Adult Social Care and Health Overview and Scrutiny Committee

Date: Wednesday 27 September 2023
Time: 10.00 am
Venue: Committee Room 2, Shire Hall

Membership

Councillor Jo Barker (Chair)
Councillor John Holland (Vice-Chair)
Councillor Colin Cape
Councillor John Cooke
Councillor Tracey Drew
Councillor Marian Humphreys
Councillor Andy Jenns
Councillor David Johnston
Councillor Chris Mills
Councillor Ish Mistry
Councillor Pamela Redford
Councillor Kate Rolfe
Councillor Ian Shenton
Councillor Sandra Smith
Councillor Mandy Tromans

Items on the agenda: -

1. General

(1) Apologies

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

(3) Chair's Announcements

(4) Minutes of previous meetings 5 - 16
To receive the Minutes of the committee meeting held on 28 June 2023.

2. Public Speaking

3. Questions to Portfolio Holders

Up to 30 minutes of the meeting is available for members of the Committee to put questions to the Portfolio Holder: Councillor Margaret Bell (Adult Social Care and Health) on any matters relevant to the remit of this Committee.

4. Questions to the NHS

Members of the Committee are invited to give notice of questions to NHS commissioners and service providers at least 10 working days before each meeting. A list of the questions and issues raised will be provided to members.

5. GP Services and Primary Healthcare 17 - 30

The Integrated Care Board (ICB) and the County Council (Infrastructure Planning) to provide a joint presentation. The focus for this item is NHS estates and the use of developer contributions, the identification of areas where there are perceived challenges, an update on the key projects being progressed and an overview of each of these projects.

6. Palliative and End of Life Care Strategy 31 - 156

The Coventry and Warwickshire Integrated Care System is developing a joint all age strategy for Palliative and End of Life Care, on which the Committee's feedback is sought.

7. Sustainable Futures Strategy 157 - 236

This item is being submitted to all the Overview and Scrutiny Committees in September as part of the public and stakeholder engagement programme for the strategy, before its final consideration by Cabinet.

8. Quarter 1 Integrated Performance Report 237 - 260

For the Committee to consider and comment on the Quarter 1 Integrated Performance Report (period covering April - June 2023).

9. Work Programme 261 - 268

For the Committee to review and update its work programme.

Monica Fogarty
Chief Executive
Warwickshire County Council
Shire Hall, Warwick

To download papers for this meeting scan here with your camera

Disclaimers

Webcasting and permission to be filmed
Please note that this meeting will be filmed for live broadcast on the internet and can be viewed on line at warwickshire.public-i.tv. Generally, the public gallery is not filmed, but by entering the meeting room and using the public seating area you are consenting to being filmed. All recording will be undertaken in accordance with the Council's Standing Orders.

Disclosures of Pecuniary and Non-Pecuniary Interests
Members are required to register their disclosable pecuniary interests within 28 days of their election of appointment to the Council. Any changes to matters registered or new matters that require to be registered must be notified to the Monitoring Officer as soon as practicable after they arise.

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

- Declare the interest if they have not already registered it
- Not participate in any discussion or vote
- Leave the meeting room until the matter has been dealt with
- Give written notice of any unregistered interest to the Monitoring Officer within 28 days of the meeting

Non-pecuniary interests relevant to the agenda should be declared at the commencement of the meeting.

The public reports referred to are available on the Warwickshire Web https://democracy.warwickshire.gov.uk/uuCoverPage.aspx?bcr=1

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

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

This page is intentionally left blank

Adult Social Care and Health Overview and Scrutiny Committee

Wednesday 28 June 2023

Minutes

Attendance

Committee Members
Councillor Jo Barker (Chair)
Councillor John Holland (Vice-Chair)
Councillor Colin Cape (Nuneaton and Bedworth Borough Council)
Councillor John Cooke
Councillor Tracey Drew
Councillor Marian Humphreys
Councillor Chris Mills
Councillor Kate Rolfe
Councillor Ian Shenton
Councillor Sandra Smith (North Warwickshire Borough Council)
Councillor Mandy Tromans

Officers
Shade Agboola, Paul Aitken, Sandra Archer, Becky Hale, Gemma McKinnon, Nigel Minns, Isabelle Moorhouse, Sarah Moxon, Shannon Nicholls, Ian Redfern, Pete Sidgwick and Paul Spencer.

Others in attendance
Councillor Margaret Bell, Portfolio Holder for Adult Social Care and Health
Glen Burley, Chief Executive, South Warwickshire University NHS Foundation Trust (SWFT), Katie Herbert WCC and SWFT
Robyn Dorling, Healthwatch Warwickshire (HWW)
Members of the Public: Alice Battersby (work experience), Mr John Dinnie, Councillor David Passingham (Stratford-upon-Avon District Council (SDC)).

1. General

(1) Apologies

Apologies for absence had been received from Councillors Andy Jenns, David Johnston (SDC), Ish Mistry (Rugby Borough Council), Pam Redford (Warwick District Council) and from Chris Bain (HWW).

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

The Chair advised that until recently she had served on the board of governors of SWFT and been Portfolio Holder for Health and Wellbeing at SDC. She served on the Shipston Health and Wellbeing Partnership. Councillor Holland declared that he was a governor of SWFT.

(3) Chair's Announcements

The Chair recorded thanks to her predecessor, Councillor Clare Golby.
She welcomed new members to the Committee and introduced Alice Battersby who was on a work experience placement with the Council this week. The Chair advised that a joint meeting with the Children and Young People OSC would be arranged. These proved very useful for discussing areas of common interest and further details would follow.

(4) Minutes of previous meetings

The Minutes of the committee meetings held on 19 April and 16 May 2023 were approved as true records and signed by the Chair.

2. Public Speaking

Notice had been received from Mr John Dinnie and Mr David Passingham to address the committee, both about the SWFT review of community hospital provision. A copy of their respective questions and statements are reproduced at Appendices 'A' and 'B' to these Minutes. Glen Burley had been advised of the public speaking and would respond to the points raised as part of the item later on the agenda.

3. Questions to Portfolio Holders

None.

4. Questions to the NHS

None.

5. Quarter 4 Integrated Performance Report

Dr Shade Agboola, Director of Public Health introduced this item and gave a presentation to pull out the key messages. The report provided a retrospective summary of the Council's performance at the year-end against the strategic priorities and areas of focus set out in the Council Plan 2022-2027. This report drew out relevant areas within the Committee's remit from that presented to Cabinet on 15 June. Sections of the report together with detailed supporting appendices focussed on:

- Performance against the Performance Management Framework
- Progress against the Integrated Delivery Plan
- Management of Finance
- Management of Risk

The report provided a combined picture of the Council's delivery, performance and risk. Overall, for the Council's performance at year-end, there had been a consistently strong performance delivered. There were ten key business measures (KBMs) within the remit of the committee. A table set out the quarterly performance data, with seven of the KBMs assessed as being on track and three were not on track.

The report detailed key emerging themes. These included the impact of capacity and workload issues on service delivery and difficulties in recruiting and retaining staff in a highly constrained national and local labour market. Whilst there were some improvements at the year-end, there remained issues within specific service teams. The report included notable aspects of positive performance and the performance challenges experienced.

The report set out services' projected performance trajectory. This was positive, in terms of delivery of the 30 Adult Social Care actions set out in the Integrated Delivery Plan, with 80% being on track and 20% completed.

One of the Council's strategic risks related to Adult Social Care and Health directly and currently had a 'red' status. Two other red-rated strategic risks related to inflation and the cost of living, and the economy might impact on service provision and service demand. At the service level, two risks were rated 'red', being the risk of care market failure and the risk of an ongoing impact on Public Health resources of responding to Covid-19.

The presentation included slides on:

- Council Plan 2022-2027: Strategic Context and Performance Commentary
- Performance relating to this Committee
- Area of focus: Support people to live healthy, happy, and independent lives and work with partners to reduce health inequalities
- Projection
- Integrated Delivery Plan
- Financial performance
- Management of risk

Questions and comments were invited with responses provided as indicated:

- Clarification was provided on the business measures within the remit of the committee and each quarterly report included those where data was available.
- More information was sought about the percentage of people aged over 65, eligible to access adult social care services, who were supported in the community. Figures for this indicator were below the target level. Pete Sidgwick advised that the target was 60% and the level achieved was 59%. This was about the proportion of people going into a care establishment rather than being supported in their own home. The impact of the Covid pandemic was one contributor. The majority of admissions to care homes resulted from hospital discharge, rather than people transferring from community care to a care home. He spoke about the Community Recovery Service which should see more people return home rather than going into a care placement either on a temporary or permanent basis.
- The Councillor didn't think the 60% target was sufficient but added that a target of 100% of people returning from hospital to home was not viable. Some would need ongoing care in an establishment and were unable to return home to recover. Mr Sidgwick explained that

the target was for 60% of people to receive ongoing support at home and the remaining 40% would be supported in a care home placement. This target was for all care home placements purchased by the County Council.

- Context was sought on the 6.1% overspend of the Adult Social Care budget for the previous year. Furthermore, the budget projection for 2023/24 was questioned, together with any planned mitigation measures to avoid future budget overspend. Mr Sidgwick clarified that taking into account the additional monies received during this year, the net overspend was 0.5%. Social Care finance was complex, with individual payments and such things as the hospital discharge grant. It was expected that such additional funding would continue.
- A member sought information about the outcome measures where Warwickshire's performance was notably behind the national average for school attainment levels for disadvantaged children and greenhouse gas emissions per capita. As this was outside the committee's remit, officers would arrange for a briefing to be provided.
- Discussion about life expectancy and linked to this healthy life expectancy which for males was 62 years. A point about the low proportion of Warwickshire people using public transport, compared to the data for the region and nationally. This was outside the committee's remit.
- A member revisited the issue raised at the April Committee, about the successful completion of treatments for opiates and non-opiates. He thanked officers for the subsequent briefing note provided. The live data via the PowerBI platform indicated that both this area (opiates) and smoking prevalence were increasing. He asked whether this was due to a lack of engagement with the programme, or other causes. Dr Agboola responded with extracts from the circulated briefing. There was evidence that the position was improving. Shade spoke about the targeted grant funding to increase the number of placements into treatment and prescription of medication. The feedback suggested that people were remaining engaged with the treatment. It may take some time but was expected that the position would improve. The member sought an indication of the timescales, which was difficult to assess. An offer was made to seek more information from the service provider, but the member did not want officers to undertake further work on this area.

Resolved

That the Committee considers and comments, as set out above, on the year-end organisational performance, progress against the Integrated Delivery Plan, management of finances and risk.

6. Customer Feedback Annual Report 1 April 2022 to 31 March 2023

Pete Sidgwick introduced the annual feedback report for Adult Social Care (ASC) and Public Health covering the period 1 April 2022 to 31 March 2023.
He was supported by Paul Aitken and Sandra Archer (Customer Relations) and Shannon Nicholls (Business Intelligence).

The report summarised the compliments, complaints, questions and comments received by the two services including lessons learned. The data, trends and themes had been collated over the last three years.

Key sections of the report focussed on:

- The complaints process

- Analysis of the Customer Feedback Received During 2022 and 2023
- Methods of how the report had been collated
- Trends in received cases over time
- Complaints received
- Complaints closed
- Remedy
- Outcome
- Lessons learned
- Compliments, comments, and questions
- Customer platform

Members reviewed the report and appendix, raising the following points:

- A discussion about the complaints process, being the written policy document, and the customer platform which was an IT solution used to log the feedback received. Pete Sidgwick summarised the difference between the complaints process for adult and children's services, the latter having more stages. He mentioned referrals to the Ombudsman.
- Some complaints were mis-recorded as compliments and vice versa. More information was sought about data cleansing and the lessons learned. In over half the cases, no lessons learned were reported. It was asked whether this proportion could be improved. Paul Aitken, the Acting Complaints Manager responded. He spoke of the current Contact Us software system, and the move to a new Microsoft Dynamics solution. The system relied on input, which Business Intelligence then used to produce the data reports. There were ongoing discussions to ensure the new platform would include lessons learned feedback and to simplify the extraction of this information. Officers were encouraged to input as much information as possible, including the lessons learned, but this was an area which could be improved.
- It was quite common for customers to select the wrong feedback category recording a complaint as a compliment. More detail was sought on the numbers involved and whether changes were required to make this clearer to customers. Officers were able to correct the feedback category within the portal. A related point was the language used, given the proportion of people with functional illiteracy. There was a need to make this system as easy as possible for the public to use.
- A discussion on the statistical complaint data and the reasons for such complaints. Sections of the report explained the complaint categories, with the examples of finance issues and commissioned services being used. It was noted that the low number of complaints made it difficult to be too specific, due to data protection aspects. However, officers would seek to provide themes or identified issues, with hospital discharge being referenced as an example. Nigel Minns added from the report the section on practical examples and the three highest categories of complaints received.
- Positive feedback had been received about the hospital discharge arrangements at the George Eliot Hospital.
- It was noted that there had been no complaints about the Public Health service during this period.
- Reference to the new customer platform. Over time this should lead to more accurate data being provided.

Resolved

That the Committee considers and comments on the content of the report, as set out above.

7. South Warwickshire Community Hospital Review

The Committee received a presentation from Glen Burley, Chief Executive of South Warwickshire University NHS Foundation Trust (SWFT). The presentation included slides and additional comments on:

- Background on the strategic review involving the inpatient facilities at Ellen Badger Hospital in Shipston on Stour and the Nicol Unit at Stratford Hospital, a total of 35 beds.
- Review to date – a timeline of the key stages from May 2021 to present. Reference to the engagement undertaken, including with the Committee. As a result, two additional options were included in the review. There were periodic briefings for the Council's Portfolio Holder. Reference to more recent stages, including the latest NHS planning guidance which had been included in the review. The SWFT Board had considered and approved recommendations, submitting them to the Coventry and Warwickshire Integrated Care Board (ICB), of which he was a member.
- Options appraisal – details of the five options appraised fully
    1. Retain the community hospital bed base 'as is'
    2. Increase the number of community hospital beds
    3. Change the type of services provided at community hospitals
    4. Reduce beds and invest in community alternatives
    5. Retain the community hospital offer but change the location
- Options appraisal criteria, assessed in terms of effectiveness, efficiency and feasibility.
- Mr Burley reflected that next week would be the 75th anniversary of the NHS. Historically, bed rest was seen as part of the treatment pathway, but this was no longer the case. A 'home first' approach with ongoing support and care was shown to be significantly better for patients. There would always need to be some inpatient bedded services.
- Projecting future need – the future bed requirements had been projected by combining usage data and three clinical scenarios around End of Life, Orthogeriatric and Discharge to Assess.
- The Community Recovery Service. This was part of a national pilot programme to provide capacity and linked to discharge to assess, in the patient's home. This was going very well and evidenced that the home first approach should drive the way that services were delivered in the future.
- He touched on the improvements being made in patient flow, benefits for the patient and the economics of this model. The modelling had included the scenarios and the population demographics, with an increasing population and more elderly people. It showed that there was an ongoing need for 19 beds (in one ward), which was less than presently, and he was uncomfortable with that.
- Patient access and a postcode analysis which had recently been refreshed. It showed that patient numbers from the immediate locality was very small with only 17 patients from Shipston in the last financial year, comparing to 313 from the Warwick, Leamington and Kenilworth areas. This led to the recommendation to locate the beds in the areas of biggest population.

- Recommendation. This was to increase from 35 - 41 beds in two wards, one located at the Leamington Spa site and one at the Nicol Unit at Stratford Hospital. He considered this was an appropriate and safe recommendation, which could be staffed with the required specialist skills. He reiterated the home first objectives and the ongoing work with a number of partners to provide services at home and enable people to live independent lives. He reminded of the positive feedback from patients and service users from the pilot Community Recovery Service.
- Benefits of the recommendation. An increase in the number of beds and capacity whilst pushing the home first model.
- Next steps. The SWFT recommendation had been submitted to the C&W ICB for consideration at its next meeting.

Mr Burley then responded to the points raised by the public speakers earlier in the meeting. He was huge fan of the Ellen Badger Hospital, speaking of the aims to improve this site and increase the numbers using it, to co-locate services, including primary care. Redevelopment work would commence in the next few weeks, with opening of the new centre anticipated for June 2024. The review did not recommend bedded provision at this site. The small number of people needing access to community hospital beds would be significantly outweighed by those using the new facility. This was the reason that a bid for capital funding had not been made. The plans had to support all the South Warwickshire communities.

Questions and comments were invited with responses provided as indicated:

- Councillor Rolfe spoke of her previous representations to secure different options for the options appraisal, including an increase in bed capacity. At that time there were concerns regarding the future of the Nicol Unit, which was now being retained. She reminded of her comments earlier in this meeting about those people who could not return home to receive continuing care and support. The member found it ironic that the minimum number of beds required matched that proposed for the Nicol Unit. The key point was the lack of consultation especially for those in Shipston-on-Stour and surrounding areas.
- Mr Burley referred to the previous consideration at this committee and the resultant increase in the options appraised. The discussion at that point was, there was no need for a public consultation if SWFT followed the process of engagement. This was now a decision which rested with the ICB and if it felt that a consultation was required, based on the process which SWFT had undertaken. SWFT’s view was that such consultation was not required as it had gone through engagement.
- Discussion then took place on how Shipston residents and those representing them could encourage the ICB to undertake a consultation exercise. Mr Burley acknowledged the strength of feeling with communications to both himself, and the ICB Chair, Danielle Oum. The consideration of this matter by the ICB would be in public, so people could attend that meeting.
- The Chair added that the Committee could write to the ICB too. If it was the wish of the Committee, it could request the ICB to undertake a further consultation, in the same way as members had previously requested appraisal of the additional options. Councillor Rolfe proposed that the Committee send such a letter requesting further consultation. This was seconded by the Chair and approved by the Committee.
- Councillor Holland reminded that the Leamington Hospital was actually located in Heathcote, Warwick. He recognised the value of local knowledge of the services required for an area, considering that the decision just reached would take this matter in the right direction. He spoke more generally about patient choice on treatment, prevention work,

medical advances, including earlier diagnosis and technology improvements. He advocated greater involvement of primary care, also speaking about virtual hospitals where patients were monitored by technology in their home. This also linked to integrated care. On this review he considered it was well thought out and a positive step forward, also stating the need to take account of local people's ideas and incorporate them where possible.

