Health and Wellbeing Board

Date: Wednesday 4 May 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 the Meeting of the Warwickshire Health and Wellbeing Board on 12 January 2022 and Matters Arising 5 - 16

Draft minutes of the previous meeting held on 12 January 2022 are attached for approval.

(4) Chair's Announcements

Discussion items

2. Children's 0-5 Joint Strategic Needs Assessment 17 - 140

The Health and Wellbeing Board is asked to consider the 0-5 Joint Strategic Needs Assessment (JSNA). Authority is sought to publish the 0-5 JSNA and the development of an associated action plan that will be monitored by the JSNA Strategic Group.

3. Special Educational Needs and Disabilities (SEND) 141 - 162

The Health and Wellbeing Board is asked to consider the outcomes from the Ofsted and CQC local area SEND inspection and endorse the progress made to date to deliver the Written Statement of Action.

4. Coventry and Warwickshire Dementia Strategy 163 - 208

A discussion item on Coventry and Warwickshire's Dementia Strategy.

Updates to the Board

5. Place Partnerships Report: Infants, Children and Young People 209 - 230

The Health and Wellbeing Board is asked to consider updates from the three Place Partnerships.

Board Management

6. Forward Plan 231 - 232

To consider and comment on the Board's Forward Plan and items for future Place Forum meetings.

Monica Fogarty
Chief Executive
Warwickshire County Council
Shire Hall, Warwick

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- 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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Health and Wellbeing Board

Wednesday 12 January 2022

Minutes

Attendance

Board Members

Warwickshire County Council (WCC)
Councillor Margaret Bell (Chair)
Councillor Jerry Roodhouse (also representing Healthwatch Warwickshire (HWW))
Nigel Minns

Coventry and Warwickshire Clinical Commissioning Group
Sarah Raistrick

Provider Trusts
Dame Stella Manzie (University Hospitals Coventry & Warwickshire),

Borough/District Councillors
Councillor Jo Barker
Councillor Jan Matecki

Other Attendees

Councillor John Holland (WCC), Harpal Aujla, Rachel Briden, Andy Carswell, Paula Mawson, Ashley Simpson, Paul Spencer and Claire Taylor (WCC Officers).
Nuala Woodman, Alison Lee and Claire Walters (NHS England & NHS Improvement (NHSE/I))
David Lawrence (Press)

1. General

(1) Apologies

Apologies for absence were received from Councillor Jeff Morgan and Shade Agboola (WCC), Russell Hardy (South Warwickshire NHS Foundation Trust and George Eliot Hospital NHS Trust), Councillor Marian Humphreys (North Warwickshire Borough Council), Councillor Julian Gutteridge (Nuneaton and Bedworth Borough Council) Jagtar Singh (viewing via webcast) and Dianne Whitfield (Coventry and Warwickshire Partnership Trust), Elizabeth Hancock and Chris Bain (HWW), Danielle Oum and Phil Johns (viewing via webcast) (Coventry and Warwickshire Integrated Care System and Integrated Care Board).

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

Councillor Jerry Roodhouse declared an interest as a Director of Healthwatch Warwickshire.

(3) Minutes of Previous Meetings and Matters Arising

The minutes of the Board meetings held on 21 September and 17 November 2021 were approved as true records and signed by the Chair.

(4) Chair's Announcements

The Chair thanked Sir Chris Ham for his service and particularly the development of the Health and Care Partnership. She advised that Danielle Oum had been appointed Chair of Coventry and Warwickshire Integrated Care System (ICS) and as NHS Coventry and Warwickshire Integrated Care Board Chair Designate. The Chair congratulated Phil Johns on his appointment as Acting Designate Chief Executive of the Coventry and Warwickshire Integrated Care Board (ICB). It was noted that the formation of ICS' had been delayed to 1 July 2022.

2. Dementia Strategy

Claire Taylor, WCC Commissioner presented the findings from the Living Well with Dementia Strategy engagement process. The Board was asked to consider the feedback and approve proposed changes to the strategy, based on that feedback.

The strategy was being refreshed for the next five-year period. Following a period of engagement from early September to the end of October 2021, the feedback had been collated into two reports, one capturing responses from 85 stakeholders and one from over 220 people living with dementia and their carers through a range of in-person engagement opportunities. The reports were being reviewed and the feedback would be used to further develop the strategy. The intention was to publish the strategy in Spring 2022. It would be a system document across health and social care in Coventry and Warwickshire delivered in partnership with the voluntary and community sector.

A presentation was provided to supplement the report giving a summary of the key findings from the engagement undertaken and how these findings would be used to develop the strategy and associated delivery plans.

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

- The Chair noted the robust consultation undertaken.
- Nigel Minns commented about the prevalence of dementia in black people and the minimal feedback from this cohort. Given the focus on inequalities, it was questioned if more could be done to target engagement and support. Joint work could be undertaken and often it was not about dementia specific services, but more about cultural appropriateness of services. An outline was provided of the methods used to engage and there was increasing data available, but more could be done.
- Councillor Roodhouse had expected a larger number of respondents. He referred to the changing demographics, the expectation of increasing dementia cases and need for more engagement. This was a slight disappointment, but the richness of the feedback was good. He then spoke on the priority of reducing the risk of dementia and dementia friendly communities, which there was a lack of awareness about. This could be a focus for the subsequent delivery plan, given the likely increase in dementia cases over the next 5-10 years. From feedback, he drew comparison to other services and the lack of public awareness of them. The Chair asked if HWW could assist in reaching some groups. He agreed and there was similarly an opportunity through elected members, parish, district

and borough councils as well as the local 'place' groups. This could include a refresh of the dementia friendly communities and he reiterated the predicted increases in dementia cases.

- Sarah Raistrick spoke about links to health services and opportunities to engage and work collaboratively. She was pleased with the preventative aspects touching on early treatment of blood pressure and diabetes to reduce risks of vascular dementia. NHS services were monitored on the prevalence and diagnosis of dementia. Coventry and Warwickshire historically had a lower prevalence than would be expected. She touched on the targets for dementia diagnosis asking whether achieving this statistic was a priority for the local system. Providing good services to those diagnosed with dementia was important.
- Stella Manzie referred to loneliness for people with dementia especially those who lived alone and it was exacerbated over the Christmas period. It was important that the delivery plan was completed to detail what would be done to address the priorities identified.
- Nigel Minns explained that terms and conditions were included in contracts to encourage people to become volunteers or to take up dementia training. He asked if partners on the board would also consider this to give a local system approach. On NHS targets, he agreed it was important that people diagnosed with dementia got the support they needed and that those who had not received a diagnosis were also supported.
- Councillor Matecki touched on the end-of-life aspects and the importance of early engagement to seek to ensure the person's wishes were complied with.
- The Chair had received an email from the Alzheimer's Society raising concerns for people with dementia admitted to the local hospital trusts. This had been forwarded to each of the trusts for a response. It concerned admission and visiting arrangements, discharge and keeping carers informed. The responses from the trusts would inform the delivery plan.
- The Chair recapped on the points raised during the debate. She asked when the draft delivery plan for the first period would be submitted to the Board for consideration, asking that this was referenced in the strategy too.
- Claire Taylor had noted the feedback provided and would circulate a response on how this had been taken on board.

Resolved
That the Health and Wellbeing Board:

1. Comments as set out above 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. Endorses the approvals process prior to publication of the strategy, with the addition of approvals for the delivery plan being included.

3. Better Care Fund (Warwickshire Better Together Programme)

Rachel Briden, WCC Integrated Partnership Manager presented a report with the draft list of schemes to be funded from the Improved Better Care Fund (iBCF) for 2022/23. At the meeting in November, the Board had requested more involvement and engagement in the process. This report summarised the proposals, mainly for continuation of the existing schemes.

It was anticipated that the Better Care Fund Policy Framework would be replaced in 2022/23. However, details were awaited, and normal planning arrangements were continuing in the meantime. The funding settlement for 2022/23 was published on 16 December 2021 with an

allocation of £15.1m. This represented a 3% increase from the previous year and was the first inflationary increase in four years. The financial implications outlined the assumed grant conditions, following those for previous years and permitted uses of this funding. It was noted that iBCF funding was temporary. Some funding was used to maintain statutory social care spending, and this would require replacement funding if the iBCF was withdrawn.

The report and appendices gave a detailed breakdown of the schemes and proposed changes from 2021/22 to 2022/23. It was 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.

The following questions and comments were submitted:

- The extension of the hospital to home scheme was welcomed.
- Councillor Roodhouse was concerned about the annual nature of this funding and a number of bodies were making representations regarding this. With longer-term funding, programmes could be established to focus on such things as falls prevention.
- On the hospital to home scheme, Councillor Matecki added about reducing pressure on the NHS, seeking to get patients home as early as possible. He asked about funding arrangements, ensuring collaboration as a system and the potential for NHS funding to be used to expand this service. Rachel Briden responded on the need to look at patient transport in conjunction with NHS partners. The Warwickshire Fire and Rescue Service (WFRS) was not able to expand its service much further without additional recruitment. Reference to the additional services provided on falls prevention and making the best use of WFRS to assist vulnerable people.
- Nigel Minns reminded of the joint work on ensuring efficient systems to discharge patients from hospital. Only a small proportion (5%) of those leaving hospital required care at home. The biggest challenge was the care market and workforce aspects. Councillor Matecki picked up the financial aspects where services were not provided due to a lack of budget, but other services were having to spend excessively as a result.
- Councillor Barker referred to changes in housing related support and the budget implications for district and borough councils which could impact on areas of support provided by them. The Chair acknowledged there could be impacts on both NHS and Adult Social Care services. A dialogue was planned between councils to seek a solution.
- Phil Johns submitted support on behalf of the CCG for the proposals in the report.
- A discussion on the project on removing excess items from the homes of people who hoarded and to provide a deep clean, to enable them to return home and receive care at home. Linked to this concerns had been raised by the chair of the Safeguarding Board in relation to self-harm. Rachel Briden gave an outline of the elements of this scheme and offered to provide further information. The Chair suggested the topic of adult self-harm could be considered at a future meeting as there was an increase case numbers.

Resolved

That Health and Wellbeing Board:

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

2. Comments as set out above on the proposed schemes agreeing 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.

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.

4. Provider Workforce Update

A comprehensive update was provided to the Board by Zoe Mayhew, Strategy and Commissioning Manager, Targeted Support and Integration. This was accompanied by a presentation, focussing on the service areas that were under most pressure. It covered the impact of the recruitment and retention challenges currently being faced in the adult social care (ASC) market, the workforce pressures within the children's public health and children's social care commissioned provision and the mitigations being undertaken.

Data was provided on the increasing staff vacancies for the country as a whole and reporting the position in Warwickshire. There were 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 was resulting in a commissioned care market that was unstable and at risk of not upholding consistency of service delivery and acceptable standards of quality.

The Council continued to passport the national funding to the commissioned provider market and in total £28million had been allocated since the start of the pandemic. There were three main funding streams concerning infection control and testing, workforce recruitment and retention and additional winter workforce funding. For the longer term, WCC was developing a workforce strategy to respond to the ongoing workforce pressures within the commissioned social care market and a first draft of this strategy would be available in April 2022.

Subsequent sections of the report looked in detail at each of the following areas:

- Domiciliary Care
- Residential/Nursing Care
- Community Equipment Provision
- Adult Social Care job vacancy and turnover rates
- Children's Public Health and Social Care Commissioned provision

The financial implications were reported. This included the inflationary uplift on salaries and an outline of how the workforce pressures within commissioned social care provision were likely to result in increasing costs for the County Council. In response to the challenges a number of short and longer-term solutions were proposed which were set out within the report.

The Board discussed the following areas:

- Councillor Roodhouse spoke of the excessive hours being worked by care staff currently and the lack of recognition they received for their service. A difficulty was people leaving care for better rates of pay elsewhere. The challenges for care staff were increasingly complex in supporting older, frailer people. Providers welcomed the initiatives but were unclear how this would be coordinated over such a large number of organisations. WCC

could do more on visibility and career progression. Previously there was a coordinated programme working with universities to provide a pathway from care into health services, but this seemed to have ceased. His view was the market was brittle, that the frail, older people needed more specialist care and yet staff were being paid a minimum wage whilst working long hours. The need to use of agency staff overnight was a further concern. He asked how the initiatives would be rolled out.

- Zoe Mayhew gave an outline of the process used to respond in a prioritised way, matching applicants to care providers. A tracker was used to inform of vacancies and staffing levels. The approach was to identify risk and then mitigate that risk. The system had worked well, but some care providers were not yet participating. There were no known reasons why those providers were choosing to advertise independently and at considerable cost when this was a free service. The points on marketing about career progression could be actioned quickly through a number of existing channels and the use of case studies was a further option.
- A discussion about the use of ‘blue’ and ‘exposed’ beds, as transition where patients returning to care had or might have Covid. This included the arrangements to step down this service and reinstate it to respond to surges in case numbers such as the Omicron variant. National funding was being used for this provision, through the hospital discharge grant. The system had worked very well.
- Comments were submitted on behalf of Phil Johns and Jagtar Singh. Mr Johns referred to career progression issues and gave examples of vacancies in local NHS services. Mr Singh commented about the impact of the mandatory vaccination for NHS staff, using positive messaging about the benefits of vaccination for the NHS to offset concerns by anti-vaccination groups and he supported the points made on workforce issues.
- The Chair was concerned about people on direct payments, sourcing their own personal assistants for care. Paula Mawson acknowledged this, speaking of the new carer strategy and agreed to take this point on board.
- Nigel Minns also referred to the work on career progression. It was important when considering progression from care roles into health that there was also a route into care, so the care market was not decimated. He spoke of the structure of the local care system, which tended to be small family run homes. Warwickshire had not been affected by the big national care home collapses. However, there was less opportunity for career development in small homes and he asked if there were bespoke solutions. Zoe Mayhew gave an outline of the tailored business support provided to care homes to seek to ensure their sustainability. Many seemed to thrive in Warwickshire with some showing steady growth.
- Sarah Raistrick referred to mental health and burn out. The NHS offered a range of packages which could be made available to care home and domiciliary care staff. Similarly, on education a suggestion to extend invites for relevant NHS courses to care staff. She touched on remote monitoring arrangements for some care homes in the north of Warwickshire and a joint training approach could again give validity to care staff. On the career progression points, for some a career in care was the correct option and they may not wish to move into an NHS role. There was a lot which could be done collaboratively. She concluded by referring to the staffing challenges and people taking alternate employment with higher pay rates. Zoe Mayhew added that WCC had extended its employee assistance programme providing mental health support to commissioned care providers, free of charge and there had been very good take-up of this offer.
- Stella Manzie spoke of the importance of social care and especially domiciliary care to enable people to stay in their own home. The benefits of small local care providers were

recognised. However, this provided a challenge of volume and scale for a large trust such as UHCW in working with a large number of care providers.
- The Chair agreed about the importance of domiciliary care, also referring to the Better Care Fund and ensuring it assisted with the issues raised under this item.
- Paula Mawson spoke of the pressures within children's services giving examples of health visiting, the increasing and more complex referrals via the school health and wellbeing service. The impact of the pandemic on children and young people and their development would need to be monitored.
- Sarah Raistrick recorded thanks to carers from an NHS perspective and the Chair agreed from a board perspective too. A later item would look at Core 20 plus five. A focus under that item could be on health visiting for the 0-5s generally and with aspects on health inequality particularly.

The Chair stressed the importance of this item which underpinned many aspects and would be revisited at a future meeting.

Resolved

That the Health and Wellbeing Board:

1. Comments as set out above upon the impact of the recruitment and staff retention challenges currently facing the Adult Social Care market.

2. Notes the 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.

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

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

5. Raises the profile and recognition of care services and particularly domiciliary care.

5. Commissioning of Dental Services

Nuala Woodman with support from Alison Lee and Claire Walters of NHS England and NHS Improvement (NHSE/I) provided an update on the position of dental services in Warwickshire. This comprised a written briefing as background and a presentation with high level information. The briefing included the following sections:

- Introduction
- Dental charges
- Impact of the pandemic
- Restoration of services and recovery initiatives
- Vulnerable groups
- Oral health and inequalities
- Children's access

- Out of hospital provision (including urgent dental care, domiciliary care, dentures, secondary and community care)
- Staffing issues (including collaborative working with local dentists, PPE / Fit testing and Covid & outbreaks in dental settings)
- Opportunities for innovation including digital

The presentation highlighted key areas from the circulated briefing. It also updated with more recent data on general dental activity in the midlands and the local position compared to normal levels of service. Due to the restricted services during the pandemic, a year's worth of activity had been lost access over the last 20 months.

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

- Councillor Roodhouse advised that this item was discussed at HWW board. The British Dental Association (BDA) and others were critical of the unrealistic targets imposed given the challenges around cleaning and changing the air between patients, making those targets unachievable. HWW was receiving a lot of enquiries about access to NHS dentists. It was understood that around one in ten dentists were likely to cease providing NHS services this year. HWW would write formally to the Chair of this Board to set out its concerns and was considering writing to NHSE too. There was a perception that the safety requirements weren't recognised by central government in setting the service targets.
- The Chair acknowledged the points raised, adding that private patients were still able to receive six-monthly check-ups and routine treatments where NHS patients were not.
- Councillor Matecki asked if the 85% of the normal service level was the optimum, given the cleaning requirements. Moving forwards, he asked if there would be a lessons learnt at some point and whether the aim was to achieve previous service levels fully. Nuala Woodman confirmed that this was the safe minimum level. There were exception arrangements and each practice was considered individually, with monitoring of how they were managing. Support was being provided to practices for example where there had been a Covid outbreak amongst staff. The aim was to return to the full provision by April 2022. However, there were unknowns about the pandemic.
- Nigel Minns asked if the treatment of private patients at the expense of NHS patients was the issue of registration and not having the same obligation as a GP doctor. He asked about the treatment backlog for dentistry and how long the measures proposed would take to address the backlog. Nuala Woodman confirmed there was data for secondary care and further community dental service waiting times. This was not about money, but having staff and available premises. The solutions included longer working hours and weekend appointments. However, the backlog was significant. Reference to missed check-ups which could lead to people presenting with more serious oral issues.
- The points raised on private patients were acknowledged. This was about the national contract. Dentists were required to provide the same level of NHS activity as previously and the payment protection initiative aimed to keep dentists providing NHS services. Reference to the BDA representations and some practices were prioritising private patients, not undertaking NHS work but still being funded for it.
- An outline was given of the investment some practices were making to improve ventilation, the provision of free personal protective equipment to practices, and specialist masks. Warwickshire practices were working well and there was an active local dental committee providing mutual support. She outlined the initiatives being used to address the backlog with additional capacity at some practices being utilised, weekend access and the launch of a community dental service support scheme. NHSE/I welcomed feedback about patient concerns from Healthwatch and others.
- Sarah Raistrick asked about services for very young children and novel ways of accessing dental care, in non-healthcare settings to provide a basic dental check. There had been a slump in attendance by children since early in the pandemic and it had taken a while to educate and

encourage them to return. Children were a priority group, but dentistry was a highly regulated service in terms of who could undertake each function.

- Reference to use of technology and digital options. Patients had to be seen face-to face, but treatment patterns had been adjusted to make them as efficient as possible. Locally, there was praise for the urgent care system, put in place in a very timely manner and this had been replicated across the Midlands and possibly beyond.
- The data on the proportion of private and NHS dentists in Warwickshire was reflective of the demography and made it hard to provide NHS services in some rural areas. Rural affluence and poverty were two of the hardest things to address and they were prevalent in the county, with the example of Stratford mentioned. Missed appointments was a further issue.
- The Chair asked whether the crisis in dental services had prompted NHSE/I to consider the reconfiguration of services. It was understood that dental services would transfer to the new ICS and was considered the current situation should be addressed ahead of this handover. On Covid, it was endemic now and there had always been airborne viruses. A need to think how best to address the protection aspects.
- Nuala Woodman spoke of the unsuccessful attempt at dental contract reform which needed to be revisited. The model was not like that for GP services. There was recognition of the crisis, the workforce issues and low morale amongst staff. There were significant recruitment issues in some parts of the midlands, with similar issues to those raised during the earlier provider workforce update. An outline was given of the work underway to transfer dental services to the ICS locally alongside other services and within the national framework. On the pandemic, a comparison was drawn to the adjustments made in response to HIV previously.
- Sarah Raistrick asked if the current resources for dentistry would transfer to the ICB. This was confirmed and work was underway to identify the split of resources. There had been substantial investment locally to address the backlog. An issue was that funding usually transferred to the CCG and dental services were often omitted. An outline was given of the endeavours being made to remedy this and access recovery monies as well as further impacts for dentistry services.
- The Chair thanked the representatives of NHSE/I for their presentation and for answering the Board's questions.

Resolved

That the Board notes the briefing and presentation from NHS England and NHS Improvement.

6. System Health Inequalities Strategic Plan

The Health and Wellbeing Board was 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.

The draft plan was required to be submitted to NHS England and NHS Improvement by 22 March 2022. It must depict a locally agreed strategic approach for addressing health inequalities within five nationally determined clinical priorities, covering maternity care, early cancer diagnosis, severe mental illness, chronic respiratory disease and hypertension. It also had to show this work was embedded within a broader approach to reducing health inequalities within Coventry and Warwickshire. A programme of engagement with partners and key NHS workstreams was underway to shape the Strategic Plan and ensure the approach took into account the needs and inequalities within each of the three Warwickshire 'Places' (Warwickshire North, Rugby and South Warwickshire).

The five national clinical priorities were set out within a 'Core20+5' model. The model required focused efforts to improve health access and outcomes for those living in the most deprived 20% of the population. There was evidence to show the inequalities in health outcomes, life expectancy and in terms of maternal deaths and morbidity amongst some ethnicities. The five clinical priorities were primarily focused on secondary and tertiary prevention approaches. Overall, life expectancy in Warwickshire was above the national average. However, there was variation by deprivation and gender with data provided in the report and appendix to demonstrate this.

A key area was determining the local priority population groups and the following were recommended:

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

Within Warwickshire 6.5% of the population, approximately 38,000 people, lived in the most deprived 20% of areas nationally (based on the indices of multiple deprivation). There was a need locally, to broaden the scope beyond the most deprived national quintile in order to adequately address the disproportionate impacts the pandemic had caused on ethnically diverse communities within Warwickshire. Data was provided to demonstrate this. Subsequent sections of the report expanded on the rationale for selecting each of the proposed local priority population groups.

The Board discussed the following areas:

- The Chair asked the Board to focus on the proposed 'Plus' areas which could be varied as several aspects within the report had to be included.
- Sarah Raistrick asked if the proposed areas were data driven and there would be tangible outcomes and improvements from the targeted resources. From an NHS perspective there would be measurement of the results, but for residents it was important that the resultant improvements could be demonstrated too. She reminded of her earlier points about children and in this report, after maternity there was quite a gap before any of the health conditions referenced affected children. She suggested selecting a priority that was universal to Warwickshire's population. This could then include targeting resources proportionately to areas where there was inequality. The Board was asked to approve the proposed areas, but there was a need for clarity to understand exactly what the proposals were. She also referred to the Kings Fund model, the anchor institutions, and the involvement of partners in this joined up piece of work. The outcomes from this work were health measure outcomes, but the Kings Fund model showed a lot of the determinants as social determinants. There was a need to work together, as it was too late when there were poor health outcomes.
- The Chair added that the Board was being asked to approve the 'plus' aspects but needed sight of the evidence to understand why these were the preferred options and she asked what the process was for finalising the plus outcomes.
- Councillor Barker had been involved at a place partnership meeting but did not recognise all of the aspects included.
- Councillor Roodhouse had slight unease about the elements reported. He used the example of rural isolation for older people which he recognised, but it could similarly be an issue for younger people in villages and people in urban areas too. He referred to

homelessness, the potential impact of savings plans exacerbating numbers of homeless people, the underreporting of homelessness and linked this to issues for younger people and mental health conditions. Delivery was important and assessing its impact.

- Councillor Matecki had also been involved in the South Warwickshire Place discussions. There was confusion as the priorities agreed for that area may differ from other places and the strategic level, which could result in a lot more priorities than feasibly could be delivered.
- Harpal Aujla was asked to explain the process undertaken. There was significant overlap between core 20 and the other aspects. The plus groups were headlines which would be supported by workstreams with a lot more detail. The aim at this stage was to identify the key groups that were experiencing inequalities. There would be delivery plans and monitoring arrangements.
- Stella Manzie commented that in Warwickshire the breakdown of BAME communities was quite complicated. In some parts of the county there may be small groups and different communities who may be more isolated when compared to a large ethnic group in Coventry. There was a need for a granular analysis. Some of the priorities were really clear and she demonstrated this using the example of maternity outcomes for Asian and black people. The 'plus' aspect was more complicated and would need that more granular analysis to show what the Board was agreeing to.
- The Chair suggested that a further report be provided to the Board with an evidence base for the 'plus' aspects and the delivery plans which would underpin them. It was useful seeing what the place partnerships had considered but the evidence base was needed for the Board.
- Sarah Raistrick stated the potential for unevidenced priorities to be included in the 'plus' aspect. She was interested in seeing which aspects included in the 'plus', that were not also referenced in other areas and used the example of cancer screening services for gypsy and traveller communities which was duplicated. There was a danger in trying to include too many aspects and not being able to demonstrate an improvement had been achieved.
- Emily van de Venter contributed that one of the challenges in developing a system-wide strategy was the number of people inputting with differing views. This work built on the Joint Strategic Needs' Assessments and discussions at place which had developed the priority plus groups for Warwickshire as a whole and then were adapted locally. The draft submission to NHS England was due in late March 2022, but there would be additional time needed for further system engagement. Due to the time constraints, additional information would be circulated ahead of the next Board meeting.
- There was a joint place forum in March which could provide a mechanism for further consideration of this item, to be followed by a virtual sign-off.

Resolved

That the Board:

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

2. Notes and comments upon the progress to date, as set out above.

3. Supports the further development of the 'plus' aspect, the action plan and the communication strategy and that a further report comes back to the Board.

The Health and Wellbeing Board received the following updates:

7. Domestic Abuse Needs Assessment

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

8. Warwickshire Health and Wellbeing Partnerships

The Board received updates from each of the three place-based Health and Wellbeing Partnerships in Warwickshire.

9. Annual Report of the Safeguarding Boards

The annual report for Warwickshire Safeguarding was submitted for the Board's consideration.

10. Health and Wellbeing Strategy: Progress Report

The Board received an update on progress of the delivery of Warwickshire's Health and Wellbeing Strategy 2021-2026.

11. Pharmaceutical Needs Assessment

An update on the Pharmaceutical Needs Assessment which identified local needs for pharmacy provision, gaps in service or unmet needs, and sought to highlight any services that community pharmacies could provide to address those needs.

12. Health in All Policies

The Board received an update on the work to implement 'health in all policies' in Warwickshire. The aim was to embed health and wellbeing into all decision making, and to promote understanding of the impact that policies and programmes of work could have on health and wellbeing.

13. Place Forum

A report back on the joint Coventry and Warwickshire Place Forum online development session in November 2021.

14. Forward Plan

An update on the Board's forward plan, detailing proposed agenda items for its formal meetings and the focus of the workshop sessions. The next Board meeting would be held on 4th May and would include an item on the special educational needs and disabilities written statement of action.

……..
Councillor Margaret Bell, Chair

The meeting closed at 4:10pm

Agenda Item 2

Health and Wellbeing Board

4 May 2022

Children's 0-5 Joint Strategic Needs Assessment

Recommendation

1. That Health and Wellbeing Board notes the contents of the 0-5 Joint Strategic Needs Assessment (JSNA).

2. That Health and Wellbeing Board approves the publication of the 0-5 JSNA and the development of an associated action plan that will be monitored by the JSNA Strategic Group.

1. Executive Summary

1.1 The Children's 0-5 JSNA (refer to Appendix A) looks at the health needs of children aged 0-5 in Warwickshire. In alignment with The Best Start for Life policy vision of 1,001 critical days for lifelong emotional and physical health, health needs during pregnancy and maternal health have also been considered.

Local Context

1.2 The predicted increase in the number of under 5-year-olds in Warwickshire needs to be accounted for in the commissioning of services:

- Some increases are in the immediate term, in particular a 2% year on year growth in numbers is predicted in South Warwickshire.
- Over the longer term there is a predicted county wide increase of 17.7% in the number of under 5-year-olds by 2043.

1.3 Early evidence from the pandemic is that the number of births decreased in December 2020, January 2021, and February 2021, these relate to live births that would have been conceived during the first lockdown in 2020, suggesting there was not a baby boom as a result of the restrictions first put in place for COVID-19. However, there was a 1.7% increase in the monthly fertility rate in March 2021 compared to March 2020. This may create peaks in demand for some services to plan for, but early indication is that this will average out over the course of a school year.

1.4 There is an increasing ethnic diversity within Warwickshire's children compared to Warwickshire's population at the time of the last Census in 2011. The evidence is that there are differences in long term health outcomes by ethnicity, with most groups having poorer outcomes than 'White British'. Given the importance of the first 1,001 days to long term health, services need to ensure that ethnicity is being recorded to support measuring outcomes by ethnicity at a local level.

1.5 Deprivation is often a marker for where more targeted resource is needed to achieve the same outcomes as more affluent areas. Relative levels of deprivation are increasing in Warwickshire, and there are higher levels of need in Nuneaton and Bedworth, Rugby town centre and Leamington. This is supported by evidence that the largest numbers of children in low-income families from 2015/16 to 2018/19 were in Nuneaton and Bedworth and Rugby.

1.6 Children in low-income families are associated with poorer outcomes in adult life, premature mortality, and lower life expectancy, as well as other health issues including mental health. Within Warwickshire, Nuneaton and Bedworth has the highest number of 0-5 children in relatively low-income families, accounting for 19% of its total 0-5 population.

1.7 Deprivation is linked to performance at school and has been shown to have an adverse impact on school readiness. Out of the bottom 10 wards in Warwickshire for achieving a Good Level of Development, 4 of those contain Lower Super Output Areas (LSOAs) in the top 30% most deprived.

1.8 In Warwickshire there is a 19% difference between those achieving a Good Level of Development at the end of Reception who are not eligible for a free school meal (73.7%) and those eligible (54.7%). Warwick District has the largest difference of 24.4%.

Health of Children 0-5 – Pregnancy and Birth

1.9 Good quality antenatal or parenting education (PE) can empower families to make healthy choices and decisions about both pregnancy and the early years of an infant's life. Data collected from parents participating in the midwife led virtual classes reported that 95% initiated skin-to-skin contact at birth and 82% initiated breastfeeding highlighting the value of PE. However, this virtual offer only reached 5% of new parents in 2021. This low access figure combined with one of the trusts lacking a specialist PE midwife role identifies both a gap and inequality across the Warwickshire footprint.

1.10 All areas of Warwickshire have a Low Birth Weight (LBW) rate lower than the England average, however there are inequalities with Nuneaton and Warwick experiencing the highest rates. This fits with the ethnicity profile of the population showing high proportions of mixed ethnic heritages in these areas, and the audit results showing that these groups are more likely to have LBW and premature births. Rugby is notable for having low rates despite a diverse population.

1.11 Obesity increases the risk of complications during pregnancy and childbirth. Warwickshire North CCG has higher rates of women with obesity in early pregnancy (25.3%) than the England average (22.1%). South Warwickshire CCG is significantly lower (17.6%). When comparing to LSOA deprivation, the most deprived LSOAs have the highest rates of obesity in early pregnancy (28.52%) and the least deprived have the lowest (15.07%).

1.12 Smoking in pregnancy results in increased risk of complications during labour and risk of miscarriage, premature birth, stillbirth, low birth weight, sudden unexpected death in infancy and infant mortality. Warwickshire North has higher rates of women smoking in early pregnancy (15.88%) compared to the England average (12.76%). South Warwickshire is significantly lower (8.46%). When comparing to LSOA deprivation, the most deprived LSOAs have the highest rates (24.02%) and the least deprived have the lowest rates (4.3%). The Perinatal Equity Audit shows white ethnicities have higher smoking rates.

1.13 Pregnancy with a low maternal age is high in the North, with Nuneaton and Bedworth (23.7 per 1,000) and North Warwickshire (18.1 per 1,000) both higher than the England average (15.7 per 1,000).

1.14 The Perinatal Mental Health Dashboard for Coventry and Warwickshire indicated that:

- 18.2% of the referrals are of women living in the most deprived decile.
- 8.1% of the caseload represented women aged 16-20 and 67% were women aged 26-39.
- 72% of the caseload where from white ethnic background, while 3.3% were of Asian descent and 2.5% were of black heritage.

Health of Children 0-5 – Early Years

1.15 Breast feeding data is poor. There needs to be work to improve definition and collection of this data. However, current indicators show that both South Warwickshire NHS Foundation Trust (81.8%) and University Hospitals Coventry and Warwickshire NHS Trust (73.8%) achieve a higher percentage of babies receiving breast milk at first feed than the national average (72.4%). Comparable rates for George Eliot Hospital NHS Trust are currently unavailable.

1.16 Warwickshire has less childhood obesity than England as a whole, but both North Warwickshire and Nuneaton and Bedworth have higher rates than the England average. There is also a large increase in children being very overweight between reception (8.6%) compared to year 6 (16.8%).

1.17 All districts and boroughs have a better rate of five-year-olds with experience of visually obvious tooth decay than the England average. The highest rates in Warwickshire are in Nuneaton and Bedworth (19.8% of children).

1.18 There is a drop in vaccine coverage as children get older, most notably the uptake in children aged 5 for the 2nd dose of the MMR vaccine has an 89.6% uptake in 2020/21 compared to the 1st dose uptake for the same cohort of 96.1%. This means that some children had one vaccination but not their second, despite being eligible.

1.19 The Warwickshire Domestic Violence and Abuse Joint Strategic Needs Assessment provides evidence to suggest that pregnant women and women with children under the age of 5 are more likely to experience abuse and/or require support from agencies. The assessment included the following specific relevant recommendations:

- There are opportunities for all services/agencies that work with parents, babies and young children to facilitate disclosures and signpost to appropriate support.
- There is a need to consider the support needs of a child under the age of 5 who has witnessed or experienced domestic abuse to recover from their experience and rebuild their relationship with the non-abusing parent. There is also a need to consider the support needs of the non-abusing parents to recover and move on from their experience, and the abusing parents to support change in their behaviour.

1.20 A paucity in local data and intelligence to assess speech, language and communication needs in Warwickshire children means it has not been possible to accurately assess the local picture at this time. However, the Local Authority Interactive Data tool indicates that Warwickshire scores low (10th out of 11) compared to statistical neighbours for the percentage of children achieving at least the expected level in the Foundation Stage Profile in 2018/19.

Child Hospitalisations

1.21 Hospital attendances dropped over the first Covid lockdown but have been recovering since the alpha wave. Successive waves of Covid haven't negatively impacted this recovery.

1.22 North place has the highest number of A&E attendances, followed by South Place and then Rugby Place.

1.23 Both rates for 0-5 A&E attendance and 0-5 Hospital admissions show higher rates for males then females.

1.24 Indices of Deprivation show that both rates for 0-5 A&E attendance and 0-5 Hospital admissions in the most deprived areas are most prevalent in North Place, whilst the least deprived areas are the most prevalent in South Place.

1.25 Ethnicity data shows lower proportion of attendances from children with mixed ethnic heritage.

1.26 South Place has particularly seen increases in attendances following the second lockdown.

1.27 Rugby Borough has the highest rate of childhood injury admissions in Warwickshire, whilst Nuneaton and Bedworth Borough has the lowest.

1.28 Unintentional injuries are a leading cause of hospitalisation and major cause of premature mortality for children aged 0-5, often resulting in long-term health issues. The majority of these injuries are preventable and working to prevent these injuries has significant long-term benefits for individuals, families, and society.

1.29 The Emergency hospital admission rate for unintentional injuries nationally in the 0-5 age range is 38% higher if a child lives in one of the most deprived areas compared with those children who live in the least deprived.

1.30 For some injury types this inequality is larger, with children living in the most deprived areas at a 50% higher risk of being burned, scalded or poisoned and this resulting in primary or secondary care attendance, then for those living in the least deprived areas.

1.31 The highest rate per 10,000 for hospital admissions caused by unintentional and deliberate injuries in children aged 0-4 years in 2019/20 is in Rugby, which is higher than both the Warwickshire and England average.

1.32 The reducing unintentional injuries in and around the home among children under five years paper advises that Local Authorities could achieve significant improvements through targeting the reduction of five causes of unintentional injuries among the under-fives. These are:

- Choking, suffocation and strangulation
- Falls
- Poisoning
- Burns and scalds
- Drowning

Child Deaths

1.33 The largest categories for 0-5 death type are ‘chromosomal, genetic and congenital anomalies’, and ‘perinatal/neonatal event’ (including prematurity).

1.34 There is a relationship with infant mortality and the wider determinants of health, deprivation, and inequalities. Infant mortality rates in Nuneaton and Bedworth, and North Warwickshire are higher than the national average, whilst Warwick and Stratford are below average.

1.35 Of the 122 Warwickshire Child Deaths between 2017 - 2021, 45 were cases over a month of age. Of the 45 cases just over a quarter (29%) identified modifiable factors. Out of the factors identified, smoking and unsafe sleeping contributed to over 50% of child deaths. Other factors include alcohol, drugs, consanguinity, maternal BMI, pathway, or escalation of care, and booking a pregnancy late for services.

1.36 Neonatal mortality is defined as deaths within the first 28 days of life – excluding stillbirths. The highest rates are in Warwickshire North (4.1 per 1,000 births) for the 2017-19 reporting period. This rate is considerably higher than the England average (2.9 per 1,000 births).

1.37 77 of Warwickshire Child Deaths examined were neonatal cases. Of these cases less than a quarter (22%) identified modifiable factors. Out of the factors identified, smoking and pathway or escalation of care contributed to over 50% of cases. Other factors include consanguinity, maternal BMI, domestic violence and illicit drugs or alcohol.

1.38 A stillborn baby is one born after 24 completed weeks of pregnancy with no signs of life. In the period 2017-19 the Warwickshire still birth rate (2.7 per 1,000 births) is comparatively low against the national rate (3.99 per 1,000 births).

1.39 However, more recent data collected by place across the Coventry and Warwickshire region suggests a rapid increase in stillbirth between 2019/20 and 2020/21, with both North and South Warwickshire experiencing a doubling of instances of stillbirth.

Services for Children 0-5

1.40 The proportion of New Birth Visits completed within 14 days in Warwickshire in 2020/21 was 78.2%. This figure is lower than the England average (88.0%) and has been lower than the England average since 2017/18.

1.41 The proportion of infants receiving a 6–8-week review in Warwickshire in 2020/21 was 85.0%, which is higher than the England average (80.2%). The proportion of children receiving a 2 ½ year review in Warwickshire in 2020/21 was 80.8%, which is higher than the England average (71.5%).

1.42 Parents and carers of young children in Warwickshire were invited to share their views and experiences of the 0-5 Public Health Nursing Service to help inform future support:

- Almost 80% of respondents stated they knew how to contact their Health Visiting service. However, 46% of respondents said they do not know who their family's health visitor is, 22% did not understand what the Health Visiting service does, 24% were not told what the Health Visiting service does and 16% did not know how to contact the Health Visiting service. It is important to note for this question that Health Visitors operate on a collaborative caseload. This means unless a family is targeted or specialised, a named health visitor will not be assigned.
- When asked to what extent respondents agreed with statements in relation to what the Health Visiting service should offer, 63% of respondents agreed that they would like more support between 3-6 months and 43% said they would like more support between the 2-2.5 years contact and their child entering school. Only 4% agreed that they would be happy with fewer contacts. At the time of the survey Health Visitors were following both National Health Service guidance and COVID guidance, which limited the

number of face-to-face visits and meant baby clinics were not open. This may have contributed to the response seen in the survey.

- Before COVID, 43% of respondents said they were very satisfied or satisfied with the Health Visiting service, and 16% were not satisfied or very unsatisfied. Around one quarter of respondents (26.3%) stated this was not applicable as they either did not use the service or did not have a child between 0-5 at the time. Since COVID, 51% of respondents were not satisfied or very unsatisfied, however 24% were satisfied or very satisfied with the service. The demand for specialist and targeted parts of the service has increased throughout and since COVID, which means there is a reduced capacity for the universal elements of the service.

1.43 Early education and childcare play a vital role in children's early development and family wellbeing. 68% of parents of 2-4-year-olds reported accessing formal early education or childcare in the period before March 2020. At the start of lockdown this changed radically. Of those who had formal arrangements, just 7% of children continued to attend throughout the lockdown period. By June 2020, 83% of this group reported their child had not returned to formal provision, with almost half (49%) reporting their child was unlikely to return to their provider that month.

1.44 School readiness (as measured by the Good Level of Development GLD) is an assessment of how prepared a child is to succeed in school cognitively, emotionally, and socially. It is assessed through the Early Years Foundation Stage Framework which considers children's development against 17 Early Learning Goals (ELGs).

1.45 Children are said to achieve a 'Good Level of Development' if they are achieving at least the expected level for each goal within the following areas of learning: communication and language; physical development; personal, social, and emotional development; literacy; and mathematics.

1.46 Overall, in Warwickshire, 71.8% of pupils achieved a Good Level of Development (GLD) in 2019. Almost 3 in 10 children in Warwickshire are not school ready at reception age.

1.47 In addition, there are still inequalities in the GLD achievement of certain groups and gaps in attainment of these groups relative to their peers which have, in most cases, widened. The largest attainment 'gap' is between students who have a Special Educational Need (SEN) and those who do not, a 48.5% difference.

1.48 The second highest gap in GLD achievement is between disadvantaged children and their non-disadvantaged peers, where there is a 19% difference. The Good Level of Development performance of disadvantaged children has fallen over the past 3 years and because the performance of non-disadvantaged children has stayed the same, the disadvantaged gap has widened. The widest percentage point gap is seen between pupils in the Stratford upon Avon district and the smallest gap is seen in Nuneaton.

1.49 Deprivation is linked to performance and has been shown to have an adverse impact on school readiness. The 10 wards in Warwickshire with the weakest GLD outcomes all performed below the Warwickshire average GLD score by between 10% and 30%. Most of these wards contain Lower Super Output Areas that are in the top 30% most deprived areas nationally based on the Index of Multiple Deprivation. Conversely, the top 10 wards, who all performed above the Warwickshire average by between 9% and 16% are located in areas of social advantage.

1.50 Whilst there are differences between the attainment of boys and girls as well those whose first language is other than English, they are not as wide as the SEN or Disadvantaged pupil gaps.

1.51 Warwickshire County Council Early Years Needs Assessment 2020 presented longitudinal data from a cohort of children who had not met the expected level of development in 2012. When they left primary school in 2018 it found from a cohort of over 5,600 pupils that:

- 1,879 (33%) did not achieve a Good Level of Development when they were assessed at the end of Reception in June 2012.
- By the time they left primary school in July 2018, there were 358 pupils of the original 1,879 cohort (19%) that did NOT achieve the expected standard in any of the statutory assessment key headline measures.
- KS1-KS2 progress scores in all subjects were well below zero which indicates that this group of children made significantly less progress, on average, than pupils across England who got similar results at the end of key stage 1.

1.52 The Joseph Rowntree Foundation cite that across England:

- Children who do less well at age five are five times as likely to end up being excluded by the end of primary school (82% more likely after accounting for demographics).
- Children who do less well at age five are over twice as likely to have had contact with children's social care at age eleven (46% more likely after accounting for demographics.
- Children who do less well at age five are nearly three times more likely to be struggling with reading at age eleven.
- Children who do less well at age five are four times more likely to be struggling with writing at age eleven.

1.53 Since 2015, performance in Warwickshire has always been above the national average. Comparing GLD performance in 2019, Warwickshire was ranked 11th out of 11 amongst statistical neighbour Local Authorities and ranked 6th out of 13 of the West Midlands Local Authorities.

1.54 While “early help” does not mean “early years”, the over representation of 0-5s at Specialist Help levels suggests that there are significant numbers of children aged 0-5 whose needs are not being identified early enough.

1.55 Children open to Warwickshire’s Children & Families Services are broadly supported across five main levels of support:

- Early Intervention
  - Early Help (EH)
  - Early Help with Targeted Support (TS)
- Specialist Help
  - Child in Need (CIN)
  - Child Protection (CP)
  - Child in Care (CIC)

1.56 The ratio of Specialist Help to Early Intervention care has been increasing from 26% in Early Intervention care to 74% in Specialist Help care in June 2020, to 35% Early Intervention to 65% Specialist Help in December 2021.

1.57 Nuneaton and Bedworth has around 55% more children open to C&F services than the average of all districts for the period (940 children), and North Warwickshire has around 47% less children open to services than the county average. These two districts both have slightly higher rates of children within the 0-5 cohort (27% and 26% respectively), with Rugby and Warwick having the lowest (at 24% and 23% respectively). Stratford mirrors the Warwickshire wide average at 25% of service users being 0-5.

1.58 There are 14 Children and Family centres across Warwickshire and further outreach locations, to provide services for families with children and young people. There are three core elements to the service:

- Coordination and administration of the designated Children and Family Centres and associated outreach provision.
- Provision of a range of stay, play, and learn opportunities.
- Building of capacity and resilience within communities, including increased use of volunteers in service delivery.

1.59 There is a greater need to utilise outreach venues to ensure the service reaches families within areas of increasing housing development across the county, in particular Rugby and Warwick districts. This is in addition to more rural districts, Stratford, and North Warwickshire. Gathering diversity data of those who currently use the services and comparing that to local communities will highlight any gaps in use and show where further engagement work is needed.

Report Recommendations:

1.60 We are seeing increasing population growth and increasing diversity of needs amongst Warwickshire's young children. Services will need to expand to keep in line with increasing numbers and complexity.

1.61 Deprivation and inequalities are a critical factor for all services and targeted effort needs to take place in more deprived areas.

1.62 There are some key health promotion issues for all services to embed into ways of working and interactions with expectant or new parents – issues include smoking, healthy diet and vaccinations.

1.63 There are still opportunities to increase the role of early intervention and prevention – current early intervention services could be supporting more families.

1.64 There should be a closer alignment between services reflecting the increasing complexity of needs, particularly in deprived areas.

1.65 There is an opportunity to establish a partnership to centralise the needs of children and to take forward the recommendations from this report.

JSNA Prioritisation:

1.66 Following a prioritisation process that took place in December 2020 and January 2021 a two-year thematic work programme was developed which is outlined below.

Theme	Provisional Timescales	Comments
Mental health	October 2020 – June 2021	Published 08/07/2021
Pharmaceutical Needs Assessment	September 2021 – October 2022	Following a decision from NHS England this Needs Assessment (which is a statutory requirement) was pushed back by 1 year. It is currently underway with an intended publication date of 1st October.
Children's Health 0-5	June 2021 – September 2021	This Needs Assessment is due for publication once approved by the Health and Wellbeing Board.
End of Life care	April 2022 – October 2022	A Needs Assessment in this area will help identify where to best allocate support within the hospice sector and will also look at wider system support. This Needs Assessment has been paused due to the Children and Young People's Mental Health and Wellbeing Needs Assessment needing to be produced for January 2023 instead of July 2023.
Children and young people's mental health and wellbeing	April 2022 – January 2023	This Needs Assessment will help to inform the recommissioning of the CAMHS/Rise service. The current contract ends in July 2022 although there is provision for an extension which will be taken up leading to a final end date of July 2024. The Needs Assessment will be required by January 2023 to inform the development of the specification for the new contract provision.

Theme	Provisional Timescales	Comments
Drugs Needs Assessment	April 2022 – July 2022	This Needs Assessment will ensure we have a clear picture of the needs and gaps of drugs services across Warwickshire. It will also inform the recommissioning of the Drug and Alcohol service - Prevention, Well-being and Recovery (for Children and Young Peoples Drug and Alcohol prevision, Lot 2 – Adult Drug and Alcohol Service and Lot 3 – all Age Drug and Alcohol Recovery Network). The new service will commence on the 1st May 2024. The Needs Assessment is required in sufficient time to inform the procurement exercise and as a result of the requirements of the National Drug Strategy. It is therefore being commissioned externally and due to commence imminently.

Table 1. Proposed JSNA Work Programme (2021/22 – 2022/23)

1.67 Given completion of several aspects of this work programme, and wider developments of the ICS, it is proposed that a further prioritisation exercise is carried out to build on the remaining programme.

1.68 During the last prioritisation process a JSNA Prioritisation Working Group was created to carry out this prioritisation exercise. This was overseen by the JSNA Strategic Group which agreed the process and proposals for the Health and Wellbeing Board. This methodology will be repeated.

1.69 Similar to last time, a long list of proposed needs assessments will be gathered from relevant stakeholders (including WCC and NHS commissioning colleagues). Each proposed Needs Assessment will be required to have a nominated stakeholder to act as a subject matter expert in order to support the completion of a prioritisation matrix. The prioritisation matrix also contains information about high level resource requirements. Once all proposed needs assessments have been reviewed by the JSNA Prioritisation Working Group a prioritised list of needs assessments will be submitted to the JSNA Strategic Group for approval. This list will be ranked in order of prioritisation matrix score (highest to lowest).

2. Financial Implications

2.1 No financial implications arise directly from this report. All work required to deliver on the recommendations and to progress the proposed pipeline of Needs Assessments will be met from within existing approved budgets.

3. Environmental Implications

3.1 None.

Appendices

1. Appendix 1 – Children's 0-5 JSNA

Background Papers

1. No background papers

	Name	Contact Information
Report Author	Duncan Vernon Michael Maddocks	duncanvernon@warwickshire.gov.uk michaelmaddocks@warwickshire.gov.uk
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Portfolio Holder	Cllr Bell	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.

NEEDS ASSESSMENT

CHILDRENS 0-5

Warwickshire Joint Strategic Needs Assessment

2022

Warwickshire County Council

REPORT DETAILS

Lead	Duncan Vernon, Public Health Consultant, South Warwickshire NHS Foundation Trust / Warwickshire County Council
Acknowledgements	Thank you to everyone who contributed to the content of this report including: - Steering group members - Those at WCC and externally who have provided data - JSNA Strategic Group
Date published	XXX

CONTENTS

EXECUTIVE SUMMARY

This needs assessment presents an in-depth analysis of the national and local picture of children aged 0-5's health needs. The Joint Health and Wellbeing Strategy, published in January 2021, identified a priority to help our children and young people have the best start in life. We know that positive early experiences are vital to make sure children are ready to learn, ready for school, and have good life chances. Support needs to start early, including support for parents in the "1001 Critical Days" (from conception to age two) when the foundations for development are laid.

This needs assessment has highlighted several key themes across its chapters:

- We are seeing an increasing population growth and increasing diversity of needs amongst Warwickshire's young children. Services will need to expand and find new models of working to keep in line with increasing numbers and complexity.

- Deprivation and inequalities are a critical factor for all services and targeted effort needs to take place in more deprived areas.

- There are some key health promotion issues for all services to embed into ways of working and interactions with expectant or new parents – issues include smoking, healthy diet, and vaccinations.

- There are still opportunities to increase the role of early intervention and prevention – current non statutory services could be supporting more families.

- There should be a closer alignment between services reflecting the increasing complexity of needs, particularly in deprived areas.

- There is an opportunity to establish a partnership to centralise the needs of children and to take forward the recommendations from this report.

Scope of the 0-5 JSNA

When approaching this Needs Assessment, it was decided that the following was in or out of the scope of the assessment:

<u>In scope:</u>

- The Health of Children during pregnancy and birth, as in line with the 1001-days policy including low birth weight, healthy weight in pregnancy, smoking in pregnancy, pregnancy with low maternal age, maternal mental health, and parenting (antenatal) education.

- The health of infants and children during their early years including infant feeding, obesity, oral health, immunisations, and domestic abuse and violence.
- Child Hospitalisations including A&E emergency department attendances, emergency hospital admissions and unintentional injuries.
- Child Deaths including categorising child deaths, infant mortality, modifiable factors in infant mortality, neonatal mortality, modifiable factors in neonatal mortality and still birth.
- Service for Children including health visitor services, health nursing services, early intervention health visiting services, early education and childcare, and children open to Children & Family services.

Out of scope:

Whilst this assessment references the important of Speech, Language, and Communication (SCLN) needs for children aged 0-5 we are unable to conduct a detailed assessment due to a paucity in local data and intelligence. Work is currently being undertaken elsewhere to address SCLN.

It was additionally recognised that the mental health of children 0-5 is important but needs to be addressed as separate all ages work in the future, and therefore shall not be focused on in this assessment.

Local Context

There are predicted increases in the number of under 5-year-olds in Warwickshire that needs to be accounted for in the commissioning of services. Some increases are in the immediate term, in particular a 2% year on year growth in numbers is predicted in South Warwickshire. Over the longer term there is a county wide increase in the number of under 5-year-olds by 17.7% in 2043.

There is an increasing ethnic diversity within Warwickshire's children compared to Warwickshire's population at the time of the last Census in 2011. The evidence is that there are differences in long term health outcomes by ethnicity, with most groups having worse outcomes than 'White British'. Given the importance of the first 1,001 days to long term health, services need to ensure that ethnicity is being recorded to support with measuring outcomes by ethnicity at a local level.

Deprivation is often a marker for where more resource is needed to be targeted to achieve the same outcomes as more affluent areas. Relative levels of deprivation are increasing in Warwickshire, and there are higher levels of need in Nuneaton and Bedworth, Rugby town centre and Leamington. This is backed up by evidence that the largest numbers of children in low-income families from 2015/16 to 2018/19 has been in Nuneaton and Bedworth and Rugby.

Children in low-income families are associated with poorer outcomes in adult life, premature mortality, and lower life expectancy, as well as other health issues including

mental health. Within Warwickshire, Nuneaton and Bedworth has the highest number of 0-5 children in relatively low-income families, accounting for 19% of its total 0-5 population.

Deprivation is linked to performance at school and has been shown to have an adverse impact on school readiness. Out of the bottom 10 wards in Warwickshire for achieving a Good Level of Development, 4 of those contain Lower Layer Super Output Areas (LSOAs) in the top 30% most deprived.

Health of Children 0-5 – Pregnancy and Birth

All areas of Warwickshire have a low birth weight rate lower than the England average, however there are inequalities with Nuneaton and Warwick having the highest rates. This fits with the ethnicity profile of the population showing high proportions of mixed ethnic heritages in these areas, and the audit results showing that these groups are more likely to have low birth weight and premature births. Rugby is notable for having low rates despite diverse population.

Obesity during pregnancy increases risk of complications during pregnancy and childbirth. Warwickshire North CCG has higher rates of women with obesity in early pregnancy (25.3%) than the England average (22.1%). South Warwickshire CCG is significantly lower (17.6%). When comparing to LSOA deprivation, the most deprived LSOAs have the highest rates of obesity in early pregnancy (28.52%) and the least deprived have the lowest (15.07%).

Smoking in pregnancy results in increased risk of complications during labour and risk of miscarriage, premature birth, stillbirth, low birth weight, sudden unexpected death in infancy and infant mortality. Warwickshire North has the higher rates of women smoking in early pregnancy (15.88%) compared to the England average (12.76%). South Warwickshire is significantly lower (8.46%). When comparing to LSOA deprivation, the most deprived LSOAs have the highest rates (24.02%) and the least deprived have the lowest rates (4.3%).

Pregnancy with a low maternal age is high in the North, with Nuneaton and Bedworth (23.7 per 1,000) and North Warwickshire (18.1 per 1,000) both higher than the England average (15.7 per 1,000).

The Perinatal Mental Health Dashboard for Coventry and Warwickshire indicated that:

- 18.2% of the referrals are of women living in the most deprived decile.
- 8.1% of the caseload represented women aged 16-20 and 67% were women aged 26-39.
- 72% of the caseload where from white ethnic background, while 3.3% were of Asian descent and 2.5% were of black heritage.

Good quality antenatal or parenting education (PE) can empower families to make healthy choices and decisions about both pregnancy and the early years of an infant's life. Data collected from parents participating in the midwife led virtual classes reported that 95% initiated skin-to-skin contact at birth and 82% initiated breastfeeding highlighting the value of PE. However, this virtual offer only reached 5% of new parents in 2021. This low access figure combined with one of the trusts lacking a specialist PE midwife role identifies both a gap and inequality across the Warwickshire footprint.

Health of Children 0-5 – Early Years

Breastfeeding data is poor. Work is needed to improve definition and collection of this data. However, current indicators show that both South Warwickshire NHS Foundation Trust (81.8%) and University Hospitals Coventry and Warwickshire NHS Trust (73.8%) achieve a higher percentage of infants receiving breast milk at first feed than the National average (72.4%). A lack of data means we do not know rates for George Eliot Hospital NHS Trust at this time.

Warwickshire has less childhood obesity than England as a whole, but both North Warwickshire and Nuneaton and Bedworth have higher rates than the England average. There is also a large increase in children being very overweight in reception (8.6% of children being overweight) to year 6 (16.8%).

All Districts and Boroughs have a better rate of five-year-olds with experience of visually obvious tooth decay than the England average. The highest rates in Warwickshire are in Nuneaton and Bedworth (19.8% of children having visually obvious tooth decay).

There is a drop in vaccine coverage as children get older, most notably the uptake in children aged 5 for the 2nd dose of the MMR vaccine has a 89.6% uptake in 2020/21 compared to the 1st dose uptake for the same cohort of 96.1%. This means that some children had one vaccination but not their second, despite being eligible.

The Warwickshire Domestic Violence and Abuse Joint Strategic Needs Assessment provides evidence to suggest that pregnant women and women with children under the age of 5 are more likely to experience abuse and / or require support from agencies. The assessment included the following specific relevant recommendations:

- There are opportunities for all services/agencies that work with parents, infants, and young children to facilitate disclosures and signpost to appropriate support.
- There is a need to consider the support needs of a child under the age of 5 who has witnessed or experienced domestic abuse to recover from their experience and rebuild their relationship with the non-abusing parent. There is also a need to consider the support needs of the non-abusing parents to recover and move on from their experience.

A paucity in local data and intelligence to assess speech, language and communication needs in Warwickshire children means it has not been possible to accurately assess the local picture at this time. However, the Local Authority Interactive Data tool indicates that Warwickshire scores low (10th out of 11) compared to statistical neighbours for the percentage of children achieving at least the expected level in the Foundation Stage Profile in 2018/19.

Child Hospitalisations

Hospital attendances dropped over the first Covid lockdown but have been recovering since the alpha wave. Successive waves of Covid haven't impacted on this recovery. North place has the highest number of attendances in terms of raw numbers.

Both rates for 0-5 A&E attendance and 0-5 Hospital admissions show higher rates for males then females. Indices of Deprivation show that both rates for 0-5 A&E attendance and 0-5 Hospital admissions in the most deprived areas are most prevalent in North Place, whilst the least deprived areas are the most prevalent in South Place. Ethnicity shows lower proportion of attendances from children with mixed ethnic heritage. South Place particularly has seen increases in attendances following the second lockdown. Rugby has the largest number of childhood injury admissions in Warwickshire, whilst Nuneaton and Bedworth has the lowest.

