
- Key points – more awareness of support available for carers and people with dementia, support needs to be available evenings and weekends, support needs to be in place early after diagnosis, carers should not have to spend time finding out about services.
- Majority of negative comments were in relation to how the strategy will actually be achieved.

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Key findings - response:

To respond to the engagement findings, we propose to develop the strategy in the following ways (subject to approval at the system Dementia Board meeting):

- More detail about it being a system wide strategy and range of partners involved
- Greater detail will be included in the Delivery Plans which will ensure we deliver the strategy. These delivery plans will be published. Some of strategy and all of the Delivery plans need to clarify the organisation(s) responsible for different objectives
- Strategy will be adjusted over time
- Priorities areas need to link together as part of an overall Dementia Pathway
- Statement to be included about funding for the strategy
- Clarify who funds what services, as some misunderstanding about what services the Local Authority commissions and pays for
- Clarify that some of the support, services and work is not starting from scratch. A lot is already underway
- Delivery plans need to ensure equity of service, especially geographically. Should not be a postcode lottery.

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Changes to be made to the strategy:

Vision: too broad and doesn't feel realistic.

Will develop the visions to include a Diagnosis of the challenge, **guiding** objectives and **coherent** actions to follow. Why?, What?, How?

People living with dementia and their carers do not always know about the support available and do not always access it at an early stage.

Priorities and Dementia Statements - these have been linked and now show which priorities will help to achieve which Dementia Statements (the statements reflect the things people with dementia have said are essential to their quality of life).

Dementia Statement	Key priority in the strategy that will help achieve the statement
We have the right to be recognised as who we are, to make choices about our lives including taking risks, and to contribute to society. Our diagnosis should not define us, nor should we be ashamed of it.	Diagnosing Well, Supporting Well, Living Well
We have the right to continue with day to day and family life, without discrimination or unfair cost, to be accepted and included in our communities and not live in isolation or loneliness.	Diagnosing Well, Supporting Well, Living Well
We have the right to an early and accurate diagnosis, and to receive evidence-based, appropriate, compassionate, and properly funded care and treatment, from trained people who understand us and how dementia affects us. This must meet our needs, wherever we live.	Diagnosing Well, Supporting Well, Living Well, Training Well
We have the right to be respected, and recognised as partners in care, provided with education, support, services, and training which enables us to plan and make decisions about the future.	Diagnosing Well, Supporting Well, Living Well, Dying Well, Training Well
We have the right to know about and decide if we want to be involved in research that looks at cause, cure and care for dementia and be supported to take part.	All priorities

Priority one: Preventing Dementia

- We will change the name of this priority to ‘Reducing Risk of Dementia’.
- We will explain more clearly that, although the risk of dementia can be reduced through healthy lifestyles, that factors such as increasing age and genetics are also risk factors for dementia. Unfortunately, even if people lead very healthy lifestyles, they may still develop dementia.
- We will strengthen the health checks objective and make specific reference to the Dementia element of Health Checks.

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Priority two: Diagnosis

- We will add a statement about the importance of taking carers perspectives and information regarding their loved one into account.
- We will add a statement that we will work towards ensuring that every practitioner who tells a person they have dementia is appropriately trained and offers post diagnosis support.
- We will explore the use of a range of settings for diagnosis of dementia, to attempt to relieve some of the stress of diagnosis which can impact on the diagnosis
- We will add a statement about ensuring cultural sensitivity during the diagnostic process.

"It would have been great if I had been given a package of information after diagnosis. Most carers do not get time to digest all the information after diagnosis as they have to quickly transition from being husband or wife to being carers. This journey could be made easier if support is offered right at the start". – Carer (Leamington Spa)

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Priority three: Supporting Well

- We will add in an objective about working to raise awareness of available person-centred respite support, appropriate to the needs of the person with dementia.
- We will add in a statement about an annual review of a persons Care Plan with their Care Coordinator (as well as this appearing in Diagnosing Well), which would ensure access to other sources of support and services.
- We will add in a statement about the importance of GPs and other practitioners being aware of Dementia Connect, so that they can ensure everyone is linked in with this service at, or as close as possible, to diagnosis. Dementia Connect can then ensure all people with dementia and carers are linked in with the wider range of community support services.

“I am sure there are many great services out there that we can access but how do you know what you are meant to know if no one tells you about it”. – Carer (Wood End).

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Priority four: Living Well

- We will add in a statement about ensuring equity of provision of services where this is possible (e.g., for commissioned services)
- We will add in statement about ensuring ongoing support from a dementia support service (whether Dementia Connect, Admiral Nurses or another support service) to offer practical and emotional support. Practical support with issues such as obtaining a Power of Attorney, claiming carers allowance, blue badges and managing challenging behaviour.
- We will include reference to having an annual review of the Care Plan in this priority as well as in Diagnosing Well and Supporting Well.
- We will add in a statement about importance of support for volunteers – development of a county wide Dementia Forum in Warwickshire.

"It is important that volunteers who keep us going in the community are supported to avoid volunteer burn-out. If we were to lose the community services, we wouldn't be able to cope". – Carer (Atherstone)

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Priority five: End of life care

- We will change name of priority to 'End of Life care'
- We will enhance detail on importance of talking about end of life care while person still has capacity
- We will add to the statement about support for carers after the death of their loved one, that they should be supported as the person approaches end of life
- We will add a statement about support with financial advice after the death of loved one.
- We will add a statement(s) about Palliative care

Priority six: Training

- We will add a statement that we will collate and promote the range of courses for carers, delivered by local and national groups.

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Focus on carers

- We will add a statement to each priority area about what specific support will be offered to carers.

Enhancing understanding of the strategy

- Range of colleagues will be asked to read through and 'sense check'
- WCC Communications will undertake an accessibility check as part of design of strategy before publication

Co-production approach

- We will add a statement to include more detail on the co-production approach. This may include annual focus groups to talk to people with dementia and carers about their experiences of care and support.
- Future commissioning of services will include coproduction throughout the commissioning cycle.

Outcomes from engagement:

- Report of engagement through the survey
- Report of in-person engagement
- Review of all feedback, summarised in a 'You said, we did' report. This will outline the key changes to be made to the strategy, and also include details on how the associated strategic delivery plans will be developed.
- All three above reports will be published on Ask Warwickshire.
- Findings considered and incorporated, where possible, into Dementia Strategy.

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Final approvals process, prior to publication

- Discuss strategy at Health and Care Partnership Dementia subgroup - 10th January 2022
- Health and Wellbeing Board on 12th January 2022
- People Group Directorate Leadership Team (date tbc)

For information, discussion and to seek approval to publish (further to any final changes discussed at the meeting):

- Health and Care Partnership Mental Health Strategic Group (date tbc)

For approval to publish:

- Corporate Board (tbc)
- Cabinet (12th April 2022?)
- Health and Wellbeing Board (May 2022)

Coventry City Council are aiming to take the strategy to the April Cabinet meeting for approval to publish.

Aim to publish for Dementia Action Week 16-22 May 2022.

The strategy will be shared with partners, published on the Council's website, and shared through local communication channels.

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Agenda Item 3

Health and Wellbeing Board

Warwickshire Better Together Programme

12 January 2022

Recommendation(s)

That Health and Wellbeing Board:

1. Consider and support the draft list of schemes to be funded from the Improved Better Care Fund (iBCF) for 2022/23; and

2. Consider and comment on the proposed schemes to ensure that these contribute to the wider Health and Wellbeing Board's prevention priorities as well meeting the iBCF grant conditions as set out in the current national Better Care Fund (BCF) Policy Framework; and

3. Requests that a further update be provided to the Board, following publication of the national Better Care Fund Policy Framework for 2022/23 or equivalent replacement.

1. Executive Summary

1.1 Similar to previous years, a draft list of schemes to be funded from the Improved Better Care Fund has been drafted in advance during quarter three of the preceding year. This gives sufficient time to enable discussions between partners to take place, contract extensions to be made to existing contracts where possible and necessary and for staff to ensure continuity of service, or sufficient notice to be given of services to be decommissioned.

1.2 The Health and Wellbeing Board when reviewing the Better Care Fund Plan Submission for 2021/22 at its meeting on the 17th November 2021 requested more involvement and engagement on the draft Improved Better Care Fund (iBCF) plan for 2022/23. This report summarises the proposed plan, which mainly comprises the continuation of existing schemes.

1.3 As the Health and Wellbeing Board is already aware, the Better Care Fund Policy Framework is expected to be replaced in 2022/23. However until more detail is available and timescales are known, it is proposed to plan ahead as normal. The funding settlement for 2022/23 was published on the 16th December 2021, and so the initial draft plan has now been updated to reflect this. Following feedback from Coventry and Warwickshire Clinical Commissioning Group, and Warwickshire County Council's Corporate Board, the draft iBCF plan will be amended before finalisation in early 2022.

2. Financial Implications

2.1 The local authority funding settlement announced on the 16th December 2021 included an allocation of £15.1m for the iBCF 2022/23. This represents a 3% increase from the previous year and is the first inflationary increase in four years. This will enable national living wage, inflation and associated salary increases for the majority of existing schemes to be covered.

2.2 It has been assumed that the same or similar grant conditions will apply in 2022/23 to those in previous years. The grant conditions for the iBCF in 2012/22 state that the funding may only be used for the purposes of:

- Meeting adult social care needs
- Reducing pressures on the NHS, including seasonal winter pressures
- Supporting more people to be discharged from hospital when they are ready
- Ensuring that the social care provider market is supported.

2.3 iBCF funding can be allocated across any or all of the four purposes of the grant in a way that the Local Authority working with Coventry and Warwickshire Clinical Commissioning Group, determines best meets local needs and pressures. No fixed proportion needs to be allocated across each of the purposes. The grant conditions for the iBCF also require that the local authority pool the grant funding into the local BCF, and report as required through BCF reporting

2.4 The iBCF is temporary and is awaiting finalisation of the national Social Care funding review. In order to counter the risk inherent in temporary funding, all new initiatives are temporary or commissioned with exit clauses. There are, however, a number of areas where the funding is being used to maintain statutory social care spending and this would require replacement funding if the Better Care Fund was removed without replacement. This particularly relates to the Stabilising the Market condition: fee rate increases and Meeting Social Care Needs condition: direct funding due to adult social care demand pressures. This risk is noted in Warwickshire County Council's annual and medium-term financial planning.

3. Environmental Implications

3.1 None.

4. Supporting Information

4.1 Draft summary of schemes to be funded from the Improved Better Care Fund or equivalent replacement in 2022/23:

IBCF Grant Conditions	**22/23 Budget Request £000s**	**21/22 Budget £000s**	***Variance* £000s**
Reducing Pressure on the NHS	**3,994**	4,098	*-104*
Stabilising the Market	**6,642**	6,071	*571*
Meeting Social Care Needs	**4,327**	4,238	*89*
Enabling Resource	**281**	281	*0*
Total	**15,244**	**14,688**	
Budget	**15,132**	**14,688**	
Variance	*+112*	*0*	

4.2 A detailed breakdown of schemes to meet each condition are detailed in Appendix 1.

4.3 The proposals for 2022/23 include the following changes to the 2021/22 schemes:

4.3.1 Funding for the existing Restricted Mobility Pathway is not included due to the current discussions taking place with the CCG to provide a more sustainable source of health funding for this scheme.

4.3.2 New for 2022/23 - Potentially extending the hospital to home service to include patients discharged home with either Reablement or CERT support, to enable reablement/rehabilitation to commence the same day.

4.3.3 New for 2022/23 - a small fund to sustain an existing pilot which supports discharge and admission prevention by covering clearing & deep cleaning costs to properties to enable domiciliary care and NHS Community providers to access properties and provide support at home.

4.4 In previous years, delays and underspends to schemes have meant new initiatives have been scoped and agreed by the partnership Finance Sub-Group in year, to ensure funds are spent as per the conditions of the grant. The draft iBCF plan in appendix A is £0.1m (0.7%) more than funding, to pre-empt the need for this.

5. Timescales associated with the decision and next steps

5.1 To ensure continuity of service provision, a decision on the schemes funded from the existing iBCF grant is required by the end of quarter 4 of the preceding year (31/03/22) to ensure that there is sufficient time to give notice to commissioned services and staff of extensions or scheme closure.

5.2 Review and approval by both the Clinical Commissioning Group and Warwickshire County Council’s Corporate Board will be progressed during January 2022.

Appendices

1. Appendix 1 – Draft list of iBCF schemes for 2022/23

Background Papers

1. None.

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Report Author	Rachel Briden, Integrated Partnership Manager	rachelbriden@warwickshire.gov.uk
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Portfolio Holder	Portfolio Holder for Adult Social Care & Health	margaretbell@warwickshire.gov.uk

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

Local Member(s): n/a
Other members: ASCH OSC Chair and Spokes

APPENDIX 1 – DRAFT LIST OF IBCF SCHEMES FOR 2022/23

IBCF Grant Conditions	Scheme Ref:	Proposed Schemes	22/23 Budget Request £000s	21/22 Budget £000s	*Variance £000s*
National Better Care Fund (BCF) Condition – Reducing Pressure on the NHS			**3,994**	**4,098**	***110***
Reducing Length of Stay **Improving flow** **Supporting discharge to usual place of residence**	W-IBCF 1-9	Continuation of **existing schemes** including additional resources or support in acute or community-based hospital settings and schemes directly supporting discharge and flow. All schemes or services support South Warwickshire, Warwickshire North and Rugby Places unless indicated. This includes inflation and salary increases for: **Hospital Based Schemes** - Social Care Staff working in the Hospital Social Care Team and resources to support Trusted Assessments - Housing Hospital Liaison Officers employed by District / Borough Councils - Hospital Social Prescribing Service - The Hospital to Home Service operated by Warwickshire Fire and Rescue Service **Community Based Services** - Commissioning staff working in the Domiciliary Care Referral Team, who broker and secure packages of care with the provider market - Moving on Beds (step down beds to support patient discharges with housing related and other complex issues) - Integrated Community Equipment (additional costs relating to inflation) New schemes – extension to the hospital to home service and clearing & deep cleaning costs to properties	2,067	1,878	*189*
Admissions Avoidance	W- IBCF 10 - 18	Continuation of **existing schemes** including specialist and targeted support and interventions in the community to support admission or readmission prevention. All schemes or services support South Warwickshire, Warwickshire North and Rugby Places unless indicated. This includes inflation and salary increases for: - Support for carers including short breaks for carers - Advocacy related services include the acute based advocacy service - Occupational Therapy team - End of Life rapid response team -	1,927	1,848	*79*

		hospice costs - Falls prevention - contribution to community based care co-ordination for moderate and high risk - Mental Health Street Triage - Community Outreach Offer for adults with autism Residential respite - enabling the local authority to cease charging based on standard residential care protocols Joint Commissioning activity and resource - contribution			

IBCF Grant Conditions	**Scheme Ref:**	**Proposed Schemes**	**22/23 Budget Request £000s**	**21/22 Budget £000s**	***Variance*** **£000s**
National Better Care Fund (BCF) Condition – Stabilising the Market			**6,642**	**6,071**	**571**
Fee rates / increases	W -IBCF 19 - 21	Continuation of **existing schemes** and contributions to protect Adult Social Care older people community care budgets due to necessary fee rate increases, and NHS budgets by providing night support in Extra Care Housing Settings. All schemes or services support South Warwickshire, Warwickshire North and Rugby Places unless indicated. **<u>Contribution to base budget pressures</u>** Residential and nursing care Care at home including domiciliary care, supported living and sleeping nights Extra Care Housing waking nights cover including extension to an additional scheme - Farmers Court	5,752	5,199	*553*
Market support and development	W -IBCF 22 - 24	Schemes to support and stabilise the Provider Market. All schemes or services support South Warwickshire, Warwickshire North and Rugby Places unless indicated. This includes inflation and salary increases for: The provider Learning and Development Partnership; and Additional OT and specialist quality assurance resource and expertise	890	852	*18*

IBCF Grant Conditions	Scheme Ref:	Proposed Schemes	22/23 Budget Request £000s	21/22 Budget £000s	*Variance* £000s
National Better Care Fund (BCF) Condition – Meeting Social Care Needs			**4,327**	**4,238**	***89***
Supporting adult social care pressures	W -IBCF 25 - 28	Continuation of **direct funding contributions due to demand pressures** relating to older people community care budgets, social care capacity and housing related support; and **sustaining existing dementia schemes** (day opportunities, navigators and carers support).	4,327	4,238	*89*
Enabling Resource			**281**	**281**	***0***
Support	W -IBCF 29 & 30	These schemes fund the resources (programme, project, analytical, insight and comms) to meet the BCF governance and reporting requirements relating to the Better Together Programme, Joint Commissioning Board, Housing Partnership and system wide operational improvements to support discharge.	281	281	*0*
		Total	15,244	14,688	
		Budget	15,132	14,688	
		Variance	**112**		

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Health and Wellbeing Board

Provider Workforce Update

12 January 2022

1. Recommendation(s)

That the Health and Wellbeing Board:

1.1. Notes and comments upon the impact of the recruitment and staff retention challenges currently facing the Adult Social Care (ASC) market.

1.2 Notes and comments upon the similar workforce pressures within the children's public health and children's social care commissioned provision and the mitigations being undertaken to manage pressures and risk.

1.3 Supports the short-term actions being taken locally by health and social care partners to assist/improve recruitment and retention.

1.4 Supports the further long-term options to assist/improve recruitment and retention that may be available to health and social care partners.

2. Executive Summary

2.1. Nationally, the ASC commissioned provider market sector is reaching a crisis point. Care providers are facing acute problems in recruiting and retaining frontline staff for a variety of reasons, including burnout from the pandemic and higher pay rates being available elsewhere as the economy picks up.

2.2. Nationally the number of people working in ASC was estimated at 1.54million during 2020/21 and the number of ASC jobs in England was estimated at 1.67 million – meaning a shortage of staff in the region of 0.13m nationally. The number of vacancies has increased by around 2.8% (45,000 jobs) between 2019/20 and 2020/21. ASC data collected between March 2021 and August 2021 shows a decrease in filled posts in recent months. Overall, the decrease was around -1.8% and was higher in care homes (-2.2%) than in domiciliary care (-0.8%). An estimated 17,700 organisations were involved in providing or organising ASC in England during 2020/21. Those services were delivered in an estimated 39,000 establishments.

2.3. Across Warwickshire, the national workforce issues are impacting at a local level. There are significant issues with recruitment and retention of front-line care staff across Learning Disability Supported Living Schemes, Domiciliary Care Services (including Extra Care Housing and Specialised Supported Housing provision) Residential and Nursing Care Homes. This is resulting in an ASC commissioned care market that is unstable and at risk of not upholding consistency of service delivery and acceptable standards of quality.

2.4. In response to the challenges being experienced, there are a number of immediate system processes and protocols underway; Silver, Bronze and Gold escalation

meetings at a health and social care strategic level and at a more granular level, the Council has convened a Workforce Officer Group which is both implementing and considering a number of solutions aimed at sustaining a strained market in the short and longer term.

2.5 The Council is also passporting the national funding to the commissioned provider market. An overall total of £28million has been allocated to date since the start of the pandemic as quickly and flexibly as possible to try to mitigate some of the workforce pressures. This funding distribution can be summarised at the current time as follows:

a) Infection Control and Testing Fund (round 3) – the Council has been allocated more than £4.2m, which has been passed to the adult social care sector for the purposes of funding infection control measures, e.g., paying staff full wages for periods of self-isolation, associated costs of testing and vaccines.

b) Workforce Recruitment and Retention Fund – the Council has received a further £1.5m funding which is to be used to deliver measures that address local workforce capacity pressures in adult social care between 21 October 2021 and 31 March 2022 through recruitment and retention activity, e.g. pay overtime rates to encourage staff to work shifts additional to their usual or contracted hours.

c) Additional Winter Workforce funding – although full details are still to be confirmed, the Council is scheduled to receive close to £3m in the near future to help recruit and reward social care workforce *in* Warwickshire.

2.6. In the longer term, the Council's People Strategy & Commissioning service will be developing a workforce strategy that will detail how the Council will respond to the ongoing workforce pressures within the commissioned social care market. A first draft of this strategy will be available in April 2022.

3. Supporting Information

3.1. Domiciliary Care

3.1.1. Domiciliary Care commissioned providers continue to report a severe and growing shortage of domiciliary care provider workforce capacity since the end of the national lockdown measures in July 2021. This is generating significant delays in resourcing care packages, i.e., demand is outstripping supply. This is in turn negatively impacting on timely hospital discharges as well as increasing risks for other vulnerable customers in need of care, e.g., customers in the community already in receipt of a care package who require an increase in hours to maintain their independence and wellbeing.

3.1.2. Providers have cited a variety of reasons for the current problems including.

- Staff leaving to join agencies and/or other sectors, e.g., hospitality, catering, retail, delivery etc.
- Low Pay, unsocial hours, and low pay for travel time
- Rising cost of fuel providing a disincentive to provide care at home
- Recruitment issues
- Public's behaviours/actions

- Mental Health issues, such as staff burn out
- Lack of recognition for domiciliary care market when compared to NHS
- Escalating costs of agency staffing
- Untaken A/L carried over from 2020/21

3.1.3. Similar workforce pressures outlined in the section above are also being seen in the wider care at home services, particularly Extra Care Housing and Learning Disability Supported Living services. Extra Care and Specialised Supported Housing (for people with Disabilities).

3.2. **Residential/Nursing Care**

3.2.1. Residential and Nursing Care services are also being affected by the issues outlined above, as well as the introduction on 11th November of new legislation requiring registered persons of all Care Quality Commission (CQC) registered care homes (which provide accommodation together with nursing or personal care) to ensure that a person does not enter the indoor premises unless they have been vaccinated (subject to certain exemptions). Overall, this legislation has resulted in a loss of 121 staff from the Warwickshire residential and nursing home market as staff who did not wish to be vaccinated have had to leave their employment in the sector.

3.2.2. Some homes are restricting overall capacity or new admissions because of reduced staffing levels. Signs of market recovery had been good in summer 2021 but the increase in care homes occupancy has halted.

3.2.3. Market potential for commissioning hospital discharge pathway beds to meet the very high volume this winter has been limited by the lower available staffing. Where bed availability is reduced, there can be local increases to bed price.

3.3 **Community Equipment Provision**

3.3.1. The service is currently dealing with significant issues nationally within both the social care sector providers and community equipment providers as a result of Brexit and moving out of restrictions from the pandemic, these include: -

- Manufacturing and Shipping
- Operational demand
- Recruitment and retention

3.3.2. Commissioners, partners and the contracted provider have worked together to put the following mitigation in place:

- Contract extensions have been agreed where possible. This will support both the provider market and partners to focus on business continuity and resilience planning to manage and mitigate current pressures. The extensions enable shipping and supplier chains to recover following the initial impact of Brexit and the Covid restrictions.
- The provider has introduced additional capacity to oversee the operations including drivers/deliveries, logistics and operations.
- The provider has revised driver contracted working hours to better align coverage throughout the working day with the pressure points.

- The Provider has committed to explore innovative ways to improve staff retention and attract new staff.
- Ongoing promotion of the equipment counter collection facility at the depot.
- Exploration of the use of volunteers to support equipment delivery and drop-off.
- Proposals to maximise the collection of priority equipment from the community.

3.4 Current ASC Job Vacancy Issues

3.4.1 With domiciliary and residential care being the areas of the market currently most under pressure, it is worth noting the current job vacancy and staff turnover figures below:

Table 2 – ASC vacancy figures (October 2021)

Service Area	Job Vacancy % rate	Staff turnover rate
Residential Care	9%	34%
Nursing Home	6%	38%
Domiciliary Care	6%	41%

3.4.2 A recent survey of the Council's commissioned providers indicated that there are over 850 vacant ASC jobs, including Managers, Deputies, Social Care, Catering and Housekeeping, with some of the larger providers carrying up to 20 to 30 job vacancies. Current estimates indicate that 121 staff (2%) have exited the sector due to the government's 11 November mandatory vaccine deadline.

3.5 Children's Public Health and Social Care Commissioned provision.

3.5.1 Workforce capacity pressures are also impacting on children's public health and children's social care commissioned provision. For public health services, pressures are particularly impacting on health visitors' capacity to undertake the five mandated contacts and deliver the breadth of the Heathy Child Programme for 0-5s, leading to a significant drop in performance for the mandated contacts. This is due to a combination of factors including: national shortages of health visitors causing recruitment challenges, increase in cohort of babies, increase in complexity of presenting need, numbers of staff on maternity leave and sickness absence, ageing workforce with staff retiring, and the existing workforce depleted from the level of intensity required to sustain provision during the pandemic. An Emergency Management Plan has been co-developed between the Council and its provider to prioritise clinical delivery of this service during this challenging period, and to escalate pace of ongoing and new work to mitigate risks and create capacity within the team.

3.5.2 The School Health and Wellbeing Service is also noting increases in both referrals and levels of need since the pandemic commenced, and these are now stretching our providers' ability to respond and deliver the breadth of the Healthy Child Programme for 5-19s. Work is continuing with both providers, and a further update on progress will be available at the meeting.

3.5.3. It is important to note that these issues are also impacting on services across the region and nationally. The Institute of Health Visiting recently published their report on the State of Health Visiting 2021 and this noted that there is a national shortage

of 5000 health visitors, with only 9% of health visitors holding the recommended caseloads of 250 children per WTE Health Visitor.

3.5.4. For children’s social care provision, Children and Family Centres are echoing issues in relation to levels of workforce pressures and presenting need. In addition, feedback from the foster care and residential provider market is that they too are facing staffing issues like everywhere else. Covid is meaning that staff are absent and as such agency staff are being used more which, where excessive, can have an impact on quality of provision.

3.5.5 Our experience from our own internal children's home recruitment is that good quality staff are becoming increasingly difficult to source, registered managers especially, are hard to come by. Providers are paying extra to keep the good ones. With so many homes opening up there are plenty of vacancies and providers do not want to risk their business by losing skilled staff and mangers.

4. Financial Implications

4.1 With the end of the 2021/22 financial year drawing to a close, planning is under way in terms of the inflationary uplift that will be required to sustain the ASC market for 2022/23 and beyond.

4.2 2021/22 saw an average inflationary uplift of 2% across the commissioned ASC market. Officers are currently giving due consideration to a number of options to meet inflationary pressures following a period of market engagement.

4.3 The financial implications of the workforce pressures within commissioned social care provision may result in costs to the Council increasing. Commissioned providers may have to request a higher charge to the Council for services provided, if they are unable to sustain a stable workforce. We have received feedback that care agencies are increasing their charges to providers for using their agency bank of staff and therefore the hourly rate that providers receive is not covering this cost. Providers are also evidencing that unless care roles can pay above the National Living Wage of £9.50, then a career in care remains unattractive. When the care sector is directly competing against big nationals then these care roles will remain vacant.

5. Environmental Implications

None

6. Timescales associated with the decision and next steps

6.1 Short Term Solutions within ASC

6.1.1. A number of options to resolve or ease the current recruitment problems are already under way. These include:

a). Short Term Funding: Central government funding streams are available through to the end of the current financial year, e.g., the Workforce Recruitment and Retention Fund (and now additional Workforce Grant), discretionary COVID funding, Hospital Discharge. We are taking action to passport these funds to providers as quickly as possible.

b) System Escalation: Working closely with acute NHS providers and CCG colleagues through bronze, silver and gold meetings to share updates on initiatives that are in place to mitigate the commissioned provider workforce issues.

c) Silver escalation meeting has developed a system wide action plan across Coventry and Warwickshire and there are a number of actions that the Council is taking in relation to this:

- Commissioning colleagues to undertake ‘roadshows’ across the 3 acute NHS providers to share in detail the workforce pressures being experienced and to outline how ward staff can assist, by managing patient expectations before they are discharged.
- Consideration of the development of the hotel model which sees patients being discharged into the hotel with care; this mitigates the need for the workforce to travel as care is delivered over 1 site.
- The development of a retiree driver scheme, to assist domiciliary care services that need transport for carers to attend their care calls.

d). Business Support: Supporting the domiciliary care sector to review/streamline its rotas and ensure the workforce is being used efficiently and effectively, particularly in the under-pressure areas.

e). Introduction of Recruitment ‘Special’ Mutual Aid meetings: Commissioning staff from the Council and the CCG meeting with commissioned learning disability and domiciliary care providers regularly to focus on problems facing the sector, looking at the potential solutions from both a provider and commissioner perspective.

f). Learning & Development: the Council’s team continue to work with the market and support partners in accessing a number of initiatives aimed at increasing workforce capacity. These include:

- Recruitment campaigns - including a radio campaign during December 2021
- Linking to recruitment specialists who offer courses to upskill the market and/or offer funding to pay for driving lessons/tests, uniforms, DBS etc.
- Linking up with the NHS to re-direct potential candidates that were not successful in an NHS job, but have transferrable skills to work in social care.
- Working with colleges to take apprenticeship placements
- Working with veterans leaving the forces to match jobs to suitable candidates
- Maildrops in most areas
- Events to raise the profile of social care, e.g., Job Fairs
- Developing a career progression pathway for domiciliary care

6.2. **Long Term Solutions**

6.2.1. There is acknowledgement that whilst the short-term solutions should assist with immediate workforce pressures, there is a requirement to undertake strategic planning to find ways for commissioned services to continue to be sustainable in this new era of pressure. A number of national initiatives are developing at pace, that will impact on Warwickshire.

- National mandatory Covid vaccine requirement for those staff working in regulated care and within the NHS
- 'Build Back Better' The Governments plan for health and social care, which proposes the introduction of the Health and Social Care Levy from April 2022
- 'People at The Heart of Care' Adult Social Care reform white paper, outlining a 10 year vision
- Additional workforce funding of £300 million ringfenced to help recruit and reward social care workforce.

6.2.2. From a local perspective the national initiatives are being planned into the commissioning cycle across Warwickshire. All the local pursuits will be underpinned by a Warwickshire Commissioned Provision Workforce Strategy which is being developed by the Councils Strategy & Commissioning team that will be presented in first draft form in April 2022. Key elements within the strategy to include:

- Development of the Integrated Care System and how this will impact and create opportunities for a joint health and social care workforce
- Commissioning at place, which may result in workforce requirements differing depending on where a service is being delivered.
- Designing and pricing models for commissioned provision with the aim of achieving value for money whilst supporting the market to thrive.
- Considering opportunities for capital investment.
- Embedding commissioning models that are outcome based in delivery, this will give providers the autonomy to be flexible with care delivery. This will create an agile care workforce that only delivers and supports what is needed.
- A push on the preventative offer for citizens of Warwickshire, to ensure that the voluntary sector and other community groups can be utilised to compliment or replace commissioned care provision
- The use of assistive technology to ensure that citizens receive the support they require, but this does not always need to be from a physical presence.
- Phase 2 delivery of the Specialised Supported Housing Programme (Extra Care Housing (ECH) and Specialised Housing all age disability (SHAD)) based on a review of place-based need.

Appendices

None

Background Papers

None

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Local Members consulted: None

Other Members consulted: Councillors Bell, Drew, Golby, Holland and Rolfe

Health and Wellbeing Board

Commissioning of Dental Services

12 January 2022

NHS England and NHS Improvement (NHSEI) has been approached for an update on the position of dental services. This briefing is written as background reading and introduction to the current situation. At the January Committee a presentation will be given with high level information; the background briefing is intended to aid and promote discussion.

This briefing has been developed between NHS England and NHS Improvement Commissioning Team managers and Consultants in Dental Public Health. NHSE/I was has provided specific information as requested on children's access and the issue of identification of oral cancers. We have also spoken to the local Healthwatch to identify and respond to further issues of concern relating to private dentistry and to specific local access issues in Rugby and Bidford.

Introduction

Firstly; it is important to clarify that NHS dental care, including that available on the high street (primary care), through Community Dental Services or through Trusts is delivered by providers who hold contracts with NHS England and NHS Improvement. All other dental services are of a private nature and outside the scope of control of NHSEI. The requirement for NHS contracts in primary and community dental care has been in place since 2006.

Secondly; there is no system of registration with a dental practice. People with open courses of treatment are practice patients during the duration of their treatment, however once complete; apart from repairs and replacements the practice has no ongoing responsibility. People often associate themselves with dental practices. Many dental practices may refer to having a patient list or taking on new patients, however there is no registration in the same way as for GP practices and patients are theoretically free to attend any dentist who will accept them. Dental statistics are often based on numbers of patients in touch with practices within a 24 month period (for adults) or 12 months for children. Before COVID patients would often make repeat attendances at a "usual or regular dentist". This would be the list of patients who would be recalled regularly for check-ups. During the pandemic contractual responsibilities have changed and in order to benefit from payment protection practices are required to prioritise urgent care; vulnerable patients (including children) and those whose dental health makes it likely they would benefit from an opportunistic check-up. In many practices there will not yet be sufficient capacity to be able to offer routine check ups to those who generally have good oral health.

Warwickshire has 65 general dental practices; which offer a range of routine dental services; 3 of these also provide orthodontic services. There are in addition 5 specialist Orthodontic practices. Secondary care is provided by South Warwickshire NHS Foundation Trust (SWFT) and by George Eliot NHS Trust (GEH) which also provides Community Dental Services for special care adults and children from a number of clinics across the area. Patients may have to travel to the Dental Hospital in Birmingham for more specialist services such as complex Restorative dentistry, oral medicine or to the Children's Hospital where a child has complex medical issues.

A map of the location of local dental surgeries is given in Appendix 1. In some cases there will be practices in close proximity and the numbers on the map reflect this where the scale does not permit them being displayed individually. The two maps have shading showing travel times by public transport or car.

Prior to the pandemic Warwickshire had some of the highest access rates across the region. There were however some local areas where issues had been identified. Due to two practice closures in Nuneaton and Rugby and known access issues in rural communities at Bidford and Shipston on Stour an access initiative was launched late in 2019 to allow practices to be paid for overperformance for taking on new patients. Additional activity was offered to 13 practices. Unfortunately due to the early impact of the pandemic during February and March 2020 only 3 of these practices received additional funding – one was in Bidford and two were in Rugby.

A strategic review of access is planned, however there are generally other priority areas across the region where access is significantly worse. NHSEI anticipates having access shortly to a mapping tool to identify local areas which may have specific issues (in a similar way to the work conducted in 2019) which may assist in a more targeted approach to tackle these.

Before the pandemic, around 50% of the population were routinely in touch with NHS high street dental services; the numbers of people attending private services is not known; but is not 50% of the population.

Many people with chaotic lifestyles or who are vulnerable may not engage with routine care and may instead use out of hours dental services. Individuals are free to approach practices to seek dental care and further information on NHS dental practices is available on the NHS website:

https://www.nhs.uk/service-search/find-a-Dentist although information provided by local dentists may not always be fully up to date.

Dental Charges

Dentistry is one of the few NHS services where you have to pay a contribution towards the cost of your care. The current charges are:

- **Emergency dental treatment – £23.80** This covers emergency care in a primary care NHS dental practice such as pain relief or a temporary filling.
- **Band 1 course of treatment – £23.80** This covers an examination, diagnosis (including X-rays), advice on how to prevent future problems, a scale and polish if clinically needed, and preventative care such as the application of fluoride varnish or fissure sealant if appropriate.
- **Band 2 course of treatment – £65.20** This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work or removal of teeth but not more complex items covered by Band 3.
- **Band 3 course of treatment – £282.80** This covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges and other laboratory work.

Any treatment that your dentist believes is clinically necessary to achieve and maintain good oral health should be available on the NHS.

More information here: https://www.nhs.uk/using-the-nhs/nhs-services/dentists/understanding-nhs-dental-charges/

All NHS dental practices have access to posters and leaflets that should be prominently displayed.

NHS dental charges from 1 April 2017 (nhsbsa.nhs.uk)

The proportion of adult patients who are exempt from NHS charges is just under a third but varies between practices.

Impact of the pandemic

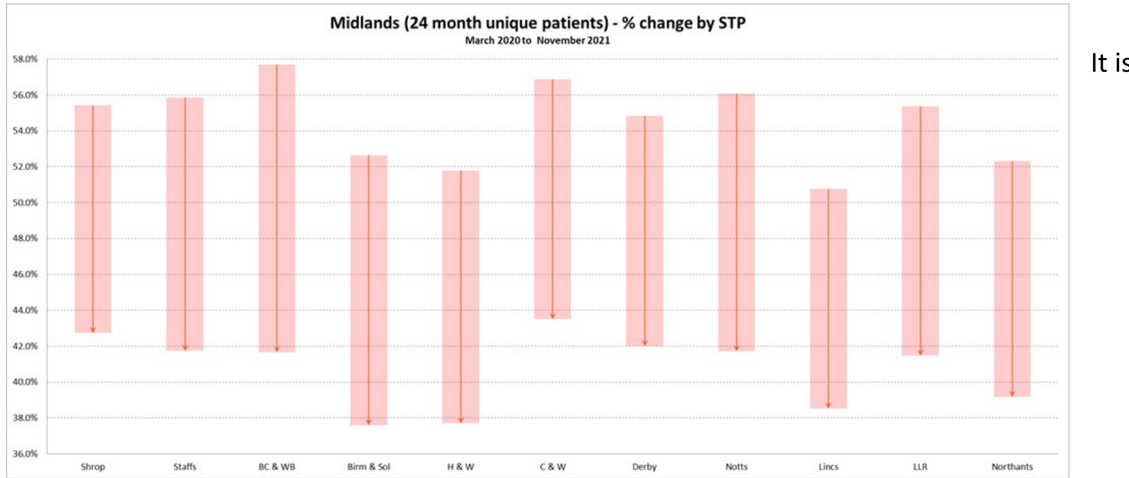
The ongoing COVID-19 pandemic has had a considerable impact on dental services and the availability of dental care; the long-term impact on oral health is as yet unknown. Routine dental services in England were required to cease operating when the UK went into lockdown on 23rd March. A network of Urgent Dental Care Centres (UDCCs) was established across the Midlands during early April to allow those requiring urgent treatment to be seen. These UDCs are not currently operational (as practices have now reopened) but remain on standby in case of future issues that may affect delivery of services (such as staff shortages due to sickness – for example as a consequence of a COVID outbreak).

From 8th June 2020, practices were allowed to re-open however they have had to implement additional infection prevention measures and ensure social distancing of patients and staff. A particular constraint has been the introduction of the so-called 'fallow time' – a period of time for which the surgery must be left empty following any aerosol-generating procedure (AGP). An AGP is one that involves the use of high-speed drills or instrument and would include fillings or root canal treatment. This has had a marked impact on the throughput of patients and the number of appointments on offer. For a large part of 2020 many practices were offering only about 20% of the usual number of face to face appointments and relying instead on providing remote triage of assessment, advice and antibiotics (where indicated). The situation improved in early 2021 and since then practices have been required to deliver increasing levels of activity.

In order to qualify for payment protection, practices are required to open throughout their contracted normal surgery hours (some practices are offering extended opening to better utilise their staff and surgery capacity) and to have reasonable staffing levels for NHS services in place. Practices are currently required to maximise capacity and to reach a minimum of 65% of normal activity for general dentistry and 85% of normal activity for orthodontics. Practices must also meet a set of conditions that include a commitment to prioritise urgent care for both their regular patients and those referred via NHS111 and to prioritise additional capacity for vulnerable patients.

Infection prevention measures have been reviewed subsequently and new guidance issued recently which may increase the number of slots from January 2022. The revised arrangements for the early part of 2022 will be published just prior to Christmas.

The graphs in Appendix below show the average pattern of delivery of activity over the course of the pandemic and how this has increased regionally, together with more local information for Coventry and Warwickshire which has generally been one of the best performing areas.



It is estimated that across the region there has been nearly the equivalent of a year's worth of appointments lost in primary care dentistry since the start of the pandemic.

The effects have been similar in community and secondary care due to restricted capacity which can be as a consequence of staff absences or re-deployment of staff to support COVID activities.

Aside from the effects of reduced dental access, it is possible that the pandemic will have other long-term effects on oral and general health due to the impact on nutritional intake – for example, increased consumption of foods with a longer shelf life (often higher in salt or sugar), coupled with possible increased intake of high-calorie snacks, takeaway foods and alcohol. Increases in sugar intake and alcohol intake could have a detrimental effect on an individual's oral health. Again, those impacted to the greatest extent by this are likely to be the vulnerable and most deprived cohorts of the population, thus further exacerbating existing health inequalities.