- The Chair outlined her local knowledge of this review, noting the differing views of people and the positive comments from Councillor Holland. She then explored onward care provision for those unable to return home. Glen Burley outlined the discharge to assess approach, the community hospital bedded provision, but also the beds commissioned in care homes with ongoing health support provided. These could be located even closer to the patient's home than a community hospital. For some patients, community hospitals located in adjacent areas may provide another option.
- The importance of providing adequate onward care was stated, to reduce the likelihood of a readmission to hospital. There was a national shortage of community care workers, and it was asked how this would be addressed to ensure the 'home first' approach worked effectively. Mr Burley spoke of the review the hospital group had undertaken, with one of the key outcomes being support for domiciliary care capacity, working with the sector and possibly delivering services itself. An aspect was commissioning capacity in advance from the domiciliary care market, to ensure the timely delivery of care packages. This had been very effective during the current pilot. He reiterated the individual assessments and personalised approach to ensure patients' care needs were met.
- The Councillor reiterated the national shortage of community care staff. Becky Hale reminded members of the ongoing support provided to the care market with recruitment and retention of staff. The Community Recovery Service had really helped, and an outline was given of the different ways of working, and resultant improvements in care market sustainability. Linking therapy to domiciliary care was a key aspect, maximising peoples' independence at home. The pilot was in week nine and was continuing to develop, but the signs so far were very positive. There would always be a need to monitor the domiciliary care market. Becky referred to the Market Sustainability Plan and the key aspect of care staff salaries.
- The Chair stated the importance of Council staff integration in joining up services both in acute settings and for patients' onward care. The pilot work was exciting, and it would be useful for the Committee to see the results of how well this was working.
- Discussion took place about similar services being provided in the north of Warwickshire, referring to the closed Bramcote facility and it was questioned if such services would be re-established. Mr Burley replied that this review was specifically about South Warwickshire. He spoke of the discharge to assess model and commissioning capacity in care homes, supported by the NHS to provide rehabilitation and therapy. This could be provided at various locations throughout this mainly rural area, rather than in a single location. He also touched on increasing end of life care capacity for this area. The services referred to mainly provided for 'step down' care after discharge from an acute hospital setting.
- The Portfolio Holder, Councillor Bell, reminded of previous representations to the ICB to undertake a similar review for the north of Warwickshire. Such a review would be really helpful to understand how many beds were needed. She congratulated Glen Burley and SWFT for the thorough review undertaken in South Warwickshire. It was agreed to follow up the request to the ICB for a similar review of bedded provision for the north of Warwickshire.
- The Chair was concerned about the pressure on GP doctors and the impact this had on acute hospitals. Glen Burley spoke of the close work with primary care, the good partnership arrangements, especially around the 'front door' of A&E and admission

pathways. There were opportunities, including technology and making the best use of clinical skills. However, demand for health services continued to increase. He referred to a recent Kings Fund publication on the challenges. There was a need for a workforce plan and there may be some news shortly, linked to the 75th anniversary of the NHS. Any increases in staffing, training and the required funding would be welcome, but there would be a long lead time to train new clinicians. Warwickshire had a good system and was better placed than most areas to meet the demands faced. He thanked members for their comments and questions.

The Chair brought this item to a conclusion. After the meeting, she suggested a further conversation between the two public speakers and Mr Burley. There was a clear need to communicate with the ICB and the two letters proposed would be sent. She was delighted with the positivity from the Committee. There needed to be a careful balance between what people wanted and what they actually needed. She was conscious of the points raised on onward bedded care provision. The ICB would consider this matter in July. The proposal was for more beds than currently. The Chair hoped that some agreement could be reached regarding Shipston, also speaking about the retention of the Nicol Unit and the arrangements for onward care too. She thanked Glen Burley for his attendance.

Resolved

1. That the Committee receives the presentation and update from South Warwickshire Foundation Trust on the South Warwickshire Community Hospital Review.

2. That a letter is sent from the Committee to the Coventry and Warwickshire Integrated Care Board that were it to proceed with adopting the recommendations of the SWFT bed review, the Committee requests a further consultation.

3. That a further letter is sent to the ICB to reiterate the request for a similar review of community bedded care provision for the north of Warwickshire.

8. Work Programme

The Committee discussed its work programme. It was noted that a joint meeting would be arranged with the Children and Young People OSC, on a date to be confirmed. The Chair would like to see an item regarding the local response to the Covid pandemic and lessons learnt included.

Resolved
That the Committee notes the work programme as submitted.

.....
Councillor Jo Barker, Chair

The meeting closed at 11.45am

Appendix A

Mr John Dinnie

In September 2021 the Department of Health offer of funding new hospitals closed without any bid from SWFT having been made. Given Anne Coyle's vision for an integrated healthcare system he asked why no funding bid had been submitted when planning permission had been sought?

The Ellen Badger Hospital was opened in 1896. Anne Coyle's 2021 vision of place based integrated healthcare was exactly what the Ellen Badger Hospital is meant to be, with Primary, Secondary and Community Care all co-located on one site obtaining mutual benefit from the sharing of skills and development of personnel and facilities, each to complement the others, exactly as laid out in the submitted Planning Statement.

This needs a complete hospital with GP admission rights to inpatient beds. This prevents the need for out of area travel to Warwick, Banbury, Coventry, or Oxford. This enables local care-workers to be upskilled in a hospital care environment, achieving professional qualifications and enhanced care. 45% of our local population is over 55. The Care sector is and will be a major part of our economy.

This Committee reviewed the interim report on this bed review and rejected the proposals, requesting that beds not be relocated but be increased and services enhanced. Public Meetings, Marches and Media reporting have amply demonstrated the local desire for Beds at the Badger. The Community Hospital Review report has still not been published. We only have SWFT's recommendation with no supporting documentation. Should the ICB and NHS decide against beds at the Badger then Shipston and surrounding communities demand a full explanation and public consultation.

I have listened to the ICB struggling to integrate Health and Social care against a background of difficult recruitment, skill shortages and fragmented finance. When the ICB discuss the role of the Ellen Badger Hospital, please ask them to consider not only the step-down function but also admission reduction to the more remote acute hospitals leading to reduced stress in A&E and reduced Ambulance travel and waiting times. By upskilling care workers and community nurses it will be possible to care for more patients in their own homes or care homes. That upskilling would be best provided locally in a Community Hospital. The community will be much more confident in homecare backed up with local hospital facilities.

Our local Health Centre is coming under even greater pressure than ever before. The potential benefits of more modern facilities and of co-location with hospital and community nurses is desperately needed to economically achieve the level of care we aspire to. The current strain on the local services is such that some may try to go to A&E or call an ambulance and wait, but most will probably just put off doing anything unless it gets worse. Leading to further deterioration in the service and health and wellbeing generally.
The presence of a fully integrated Ellen Badger Hospital at the centre of a fully integrated community care system is the only approach that fully addresses the manpower and skills shortage currently being faced. It also provides employment and opportunities for young people in both care and health sectors and supports the local economy. This is in addition to the step-down bed blocking relief. And is provided locally where family and friends can visit with ease and the local care services can smoothly cooperate in the return to the home or community care.

Appendix B

Mr David Passingham

There is considerable public concern over the recommendation by South Warwickshire Foundation Trust (SWFT) that in-patient beds should be removed from Ellen Badger Hospital in Shipston-on-Stour following the bed review.

If councillors had been keeping an eye on news from Shipston over the past year, they will have noted that there has been a march through the town of about 350 people calling for “beds for the badger”. And a public meeting of over 300 people called by the league of Friends of Ellen Badger which unanimously called for beds to be retained.

We were told when SWFT published the original plans for a replacement hospital in Shipston that the in-patient ward would part of a wonderful integrated healthcare facilities including a doctors’ surgery. That vision has sadly now gone. We will be left with a very expensive building costing around £10m accommodating a health & wellbeing hub and rooms for community nurses and visiting health care professionals.

The loss of in-patient beds at the Ellen Badger Hospital will only lead to greater ‘bed blocking’ of acute beds leading, in turn, to longer stays in hospital than necessary, and greater costs accrued by SWFT. Other neighbouring authorities manage to retain inpatient beds in local hospitals, such as the hospital Moreton in Marsh… why not Shipston.

In undertaking this bed review, SWFT has surveyed (but not consulted with) patients, staff, and other direct stakeholders. No public consultation exercise has been undertaken to date following the in-patient bed review recommendations.

This committee should express its concern to SWFT and Coventry and Warwickshire Integrated Care Board about their preferred policy of transferring beds from Shipston.

The Committee should ask for a full public consultation exercise which would include a wide range of stakeholders, such as Stratford District Council and the general public.
The committee should call for any subsequent decision to close the in-patient ward at Shipston’s Ellen Badger Hospital should be referred to the Secretary of State for Health for consideration.

Shipston has seen an increase in new housing developments too. They also provide employment opportunities to the local community and contribute to the local economy,
for the rural areas they serve, particularly for elderly communities. Medical facilities, including in-patient beds should be in locations that are convenient for access by residents.

This page is intentionally left blank

Strategic Growth, Section 106/CIL and Primary Care Estate Planning

Simon Doble
Primary Care Estates, Development and Planning
NHS Coventry and Warwickshire Integrated Care Board

Janet Neale
Infrastructure Planning Lead - Strategic Growth and Infrastructure
Communities - Warwickshire County Council

The Local Plan Process

- Call for Sites
- Suitability assessed and shared with infrastructure providers
- Infrastructure needs assessed and understood by all (most appropriate funding mechanism identified)
- Master-planning for growth
- Consultation on draft Local Plan
- Changes made as needed / submitted for Examination
- Examination in Public
- Formally Adopted Local Plan

S106

- A Legal Agreement between Local Authorities and Landowners/Developers detailing obligations required as a result of a planning application. A charge against land.
- S106 Planning obligations must meet requirements laid down in the Community Infrastructure Regulations. (Regulation 122).
- To be CIL Compliant the request must be:
  - Necessary to make the development acceptable in planning terms
  - Directly related to the development
  - Fairly and reasonably related in scale and kind to the development

Community Infrastructure Levy (CIL)

- A tax on net new floor space set locally and paid to the Determining Authority (District/Borough Council).
- Schemes need to go through a formal examination process
- LPA can top slice 5% towards costs of administering the scheme
- 15-25% of CIL collected will be made available to the appropraite neighbourhood. (Town or Parish council)
- Remainder available through bidding process.
- Not compulsory for LPAs to adopt CIL
- Currently only Stratford District and Warwick District have adopted CIL.

S106

Pros

- Income identified for something specific.
- Income collected by the LPA or WCC as appropriate.
- Some degree of certainty about income receipt.
- Protected by indexation.
- Can now seek admin / monitoring contribution.

Cons

- CIL compliance test
- Flexibility
- Viability Challenges
- Not always supported by LPAs
- Time taken to negotiate and then to secure funds in line with agreement triggers
- Income does not cover the actual costs now faced due to time lag and rapid cost increases/interest rates

CIL

Pros

- Not restricted by development proximity
- Possible additional funding
- Tax – has to be paid
- CIL paid early in Development.

Cons

- No control for WCC or ICB
- No certainty of receipt
- Bidding process
- Difficult to plan
- Viability could see S106 being reduced or removed

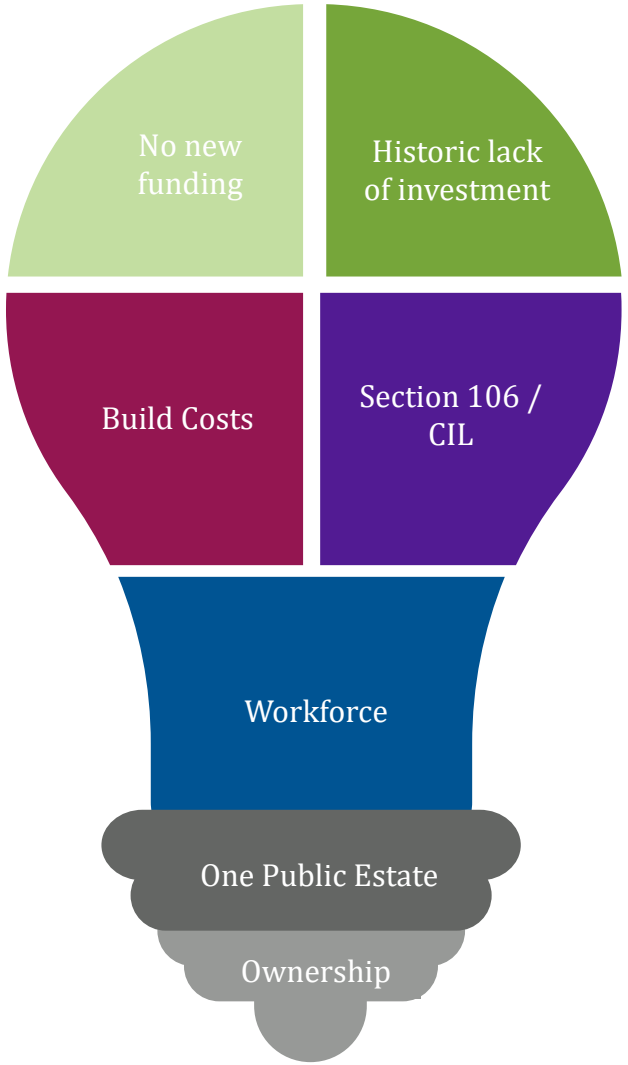
Infrastructure Levy

- Proposal to introduce a new mandatory Infrastructure Levy, set locally (similar to CIL) - would be based on the assessed uplift value of the land as a result of development
- CIL would go in all areas except London.
- Move away from S106.
- Payable to the determining Authority – District or Borough Council. Risk for primary care is that the authority does not pass on.
- LPA can borrow against future IL receipt.
- Needn't be used for infrastructure – could be used to support service delivery.
- Strong challenge at consultation ……..

Primary Care Estate Context

- 3 legacy CCGs took different approaches to supporting PC Estate.
- General Practice are hugely frustrated and there is a need for a coproduced approach with the ICB.
- This needs to follow a systematic process and have a clear methodology for prioritisation.
- Need to be aware of limited funding position and impact of increased build costs and interest rates.
- Need to recognise significant strategic growth sites across the ICS e.g. Gaydon Lighthorne.
- Stakeholders and system leaders need to be sighted on the issues, implications and service delivery impact, if we do not progress solutions.

Primary Care Estate Environment



No new funding

No additional allocations to support rent for new builds/extensions. Additional funding must be found from within existing budgets.

Historic lack of Investment

Decades of under investment means we have significant estate that requires updating, improving or extending, this cost alone is prohibitive.

Section 106/Community Infrastructure Levy

S106/CIL allocations do not cover the funding needed to build a new surgery. Developers may support, but through land or a building with a market rent charge, leaving a capital or revenue shortfall.

Build Costs

Cost of new builds has risen significantly - £2500m2 to £4000m2, interest rate impact is worsening this position. Developer contributions are even less of a proportion of actual cost. DVs are not taking additional costs into consideration; rent values do not cover loan repayments.

Workforce

ARRs roles have increased staff numbers not originally included in estate planning. Space is at a premium and holding us back from further ARRS or wider workforce uptake. Training numbers, both medical and clinical, are being hampered by lack of space to support (funding routes e.g. SIFT and MADEL are no longer available).

One Public Estate

The One Public Estate process has not worked as well as envisaged. Other organisations are willing to allow use of space, but often require significant rental, which is prohibitive.

Ownership

The mixed ownership model can be a complication - GP owner occupation can be a challenge where GPs retiring want to sell on their share of the building and replacement partners do not necessarily wish to “buy in”.

Current Picture – understanding of ICB position

- Baseline position
- GBP PCN profiles
- Existing estate portfolio (location, services, providers, condition and statutory compliance, legal, clinical capacity, etc).
- Existing wider health estates portfolio, service distribution and identification of interdependencies and opportunities.
- Impact analysis of digital strategy and emerging technology on the future service delivery models and its effect on the existing portfolio.

Current Picture – understanding of ICB position

- Current registered population is 1,072,607, which is forecast to rise to 1,290,721 by 2032, an increase of 22%.
- The estate consists of 153 practice sites, set across 120 practices (GMS and APMS contracts) and 19 PCNs.
- 48% of estate is GP owned, 14% owned by developers and 20% by the public sector. 18% is not currently confirmed.
- There are approximately 1,400 patient facing rooms available in the estate, approximately 1,300 of these are clinical. This is below the expected capacity required by 2032.

Growth Areas and Priorities for further work

- Upper Lighthorne (Stratford)
  - Approx 3,000 new homes
  - Land and / or money
  - Link with a new Village Centre
- Southwest Rugby (Rugby)
  - Approx 5,000 new homes
  - New provision
  - Link to SPD and Framework S106
- Houlton (Rugby)
  - Approx 6,000 new homes
  - Land
  - Link to SPD and S106
- Polesworth / Dordon (North Warwickshire)
  - Approx 3,500 new homes
  - New provision
  - Inform masterplan
- Weddington (Nuneaton and Bedworth)
  - Approx 4,000 new homes
  - New provision Churchfield
- Southeast Nuneaton (Nuneaton and Bedworth)
  - Approx 3,500 new homes
  - Improvement works off site
- Atherstone (North Warwickshire)
  - Approx 2,500 new homes
  - Improvement works off site
- Long Marston Airfield (Stratford)
  - Approx 3,500 new homes
  - Delays on full planning submission
  - Road infrastructure
- Stratford Town Centre (Stratford)
  - Approx 1,000 new homes
  - Limited S106 availability
- Warwick/Leamington (Warwick)
  - Approx 5,000 new homes
  - Numerous developers and S106 agreements
  - Needs consolidation and understanding re triggers – expansion/new
- Kenilworth (Warwick)
  - Approx 2,000 new homes
  - Consolidation of agreements - expansion/new
- Kingshill (Warwick)
  - Approx 2,500-4,000 new homes
  - Uncertainty regarding how development plans come forward
  - Cross boundary considerations with Coventry

Opportunities

- Review existing S106 agreements.
- Explore CIL funding.
- Review of existing Local Plans.
- South Warwickshire Local Plan.
- One Public Estate Principles.
- Look to work more collaboratively.