Unintentional injuries are a leading cause of hospitalisation and major cause of premature mortality for children aged 0-5, often resulting in long-term health issues. The majority of these injuries are preventable and working to prevent these injuries has significant long-term benefits for individuals, families, and society.

The emergency hospital admission rate for unintentional injuries nationally in the 0-5 age range is 38% higher if a child lives in one of the most deprived areas compared with those children who live in the least deprived.

For some injury types this inequality is larger, with children living in the most deprived areas at a 50% higher risk of being burned, scalded or poisoned and this resulting in primary or secondary care attendance, then for those living in the least deprived areas.

The highest rate per 10,000 for hospital admissions caused by unintentional and deliberate injuries in children aged 0-4 years in 2019/20 is in Rugby, which is higher than both the Warwickshire and England average.

The Reducing unintentional injuries in and around the home among children under five years paper advises that Local Authorities could achieve significant improvements through targeting the reduction of five causes of unintentional injuries among the under-fives. These are:

- Choking, suffocation and strangulation
- Falls
- Poisoning

- Burns and scalds
- Drowning

Child Deaths

The largest categories for 0-5 death type are ‘chromosomal, genetic and congenital anomalies’, and ‘perinatal/neonatal event’ (including prematurity). There is a relationship with infant mortality and the wider determinants of health, deprivation, and inequalities. Infant mortality rates in Nuneaton and Bedworth, and Warwickshire North are higher than the national average, whilst Warwick and Stratford are below average.

Of the 122 Warwickshire Child Deaths between 2017 - 2021, 45 were cases over a month of age. Of the 45 cases just over a quarter (29%) identified modifiable factors. Out of the factors identified, smoking and unsafe sleeping contributed to over 50% of child deaths. Other factors include alcohol, drugs, consanguinity, maternal BMI, and booking a pregnancy late for services.

Neonatal mortality is defined as deaths within the first 28 days of life – excluding stillbirths. The highest rates are in Warwickshire North (4.1 per 1,000 births) for the 2017-19 reporting period. This rate is considerably higher than the England average (2.9 per 1,000 births).

77 of Warwickshire Child Deaths examined were neonatal cases. Of these cases less than a quarter (22%) identified modifiable factors. Out of the factors identified, smoking and pathway or escalation of care contributed to over 50% of cases. Other factors include consanguinity, maternal BMI, domestic violence and illicit drugs or alcohol.

A stillborn baby is one born after 24 completed weeks of pregnancy with no signs of life. In the period 2017-19 the Warwickshire still birth rate (2.7 per 1,000 births) is comparatively low against the national rate (3.99 per 1,000 births).

However, more recent data collected by place across the Coventry and Warwickshire region suggests a rapid increase in stillbirth between 2019/20 and 2020/21, with both North and South Warwickshire experiencing a doubling of instances of stillbirth.

Services for Children 0-5

The proportion of New Birth Visits completed within 14 days in Warwickshire in 2020/21 was 78.2%. This figure is lower than the England average (88.0%) and has been lower than the England average since 2017/18.

The proportion of infants receiving a 6–8-week review in Warwickshire in 2020/21 was 85.0%, which is higher than the England average (80.2%). The proportion of children receiving a 2 ½ year review in Warwickshire in 2020/21 was 80.8%, which is higher than the England average (71.5%).

Parents and carers of young children in Warwickshire were invited to share their views and experiences of the 0-5 Public Health Nursing Service to help inform future support:

- Almost 80% of respondents stated they knew how to contact their Health Visiting service. However, 46% of respondents said they do not know who their family's health visitor is, 22% did not understand what the Health Visiting service does, 24% were not told what the Health Visiting service does and 16% did not know how to contact the Health Visiting service. It is important to note for this question that Health Visitors operate on a collaborative caseload. This means unless a family is targeted or specialised, a named health visitor will not be assigned.

- When asked to what extent respondents agreed with statements in relation to what the Health Visiting service should offer, 63% of respondents agreed that they would like more support between 3-6 months and 43% said they would like more support between the 2-2.5 years contact and their child entering school. Only 4% agreed that they would be happy with fewer contacts. At the time of the survey Health Visitors were following both National Health Service guidance and COVID guidance, which limited the number of face-to-face visits and meant baby clinics were not open. This may have contributed to the response seen in the survey.

- Before COVID, 43% of respondents said they were very satisfied or satisfied with the Health Visiting service, and 16% were not satisfied or very unsatisfied. Around one quarter of respondents (26.3%) stated this was not applicable as they either did not use the service or did not have a child between 0-5 at the time. Since COVID, 51% of respondents were not satisfied or very unsatisfied, however 24% were satisfied or very satisfied with the service. The demand for specialist and targeted parts of the service has increased throughout and since COVID, which means there is a reduced capacity for the universal elements of the service.

Early education and childcare play a vital role in children's early development and family wellbeing. 68% of parents of 2-4-year-olds reported accessing formal early education or childcare in the period before March 2020. At the start of lockdown this changed radically. Of those who had formal arrangements, just 7% of children continued to attend throughout the lockdown period. By June 2020, 83% of this group reported their child had not returned to formal provision, with almost half (49%) reporting their child was unlikely to return to their provider that month.

School readiness (as measured by the Good Level of Development GLD) is an assessment of how prepared a child is to succeed in school cognitively, emotionally and socially. It is assessed through the Early Years Foundation Stage Framework which considers children's development against 17 Early Learning Goals (ELGs).

Children are said to achieve a 'Good Level of Development' if they are achieving at least the expected level for each goal within the following areas of learning: communication and language; physical development; personal, social and emotional development; literacy; and mathematics.

Overall, in Warwickshire, 71.8% of pupils achieved a Good Level of Development (GLD) in 2019. Almost 3 in 10 children in Warwickshire are not school ready at reception age.

In addition, there are still inequalities in the GLD achievement of certain groups and gaps in attainment of these groups relative to their peers have, in most cases, widened. The largest attainment 'gap' is between students who have a Special Educational Need (SEN) and those who do not, a 48.5% difference.

The second highest gap in GLD achievement is between disadvantaged children and their non-disadvantaged peers, where there is a 19% difference. The Good Level of Development performance of disadvantaged children has fallen over the past 3 years and because the performance of non-disadvantaged children has stayed the same, the disadvantaged gap has widened.

The widest percentage point gap is seen between pupils in the Stratford upon Avon district and the smallest gap is seen in Nuneaton.

Deprivation is linked to performance and has been shown to have an adverse impact on school readiness. The 10 wards in Warwickshire with the weakest GLD outcomes all performed below the Warwickshire average GLD score by between 10% and 30%. Most of these wards contain Lower Super Output Areas that are in the top 30% most deprived areas nationally based on the Index of Multiple Deprivation.

Conversely, the top 10 wards, who all performed above the Warwickshire average by between 9% and 16% are located in areas of social advantage.

Whilst there are differences between the attainment of boys and girls as well those whose first language is other than English, they are not as wide as the SEN or Disadvantaged pupil gaps.

Warwickshire County Council Early Years Needs Assessment 2020 presented longitudinal data from a cohort of children who had not met the expected level of development in 2012. When they left school in 2018 it found from a cohort of over 5,600 pupils that:

- 1,879 (33%) did not achieve a Good Level of Development when they were assessed at the end of Reception in June 2012
- By the time they left school in July 2018, there were 358 pupils of the original 1,879 cohort (19%) that did NOT achieve the expected standard in any of the statutory assessment key headline measures
- KS1-KS2 Progress scores in all subjects were well below zero which indicates that this group of children made significantly less progress, on average, than pupils across England who got similar results at the end of key stage 1

The Joseph Rowntree Foundation[1] cite that across England:

- Children who do less well at age five are five times as likely to end up being excluded by the end of primary school (82% more likely after accounting for demographics).

- Children who do less well at age five are over twice as likely to have had contact with children's social care at age eleven (46% more likely after accounting for demographics.

- Children who do less well at age five are nearly three times more likely to be struggling with reading at age eleven.

- Children who do less well at age five are four times more likely to be struggling with writing at age eleven.

In summary. Following improved performance each year from 2014, the percentage of pupils achieving a good level of development in Warwickshire peaked in 2017.

Since then, albeit very slight, the percentage has declined by 0.2% between 2017-2018 and 0.6% between 2018-2019.

Comparing good level of development performance in 2019, Warwickshire was ranked 11th out of 11 amongst statistical neighbour Local Authorities and ranked 6th out of 13 of the West Midlands Local Authorities.

While "early help" does not mean "early years", the over representation of 0-5s at Specialist Help levels suggests that there are significant numbers of children 0-5 whose needs are not being identified early enough.

Children open to Warwickshire's Children & Families Services are broadly supported across five main levels of support:

- Early Intervention
  - Early Help (EH)
  - Early Help with Targeted Support (TS)

- Specialist Help
  - Child in Need (CIN)
  - Child Protection (CP)
  - Child in Care (CIC)

The ratio of Specialist Help to Early Intervention has been increasing from 26% in Early Intervention to 74% in Specialist Help in June 2020, to 35% Early Intervention to 65% Specialist Help in December 2021.

[1] https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/poorer-children-education-full.pdf (Accessed March 2022)

Nuneaton and Bedworth has around 55% more children open to C&F services than the district average for the period (940 children), and North Warwickshire has around 47% less children open to services than the county average. These two districts both have slightly higher rates of children within the 0-5 cohort (27% and 26% respectively), with Rugby and Warwick having the lowest (at 24% and 23% respectively). Stratford mirrors the Warwickshire wide average at 25% of service users being 0-5.

There are 14 Children and Family centres across Warwickshire and further outreach locations, to provide services for families with children and young people. There are three core elements to the service:

1. Coordination and administration of the designated Children and Family Centres and associated outreach provision.
2. Provision of a range of stay, play and learn opportunities.
3. Building of capacity and resilience within communities, including increased use of volunteers in service delivery.

There is a greater need to utilise outreach venues to ensure the service reaches families within areas of increasing housing development across the county, in particular Rugby and Warwick districts. This is in addition to more rural districts, Stratford and North Warwickshire.

RECOMMENDATIONS

The following recommendations have been identified throughout the report:

Overall:

- We are seeing increasing population growth and increasing diversity of needs amongst Warwickshire's young children. Services will need to expand and find new models of working to keep in line with increasing numbers and complexity.
- Deprivation and inequalities are a critical factor for all services and targeted effort needs to take place in more deprived areas.
- There are some key health promotion issues for all services to embed into ways of working and interactions with expectant or new parents – issues include smoking, healthy diet, and vaccinations.
- There are still opportunities to increase the role of early intervention and prevention – current early intervention services could be supporting more families.
- There should be a closer alignment between services reflecting the increasing complexity of needs, particularly in deprived areas.
- There is an opportunity to establish a partnership to centralise the needs of children and to take forward the recommendations from this report.

Local Context:

- There are predicted increases in the number of under 5-year-olds in Warwickshire that need to be accounted for in the commissioning of services.
- Current evidence is that the number of child births is below yearly average following a lockdown and increases with the relaxation of non-pharmaceutical interventions. This may create peaks in demand for some services to plan for. Early indication is this will average out over the course of a school year.
- There is an increasing ethnic diversity within Warwickshire's children compared to Warwickshire's population at the time of the last Census. The evidence is that there are differences in long term health outcomes by ethnicity, with most groups having worse outcomes than 'White British'. Given the importance of the first 1001 days to long term health, services need to ensure ethnicity is being recorded to support with measuring outcomes by ethnicity at a local level.
- Relative levels of deprivation are increasing in Warwickshire, and there are higher levels of need in Nuneaton and Bedworth, Rugby town centre, and Leamington. Services will need to expand to keep in line with this increasing complexity.

Health of Children 0-5 – Pregnancy and Birth

- All areas of Warwickshire have low birth weight lower than the England average, however there are inequalities and Nuneaton and Warwick have the highest rates. Rugby is notable for having low rates despite diverse population.
- There are clear inequalities in maternal obesity and smoking status. Given younger age of mothers from lower IMD areas, higher rates in younger age groups & interventions targeted at these groups need to be identified.
- Pregnancy with a low maternal age also remains high in the North.
- Parenting (antenatal) education for families should be offered universally to all expectant parents, equitably and in an accessible way, extending reach across Warwickshire. Parenting education could be used to promote healthy lifestyles for families with infants in young children with specific focus on smoking cessation, healthy weight, expectant parents mental health, and safe sleeping.

Health of Children 0-5 – Early Years

- Breastfeeding data is poor. There needs to be more work to improve definition and collection.
- Warwickshire has less childhood obesity than England as a whole, but North Warwickshire is highest, and NWBC is the highest overall. Targeted work in the North of the county is needed to combat these high rates.
- There is a drop in vaccine coverage as children get older, most notably with the 2nd dose of the MMR vaccine getting an 89.6% uptake in 2020/21 compared to the 1st dose uptake of 96.1%. This is below the 90% target for MMR uptake but indicates a lack of convenience as opposed to a hesitancy in uptake. To combat this the focus should be on:
    - Working with GP practices in areas where uptake is lowest to support uptake increases.
    - Increasing access to appointments where possible.
    - Working with schools, early years settings, health visiting, school health and wellbeing services, and children's centres/family hubs to promote uptake.
    - Engaging directly with communities through a range of means to support increasing uptake.
- There are opportunities for all services/agencies that work with parents, babies, and young children to facilitate disclosures and signpost to appropriate support for domestic abuse.
- There is a need to consider the support needs of a child under the age of 5 who has witnessed or experienced domestic abuse to recover from their experience and rebuild their relationship with the non-abusing parent. There is also a need to consider the support needs of the non-abusing parents to recover and move on from their experience.

- Ensure a clear Speech, Language and Communication Needs (SCLN) pathway is in place for birth to 25 years.

Child Hospitalisations

- Unintentional injuries have been identified as a major health inequality. Analysis shows that the emergency hospital admission rate for unintentional injuries nationally in the 0-5 age range is 38% higher if a child lives in one of the most deprived areas compared with those children who live in the least deprived.
- Significant improvements can be made through targeting the reduction of five causes of unintentional injuries among the under-fives. These groupings are:
    - Choking, suffocation and strangulation
    - Falls
    - Poisoning
    - Burns and scalds
    - Drowning

Child Deaths

- There is a relationship with infant mortality and the wider determinants of health, deprivation, and inequalities. Infant mortality rates in Nuneaton and Bedworth, and Warwickshire North are higher than the national average, whilst Warwick and Stratford are well below. This indicates a significant inequality in infant mortality outcomes across Warwickshire which needs to be addressed.
- Smoking and unsafe sleeping contribute to over 50% of child deaths. Elimination or reduction of both factors may be improved by enhanced (ante and postnatal) parental education and communications campaigns highlighting the risks associated with both factors.
- Due to the clear effect of the modifiable factors ‘clinical pathway or escalation of care’ and ‘smoking’ in neonatal survival it may be prudent to review and/or complete audits on smoking cessation in pregnancy services, and clinical pathways for neonatal births across all three hospital trusts.

Services for Children 0-5

- Improve outcomes related to the 'Good level of development' through:
    - Investment in increased capacity of Warwickshire County Council (WCC) Teams to respond proactively to improve the quality of teaching in the early years and childcare sector.
- Address the decline in standards and improve performance of providers deemed Inadequate or Requiring Improvement.

- Provide advice, guidance and support to the early years and childcare sector so that more children are ready for school.
- Provide more freely accessible evidence-based Workforce Development opportunities in relation to themes arising from Ofsted reports and local data.
- Ensure integration at local level, resilience, and sufficient capacity in the system, to reduce inequalities, particularly for disadvantaged groups and young children
- Ensure that practitioners working with children and professionals supporting families are resilient, well trained, knowledgeable, and confident to deliver high quality services
- Build attendance at free Early Years Aspiration Networks to improve practitioner skills and knowledge.
- Improve engagement in transition arrangements and ensure more effective practice.
- Develop the work of the Warwickshire Early Years Teaching School Hub, and the 14 Aspiration Networks to make use of best practice and build a model of quality improvement and support across the early years sector.
- Build and deliver programmes to support new and emerging early years leaders.
- Implement an evidence-based communication and language development programme county wide in 2022 / 2023 to support early years covid recovery and help to close the gap.
- Ensure that Every Children and Family Centre has a member of the team who is trained to Tier 3 within the Time to Talk approach and acts as the centre Communication and Language Champion.
- Begin to close the 20% gap between all children aged 0-5 and disadvantaged children in the 0-5 age range.
- Work with early years providers to develop best practice materials for closing the gap.
- Implement a range of measures to improve take up of 2-year-old places to 75%, which require services to work with more integration to support improved outcomes for children and families in Warwickshire.
- Ensure the improved 3- and 4-year-old take up is sustained and undertake data analysis to ensure that vulnerable groups are accessing the free entitlement offer.
- Adopt an invest to save approach to early years and childcare to help to avert financial pressures required for remedial work and intervention by the Council at a later stage.
- Explore routes to see how funded early years providers could be resourced to undertake statutory duties relating to SEND for two-year-olds.
- Improve routes to identification of SEND needs prior to age two across different service areas.
- Implement a revised integrated check for two-year-olds.

- Provide resourced early years provision for SEND and Social Emotional and Mental Health for early years.
- While “early help” does not mean “early years”, the over representation of 0-5s at Specialist Help levels suggests that there are significant number of children 0-5 whose needs are not being identified early enough.
- The ratio of Specialist Help to Early intervention care has been increasing from 26% in Early Intervention care to 74% in Specialist Help care in June 2020 to 35% Early Intervention to 65% Specialist Help in December 2021. It is recommended this ratio continues to be monitored, with a key threshold being a reverse in the ratio.
- As a shifting picture, ongoing monitoring will be important for understanding the distribution across the different levels of support, and to explore the impact of service transformation on this distribution. It is recommended that this reporting is used to support existing reporting for services.
- There is a need to explore options for a more robust way of identifying and matching children 0-5 between C&F and HV services to ensure that families who need support with children 0-5 are known to both services.
- All health services referrals for children of all ages should be increased to effectively use early help to prevent escalation to specialist services.
- Work is needed to increase the breadth of services at each Children and Family centre and utilising outreach venues to deliver services to families to meet local need.
- Development and expansion of service provision at outreach locations to meet local need.

INTRODUCTION

NATIONAL AND LOCAL CONTEXT

The 2018 World Health Organisation (WHO) report: Nurturing care for early childhood development[2] identifies that:

"The period from pregnancy to age 3 is the most critical, when the brain grows faster than at any other time; 80% of a baby's brain is formed by this age. This is a window of opportunity to lay a foundation of health and wellbeing whose benefits last a lifetime and carry into the next generation."

This was further reinforced in the Policy paper, The Best Start for Life (BSL)[3]: a vision for the 1001 critical days published in March 2021. BSL set out a vision for the first 1001 days citing them as the building blocks for the foundation to lifelong emotional and physical health.

This policy realignment in recent years, highlighting the importance of good physical health and emotional wellbeing in very young children has been termed the '1001 days movement'. The 1001 days captures the earliest period of an infant's life from conception to age 2.

Now led by the Parent-Infant Foundation[4], with support from an All Party Parliamentary Group (APPG), the 1001 days movement consolidates the campaign of just under 200 charities and professional bodies to improve outcomes for young children by supporting health and wellbeing during this uniquely critical period of rapid development and growth.

It is recognised that early social, emotional and cognitive development begins in utero and depends on good maternal physical and emotional wellbeing. The interactions between babies, infants and their caregivers are critically important to this period of development. Stress factors which compromise parent's ability to nurture healthy pregnancy and infant relationships are domestic abuse, poor mental health, substance misuse, and poverty.

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[2] https://apps.who.int/iris/bitstream/handle/10665/272603/9789241514064-eng.pdf (Accessed March 2022)

[3] Crown Copyright (2021) The Best Start in Life. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973112/The_best_start_for_life_a_vision_for_the_1_001_critical_days.pdf (Accessed 25.01.22)

[4] Parent Infant Foundation (2021) An Age of Opportunity. Available at: https://parentinfantfoundation.org.uk/1001-days/resources/evidence-briefs/

The COVID-19 pandemic has placed additional burden on parents with evidence suggesting infants and children aged 0-5 being particularly vulnerable to the effects of lockdowns and scaling back of services. Physical health indicators including activity levels, sleep, vaccination coverage, and oral health are reported to be adversely affected in 0-4 year olds since the beginning of the pandemic (EIF, 2021)[5]. Maternal mental health has been adversely affected during the pandemic and further exacerbated by widening inequalities within health and wider socio-economic systems (Maternal Mental Health Alliance, 2021)[6].

In light of the abovementioned policy focus this Children's Health JSNA covering the ages of 0-5 will consider not just the early years of a child's life but also maternal health and pregnancy, with consideration for very early infancy.

"It tells us that the kind of children we raise today, will reflect the kind of world we will live in tomorrow. It tells us that investing in the start of life is not an indulgence, but economically, socially and psychologically vital to a prosperous society." Jason Knauf, CEO of the Royal Foundation, December 2020.

Overall, a plethora of research evidence tells us that an individual's life chances, health and emotional wellbeing have their foundation in early childhood.

Both nature and nurture (genes and environment) influence children's development, but it is the quality of a child's earliest environments and the availability of appropriate experiences, strong attachments and a nurturing approach at the right time that are crucial to ensure a positive start. Therefore, if we get it right in the early years, we can expect to see children thrive throughout school and their adult lives.

School readiness (as measured by the Good Level of Development GLD) is an assessment of how prepared a child is to succeed in school cognitively, emotionally, and socially. It is assessed through the Early Years Foundation Stage Framework which considers children's development against 17 Early Learning Goals (ELGs).

Children are said to achieve a 'Good Level of Development' if they are achieving at least the expected level for each goal within the following areas of learning: communication and language; physical development; personal, social and emotional development; literacy; and mathematics.

[5] http://www.eif.org.uk/report/growing-up-in-the-covid-19-pandemic-an-evidence-review-of-the-impact-of-pandemic-life-on-physical-development-in-the-early-years (Accessed February 2022)

[6] Centre for Mental Health (2021) Maternal Mental Health During a Pandemic Available at: https://maternalmentalhealthalliance.org/wp-content/uploads/CentreforMH_MaternalMHPandemic_FullReport.pdf

Overall, in Warwickshire, 71.8% of pupils achieved a Good Level of Development (GLD) in 2019.

Nearly three in ten (28.2%) children in Warwickshire did not achieve their potential based on the 'good level of development' This is a theme that often starts in the early years and continues throughout the primary school years. Similarly, in 2019 the percentage point gap between disadvantaged children and their non-disadvantaged peers has increased to 20%, rising 4% from the 2017 figures when looking at achievement of the Good Level of Development.

Longitudinal research undertaken in Warwickshire identified that at the end of reception in 2012 a total of 33% did not achieve a Good Level of Development. By the time they left school in July 2018, some 19% did not achieve the expected standard in any of the statutory assessment key headline measure.

When caring, supportive, and stimulating environments are in place they promote good early childhood development. This increases children's chances of a successful transition to school, which in turn, promotes their chances of achieving better learning outcomes, a better education, employment health, and wellbeing after they have finished school.

For our most vulnerable children, accessing early education opportunities earlier is important because gaps in achievement can be seen at age four. It has become more important than ever to ensure the building blocks to early childhood education are right from the start to secure benefits for individuals and society as a whole.

The impact of Covid-19 provides a new context. During the first national lockdown in 2020 Early Years settings were partially closed with only children of key workers and vulnerable children able to attend. In subsequent lockdowns, early years settings have remained open. Nonetheless, Department for Education data published in December 2021 evidenced that attendance had not returned to pre-pandemic levels.

This means that many children have not benefited from high-quality early education experiences, making the contribution of their home learning environment even more important. However, many families have been and are still wrestling with managing childcare, working at home, caring for others, personal bereavement, and trauma, alongside continued disruption caused by Covid-19 related staff absences in schools and nurseries. This also applies to the practitioner supporting children in education and childcare provision.

A report from the Children's Commissioner showed that nationally a high proportion of children were living in adverse conditions during lockdown, experiencing poverty, domestic violence, parental mental health issues and parental substance abuse. The negative impacts of this, alongside missed education are only just beginning to be uncovered and must feature in any recommendations for future work. It is also

recognised that to close the achievement gap requires resources to respond to the impact of early trauma and disadvantage.

The Early Intervention Foundation publication: Teaching, pedagogy and practice in early years childcare: an evidence review August 2018 is clear about what works, and this remains true in a post Covid-19 environment:

- Addressing multiple causes of educational underperformance for disadvantaged children
- Supporting both parent and child and help parents to better engage with children's development
- Provide stimulating and high-quality Early Childhood Education combined with delivery by well-qualified individuals
- Active screening and monitoring of children's progress can improve long-term outcomes for disadvantaged children

In summary, the factors that matter the most in determining whether a child's potential is realised in adult life are family background, parental education and effective parenting, combined with access to high quality early learning and education.

KINGS FUND POPULATION HEALTH MODEL

One approach to addressing health inequalities is the Population Health System[7], as presented by The Kings Fund, an independent charitable organisation working to improve health and care in England. In this model, 4 interconnecting pillars of population health are established (figure 1), these are the wider determinants of health, our health and behaviours and lifestyles, an integrated health and care system, and the places and communities we live in and with.

This approach takes a holistic view of everything that impacts people's health and wellbeing. Importance is placed on the links between the pillars to ensure a balanced approach is taken that distributes efforts across all four pillars. This approach has been adopted by Warwickshire County Council as set out in the Health and Wellbeing Strategy which can be read in full here: https://www.warwickshire.gov.uk/healthandwellbeingstrategy

[7] https://www.kingsfund.org.uk/publications/vision-population-health (Accessed February 2022)

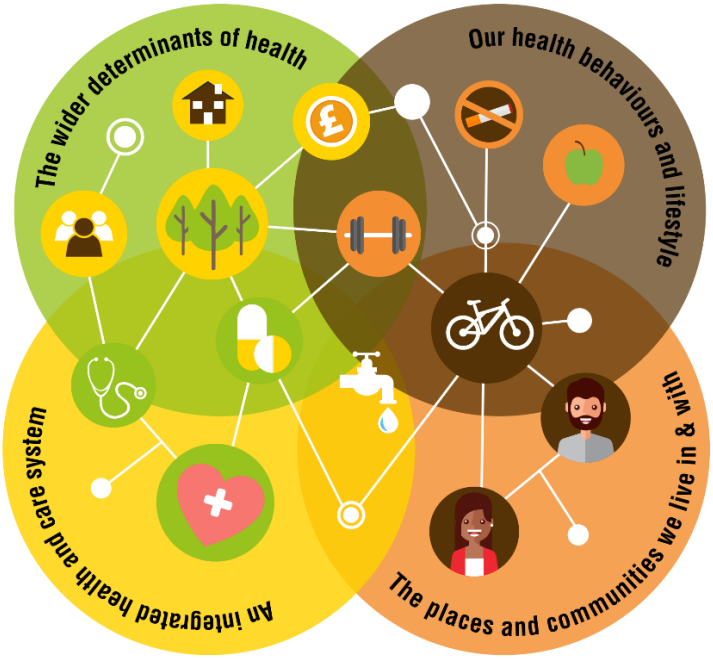


Figure 1: Population Health System
Source: https://www.warwickshire.gov.uk/healthandwellbeingstrategy

LOCAL CONTEXT

POPULATION

Locally, the Joint Strategic Needs Assessment (JSNA) analyses the current and future health and wellbeing needs of the population. Demographic information of the local population is important to understand those needs, and this chapter outlines key aspects of that information and the implications for planning services for young children.

Further demographic information can be found on the Warwickshire JSNA webpages: https://www.warwickshire.gov.uk/joint-strategic-needs-assessments-1

Warwickshire has an estimated population of 583,786 people (mid-2020), of which there are an estimated 38,446 children aged 0-5. This means that children under 5 are estimated to account for 6.6% of the total Warwickshire population. The district and borough council areas where those children live is shown in Table 1 and Figure 2.

Rugby has a young population, and despite the smaller size has a relatively high percentage of children aged 0-5, accounting for 7.2% of its population.

District/Borough	Total Population	0-5 Population	% 0-5 of Total Population
North Warwickshire	65,452	3,980	6.1%
Nuneaton and Bedworth	130,373	9,683	7.4%
Rugby	110,650	7,988	7.2%
Stratford-on-Avon	132,402	7,749	5.9%
Warwick	144,909	9,046	6.2%
Warwickshire	**583,786**	**38,446**	**6.6%**

Table 1: Number and percentage of population aged 0-5 for Warwickshire districts and boroughs. Source: mid-2020 population estimates, ONS

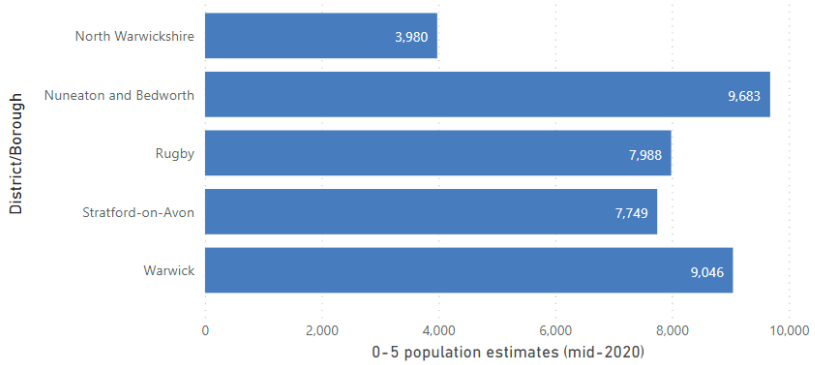


Figure 2: Number of 0-5 in each district and borough (Warwickshire). Source: mid-2020 population estimates, ONS

The Office for National Statistics (ONS) produces estimates of the size of the population in future, which can be used to plan services. The estimates are based on factors such as mortality, migration, and movement around the country, and also trends in birth rates. They cannot account for unknown factors such as economic changes or events such as the pandemic.

The estimates show that the total Warwickshire 0-5 population is expected to increase to 44,749 by 2043, which is an increase of 17.7% from the estimated figure in 2021 (Figure 3 and Table 2). Of this, Nuneaton and Bedworth Borough accounts for the highest percentage of the total 0-5 Warwickshire population (25.2%) and North Warwickshire Borough the lowest (10.4%).

The largest increase in 0-5 population is expected in Stratford-on-Avon District and Warwick District (25.5% and 22.3% increase respectively). They are also the two local authorities likely to see the largest changes in the short term- by 2030 it is projected that there will be 15,280 0–4-year-olds in Stratford-on-Avon District and Warwick District, compared to 13,661 in 2020, an increase of 11.9%.

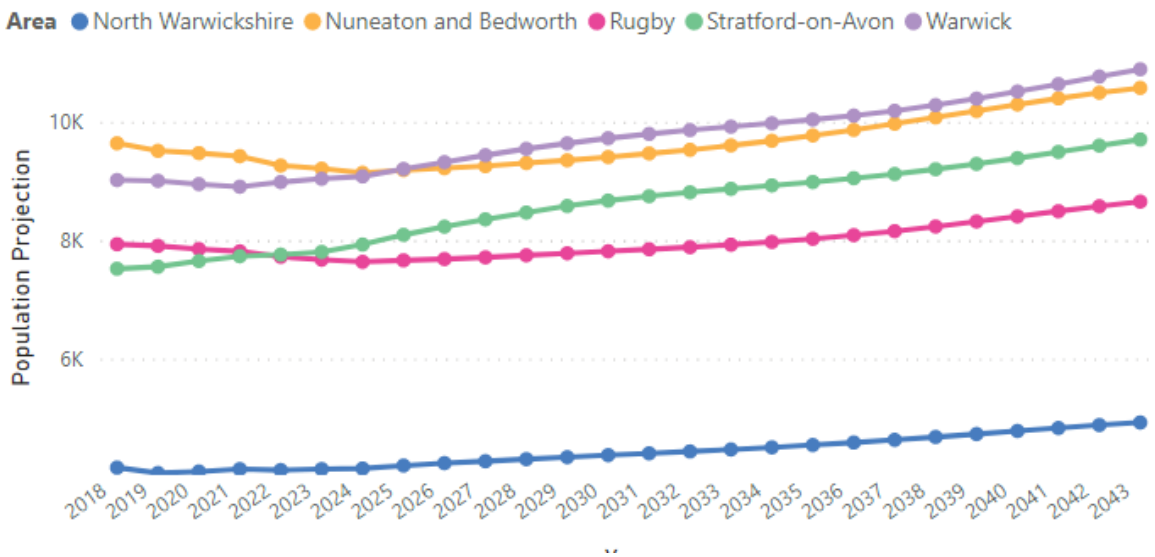


Figure 3: Population projections: 0-5 population from 2018 to 2043 by district and borough
Source: Population projections 2018 to 2043, ONS

Area	Population estimate 2021	Population estimate 2043	Population increase 0-5 (2021 to 2043)	Population increase 0-5 % (2021 to 2043)
North Warwickshire	4,136	4,923	787	19.0%
Nuneaton and Bedworth	9,423	10,576	1,153	12.2%
Rugby	7,814	8,655	841	10.8%
Stratford-on-Avon	7,733	9,704	1,971	25.5%
Warwick	8,907	10,891	1,984	22.3%
Warwickshire	38,015	44,749	6,734	17.7%

Table 2: Estimated population increase from 2021 to 2043 by district and borough
Source: Population projections 2018 to 2043, ONS

Early evidence from the pandemic is that the number of Births decreased in December 2020, January 2021, and February 2021. This relates to live births that would have been conceived during the first lockdown in 2020, suggesting there was not a baby

boom as a result of the restrictions first put in place for COVID-19. However, there was a 1.7% increase in the monthly fertility rate in March 2021 compared to March 2020. These would be babies conceived as lockdown was lifting in the summer of 2020.

AGE AND GENDER

Of the 583,786 population in Warwickshire, as estimated in the mid-2020 ONS population estimate (Table 3), 38,446 are aged 0-5. Of these, 48.57% (18,675) are female and 51.43% (19,771) are male. Across all ages, 50.61% (295,452) are female and 49.39% (288,334) are male.

Sex	Combined		Female			Male		
Area	All Ages	0-5	All Ages	0-5	Percentage	All Ages	0-5	Percentage
North Warwickshire	65,452	3,980	33,148	1,924	48.34%	32,304	2,056	51.66%
Nuneaton and Bedworth	130,373	9,683	66,385	4,670	48.23%	63,988	5,013	51.77%
Rugby	110,650	7,988	55,577	3,937	49.29%	55,073	4,051	50.71%
Stratford-on-Avon	132,402	7,749	68,024	3,786	48.86%	64,378	3,963	51.14%
Warwick	144,909	9,046	72,318	4,358	48.18%	72,591	4,688	51.82%
Warwickshire	583,786	38,446	295,452	18,675	48.57%	288,334	19,771	51.43%

Table 3: Breakdown of age groups within Warwickshire's 0-5 population, by sex
Source: mid-2020 population estimates, ONS

ETHNICITY

There are inequalities in the health of people with different ethnic backgrounds[8]. Inequalities in health are those differences that are unfair and largely preventable. Inequalities in health are influenced by wider socio-economic factors, cannot be attributed to one specific reason, and rely on action across the whole population health framework to mitigate.

Ethnicities other than 'White English' are more likely to encounter racism in some form. Discrimination and racism can negatively affect both physical and mental health of people from ethnic minority groups[9].

Although detailed ethnicity data for new births is not available, in Warwickshire, ethnicity is collected in the School Census and is shown in Table 4. Whilst this describes children in Warwickshire's schools rather than under 5-year-olds living in Warwickshire it does provide a proxy measure for the ethnic diversity of

[8] PHOF Health Equity Report - Focus on ethnicity (publishing.service.gov.uk) (Accessed February 2022)

[9] https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england (Accessed February 2022)

Warwickshire's children. It is acknowledged that a range of different ethnic heritages and experiences are represented in each category.

The majority of the children in Warwickshire are White and this accounts for 83% of the population. However, there is variation, 77% of children in Rugby Borough, 80% of children in Warwick District, and 82 % of children in Nuneaton and Bedworth Borough are White British, and these are lower than the county average.

Some of the ethnicities with largest numbers are Asian – accounting for between 7% and 9% of all children in Warwick, Nuneaton and Bedworth Borough, and Rugby, and with mixed ethnic heritages accounting for 7% of all children in Warwick and Rugby.

	North Warwickshire		Nuneaton & Bedworth		Rugby		Stratford-on-Avon		Warwick		Warwickshire	
Ethnic Group	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
White	577	93%	1,265	82%	939	77%	1,103	88%	1,090	80%	4,974	83%
Asian/Asian British	7	1%	107	7%	104	8%	26	2%	124	9%	368	6%
Mixed/multiple ethnic groups	24	4%	78	5%	90	7%	56	4%	91	7%	339	6%
Any Other Ethnic Group	8	1%	65	4%	50	4%	60	5%	52	4%	235	4%
Black/African/Caribbean/Black British	3	0%	36	2%	44	4%	2	0%	12	1%	97	2%

Table 4: Ethnicity from school census data
Source: May 2021 School census data

A comparison can also be made to the overall ethnic diversity of Warwickshire's population. This is shown in Table 5.

	North Warwickshire		Nuneaton & Bedworth		Rugby		Stratford-on-Avon		Warwick		Warwickshire	
Ethnic Group	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
White	60,709	98%	114,392	91%	90,565	90%	117,307	97%	122,715	89%	505,688	93%
Asian/Asian British	580	1%	7,880	6%	5,225	5%	1,466	1%	9,945	7%	25,096	5%
Mixed/multiple ethnic groups	506	1%	1,396	1%	1,986	2%	1,258	1%	2,803	2%	7,949	1%
Black/African/Caribbean/Black British	172	0%	1,047	1%	1,987	2%	264	0%	973	1%	4,443	1%
Any Other Ethnic Group	47	0%	537	0%	312	0%	190	0%	1,212	1%	2,298	0%

Table 5: Ethnicity in the Warwickshire population
Source: 2011 Census

The overall diversity of Warwickshire's children is presented below and compared against the wider population (Figure 4). A notable difference is the lower proportion of children from 'White' ethnicities – accounting for 93% of Warwickshire's population but 83% of the school age population according to the 2011 Census.

Whilst this is not a direct comparison – the school census does not include children who attend private schools for instance –Other categories of ethnicity including Asian/Asian British, Black/African/Caribbean/Black British are all higher in Warwickshire's children, which may account for this difference. The largest increase is

amongst young people of mixed or multiple ethnic heritages which account for 1% of Warwickshire's population overall, but 6% of children within Warwickshire.

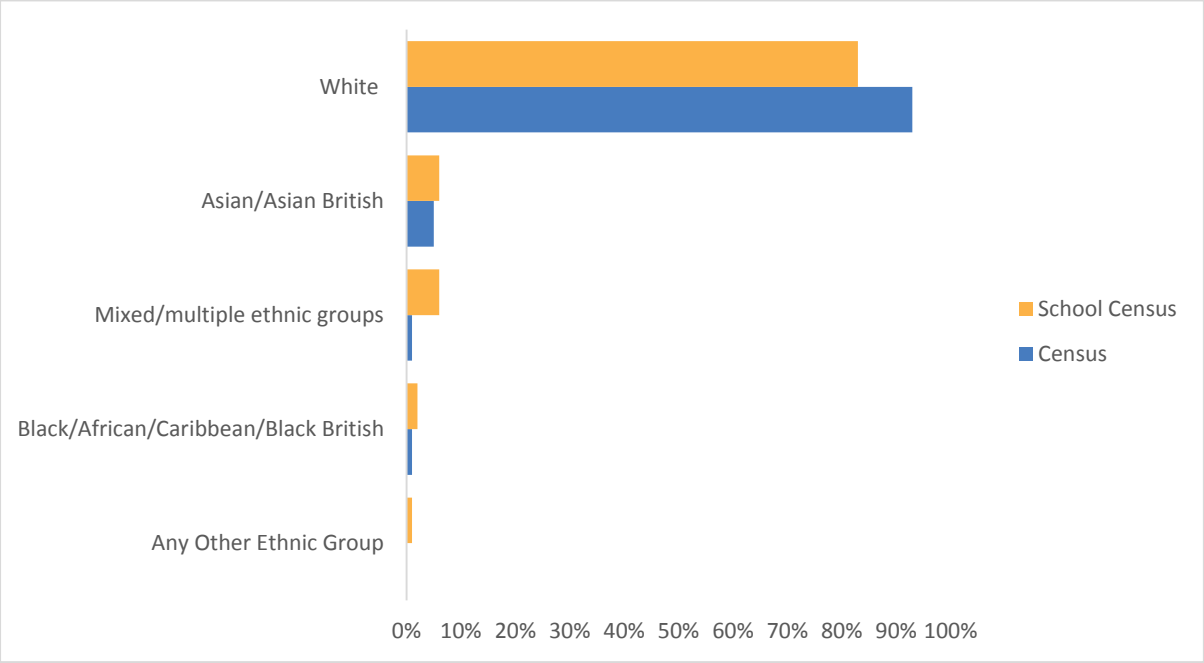


Figure 4: Comparison between ethnicity from Census 2011 and School Census May 2021
Source: May School Census Data and Census

Although the results of the 2021 Census have not yet been published at the time of print, and may well show changes in the adult population, the School Census data gives an early indication about how Warwickshire's population is changing and how services for children will need to account for increasing diversity (Figure 5).

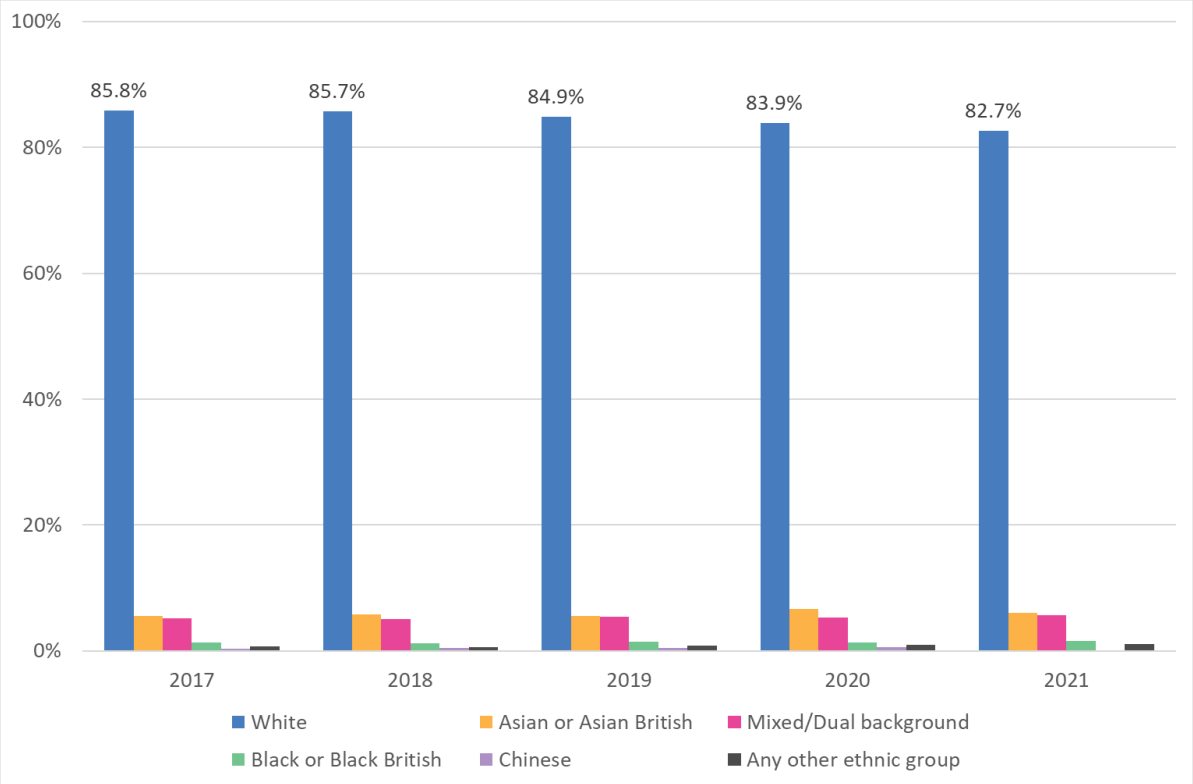


Figure 5: Changes in the ethnicity of children in reception.
Source: Spring term school census 2017 – 2021.

INEQUALITIES IN HEALTH AND DEPRIVATION

Inequalities in health exist when there are avoidable, unfair, and systematic differences in health across the population and between different groups of people within society[10]. These can include differences in:

- Health status (life expectancy, prevalence of health conditions)
- Access to care (availability of treatments)
- Quality and experience of care (levels of patient satisfaction)
- Behavioural risks to health (smoking rates, obesity rates)
- Wider determinants of health (quality of housing, education)

The social gradient of health describes the relationship to health whereby people who live in areas of greater deprivation have worse health than those who live in more affluent areas. There are four factors which health inequalities are often analysed and addressed by; they are:

- Socio-economic factors such as income
- Geography
- Specific characteristics such as sex, ethnicity, or disability
- Socially excluded groups such as people experiencing homelessness

[10] https://www.kingsfund.org.uk/publications/what-are-health-inequalities (Accessed February 2022)

Whilst health inequalities exist, evidence shows that a comprehensive approach to addressing them can make a difference. Addressing health inequalities can be complex and involves examining the 'causes of the causes' of health – for example, education, housing, transport, employment, socio-economic status.

The Indices of Multiple Deprivation 2019 is a measure of deprivation that considers a range of factors that influence people's lives such as education and employment, access to services, health, and the quality of the local environment. These are all factored into a calculation to give an overall score of deprivation.

The deprivation scores can be calculated in small areas with a population of around two thousand people, known as Lower Layer Super Output Areas (LSOAs). They are used to calculate the relative deprivation of local authority areas.

Compared to other upper tier local authorities Warwickshire ranks 121 out of 151 (where 1 is most deprived and 151 is least deprived). However, there is considerable variation in relative deprivation at district/borough level (Figure 6).

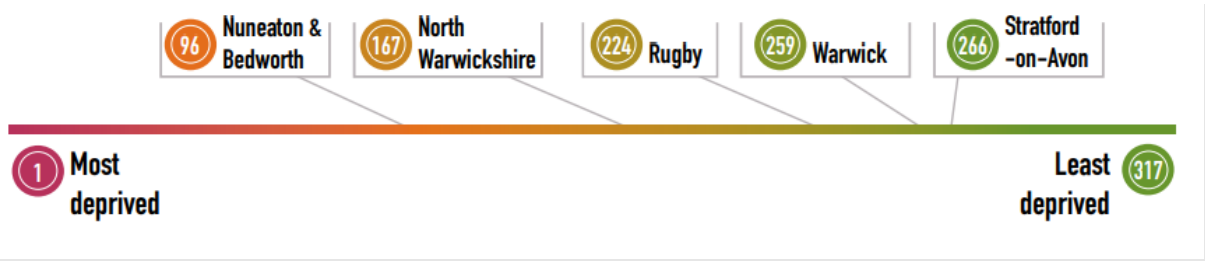


Figure 6: National ranking of districts and boroughs out of the 317 local authorities using the 'Rank of Average Score' measure
Source: IMD 2019

It can be seen from this figure that the lower tier local authority councils in the north of the county are the most deprived. Figure 7 shows this in more detail and highlights areas of higher deprivation in each of the districts and boroughs, in particular Nuneaton and Bedworth, Rugby town centre, Leamington, and parts of Atherstone and Stratford town centre have higher levels of deprivation.

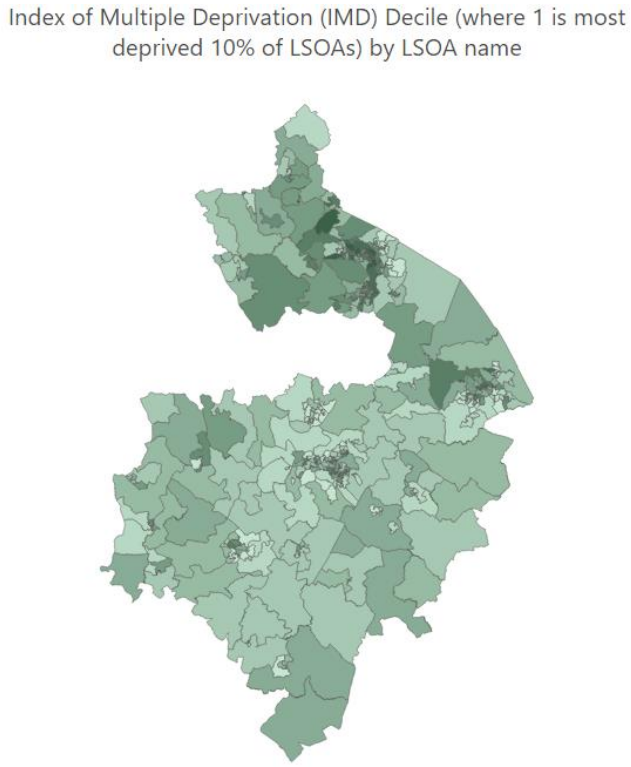


Figure 7: Index of Multiple Deprivation by LSOA, Warwickshire. Darker areas represent higher levels of deprivation
Source: IMD 2019

Income deprivation affecting children (IDAC) shows a similar pattern to overall IMD, with concentrations in the north of the county.

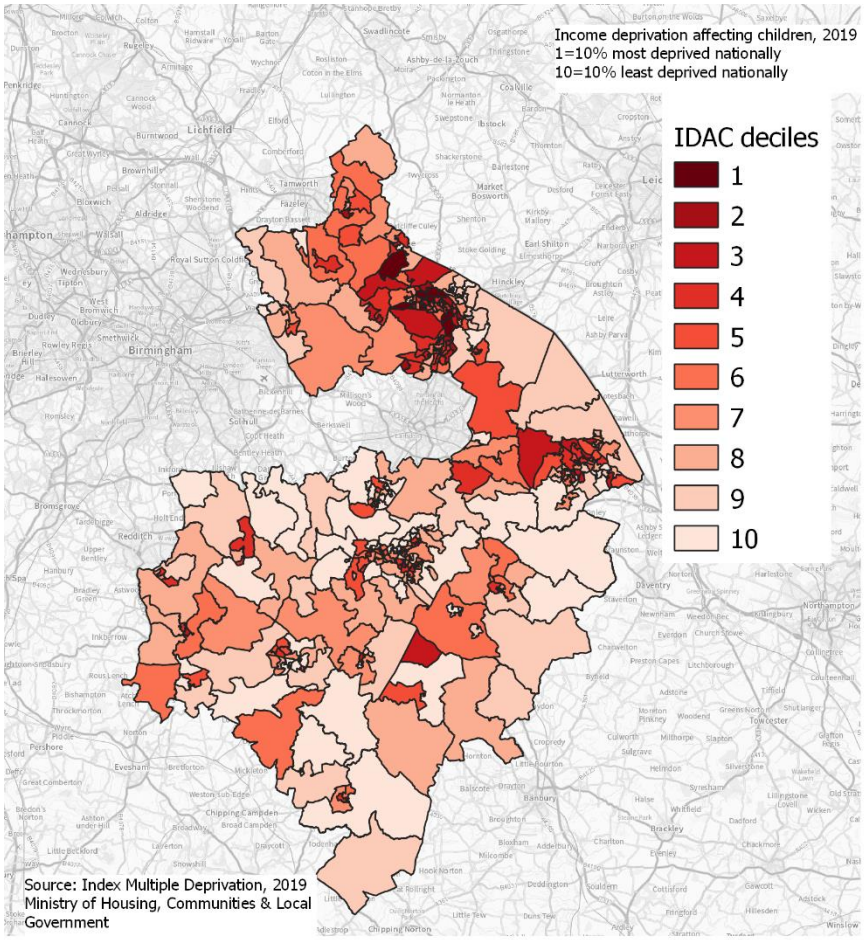


Figure 8: Income deprivation affecting children by LSOA, Warwickshire. Darker areas represent higher levels of deprivation
Source: IMD 2019

All LSOA areas are categorised into one of the 10 deprivation deciles based on their relative ranking on all LSOAs in England. Overall Warwickshire is slowly becoming more deprived when comparing the 2015 IMD statistics with the 2019.

Out of the 339 LSOAs in Warwickshire, 77 (23%) dropped a decile, whereas 32 (9%) increased.

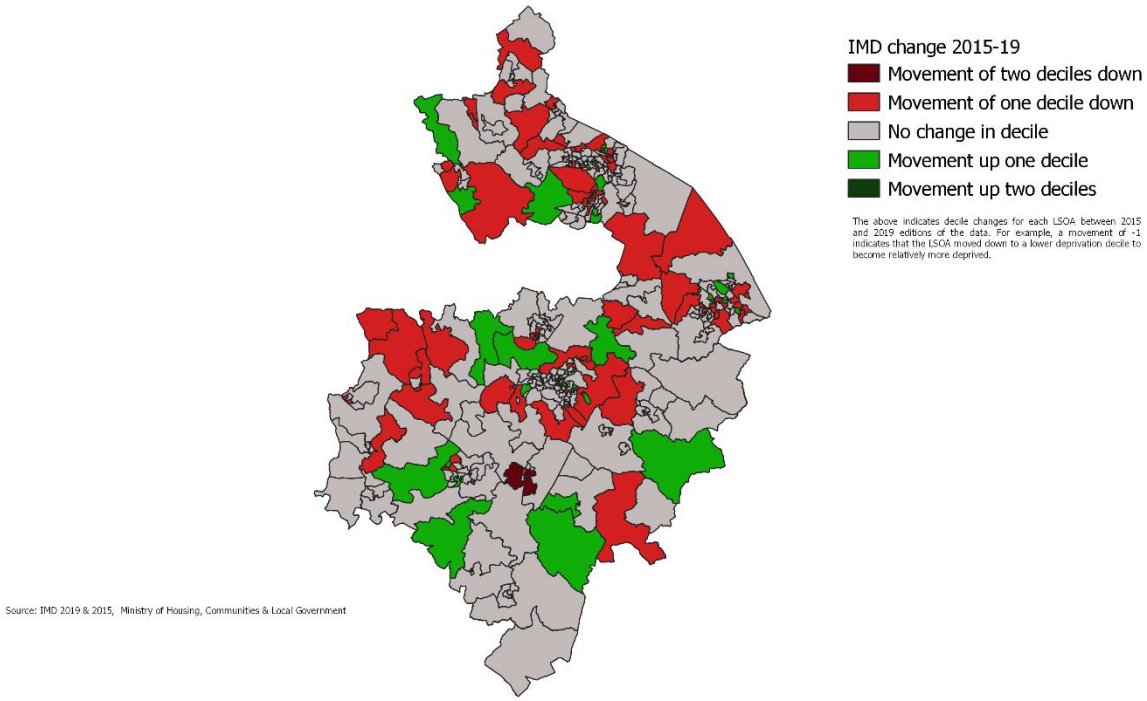


Figure 9: Changes in IMB across Warwickshire.
Source: IMD 2019 & 2015.

In terms of the IDAC, there are 10 LSOAs in decile 1 in 2019, compared to only 7 in 2015. However, when combining deciles 1 to 3, there is one less LSOA in 2019 (38) compared to 2015 (39).

CHILDREN IN LOW INCOME FAMILIES

Children in low income families are associated with poorer health in adult life, such as premature mortality, and lower life expectancy, as well as other health issues including mental health. Within Warwickshire, Nuneaton and Bedworth has the highest number of 0-5 children in relatively low-income families, accounting for 19% of the total 0-5 population. Overall, in Warwickshire during the 2018/19 reporting period there were 5,175 children in relatively low-income families in Warwickshire - 13% of the total 0-5 population. The number of children in low-income families in Warwickshire has remained relatively stable in recent years from 2015/16 to 2018.19 (Figure 10).

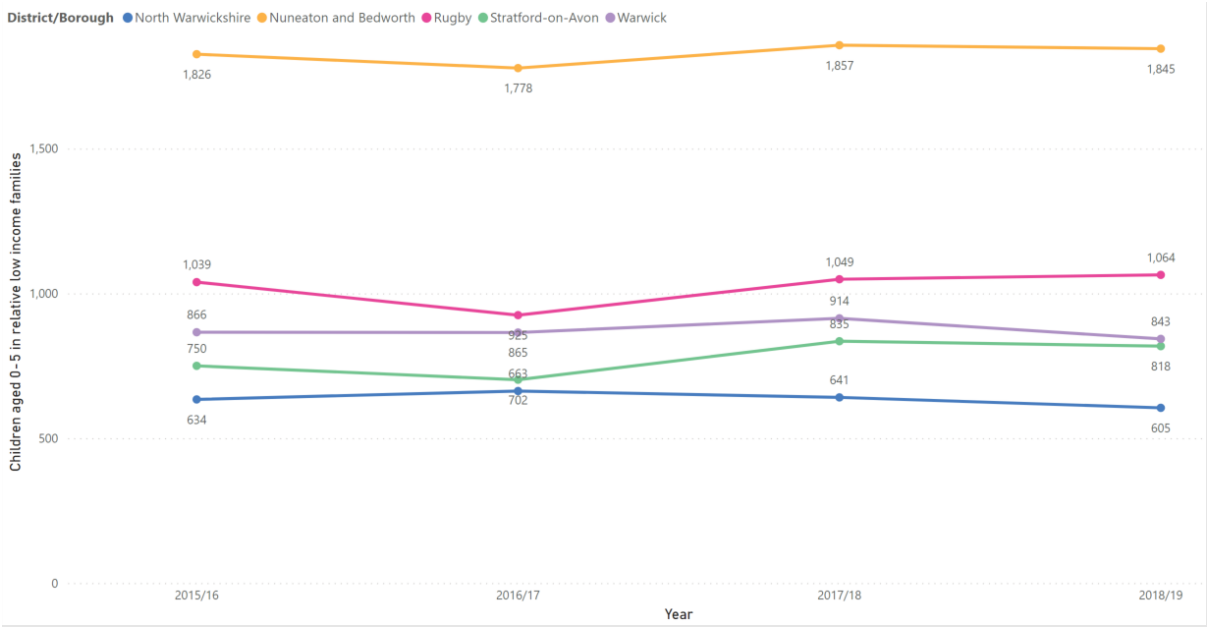


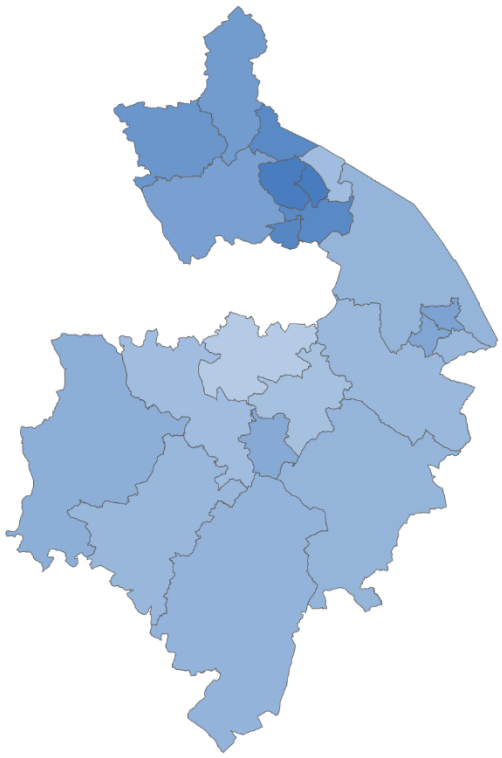
Figure 10: Number of children aged 0-5 in relatively low income families over time, by district and borough (2015/16 to 2018/19)
Source: Department for Work and Pensions

Table 6 shows the breakdown of the number and percentage of the 0-5 population in relatively low-income families. As mentioned above, Nuneaton and Bedworth has the highest proportion (19%), followed by North Warwickshire (15%), both of which are above the Warwickshire average of 13%. Stratford-on-Avon and Warwick are the lowest, with 11% and 9% respectively.