Finally, it is important to note that some of the most vulnerable in the population, whose oral health may have been affected by the pandemic as described above, are also those individuals who are at greater risk of contracting COVID-19 and of experiencing worse outcomes due to risk factors linked to other long term health conditions.

The Dental Team have surveyed dental practices on a number of issues so as to gain assurance that they have received and implemented the guidance that has been sent out. This includes:

- a statement of preparedness return
- information on air exchanges to support appropriate use of surgeries and downtime between procedures (including financial support to get expert advice)
- information on risk assessment of staff within the practice (including vaccination status).

Restoration of Services

As explained previously, in line with national guidance issued in response to the COVID-19 pandemic, dental practices in the Midlands are currently not providing routine care in the same way as they were prior to the pandemic.

The capacity and number of appointments available will vary depending on the type of practice and the number and configuration of surgeries and waiting rooms.

Specialist Orthodontic practices have continued to prioritise and care for patients already in treatment and have now successfully recovered to almost normal level of service allowing them to see new patients. These patients are being prioritised based on clinical need (to avoid harm) rather than on length of time on a waiting list. This means that there are longer than usual waiting times for patients awaiting routine treatment.

As a result of the pandemic, dental practices have undertaken risk assessments of their premises and have made changes to the way they provide dental care. This is to ensure the safety of both patients and staff. These additional safety precautions mean that practices are able to see fewer patients than before due to required measures to ensure social distancing and prevent any risk of spreading of infection between patients. Surgeries require “fallow time” or downtime between patients to allow for droplets to settle prior to cleaning. This will depend on the level of ventilation to the room.

As a result, not all practices or clinics will necessarily be able to offer the full range of dental treatment in all their surgeries. Practices have been offered a contribution to a survey to get expert advice on the ventilation within their practice and any changes that can be made to improve this.

It is important to note that patients should expect to be contacted and asked to undergo an assessment prior to receiving an appointment and that they are still required to follow advice around social distancing and mask wearing. The latest guidance is that patients will be treated differently depending on whether they have respiratory symptoms and that non urgent care should be delayed until the patient is asymptomatic. Patients need to be honest about their COVID status and whether or not they are experiencing symptoms or have been asked to isolate. They will then be directed to the most appropriate service. This is for their own safety and the safety of staff and other patients.

Dental teams and commissioning teams across the country are working hard to restore services and deal with the inevitable backlog of patients that has built up over the last 21 months. There is significant potential for the reduction in access to services to have disproportionately affected certain population groups and therefore to have further widened existing inequalities. Those with poorer oral health and/or additional vulnerabilities are likely to have suffered more from being unable to access dental care than those with a well-maintained dentition. Furthermore, there is ongoing concern about a reluctance amongst some people to present for care because of the pandemic either because they do not want to be a burden on the health service or because they fear getting coronavirus. A campaign reassuring people that it is safe to attend appointments has recently been launched. Again, this delay in seeking care is likely to have affected some of the more vulnerable population cohorts more than the general population thus further exacerbating the health inequalities.

Reduced access to dental care over the course of the pandemic will have resulted in compromised outcomes for some patients. Due to the duration of the lockdown and the length of time during which routine face to face activity ceased, a number of patients who ordinarily would have had a clinical intervention, will have instead received antibiotics; possibly repeated courses. Some who were part way through treatment will undoubtedly have suffered and may have lost teeth they would not have done otherwise - temporary fillings placed pre-lockdown, for example, and only intended as temporary measures, may have come out and some of those affected teeth will subsequently have deteriorated further as the required treatment was simply not available.

Orthodontic patients who are routinely seen for regular reviews will have missed appointments, though harm reviews and remote consultations should have helped identify any urgent issues. The ongoing backlog and ever-increasing waiting lists do however mean that there is still a risk of those recall intervals being extended to try and free up capacity to see new patients. Patient compliance with the required oral hygiene measures may wane over time and consequently there is an increased risk of decay developing around the orthodontic appliances if treatment is prolonged in this way.

Recovery Initiatives

A large investment has been made to facilitate initiatives designed to increase access in both primary, community and secondary dental care. Some of the schemes that have been supported are:

- Weekend Access – For Coventry and Warwickshire 8 practices were contracted to provide 761 additional sessions at an initial cost of £304,400 with a further additional 100 sessions to be added from Jan to Mar 2022 including 1 new practice in Nuneaton.
- Overperformance – Practices who are able to deliver normal levels of activity (often those with smaller NHS contracts) are being offered funding to overperform an additional 4% (as capped by dental regulations).
- Additional Orthodontic Case Starts – an offer has been made to practices with capacity for additional activity to tackle waiting lists – the team are currently reviewing applications.
- CDS Support Practices – the team are about to recruit a number of practices (2 per local authority area) to work collaboratively to provide additional capacity to assist in routine review and managing patients who are in the care of the CDS.
- Dedicated In Hours Urgent Care Sessions – additional capacity for NHS 111 to signpost urgent patients without a regular dental practice.
- Additional non recurrent investment to support oral health improvement initiatives such as supervised toothbrushing with £10,000 allocated to the CWPT oral health promotion team to expand existing schemes across the wider ICS area (to include Warwickshire).
- Investment initiatives locally in Secondary and Community Care including £15,592 for additional sedation activity at GEH

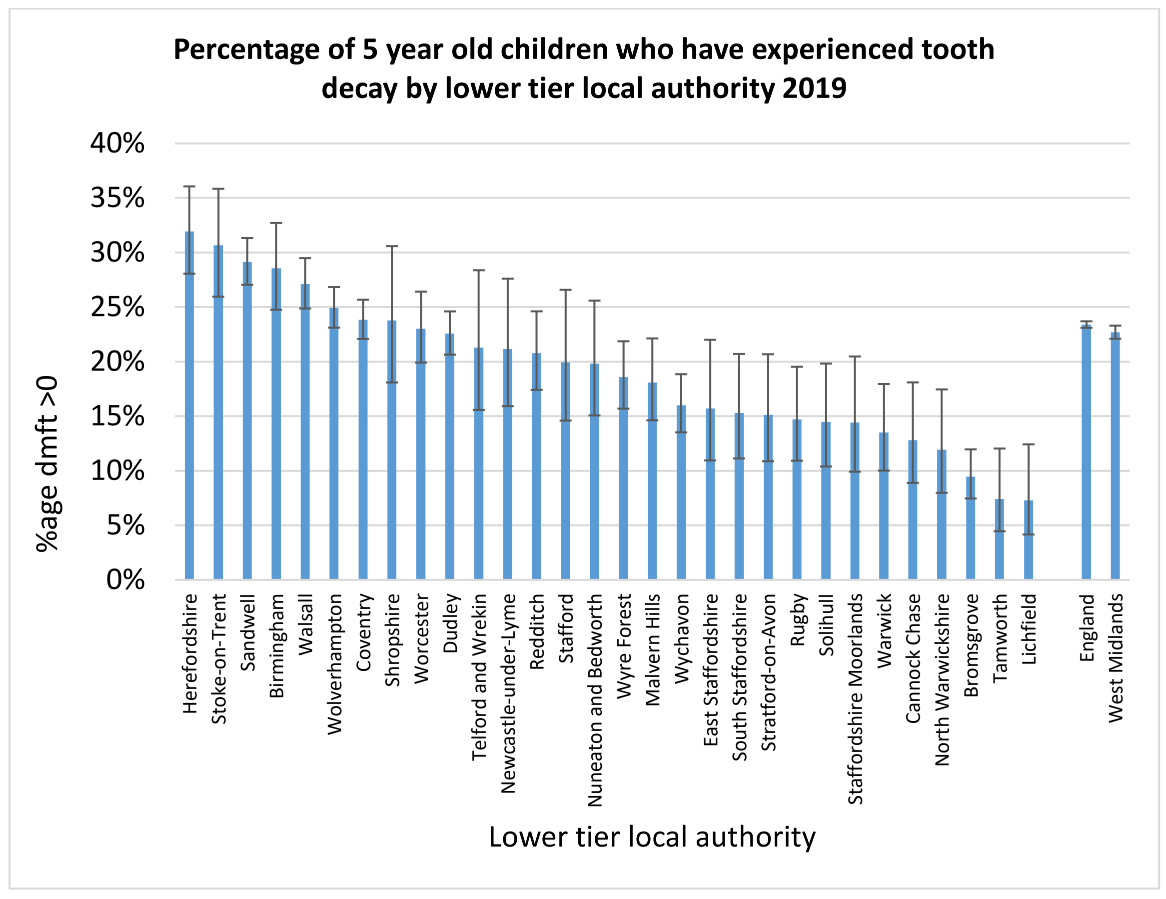
Vulnerable Groups

There are two groups of vulnerable patients – those vulnerable due to COVID and those who are vulnerable with respect to their oral health. For those in the categories who are vulnerable or shielded due to age or underlying health conditions special arrangements will be made to ensure they are able to access care safely. Some patients may be seen by their usual practice but will usually be offered an appointment at the beginning or end of a session.

There are in addition a number of groups of patients who are less likely to engage with routine dental services and likely to experience worse oral health.

Oral health and inequalities

Oral health is an important public health issue, with significant inequalities still evident. Deprived and vulnerable individuals are more at risk, both of and from, oral disease. The findings of the 2017/2018 survey of adults attending general dental practices in England showed that poorer oral health disproportionately affected those at the older end of the age spectrum and those from more deprived areas.[1] Whilst there has been an overall improvement in oral health in recent decades, further work is needed to improve oral health and reduce inequalities. The 2019 national oral health survey of 5 year old children showed wide variation in both the prevalence and severity of dental decay among young children (Figure 1).[2] The West Midlands benefits from water fluoridation across a large part of the geography; this means that children in those areas are significantly less likely to experience tooth decay compared to their peers elsewhere in the region or country. The whole of the population in Warwickshire benefits from water fluoridation. It is worthy of note that dental decay remains the most common reason nationally for hospital admissions in children aged 5-9 years.[3]



We are aware that some vulnerable groups are finding it harder than usual to access services – particularly as no walk-in options are available. We are continuing to review pathways and treatment arrangements for these patients to ensure that they can continue to access urgent care. Primarily this is through NHS 111. Many practices are operating with reduced capacity and will therefore be restricted in the care that they can offer to new patients. Arrangements have been put in place for 6 additional dedicated urgent care sessions locally to help facilitate access for those who may not have a regular dentist. These are provided by 3 practices in Warwickshire with a fourth

practice providing additional cover over the Christmas period. In addition the CDS has been ensuring access for vulnerable patients through their network of local clinics.

Additional dental capacity was also commissioned to support Afghan refugees repatriated to the UK and housed in local hotels. This was by way of dedicated domiciliary support to quarantine hotels and ongoing additional capacity at a local practice in Bedworth (to ensure the additional workload did not negatively impact on wider patient access).

Some patients who have previously accessed care privately may now be seeking NHS care due to financial problems related to the pandemic or due to the additional PPE charges that are apparently being levied by some private dental practices. This is putting additional pressure on services at a time when capacity is constrained. These patients are eligible for NHS care, however they may find it difficult to find an NHS practice willing to take them on and are likely to be able to access care instead through ringing NHS 111.

It should be noted that many dental practices operate a mixed private/NHS model of care and although NHS contract payments have been maintained by NHSEI the private element of their business may have been adversely affected by the pandemic. The Chief Dental Officer set up a short life working group who undertook an investigation into the resilience of mixed practices. They concluded that whilst there would have been an interruption of income, the risk of a large number of practices facing insolvency over the next 12 to 18 months was low. There have been anecdotal reports of some practices being reluctant to offer NHS appointments (particularly routine) and instead offering the chance to be seen earlier as a private patient. Practices are required under the terms of the payment protection arrangements currently in place to maximise capacity and should not be pressuring patients into private care. The contracting team will investigate any such reports but will need detailed information on the date and time of any instance so that this can be raised with the practice for a response.

Children's Access

It became apparent early in the pandemic that children's access had been particularly badly affected. This was due both to dental practices focussing less on routine care and on parents being reluctant to bring children to medical/dental appointments – the pattern was consistent across other services too.

The recent CCG mergers mean that reporting has changed over the last year however we have attempted to present comparative local detail as well as later merged data and included the March 2020 figures for pre-Covid reference.

		Child access (seen in preceding 12 months)				
Code	Name	March 2020	DEC 2020	DEC 2020	MARCH 2021	JUNE 2021
05H	Warwickshire North CCG	61.1%	37.0%	31.2%	24.4%	34.8%
05R	South Warwickshire CCG		36.6%			
05A	Coventry and Rugby CCG		26.3%			
	ENGLAND	58.7%	29.8%	29.8%	23.0%	32.8%
	MIDLANDS REGION	58.6%	29.3%	29.3%	22.4%	32.4%
LA	Warwickshire County Council	62.1%	33.7%	33.7%	28.0%	38.3%
LA	Coventry City Council	57.6%	27.6%	27.6%	18.9%	29.5%

The picture is similar to other areas and regional / national – there was a decline to a low point in March 2021 with degree of recovery by June – the numbers of children being seen remain lower than pre COVID. Warwickshire however has one of the higher than average levels of access.

Prior to the pandemic the local commissioning team had been working on encouraging parents to take children to the dentist early.

The main aim of this Starting Well scheme was to increase access to NHS Dentistry in the NHS West Midlands geography in the very young (0-2 age group). There were four objectives:

1. To identify 'influencer' groups and individuals who can play a part in encouraging and facilitating parents / carers of children aged 0-2 to visit an NHS dentist.
2. To equip influencers with resources and information to influence parents / carers of children aged 0-2 to visit an NHS dentist.
3. To equip and encourage dental teams to see more 0-2-year olds
4. To ensure sufficient capacity for practices to take on additional young patients for check ups

Apart from media campaigns, joint local working with health visiting teams and training and resources for practices there was funding made available to ensure capacity to take on additional children for check ups before the age of 2. 10 practices in Warwickshire were offered additional funding for 19/20 and 2 managed to deliver additional activity despite the impact of COVID in the early part of 2020.

As capacity is currently restricted and whilst children's appointments should be prioritised it may not be possible at present for very young children to be seen in the way that was originally being promoted. However the commissioning team have been working on a new scheme to encourage child friendly practices locally to provide support to local Community Dental Services to work in a shared care model to free up capacity for specially trained staff to focus on tackling backlogs of patients requiring complex treatment. We will be seeking two practices locally in the New Year and additional training will be provided.

Work is also in hand to strengthen local prevention initiatives and the dental team have been working closely with colleagues in the Local Authority to further develop oral health promotion and to merge existing teams to provide a more resilient service across the new ICS area.

OOH Provision

Out of hours services provide urgent dental care only.

Definition of "Urgent Dental Care"

Urgent and emergency oral and dental conditions are those likely to cause deterioration in oral or general health and where timely intervention for relief of oral pain and infection is important to prevent worsening of ill health and reduce complications (SDCEP, 2013). Urgent dental care problems have been defined previously into three categories (SDCEP, 2007). The table below shows

current national information about the 3 elements of dental need and best practice timelines for patients to receive self-help or face to face care.

Triage Category	Time Scale
Routine Dental Problems	Provide self-help advice. Provide access to an appropriate service within 7 days if required. Advise patient to call back if their condition deteriorates
Urgent Dental Conditions	Provide self-help advice and treat patient within 24 hours. Advise patient to call back if their condition deteriorates
Dental Emergencies	Contact with a clinician within 60 minutes and subsequent treatment within a timescale that is appropriate to the severity of the condition

People should check their practice's answer machine; information should be also be displayed inside the practice and on the windows. Most people contact NHS 111 who will alert the out of hours provider. There is an online option that will often be quicker and easier than phoning – particularly when NHS 111 is dealing with large numbers of COVID related calls. If using the phone, it is important to listen to all the messages and choose the appropriate option for dental pain.

Please be aware that patients with dental pain should not contact their GP or turn up at A&E as this could delay treatment as they will be redirected instead to a dental service.

People can attend any service in the Midlands area and for Warwickshire the nearest sites will be at Coventry, Redditch or Solihull depending on the patient's address. At times of peak demand may have to travel further for treatment depending on capacity across the system. The Coventry and Warwickshire system also has a weekday evening service provided from the Coventry site. This is not available in other areas across the West Midlands.

Domiciliary Care (For patients unable to leave their own home or care home)

Dental care to care home residents or patients unable to travel for dental care to a practice will be provided by a specially commissioned general dental practitioner, or a more specialist dentist from the Community Dental Services. Some limited dental care can be provided in the care home setting such as a basic check-up or simple extraction, but patients are often asked to travel into a dental surgery as this is the safest place to provide more complex dental treatment. If a care home resident requires a dental appointment, they or their relative or carer can contact the local domiciliary provider via NHS 111. If they need more specialist dental care they will generally be referred on to the Community Dental Service after this initial contact.

Prior to COVID work was underway to look at new ways of collaborative working with primary care networks to strengthen support to care homes in accessing dental services or improving the oral health of their residents. This remains a priority area and some pilots have already been undertaken in other areas across the Midlands with the aim of extending successful schemes to cover other areas.

Dentures

If a person breaks their denture then they will need to contact their local dental practice. If they do not have a regular dentist they should contact NHS 111. During COVID dental practices are prioritising more urgent care and broken dentures do not classify as urgent care. Broken dentures can sometimes be fixed without a patient needing to see a dentist for an appointment – the dentist will assess the denture and if possible, send to the dental laboratory for the denture to be repaired. Some instances of broken dentures and all lost dentures will require new dentures to be made. This

takes on average 5 appointments over a number of weeks with at least a week between appointments. This type of service is likely to be restricted at present due to COVID.

Secondary and Community Care

Infection control measures in place to protect patients and staff also mean that there is reduced capacity in clinics and hospitals for certain procedures particularly those requiring a general anaesthetic or sedation. As a result, the wider NHS system is prioritising theatre capacity and treating the most urgent cases – for instance those with cancer. This means that some specialist services will only be available at a more limited number of centres. There may also be additional requirements for prospective patients around swabbing or isolating at home prior to treatment. This is to ensure the safety of patients undergoing surgery and those already in the hospital.

There were problems initially in getting access to regular lists for children requiring dental treatment under general anaesthesia (as is the case across the country) but the situation in Warwickshire suffered less than in some other areas as the local CDS managed to retain regular theatre lists and were even able to repatriate local children waiting for surgery in Birmingham. Despite this only those children with the most urgent needs will be prioritised as services have to compete for theatre space with other patients who may have more urgent needs. Although there has been a good degree of recovery in Warwickshire over recent months the picture may deteriorate again in the coming weeks due to the as yet unknown impact of the latest increase in COVID infections.

There will be a backlog of care and treatment given that most provision is for urgent care and / or completion of care begun before the first lockdown. The most recent data available on 18 week waits for Oral Surgery is the position in October. SWFT were at that time reporting 369 patients waiting over 52 weeks and 667 waiting over 18 weeks and GEH 455 patients waiting over 52 weeks and 367 waiting over 18 weeks. The position at both trusts has been improving significantly over recent months. Neither trust is currently reporting any patients waiting over 104 weeks and the overall proportion of patients for the Coventry and Warwickshire ICS that are waiting over a year is currently 8.8%. These backlogs for patients waiting over a year are not unexpected due to the complete cessation of routine care earlier in the year and the limited capacity subsequently which has meant prioritisation of more recent urgent cases over those less urgent who have been waiting longer (please see Appendix 3). Referrals into secondary care have started to recover (see Appendix 4) but remain at lower than previous levels due to the reduction in routine appointments in primary care. There are concerns that some conditions may be missed due to the smaller number of patients being seen face to face.

In order to address these concerns the Local Dental Network have taken the opportunity to publicise Mouth Cancer Awareness month and to distribute a set of key messages to dental practices to help them raise awareness, identify patients with symptoms, and ensure they are aware of how to refer patients quickly to the appropriate services. This is as a proactive local follow up to a dental bulletin issued by the Chief Dental Officer in May 2021 https://bit.ly/3vK70Ez

The dental team have been working with local groups of clinicians through the Managed Clinical Networks to explain to local dentists how patients are being prioritised by services and what can be done to manage them in the interim whilst they are waiting for treatment. The aim is to keep patients safe and ensure they are being regularly monitored and that the practice knows how to escalate if the situation changes and needs become more urgent.

Staff issues

Dental contractors have undertaken COVID risk assessment on their staff. Working arrangements have been altered to keep people safe where necessary and staff who are unable to see patients face to face have been involved with telephone triage or have been redeployed to help in other services such as NHS 111. The team monitor vaccine uptake amongst practice staff and the latest figures from a recent survey show relatively good uptake compared to the region as a whole.

Dental Staff												
ICS	Responses	Practices	%	eligible	1st		2nd		booster		flu	
Coventry and Warwickshire	28	96	29.2%	399	388	97.2%	378	94.7%	282	70.7%	179	44.9%
Grand Total	**450**	1149	39.2%	**5774**	**5432**	94.1%	**5287**	91.6%	**3460**	59.9%	**2024**	35.1%

Collaborative working with local Dentists

There have been regular meetings with the local dental committee and the dental team is grateful for the co-operation received from the profession in mobilising urgent dental care centres and seeking solutions to help manage the current restrictions in services. This has included joint working between the local Community Dental Service and practices. The LDC locally have been very proactive and continued to update their members regularly to share information as guidance is updated.

There is a Local Dental Network in place covering the Coventry and Warwickshire ICS and this is chaired by Alison Lee who is a Consultant in Special Care Dentistry at GEH. There are also a number of Managed Clinical Networks (groups of local clinicians) who still meet virtually to plan care and agree guidance to help practices to manage their patients. The Urgent Care Network met weekly early on in the pandemic to help to plan and deliver ongoing access to urgent care.

Every year the dental team engages with practices to gain assurance about practice opening over holiday periods so as to ensure services will be in place for patients. Information is currently being gathered for this year to ensure that services are in place over the Christmas period.

The Dental Commissioning team have been working with colleagues in the Communications team to draft a series of stakeholder briefings to update key partners and the public on the situation with respect to dental services. These have been distributed to local authorities, Directors of Public Health and CCGs. We are also engaging with local Healthwatch organisations to encourage them to share any intelligence on local concerns or on difficulties people may be having accessing services and we met recently with Warwickshire Healthwatch prior to compiling this report so that we could get local feedback on issues patients have been raising.

Examples of tweets that have been shared on Twitter are given in Appendix 5.

PPE and Fit Testing

NHSEI supported Urgent Dental Centres throughout lockdown to ensure that they had access to all the necessary PPE – particularly early on when supplies were limited. Dental practices now have access to PPE through a portal – this is to ensure ongoing supply should we see further pressures as cases increase.

One of the barriers originally to getting practices back to delivering a full range of services was the need to fit test staff so they could safely use these protective FFP3 masks. NHSEI initially worked with PHE to fit test staff working in the UDCCs and OOH services and have subsequently worked with Health Education England (HEE) to train 91 dental practice staff across the Midlands who can undertake fit testing of masks for local dental practices. Some staff may not be able to use the standard masks either due to difficulties getting an acceptable fit or due to the wearing of beards for

cultural reasons, and in these cases staff have the option of using special hoods instead. More and more practices are opting for reusable rather than disposable masks.

COVID 19 and outbreaks in dental settings

There have been only occasional COVID outbreaks in dental practice setting in Warwickshire. Dental practices are well equipped to manage risk relating to COVID as all staff are trained in infection prevention and control as part of their role in delivering dental services. 'Donning and doffing' PPE should be very familiar to them. A dental Standard Operating Procedure for outbreak management has been circulated via all contract holders and also to the Local Dental Committees to support practices manage any positive cases in their practices, whether visitors or staff. However as with all primary care settings, the risk is staff to staff transmission when they are outside their immediate clinical setting such as in shared reception areas or staff rooms or through community contacts outside work (such as with family or friends). NHS EI ran a webinar last year to raise awareness of good practice in IPC and to share learning to prevent outbreaks in dental settings.

NHSEI is working with providers to ensure that they operate safely and within national guidelines and have shared national guidance and Standard Operating Procedures that give guidance on how care can safely be provided.

Nationally all the latest guidance for dental practices can be found here:
https://www.england.nhs.uk/coronavirus/primary-care/dental-practice/

Latest IPC guidance for dental practices can be found here: COVID-19: infection prevention and control dental appendix - GOV.UK (www.gov.uk)

Support is being provided to practices who have staff who are symptomatic or have been asked to isolate through Test and Trace. This is to ensure they take the relevant actions through their business continuity plans to continue to operate safely and provide care to their patients. Where a practice is unable to remain open then patients may be redirected to an alternate local practice or to a UDCC.

Opportunities for Innovation including Digital

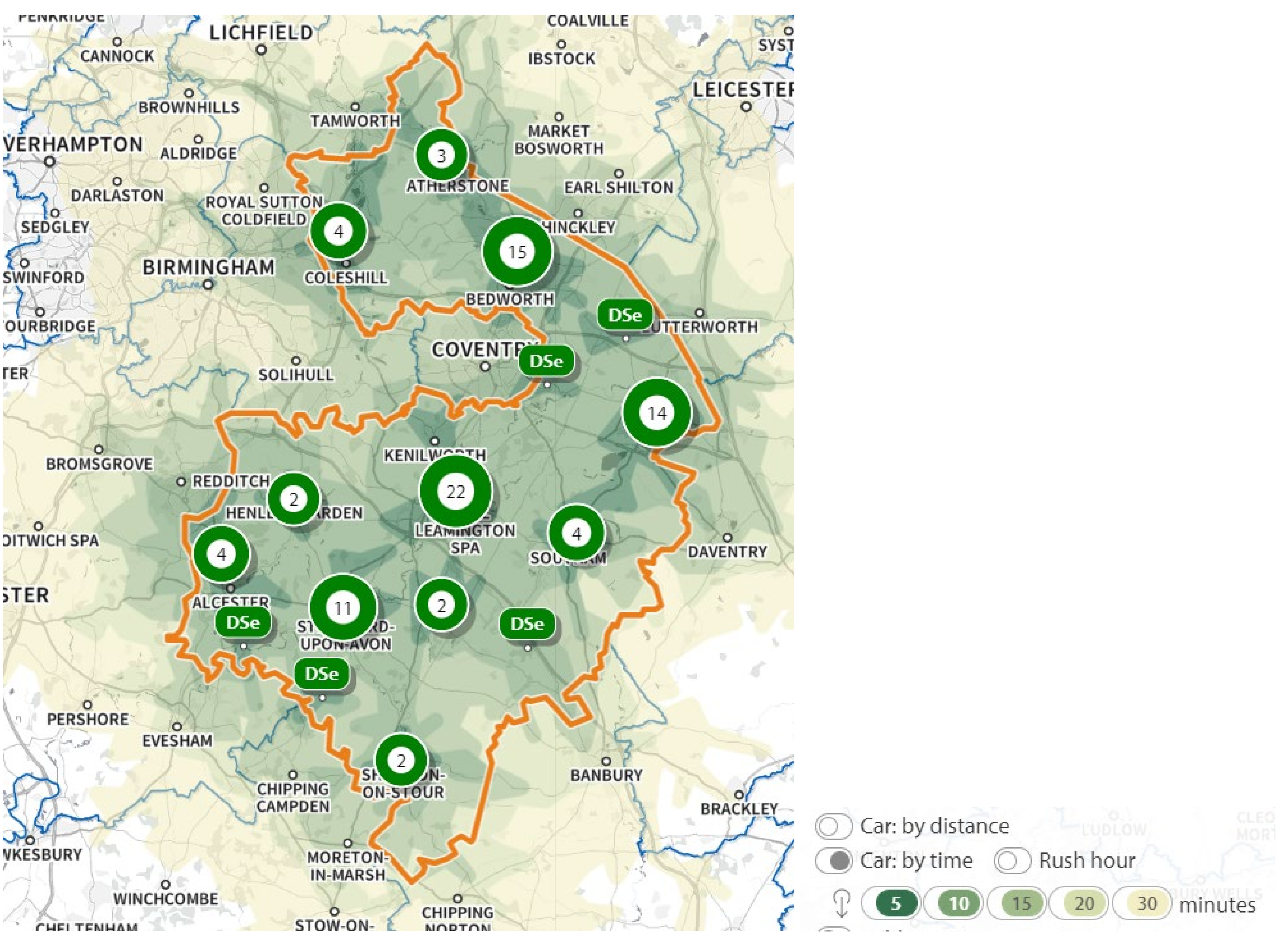
There have been some positive impacts through the pandemic including the way in which local services and clinicians have worked together collaboratively to maintain and recover services.

The other opportunity has been the widespread acceptance of innovative ways of providing care remotely by using digital methodologies such as video consultations. This has been widely used by Secondary and Community services, and also by Orthodontic practices, to provide support and advice to patients already in treatment.

We are exploring options to increase the use of advice and guidance through the electronic Dental Referral Management system (REGO), including the facility to upload photographs with referrals.

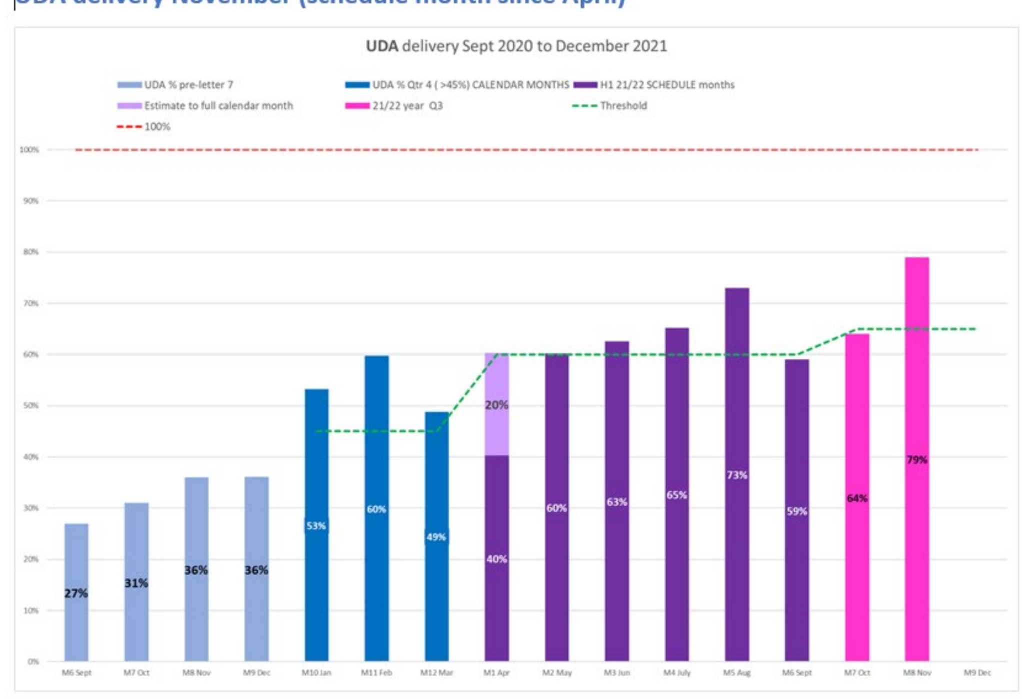
Appendix 1

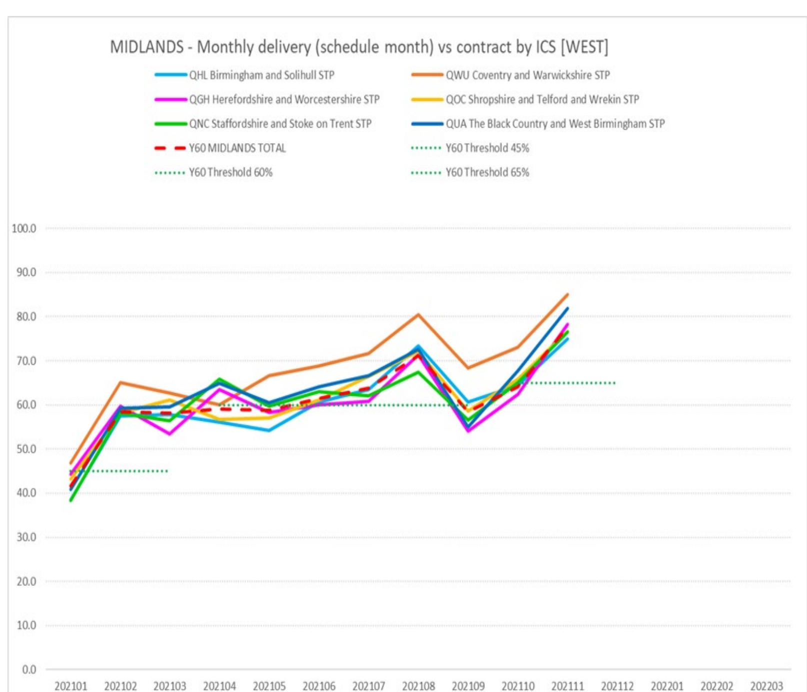
Fig 1 – Location of dental practices or clinics including orthodontic and community sites (travel times by car or public transport).



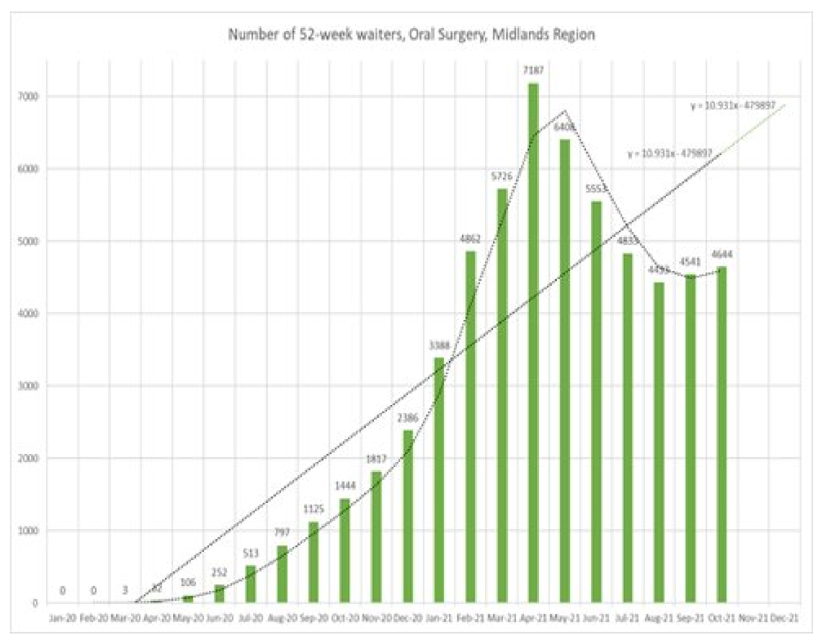
Appendix 2 - Activity Trends in Primary Care

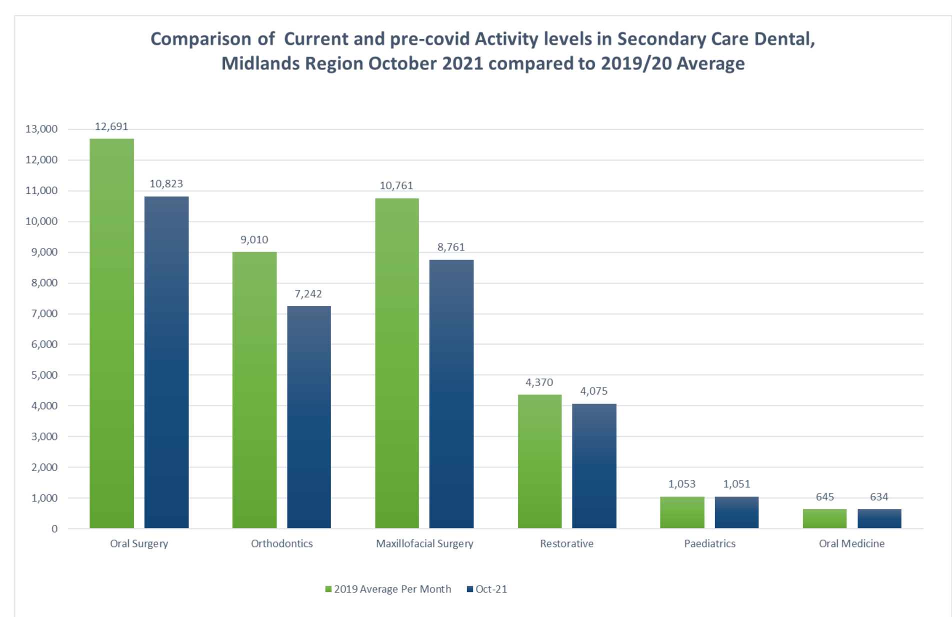
UDA delivery November (schedule month since April)



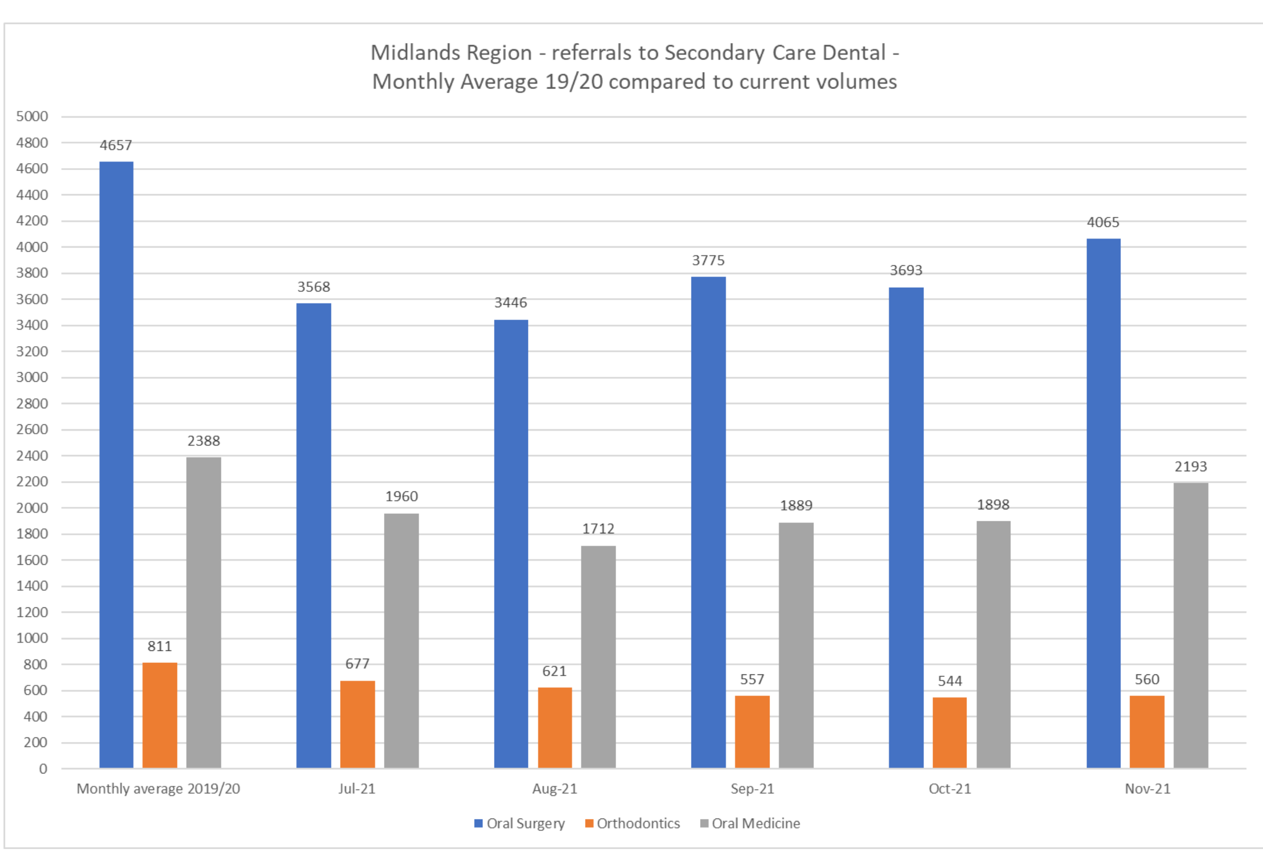


Appendix 3 – Oral Surgery Referral to Treatment (52 Week Waiters) and Activity Level Trends in Secondary Care

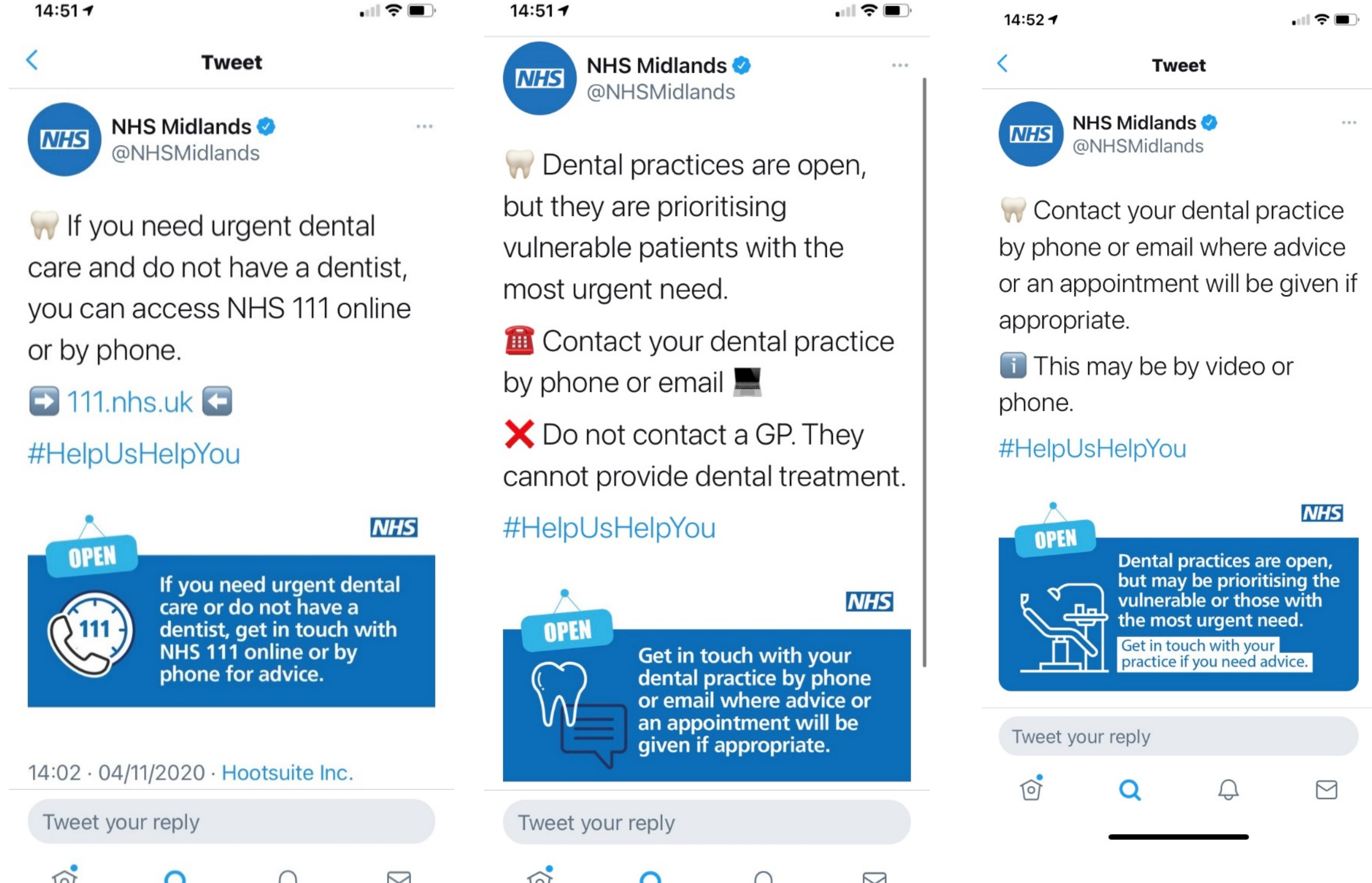




Appendix 4 - Dental Referral Trends



Appendix 5 – Examples of tweets shared by the NHS England Communication Team



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Agenda Item 6

Health and Wellbeing Board

Coventry and Warwickshire Health Inequalities Strategic Plan

12 January 2022

Recommendation(s)

That the Health and Wellbeing Board

1. Notes and comments on the requirements for a Coventry and Warwickshire Health Inequalities Strategic Plan.

2. Approves the recommended local priority population groups for the strategic plan (covering transient communities; black and minority ethnic groups; people with disabilities; older people experiencing rural deprivation).