This page is intentionally left blank

Agenda Item 6

Briefing note

To: Warwickshire Health and Social Care Scrutiny Board **Date: 27th September 2023**

Subject: Coventry and Warwickshire All Age Palliative and End of Life Care (PEoLC) Strategy 2023-2028 – Update

1 Purpose of the Note

1.1 The Coventry and Warwickshire Integrated Care System is developing a joint all age strategy for Palliative End of Life Care (PEoLC). This is a joint five-year strategy which is owned by the following organisations:

- Coventry City Council (CCC)
- NHS Coventry and Warwickshire Integrated Care Board (CWICB)
- Warwickshire County Council (WCC)

1.2 The purpose of this note is to update colleagues regarding the PEoLC strategy and its delivery plan and to seek formal support for the PEOLC strategy on behalf of Warwickshire County Council for launch in January 2024.

2 Recommendations

2.1 Health and Social Care Scrutiny Board are requested to:

(i) Support the final version of the 5-year PEOLC ICS strategy.
(ii) Support final version of 2-year delivery plan for the strategy

3 Information/Background

3.1 Palliative and end of life care will impact on all of us at differing points throughout our lives.

3.2 More than half a million people are expected to die each year in the UK, and many live with a life expectancy of less than a year at any one time. This is set to increase with a growing older population, so more people are expected to die at an older age. This gives us an opportunity to plan and consider people's wishes and preferences for their end-of-life care and treatment.

3.3 Approximately 9,000 people died in Coventry and Warwickshire in 2021. Each year, most deaths are in the adult age group though there are a small number of children and young people who pass away.

3.4 Within our system 45% of deaths took place in hospital, 30% at home, 20% in care homes and 4% in hospices.

3.5 The Strategy development is based on the National Ambitions for Palliative and End of Life Care. There are 6 National ambitions:

3.6 The delivery of the PEoLC Strategy will support the ICS partnership organisations to ensure PEoLC is prioritised and equitable across the system

3.7 Co-production has been central to the development of the draft strategy and has been achieved via:

- Focus group with carers
- Patient case studies
- Out-reach to systemwide patient participation groups re: PEoLC
- Surveys

3.8 Workforce co-production has been undertaken through a systemwide workshop and a PEoLC survey of health care professionals, along with input from Clinical Leads and members of the Coventry and Warwickshire PEOLC Partnership Board.

3.9 This work has already raised the profile of PEoLC within organisations and with some of our people. Wider systemwide engagement and linking through to our under-served communities took place in June -July 2023 and continues.

3.10 5 identified over-arching priorities have been identified for Palliative and End of Life Care for Coventry and Warwickshire:

1. Provide information which focuses on identification, early intervention and support for people with palliative and end of life care needs.

2. Access to timely palliative and end of life care with support throughout, for all of our diverse communities.

3. Support people diagnosed with a life limiting condition and those who matter to them, carers and communities.

4. Improve the quality of personalised care and support planning for people with palliative care needs, including planning for the end of life, through education and training for all.

5. Deliver a sustainable system of integrated palliative and end of life care

3.11 A delivery plan for the first 2 years of the strategy has been developed with clear areas of focus, workstreams, outcomes, measurables and responsible organisations has been developed to support the strategy. A further 3 year delivery plan will be developed from late 2024 for the final years of the strategy.

3.12 The development of a co-production approach to engagement was commenced through building links with our community partners. Working across Coventry and Warwickshire our aim has been and will continue to be, the building of strong links with our diverse communities in order to develop a co-production approach to the development of PEoLC services across the system. Engagement with the Cultural Inclusion Network, Coventry Community Messengers and Healthwatch have been undertaken and will continue to enable co-

production. Links have also been made to other strategy engagements, e.g. Carer's Strategy to develop a joint approach to approaching impacted groups.

3.13 Work has been on-going with our system stakeholders across health, social care, independent and third sector providers to understand the challenges and ways in which the system is working well in order to ensure improvements can be developed in the most effective and efficient ways in tandem to aligning programmes of work.

4 Next Steps

Approval of the Strategy through the relevant governance processes for a launch in January 2024 with accompanying EQIA and Delivery Plan.

Kathryn Drysdale - Deputy Director of Nursing: Clinical Transformation
Jamie Soden - Deputy Chief Nurse: Clinical Transformation
End of Report

This page is intentionally left blank

Coventry and Warwickshire
Integrated Care System

August 2023

Coventry and Warwickshire

Palliative and End of Life Care Strategy

2024-2029

Contents

Welcome to the Coventry and Warwickshire Palliative and End of Life Care Strategy 2024-2029

This Strategy is an overview of how health and social care will work together with our communities across Coventry and Warwickshire to improve the lives of people with palliative and end of life care needs and those who look after them.

We have asked people with palliative and end of life care needs, their carers, those who live in Coventry and Warwickshire, as well as our partners in health and social care, what we should focus on to improve the care and support we provide to people.

We have discussed all areas of palliative and end of life care, from activities aimed at improving the understanding of the importance of planning for the end of life across our communities, through provision of care and to bereavement care.

The detailed Palliative and End of Life Care Strategy: Delivery Plan, will hold us accountable for the improvements we will make over the next five years and can be found at XXXXXXXXXXXXXXXXXXXX

Joint Statement & Vision – Integrated Care Board, Coventry City Council, Warwickshire County Council

Coventry and Warwickshire
Integrated Care System

What is Palliative and End of Life Care?

- Palliative care is about improving the quality of life of anyone facing a life-limiting condition. It includes physical, emotional, social and spiritual care as well as practical support.
- Palliative and End of Life Care involves communities supported by health and social care professionals and organisations working together, to provide physical, emotional and spiritual support for the individual and those who matter to them.
- End-of-life care is the treatment, care and support for people who are nearing the end of their lives. It is an important part of palliative care and aims to help people live as comfortably as possible in their last months, weeks or days of life and to die with dignity.
- We want our people of Coventry and Warwickshire to live as well as possible for as long as possible.

The National Framework: Ambitions for Palliative and End of Life Care

To support people to plan and consider wishes and preferences for their end-of-life care and treatment, we have a national framework to support the delivery of care: Ambitions for Palliative and End of Life Care.

The Ambitions Framework sets out 6 key areas of focus:

01 Each person is seen as an individual

02 Each person gets fair access to care

03 Maximising comfort and wellbeing

04 Care is coordinated

05 All staff are prepared to care

06 Each community is prepared to help

National Picture:
Palliative and End of Life Care in the UK

More than half a million people are expected to die each year, and many live with a life expectancy of less than a year at any one time.

This is set to increase with a growing older population, so more people are expected to die at an older age.

Children's palliative care is a complex and changing picture which includes rare diseases, and can see children and young people live longer with more complex needs.

Coventry and Warwickshire
Integrated Care System

Our Local Picture: Coventry and Warwickshire

Just over 1 million people live in Coventry and Warwickshire.

The Coventry and Warwickshire Integrated Care System enables people across Coventry and Warwickshire to start well, live well and age well, promote independence and put people at the heart of everything we do.

We do this through a range of collaborative working arrangements:

Coventry and Warwickshire
Integrated Care System

Our Local Picture: Palliative and End of Life Care

At any one time 1% of our population: 10,000 people, will be thought to be in the last 12 months of life.

- Across Coventry and Warwickshire, we have a range of health, social and third sector providers working with communities to support people over the age of 18 years who are thought to be in the last 12 months of life.
- For babies, children and young people with life limiting conditions, support is provided through the course of their short lives, by a number of providers working together.

Our Trusts

- Coventry and Warwickshire Partnership NHS Trust
- George Eliot Hospital NHS Trust
- South Warwickshire NHS Foundation Trust
- University Hospitals Coventry and Warwickshire NHS Trust

Our main locations

- University Hospitals, Coventry
- George Eliot Hospital, Nuneaton
- Warwick Hospital
- 1 Brooklands, Solihull
- 2 Caludon Centre, Coventry
- 3 Ellen Badger Hospital, Shipston-on-Stour
- 4 Hospital of St Cross, Rugby
- 5 Leamington Spa Hospital
- 6 Manor Court, Nuneaton
- 7 St Michael's Hospital, Warwick
- 8 Stratford Hospital
- 9 Woodloes House, Warwick
- 10 The Shakespeare Hospice
- 11 Myton Hospice Warwick
- 12 Myton Hospice Coventry
- 13 Myton Hospice Rugby
- 14 Shipston Home Nursing
- 15 Mary Ann Evans Hospice
- 16 Zoe's Place

Coventry and Warwickshire Integrated Care System

Our Local Picture: Our Communities

Within Coventry and Warwickshire, we have a rich diversity in our communities.

We aim to provide care at the end of life to meet the needs of our diverse communities.

Coventry
is ethnically diverse with
34%
of the population from minority ethnic groups

89.6%
of the population in Warwickshire are not from minority ethnic groups

120
languages spoken in Coventry and Warwickshire

Most common languages spoken (after English)

Coventry	Warwickshire
- Bengali	- Polish
- Polish	- Punjabi
- Urdu	- Gujurati
- Tamil	- Nepalese
- Punjabi	- Urdu

English is a second language for **14%** of Coventry residents

The main religions in Coventry and Warwickshire after **Christianity** are **Islam, Sikhism** and **Hinduism**

Coventry
has a much younger age profile than England in general – two universities contribute to the average age being **32.1 years**,
14.6% between 18-24

Warwickshire
has an older population with
21%
of the population over 65 – higher than both the West Midlands and National averages

Active LGBT+ communities
Warwickshire PRIDE
Coventry PRIDE

Coventry and Warwickshire Integrated Care System

How the strategy was developed: Engagement

We **co-produced** this strategy speaking to the people of Coventry & Warwickshire:

- Those diagnosed with a life limiting condition
- Their carers and loved ones
- People who had been bereaved

We held a full engagement on the draft strategy between **June-July 2023** and produced a 'You Said We Did Report' main themes identified:

- Language & Layout
- Workforce Mapping
- Access to services

We **engaged** with stakeholders from across Coventry & Warwickshire, including NHS providers, councils, community leaders & third sector providers

We held a series of **meetings, group discussions and surveys** where we discussed:

- What matters most
- Challenges and Opportunities
- Priorities

Engagement

We reached out to:

Over

1,600

people

including patients, the public, health, social and third sector professionals.

Over

300

organisations

across Coventry and Warwickshire.

We directly spoke with:

Over

30

different community

groups and health and social care organisations via face to face or small group meetings.

A series of public and stakeholder surveys have been completed with a total of

239

responses

from across the system

Coventry and Warwickshire
Integrated Care System

Our Priorities:
What we want to do

1. Provide **information** which focuses on identification, early intervention and support for people with palliative and end of life care needs.
2. **Access** to timely palliative and end of life care with support throughout, for all of our diverse communities.
3. **Support** people diagnosed with a life limiting condition and those who matter to them, carers and communities.
4. **Improve** the quality of personalised care and support planning for people with palliative care needs, including planning for the end of life, through education and training for all.
5. Deliver a **sustainable** system of integrated palliative and end of life care.

Coventry and Warwickshire
Integrated Care System

The people we will focus on in the first 2 years of the palliative and end of life care strategy.

In the first 2 years of the strategy, we will focus our actions on the following groups:

- People over the age of 18 years, thought to be in the last 12 months of life.
- Babies, children and young people diagnosed with a life-shortening condition or those for whom curative treatment for a life-threatening condition is not an option.

Coventry and Warwickshire
Integrated Care System

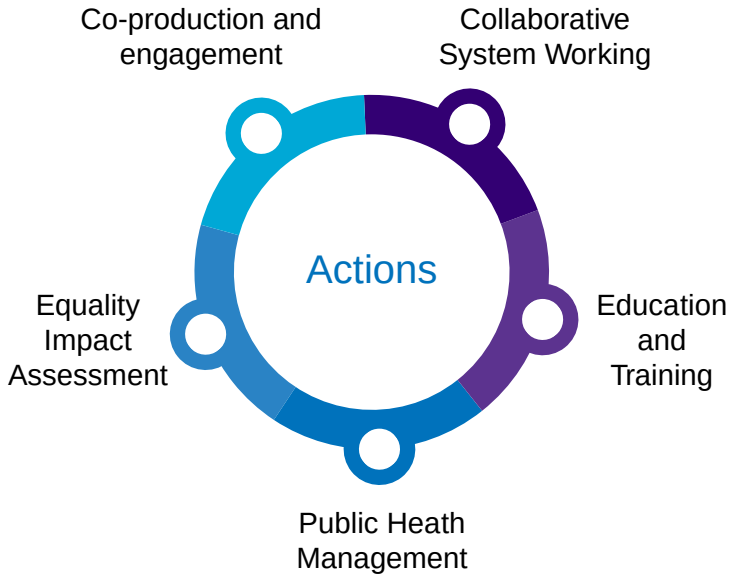
Health Inequalities in Coventry and Warwickshire

Actions we will take to promote Health Equity in Palliative and End of Life Care

We value the importance of fair access to care for our differing Communities.

We are determined to take actions to reduce health inequalities being experienced by our most vulnerable people.

We have identified the challenges we want to tackle and the actions we will take in all of our work across all ages to enable this to happen.



Coventry and Warwickshire Integrated Care System

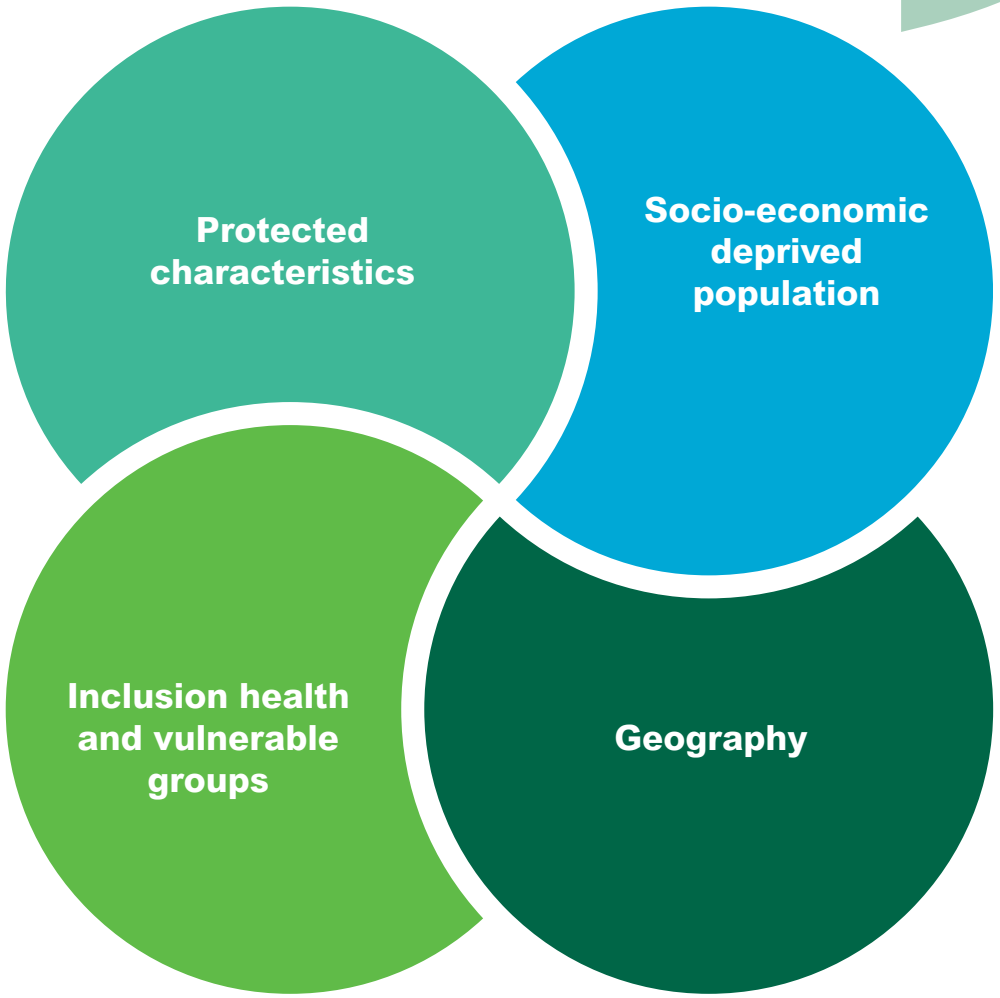
Health inequalities are unfair differences in health between our community groups.

In Coventry and Warwickshire these differences result in some of our communities having poorer access to information, appropriate services and planning for end-of-life care.

Our aim is to provide fair access for all our diverse communities.

We have identified greater differences in access to palliative and care at the end of life for:

- Asylum Seeker and Migrant communities
- Looked After Children
- People diagnosed with Dementia
- Ethnic Minority communities
- Gypsy, Roma and Traveller communities
- Homeless communities
- Learning Disability communities
- LGBTQIA+ communities
- People diagnosed with severe Mental Health challenges
- Prison communities



Coventry and Warwickshire Integrated Care System

What does good Palliative and End of Life Care look like?

In Coventry and Warwickshire, our vision is to provide Palliative and End of Life Care for all of our diverse communities, which enables patients and their loved ones to live as well as possible, supported by their own communities.

We want to enable fair access to professional palliative and end of life care and support, when this becomes necessary, in the setting of choice for the individual and those important to them, in a planned and pro-actively supported way.

Coventry and Warwickshire
Integrated Care System

How we will provide good Palliative and End of Life Care

The Ambitions Framework enables the delivery of the NHS Long Term Plan, which contains a specific commitment to provide more personalised palliative and end of life care.