District/Borough	Number of children 0-5 in relative low-income families (2018/19)	%
North Warwickshire	605	15%
Nuneaton and Bedworth	1,845	19%
Rugby	1,064	13%
Stratford-on-Avon	818	11%
Warwick	843	9%
Warwickshire	5,175	13%

Table 6: Number of children in relatively low income families and percentage of total 0-5 population (2018/19), by district and borough.
Source: Department for Work and Pensions

Figure 11 shows the percentage of under 16's in relatively low-income families by the 22 JSNA areas. It shows a similar pattern to Table 6 above, with Nuneaton Central and Nuneaton Common and West with the highest percentages, and Kenilworth with the lowest.



JSNA	2019/20 relative %
Nuneaton Central	29.43%
Nuneaton Common and West	29.10%
Bedworth West	26.82%
Atherstone and Hartshill	26.12%
Bedworth Central and Bulkington	26.04%
Kingsbury	23.06%
Polesworth	21.93%
Coleshill and Arley	20.62%
Newbold and Brownsover	20.20%
Bilton and Town Centre	19.13%
Leamington, Whitnash and Bishop's Tachbrook	18.16%
Henley, Studley and Alcester	17.27%
Wellesbourne, Kineton and Shipston	15.94%
Rugby Rural North	15.74%
Southam	15.70%
Hillmorton	15.01%
Stratford-upon-Avon	14.99%
Rugby Rural South	14.92%
Warwick and Warwick District West	13.90%
Weddington, Horestone Grange and Whitestone	13.82%
Cubbington, Lillington and Warwick District East	12.86%
Kenilworth	10.14%

Figure 11: Percentage of children aged 16 and under in relatively low-income families by JSNA area (2019/20)
Source: Department for Work and Pensions

Deprivation is linked to performance at school and has been shown to have an adverse impact on school readiness, reducing the opportunity for social mobility. Table 7 shows the localities with a Good Level of Development (GLD) below the 2019 Warwickshire average of 71.8% achieving a GLD. Several of these wards contain LSOAs that are in the top 30% most deprived areas nationally based on the Index of Multiple Deprivation. These bottom 10 wards all performed below the Warwickshire average by between 10% - 30%.

Bottom 10 Wards Nationally	Eligible Pupils	% achieving a GLD	Wards containing LSOAs in top 30% most deprived
Wolvey and Shilton, Rugby	29	41.4%	
Studley with Sambourne, Stratford-on-Avon	32	53.1%	
Bulkington, Nuneaton and Bedworth	60	55.0%	
Quinton, Stratford-on-Avon	35	57.1%	
Atherstone South and Mancetter, North Warwickshire	39	59.0%	Yes
Clopton, Stratford-on-Avon	22	59.1%	

Benn, Rugby	91	59.3%	Yes
Clifton, Newton and Churchover, Rugby	30	60.0%	
Abbey, Nuneaton and Bedworth	116	60.3%	Yes
Exhall, Nuneaton and Bedworth	86	61.6%	Yes

Table 7: Localities with a Good Level of Development below the 2019 Warwickshire average of 71.8%
Source: Pupil level EYFSP data supplied by schools

Table 8 shows the percentage of children achieving a GLD at the end of reception, split by whether they are eligible for a free school meal (FSM). There is a 19-percentage points difference across Warwickshire between those not eligible for a FSM (73.7%) and those eligible for a FSM (54.7%) achieving a GLD. The greatest difference is in Warwick District with a 24.4 percentage points difference.

	Eligible for a FSM	Not eligible for a FSM	All Children
North Warwickshire Borough	51.7%	75.0%	72.8%
Nuneaton and Bedworth Borough	58.9%	70.4%	68.5%
Rugby Borough	54.8%	72.9%	71.2%
Stratford-on-Avon District	47.8%	75.7%	73.5%
Warwick District	51.6%	76.0%	74.5%
Warwickshire	54.7%	73.7%	71.8%

Table 8: Percentage of children achieving a good level of development at the end of reception by eligibility for a Free School Meal (FSM) (2019).
Source: Education Team, Business Intelligence, WCC

HEALTH OF CHILDREN 0-5 – PREGNANCY AND BIRTH

LOW BIRTH WEIGHT

An infant's weight at birth can be influenced by several factors including gestational age at which the child is born, genetics, and the health of the mother, particularly during pregnancy.

Low birth weight is associated with poorer health outcomes in later life, including increased risk of child mortality and developmental issues. Figure 12 displays the latest low birth weight of term infant's data for 2019 by district and boroughs of Warwickshire in comparison to England. This indicator is the number of live births of term infants with low birth weight (<2500g) as a percentage of all live births. There are inequalities between the district and boroughs with the highest percentage of births of term infants with low birth weight in Nuneaton and Bedworth (2.8%). The Warwickshire overall figure, 2.4%, is considerably lower than the England value (2.9%). This has remained relatively stable over time (Table 9).

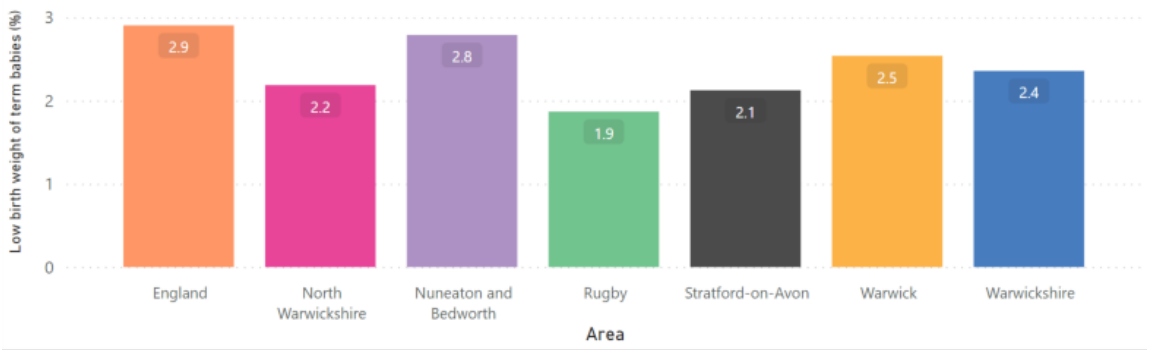


Figure 12: Low birth weight of term babies (percentage) by district and borough and Warwickshire in comparison to England (2019 data)
Source: Public Health England Fingertips

Area Name	2008-2011	2012-2015	2016-2019
England	2.88	2.81	2.84
North Warwickshire	2.46	2.58	1.92
Nuneaton and Bedworth	2.77	2.69	2.85
Rugby	2.73	2.21	2.46
Stratford-on-Avon	1.99	2.26	1.83
Warwick	2.43	2.58	2.43
Warwickshire	2.50	2.47	2.38

Table 9: Heat map: low birth weight of term infants in Warwickshire over time – 4 year combined data average
Source: Public Health England Fingertips

Further data from the Regional Maternity Measures Report shows women of mixed-race heritage were more likely to deliver a low birthweight infant at term. There was also an increase in likelihood of women from Black and Asian backgrounds of delivering an infant with a lower birth weight at term (Figure 13).

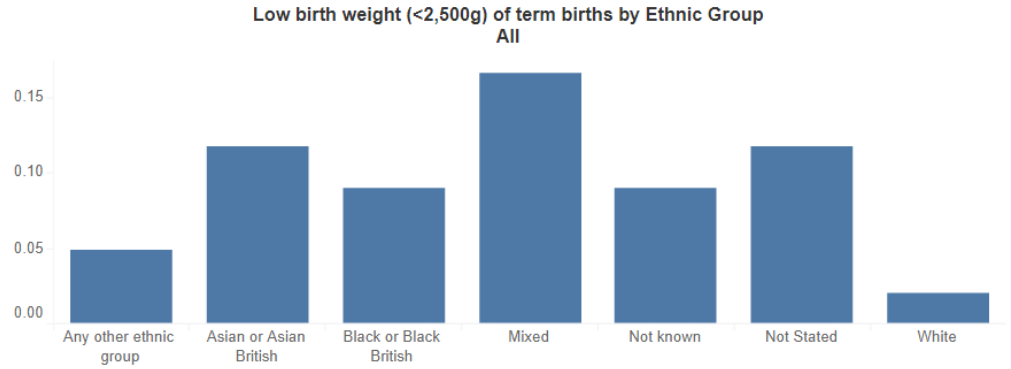


Figure 13: Low Birth Weight of term births by ethnic group
Source: Regional Maternity Measures Reporting Tool

PRETERM BIRTHS

A contributary factor of low birth weight is prematurity. Preterm births are defined as infants born before 37 weeks of pregnancy. The mortality rate is higher for infants who are born preterm, and there is also an increased likelihood that preterm infants are born with a disability.

The Regional Maternity Measures Report indicated that a higher proportion of women of mixed-race heritage delivered before 37 weeks gestation and women were more likely to come from the most deprived areas (Figure 14).

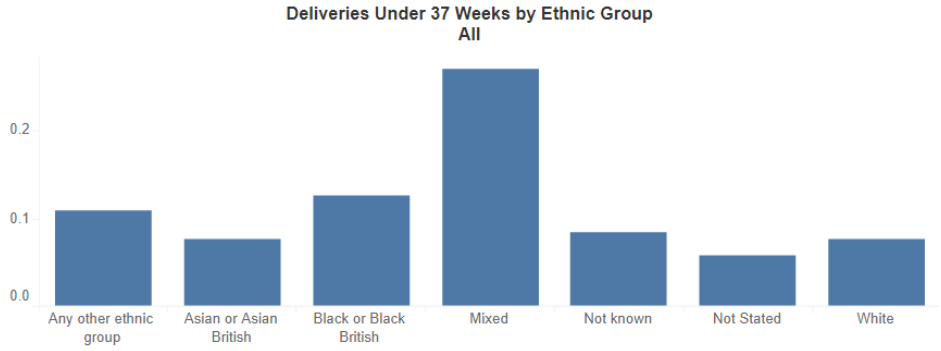


Figure 14: Deliveries under 37 weeks by ethnic group
Source: Regional Maternity Measures Reporting Tool

This was also true of deliveries of 27 weeks gestation or under, with women from Mixed, Black, Asian, or other ethnic minority groups proportionately more than double the risk than women from a white ethnic group to deliver at <27weeks (Figure 15).

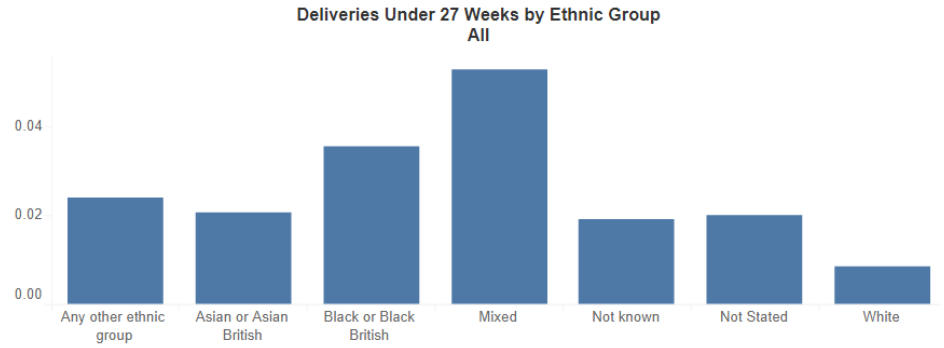


Figure 15: Deliveries under 27 weeks by ethnic group
Source: Regional Maternity Measures Reporting Tool

The Regional Maternity Measures Reporting Tool measures data at a regional (Coventry and Warwickshire) level. Data quality issues at a local level mean it has not been possible to separate out Coventry data from these datasets and could bias results. However, with increasing numbers of children with ethnically diverse heritage living in Warwickshire, it is important to consider this inequality in birth outcomes for future births within the county.

HEALTHY WEIGHT IN PREGNANCY

In adults, obesity is defined as a body mass index (BMI) greater or equal to 30kg/m^2. Obesity during pregnancy increases risk of complications during pregnancy and in childbirth – including diabetes, miscarriage, thromboembolism for women. Infants have higher risk of foetal death, stillbirth, and congenital abnormalities.

Figure 16 shows the proportion of women with obesity in early pregnancy in Warwickshire compared to nationally in 2018/19. Data is split into pre-2021 clinical commissioning groups (CCG).Warwickshire North CCG was higher (25.3%) than the national average (22.1%). In contrast South Warwickshire CCG reports a considerably lower percentage (17.6%) than both neighbours in the North of the county and national data. This indicates a significant health inequality for pregnant women and their infants within Warwickshire. It is not possible to get up to date data at this level now as there is now one CCG instead of three in Warwickshire.

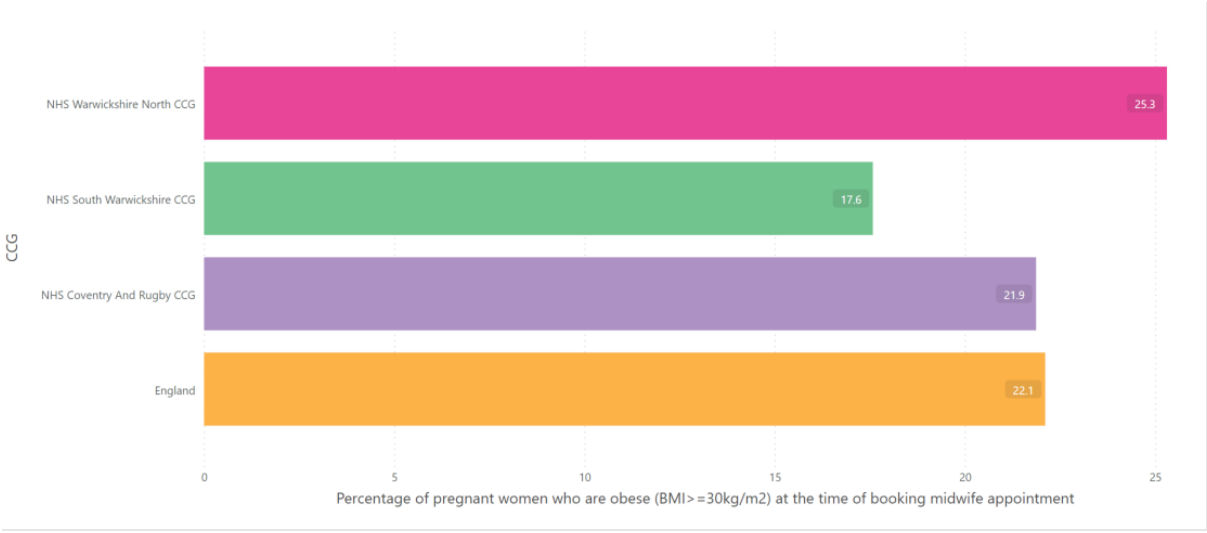


Figure 16: Percentage of pregnant women who are obese at the time of booking appointment with midwife, 2018/19 (experimental data)
Source - Fingertips

The following graphs (Figures 17 to 19) represent the percentage of pregnant women who at the time of their midwifery appointed had a BMI greater than 35 or less than 18 at the three hospital trusts serving Warwickshire residents during 2020/21. Unhealthy weight is defined as BMI <18 (underweight) or >35 (obese). Local reporting measures mean it is not possible to separate data between underweight and obese. However, if we look at national data, we know that less than 2% of women on average are underweight (ref PHE). Therefore it may be concluded that the majority of the numbers in the data below represent obese women. Figure 17 representing UHCW indicates a relatively stable percentage, with around 8% of women from Rugby and Coventry being an unhealthy weight at the time of booking. Figure 18 representing bookings in South Warwickshire at SWFT indicates a marginal increase between 2020 and 2021 from around 8% to 10%. A steeper increase can be seen at GEH bookings rising from around 8% in 2020 to approximately 13% in 2021. This indicates that along with obesity in pregnancy being more prevalent in Warwickshire North, it is also growing at a faster rate compared to other areas within the county.

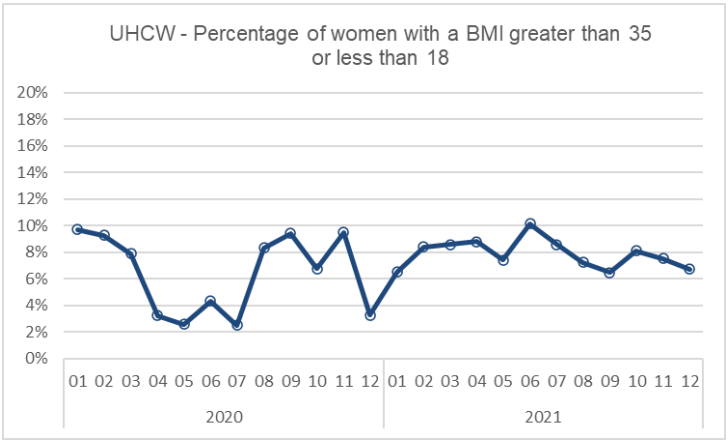


Figure 17: Percentage of women with a BMI greater than 35 or less than 18 at UHCW
Source: UHCW Maternity Athena K2 system

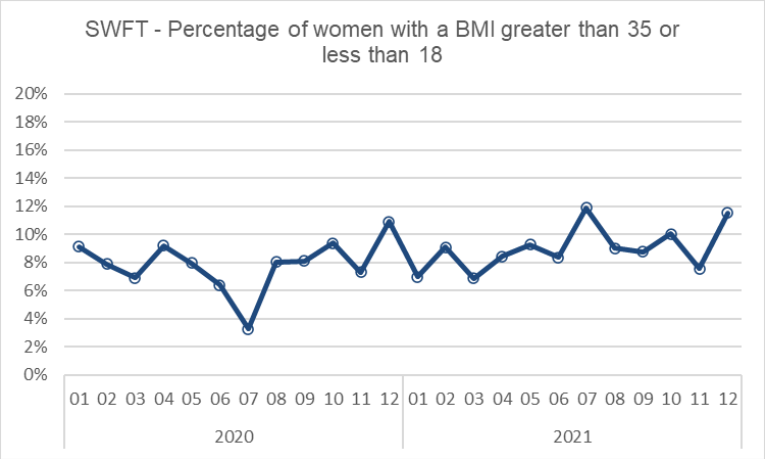


Figure 18: Percentage of women with a BMI greater than 35 or less than 18 at SWFT.
Source: SWFT & GEH Maternity Badgernet system

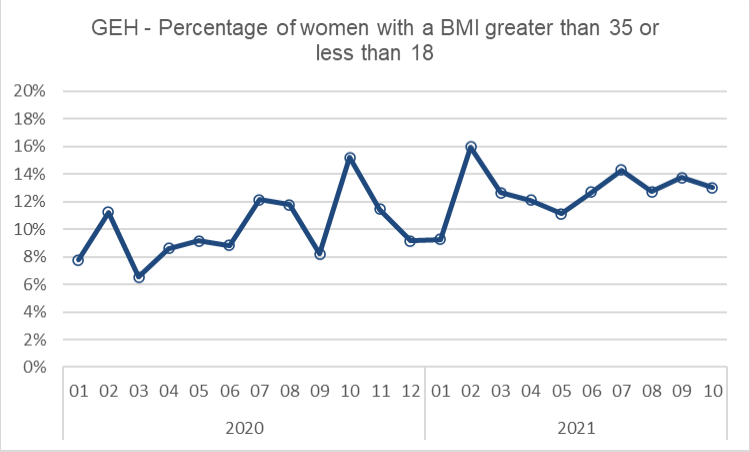


Figure 19: Percentage of women with a BMI greater than 35 or less than 18 at GEH
Source: SWFT & GEH Maternity Badgernet system

Figure 20 below displays national data on obesity early in pregnancy by IMD deprivation decile. The graphs indicate that the more deprived an area a woman lives in, the higher the chance of her being obese in early pregnancy. This is congruent with higher reported rates of maternal obesity in Warwickshire North, which is comprised of more high deprivation LSOAs than neighbouring areas within Warwickshire County as a whole.

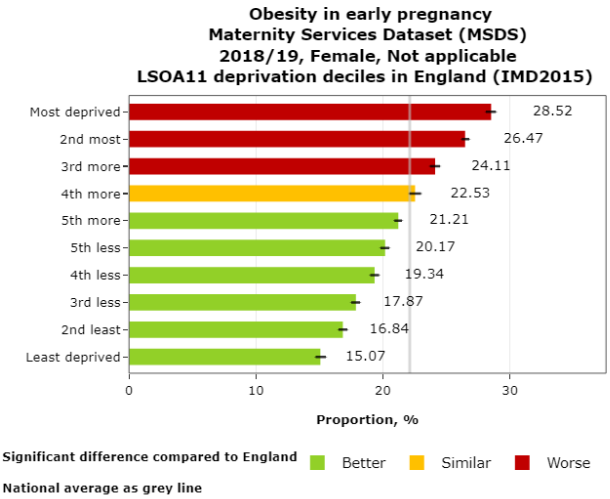


Figure 20: Obesity in early pregnancy by level of deprivation
Source: Perinatal Health Equity Audit Report

SMOKING IN PREGNANCY

Smoking in pregnancy results in an increased risk of complications during labour and risk of miscarriage, premature birth, stillbirth, low birth weight, sudden unexpected death in infancy, and infant mortality.

The Maternity high impact area: Supporting parents to have a smoke-free pregnancy report[11] estimated that smoking causes up to 2,200 premature births, 5,000 miscarriages and 300 perinatal deaths every year in the UK and is associated with a 47% increased risk of stillbirth. The report also indicates that women who smoke are less likely to breastfeed their baby and are more likely to develop serious health conditions such as oral cancer and coronary heart disease. Infants born to women who smoke have increased health risks, including increased risk of asthma, congenital heart defects and visual problems.

2018-19 data shows geographical differences in smoking in pregnancy rates across Warwickshire. Figures 21 and 22 provide an overview of the proportion of women smoking in early pregnancy by area, ethnicity, IMD deprivation decile, and age. Warwickshire North is an outlier within the system with a higher proportion of women smoking at the start of pregnancy than the national average. Women who smoke are more likely to be white or of mixed-race heritage. Smoking rates during pregnancy are closely linked to deprivation, with women living in the most deprived areas, most likely to smoke, with rates declining proportionately in line with decreasing deprivation decile (see Figure 22). Maternal age is also linked to smoking with the youngest mothers most likely to smoke in early pregnancy, and risk decreasing with increased age. In Warwickshire mothers aged under 30, living

[11] Maternity high impact area: Supporting parents to have a smoke free pregnancy, Public Health England, 2020

within the top three deprived areas are most likely to smoke in early pregnancy, which mirrors the data seen at a national level.

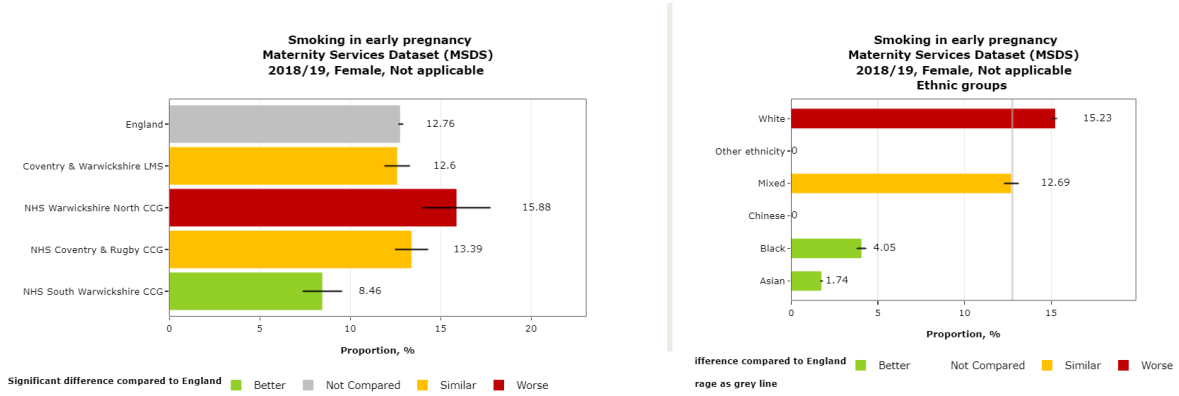


Figure 21: Smoking in early pregnancy by CCG area and ethnicity
Source: Perinatal Equity Audit report

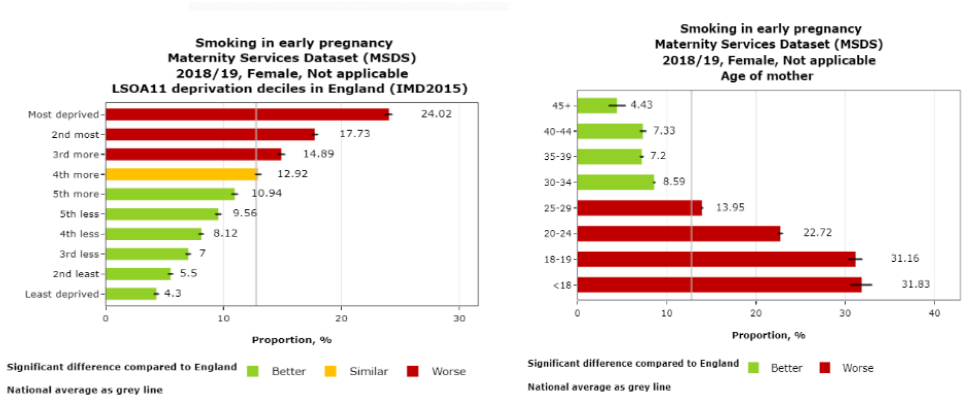


Figure 22: Smoking in early pregnancy by deprivation decile and age
Source: Perinatal Equity Audit report

Smoking status at the time of delivery (SATOD) is an additional indicator of the prevalence of smoking in pregnant women. A national target of 6% of women to be smoking at time of delivery has been set nationally for areas to aspire to. The Maternity high impact report concluded that of those women who manage to quit smoking during pregnancy, approximately 3 in 4 women return to smoking within the first 6 months of their infants' birth. The report also stressed that where women live with another smoker in their household, they are six times more likely to smoke throughout pregnancy than those who don't and more likely to relapse once the baby is born.

Figure 23 indicates the number of mothers known to be smokers at the time of delivery as a percentage of all pregnancies over time. The highest percentage of pregnancies with SATOD in Warwickshire is Warwickshire North CCG (13.8%). This is significantly higher than the England figure (9.6%), whereas South Warwickshire CCG is noticeably lower (4.7%). This highlights a significant inequality across the footprint.

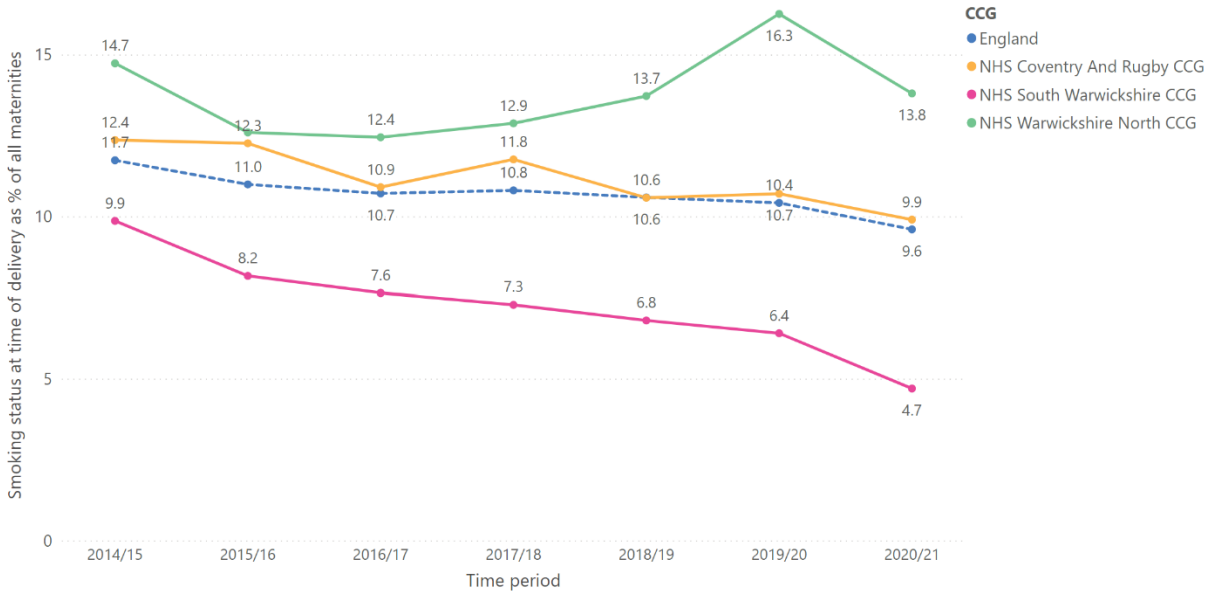


Figure 23: Smoking at time of delivery (SATOD) over time by CCG in comparison to England
Source: Public Health England Fingertips

Comparing data from the proportion of women who smoke in early pregnancy to SATOD, there is no change within women who live in Warwickshire North unlike women in South Warwickshire with reductions in number of smokers seen at the time of delivery.

The Coventry and Warwickshire Smoking in Pregnancy review (May 2020)[12] found that the stillbirth rate for smokers was almost twice as high as it was for non-smokers – the figures were 6.1 per 1,000 births amongst smokers compared to 3.2 among non-smokers. A similar pattern is seen for other outcomes, and the proportion of preterm births was 15% among smokers compared to 8% among non-smokers, and similarly the proportion of low birthweight babies was 16% for smokers compared to 7% among non-smokers.

The review noted approximately 1,549 smokers at booking each year across Coventry and Warwickshire. Of the smokers identified at booking, it was estimated that 27% (approximately 365) quit, showing an opportunity to improve health if this number could be increased. It is important to note that these figures are specific to a one-off review and cannot be compared like for like against other data sources.

PREGNANCY WITH LOW MATERNAL AGE

Pregnancy with maternal age under 18 is associated with poorer social and health outcomes for both parent and child including greater risk of low educational

[12] https://www.happyhealthylives.uk/download/clientfiles/files/CW%20Smoking%20In%20Pregnancy%20Review.pdf (Accessed January 2022)

attainment, poor emotional wellbeing, maltreatment or harm, and illness, accidents, and injuries.[13]

Infants born to teenage mothers experience higher rates of infant mortality, increased risk of low birthweight and subsequent impact on the long-term health of the child. There is also risk of mental health issues in teenage mothers including post-natal depression and poor mental health outcomes up to three years after birth, and an increased risk of living in poverty. Nationally, although conceptions to women aged under 18 have been declining over time, a gap remains between conceptions in the least deprived and most deprived IMD deciles. With teenagers living in the most deprived IMD deciles conception rate 23.6 per 1,000, and teenagers living in the least deprived deciles at 9.5 per 1,000.[14]

Figure 24 displays under 18 conceptions per 1,000 females in Warwickshire. Under 18 conceptions rate and % of teenage mothers has decreased in recent years. The highest rate of under 18 conceptions is in Nuneaton and Bedworth - 23.7 per 1,000 under 18 conceptions compared to 15.7 per 1,000 for England.

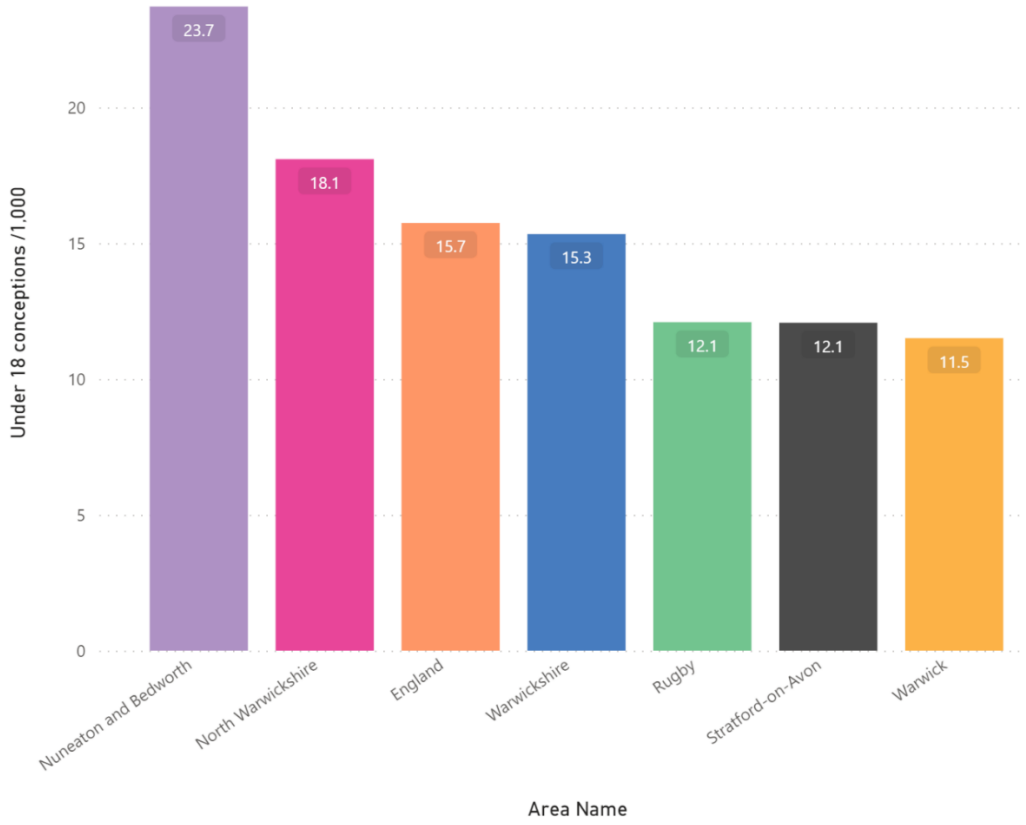


Figure 24: Under 18 conceptions rate per 1,000 by district and borough compared to England, 2019 data Source: Public Health England Fingertips

[13] Teenage Pregnancy Prevention Framework, Public Health England, 2018

[14] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/2018#conceptions-by-index-of-multiple-deprivation (Accessed February 2022)

Figure 25 displays the percentage of delivery episodes where the mother is aged under 18 years. The highest percentage of teenage mothers in Warwickshire North CCG and Coventry and Rugby CCGs, 0.79% and 0.75% respectively (higher than England figure, 0.63%, 2018/19 data).

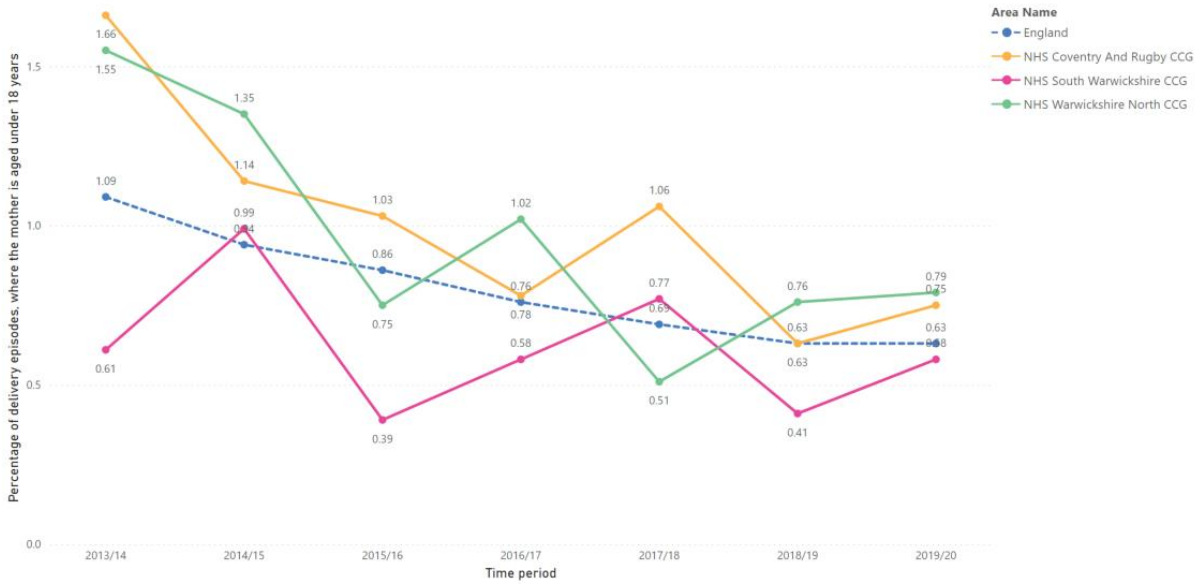


Figure 25: Percentage of delivery episodes where the mother is aged under 18 years by CCG over time
Source: Public Health England Fingertips

Figure 25 illustrates that despite births to women aged under 18 decreasing nationally over time since 2013/14, this decrease is beginning to slow, plateauing between 2018/19 and 2019/20. In Warwickshire North rates have been increasing since 2017/18 and, like Coventry and Rugby, are on average higher than the national rate. Rates in South Warwickshire on average remain lower than the national rate.

MATERNAL MENTAL HEALTH

The Maternity high impact area: Supporting good parental mental health[15] highlighted that mental health problems during the perinatal period affects between 10 to 20% of women. These issues can have significant long-term impacts on parents, their child, and the broader family.

Women may be reluctant to disclose how they are feeling due to fear of judgement or stigmatisation leading to a delay in mothers seeking and accepting timely treatment. The Maternity high impact report goes on to say that nearly 50% of all cases of perinatal depression and anxiety go undetected and fail to receive evidence-based treatment. The report also indicates a further barrier is the lack of recognition of poor mental health

[15] https://dera.ioe.ac.uk/37997/1/Maternity_high_impact_area_2_Supporting_good_parental_mental_health.pdf (accessed March 2022)

and its signs and symptoms, particularly amongst some culturally and ethnically diverse communities.

The report also highlighted that while there is a low risk of women developing a severe mental health condition such as postpartum psychosis or severe depressive illness, a woman's risk of mental illness is higher in the weeks following childbirth than at any other time in her life. Psychiatric problems are a significant cause of maternal death with maternal suicide being the second largest cause of direct maternal deaths occurring during or within 42 days of the end of pregnancy and remains the leading cause of direct deaths occurring within a year after the end of pregnancy.

Perinatal Mental Health Dashboard for Coventry and Warwickshire indicated that:

- 18.2% of the referrals and caseload to mental health services are of women living in the most deprived decile.
- 8.1% of the caseload represented women aged 16-20 and 67% were women aged 26 – 39.
- 72% of the caseload where from a white ethnic background, while 3.3% were of Asian descent and 2.5% were of black heritage.

It may be prudent to consider the abovementioned report indicates a barrier of poor recognition of maternal mental health amongst some culturally and ethnically diverse communities, when interpreting this regional data.

PARENTING (ANTENATAL) EDUCATION

Good quality antenatal or parenting education (PE) can empower families to make healthy choices and decisions about both pregnancy and the early years of an infant's life. PE can tackle issues such as smoking, healthy weight, infant feeding and parent-infant mental health and wellbeing. Due to the COVID-19 pandemic the PE offer for families across Warwickshire has been varied with one NHS trust scaling back to only offer virtual resources such as YouTube videos and Facebook groups. The other two trusts developed a virtual offer of antenatal classes led by a specialist PE midwife.

Data collected from parents participating in the midwife led virtual classes reported that 95% initiated skin-to-skin contact at birth and 82% initiated breastfeeding highlighting the value of PE. However, this virtual offer only reached 5% of new parents in 2021. This low access figure combined with one of the trusts lacking a specialist PE midwife role identifies both a gap and inequality across the Warwickshire footprint. Addressing this inequality could have positive impact on many of the above-mentioned health in pregnancy issues and promote healthy and secure starts to life for infants.

HEALTH OF CHILDREN 0-5 – EARLY YEARS

INFANT FEEDING

Breastfeeding contributes to the health of both the mother and infant in the short and long term. The UK has some of the lowest breastfeeding rates in the world and is an emotive subject for many parents and families. The UNICEF Baby Friendly Initiative[16] acknowledges the challenges facing families who experience barriers, and trauma experienced through guilt-inducing language when trying to establish breastfeeding. UNICEF advocate a systems-based approach to improving breastfeeding rates including input from Public Health, Government, communities, health services and families to create a supportive infant feeding culture in the UK.

If the number of infants breastfed increased and continued for longer periods in the UK, the incidence of common childhood illnesses such as ear and chest infections would reduce and could save the NHS up to £50 million annually (UNICEF, 2021).

The Regional Maternity Measures report provides percentage of infants receiving breast milk at first feed at national, regional and hospital trust levels. Table 10 below indicates that regionally levels for this indicator are above the national average. However, at a trust level a lack of data means we do not know rates for George Eliot Hospital, serving women in Warwickshire North. South Warwickshire foundation trust rate is 81.8%, noticeably higher than the national average (72.4%), with University Hospitals Coventry and Warwickshire at a similar rate (73.80%).

Description	Org_Level	Organisation	Latest Value
Proportion of babies receiving breast milk at first feed	England	National	72.40%
Proportion of babies receiving breast milk at first feed	STP	Coventry and Warwickshire	76.20%
Proportion of babies receiving breast milk at first feed	Trust	South Warwickshire NHS Foundation Trust	81.80%
Proportion of babies receiving breast milk at first feed	Trust	George Eliot Hospital NHS Trust	no available data
Proportion of babies receiving breast milk at first feed	Trust	University Hospitals Coventry and Warwickshire NHS Trust	73.80%

Table 10: Percentage of infants receiving breast milk at first feed at national, regional and hospital trust levels.
Source: Regional Maternity Measures Report

A limitation of the abovementioned measure is that it only provides data for an infant's very first feed. The next widely available data point is 6-8 weeks after birth. Figure 26 below indicates that breastfeeding rates at 6-8 weeks postnatally are just under 50% in Warwickshire. Whilst being congruent with the England average, this signals a significant drop-off in breastfeeding by this age. Data is not currently available at a

[16] https://www.unicef.org.uk/babyfriendly/about/breastfeeding-in-the-uk/ (Accessed January 2022)

local level to understand when this drop-off occurs. Furthermore, qualitative data is not currently collected to understand the reasons behind cessation of breastfeeding in the early days and weeks after birth.

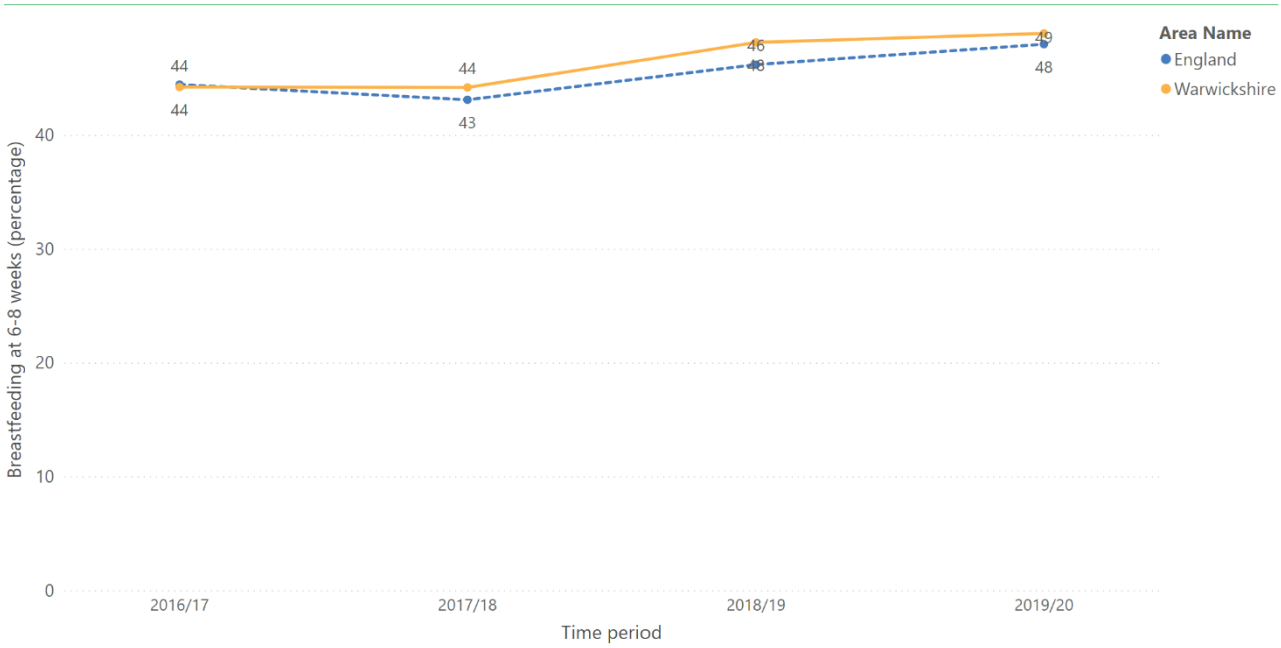


Figure 26: percentage of women breastfeeding at 6-8 weeks
Source: Fingertips

Due to quality issues 2020/21 data indicating breastfeeding at 6-8 weeks postnatally is not available for Warwickshire. Most recent available data (2019/20) shows Warwickshire rates (48.9%) for total or partial breastfeeding at 6-8 weeks. When broken down, 35.5% of infants in Warwickshire are totally breastfed, 13.4% partially breastfed and 46.4% not at all breastfed at 6-8 weeks after birth.

Data measuring points which are widely and consistently reported at other key times in an infant's life, such as at hospital discharge, 5 days old, 10 days old along with collection of qualitative data would give a better picture of risk of breastfeeding cessation.

OBESITY (CHILD)

Obesity during childhood has a range of physical and emotional health consequences, and risk of continuation into adulthood. Children who are obese are more likely to experience stigmatisation, bullying and low self-esteem. Obesity in childhood can lead

to high blood pressure, breathing difficulties, muscular-skeletal problems, and early type II diabetes (PHE, 2020)[17].

Figure 27 shows the prevalence of overweight children (including obese and severely obese) in reception over time by District/Borough in comparison to England. Whilst the England average has remained consistent over time, an increase can be seen in the overall Warwickshire picture, with Rugby, Stratford-on-Avon and Warwick showing specific increases. Whilst North Warwickshire and Nuneaton and Bedworth are both higher than the England and Warwickshire average, they have remained at similar levels over time.

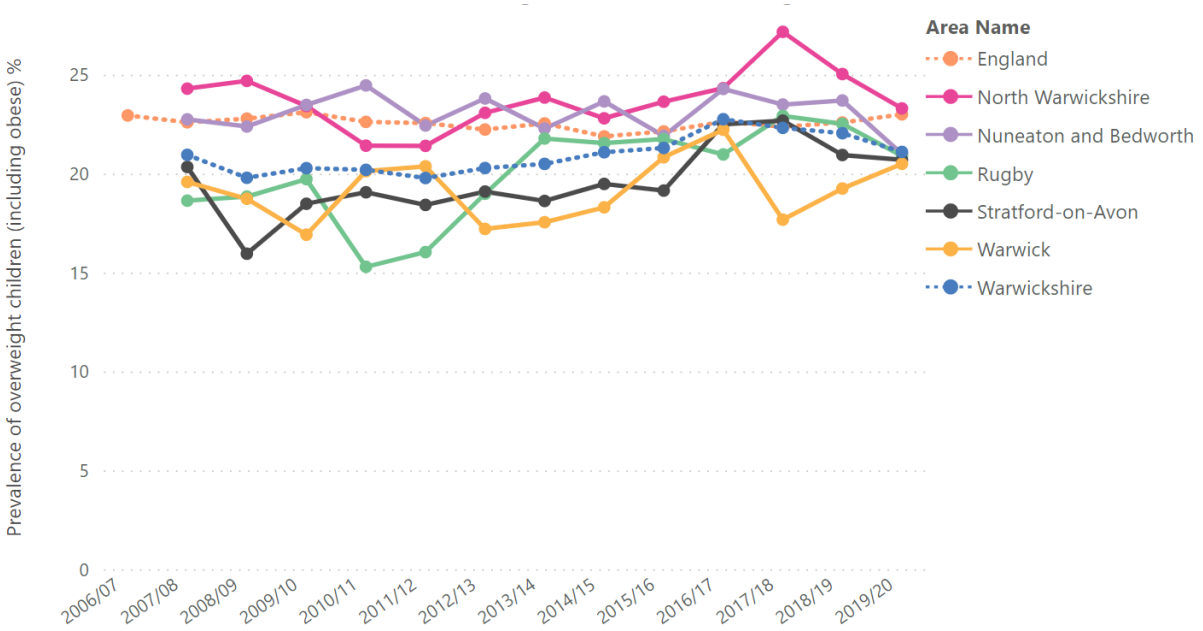


Figure 27: Reception: Prevalence of overweight children (including obese and severely obese) over time by District/Borough in comparison to England
Source: Public Health England Fingertips

Figure 27 breaks this down to show only the prevalence of obese and severely obese children in reception over the same time. Similar patterns can be seen here, with Warwickshire showing a steady increase.

[17] https://www.gov.uk/government/publications/childhood-obesity-applying-all-our-health/childhood-obesity-applying-all-our-health (Accessed February 2022)

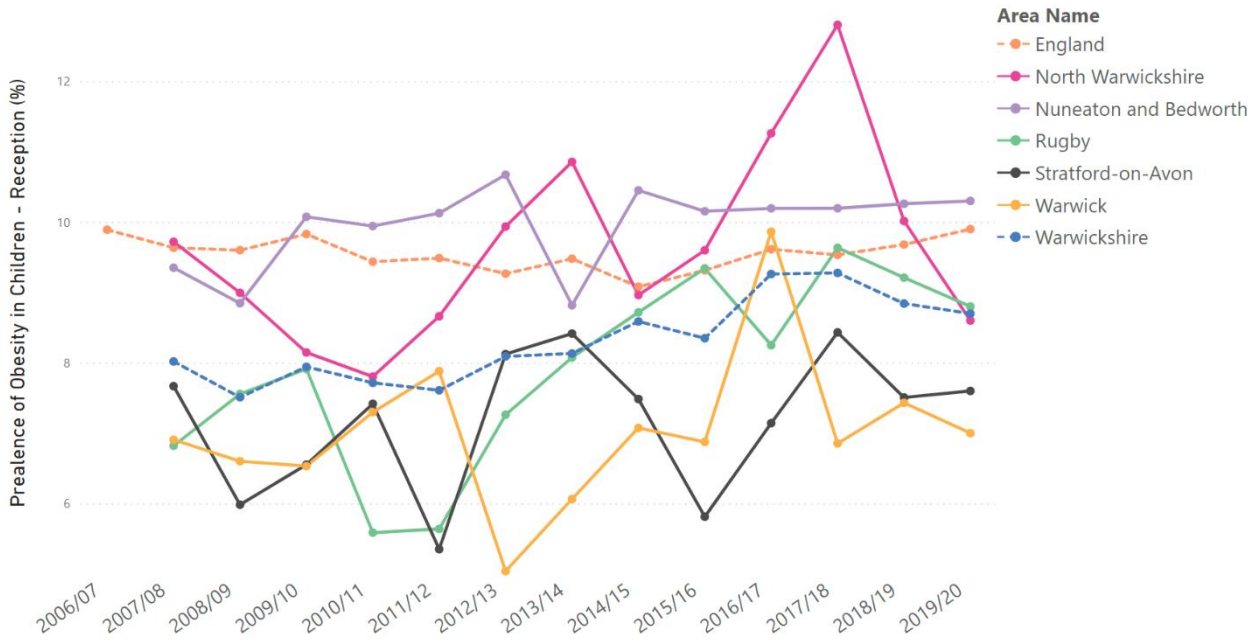


Figure 28: Reception: Prevalence of obese and severely obese children over time by District/Borough in comparison to England
Source: Public Health England Fingertips

Figure 29 shows the prevalence of overweight children (including obese) in Year 6 over time by District/Borough in comparison to England. Here we can see an increase in both the England and Warwickshire pictures, with North Warwickshire and Nuneaton and Bedworth both higher than the England and Warwickshire average. The only area to not show an increase is Warwick, which shows a decrease over time.

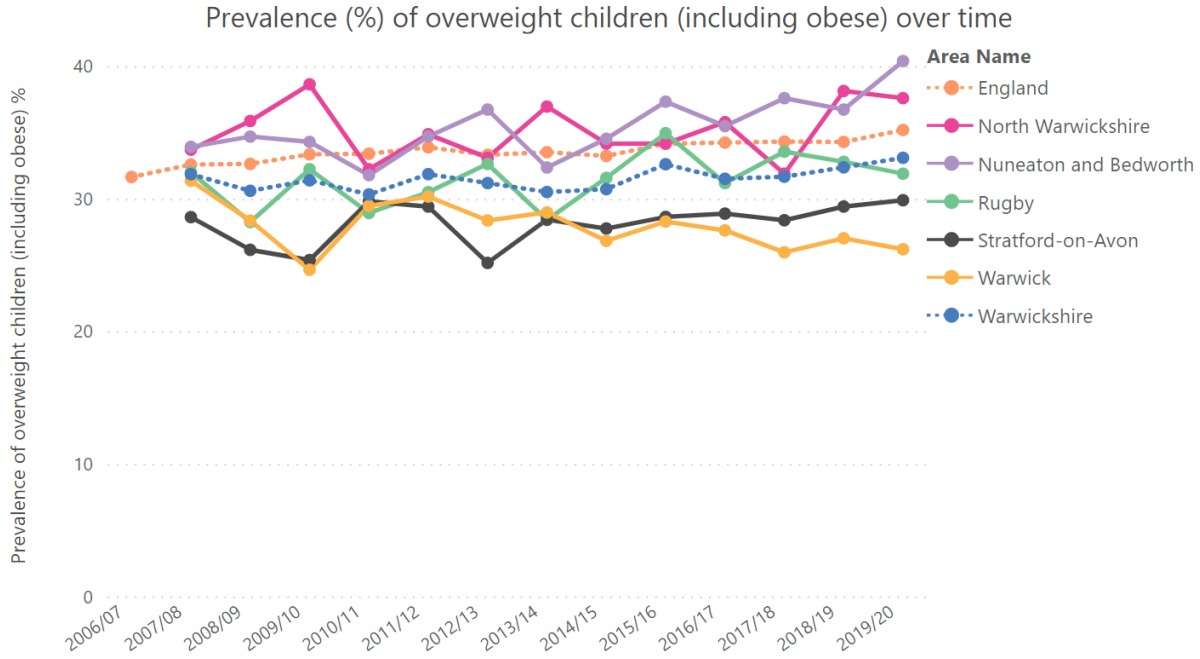


Figure 29: Year 6: Prevalence of overweight children (including obese) over time by District/Borough in comparison to England
Source: Public Health England Fingertips

Figure 30 breaks this down to show only the prevalence of obese and severely obese children in year 6 over the same time. Similar patterns can be seen here, with Warwickshire showing a steady increase.

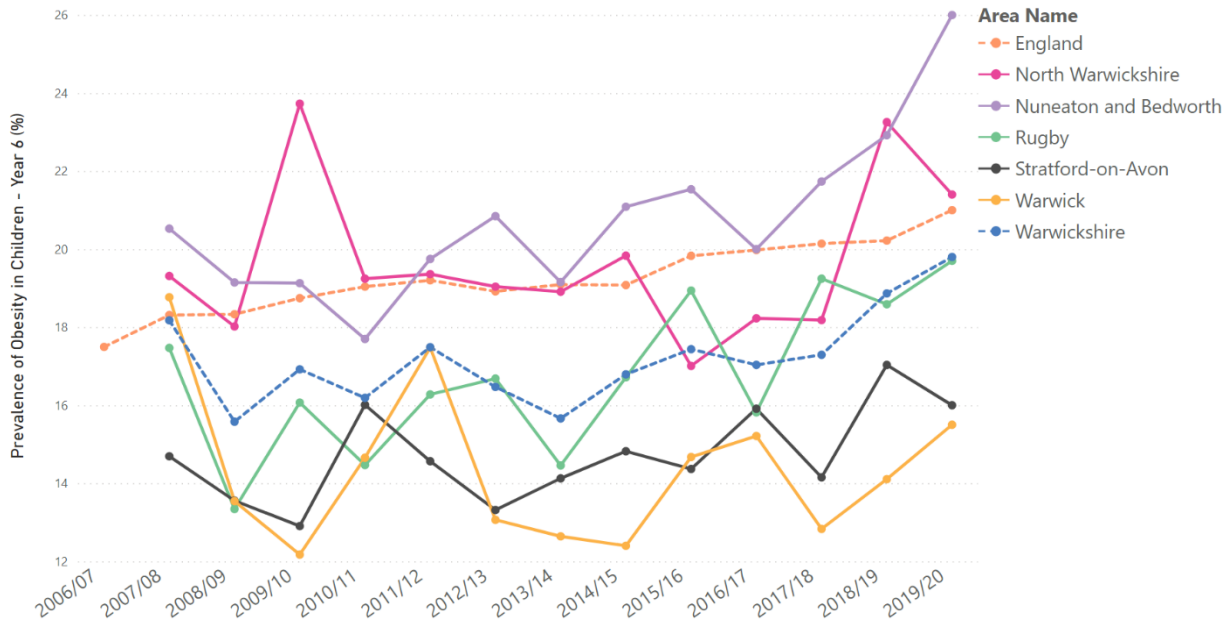


Figure 30: Year 6: Prevalence of obese children (including severely obese) over time by District/Borough in comparison to England
Source: Public Health England Fingertips

Comparing Figure 27 and Figure 29, and Figure 28 and Figure 30 shows an increase in percentage of the number of children who are overweight, and those who are obese and severely obese in Year 6 compared to Reception.

This is further demonstrated by Figure 31, which shows the percentage of children who are a healthy weight, not known, overweight, underweight, or very overweight in Reception and Year 6. In this graph we see an increase of 8.2% of children who are very overweight from Reception to Year 6, and an increase of 1% of children who are overweight from Reception to Year 6.