3. Notes and comments upon the progress to date (with a further update to be provided at the January Board meeting).

4. Supports the implementation of the Coventry and Warwickshire Health Inequalities Strategic Plan with each member organisation asked to consider implications for activity undertaken as a single organisation and in partnership with others.

1. Executive Summary

1.1 The Coventry and Warwickshire Integrated Care System (ICS) is required to provide a draft 'Health Inequalities Strategic Plan' to NHS England/Improvement by 22nd March 2022. The plan must depict a locally agreed strategic approach for addressing health inequalities within 5 nationally determined clinical priorities covering maternity care, early cancer diagnosis, severe mental illness, chronic respiratory disease and hypertension.

1.2 The plan must be led by the local Director of Public Health and owned by decision-making bodies within the developing ICS.

1.3 A programme of engagement is underway with partners and key NHS workstreams to develop the plan.

1.4 The plan must apply the national "Core20+5" model, with action to improve access and outcomes for people living in the most deprived areas (Core20: most deprived fifth of the population as defined by the Indices of Multiple Deprivation) and for locally determined priority population groups ("+" groups) across the "5" clinical areas.

1.5 Recommended local priority "+" groups for Warwickshire are: transient communities; Black and Minority Ethnic groups; people living with disabilities and older people experiencing rural deprivation.

1.6 Application of the Core20+5 model must be embedded within a wider approach to reduce inequalities in health outcomes and the determinants of health and wellbeing.

1.7 The local plan will build on the recommendations within the Director of Public Health's Annual Report 2020/21 - COVID-19 in Warwickshire[1] which aim to embed consideration of and action on health inequalities in all that we do and shift how we work with local communities.

2. Financial Implications

2.1 No direct costs or savings are directly associated with this report but partners within the ICS need to give consideration to prioritising action to address inequalities and how this will be reflected within future financial strategies and investment decisions.

3. Environmental Implications

3.1 No direct implications from this paper but consideration needs to be given to environmental risks, such as poor air quality, which disproportionally impact people living in areas of higher deprivation and increase risk of poor health outcomes.

4. Supporting Information

4.1 The Coventry and Warwickshire ICS is required to provide a draft 'Health Inequalities Strategic Plan' to NHS England/Improvement by 22nd March 2022. The plan must depict a locally agreed strategic approach for addressing health inequalities within 5 nationally determined clinical priorities, whilst also reflecting how this work is embedded within a broader approach to reducing health inequalities within Coventry and Warwickshire.

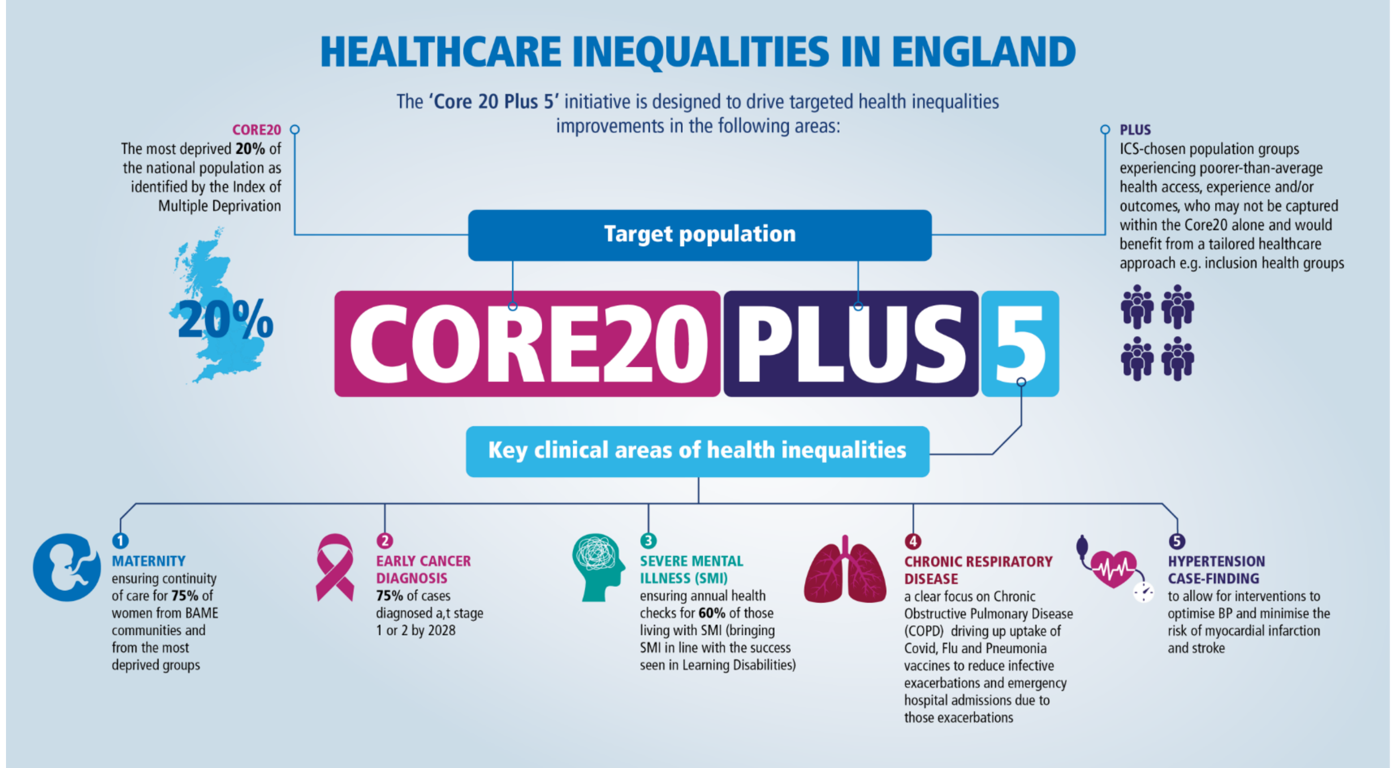
4.2 A programme of engagement with partners and key NHS workstreams is currently underway to shape the Strategic Plan and ensure the approach takes into account the needs and inequalities within each within each of our 3 Warwickshire 'Places' (Warwickshire North, Rugby and South Warwickshire).

4.3 The 5 national clinical priorities are set out with in a "Core20+5' model. The model requires focused efforts to improve health access and outcomes for those living in the most deprived 20% of the national population ("Core20" - as defined by the Index of Multiple Deprivation for Lower Super Output Areas, (LSOAs)) and locally determined priority population groups ("+" groups). Consideration to these groups must be embedded in actions aligned to the nationally prescribed 5 clinical priorities:

- **Maternity**: continuity of care for women from Black and Minority Ethnic (BAME) communities in the most deprived areas
- **Early Cancer Diagnosis:** 75% of cancers diagnosed at Stage 1 or 2 by 2028
- **Severe Mental Illness (SMI):** annual health checks for 60% of those living with SMI

[1] https://www.warwickshire.gov.uk/publichealthannualreport

- **Chronic Respiratory Disease:** a focus on Chronic Obstructive Respiratory Disease (COPD), driving up uptake of COVID, Flu and Pneumonia vaccinations
- **Hypertension Case-Finding:** to allow for interventions to optimise blood pressure (BP) and minimise the risk of myocardial infarctions and stroke.



4.4 The 5 clinical areas have been selected due to existing inequalities and with Cancer, Circulatory and Respiratory illness being the biggest killers action in these areas if vital for having an impact on health outcomes for all population groups.[2]

4.5 Maternity has been included following findings from the national Confidential Enquiries into Maternal Deaths and Morbidity which found maternal mortality rates among Asian women were twice as high than in White women, and four times higher in Black women compared to White.[3]

4.6 People living with a SMI are a national priority due to the gap in life expectancy for this cohort, which is 15-20years lower than the general population and largely due to physical health conditions.[4]

4.7 The 5 clinical priorities are primarily focused on secondary and tertiary prevention approaches (identifying significant risk factors or early signs of disease in order to intervene and prevent further ill-health, or preventing exacerbation of existing illnesses). Such approaches are likely to provide swifter return on investment for

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[2] https://ukhsa.blog.gov.uk/2019/06/18/what-do-phes-latest-inequality-tools-tell-us-about-health-inequalities-in-england/
[3] https://www.npeu.ox.ac.uk/mbrrace-uk/reports
[4] https://ukhsa.blog.gov.uk/2018/12/18/health-matters-reducing-health-inequalities-in-mental-illness/

local systems than primary prevention approaches, however for longer-term and sustained impacts on health inequalities applying primary prevention to reduce the prevalence of risk factors is required.

4.8 Broader partnership activity is required to promote healthy behaviours, address inequalities in the wider determinants of health and create healthy environments in which residents live, work and play within is required in order to harness longer-term improvements in health equity.

4.9 In order to reflect wider local action, the Coventry and Warwickshire Health Inequalities Strategic Plan will reflect the four pillars of population health which has been adopted within both system and place-based partnerships.

4.10 The plan will build on the recommendations from the Director of Public Health's Annual Report, 2020/21 COVID-19: Impact in Warwickshire, an exceptional year.

- Adoption of a Health in All Policies approach
- Adoption of Public Health England's (PHE) Health Equity Assessment Tool (HEAT)
- Build on community engagement and co-production approaches to understand and involve local communities, working with residents and voluntary and community sector partners
- Invest in services and initiatives to improve and protect physical and mental health and wellbeing of residents

4.11 The plan will build upon existing areas of work with a strengthened focus on health inequalities through a population health management approach, bringing inequalities considerations into prioritisation and investment decisions, addressing digital exclusion, commissioning for social value, supporting economic recovery and improving the diversity of the public sector workforce and leadership.

5. Health inequalities in Warwickshire

5.1 Overall life expectancy in Warwickshire is above the national average however there is variation by deprivation and by gender. Across Warwickshire as a whole the gap in life expectancy at birth between those living in the most and least deprived areas is 8.2years for men and 5.7 years for women.

5.2 At a more local level the life expectancy gap for males is highest within Nuneaton and Bedworth, at 10.1 years for men; whereas the gap in life expectancy for females is highest in Warwick at 6.5years (see appendix 1).

Figure 1: Warwickshire Population Pyramid

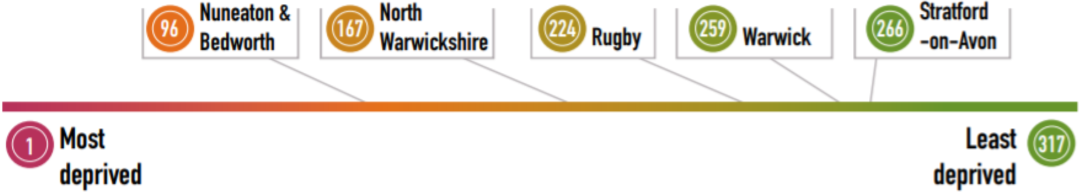
90+
85-89
80-84
75-79
70-74
65-69
60-64
55-59
50-54
45-49
40-44
35-39
30-34
25-29
20-24
15-19
10-14
5-9
0-4
3 2 1 0 0 1 2 3
Males Females

Figure 2: Warwickshire life expectancy and healthy life expectancy at birth, 2017/19

83.9
Life expectancy
64.1
Healthy life expectancy
Female

80.1
Life expectancy
64.6
Healthy life expectancy
Male

Figure 3: This graphic shows the national ranking of districts and boroughs out of the 317 local authorities using the 'Rank of Average Score' measure in 2019[11]



5.3 Health outcomes also vary between population groups. Key groups experiencing health inequalities, and recommended as local priority population groups, are outlined below.

5.4 Local Priority Population Groups

5.5 A review of local and national evidence on health inequalities, the impact of the pandemic and engagement with ICS partners, the following are recommended to be included as priority population groups for Warwickshire.

- People from black and minority ethnic groups
- Transient communities (homelessness, gypsies, travellers and boaters and newly arrived communities)
- People living with disabilities (physical, sensory and neurological)
- Older people experiencing rural isolation

5.6 Within Warwickshire 6.5% of the population, approximately 38,000 people, live in the most deprived 20% of areas nationally (based on the Indices of Multiple Deprivation).

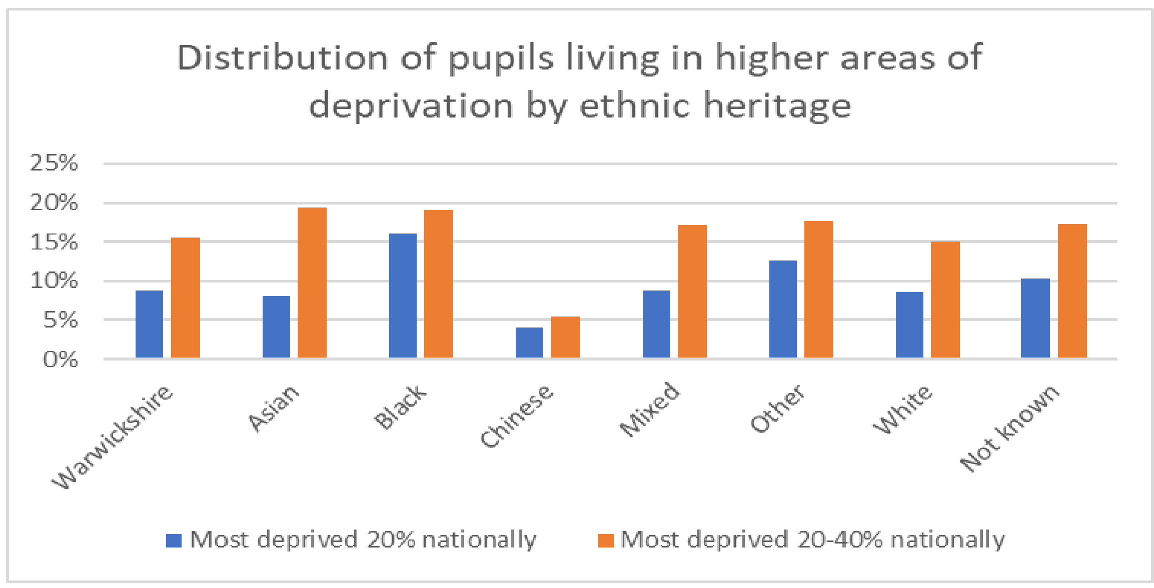
5.7 The 2021 Census data is yet to be published and hence analysis of school census data from May 2021 gives a more up to date view of the intersectionality between deprivation and ethnicity in Warwickshire. 16% of pupils from Black/Black British heritage live in the most deprived quintile nationally, compared to 8.8% of the total

population. Pupils from other minority ethnic groups are generally over-represented in the 20-40% most deprived areas of Warwickshire.

5.8 There is a need, locally, to broaden the scope beyond the most deprived national quintile in order to adequately address the disproportionate impacts the pandemic has had on ethnically diverse communities within Warwickshire, which are over-represented in the fourth most deprived population quintile nationally (see below).

Percentage of pupils living in the most deprived 20% nationally

Coventry	Warwickshire Total	Asian	Black	Chinese	Mixed	Other	White	Not known	Total pupils
Most deprived 20% nationally	8.8%	8.0%	16%	4.0%	8.7%	12.6%	8.6%	10.3%	7,590
Most deprived 20-40% nationally	15.6%	19.4%	19.1%	5.5%	17.2%	17.7%	15.1%	17.3%	13,550
Total pupils	86,698	5,688	1,312	325	4,579	1,195	71,770	1,829	



5.9 Transient Communities in Coventry and Warwickshire:

5.10 *Homelessness*

5.11 People who are homeless have an average age of death of 47years from men and 43 years for women (compared to 74 and 80 years respectively in the general population. This measure differs from life expectancy but still highlights the significant inequalities in health outcomes for people who are homeless[5].

[5] https://www.crisis.org.uk/media/236799/crisis_homelessness_kills_es2012.pdf

5.12 The comparative probability of death among people who are homeless compared to the general population are shown below:

- Alcohol-related causes: 7 times higher
- Drug-related causes: 20 times higher
- Suicide: 3.5 times higher
- HIV or Hepatitis: 7 times higher
- Chronic respiratory disease: 3 times higher
- Chronic heart disease: 2 times higher
- Falls: 7 times higher

5.13 The physical and mental health impacts of being homeless, as well as barriers to accessing services, including digital exclusion, contribute towards premature mortality for this cohort.

5.14 Homelessness is an issue of relevance to each of our three "Places", with at least one District or Borough per place ranking highly in the region in at least one of the indicators of need (see below)[6].

2019/20 Crude rate per 1,000 households	England	West Mids	Coventry	Warwickshire	North Warwickshire	Nuneaton & Bedworth	Rugby	Stratford on Avon	Warwick
Households in temporary accommodation	3.8	2.0	4.2 (2nd highest in WM)	1.3	*	1.5 (4th highest in WM)	2.6 (3rd highest in WM)	1.3 (7th highest in WM)	0.3
Households owed a duty under the Homelessness Reduction Act (2019/20)									
Overall crude rate per 1,000 households	12.3	11.2	13.9 (6th highest in WM)	10.9	5.9	16.9 (3rd highest in WM)	12.0	10.8	7.0
With dependent children (as crude rate per 1,000 households with a dependent child)	14.9	14.9	17.7 (5th highest in WM)	13.9	8.7	21.7 (3rd highest in WM)	14.9 (9th highest in WM)	14.5	7.1
Main applicant 16-24 (crude rate per 1,000 households)	2.6	2.5	3.1 (8th highest in WM)	2.6	1.4	4.5 (3rd highest in WM)	2.7	2.2	1.9
Main applicant 55+ (crude rate per 1,000 household with reference person aged 55+)	2.9	2.1	2.7 (6th highest in WM)	2.6	1.9	2.9 (4th highest in WM)	2.8 (5th highest in WM)	3.2 (3rd highest in WM)	1.6

5.15 *Gypsies, Travellers and Boaters*

5.16 Gypsy and Traveller communities are amongst some of the most deprived groups nationally. Life expectancy is 10years lower than the general population and mothers in these communities are 20 times more likely to experience the death of a child.[7]

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[6] www.fingertips.phe.gov.uk
[7] https://www.equalityhumanrights.com/en/gypsies-and-travellers-simple-solutions-living-together

5.17 Within Warwickshire there are four Local Authority managed Traveller sites in Warwickshire, covering each of our three "Place" geographies:

- North Warwickshire – Alvecote
- Nuneaton & Bedworth – Griff Hallows
- Rugby – Woodside,
- Stratford-upon-Avon – Pathlow

5.18 Warwickshire has an extensive network of waterways, with 19 rivers crossing the County and 4 canals in the 'Warwickshire Ring'[4]. Whilst these waterways are popular tourist attractions it must be remembered that they also provide a home to a number of Liveaboard Boaters.

5.19 A 2019 survey highlighted health inequalities experienced by Liveaboard Boaters. The study based on responses from 356 Boaters found 88% were registered with a GP and 52% with a dentist, whilst 37% had experienced being wrongly refused registration at GP surgeries and dentists.

5.20 Access to routine appointments is poorer for Boaters than the general population, with 50% of Boaters rating their experience of getting an appointment as "Fairly" or "Very Good" compared to the general population. Importantly the opportunity to access screening appointments is also poorer, with only 64% of Boaters having received an invitation letter for Cervical or Breast Screening when they should have and only 53% had received an invitation for Bowel Cancer when they should have.[8]

5.21 *Newly arrived communities – asylum seekers and refugees*

5.22 A relatively small but important number of number of asylum seekers and refugees have been accommodated within Warwickshire during the pandemic.

5.23 Asylum seekers and refugees can have complex health needs. Common health challenges can include: poorly controlled chronic health conditions; untreated infectious diseases or missing vaccinations; poor mental health related to previous trauma and/or to isolation as a newly arrived resident; and women may have additional need ante- or post-nataly, associated with late presentation to healthcare, previous trauma, malnutrition or poverty. Despite these health needs there is no evidence of a disproportionate use of healthcare resources. In fact asylum seeker and refugees often face barriers accessing services whilst also facing barriers to accessing services, including language and cultural barriers along with a lack of understanding of UK health systems[9]

5.24 ***Disabilities in Warwickshire***

5.25 The Coventry and Warwickshire COVID-19 Health Impact Assessment noted the increased levels of anxiety and loneliness experienced by people living with

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[8] https://www.gypsy-traveller.org/health/fft-launch-findings-of-largest-ever-study-on-health-of-uk-liveaboard-boaters/

[9] https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit/unique-health-challenges-for-refugees-and-asylum-seekers

disabilities during the pandemic.[10] Findings from the ONS Opinions and Lifestyle Survey highlights the disproportionate impact of the pandemic on people with disabilities through the following indicators (as of February 2021)[11]:

- Negative impacts on access to healthcare for non-coronavirus purposes: 40% of people with disabilities compared to 19% of the general population
- Negative impact on wellbeing: 65% of people with a disability versus 50% of the general population (with poorer ratings across all 4 wellbeing measures on life satisfaction, feeling that life is worthwhile, low happiness and high anxiety)

5.26 Inequalities in outcomes for people with disabilities existed prior to the pandemic, with lower educational attainment and employment rates, lower levels of home-ownership, higher rates of self-reported anxiety and loneliness and higher rates of domestic abuse compared to the general population.[12]

5.27 *Sensory disabilities*

5.28 International studies suggest older people with hearing and visual impairments have a life expectancy at age 60 of 4years lower than those without impairments.[13] Within the UK studies have reported that people with sensory impairments face barriers accessing routine care.

5.29 A study in Durham found people living with hearing impairments can find it difficult to make routine health appointments, and even more so to make emergency appointments, with BSL interpreters not booked or readily available when required. Patients have reported impacts on their mental health related to poor communication during their patient journey. Healthcare-associated communications are often in the form of letters with language that maybe difficult to understand and require patients to telephone to progress actions. Digital access to NHS 111 (deaf-friendly services) will help to an extent but digital exclusion of older people with hearing impairments is an area of concern.[14]

5.30 A study from Manchester found people living with sight loss experienced higher levels of social isolation, unemployment and self-reported depression compared to the general population. In this study 36% of participants reported barriers accessing health services, this rose to 57% for people from Black and Minority Ethnic groups who were living with sight loss.

5.31 Health information and campaigns are less accessible to people with sight loss, as is routine healthcare correspondence which can lead to higher numbers of missed appointments and impacts on health and wellbeing for this cohort. Fear of falling can

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[10] https://www.warwickshire.gov.uk/joint-strategic-needs-assessments-1/impact-covid-19/1

[11] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/coronavirusandthesocialimpactsondisabledpeopleingreatbritain/february2021

[12] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/outcomesfordisabledpeopleintheuk/2020#main-points

[13] Tareque et. Al. The impact of self-reported vision and hearing impairment on health expectancy. Journal of the American Geriatric Society, 67(12), 2528-2536. 2019.

[14] https://www.bid.org.uk/downloads/resources/barriers-to-healthcare-services---a-report-by-bid-services.pdf

prevent people with sight loss accessing community-based activities, leading to high levels of inactivity and low access to support groups which may help both physical and mental wellbeing. Additionally, fear of falling can itself be a risk factor for falls.[15]

5.32 *Developmental disabilities*

5.33 People living with learning disabilities (LD) have a lower life expectancy than the general population. The life expectancy gap is estimated to be 18year for women with a learning disability and 14years for men. Studies suggest between 19-38% of deaths among people with LD are due to "avoidable causes", compared to 9% of deaths in the general population that could have been avoided by the provision of good quality healthcare[16].

5.34 People with Autistic Spectrum Disorder die on average 12 years earlier than the general population and are at increased risk of multi-morbidity from both physical and mental health conditions. Those with co-existing LD experience greater risks of physical ill-health, whilst those without co-existing LD experience greater risks of mental ill-health, with deaths by suicide being the greatest cause of premature death. People with ASD are 9 times more likely to die by suicide than the general population.[17,18]

5.35 Rural Isolation in Warwickshire

5.36 Rural isolation is a significant area of concern for Warwickshire given our geography and older population. Whilst 6.5% of Lower Super Output Areas in Warwickshire are in the most deprived fifth nationally using the composite Indices of Multiple Deprivation measure, when looking at the "Barriers to Housing and Services" domain this increases to 15% of local LSOAs, or approximately 99,000 residents, within the most deprived national quintile in this domain.

5.37 Rural places often have a strong sense of community and benefit from easy access to green spaces and the benefits that can bring for health and wellbeing. However those that are marginalised and older people in rural areas are at higher risk of social exclusion and isolation. In addition, infrastructure challenges, including transport and broadband, can present barriers to accessing services either in person or remotely. Age UK highlight 5 key areas for action when addressing inequalities experienced by older people in rural communities:

- Loneliness and social isolation
- The digital divide
- Lack of support networks among people who move to rural communities
- Gaps in public transport provision
- Gaps in support for carers and people living with dementia

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[15] https://www.mhcc.nhs.uk/wp-content/uploads/2020/09/Understanding-the-health-needs-and-well-being-of-people-living-with-sight-loss-in-Manchester-%E2%80%93-Nov-2016.pdf
[16] www.mencap.org.uk/learning-disability-explained/research-and-statistics/health/health-inequalities
[17] Sharpe et. Al. A public health approach to reducing health inequalities among adults with autism. British Journal of General Practice, 69(688). 534-535. 2019
[18] https://www.autistica.org.uk/downloads/files/Personal-tragedies-public-crisis-ONLINE.pdf

6. Timescales associated with the decision and next steps

6.1 A programme of engagement with key partners to further shape the plan based on the Core20+5 model and embedded within our wider population health management approach is taking place between November to January 2022.

6.2 The draft Coventry and Warwickshire Health Inequalities Strategic Plan will be shared with NHS England/Improvement by 22nd March 2022, who are expected to provide feedback prior to a final version being adopted locally.

Appendices

1. Appendix 1

Table 1: Inequalities in Life Expectancy

	England	West Mids	Coventry	Warwickshire	North Warwickshire	Nuneaton & Bedworth	Rugby	Stratford on Avon	Warwick
Inequality in life expectancy (males)	9.4yrs	9.5yrs	10.1yrs	8.2yrs	4.6yrs	10.1yrs	7.4yrs	3.3yrs	8.0yrs
Inequality in life expectancy (females)	7.6yrs	7.3yrs	7.8yrs	5.7ys	5.3yrs	5.5yrs	2.6yrs	4.0yrs	6.5yrs
Inequality in life expectancy at age 65 (males)	4.9yrs	5.1yrs	6.0yrs	4.9yrs	2.9yrs	5.9yrs	3.3yrs	2.8yrs	5.8yrs
Inequality in life expectancy at age 65 (females)	4.7yrs	4.6yrs	4.8yrs	4.1yrs	3.4yrs	4.2yrs	1.0yrs	3.6yrs	5.0yrs

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

Local Member(s): None

Other members: Councillors Bell, Drew, Golby, Holland and Rolfe.

Agenda Item 7

Health and Wellbeing Board

Domestic Abuse Joint Strategic Needs Assessment 2021

12th January 2022

Recommendation(s)

That the Health and Wellbeing Board:

1. Considers and endorses the recommendations emerging from the Domestic Abuse Joint Strategic Needs Assessment.
2. Encourages partner organisations of the Health and Wellbeing Board to consider how they can individually and collaboratively respond to the Domestic Abuse Joint Strategic Needs Assessment recommendations.

1. Executive Summary:

1.1 The purpose of this report is to update the Health and Wellbeing Board on the recommendations emerging from the Domestic Abuse Joint Strategic Needs Assessment (DA-JSNA) for 2021[1].

1.2 The DA- JSNA aims to provide an in-depth overview and understanding of domestic violence and abuse[2] (DVA) both nationally and across Warwickshire. It was developed primarily, to inform the review and recommissioning of Warwickshire's specialist Domestic Violence and Abuse accommodation and support service in 2021.

1.3 The DA-JSNA includes 38 recommendations which were approved by the Violence Against Women and Girls (VAWG) Board in September 2021 and the Safer Warwickshire Board (SWPB) in October 2021.

2. Financial Implications

2.1 None

[1] https://www.warwickshire.gov.uk/joint-strategic-needs-assessments-1/thematic-needs-assessments-previous-annual-updates/1

[2] 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. It includes physical or sexual abuse; violent or threatening behaviour; controlling or coercive behaviour; economic abuse and psychological or emotional

3. Environmental Implications

3.1 None

4. Supporting Information

Background to the DA-JSNA:

4.1 The DA-JSNA aims to provide an in-depth overview and understanding of domestic violence and abuse (DVA) both nationally and across Warwickshire. Whilst developed primarily to inform the review and recommissioning of the specialist DVA accommodation and support service, it also has the scope to inform and transform the wider provision of services to victim-survivors, their children, and perpetrators across Warwickshire.

4.2 The DA- JSNA has been developed and informed by the following:

- **Stakeholder events** – these were held with representatives from Local Housing Authorities, Criminal Justice agencies, Police, Third Sector providers, Health providers, DVA providers and advocates for victim-survivors.

- **Surveys** – A range of surveys were conducted with professionals, victim-survivors and the public.

- **Bespoke engagement** - WCC commissioned a bespoke piece of work via 'Equip'[3] to engage with those from minoritised communities.

- **Data** – data and intelligence from a variety of both local and national sources was used.

- **Legislation and policy –** including the Domestic Abuse Act 2021 and the Government's VAWG Strategy.

- **Best Practice** – regional and national best practice around DVA and models of delivery.

- **Domestic Abuse Joint Commissioning Partnership** – which included representatives from the Office of the Police and Crime Commissioner, Coventry and Warwickshire Clinical Commissioning Group and all local authorities across Warwickshire.

4.3 It has been considered and approved by the VAWG Board and SWPB.

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[3] Equip are Warwickshire's Equality and Inclusion Partnership.

5. Recommendations from the DA- JSNA:

5.1 There are 38 recommendations emerging from the DA- JSNA that the Health and Wellbeing Board are requested to endorse. These are as follows:

Partnerships:

- Partners associated with the Health and Wellbeing Board and Safer Warwickshire Board consider the Domestic Abuse Needs Assessment and determine how they will individually respond to the content and recommendations included within it.
- Provide those with lived experience the opportunities to influence and shape the development of services and strategies related to domestic violence and abuse (DVA) and VAWG.
- That all agencies across Warwickshire embed Routine Enquiry[4] into DVA within their own procedures.
- That all Multi-Agency Risk Assessment Conference (MARAC) representatives have a working knowledge of relevant legislation e.g., Care Act 2014, Adult Safeguarding, and domestic abuse.
- Improve data collection in relation to those with protected characteristics to ensure a greater understanding and improved response to victim-survivors and perpetrators of DVA.
- Use the Domestic Abuse Needs Assessment as the basis for a new strategy to address DVA.
- All agencies to ensure they have a DVA workplace policy.

Children, young people (CYP) and families:

- Identify and respond to the support needs of CYP who have been a victim of, or experienced DVA by living in a household where it is taking place.
- Review the current provision of Relationships and Sex Education within schools to ensure it includes DVA awareness and that staff teams and CYP understand it and know how to access advice and support.
- Promote a wider understanding and develop responses to Adolescent to Parent Violence and Abuse (ADVA**)**.
- Prioritise the identification of alternatives to child removal and develop a trauma informed support offer for those who have had their children removed as a consequence of DVA.
- Provide services that support the psychological and behavioural needs of children who have witnessed DVA.
- Explore why more care leavers end up in abusive relationships; identifying and developing approaches to reduce this from happening.

[4] Routine enquiry involves asking all individuals about domestic abuse regardless of whether there are any indicators or suspicions of abuse.

Communication:

- Ensure that the referral pathways into DVA services are widely communicated to statutory and third sector organisations, and members of the public.
- Develop coordinated communication and awareness raising campaigns (including website updates).

Training:

- Warwickshire Safeguarding Board to confirm what their expectations are in relation to training requirements of key agencies and roles on domestic abuse and risk assessment and safety planning.
- All agencies to review their current training offer on domestic abuse for staff and determine whether it meets their current and future needs.

Criminal Justice:

- Warwickshire Police to ensure that victim-survivors are made aware of the tools and powers available to address perpetrator behaviour and empower them to make their own decisions regarding this; keeping them informed of progress at all times.
- Develop a comprehensive DVA perpetrator offer and embed this throughout Warwickshire – ensuring that there are mechanisms in place to enable self-referral.
- Ensure that services who are supporting victim-survivors have up to date information regarding a perpetrator to ensure effective safety planning.
- Increase the number of sanctions deployed to address DVA perpetrator behaviour and monitor the outcomes.
- Explore options for operating a joint specialist DVA court across Coventry and Warwickshire; ensuring that Independent Domestic Violence Advocates' (IDVAs) capacity is linked directly into this provision.

Housing:

- Create a coordinated approach towards the provision of safe accommodation for DVA victim-survivors across the county that is accessible and open to all.
- Review temporary accommodation provision to ensure that female only spaces are created, where they do not currently exist.
- Review local housing allocations schemes to ensure that the consequences of being a victim-survivor of DVA (Anti-Social Behaviour (ASB), Criminal Damage, Rent Arrears, debt) do not present a barrier to appropriate rehousing; that this requirement is extended to Registered Social Landlords (RSL).
- Empower victim-survivors to make their own decisions regarding accommodation provision; ensuring that they are aware of the options available to remain in their own home, should they wish.

Health:

- Consider how patient records can be joined up across health care systems to improve the identification of, and responses to DVA.
- Drug and alcohol services to record data on DVA to provide holistic support and enriched recovery for service users.
- Develop a Dual Diagnosis protocol and pathway for those who have co-existing conditions of alcohol/ drug dependency, mental health needs and experience, or perpetrate DVA.
- Provide specialised, trauma information therapy for victim-survivors of DVA of all ages.
- Recognise the prevalence of DVA in pregnant women and those with young children, ensuring that maternity and health visiting staff are trained and able to facilitate disclosures, undertake risk assessments and safety plans.
- Recognise the prevalence of anxiety and depression in victim-survivors of DVA and ensure that GP's and their staff are trained and able to facilitate disclosures, undertake risk assessments and safety plans.

Service specific:

- Commission sustainable local services that provide dedicated provision for different victim-survivor groups; this includes those experiencing Female Genital Mutilation (FGM), Sexual Violence, Forced Marriage, Harmful Practices, trafficking, exploitation, stalking and harassment.
- Commission DVA services that are accessible to victim-survivors from all backgrounds and monitor referrals and engagement with DVA services from marginalised and minoritised communities.
- Identify the barriers that prevent victim-survivors from seeking support from commissioned services. This includes both men and women, those over 65 and under 21 years, those with Gypsy and Traveller ethnicity, rural, marginalised and minoritised communities and those with disabilities (physical and mental).
- Ensure that appropriate Independent Domestic Violence Advocates (IDVAs) capacity is commissioned in line with Safelives recommendations.
- Develop an approach for DVA victim-survivors who have no recourse to public funding.

National:

- That the National Domestic Abuse Commissioner requires Third Sector providers and statutory agencies improve their responses to LGBTQ+ and male victim-survivors.

6. Timescales associated with the decision and next step

6.1 The VAWG Board have agreed that the recommendations will support the development of emerging strategies for Serious Violent Crime and VAWG.

6.2 The Health and Wellbeing Board are requested to endorse the recommendations of the DA-JSNA and encourage the member organisations to consider how the recommendations can be responded to.

Background Papers
N/A

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

Local Member(s): none
Other members: Councillors Bell, Drew, Golby, Holland and Rolfe.

Agenda Item 8

Health and Wellbeing Board

Health and Wellbeing Partnerships

12 January 2022

Recommendation

1. That Health and Wellbeing Board notes the update from each place-based Health and Wellbeing Partnership in Warwickshire.