A systemwide approach with co-ordinated care across organisations and communities, is an essential element of enabling personalised, pro-actively planned care for individuals and those important to them, in the final months and weeks of life.

Personalised care in the last year(s) and months of life will result in a tailored plan around what really matters to the person, to improve experience and quality of sustainable health and care services.

Teams of professionals and community members working together to provide co-ordinated care to those thought to be in the last 12 months of life. This will be achieved through shared-decision making conversations which lead to personalised care and support planning.

How we will deliver improvement

Through the Strategy and Delivery Plan, we are aiming to provide palliative and end of life care in the following ways:

- Care seamlessly co-ordinated across settings with clear communication and referral pathways.
- Pro-active personalised care and support planning for care at the end of life.
- Collaborative approach across health and social care for those with palliative and end of life care needs.
- Clear communication with the individual and those important to them.

PEoLC Delivery Plan - Overview

Key priorities	Areas of focus

1. Provide **information** which focuses on identification, early intervention and support for people with palliative and end of life care needs. 	• Ensure up to date information for PEoLC services, referral pathways and support options are available to patients, professionals and the public.
	• Pathway Reviews:
	  • Continuing HealthCare Fast Track
	  • Early Identification
	  • Transition from children and young people's services to adult services
	• Identify work streams across the system which dovetail into PEoLC
	• Improve availability of data regarding palliative and end of life care

See Appendix 1 for Delivery Plan in full

How we will deliver improvement: PEoLC Delivery Plan - Overview

Key priorities	Areas of focus

2. **Access** to timely palliative and end of life care with support throughout, for all of our diverse communities. 	• Identification of underserved communities
	• Pathway Reviews:
	  • 24/7 access to care
	  • Psychological Therapy
	  • Bereavement
	  • Personal Health Budgets
	• Access to medication workstream
	• Review of support for emotional and spiritual as well as practical living needs.

3. **Support** people diagnosed with a life limiting condition and those who matter to them, carers and communities. 	• Personalised Care & Support Planning to include
	  • Advance Care Planning Review:
	  • Documentation
	  • Systemwide communication
	• Pathway Reviews:
	  • Unpaid Carer Support
	  • Children & Young People: Sibling and Friend Support
	• Poverty Proofing Workstream

See Appendix 1 for Delivery Plan in full

How we will deliver improvement: PEoLC Delivery Plan - Overview

Key priorities	Areas of focus
4. **Improve** the quality of personalised care and support planning for people with palliative care needs, including planning for the end of life, through education and training for all. 	• Development of an Education & Training Framework for Palliative and End of Life Care • Dying Matters: a systemwide approach to awareness raising
5. Deliver a **sustainable** system 	• A comprehensive systemwide review of workforce, pathways, roles and responsibilities. • Integrated Commissioning Model: contracts and funding review.

See Appendix 1 for Delivery Plan in full

Glossary

- Advance Care Plan (ACP) - A record of your preferences about your future care and support, including decisions about medical treatment and end of life care. It is sometimes known as an Advance Statement.
- Babies, Children and Young Peoples (BCYP) services
- Inclusion health and vulnerable groups - For example Gypsy, Roma, Travellers and Boater communities, people experiencing homelessness, offenders/ former offenders and sex workers.
- Integrated Commissioning Model - Integrated commissioning is when two or more agencies come together to commission services which are delivered across the system for service users with Health, Social Care and/or Educational needs.
- Geography - For example, population composition, built and natural environment, levels of social connectedness, and features of specific geographies such as urban, rural and coastal.
- Palliative and End of Life Care (PEoLC)
- Protected characteristics - Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.
- Rapid Response (RR)
- Socio-economic deprived population - Includes impact of wider determinants, for example: education, low-income, occupation, unemployment and housing.
- Urgent Care Response (UCR)

Some of our Partnerships

acorns Your local children's hospice

CARERS TRUST Heart of England

Coventry City Council

Marie Curie Care and support through terminal illness

MARY ANN YOUR LOCAL HOSPICE

myton hospice

NHS Coventry and Warwickshire

NHS Coventry and Warwickshire Partnership NHS Trust

NHS George Eliot Hospital NHS Trust

NHS University Hospitals Coventry and Warwickshire NHS Trust

NHS South Warwickshire University NHS Foundation Trust

NHS West Midlands Ambulance Service University NHS Foundation Trust

SHIPSTON HOME NURSING HOSPICE CARE AT HOME

THE SHAKESPEARE HOSPICE

Warwickshire County Council

Zoë's Place Baby Hospice

Coventry and Warwickshire Integrated Care System

Appendix 1

– Coventry and Warwickshire Palliative and End of Life Care Strategy Delivery Plan

Coventry and Warwickshire
Integrated Care System

Palliative and End of Life Care Strategy

2024-2029

Delivery Plan:
January 2024 - December 2026

Coventry and Warwickshire
Integrated Care System

Overview

Coventry and Warwickshire Palliative and End of Life Care (PEoLC) Strategy Delivery Plan

This Delivery plan is intended to support the delivery of the Palliative and End of life Care Strategy for Coventry and Warwickshire.

Identified Priorities for PEoLC

5 priorities have been identified for our Palliative and End of life care strategy:

- Information
- Access
- Support
- Improving
- Sustainability

Coventry and Warwickshire Partnership Board

In January 2023 the PEoLC Partnership Board was launched, bringing together health, social care, local authority, third sector and lived experience representatives to drive forward PEoLC across Coventry and Warwickshire. This Board enables PEoLC oversight across the Integrated Care System, including this delivery plan, which will be monitored through reporting of the identified workstreams to the Board support the delivery of the Palliative End of Life Care Strategy 2024-9.

Information

Information which focuses on identification, early intervention and support for people with palliative and end of life care needs.

Issue to be addressed	Action	By When	Outcome	What good looks like	How will we get there	How will we measure success	Organisations responsible /lead
Improve identification of people in the last 12 months of life.	Improve access to and quality of data around palliative and end of life care.	Apr-24	Increase in the number of adults identified as likely to be in the last 12 months of life: focus on under-served communities including frail elderly. Review of CYP identification with palliative and end of life care needs.	Robust systemwide processes in place to proactively identify adults who is thought to be in the last year of life. Assurance that CYP palliative and end of life care identification processes are robust.	Agreement of system wide approach to identification of adults thought to be in the last year of life. Robust process in place for Information gathering across the system.	NHSE Core Metric 1: Pallaitive and End of life identification & PCSP for adults Agree Core Data measures for PEolC for the system, to be utilised to assure the Pallaitive & End of Life Partnership Board of improvements and developments.	Lead: ICB Support from: System wide providers
Health and social care staff will have access to information in order to understand the all-age palliative and end of life care pathways and services which are available to support people across Coventry & Warwickshire.	Ensure up to date information re: PEoLC services, referral pathways and support options are available to professionals.	Nov-24	Increase awareness of available systemwide support, improve collaborative working and the quality of care through a seamless, systemwide delivery of palliative and end of life care.	Robust up to date PEoLC information , accessible to health and social care professionals	Information mapping across the system Identify portal to host information Identify key administrator of the site	Metrics data: e.g. Clicks on the portal Feedback from professionals Formal survey	Lead: ICB Support from: System wide providers

Information (continued)

Issue to be addressed	Action	By When	Outcome	What good looks like	How will we get there	How will we measure success	Organisations responsible /lead
The people of Coventry and Warwickshire will be able to access all-age information regarding palliative, end of life care and support services across Coventry and Warwickshire.	Ensure up to date information re: PEoLC services, referral pathways and support options is made accessible to the general public.	Nov-24	Increase awareness of available PEoLC systemwide care and support options.	Robust up to date information , accessible to anyone.	Information mapping across the system Review host site Identify key administrator of the site	Metrics data: e.g. Clicks on the portal Feedback from EBEs and the public Formal survey	"Lead: ICB Support from: System wide providers"
Transition from children and young people's services to adult services for PEoLC	Collation and process map Transition Pathways for PEoLC Using the Mapping, gap analysis and pathway consolidation to inform needs and requirements moving forward	Sept 2024 April 2025	Improved and supported PEoLC transition from CYP to Adult services.	Support and planning which is clear and transparent, with clear expectations for both the patient and their families	Working across the system with key stakeholders to map current processes and identify where there may be gaps in support. Develop Action Plan for improvement in 2024-5.	Patients of transition age will make a smooth transition to adults services -the success of this will be measured by patient/ carer experience surveys and professional feedback	ICB, NHS, LA & Third Sector Providers

Information (continued)

Issue to be addressed	Action	By When	Outcome	What good looks like	How will we get there	How will we measure success	Organisations responsible /lead
Identification of CHC FastTrack	Review CHC Fast track pathway for PEoLC care in the community	Mapping & data baseline: June 2024 Pathway review April 2025	Improved systemwide patient flow, more effective utilisation of available community support services, early discharge from hospital setting and improved experience for patients and those important to them.	Timely access to the most appropriate PEoLC support for individual need with PCSP.	Mapping CHC Fast track current pathway. Identify current system challenges and opportunities to improve the PEoLC CHC FT pathway. Patient & Carer surveys. Develop Action Plan to support opportunities for quality improvement and mitigate challenges.	Improved identification of appropriate CHC Fast Track patients. Improved patient and carer experience.	ICB, CHC, NHS, LA & Third Sector providers.
Urgent and Emergency Care (UEC) /Urgent Community Response (UCR) for palliative and end of life care.	Baseline of available UEC / UCR data for people thought to be in the last 12 months of life. Pathway mapping for PEoLC in the UEC / UCR setting with identification of points of challenge. Develop systemwide approach taking into account the individuality of place to support access to UEC/UCR in the individual's preferred place of care.	April 2024 Sept 2024 April 2025	Learning from this deep dive will support the further development of PEoLC community UEC/ UCR pathways, improve access for underserved communities and patient/carer experience.	24/7 systemwide response to urgent and emergency palliative care cases, increase in the number of patients where clinically appropriate, who can be cared for in their preferred place.	Systemwide approach with partners including WMAS to further develop robust, easily navigable pathways of communication, care and support.	Measurement of data metrics, e.g. Number of episodes of urgent and emergency care utilised by people in the last 12 months of life. Number of episodes of urgent and emergency care utilised by people in the last 12 months of life were people could stay in their preferred place of care. Patient and carer feedback.	ICB & NHS & Third sector Providers

Information (continued)

Issue to be addressed	Action	By When	Outcome	What good looks like	How will we get there	How will we measure success	Organisations responsible /lead
Un-optimised co-ordination between programmes of work.	Identify the main workstreams across the system which dovetail into PEoLC. Map current position of PEoLC within each identified workstream. Deep dive into challenges within each work stream for the timely delivery of care at the end of life.	April 2024 Sept 2024 Dec 2025	Develop clear and co-ordinated work across programmes and PEoLC programme with a collaborative system approach, e.g. Dementia; Frailty; Learning Disabilities; Long Term Conditions; Ageing Well, Virtual Wards etc	Systemwide collaborative approach to programme working. Shared understanding of services and quality improvement work. Improved quality of PEoLC across the workstreams.	Joint Forward Plan Networking Attending programme meetings Information sharing Joint areas of workstream development	Increase number of people identified as thought to be in the last 12 months of life. Improvements in access to information /signposting	System & workstream leads.

Access

Access to timely palliative and end of life care with support throughout, for all of our diverse communities.

Issue to be addressed	Action	By When	Outcome	What good looks like	How will we get there	How will we measure success	Organisations responsible /lead
Identification of underserved communities.	Engagement Equality and Quality impact Assessment (EQIA) Mapping of currently available services Gap analysis	Oct-24	Improved equity of access to PEoLC for the whole of Coventry and Warwickshire	Under-served communities identified. EQIA completed and agreed across the system and reviewed every 12 months. Engagement and on-going co-production to develop greater understanding of challenges within current service provision.	Utilise national and local data, identify quality issue with current data sets. Research & clinical evidence reviewed and EQIA completed. Areas of focus identified to support equitable provision.	Service user demographic data. Feedback through engagement with communities identified as underserved.	ICB
24/7 availability of care	Mapping of services Gap Analysis Pathway development to scope co-ordinated and collaborative out of hours PEoLC provision	Sept 2024 April 2025	Increased quality of life and ease of access to responsive care for people with PEoLC needs and those important to them.	24/7 care which is resilient and able to meet the needs of the population and is clearly communicated across the system / place.	Identification of current challenges and review of available resources to develop clear pathways of support 24/7.	Reduction in utilisation of urgent and emergency care services. Reduction of incidents and complaints regarding out of hours services.	ICB, NHS Providers & third Sector Providers.

Access (continued)

Issue to be addressed	Action	By When	Outcome	What good looks like	How will we get there	How will we measure success	Organisations responsible /lead
Psychological Therapy	Mapping Gap analysis Current Pathway review to understand needs and requirements Development of an equitable proposal for access to psychological therapies for those with PEoLC needs across the system	"Sept 2024 April 2025"	All patients and those who matter to them with PEoLC needs across Coventry and Warwickshire have equity of access to psychological support services when clinically required. Staff should have access to health and wellbeing support as required.	Access to psychological support in each place area	Work with NHS and other provider organisations to establish what is currently in existence and where gaps in provision are impacting on patients' access to psychological support.	Activity of access to psychological services across the system. Allocation of psychological support services in each place. Feedback from patients and staff.	ICB, NHS Providers & third Sector Providers.
Bereavement	Map the current bereavement offer across the system Establish where there is inequity or gaps in service. Review provision for the system and equity of access.	"Nov 2023 April 2024 Dec 2025"	Clear, available information to support signposting our population to available bereavement services. Clear understanding of the gaps of provision in each place. Review of strategies to support equity of access for all communitites.	There is a range of pre- and post-bereavement support services available which can be accessed by bereaved people in a timely and efficient way.	Working with system partners to build on the work already done to review bereavement services and fully understand the current statutory and voluntary / community service provision.	Mapping and needs analysis review undertaken Information available for the public and professionals.	System

Access (continued)

Issue to be addressed	Action	By When	Outcome	What good looks like	How will we get there	How will we measure success	Organisations responsible /lead
24/7 access to anticipatory medication is available	Develop the work commenced in the Access to medication workstream to scope a robust proposal for 24/7 access to anticipatory medication and that anticipatory prescribing is utilised and in place when needed	Dec-25	Mapping to clarify processes and identify gaps. Identification of areas of challenge. Review current service provision. Develop options apprisal for a robust systemwide process to 24/7 access to anticipatory medication.	Agree system approach for access to anticipatory medication. 24/7 access to anticipatory medication which enables those important to people with end of life care needs to spend the optimum amount of time with them.	Systemwide Task and Finish Group which includes experts by experience.	Agreed systemwide approach to the provision of anticipatory medication. Agreed systemwide pathway for access to anticipatory medication 24/7. Reduction in complaints and reduction of incidents where poor patient/family experience is reported.	System
Personal Health Budgets for EoL patients	Review the systemwide approach to the utilisation of personal health budgets for care at the end of life. Determine if increased utilisation of PEoLC PHBs could increase personalised care provision for care at the end of life.	Dec-25	Improved experience of care at the end of life which is tailored to the patient's needs and enables care in their preferred place.	People who become eligible for NHS Continuing Healthcare funding under the fast track pathway have a legal right to have a personal health budget	Systemwide review of the utilisation of PHBs and how this works for patient's in the last months of life	Increase in patients in the last 12 weeks of life accessing a personal health budget.	System

Access (continued)

Issue to be addressed	Action	By When	Outcome	What good looks like	How will we get there	How will we measure success	Organisations responsible /lead
Support for emotional and spiritual needs as well as practical living support where needed.	Continue to engage with and support compassionate communities development work	Dec-25	Enhance the "safety net" of support around a person with PEoLC needs and those important to them is strengthen through community support - Everyone is prepared to care	How we come together to care and support people through life experiences is instrumental to our health, quality of life and happiness. Increased quality of care and community support for people at the end of life.	Work with colleagues and groups across the system to develop this approach and raise the profile of compassionate communities.	Collation of information to develop resources of support networks for the people and health and social care professionals. Develop a collaborative approach with colleagues in the arts and communities to raise the profile of what matters most at the end of life.	System wide. Lead: UHCW leading Compassionate Communities Workstream

Support

Support people diagnosed with a life limiting condition and those who matter to them, their carers and their communities to prevent crisis.

Issue to be addressed	Action	By When	Outcome	What good looks like	How will we get there	How will we measure success	Organisations responsible /lead
Support for Carers	Mapping of services and available support for carers Gap analysis Pathway consolidation	Dec-24 Apr-25 Dec-25	Map of current pathways and available support. Gap analysis: Under-served communities Service provision Increased identification of PEoLC unpaid carers and referral for support. Increase in the completion of carer's assessments.	Unpaid carers are identified. Unpaid carers are referred / signposted for needs assessment and support. Pro-actively support people with palliative and end of life needs and their unpaid carers across health and social care to prevent crisis.	Unpaid carers are identified and offered a needs assessment. Unpaid Carer Experience Surveys.	Increase inf the number of identified unpaid carers for those with palliative and end of life needs in C & W. Increased numbers of individuals accessing carer support services. Gap Analysis: understanding of where issues sit within our system. Delivery of webpages for people of C & W on current PEoLC services and support services https://csnat.org/	System wide
Socio-economic demographics (Poverty proofing)	Mapping Gap analysis Pathway consolidation to inform needs and requirements Expand the learning from the PEoLC Poverty Proofing work conducted in the North of Warwickshire across the system to determine opportunities to improve care.	Dec 2024 June 2025	Address barriers faced by those in poverty throughout care but particularly those identified as having palliative and end of life care needs.	'No activity or planned activity will identify, exclude, treat differently or make assumptions about those who have less financial resource.'	Learning from the Poverty Proofing report, work with colleagues across health and social care to understand the barriers presented by poverty and identify actions to support equity of care.	Review and monitor 'Considerations' identified within the Poverty Proofing report. Identification of opportunities / pilots, proof of concept projects to eliviate the barriers identified through the Poverty Proofing report.	Systemwide

Support (continued)

Issue to be addressed	Action	By When	Outcome	What good looks like	How will we get there	How will we measure success	Organisations responsible /lead
Siblings/ Friendships	CYP support for Siblings / Friends - review of available support. Children and young people experience grief just as much as adults but show it in different ways. They may need help to understand what has happened and to express their feelings.	"Nov 2023 - identification of current available support Dec 2025 - systemwide review to include gap analysis	Clear avenues of support and signposting are available for siblings , family and friends of those children and young people who are thought to be at the end of their lives.	Identification of services and community groups and referral pathways accessible to the public and professionals.	Map current offer Identify gaps Connect with providers who offer support	Collated support services information publically available.	Systemwide
Advance Care Planning (include. DNACPR/ ReSPECT)	Work across the system to agree consistent documentation and access to this information Pro-active PCSP to include ACP Collect data on ethnicity of those accessing PEoLC services across the system	Dec-25	Increased pro-active care planning for people identified as being in the last 12 months of life.	Planning care in advance makes it more likely that wishes will be understood and pro-actively planned for, resulting in more people being cared for and dying in their preferred place.	Workstream to review current PEoLC documentation, communication avenues and how this is improved through Shared Care Record opportunities. Education and Training Framework for PEoLC to develop our communities and workforce to support those with end of life care needs.	No. of people identified with PEoLC who have PCSP to include ACP. Development of consistent competency framework for PEoLC Education and Training for Coventry & Warwickshire.	Systemwide

Improve

Improve the quality of personalised care and support planning for people with palliative care needs, including planning for the end of life, through education and training for all.