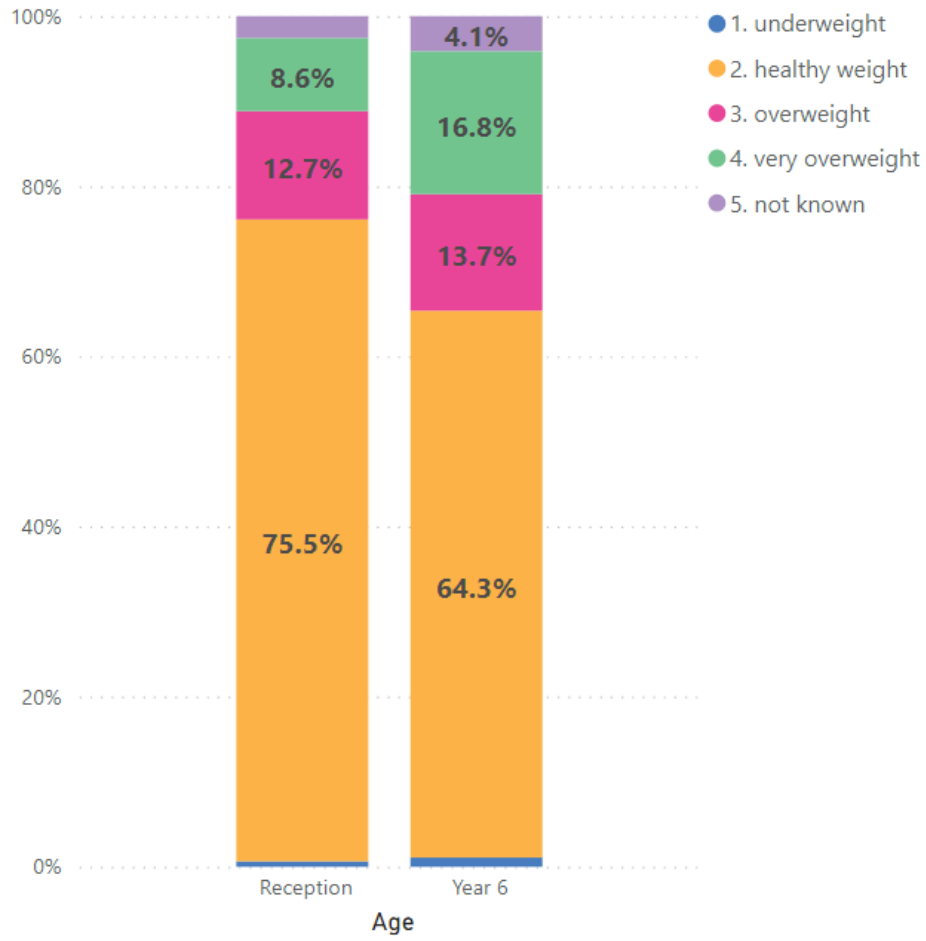


Figure 31: National Child Measurement Programme (NCMP) Reception and Year 6, Warwickshire
Source: NCMP combined 5 year data – 2014/15 to 2018/19

When looking at the breakdown of percentage of overweight and very overweight children in reception by JSNA areas within Warwickshire (Table 11), we can see the highest levels are in Atherstone and Hartshill (26.7%), Coleshill and Arley (25.1%), and Nuneaton Common and West (25.1%), whereas the lowest areas are Kenilworth (15.4%), Southam (17.1%), and Cubbington, Lillington and Warwick District East (18.1%). This is then further visualised in Figure 32.

JSNA Area	healthy weight	not known	overweight & very overweight	underweight
Atherstone and Hartshill	70.0%	2.8%	26.7%	0.5%
Bedworth Central and Bulkington	72.4%	2.7%	23.9%	1.0%
Bedworth West	74.0%	2.3%	23.2%	0.5%
Bilton and Town Centre	76.2%	2.2%	20.8%	0.8%
Coleshill and Arley	73.4%	1.3%	25.1%	0.2%
Cubbington, Lillington and Warwick District East	79.1%	2.4%	18.1%	0.5%
Henley, Studley and Alcester	71.1%	6.7%	21.8%	0.3%
Hillmorton	76.1%	2.3%	21.1%	0.5%
Kenilworth	81.8%	2.0%	15.4%	0.9%
Kingsbury	77.2%	1.6%	21.2%	0.0%
Leamington, Whitnash and Bishop's Tachbrook	76.4%	1.9%	20.4%	1.2%
Newbold and Brownsover	74.7%	2.2%	22.4%	0.7%
Nuneaton Central	75.4%	1.9%	22.1%	0.7%
Nuneaton Common and West	72.7%	1.7%	25.1%	0.5%
Polesworth	73.7%	2.9%	22.8%	0.6%
Rugby Rural North	75.8%	2.5%	21.3%	0.4%
Rugby Rural South	76.7%	2.0%	20.5%	0.8%
Southam	79.6%	3.1%	17.1%	0.2%
Stratford-upon-Avon	76.8%	4.2%	18.6%	0.5%
Warwick and Warwick District West	75.7%	2.0%	21.6%	0.7%
Warwickshire	75.5%	2.6%	21.3%	0.6%
Weddington, Horestone Grange and Whitestone	77.6%	2.2%	19.1%	1.1%
Wellesbourne, Kineton and Shipston	73.4%	2.9%	22.9%	0.8%

Table 11: Childhood obesity (National Child Measurement Programme) by JSNA area (Reception), 5 years combined data from 2014/15 to 2018/19
Source: NCMP

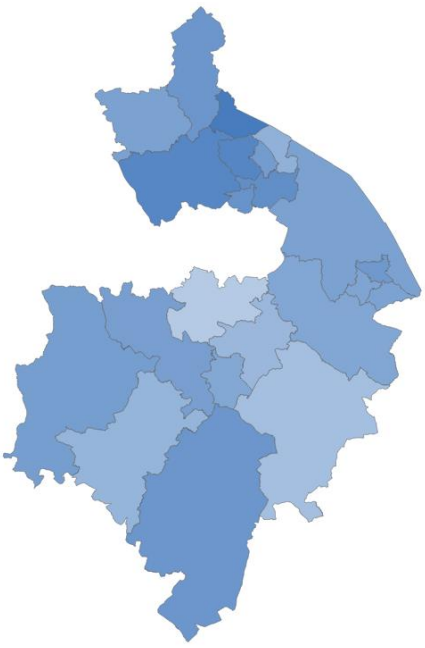


Figure 32: Childhood obesity (National Child Measurement Programme) by JSNA area (Reception), 5 years combined data from 2014/15 to 2018/19 – combined overweight and very overweight
Source: NCMP

Figure 33 shows the levels of obese children in reception by ward compared to the England average. Those in red are worse than the England average, those in yellow are similar, and those in green are better. Here we can see Polesworth East, Baddesley and Grendon, Atherstone Central, Camp Hill and Wolvey and Shilton all at worse levels than the England average, and Coton and Boughton, Kenilworth Park Hill, Kenilworth St John's and St Nicolas all at better levels than the England average. Those in grey are not compared, perhaps due to a lack of data. This can then be compared to Figure 34 which shows the levels of obese children in year 6 by ward compared to the England average.

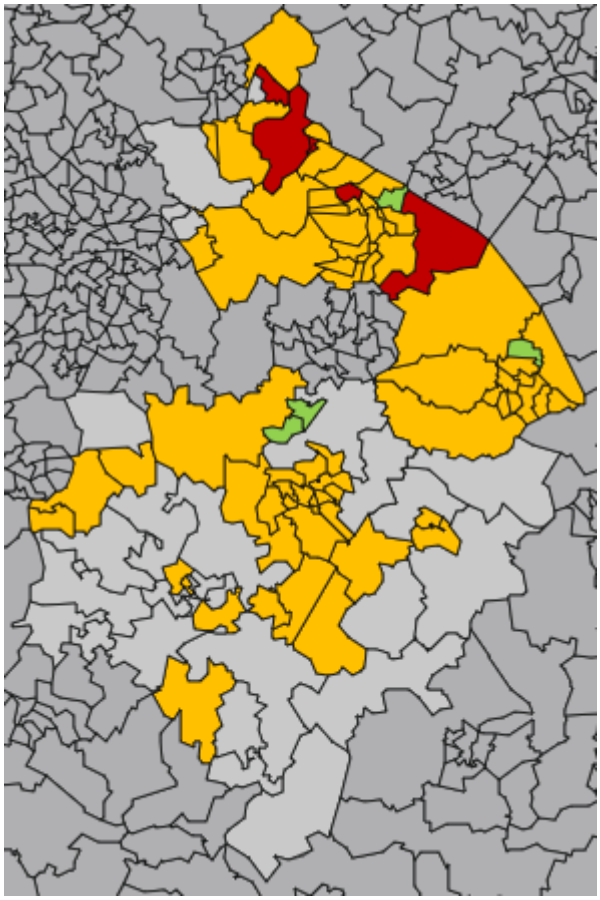


Figure 33: Obese Children in Reception in Warwickshire by ward, three-year average (2017/18 - 2019/20): levels compared to England average
Source: NCMP

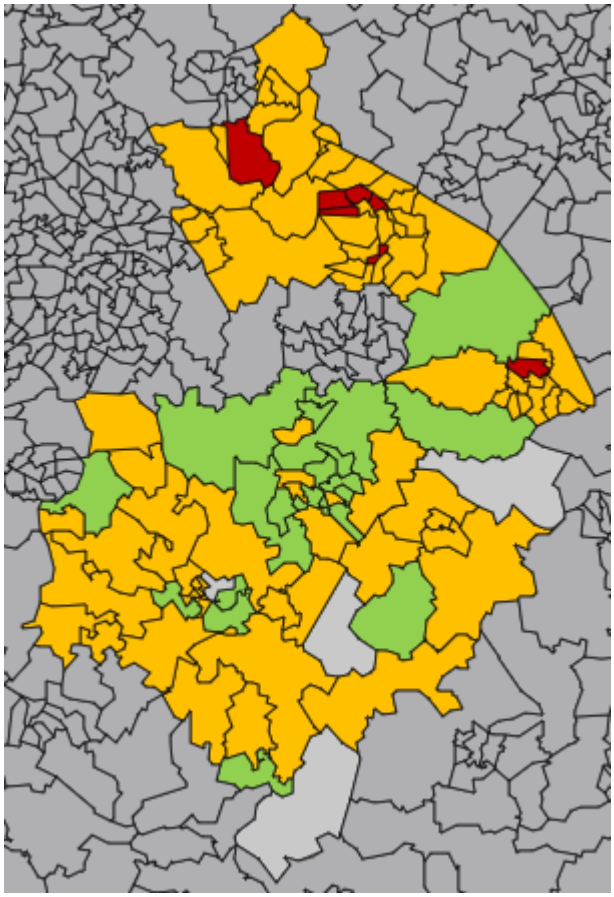


Figure 34: Obese Children in Year 6 in Warwickshire by ward, three-year average (2017/18 - 2019/20): levels compared to England average
Source: NCMP

While we do not have deprivation data at a ward level, there is a correlation to IMD, with more wards high for obesity in the north of the county where deprivation levels are also higher. For example, within the Nuneaton & Bedworth Borough, 30 of the 81 LSOAs are within the most deprived 0-30% nationally. This figure is 13.2% for North Warwickshire Borough, 11.5% for Rugby Borough, 5.8% for Warwick District and 1.4% for Stratford District

National Child Measurement Programme (NCMP) data for the 2020/21 reporting period is only available at national and regional level due to reduced participation rates during the COVID-19 pandemic. However, there have been concerning signs of increase in childhood obesity prevalence for both reception and Year 6 in this release, and higher prevalence in children living in the most deprived areas compared to the least deprived. NCMP indicates that there is a 4.5% increase in 0-5 obesity data from 2019/20 – 2020/21, a stark increase as previous years data highest indicated rise was less than a 1% increase. The West Midlands cohort was reported to be above the national for 0-5 years obesity rates.

Obesity prevalence in reception has gone from 9.9% in 2019/20 to 14.4% in 2020/21, whilst in the same period in Year 6 we see an increase from 21.0% to 25.5%. Comparing the most deprived areas to the least deprived, in reception 20.3% of

children living in the most deprived areas were obese whilst 7.8% of children living in the least deprived areas were obese. In year 6, 33.8% of children living in the most deprived areas were obese compared to 14.3% living in the least deprived areas[18].

The Rapid Review to Update Evidence for the Health Child Programme 0-5 highlights that the most effective way to prevent child obesity and treat children who are overweight and obese is a simultaneous improvement to their diet and physical activity in all areas of the child's lives, especially involving the parents and the rest of the family. Other effective ways to prevent and treat include:

- Decreasing pre-schoolers' screen time.
- Decreasing the consumption of high fat/calorie drinks/foods.
- Increasing physical exercise.
- Increasing sleep.
- Modifying parental attitudes to feeding.
- Promoting authoritative parenting.

In addition to the abovementioned lifestyle changes which focus on personal responsibility, PHE[19] recommend Local Authorities (LAs) take a 'whole systems' approach to prevent child obesity. A multi-stakeholder approach including LAs, Integrated Care Partnerships, the voluntary sector, community led organisations and local business is recommended to develop non-obesogenic environments for families to play, live, learn, and work in. LAs are encouraged to develop a 'Health in all Policies' (HiAP) approach and utilise Making Every Contact Count (MECC) initiatives to support families to maintain healthy weight and physical activity. Warwickshire LA adopted a HiAP approach, forming a partnership in 2021 to take a whole systems approach to health for Warwickshire residents.

ORAL HEALTH

The percentage of five-year-olds with experience of visually obvious tooth decay in Warwickshire is significantly better than for England as a whole. At a District / Borough level, all Districts and Boroughs are better than England except for Nuneaton and Bedworth whose rate is similar to the England average (Figure 35).

[18] https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2020-21-school-year (Accessed February 2022)
[19] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750679/promoting_healthy_weight_in_children_young_people_and_families_resource.pdf (Accessed March 2022)

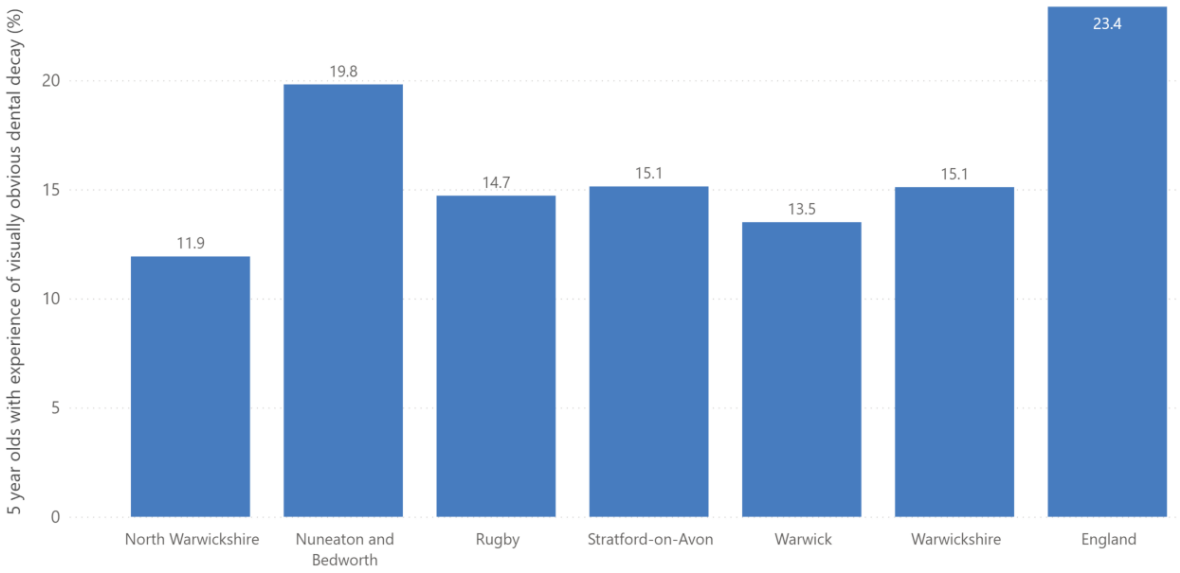


Figure 35: percentage of five-year-olds with experience of visually obvious tooth decay, 2018/19
Source: OHID Fingertips

The rate of hospital admissions for dental caries (for children aged 0-5) was 39.2 per 100,000 in 2017/18-2019/20, this is well below both the West Midlands rate of 118.4 per 100,000 and the England rate of 286.2 per 100,000.

There is evidence that groups of children who are overweight or obese may have higher levels of dental caries compared to non-obese children[20]. At a national level, local authority data that has been collected shows a weak to moderate correlation between dental caries and obesity prevalence observed at age 5. This means that as the rate of children who are obese or overweight increases, so will the rate of dental caries. Initiatives that tackle risk factors for overweight and obesity will also tackle dental caries as they have common risk factors such as the high intake of free sugars.

One reason as to why the prevalence of dental caries is lower in Warwickshire than the England average is the presence of water fluoridation in the area. Fluoride is a naturally occurring substance, and populations whose drinking water contains higher levels of fluoride have been found to have lower levels of dental caries then those living in areas where the drinking water contains lower levels of fluoride, thereby acting as a protective factor for oral health[21]. Figure 36 shows the areas in England that are currently on fluoridation schemes or have high levels of naturally occurring fluoride.

[20] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/466334/Caries_obesity_Evidence_SummaryOCT2015FINAL.pdf (Accessed February 2022)

[21] https://post.parliament.uk/water-fluoridation-and-dental-health/

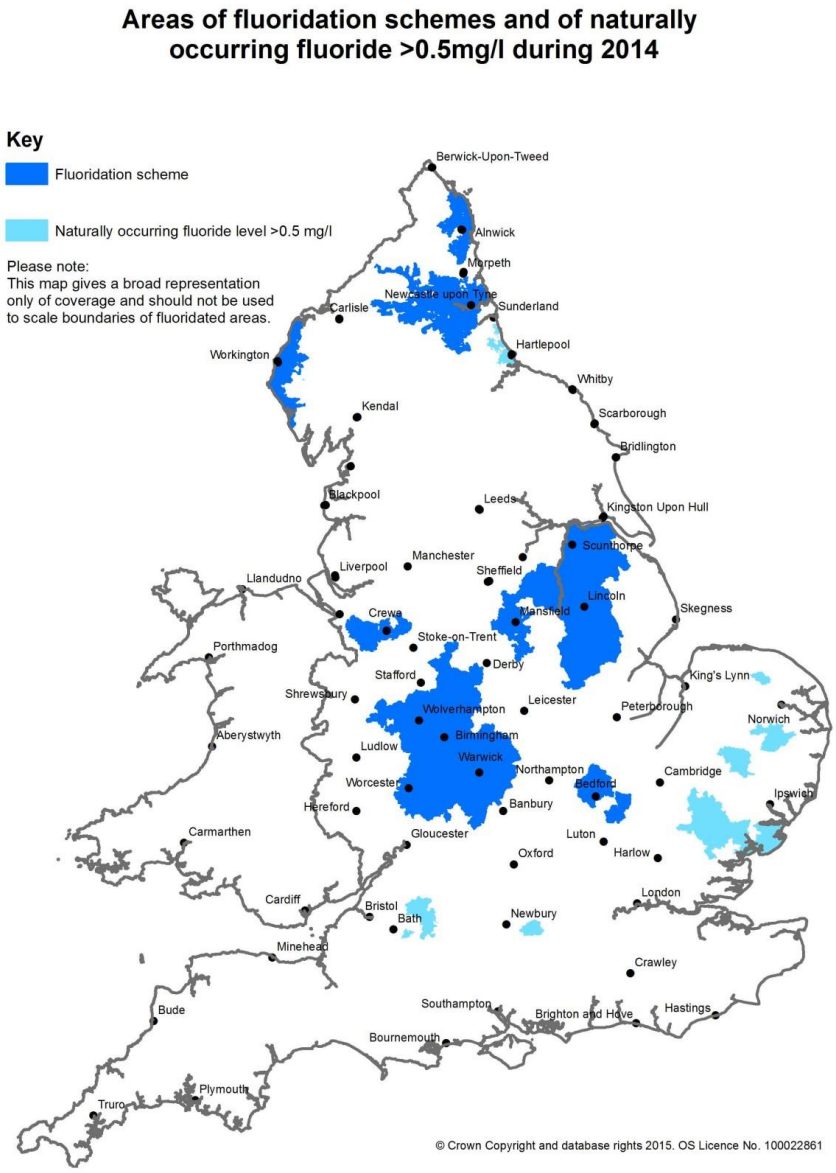


Figure 36: Areas of fluoridation schemes and of naturally occurring fluoride .0.5mg/l during 2014
Source: https://post.parliament.uk/water-fluoridation-and-dental-health/

IMMUNISATIONS

There are several complications related to infection with measles, mumps, and rubella (MMR) including meningitis, encephalitis, and deafness, in addition to complications in pregnancy and risk of miscarriage. Two doses of the MMR vaccine by 5 years of age offers combined protection against measles, mumps, and rubella.

In Warwickshire, MMR coverage of both doses is higher than both England and West Midlands figures (Figure 37). There has been a decline in percentage coverage in Warwickshire since the 2016/17 reporting period followed by an increase from 2019/20

to 2020/21 of 1.6%. MMR coverage for 2020/21 was 89.6%; this is slightly below the lower goal of 90%. Please note, however, that the reduction in 2017/18 was associated with a change in provider of Child Health Information Systems. After detailed review of the data, it was established that uptake data for the years prior to 2017/18 was not collected in the standardised way, meaning it was a likely overestimate of our local uptake.

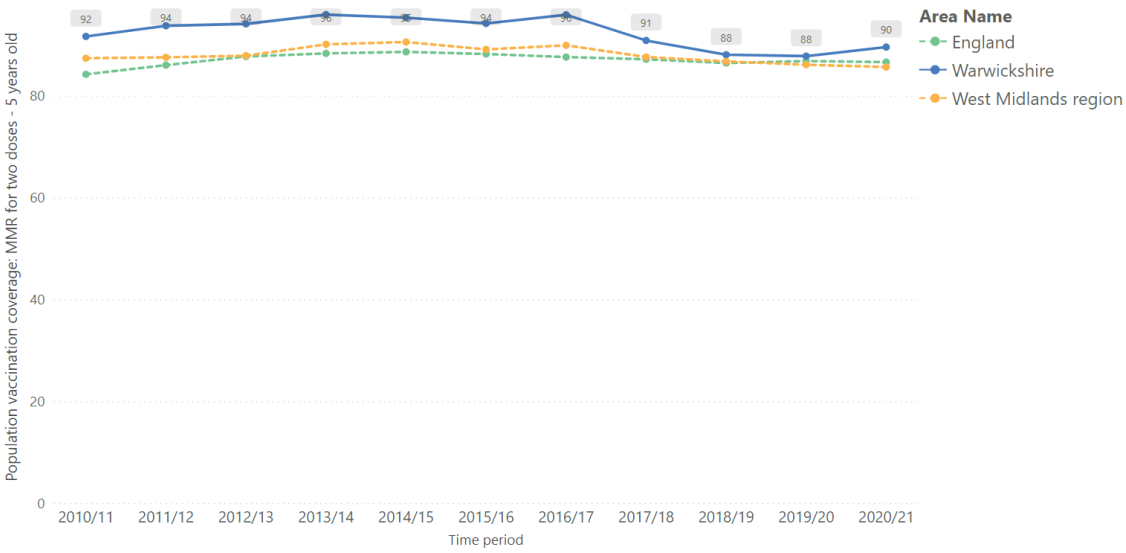


Figure 37: MMR coverage (both doses) in Warwickshire over time, compared to England and West Midlands
Source: Public Health England Fingertips

Figure 38 shows the percentage uptake of vaccines recommended for 1-year olds. The drop that can be seen in 2017/18 is attributable to the reasons noted above with previous years being overestimates. Since 2017/18 there has been a slight increase in uptake across all vaccines, with all vaccines in 2020/21 having over 93% uptake.

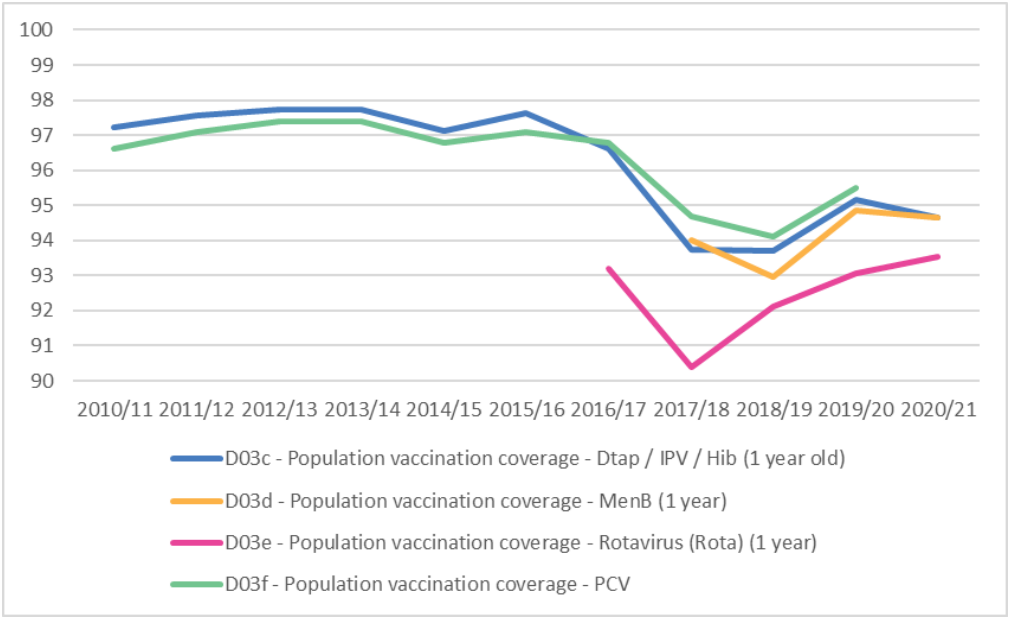


Figure 38: Percentage uptake of vaccines for 1-year olds
Source: Public Health Outcomes Framework

In the percentage uptake of vaccines for 2-year-olds we see the same dip in 2017/18 as 1-year olds, and overall, we see the same pattern of increase from 2017/18. Compared to 1-year-old uptake, we see similar levels for Dtap/IPV/Hib uptake (94.7% in 2020/21 for 1-year-olds compared to 96.1% for 2-year-olds) and for the PCV booster (95.5% in 2019/20 for 1-year-olds compared to 93.7% for 2-year-olds) (Figure 29).

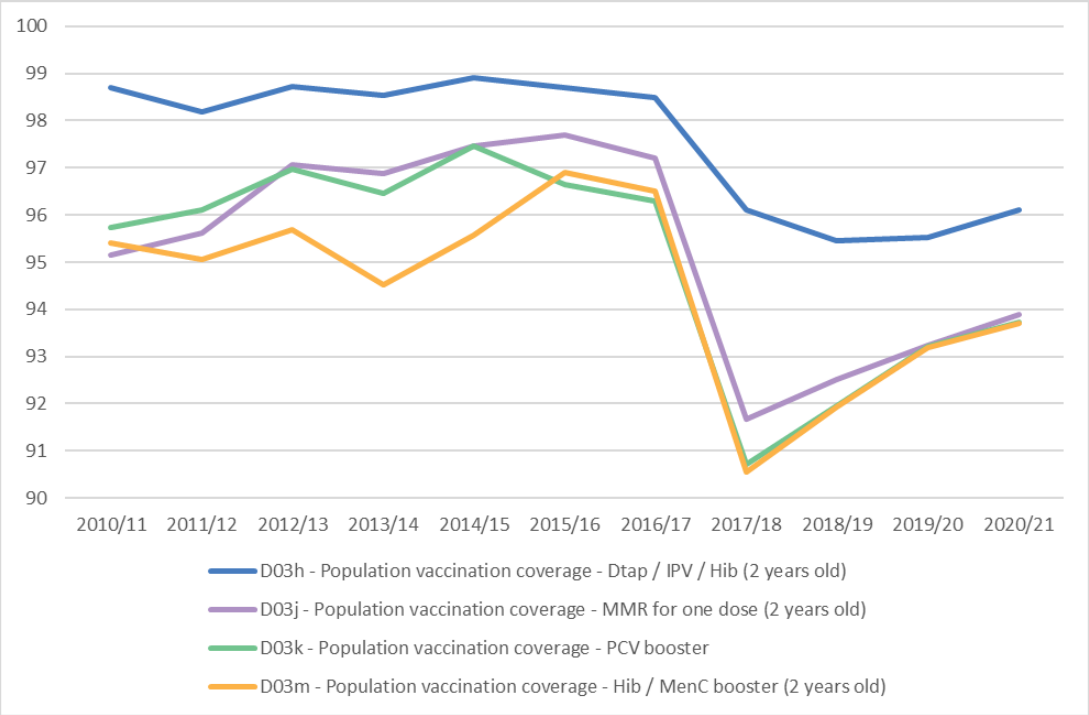


Figure 39: Percentage uptake of vaccines for 2-year-olds
Source: Public Health Outcomes Framework

The percentage uptake for the flu vaccine for 2-3-year-olds is the lowest of the 0-5 vaccines but has seen a large increase from 46.5% in 2014/15 to 64.8% in 2020/21 (Figure 40), which is likely to have been influenced by the pandemic.

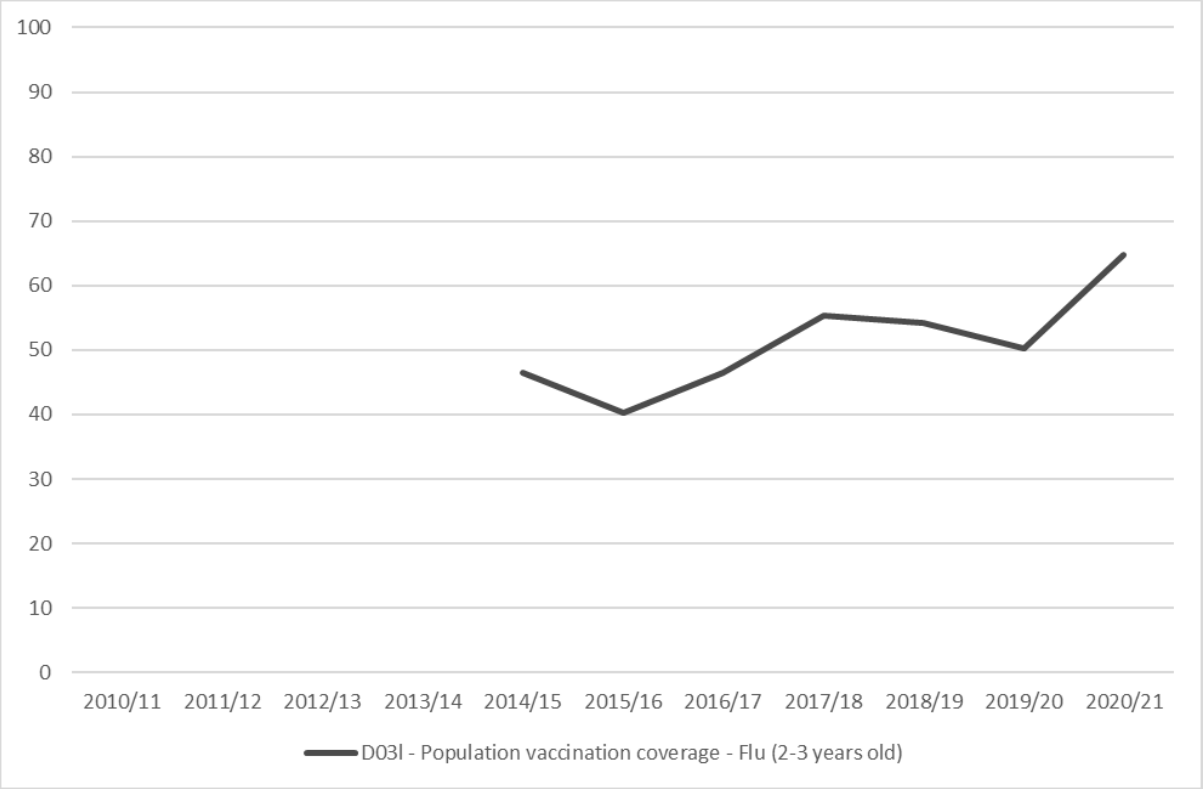


Figure 40: Percentage uptake of flu vaccine for 2-3-year-olds.
Source: Public Health Outcomes Framework

For vaccines among 5-year-olds we see the same dip in 2017/18 but less of an increase in uptake after that. For the DTaP/IPV booster there was an uptake rate of 88.9%, much lower than the 1-year-old uptake (94.7%) and 2-year-old uptake (96.1%). There is also a lower uptake for the second dose of MMR, with a 96.1% uptake in 2020/21 for the first dose and an 89.6% uptake for the second dose (Figure 41).

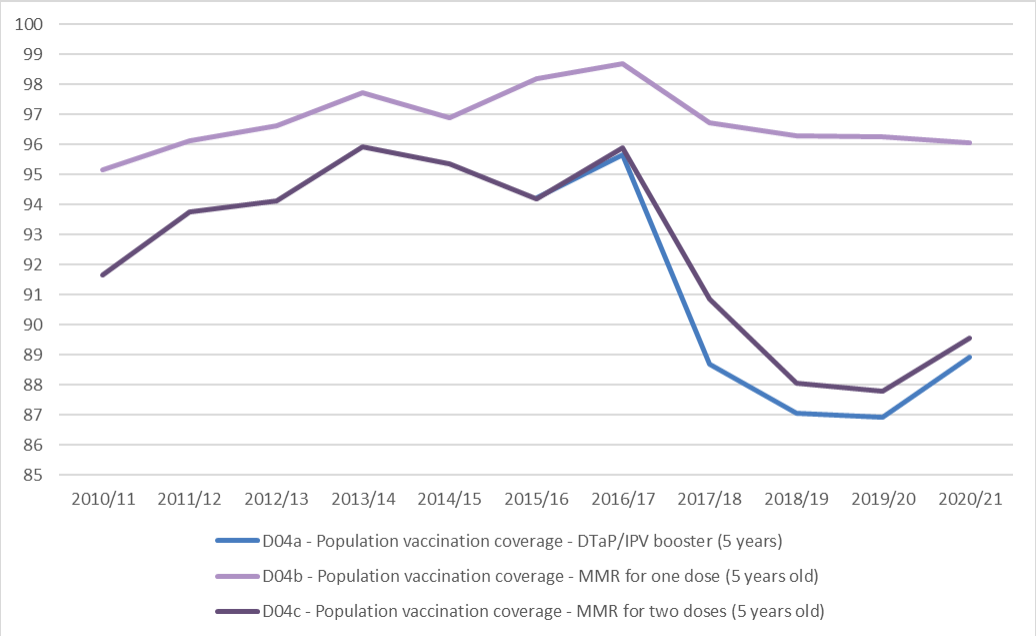


Figure 41: Percentage uptake of vaccines for 5-year-olds.
Source: Public Health Outcomes Framework

It is clear that uptake for the “pre-school boosters” (scheduled from age 3 years and 4 months) is much lower than uptake of the primary course of vaccinations in the first year of life. There are potentially several reasons for this, and a plan to improve uptake of childhood immunisations has been established by a Coventry and Warwickshire-wide Immunisation task and finish group.

The plan focuses on a “whole system” approach to improving immunisation uptake and is likely to also include efforts to improve uptake of national screening programmes, building on our experiences of promotion of the COVID-19 vaccination programme. The plan currently being agreed focuses on:

- Working with GP practices in areas where uptake is lowest to support uptake increases.
- Increasing access to appointments where possible.
- Working with schools, early years settings, health visiting, school health and wellbeing services, and children’s centres/family hubs to promote uptake.
- Engaging directly with communities through a range of means to support increasing uptake.

DOMESTIC ABUSE AND VIOLENCE

According to latest national crime survey[22], 5.5% of adult respondents stated they had experienced domestic abuse once or more in the year ending March 2020. Based on this result, there were an estimated 32,113 incidents of DVA in Warwickshire in 20202.

During that period approximately 1,000 victims were supported by the Warwickshire Domestic Violence and Abuse Service, 3% of the total number of victims likely to be experiencing Domestic Abuse (DA). Given the prevalence of DA in Warwickshire, it is likely that there will be a significant number of children aged 0-5 that are witnessing or living in a household where domestic abuse is occurring, over and above those known to the local authority and local Domestic Abuse Services.

The Warwickshire Domestic Violence and Abuse Joint Strategic Needs Assessment[23] provides evidence to suggest that pregnant women and women with children under the age of 5 are more likely to experience abuse and / or require support from agencies. The DA Needs Assessment included the following specific relevant recommendations:

[22] https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2020 (accessed March 2022)
[23] https://api.warwickshire.gov.uk/documents/WCCC-1350011118-3054 (accessed March 2022)

- There are opportunities for all services / agencies that work with parents, infants, and young children to facilitate disclosures and signpost to appropriate support.

- There is a need to consider the support needs of a child under the age of 5 who has witnessed or experienced domestic abuse to recover from their experience and rebuild their relationship with the non-abusing parent. There is also a need to consider the support needs of the non-abusing parents to recover and move on from their experience.

Local Authorities are required to record risk factors in Child Statutory Social Care Assessments. There are three relevant risk factors in relation to domestic abuse. The following table shows the number of unborn children and children aged 0-5 where Domestic Abuse risk factors were recorded over the last three years (2019-2021). This data indicates that unborn children and children aged 0-5 are more likely to experience or live-in households where Domestic Abuse is taking place. Over the last three years, in Warwickshire, unborn children and children aged 0-5 accounted for:

- **44% of the total number of children** with a Statutory Social Care Assessment risk factor of Domestic Violence: **concern about the child being subject to domestic violence (Table 12).**
- **46% of the total number of children** with a Statutory Social Care Assessment risk factor of Domestic Violence: **concerns about the child's parent(s)/carer(s) being the subject of domestic violence' (Table 13).**
- **41% of the total number of children** with a Statutory Social Care Assessment risk factor of Domestic Violence: **concerns about another person living in the household being the subject of domestic violence (Table 14).**

Based on Child's Age at start of Statutory Social Care Assessment	2019	2020	2021	Total
Unborn:	42	33	30	105 (5%)
0-5yrs:	310	209	269	788 (39%)
Total	**797**	**562**	**637**	**1996**

Table 12: Child Statutory Social Care Assessment completed with a risk factor of '3A -Domestic violence: concerns about the child being the subject of domestic violence'.
Source: Child Statutory Social Care Assessment

Based on Child's Age at start of Statutory Social Care Assessment	2019	2020	2021	Total
Unborn:	111	97	110	318 (6%)
0-5yrs:	659	688	713	2060 (40%)
Total	**1622**	**1662**	**1865**	**5149**

Table 13: Child Statutory Social Care Assessment completed with a risk factor of '3B Domestic violence: concerns about the child's parent(s)/carer(s) being the subject of domestic violence'.
Source: Child Statutory Social Care Assessment

Based on Child's Age at start of Statutory Social Care Assessment	2019	2020	2021	Total
Unborn:	26	23	17	66 (6%)
0-5yrs:	136	120	128	384 (36%)
Total	**374**	**293**	**392**	**1059**

Table 14: Child Statutory Social Care Assessment completed with a risk factor of '3C Domestic violence: concerns about another person living in the household being the subject of domestic violence.'
Source: Child Statutory Social Care Assessment

The needs of children aged 0-5 is further reinforced in the 2021 Warwickshire Safe Accommodation Needs Assessment. The Needs Assessment included the demographic profile of the households that have presented as homeless in Warwickshire as a result of Domestic Abuse over the last three years[24]. Of those households that had children, 46% (296) of those children were aged 0-5.

The Domestic Abuse Act came into effect in April 2021, within the Act the definition of a victim of Domestic Abuse was extended to children who live in a household where Domestic Abuse is occurring. Warwickshire County Council (WCC), as a tier 1 authority, has a new statutory duty to assess the need of all victims of Domestic Abuse for "Safe Accommodation Support". Warwickshire's Safe Accommodation Strategy[25] outlines how WCC and Warwickshire's Violence Against Women and Girls partners will respond to the findings of the Safe Accommodation Needs Assessment to ensure that the Safe Accommodation Support needs of adult and child victims of Domestic Abuse are met in future.

SPEECH, LANGUAGE AND COMMUNICATION NEEDS

Effective communication is an essential skill for life and is the foundation for a child's social, emotional, and educational development[26]. Speech, language, and communication skills are crucial, from brain development in the first 1,001 days and beyond, attachment in early years, to expressing ourselves and understanding others as we develop emotionally, to thinking, learning and social interaction in school and the workplace[27].

A paucity in local data and intelligence to assess speech language and communication needs in Warwickshire children means it has not been possible to

[24] 2018/19, 2019/20, 2020/21
[25] https://safeinwarwickshire.files.wordpress.com/2021/09/warwickshires-safe-accommodation-strategy-2021-2024-.pdf (accessed March 2022)
[26] Department for Children and Family Services. The Bercow Report: A review of services for children and young people (0-19) with speech, language and communication needs. 2008.
[27] I CAN & Royal College of Speech & Language Therapists. Bercow: 10 Years On. 2018.

accurately assess the local picture at this time. However, the Local Authority Interactive Data Tool (LAIT) does provide an insight that Warwickshire scores low compared to statistical neighbours (10th out of 11) for the percentage of children achieving at least the expected level in the Foundation Stage Profile or Communication & Language in 2018/19 (Table 15). This is an indication of the future work needed in this area.

The percentage of children achieving at least the expected level in the Foundation Stage Profile for Communication & Language 2018/19				
2019	Warwickshire Statistical Neighbour View: 10/11	National Rank 77 / 151	Quartile: C	

Table 15: Percentage of children achieving at least the expected level in the Foundation Stage Profile for Communication & Language 2018/19.
Source: LAIT

CHILD HOSPITALISATIONS

A&E EMERGENCY DEPARTMENT ATTENDANCES

In Coventry and Warwickshire in 2019/20 there were 33,836 A&E emergency department attendances for children 0-5 years, a decrease of -1% from 2018/19. In 2020/21 the attendance figure dropped to 20,112, a decrease of -40.56% from the previous year. Figure 42 breaks this down into A&E attendances by Place (North, Rugby South). In mid-late 2021 we see a rise in admissions across all places, however there is a particularly dramatic increase in the number of attendances for North Place (North Warwickshire and Nuneaton and Bedworth), peaking at just below 1,600, the highest peak shown. Across the whole date range shown, North Place has the highest rate, followed by Rugby. South Place (Warwick and Stratford-on-Avon) has the lowest rates.

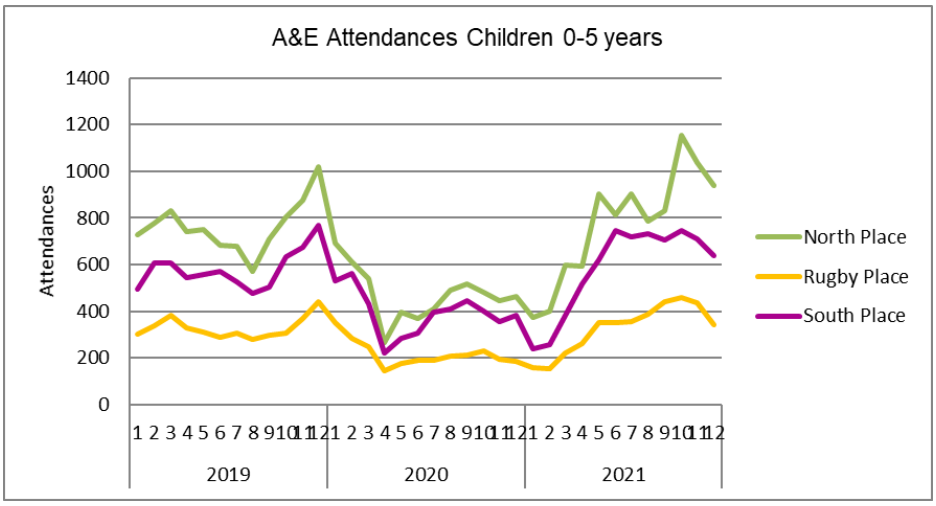


Figure 42: A&E attendances for Children 0-5 years in Warwickshire and Coventry.
Source: SUS- Secondary user services

Table 16 shows the A&E attendances for children aged 0-5 per 1,000 of the population by place. The figure for the 0-4 age group for England in 2018/19 was 655.3 per 1,000, and for the West Midlands region the figure was 629.7 per 1,000 (Table 17). All places are therefore below the England average, although North Place is higher than the West Midlands region average.

Attendances per 1,000 by 0-5 population

	North Place	Rugby Place	South Place
1819	619.8	487.3	389.3
1920	629.0	478.2	405.4
2021	377.8	284.0	243.7

Table 16: A&E attendances per 1,000 for 0-5 ages.
Source - SUS- Secondary user services

Indicator	Period	England	East Midlands region	East of England region	London region	North East region	North West region	South East region	South West region	West Midlands region	Yorkshire and the Humber region
A&E attendances (0-4 years) (Persons, 0-4 yrs)	2018/19	655.3	626.1	520.5	755.2	967.4	776.3	573.4	522.1	629.7	624.5

Table 17: A&E Attendances per 1,000 for ages 0-4.
Source - Fingertips

Across all places there is a higher percentage of males to females who attend the A&E department (Table 18). For males this ranges between 55% - 58%, and females between 42% - 45%.

	2018/19		2019/20		2020/21	
	Male	Female	Male	Female	Male	Female
North Place	56%	44%	55%	45%	57%	43%
Rugby Place	56%	44%	57%	43%	55%	45%
South Place	58%	42%	57%	43%	57%	43%

Table 18: Percentage of A&E attendances by gender.
Source: SUS- Secondary user services

The four leading chief complaints for A&E attendances are Airway and breathing, Head and Neck, General/minor/admin and Gastrointestinal. Since April 2021 there has been increase across all complaints (Figure 43).

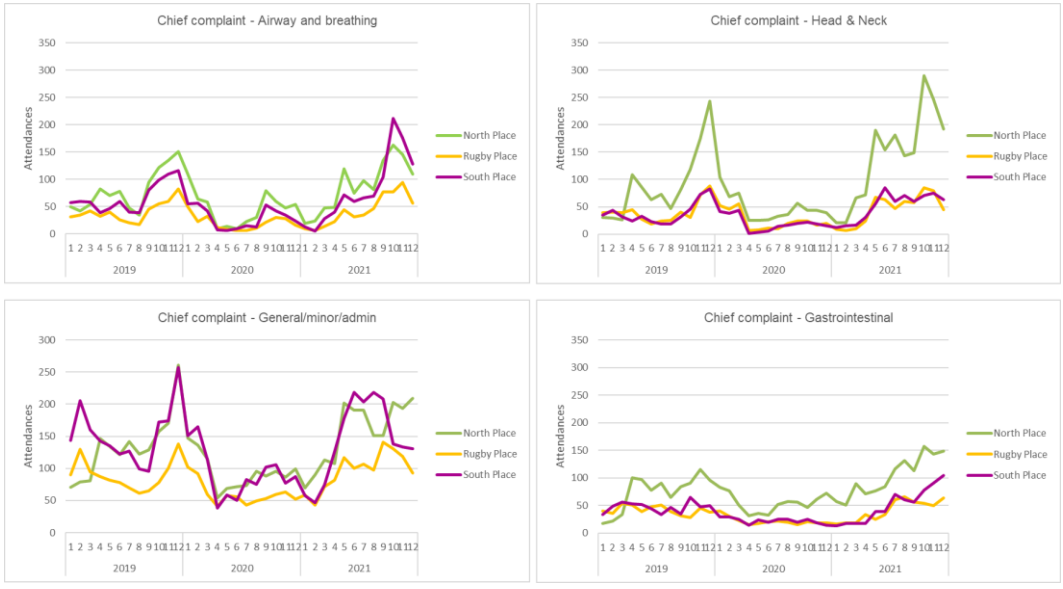


Figure 43: Leading Chief complaints for A&E attendances in ages 0-5.
Source: SUS- Secondary user services

A&E attendance figures for ethnicity shows the highest percentage attending is for the white group, accounting for between 73% - 76% A&E attendances across the years 2018/19 – 2020/21. There has been an 8% - 11% attendance rate for Asian, and 4% for Black (Figure 44).

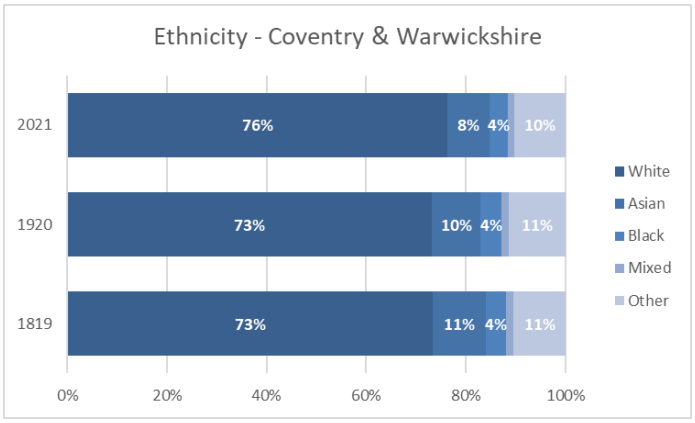


Figure 44: A&E attendance by Ethnicity
Source: SUS- Secondary user services

The Indices of Deprivation identify the most deprived Emergency department attendances, with 1 being the most deprived and 10 being the least deprived (Figure 45). It clearly identifies North Place having the most deprived Emergency department attendances, and South Place having the least.

Figure 45: Indices of Deprivation for Emergency department attendances
Source: SUS – Secondary User Services

EMERGENCY HOSPITAL ADMISSIONS

Coventry and Warwickshire hospital admissions in 2019/20 for children 0-5 years were 8,745, a decrease of -12.52% from 2018/19. In 2020/21 the attendance figure plummeted to 5,160, a decrease of -40.99% from the previous year, clearly the pandemic having an impact, and in 2021/22 we see those figure increase again. South Place has the highest number of admissions, followed by North Place, with Rugby Place with the lowest number (Figure 46).

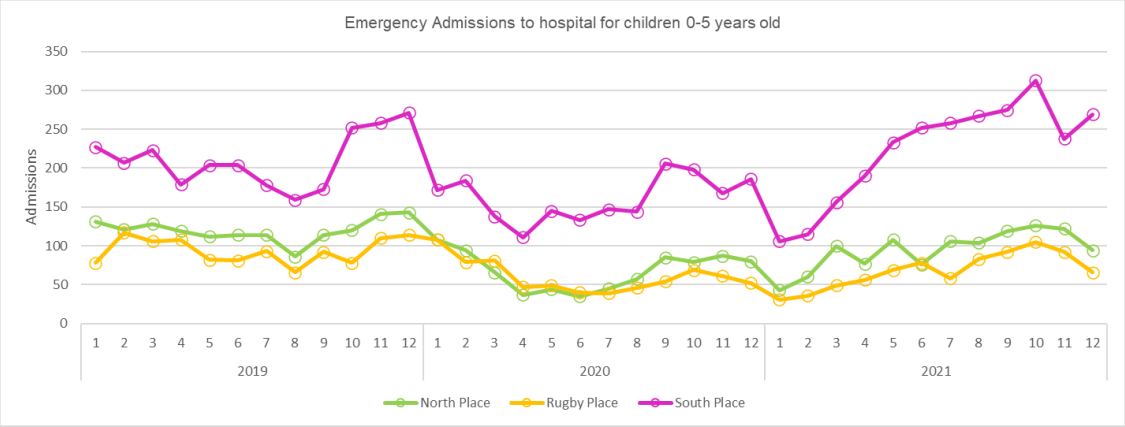


Figure 46: Emergency admissions to hospital for children aged 0-5 by Place
Source: SUS- Secondary user services

South Place has the highest rates of emergency admissions per 1,000 for the 0-5 age range, followed by Rugby Place, and North Place with the lowest (Table 19). in 2019/20, the England emergency admissions rate per 1,000 for the 0-4 age range was 162, and the West Midlands Region rate was 171.8 (Table 20). Compared to these for the year 2019/20, all Warwickshire Places were lower than both the England and West Midlands Region rate.

Emergency admissions per 1,000 by 0-5 population

Year	North Place	Rugby Place	South Place
1819	110.9	142.8	161.3
1920	96.5	136.7	141.5
2021	54.3	72.0	108.7
2122	67.6	87.7	137.4

Table 19: Emergency admissions per 1,000 for 0-5 age range by CCG Place
Source: SUS- Secondary user services

Indicator	Period	England	East Midlands region	East of England region	London region	North East region	North West region	South East region	South West region	West Midlands region	Yorkshire and the Humber region
Emergency admissions (aged 0-4) (Persons, 0-4 yrs)	2019/20	162.0	145.6	154.5	113.1	233.9	229.2	147.9	176.8	171.8	153.0

Table 20: Emergency admissions per 1,000 for 0-4 age range in 2019/20
Source: fingertips

Across all places there is a higher percentage of males to females who are admitted to hospital (Table 21). For males this is between 56% - 59% and for females between 41% - 44%.

	2018/19		2019/20		2020/21	
	Male	Female	Male	Female	Male	Female
North Place	58%	42%	59%	41%	56%	44%
Rugby Place	56%	44%	58%	42%	59%	41%
South Place	58%	42%	58%	42%	57%	43%

Table 21: Hospital admissions by gender
Source: SUS- Secondary user services

Hospital admission figures for ethnicity shows the highest percentage attending is for the white group, accounting for between 73% - 76% or hospital admissions across the years 2018/19 – 2020/21. There has been a 9% - 11% attendance rate for Asian, and 4% for Black (Figure 47).

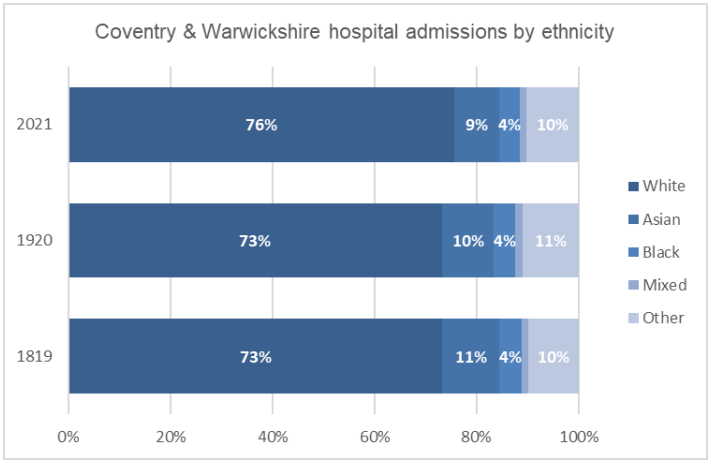


Figure 47: Hospital admissions by ethnicity
Source: SUS- Secondary user services

The Indices of Deprivation identify the most deprived hospital admissions, with 1 being the most deprived and 10 being the least deprived (Figure 48). It clearly identifies North Place having the most deprived admissions attendances, and South Place having the least.

Figure 48: Indices of Deprivation for Hospital admissions
Source: SUS – Secondary User Services

The top 10 diagnosis groups for admissions are shown in the table below with B25-B34 other viral diseases group at the top, followed by respiratory infections, fetal growth, injuries of the head and general symptoms and investigations (Table 22).

	North Place			y Place			South Place		
Diag_Group	1819	1920	2021	1819	1920	2021	1819	1920	2021
B25-B34: Other viral diseases	244	171	107	146	155	80	467	331	211
J20-J22: Other acute lower respiratory infections	195	167	33	154	142	25	384	289	79
J00-J06: Acute upper respiratory infections	138	145	50	147	131	31	359	339	189
R50-R69: General symptoms and signs	124	112	75	81	76	67	167	169	184
R00-R09: Symptoms and signs involving the circulatory and respiratory systems	93	74	34	39	49	19	34	26	40
J40-J47: Chronic lower respiratory diseases	62	41	12	38	24	2	25	23	7
A00-A09: Intestinal infectious diseases	58	58	18	41	35	14	151	130	46
S00-S09: Injuries to the head	53	32	44	62	55	30	54	56	64
P50-P61: Haemorrhagic and haematological disorders of fetus and newborn	40	26	22	34	33	25	50	53	40
R10-R19: Symptoms and signs involving the digestive system and abdomen	36	33	18	25	25	8	49	26	49
Grand Total	1043	859	413	767	725	301	1740	1442	909

Table 22: Top 10 diagnosis groups for admissions
Source - SUS- Secondary user services

UNINTENTIONAL INJURIES

Unintentional injuries are a leading cause of hospitalisation and major cause of premature mortality for children aged 0-5, often resulting in long-term health issues. The majority of these injuries are preventable and working to prevent these injuries has significant long-term benefits for individuals, families and society.

Unintentional injuries have been identified as a major health inequality. Analysis shows that the emergency hospital admission rate for unintentional injuries nationally in the 0-5 age range is 38% higher if a child lives in one of the most deprived areas compared with those children who live in the least deprived. Research also indicates that for some injury types, this inequality may be larger. For example, there is a 50% higher risk for children living in the most deprived areas of being burned, scalded, or poisoned and this resulting in primary or secondary care attendance, then for those living in the least deprived areas.

The highest rate per 10,000 for hospital admissions caused by unintentional and deliberate injuries in children aged 0-4 years in 2019/20 is in Rugby, which is higher than both the Warwickshire and England average (Figure 49).