1. Executive Summary

Warwickshire North

1.1 Warwickshire North is well established and has made significant progress over the last year with partners working collaboratively with a shared focus around the needs and aspirations of our local population.

1.2 Our Place collaboration has focused on priorities where there is, a shared sense of purpose coalescing around agreed objectives, informed by the JSNA, performance metrics and citizen insight.

1.3 Having recently undertaken a deep dive health check into our existing work programme we are now proactively seeking to develop recommendations on the realignment of our existing delivery plans in to one integrated delivery plan for WN Place, cross referenced against the Kings Fund quadrants, with clear link back to JSNA themes as well as key national drivers as we move toward a Care Collaborative for Warwickshire within the Coventry and Warwickshire Integrated Care System.

1.4 Recommendations will be put forward to WN Place Executive Group and WN Health & Wellbeing Partnership Board in Q4 of 2021/22, to build on existing successful foundations of collaborative partnership working, in the most efficient and streamlined way possible.

1.5 A more in-depth update can be found in Appendix 1 of this report.

Rugby

1.6 The Rugby Health and Wellbeing Partnership are working with the LGA to prepare a place-based Rugby health and wellbeing strategy in readiness for the C&W ICS go live in April 2022. A questionnaire along with a series of interviews and workshops will be taking place over the coming weeks to help inform this new strategy.

1.7 Whilst many of the previously identified priorities for Rugby may well continue to be priorities, in the current environment it is important we take the opportunity to refresh these. Reducing health inequalities and building community resilience are key objectives amongst many partner organisations

and it is envisaged these will underpin Rugby's health and wellbeing strategy.

South Warwickshire

1.8 We are on a journey to develop South Warwickshire Place – we are going to get there step by step.

1.9 It is vital that everyone makes the journey together – collaborative working is the key principle in Place Partnerships and engagement will continue to be the bedrock of our ways of working.

1.10 We note the ICS guidance that governance arrangements must develop over time as working relationships and trust increase; we wholeheartedly support this proposal and expect our governance to evolve as System and Place working develops.

1.11 Following agreement of the key principles of the new governance model at the Place Partnership Board, we are keen to talk to all partners about how we begin to roll this out, by confirming the Terms of Reference and membership of each group.

1.12 We will be meeting with all of our partners to refresh the Place Plan for 2022/23, considering all of the projects currently in flight against the population health quadrants, the Health and Wellbeing Strategy, the Healthy Citizen Forum objectives and our JSNAs to allow us to undertake a gap analysis to ensure our plan meets the outcomes required.

1.13 A more in-depth update can be found in Appendix 2 of this report.

Appendices

1. Appendix 1 – Warwickshire North Place Update – December 2021
2. Appendix 2 - South Warwickshire Place Update – November 2021

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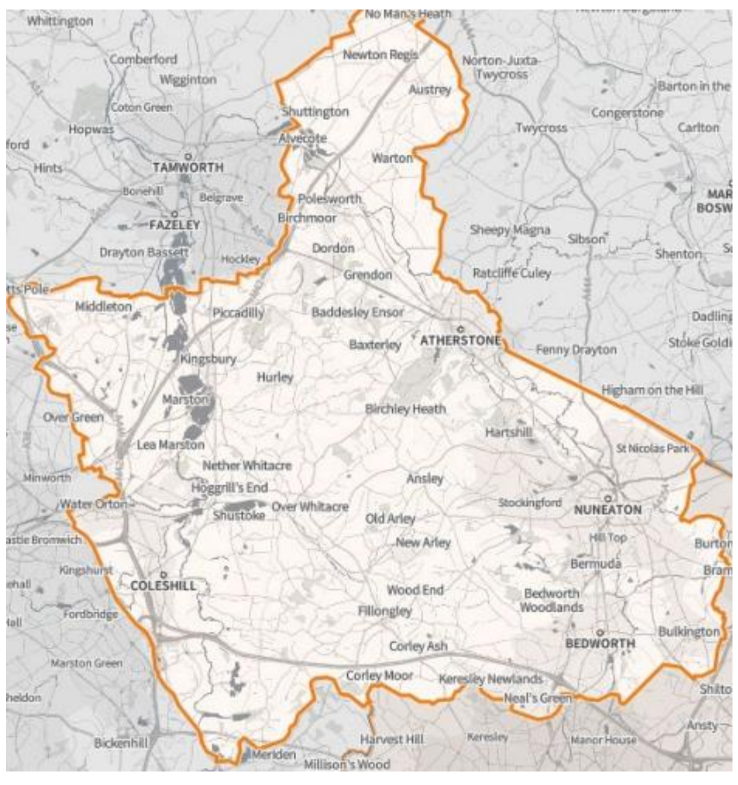
Warwickshire North Place Update

December 2021



'Helping you to help yourself; there for you when you need us'

Warwickshire North (WN) Place is well established and has made significant progress over the last year with partners working collaboratively with a shared focus around the needs and aspirations of our local population. WN Place has a diverse population and we have worked with our PCNs and Borough Council partners to ensure we are working with and for local people to improve health outcomes and reduce inequalities. Together as a local Place, we have worked with the System to respond to Covid-19, and this has built on existing relationships and created a momentum for continued collaboration and engendered an ethos of joint working.

Our Place collaboration has focused on priorities where there is a shared sense of purpose coalescing around agreed objectives, informed by the JSNA, performance metrics and citizen insight. Strategic partnership collaboration and planning delivery assurance has been facilitated through the WN Health & Wellbeing Partnership Group and Place Executive. Together these two groups cover priorities across the four King's Fund Population Health Model quadrants.

Delivery against agreed priorities has been co-ordinated through the WN Place Programme, which meets monthly to discuss progress across five priority areas encompassing 29 projects, focused on supporting integrated care delivery. WN Health & Wellbeing Partnership Group has established a delivery group to respond to JSNA themes and has been scoping delivery initiatives under four work stream themes: access to services; reducing health inequalities; housing and health; and reducing obesity & improving lifestyles. Together these two co-existing and complimentary delivery programmes combine to form the WN Place work programme sitting underneath our WN Place Plan.

We have recently undertaken a deep dive health check into our existing work programme across the two groups and have identified some interdependencies and opportunities to streamline delivery effort, better utilising partnership collaboration and matrix team resources to support delivery of our key priorities. Having undertaken this work we are now proactively seeking to develop recommendations on the realignment of our existing delivery plans in to one integrated delivery plan for WN Place, cross referenced against the King's Fund quadrants, with clear link back to JSNA themes as well as key national drivers as we move toward a Care Collaborative for Warwickshire within the Coventry and Warwickshire Integrated Care System.

This evolution of our WN Place delivery Programme will ensure WN continues to work to the principles below:

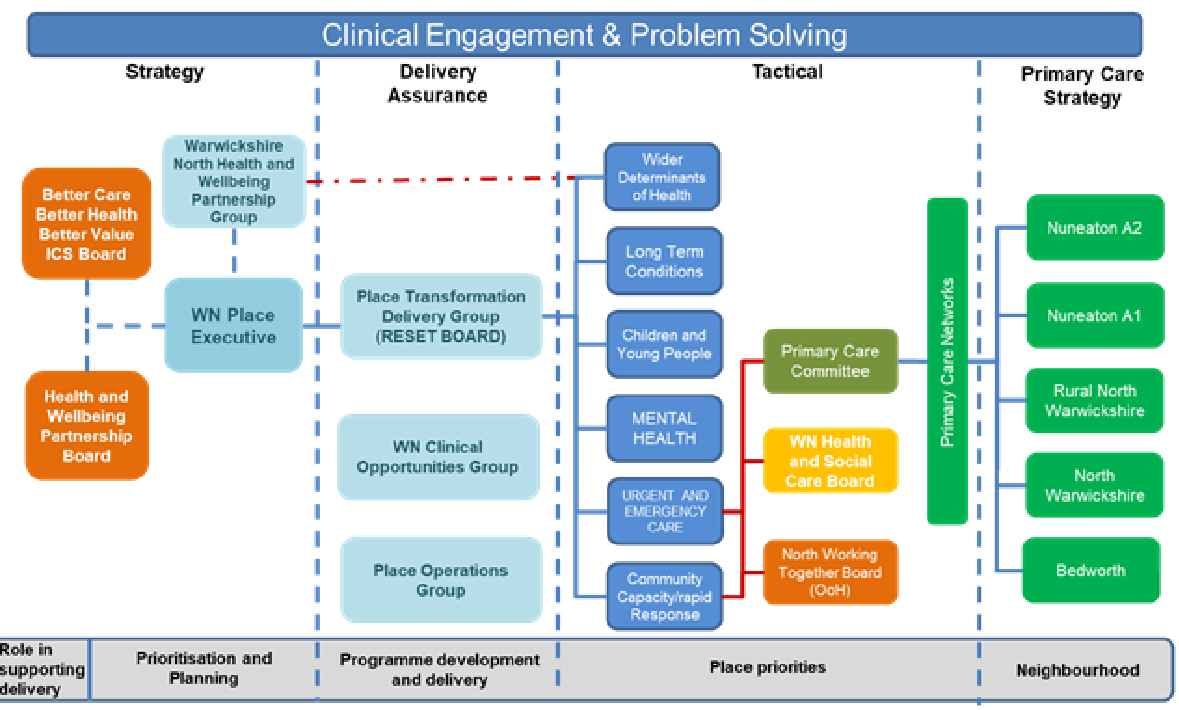
Warwickshire North Place Principles:

Empowered & autonomous teams	Streamlined	Clarity on decision-making	Aligned behaviours	Continuous improvement
Activity happens at a local level, with local cross functional teams delivering clinical service change	Using existing local governance structures and simple good practice approaches focusing on getting the job done, using our resources wisely	Joint working across organisations that continue to respect individual decision-making structures	Working together to develop clinical services that best meets the needs of our local population.	Using measures and tools for improvement, with a focus on learning and sharing best practice

Clear Roles and Responsibilities

With multiple partners involved in programmes and projects, clear roles and responsibilities, with identified delivery group lead and a Place Exec level lead (SRO) arrangement that enables a 'no surprises approach' with swift unblocking of issues.

Governance Structure:



Key Deliverables / Achievements this Quarter:

Whilst we undertake the work outlined above we continue to progress delivery across our existing priorities. The key deliverables and achievements this quarter are summarised below, aligned to the King's Fund quadrants:

The Wider Determinants of Health:

- NHSE application to address smoking in line with the LTP was successful
- Learning disability and cancer screening workshop held at 2 x PLT events attended by over 500 GPs
- Development of personalisation programme for inequalities, to increase referrals to social prescribing, with all programme leads embedding across their work

Our Health Behaviours & Lifestyles:

- Advanced clinical practitioners (ACPs) now in post to support heart failure
- PCN level recruitment of dieticians and podiatrists to support care in diabetes progressing
- Docobo remote monitoring of 26/50 COPD patients in their own homes now in place

An Integrated Health & Care System:

- Falls prevention and Care homes projects within Community Capacity & Rapid Response priority completed and handed over to business as usual
- Think 111 first winter triage pod directing patients to streamlined GEH point of contact to avoid repeated triage
- Docobo remote monitoring in care homes implemented in all applicable homes across WN with a view to now develop into learning disability homes

The Places & Communities We Live In:

- Community mental health transformation continues mental health liaison officers and ARRS roll-out and recruitment
- Funding confirmed for mental health in schools in Nuneaton & Bedworth and recruitment completed
- WN volunteering approach 'back to health' model has been scoped and agreed with Place partners, including funding to enable a community engagement officer to focus on volunteer engagement with ethnically diverse communities and their health

Next Steps for WN Place

Following completion of this mapping exercise, the results will be reviewed to identify interdependencies, potential duplication or gaps with regards to the JSNA action plan.

This deep dive will ensure we have a clear set of priorities and actions articulated within a refreshed WN Place Plan and a clear set of ambitions, outcomes and benefits we are seeking to deliver. This deep dive will also enable us to make recommendations to both WN Place Executive and WN Health and Wellbeing Partnership on future configuration and deployment of partnership resources, capacity and leadership to drive delivery against our priorities.

Recommendations will be put forward to WN Place Executive Group and WN Health & Wellbeing Partnership Board in Q4 of 2021/22, to build on existing successful foundations of collaborative partnership working, in the most efficient and streamlined way possible.

Appendices – Components of Deep Dive Place Delivery Programme Review:

Warwickshire North Place Priorities December 2021

Place Priority	Community Capacity and Rapid Response	Long Term Conditions	Mental Health	Unscheduled Care	Wider Determinants of Health
Objective	To treat as many people as possible outside of a hospital setting. The projects will ensure we provide the best care possible in the most cost-effective way. This involves 'joined up' care available in the community with care available at hospital.	The WN Place Priorities for Long Term Conditions include: MSK, Heart Failure, Diabetes, and COPD.	To support the Mental Health Five Year Forward View. Focusing on a step change in prevention, early intervention, and supporting more people to actively participate in their own self-care, wellbeing and recovery. Also ensuring timely access to appropriate services.	To simplify the UEC offer across C&W to fully integrate the response so that the most appropriate care can be given as quickly as possible, as close as is necessary for the immediate need of the patient.	To address health inequalities in Warwickshire North. There are four key areas: smoking cessation, obesity, mental health, and learning disability.

Warwickshire North Health & Wellbeing Partnership Priorities December 2021

Partnership Priority	Access to services	Reducing health inequalities	Housing & health	Reducing obesity & improving lifestyles
Work package	Mental Health services Dementia / Loneliness and Isolation Autism and access to a diagnosis COVID young people mental health Carers and cared for people End of life Transport	Unplanned care Communications Health outcomes inclusion health groups Safer communities	Wide review: What is the impact of quality of housing on the health agenda in WN	Address obesity in adults and children Smoking and SATOD Improve physical activity Prehab Health checks Immunisations

The King's Fund Population Health Model

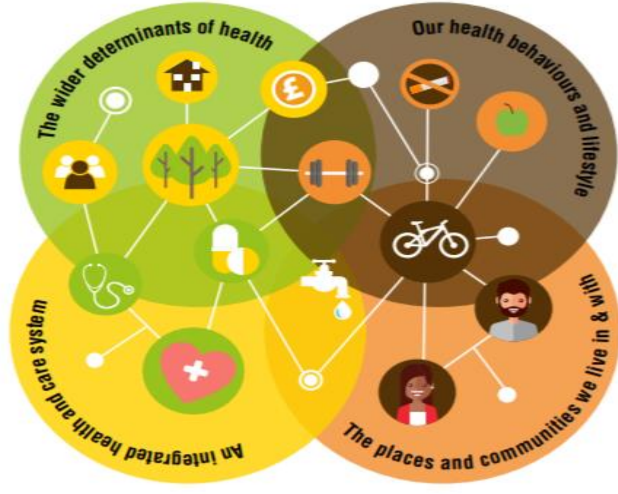


Figure 2: Population health model (Kings Fund, 2019)

Joint Strategic Needs Assessment themes

JSNA Themes					
Promoting inclusive communities	Supporting good mental health & wellbeing	Children & young people	Addressing poverty, housing & inequalities	Promote healthy lifestyles and reduce the burden of long-term conditions	Improving the quality of and engagement with the environment

Warwickshire Director of Public Health Place health & wellbeing profiles

Indicator	Unit	Warwickshire North
Depression: Recorded prevalence % (aged 18+)	%	12.6
Persons, 60–74, screened for bowel cancer in last 30 months (2.5-year screening coverage %)	%	63.8
Females, 50–70, screened for breast cancer in last 36 months (3 year coverage, %)	%	72.9
Females, 25–64, attending cervical screening within target period (3.5 or 5.5 year coverage)	%	73
Diabetes Prevalence, ages 17+ (QOF)	%	8
Estimated smoking prevalence (QOF)	%	17.3
Obesity QOF prevalence (18+)	%	10.6
Smoking at Time of Delivery	%	16.3
Estimated dementia diagnosis rate age 65+	%	57.8
Access to IAPT services: people entering IAPT (in month) as % of those estimated to have anxiety/depression	%	22
IAPT recovery: % of people (in month) who have completed IAPT treatment who are "moving to recovery"	%	62
Hospital admissions as a result of self-harm (10-24 years)	per 100,000	604.9
Hospital admissions due to substance misuse (15-24 years)	per 100,000	77.9
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	per 10,000	109.9

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South Warwickshire Place Update
November 2021

The journey of South Warwickshire Place began in September 2020, shaped via LGA workshops, from which we worked on organisational development, agreed our place vision and priorities, set out our store for behaviour expectations and established an initial governance and way of working.

FIVE YEAR VISION

South Warwickshire Place will be a patchwork quilt of vibrant communities with strong alliances across multiple stakeholders and organisations that know each other and supports everyone to live well and to have full active independent lives. We will understand and make inroads into improved health outcomes for our local population. Supporting people to keep well will be accepted as part of our core offer and together we will be able to say with confidence that we are maximising the Warwickshire pound.

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

Subsequently we developed our Place Plan, keeping Population Health outcomes at the front of our minds, using joint strategic needs assessments to identify the needs of our people and remembering the remit for Place Partners: to move away from simply treating ill health to preventing it, promoting positive health and wellbeing and to tackling the wider determinants of health

AMBITIONS

- Healthy People
- Making Care Better
- Right Care in the Right Place

Continuing to work closely with partners....

... We are building a picture of 'what good looks like' in the journey to establish the Warwickshire ICP. This will enable us to establish a transformation plan and governance to support delivering the ICP in shadow form from 1st April 2022.

Seeking guidance and assurance...

.... We have used the recommendations from our recent audit and ICS and Place guidance to design a new governance model which aligns to the Population Health management approach. The model gives us the fluidity and flexibility to focus on the four pillars in a less linear and hierarchical way, which will enable us to continue to build collaborative ways of working which focus on people and Place. It removes duplication and allows clear decision making across Place.

Place Board

Place Delivery Group – The wider determinants of health

Partnership Delivery Group – Our health behaviours and lifestyle

Delivery Group – The places and communities we live in and with

Delivery Group – An integrated health and care system

Partnership Delivery Group

Building a brand and way of working with our population...

...Using our Place key principles, which will help us on our journey in developing the maturity of South Warwickshire Place

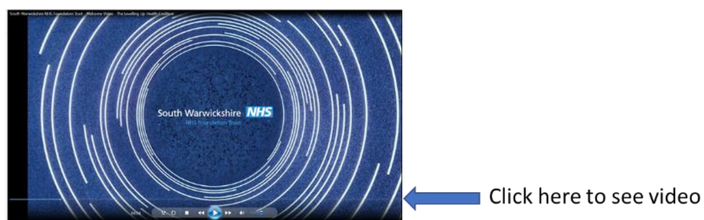
Building a plan...

...We are taking our agreed ambitions and objectives and using them to create a four-quadrant plan, bringing together the priorities from the Health and Wellbeing Strategy, JNSA and Place Plan to demonstrate how we in South Warwickshire will improve our population's health and wellbeing.

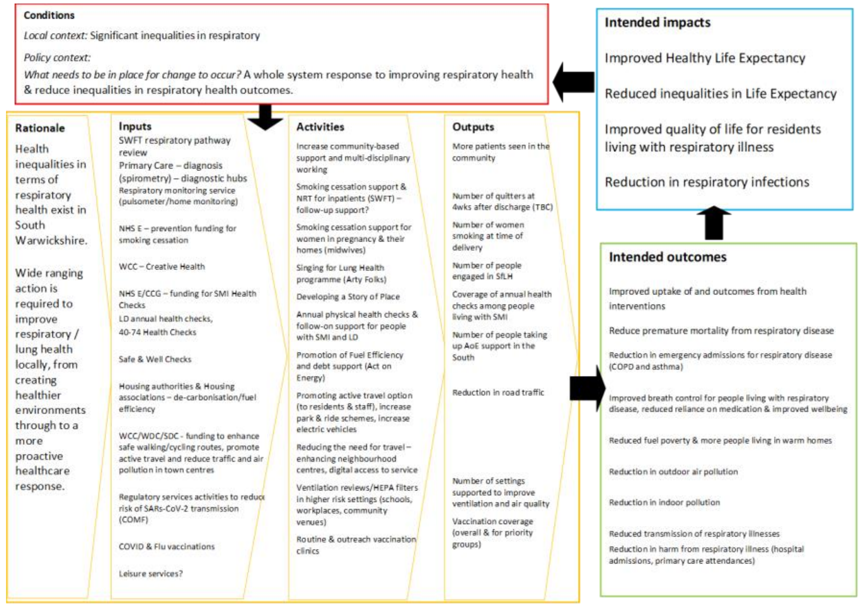
New Governance Arrangements

- ❑ Each Population Health outcome will have an associated Delivery Group, responsible for driving change against it. Where practical, we will seek to repurpose an existing forum or group into this role.
- ❑ These groups will feed delivery status, progress and escalations into the Place Partnership Delivery Group, which will in turn set the agenda for the Place Partnership Board who have overall accountability for the Place Plan
- ❑ Representation will be sought from all partners at each forum, and we would like to ask each of the 3 participating Councillors to take an active lead role in one of the delivery groups, to ensure the views of the South Warwickshire population are heard and represented. A member of the SWFT Board will take a similar role in the Delivery Group aligned to Integrated Health and Care. We support the ICS principle that mutual accountability should be embedded in our working to ensure collective ownership of our vision, priorities, plans and delivery, and believe representation in all forums is key in enabling us to achieve this
- ❑ The model will continue to be supported by all enabling functions, and report outwards to the Warwickshire Health & Wellbeing Board and other forums to be defined by the Coventry and Warwickshire ICS, but most of all to the people and communities of South Warwickshire

- As a trust we are working with This is Purpose on a levelling up framework, which is an initiative being sponsored by former Education Secretary Rt Hon Justine Greening and former Public Health Minister Rt Hon Anne Milton
- Established earlier this year with input from businesses, universities, policymakers and regulators, the Levelling Up Goals are a set of clear objectives for the UK's levelling up challenge in the wake of Covid-19.
- The Levelling Up Impact Report will highlight best practice at South Warwickshire and identify where even more can be done to spread opportunity – we will use this as an input when creating our 2022/23 South Warwickshire Place Plan



Click here to see video

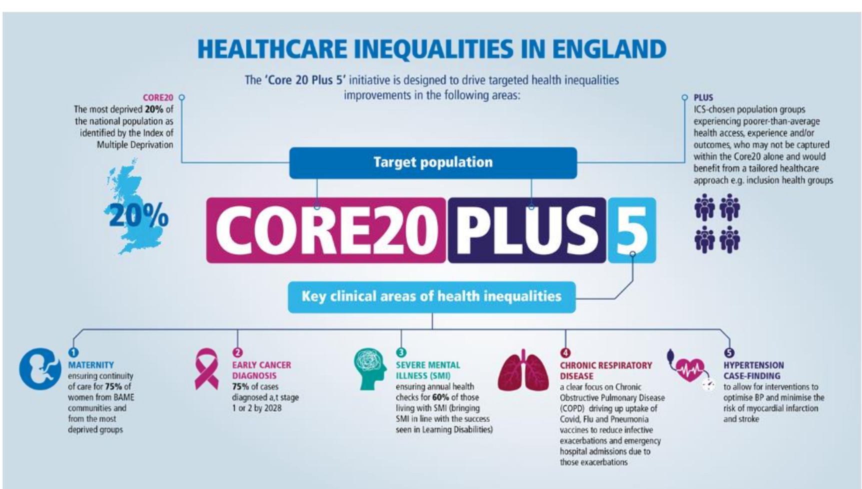


- ❑ A logic model approach has been used to map the activities that are underway which we believe will deliver the impacts required to improve respiratory health and reduce inequalities in respiratory outcomes
- ❑ We will use this at model in South Warwickshire Place to highlight where engaging at a wider partner level could add additional value in delivering these outcomes

- ❑ We are developing a System-wide Health Inequalities Strategic Plan which aims to:
  - ❑ strive towards health equity for the population of Coventry & Warwickshire.
  - ❑ make reducing inequalities the golden thread through all of our work
  - ❑ challenge the whole system on how they can contribute and embed action
- ❑ This is also closely aligned to the Kings Fund Population Health model, which drives Warwickshire's population health framework and South Warwickshire Place Priorities
- ❑ South Warwickshire Foundation Trust, we have been progressing the following:
  - ❑ Use of HEAT tool
  - ❑ Developing Poverty proofing training
  - ❑ Grand round on health inequalities
  - ❑ Analysis of inequalities in 2ww
  - ❑ Review of inequalities and ethnicity data at the South Intelligence Cell
  - ❑ Digital inclusion pilot for refurbishing donated laptops - 34 applications received so far of which 21 met criteria and were approved
  - ❑ Elective recovery – using a risk stratification score mechanism and deprivation levels to help SWFT to better understand how it should prioritise its waiting list. So far we have used this information within audits of outpatient attendances combined with work on predictive DNA to improve access to healthcare. In addition, we have proactively managed patients with a learning disability

Health Inequalities

The 'Core 20 Plus 5' initiative is a key component of how we intend to target health inequalities



Where we're going

- ❑ We're on a journey to develop South Warwickshire Place – we're going to get there **step by step**
- ❑ It is vital that everyone **makes the journey together** – collaborative working is the key principle in Place Partnerships and engagement will continue to be the bedrock of our ways of working
- ❑ We note the ICS guidance that governance arrangements must develop over time as working relationships and trust increase; we wholeheartedly support this proposal and expect our **governance to evolve** as System and Place working develops
- ❑ Following agreement of the key principles of the new governance model at the Place Partnership Board, we are keen to talk to all Partners about how we begin to roll this out, by **confirming the Terms of Reference and membership of each group**
- ❑ We will be meeting with all of our Partners to **refresh the Place Plan** for 2022/23, considering all of the projects currently in flight against the Population Health quadrants, the Health and Wellbeing Strategy, the Healthy Citizen Forum objectives and our JNSAs to allow us to undertake a gap analysis to ensure our Plan meets the outcomes required

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Health and Wellbeing Board

12th January 2022

Warwickshire Safeguarding Annual Report 2020-2021

Recommendation

1. The Health and Wellbeing Board receive the 2020-2021 Annual Report for Warwickshire Safeguarding and note the work that has been progressed by the partners during the course of the year.

1.0 Key Issues

1.1 Warwickshire Safeguarding is required to produce and publish an annual report in accordance with the statutory requirements governing its establishment i.e. The Care Act 2014 (Adults) and Working Together 2018 (Children).

1.2 The partnership is required to share its annual report with the following offices, including its members and wider public:

- Leader of the Local Authority and the Chief Executive, reflecting the fact that they are responsible for establishing the Boards
- Office of the Police and Crime Commissioner
- Clinical Commissioning Groups
- The Chair of the Local Health and Wellbeing Board
- The Local Healthwatch

2.0 Options and Proposal

2.1 The annual report provides a high-level overview of key performance data in relation to safeguarding children, young people and adults, details of work undertaken against each of the strategic priorities; and learning and improvement work conducted throughout the year.

2.2 In September 2019 Warwickshire Safeguarding implemented its new local partnership arrangements to oversee the safeguarding of children and adults and agreed a new strategic plan setting out its strategic priorities which centred around:

- Effective Safeguarding
- Prevention and Early Intervention

- Exploitation

Along with the rest of the country the partnership was faced with the challenges presented by the implications brought about by Covid-19, which effectively resulted in having to adapt the way in which the partnership continued to operate and execute its statutory functions, whilst still evolving as a new joint partnership.

It is credit to the partners who have remained committed to their role within the partnership that has enabled statutory duties of the partnership to be effectively delivered. This should be acknowledged.

2.3 Throughout the period covered by this report the partnership continued to meet, albeit through virtual platforms, to scrutinise, discuss, challenge safeguarding practices across the county. The Executive Board has continued to meet on a monthly basis to discharge its statutory duties by overseeing, reviewing and agreeing the coordination of local work to safeguard and promote the welfare of children and adults across Warwickshire.

The two Safeguarding Partnership Groups (children and adults) have contributed to the partnership's assurance work through thematic reviews and safeguarding reviews for children and adults.

The Subgroups have continued to develop and execute their respective workplans which have enabled the development and publication of the new partnership Exploitation Strategy and allowed Safeguarding Adults Reviews and Child Safeguarding Practice Reviews to be considered and published.

The Education Subgroup meetings have continued to provide opportunities to liaise with education settings to ensure the impact of Covid-19 lockdown is fully considered in the interest of the most vulnerable children and young people across the county. Joint messaging with the Assistant Director of Education has enabled direct learning from reviews to be shared with the education sector immediately.

2.4 Throughout 2020-2021 the partnership continued to receive a significant number of referrals for consideration of cases to be reviewed relating to both child and adult specific cases:

Total number of referrals for review received 2020 - 2021:
- Children = **13** CSPR referrals
- Adult = **7** SAR referrals

Total number of referrals progressed to Review 2020 - 2021:
- Children = **7** CSPR referrals were put forward for progression to formal CSPR review
- Adult = **6** SAR referrals were put forward for progression to formal SAR review / reflective learning review / thematic review

The majority of these referrals were processed under the new Rapid Review arrangements introduced under Working Together 2018, requiring partnerships to undertake initial scoping of cases and determine whether a case meets the statutory criteria for a national or local review within 15 working days.

The Safeguarding Reviews Subgroup's membership has worked very hard to achieve this timeframe for all its referrals and ensured all decisions reached are based on evidence of information scrutinised/challenged. Partner agencies have remained dedicated and ensured safeguarding has remained a priority area of work throughout the pandemic period and have committed resources to support this work.

The Business Team has continued to work with partners to ensure key messages and learning emerging from the reviews work is developed and effectively communicated across the wider partnership through the production of Lessons Learned Briefings, 7 Minute Briefings and News Bulletins.

During the pandemic period the Business Team have been able to maximise the opportunity to deliver multi-agency workshops using the virtual platforms to reach a greater audience. These have been well received and provided valuable feedback to support further development of on-line learning events for targeted audiences.

2.5 The level of safeguarding concerns and contacts received at the front door via the MASH or Adults Safeguarding Team has seen a reduction during this period and this can potentially be attributed to the impact of the pandemic and lockdown conditions imposed across the country.

Whilst the introduction of the new Multi-Agency Contact Form in respect of children's safeguarding has enabled greater discussion at an earlier stage, to agree the required course of action and clearer signposting for support, there is a notable decrease in the number of contacts received during 2020-2021 and this is understood to have been impacted by the closure of schools.

Partner agencies have continued to support individuals at risk of abuse or neglect throughout the pandemic and have had to adapt their conventional methods of engagement using on-line platforms to maintain contact and oversight.

3.0 Timescales associated with the decision and next steps

3.1 The Annual Report has been published on Warwickshire Safeguarding's website and distributed amongst partner organisations for wider circulation.

Background papers

1. Warwickshire Safeguarding Annual Report 2020-2021

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WARWICKSHIRE SAFEGUARDING

ANNUAL REPORT

2020 - 2021

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Forward from Independent Chair & Scrutineer

Without doubt 2020-2021 has been a very challenging year for everyone involved in safeguarding of children, young people, families and adults.

The Covid pandemic quickly influenced every aspect of work. The Coronavirus Act 2020 did not relax safeguarding and Warwickshire was expected to continue to offer the same level of oversight to children, adults and families. This review will not focus on the Covid related challenges facing Warwickshire or on how everyone involved with the delivery of safeguarding services have risen to the occasion. There are several reports available to help readers understand how well professionals across Warwickshire managed to contain the pandemic and provide high quality services of across the county.

The work of Warwickshire Safeguarding continues to be supported by subgroups. It is apparent that the Executive Team is proactive in ensuring correct representation and attendance of members at these meetings. The subgroups work well, and partners are generally engaging better with each other. Under the leadership of the Executive Team, services were mindful of the pressure everyone was under and were encouraged to fulfil their safeguarding obligations in a measured and proportionate way.

This year I am in a better position to both challenge and scrutinise the effectiveness of these groups. I am conscious of areas of practice that are brought to the attention of the business team in reference to specific case details which may not have been shared with other relevant partners. This lack of recognition is of concern and suggests that our communication may not be as robust as we would like to believe. As a partnership we are more effective in our efforts to share knowledge, however it is evident that our communication does not always reach grass route practitioners. Managers and leaders are urged to consider ways of improving this.

Warwickshire Safeguarding has learnt a great deal from undertaking serious case reviews, SARS and alternative reviews. Each of these reviews has identified areas of good and best practice as well as areas that require improvement. Our ability to scrutinise our shared practice has improved considerably this year, as has the direct involvement of the Executive Team with each of the reviews being undertaken.

I would like to bring attention to four key areas that have emerged as safeguarding risks for us in Warwickshire, namely

- Mental health and the impact of provision, waiting times, diagnosis and care and support for children, adolescents and young adults.
- Self-neglect in adults and older people, particularly those adults who do not meet section 42 criteria who have care and support needs that make them vulnerable to safeguarding risks.
- Continuing concern around our ability to safeguard young people at risk of involvement with gangs, knife crime, county lines, trafficking and organised crime.
- Our ability to demonstrate how well we know the children, young people and adults who have reached our attention through the child safeguarding practice review and safeguarding adult review process, particularly the impact of frequent 'moves' for children in care.

England and Wales went into lockdown in the final week of March, due to the spread of the new coronavirus. Throughout the year Care homes and adults with care and support needs who were not visible, or were unable to receive their usual support, were of huge concern.

This past year has seen an increase in the number of self-neglect cases referred into the partnership due to the individual having experienced significant harm through neglect/self-neglect. I would like to challenge our decision-making in this respect and ask the Executive team to consider those vulnerable adults who do not meet section 42 criteria but would benefit from having their circumstances carefully considered and support provided where appropriate. I am pleased to see work in progress to put a Multi-Agency Risk Assessment Model (MARAM) in place and look forward to reporting on this next year.

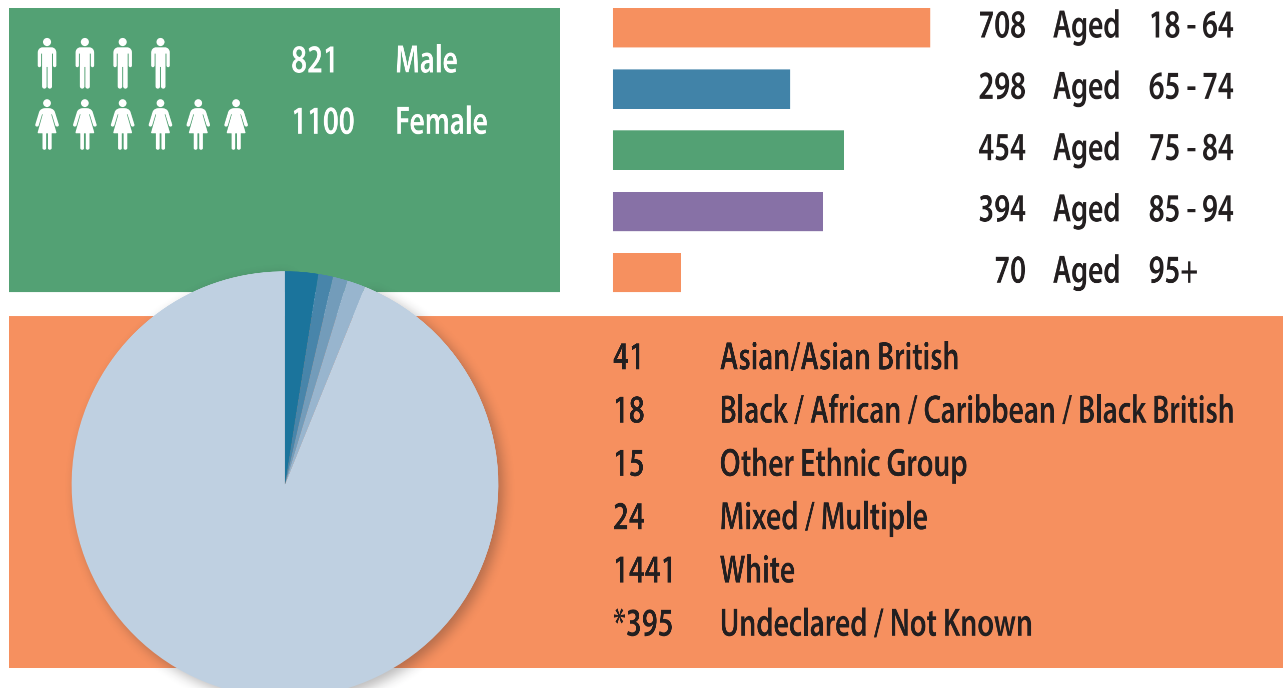
In many ways Warwickshire safeguarding continues to function as previously with changes introduced partly as a result of Covid. A huge amount of impressive work has been undertaken this year under the direction of the Warwickshire safeguarding Business team and this is evidenced in the report. The Executive has established itself as a team that is effective in scrutinising but has yet to develop its ability to agree and drive a shared safeguarding agenda as anticipated in the Wood review.

In the coming year I am confident that the Executive and Business Team will continue to drive the work of Warwickshire Safeguarding and I thank everyone for their hard work and commitment during a particularly difficult year.

Elaine Coleridge Smith
Independent Chair & Scrutineer
Warwickshire Safeguarding

Key Facts

DEMOGRAPHICS



2279
Concerns Received
(3144 in 2019/20)

385
S42 Enquiries Received
(3144 in 2019/20)

Concluded Section 42 Enquiries - Top 2 locations or risks:
Own Home | A Community Service

Top 3 Types of Abuse for concluded Section 42 Enquiries

Financial and Material Abuse **29.3%**

Physical Abuse **17.1%**

Phychological and Emotional Abuse **20.7%**

Section 42 Enquiries - Top 3 Primary support reason:
Physical Support | Support with memory and Cognition | Learning Disability

Asked what outcome they want
50.24%
(64.79% in 2019/20)

15
Enquiries involving strangers
(22 in 2019/20)

223
Source of risk known to victim
(231 in 2019/20)

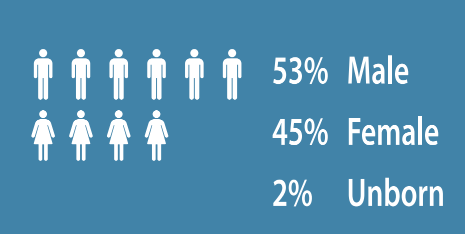
65%
Risk reduced or removed
(68.90% in 2019/20)

18
Alleged abuse by social care staff
(31 in 2019/20)

Outcome fully or partially met
88.30%
(94.94% in 2019/20)

Key Facts

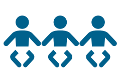
Gender of Children subject to CP plans



53% Male
45% Female
2% Unborn

DEMOGRAPHICS

14,243
Contacts Received
(18,081 in 2019/20)



5,525
Referrals Received
(5,046 in 2019/20)

Warwickshire continues to see an increase in the number of children in care, a trend that has emerged since 31 March 2017. As at the 31 March 2021, there were 860 looked after children, compared to the previous year where there was 754. This was an increase of 106 children in care

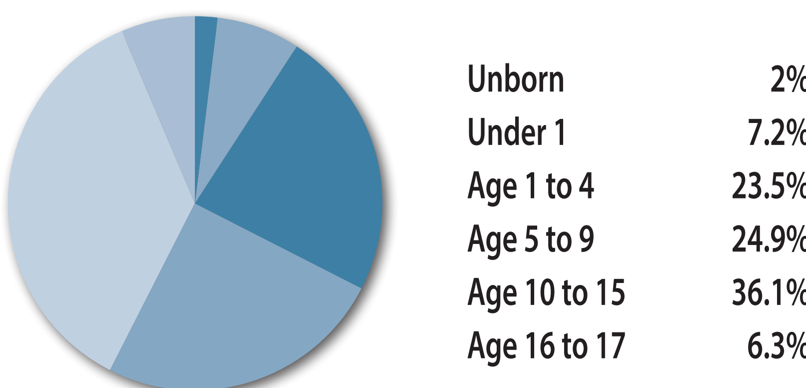
123 of Warwickshire Children in Care missing (120 in 2019/20)

6030 Statutory Child Social care assessment started (5595 in 2019/20)

449 Missing children (475 in 2019/20)

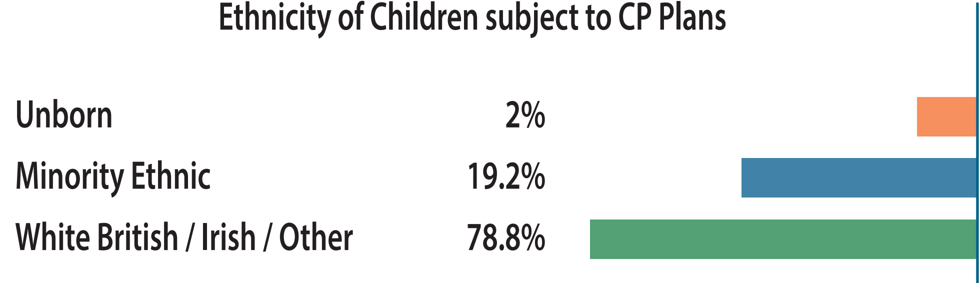
123 of Warwickshire Children in Care missing (120 in 2019/20)

Age group of children subject to Child Protection Plans



Unborn	2%
Under 1	7.2%
Age 1 to 4	23.5%
Age 5 to 9	24.9%
Age 10 to 15	36.1%
Age 16 to 17	6.3%

Ethnicity of Children subject to CP Plans



Unborn	2%
Minority Ethnic	19.2%
White British / Irish / Other	78.8%

24.9% of referrals to Children Social Care were referred by Police

3 of the 5525 referrals received resulted in No Further Action (11 in 2019/20)

Referrals received for Children with a disability 1.05% (1.20% in 2019/20)

Top 3 types of abuse for children subject to Children Protection Plan

Multiple Abuse	Emotional Abuse	Neglect Abuse
25%	41%	27%

Keeping people safe during the pandemic

Over the last year, the focus has been on the pandemic and addressing the needs of vulnerable children and adults in unprecedented times. The pressures from the Covid-19 pandemic have presented risks for each partner agency which have been shared at each meeting to allow a greater understanding of the roles and responsibilities and provided the opportunity to explore better collaboration in addressing the issues and challenges faced by the county.