Issue to be addressed	Action	By When	Outcome	What good looks like	How will we get there	How will we measure success	Organisations responsible /lead
Education and Training Framework across the system	Develop a competency framework for the system including a training directory for public through to specialist palliative care clinicians.	Dec-25	Increase access to PEoLC education programmes for communities, health and social care professionals and carers. Increase the confidence of those caring for people at the end of their life. Increase the quality of palliative and end of life care available within the system.	Work collaboratively regarding Education and Training across health and social care to support providing palliative and end of life care. Increased confidence and competence of all staff delivering PEoLC. Increase confidence of communitites in supporting their members with palliative and end of life care needs.	Training Needs Analysis. Mapping of current training provision Training gap analysis. Development of PEoLC Systemwide Education and Training Framework.	Raise awareness to health and social care professionals of education packages. Report from training providers detailing the number of staff / public accessing training sessions Undertake survey of training with participants following sessions.	Systemwide
Dying Matters awareness week - system co-ordination	Establish a Task and Finish group to plan an annual system wide approach to Dying Matters week	May 2024 and then annually	Collaborative communication plan to raise the profile of PEoLC across Coventry & Warwickshire	Engage with communities, system partners in health and social care, arts providers, radio and local TV and compassionate communities to raise the profile of PEoLC.	Systemwide Task and Finish Group to Commence planning Jan 2024	Delivery of systemwide co-ordinated Dying Matters Week Events. Further evaluation methods to be identified through the Task and Finish group	Systemwide

Sustainability

Issue to be addressed	Action	By When	Outcome	What good looks like	How will we get there	How will we measure success	Organisations responsible /lead
Finance Mapping	Map current financial provision for PEoLC service delivery across the system Benchmark PEoLC provision in Coventry & Warwickshire in line with NHSE guidance.	Apr-24	Understand the current financial commitment to PEoLC services in Coventry & Warwickshire. Development of gap analysis in service provision.	Sustainable financial position for PEoLC for the system	Integrated system working with needs analysis, gap analysis and comparison to current position.	Review and identification of potential funding gap, other avenues of support or funding. Understanding of current service impact on urgent and emergency care utilisation.	ICS
Contract mapping	Map current contractual arrangements for PEoLC service delivery across the system to include service specifications.	Apr-24	Scope a cohesive contracting approach to PEoLC services across the system, taking into account wider pieces of system review, e.g. Out of Hospital Contract Review	Collaborative commissioning model with clear, aligned service specifications which work in an integrated way to support the development of PEoLC across the system.	Task & Finish group to review current position and develop options for a future commissioning model for the system, in line with wider workstreams.	Options appraisal of proposed commissioning models	ICS
Workforce	In line with wider system workforce review, map current PEoLC staffing for health and social care across Coventry & Warwickshire. Undertake gap analysis.	April 2024	Understand the current PEoLC workforce position and challenges in relation to recruitment and retention.	Clear picture of current PEoLC workforce position and future trajectory. Identification of issues and risks over next 5 years.	Integrated system working with needs analysis, gap analysis and comparison to current workforce position.	Options appraisal of proposed workforce models	ICS

Sustainability (continued)

Issue to be addressed	Action	By When	Outcome	What good looks like	How will we get there	How will we measure success	Organisations responsible /lead
Integrated Commissioning Model	Development of a systemwide approach to PEoLC through a collaborative, integrated commissioning model which supports the Strategy and Delivery Plan.	April 2024	Commissioning model development	Systemwide agreement of a commissioning model for PEoLC.	Collaborative approach in line with Out of Hospital Services programme and Improving Lives programme	Options appraisal of proposed commissioning models	ICS

This page is intentionally left blank

You Said - We Did Report

August 2023

Coventry and Warwickshire Palliative and End of Life Care Strategy and Delivery Plan 2024-29 Engagement.

Background

This document is an overview of the feedback we have received though the co-production and engagement undertaken to support the development of the Palliative and End of Life Care (PEoLC) strategy, which was undertaken in various stages from June 2022 – July 2023.

The PEoLC Strategy details how health and social care will work together with our communities across Coventry and Warwickshire to improve the lives of people with palliative and end of life care needs and those who look after them.

This strategy is for everyone in Coventry and Warwickshire both for the people who live here and the people who work in health, social and third sector organisations across the system.

We have asked people with palliative and end of life care needs, their carers, those who live in Coventry and Warwickshire, as well as our partners in health and social care, what we should focus on to improve the care and support we provide to people who are nearing the end of their lives. We have listened to many people about what matters most to them when experiencing care themselves or caring for someone important to them.

Through engagement we reached out to:

- Over **1,600** people including patients, the public, health, social and third sector professionals.
- Over **300** organisations across Coventry and Warwickshire

Through co-production and engagement:

- We have directly spoken with representatives from over **30** different community groups and health and social care organisations via face to face or small group meetings.
- We have undertaken a series of public and stakeholder surveys and received a total of **239** responses from across the system.

We would like to take this opportunity to thank everyone who took the time to actively participate in the engagement.

Your feedback has enabled the development of the Coventry and Warwickshire Palliative and End of Life Care Strategy and has helped to ensure the 2-year Delivery Plan focuses on the right priorities which will have the greatest impact on improving care for people in Coventry & Warwickshire who are approaching the end of their lives.

We will continue our engagement and co-production ethos throughout the life of the strategy to ensure we are working with people, communities and professionals to develop effective and efficient end of life care for all our diverse communities.

We have developed 5 priorities based on feedback we have received through the development process of this Strategy.

Our Priorities: What we want to do.
1. Provide **information** which focuses on identification, early intervention, and support for people with palliative and end of life care needs.
2. **Access** to timely palliative and end of life care with support throughout, for all of our diverse communities.
3. **Support** people diagnosed with a life limiting condition and those who matter to them, carers and communities.
4. **Improve** the quality of personalised care and support planning for people with palliative care needs, including planning for the end of life, through education and training for all.
5. Deliver a **sustainable** system of integrated palliative and end of life care

General Feedback Received

The engagement has provided us with a wealth of information to help shape the final strategy.

In general, the responses have been positive, including the following statements:

"It was an easy read and pleased to see consideration to those with protected characteristics and groups with largest gap of inequalities"

"I am happy that the delivery plan provides a robust high-level approach"

"It looks a good piece of work"

"I thought infographics are good"

"I feel all the points and priorities are covered"

"Overall, I think this is a great piece of work with an easily accessible format"

"I think this is a very well written and considered document, summarising all the stakeholders work and input"

"The strategy document itself is straightforward and well written. I would agree with all priorities"

"I thought there were a number of positives about the strategy – including that there was a detailed delivery plan linked to it, it had a clear focus on health inequalities, and it used easily memorable priorities"

We have collated the received feedback in the table below, which we have grouped thematically and utilised in several ways to further develop and finalise the Palliative and End of Life Care Strategy.

We have detailed how we have utilised this specific feedback to develop a robust delivery plan with clear actions and outcomes to improve palliative and end of life care.

Priority	You Said	We Did

Priority 1: Information	• Tools for identification need to be agreed for the system as a priority
	• Patient information leaflet should be developed and promoted
	• Need for consistent documentation for Advance Care Planning, as well as a consistent approach on recording and sharing
	• Need for public education around death and dying
	• Explore an approach to a joined-up system Single Point of Access
	• Better understanding needed of terminology used e.g., distinction between Specialist Palliative Care and End of Life Management with associated palliative support
		• Systemwide agreement for development of a PEoLC identification pathway is in the delivery plan
		• Systemwide agreement for development of PEoLC service directory and service information for the public, health and social care professionals
		• Systemwide agreement for review of current advanced care planning documentation and electronic methods of information sharing.
		• Plan a systemwide approach for Dying Matters week 2024
		• Continue to work in collaboration with the Out of Hospital review
		• Continue to work in collaboration with the CASTLE Expert Advisory Group
		• Agreed Task & Finish groups to be established:
		  • Identification Pathways
		  • Advance Care Planning
		  • Review of iPlan
		  • Website Design

Priority 2: Access	• Awareness of workforce gaps e.g., Clinical Psychology provision
	• Overuse of UCR (Urgent Community Response) & rapid response
	• 24/7 access to medications:
	  • Difficult to access in communities
	  • Needs patient voice
	• Challenges in accessing:
	  • 24-hour hospice care
	  • Equipment for patients to die in their home
		• Systemwide mapping of workforce underway
		• Systemwide mapping of current services underway
		• Review of utilisation of urgent and emergency care services by patients in the last 3 months of life commenced.
		• Access to medications workstream set up with systemwide representation
		• Data workstream to look at cross boarder sharing
		• Proactive and unplanned care to be incorporated into the delivery plan
		• Continue to work in collaboration with the Out of Hospital

Priority	You Said	We Did
	• Data across counties e.g., a child under Birmingham Childrens hospital & Warwickshire • Hospices for children over 5 • After-death clinical provision for deaths in A&E	review

Priority 3: Support	• Lack of availability of information around the existing support options for end-of-life care
	• Lack of collaborative working between different specialities
	• Patients not prepared or supported for shared decision-making conversations
	• Support needs identified:
	  • Siblings and identification of siblings in need of support
	  • Face to face support for patients to enable encourage to access services
	  • Bereavement needs for those who have lost a child or young person
	  • Needs patient voice
	  • Formal acknowledgment for the role of the carer
	• Training needs identified
	  • Palliative and end of life care in care homes
		• Systemwide agreement for development of PEoLC service directory and service information for the public, health and social care professionals
		• Mapping of different programmes aligned to PEoLC, e.g., dementia, long term conditions, frailty, learning disabilities, virtual wards etc included in the delivery plan.
		• Education and training Framework for the system to be developed as part of the delivery plan to support staff, patients and those important to them, including scoping of currently available training.
		• Explore support available specifically for siblings and ways to measure sibling experience
		• Loss of a child or young person will be included in our bereavement scoping work
		• Promotion of social prescribing

Priority 4: Improve	• Competency framework for the system including training directory for all levels, training/education passport • Teaching healthcare professionals and the public on the recognition of dying • Sharing good practice about what makes a good PCSP	• Development of a PEoLC Competency Framework part of the delivery plan • Work with CASTLE Education group and other PEoLC Education leads across the system to develop plans • Systemwide approach for dying matters week • Education and training scoping underway and to include

Priority	You Said	We Did
	(Personalised Care and Support Planning) and how to achieve this • Requirements for specialist and generalist end of life care • Ensuring access to training for anyone who needs it e.g., standalone care providers • Awareness of the diversity of the community we serve	standalone care providers • EQIA (Equality and Quality Impact Assessment) undertaken • Continued engagement with our population of Coventry & Warwickshire, including hard to reach communities
Priority 5: Sustainability	• Need a better understanding of current roles and gaps in services • Workforce Planning should align with the national workforce plan for the next 15 years	• Systemwide workforce mapping underway • Recognition of national workforce plans to be incorporated as part of the delivery plan.
Language & Layout	• Abbreviations need clarification & clearer infographics needed • Terminology used	• All abbreviations reviewed and a glossary added • Improved infographics to be sourced during design phase of strategy • Terminology used has been sourced to ensure consistency with language use nationally in the public forum.
Promote Collaborative working across the System	• Need to develop relationships and increase the ways of working together • Delivery of the strategy relies on integration and communication between all services	• Collaborative working has been at the heart of our strategy draft and engagement and will continue to be promoted in the action and delivery plan, as well as any workstreams created
Other	• Has an Equality Quality Impact Assessment been completed • How might you measure 'what does good look like' in terms of patient experience. • Mental health issues including dementia should be added to the list of health inequalities • Looked after Children and Adopted should be added	• EQIA has been completed • To explore patient experience feedback across the system • Both added to health inequalities list

Priority	You Said	We Did
	to the list of health inequalities • How are we tackling access and financing information & resources for non-English speaking and reading population? • Understanding the holistic needs of the population	• This has been explored in our EQIA and we will continue to engage with these communities to identify the support they require • Personalised care is the golden thread throughout the strategy

This page is intentionally left blank

Equality and Quality Impact Assessment Tool - Coventry and Warwickshire ICB

The following assessment screening tool will require judgement against all listed areas of risk in relation to quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations.

Insert your assessment as positive (P), negative (N) or neutral (N/A) for each area.
Record your reasons for arriving at that conclusion in the comments column. If the assessment is negative, you must also calculate the score for the impact and likelihood and multiply the two to provide the overall risk score. Insert the total in the appropriate box.

Quality Impact Assessment

Quality can be defined as embracing three key components:
• Patient Safety – there will be no avoidable harm to patients from the healthcare they receive. This means ensuring that the environment is clean and safe at all times and that harmful events never happen.
• Effectiveness of care – the most appropriate treatments, interventions, support, and services will be provided at the right time to those patients who will benefit.
• Patient Experience – the patient's experience will be at the centre of the organisation's approach to quality.

Scheme Title:	System Wide Palliative and End of Life Care Strategy		
Project Lead:	Kathryn Drysdale Deputy Director of Nursing & Clinical Transformation Kate Butler: Project Manager	**Senior Responsible Officer:**	Tracy Pilcher
		Quality Review:	20th July 2023
		Equality Review:	20th July 2023
Intended impact of scheme:	Coventry and Warwickshire ICS are committed to developing a system wide All-Age Palliative End of Life Care (PEoLC) Commissioning Strategy. The aim of the strategy is to develop a vision for our system through identification of 5 priority areas to improve key strategic outcomes in equity and quality of PEoLC care. This strategy will provide an overview of how health and social care will work together with our communities across Coventry and Warwickshire to improve the lives of people with palliative and end of life care needs and those who look after them. A cohesive, integrated PEoLC offer across Coventry and Warwickshire, which reflects the diversity of place underpinned by a co-produced strategy will support the development of services based on the needs of our population.		

	PEoLC services can be delivered in any setting, and they include the following services: • GP or primary care • Social care • Voluntary sector • Care homes • Specialist palliative care services • Community nursing including symptom control • Hospice at home • Hospice inpatient beds • Holistic and therapeutic support • Bereavement support • Care homes • Domiciliary care support
How will it be achieved:	PEoLC strategy development, implementation and the engagement that supports this is likely to comprise of the following activities: • Fully assess and understand population needs and current data sets for service utilisation. • Identify key stakeholders and partners to the strategy • Develop a communication plan to enable engagement across the system of the draft strategy • Review the outputs of our local systems self-assessment of the National Ambitions for PEoLC. • To ensure the strategy vision and priorities are co-produced with our people and supported through rigorous stakeholder engagement. • To ensure the engagement incorporated the all-age nature of the strategy with involvement of children's, Young People's, and Transitional service leads. • To identify a clear Delivery Plan of how and when strategic priorities will be achieved and measured. • Enable robust governance structures to be implemented to support delivery of the Strategy.

Name of person completing assessment:	ICB: Kathryn Drysdale & Kate Butler Input from: • Katie Herbert Integrated Lead Commissioner (SWFT and WCC), • Kate Hoddell PEOLC Clinical Lead, • Jon Reading Head of Commissioning and Quality Coventry City Council • Tracey Sheridan Shakespeare Hospice

Position:	Deputy Director of Nursing & PEoLC Project Manager
Date of Assessment:	4/07/2023

Quality Review by:	Mary Mansfield
Position:	Deputy Director of Nursing
Date of Review:	19/07/2023

Equality Review by:	Laura Whiteley
Position:	Governance and Corporate Affairs Manager
Date of Review:	27/07/2023

High level Quality and Equality Questions

The risk rating is only to be done for the potential negative outcomes. We are looking to assess the likelihood of the negative outcome occurring and the level of negative impact. We are also seeking detail of mitigation actions that may help reduce this likelihood and potential impact.