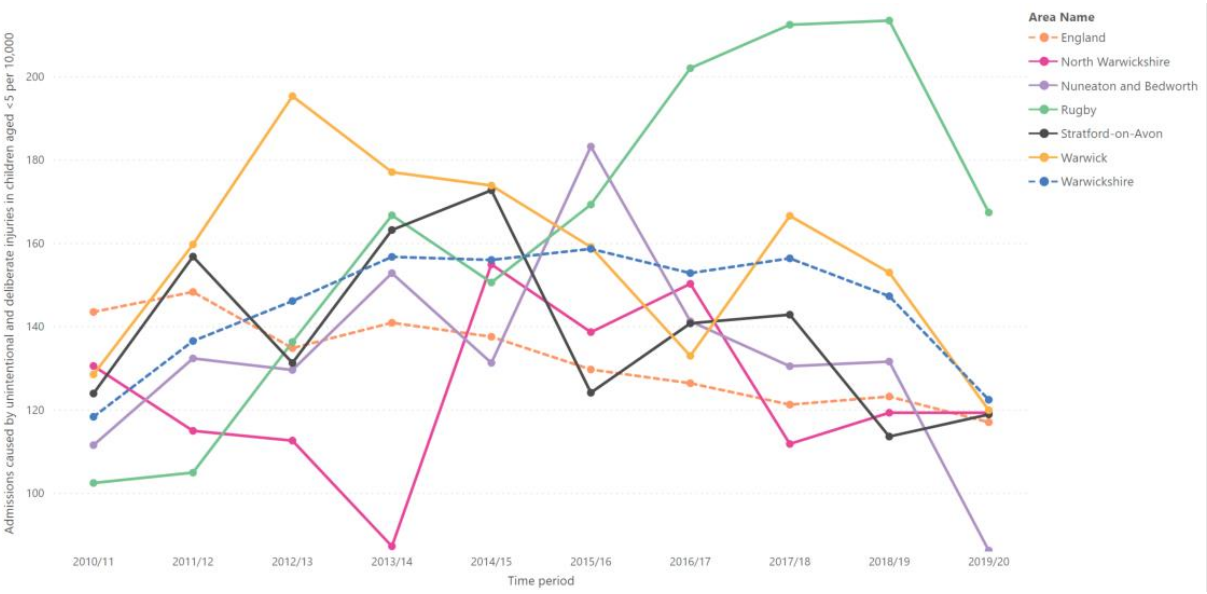


Figure 49: Hospital admissions caused by unintentional and deliberate injuries in children aged 0-4 years per 10,000 population by district and borough over time
Source: Public Health England Fingertips

In all areas except for Warwick, the male admission rate in the 0-4 years age range is higher than the female rate (Figure 50). This matches the national picture, where boys have higher rates of hospital admissions and death. Between 2012/13 and 2016/17, 55% of hospital admissions were for boys and 45% for girls. In the same period, boys had 64% of deaths and girls 36%

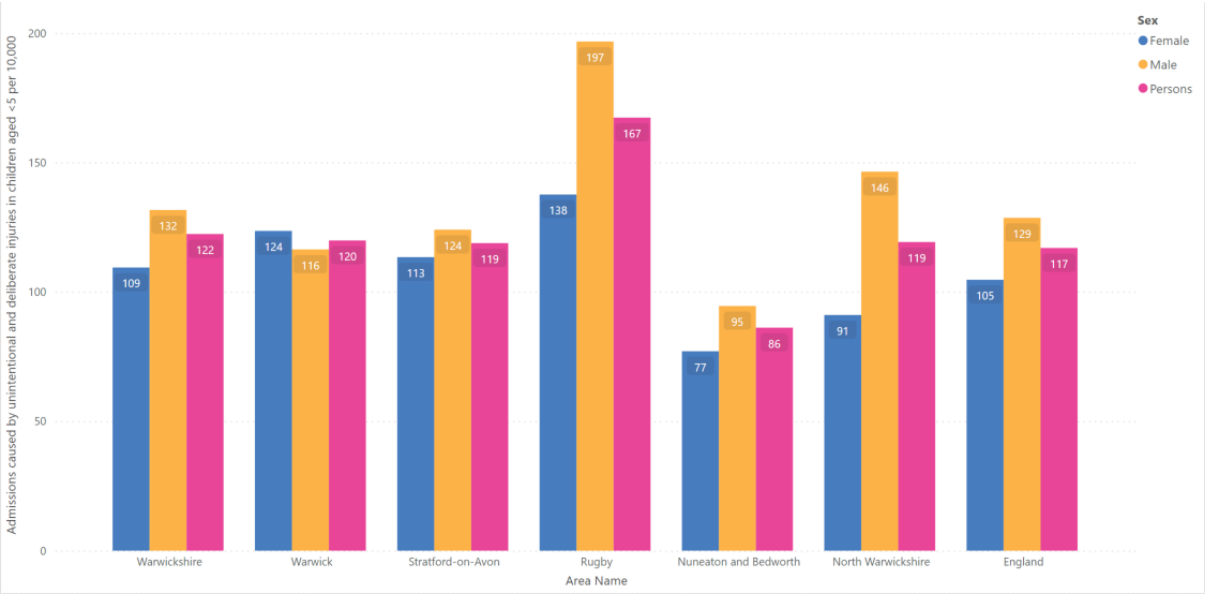


Figure 50: Hospital admissions caused by unintentional and deliberate injuries in children aged 0-4 years per 10,000 population by sex, 2019/20 data
Source: Public Health England Fingertips

Unintentional injuries in the 0-5 age range most commonly happen in and around the home. Several factors have been identified as contributing to unintentional injuries including:

- Child development
- The physical environment in the home
- The knowledge and behaviour of parents and other carers
- Overcrowding and homelessness
- The availability of safety equipment
- Consumer products in the home

The Reducing unintentional injuries in and around the home among children under five years paper[28] produced by Public Health England advises that Local Authorities could achieve significant improvements through targeting the reduction of five causes of unintentional injuries among the under-fives. This group includes the most severe and preventable injuries, including those that result in high death rates and the largest number of emergency hospital admissions. These groupings are:

1. Choking, suffocation and strangulation
2. Falls
3. Poisoning
4. Burns and scalds

[28] Reducing unintentional injuries among children and young people - GOV.UK (www.gov.uk) (Accessed February 2022)

5. Drowning

The paper identifies 3 prevention opportunities:

Providing leadership

Since the responsibility for improving health and reducing health inequalities was transferred to local authorities in The Health and Social Care Act (2012), local authorities are in an ideal place and encouraged to provide strategic leadership for unintentional injury prevention through focused planning, coordination of services and commissioning to support a collaborative approach and effectively use resources.

Mobilising existing services and working partnerships

To optimise the use of existing services and programmes in reducing unintentional injuries and being consistent with the Making Every Contact Count (MECC) approach, it is recommended to incorporate safety into all relevant interactions, including professionals' home visits. It is key to provide a strong lead to ensure injury prevention is high on the agenda of all relevant partners.

Focusing on what works and addressing inequalities

NICE PH30 makes five recommendations to help guide local planning:

1. Prioritising households at greatest risk
2. Working in partnership
3. Co-ordinating delivery
4. Ensuring families with children at high risk of injury are provided with home safety assessments and advice and referred to safety equipment schemes
5. Integrating home safety into all home visits

CHILD DEATHS

The death of any child is a devastating loss that poses profound grief to all those whom it affects. The Child Death Overview Panel (CDOP) provides a systematic review of the deaths for all children who die in England aged between birth and the day prior to their eighteenth birthday. Data within this section is drawn from PHE and the Warwickshire CDOP.

CATEGORISING CHILD DEATHS

When reviewing deaths, the type of death is categorised into one of ten different domains, examining these domains against the borough area and age of the child highlights areas where commissioning can be applied (Table 23).

Category 1; Deliberately inflicted injury, abuse or neglect
Category 2; Suicide or deliberate self-inflicted harm
Category 3; Trauma and other external factors
Category 4; Malignancy
Category 5; Acute medical or surgical condition
Category 6; Chronic medical condition
Category 7; Chromosomal, genetic and congenital anomalies
Category 8; Perinatal/neonatal event *(including prematurity)*
Category 9; Infection
Category 10; Unexplained or SIDS

Table 23: CDOP categories of child death type
Source: CDOP

When examining the type of death by age of the child, neonatal deaths within Warwickshire are mainly attributable to either ‘Chromosomal, genetic and congenital anomalies’ (category 7) or a ‘Perinatal/neonatal event’ (category 8). This noticeably alters for children who are in the age group of up to one year where categories of death become most pertinent in the category of ‘Unexplained or SIDS’. The latter ages stages all illustrate a higher category context within ‘Chromosomal, genetic and congenital anomalies’ (category 7). This category 7 congruence between the latter ages (within the 0-5 age group) highlights the cohort of children in 0-5 living and dying with life limiting conditions (Figure 51).

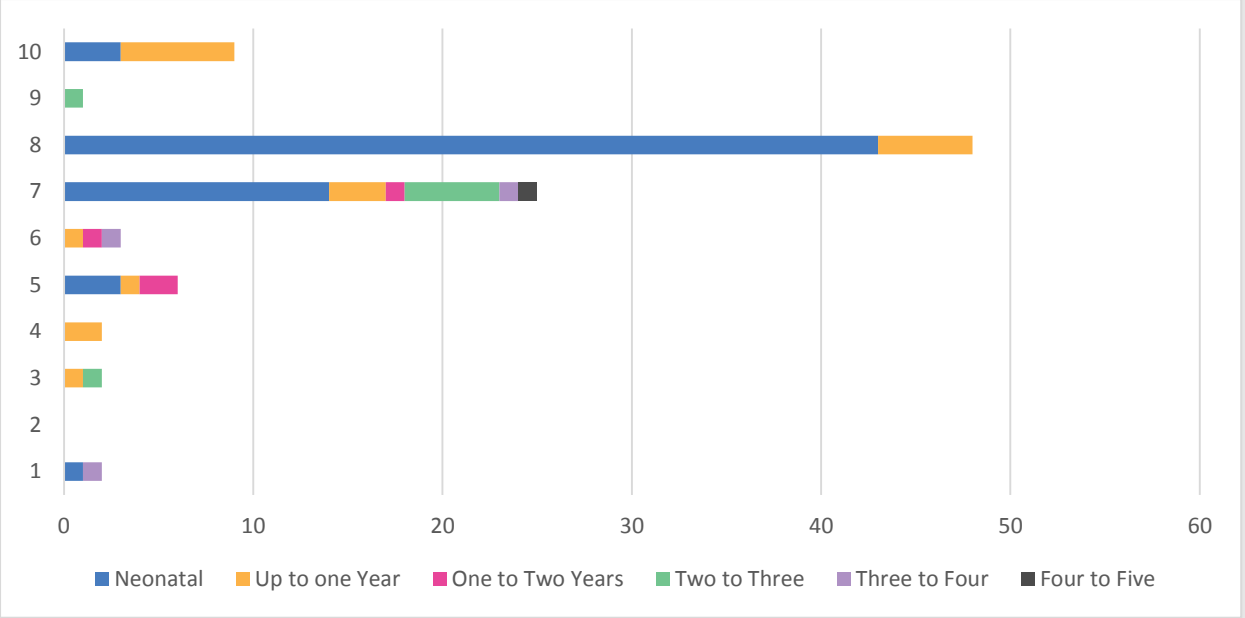


Figure 51: Warwickshire Children who have died between 2017 and 2021 by category and age
Source: Warwickshire CDOP

When examining these categories of death by borough (Figure 52) the distribution highlights regional differences. Although the category of 'Perinatal/neonatal event' (category 8) is fairly well stratified with distribution, there is categorical outliers in both the borough of Rugby and Nuneaton and Bedworth.

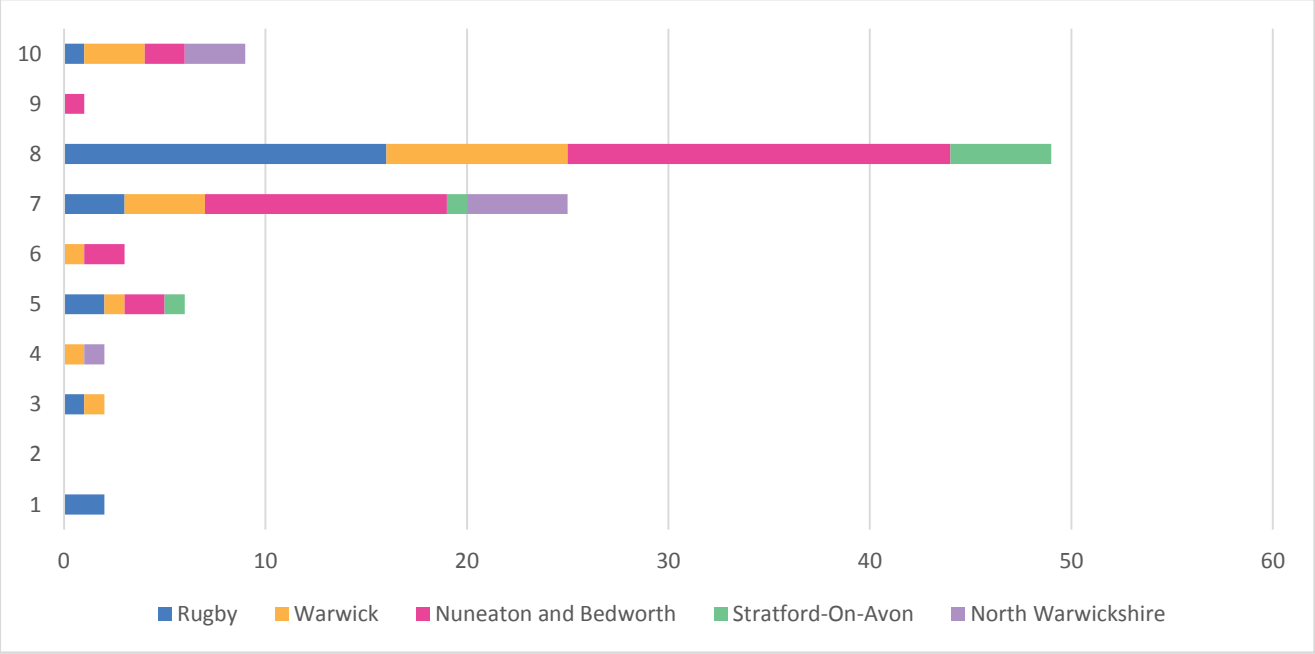


Figure 52: Warwickshire Children who have died between 2017 and 2021 by category of death and district and borough
Source: Warwickshire CDOP

INFANT MORTALITY

Infant mortality is an indicator of the general health of the population and includes deaths within the first year of life as a rate per 1,000 live births. There is a relationship with infant mortality and the wider determinants of health, deprivation, and inequalities. Infant mortality rates in Nuneaton and Bedworth, and North Warwickshire are higher than the national average, whilst Warwick and Stratford are well below. This indicates a significant inequality in infant mortality outcomes across Warwickshire (Figure 53).

Figure 53: Infant mortality rate (per 1,000 live births) over time by district and borough in comparison to England
Source: Public Health England Fingertips

CDOP examined 122 child deaths in Warwickshire between 2017-2021.
These children were subdivided into age ranges of neonatal (aged 0- 30 days), below one year, one to two years, two to three years, three to four years and four to five years. The deaths within the age ranges (Figure 54) highlight the highest loss of life to fall within the neonatal period. The deaths within this period illustrate neither an increase nor decrease in prior trends. Although it should be noted that since 2018, 'signs of life' has led to a greater number of pre-term babies of non-survivable gestation being recognised and reviewed via child death partners.

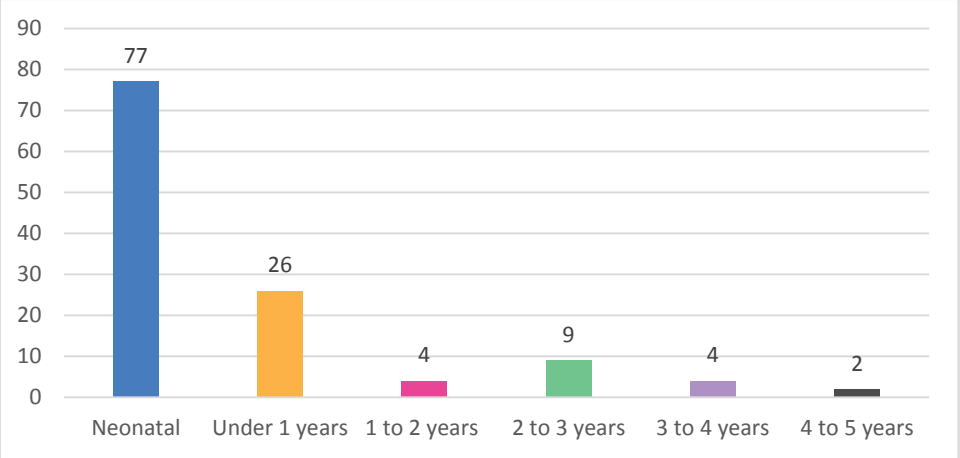


Figure 54: Warwickshire Children who have died between 2017 and 2021 by Age
Source: Warwickshire CDOP

Further examining the child deaths highlights the difference in deaths per borough of Warwickshire (Figure 55) with the highest number of deaths occurring in Nuneaton and Bedworth.

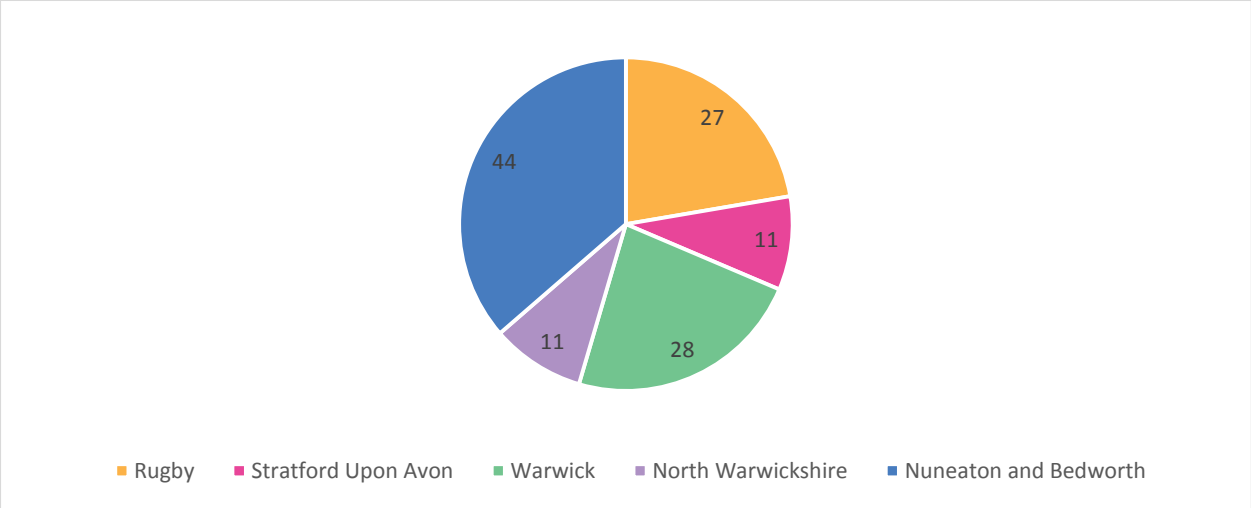


Figure 55: Warwickshire Children who have died between 2017 and 2021 by district and borough
Source: Warwickshire CDOP

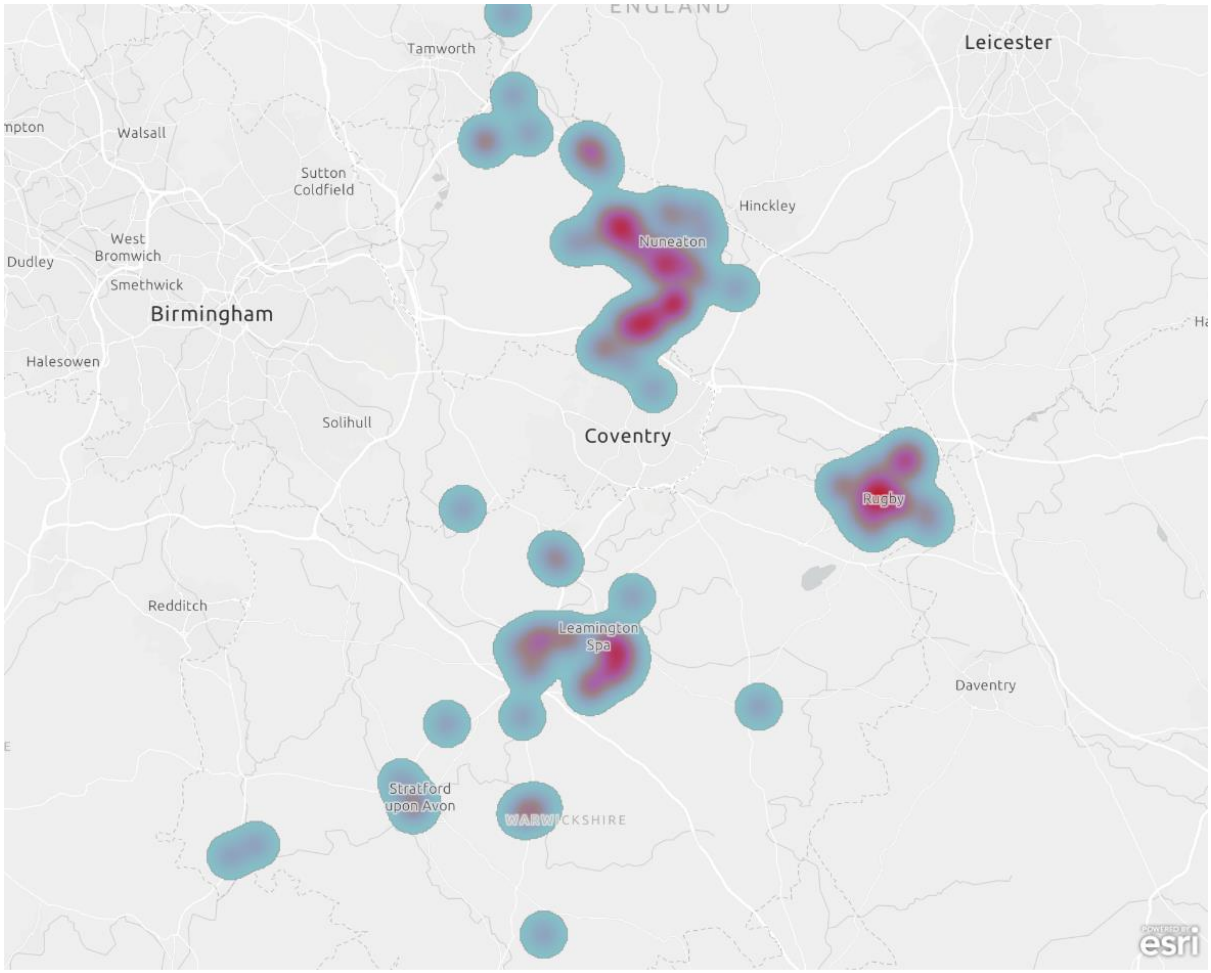


Figure 56: Heat map of child deaths in Warwickshire, May 2016 to March 2021
Source: CDOP

The variance and type of deaths becomes even more apparent when examining the age of death within each borough (Figure 57).

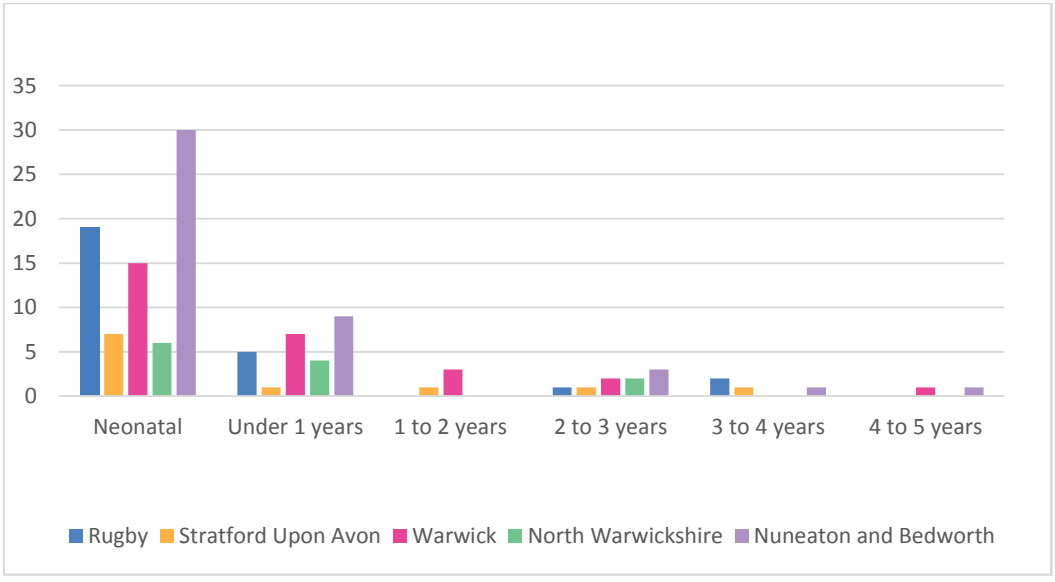


Figure 57: Warwickshire Children who have died between 2017 and 2021 by district and borough and age
Source: Warwickshire CDOP

In terms of ethnicity, the data shows that this largely follows the ethnicity of the population according to the limited data available. Where ethnicity is known, 83.0% are of “White” ethnicity, compared to 82.7% in Reception year school census of May 2021. Numbers for other ethnicities are too small for useful comparison.

MODIFIABLE FACTORS IN INFANT MORTALITY

Of the 122 Warwickshire Child Deaths, 45 were cases over a month of age. Of the 45 cases just over a quarter (29%) identified modifiable factors (Figure 58). Nationally, via the ‘National Child Mortality Database’ (‘NCMD’) it is regarded that the average percentage of modifiable deaths for CDOP is 36%, highlighting that Warwickshire cases of deaths over a month of age and under five have less modifiable factors than the national average.

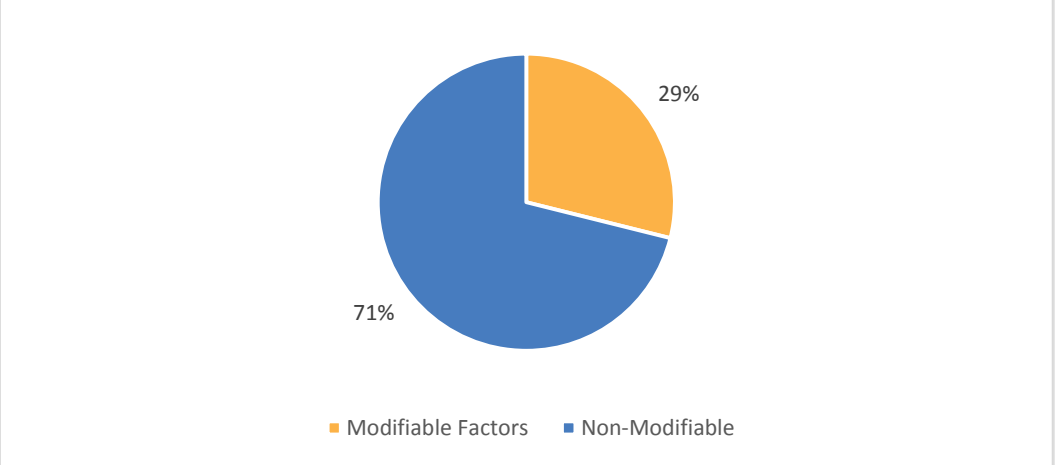


Figure 58: Modifiable Factors Identified in 1 month old to 5 years old death
Source: Warwickshire CDOP

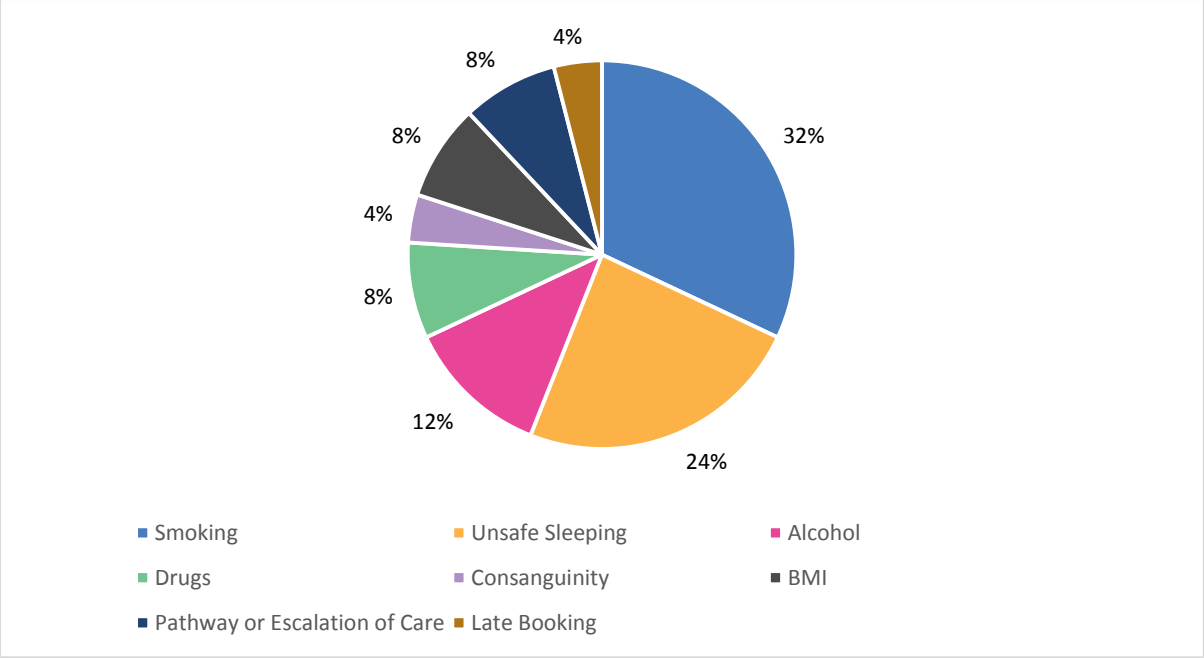


Figure 59: Child death in Warwickshire by modifiable factors (1 month to 5 years old) 2017-2021
Source: Warwickshire CDOP

Figure 59 above provides a breakdown of modifiable factors associated to child death (age one month to five years) in Warwickshire. Smoking and unsafe sleeping contribute to over 50% of child deaths. Recent analysis by CDOP identified themes around lack of safe sleeping and late identification or management of infections where parents may have been less inclined to visit the GP due to the COVID-19 pandemic. Elimination or reduction of these factors may be improved by enhanced (ante and postnatal) parental education and communications campaigns highlighting the risks associated with them.

NEONATAL MORTALITY

Neonatal mortality is defined as deaths within the first 28 days of life – excluding stillbirths. This reflects the health and care of both the mother and new-born infant and is the most vulnerable time for the child's survival. Causes include prematurity, low birth weight, and birth defects. There are several risk factors for neonatal mortality: diabetes, infections, clotting disorders, and lifestyle factors (including smoking, stress, alcohol)

The highest rate for deaths within 28 days per 1,000 births is in Warwickshire North CCG for 2017-19 reporting period, considerably higher than the England rate (Figure 60). This is then shown over time in Figure 61, showing a recent decline to below the England average in South Warwickshire CCG and NHS Coventry and Rugby CCG.

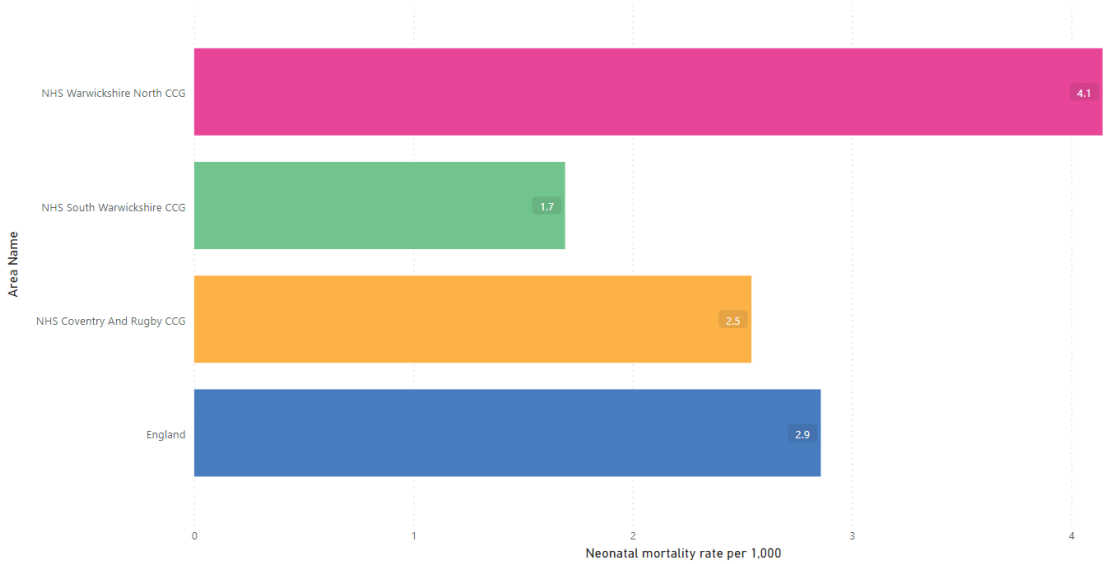


Figure 60: Neonatal mortality rate per 1,000 births by CCG in comparison to England, 2017-19
Source: Public Health England Fingertips

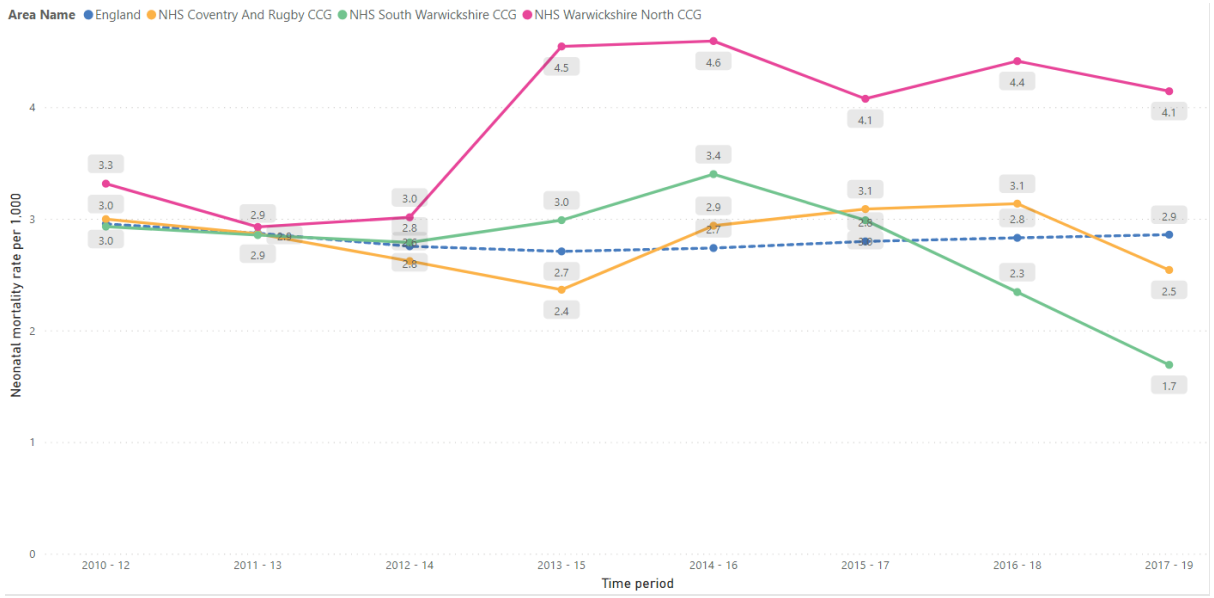


Figure 61: Neonatal mortality rate per 1,000 births over time by CCG in comparison to England
Source: Public Health England Fingertips

MODIFIABLE FACTORS IN NEONATAL MORTALITY

Modifiable factors are highly relevant to neonatal mortality as they are a guide for what factors can be changed or adapted through healthcare and commissioning interventions.

77 of Warwickshire Child Deaths examined were neonatal cases. Of these cases less than a quarter (22%) identified modifiable factors (Figure 62).

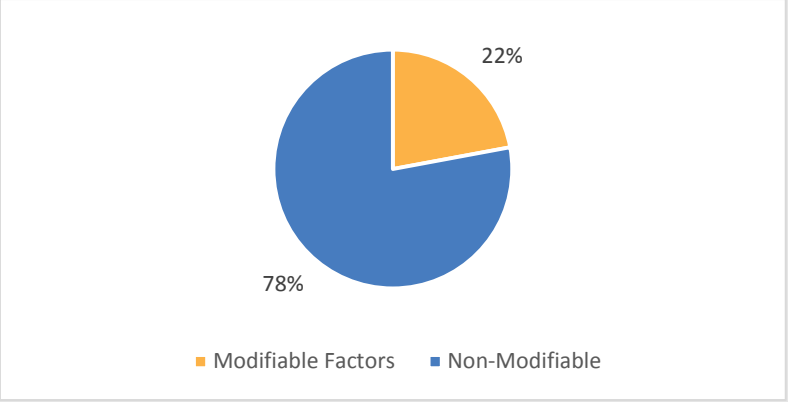


Figure 62: Modifiable Factors Identified in neonatal death in Warwickshire
Source: Warwickshire CDOP

However, when examining the cases with modifiable factors in neonatal child death the categories of modifiability become more apparent. These categories identify areas of change that could be made to reduce future child deaths within the Warwickshire neonatal age range (Figure 63).

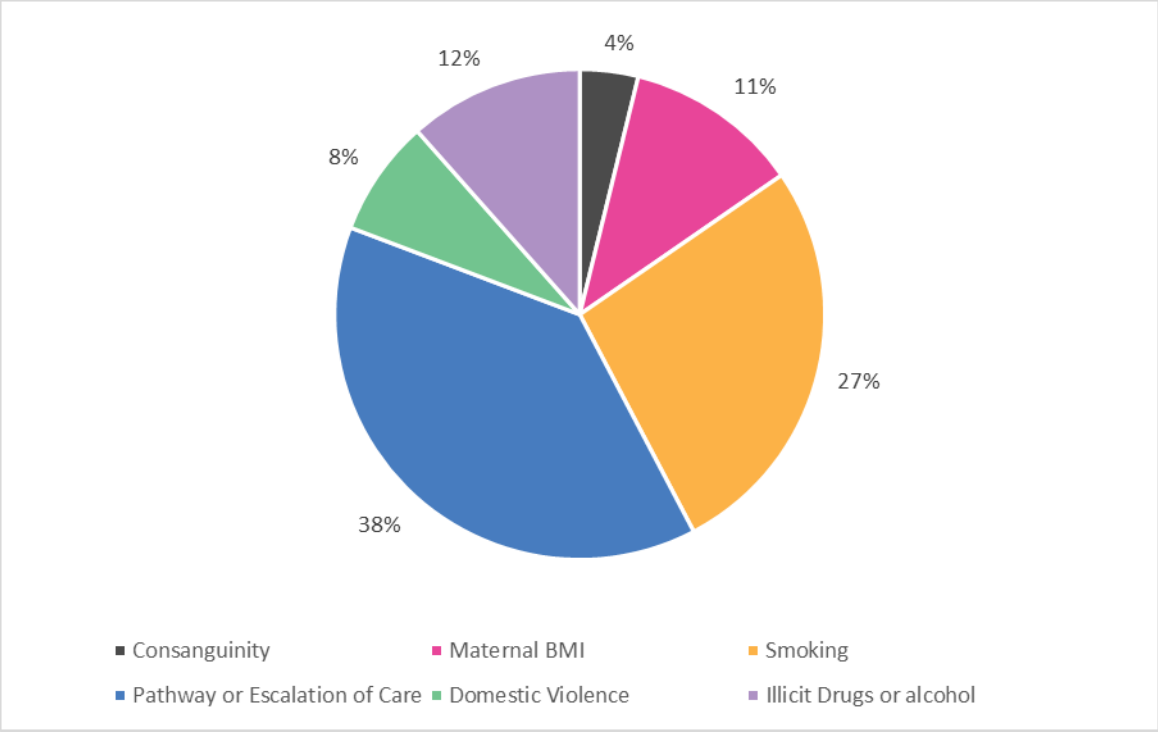


Figure 63: Modifiable Factors within Neonatal Deaths
Source: Warwickshire CDOP

The breakdown of neonatal deaths with modifiable factors highlights that clinical pathway or escalation of care is the largest contributory factor in Warwickshire, closely followed by smoking. Warwickshire is served by three hospital trusts covering a large geographical area. Data is currently unavailable to understand the breakdown of neonatal deaths due to clinical pathway or escalation of care by trust.

Due to the clear effect of these modifiable factors in neonatal survival it may be prudent to review and/or complete audits on smoking cessation in pregnancy services, and clinical pathways for neonatal births across all three hospital trusts.

STILL BIRTH

A stillborn baby is one born after 24 completed weeks of pregnancy with no signs of life. The national stillbirth rate is 3.99 per 1,000 births. Risk factors associated with stillbirth include maternal obesity, ethnicity, smoking, pre-existing diabetes, history of mental health problems, antepartum haemorrhage, and fetal growth restriction.

Figure 64 displays still birth rate per 1,000 births which has been relatively stable over time. Warwickshire still birth rate (2.7 per 1,000 births for 2017-19) is comparatively low within the West Midlands (Figure 65).

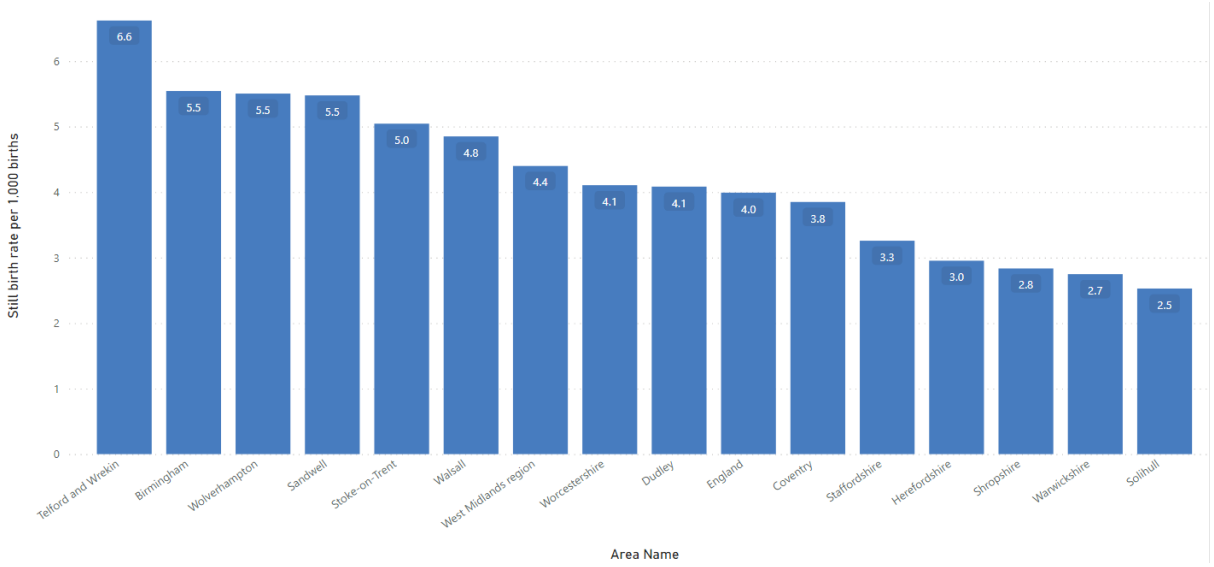


Figure 64: Still birth rate per 1,000 births for local authorities in the West Midlands and England, 2017-19
Source: Public Health England Fingertips

Figure X displays the rate over time up to 2017/19. There is a decrease across England, West Midlands region and Warwickshire, with Warwickshire being consistently lower than both the England and West Midlands region average.

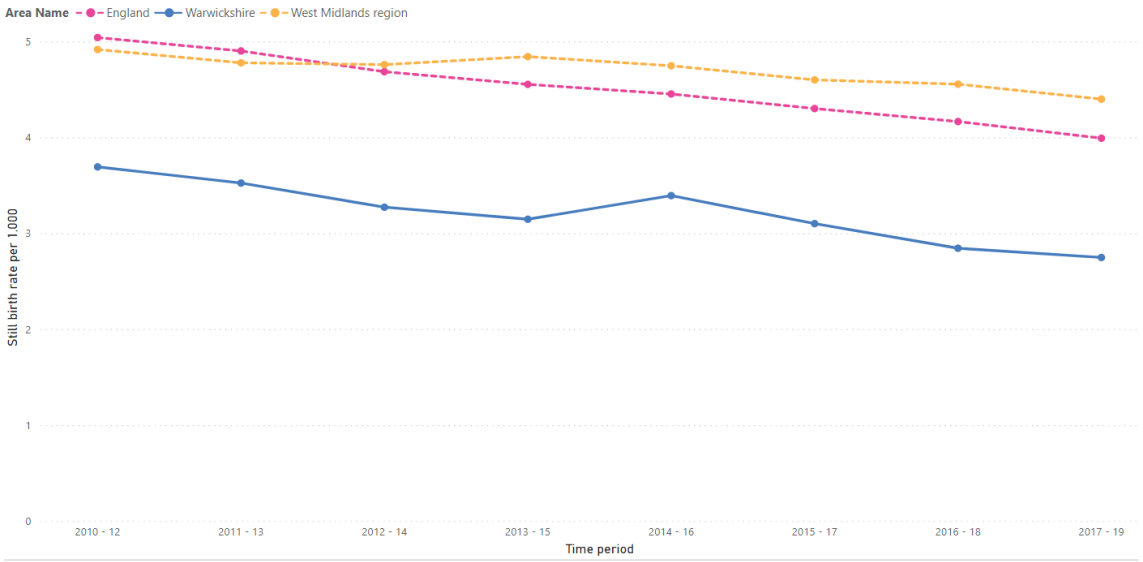


Figure 65: Still birth rate per 1,000 births over time
Source - Fingertips

However more recent data collected by place across the Coventry and Warwickshire region suggests a rapid increase in stillbirth between 2019/20 and 2020/21, with both North and South Warwickshire experiencing a doubling of instances of stillbirth (Figure 66).

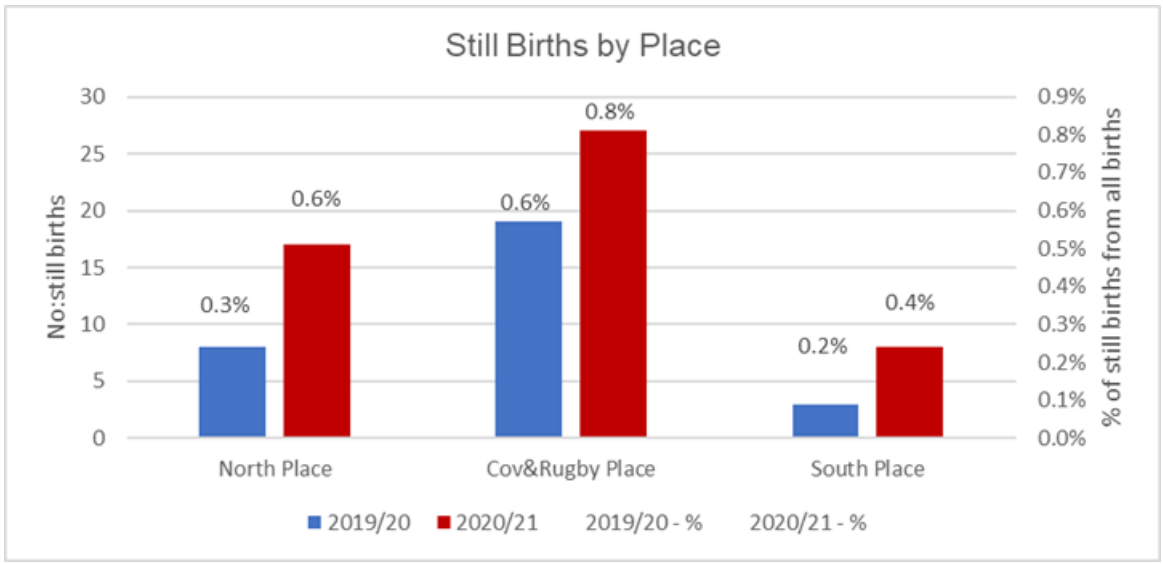


Figure 66: Still births by Place
Source: SUS

Reasons for these increases are unclear and work is required to understand the impact of the COVID-19 pandemic on attendance to maternity clinics. The Coventry and Warwickshire Local Maternity & Neonatal System (LMNS) are currently working on communications to highlight the importance of hospital attendance in instances of reduced foetal movement experienced by pregnant women.

SERVICES FOR CHILDREN 0-5

HEALTH VISITOR SERVICES

Health Visitors play a fundamental role in the identification and management of health needs in the preschool population. They link with midwifery services antenatally, primary care services with liaison with General Practice and, if required, with school nursing services on transition into school. As children grow and develop, health visitors can link with other services and agencies to ensure positive outcomes for families are achieved including early years settings and social care.

The current population (Feb 2022) is 27,900 preschool children but for health visitors their population includes parents, carers, and the wider community. In Warwickshire there are 4 health visiting teams in North Warwickshire, 2 in East Warwickshire (Rugby) and 8 teams in South Warwickshire.

The health visiting service operate to the Healthy Child Programme (2009 updated 2021). This means there are 3 different levels of service offer with everyone being offered the universal service and if they require additional support a targeted or specialist offer is given.

The Outcomes Star is a suite of person-centred tools for supporting and measuring change when working with families (Figure 67). The Parent & Baby Star is both a keywork tool, supporting effective interventions, and an outcomes tool, giving management data on progress towards the end outcome. Because of this dual role, it brings together measurement and service delivery and can provide a shared language and framework across operations and data management for departments and between commissioners and service providers. The Parent and Baby Star has been developed to help parents who need support with their perinatal mental health and well-being.

The Parent & Baby star has a five-point scales arranged in a star shape. Each point on each scale has detailed descriptors setting out the attitudes and behaviour typical of that point on the scale. Underpinning these scales is a model of change (the Journey of Change) describing the steps towards the end goal that both the service and service user are trying to achieve.

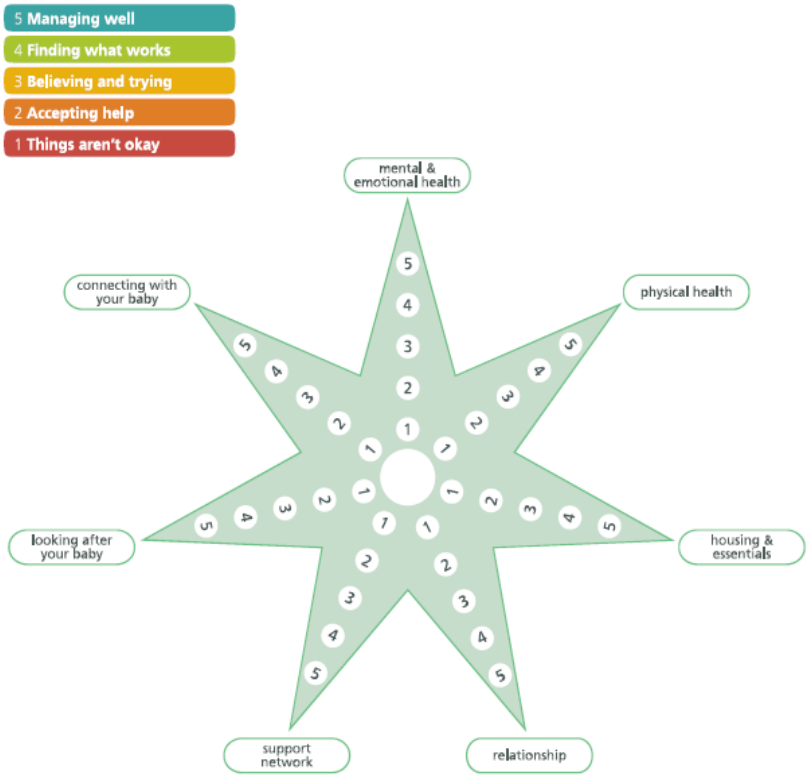


Figure 67: The Parent and Baby Star
Source: Parent and Baby start summary data for Warwickshire Hv teams Nov 2021

The proportion of New Birth Visits completed within 14 days in Warwickshire in 2020/21 was 78.2%. This figure is lower than the England average (88.0%) and has been lower than the England average since 2017/18.

The proportion of infants receiving a 6–8-week review in Warwickshire in 2020/21 was 85.0%, higher than the England average (80.2%). The proportion of children receiving a 2 ½ year review in Warwickshire in 2020/21 was 80.8%, higher than the England average (71.5%).

HEALTH NURSING SERVICE

Warwickshire County Council is responsible for the 0-5 Public Health Nursing Service which supports parents from pregnancy to the time their child starts school[29]. It includes both:

- Health Visiting, which works with every family with a child of pre-school age, and typically involves five contacts with the health visiting team from the antenatal period (28 weeks) to when the child reaches two and a half years old.

[29] 0-5 Public Health Nursing provision in Warwickshire – Parents & Carers Survey, Warwickshire County Council, 2021

- Family Nurse Partnership (FNP) is a home visiting parenting programme for first time young mums until the child is 2 years of age.

The 0-5 Public Health Nursing Service helps to build the confidence of parents; promote child development; and strengthen parent, infant and family health and wellbeing. It works with families who all have different needs, to get them the right help at the right time. Parents and carers of young children in Warwickshire were invited to share their views and experiences of the 0-5 Public Health Nursing Service to help inform future support. Warwickshire County Council wanted to hear about the experiences of the people who have used this service. The feedback is being used to review the service and shape of the future offer.

Almost 80% of respondents stated they knew how to contact their Health Visiting service. However, 46% of respondents said they do not know who their family's health visitor is, 22% did not understand what the Health Visiting service does, 24% were not told what the Health Visiting service does, and 16% did not know how to contact the Health Visiting service. It is important to note for this question that Health Visitors operate on a collaborative caseload. This means unless a family is targeted or specialised, a named health visitor will not be assigned.

When asked to what extent respondents agreed with statements in relation to what the Health Visiting service should offer, 63% of respondents agreed that they would like more support between 3-6 months and 43% said they would like more support between the 2-2.5 years contact and their child entering school. Only 4% agreed that they would be happy with fewer contacts. At the time of the survey Health Visitors were following both Health Service National guidance and COVID guidance, which limited the number of face-to-face visits and meant baby clinics were not open. This may have contributed to the response seen in the survey.

Positive comments about the Health Visiting service included frequent positive support and advice and positive phone call support. Some less favourable comments included outdated advice, minimal interaction and the feeling of services being a tick box exercise.

Since the survey took place a new 0-5s website has been created which includes a user friendly and improved contact details section. This has been widely advertised to combat the issues highlighted by the survey.

Warwickshire's Health Visiting service has a ChatHealth texting service which is used to text a health visitor. Respondents were asked if they have ever used this service and if they have how they would rate the service. Figure 13 shows that only 13.4% (n=25) of respondents had used this service, 56.5% (n=105) had not used it as they didn't know about it, and 30.1% (n=56) hadn't used it as they did not require the service. Since the survey took place the ChatHealth service has been advertised more widely, including social media pushing, posters at key venues, and stickers on Red Books.

Before COVID, 43% of respondents said they were very satisfied or satisfied with the Health Visiting service, and 16% were not satisfied or very unsatisfied. Around one quarter of respondents (26.3%) stated this was not applicable as they either did not use the service or did not have a child between 0-5 at the time. Since COVID, 51% of respondents were not satisfied or very unsatisfied, however 24% were satisfied or very satisfied with the service. A further open text question identified that lack of contact was one of the main themes emerging as a reason for this. The demand for specialist and targeted parts of the service has increased throughout and since COVID, which means there is a reduced capacity for the universal elements of the service. Families may have experienced periods of time where they are not contacted by a Health Visiting team, although they are still able to access the service.

The past 2 years have seen both workforce challenges and unprecedented demand for Health Visiting services. Work to adapt to these challenges is now prioritised, and underway throughout Warwickshire.

EARLY INTERVENTION HEALTH VISITING SERVICE

Since January 2022, two fulltime specialist intervention visitors have been operating in North Warwickshire. They are experienced Health Visitors working within the Family Nurse Partnership to offer intensive, early home visiting to targeted families with extra vulnerabilities for clients of 21 years and under at conception. Their visit times include:

- 4 times antenatally
- New birth contact
- 6-8 week visit
- 3 month visit
- 6 month visit
- 9-10 month visit

As this is a new service it is still getting an accurate picture of the capacity it can take, however their current estimate is 50 cases per health visitor. They are expecting a clearer picture of their capacity and potential around Easter 2022.

EARLY EDUCATION AND CHILDCARE

The wider impact of starting school behind is significant and can be devasting to a child's progress and prospects. The Warwickshire County Council Early Years Needs Assessment tracked a cohort of children who had not met the expected level on half of their early learning goals through to the end of primary school and found that they were doing less well than their peers not just in terms of education, but also in their social outcomes.

Crucially this analysis found that this held true even after they had controlled for other factors such as gender and free school meal eligibility. They found:

- Children who do less well at age five are five times as likely to end up being excluded by the end of primary school (82% more likely after accounting for demographics).
- Children who do less well at age five are over twice as likely to have had contact with children's social care at age eleven (46% more likely after accounting for demographics).
- Children who do less well at age five are nearly three times more likely to be struggling with reading at age eleven.
- Children who do less well at age five are four times more likely to be struggling with writing at age eleven.

The analysis shows that knowing how children are doing at age five gives a better picture of which children might be likely to struggle later. It is possible to accurately predict 54% of those children who are below the expected standard in KS2 writing when their levels of development at age 5 are included, compared to 41% when only looking at demographic information such as whether they are living in poverty.

School readiness is currently measured by achievement of the 'Good Level of Development' at the end of the reception year of statutory schooling. It determines how prepared a child is to succeed in Key Stage 1 cognitively, emotionally, and socially.

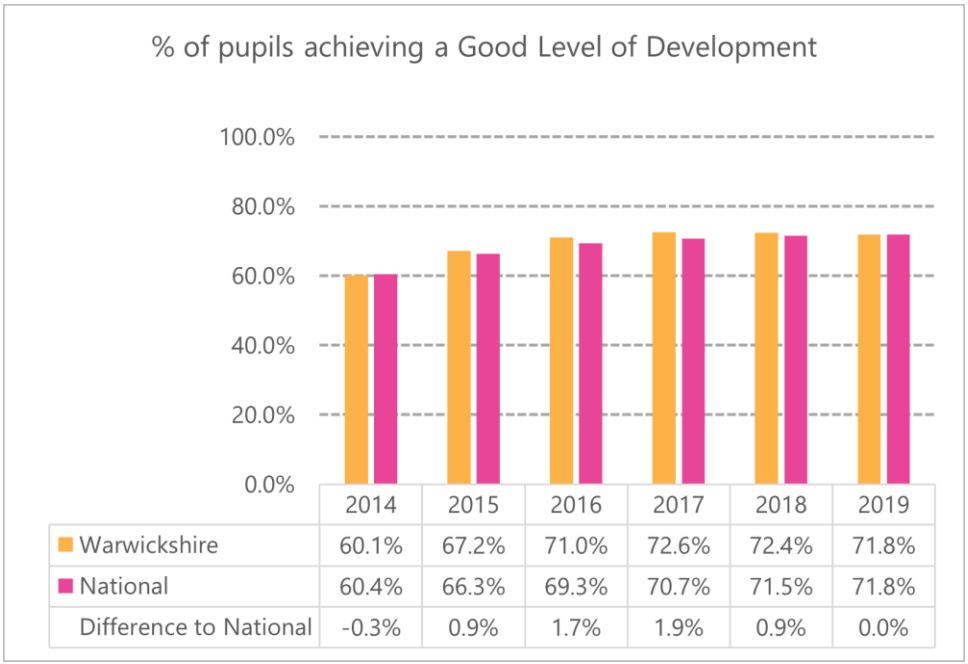
It is assessed through the Early Years Foundation Stage Framework which considers children's development against 17 Early Learning Goals (ELGs). However, the skills and abilities that lead to successful social and academic outcomes are supported by a wider context.

For a child to be school ready they will be an independent and curious learner, developed through positive interactions and investigation within safe, secure environments. They will be confident to communicate their needs, can regulate their emotions and will have become an emotionally resilient, happy child who is supported by aspirational parents/carers, Early Years settings, and Schools.