The tripartite partnership has contributed to the strengthening of the positive relationships between Health (CCG) , Police and the Local authority, there has been good engagement from partner agencies, as well as the wider partner membership. There has been consistent representation at the partnership meetings which has led to a greater understanding of how we as a partnership need to work together to protect children and adults at risk and this has factored into essential planning of services during the pandemic.

Demand in services has been high throughout the pandemic. There has clearly been an impact of the pandemic on levels of need and it is considered positive that issues have not been hidden, for example as a result of school closures. Partner agencies introduced innovative ways of working to ensure that needs could continue to be met.

Despite the pandemic the work of Warwickshire Safeguarding continued at pace, through the statutory reviews a number of key themes were quickly identified, for example self-neglect, self-harm and suicide. The learning from the reviews were shared in a timely fashion that enabled all partners to look at how they were responding to these challenging issues, and what improvements were required.
One of the key benefits of increased virtual engagement during the pandemic has been the ability to engage more partners and families in meetings. The partnership recognises there are opportunities to build on this moving forward.

Delivering our strategic priorities

The Executive Board has proved itself to be effective in maintaining oversight, monitoring, and evaluating the work of the subgroups. As a result, the work identified in the individual lead agency statements has been brought together to ensure an overarching delivery of the partnership's strategic priorities across Warwickshire. Examples of this work are provided below:

Exploitation

- **Exploitation Strategy (2020-2023)** - Taking on board the learning identified through its Strategic Thematic Review on the 'Exploitation of children & Adults' in 2019-2020 Warwickshire Safeguarding developed its new Exploitation Strategy (2020-2023) to tackle the exploitation of children and adults across Warwickshire. The strategy recognises the prevalence of exploitation, in all its forms occurring in Warwickshire and sets out the partnership's commitment to working together to foster a greater understanding of exploitation, the impact it has on children, young people, adults with care and support needs, and the wider community, and to improve the lives of those who are at

risk. The partnership acknowledges its approach to tackling the problem must be multi agency and collaborative to ensure those at risk are protected from harm. As a result there is now overall increased awareness of exploitation amongst professionals working with both adults and children and our approach has been broadened to include people who have experienced trauma who may not normally be regarded as having needs for care and support. Training has been expanded to include learning to raise awareness of unconscious bias, victim blaming language and capturing the voice of the child/adult when dealing with cases involving exploitation. In June 2020 Warwickshire Police set up a specialist Child Abuse, Trafficking and Exploitation (CATE) team to enhance the police response to child protection investigations, as well as, investing in training more Modern Slavery and Human Trafficking (MSHT) Specialist Investigators and MSHT Victim Liaison Officers to ensure that we get the response to these complex exploitation investigations that impact upon adults and children right.

- **Missing Protocol** - Warwickshire Safeguarding launched the Philomena Protocol into local practice for responding to children and young people going missing, or deemed likely to go missing, from care placements. The initiative is designed to help locate and safely return children and young people in care as quickly as possible when they are missing. The basis of the scheme is for vital information about the young person to be recorded, which can be used to locate them safely and quickly and to prevent ongoing reoccurrences. The benefits are listed as saving time and resources but most importantly the potential to improve safeguarding of our vulnerable young people by locating them quicker. It involves working with children's homes/carers to establish patterns of behaviour and people and places they frequently visit.

Effective Safeguarding

- **Introduction of new MAC replacing MARF** - Warwickshire introduced a new form to replace the current Multi-Agency Referral Form (MARF) used by partners to raise safeguarding concerns into the MASH (Multi-Agency Safeguarding Hub). The new Multi-Agency Contact (MAC) form has been developed to help improve the management of concerns reported into the MASH. The new form now requires referrers to focus on what is working well for the family, as well as capturing issues of concern. It also contains links to other services which can be considered by the person completing the form.
- **Refreshed the Terms of Reference for the Education Subgroup** – The new membership of this subgroup now provides an improved infrastructure for partner agencies to work directly with all levels of education settings across the county and ensures meetings focus on safeguarding and the inter-relationship with the work of the other partnership subgroups i.e. contributing to the development of the Exploitation Strategy and greater depth of involvement with safeguarding reviews.

Prevention & Early Intervention

- **Education Transformation Programme** - Warwickshire delivered a revised and Integrated Safeguarding Training programme during 2020-2021. The new integrated training offer covered Early Help, online courses and supporting modules, briefings in specific areas and Safeguarding training. Sessions were designed to provide knowledge, skills, confidence and aid and support Designated Safeguarding Leads and Pastoral workers in all education settings across Warwickshire to support prevention and early intervention in safeguarding cases.

- **Appointment of Headteacher leads/Coaches** - Warwickshire strengthened the different levels of support for schools to assist with their management and oversight of safeguarding of children, young people and adults. Headteacher coaches now support designated safeguarding leads within schools and ensure schools engagement in all safeguarding reviews work being commissioned by the safeguarding partnership. The placement of Headteacher leads within the MASH now also provides an additional layer of professional support to schools to help give the right advice and support at the right time when discussing safeguarding concerns.
- **Escalation Protocol** – learning from Child Safeguarding Practice Reviews (CSPRs) and Safeguarding Adult Reviews (SAR's) highlighted practitioner resolution and escalation as a recurring theme, whereby timely conversations may have been able to prevent safeguarding risks from escalating further. Warwickshire Safeguarding launched its new Escalation Protocol in response to this learning to assist practitioners in ensuring they have a clear understanding of the process for escalating and when and how it should be applied; allowing for a written record of each escalation to be retained on record. All practitioners working with children, young people, adults with care and support needs and carers have a responsibility towards their clients to ensure that the child's or adult's welfare is seen as a priority at all levels of practitioner activity. The protocol emphasises that Practitioners are individually responsible for being satisfied about the substance and progress of safeguarding plans for their service users. This protocol recognises this and provides a tool to support individuals to exercise this responsibility when they are concerned about the actions or inactions of other agencies or practitioners.

Learning from Reviews

Safeguarding Reviews

In keeping with its statutory duties under the Care Act 2014 and the Children's Act 2017 and Working Together 2018, Warwickshire Safeguarding considered a number of referrals for review by the partnership relating to children and adults who have either experienced significant harm from abuse/ neglect, or have died as a result of the abuse/neglect and there are lessons to be learned about the way in which partners managed their involvement in these cases.

The legislation now defines these referrals as follows; previously known as Serious Case Reviews:

- Child Safeguarding Practice Reviews (CSPR's)
- Safeguarding Adults Reviews (SARs)

During 2020-2021 Warwickshire Safeguarding saw a significant increase in the number of referrals put forward by partner agencies where the referrer considers the circumstances of the abuse or neglect caused to the individual could have potentially been managed differently and where lessons can be learned and improvements to practices identified and implemented. Whilst the increase in cases is concerning, the volume of referrals submitted demonstrates a heightened level of confidence amongst partners in the new approach to the management of reviews, whereby cases involving children or adults are considered side by side offering insight into some of the transitional challenges faced by agencies when working with these individuals. The co-production of Lessons Learned Briefings and 7 Minute Briefings has further strengthened collaborative working across partners.

Warwickshire Safeguarding's Safeguarding Reviews Subgroup is responsible for ensuring that SARs and CSPRs in Warwickshire are carried out appropriately and effectively so that issues and lessons are identified, disseminated, and acted upon. The Subgroup oversees the implementation of multi-agency and single-agency actions and provides update reports to Warwickshire Safeguarding's Executive Board. In 2020-2021 Warwickshire County Council's Internal Audit team scrutinised Warwickshire Safeguarding's management of recommendations from its safeguarding reviews and found the new systems put in place by the partnership provided good levels of transparency, accountability, and traceability.

Provided below is a breakdown of the referrals received by Warwickshire Safeguarding during 2020-2021 and their progression:

Total number of referrals for review received 2020 - 2021:

- Children = **13** CSPR referrals
- Adult = **7** SAR referrals

Total number of referrals progressed to Review 2020 - 2021:

- Children = **7** CSPR referrals were put forward for progression to formal CSPR review
- Adult = **6** SAR referrals were put forward for progression to formal SAR review / reflective learning review / thematic review

Breakdown of referrals received by Area:

Name of District / Borough	No. of referrals relating to Children	No. of referrals relating to Adults
Rugby	1	1
Nuneaton & Bedworth	8	2
Stratford On Avon	0	0
Warwick District	0	3
North Warwickshire	2	0
Out of County	2	1

Breakdown of reviews by Area:

Name of District / Borough	No. of Children's reviews	No. of Adults reviews
Rugby	1	1
Nuneaton & Bedworth	4	2
Stratford On Avon	0	0
Warwick District	0	2
North Warwickshire	1	0
Out of County	1	1

Themes of abuse recorded in referrals:

Children = There have been high levels of self harm / suicides amongst the cases referred into the partnership for review, followed by cases of neglect, physical and sexual abuse

Adults = A large proportion of the referrals have related to cases of neglect and self-neglect

Reviews published in 2020-2021

Children = Warwickshire Safeguarding published its Serious Case Review into the case of Alice and Beth.

Alice and Beth were born outside of Warwickshire to Clare and David. Clare and David's relationship ended due to reports of domestic abuse. Clare then went on to form a relationship with Ethan which also came to an end. Clare moved to Warwickshire stating she was fleeing her previous partner. At this point, Alice was 3 and Beth was a little over 1 years old. Prior to the move Alice and Beth were known to their local Children's Services at that time due to concerns raised separately by David and Ethan regarding Clare's lifestyle and her care of the children. At the time of Clare's relocation to Warwickshire, the other local authority Children's Services had already initiated a section 37, which was in progress following concerns over David's volatile behaviour at a family court hearing over contact with the Alice.

Shortly after moving to Warwickshire, Alice was taken to hospital on two occasions after Clare had reported she had suffered seizures. On the second occasion Alice was admitted and remained in hospital for treatment of a respiratory infection. Alice responded well to treatment and was discharged four days later. Seven days after her discharge, Clare called for an ambulance stating that Alice had suffered another seizure. Alice was taken to hospital where she was pronounced dead.

A little over two weeks later, late in the evening Clare contacted the NHS 111 line and stated that Beth appeared drowsy. Paramedics attended the scene and found Beth to be unconscious. Emergency care was provided at the scene and Beth was conveyed to hospital where she was pronounced dead.

The death of Beth, and the results of a further Home Office postmortem examination of Alice, led the police to investigate both deaths. The investigation revealed that the cause of both Alice and Beth's deaths was believed to be third party interference with the normal mechanics of breathing.

The review focused on the following areas of consideration to help support improvement in practice:

- Where concerns were raised, was risk effectively identified? Were assessments undertaken when required, and were they effective?
- Was the cumulative effect of concerns raised considered, in particular the presentation of Alice at hospital and the presence of domestic abuse in the family?
- Was information appropriately shared between agencies, particularly when the family moved between areas?
- Following Alice's death was there appropriate consideration of the ability of Clare to care for Beth?
- To identify any areas of good practice in the case.

A copy of the full report and lessons learned briefing can be downloaded from the website by clicking here.

Adults = Warwickshire Safeguarding published its Safeguarding Adults Review on the death of Peter.

The subject of this review, Peter had a history of medical conditions including, chronic pancreatitis, vitamin D deficiency, hypothyroidism, type 2 diabetes, hypertension, alcohol liver disease, cataract, peripheral neuropathy and anxiety. Peter was admitted to hospital in April 2018 with reduced mobility. He was discharged in early June 2016 with medication. He was made homeless whilst in hospital and was provided temporary accommodation, on discharge, in a hotel. At the end of June 2018 Peter was found deceased in his hotel room by family members. He was seen by police and ambulance staff and described as very thin, virtually emaciated.

The review focused on the following areas of consideration to help support improvement in practice:

- Effective use of assessments and using these to identify individual's care and support needs and providing appropriate timely support, proportionate to their care and support needs.
- Assessment of mental capacity in decision making.
- Effectiveness of discharge arrangements which recognise care and support needs of the individual, are based on assessment of need and ensure appropriate arrangements are made to cater for these needs.
- Availability of suitable accommodation for persons with care and support needs.
- Maintaining oversight and management of patient's ongoing health needs following discharge from hospital.

A copy of the full SAR report can be downloaded from the website by clicking here.

Recurring themes within reviews

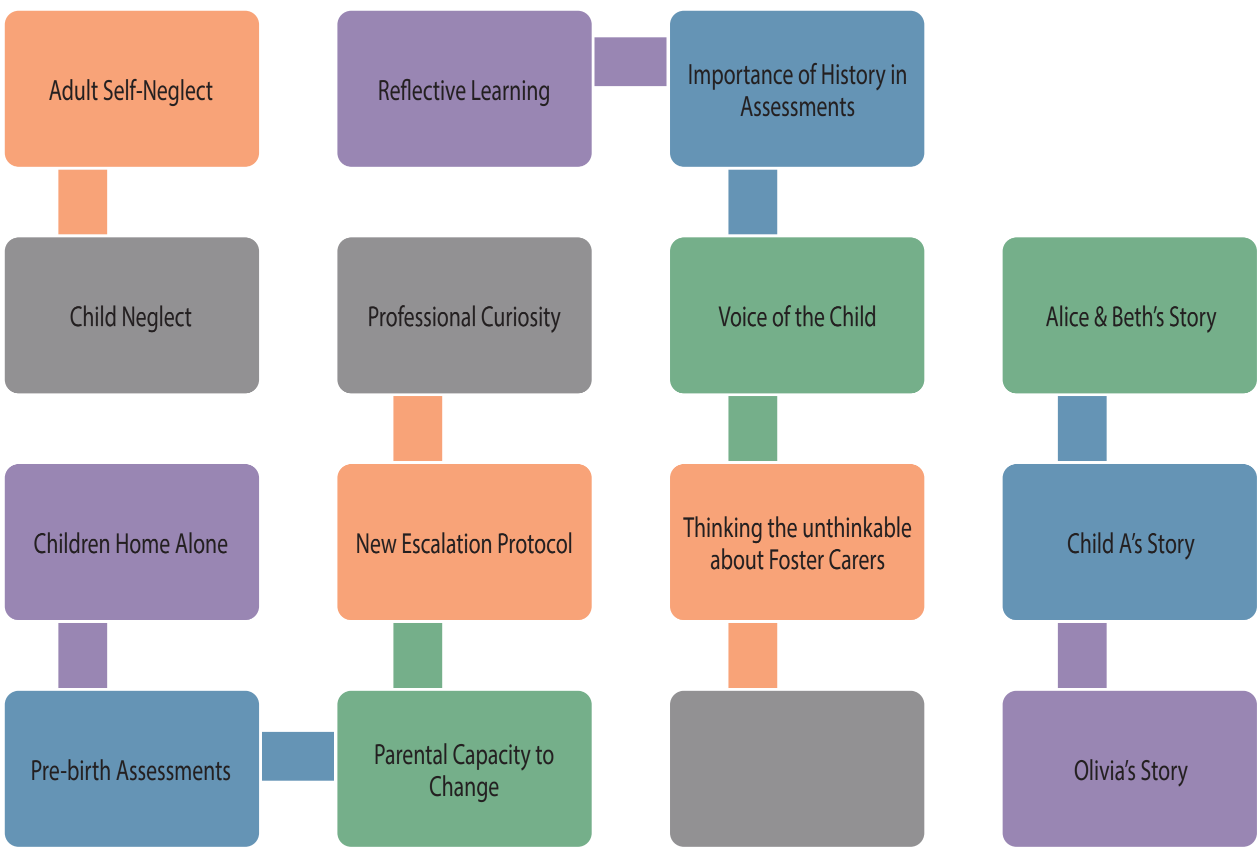
During the course of undertaking its reviews, Warwickshire Safeguarding has identified a number of recurring themes which have appeared frequently demonstrating the need for further development of practice/understanding amongst professionals.

Warwickshire Safeguarding has responded by developing resources for the following recurring key themes to support this improvement and will be assessing the effective use of these tools as part of its ongoing assurance work with partners:

- **Thinking the unthinkable** - "Safeguarding is thinking the unthinkable and then figuring out how to reduce the probability of the unthinkable happening" (Graham Fawcett). Adults or young people rarely disclose abuse and neglect directly to practitioners which makes identifying abuse and neglect difficult for practitioners across agencies. Practitioners need to develop relationships with children, young people and adults, away from carers, and practice 'respectful uncertainty' to any information they receive, keep an open mind and think objectively about the evidence presented, even if this may be challenging and difficult to imagine.
- **Professional curiosity** - Professional curiosity is the capacity and communication skill to explore and understand what is happening to children, young people and adults within a family, rather than making assumptions or accepting initial explanations. This can be described as the need for practitioners to practice 'respectful uncertainty' and being open to exploring different understandings
- **Escalation** - All practitioners working with children, young people, adults with care and support needs and carers have a responsibility towards their clients to ensure that the child's or adult's welfare is seen as a priority at all levels of professional activity. When working with practitioners from other agencies there may at times be differences of opinion or concerns about practice that arise. The new Escalation Protocol provides 3 key stages and should be used in all situations where there are concerns about practice, decision making or resource allocation.
- **Identification of Neglect in children** - Neglect differs from other forms of abuse in that there is rarely a single incident or crisis that draws attention to the family. It is repeated, persistent, neglectful behaviour that causes incremental damage over a period of time. It relates to the lack of a parent's capacity to meet the physical & emotional needs of the child. There is no set pattern of signs that indicate neglect other than that the child's basic needs are not being adequately met. Remember; a child might not understand that they are being neglected. Neglect in adults is equally complex and needs to be responded to in the same way.
- **Voice of the child** - This is a phrase used to describe the real involvement of children and young people. It does not only refer to what children say directly, although it is essential this is heard, but it refers to many other aspects of their presentation. It means seeing their experiences from their point of view and taking into account the child's daily lived experience. The phrase means more than simply seeking their views; is about enabling them to take as active a role as possible in decision making
- **The importance of history** - Opportunities to reduce the risks to children, young people and adults are often missed because critical information in the family history has not been shared with agencies working with the children/adults. Therefore, interventions to support have not been based on a full understanding of the family history. Family functioning and history is a key part of assessments and includes both genetic and pyscho-social factors. The experience and history of parents, and their experience of parenting, will have significant impact on the child's/adults lived experience.

Communicating the learning from reviews

- **LLBs & 7MBs** – Warwickshire Safeguarding embarked on developing a new approach to ensuring key points of learning emerging from its reviews are shared across the wider partnership at all levels, to encourage reflection and improvement in safeguarding practice. Lessons learned briefings and 7 Minute Briefings are now published alongside all review reports and are targeted at both professionals working with children and adults, as well as the Warwickshire community at large. As part of Warwickshire Safeguarding's annual assurance work the Executive Board will be seeking evidence from practitioners that these briefings are being used to support their work. During 2020-21 the following list of briefings were published:



- **WS News Bulletin** - Warwickshire Safeguarding launched its new quarterly News Bulletin in February 2021 designed to introduce the wider Warwickshire community and practitioners to help
  - Promote learning from Child Safeguarding Practice Reviews (CSPRs) and Safeguarding Adults Reviews (SARs) to support improvement in practice
  - Report on any changes/updates to safeguarding policy and procedures; and
  - Publicise forthcoming safeguarding events/seminars and share new safeguarding resources

- **Training** - Warwickshire Safeguarding delivered a series of online training sessions targeted at health professionals, newly qualified social workers and headteachers. Newly qualified social workers and headteachers were introduced to the work of the local safeguarding partnership and how they can support learning through the safeguarding reviews work and the importance of lessons being drawn from the reviews and their application in practice. Over 350 GPs and other health care professionals across the county joined on-line training to gather the learning from safeguarding reviews, which highlighted key areas of improvement flagged up by the reviews, where this impacts on the work of health professionals. Feedback from participants indicated this to be an extremely helpful and relevant session which helped them develop a more in-depth understanding of some of the safeguarding challenges and how they can support overcoming these in future cases. Provided below are some of the responses from participants in terms of what they will do differently based on the learning shared at the session and how this will be applied in clinical practice:

Interesting to hear how covid has changed how people have stopped attending A and E. Makes you think about asking how someone is doing that looks after children

Increased awareness on the need for professional curiosity

I learnt what the impact of Covid-19 had caused re-safeguarding, how emotional abuse had increased. Was surprised that domestic abuse no surge of increases had happened. Encourage patients to attend GP/ A+E for essential appointments

7 minute briefing literature and how to apply own knowledge to practice

It was good to highlight the early help service www.warwickshire.gov.uk/children-families/early-help-warwickshire

Be open minded - Think of unthinkable - Never assume - Be wary of assumptions. Pay attention to how people look and behave as to the attention paid what they are saying

I am planning to expand the Practice review of vulnerable people to include those with Learning Disability and autism as well as shielding and dementia and mental health

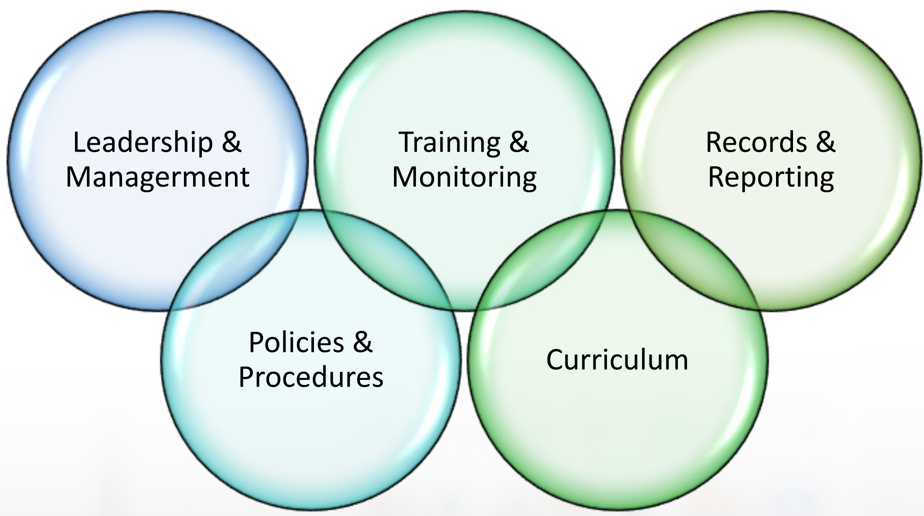
We have continued to do baby checks and immunisations through covid so have had opportunities to ask and observe will definitely be more observant though now

Good to see that meeting can still take place remotely

Working with Education Settings

Annual Safeguarding Audit

Warwickshire undertook its annual section 175 audit of schools and colleges to assess and evaluate the effectiveness of safeguarding arrangements. This year, a total of 276 responses were submitted from 292 contacted settings (i.e. Schools, colleges and alternative providers). The audit focused on scrutinising practice in the following five areas:



Each setting was requested to evaluate their arrangements by selecting one of the following options:

- **Emerging** – Aspects require initial or immediate action.
- **Developing** – Actions are being actioned and progressed but require further development to embed in the setting.
- **Established** – Aspects are fully embedded in practice and are consistent and effective

Based on the responses received the following recommendations for action were identified. The responsibility for overseeing and monitoring actions against these recommendations sits with Warwickshire Safeguarding's Education Subgroup, who provide the Executive Board with regular updates on progress and seek assurance on the impact on practice:

Recommendations for Settings (schools, colleges and alternative providers of education)	**Recommendations for Warwickshire County Council (WCC)**	**Recommendation for Warwickshire Safeguarding partnership**
1. Settings should ensure the Governor responsible for safeguarding (including early help) on the governing body cascades the core information from training to the rest of the governing body. Settings may also wish to consider inviting other governing body member to attend safeguarding training. 2. Safeguarding (including early help) should be a standard agenda item on each governing body meeting and senior leader team meeting. 3. Settings should ensure that the Warwickshire Safeguarding's '7 minute' briefings are used as an integral part of staff training, senior leadership team and governing body meetings. 4. Settings should prioritise Early Help training for ALL Designated Safeguarding Leads as part of their role. 5. Members of Setting Senior Leadership Teams should encourage their DSLs to attend WCC's DSL Network meetings. 6. Safeguarding requirements that have recently gained greater prominence such as Children Missing Education (CME), Forced Marriage, Hate Crime, Mate Crime, Private Fostering and Trafficking scored lower suggesting settings need to put a greater emphasis on supporting staff training in these areas. 7. Settings should look to strengthen the role of the Designated Teacher for CLA/CPLA in terms of training, holding information and reporting to governors/proprietors on progress and attainment of this cohort. 8. Settings should ensure reflective supervision time for DSLs and Deputy DSLs	1. WCC will produce a check list for schools to support induction around Safeguarding. This will be included within the whole staff training slide deck to support greater consistency. 2. WCC will triage responses from individual settings who responded to the audit. Settings who consistently answered 'Emerging' to questions within the audit will be supported to enhance their safeguarding practice via Headteacher coaches, Targeted Support Officers, access to the Integrated Safeguarding Training Programme and generic School Improvement through WCC. 3. WCC will design a training suite for 2021-22 which responds to the core themes and requirements for the education sector highlighted in this audit return. 4. WCC will plan to deliver Safer Recruitment Training and will produce a schedule in the autumn term for settings.	1. Warwickshire Safeguarding, in conjunction with the Education Subgroup will further review the '7-minute guides' available to schools to ensure appropriate themes are supported

Voice of the Child/Adult

Making Safeguarding Personal (MSP)

Making Safeguarding Personal requires partners agencies to ask individuals and/or their representatives what outcomes they would like to achieve from their safeguarding intervention. Throughout the Covid-19 pandemic, Warwickshire continued to support service users to express their views/desired outcomes. During the course of 2020-21 Warwickshire concluded **289 s42 safeguarding enquiries** of these **171** individuals/their representatives were asked for their views and desired outcomes, out of which

- **157** individuals/their representatives expressed their views and desired outcomes
- **14** individuals/their representatives did not wish to express their views and desired outcomes
- **86** of the concluded s42 enquires recorded that the individual's outcomes had been fully achieved
- **77** of the concluded s42 enquiries recorded that the individual's outcomes had been partially achieved
- **13** of the concluded s42 enquiries recorded that the individual's outcomes had not been achieved

Advocacy

Local authorities have a duty to arrange for an independent advocate to be available to represent and support certain persons (Children and adults) for the purpose of facilitating those persons' involvement in the exercise of functions by local authorities. Advocacy is a process of supporting and enabling people to:

- Express their views and concerns
- Access information and services
- Defend and promote their rights and responsibilities; and
- Explore choices and options

In line with government guidance when the pandemic hit advocacy within Warwickshire was changed to be delivered virtually via phone, tablet, computer or ipads to ensure children, young people and adults in need of this service continued to be supported. Access to additional resources was shared and partners worked together to ensure that people who required advocacy support could still access the service. As restrictions eased outdoor visits took place following risk assessments and the use of PPE.

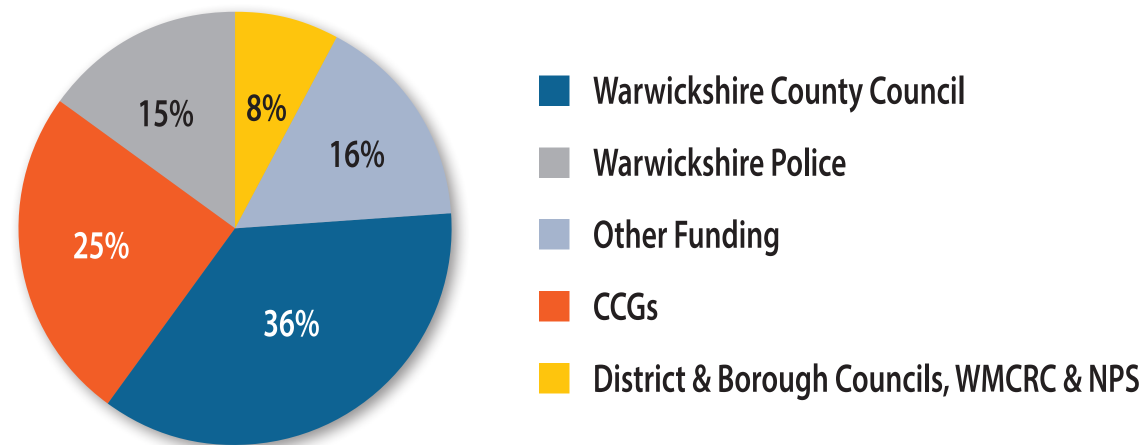
Unlike the National picture, Warwickshire maintained s steady flow of referrals for advocacy support but noted a higher number of complex cases throughout COVID highlighting the number of issues being faced by customers. Commissioners across Coventry & Warwickshire worked with advocacy service providers (Voiceability and Barnardos) to ensure that communications outlining the duty to refer to advocacy remained and that services were still being offered and delivered to those in need.

During 2020-21 **a total of 55 adults with care and support needs** were supported by an advocate to help them with their safeguarding issues.

A further **197 referrals for Children's Advocacy service were supported** by Barnardo's to ensure children and young people received the help and information they needed to enable them to understand their rights.

Funding

Partner Contributions 2020 - 21
Budget = £339,073



Warwickshire Safeguarding

Looking Ahead/Conclusion

On reflection of the work undertaken by the partnership over the course of this last year, there are a number of areas that need to be progressed and developed further to help strengthen the partnership's relationships, links into other initiatives being progressed by other services and maintaining oversight of assurance of safeguarding practices. Moving forward, Warwickshire Safeguarding will be looking to

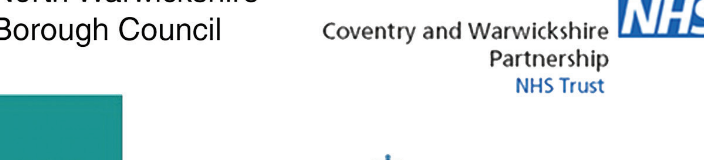
- Build on its assurance activities through its strategic thematic reviews and use the learning from these to help support improvement in core safeguarding practice. Whist we need to keep improving, it is important that we do not see changes to structures and organisation as the solution unless there is clear evidence they are at the root of any issues. Maintaining stability and avoiding unnecessary changes will support improvement.
- Looking at ways to effectively link in with cross cutting themes and issues such as domestic violence, suicide, mental health and exploitation where there are existing initiatives (for example the suicide prevention group). While it is important that we understand their relevance to safeguarding and embed good practice, we need to be careful we are not broadening the scope of the board too widely.
- Encourage other partners, both statutory and voluntary, to become more involved in supporting the work of Warwickshire Safeguarding to avoid them feeling less valued and involved than they were under the preceding arrangements.

Member Attendance

April 2020 - March 2021 - Partner attendance at meetings

	1	2	3
Age UK Coventry & Warwickshire			
Barnardo's			
Care Quality Commission			
Councillors - Portfolio Holders			
Coventry & Warwickshire Clinical Commissioning Groups			
Coventry & Warwickshire NHS Partnership Trust			
District & Borough Councils			
George Eliot Hospital			
Healthwatch Warwickshire			
National Probation Service			
Office of the Police & Crime Commissioner			
Princethorpe School			
South Warwickshire NHS Foundation Trust			
University Hospital Coventry & Warwickshire			
VoiceAbility			
Warwickshire & West Mercia Community Rehabilitation Company			
Warwickshire County Council			
Warwickshire Fire & Rescue			
Warwickshire Police			
WCAVA			

Warwickshire Safeguarding



Warwickshire
POLICE

Agenda Item 10

Health and Wellbeing Board

Health and Wellbeing Strategy: Progress Report

12 January 2022

Recommendations

That the Health and Wellbeing Board:

1. Considers and comments on the progress of the delivery of Warwickshire's Health and Wellbeing Strategy 2021-2026.

2. Endorses the Outcomes Framework Dashboard as a tool for monitoring progress on key measures related to the priorities of the HWB.

1. Executive Summary

1.1 Since the adoption of the Health and Wellbeing Strategy (HWS) in March 2021, a range of work has been taking place at both county and place-based partnership level to progress with implementation of the strategy and its priorities. This report provides an update on progress and includes:

- Key achievements of the HWB between March and November 2021
- Launch of the Health and Wellbeing Board Outcomes Framework Dashboard
- Findings from the Health and Wellbeing Board's Development Session held on 18 October

1.2 Key achievements and progress are summarised in the table below:

March 2021:

- ➢ Warwickshire Health and Wellbeing Strategy is adopted by the HWB.
- ➢ The HWB supports the development of local place-based implementation plans, through the Health and Wellbeing Partnerships.
- ➢ The Director of Public Health Annual Report 2021 on inequalities in health is received by the HWB and members are supportive of the recommendations.
- ➢ Warwickshire's multi-agency Homelessness Strategy is endorsed, and the HWB agreed to the strategic vision and recommendations within the strategy. The HWB supports the Homelessness Strategic Group in developing an action plan and to continue its work to prevent homelessness.

May 2021:

- ➢ The HWB welcomes a new chair Cllr Bell, WCC Portfolio Holder for Adult Social Care and Health, as well as new members Cllrs Gutteridge, Roberts and Matecki who are Portfolio Holders at Nuneaton and Bedworth Borough Council, Rugby Borough Council and Warwick District Council respectively

July 2021: The HWB's first face-to-face meeting since January 2020 is held:

- ➢ A system presentation on the £10 million community mental health transformation programme and the mental wellbeing and resilience fund is delivered. The Chair asks for mental health to remain a standing item on the HWB's agenda and greater coordination of

activity across Coventry and Warwickshire.

- An evaluation of the Create Care Commissions programme is presented, and the HWB asks to see further information on how the findings will be incorporated into commissioning cycles.
- Coventry and Warwickshire Mental Health Needs Assessment is approved by the HWB.

September 2021:

- The Local Transformation Plan (LTP) for Children and Young People's Mental Health and Wellbeing is considered and endorsed. The HWB requests further financial information on services is brought back to a future meeting (scheduled for July 2022).
- The Healthwatch Warwickshire Annual Report is presented to the HWB and includes summaries of the research undertaken to understand the needs of carers and the demand for dentistry services across Warwickshire.
- Health and Wellbeing Partnerships (North, Rugby, South) presented jointly on priorities and progress made at place over the past six months.

October 2021:

- Development session of the HWB is held on the emergence of the Integrated Care System (ICS). The session is facilitated by The King's Fund.

November 2021:

- A special HWB meeting is held to review and endorse the Integration and Better Care Fund (BCF) Narrative Plan 2020/21. The HWB requests greater involvement in the planning of BCF for 2021/22.

1.3 Warwickshire's short-term HWS priorities are:

- Helping our children and young people to have the best start in life (CYP)
- Helping people to improve their mental health and wellbeing with a focus on prevention and early intervention (MHW)
- Reducing inequalities in health and the wider determinants of health (Reduce HI)

1.4 Figure 1 shows the alignment of the place priorities against the HWS priorities, and the different delivery mechanisms that are in place for these.

		Alignment to HWS priorities/HWB strategic ambitions			Delivery mechanisms		
	Place priorities	Priority 1: CYP	Priority 2: MHW	Priority 3: Reduce HI	Place	County (Warwickshire)	System (C&W)
South	Environment and sustainability			✓	• South Incident Management Team (IMT) • South Strategic Innovation Board • South Health and Wellbeing Partnership Delivery Group	• Child Accident Prevention Steering Group • 1001 Days Steering Group • Tackling Social Inequalities Working Group • Preventing Self Harm Working Group • Children and Young People Joint Strategic Needs Assessment (JSNA) • Better Care Fund • Autism Strategy Group • Dementia Strategy Group • Carers Strategy Group • Warwickshire Multi-Agency Suicide Prevention Group • WCC lifestyle services commissioning and redesign	• LMNS Health & Wellbeing workstream • CAMHS Transformation Board • Mental Health & Emotional Wellbeing Board • Wellbeing for Life Steering Group • Joint Multi-agency Suicide Prevention Group • MH JSNA (JSNA SG) • Health Inequalities Task Group (P&P) • Board Leads for HI Group (P&P) • C&W Respiratory Group • C&W Tobacco Control Partners hip Group • COVID Vaccination Steering Group • C&W Health and Care Partnership Suicide Prevention • C&W Self-Harm Working Group • C&W Suicide Prevention Group • C&W LTP prevention weight management steering group
	Mental health, suicide and bereavement		✓	✓			
	Children and young people	✓	✓	✓			
	Respiratory health inequalities			✓			
Rugby	Mental health and wellbeing – Self-harm in young people	✓	✓	✓	• Task and Finish Group		
	Poverty and inequalities – Homelessness			✓	• Rugby Homelessness Forum		
	Health behaviours: smoking			✓			
	COVID-19 Recovery			✓	• Rugby Incident Management Team (IMT)		
	LTCs - heart failure			✓	• Heart Failure Task and Finish Group		
North	Access to services			✓	• Place Executive Delivery Group • North Health and Wellbeing Partnership Delivery Group		
	Reducing health inequalities		✓	✓			
	housing and health			✓			
	Reducing obesity and improving lifestyles	✓		✓			

Figure 1: Mapping of place priorities against those of HWB, including delivery mechanisms at place, county and system

1.5 Figure 1 highlights that health inequalities are a 'golden thread' throughout all activity at place. There is explicit focus on children and young people and mental health and wellbeing within each place. Delivery of activity on these priorities, however, takes place through a range of mechanisms – some of which is at place, but a greater amount is at county or system level.

1.6 Each place is in the process of developing plans to take action on both place and countywide priorities associated with the HWS. It is proposed that a HWB action planning workshop for 2022/23 takes place in March 2022.

1.7 As well as activity at place, figure 1 shows the variety of activity taking place at county and system. Two case studies are highlighted below to showcase some of the key achievements at county and system.

Case Study – Mental Health and Wellbeing

People living with Serious Mental Illness (SMI) experience gaps in prevention, diagnosis, treatment and treatment outcomes for physical health risk factors and conditions. To address this, the NHS Long Term Plan has set a target that by 2023-24, 8,854 patients with SMI should be receiving their annual physical health check across Coventry & Warwickshire. In order to achieve this target, a wide range of initiatives are currently ongoing to aid the delivery of these health checks, including: Health Care Assistants (employed by the GP Alliance) delivering the health checks, digital tools, VCSE engagement and outreach, different workforce roles, and integration across primary and secondary care, with wraparound lifestyles support.