AREA OF ASSESSMENT		**OUTCOME ASSESSMENT** (Please tick one)			**Evidence/Comments for answers**	**Risk rating** (For negative outcomes)			**Mitigating actions**
		Positive	**Negative**	**Neutral**		**Risk impact** (I)	**Risk likelihood** (L)	**Risk Score** (IxL)	
Duty of Quality Could the scheme impact positively or negatively on any of the following:	Effectiveness – clinical outcome	✓			Integrated and collaborative approach to delivery of systemwide PEoLC pathways with NHS, social care and third sector colleagues working together to improve				

					personalised care and support planning.				
	Patient experience	✓			Experience of the PEoLC patient and those important to them is essential as we only get one chance to get this right. The strategy highlights the core foundations of building trust with the people of Coventry and Warwickshire and on-going co-production with people and stakeholder to enable robust and effective feedback loops to be developed and to enable patient experience to be gathered, through a range of mechanisms and enabling this feedback to be developed into constructive, meaningful service development.				
	Patient safety	✓			In the development of any strategic approach, patient safety must be paramount in the development of services connected through an integrated and collaborative system approach to personalised care and support planning. The strategy will enable a systemwide approach and response to identify patient safety and safeguarding issues and to disseminate the learning from these situations across the				

					system.				
	Parity of esteem	✓			Identification of our under-serviced communities will be undertaken through an Equality Impact Assessment, which will in turn work with communities across the system to build trust and work toward co-production of service development to support equity of service provision.				
	Safeguarding children or adults			✓	Maintenance of current safeguarding arrangements as per ICB Local Authority and/or Provider safeguarding policies and procedures. A systemwide approach to care with a collaborative, integrated approach, will enable learning from incidents to be shared across the system.				
NHS Outcomes Framework Could the scheme impact positively or negatively on the delivery of the five domains:	Enhancing quality of life	✓			Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020 document will be used as the basis for the strategy. “We know that access to good and early palliative care can improve outcomes for life expectancy as well as improve the quality of life”. Temel, J.S, Greer, J.A,				

					Muzikansky, M.A, Gallagher, E.R, Admane, M.B, et al (2010). Early Palliative Care for Patients with Metastatic Non-Small-Cell Lung Cancer. N Engl J Med 2010;363:733-42				
	Ensuring people have a positive experience of care	✓			The Programme will ensure equity of service delivery, working together with partners across the system to develop effective, inclusive personalised care pathways, which collate feedback in tandem to audit tools such as NACEL (National Audit for Care at the End of Life) and the OACC (Outcome Assessment and Complexity Collaborative) suite of outcome measurements. Complaints, compliments, and feedback will be sought through on-going engagement with the people and stakeholders of our system.				
	Preventing people from dying prematurely	✓			The Strategy and supporting Delivery Plan will prioritise identification of those thought to be in the last 12 months of life, to support pro-active personalised care and support planning to improve access to services and				

					support to ensure that people in need of PEoLC and those who are important to them and / or care for them. Pro-active enablement of treatment and support will reduce the risk of uncontrolled palliative care which should reduce premature death although death will be expected for all patients on an PEoLC journey. LeDeR reviews will be used to learn from premature and avoidable deaths for people with Learning Disability and Autism.				
	Helping people recover from episodes of ill health or following injury	✓			The programme includes developing equity of access to pro-active palliative care e.g., community support services; Day Hospice Therapy Services e.g., Breathlessness Management support				
	Treating and caring for people in a safe environment and protecting them from avoidable harm	✓			Wrap around care at home – coordinated via an identified care coordinator depending on the patient's preferred place of care. Remote monitoring and consultations for housebound patients and those residing in a care home setting to support assessment and expedite the provision of timely end				

					of life care. All PEoLC services will adhere to up-to-date IPC guidance and policies. Support with admission avoidance and discharge enablement to support those thought to be in the last 12 months of life to be cared for and die in their preferred place.				
Patient services Could the proposal impact positively or negatively on any of the following:	A modern model of integrated care, with key focus on multiple long-term conditions and clinical risk factors	✓			This strategy has at its heart an integrated care approach with partners and key stakeholder collaborating across organisational boundaries to improve the lives of people with life limiting conditions and multiple clinical risk factors who are approaching the end of their lives. Resources to support the strategy are integrated across the system and we are working with other frailty work programs to ensure a consistent and integrated model of care.				
	Access to the highest quality urgent and emergency care	✓			Timely access to urgent and emergency care services which can direct palliative patients and their carers to the most appropriate service,				

					whether community or secondary care based, to support the patient with symptom management and the patient's preferred place of care to be maintained if clinically appropriate. Escalation of care to MDTs and/or specialist teams for timely review can be enabled through an integrated approach to support pro-active care and support planning, when clinically required.				
	Convenient access for everyone	✓			A key theme for the strategy is access, currently there is inequity of access to services, the strategy will raise the profile of inequity and support active review of services from the lens of our under-served communities and support service development and redesign with co-production with under-served communities.				
	Ensuring that citizens are fully included in all aspects of service design and change	✓			The Strategy development process has already increased the opportunities for engagement and co-production with the people of Coventry and Warwickshire and this is planned as the beginning of on-going engagement to support the Strategy's				

					delivery plan over the next 5 years. Patients will be fully involved in their care planning. Friends and Family feedback will inform service development. Compassionate Communities development work will support with an integrated approach to co-production and community led approach to care.				
	Patient Choice	✓			The 5 priority areas identified within the strategy include: 1. Information: to enable people to better understand the care pathways available to them and support options within our current system to increase patient choice. This information will also be available to health and social care professionals to increase the range of services made available to patients and those important to them. 3.Support – mapping and reviewing options for those who are unpaid carers, increasing knowledge of health and social care professionals as to				

					currently available support offers in increase choice. Where feasible and clinically appropriate remote, digital, and self-management options will be offered Currently we are mapping data sets which can be utilised to support this programme of work. Preferred place of care and death are included within advance care planning and will be included within the proposed PEoLC data set, which can then be utilised to review the delivery of patient choice, whilst other data sets are reviewed, and monitoring options expanded.				
	Patients are fully empowered in their own care	✓			The strategy will seek to build upon the personalisation and shared decision-making work which has been on-going through our system. In relation to PEoLC, we already have established work around advance care plans including the ReSPECT form and standardised end of life care plans. (EPaCCS (Electronic Palliative Care Coordinating Systems))				

	Wider primary care, provided at scale			✓	Primary care is a key partner in PEOLC and the implementation of the strategy.				
Access Could the proposal impact positively or negatively on any of the following:	Patient choice	✓			The 5 priority areas identified within the strategy include: 2. Access – review of current pathways to enable inequity for our under-served communities to be better understood and addressed and therefore increasing patient choice. Where feasible and clinically appropriate remote, digital, and self-management options will be offered. The aim of universal personalised care planning through shared-decision making will improve patient choice.				
	Access	✓			Mapping of services PEoLC including timely access and place-based service access issues will be incorporated into the Strategy's delivery plan. People known to have inequity of access to services will be identified and service design developed to reflect the				

					need for personalised care and support planning for all our diverse communities. In patient bed access Access to digital technology will be considered				
	Integration	✓			This strategy has at its heart an integrated care approach with partners and key stakeholders collaborating across organisational boundaries to improve the lives of people with life limiting conditions and multiple clinical risk factors who are approaching the end of their lives.				
Compliance with NHS Constitution	Quality of care and environment	✓			We will seek to understand the current position and set priorities and aims to improve the current integrated pathway offer for people with end of life / palliative needs. The extent to which this improves individual outcomes will be subject to the extent to which the strategy priorities and outcomes are delivered and embedded through care collaboratives and place.				

	Nationally approved treatment/drugs			✓	NICE guidance and local guidance will be followed. Current working group set up to review access to PEoLC anticipatory medication.				
	Respect, consent, and confidentiality			✓	All usual ICB and/or Provider respect, consent and confidentiality policies and mechanisms will apply.				
	Informed choice and involvement	✓			Patients will be fully involved in their care planning through shared decision-making, personalised care, and support planning. Those who matter to the patients will also be involved in shared care decision making and advance care planning where appropriate.				
	Complain and redress			✓	Usual ICB and/or Provider compliment, complaint and redress policies and mechanisms will apply				

Equality Impact Assessment

All public authorities are required to have due regard to the aims of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in exercising their functions, such as when making decisions and when setting policies.

Publishing guidance or policies or making decisions without demonstrating how you have paid due regard to the PSED leaves the organisation open to legal challenge.

This means ICB (Integrated Care Board), and NHS England should understand the potential effect of policies and practices on people with characteristics that have been given protection under the Equality Act, especially in relation to their health outcomes and the experiences of patients. This will help the organisation to consider whether the policy or practice will be effective for all people

Project / Policy Details

What is the aim of the project / policy?
To develop a Coventry and Warwickshire system wide strategy for PEoLC services for the next 5 years and a supporting initial 2-year delivery plan, with the development of a further 3-year delivery plan during the first 2 years of the strategy. This strategy will aim to improve the quality of PEoLC services across the local system, through collaboration and integration, whilst aligning to the National Ambitions for PEoLC whilst complimenting other interdependent system strategies and work programmes. The strategy will layout the vision and priorities for PEoLC care from a system perspective. The strategy and delivery plan development will: • Build on the co-production which has already been undertaken with the people and Coventry & Warwickshire and stakeholders from across the system. • Prioritise a “patient and those important to them” approach, from across our diverse communities through co-production and engagement which feeds into the strategy and delivery plans throughout the 5 years. • Identify inequity of access to services and wider inequalities to support the development of the strategy, the launch, and the delivery. • Utilise intelligence and feedback from PEoLC place groups and other committees, boards, and work programmes from throughout the system to improve collaborative working and the development of an integrated, personlised approach to care pathways. The identification of our under-served communities and the health inequity which is present in our system is vital to drive forward improvement of access to PEoLC services for all our diverse communities, which we are keen to do through continued engagement and co-production. Ensuring the strategy reflects and addresses the needs of all local communities, our workforce and other stakeholders is essential to the successful development of PEOLC across the system.
Who will be affected by this work? e.g staff, patients, service users, partner organisations etc. **Our System in numbers**

Palliative care is about improving the quality of life of anyone facing a life-limiting condition. It includes physical, emotional, social, spiritual care and practical support. We want our people of Coventry and Warwickshire to live as well as possible for as long as possible.

End-of-life care is the treatment, care and support for people who are nearing the end of their lives. It is an important part of palliative care and aims to help people live as comfortably as possible in their last months, weeks, or days of life and to die with dignity.

Palliative and End of Life Care involves a range of healthcare, social care, third sector and communities working together, to provide physical, emotional, and spiritual support for the individual and those who matter to them.

Palliative and End of Life Care is one of the few areas which will impact on everyone during their life and is a key thread throughout the delivery of all areas of healthcare, but also in social care and community support.

Through understanding the experiences of people and the barriers they experience, we can listen and learn in order to embed equity, inclusion, and improved patient experience for all in the development of a collaborative and integrated approach to care.

Through engagement with our stakeholders, through developing services and pathways with a collaborative, integrated approach, we can achieve systemwide, patient-centered pathways which support individuals and those important to them at the most difficult time in their lives and so improving the quality of care.

Our people

The Coventry and Warwickshire Integrated Care System provides health, care and wellbeing services and support to a diverse registered GP population of over 1 million people, and that population is growing.

The footprint covers several diverse patient populations:

- Coventry has a population of approx. 345,300:
    - high level of ethnic diversity, with a Black and Minority Ethnic population of 34.5% (2021 census)
    - a younger population age profile than England in general (due to 2 universities) with only 14.6% aged over 65 years.

- 3% of the Coventry population cannot speak English well or at all and for approximately 14% of Coventry residents, English is a second language.
- 72.1% of people in Coventry were born in the UK (United Kingdom)

- Warwickshire has a population of approx. 596,800:
  - in contrast to Coventry, is less ethnically diverse with 11.5% identifying as Black and Minority Ethnic.
  - Warwickshire has an older population with 20.8% aged 65 years and over, which is higher than both the West midlands and National averages.
  - More rurality, and in some places greater levels of deprivation.
  - Of the Warwickshire population, 0.8% cannot speak English well or at all.

Our stakeholders

Key collaborators and individuals and groups impacted by the PEoLC Strategy have been identified via a stakeholder analysis as:

- People using PEoLC and Palliative care services
- Those who matter to the patient
- People of Coventry & Warwickshire
- Integrated Care Board
- Integrated Care Collaboratives
- Local Authorities in Coventry and Warwickshire
- Expert Advisory Groups
- PEoLC Place Groups
- Community Providers (CYP & Adult)
- Secondary Care Providers (CYP & Adult)
- Primary Care Providers (CYP & Adult)
- Hospice Providers (CYP &Adult)
- Independent Service Providers e.g. Domiciliary Care, Care Homes, Independent Hospitals
- Voluntary Sector Services
- West Midlands Ambulance Service
- Faith Groups
- Coroner's Office
- Chaplaincy Service
- Community Groups
- H.M.Prisons

- LD Representative organisations
- LGBT representative groups
- Homelessness Support Providers
- Schools
- Carers Trust
- Healthwatch
- HEE & Training Lead orgs
- AGE UK
- Compassionate Communities/City

The above is not an exhaustive list and is regularly reviewed.

Is a full Equality Analysis Required for this project?			
Yes	Proceed to complete this form.		Explain why further equality analysis is not required.
If no, explain below why further equality analysis is not required. For example, the decision concerned may not have been made by the ICB or it is very clear that it will not have any impact on patients or staff.			
N/A (EQIA / Equality Plan requirement from NHSE (NHS England))			

Equality Analysis Form

1. Evidence used

What evidence have you identified and considered? This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.

In determining the equity of access to and quality of PEoLC services which our communities in Coventry and Warwickshire have, a wide range of evidence has been considered. Co-production of the strategy has been at the forefront of driving the understanding of how we can support our underserved communities better and improve quality of care for all.

Links have been made through to other organisations and focus groups to utilise recently undertaken engagement, e.g. Carer's Survey and in tandem to this, an 8-week systemwide PEoLC engagement has been run in June and July 2023.

Links have been made to stakeholders across the system to ensure that on-going work is being mapped and utilised where appropriate, e.g. Integrated Care System (ICS) Strategy; Local Authority (LA) Joint Needs Assessments; ICS Health Inequalities Strategy; Coventry and Warwickshire Personalisation Strategy; The University of Warwick: Palliative and End of Life Care Research Hub; NHSE Palliative and End of Life care Strategic Clinical Network both regional & national in addition to others in order to ensure we are building on a strong foundation of the learning which has already taken place within our system and wider region.

A review of currently available research and clinical evidence has also been undertaken to ensure we have a clear and consistent approach to reducing the unfair and avoidable differences in palliative and end of life care across our population and between different groups within our society, through identification of our under-served communities.

Review of this research[1] has evidenced that certain groups of people receive inequitable access to palliative and end of life care than others with a comparable need. These identified groups include:

- people over the age of 85,
- people from a black, asian or minority ethnic background,
- people who identify as lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+),
- people from more deprived areas,
- people who are socially isolated or live alone,
- people who are homeless,
- people who have mental health needs,
- people who are living in prisons.

Local review[2] and engagement has also included the following groups for Coventry & Warwickshire:

- People from the asylum and migrant communities
- People from the gypsy, Roma, and traveller communities
- People from boater communities
- People with a learning disability

Over-arching evidence considered in this review:

- NHS Long Term Plan 2019
- Department of Health & Social Care (2021) Integration & Innovation: working together to improve health and social care for all.

Over-arching PEoLC evidence considered in this review:

- The Kings Fund (2023) Dying well at home: commissioning quality end-of-life care
- BMC (2023) How does ethnicity affect presence of advance care planning in care records for individuals with advanced disease? A mixed methods systematic review
- BMJ (2023) Communication about sexual orientation and gender between clinicians, LGBT+ people facing serious illness and their significant others: a qualitative interview study of experience, preferences and recommendations.
- Palliative medicine (2023) Palliative and end of life care needs, experiences and preferences of LGBTQ+ individuals with serious illness; A systematic mixed-methods review.
- BMJ (2022) Ethnicity and palliative care: we need better data – five key considerations
- BMC Palliative Care (2022) The end of life experiences of people living with socio-economic deprivation in the developed world: an integrated review
- EAPC (2022) Understanding parent experiences of end of life care for children: a systematic review and qualitative evidence synthesis
- NHSE (2021) Ambitions for Palliative and End of Life Care
- Age UK (2021) Breaking down the barriers of ethnic inequalities in health
- Hospice UK (2021) Equality in hospice and end of life care: challenges and change
- BMC Palliative (2021) Exploring socio-economic inequities in access to palliative and end of life care in the UK: a narrative synthesis
- Cancers (2021) Socio-economic deprivation and symptom burden in UK Hospice patients with advanced cancer – findings from a longitudinal study.
- NIHR Evidence (2021) Most children with life-limiting conditions still die in hospital, not home or hospice - Informative and accessible health and care research.

[1] Palliative and End of Life Care Profiles - Inequalities - OHID (phe.org.uk)

[2] Coventry & Warwickshire ICS Health Inequalities Strategy

- Palliative Medicine (2021) End of life care for people with severe mental illness: Mixed methods systematic review and thematic analysis.
- Cureus (2021) Challenges of Providing Palliative Care to a Patient with Learning Disability: A Case Study from UK general practice
- BMJ (2021) Specialist palliative care services response to ethnic minority groups with Covid-19: equal but inequitable – an observational study.
- The Strategy Unit (2020) Palliative and End of Life Care in the West Midlands
- British Geriatrics Society (2020) End of Life Care in Frailty
- Journal of Advanced Nursing (2020) A systematic review exploring palliative care for families who are forced migrants
- BMJ (2020) Hospice care access inequalities: a systematic review and narrative synthesis
- European Association for Palliative Care (2020) The palliative care needs of adults with intellectual disabilities and their access to palliative care services: systematic review
- Manchester Metropolitan University and Community Fund (2019) Good Practice Guidance. Supporting people with substance abuse problems at end of life
- Manchester Metropolitan University (2019) Palliative end of life care for people with alcohol and drug problems
- NHSE (2019) Achieving more for people with severe mental illness
- NHSE (2018) Care committed to me – delivering high quality, personalised palliative and end of life care for Gypsies and Travellers, LGBT people and people experiencing homelessness.
- NHSE (2018) Dying Well in Custody Charter.
- NHSE (2018) My future wishes: Advance Care Planning (ACP) for people with dementia in all care settings.
- Seminars in Oncology Nursing (2018) Palliative and End of Life care for Lesiban, Gay, Bisexual and Transgender (LGBT) Cancer Patients and their caregivers
- BMC Palliative Care (2018) Palliative care for homeless people: a systematic review of the concerns, care needs and preferences and the barriers and facilitators for providing palliative care
- Macmillan (2017) The final injustice: Variations in end-of-life care in England
- BMJ (2017) Healthcare on the water
- Care Quality Commission (2016) A different ending: end of life care review
- Marie Curie (2015) Why do older people get less palliative care than younger people?
- Clinical medicine (2014) Palliative care for frail older people
- Understanding patterns of health and social care at the end of life - This report details the key findings from a study of over 73,000 people in England during the last 12 months of their lives. October 2012 https://www.nuffieldtrust.org.uk/research/understanding-patterns-of-health-and-social-care-at-the-end-of-life
- Department of Health (2008) End of Life Care Strategy
- International Journal of Palliative Nursing (2007) The Challenges of providing palliative care to terminally ill prison inmates in the UK.