- Children's readiness – focuses on what a child should know and be able to do in order to enter school confidently with an enthusiasm for learning and is applicable to all children, particularly those that are economically disadvantaged and vulnerable.
- Early Years Settings and Schools readiness – promote a child friendly learning environment which recognises and adapts to the needs of individual children and families and supports the smooth transition into reception.
- Families Readiness – promotes the positive involvement of parents and carers regarding children's early learning, development, and transition to school.

- Service Readiness – Health, Social Care and other agencies will support families collaboratively to address health and social care issues that impact on the child and family's ability to become school ready.

Following improved performance each year from 2014, the percentage of pupils achieving a good level of development in Warwickshire peaked in 2017. Since then, albeit very slight, the percentage has declined by 0.2% between 2017-2018 and 0.6% between 2018-2019 (Figure 68).



	2014	2015	2016	2017	2018	2019
Warwickshire	60.1%	67.2%	71.0%	72.6%	72.4%	71.8%
National	60.4%	66.3%	69.3%	70.7%	71.5%	71.8%
Difference to National	-0.3%	0.9%	1.7%	1.9%	0.9%	0.0%

Figure 68: Percentage of pupils in Warwickshire and against the National average achieving a good level of development.
Source - Warwickshire County Council Early Years Needs Assessment

Since 2015, performance in Warwickshire has always been above the national average. Almost 3 in 10 children in Warwickshire are not school ready at reception age. Comparing good level of development performance in 2019, Warwickshire was ranked 11th out of 11 amongst statistical neighbour Local Authorities and ranked 6th out of 13 of the West Midlands Local Authorities.

The Local Authority Interactive Data Tool (LAIT) compares Local Authorities against performance targets for 0-5's (Table 24). Whilst Warwickshire compares well against the national average, it tends to rank mid-low between statistical neighbours, particularly with percentage of children achieving a good level of development in Foundation Stage Profile Assessment (FSP) and the percentage of children achieving at least the expected level in the Foundation Stage Profile for Communication and Language.

Warwickshire has made recent improvements in Percentage take up of 3 and 4-year-olds benefiting from some free early education, percentage of 2-year-old children benefiting from funded early education in good/outstanding provider, and percentage

of 2, 3 and 4-year-olds in funded early education at providers with staff with graduate status.

National Data Set and Warwickshire performance in 2018/19	2018/19 outcome	National	Statistical Neighbour	LA Rank /151	Change from 17/18
1. Percentage of children achieving good level of development in FSP	71.8%	71.8%	10/11	73/151	↓
2. The standard score and percentage inequality gap in achievement across all the Early Learning Goals	31.6%	31.8%	4	56	↓
3. The percentage of children achieving at least the expected level in the Foundation Stage Profile for Communication & Language	31%	32.4%	10	77	↓
				2021	**outcome**
		change from 2020			
4. Percentage of 2-year-old children benefitting from funded early education	63%	62%	9	74	↓
5. Percentage take up of 3- and 4-years olds benefiting from some free early education	95%	88%	5	28 + 77 places	↑
6. Percentage of 2-year-old children benefitting from funded early education, in Good/Outstanding provider	98%	97%	5	49 + 25 places	↑
7. Percentage of 3 & 4 year old children benefitting from funded early education, in Good/Outstanding provider	93%	93%	9	73	↓
8. Percentage of 2, 3 & 4 yr olds in funded early education at providers with staff with graduate status	58%	51.5%	5	45 + 8 places	↑
		Warwickshire Measures			
9. Percentage of early years providers that are judged by Ofsted as good / outstanding for overall effectiveness at least match the national figure	95%	95%	NA	NA	NA
10. The gap in GLD measure at age five for disadvantaged learners compared with **All** learners in Warwickshire	18% (2017/18 17%)	17/8%	NA	NA	NA
11. The gap in GLD measure at age five for disadvantaged learners compared with non-disadvantaged learners in Warwickshire	20% (2017/18 – 19%	Not available	N/A	N/A	N/A

Table 24: Comparison to statistical neighbours from Local Authority Interactive Data Tool. Source: Local Authority Interactive Data Tool.

The Good Level of Development performance of disadvantaged children has fallen over the past 3 years and with the performance of non-disadvantaged children staying the same, the disadvantaged gap has widened (Table 25).

		Warwickshire							
		Cohort size			% achieving GLD				
	Pupil characteristic	2017	2018	2019	2017	2018	2019	Difference 2018 minus 2019	Direction of travel 2018 to 2019
Gender	**All Pupils**	6605	6527	6456	72.6%	72.3%	71.8%	-0.5%	↓
	Boys	3342	3353	3330	65.1%	66.2%	64.7%	-1.5%	↓
	Girls	3263	3174	3126	80.4%	78.8%	79.4%	0.6%	↑
	Gap: Boys - Girls				-15.2%	-12.6%	-14.7%	-2.1%	Gap widened
Disadvantaged	Disadvantaged	619	686	685	58.2%	55.7%	54.0%	-1.7%	↓
	Non-Disadvantaged	5986	5841	5771	74.1%	74.3%	73.9%	-0.4%	↔
	Gap: Dis - Non Dis				-16.0%	-18.6%	-19.9%	-1.3%	Gap widened
	Gap: Dis - All Pupils				-14.5%	-16.7%	-17.8%	-1.1%	Gap widened
SEN	No SEN	6007	5949	5882	77.8%	77.1%	76.6%	-0.5%	↓
	SEN Support	521	489	460	23.6%	27.4%	28.0%	0.6%	↑
	EHC Plan/Statement	77	89	114	3.9%	1.1%	3.5%	2.4%	↑
	Gap: SEN Support - No SEN				-54.2%	-49.7%	-48.5%	1.2%	Gap narrowed
	Gap: SEN Support - All Pupils				-49.0%	-44.9%	-43.8%	1.2%	Gap narrowed
	Gap: EHCP - No SEN				-73.9%	-76.0%	-73.1%	2.9%	Gap narrowed
	Gap: EHCP - All Pupils				-68.7%	-71.2%	-68.3%	2.9%	Gap narrowed
Term of Birth	Autumn born	2263	2223	2209	82.3%	80.3%	81.8%	1.5%	↑
	Spring born	2156	2140	1995	74.4%	73.3%	72.5%	-0.8%	↓
	Summer born	2186	2162	2249	60.8%	63.3%	61.4%	-1.9%	↓
	Gap: Summer - Autumn				-21.5%	-17.0%	-20.4%	-3.4%	Gap widened
	Gap: Summer - All Pupils				-11.8%	-9.0%	-10.4%	-1.4%	Gap widened

Table 25: Percentage of pupils in Warwickshire achieving Good Level of Development broken down by Gender, Disadvantaged, SEN and Term of Birth.
Source: Warwickshire County Council Early Years Needs Assessment (Pupil level EYFSP data supplied by schools during the statutory collection periods; June/July 2017, 2018 and 2019).

Whilst the Good Level of Development performance of SEN Support children is low at 28%, there has been a steady increase in achievement for this group of children over the past few years. With performance overall declining slightly, the gap between SEN Support and All pupils has narrowed by 1 percentage point. The same is true for children with an EHCP. With an improvement of nearly 3 percentage points in 2019, the gap between this group of children and All pupils has also narrowed by 3 percentage points.

Children born in the summer term do not achieve quite as well as spring or autumn born cohorts. A 2% drop in Good Level of Development achievement has contributed to a widening of the gaps.

Early education and childcare play a vital role in children's early development and family wellbeing. 68% of parents of 2-4-year-olds reported accessing formal early education or childcare in the period before March 2020. At the start of lockdown this

changed radically. Of those who had formal arrangements, just 7% of children continued to attend throughout the lockdown period.

By June 2020, 83% of this group reported their child had not returned to formal provision, with almost half (49%) reporting their child was unlikely to return to their provider that month.

Many parents reported a particularly negative impact on their child's social and emotional development and wellbeing, including over half (53%) of those who had been unable to return to their provider. Losing access to high quality early education is likely to widen already existing school readiness gaps.

65% of parents at home whose child hadn't returned to their provider by June reported they felt stressed, worried, or overwhelmed by their childcare arrangements. Mothers are much more likely to report feeling overwhelmed compared to fathers (30% vs 18%).

Two thirds (67%) of providers in the PVI (private, voluntary, and independent) sector reported being temporarily closed during lockdown, including 79% of pre-schools, 59% of nurseries and 41% of childminders. Settings in more deprived areas were more likely to have remained open; 36% in the most deprived local authorities, compared to 30% in the least deprived.

65% of PVI providers expected to reopen on 1st June 2020, with 20% of providers expecting not to and 15% uncertain.

Early Years providers have suffered significant financial pressures during the lockdown period. Providers in the most deprived areas were more than twice as likely to have needed a business rates holiday compared to the least deprived (35% compared to 16%). As a result, a third of settings (34%) in the most deprived areas reported they were unlikely to still be operating next year, compared to 24% of those in the least deprived areas.

CHILDREN OPEN TO CHILDREN & FAMILIES SERVICES

Children open to Warwickshire's Children & Families Services are broadly supported across five main levels of support:

- Early Intervention
  - Early Help (EH)
  - Early Help with Targeted Support (TS)

- Specialist Help
  - Child in Need (CIN)
  - Child Protection (CP)

- Child in Care (CIC)

Outside of these formal support plans is the Universal Offer which can be accessed by any Warwickshire family, at any time, and is delivered online and by Children and Families (C&F) partners across the county. Children aged 0 to 5 who were only open to universal support at the snapshot dates **are not** included in this section, although many of the children who are included would have been receiving universal support as part of their C&F plan. This means that all children in the analysis have had an assessment to understand the help they need, and then opened to a support plan using the Warwickshire Spectrum of Support guidance[30] (Figure 69).

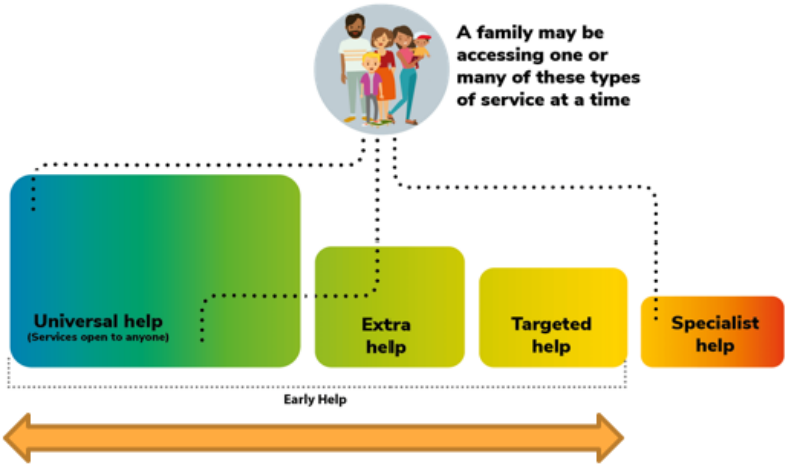


Figure 69: Spectrum of Support
Source: https://www.safeguardingwarwickshire.co.uk/images/downloads/ID10827-_WCC20034_Spectrum_Of_Support_Brochure_V7.pdf

In April 2020, Warwickshire's Early Help Offer was relaunched to include two levels of **Early Help and Targeted Support**, above the universal offer. When a family is showing signs of needing Early Help, a professional in the early help network, or through the Front Door, will recommend a co-ordinated, multiagency response to support them to make positive progress on their issues through an Early Help Pathway to Change plan (EH:PTC). This pathway contains a triaging step that helps to identify the family's needs and establishes the level of professional support required. Families who are identified as having needs that are complex, escalating or reaching crisis point are triaged as Orange, therefore having their Early Help Pathway enhanced with a Targeted Support Officer. This gives the EH:PTC greater scrutiny and supports the professionals who are helping the families to access the appropriate interventions.

The EH:PTC is a voluntary and consensual process, involving the whole family and seeks to understand the child's voice at every stage. The child, young person and their family will work alongside the practitioners to determine the holistic needs they would

[30] https://www.safeguardingwarwickshire.co.uk/images/downloads/ID10827-_WCC20034_Spectrum_Of_Support_Brochure_V7.pdf (Accessed March 2022)

like to address, to this end, a family can have needs across all spectrums of the early help triage tool (Figure 70) and will create and review actions together.

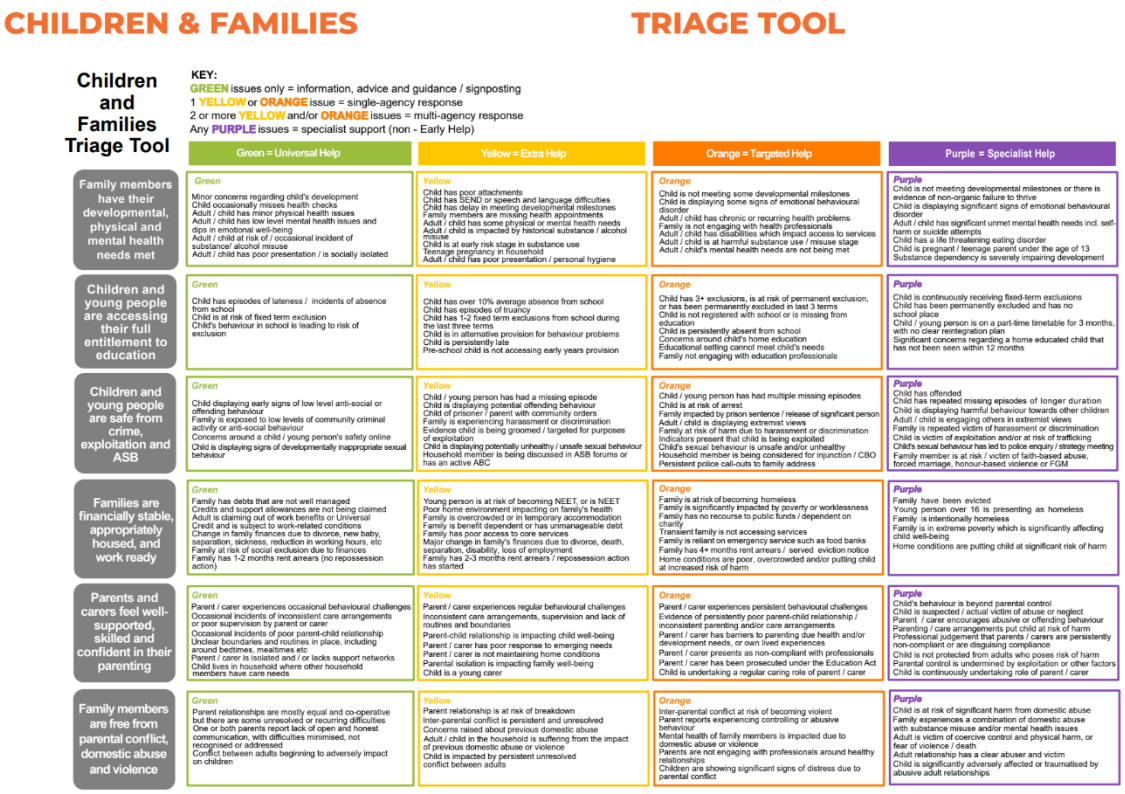


Figure 70: Early Help Triage Tool
Source: https://www.safeguardingwarwickshire.co.uk/images/downloads/ID10827-_WCC20034_Spectrum_Of_Support_Brochure_V7.pdf

The data used in this section has been taken from four date snapshots since the Early Help relaunch, in order to explore changes over time and to support ongoing monitoring:

- 30th June 2020
- 31st December 2020
- 30th June 2021
- 31st December 2021

These snapshots count the number of children open Children and Family Services as at midnight on the snapshot date. A child who is open to support across multiple snapshots will be counted on each date. Averages have been calculated to get an overall measure across the four points in time.

Countywide Picture

The Warwickshire wide picture indicates that on average, the largest cohort of children open to Children and Family Services are supported at Child in Need level. This pattern is evident across the 0-18 population, and for the 0-5 cohort:

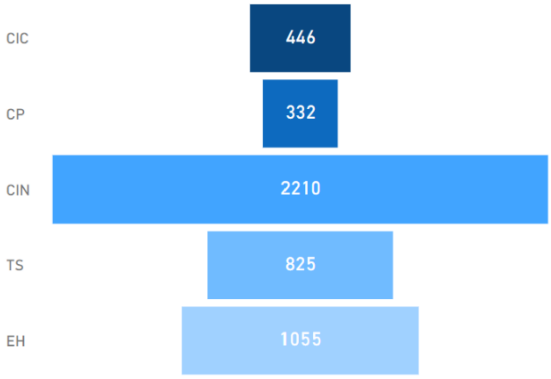


Figure 71: Average no. of 0-18s per support level
Source: Mosaic

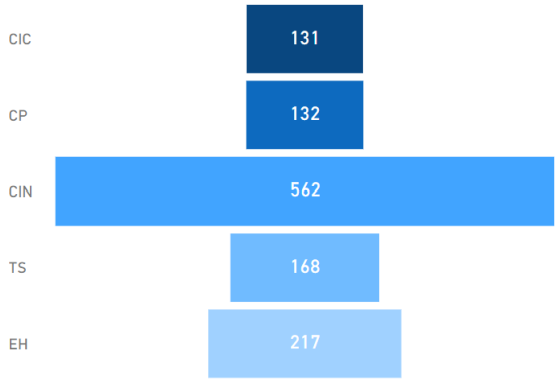


Figure 72: Average no. of 0-5s per support level
Source: Mosaic

In a traditional “pyramid of need”, the highest number of service of users would sit at the bottom of the pyramid (at the lowest level of support) and the count would get smaller as the level of support increases. This is not evident in the Warwickshire picture over the current time period, particularly for the 0-5 cohort who are relatively evenly distributed across the other categories outside of Child in Need. However, in figure 71, the total of early help interventions (EH and TS) is 1,880, only 330, less than in the CiN category. Approximately 200 children at any one time are “stepping-up” or “stepping-down” between Child in Need and Targeted Support – this means they are double counted across the two categories.

This picture is complicated slightly by some data caveats that will influence the overall counts for all data in this section:

1. Children with Disabilities (CwD) are included in Children in Need figures, although a cohort of CwD service users are formally supported with a lower level “early help” offer
2. On average, there are approximately 300 Children in Care (CIC) who are placed outside of Warwickshire at any one time. These children have been excluded from this count as their placement address does not match to a Warwickshire postcode. This results in an underreporting of CIC figures
3. As aforementioned, approximately 200 children at any one time are “stepping-up” or “stepping-down” between Child in Need and Targeted Support – this means they are double counted across the two categories

These are recognised data quality / reporting caveats that are routinely included in C&F analysis and apply consistently to all four snapshot dates in this chapter. For monitoring

purposes therefore, these figures do provide comparable baselines for exploring changes over time and geographical difference.

Overall, children in the 0-5 cohort (including unborn children) make up approximately a quarter of all children (0-18) open to Children and Family Services, with some slight variation over time:

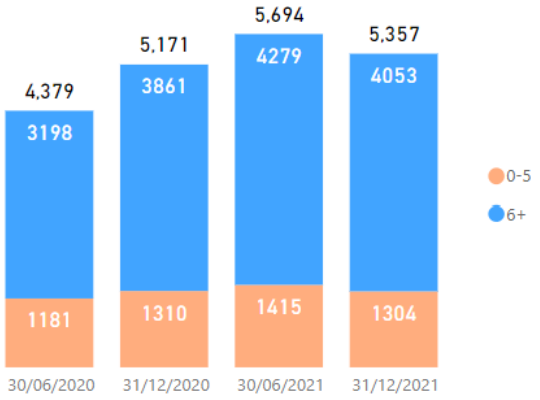


Figure 73: no. of children per snapshot date by age group Source: Mosaic

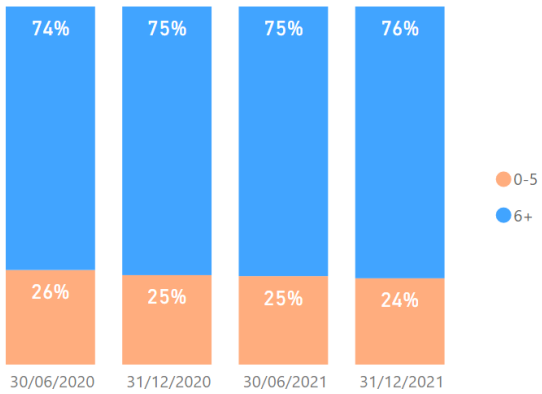


Figure 74: % of children per snapshot date by age group. Source: Mosaic

However, when broken down into Early Intervention and Specialist Help status, the average figures over the period show a greater representation for 0-5s within the specialist cohort than in the Early Intervention cohort:

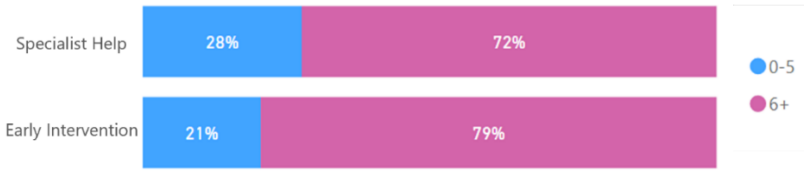


Figure 75: average % of children 0-5 per statutory status by age group Source: Mosaic

Representation for 0-5s is more unequal when comparing levels of support, with 0-5s disproportionately over-represented in Child Protection plans, compared with total specialist status and the service wide averages:

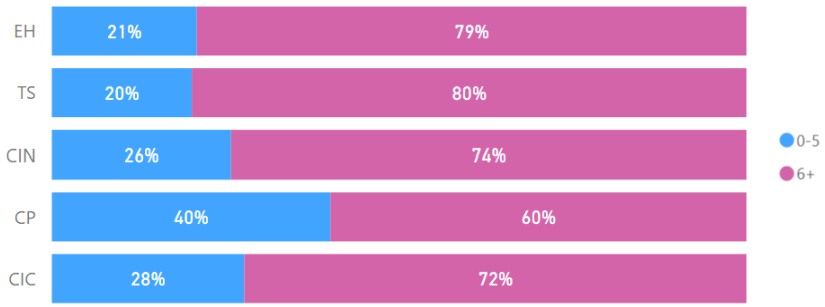


Figure 76: average % of children 0-5 per support level by age group Source: Mosaic

Out of all children open to Children & Families Services, the largest single cohort is the +6 group at CIN level (at approximately 35% of all children open to the service), followed by the +6 group at EH level (at approximately 18%):

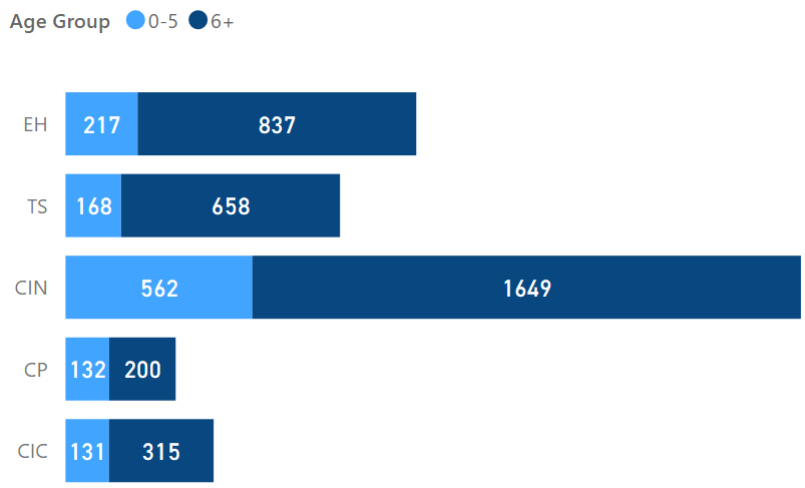


Figure 77: No. of children open to C&F by age group and support category
Source: Mosaic

In a distribution that aligns with a traditional pyramid of need and follows the principles of early intervention, we would aim to see a larger number of children (of all ages) at EH and TS levels, and a disproportionality large cohort of 0-5s at these lower levels. While “early help” does not mean “early years”, the over representation of 0-5s at statutory levels suggests that there are significant number of children 0-5 whose needs are not being identified and acted upon early enough.

Over time however, this picture is improving with the ratio of Specialist Help to Early Intervention plans suggesting a steady shift in which children 0-5 are being supported:

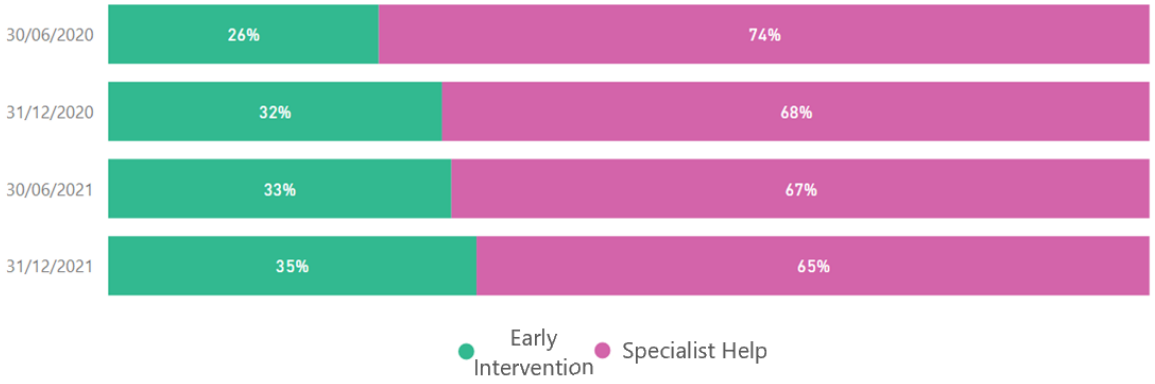


Figure 78: % of children 0-5 per statutory status by snapshot date
Source: Mosaic

In June 2020, this equated to 0.35 children being supported at Early Intervention level for every child being supported at Specialist Help level. By December 2021, this had

increased to 0.55 children at Early Intervention level per child at Specialist Help level. This will be an important indicator to monitor moving forward, with a key threshold being a reverse in the ratio, where more children 0-5 are supported at Early Intervention level that at Specialist Help.

Another important monitoring activity is to count and compare the number of children at each level of support, to highlight the key shifts in distribution over time:

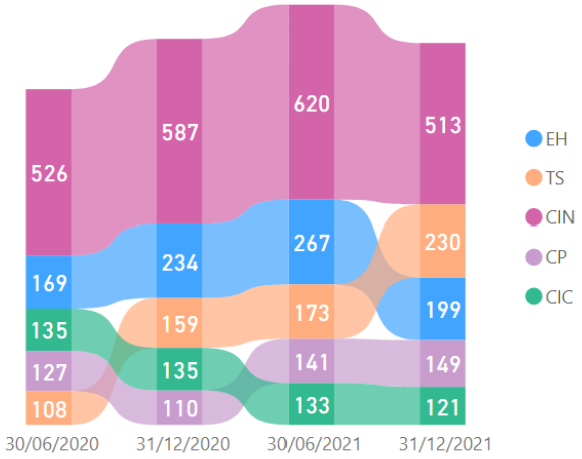


Figure 79: no. of children 0-5 by level of support
Source: Mosaic

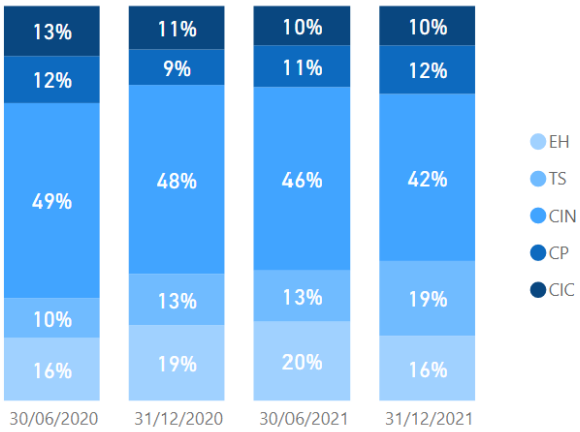


Figure 80: % of children 0-5 by level of support
Source: Mosaic

These figures indicate that the number of children 0-5 who are open to Targeted Support has more than doubled since the relaunch of Early Help in 2020, to become the second largest cohort of 0-5s in December 2021 (19%). While this is positive in terms of identifying complex need earlier; the decrease in the number and percent of 0-5s supported at the lower Early Help level suggests that more children are requiring more intensive support, to prevent them from reaching Specialist Help status. At the same time, the period has ended with the lowest numbers of Children in Need and Children in Care living in Warwickshire, but the highest number of Child Protection Plans for 0-5s. As a shifting picture, ongoing monitoring will be important for understanding the distribution of this cohort across the different levels of support, and to explore the impact of service transformation on this distribution.

Local Picture

In terms of how these shifts and differences are represented locally, it is important firstly to outline the varying composition of the C&F population across each of Warwickshire's district-boroughs. Nuneaton and Bedworth has around 55% more children open to C&F services than the district average for the period (940 children), and North Warwickshire has around 47% less children open to services than the county average. These two districts both have slightly higher rates of children within the 0-5 cohort (27% and 26% respectively), with Rugby and Warwick having the lowest (at 24% and 23%

respectively). Stratford mirrors the Warwickshire wide average at 25% of service users being 0-5:

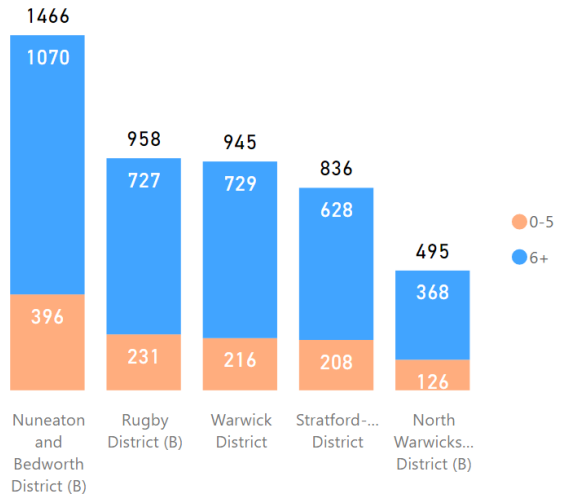


Figure 81: no. of children per district by age group
Source: Mosaic

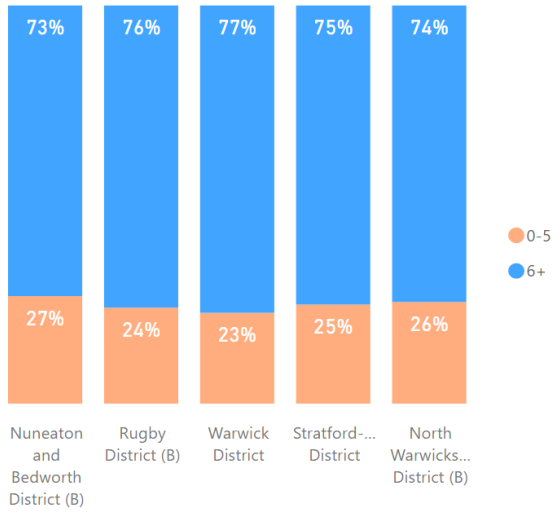


Figure 82: % of children per district by age group
Source: Mosaic

This suggests there are some differences at district level with how services are engaging and supporting 0-5s. For example, Rugby has the second highest rate of 0-5s for its population size, but the second lowest rate of 0-5s within its C&F cohort. To explore this further, it is useful to express this difference in relation to other measures, particularly low-income:

District/Borough	0-5 population estimate (ONS 2020)	% 0-5 of total population	% of children 0-5 open to C&F services	% of children in low income families
North Warwickshire	3,980	6.1%	3.2%	15%
Nuneaton & Bedworth	9,683	7.4%	4.1%	19%
Rugby	7,988	7.2%	2.9%	13%
Stratford-on-Avon	7,749	5.9%	2.7%	11%
Warwick	9,046	6.2%	2.4%	9%

Table 26: Percentage of children open to C&F services and percentage in low income families
Source: Mosaic

These measures indicate a relationship between the percent of children 0-5 open to C&F services and the percent of children 0-5 living in relative low-income families:

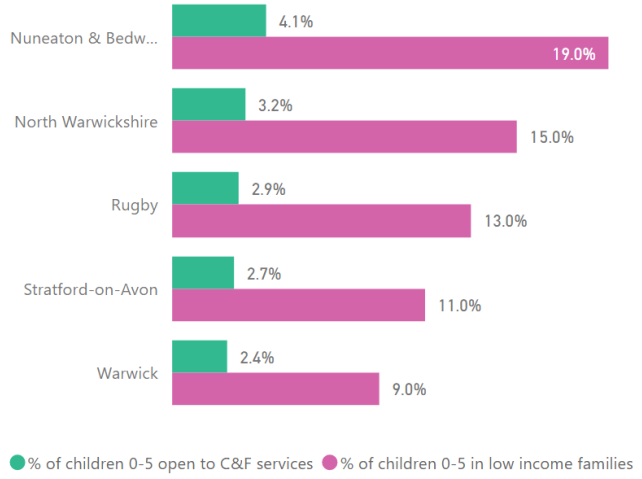


Figure 83: % of children 0-5 open to C&F services and in relative low-income families
Source: Mosaic

On average across all children (0-18) open to Children & Families Services, North Warwickshire has the lowest percentage of children open to Specialist Help support (55%), closely followed by Warwick (57%). Nuneaton and Bedworth has the highest rate of Specialist Help support, at 66%:

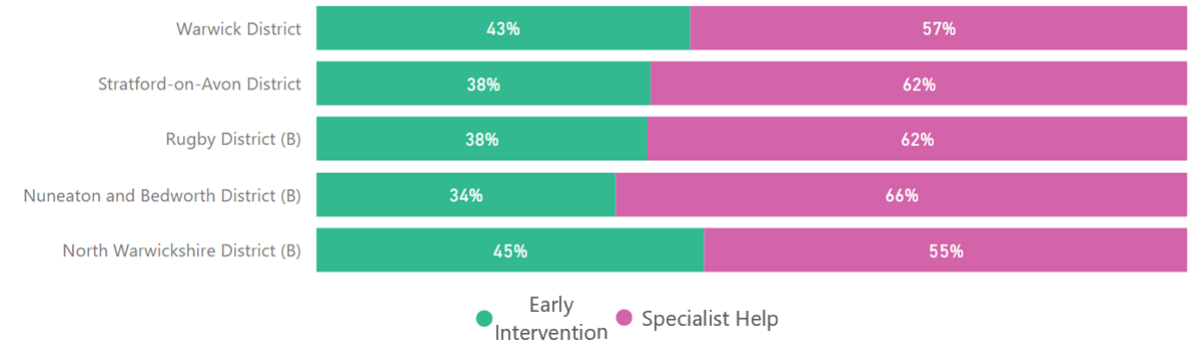


Figure 84: % of children 0-18 per Specialist Help status by district-borough
Source: Mosaic

Within the 0-5 cohort, all districts show a higher rate of Specialist Help support when compared with 0-18 population, but with a slightly more balanced picture across the districts (except North Warwickshire, which retains the lowest statutory rate) - with only 3 percentage points separating them:

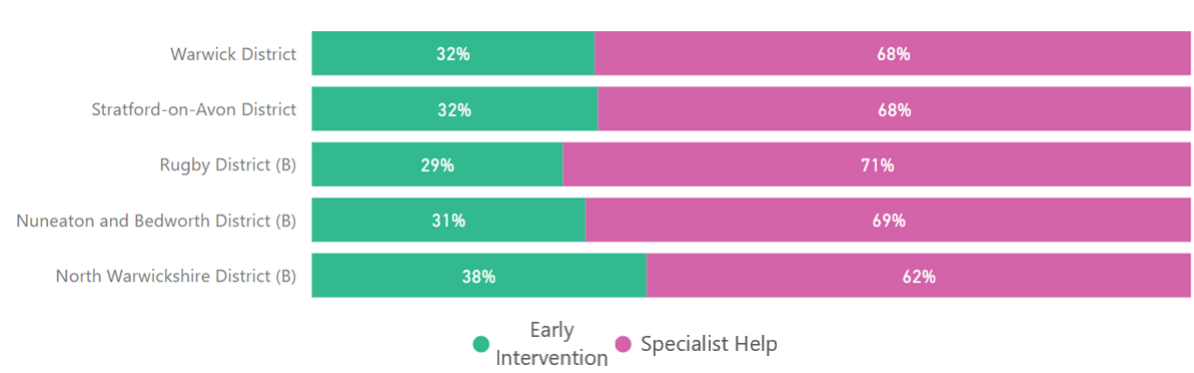


Figure 85: % of children 0-5 per Specialist Help status by district-borough
Source: Mosaic

While the Warwickshire wide picture shows a positive trend towards an increasing ratio of children 0-5 opening to Early Intervention support than Specialist Help support, the picture locally is more complex. In Rugby, Stratford and Warwick, the trends for 0-5s are broadly following the county picture, while North Warwickshire and Nuneaton and Bedworth are seeing a more varied picture:

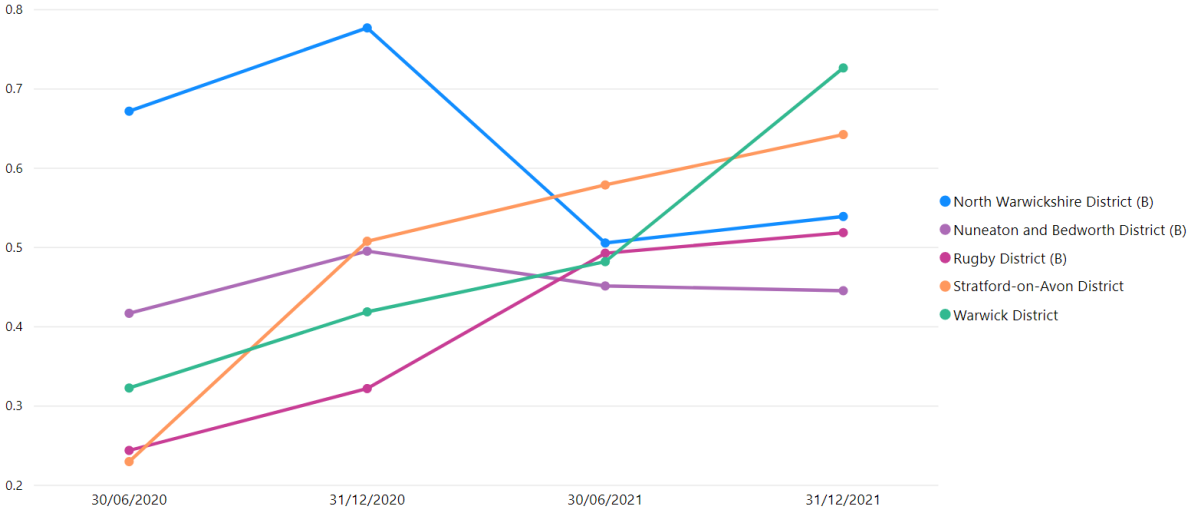


Figure 86: no. of children 0-5 open to Specialist Help support per child 0-5 open to Early Help support
Source: Mosaic

This figure indicates that while North Warwickshire retains a higher-than-average ratio of Early Intervention to Specialist Help support for children 0-5 (with more than 0.5 children open to Early Intervention support per child open to Specialist Help support), it has not experienced the continued upward trend seen in Rugby, Warwick, and Stratford. Compared with the other districts, Nuneaton and Bedworth's ratio has remained relatively stable, at between 0.42 and 0.49 to 1 over the period. Stratford in particular has seen a significant shift in the balance between Specialist Help and Early Intervention support for 0-5s, from having the lowest ratio (0.23:1) in June 2020 to the second highest (0.64:1) in December 2021.

While no district has seen a reverse in ratio for 0-5s, this has happened in the 6+ cohort for Warwick, with 1.22 children open to Early Intervention support per child open to Specialist Help support in December 2021. North Warwickshire and Rugby were also close to a 1:1 relationship (at 0.98:1).

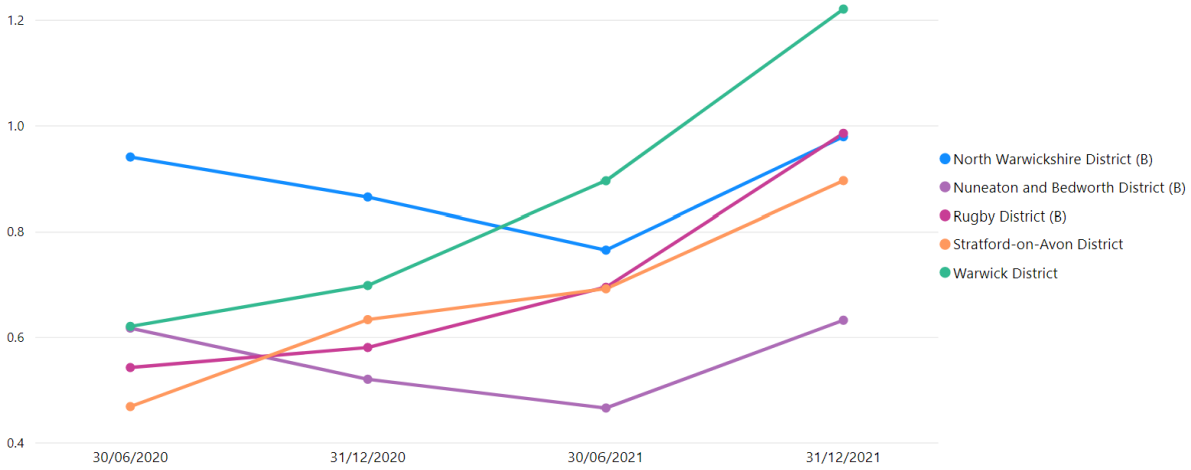


Figure 87: no. of children 6+ open to non-statutory support per child 6+ open to statutory support
Source: Mosaic

SERVICE INTEGRATION FOR 0-5S

Warwickshire's Children & Family Services are currently exploring more accurate ways of identifying and matching children across its partner services. The objective is to develop a clearer picture of how services are being used, outcomes for children open to multiple services, and most important, to identify hidden need and "missed" children. This is currently a manual and time-intensive task, primarily monitored through case management and auditing. The challenge, therefore, for reporting on service integration is that while the service pathways and operational objectives can be defined, any measures or analysis on the efficiency and effectiveness of these pathways will be less reliable.

For example, a crude postcode matching exercise between the postcodes of children 0-5 open to C&F Services on 31st December 2021, and area postcodes reported by Health Visiting teams, identified 210 children that did not match to a HV team:

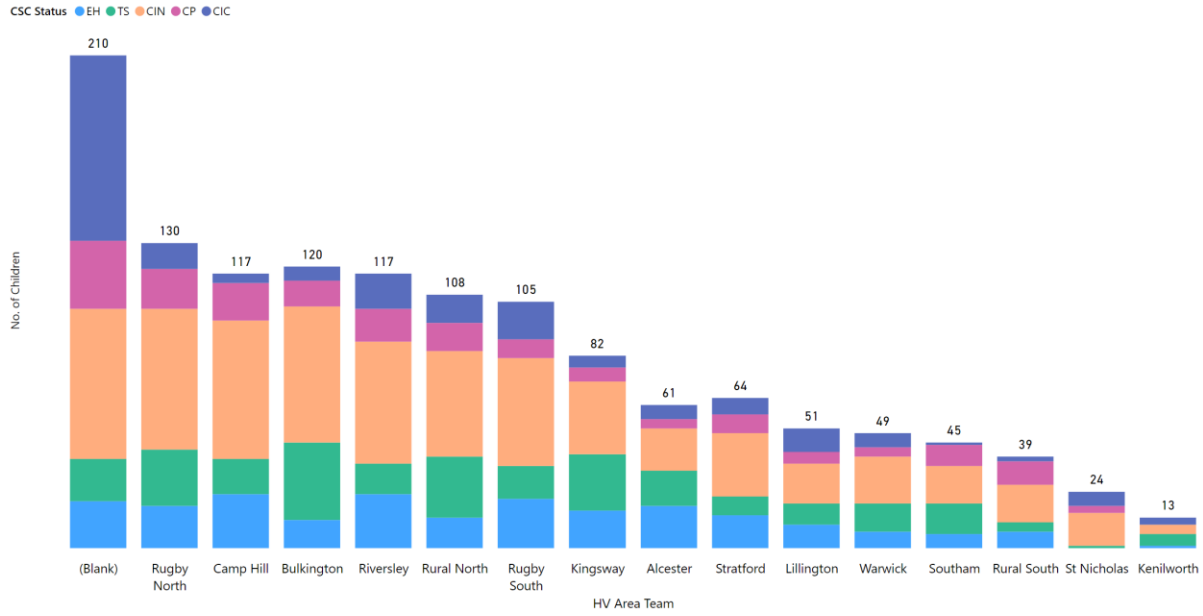


Figure 88: No. of children 0-5 open to C&F services o 31/12/21 with postcodes matched to HV area team postcodes
Source: Mosaic

Approximately 115 of these 210 children did not match to a Warwickshire postcode at all (explained by data quality issues, new build housing, or being out of area), with the remainder matching to a Warwickshire postcode but not to an HV team. The key recommendation here is explore options for a more robust way of identifying and matching children 0-5 between C&F and HV services to ensure that families who need support with children 0-5 are known to both services.

All children with a Warwickshire postcode would be covered by one of the 14 health visiting teams. The postcode coverage is drawn together by teams from their active caseloads and therefore there may be areas where pre-school children (Health Visiting services operate until the child starts school so for some this would be just post fourth birthday) do not currently reside, or due to data quality issues the postcodes are missing from the lists- however would be covered by a team.
Some of the teams within Warwickshire have a more rural coverage and therefore individual postcodes for individual properties- Rural South, Rural North, Kenilworth, Alcester and other more town central would have postcodes covering streets and several properties so more likely to be captured.

From 1st April 2020, all Health Services referrals equated to 4% into the Family Information Services, 0.58% for an EH:PTC plan and 16.5% into the Front Door. Health services are involved in EH:PTC plans, but these have generally been initiated by other professionals for older aged children (with the under 5 year old being part of the support plan) rather than health services initiating them themselves. [please note: this period did cover the COVID 19 pandemic]. The FIS and EH&TS teams have proactively visited Health Services teams to encourage the use of upstream Early Help

approaches and the initiation of EH:PTC plans for identified vulnerable families. This is also including supporting health and early years colleagues to access training and network opportunities to increase their confidence, capability and capacity to initiate Early Help support.

The Children and Family Centres service works together with partners using an asset-based approach, focusing on those families who find it most difficult to access services and delivering early intervention to meet needs. Partners utilise the centres to collocate and to deliver their services locally to families. Due to the impact from covid, many partners, including the Children and Family Centres, delivered virtual service models rather than delivery at the centres or outreach locations. In addition, many outreach venues that had been used previously had closed during this time. 5 core centres remained open to enable midwifery to deliver appointments.

The Children and Family Centre service resumed face to face support for vulnerable families towards the end of 2020, with all core centres open for access by partners and appointments. During 2021, more partners resumed delivering services from the centres with demand increasing as restrictions eased. Further work is needed to increase the breadth of services at each centre and utilising outreach venues to deliver services to families to meet local need.

Due to data sharing across organisations the integration of services isn't simple however there is work being done around referral pathways, DPIA's communication between services to identify the most appropriate practitioner and service. In North Warwickshire there have been two early years workers from the Children and Family Centres working within Health Visiting teams and this model is being reviewed to look at earlier and more effective identification of families requiring support from other early intervention services.

CHILDREN AND FAMILY CENTRES

Warwickshire County Council commission the Children and Family Centre service to two providers. The core aim is to enable every child in Warwickshire to have the best start in life. By working together with partners and using asset/strengths-based approaches, this will be achieved by focusing on those families who find it most difficult to access services and delivering early intervention services to meet individual needs.

There are 14 Children and Family Centres across Warwickshire and further outreach locations, to provide services for families with children and young people, pre-birth to 19 (or 25 for those with Special Education Needs and/or Disabilities) with particular focus on the 1001 critical days, from conception until the age of 2.

Aligned with the County Council's "stepped approach" to delivering support, the service provides, or enables the provision of, a range of universal and targeted services. The services are either delivered by Children and Family Centre staff, or by partners who are providing their services at the centres. For example, a family could access a stay and play session for under 5's, attend an antenatal midwifery appointment, access advice from Citizen's Advice, or attend a support group for dads ran by volunteers.

There are three core elements to the service:

1. Coordination and administration of the designated Children and Family Centres and associated outreach provision;
2. Provision of a range of stay, play and learn opportunities;
3. Building of capacity and resilience within communities (especially those geographical communities in which the Children and Family Centre and outreach venues are located), including increased use of volunteers in service delivery.

The service delivers a range of stay, play and learning activities for under 5's. Using data reporting period 1/1/21 - 31/12/21, 35% of all attendances at centre led activities are by children 0-5 years with the average age of 1.3 years and 4.3 years[31]. In comparison, attendances at centre led activities by children and young people aged between 5-19 years is 2.6% and 26%.[32] 3% of attendances at centre led services were by children and young people with Special Education Needs and/or Disabilities, further analysis of data reporting including age range is required.

A sizeable proportion of attendances at centre led activities are by adults, accompanying children to the activities or accessing other support provided by the centres.

Other services at the centres and outreach locations are provided by partners, predominantly providing 0-5 years services. Using the same data period, out of all sessions delivered by partners, 54% were delivered by Midwifery and a further 23% by Health Visiting.18% of children aged 0-5 years attended services provided by partners.

35% of all referrals to the service by partners for families needing support were generated by Health Visiting, with a further 37% of referrals sent from schools to one

[31] 01/01/21 - 31/12/21: 1.3% Barnardo's; 4.3% The Diocese of Coventry Multi-Academy Trust (St Michael's)

[32] 01/01/21 - 31/12/21: 2.6% Barnardo's; 26% The Diocese of Coventry Multi-Academy Trust (St. Michael's)

of the service providers.[33] Further work is needed by the Children and Family Centre service to raise awareness with partners of the support the service can offer families across the age range and levels of need.

Children and Family Centre locations

There are 14 core centres across the county. Except for North Warwickshire and Bedworth districts, each district has 3 centres. Additional outreach venues are used across the districts, to support families accessing services locally, particularly in more rural areas. Figure 89 highlights the core centre locations, denoted by colour coding red and light blue.

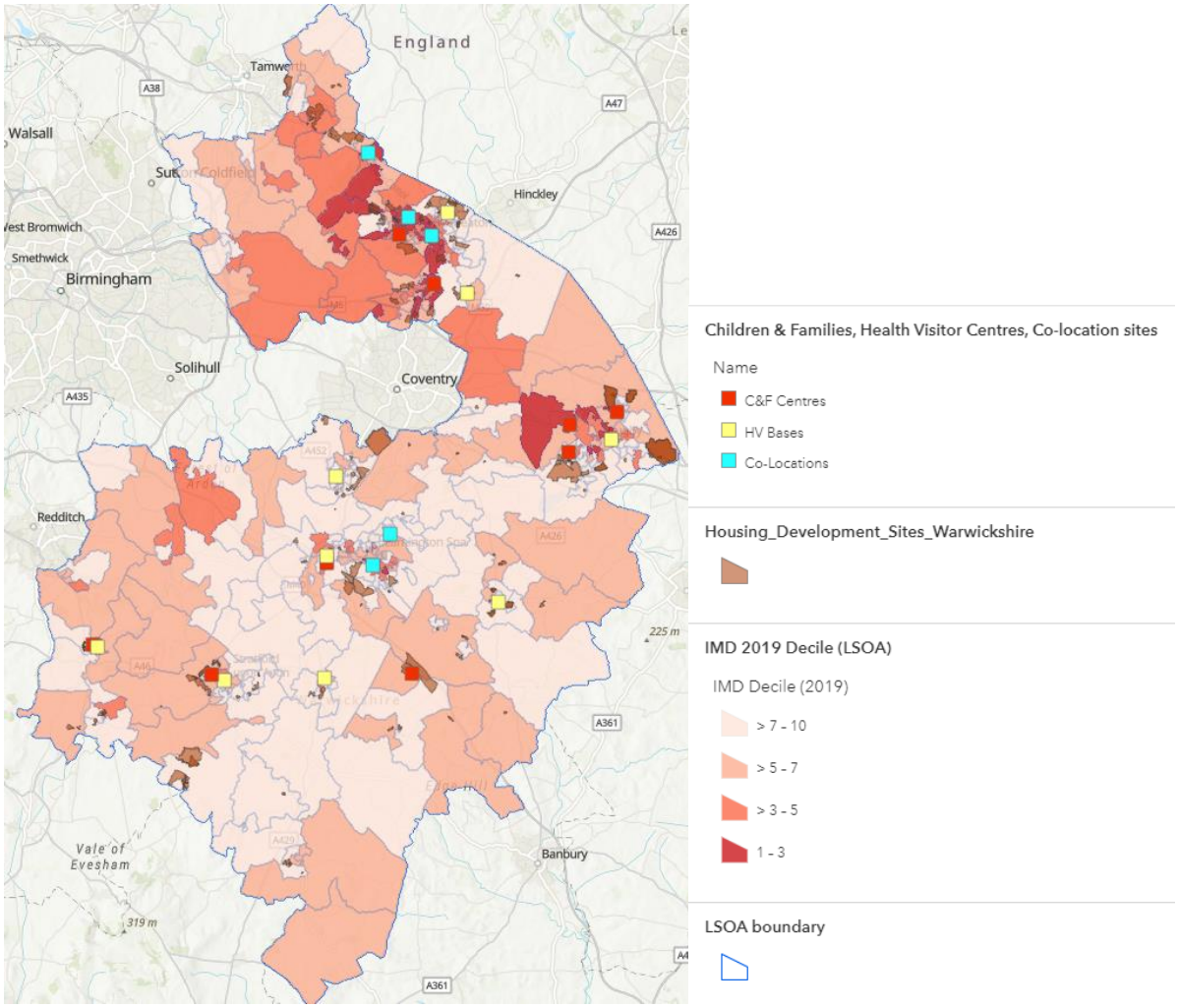


Figure 89: Map of Children and Family Centre locations

The service offer focuses on improving the outcomes and life chances for all children, young people and their families by offering effective preventative and early intervention services that focus on those who are hardest to reach and are

[33] The Diocese of Coventry Multi-Academy Trust (St. Michael's)

experiencing the greatest challenges in life. Using the IMD indicates whether the service is reaching those in most and the locations of the centres. 57% of the centre locations are within IMD 1-3.

Analysis of the total attendance at centre led services and activities by areas of IMD 1-3, by district.

District	% of total attendance from IMD decile 1	% of total attendance from IMD decile 1, 2 or 3
North Warwickshire x1 core centre	2.9%	16.4%
Nuneaton x3 core centres	18.7%	48.5%
Bedworth x1 core centre	0.4%	50.4%
Rugby x3 core centres	0%	14.3%
Warwick x3 core centres	0%	12.6%
Stratford x3 core centres	0%	2.4%

Data period: 01/0/21-31/12/21

Using the IMD findings and with increasing housing development across the county, in particular Rugby and Warwick districts, there is a greater need to utilise outreach venues to ensure that the service reaches families. This is in addition to more rural districts, Stratford and North Warwickshire. Outreach venues are often community-based premises which vary in terms of access and premises facilities, which may restrict some partners being able to deliver services as well as the Children and Family Centre staffing capacity.

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Agenda Item 3

Health and Wellbeing Board

4th May 2022

Local Area SEND Inspection Update

Recommendations

1. That the Health and Wellbeing Board (HWBB) considers the outcomes from the Ofsted and CQC local area SEND inspection and endorses the progress made to date to deliver the Written Statement of Action.

1. Executive Summary

1.1 In July 2021, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection in Warwickshire to judge the effectiveness of the local area in implementing the SEND reforms as set out in the Children and Families Act 2014. The 'local area' includes not just Warwickshire County Council as the local authority, but also the Clinical Commissioning Group (CCG), public health, NHS providers, early years' settings, schools and further education providers. The inspectors also gather views of parent carers, children and young people. The report looks at the effectiveness of the local area holistically in delivering the desired outcomes.

1.2 The inspection report was published in September 2021. It noted the positive action and commitment of leadership to improving outcomes for children and young people. It also recognised that:

- educational outcomes and attendance rates for children and young people with SEND are generally positive;
- a high proportion of young people remain in education, training and employment; and
- fixed term exclusions are now below national averages.

1.3 However, the report also identified five areas that the local area needs to address. These are known as "significant areas of weakness" in the terminology of such reports. The areas were:

- waiting times for autism assessments, and weaknesses in the support for children and young people awaiting assessment and following diagnosis;
- fractured relationships with parents and carers and lack of clear communication and co-production at a strategic level;
- incorrect placement of some children and young people with EHC plans in specialist settings, and mainstream school leaders' understanding of why this needs to be addressed;
- lack of uptake of staff training for mainstream primary and secondary school staff to help them understand and meet the needs of children and young people with SEND; and
- the quality of the online local offer.

1.4 The local area was required to co-produce a Written Statement of Action (WSoA) with partners, parents and carers outlining how improvements would be made. The draft WSoA was reviewed by the County Council's Cabinet on 7th December 2021 and approved by Ofsted and CQC on 13th January 2022. The final WSoA was published on the WCC website on 21st January 2022. It includes an action plan for each of the areas of weakness detailing how the concerns will be addressed, by when and which organisation is leading on each action. Delivery is now underway and will continue until the local area is reinspected under a new inspection framework by Ofsted and CQC from June 2023 (dates to be confirmed).

1.5 A communications plan is in place to ensure appropriate engagement in delivering the WSoA with stakeholders across the local area, including schools, parent carers and children and young people. This includes the introduction of a monthly newsletter, the development of a programme of events to inform stakeholders of progress including regular webinars and the launch of a new local offer Facebook page.

1.6 Effective governance arrangements are in place with working groups reporting to a joint Steering Group; a new SEND Member Panel; and monitoring meetings with DfE/NHSE taking place up to June 2023. Section 6 of the WSoA sets out the monitoring arrangements, summarised below:

Monthly	
KPI's	Discussions and challenge held at Education & SEND Senior Management Team and CCG SMT meetings

6-weekly	
Interim reports on Progress	Targeted updates to SEND and Inclusion Steering Group (exception reporting of issues)

Quarterly	
Reports on progress of actions within plan	Update to SEND and Inclusion Change Programme Board, SEND Member Panel, NHSE and DfE

6-monthly	
Political oversight	Update to Children and Young People's Overview and Scrutiny Committee

1.7 In addition to the monitoring arrangements, the Self Evaluation Framework document will be updated on a six-monthly basis. The local area will be reinspected from June 2023 (date to be confirmed) to assess if sufficient progress has been made.

1.8 The first monitoring meeting was held on 28th January 2022 and attended by senior leaders from across Education, Social Care and Health, Warwickshire Parent Carer Voice and advisers from DfE and NHSE. Whilst positive progress to date was noted by DfE/NHSE, they recommended that partners develop a clear understanding of each other's challenges and how these can

be overcome at a joint and strategic level, in line with Chapter 3 of the SEND Code of Practice 2015. This will be an area of focus in forthcoming monitoring meetings by DfE/NHSE before reinspection in 2023. There is commitment to strengthening collaboration through the SEND Steering Group and the working groups through joint delivery activities and robust governance arrangements moving forward.