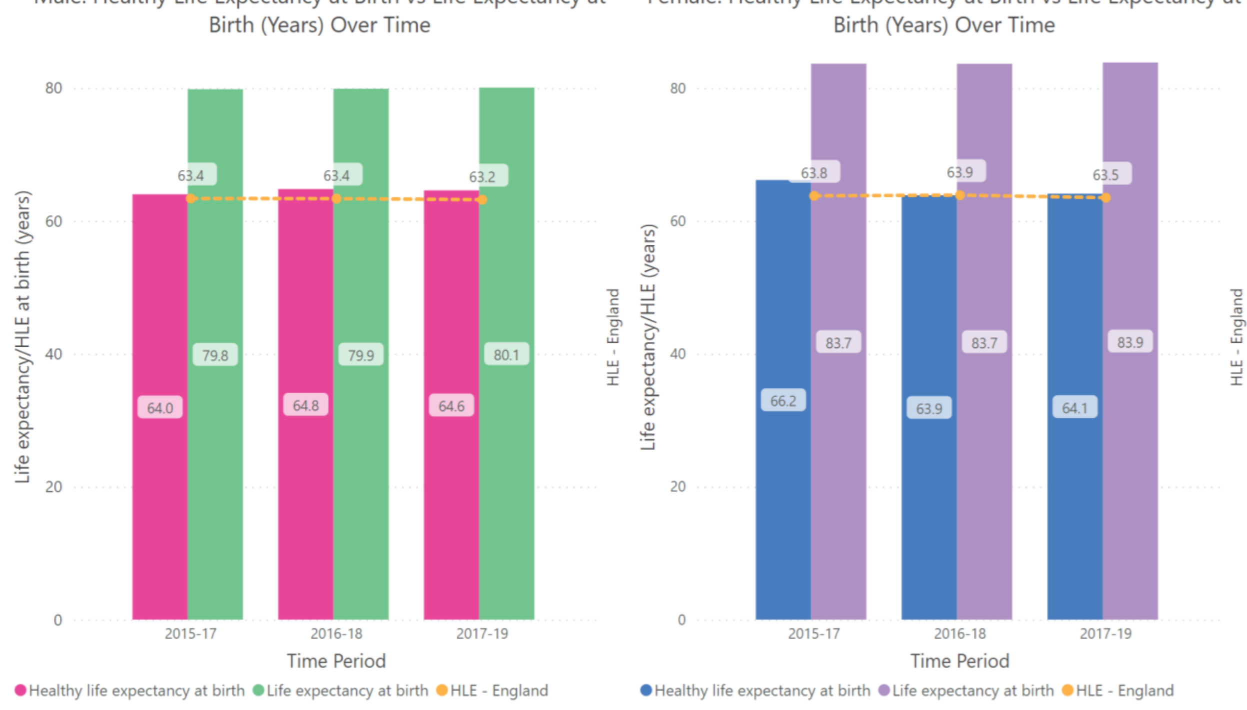
Funding from Wave 1 of the NHS England National Suicide Prevention Programme (2018-2021) enabled the delivery of a comprehensive programme of activity, initially overseen by the Health and Care Partnership and delivered through the local Suicide Prevention Partnerships. This has included the introduction of a Real Time Surveillance (RTS) system which has enabled real time decision prevention planning in response to early alerts and the collection of information on suicidal behaviour. The sharing of this information with the multi-agency Learning Panels has ensured that key at-risk groups are identified, and the appropriate support and pathways can be developed. In addition, the joint commissioning of a new postvention service has enabled us to offer practical and emotional support for anyone bereaved by suicide in Coventry and Warwickshire. Both these interventions will improve responsiveness to suicide and contagion.

Development of Warwickshire's Outcomes Dashboard

1.8 To ensure monitoring and accountability of the HWB and the activity taking place to improve health and wellbeing outcomes across Warwickshire, a publicly available dashboard has been developed. The dashboard is set out by priority and allows for comparison across Joint Strategic Needs Assessment (JSNA) geography, place, district and borough.

1.9 The dashboard has been created from a list of 38 indicators related to health and wellbeing. Only published data from 2018 onwards has been used to create the dashboard to allow for comparison with national datasets.

1.10 The snapshots below show male and female healthy life expectancy versus life expectancy at birth over time for Warwickshire. This highlights that for both males and females, healthy life expectancy between 2016-18 and 2017-2019 has fallen. This is one indicator that will continue to be monitored throughout the lifespan of the HWS.



1.11 The dashboard, Monitoring Health Inequalities in Warwickshire, can be accessed here.

Health and Wellbeing Board Development Session

1.12 On 18 October The King's Fund facilitated a virtual development session with HWB members on the development of the Integrated Care System (ICS) and the role of the HWB within this. More specifically, the purpose of the day was to:

- Gain knowledge of the current health and care system and the picture in Warwickshire
- Develop further understanding of the requirements of the HWB within the Integrated Care System (ICS)
- Consider the role of HWB members in supporting the next steps for population health across Warwickshire to best serve the people in our communities

1.13 The development session was well attended by members of the HWB and the Executive Group. The King's Fund commented that delegates were practical,

pragmatic, engaged and dedicated to the agenda. It was felt that great work has already been completed within a complex system, and that the HWB and Executive Group should continue to ensure that partners come together to develop the Joint Strategic Needs Assessment (JSNA) and deliver on the priorities set within the HWS, as these are informed by the community it serves.

1.14 Key themes from the day were:
- Theme 1: Harnessing opportunity within ICS legislation and the population health framework
- Theme 2: The role of the Warwickshire Health and Wellbeing Board
- Theme 3: The role of place, communities, and resources
- Theme 4: The role of public health and commissioning

1.15 Key recommendations and next steps are to:
- Present the full report from the development session to members of the HWB and Executive Group (refer to Appendix 1)
- Review the membership of the HWB and ensure governance arrangements are aligned to new ICS (paper for July HWB)
- Refocus on the priorities of the HWB for the next financial year (development session planned for March 2022)
- Consider how public health will be embedded within the ICS

2. Financial Implications

2.1 None.

3. Environmental Implications

3.1 None.

Appendices

1. Appendix 1 – Health and Wellbeing Board Development Session Report
2. Appendix 2 – Presentation slides from HWB Development Session

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The report was circulated to the following members prior to publication:
Local Member(s): None.
Other members: Councillors Bell, Drew, Golby, Holland and Rolfe

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Warwickshire Health and Wellbeing Board (HWB) Integrated Care System (ICS) Workshop

Introduction

Warwickshire Health and Wellbeing Board's (HWB) Integrated Care System (ICS) workshop was held on 18 October. Facilitated by The King's Fund, the workshop was well attended by HWB members and Executive Group (EG) members. The King's Fund previously worked with Warwickshire HWB in 2018 during the initial development stages of the new Health and Wellbeing Strategy 2021-26 (HWS). The strategy has since been adopted by the HWB, and The King's Fund population health framework is central to the strategy. The workshop was attended by 28 people in total including two facilitators from The King's Fund.

Purpose of the day:

- To gain knowledge of the current health and care system and the picture in Warwickshire
- To develop further understanding of the requirements of Health and Wellbeing Board (HWB) within the Integrated Care System (ICS)
- To consider our role as HWB members in supporting the next steps for population health across Warwickshire to best serve the people in our communities

Overview of the workshop

The overall feedback from facilitators and attendees was positive. Specific feedback indicated that HWB and EG were practical, pragmatic, engaged and dedicated to the agenda; and that great work has already been done within a complex system, with commitment from colleagues to ensure this continues.

During the first part of the workshop the health and care context was set, followed by a presentation on the Warwickshire journey so far. Colleagues were then split into breakout rooms, loosely allocated by Place (North, Rugby, South), and asked to reflect on what they were most proud of, what they would like to change, and what the current opportunities are for the future.

The second half of the workshop consisted of presentations on ICS legislation and the requirements of the HWB in the context of this setting. This section also included a presentation on the Population Health and Prevention (P&P) programme of work. Following this, updates from key groups that feed into the HWB were provided by Place leads for each area and an overview of the joint strategic needs assessment (JSNA) programme was delivered by a Consultant in Public Health. Colleagues were then randomly allocated into breakout rooms and asked to consider how they could develop the relationship between Place and HWB. Facilitators then fed back to the main group before the plenary discussion and closing remarks.

Key themes

The presentations from the day are available as a PDF and found in Appendix 2. Thematic analysis of the transcripts from the day has been undertaken. In general themes have been categorised by the topic of discussion:

- Theme 1: Harnessing opportunity within ICS legislation and the population health framework
- Theme 2: The role of Warwickshire Health and Wellbeing Board

- Theme 3: The role of place, communities, and resources
- Theme 4: The role of public health and commissioning

Theme 1: Harnessing opportunity within ICS legislation and the population health framework

The ICS legislation is an enabling document that allows for flexibility at a local level to suit the needs of systems. It does however place a duty to cooperate between the NHS and local authority and is clear that the ICS should be interact with the HWB and be underpinned and informed by the HWS and JSNA. Development session attendees felt this was positive as it helps to build upon and strengthen the good collaborative working practices that are currently in place across Coventry and Warwickshire. A number of colleagues emphasised the need for the HWS to be seen as a vehicle for ensuring that the ICS is strongly informed by the HWB:

"The HWB and its strategy can be the vehicle for specific action and priorities, but also that coherence across the pillars and sectors of population health, and an advocate for hard-wiring inequality reduction across pillars." – Quote from attendee

Adding value, reducing duplication

In relation to the population health framework, there was much discussion about the interactions between the four quadrants and the different groups that align to them. The King's Fund encouraged attendees to look for those overlaps between the pillars of the population health framework as a place where a lot of critical work can and does take place, and that rather than seeing overlap as duplication that should only be minimised, it should be about first finding the added value.

"I think one of the dangers of this transition process is everyone thinks actually 'this is now their role I don't have to worry about it'. And my counsel would be we need to go through a period of almost accepting there's going to be an overlap, but in that overlap will mean we ensure we don't have big gaps which are to the detriment to our citizens." – Quote from attendee

Theme 2: The role of Warwickshire Health and Wellbeing Board

The discussion on HWB focused on the strong position of the board within the local system, and how HWB and EG members had a good understanding of the interactions between system, HWB and Place. There was a huge amount that HWB and EG members had to be proud of - from the development of a cohesive and coherent strategy, to specific programmes of work such as the discharge to assess scheme, multi-agency Homelessness Strategy, and Wellbeing for Life. A number of colleagues felt that the HWB needed a stronger story of self and should emphasise that its priorities are those set by residents and should therefore inform ICS strategic planning.

Refreshing and renewing Health and Wellbeing Board

There were a number of attendees who felt that the role, purpose and governance of the HWB should be revisited in light of the introduction of the ICS. In answer to the final question in the plenary on *"what is the most impactful thing that you can do to improve working as a system?"* two attendees stated that reviewing how HWB is formed and if we have all parts of the system represented would be most impactful. Colleagues also felt that it was the HWB's role within the ICS to have oversight of health inequalities.

Within breakout sessions, colleagues raised that children and family services and education felt remote from current workstreams, despite children and young people being a priority for the HWB. It was suggested that these should be better represented on HWB. It was also felt that stronger ties should be made to other partnership groups including the Safer Warwickshire Partnership Board, and that HWB could help with understanding the functions of each member organisation to make sure that appropriate links across the wider determinants of health were being made.

"…the board can be that kind of local grounding body because obviously, providers have got lots of pressures and priorities that come down from NHSEI, but actually we've got a role to make that real for our local population haven't we, and make sure our local priorities are addressed." – quote from attendee

Colleagues also queried the role of the EG and if there would be merit in extending HWB membership to include the Chairs of the Health and Wellbeing Partnerships as way of avoiding duplication and ensuring greater connectivity between HWB and Place.

It was felt by many that HWB should be seen as a 'conversational nexus' where key issues across the county are discussed to then be shaped at place. Colleagues wanted HWB to allow for space to exchange ideas and facilitate open conversations around difficult decisions, pointing towards the need for more regular HWB development sessions.

Voice of Health and Wellbeing Board

Attendees felt that the HWB needed to be clear and bold to ensure that its voice is heard within the system. It should continue to advocate for the voice of its citizens, reiterating the JSNA-set priorities and ensuring these are embedded within the ICS. Attendees felt that, although there were elements yet to be determined (for example the relationship between HWB and the Integrated Care Partnership (ICP)) HWB should focus on being clear on the elements that are known – having responsibility at county level to ensure that partners come together to develop the JSNA and to deliver the HWS for the community it serves. There were concerns that if HWB doesn't take a strong stance, it could impact on citizens:

Theme 3: The role of place, communities, and resources

In relation to theme 3 there were several sub-themes discussed:

- Delegation of funds and decision making to place
- Moving funds from tertiary settings into prevention
- Moving funds into geographical areas with greater need/inequality

Attendees felt that bold decisions needed to be made around the pooling of resources, and that HWB should put mechanisms in place that support the allocation of funding to where it would have the greatest impact.

"You know, being able to put in place mechanisms that support the good allocation of funding across the system to where it might have the biggest impact and starting to open up therefore what the opportunities are around prevention." – Quote from attendee

Discussions were also held around how HWB will actively engage citizens more through co-production activity and the delegation of budgets to plac. On this, the potential for striking a 'Warwickshire Deal' was raised. Within the breakout sessions, Rugby Place felt that they had established a strong community element within the programme of work, which may be useful learning for other areas. It was felt by some colleagues that there needed to be more done to ensure that the voice of Warwickshire residents are at the centre of everything that we do.

Colleagues were clear that where anecdotal evidence from communities was emerging, scoping should take place to find out if further research would be required to build a robust case of need. It was suggested that the JSNA data collection process could support this and that there should be greater alignment between JSNA and HWB priorities to the topics Healthwatch Warwickshire report on as these contain rich patient voice data.

Theme 4: The role of public health and commissioning

Several attendees spoke of the importance of public health and how understanding of the speciality had been strengthened throughout the pandemic. The King's Fund noted that this increase in understanding contrasted with a national system that was fragmenting and how, despite this, the collaborative model of public health within Warwickshire should remain. Questions were raised as to where local public health teams should be positioned to have the greatest influence within the emerging ICS and, on the Integrated Care Board (ICB).

Attendees felt that the JSNA programme had resulted in a wealth of data and evidence that was easily accessible, however it was felt that this didn't always translate into service improvements. The need to return to the model of 'world class commissioning' was raised as a way of ensuring that need informs the commissioning of services.

"we have these great reports, but then actually, how does that all transform into action? And what is it that we effectively can do with it?" – Quote from attendee

Aligned to this was a discussion on the use of Healthwatch Warwickshire data together with the JSNA to drive commissioning activity, as well as a question on whether HWB can influence the types of topics that Healthwatch Warwickshire examine – for example if elected members are aware of certain issues within their communities, Healthwatch Warwickshire could be asked to investigate issues independently and feed this back into HWB.

This would help to ensure that, where elected members are hearing certain issues within a community, further investigation could be undertaken independently by Healthwatch Warwickshire and feed back into the HWB.

A number of attendees spoke to the importance of the JSNA for a number of reasons including bringing back the model of world class commissioning and triangulating want and need of Warwickshire residents.

Recommendations and next steps

- Debrief session with Cllr Bell, Shade Agboola and Nigel Minns (took place 2 November)
- Deliver a follow-up development session with Place Forum attendees (session took place 17 November)
- Present report to report to members of the Health and Wellbeing Board and Executive Group (scheduled for 12 Jan)
- Renew the membership of the HWB and ensure governance arrangements are aligned to new ICS (report scheduled for July Health and Wellbeing Board)
- Refocus on the priorities of the HWB for the next financial year (development session planned for March 2022 with members of the HWB and Executive Group)
- Consider how public health expertise will be embedded within the ICS

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Warwickshire Health and Wellbeing Board Integrated Care System (ICS) Workshop

18th October 2021

Welcome and introduction from Cllr Bell,

Chair of Warwickshire Health and Wellbeing Board

1

Purpose of the day

- To gain knowledge of the current health and care system and the picture in Warwickshire
- To develop understanding of the requirements of Health and Wellbeing Board (HWB) within the Integrated Care System
- To consider our role as HWB members in supporting the next steps for population health across Warwickshire to best serve the people in our communities

Time	Session	Lead
0930-0940	Welcome and purpose of the day	HWBB Chair Cllr Bell
0940-0945	Overview of the Session & Housekeeping	Durka Dougall
0945-1010	Health and Care Context – Overview	David Buck
1010-1020	Warwickshire journey to date – Overview	Emily van de Venter
1020-1035	Interactive Exercise 1: Reflecting on the journey we have been on 1. What are we most proud of? 2. What would we want to change? 3. What does the current landscape offer us by way of opportunity for this?	Small group work
1035-1045	Themes from groups	Feedback from groups
1045-1100	BREAK	
1100-1110	Overview of requirements of HWB in the context of system • ICS slides • P&P workstream	Rachael Danter Emily van de Venter
1110-1130	Update from key groups that feed into HWB: • Joint Strategic Needs Assessment • Place Partnerships – North, Rugby, South	Duncan Vernon David Eltringham, Mannie Ketley, Chris Elliott, Anne Coyle
1130-1200	Interactive Exercise 2: What is our role as HWBB members in supporting the next steps for population health across Warwickshire to best serve the people in our local communities	Small group work
1200-1215	Themes from groups	Feedback from all groups
1215-1220	What might be the most impactful thing (identified from themes) we can do to improve working as a system?	MentiMeter Exercise / plenary conversation
1220-1225	Reflections from the King's Fund Team	Durka Dougall & David Buck
1225-1230	Next steps and close	HWB Chair Cllr Bell

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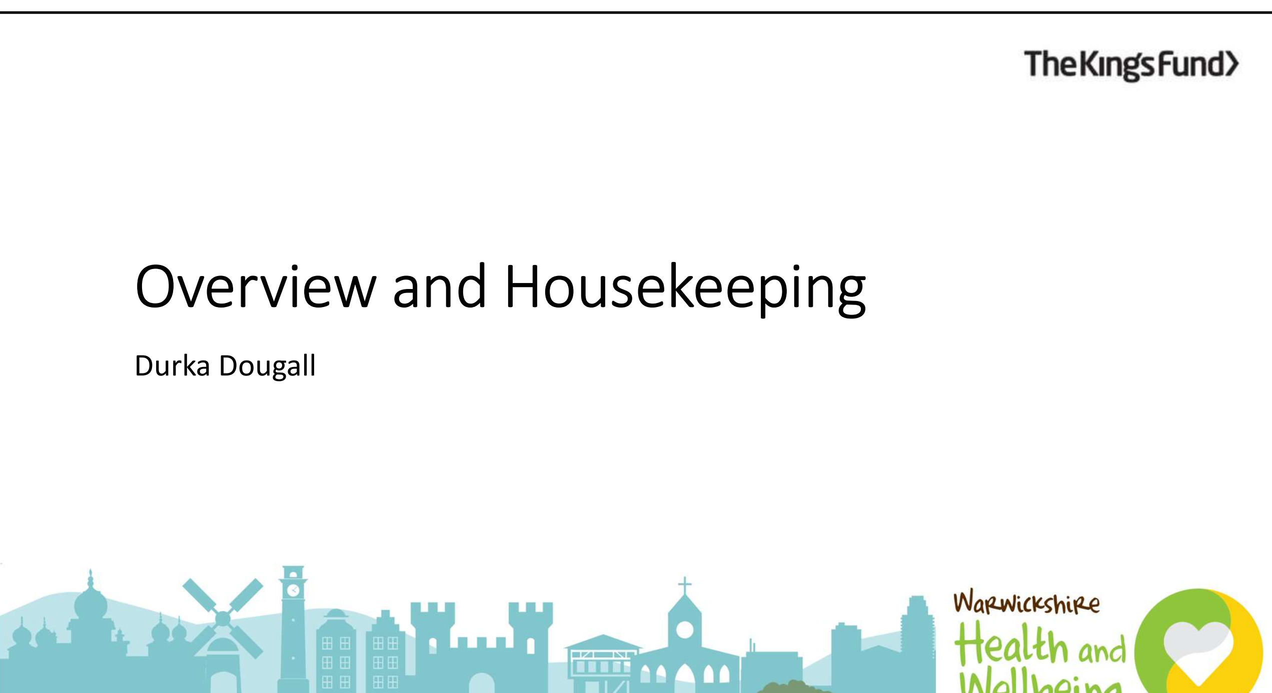

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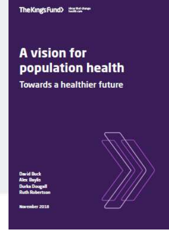
4

A reminder! What is population health?

There are several definitions of population health in use. The King's Fund defines it as:

> An approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities. It includes action to reduce the occurrence of ill health, action to deliver appropriate health and care services and action on the wider determinants of health. It requires working with communities and partner agencies.
>
> A vision for population health, page 18



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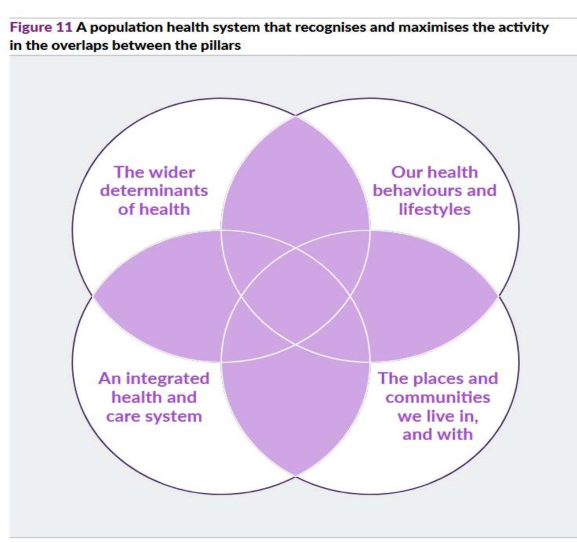
A framework for thinking and coherence

Figure 11 A population health system that recognises and maximises the activity in the overlaps between the pillars



- A population health system is about i) the balance between and ii) making the connections between the four pillars of population health
- What is happening, locally and nationally where these pillars overlap?
- What needs to happen next, local, regional and national. Some importance messages for: resourcing, accountability, leadership.

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Integrated care and public health

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The King's Fund high level view

Long read

The health and social care White Paper explained

In February 2021, the Department of Health and Social Care published a White Paper setting out legislative proposals for a health and care Bill. Here, we consider the proposals and what they might mean for the health and care system in England.

- A shift away from competition, including removal of procurement rules.
- Not one size fits all, leaves many decisions to local systems and leaders, this is appropriate given how varied systems and needs are.
- Legislation will not 'solve' poor collaboration and coordination, this requires changes in behaviours and relationships.
- There is greater power over the NHS for ministers, reversing some of the changes in the creation of NHSEI.

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A deeper dive… 1. principles

Integrating care

Next steps to building strong and effective integrated care systems across England

What is an ICS for? NHSEI has said that, '*Our proposals are designed to serve four fundamental purposes*'…

- **improving population health and healthcare;**
- **tackling unequal outcomes and access;**
- **enhancing productivity and value for money;**
- **And helping the NHS to support broader social and economic development**

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A deeper dive… 2. mechanics

- A new **ICS body** to plan at system level across providers, within a financial allocation and capital limit. Board will inc as min, a chair, a chief executive and representatives from NHS trusts, general practice & LAs
- A new **ICS Partnership Board** intended to support the integration *beyond* the NHS. Will develop a plan to address the system's health, public health and social care needs, which the ICS NHS body and local authorities will be required to 'have regard to' when making decisions
- Legislation to allow **joint committees** to facilitate increased 'collaborative commissioning' across different footprints, for example, by enabling NHS England to share some commissioning functions with ICSs.
- A new **duty to cooperate** between the NHS and local government
- ICS's will also be expected to have due regard to **Health and Wellbeing Boards** priorities and their JSNAs and joint health and wellbeing board strategies

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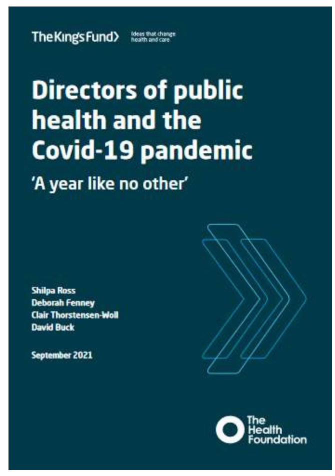
Public health has proved itself during covid



- 'Follows' DsPHs in England over time to understand their role, influence, experience as covid developed to end of May 2021
- Calibrated with deep system dives, experience in rest of UK, conversations with national players
- Helps provide
  - a documentary perspective on 'what happened'
  - lessons learnt
  - A guide to the future, how the skills/influence of DsPH and their wider teams can play a sustained role in the future population health system

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PHE is being replaced, by UKHSA/OHID

Policy paper

The future of public health: the NIHP and other public health functions

Sets out the government's plans for protecting and improving the public's health, including the creation of the National Institute for Health Protection (NIHP).

From: Department of Health and Social Care
Published: 15 September 2020

Documents

HTML

The future of public health: the National Institute for Health Protection and other public health functions

HTML

- From 1st October
- Health protection to UKHSA, health improvement to OHID, with some responsibility to NHSEI
- Meant to strengthen preparation for healthy threats (such as covid, civil emergencies) and bring health improvement closer to the centre of govt
- A big question is how will public health 're-integrate' at local/regional level, including with new ICSs at sub-regional level?

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Success is dependent on you

...Legislative reforms clarify the future direction towards integration, recognises this is about more than the NHS and seeks to make some changes to support; whilst leaving lots open to local decisions.

...But they are complex structures, with public health reform layered on top

...If local systems and leaders want to make a success of it, and use it to promote population health, they will be better able to. If they don't they will better able not to.

...**This comes back to leadership and shared purpose at personal level, organisation and place**. **A coherent and connected HWB strategy is a vehicle for that.**

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The places and communities we live in, and with

(spoiler: not policy but understanding and supporting practice)

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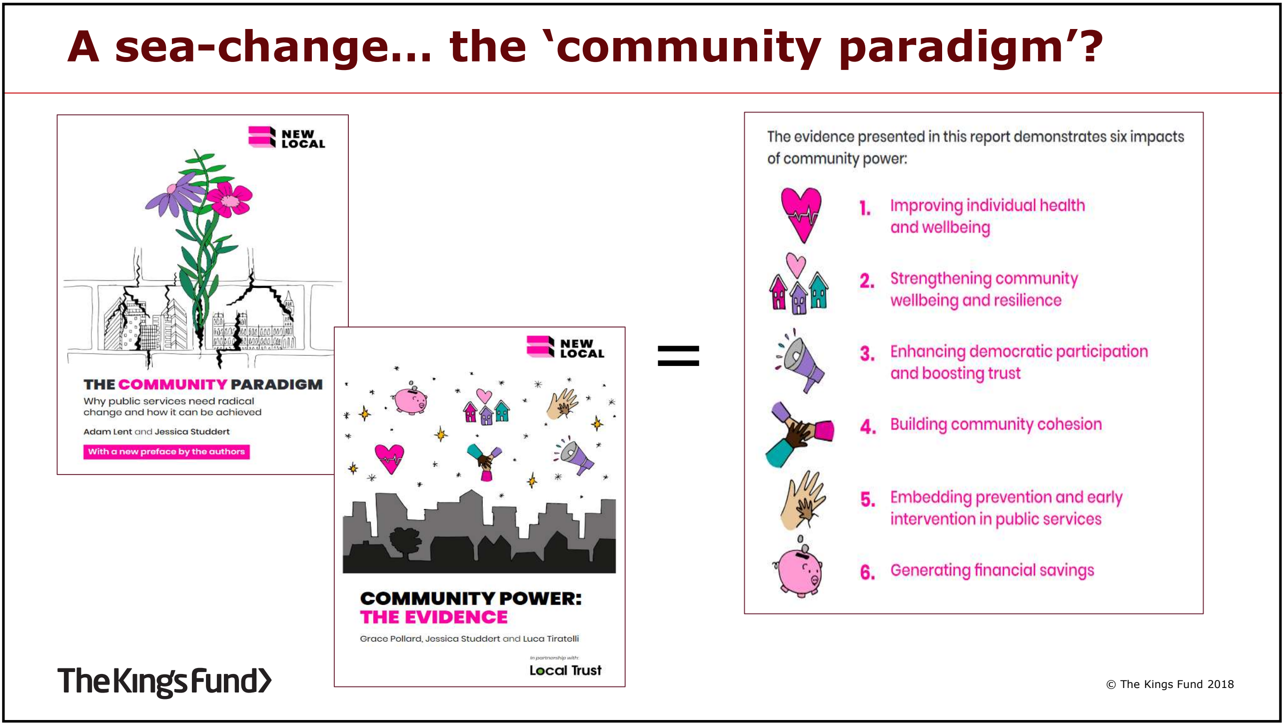

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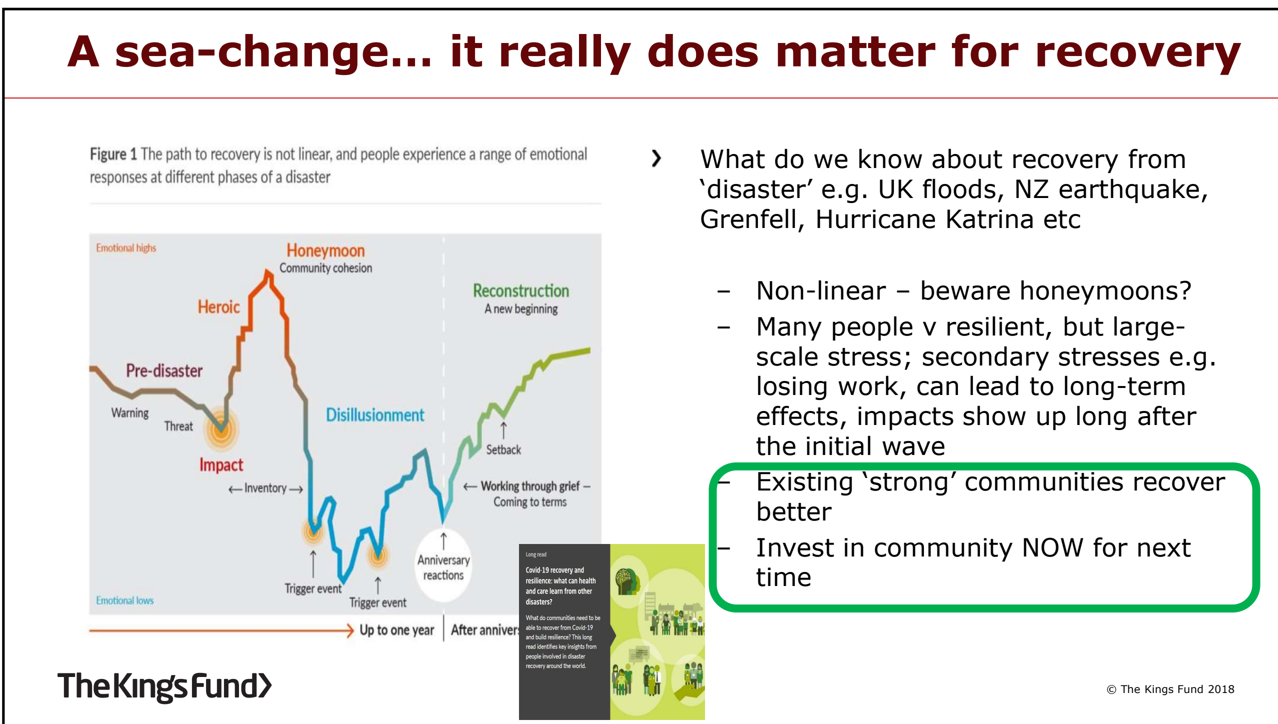

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The wider determinants of health

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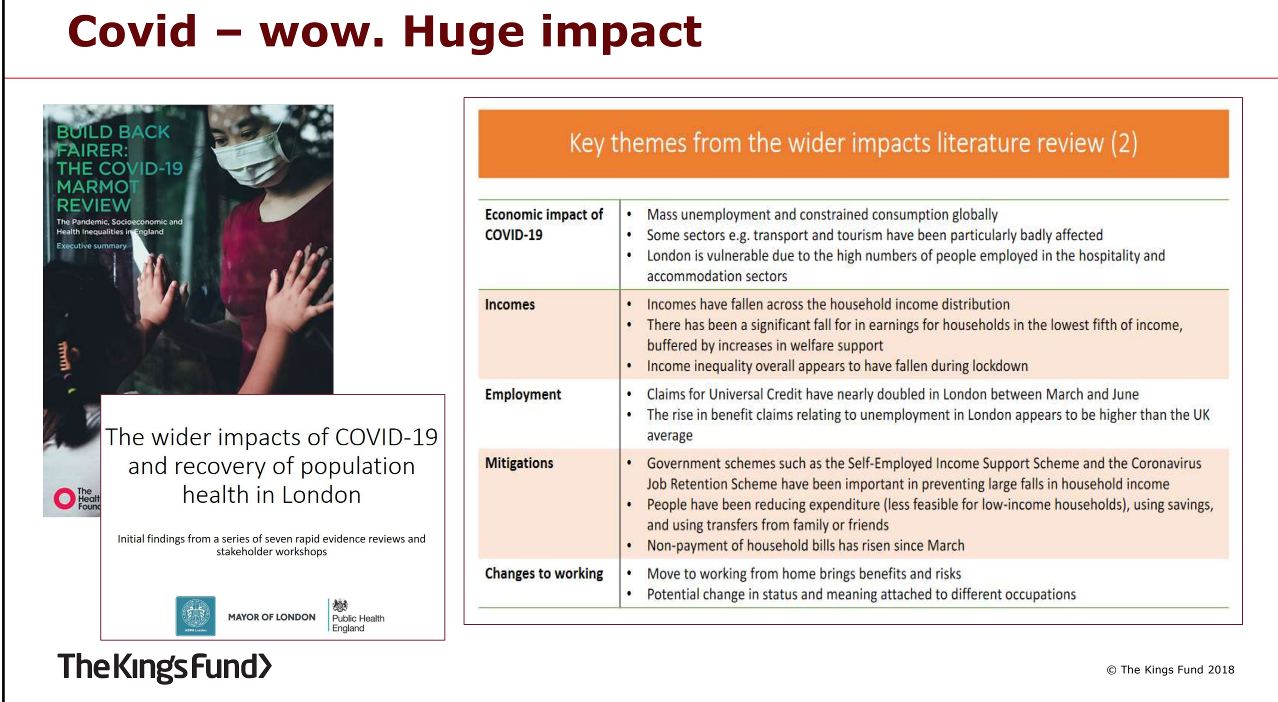

Economic impact of COVID-19	• Mass unemployment and constrained consumption globally • Some sectors e.g. transport and tourism have been particularly badly affected • London is vulnerable due to the high numbers of people employed in the hospitality and accommodation sectors
Incomes	• Incomes have fallen across the household income distribution • There has been a significant fall for in earnings for households in the lowest fifth of income, buffered by increases in welfare support • Income inequality overall appears to have fallen during lockdown
Employment	• Claims for Universal Credit have nearly doubled in London between March and June • The rise in benefit claims relating to unemployment in London appears to be higher than the UK average
Mitigations	• Government schemes such as the Self-Employed Income Support Scheme and the Coronavirus Job Retention Scheme have been important in preventing large falls in household income • People have been reducing expenditure (less feasible for low-income households), using savings, and using transfers from family or friends • Non-payment of household bills has risen since March
Changes to working	• Move to working from home brings benefits and risks • Potential change in status and meaning attached to different occupations

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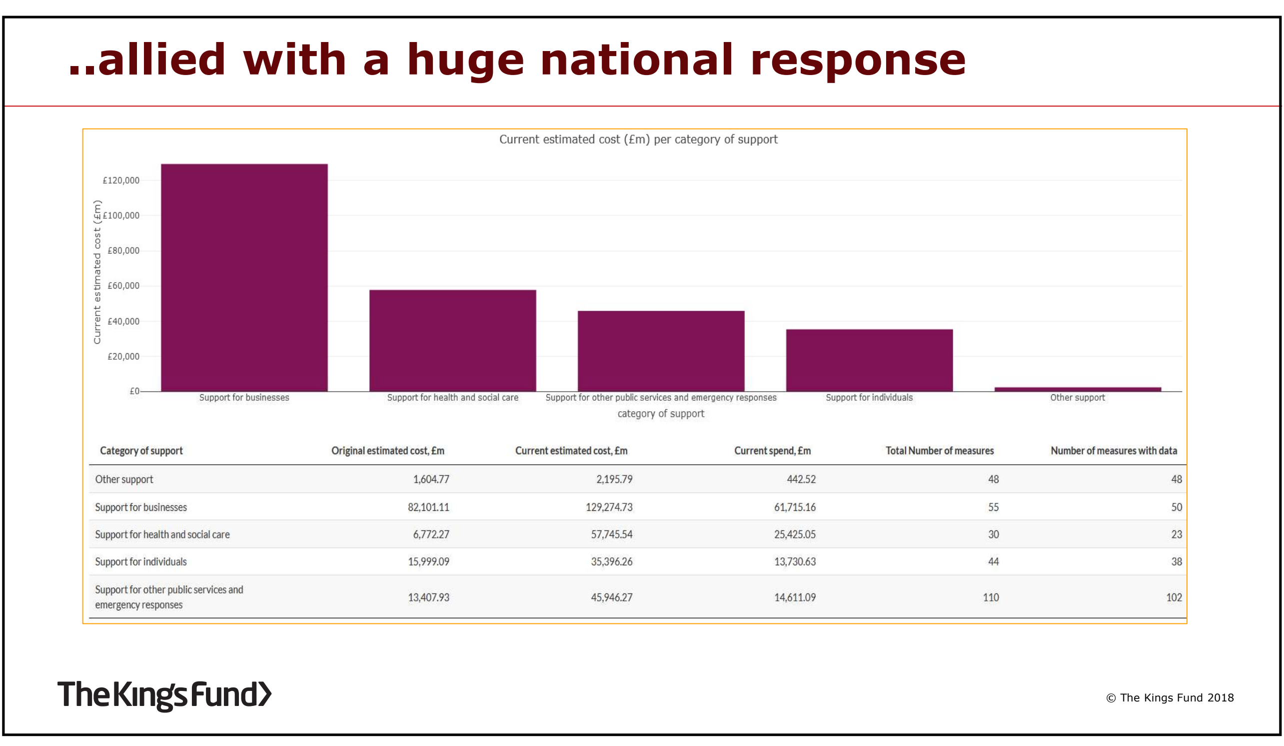
..allied with a huge national response



Category of support	Original estimated cost, £m	Current estimated cost, £m	Current spend, £m	Total Number of measures	Number of measures with data
Other support	1,604.77	2,195.79	442.52	48	48
Support for businesses	82,101.11	129,274.73	61,715.16	55	50
Support for health and social care	6,772.27	57,745.54	25,425.05	30	23
Support for individuals	15,999.09	35,396.26	13,730.63	44	38
Support for other public services and emergency responses	13,407.93	45,946.27	14,611.09	110	102

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...all public services should think more broadly

But we can't ask more of the chancellor and taxpayers alone. Public services need to step up too; they cannot continue to focus only on their direct objectives. This applies to the NHS as much as other sectors (and perhaps more so) given the huge proportion of the public purse it receives and will continue to receive in the Spending Review and beyond. This is not about putting more demand on the NHS, but asking it to be more intentional about its wider economic and social impacts, given its huge spending and employing power and what we now know about how this impact is connected to health. The good news is that NHS leaders increasingly recognise the need for this. The Spending Review needs to reinforce this further, tying the granting of additional resources to departments to the wider contribution to social value as well as direct objectives. The decision to strengthen the requirement to demonstrate, not just assess, social value in all government contracts from January is a welcome move in this direction.