Data sources:

- Office for Health Improvement & Disparities. (2022) ICS Data Pack: Palliative and end of life care. Coventry & Warwickshire.
- Office for National Statistics. Census 2021.
- Coventry City Council Joint Strategic Needs Assessment (JSNA)
- Warwickshire City Council Joint Strategic Needs Assessment (JSNA)
- Coventry and Warwickshire ICS available PEoLC data

Specific focus has been given to the 2020 Strategy Unit Report as outlined below:

Health service usage in the last 2 years of life – a report for Coventry and Warwickshire STP[3]

This report published in October 2020, provides a summary of death and dying within our local system, how services are used and how they may be utilised in the future (if nothing changes). Drawing on local datasets, the conclusions from this report are as follows:

- 66% of people say they would like to **die at home**. In Coventry and Warwickshire just 22% do so.
- People from **deprived areas** are more likely to die in hospital than people from affluent areas. The reverse is true for deaths in care homes.
- 39% of people in Coventry and Warwickshire who die do so after being admitted to hospital as an **emergency**. Their length of stay in hospital is often short. The most common experience is a terminal episode of two days.
- If patterns of care follow those observed nationally, then as many as a third of palliative patients (around 2,000 people) in Coventry and Warwickshire may have **died with their pain not properly controlled**.
- Over 90% attend **A&E** at least once in the two years prior to their death. 86% have at least one emergency admission. Around two-thirds call 111.
- 19% of those dying are in contact with **mental health services**. This is lower than for the Midlands region (25%).
- **Frailty** is the single largest underlying cause of death, accounting for close to half of all deaths. Frailty has the largest proportion of deaths in a care home setting;
- **Cancer** is the cause of death for around a fifth of the population. 22% of cancer patients die in a hospice setting. This is considerably higher than other causes;
- People's use of **urgent care** starts low and increases slowly for much of the last two years of life. There is a **rapid increase** a few months prior to death. The same is true for the use of hospital beds.
- Use of emergency admissions and A&E attendances does not differ greatly by age at death. What drives use of these services is not age, but proximity to death.
- In the last two years of life around **£115 million is spent on hospital services for decedents in Coventry and Warwickshire**. Urgent service events account for around two-thirds of this.
- The spend per decedent on hospital services was around **£17,000; this was significantly higher** than Midland's average of £15,800. The range between STPs in the Midlands was £13,600 to £17,400.
- Having declined for decades, the number of **deaths has begun to rise and is set to continue**. The greatest number of deaths is among those aged 85 and above. This is also the group with the largest expected increase.
- If patterns of care do not change, the current growth in deaths per annum suggests that **200 additional beds will be needed in the STP by 2040**.

Considering this report, a review of the impact which the COVID-19 pandemic has had on the system has been undertaken so we can have a clear understanding of the current position.

The Office for Health Improvements and Disparities collates statistics to provide a more up to date review regarding palliative and end of life care. The monthly percentage and count of people who died in England, from January 2019 to September 2022 is shown by place of death (hospital, home, care home, hospice, and other places) in Figure 1. The effect of the COVID-19 pandemic is evident in the distribution of deaths by place of death, most notably:

- the percentage of people dying in care homes showed a marked increase in April and May 2020, during the first wave of COVID-19

[3] Health Services in the last 2 years of life – Coventry and Warwickshire STP, A report by The Strategy Unit, 1 October 2020

- the percentage of people dying in their home increased in April 2020 and has remained higher than previous years
- the percentage of people dying in hospital fell from January to May 2020, then started to rise again in September and peaked in January 2021

Figure 1: Monthly trends in % of deaths and count of deaths by place of death: England (all ages, 2019 to 2022)

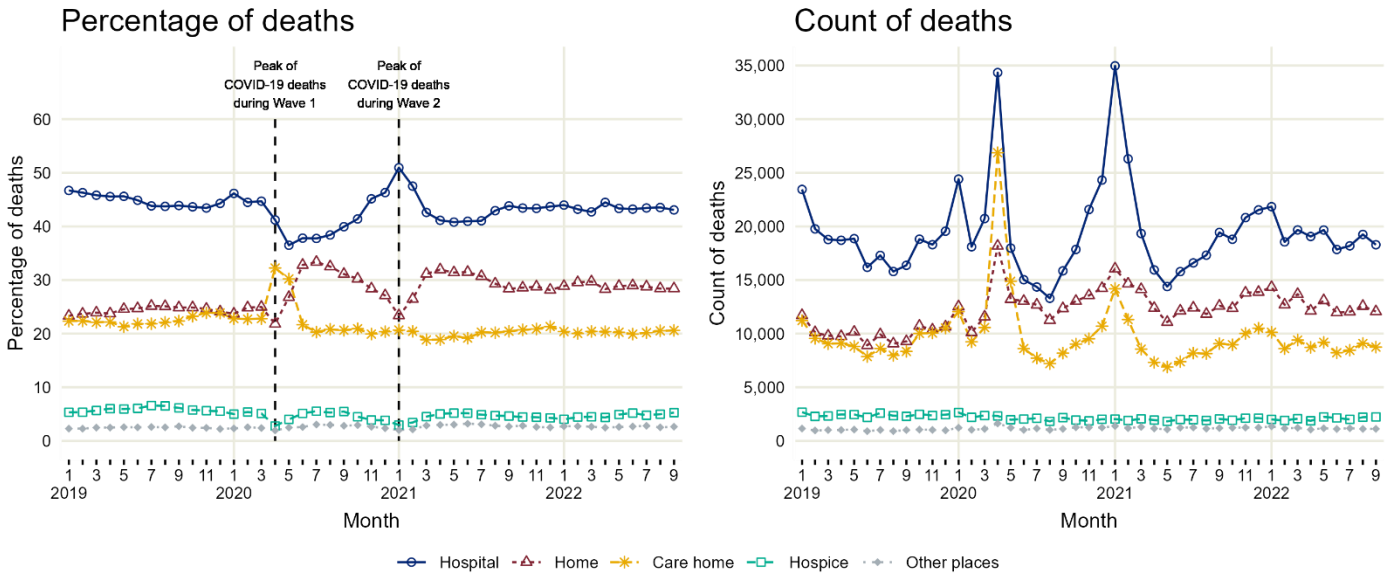
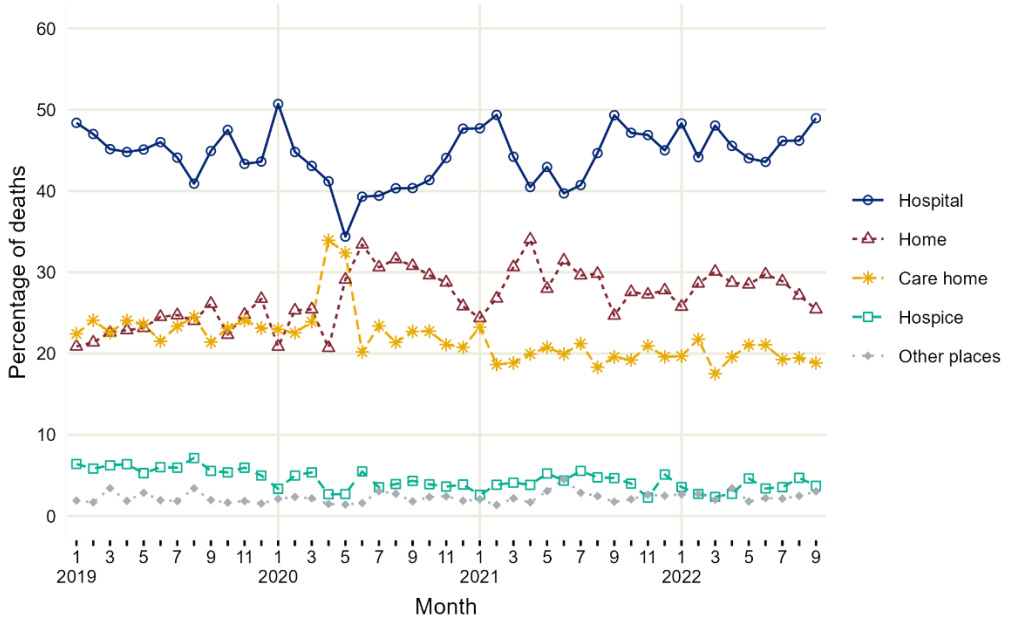


Figure 2: Monthly trend (%) in deaths (all ages) by place of death: NHS Coventry and Warwickshire CCG (2019 to 2022)



Data from Public Health England Palliative and End of Life Care Profiles 2021[4]:

- The percentage of deaths that occurred in hospital in Warwickshire as a whole in 2021 was 44.0%

[4] Public Health England, Palliative and End of Life Care Profiles.

and in Coventry were 49.1%. They were 50.8% in Nuneaton and Bedworth, and 45.7% in North Warwickshire, this is higher than England at 44% and higher than Stratford on Avon 37.8%, Warwick 42.4%, and Rugby 39.8%.

- Percentage of deaths in Warwickshire that occur in care homes 21.8% and for Coventry 16.7%, for Nuneaton and Bedworth 14.7%, North Warwickshire 23.9%, Rugby 25.5%, Stratford upon Avon 24.5, Warwick 22.5%
- The percentage of deaths in Warwickshire that occur in hospices was 3.9% and 4.5% in Coventry. 3.2% of people die within a Hospice bed in Stratford upon Avon, 5.8% in Warwick, and 4.8% Rugby and 3.1% in Nuneaton and Bedworth 1.8% in North Warwickshire.

2. Impact and Evidence:

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.

Age: A person belonging to a particular age (e.g. 32 year olds) or a range of ages (e.g. 18-30 year olds)

Describe age related impact and evidence. This can include safeguarding, consent and welfare issues:

- Warwickshire has a growing and ageing population, with an average life expectancy of 79.9 years for males and 83.6 years for females.
- Coventry's population has an average life expectancy of 78.7 for males and 82.2 for females.

- The greatest number of deaths is among those aged 85 and above. This is also the group with the largest expected increase.
- Use of emergency admissions and A&E attendances does not differ greatly by age at death. What drives use of these services is not age, but proximity to death.
- Whilst end of life/palliative care can cover all ages articles such as Palliative care for frail older people (nih.gov)[5] published by the Royal College of Physicians state that "the palliative care needs of older patients are often under assessed and undertreated" and that "Pain is widely underassessed and undertreated in older patients, especially those with cognitive impairment".

The Marie Curie Report [6] identified the following findings:

- Older people had more unmet pain, less access to generalist and specialist palliative care and greater information needs than younger people with clearer illnesses. However, physicians were more likely

[5] Palliative care for frail older people - PMC (nih.gov)
[6] Age Disparities Report (mariecurie.org.uk)

to discuss the end of life with older people compared to younger people where there was a clear terminal diagnosis and death appeared imminent.

- There were clearly disparities in consideration of a palliative approach or specialist palliative services between those in the frail study and those diagnosed with clear terminal conditions. The issue would appear to relate to the diagnosing of a terminal illness and the lack of triggers for recognising the end-of-life in frailty compared to other conditions.
- Poor symptom control was an issue described by some in the frail group and related to patients' experience of negative side effects, physicians' concerns about the potential exacerbation of other difficulties and normalisation of pain in older people leading to delays in recognising and addressing treatable problems.

Children

Health & Social Care Research[7], analysed the issue of a higher number of deaths in hospital amongst children in comparison to adults in the UK.

The following areas were identified:

- Some deaths are unexpected but around half of these children have life-limiting conditions and could benefit from palliative care.
- Previous research has suggested that parents cope better, even years later, when their child has been able to die at home.
- Not all families prefer this, but another study found that those with access to palliative services were eight times as likely to die somewhere other than in hospital. It could be that death at home or in a hospice indicates that good palliative care services were available.
- Researchers looked at the records of more than 39,000 children and young people (aged up to 25) who died with life-limiting conditions in England. Between 2003 and 2017, most of the children (73%) died in hospital. Far fewer died at home (16%), or in a hospice (6%).

The place of death was affected by various factors.

- **The child's age.** Older children were more likely than younger children to die in a hospice or at home. Most infants died in hospital (97% of those in the first month; 71% aged 1-12 months). This fell to just over half (57%) of children aged 6-10 years.
- **Deprivation.** Children living in more deprived areas were more likely to die in hospital than children from better-off areas. 78% of children from the most deprived areas died in hospital, compared to 66% of those from the least deprived areas.
- **Ethnic group.** Those from some ethnic minority communities were also more likely to die in hospital. Most children from Chinese, Mixed or Other backgrounds (78%) and from Bangladeshi communities (85%) died in hospital. This is higher than the two in three (69%) of White children.
- **Diagnosis.** Children with cancer were less likely than others to die in hospital. Less than half of those with cancer (44%) died in hospital. These children had the highest rates of deaths at home (41%), or in a hospice

The study confirms that most children with life-limiting conditions die in hospital. The research therefore raises questions whether children's and families' needs are being met, and whether services are sufficiently flexible. The results need to be interpreted carefully as not all children with life-limiting conditions will choose to die in a hospice or at home. There is insufficient information about children and families' preferences. The finding that children with cancer were much more likely than others to die at

[7] NIHR Evidence - Most children with life-limiting conditions still die in hospital, not home or hospice - Informative and accessible health and care research,

home or in a hospice could reflect the different model of care in place. Children with cancer typically receive palliative care from specialists, including teams of paediatric oncology nurses working in most major treatment centers. These nurses are involved throughout their treatment and can provide palliative care.

Warwickshire JSNA 2022 Childrens 0-5 needs assessment states[8] 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' or a 'Perinatal/neonatal event'. 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'.

Disability: A person has a disability if he/she has a physical, hearing, visual or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/ learning disabilities, cognitive impairments:

People with a disability, particularly those with learning disabilities are vulnerable, and are likely to need greater support and increased advocacy in end-of-life care. (DoH: EOL (End of Life) strategy).

National data collected through the Family Resources Survey (Family Resources Survey: financial year 2020 to 2021 - GOV.UK (www.gov.uk)

In 2020 to 2021 the number of people who reported a disability was 14.6 million, an increase of 3 million since 2010 to 2011, where disability was reported by 11.6 million people. The percentage of people who reported a disability in 2020 to 2021 has increased to 22%, a change of three percentage points over the period since 2010 to 2011, when the percentage was 19%. One in five people reported a disability. West Midlands had one per cent more people reporting a disability than the UK national average, with 23% of people within the region reporting a disability.

Learning disability

A learning disability affects the way someone understands information, and how they communicate. They may need support to:

- understand new or complicated information
- learn new skills
- interact with other people
- manage daily activities.

A learning disability is sometimes called an intellectual disability.

National research suggests that 2 – 2.5% of the population in the UK are believed to have a learning disability (Mencap, 2019). We know that the population of people with a learning disability is growing, and that people are living longer with more complex health and support needs.

Population estimates suggest that in 2020, 14,400 adults with a learning disability were residing in Coventry and Warwickshire (PANSI, 2021) and about 6000 autistic people were living in Coventry and Warwickshire in 2020.

The difference in life expectancy and age of death amongst people with learning disabilities and those without is significant. Across the UK, life expectancy in 2018 to 2020 was estimated to be 79.3 years for

[8] WCCC-1350011118-3095 (warwickshire.gov.uk)

males and 83.1 years for females in England. On average, the life expectancy of women with a learning disability is 18 years shorter than the general population and for men 14 years shorter. The national LeDeR report published in 2021 showed the average age of death for people with learning disabilities was 62.

For Coventry & Warwickshire, the age range at death for the 62 adults notified to the LeDeR programme during 2022/23 was 19 to 92. Of the people for whom notifications were received, the median age of death was 61.5 years for men, a slight increase from 60 last year, and remains in line with the most recent national LeDeR data. The median age of death for women was 62.7 which is an increase from 53 in the previous year and higher than the national average.

Of those who died, 59% died in hospital compared to estimates for general population of around 48%.

There are known inequalities of access to palliative and end of life care services for people living with Learning Disability. Research indicates that people with a learning disability may find it hard to communicate or to understand what is being told to them. This may lead to people enduring pain for longer than they need to or missing medication because they have not understood how to take it. Consideration will need to be given to accessibility of information and support required for individuals e.g. Easy read literature, support, and advocacy consideration

Emerging research cites the need for accessible advance care planning and courageous conversations, breaking down stigma, earlier diagnosis, advocacy, and partnership working with Learning Disability and Mental Health organisations.

Information provided by Marie Curie, in the document: **Caring for people with learning disabilities at the end of life** (mariecurie.org.uk) explains that whilst people with learning disabilities have the same palliative care needs as the general population, including symptom management, coming to terms with illness and dying, and making decisions about their wishes. But they may also have additional needs due to their disability.

There are lots of issues that can be challenging for people with learning disabilities towards the end of their life. People with learning disabilities:

- have more physical and mental health problems and these can be complex
- are more likely to be vulnerable and socially isolated
- have difficulty accessing healthcare systems
- are more likely to be diagnosed with cancer later which means they have a poorer prognosis
- have a higher risk of dementia – people with Down's syndrome may also have dementia at a much younger age than average
- may have communication difficulties which make it harder to express their symptoms
- may find it harder to express their wishes about their care.
- communication difficulties which affect all aspects of palliative care provision
- difficulties around insight and the ability to participate in decision-making
- unconventional ways of expressing signs and symptoms of ill health and distress
- multiple co-morbidities
- complex family and social circumstances
- higher levels of behavioural or psychiatric problems.