1.9 Progress to date is outlined in Appendix A and summarised below:

Area 1: Autism waiting times and support for families

- Additional investment to increase capacity in the neurodevelopmental diagnostic service and pre and post diagnostic support (£2.56m recurring and £5.4m non-recurring funding for two years). Recruitment underway.
- Developing a new model of assessment to reduce waiting times, to be piloted from April and implemented from December 2022.
- Improving the self-help offer and information for families including an autism conference in April 2022.
- Redesigning community support services to provide better support.
- Holding a workshop on speech and language services and a skills audit of children and young people's mental health services.

Area 2: Communication and Engagement with Parent Carers

- Launching the new parent carer forum - Warwickshire Parent Carer Voice and publishing a Partnership Agreement.
- Strengthening coproduction with support from the Council of Disabled Children and setting up a forum for young people with SEND.
- Launching a new SEND Local Offer Facebook page, SEND newsletter and a programme of events including parent carer webinars.
- Developing a new section on the local offer with 'You Said We Did' and recordings of events: https://www.warwickshire.gov.uk/get-involved-say
- Training over 100 staff in SEND in Restorative Practice to help create and maintain respectful and trusting relationships with families and schools.

Area 3 & 4: Inclusion and Workforce Development in Schools

- Commencing the Inclusion Framework for Schools trial with 17 schools in Rugby to test a new model of support, enabling early intervention and improved outcomes. Staff have received training and are carrying out whole school SEND audits to identify areas for development.
- Forming a workforce development working group including Head Teachers and appointing Change Champions within School Consortia and Area Networks. Promoting free training including autism awareness and National Association for Special Educational (NASEN) resources: https://www.sendgateway.org.uk/

Area 5: Local Offer webpages

- Launching the refreshed local offer webpages, with visits to the site up by 50% and positive feedback received.
- Further developing and maintain the local offer to ensure information is fit for purpose.

2. Financial Implications

2.1 Funding for Phase 1 projects in the County Council's SEND and Inclusion Change Programme is in place, which includes the local offer, launch of Warwickshire Parent Carer Voice and Inclusion Framework for Schools. Phase 2 costs form part of the Council's 2022-23 Budget and 2022-27 Medium Term Financial Strategy. One-off funding of £98,750 has also been provided to support delivery of the WSoA.

2.2 The CCG has secured additional investment to increase capacity in the neurodevelopmental diagnostic service and pre and post diagnostic support (£2.56m recurring and £5.4m non-recurring over two years).

2.3 Due to the unallocated capacity in the Dedicated School Grant being less than anticipated after the National Funding Formula was applied, the request for a one-off payment through the lump sum factor for schools for £250,000 could not take place. This funding was to support delivery of the WSoA outcomes, in particular to support workforce development in mainstream schools by financing the backfilling of staff to attend training. This therefore poses a risk against schools' uptake of SEND training. Options for support will be considered by the SEND Steering Group as part of delivering the WSoA, ahead of the next monitoring meeting with DfE and NHSE on 17th May.

3. Environmental Implications

3.1 There are no direct environmental implications arising from this report.

4. Timescales associated with the decision and next steps

4.1 Work will continue with partners to deliver the WSoA and address the areas of weakness before the reinspection by Ofsted and CQC from June 2023. The SEND and Inclusion Steering Group will hold the accountability for delivering the improvements.

4.2 Equality Impact Assessments will be undertaken for specific projects and workstreams as part of the WSoA in due course.

Appendices

1. Appendix 1: Written Statement of Action Highlight Report

Background Papers

1. None

	Name	Contact Information
Report Authors	Duane Chappell Rachel Barnes	duanechappell@warwickshire.gov.uk rachelbarnes@warwickshire.gov.uk
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The report was circulated to the following other members prior to publication:

Children and Young People Overview and Scrutiny Committee:
Councillors Dahmash, Roodhouse and Brown

Adult Social Care and Health Overview and Scrutiny Committee:
Councillors Golby, Holland, Rolfe and Drew

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Warwickshire

Local Area Written Statement of Action for Special Educational Needs and Disabilities (SEND)

Highlight Report for February 2022

Section 1 - Purpose of Plan

The Written Statement of Action (WSoA) is a dynamic document that will remain under constant review and therefore change over time as work is progressed. Progress against actions within each priority will be rated as follows:

Progress (BRAG)				
Completed (B)	**On track, no concerns (G)**	**On track, some concerns (A)**	**No progress, major concerns (R)**	**Not due yet (G)**

The BRAG rating above is used to inform the monitoring process for the Warwickshire SEND and Inclusion Steering Group. Milestone completion dates are included in the WSoA as the plan is monitored and acts as a critical measure over the improvement period.

Wherever quantifiable, percentages of improvement will be recorded along with milestone measures and a narrative to explain the journey towards completing the actions. The impact measures will be quantified wherever possible as the actions are delivered, for example percentage of parental satisfaction.

The table on the following page contains three columns demonstrating progress:

- Progress – status of the progress of the action at the end of each cycle
- Impact – how has the action impacted on the experience of our service users
- Comments – a short narrative of progress including any risks and issues that need to be escalated to the Steering Group.

The column for **progress** uses the rating of **BRAG** (see above)

The column for **impact** uses the rating of **RAG**

Section 2 - WSOA highlight report

Area 1: The waiting times for Autism assessments, and weaknesses in the support for children and young people awaiting assessment and following diagnosis of Autism						
Focus area	**Lead**	**Action**	**Completion Date**	**Progress**	**Impact**	**Comments**
1.1 Reduce waiting times for autism diagnostic assessments						
1.1.1	Helen Stephenson	Increase capacity for diagnostic assessment and post diagnostic support in the neurodevelopmental service to meet demand.	June 2023			At the end of January 2022, the forecasted number of assessments exceeded the planned capacity in all areas except for Pre-school. Referrals are also expected to exceed the planned amount (apart from school-age). Due to the significant pressure on the RISE service, there is a delay in processing referrals in the Navigation Hub impacting on the timeliness through to the Neurodevelopmental Service. Overall numbers of people on the waiting list have not been significantly impacted by the investment, however the non-recurrent additional investment in the service has meant a huge decrease in the length of time referrals now waiting to be triaged and a significant amount of work has been done to bring these up to date (currently November, was previously 5 months behind), this has resulted in the waiting list increasing; work continues on ensuring all those on the waiting list are truly waiting and along with the additional investments should now start to show in the numbers. This is also demonstrated by the planned lengths of wait except for Warwickshire School Age are on plan.
1.1.2	Bie Grobet	Pilot and evaluate a differentiated model of assessment to enable 'straightforward' presentations to be diagnosed outside of the specialist neurodevelopmental service.	December 2022			Overall project status is green, on target with no concerns. Sub-group meetings have taken place focusing on: • The process of assessment and diagnosis • Project plan development • Refining the process of assessment and diagnosis • Evaluation Framework Experts by experience have been involved throughout to ensure the diagnostic pathway is coproduced. The process of assessment and diagnosis sub-group is scoping current and potential models of delivery.

1.2 Develop a pathway of support for children, young people and adults awaiting a diagnostic assessment and/or post autism diagnosis						
1.2.1	Ali Cole	Improve the self-help offer through improving awareness of local services and support via an online portal for information and advice, a promotional campaign and conferences to bring together young people, families and support services.	December 2022			Information and advice task and finish group met on 7th March to develop a draft of the e-booklet and landing page on Dimensions tool that will show support and services available. The first draft is due to be completed and sent to the design team on 11th March. Comms (internal and external) involved to produce and promote this when completed. Together with Autism Conference in Warwick (2nd April) on track and being promoted. Beginning arrangements for additional conferences to take place later in the year. Plan to take draft version of E-booklet and webpage to Together with Autism conference (2nd April) for feedback.
1.2.2	Ali Cole	Recommission the all-age community support service for neurodivergent individuals to: - Introduce a single front door for referrals for neurodiversity support and diagnosis to provide enhanced triage and ensure individuals are supported while awaiting a diagnostic assessment - provide an advice and navigation function for individuals seeking an assessment, those diagnosed with autism and their families - provide low and medium level support pre and post diagnosis for young people and families	December 2022			Community redesign task and finish group in place, including experts by experience. Market testing pack on track to be shared, requesting responses by end of March 2022. Service specifications for peer mentoring and community support being developed to take to task and finish group for discussion and comment. Updated scope for navigation hub, following task and finish group comments, to be agreed with group.
1.2.3	Marie Rooney	Develop and implement an education-led stepped approach to access multi-agency support for neurodivergent children and young people to enable access to adjustments and support in education pre assessment and post diagnosis.	March 2023			Working Group in place with workstreams to understand need via whole school send audit and develop a targeted training programme with schools.
1.2.4	Natasha Lloyd-Lucas	Map demand and capacity of Speech and Language Therapy and Occupational Therapy Services to address any gaps in support in the neurodevelopmental pathway.	August 2022			Working in collaboration with WCC, development of an action plan has commenced in preparation for 1st steering group on 17th March. Initial workshop ran by I Can, on behalf of WCC 3rd February. Range of stakeholders invited across health, education, social care and others. Focus of workshop was on reviewing our current service against the Early Intervention Foundation maturity matrix: Speech, language and communication in the early years, a self-assessment tool to support a system-wide approach to improving outcomes for children in the early years, with a focus on speech, language, and communication skills.
1.2.5	Michelle Rudd	Ensure there is an appropriate and accessible offer within Emotional Wellbeing and Specialist Mental Health (MH) provision for autistic children, young people and young adults through a combination of staff training and increased joint working between emotional wellbeing, specialist mental health and autism services.	March 2023			On track – Skills audit of CYP MH staff will commence as planned in April 2022.

Area 2: The fractured relationships with parents and carers and lack of clear communication and co-production at a strategic level

Focus area	Lead	Action	Completion Date	Progress	Impact	Comments
2.1 Strengthen relationships with parents and carers						
2.1.1	Sam Craven, Jo Mann	Co-produce a framework to strengthen relationships with parents and carers.	June 2023			See actions below.
		100% of SEND and Inclusion Service Staff (c.250) attend Restorative Practice training, with further ambition to train health sector staff. *100% of CYP and families surveyed have a more positive experience working with WCC officers.*	June 2023			Intro course – c.100 staff trained (at 9th March). Leading Restoratively - 25th and 31st March for Education Leadership Team. CPD Day 22nd March - applying Restorative Practice. Master Classes for cohorts from June 2022. Experience of CYP and families to be collected via live feedback form to feed into a SEND Power BI Dashboard (by July 2022), being developed with WPCV and linking in with teams and projects.
		20% reduction in the number of tribunals registered. *Families report they are more understood, involved, valued and respected.*	Sept 2022 (March 2022 baseline) December 2022			Tribunal baseline data collated and 20% reduction figure set (123 appeals and 231 mediations in 2021). Tribunals Project started in Feb 2022, initially discussion at Co-production and Engagement (C&E) Hub to inform development and shaping of project and engagement plan. Annual Reviews Project started – initial discussion at C&E Hub and WPCV rep allocated. Project should have a positive impact on the number of appeals. Feedback from families to be collected via Live Feedback form, which will replace the Quality Assessment Framework survey, which currently collects data only following the issuing of Final Plan. Live Feedback will enable broader opportunities for families to feedback. Baseline data being established. WPCV Big Survey underway Jan-March 2022, to be repeated in Jan 2023.
		80% of SEND staff report an increased understanding of what life is like for families with SEND ((via focus groups). *'You said, we did' in response to learning from feedback.*	December 2022			Increase promotion for WPCV to help increase membership. Close links established with Communities Team; attended Nuneaton networking event 16th Feb.

						CPD session on co-production to include exploration of what life is like for parent carers and importance of critical reflection.
		20% reduction in complaints. *'You said, we listened' & 'You said, we did' in response to learning from feedback.*	December 2022			Baseline for complaints established (100 complaints/year). New complaints system in progress to replace Contact Us. The process in SEND needs to be more Restorative, less paper based/listening more/face to face. Complaints passed between service needs closer examination – the group are looking to establish with management clear expectations e.g., 121 meetings to ensure complainants feel understood and listened to. Workshop arranged to review the process and identify areas for improvement. 'You Said We Did': Maintaining a log of all changes introduced from feedback received. Feedback to come to WSoA meeting then to Round Table meetings and Co-production & Engagement Hub.
2.2 Develop an effective approach to communication with parents and carers						
2.2.1	Lisa Mowe, Sam Craven	Co-produce a Corporate Framework an agreed communications approach between WCC, CCG and WPCV.	September 2022			SEND WSoA Comms Strategy in place. See actions below.
Impact Measures:						
		100% of key stakeholders are aware of the Communication Strategy and Action Plan.	Sept 2022			WSoA comms strategy and action plan agreed, re-shared with SEND Steering Group 11th March. All external communication is discussed at the Change Hub and Steering Group (both attended by WPCV). Communication methods are outlined in a Themed Planner e.g., newsletter, local offer, webinars, events.
		100% increase in communication and engagement activities achieved with CYP and their families (measured through webinars, social media etc.).	February 2022			Survey on how to communicate with CYP and families (Dec.2021) has identified improvement areas. Joint planning meetings in place with SEND Comms, CCG and WPCV to co-ordinate quality, accessibility and appropriateness for target audience.
		100% of CYP and their families surveyed report communication is good or better.	April 2022			Via the live feedback form. Annual WPCV to be undertaken. Baseline to be established in WPCV survey (ends on 13th March). Feedback forms being utilised for individual engagement events.
		A minimum of 80% of schools understand the range of services and how to support families. *80% of parent carers are confident that schools understand the range of services and support for families.*	May 2022			Develop and maintain clear Local Offer that directs families to relevant services. Create improved link with FIS and SEND (FIS now attend Change Hub). Create an electronic newsletter for SENCOs network. Review and improve Heads Up newsletter (40% open rate).

						RB and SC attended primary SENCO network 17/2/22 - baseline of understanding of SEND services 6.3 out of 10 and confidence in supporting families 6.9 out of 10. RB, SC and MR attended secondary SENCO network 8th March. Baseline of understanding of SEND services 5.3 out of 10 and confidence in supporting families 6 out of 10. LS in process of setting a series of briefing sessions for schools about the Local Offer. Area 1 is developing an Info and Advice booklet and webpages to enable awareness about support and resources relevant to neurodiversity.
		100% of families consider they are heard and services are better informed by feedback.	September 2022			Live feedback form being developed to integrate all feedback across SEND.
2.3 Develop a whole system approach to co-production						
2.3.1	Shinderpaul Bhangal, Sam Craven	Develop a Co-production Strategy with key stakeholders and the WPCV.	December 2022			Overall progress is all on schedule with detail shown below:
Impact Measures:						
		100% of WPCV and WCC reps surveyed report that the Co-production and Engagement Hub has increased strategic co-production with parents.	April 2022 (with review milestones in July and December 2022)			Engagement and co-production Hub fortnightly meetings with WCPV in place. 3 or 4 items considered fortnightly and 3-5 WPCV reps involved. The effectiveness of engagement and influence of WPCV is recorded in Excel and a log of requests is kept. Feedback from parent carers is positive to date with joint evaluation planned from April 2022.
		100% of WPCV and CYP surveyed report increased levels of participation and influence in the development and implementation of projects (space is created, voice is enabled, audience is provided, and influence is demonstrated).	April 2022			WPCV have a new meeting feedback form which will help illustrate influence on projects. WCC and WPCV to keep a log of influence. Round Table can offer this evidence (two meetings held so far). Space created – increased opportunities and earlier in the project. Voice enabled – new parent carers have attended the C&E Hub and an extra 30 mins added to the start of the meeting to support new members readiness to engage. Audience provided – Senior Leaders have attended C&E Hub– including Mark Ryder, Nigel Minns and John Coleman. Round Table discussion enable discussion about feedback and actions to be taken. Influence is demonstrated - The views of parent carers shared in the C&E Hub inform project development.
		100% of CYP surveyed report they are engaged and listened to (space is created, voice is enabled, audience is provided, and influence is demonstrated).	May 2022			Form co-produced for young people to register. 7 CYP have expressed an interest to date. Extend invite at

						Warwickshire Youth Conference 21st April. Establish and maintain a "You said, we did" log. Round Table can offer this evidence.
		100% of SEND and Inclusion Staff attend co-production training (c.250). 100% of attendees report increased awareness, understanding and application of Co-production Strategy and approaches.	September 2022			Co-production Strategy to be informed by CDC workshops (3 sessions booked in Feb/March). Explore and develop Charter. Session on CPD day 22nd March will reach large numbers of SEND staff. Participation Team, Education Services and WPCV to commission service to deliver training. Define roles for "Change Champions", followed by recruitment and training.
2.3.2	Shinderpaul Bhangal	Develop an agreement for recruitment activities to include a member of WPCV and/or young person for operational and strategic SEND roles in WCC and CWCCG.	December 2022			Participation Team WCC, WPCV and CYP to identify operational and strategic levels. WPCV & CYP to have access to Restorative Practice Training and Recruitment and Selection training. Engaging in preparation for recruitment. Coproduction and Engagement Hub request form will be used for recruitment requests. Ensuring that renumeration arrangements are clear and consistent with one policy that has been coproduced proposed - funding confirmation is awaited. Participation Team to issue Microsoft Forms survey link post recruitment to gauge feedback of satisfaction levels.
2.3.3	Shinderpaul Bhangal	Develop an agreement to include a member of WPCV and/or young person in scoring SEND commissioned services, and also develop a parent and young person inspectors process to form part of our quality assurance functions.	December 2022			Assistant Directors have agreed the approach, detailed plans to be established with Commissioning and Participation Team. Ensuring that renumeration arrangements are clear and consistent with one policy that has been coproduced proposed, funding confirmation is awaited. Participation Team and Commissioning identifying activities anticipated and to be inspected by young people and parent carers for 2022. Participation Team, WPCV and CYP to commission parent and young person inspector training, initially for WPCV and young people's forum. Managers to issue Microsoft Forms survey following commissioning process/inspections to gauge feedback.

Area 3: Incorrect placement of some CYP with EHC plans in specialist settings, and mainstream school leaders' understanding of why this needs to be addressed

Focus area	Lead	Action	Completion Date	Progress		Comments
3.1 Improve mainstream school leaders' understanding of why the placement of some children needs to be addressed						
3.1.1	Matt Bigs, Darren Barrow, Tracey Underwood, Debbie Hibberd	Set up an Inclusive Schools Consortia Working Group to co-produce an Inclusion Action plan in primary and secondary schools (in collaboration with Area 4). *Notes:* *Any reference to 'Consortia' includes Primary and Secondary area networks.* *'Inclusion Framework' refers to the new model of inclusion being developed in the Rugby trial.* *'Inclusion Charter' refers to an agreement with schools outlining the vision and principles for inclusion.*	March 2022 - April 2023			10 out of 17 consortia (59%) have nominated Change Agents and 17 Change Champions in schools nominated so far, discussions are ongoing (deadline is end of March). Areas yet to nominate: Bedworth, Nuneaton/Hartshill, Stratford/Henley/Studley, Bidford/Alcester, Warwick/Southam, Rugby Area Secondary Heads, and South Warwickshire Education Partnership. Terms of Reference for change agents/champions has been drafted to be shared with change agents. Rugby Inclusion Framework for Schools trial progressing well. 100% of schools involved have signed a Memorandum of Understanding (17 schools). All schools have completed SEND reviewer training and are carrying out peer to peer audits by Easter. Monthly supervision sessions are taking place and a SENCO helpline set up. Baseline data from parent carers, staff and young people is being collated via surveys and focus groups. Whole School SEND Audit team (from NASEN) attending Head Teachers conference 9th March to present audit tool.
3.2 Ensure an ongoing sustainable model for inclusive practice to ensure the correct placement of children and young people with EHC plans						
3.2.1	Matt Biggs, Darren Barrow, Margot Brown	Implement a sustainable Inclusion model to ensure the correct placement of children with EHCP plans (in collaboration with Area 4).	July 2022- May 2023			Initial meeting held between Marie Rooney (SEND) and Debbie Hibberd (School Improvement).

Area 4: The lack of uptake staff training for mainstream primary and secondary school staff to help them understand and meet the needs of CYP with SEND						
Focus area	**Lead**	**Action**	**Completion Date**	**Progress**	**Impact**	**Comments**
4.1 Increase knowledge and confidence of primary and secondary school staff in meeting the needs of CYP with SEND						
4.1.1	Marie Rooney, Sue Casey	Set up a local workforce development task group to co-produce the workforce development action plan in primary and secondary schools (in collaboration with Area 3).	March 2023			The Joint Working Group to deliver Areas 3 and 4 with representatives from health, education, social care and parent carers has met four times. Terms of Reference, scope and workstreams agreed. Initial data and information gathering has commenced on training and inclusion in schools. Learning needs analysis of SEND staff carried out to inform the basis of an internal training plan with Continuing Professional Development days arranged on 22nd March and 11th July 2022. Reps from Whole School SEND Audit regional team have joined the working group to provide support and are presenting at Head Teachers conference 9th March. Additional capacity being sought to lead workstreams - role scoped out and attended Grading Panel 3rd March, to be advertised w/c 14th March. Surveys with staff, parent carers and CYP to ascertain a baseline are underway as part of the Rugby pilot. Briefings with School Governors planned for May 2022.
4.2 Utilise the role of the Area Analysis Group (AAG) and Education Challenge Board to enable a framework of ongoing challenge and support across Warwickshire mainstream schools moving forward						
4.2.1	Marie Rooney, Matt Biggs	Develop the role of the Area Analysis Group (AAG) and Education Challenge Board, with an agenda focus on improvements for CYP with SEND (in collaboration with Area 3).	May 2023			Initial meeting held between Marie Rooney and Debbie Hibberd (School Improvement).

Area 5: The quality of the online local offer

Focus area	Lead	Action	Completion Date	Progress	Impact	Comments
5.1 Ensure the quality of the online local offer is fit for purpose						
5.1.1	Jo Rolls	Re-design and update the online local offer working with children and young people, parents, carers and professionals.	February 2022			New local offer webpages launched 13th October 2021, developed with parent carers, young people and professionals. 51% increase in visitors to local offer webpages - 2654 visits post launch (Nov. 2021) compared with 1753 visits pre-launch (Sept. 2021). January 2022 continued to see above average usage of the local offer with 63 average daily views in comparison with the average daily views figure for Jan 21 – Jan 22 which is 51 average daily views. 40% of visitors leave the landing page without progressing further at Jan-Feb 2022 (compared with 41% in 2021).
5.1.2	Jo Rolls, Linda Saw	Launch and promote the new online local offer to it is clear to everyone what is available in the local area.	December 2022			51% increase in visitors to local offer webpages in November 2021 (as above). Promotion of new local offer webpages social media, WCC newsletters, email signatures, media releases, WCC news stories, communications shared with partners, promotion via SENDIAS and WPCV, Heads Up newsletter to schools, head teachers conference and presentations to schools. January 2022 saw 1944 total page views for the local offer which is higher than the average total page views for the local offer, Jan 21 – Jan –22, as this figure is 1581. *NB next milestone for reporting is July 2022.* Landing page has been improved with feedback from WPCV, including an explanation of the local offer and promotion of SENDIAS. 60% of feedback on landing page is positive to date (6 out of 10 comments). However, most are about services rather than the LO website itself. Positive comments on the website include the inclusion of the SEND Search facility, and interest in the inspection and the positive work being promoted around it. The flyer is in progress. Reachdeck accessibility tool has been purchased and promoted on

						the LO Facebook page. Training for professionals planned in April. Feedback from children, young people, parent carers and professionals on using the local offer and increased understanding to be confirmed (due June 2022). Posters and leaflets being designed currently (due April 2022) to display at schools, Children and Family Centre's and GPs.
5.1.3	Linda Saw	Develop and maintain the local offer webpages to ensure information is fit for purpose and kept up to date.	December 2022			Feedback form included on local offer webpages, positive feedback provided to date (as above). Local offer is currently up to date and continues to be marketed so that CYP, parent carers and professionals are aware of it, continue to use it and find it helpful. New Warwickshire SEND local offer Facebook site launched on 17th February 2022 and includes promotion of the local offer webpages. Resource currently in place to maintain webpages. Contact points to be established in each service to ensure the local offer is kept up to date (due May 2022).

Section 6 - Local Area Monitoring Arrangements

with baselines established open implementation of WSoA and targets agreed by Action Leads as identified within the plan

Monthly	
KPI's	Discussions and challenge held at Education & SEND Senior Management Team and CCG SMT meetings

6-weekly	
WSoA interim reports on Progress	Targeted WSoA updates to SEND and Inclusion Steering Group (exception reporting of issues)

Quarterly	
WSoA formal reports on progress of actions within plan	Full WSoA update to SEND and Inclusion Board, SEND Member Panel, NHSE and DfE

6-monthly	
Political oversight of WSoA	Full WSoA update to Children and Young People's Overview and Scrutiny Committee

Warwickshire Parent Carer Voice are strategic partners of the SEND and Inclusion Steering Group and Change Programme Board, bringing the voice of our children and young people and their families into our monitoring. We will also, through workstreams and projects, engage our parents and carers in evaluating the progress that we are making on targeted areas, in line with our Written Statement of Action commitments.

Section 4 - Glossary

Abbreviation	Definition	Abbreviation	Definition
AAG	Area Analysis Group (schools)	**DMO**	Designated Medical Officer
AATI	Attachment and Trauma Informed	**DSG**	Dedicated Schools Grant
ABP	Area Behaviour Partnership	**DSL**	Designated Safeguarding Lead
ACEs	Adverse Childhood Experiences	**DSW**	Designated Social Worker
ADHD	Attention Deficit and Hyperactivity Disorder	**EDT**	Emergency Duty Team
AEP	Alternative Education Provision	**EET**	Education Entitlement Team
ALDAAR	Autism & Learning Disability Admission Avoidance Register	**EET**	Education Employment Team
ALT	Acute Liaison Team	**EHCP**	Education, Health and Care Plan
AP	Alternative Provision	**EHCna**	Education Health and Care needs assessment
ASC	Autistic Spectrum Condition	**EHE**	Elective Home Education
ASD	Autistic Spectrum Disorder	**EMTAS**	Ethnic Minorities and Traveler Achievement Service
AQA	Assessment and Qualification Alliance	**ENAS**	Extended Non-Attendance at School
BSL	British Sign Language	**EP**	Educational Psychologist
CAMHS	Child and Adolescent Mental Health Service	**EPS**	Educational Psychology Service
CCG	Clinical Commissioning Group	**EY**	Early Years
CCN	Community Children's Nursing	**EYFS**	Early Years Foundation Stage
CETRs	Care Education Treatment Reviews	**FAP**	Fair Access Protocol
CHC	Continuing Health Care	**FE**	Further Education
CHSWG	Children's Hearing Service Working Group	**FIS**	Family Information Service
CIN	Child in Need	**FLT**	Flex Learning Team
CiN	Communication and Interaction Needs	**FTE**	Full-Time Equivalent
CLA	Child(ren) Looked After	**GCSE**	General Certificate of Secondary Education
CLDT	Community Learning Disability Team	**GLD**	Good Level of Development
CORC	Child Outcomes Research Consortium	**GP**	General Practitioner
COVID	Coronavirus Disease	**GRT**	Gypsy Roma Traveller
CQC	Care Quality Commission	**HCP**	Healthy Child Programme
CVS	Community Voluntary Sector	**HELAC**	Health Looked After Children
CWCCG	Coventry & Warwickshire Clinical Commissioning Group	**HI**	Hearing Impairment
CWD	Children with Disabilities	**HV**	Health Visitor
CWDT	Children with Disabilities Team	**IPBS**	Intensive Positive Behaviour Support
CWPT	Coventry and Warwickshire Partnership Trust	**IDACI**	Income Deprivation Affecting Children Index
CYP	Children and Young People	**IDS**	Integrated Disability Service
DCO	Designated Clinical Officer	**IEP**	Individual Education Plan
DfE	Department for Education	**IHCP**	Health Care Plan
ILACS	Inspection of Local Authority Children's Services	**RWM**	Reading, Writing and Maths
ILEAP	Inclusive Leisure Education Activity Project	**SDQ**	Strengths and Difficulties Questionnaire
ISP	Independent Specialist Provision	**SEF**	Self-Evaluation Framework
IST	Intensive Support Team	**SEMH**	Social, Emotional and Mental Health
JSNA	Joint Strategic Needs Assessment	**SEN**	Special Educational Needs

KPI	Key Performance Indicator(s)	**SEND**	Special Educational Needs and Disabilities
KS	Key Stage	**SENDAR**	SEND Assessment and Review Service
LA	Local Authority	**SENCO**	Special Educational Needs & Disabilities Coordinator
LD	Learning Disability	**SENDIAS**	SEND Information and Advice Service
LGA	Local Government Association	**SENS**	SEND Support
LTP	Local Transformation Plan	**SICP**	SEND and Inclusion Change Programme
MASH	Multi-Agency Safeguarding Hub	**SN**	School Nurse
MEG	Multi-Agency Panel (Health)	**SPA**	Single Point of Access
NDTI	National Development Team for Inclusion	**SRS**	Session Rating Scale
NEET	Not in Education, Employment or Training	**STS**	Specialist Teaching Service
NHS	National Health Service	**SWFT**	South Warwickshire Foundation Trust
ORS	Outcome Rating Scale	**TCP**	Transforming Care Partnership
OT	Occupational Therapy	**VCS**	Voluntary Community Services
PACT	Paediatric Autism Communication Therapy	**WCC**	Warwickshire County Council
PCF	Parent Carer Forum	**WincKs**	Warwickshire Inclusion Kitemarking Scheme
PEP	Personal Education Plan	**WYJS**	Warwickshire Youth Justice Service
PVI	Private, Voluntary, and Independent	**YP**	Young Person
QoL	Quality of Life		

Agenda Item 4

Health and Wellbeing Board

Coventry and Warwickshire's Living Well with Dementia Strategy 2022-2027

4 May 2022

Recommendations

That Health and Wellbeing Board:

1. Endorse Coventry and Warwickshire's Living Well with Dementia Strategy, prior to seeking final approval of the Strategy from Cabinet.

2. Comment on the development of the year one delivery plan.

1. Executive Summary

1.1 Following an extensive period of stakeholder engagement and further development of the strategy, Coventry and Warwickshire's Living Well with Dementia Strategy ("the Dementia Strategy") will go through the necessary formal approval processes at both Coventry City Council and Warwickshire County Council in June 2022. Subject to formal approval the Dementia Strategy will be published and shared as set out in paragraph 5 below.

1.2 The associated strategic delivery plan will include a range of actions to be undertaken across Coventry and Warwickshire as well as actions for Warwickshire (and Coventry) specifically where needed. The delivery plan for year one is currently being developed. Many actions are already underway.

2. Financial Implications

2.1 The Dementia Strategy has been developed jointly with local partners, including NHS partners and the voluntary and community sector. Achievement of many of the Dementia Strategy's ambitions and priorities will utilise internal partner resources and include individual provider and partnership bids for funding.

2.2 Funding has been secured through the Warwickshire County Council's Medium Term Financial Strategy to support development and implementation of the Dementia Strategy in Warwickshire (£60,000 per annum recurring, permanently).

2.3 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 Health and Wellbeing Board outlining the process for developing the year one delivery plan and inviting comments and suggestions to support development and delivery of the plan for 2022-2023.

5. Timescales associated with the decision and next steps

5.1 For approval to publish the strategy:
- WCC Corporate Board (24th May)
- WCC Cabinet (16th June 2022)

5.2 Following approval to publish, the strategy will be professionally designed and formatted by WCC Communications and then be shared with partners, published on the Council's website, and shared through local communication channels.

Appendices
1. Appendix 1 - Coventry and Warwickshire's Living Well with Dementia Strategy
2. Appendix 2 – Presentation – development of year one delivery plan

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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.

Coventry and Warwickshire's Living Well with Dementia Strategy 2022 – 2027

Please note: Communications will professionally design and format the strategy before publication. Red text is for information and will not be included in the final strategy

Contents **(page numbers will be added before publication)**

Coventry and Warwickshire's Living Well with Dementia Strategy 2022 - 2027

Executive Summary:

Why have we developed a Coventry and Warwickshire Living Well with Dementia Strategy 2022 – 2027?

There are over 6,500 people with a diagnosis of dementia, and over 11,700 people estimated to be living with dementia across Coventry and Warwickshire. However, dementia also affects families, friends, colleagues, and neighbours.

Although significant developments and improvements in diagnosis, care, and support have been made in recent years, we know that people with dementia and their carers still experience challenges. Some of the key issues include:

- There can still be stigma surrounding dementia, which may result in people not seeking diagnosis, or accessing care and support at an early stage. **We need to do more to raise awareness and understanding of dementia.**
- Although support is available after a diagnosis of dementia (known as post-diagnosis support), for various reasons people are not consistently linked in with services which can help them to understand the condition, develop plans, and access a range of support. This can increase the likelihood of people accessing support for the first time when things are becoming much more difficult. **We want people to access the support they need at an earlier stage.**
- Family and friends who are caring for a loved one with dementia do not always have support for themselves. There is a risk of carer burnout as the demands of caring for their loved one increase. **We need to ensure that carers are better supported.**
- There are potentially many services involved in supporting and caring for people with dementia. Carers tell us it can be difficult finding out about services and support, and that understanding what different services do can be confusing. **We need to ensure that people affected by dementia are supported by the right services at the right time.**
- As a result of the COVID-19 pandemic, some voluntary sector services have closed. This has increased geographical inequalities in the availability of services and support for people affected by dementia. **We need to ensure that the voluntary sector is supported to ensure it can continue to help people affected by dementia.**
- The number of people living with dementia is increasing. **We need to ensure that services work more closely together so limited resources are used in the best way possible to support people with dementia and their carers.**

This strategy seeks to recognise the complexities and individual experience of dementia, for both the person living with dementia and for those who care for them. With support, information and guidance, people can live well with dementia and continue to take part in activities and do things that they enjoy. The strategy brings together all the agencies that may support people affected by dementia (including health, social care, and the voluntary sector) and outlines the commitment we will make in working more closely to ensure that people with dementia and their carers have access to the right support, at the right time, in the right place throughout the entire dementia journey – from diagnosis through to, and beyond, end of life. Within this strategy, we will use the term 'affected by dementia' to include people who have dementia and people who are caring for a person with dementia.

The strategy is a partnership strategy across health, local councils and the voluntary and community sector in Coventry and Warwickshire. Organisations across the area are already working closely together with the aim of supporting people affected by dementia, and we want to build on this work through the Dementia Strategy for 2022-2027.

What will Coventry and Warwickshire's Living Well with Dementia Strategy (2022-2027) do?

The Dementia Strategy sets out six key priority areas that will help ensure that people with dementia, as well as their carers, receive the appropriate support, information, and advice along their journey with dementia. Each of these six priority areas includes several objectives which summarise what actions will be taken and also outcome measures that will enable us to track our progress.

How will the strategy be achieved?

The strategy is supported by a delivery plan which will include the specific steps that will be taken to ensure the strategy is achieved. The delivery plan for the forthcoming year will be developed annually and will include exactly what actions need to be taken, what organisation / person will lead each action, resources needed (including, for example, human and financial resources), timescales for achieving the actions and detailed measures of success. Achievement of the Delivery Plan will be the shared responsibility of all the agencies that support people affected by dementia (including health, social care, and the voluntary sector). Targets for each outcome measure will be set annually as part of the development of the Delivery Plan and these will be monitored regularly. Monitoring of progress towards achieving the Strategy Delivery Plan will be by the Dementia Strategy Board, who will report to other Boards, such as the Health and Wellbeing Board as requested. Please see the section 'How we will deliver this strategy' for more detail about this.

Foreword

Our vision is that throughout Coventry and Warwickshire people with dementia and their carers are supported, included, and respected so they can enjoy the best possible quality of life and remain independent longer. We will focus on strength-based support, early intervention, enablement, support to live well for longer, and development of personal and community resilience to help people to lead healthy, safe, and fulfilling lives. We will do this by working with communities and those who live with, and are affected by, dementia to improve support and services and ensure people know about the support available. We recognise that people affected by dementia will need help and changing levels of support as the condition ebbs, flows and progresses. This will include support through to end of life, and ongoing support for bereaved families.

The COVID-19 pandemic has been particularly challenging for people with dementia and their carers. Whilst we know that there have been many examples of excellent care and support, we also know that many people have experienced significant challenges including social isolation, lack of engagement in meaningful and enjoyable activities and concerns about accessing services. This has further increased the health inequalities that existed before the pandemic.

Although dementia diagnosis rates were improving prior to the COVID-19 pandemic, we still need to do more to encourage and support people to come forward for a memory assessment if they have concerns about their memory. The benefits of receiving a timely diagnosis include access to treatment, support, and services. Many local organisations, groups and individuals are working to become dementia-friendly, which has done a great deal to reduce the stigma associated with dementia. We are confident that as we work towards achieving our strategy, we will be able to ensure more people receive support following a diagnosis of dementia which will help them to live well and remain at home and independent for longer.

The strategy shows our strong commitment to supporting family and friends who provide care and support for a loved one with dementia. This is important because, without support, informal carers are at risk of isolation and experiencing poor health outcomes. The links between the Dementia strategy and strategies that focus on Carers will help to ensure carers of people living with dementia are well supported.

Cllr Margaret Bell

Portfolio Holder for Adult Social Care and Health

Warwickshire County Council

Cllr Mal Mutton

Portfolio Holder for Adults

Coventry City Council

Priorities and Dementia Statements

The key priorities described in this strategy are in line with the Alzheimer's Society's Dementia Statements. These reflect what people with dementia have said are essential to their quality of life. Find out more about the Dementia Statements here:

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, End of Life, 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

Co-production approach to development and delivery of the Dementia Strategy.

An extensive engagement programme was undertaken to ensure the views of people with dementia and carers were included in the development of this strategy.

We will continue to work with people affected by dementia to ensure they are able to contribute in order to improve quality of life for others affected by dementia.

Projects and / or work programmes to support achievement of the Strategy Delivery Plan will be co-produced with people affected by dementia where possible. People with dementia and carers will be involved in monitoring progress towards achieving the strategy through methods such as feedback on services, focus groups, and 'mystery shopper' type activities. This will help to ensure that the strategy makes a real difference to people affected by dementia. If you are affected by dementia and wish to get involved, please email: If you live in Warwickshire: peoplestrategyandcommissioning@warwickshire.gov.uk

If you live in Coventry: socialcarecommissioning@coventry.gov.uk

Background / Key data about people living with dementia in Coventry and Warwickshire

Communications will design this section which will make the numbers more visual and easier to understand

Number of people with a diagnosis of dementia in Coventry and Warwickshire

	Recorded dementia aged 65+
Coventry	**2,189**
Warwickshire	**4,369**

Source: NHS digital Recorded Dementia Diagnoses - NHS Digital

It is estimated that a higher number of people are living with dementia in Coventry and Warwickshire than those who have been diagnosed, and this number is expected to grow in coming years

Number of people estimated to be living with Dementia in Coventry and Warwickshire

	Estimated prevalence aged 65+
Coventry	**3,690**
Warwickshire	**8,087**

Source: NHS digital Recorded Dementia Diagnoses - NHS Digital

Number of people estimated to be living with dementia in Coventry and Warwickshire in future years

	Total population aged 65+ predicted to have dementia			
	2025	**2030**	**2035**	**2040**
Coventry	3,831	4,193	4,490	4,882
Warwickshire	9,907	11,227	12,549	13,721

Additional data and data for the above tables for Warwickshire is broken down into district and borough area in Appendix 1.

Approach to development of the strategy

Local Engagement

This strategy has been developed following engagement with a wide range of stakeholders, including people living with dementia, carers, and practitioners, to understand the issues facing those affected by dementia and the barriers to overcoming these challenges. The engagement reports and a summary of how the findings were used to develop the strategy can be viewed at: www.warwickshire.gov.uk/dementia.

This strategy builds on work achieved through Coventry City Council and Warwickshire County Council's previous dementia strategies.

National and local Policy / Strategic Context

Our work to improve the lives of people affected by dementia through this strategy links to a number of other key programmes of work.

To achieve our ambitions to improve the lives of people affected by dementia, there are national policy frameworks, national and local strategies and evidence which have been used to develop the strategy and which will support delivery of the strategy. Many of these have involved significant engagement and co-production with practitioners, people living with dementia and carers. Some of the key references are below:

- Care Act 2014
- Coventry and Warwickshire Health and Care Partnership Plans
- Coventry City Council Plan (2016-2024)
- Coventry Health and Wellbeing Strategy (2019-2023)
- Health and Social Care Integration: Joining up care for people, places and populations (2022)
- National Institute for Health and Care Excellence Guidance (NICE) (2018) Dementia: assessment, management and support for people living with dementia and their carers (NG97)
- NHS Long Term Plan (2019)
- People at the Heart of Social Care: adult social care reform (2022)
- Prime Minister's Challenge on Dementia 2020 (2015)
- Tackling Social Inequalities in Warwickshire (2021-2030)
- Warwickshire County Council Plan (2022-2027)
- Warwickshire's Health and Wellbeing Strategy (2021-2026)

Coventry and Warwickshire's Living Well with Dementia Strategy Priorities

We plan to achieve the strategy aims by focussing on the following six priorities, which are aligned to the national priorities of The Well Pathway for Dementia (shown in the image below):

Priority One: Reducing the risk of developing dementia

We will promote and support healthy lifestyles, aiming to reduce people's risk of developing dementia.

Priority Two: Diagnosing Well

We will work to ensure people receive a timely, accurate diagnosis of dementia and that they are linked in with support soon after diagnosis.

Priority Three: Supporting Well

We will work to ensure people affected by dementia have access to safe, high-quality support and care, that is strengths based and personalised.

Priority Four: Living Well

We will work to ensure people affected by dementia can 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 care

We will work to ensure that people with dementia are supported to die with dignity in the place of their choosing, and that their families are supported.

Priority Six: Training Well

We will work to ensure that training and awareness opportunities are offered to support communities to increase their awareness of dementia, and that staff who work with people affected by dementia have access to appropriate, accredited training.

Challenges and response to the COVID-19 pandemic

We recognise the challenges that the COVID-19 pandemic has brought for people affected by dementia. This strategy aims to work to overcome these and build on some of the positive developments that have emerged. This includes

- Individualised and flexible assessment and support options delivered in a way that suits the people receiving the service, and
- The option of virtual support (whether online or by phone) and activities alongside face-to-face support where this is possible, which has provided a wider choice of wellbeing programmes involving arts, music, and physical activity.

Delivery of the strategy

The Dementia Strategy Board will oversee the development of a Delivery Plan to support achievement of the strategy. This will be updated annually with a focus on activities and targets for the following year. The Delivery Plan will be reviewed every six months and achievements monitored by the Dementia Strategy Board. This will ensure we remain on track to achieving the strategy, including identifying any additional funding required, and sources of funding. It will also enable us to modify or develop the strategy if necessary.

The Strategy Board includes representatives from:

- Warwickshire County Council (WCC)
- Coventry City Council (CCC)
- Coventry and Warwickshire Partnership Trust (CWPT)
- Coventry and Warwickshire Clinical Commissioning Group (CCG) / Integrated Care System (ICS)*
- South Warwickshire Foundation Trust (SWFT)
- George Eliot Hospital (GEH)
- University Hospitals Coventry and Warwickshire (UHCW)
- Voluntary sector organisations
- People living with dementia and their carers

Working groups / Task and Finish Group will be established where appropriate which will focus on the area of the Delivery Plan for the strategy priority area that they are focussing on.

Working groups will include practitioners from a range of organisations and where possible people with dementia and carers will also be involved (directly or indirectly).

The working groups will report on progress into other local groups and Boards as appropriate. This may include the Health and Care Partnership Boards, Joint Commissioning Boards, Health and Wellbeing Board, Corporate Boards and Cabinet.

Key measures will be developed for each priority area (see further details of these measures in each priority area). We will monitor progress towards achieving the strategy by regularly reviewing these key measures.

An initial Equality Impact Assessment has been completed and will be reviewed on a regular basis to ensure we meet our responsibilities in respect to the Equality Act 2010 and the Public Sector Equality Duty. The assessment highlighted that there is additional work to do to ensure that services and support are inclusive and that people with protected characteristics are not disadvantaged. An Equality Impact Assessment is

a systematic and evidence-based tool, which enables us to consider the likely impact of work on different groups of people, for example people of different ages or people from different ethnic backgrounds.

We will look to address inequalities as part of the Delivery Plan. The Delivery Plan will also focus at a 'Place level', (a more local level) which will help to consider and address issues that may exist in particular areas across Coventry and Warwickshire. The Delivery Plan will include a range of actions to be undertaken across Coventry and Warwickshire as well as individual actions for Coventry and Warwickshire specifically.

Some of the objectives will need to be achieved through existing funding and partnership working. However, we will also seek additional funding, which will enable us to enhance projects and activities to support achievement of some of the objectives.

*The Integrated Care System (ICS) across Coventry and Warwickshire (from July 2022) will see the development of new partnerships between the organisations that meet health and care needs across an area. The ICS will help to coordinate services and plan in a way that improves population health and reduces inequalities between different groups. This will improve the health and care of people affected by dementia.

The following pages detail each of the six Strategy priorities. For each priority area, we have included a summary statement of the overall aim of the priority. This is followed by background information. A table for each priority shows some of the key developments and highlights in recent years, and a summary of progress to date. The table also shows where we want to get to by the end of the strategy in 2027 and a summary of how we will measure success. We have included both actions we are already working on, and others that we plan to undertake over the next five years. The delivery plan for the forthcoming year will be developed annually and will include exactly what actions need to be taken, what organisation / person will lead each action, any funding required, timescales for achieving the actions and detailed measures of success.

Priority One: Reducing the risk of developing dementia

We will work to ensure people receive a timely, accurate diagnosis of dementia and that they are linked in with support soon after diagnosis.

There is strong evidence that the risk of developing dementia can be reduced by leading a healthy lifestyle. However, there are some risk factors for dementia that cannot be changed (such as increasing age and genetics). Unfortunately, even if people lead very healthy lifestyles, they may still develop dementia. Even if you already have dementia, leading a healthy lifestyle may help to lessen the symptoms.

People can reduce their risk of developing dementia through the following:

- Being more physically active
- Not smoking
- Avoiding harmful use of alcohol
- Being a healthy weight for their height
- Eating a healthy diet
- Reducing salt intake
- Keeping blood pressure, cholesterol, and blood sugar levels in a healthy range.

"What's good for the heart is good for the brain"

However, only about a third of people think it's possible to reduce their risk of developing dementia, compared to 81% who think it is possible to reduce their risk of developing diabetes.

What we have achieved	Continuing actions	New actions	How we will measure success
• We have raised awareness that the risk of developing dementia can be reduced through healthy lifestyles, through health awareness campaigns and NHS Health Checks, which now include information about ways that people can reduce their risk of developing dementia.	• We will continue to raise awareness of the benefits of healthy lifestyles to reduce the risk of developing dementia. • We will continue to support people with Mild Cognitive Impairment and early-stage dementia to access local physical activity on referral services.	• We will encourage greater up-take of NHS Health Checks for those aged 40-75. Everyone who has an NHS health check should be made aware that the risk factors for cardiovascular disease are the same as those for dementia. People aged 65-74 should be made aware of the signs and symptoms of dementia and be signposted to memory services if this is appropriate. • We will raise awareness of ways to reduce risk of developing dementia and will include targeted communications and support for those at greater risk (e.g., those with Mild Cognitive Impairment, individuals with learning disabilities and people from Black and Minority Ethnic backgrounds). • We will promote opportunities for carers to take part in a range of activities and programmes to enhance their physical and mental health. We will continue to promote and support Making Every Contact Count across Coventry and Warwickshire, enabling practitioners to support their clients/customers/patients to make positive changes to their physical and mental health and wellbeing.	• Number of awareness campaigns delivered which include dementia risk reduction messages and how far these campaign messages reach (measured by number of press releases, people visiting websites, views on social media). • Number of people attending NHS Health Checks • Number of people with Mild Cognitive Impairment and early-stage dementia referred to healthy lifestyle services.

Priority Two: Diagnosing Well

We will work to ensure people with dementia receive a timely, accurate diagnosis of dementia.

An estimated 11,700 people in Coventry and Warwickshire live with dementia (NHS Digital, 2021), but only around 56% of these have a formal diagnosis. A diagnosis can help people prepare and come to terms with the changes that are happening and access a wide range of support for themselves and their families. It can also help loved ones to understand and support them. There is no cure for dementia but for some types of dementia it is possible to take medication to slow the progression of the disease. With support, people can live well with dementia and keep doing activities they enjoy.

Norman's story (diagnosed with dementia at 50)

"An early diagnosis of dementia is so, so important. Once diagnosed, I knew what I was up against. As they say: know your enemy. If I hadn't been diagnosed early and I hadn't been seen by consultants on a regular basis, I wouldn't be as well as I am today. I don't know what my future holds, but at least I'm prepared for it"

What we have achieved	Continuing actions	New actions	How we will measure success
• Increasing dementia diagnosis rates from 48% of those estimated to have dementia in 2012 to 56% in 2022 through specific schemes and increasing the capacity of the service. • Many GPs are now trained to offer memory assessment for less complex cases, meaning patients can be diagnosed closer to home by staff they already know. • The introduction of post-diagnosis support packs and sessions for people newly diagnosed with dementia, and for their carers. • The memory service in Coventry has achieved Memory Service National Accreditation Programme (MSNAP) accreditation, recognising a high-quality service.	• Continue to raise public awareness of dementia and the benefits of receiving a prompt diagnosis, with particular focus on communities who may not recognise dementia or where there may be cultural challenges to seeking a diagnosis. • Expand training and support for GPs on undertaking diagnosis of dementia where appropriate. • Continue to ensure that carers' perspectives and information regarding their loved one is considered as part of the diagnostic process. Continue working towards ensuring every practitioner who tells a person they have dementia being appropriately trained and offering post-diagnosis support. • Ensure that everyone receiving a diagnosis of dementia receives a Care Plan, which is then reviewed annually. • Ensure everyone is given the option of being referred to a post diagnosis dementia support service and is followed up within three months of diagnosis.	• As part of the Integrated Care System (ICS) framework, develop partnerships to identify where additional dementia diagnosis can be carried out, and what resources are needed (training, after-care support) if diagnosis is carried out in a setting other than memory clinic. • Ensure waiting times for a diagnosis of dementia return to pre-pandemic levels and then, that they are made within 6 weeks of referral (unless specialist assessments/investigations are required). • The joint Coventry and Warwickshire memory assessment service work to achieve MSNAP accreditation. • Through our local networks, ensure that culturally sensitive assessment and diagnosis is developed and embedded across all dementia support services. • Work towards ensuring that everyone with a dementia diagnosis has a Named Worker and that this role is well understood. • Improve access to support through better integration of services supporting people at all stages of dementia. • Publish the key dementia services and support available to practitioners and those with dementia and their carers, making it easier for different health and care practitioners to access the same information to improve care for people with dementia • Promote and strengthen the links between hospitals and Memory Assessment Services to help to identify and support diagnosis of dementia and after a diagnosis has been made.	• Dementia diagnosis rate reaches at least 66%, meaning two-thirds of those likely to have dementia have a formal diagnosis (national target). • Number of people with dementia with a Care Plan following their diagnosis. • Number of people with dementia supported by a Dementia Support Service following their diagnosis. • Number of carers of people living with dementia supported by the Carer Wellbeing and Support Service. • Positive feedback from people with dementia and carers about their experiences.

Priority Three: Supporting Well

We will work to ensure people affected by dementia have access to safe, high-quality support and care that is strengths based and personalised.

Post-diagnostic support helps the person living with dementia and their family come to terms with the diagnosis, access information, ask questions, find support and plan for the future. We will ensure that people are linked in with sources of support and information as early after diagnosis as possible. Coventry City Council, Warwickshire County Council and Coventry and Warwickshire Clinical Commissioning Group fund other organisations to provide post-diagnostic support locally.

" I can get through this as long as I keep getting your support and your calls, I don't trust just anyone coming to my house"

Feedback from person with dementia using Dementia Day Opportunities service (delivered by Age UK Coventry and Warwickshire) during the COVID-19 pandemic

What we have achieved	Continuing actions	New actions	How we will measure success
• Everyone receiving a dementia diagnosis is offered a "Next Steps" course. Further post-diagnostic support is available as needed from Dementia Connect (delivered by Alzheimer's Society and funded by Warwickshire County Council and Coventry City Council) and Admiral Nurses (delivered by Dementia UK and funded by Coventry and Rugby GP Alliance). • The Dementia and Memory Assessment Service in Coventry has achieved	• Continue to raise awareness of post diagnosis support available for people affected by dementia; ensuring that information is easily accessible, available in a range of formats, and easy to understand. This will involve bespoke campaigns within different parts of the community as required. • Continue to improve access to services for people with dementia and their carers, ensuring geographical equity of commissioned services. • Continue to promote key Dementia Support services to GPs and other practitioners, so that they can ensure everyone has the chance to be linked in with a support service at diagnosis.	• Ensure that an annual review of a person's Care Plan is undertaken. This would ensure access to other sources of support and services and checking in, in case of any changes. • Redesign the dementia day opportunities offer, introducing a blended model with greater choice of how support is delivered. • Work to develop the broader provision of, and raise awareness of, person-centred respite support, appropriate to the needs of the	• Number of people with dementia offered support from a local Dementia Support Service, with follow up as required. • Number of carers of people living with dementia made aware of support available from the Carer Wellbeing and

MSNAP, recognising high quality memory assessment services. • MySense technology - used by South Warwickshire Foundation Trust, and the Dementia Promoting Independence Service in Coventry use assistive technology and dedicated support to enable people with dementia to live at home independently for longer. • Arden Grove has been developed to deliver specialist housing with care to people living with dementia based on the Eden Alternative model; other dementia residential provision has been strengthened. • South Warwickshire Foundation Trust (SWFT) have been delivering specialist nursing assessment and support through its Admiral Nursing Service since 2019, providing psychological and practical support to patients, families and health professionals. From 2021 this provision was extended to provide outreach visits on discharge from hospital.	• Ensure that carers of people with dementia are supported by the local Carer Wellbeing and Support Service. • Continue to develop the Living Well with Dementia website, including a map of services: www.warwickshire.gov.uk/dementia • Support the voluntary sector to restore and maintain local support services e.g., Dementia Cafes, as several of these were affected by the COVID-19 pandemic. • Develop and promote the use of assistive technology to help people stay independent for longer, such as AskSARA, and MySense. • Work towards reducing the digital divide by supporting people with dementia and their carers to use a range of technology to enjoy a variety of virtual activities and stay connected to others. • Work towards equality of access to dementia support services for everyone, including people with protected characteristics. For example, ensuring that services are accessible and culturally appropriate and that there is geographical equity of commissioned services.	person with dementia, to ensure carers can have a break. • Work to ensure there is a sufficient supply of high-quality care and support for people with dementia including those with challenging and/or complex behaviours. • Ensure the continued development of high-quality domiciliary care, housing with care, residential and nursing care to meet the needs of people with dementia that is equal to the health offer of a person without dementia. This may include enhancing training and skills for the workforce, having a named clinical lead for dementia in care homes, forming multidisciplinary teams to support care homes, maximising places available, and reducing unplanned hospital admissions, delayed discharges, and placement breakdowns. • Review and strengthen the dementia pathway for people with dementia entering and leaving hospital to minimise moves and changes in environment for people with dementia. Continue to build on good practice and sharing learning, such as the Admiral Nurse role in Warwick Hospital who support advanced care planning for patients going back home to the community.	Support Service and encouraged to take this up. • Number of acute/emergency attendances at hospital due to dementia. • Number of users of the Living Well with Dementia website. • Positive feedback from people with dementia and carers about their experiences of services and support.

Priority Four: Living Well

We will work to ensure people affected by dementia can live in safe and accepting communities, where they can access a range of support services and enjoyable and meaningful activities.

There are a range of initiatives aimed at helping people with dementia to life in safe and accepting communities, such as Dementia Friends and Dementia Friendly Communities. These initiatives have the added advantage of increasing accessibility for everyone and enabling people with dementia to have a full and valuable role in their local communities.

Case Study: Books on Prescription and your local library

Coventry and Warwickshire Library Services have been members of the Coventry and Warwickshire Dementia Action Alliance (DAA) since 2013. Libraries can help people to keep learning, stay connected and reduce isolation and loneliness. Many of the library staff work directly with the public and have become Dementia Friends, (these are individuals who have taken the time to learn more about what it is like to live with dementia and the small things that they can do to make a difference) to enable them to recognise and support the different needs of people with dementia who wish to use the library. Libraries offer Books on Prescription - dementia collections to help people improve their health and wellbeing. All the books are selected and recommended by healthcare professionals and follow National Institute for Health Care Excellence (NICE) guidance. Books on dementia include personal stories and support for relatives and carers. Visit www.warwickshire.gov.uk/booksonprescription or https://www.coventry.gov.uk/info/126/libraries/3218/libraries_-_core_services/7 to find out more about how to borrow Books on Prescription or ask at your local library.

What we have achieved	Continuing actions	New actions	How we will measure success
• People in Coventry and Warwickshire can access information, details of services and support via the Warwickshire Living Well with Dementia website. • Reading Well Books on Prescription offers a selection of self-help books about dementia in all local public libraries. Over 90 organisations have signed up to the Coventry and Warwickshire Dementia Action Alliance (DAA). These organisations have committed to raising awareness of dementia and supporting people with dementia in their communities.	• Ensure that a variety of support services and activities are available for people with dementia and their carers to maintain their mental and physical health and wellbeing. These will be appropriate and tailored, considering age, ethnicity, religion, gender, and sexual orientation. • Work to ensure ongoing support from a dementia support service (whether Dementia Connect, Admiral Nurses or another support service) for people with dementia and for carers to offer practical and emotional support. Practical support can include supporting with issues such as obtaining a Power of Attorney, claiming carers allowance, applying for a blue badge, managing challenging behaviour and planning for end of life. • Continue to offer and promote a range of arts and cultural opportunities (for example, access to singing, music, arts, and crafts activities) to people living with dementia and their carers. • Continue to promote Dementia Friends, supportin an increase in numbers in Coventry and Warwickshire each year. • Ensure that information about benefits and entitlements are communicated to people living with dementia and that they are supported to apply for these. • Review how we can deliver accessible and effective support services and activities following the COVID-19 pandemic.	• Work to ensure equity of provision of community-led services where this is possible (e.g., for non-commissioned services). • Ensure that an annual review of a person's Care Plan is undertaken. This would ensure access to other sources of support and services and checking in, in case of any changes. • Promote dementia-friendly events and activities to encourage people living with dementia to continue to engage in a range of interests, hobbies, and activities. • Work closely with social prescribing colleagues to ensure people living with dementia and their carers are encouraged and supported to continue to take part in the activities they enjoy, and to develop new interests. • Establish a Dementia Forum across Coventry and Warwickshire to ensure closer links with, and support for voluntary sector dementia support groups.	• Number of new Dementia Friends. • Number of new organisations becoming Dementia Friendly. • Number of evidence-based post diagnosis support interventions. • Positive feedback from people with dementia and carers.