The Kings Fund – Ideas that change health and care

The NHS's role in tackling poverty

Awareness, action and advocacy

Deborah Fenney
David Buck

March 2021

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Our behaviours and lifestyles

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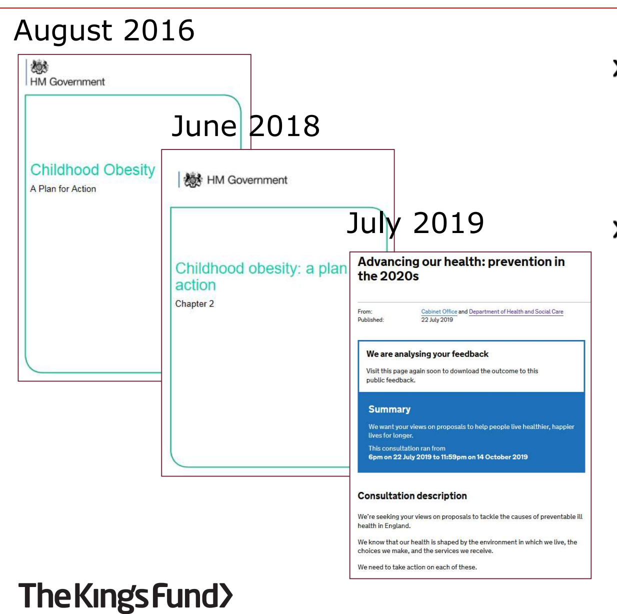
Policy focus has been childhood obesity



- Repeated bites at the pie from this government and previous governments: obesity chapter 1, 2 and '3', and most recently specific £ for weight management
- Most of this has been
  - About child obesity, assumption that adults need less help
  - Focussed on information and individual support and services; latterly more on advertising regulation
  - Less on planning, environment, fiscal: exception is 'sugar tax'
  - Characterised by marginalism

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Funding has been fragmenting?

20th January…

An extra £80 million will also be invested in drug treatment services right across England to give more support to offenders with drink and drug addictions, which can fuel crime. This new money will increase the number of treatment places for prison leavers and offenders diverted into tough and effective community sentences. Together the funding represents a comprehensive drive by the government to build back safer from the pandemic by helping people break free from the scourge of drug use and cutting drug-fuelled crime and violence.

4th March…

- £100 million to support children, adults and families achieve and maintain a healthier weight
- Sir Keith Mills appointed to advise on a new incentives and reward approach to encourage healthy behaviours
- Measures part of landmark obesity strategy published by the Prime Minister last July

Over £70 million will be invested into weight management services – made available through the NHS and councils – enabling up to 700,000 adults to have access to support that can help them to lose weight, from access to digital apps, weight management groups or individual coaches, to specialist clinical support.

- Welcome specific announcements – on drugs and weight management – push the push the cash increase for local government public health up to just under 10% in 2021-22.
- But, this is non-recurrent and ring-fenced, so it is not in the baseline can only be used for specific things.
- More generally, is this an increasing pattern across central government of 'picking winners' and taking more control of local policy issues and decisions?

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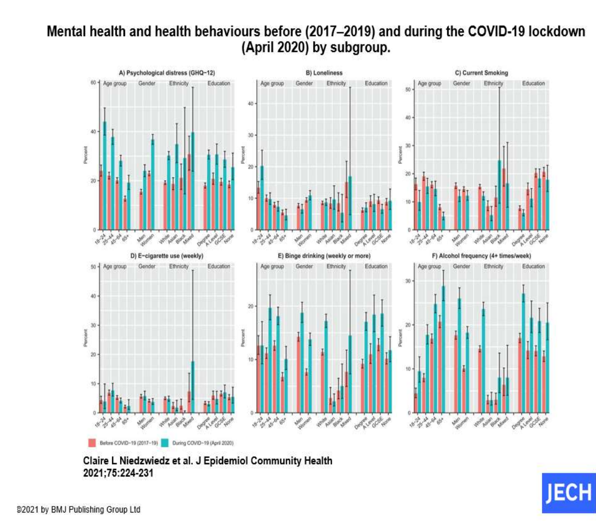
Need to respond to changes wrought by covid..



- Studies starting to come through – most of the first wave, some using well established longitudinal studies e.g.
  - more loneliness in younger people
  - binge-drinking increase – esp white groups, women, higher educated (but fell in younger groups)
  - Cigarette use fell as did ecig use – especially amongst lighter smokers
- More bespoke studies of vulnerable populations tended to show bigger negative effects
  - e.g. more alcohol, less physical activity, fewer fruit & veg (no change cigarettes)
  - associated with being younger, female, higher BMI

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Hard-wiring action on inequalities in health

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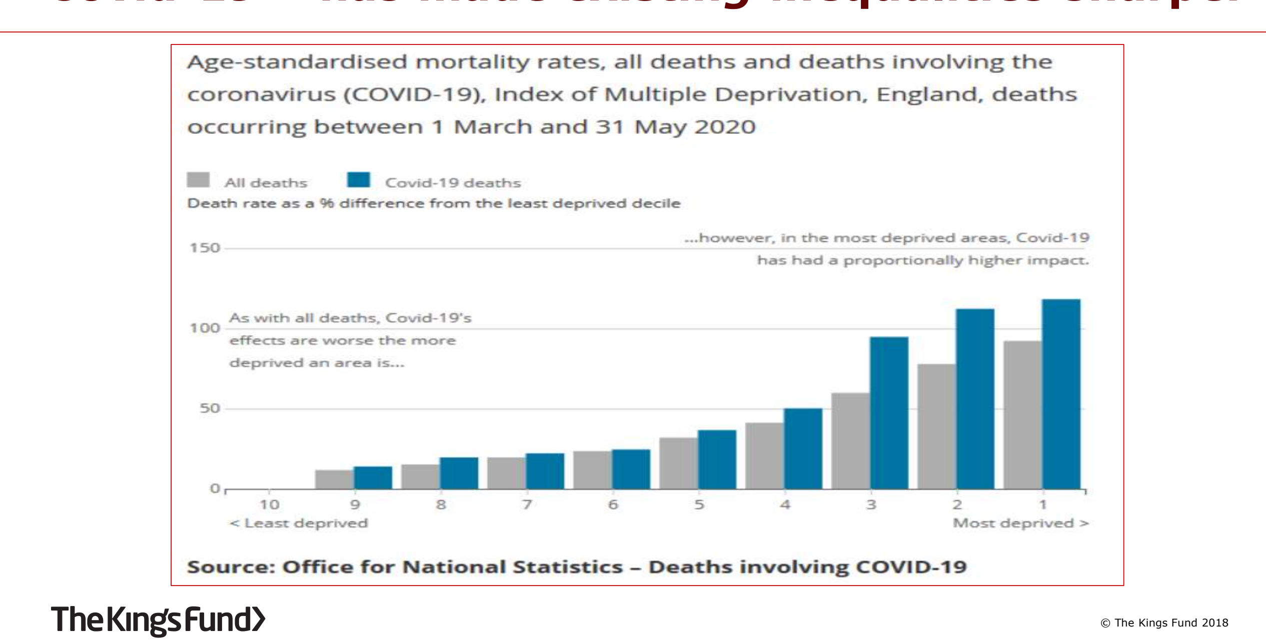
Covid-19 – has made *existing* inequalities sharper



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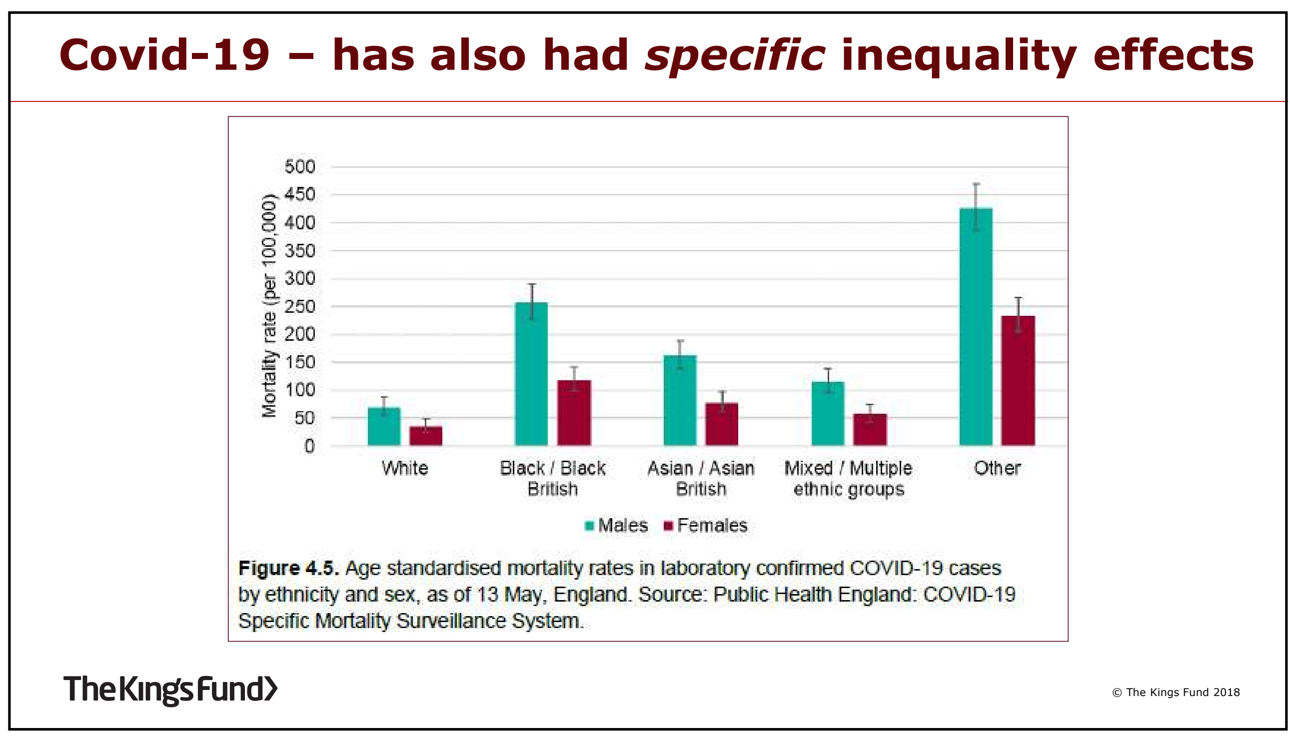

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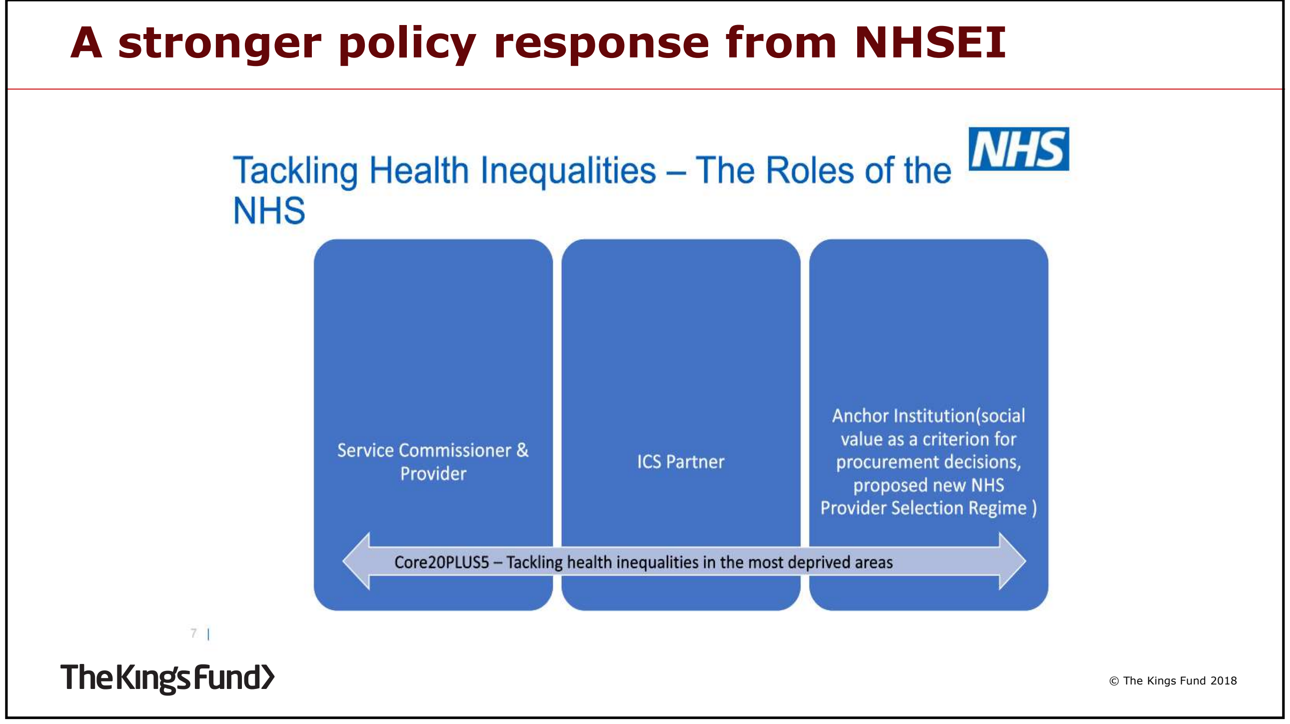

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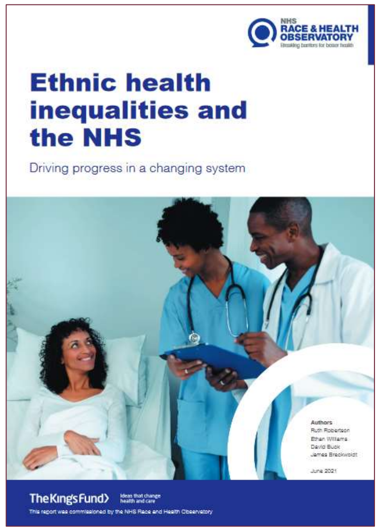
But more to do…



- How to **hardwire inequality reduction** into the health and care systems core functions, accountability and reporting
  - National policy and strategy
  - Accountability and improvement support
  - Funding
  - Leadership
  - Workforce
  - Data and evidence
  - Community engagement

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Conclusion

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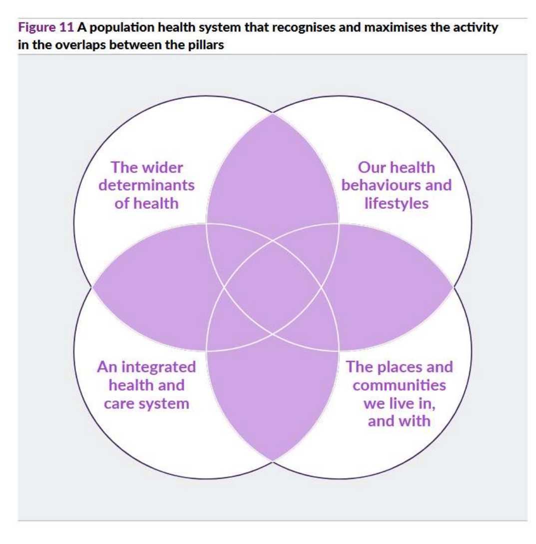
It comes back to a coherent approach to pophealth



- In this complexity, there is also opportunity and it makes coherence more important, not less.
- The HWB and it's strategy can be the vehicle for specific action and priorities **but also** i) that coherence across pillars and sectors of population health; ii) advocate for hard-wiring inequality reduction across pillars
- Legislative changes help, but success is reliant on alignment, leadership and partnership

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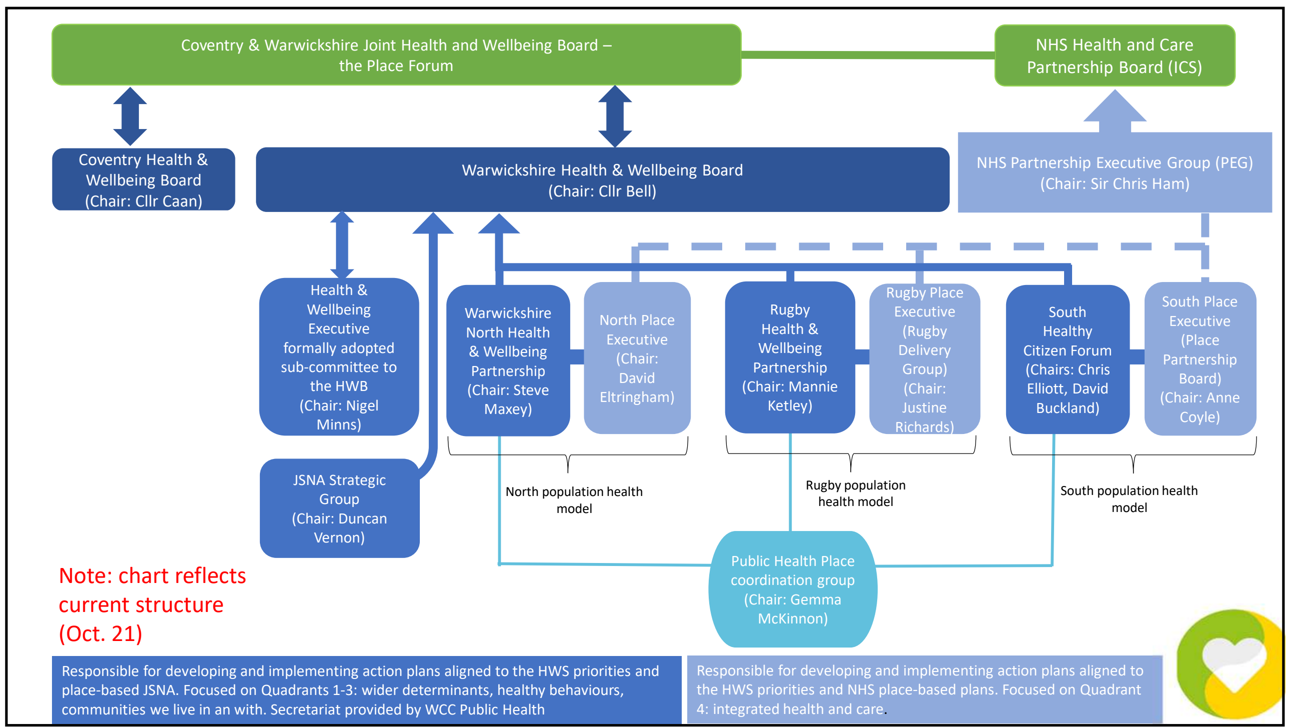

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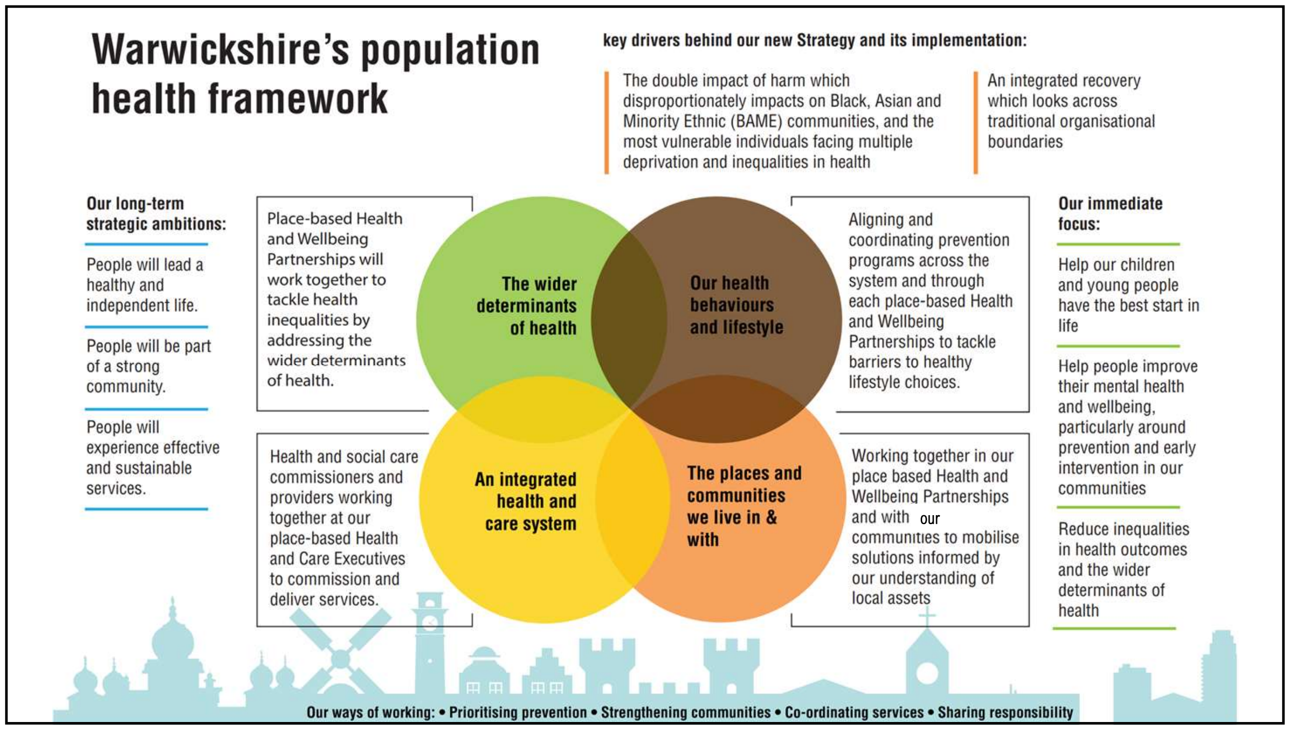

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Our immediate focus

To help our children and young people have the best start in life, we will:

1. Work together to prevent child accidents
2. Encourage health pregnancies and ensure best outcomes for both parent and infant in first 1001 days
3. Seek to improve outcomes by tackling social inequalities
4. Build emotional resilience and work to prevent self-harm and suicide
5. Encourage children and young people to live healthy lifestyles

To help people improve mental health and wellbeing, with a focus on prevention and early intervention, we will:

1. Provide help and support through the implementation of Wellbeing for Life
2. Support the mental health and wellbeing of our staff, ensuring all partners are signed up to Thrive at Work
3. Continue to transform community mental health services for adults
4. Continue to prioritise support for people living with Dementia and vulnerable groups including: people who are homeless; carers; people with autism
5. Continue to develop our partnership approach to suicide prevention and response

To reduce inequalities in health outcomes and the wider determinants of health, we will:

1. Tackle health inequalities within the services we offer, taking a universal proportionalism approach where possible
2. Improve the environment people live and work in, supporting health planning principles, reduction in emissions and promoting sustainable travel
3. Implement the Housing Board action plan including Homeless Strategy
4. Support people who experience inequalities in health to have equal employment opportunities

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Successes of our HWB

- **System leadership**: Since December 2017, Coventry and Warwickshire health and wellbeing boards (HWBs) have been meeting as the Coventry and Warwickshire Place Forum to set the vision and principles for how the health, care and wellbeing system will work together
- **Place leadership**: The three 'places' in Warwickshire have Place Partnerships chaired by district and borough Chief Executives.
- **Monthly meetings** with district and borough Portfolio Holders for Health
- **Delivering Results:** Our ways of working have led to the development of Warwickshire's Homelessness Strategy, 0-5's work, and recognised as best practice for partnerships working during pandemic e.g., through IMTs; and legacy of Year of Wellbeing 2019 leading to Wellbeing for Life, HWB sign up to PHE prevention concordat for mental health

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Breakout Groups: Exercise 1

Reflecting on the journey we have been on:

1. What are we most proud of?
2. What would we want to change?
3. What does the current landscape offer us by way of opportunity for this?

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Feedback from groups

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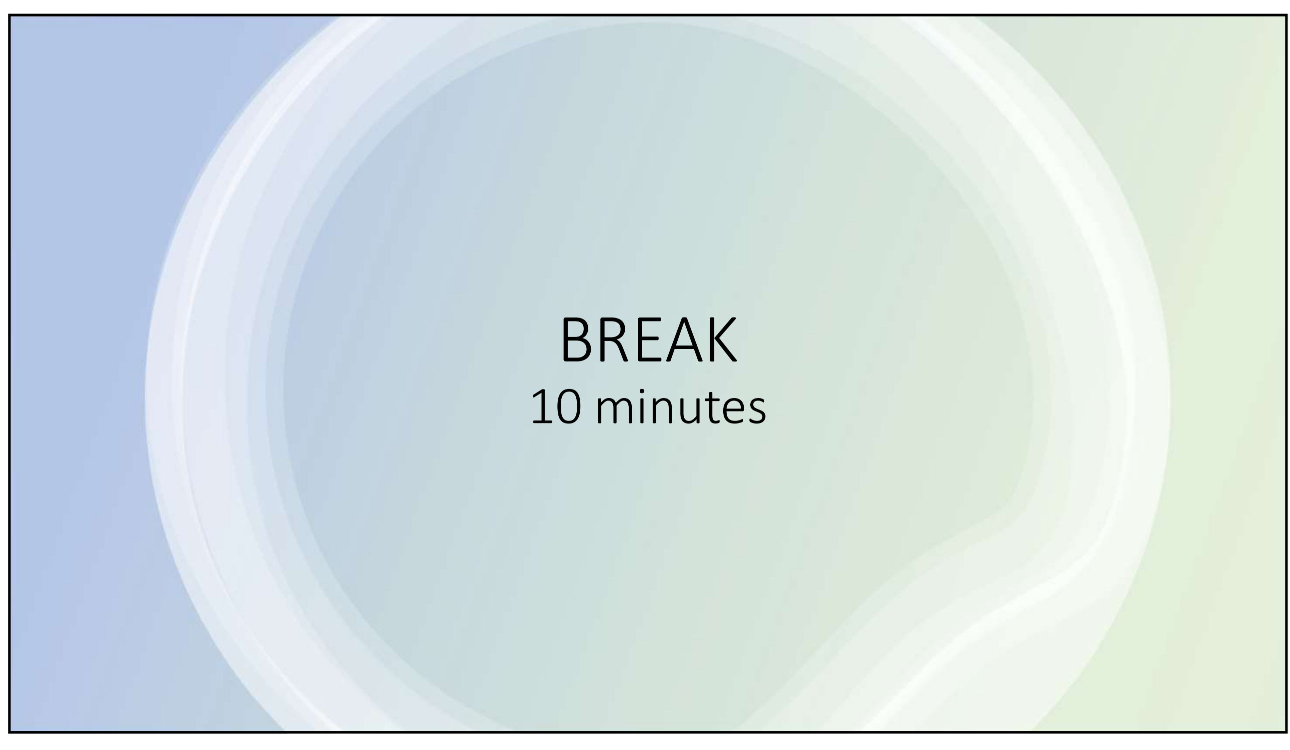

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Integrated Care Systems – a quick recap

- **An Integrated Care System has four core purposes;**
  1. Improving outcomes in **population health and healthcare**
  2. Tackling **inequalities** in outcomes, experience and access
  3. Enhancing **productivity** and **value for money**; and
  4. Helping the NHS to support broader **social and economic development**.

- **The Goal – delivering the NHS triple aim**
  1. Population health and prevention focus
  2. Quality of care, and
  3. Use of resources

- **Grounded in the following principles;**
  1. Collaboration not competition
  2. Planning for populations and population health outcomes
  3. Reduction in unwarranted variation
  4. Building on the strong system and place based partnerships within systems
  5. Subsidiarity and local flexibility

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Our journey to becoming an ICS

- Our application to become an Integrated Care System (ICS) was formally approved on 26th March

- Legislative proposals set out in February by the Government for a new Health and Care Bill, building on recommendations in Long Term Plan
  - This will establish **statutory** ICS in each STP/ICS footprint by April 2022

- Statutory ICSs will be made up of an “Integrated Care Board” and an “Integrated Care Partnership”

- Dual governance structure recognises two forms of integration
  - Integration within the NHS
  - Integration between NHS and others, principally LAs and VCS

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ICS Integrated Care Board (ICB)

Purpose

- Will be responsible for:
  - **Developing a plan** to address the health needs of the system
  - Setting out **strategic direction** for the system
  - **Explaining the plans for both capital and revenue spend** for the NHS bodies in the system
- The ICB will take on the commissioning functions of the CCGS and some of those of NHSE
- The ICB will be responsible for the day to day running of the ICS, NHS planning and NHS allocations

Membership

- Each ICB will have a unitary Board directly accountable for NHS spend and performance within the system
- The Board will, as a minimum, include a Chair, a CEO (accountable officer for the NHS money allocated to the ICB) 2 Non Executive Directors, Medical and Nursing Directors and representatives from NHS Trusts, General Practice, LAs and other partners determined locally e.g. Mental Health and Community Trusts, and Non-Executives

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ICS Integrated Care Partnership (ICP)

Purpose

Will be a statutory committee responsible for **promoting partnership arrangements** and **developing an integrated care strategy to address the health, social care and public health needs of the system**

Each ICS Integrated Care Board (ICB) and Local Authority (LA) will be required by law to have regard to this plan

The ICP could be used by NHS and LA partners to agree co-ordinated action and alignment of funding on key system issues/priorities

ICP will complement the activities of established HWBBs

Membership

- Minimum membership required in law (ICB and LA as statutory members)
- A wider group of partners other than NHS organisations

Membership not specified – down to local discretion

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Five Expectations for ICPs:

1. Are a core part of ICSs driving their direction and priorities
2. Will be rooted in the needs of people, communities and places
3. Create space to develop and oversee population health strategies to improve outcomes and experiences
4. Will support integrated approaches and subsidiarity
5. Should take an open and inclusive approach to strategy development and leadership involving communities and partners to utilise local data and insights

Other Considerations

- Local arrangements between LAs, the NHS and between providers of health and care services seen as critical, at the core of integration and left to local determination

- The statutory ICS will work to support the 4 places within Coventry and Warwickshire to integrate services and improve outcomes for their populations, recognising each will be at different stages of development and face different issues

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Other Considerations

Health and Wellbeing Boards

- Health and Wellbeing Boards (HWBBs) will remain in place and will continue to have important responsibility at Place level to bring partners together as well as developing JSNAs and HWB Strategies (which HWBBs and ICSs will have regard to)

Making sense locally

- We have much to build on - the joint concordat between both HWBs was a strong foundation for the partnership work within our ICS.

- We have a Place Forum as well as a Health and Care Partnership so we need to consider if we continue with both or combine them in future

- Both HWBs are separately and jointly considering how we contribute and support the development of ICSs at Place level in the future.

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Next steps

- Welcome our new Chair
- Share the developed ICS Transition Plan highlighting the activities required throughout 2021/22 to move to the new ICS Operating Model by Apr 2022
- During this transition year, the system will also need to continue to restore services and deliver all quality, finance and performance requirements and targets (Business As Usual - BAU)
- To support alignment of both Transition activity and BAU the system will look to operate a shadow ICB and ICP as soon as possible

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Population Health and Prevention

Emily van de Venter, Associate Director of Public Health

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Population Health and Prevention Programme

- Population Health and Prevention (P&P) programme set up as part of the original Sustainability and Transformation Plan – a key programme for the Coventry and Warwickshire Health and Care Partnership
- Recognition that both the wider determinants of health and prevention were critical in addressing long standing health inequalities and the impact on demand for more specialist health and care services
- Gail Quinton is Executive Lead, and P&P Delivery Group chaired by Liz Gaulton and Anna Hargrave (C&WCCG Chief Population Health Officer)
- The importance of this work has been reinforced over the last 18 months and through the COVID-19 pandemic the P&P programme has led and informed significant system activity both in outbreak management and in understanding and addressing longer-term impacts – particularly in relation to inequalities

P&P Vision

To galvanise effort, expertise and resource to stimulate a step change in commitment to prevention across the Health and Wellbeing system.

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Work is focused in 4 key areas

- To lead the system in its **population health approach**, supporting the Place Forum to mobilise all parts of the system in implementing the King's Fund model of population health to improve the health and wellbeing of people in Coventry and Warwickshire
- Developing and implementing a framework for **population health management** within Coventry and Warwickshire to inform system priorities and address inequalities
- **Embedding prevention** across our population health system and mobilising Wellbeing for Life programme
- System leadership and coordinating system activity to tackle **health inequalities**

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Key achievements

- Population health approach – Place Forum has continued to run, albe differently; COVID-19 needs assessment and HWB reset and recovery plans through KF model lens
- Population health management – Wave 3 national development programme; Cerner HealtheIntent platform procurement; case studies of PHM approaches in COVID-19 management
- Embedding prevention – pre-habilitation activity; relaunch of Wellbeing for Life and programme of activity planned
- Inequalities – mobilising and leveraging system response to national actions; C&W-wide Call to Action; network of Board Leads for Inequalities

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Draft

Coventry & Warwickshire Health and Care Partnership Population Health and Prevention Programme

Vision: To galvanise effort, expertise and resource to stimulate a step change in commitment to prevention across the Health & Wellbeing system.

Leading and mobilising a **population health approach** in C&W

Current activity

- **Health and Wellbeing Strategies** framed around King's Fund model of population health
- **Population health model** has shaped our understanding of the **impact of COVID-19** and our plans for reset and recovery, and has served to mobilise and recognise the contribution of all partners
- **Place Forum** and **Health and Care Partnership Board** continue to engage a wide range of partners and provide **system leadership** around health inequalities and improving population health

Future plans

- Review and refresh of current system documents / models (including **Concordat)**
- Informing development of the **statutory Integrated Care Partnership** and supporting Chairs in **reframing the Place Forum** in the context of the ICS
- Supporting development of a **System Outcomes Framework**

Version 0.2 22/09/2021

Implementing the **population health management** strategy across all levels of the ICS

Current activity

- C&W **Population Health Management Strategy** articulates system ambitions and commitment to PHM, with resourcing model in place to progress its implementation
- Significant system-wide engagement on PHM in preparation for participation in **Wave 3 of national PHM development programme (PHMDP)**
- Capital funding award used to procure **Cerner HealtheIntent PHM platform**
- Places progressing PHM programmes, with strong **case studies** of PHM approaches used in **COVID-19 management**

Future plans

- **PHM Development Programme** and implementation and integration of **HealtheIntent** will build capability and capacity at all levels of the ICS for PHM and pilot approaches with early adopters
- Development of roadmap for implementation of PHM across core areas of **Infrastructure, Intelligence, Interventions and Incentives**
- Stronger engagement with **Primary Care** to support use of PHM approaches

Embedding and developing a strategic approach to **prevention** in C&W

Current activity

- C&W wide steering groups have been established to **lead and deliver** on the NHS Long Term Plan prevention priorities:
  - The **Tobacco Control Steering Group** is focused on the design and delivery of new stopping smoking services
  - The **Weight Management Steering Group** is working to map and align the weight management offer across the system
- **Wellbeing for Life** initiative has been launched with a range of campaigns planned around prevention; and a current focus on encouraging businesses to sign up to **Thrive at Work**

Future plans

- Development of a **Prevention Strategy** underpinned by NHS Long Term Plan and local data
- Services redesigned with principle of **proportionate universalism** and a more targeted approach
- **Under the Wellbeing for Life banner, implement the Sugar Smart campaign** in schools

Coordinating and driving system-wide activity to tackle **inequalities**

Current activity

- **Health Inequalities Task Group** set up to develop whole system view of activities being undertaken to address health inequalities as well as mobilising and leveraging system response to national actions
- Established **Board Leads for Inequalities** meeting to allow for knowledge sharing across providers
- Launched the **Call to Action** across C&W to engage local businesses on the agenda
- Ongoing action to address inequalities in COVID-19 **vaccination uptake**

Future plans

- Development of a **System Health Inequalities Plan / Strategy** (in tandem with Prevention Strategy to ensure alignment)
- **Improving data collection** around deprivation, ethnicity and other indicators of inequality
- Expansion of **Health Inequalities Dashboard** to allow measurement of success across C&W
- **Embedding tackling inequalities** in system governance, plans and strategies

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The Warwickshire JSNA Programme

- Current work and underpinning principles

Duncan Vernon
Consultant in Public Health

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The basis for JSNA

- JSNAs are assessments of the current and future health and social care needs of the local community.
- Local areas are free to undertake JSNAs in a way best suited to their local circumstances – there is no template or format that must be used and no mandatory data set to be included.
- JSNAs are produced by health and wellbeing boards. The responsibility falls on the health and wellbeing board as a whole
- JSNAs and JHWSs are continuous processes, and are an integral part of CCG and local authority commissioning cycles

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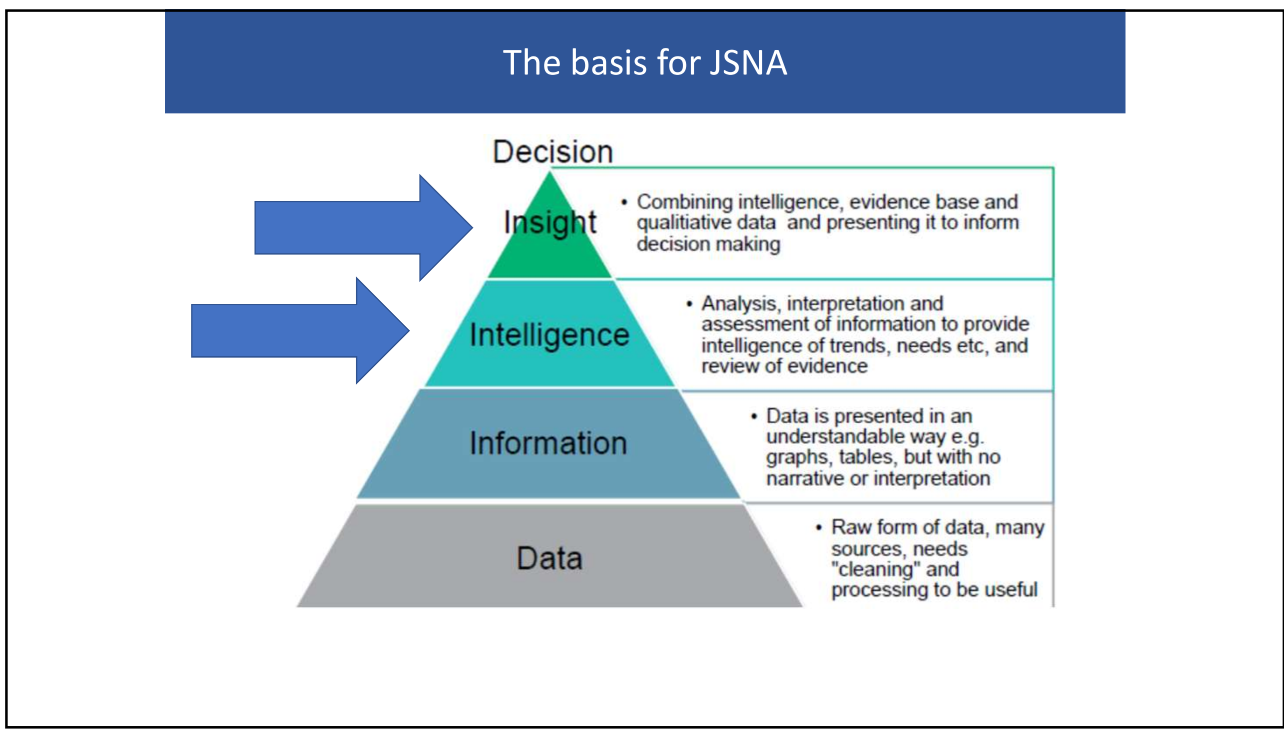

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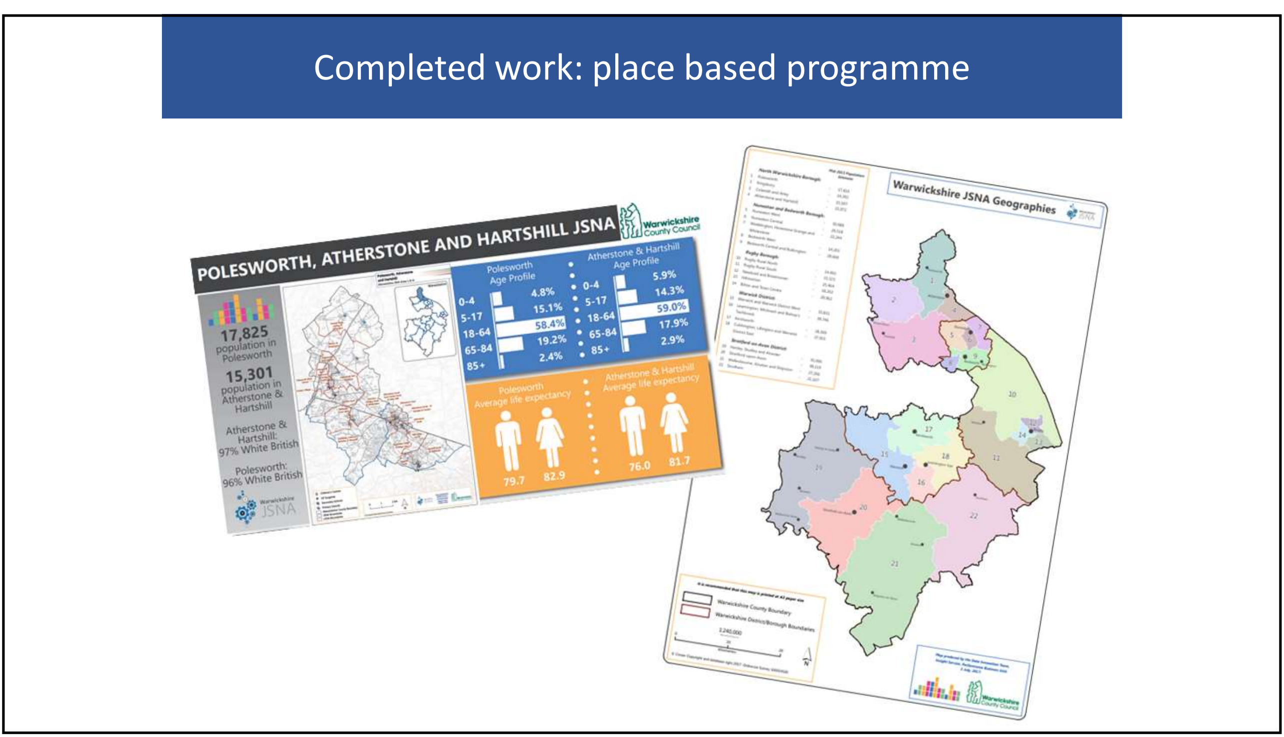

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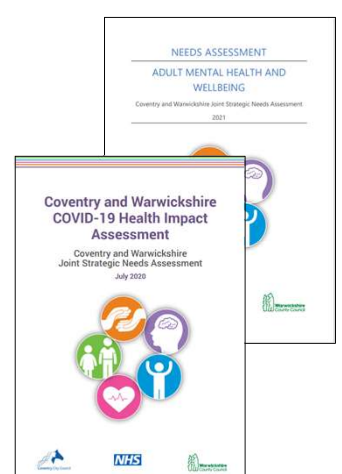
Current work: thematic programme

- Assessment of the wider impact of Covid was published in July 2020.
- Prioritisation exercise for future thematic work was carried out in summer 2020.
- Mental Health Needs Assessment published in July

Forthcoming work

- Children's (0-5) Health Needs Assessment
- Pharmaceutical Needs Assessment due for refresh



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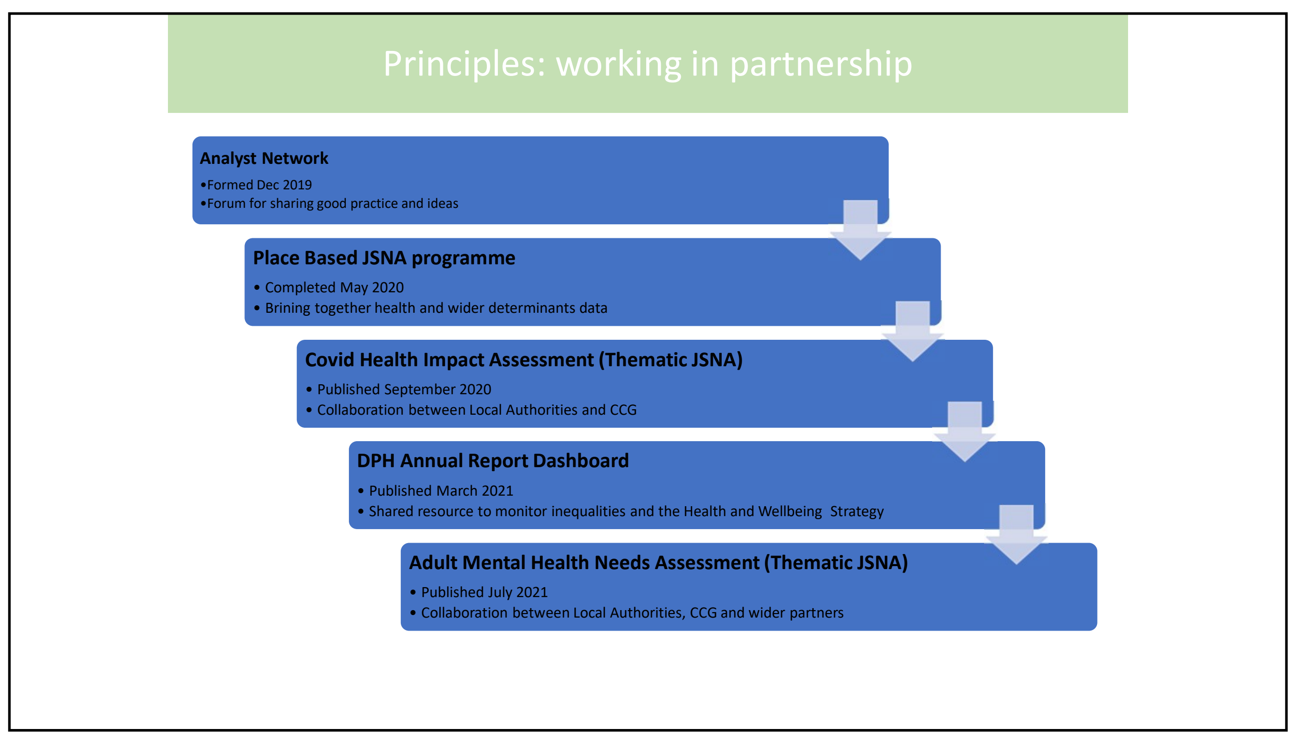
Principles: working in partnership



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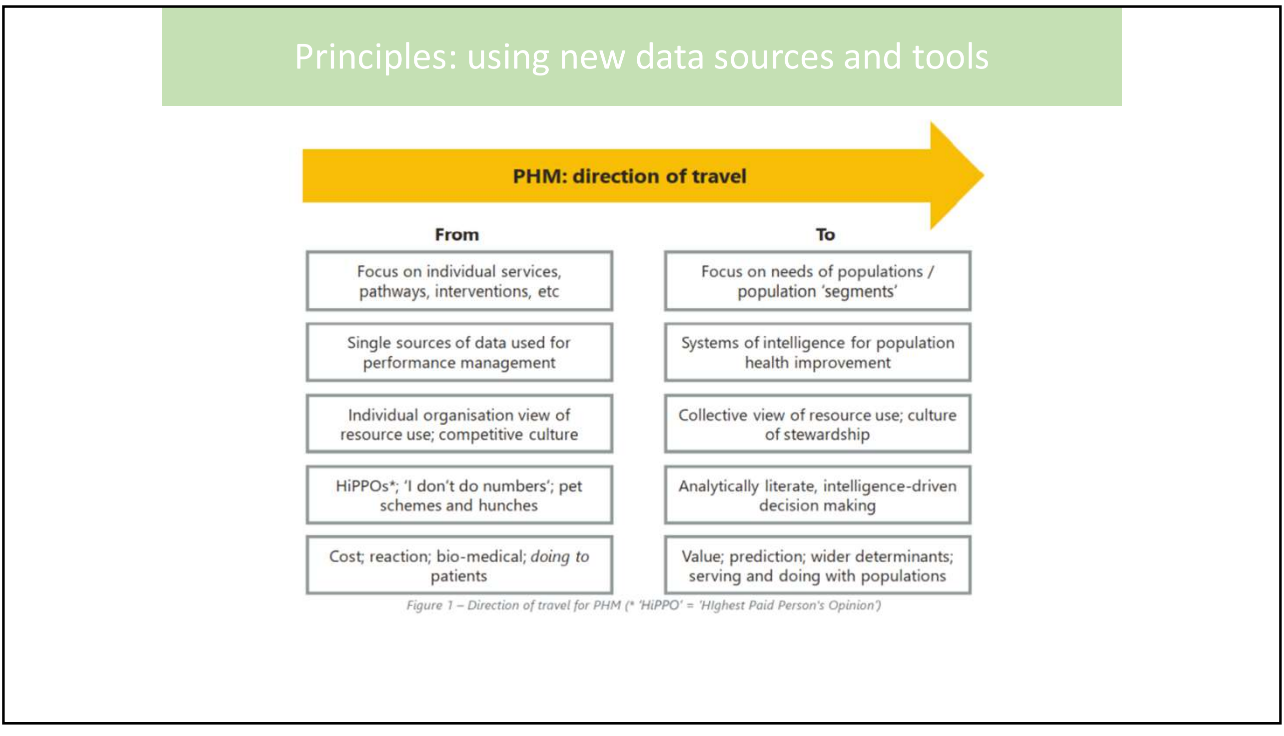

From	To
Focus on individual services, pathways, interventions, etc	Focus on needs of populations / population 'segments'
Single sources of data used for performance management	Systems of intelligence for population health improvement
Individual organisation view of resource use; competitive culture	Collective view of resource use; culture of stewardship
HiPPOs*; 'I don't do numbers'; pet schemes and hunches	Analytically literate, intelligence-driven decision making
Cost; reaction; bio-medical; *doing to* patients	Value; prediction; wider determinants; serving and doing with populations

Figure 1 – Direction of travel for PHM ('HiPPO' = 'HIghest Paid Person's Opinion')*

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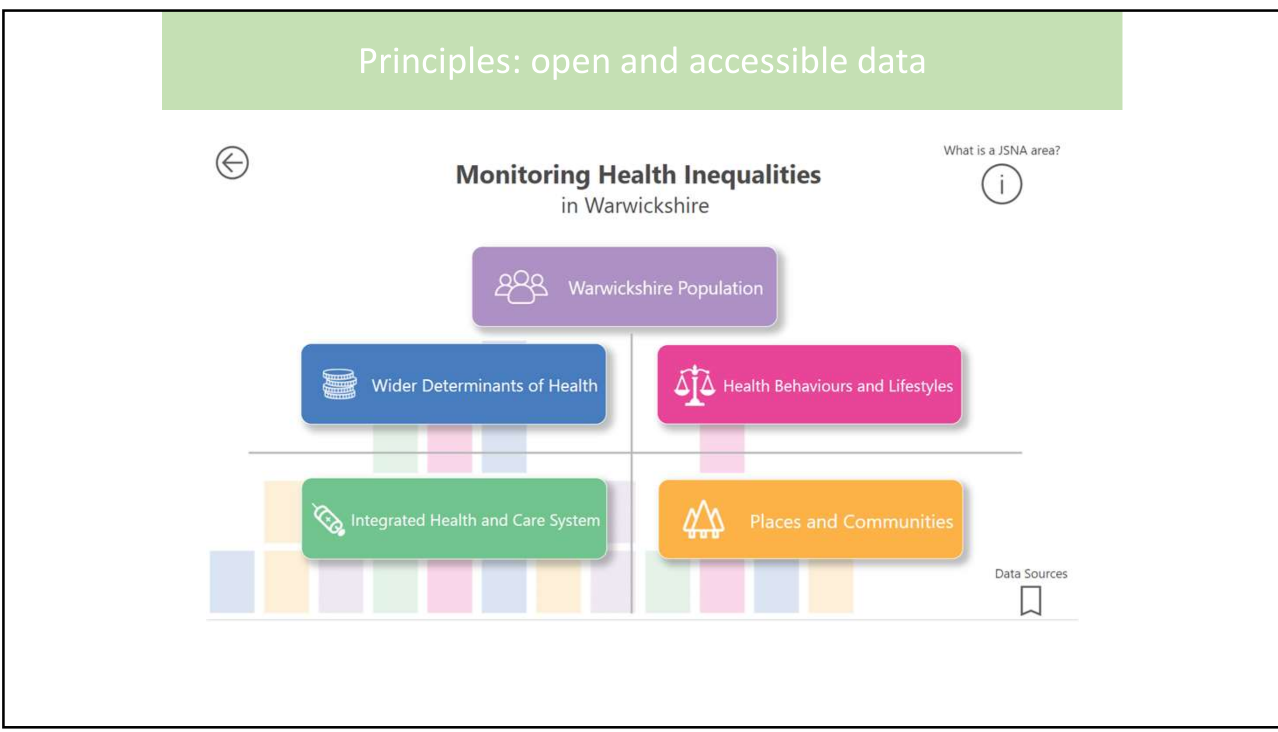

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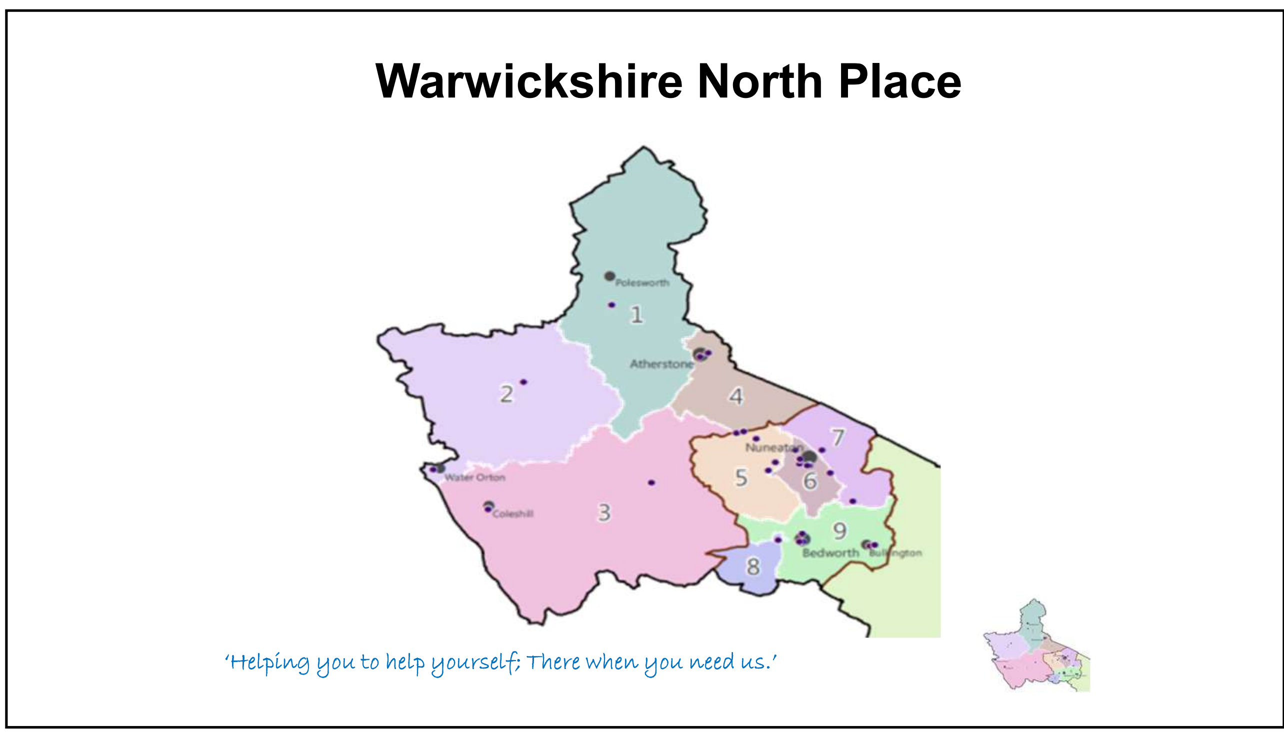

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Principles:

- Place is the Primary unit of planning and delivery – its local
- Care collaboratives are facilitators of things – relationships, delivery, performance reporting, financial transaction
- Local solutions for local people – one size doesn't fit all
- Using the governance structures we have - adapting and adjusting as we go and recognising that relationships are key

'Helping you to help yourself; There when you need us.'

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What we need from the ICS:

- A system Governance structure which is simple and clean, with clarity of role and responsibility.
- Clarity on delegated authority via the care collaboratives (financial and other delegated authority)
- An agreement on which key measures we will all use to tell us whether we are delivering the HCP strategy:
  - At ICS
  - At care collaborative
  - At place
  - At neighbourhood / PCN
- Let Place things happen at Place. Focus energy on resolving system problems
- Be clear about what's at Place and what's not
- Confirm the strategy is the strategy

'Helping you to help yourself; There when you need us.'

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Rugby Place update

Mannie Ketley, Rugby Borough Council

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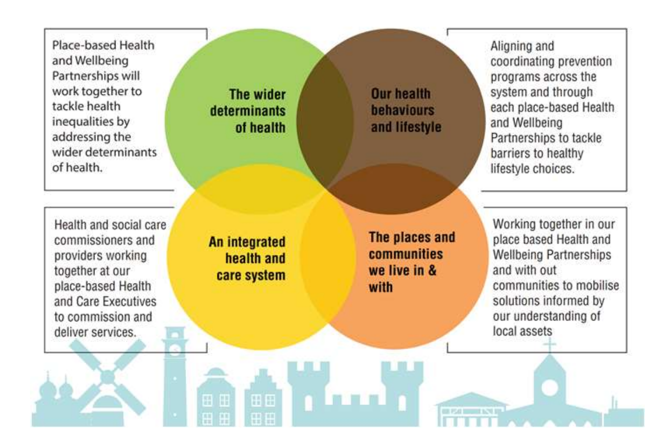
Rugby Place

Priorities for Rugby Place:

- Mental health and wellbeing – Self-harm in young people
- Poverty and inequalities – Homelessness
- Health behaviours – Smoking
- COVID-19 Recovery
- Long term conditions – heart failure



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Next steps for Rugby Place...

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South Warwickshire Place Update October 2021

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Close working between organisations has enabled us to start making really positive progress in these areas

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Next Steps

Using the recommendations from our recent audit and ICS and Place guidance, we have designed a new governance model which aligns to the Population Health management approach. This model gives us the fluidity and flexibility to focus on the four pillars in a less linear and hierarchical way, which will enable us to continue to build collaborative ways of working which focus on people and Place. It removes duplication and allows clear decision making across Place.

We intend to begin working to this governance model from November 2021 onwards.

By the end of the financial year, create a four-quadrant plan bringing together the priorities from the Health and Wellbeing Strategy, JNSA and Place Plan to demonstrate how we in South Warwickshire will improve our population's health and wellbeing.

Continue to work with all partners to understand 'what good looks like' in the journey to establish the Warwickshire ICP. This will enable us to establish a transformation plan and governance to support delivering the ICP contract

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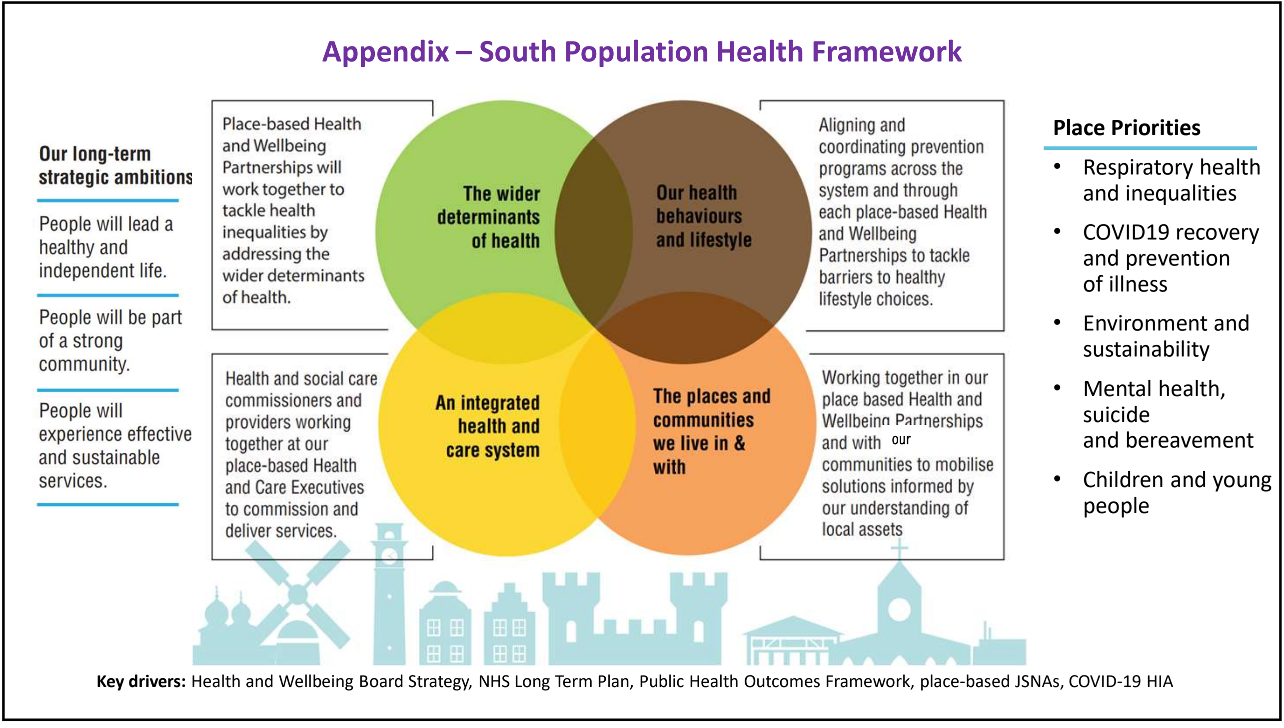
Appendix – South Population Health Framework



Key drivers: Health and Wellbeing Board Strategy, NHS Long Term Plan, Public Health Outcomes Framework, place-based JSNAs, COVID-19 HIA

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Breakout Groups: Exercise 2

What is our role as HWBB members in supporting the next steps for population health across Warwickshire to best serve the people in our local communities?

- Group 1 – facilitated by Emily van de Venter
- Group 2 – facilitated by Dr Gordana Djuric
- Group 3 – facilitated by Duncan Vernon

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Feedback from groups

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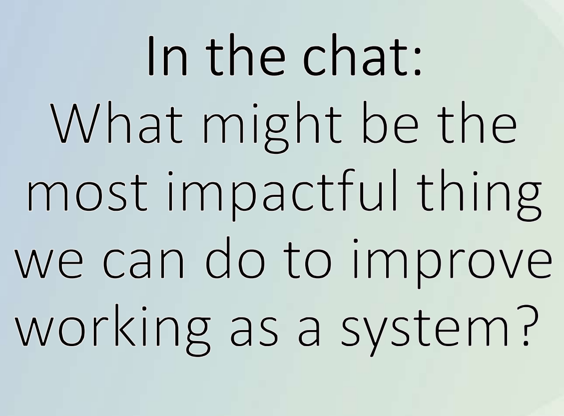

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Warwickshire Health and Wellbeing Board Integrated Care System (ICS) Workshop

Closing remarks from Cllr Bell

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Health and Wellbeing Board

Pharmaceutical Needs Assessment

12 January 2022

Recommendation(s)

1. Note and comment on the timescales for the delivery of the Pharmaceutical Needs Assessment, including the formal consultation process scheduled to run between April and June 2022.

1. Executive Summary

1.1 This report provides an update on the Pharmaceutical Needs Assessment (PNA) in Warwickshire. The Health and Wellbeing Board has a statutory responsibility to maintain an up to date statement around the needs for services from community pharmacies. The purpose of the PNA is to assess local needs for pharmacy provision, to identify any gaps in service or unmet needs, and to highlight any services that community pharmacies could provide to address these needs.

1.2 To maximise the resources available and to align with local planning footprints, the production of the PNA is being carried out in conjunction with Coventry City Council and Coventry and Warwickshire CCG. This aligns with the Coventry and Warwickshire Concordat where both Health and Wellbeing Boards have agreed to work together on areas that will improve outcomes for the public. This approach is enabled by The Health and Social Care Act 2012 which sets out the ability for two or more Health and Wellbeing Boards to make arrangements for any of their functions to be exercisable jointly.

1.3 The document will retain the necessary detail to understand gaps in service and unmet need across both local authority areas.

1.4 The board previously noted and commented on the timetable for the production of the Pharmaceutical Needs Assessment at its meeting on the 7th July, as well as the aspiration to produce a document across Coventry and Warwickshire. This update gives an opportunity to comment on the launch of the formal consultation on a draft document.

1.5 The key milestones for the proposed consultation and production of the new PNA are outlined below (Table 1):

Drafting surveys/initial consultation	September / October 2021
Initial public survey	December 2021 – January 2022
Pharmacy survey	December 2021

Mapping of needs	January / February 2021
Write PNA document	February – March 2021
Formal consultation	16th April to 18th June 2021
Drafting final document and recommendations	June / July 2022
Final draft to JSNA Strategic Group for sign off	July 2022
Final document submitted to Health and Wellbeing Board	September 2022
Document live	1st October 2022

2. Financial Implications

2.1 It is currently anticipated that any costs incurred as a result of taking the recommended actions will be managed within operational budgets, working together with Coventry City Council to maximise the resources available.

3. Environmental Implications

3.1 None

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Portfolio Holder	Portfolio Holder for Adult Social Care & Health	Cllrbell@warwickshire.gov.uk

Local Members consulted: None

Other Members consulted: Councillors Bell, Drew, Golby, Holland and Rolfe

Health and Wellbeing Board

Health in All Policies

12 January 2022

Recommendation(s)

1. For the Health and Wellbeing Board to note the work to implement Health in All Policies in Warwickshire; including the Warwickshire County Council workshop.
2. For the Health and Wellbeing Board to note the progress and approach for preparation for the 3 place workshops.

1. Executive Summary

1.1 The aim of the Health in All Policies Approach (HiAP) is to embed health and wellbeing into all decision making, and to support people to understand the impact that their policies and programmes of work can have on health and wellbeing. The approach focusses on areas within the wider determinants of health including climate and sustainability, transport, education, and employment.

1.2 HiAP is a collaborative, evidence-based approach to improving the health of people in Warwickshire by incorporating health considerations into all decision-making and policy areas. The approach ideally starts with a policy area (e.g., transport) not a public health issue (e.g., obesity). This encourages thinking about the range of potential direct and indirect benefits/risks to health and wellbeing and inequalities in health that can be created from a policy area.

1.3 The Director of Public Health (DPH) Annual Report 2020/21 and Covid-19 Health Impact Assessment highlighted that to improve the health and wellbeing of our residents, we need to tackle inequalities in health.

1.4 The DPH Annual Report 2020/2021 recommended the adoption of a HiAP approach to tackle these inequalities and improve health and wellbeing outcomes. The recommendation was endorsed at the Health and Wellbeing Board in March 2021.

1.5 Warwickshire County Council Public Health Team are working with the Local Government Association to support the implementation of Health in all Policies in Warwickshire. Dr Susan Milner and Liam Hughes are two LGA Associates who have been commissioned to facilitate 4 workshops: 1 for Warwickshire County Council and then rolling out to the 3 place-based Health

and Wellbeing Partnerships (Warwickshire North, Rugby and South Warwickshire).

1.6 Following on from approval by Corporate Board in July 2021, Phase 1 implementation of a Health in All Policies (HiAP) approach for Warwickshire County Council was to hold facilitated workshop for senior leaders.

1.7 Preparation meetings have taken place between the place-based leads, the LGA facilitators and the Public Health leads for all three place-based workshops.

1.8 The Warwickshire County Council HiAP workshop was held on the 15th November and over 50 delegates, including a broad spectrum of senior managers, attended from a range of policy areas. The aim of the workshop was to help Warwickshire County Council senior leaders to begin to embed a HiAP approach within their work, and lead to improvements in the health and wellbeing of the population, reductions in health inequalities and strengthen the re-set from Covid-19 (see Appendix 1 for the Health in All Policies WCC Workshop 15.11.21 Report).

1.9 Health Equity and Assessment Tool (HEAT) is a tool to support HiAP implementation. It supports the user to identify practical action in their work/policy programme or service to address health equity and consequently improve health outcomes. Advice and support has also been provided in completion of the community beds review, adult weigh management service review and the initial sexual health services review. A full-scale HEAT process has been carried out on the WCC Integrated Sexual Health Service. Plans are also in progress to offer HEAT training to WCC staff – e-learning and online workshops. HEAT questions have been adapted and incorporated into the WCC Equality Impact Assessment (EIA) so that Health Inequalities are considered in every EIA as from November 2021, when the process was updated.

2. Financial Implications

2.1 None

3. Environmental Implications

3.1 None

4. Supporting Information

4.1 A new Health in All Policies webpage with key resources has been developed: https://www.warwickshire.gov.uk/healthinallpolicies. This webpage has key documents including the LGA Manual to a HiAP approach, The Health Equity Assessment Tool, and the Power BI Inequalitites Dashboard.

5. Timescales associated with the decision and next steps

5.1 Further workshops to support the three Places to take a Health in all Policies approach are scheduled to be completed by end of March 2022.

5.2 The Phase 2 of the HiAP project will focus on a toolkit of approaches to embed Health in all Policies. This will be developed through analysis of the themes emerging in the workshops and their evaluation. Several policy areas where the approach can be accelerated have also been identified and scoping work underway.

Appendices

1. Appendix 1 Health in All Policies WCC Workshop 15.11.21 Report

Background Papers

1. None

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

Local Members consulted: None

Other Members consulted: Councillors Bell, Drew, Golby, Holland and Rolfe

Appendix 1: Health in All Policies WCC Workshop 15.11.2021 Report

Summary

- There was strong agreement that the workshop has given space for participants to consider the 'bigger picture' and the timing will enable considerations of health in the development of the new council plan and allow 'health proofing' of future decisions to progress the plan's aims.
- There was overwhelming agreement that working together in a systematic way across the council will help identification of synergies between areas to achieve health benefits.
- The workshop was successful in drawing out the links between health with other themes such as climate, transport, education, the economy, and community power even when they were not always explicitly made. This shows the value of adopting a Health in all Policies approach.

Introduction

- Following on from approval by Corporate Board in July 2021, Phase 1 implementation of a Health in All Policies (HiAP) approach for Warwickshire County Council was to hold facilitated workshop for senior leaders.
- The workshop was supported by the LGA and facilitated by Dr Sue Milner and Liam Hughes, who are LGA Associates.
- Over 50 delegates from a broad spectrum of the Council were represented by senior managers.

Aim

- The aim of the workshop was to help Warwickshire County Council senior leaders to begin to identify how the embedding of a HiAP approach across the County could lead to improvements in the health and wellbeing of the population, reduce health inequalities and strengthen recovery and recuperation from Covid-19.

Key Points

- Strong links were identified between the strategic priorities in the council plan - with substantial opportunities for mutual benefit, reducing inequalities and collaborative working i.e., what's good for climate can be good for health too - green spaces and exercise were one example
- Cross cutting themes such as Community Power, Start with Strengths, Child-Friendly Warwickshire, Place-based working all offer opportunities to embed HiAP and can therefore ensure coherent and joined-up strategy and policy.
- There are opportunities to take an organisation development approach to HiAP as part of the Council Plan roll out, with the long-term objective of creating a culture that considers health impacts in all decisions and staff who feel enabled to do so.

- The Senior Leadership Forum (SLF) are a key group to take a HiAP approach forward - coordinated by Public Health and integrated planning teams but owned by everyone.
- Planning and development decisions could include considerations of access to public transport, reducing isolation, consider green spaces and consequently impact positively on health and well-being. There will be the need to work with District and Borough colleagues on implementing a HiAP approach.
- The Local Transport Plan provides an early opportunity to take a Health in all Policies approach.
- Flood planning has links between areas at risk of flooding and inequalities. These links can be considered in a more conscious and explicit way. Other issues such as fuel poverty also connect health with climate change, as well as the local economy.
- Improved use of data, tools e.g., EIA and Health Equality Assessment Tool (HEAT) could result in better commissioning and provision of more targeted services for most vulnerable residents.

Examples of Good Practice

- Highways and transport: road gritting and streetlights decisions based on proximity to hospitals or care homes but not explicitly linked to HiAP but could be made explicit in business planning.
- Further opportunity for Highways and Transport to link with Fire and Rescue to promote community safety.

Specific Recommendations

- Develop new WCC webpages on what can be done by residents on climate change or for action within local community projects.
- Explicitly link climate change measures to being better for health e.g., in the Active Travel - promotion of walking better for physical health.
- Involve residents more in policy making.
- Promote use of HEAT in all decision making and explore how this tool can be used this across the core strategies and opportunities.
- Monitor policy documents with a HiAP lens.
- Establish how EIA’s are currently monitored.
- Include ‘Health impact’ in Project Initiation Process so it is considered from day 1, allowing space for partners to come together and understand the connections between the project and wider council plan objectives.
- Upskill the frontline workforce on wider determinants of health - for example by expanding Making Every Contact Count (MECC) training and ensuring a good understanding of services to signpost to.
- Internal project boards to have a ‘health voice’.

Emerging Themes for Phase 2

- OD and cultural change required to embed HiAP approach
- Develop communications - internal and external to facilitate cross pollination of ideas
- Establish stronger links with Public Health and explore role of Public Health as a Business Partner, offering skills in HiAP, HEAT, intelligence etc.
- Need to upskill next tier of management in HiAP
- Climate Change agenda provides opportunities to improve inequalities and well being

Next Steps

- Monica Fogarty to update SLF on workshop feedback.
- Further workshops to develop HiAP at Place Health and Wellbeing Partnerships (Rugby, South Warwickshire, and Warwickshire North) are scheduled in the next month. Again, the focus is in identifying commonalities between partners in reducing the impact of inequalities in our communities.
- Develop Phase 2 of HiAP roll-out by HiAP Project Team.

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Health and Wellbeing Board

Coventry and Warwickshire Place Forum

12 January 2022

Recommendation

1. That Health and Wellbeing Board notes the summary of the November Place Forum and the next steps.

1. Executive Summary

1.1 An online development session for Coventry and Warwickshire Place Forum (the two Health and Wellbeing Boards) was held, with 40 members attending.

1.2 The meeting followed separate development sessions held by each of the Boards, facilitated by The King's Fund, in September and October 2021. This was an opportunity to understand the statutory changes to the Integrated Care System and to consider the future role of the Place Forum in this context. The meeting was chaired by the Health and Wellbeing Board chairs, Cllr Margaret Bell and Cllr Kamran Caan, and facilitated by Gail Quinton and Nigel Minns.

1.3 The meeting placed on record its thanks to Professor Sir Chris Ham, the outgoing chair of Coventry and Warwickshire Health and Care Partnership, and to Gail Quinton and Liz Gaulton who are also leaving their roles at Coventry City Council in December 2021. Danielle Oum, the new ICS Chair, was welcomed to the meeting.

1.4 Presentations included:

- Coventry and Warwickshire Place Forum – journey so far and key achievements: emphasising the unique collaboration between the two Boards around the wider health and wellbeing agenda, which provides a strong foundation on which to develop ICS governance in the new legislative context
- Statutory Integrated Care Partnership: outlining the forthcoming legislative requirements for the ICS, including creation of an ICP, which will be a statutory committee responsible for promoting partnership arrangements and developing an Integrated Care Strategy to address the health, social care and public health needs of the system
- System Health Inequalities Plan: detailing the requirement to produce a strategic inequalities plan for the system by March 2022, embedding the national NHS 'Core 20 Plus 5' framework, and outlining how the plan is being developed
- Sharing learning from Health and Wellbeing Board development sessions: common themes arising from the separate sessions related

to ICS/ICP development, the role of Health and Wellbeing Boards and the role of place and communities.

1.5 Summary from discussion and breakout sessions:

- There was plenary discussion and facilitated break-out groups, focusing on the added value that the Place Forum offers to the system, and shaping its role and format within the emerging ICS governance arrangements
- There was agreement that there needs to be greater clarity about roles, responsibilities and accountability within the system, and that it is important the governance is coherent and can be described to the public, so they can understand where decisions are made and by whom.
- A key principle is that we build on the strong partnership working that we already have through the Place Forum and Health and Care Partnership Board.
- There was continued commitment to working collaboratively through the system changes and opportunities that come out of the Health and Care Act.

2. Financial Implications

2.1 None.

3. Environmental Implications

3.1 None.

4. Timescales associated with the decision and next steps

4.1 Next steps and actions:

- Submission of ICS constitution – first draft November 2021
- Timeframes for ICP (subject to legislative progress):
  - April 2022: interim ICP in place with chair, at least statutory members and resourcing agreed; an understanding of JSNA and HWSs
  - September 2022 – membership of ICP in "steady state"
  - Integrated care strategy - work of developing, refining and formally agreeing strategy expected to continue after April
- System Health Inequalities Plan – March 2022 final draft for sign off by ICS Boards in April/May 2022 for publication. Draft to Health and Wellbeing Boards in January
- The next Place Forum will be held 9 March 2022.

Agenda Item 14

Health and Wellbeing Board

Forward Plan 2022

12 January 2022

Recommendation(s)

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

1. Executive Summary

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

1.2 The Forward Plan provides details of the agenda items for formal meetings and the focus of the workshop sessions. These will be developed in consultation with the Health and Wellbeing Executive Group.

1.3 To ensure full representation of partners, all members of the HWB Board are encouraged to add items to the Forward Plan either as substantive items, updates or items for sign off.

HW Board *17/11/2011*	**Warwickshire Better Care Fund Submission –** *The board is asked to support the submission of the Better Care Fund*	Rachel Briden Becky Hale
Place Forum *17/11/21*	**Joint meeting of HWBBs and Executive Team.** Virtual	
HW Board *12/01/2022*	**Discussion items**	
	System Health Inequalities Strategic Plan – *overview of strategic health inequalities plan and timeframes*	Emily van de Venter
	Dentistry – *report from NHS England and Improvement on commissioning plans for dentistry services*	TBC
	Dementia Strategy – *presentation of initial findings from engagement and next steps*	Claire Taylor
	Integrated Better Care Fund and Better Care Fund for 2022/23 – *discussion to plan the Integrated BCF for the next financial year*	
	Provider Workforce – *paper on the current provider workforce within care*	Pete Sidgwick
	Items for sign off	
	• **Domestic Abuse needs assessment**	Rachel Jackson
	Updates to the Board	
	Health and Wellbeing Partnerships – *update report from the place-base partnerships and executive teams*	Leads for place
	Children's and Adult's Safeguarding Board Annual Report – *update and outline of activity of the safeguarding boards over the last year*	Amrita Sharma
	Health and Wellbeing Strategy progress– *update report from recent*	Gemma

	development session and outcomes framework dashboard	McKinnon
	Health in All Policies – *update on progress with the HiAP programme of work and next steps*	Duncan Vernon
	Coventry and Warwickshire Place Forum – *report on the key themes and recommendations from the November Place Forum*	Gemma McKinnon
HW Board *02/03/2022*	**Health and Wellbeing Board Development Session** - *Priority setting and action planning for 2022/23*	Facilitator - TBC
Place Forum *09/03/21*	**Joint meeting of HWBBs and Executive Team.** *Meeting location TBC*	
HW Board *July - TBC*	**Discussion items**	
	Children and young people mental health Local Transformation Plan - *Delivery Plan update and financial breakdown of services*	Rachel Jackson
	Suicide Prevention – *presentation on coordination activity around suicide prevention*	Hannah Cramp
	Health and Wellbeing Board Governance Paper – *paper outlining proposed changes to Board governance*	Nigel Minns
	Items for sign off	
	• **Carers Strategy** • **Children's 0-5 needs assessment**	TBC Duncan Vernon
	Updates to the Board	
	Warwickshire Better Care Fund	Rachel Briden
	Feedback from the Place Forum – *a summary of the March meeting*	Gemma McKinnon

2. Financial Implications

2.1 None.

3. Environmental Implications

3.1 None.

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The report was circulated to the following members prior to publication:
Local Member(s): None.
Other members: Councillors Bell, Drew, Golby, Holland and Rolfe.