Priority Five: End of Life Care

We will work to ensure that people with dementia are supported to die with dignity in the place of their choosing, and that their families are supported.

This priority focusses on end of life, which includes conversations about, and planning for end of life, as early as possible and appropriate.

Dementia is a terminal condition and a quarter of people over the age of 65 will die with some form of dementia. In care homes, around two thirds of people will have dementia as a factor in their death. A person in the later stages of dementia may have symptoms or other conditions that make it harder to know when they are nearing the end of their life. This uncertainty can make it difficult to plan and put things in place for the end of someone's life.

Where possible, the person with dementia should be encouraged to plan for the future as soon as possible, including arranging for someone like a family member or friend to make decisions if that is needed. This is called a 'Lasting Power of Attorney' (LPA). Planning can also include stating preferred care options. This can also help to reassure families that they are doing what's best for their loved one. People with dementia should be encouraged to talk about their wishes for end-of-life care while they are able to do so for this reason it is important that end of life discussions start earlier in a person's journey with dementia during the 'living well' phase where possible. Staff should understand individual wishes and preferences to ensure people are able to die with dignity and respect, free from pain and in a place they have chosen.

Case Study: End of life care

A gentleman was diagnosed with a young onset dementia. Shortly after his diagnosis his healthcare team encouraged him and his family to consider advance care planning while he was able to be fully involved in the conversations. He was clear that he didn't want to be in hospital unnecessarily if things got worse and his condition wasn't reversible, and that in this case he would not want to be resuscitated. A ReSPECT form was completed so these wishes were known to whoever was caring for him at the time.

A few years later, his condition deteriorated and he needed to be admitted to the dementia ward at hospital. He developed vascular complications and after review by doctors and vascular surgeons, it was clear there were no surgical options and he was likely to be in the last days of his life. This was discussed with his family who agreed that, as hospital care was needed to manage his pain, he should stay on the dementia ward where his needs were understood, and he felt settled. As the ward did not frequently provide end of life care, the staff were supported by the specialist palliative care team to provide symptom control for his pain and the Admiral Nurses to provide appropriate care to ensure his dignity was maintained. Though he died in hospital, having spoken about his wishes early on, his family were able to ensure the environment was peaceful and he was surrounded by the people and things that were most important to him.

What we have achieved	Continuing actions	New actions	How we will measure success
• A range of training has been delivered for professionals to support end of life care for people with dementia. This includes Dementia Awareness Training for Palliative Care Teams and Hospices; Training in Advance Care Plans for Community Dementia staff and a workshop on end-of-life care for people with Dementia for clinicians from a variety of services. • Dementia support services and Next Steps groups are able to support people in making end of life plans.	• Roll out communication training to all those working with people with dementia and their families to improve skills in talking about end-of-life care. • Work with system partners to offer advance care planning conversations as soon as possible and appropriate after a person receives their dementia diagnosis. Promote linking this to retirement conversations with major employers. • Ensure that all patients with a dementia diagnosis are offered a conversation regarding ReSPECT (Recommended Summary Plan for Emergency Care and Treatment), which details a person's care and treatment recommendations, and is completed as appropriate (including taking account of the care setting they are in). Other needs and wishes should also be discussed and documented. These records should follow the patient, for instance if they go into hospital. • Promote the availability of Admiral Nurses, as experienced dementia nurses, who can provide support to people living with dementia and their families in complex situations, including end of life. Ensure that Admiral Nurses are trained in end-of-life care and communication. • Ensure that families of people with dementia are supported as their loved one approaches the end of life and after the death of their loved one. This will include support with financial advice after the death of loved one.	• Ensure the Ambitions for Palliative and End of Life Care Framework (2021 – 2026) and the local system-wide (meaning health, social care, and voluntary sector) End of Life Strategy are used to build accessible, responsive, effective, personal care needed at the end of life • Link with the work on the creation and use of an Integrated Care Record and other digital solutions to ensure improve coordination of care (including care at the end of life) to ensure clinicians can access information to support appropriate care and understand a person's wishes at end of life. • Ensure equitable access to specialist palliative care, including hospices and NHS teams. Link with Hospices and Coventry and Warwickshire Partnership Trust (CWPT) and South Warwickshire Foundation Trust (SWFT) Community Teams to help ensure the specialist palliative care service offer is inclusive to needs of people with dementia. • Ensure staff who care for people in care homes have access to training in End-of-Life care and for Admiral nurses / specialist palliative care teams / other appropriate teams to support nursing homes to offer advance care plans and ReSPECT forms to all residents to ensure appropriate treatment decisions and prevent inappropriate admissions.	• Number of people with dementia who are offered advance care planning. • Number of people with dementia with EPaCCS. • Number of people dying in their preferred place of care, as outlined in their care plan. • Number people with dementia who die with good symptom control. • Increased availability of, and access to, bereavement support offer for families of people with dementia after the death of their loved one. Alignment to measures developed as part of the broader End of Life strategy, for people with dementia.

Priority Six: Training Well

We will work to ensure that training and awareness opportunities are offered to support communities to increase their awareness of dementia. We will work to ensure that staff who work with people with dementia and their carers have access to appropriate, accredited training.

There are a range of excellent training and awareness-raising opportunities available in a variety of formats (such as online training, webinars, face to face courses) and for different audiences, such as the general public, informal carers, and practitioners. Many are free of charge. It is important that people are made aware of these training opportunities and encouraged to undertake them.

For staff, the national Department of Health and Social Care Dementia Training Standards Framework aims to ensure quality and consistency in dementia education and training. It details the essential skills and knowledge necessary for workers in health, social care, and housing.

The Care Certificate is the minimum training induction requirement for anyone entering health and social care, including staff across all commissioned services. The Care Quality Commission (CQC) require evidence of compliance with the Care Certificate for all providers registered with CQC. For other providers it is regarded as best practice and should be a minimum requirement. The Care Certificate can be accessed through the Social Care Information and Learning Service (SCILS).

Virtual Dementia Tour

What we have achieved	Continuing actions	New actions	How we will measure success
• There are now over 37,000 Dementia Friends in Coventry and Warwickshire. • Dementia Awareness sessions have been delivered to a range of organisations including Local Authorities, library services, voluntary sector, dental practices, general practices, hospices, and leisure centres. • Frontline social care staff (including care home staff) can access training via Social Care Information and Learning Service (SCILS).	• Promote dementia training and awareness opportunities to people affected by dementia, and people with an interest in dementia to increase awareness of dementia. • Offer further opportunities for people to participate in the Virtual Dementia Tour, which offers a sensory experience of what's it's like to live with dementia. • All Local Authority staff and commissioned service staff will be encouraged to undertake dementia awareness training. • Anyone starting work in health and social care, will be required to complete the relevant units of the Care Certificate.	• Collate and promote a range of courses aimed at carers, delivered by local and national groups. • Develop a tiered learning platform on the Living Well with Dementia website to ensure access to learning opportunities is as easy as possible. • Local Authorities will aim to ensure that all direct and commissioned service staff who are working with people living with dementia are trained to at least Tier 2 of the Dementia Training Standards Framework. • Promote via our quality assurance processes that all home and residential care staff working with people living with dementia receive mandatory training. This should be equivalent to Tier 3 of the Dementia Training Standards Framework.	• Number of new Dementia Friends. • Number of informal carers accessing training. • Number of Local Authority staff who have completed relevant training (appropriate to their role). • Number of staff and organisations registered on SCILS. Number of staff who have completed Care Certificate.

Logos of all of the partner agencies will be on this page:

Appendix 1:

Number of people with a diagnosis of dementia in Warwickshire districts and boroughs

The Warwickshire figure is broken down into district and borough areas as follows:

North Warwickshire	**477**
Nuneaton & Bedworth	**839**
Rugby	**800**
Stratford-on-Avon	**1,244**
Warwick	**1,009**

Number of people estimated to be living with Dementia in Warwickshire districts and boroughs

The Warwickshire figure is broken down into district and borough areas as follows:

North Warwickshire	**883**
Nuneaton & Bedworth	**1,548**
Rugby	**1,317**
Stratford-on-Avon	**2,463**
Warwick	**1,876**

Number of people estimated to be living with dementia in Warwickshire district and boroughs in future years

The Warwickshire figure is broken down into district and borough areas as follows:

North Warwickshire	1,150	1,337	1,473	1,638
Nuneaton & Bedworth	1,858	2,069	2,234	2,383
Rugby	1,690	1,950	2,121	2,337
Stratford-on-Avon	2,813	3,255	3,716	4,055
Warwick	2,322	2,670	2,968	3,234

Source: Poppi, 2022 (Figures may not sum due to rounding)

Diagrams showing those with a dementia diagnosis in different age groups and sex (this may be displayed as a pie chart which will make numbers easier to understand)

Recorded prevalence by age Coventry and Warwickshire Clinical Commissioning group (CCG), Dec 2021

Age	Recorded prevalence (count)	Recorded prevalence as % all cases
65-69	260	4.0%
70-74	523	8.0%
75-79	1,126	17.2%
80-84	1,538	23.5%
85-90	1,677	25.6%
90+	1,434	21.9%

Source: Recorded Dementia Diagnoses, December 2021 - NHS Digital

Recorded prevalence by age and sex Coventry and Warwickshire Clinical Commissioning group (CCG), Dec 2021 (this may be displayed as a pie chart which will make numbers easier to understand)

Age	Female (count)	Female %	Male (count)	Male %
65-69	130	2.0%	130	2.0%
70-74	268	4.1%	255	3.9%
75-79	627	9.6%	499	7.6%
80-84	904	13.8%	634	9.7%
85-90	1,075	16.4%	602	9.2%
90+	1,072	16.3%	362	5.5%
Total	**4,076**	**62.2%**	**2,482**	**37.8%**

Source: Recorded Dementia Diagnoses, December 2021 - NHS Digital

Number of people with early onset dementia (dementia that occurs before the age of 65)

The data above only covers diagnosed dementia for people over 65, but it is possible to get dementia at any age. It is estimated that 76 people in Coventry and 158 in Warwickshire under 65 have early onset dementia" PANSI, 2021)

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Coventry and Warwickshire's

Living Well with Dementia Strategy (2022-2027)

Presentation to Health and Wellbeing Board, 4th May 2022

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

- Final stages of development of Coventry and Warwickshire's Living Well with Dementia Strategy, prior to seeking approval to publish from Cabinet.

- The development of the year one delivery plan.

Update on progress since last HWBB

- Strategy has been revised following extensive engagement last Autumn
- Strategy has been reviewed and developed by the Dementia Board, Health and Care Partnership Mental Health and Emotional Wellbeing Strategic Board, People Group Senior Leadership Teams, People Group Directorate.
- Next steps to seek approval to publish the strategy:
    - Review strategy, delivery plan and agree governance - Dementia Board (May 2022)
    - WCC Corporate Board (24th May 2022)
    - WCC Cabinet (16th June 2022)
    - Coventry City Council are aiming for similar governance timelines.

Following approval to publish, the strategy will be professionally designed and formatted by WCC Communications and then be shared with partners, published on the Council's websites, and shared through local communication channels. Formal publication is likely to be July / August 2022, but the strategy can be made available in an unformatted version before that.

How will the strategy be achieved?

- The strategy is supported by an annual Delivery Plan which will include the objectives that have been prioritised for delivery in that year, along with specific actions that will be taken to ensure the strategy is achieved over the five years.
- The multi-agency Dementia Strategy Board will oversee the development of the Delivery Plan to support achievement of the strategy. The Strategy Board includes representatives from:

- Warwickshire County Council (WCC) and Coventry City Council (CCC)
- Coventry and Warwickshire Partnership Trust (CWPT)
- Coventry and Warwickshire Clinical Commissioning Group (CCG) / Integrated Care System (ICS)
- South Warwickshire Foundation Trust (SWFT), George Eliot Hospital (GEH) and University Hospitals Coventry and Warwickshire (UHCW)
- Voluntary sector organisations
- People living with dementia and their carers

- Achievement of the Delivery Plan will be the shared responsibility of all the agencies that support people affected by dementia.
- The Dementia Board may also report into other Boards as requested. This may include the Health and Care Partnership Boards, Joint Commissioning Boards, Health and Wellbeing Board, Corporate Boards and Cabinet.

Development of Delivery Plan:

- The delivery plan for the forthcoming year will be developed annually and will include exactly what actions will be taken, what organisation / person will lead each action, timescales for achieving the actions, costs and detailed measures of success.
- For each Priority Area (six in total) objectives will be prioritised for delivery in each year, along with specific actions that will be taken to ensure the strategy is achieved over the five years.
- Objectives will initially be prioritised by the Health and Care Partnership Dementia group and through discussions with colleagues.
- Some objectives will continue work that has already started but requires further development. Some objectives will develop new work.
- The draft delivery plan for each year will then be reviewed by the Dementia Board.

Achievement of Delivery Plan:

- For each overarching Priority Area in the strategy (six in total) there will be a lead person and organisation, who will take overall responsibility for reporting on the achievement of the objectives within the Priority area.
- The Delivery Plan will be reviewed every six months and achievements monitored by the Dementia Strategy Board. This will ensure we remain on track to achieving the strategy, including identifying any additional funding required. It will also enable us to modify or develop the delivery plan / strategy if necessary.
- Targets for each outcome measure will be monitored regularly through reports to the Dementia Board.
- Working groups may be established where necessary. There may be a working group for a particular priority. Working groups are likely to include practitioners from a range of organisations and where possible people with dementia and carers will also be involved (directly or indirectly).
- The Lead Person for each Priority Area would Chair the working group, and will report on progress into the Dementia Board as appropriate.

Proposals for year one delivery plan. To be reviewed by Health and Care Partnership – Dementia Delivery Board.

Example for Priority One:

Reducing the risk of developing dementia

Overall lead: Claire Taylor, WCC

Supported by: Public Health CCC/WCC

Primary Care, Primary Care Network Lead

Two objectives have been prioritised for year 1 by the Health and Care Partnership Dementia group and through discussions with colleagues.

Objective: We will continue to raise awareness of the benefits of healthy lifestyles to reduce the risk of developing dementia.			Cost: All part of existing budgets
Actions	Lead	Timescales	Outcomes
Continue to promote messages around healthy lifestyles and how they can reduce the risk of developing dementia (links to campaigns around stopping smoking, alcohol awareness)	WCC and CCC communications Commissioners	Link to key campaign for dementia and specific lifestyle behaviours Dementia Action Week – May 2022, World Alzheimer's Month (Sept 2022); Stoptober (Oct 2022); Alcohol Awareness Month (Nov 2022), No Smoking Day (March 2023)	Number of awareness campaigns delivered which include dementia risk reduction messages; development of dementia website section; Reach of campaign messages (measured by number of press releases, people visiting websites, views on social media).
Work with different practitioner groups and providers to include information on benefits of a healthy lifestyle for reducing risk of dementia as part of their work (e.g. Healthy Lifestyle service providers)	Commissioners of relevant services Provider of identified services	May 2022 onwards	Key messaging developed; Number of organisations delivering messaging (monitored in contract review meetings); customer feedback. Work towards documenting actual number of messages delivered.
Develop messaging around healthy lifestyles and how they can reduce the risk of developing dementia as part of NHS Health	Commissioners	April 2022	Key messaging developed; Number of health checks delivered;

Objective: We will continue to promote and support Making Every Contact Count across Coventry and Warwickshire, enabling practitioners to support their clients/customers/patients to make positive changes to their physical and mental health and wellbeing.			Cost: All part of existing budgets
Actions	Lead	Timescales	Outcomes
Develop messaging around healthy lifestyles and how they can reduce the risk of developing dementia as part of MECC	WCC and CCC communications Commissioners	May 2022	Uptake of opportunities via MECC MECC training delivered Number of Carer Wellbeing provider staff delivering MECC Unique views of Living Well with Dementia – reducing risk of dementia website views

Priority 2 – Diagnosing well

Overall lead: Coventry and Warwickshire Partnership Trust,
Sharon Murphy, Service Lead, and Dr Atta, Consultant Psychiatrist
CWPT Memory Assessment and Community Dementia Services

Supported by: Primary Care / Clinical Commissioning group (CCG) / Integrated Care Service (ICS) Dementia Lead

Four objectives have been prioritised for delivery in year 1, or to start to be delivered.

- Continue to increase the dementia diagnosis rate so that at least two thirds of people living with dementia have a diagnosis (this target has been set by the government).
- Ensure waiting times for a diagnosis of dementia return to pre-pandemic levels.
- Improve access to support through better integration of services supporting people at all stages of dementia.
- Publish the key dementia services and support available to practitioners and those with dementia and their carers, making it easier for different health and care practitioners to access the same information to improve care for people with dementia.

Priority 3 – Supporting Well

Overall lead: Sharon Atkins, Coventry City Council

Supported by: Dr Angela Rowley, Clinical Psychologist and Dr Atta, Consultant Psychiatrist, CWPT Memory Assessment and Community Dementia Services

Primary Care / PCN representative

Seven objectives have been prioritised for delivery in year 1. Some are continuing work but requires further development, some actions will start in year 1 but will need to continue to be delivered beyond year 1.

- Continue to raise awareness of post diagnosis support available for people affected by dementia; ensuring that information is easily accessible, available in a range of formats, and easy to understand.
- Continue to promote key Dementia Support services to GPs and other practitioners, so that they can ensure everyone has the chance to be linked in with a support service at diagnosis.
- Ensure that carers of people with dementia are supported by the local Carer Wellbeing and Support Service.

- Continue to develop the Living Well with Dementia website, including the map of services section.
- Support the voluntary sector to restore and maintain local support services e.g., Dementia Cafes, as several of these were affected by the COVID-19 pandemic.
- Redesign the dementia day opportunities offer, introducing a blended model with greater choice of how support is delivered.
- Review and strengthen the dementia pathway for people with dementia entering and leaving hospital to minimise moves and changes in environment.

Priority 4 – Living Well

Overall lead: Voluntary Sector Representative tbc

Supported by: Local Authority representative tbc

Six objectives have been prioritised for delivery in year 1.

- Ensure that a variety of support services and activities are available for people withdementia and theircarers to maintain their mental and physical health and wellbeing. These will be appropriate and tailored, considering age, ethnicity,religion, gender, and sexual orientation.
- Work to ensure ongoing support from a dementia support service (whether Dementia Connect, Admiral Nurses or another support service) for people with dementia and for carers to offer practical and emotional support
- Continue to offer and promote a range of arts and cultural opportunities (for example, access to singing, music, arts, and crafts activities) to people living with dementia and their carers.
- Ensure that information about benefits and entitlements are communicated to people living with dementia and that they are supported to apply for these.
- Review how we can deliver accessible and effective support services and activities following the COVID-19 pandemic.
- Establish a Dementia Forum across Coventry and Warwickshire to ensure closer links with, and support for voluntary sector dementia support groups.

Priority 6 – Training Well

Overall lead: Lynn Bassett, Warwickshire County Council

Supported by: Coventry City Council Training / Workforce lead

Five objectives have been prioritised for delivery in year 1.

- Promote dementia training and awareness opportunities to people affected by dementia, and people with an interest in dementia to increase awareness of dementia.
- Offer further opportunities for people to participate in the Virtual Dementia Tour, which offers a sensory experience of what's it's like to live with dementia.
- All Local Authority staff and commissioned service staff will be encouraged to undertake dementia awareness training.
- Anyone starting work in health and social care, will be required to complete the relevant units of the Care Certificate.
- Collate and promote a range of courses aimed at carers, delivered by local and national groups.

Objective: Promote dementia training and awareness opportunities to people affected by dementia, and people with an interest in dementia to increase awareness of dementia.			**Cost: All part of existing budgets.**
Actions	Lead	Timescales	Outcomes
Develop the dementia training area on Social Care Information and Learning Service (SCILS)	WCC and CCC Training Leads	April 2022 onwards	Addition of new courses to SCILS.
Develop a resource that includes all opportunities for raising awareness of dementia and links to online courses / more information, and distribute to all contacts on WCC provider mailing list during Dementia Action Week (2022). Update and repeat during World Alzheimer's Month (2022)	WCC and CCC Training Leads Commissioners	Dementia Action Week – May 2022 World Alzheimer's Month - Sept 2022	Number of contacts emails sent to. Number of new organisations signing up to SCILS. Number of courses completed during September and October 2022.
Work with key commissioned dementia service providers to ensure they are making people with dementia and carers aware of dementia training and awareness opportunities.	Commissioners	September 2022 onwards	Discussion with key providers documented in contract review notes. Ongoing monitoring of discussions taking place between providers and people affected by dementia through quarterly contract reviews.
Work with commissioned services who may come into contact with people affected by dementia, and ensure they are aware of dementia training and awareness opportunities, and encourage staff to undertake dementia training.	Commissioners	September 2022 onwards	Discussion with key providers documented in contract review notes. Ongoing monitoring of number of provider staff who have undertaken training specific to their role.

Year one Delivery Plan for Priority 5 - End of Life Care, is currently being developed with clinical colleagues and will be added shortly.

Further development of delivery plan for year one will take place at the Health and Care Partnership Dementia Meeting on 9th May 2022.

Agenda Item 5

Health and Wellbeing Board

Health and Wellbeing Partnerships

4 May 2022

Recommendation

1. That Health and Wellbeing Board notes the update from each place-based Health and Wellbeing Partnership in Warwickshire. The focus of this May

1. Executive Summary

1.1 The focus of this paper is the current and planned activity of each Partnership on the Health and Wellbeing Board (HWB) priority of *helping our children and young people have the best start in life.*

Warwickshire North

1.2 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.

1.3 A cross-cutting theme across WN is Maternity, Children and Young People, with a range of projects delivered or in progress to improve health and wellbeing of this cohort of our population. The list below demonstrates some of the recent initiatives across our Place which impact this group, highlighting specific achievements in some of the examples.

1.4 We have aligned each initiative to a Kings Fund quadrant to show progress in all areas, as shown below.

1.5 Further detail on each of these areas can be found in Appendix 1.

The wider determinants of health	Our health behaviours & lifestyles	An integrated health & care system	The places & communities we live in and with
Children's Obesity	Health Equity Pilot Project (HEPP)	Development of childrens strategy	Poverty Proofing
Obesity in Pregnancy		Unplanned Paediatrics	
Smoking Cessation in Pregnancy		Childrens Asthma Surge	
Appointment of Public Health Midwife		Sexual Health Services	
Population Health Management Programme		BadgerNet Maternity Notes	
Social Prescribing for Children & Young People		Pregnant Women COVID-19 Vaccinations	
		Mental Health in School Teams	
		Children & Young People Mental Health Crisis & Urgent Care	
		Mental Health 18-25 Offer	
		Maternal Mental Health	

Rugby

1.6 The Rugby Health and Wellbeing Partnership LGA workshop took place on the 26th January, where two main actions to move forward were agreed. The first was to work on a coordinated approach to engagement and consider how this agreed approach be effectively resourced.

1.7 Following this we are proposing to hold a Participative Narrative Inquiry (PNI) workshop in May 2022. The workshop will provide a valuable and unique opportunity to reimagine how young people can be supported.

1.8 Further information on progress can be found in Appendix 2.

South Warwickshire

1.9 We have made good progress in implementing our new governance model, the Place Delivery Group and the Integrated Health and Care Delivery Group have formed, and established Terms of Reference and we expect the remain quadrant Delivery Groups to form over the next quarter.

1.10 We are celebrating the launch of the Levelling Up Impact Report for South Warwickshire Foundation Trust (SWFT) and looking at how we extend this through our Place going forwards and ensure we continue to create opportunities for our local communities.

1.11 Supported by the Local Government Association (LGA), South Warwickshire Place colleagues participated in a Health in All Policies (HiAP) workshop where we chose to focus on two of our priorities, one of which was Infants, Children and Young People.

1.12 The outputs of this discussion have been fed directly into the logic model for Infants, Children and Young People to enable us to focus activities on the areas identified as adding real benefit to the lives of children in South Warwickshire when developing our 2022/23 Place Plan.

1.13 Further updates can be found in Appendix 3.

Appendices

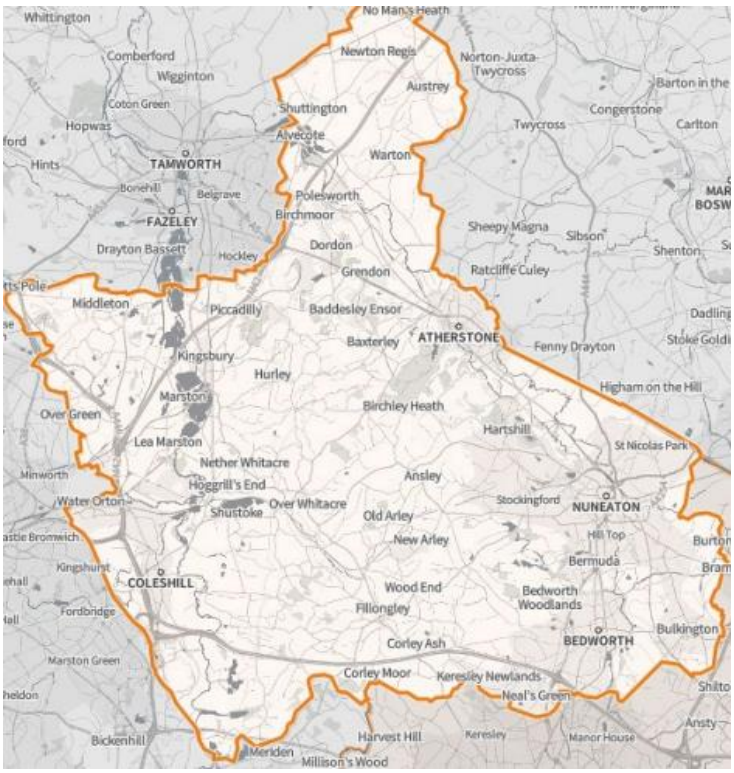
1. Appendix 1 – Warwickshire North Place Update – April 2022
2. Appendix 2 – Rugby Place Update – April 2022
3. Appendix 3 - South Warwickshire Place Update – April 2022

	Name	**Contact Information**
Report Authors	Steve Maxey, Jenni Northcote, Duncan Vernon Simon Betteridge Chris Elliott, Anne Coyle	Steve.maxey@northwarks.gov.uk Jenni.northcote@geh.nhs.uk Duncan.vernon@swft.nhs.uk Simon.betteridge@uhcw.nhs.uk Chris.elliott@warwickdc.gov.uk Anne.coyle@swft.nhs.uk

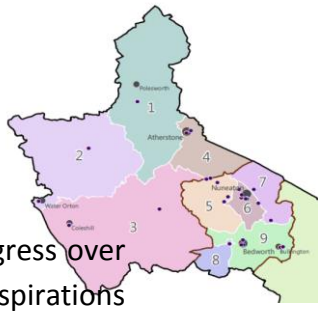
Warwickshire North Place Update

Maternity, Children & Young People

April 2022

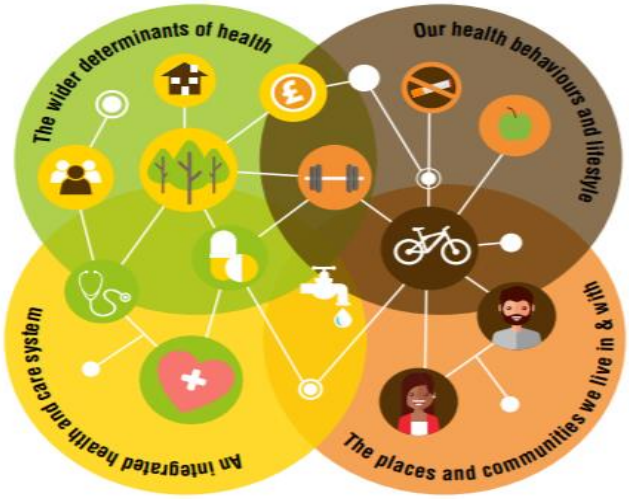


'Helping you to help yourself; there for you when you need us'



Warwickshire North (WN) Place is well established and has made significant progress over the last year working collaboratively with a shared focus around the needs and aspirations of our local population. WN Place has a diverse population and George Eliot, Primary Care Network (PCNs), Provider, third sector partners and Borough Council partners are working together to ensure we are working with and for local people to improve health outcomes and reduce inequalities.

Our Place collaboration has focused on priorities where there is a shared sense of purpose coalescing around agreed objectives, informed by the Joint Strategic Needs Assessment (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 (below).



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.

A cross-cutting theme across WN is Maternity, Children and Young People, with a range of projects delivered or in progress to improve health and wellbeing of this cohort of our population. The list below demonstrates some of the recent initiatives across our Place which impact this group, highlighting specific achievements in some of the examples.

We have aligned each initiative to a Kings Fund quadrant to show progress in all areas, as shown below.

The wider determinants of health	Our health behaviours & lifestyles	An integrated health & care system	The places & communities we live in and with
Children's Obesity	Health Equity Pilot Project (HEPP)	Development of childrens strategy	Poverty Proofing
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Appointment of Public Health Midwife		Sexual Health Services	
Population Health Management Programme		BadgerNet Maternity Notes	
Social Prescribing for Children & Young People		Pregnant Women COVID-19 Vaccinations	
		Mental Health in School Teams	
		Children & Young People Mental Health Crisis & Urgent Care	
		Mental Health 18-25 Offer	
		Maternal Mental Health	

1. An Integrated Health and Care System

- **Development of Children's Strategy**

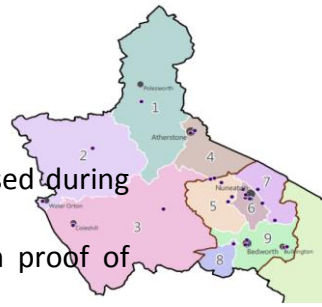
- **Unplanned Paediatrics**

  - The aim of the project was to;

    - Increase turnaround time of triage on arrival at GEH Children's Assessment Unit (CAU)
    - Mitigate the expected upturn in volume of young children presenting to CAU with Respiratory Syncytial Virus (RSV)
    - Ensure flow was maintained throughout CAU (minimise outside waiting)
    - Ability to redirect patients to a more appropriate place of care (where needed)
    - Adhere to infection prevention and control arrangements

  - The proposal to achieve was;
    - Establish a triage pod outside of the main emergency department entrance
    - Extend patient waiting area
    - Establish new clinics for CAU reviews and neonatal rapid access
    - Set up a Short Stay Assessment Facility (SSAF) in the old Caterina ward
    - Explore ways to better support children and adolescent mental health service (CAMHS) patients and minimise length of stay in main CAU
    - Purchase equipment to support delivery
    - Staff training to support delivery
    - Increase Consultant Connect uptake
    - Escalation process in place

  - The key successes from this project are;



- Facilitation of SSAF completed and ward was able to be used during busy times
- CAU review and neonatal rapid access clinics set up with proof of concept
- New equipment purchased – increased flexibility of treatment & care
- Extension to existing waiting facility agreed and put in place
- Additional medical staffing in place to support increased attendance rates
- Improved provision of care for CAMHS patients with further options for transfer/assessment
- Ongoing Staff training (European Paediatrics Advanced Life Support [EPALS]) joint venture with Birmingham Women's & Children's Trust
- Full Escalation Process review carried out and updated

➢ The key learnings identified are;

- Pod did not get utilised
- Build and facilitation of pod
- Location didn't match process
- Spec of pod restrictive/limiting of access
- Unplanned costs
- Staffing of pod – dual role requirement limited options of available staff
- SSAF – post-build change to classification of ward restricted use
- Challenges embedding new processes to operational team
- Some challenges around specifications of equipment and options of purchase

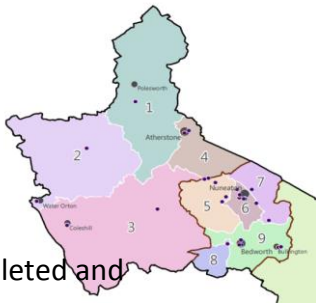
- **Children Asthma Surge**

- **Sexual Health Services**

➢ Services have been comprehensively reviewed, and we are considering the recommendations for a revised care delivery model to increase accessibility and reach for our BAME and harder to reach population groups.

- **BadgerNet Maternity Notes**
  - ➢ An online portal and app that allows pregnant women access to their maternity records via their PC, tablet device or mobile phone.
  - ➢ The information seen is generated in real-time from George Eliot Hospital maternity services and is input by those involved in an individual's care, such as a midwife.
  - ➢ Allows pregnant women real time access to their maternity, child or neonatal records.

- **Pregnant Women COVID-19 Vaccinations**



- **Mental Health in School Teams**
  - Funding for teams in Nuneaton and Bedworth has been confirmed.
  - Recruitment for Mental Health Support Practitioner posts was completed and the post holders commenced in January 2022.
  - Recruitment was for two Mental Health Support Team sites (8 Education Mental Health Practitioners) in WN.
  - Schools audits were completed November 21 to January 22.

- **Children & Young People Mental Health Crisis & Urgent Care**
  - Gold/Silver/Bronze structure calls have been established to support the System pressures.
  - Submission of Mental Health Plan to NHS England includes significant investment for Emergency Department and these projects are now being mobilised.

- **Mental Health 18-25 Offer**
  - Funding confirmed.
  - A multi-agency Working Group has been established that encompasses three workstreams: data analysis, co-production and research into models of best practice.

- **Maternal Mental Health**

2. The Wider Determinants of Health

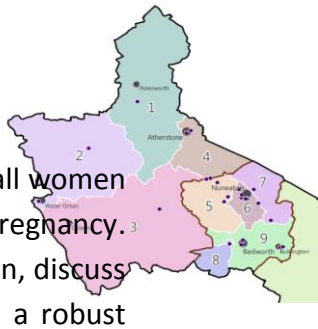
- **Children's Obesity**
  - Health Equality Partnership Programme (HEPP) has been aligned to address the priority set in the WN Place Executive Health Inequality Group around childhood obesity.
  - HEPP aims to understanding the barriers to uptake of the Warwickshire County Council (WCC) commissioned healthy lifestyles service for children, Change Makers.

- **Obesity in Pregnancy**
  - Local authority funding is increasing for this, especially in WN where rates are higher.
  - Project being led by Local Maternity & Neonatal System lead.

- **Smoking Cessation in Pregnancy**
  - The development of a new model of provision.
  - CLeaR Model: Challenge, Leadership & Results for tobacco control.

- Project being led by Local Maternity & Neonatal System lead.

- **Appointment of Public Health Midwife**
  - Lead midwife in;
    - Smoking in pregnancy
    - Vaccinations
    - Obesity in pregnancy
    - Alcohol and Substance misuse
    - Mental Health
  - Priorities at present are smoking in pregnancy, obesity in pregnancy and vaccinations.
  - The Public Health Midwife has set up a national Public Health Midwives Network, with the aim to share guidelines, ideas and support one another. The first meeting was held in January with very positive feedback. They are also looking to set up some webinars for all Healthcare Professionals to attend to update on the work within Maternity.
  - **Smoking in pregnancy**
    - They are working closely with the Local Maternity and Neonatal Service (LMNS) to introduce risk perception interventions for women who have not engaged with the stop smoking service by the time they attend for their dating scan. This is a work in progress due to needing support from the ANC (Antenatal Care) midwives and workloads at present, this has been flagged to the ANC manager and matron and is being reviewed.
    - They are aiming for a standardised approach for all our women that smoke, where 100% of smokers are referred to the stop smoking service at booking. This has been ongoing since appointment, and there are numerous months where referrals are at 100%.
    - Carbon Monoxide testing is also a focus- they are trying to implement testing for all contacts; however this is proving an area that needs standardisation and effective implementation. It is positive to note that Carbon monoxide testing compliance has increased from 17.5% to 95.6% in February. This will also be reviewed in line with National Institute for Health and Care Excellence (NICE) guidelines which are currently being updated, and an action plan developed.
  - **Obesity in Pregnancy**
    - Currently hold a monthly multidisciplinary team (MDT) meeting for any women with a Body Mass Index (BMI) of 50 or more. However, this is being further developed to include more women and there has been a completed proposal to start a Health and Wellbeing Clinic, however this has not yet begun due to difficulties with rooms in ANC.



- The aim of the health and wellbeing clinic, would be to see all women with a BMI of 35 or more in clinic at least 3 times in their pregnancy. This would be to ensure that they are on the right medication, discuss healthy eating and staying active and ensure that there is a robust plan in place for the pregnancy, labour and postnatally. This would also improve safety by ensuring that all women who required anaesthetic reviews and enoxaparin had this without delay.
- It will also help improve outcomes for women and their babies, whilst giving them continuity within ANC.
- An audit has been recently completed to look at outcomes in labour for these women.

➢ **Vaccinations**

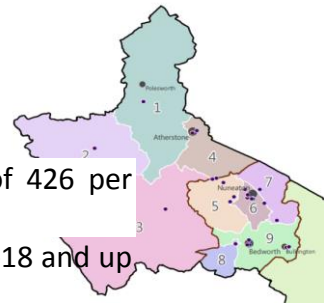
- There has been an action plan put in place for the next flu season, and the aim is to increase uptake of flu and pertussis vaccinations. This will be implemented over the coming months ready for September.

➢ **Alcohol and substance misuse**

- There has now been monthly meetings instated with Change Grow Live and the safeguarding midwife to discuss any women that are currently pregnant and are actively using substances and/or alcohol. This has been in place for 2 months, and the aim to enhance support.

- **Population Health Management (PHM) Programme**
  - ➢ WN PHM programme is focusing on specific interventions for a cohort of pre-diabetic, obese adults with one additional acute condition
  - ➢ The age range of the cohort is people likely to have families and children, therefore we are looking to influence family lifestyles.
  - ➢ We also hope this will influence childhood obesity, as we are aware we have a high rate of childhood obesity in Warwickshire North.
  - ➢ Understanding the outcomes of this specific cohort is enabling us to understand how this type of approach can be applied to other cohorts such as children and young people
  - ➢ Considerations made in programme regarding how the interventions focus on prevention can have long-term benefits for children in our population

- **Social Prescribing for Children & Young People**
  - ➢ An estimated budget of £150k is anticipated for a two-year pilot.
  - ➢ Employing a social prescriber/link worker with specific experience of working with and supporting children and young people is important – existing social prescribers across WN do not necessarily have this skill set/experience.
  - ➢ Warwickshire's Director of Public Health Annual Report 2021 reports that the level of hospital admissions due to self-harm for 10–24-year-olds is 604 per



100,000 for WN, which is worse than the average national figure of 426 per 100,000.

- Currently a gap in terms of support in WN for the transition years: 16 -18 and up to 24 for learning disabilities.
- Health inequalities focus on deprived neighbourhoods.
- Young people impacted by social isolation due to economic reasons, rurality or health conditions.
- Focus on teenage parents, young people with risk-taking behaviours and vulnerable young people; this may include relationships with food, sexual health, young carers, unstable family situations, 'sofa-surfing'.
- Focus on obesity and link with supporting a reduction of children with obesity by year 6, and supporting young people to take up leisure and exercise – linked to deprivation and poverty i.e. less family income for joining groups and active leisure pursuits.
- Support young people to look at opportunities for work tasters and work experience – to build confidence and social interactions – via volunteering and being active in the community – linked to Anchor organisations and noting the mental health and physical health benefits that could be associated.
- The budget to include financial support for voluntary & community sector services where signposting will take place to support the pilot; this is likely to be a total of four organisations from different interest groups including sport and creative arts.
- A host organisation would be needed to provide oversight and line management to the worker.
- The location of the worker is flexible.
- The eligibility criteria and referral routes would need to be developed, depending on the service.
- Support for the project from all WN Place partners.

3. Our Health Behaviours and Lifestyles

- **Health Equity Pilot Project (HEPP)**

  - HEPP aims to strengthen local partnerships and systems leadership capability through working collaboratively to address health equality. Approximately £32k seed funding from NHS England for a local project.

  - The aim of the Warwickshire project is to engage with families within the Nuneaton Central JSNA area to understand the barriers (perceived/actual) that prevent uptake of healthy lifestyles campaigns (Wellbeing for Life) and services (Change Makers) to support management of childhood weight.

  - WCC community engagement officers have been carrying out surveys with parents and carers at three local Nuneaton schools, generating findings around attitudes towards child weight management the Change Maker service.

- In addition to this, an online survey was also made available. In order to gather more in-depth insight, interested parents and carers have now been invited to follow this up with an interview, which is being carried out by Coventry University.

- The engagement period will come to a close mid-May 22. Following which a report of findings will be generated by Coventry University and will go on to help inform the commissioning cycle for Change Makers in Warwickshire. The final report from Coventry University is due at the end of July 2022.

4. The Places and Communities we live in and with

- **Poverty Proofing**

  - Children North East (CNE) are working across Warwickshire Council to carry out Poverty Proofing activities as part of the wider 'Tackling Social Inequalities in Warwickshire Strategy 2021-30' being carried out across the county. CNE are the oldest regional charity in the North East who work to ensure that all children grow up healthy and happy. As the founders and national leads on the Poverty Proofing agenda, CNE will work across Warwickshire to deliver four large poverty proofing inventions and a programme of training between September 21 and August 22.

  - Plan to poverty proof a number of settings including;

    - Early Years Settings and Schools
    - Warwickshire District and Borough Councils and the County Council
    - Health Settings

  - CNE will deliver four Poverty Proofing initiatives at the following locations:

    - George Elliot Hospital: Maternity Department
    - South Warwickshire Foundation Trust
    - Rugby ST Cross Hospital: Medicine Ward
    - North Warwickshire Borough Council: Leisure Department

  - George Eliot will be led and guided by CNE. We have identified a project team for the work, and we have informed the Midwives and Ward Managers of this project.

  - The principles of this work are;

    1) Poverty is a consequence of structural inequality; therefore an organisation must address barriers faced by those in poverty by addressing its policies, practices, systems and structures to alleviate the inequalities faced by those living in poverty.

2) Poverty impacts places differently, and to address poverty within any organisation or community there has to be a robust understanding of the context of the local community.
3) The cornerstone of all Poverty Proofing interventions is the centrality of the voice of those with lived experience of poverty.

- There are 5 key phases;

i. Training and Initial Consultation with Staff

All staff who are currently employed by each organisation will take part in a three-hour training course which will cover the following distinct areas:

- Who CNE are and why this work matters.
- Definitions of poverty.
- What the consequences of poverty are.
- Exploration of the root causes of poverty.
- The development of Poverty Proofing.
- Exploration of staffs' current role.
- Identification of some of the barriers staff identify within their work role.

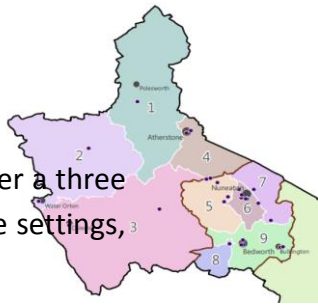
ii. Scoping exercise

The scoping exercise is to grasp an understanding of the current work delivered and how individuals would access the service delivery. The delivery team will spend approximately 10 days speaking to managers and staff to understand the work that goes on. A large part of this scoping phase will include understanding the processes for engaging individuals, and understanding how individuals can benefit from the service delivery.

iii. Consultation

CNE will engage individuals who both regularly and irregularly access the service to understand their experiences and unpicking what is great about the service, and where there are barriers to access. This will include utilising local community groups who work with specifically disadvantaged communities local to the service delivery. To engage individuals CNE will carry out a variety of methodologies including the following:

- Focus groups
- One to one discussions
- Online questionnaire
- Accessing local groups for new parents



This phase will be last approximately 20 days and will take place over a three month period and will be co-ordinated jointly between CNE and the settings, and a timetable specifically for this work will be produced.

iv. Report with recommendations

At the end of the consultation phase a comprehensive report with recommendations and discussion points will be produced and presented back to the senior management. As part of this phase the delivery team will consult with the senior management on the most appropriate recommendations to overcome the barriers to engagement that have been identified through this process.

v. Review visit

6-12 months following the completion of the work CNE will return to the setting to look at the changes and impact that have occurred and discuss the impact of the intervention.

- Our next key milestone is the training of the midwives, which is planned for May. This training will be booked and delivered by CNE. A risk identified as part of the project was staff shortages. The department is currently staffing on a day to day basis to ensure the department is covered, due to vacancies, sickness and maternity leave. The training takes 3 hours, and would require staff to be released from the department. To mitigate any issues, online training has been made available if staff cannot attend in person.

Appendix 1: Acronyms Definitions

ANC- Antenatal Care

BMI- Body Mass Index

CAHMS- Children and Adolescent Mental Health Service

CAU- Children's Assessment Unit

CNE- Children North East

EPALS- European Paediatrics Advanced Life Support

HEPP- Health Equity Pilot Project

JSNA- Joint Strategic Needs Assessment

LMNS- Local Maternity and Neonatal Service

MDT- multidisciplinary team

NICE- National Institute for Health and Care Excellence

PCN- Primary Care Network

PHM- Population Health Management

RSV- Respiratory Syncytial Virus

SSAF- Short Stay Assessment Facility

WN- Warwickshire North

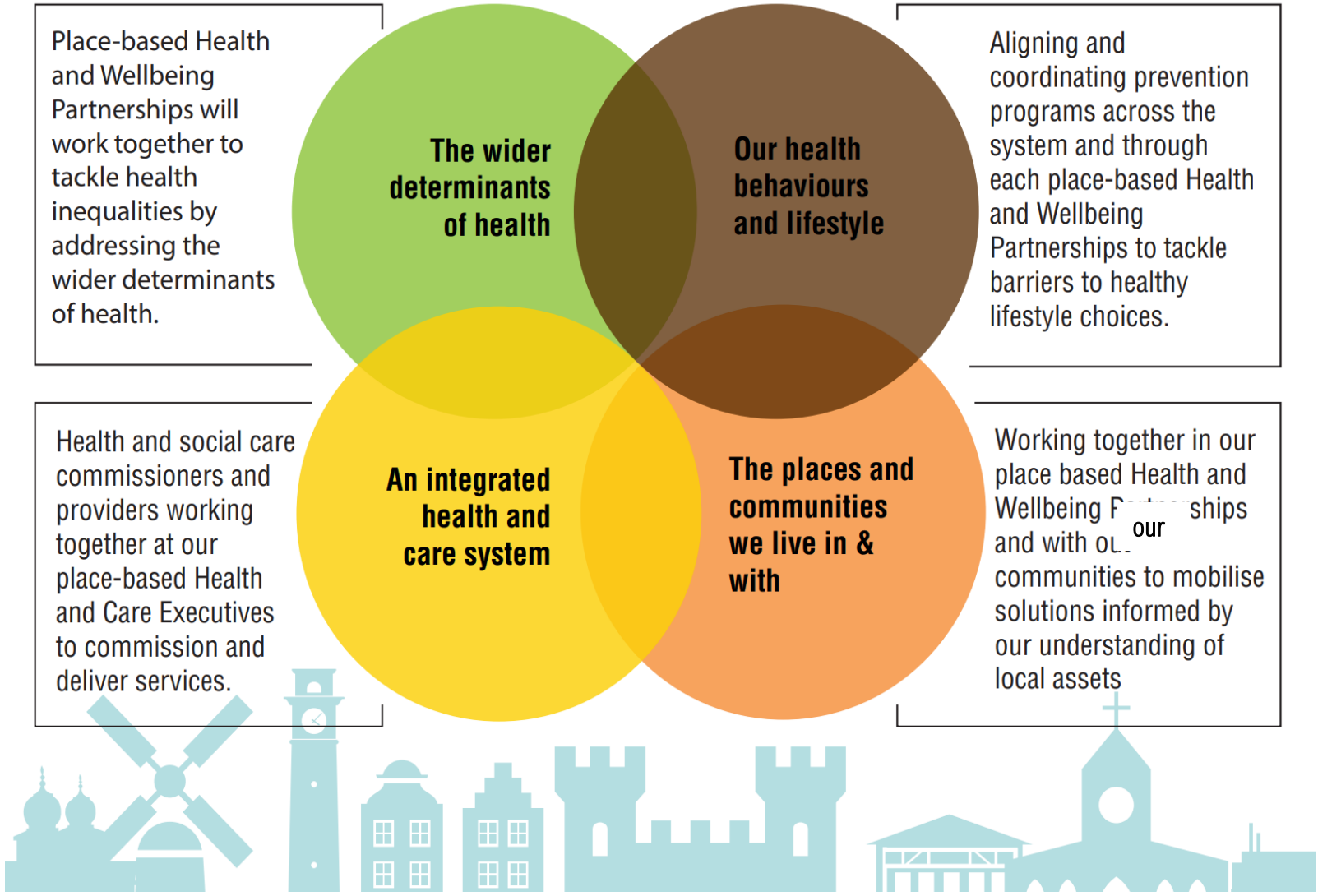
Rugby - Population Health Framework

Our long-term strategic ambitions:

People will lead a healthy and independent life.

People will be part of a strong community.

People will experience effective and sustainable services.



Rugby Place priorities 2020/21

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

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

Rugby in focus – Children and Young People's Mental Health

- Following the first of three partnership development workshops facilitated by the LGA in January, a task and finish group has been established to explore methods to engage with young people in Rugby and understand the service available to support young people and opportunities/gaps.
- Led by the Head of Compassionate Communities a **Proposal for a Participative Narrative Inquiry (PNI) workshop to take forward the engagement and CYP MH work-stream at Rugby Place** was agreed at the workshop in January.
- It was agreed that the focus for the PNI should be on the previously agreed priority of mental health in young people. Taking a PNI approach would enable coordination of engagement across statutory and community and voluntary sector partners. PNI has been used effectively as a way of working in other areas and has the potential to inform future ways of working at Rugby Place and across the wider integrated care system (ICS).
- The proposed way forward will not aim to do something new but build upon what each partner is already doing through the Rugby Place - Self Harm in Young People T&F Group. Through this the aim is to:
  - Address the root causes rather than managing the presenting issues
  - Make visible the lived experience of young people by giving them a meaningful voice
  - Empower young people to grow and flourish, including them in how young people are supported
  - Genuine co-design of services
  - To deliver outcomes that are defined and measured from the user perspective
- We are proposing to hold the Participative Narrative Inquiry (PNI) workshop in May 2022. This workshop would include a strong cross-section of stakeholders from all sectors and young people. The model has previously been used local in collaboration with The Health Foundation, the West Midlands Respiratory Network and within UHCW. Most recently the model was used to look at how we might improve and develop Pulmonary Rehab and this was a very fruitful and successful session.

Rugby in focus – Children and Young People's Mental Health

- The workshop follows a well-trodden path designed to reveal and capture:
  - Insights [unexpected shifts of thought leading towards a new story]
  - Possibilities [system shifts towards a more desirable state]
  - While all the time encouraging new and/or stronger relationships to build a more resilient, sustainable community around the project and within the system under inquiry.
- This approach works best when we focus on a system with flaws which would benefit from a shift to a new, more desirable state. It Invites people who represent different aspects of the system to get a wider perspective, for this a 'system' can be a team, project, service or an underlying issue. Each workshop takes the form of an Inquiry, making the invisible visible. As a community the experiences and evidence are presented, sense making and new meaning making happens as a collective. Together we are able to approach the question 'what should we do to resolve this?'
- The workshop is facilitated with two parallel outcomes in mind:
  - Hold a space in which we can uncover enough of the system to make sense and suggest actions to shift.
  - Create and grow relationships which are vital to the longer-term success of the ideas and system with an additional shared motivation to carry out the shift.
  - Stories and storytelling are inherently collaborative.

  The workshop engages participants at two levels:
  - Internally, adding perspectives, new understandings, changing beliefs, motivating
  - Externally , shared sense making, communicating, collaborating and co-creating
- Ii will provide valuable and unique opportunity to reimagine how young people can be supported and experience improved mental wellbeing. The workshop will not be about anyone's agenda or existing power but will provide a creative space to create a new collaborative approach that has been made visible through relationship and shared vision.
- We do not come with list of issues to solve but simply come with an enthusiasm and desire to become greater than the sum of our parts for the benefit of, in this case, the young people of Rugby.
- Practically the workshop will be for a whole day in Rugby, it should be in a positive environment and should include good hospitality so that we know we are entering into something important and are able to make a difference. We will use an external facilitator who has worked with us for many years and has a proven track record.

Rugby - Progress on our wider priorities

Priorities	Outline of activity	Progress update
Poverty and inequalities – Homelessness		• The Public Health team in partnership with Hope4, P3 and Homeless Link will be setting up an Experts by Experience group to understand how the actions and services in place as outlined in the Preventing Homelessness in Warwickshire Strategy are impacting on homeless people in Warwickshire. This coproduction approach will be piloted first in Rugby at the Hope4 centre on the 30th June 2022. • The SWFT Community Physical Health Nursing service for the homeless have delivered over 160 Covid-19 vaccinations to the homeless cohort across Warwickshire • The SWFT Community Physical Health Nursing service and the CWPT Community Mental Health service for the homeless are working in partnership to deliver care using a mobile mini-van with facilities and chance to carry out physical health checks, currently working in the North and Rugby. • A Needs Assessment for Homeless Patients in University Hospitals Coventry & Warwickshire NHS Trust (UHCW) was completed, and business case developed, conversations to take place at place and system level.
Health behaviours – Smoking	• NHS LTP Tobacco Dependency Programme progress • Expansion of stop smoking service provision in Rugby • Review current smoking service	• Warwickshire stop smoking service is currently being reviewed, potential to integrate into a new countywide lifestyle service by 2023. Survey for health professionals and the public is now live on Ask Warwickshire • Contract variation approved to expand smoking cessation provision in the community to support the mobilisation of the NHS LTP tobacco dependency programme and to increase provision and choice of service to smokers in Warwickshire North and Rugby. This includes one new phone number to call for smoking cessation support to quit virtually or visit GP/Pharmacies who continue to provide smoking cessation service on warwickshire.gov.uk.quit4good. Further comms and engagement in April/May 2022

South Warwickshire Place Update April 2022

Since our last update…

We have made good progress in implementing our new governance model, the Place Delivery Group and the Integrated Health & Care Delivery Group have formed and established Terms of Reference and we expect the remaining quadrant Delivery Groups to form over the next quarter.

The Place Partnership Board met in December 2021 to **re-commit to their vision and discuss their priorities for 2022/23**; at the direction of the Board, logic models are in progress for each of the five priorities to allow us to confirm they are still the right ones for South Warwickshire Place.

This will in turn enable us to **produce our 2022/23 Place Plan** focused on improving our population's health and wellbeing through the application of the four quadrants of the Kings Fund Model Population Health Management Approach whilst ensuring **health inequalities** is a golden thread that runs through all our activities. We have secured £100k from the CCG to help deliver our priorities this year, which we will look to allocate our Place Plan.

We are supported in our approach by our participation in the **Place Development Programme**, which will help us deliver the best possible population health outcomes in our Place with modules focusing on ambition, vision and leadership; governance, functions and finance; and PHM and integrated transformation. This commitment to **keep developing and evolving as a Place** is also reflected in the activities we have undertaken to strength our partnership working, including participating in a workshop to determine our risk appetite as a Place Partnership Board, and committing to externally facilitated organisational development with our Place Delivery Group.

We are **celebrating the launch of the Levelling Up Impact Report** for South Warwickshire Foundation Trust and looking to how we extend this through our Place going forwards and ensure we continue to create opportunities for our local communities.

We are also pleased to confirm the **land transfer to enable the creation of our new Lillington hub**, which will continue to enable us to deliver against our vision of promoting the wider determinants of health for our South Warwickshire population. Funding is in place for the new hub from Warwick District Council via the CIL, from the CCG on behalf of the GPs, and from SWFT on behalf of Out of Hospital, and planning permission is being sought.

Spotlight on Infants, Children & Young People

Supported by the LGA, South Warwickshire Place colleagues participated in a Health in All Policies (HiAP) workshop where we chose to focus on two of our priorities, one of which was Infants, Children and Young People.

The outputs of this discussion have been fed directly into the logic model for Infants, Children and Young People to enable us to focus activities on the areas identified as adding real benefit to the lives of children in South Warwickshire when developing our 2022/23 Place Plan.

The following key themes were identified and looked at through a Place lens:

- Promoting a data and targeted approach - further interconnectivity between intelligence and strategies/interventions
- Housing, Planning and Safe Spaces – explore asset-based community development
- Communication –how we better share messaging / pool knowledge across our Place
- Healthy food – influence through specific roles in schools and communities
- Schools – providing tools and promoting healthy relationships
- Mental health – working collaboratively across organisations
- Neurodiversity – prioritising children with complex needs and recognise that neurodiversity is not an illness
- Improving health – particularly how we work holistically to do so
- Adverse childhood experiences – the recognition that early intervention is crucial

We will be keeping the focus on this priority throughout the next quarter by understanding how organisations within South Warwickshire Place can be a part of Child Friendly Warwickshire at our next Place Partnership Board, and will also be discussing the outputs from HiAP in more detail as we develop the activities from our logic model into projects and activities on our Place Plan.

Embedding a Health in All Policies Approach in South Warwickshire

A Workshop for South Place

14th February 2022

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Agenda Item 6

Health and Wellbeing Board Forward Plan 2022/23

HWB Board *04/05/22*	**Discussion items**	
	Children's 0-5 Joint Strategic Needs Assessment (JSNA) – *final report for approval from the Board*	Duncan Vernon
	Warwickshire Special Educational Needs and Disabilities (SEND) Inspection Update Report – *for noting by the Board*	Duane Chappell
	Coventry and Warwickshire Dementia Strategy – *for endorsement and noting by the Board*	Claire Taylor
	Updates to the Board	
	HWB Place Partnerships Update Report – *focus on Infants, Children and Young People*	
Place Forum *June TBC*		
HWB (DS) *July TBC*	Development Session (DS) to focus on HWB priority of Infants, Children and Young People.	
HWB Board *07/09/22*	**Discussion items**	
	Pharmaceutical Needs Assessment 2022-	Duncan Vernon
	COVID-19 Survey Results	Shade Agboola
	Health and Wellbeing Technology – *including assistive technology*	Becky Hale / Mehwish Qureshi
	Preventing Homelessness in Warwickshire – *annual progress report*	Angela Coates / Tanya Khera-Butler
	Serious Violence Prevention Strategy	Jonathon Toy
	Updates to the Board	
	Place Partnerships Update Report on Health Inequalities	TBC
Place Forum *Oct TBC*		
HWB (DS) *Nov TBC*	Development Session (DS) of HWB. Focus TBC.	
HWB Board *04/01/23*	**Discussion items**	
	Director of Public Health's Annual Report 2022	Shade Agboola
	Road Safety Partnership Paper	TBC
	Coventry and Warwickshire Suicide Strategy	Hannah Cramp
	Updates to the Board	
	Place Partnerships on MH	TBC
	Creative Health Alliance Progress Report	Asmaa Ahmedabadi

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