Providing the best person-centered care involves identifying and addressing these additional needs and challenges.

Equity of access (Palliative Care and Intellectual Disabilities | Intellectual Disability and Health)

There is growing evidence that people with intellectual disabilities face significant barriers in accessing

health services, including palliative care services (Emerson & Hatton 2013).

In 2016, the Care Quality Commission (CQC) carried out a review of inequalities in end of life care https://www.cqc.org.uk/sites/default/files/20160505%20CQC_EOLC_OVERVIEW_FINAL_3.pdf and concluded that people with intellectual disabilities can experience poorer quality of care at the end of their lives because providers do not always understand or fully consider their needs (Care Quality Commission 2016).

A CQC briefing on end of life care for people with intellectual disabilities https://www.cqc.org.uk/sites/default/files/20160505%20CQC_EOLC_LearningDisabilities_FINAL_2.pdf highlighted lack of staff knowledge, poor understanding of the Mental Capacity Act, and communication problems as significant barriers to good care.

There is a risk of professionals attributing the signs and symptoms of ill health (which may take uncharacteristic forms of expression) to the intellectual disability itself rather than to the underlying illness – a phenomenon known as 'diagnostic overshadowing' (Reiss & Syzszko 1983).

Poor access to palliative care services may be due to the difficulties in recognising that palliative care is needed. When someone has intellectual disabilities, predicting the need for palliative care can be particularly challenging (Vrijmoeth et al. 2016). This is complicated by the fact that many people with intellectual disabilities have a number of comorbidities, such as epilepsy. Those with congenital conditions may have had complex health problems throughout their lives, so it can be hard to know when life-long and ongoing management of these problems turns into a need for palliative and end of life care.

To ensure equitable access to palliative care services, it is important to make 'reasonable adjustments' https://www.gov.uk/government/publications/reasonable-adjustments-for-people-with-learning-disabilities to healthcare services, in order to make them accessible to people with disabilities. In the UK, this requirement is law (Equality Act 2010). Examples of reasonable adjustments for people with intellectual disabilities include:

- Giving people information that is tailored to their communication needs (for example, providing easy-read materials and pictures, or opportunities to see clinical areas or equipment beforehand)
- Allowing more time
- Involving family and other care givers
- Providing staff training about the needs of people with intellectual disabilities
- Accessing expertise about intellectual disability when needed (for example, by engaging with intellectual disability nurses)

Life expectancy

The life expectancy of people with intellectual disabilities has increased significantly during the last century (Patja et al. 2000). The increase in life expectancy for people with Down's syndrome has been particularly marked, from 12 in 1949 to nearly 60 in 2004 (Bittles & Glasson 2004). Reasons for this dramatic shift include reduced childhood mortality and better knowledge, healthcare, advocacy, and services (Yang et al. 2002) (Haveman et al. 2009).

Despite this positive news, life expectancy is still significantly below that of the general population. A government inquiry in England investigated the deaths of 247 people with learning disabilities between 2010 and 2012, the CIPOLD study (Heslop et al. 2013) http://www.bristol.ac.uk/media-

library/sites/cipold/migrated/documents/fullfinalreport.pdf They found that the average age of death was 65 years for men with learning disabilities, and 63 years for women. That is, on average, 16 years younger than the general population. It could be that the shorter life expectancy is due to something related to the learning disability itself. For example, some conditions that cause learning disabilities can also cause significant physical health issues, which may be life-limiting. However, there is mounting evidence that the shorter life expectancy of people with learning disabilities is also due to substantial health inequalities, leading to poorer outcomes (Emerson & Hatton 2013). This includes poorer access to palliative care services. The CIPOLD study found that people with learning disabilities are at risk of premature death that could be prevented by better healthcare provision. For example, the investigations that were needed to diagnose the problem were often not done or posed difficulties. Physicians were more likely to take a 'wait and see' approach. In a quarter of those who went to the doctor or to hospital, the concerns of the person with intellectual disabilities, their family or paid care staff said they were not taken seriously enough by medical professionals. Families of people with intellectual disabilities were significantly more likely than those of people without intellectual disabilities to not feel listened to (Heslop et al. 2013). This finding echoed earlier reports (Michael 2008).

Causes of death

The main causes of death for people with intellectual disabilities are respiratory disease, heart disease and cancer. In the CIPOLD study, cancer accounted for 20% of deaths among people with intellectual disabilities. (In the general population, 29% of deaths are caused by cancer. http://www.cancerresearchuk.org/health-professional/cancer-statistics/mortality)

There is a higher incidence of dementia among people with intellectual disabilities (Strydom et al. 2010). The incidence of Alzheimer's disease is very high among people with Down's syndrome, with around 40% of people with Down's syndrome aged 60 and over suffering from the condition (although exact prevalence estimates vary).

The cancer profile for people with intellectual disabilities is slightly different from the general population, with a higher-than-average incidence of gastrointestinal cancers (Hogg & Tuffrey-Wijne 2008). People with Down's syndrome have a significantly increased risk of leukaemia and a lower risk of many solid tumours, including a lower risk of breast cancer (Satgé & Vekemans 2011).

Palliative care

The palliative care needs of people with intellectual disabilities are, in essence, the same as those of the general population. Who would not want to die a death that is free of pain and other symptoms, or spend time with their family or friends, or be listened to and involved when choices and decisions are made about their care and treatment? However, people with intellectual disabilities often have unique issues, challenges and circumstances that make it much more difficult to meet those needs.

This includes, for example:

- communication difficulties which affect all aspects of palliative care provision
- difficulties around insight and the ability to participate in decision-making
- unconventional ways of expressing signs and symptoms of ill health and distress
- multiple co-morbidities
- complex family and social circumstances
- higher levels of behavioural or psychiatric problems.

The Palliative Care for People with Learning Disabilities (PCPLD) Network was set up in the UK in 1998 to bring together professionals, family carers and paid carers to share best practice and learn

from each other. The PCPLD Network website http://www.pcpld.org/ has invaluable information, links to useful resources and relevant academic articles, to help improve end of life and palliative care provision for people with intellectual disabilities. In 2017, NHS England and the PCPLD Network worked together to produce a useful guidance document for best practice. PCPLD Network and NHS England (2017) Delivering high quality end of life care for people who have a learning disability. Resources and tips for commissioners, service providers and health and social care staff

In 2015, the European Association for Palliative Care published a White Paper http://www.eapcnet.eu/LinkClick.aspx?fileticket=Iym7SMB78cw%3D in order to promote best practice in supporting people with intellectual disabilities at the end of life, setting out 13 important areas of practice and service delivery that are relevant in a wide range of settings, including the family home, independent living arrangements, residential care settings, nursing homes, hospitals and specialist palliative care settings. The White Paper is a useful document which contains aspirational norms, as well as best practice examples and links to useful resources.
Some of the key areas are expanded below.

Equity of access
There is growing evidence that people with intellectual disabilities face significant barriers in accessing health services, including palliative care services (Emerson & Hatton 2013). In 2016, the Care Quality Commission (CQC) carried out a review of inequalities in end of life care https://www.cqc.org.uk/sites/default/files/20160505%20CQC_EOLC_OVERVIEW_FINAL_3.pdf and concluded that people with intellectual disabilities can experience poorer quality of care at the end of their lives because providers do not always understand or fully consider their needs (Care Quality Commission 2016). A CQC briefing on end of life care for people with intellectual disabilities https://www.cqc.org.uk/sites/default/files/20160505%20CQC_EOLC_LearningDisabilities_FINAL_2.pdf highlighted lack of staff knowledge, poor understanding of the Mental Capacity Act, and communication problems as significant barriers to good care.
There is a risk of professionals attributing the signs and symptoms of ill health (which may take uncharacteristic forms of expression) to the intellectual disability itself rather than to the underlying illness – a phenomenon known as 'diagnostic overshadowing' (Reiss & Syzszko 1983).

Poor access to palliative care services may be due to the difficulties in recognising that palliative care is needed. When someone has intellectual disabilities, predicting the need for palliative care can be particularly challenging (Vrijmoeth et al. 2016). This is complicated by the fact that many people with intellectual disabilities have a number of comorbidities, such as epilepsy. Those with congenital conditions may have had complex health problems throughout their lives, so it can be hard to know when life-long and ongoing management of these problems turns into a need for palliative and end of life care.

From talking to many professionals over the years, I have discovered that those working in palliative care services often do not know the population of people with intellectual disabilities in their catchment areas and are therefore unlikely to reach out to them. Among those working with people with intellectual disabilities, there may be a misconception about hospice and palliative care services as being concerned only with the final stages of dying, rather than with helping people to live and cope with the life they have left. It may not be known to families and support staff that palliative care can be provided within people's own homes.

To ensure equitable access to palliative care services, it is important to make 'reasonable adjustments' https://www.gov.uk/government/publications/reasonable-adjustments-for-people-with-learning-disabilities to healthcare services, in order to make them accessible to people with disabilities. In the UK, this requirement is enshrined in law (Disability Discrimination Act 2005). Examples of reasonable adjustments for people with intellectual disabilities include:

- Giving people information that is tailored to their communication needs (for example, providing easy-read materials and pictures, or opportunities to see clinical areas or equipment beforehand)
- Allowing more time
- Involving family and other care givers
- Providing staff training about the needs of people with intellectual disabilities
- Accessing expertise about intellectual disability when needed (for example, by engaging with intellectual disability nurses)

Assessment and control of pain and other symptoms
Pain is often the first indicator of injury and illness, but in a person with intellectual disabilities this warning sign could be easily missed. If a person is unable to communicate with words, pain, and other symptoms (such as nausea, dysphagia, fatigue) may be communicated in different ways. Specific skills of observation, together with a close knowledge of what is normal behaviour for an individual with intellectual disabilities, are needed to pick up signs and symptoms related to the illness. This can only be achieved by close co-operation between health professionals and the person's carers.

Capacity, consent to treatment, and end of life decision-making
The issue of consent to tests and treatments can cause anxiety and confusion among clinicians and carers alike. Clinicians may be reluctant to consider and provide the same range of treatment options for people with intellectual disabilities as for the rest of the population, because of perceived difficulty obtaining informed consent, or for fear of litigation. This is a complicated issue. People with intellectual disabilities may have difficulties with understanding risks and possible treatment outcomes, which require abstract thinking. This can lead to being denied opportunities to give consent.

It is important to understand the law, which is different in different countries. In England and Wales, the Mental Capacity Act (Department for Constitutional Affairs 2005) makes it clear that no-one, not even parents or medical staff, can consent on behalf of an adult who is not competent to give consent. The guiding principle should be that doctors must act in the patients' best interest if they cannot choose for themselves. It may be negligent to withhold treatment because the patient cannot give consent. It is also important to remember that capacity is decision- and situation-specific; in other words, it is possible for someone to have capacity to decide on one aspect of care or treatment at one moment but lack capacity on another occasion or for another decision. It is therefore important to assess capacity for each decision. It is crucial to ensure that the person with intellectual disabilities has access to information in a format he or she can understand.

Communicating about illness, death and dying
Carers and health professionals are often unsure whether they should talk to a person with an intellectual disability about his or her illness, or the illness and impending death of someone close to them. There is a danger of creating a 'conspiracy of silence', where professionals, family and friends all know about the illness and impending death but will not talk about it in the presence of the patient. Reasons for such protection from bad news include “he won't understand”, “the truth is too upsetting”, “I will get too upset”, or “others don’t want him to be told”. However, there is also growing recognition of people’s “right to know”; of the fact that many people with intellectual disabilities cope better if they understand what is happening; and of the need for people to be involved in decision-making about their treatment and care (Tuffrey-Wijne et al. 2013) (Wiese et al. 2013). When it comes to bereavement, staff who work with people with intellectual disabilities tend to talk to them about death *after* the death of someone close to them has occurred, but not beforehand (Ryan et al. 2011).

Talking about illness and dying is never easy – but *not* talking about it does not make the bad news go

away! Comprehensive guidelines on breaking bad news to people with intellectual disabilities can be found here. http://www.breakingbadnews.org/ It is important to consider the person's understanding and capacity; look at all the people involved in the situation; and think about the support everyone needs to help the person with intellectual disabilities understand what is happening.

Families and carers
People with intellectual disabilities themselves have indicated how important it is for them to have familiar people around at the end of life (Tuffrey-Wijne et al. 2007; McLaughlin et al. 2015). It has been shown that a lack of effective carer involvement leads to poorer outcomes for people with intellectual disabilities (Heslop et al. 2013; Tuffrey-Wijne, Abraham, et al. 2016).

Health professionals need to understand the nature of the relationships that the individual with intellectual disabilities has with his or her family, carers, and close friends. Many people who have a life-threatening illness (whether they have intellectual disabilities or not) and their families have a strong need to have some deep and meaningful communication together. People with intellectual disabilities often have a very firm and important place in their social environment, and the impending death will mean a profound loss and a complete change in the family dynamics. In addition, if the person has left the family home to live in another care setting, carers may also have difficulty coming to terms with the impending loss. Health professionals need to be aware of these issues; they may be needed to provide sensitive support and aid honest communication.

Collaboration and support services *
Research and case reports to date clearly indicate that people with intellectual disabilities receive the best end of life support if palliative care services and intellectual disability services collaborate. It is also important to establish who co-ordinates the care of the patient. Effective, pro-active facilities and support services are needed to help everyone manage the situation. It is important to look carefully at staff training needs. Involving palliative care staff to provide training for intellectual disabilities staff, and vice versa, can be very beneficial.

Learning disabilities
NHS England National end of life care programme: The route to success in end of life care - achieving quality for people with learning disabilities

PEoLC Programme
With a clear understanding as outlined above of the impact of uncoordinated palliative care for those with disabilities, the programme will focus on the development of a collaborative, integrated approach to service delivery which enables a holistic approach for individuals personalised to their needs.

Mental Health

People with severe Mental Illness on average have 15 to 20 years shorter life expectancy than the general population[9]. Most of this reduced life expectancy is due to a higher rate of physical conditions such as cardiovascular disease. Some of the drugs used to treat SMI can cause obesity and thus increase cardiovascular risk.

Also, health and care workers supporting people with SMI may not be aware of the associated risks of physical ill health or may not know how to provide support for such conditions and may focus only on

[9] Coffey at al (2022)

an individual's mental health.

All people with SMI should be offered an annual physical health check. This should explore risk factors for CVD such as smoking, obesity and high blood pressure. And where such conditions are found, the person with SMI should be offered appropriate support and treatment.

Unless we deal with this systematically, we will perpetuate the inequality of care experienced by many people with SMI and which is associated with a significant reduction in life expectancy. Mental and physical health should be promoted and supported in a balanced way to achieve both quantity and quality of life for people with SMI[10].

Collaborative, integrated working should be developed across the mental health and end-of-life systems, and ways found to support people to die where they choose. Staff caring for people with severe mental illness at the end-of-life need education, support, and supervision. End-of-life care for people with severe mental illness requires a team approach, including advocacy. Proactive physical health care for people with severe mental illness is needed to tackle problems of delayed diagnosis[11].

Physical Disability

The review of the specific needs and experiences of individuals with long-standing physical disability at the end of life was undertaken by Belperio et al in 2022[12], where five themes were identified:

(1) The significance of place. All participants described how the end-of-life care experience was significantly impacted by the place in which dying occurred.
(2) Knowing the person and their needs. Knowledge and familiarity with the individual with long-standing disability were seen as invaluable in terms of providing continued high-quality care.
(3) Navigating a new care landscape. For disability support workers, struggling to adapt from providing disability support to end-of-life care was difficult.
(4) Complexities of family involvement. Past experiences of families within the healthcare system had resultant impacts on care received by the individual with long-standing disability.
(5) Being prepared. Participants felt more was needed in terms of end-of-life planning and discussions around end of life for this cohort.

This research highlights a significant lack of continuity of care and problems at the intersection of the disability and health systems when providing end-of-life care for this cohort. Suggested areas for improvement from the researchers included team approaches to enable continuity of care and dying in place, and a need for knowledge and skills in this area for all stakeholders.

PEoLC Programme
With a clear understanding as outlined above of the impact of uncoordinated palliative care for those with disabilities, this programme of work will have a key focus on the development of a collaborative, integrated approach to service delivery which enables a holistic approach for individuals personalised to their needs.

Gender reassignment (including transgender): Where a person has proposed, started or completed a process to change his or her sex.

Describe any impact and evidence on transgender people. This can include issues such as

[10] Powis (2019)
[11] Edwards et al. (2021) End of life care for people with severe mental illness: Mixed methods systematic review and thematic analysis.
[12] Belperio et al (2022)

privacy of data and harassment.

The Equality Act 2010 states an individual must not be discriminated against because they are transsexual, when their gender identity is different from the sex assigned to the individual at birth.

People who are transgender or are caring for those who are, may experience barriers to PEoLC services related to assumptions and judgement.

Their experience of care has specific requirements particularly in relation to safe spaces, personalisation and gender identity before and after death. The programme will look at recommendations to ensure that the delivery of the strategy is gender inclusive.

Those working with transgender people at the end of life may be unaware the person life experience and additional experiences because of their transitioned status, and this could impact on their willingness to be open. Transgender people may also have been ostracised by families of origin and rely on other networks of support.

The Last Outing: exploring end of life experiences and care needs in the lives of older LGBT people, found that LGBT people had several concerns related to end of life experiences and care needs. Trans people were concerned that they would be buried under the gender they were assigned at birth.

2021 Census for Coventry and Warwickshire outlined the following for our population:

- Gender identity the same as sex registered at birth = 93.5%
- Gender identity different from sex registered at birth but no specific identity given = 0.2%
- Trans woman = 0.09%
- Trans man = 0.09%
- Non-binary = 0.06%
- All other gender identities = 0.03%
- Question not answered = 6%

According to the recent report by Hospice UK – 'I just want to be me: Trans and gender diverse communities' access to and experiences of palliative and end of life care' staff in the research felt there was a lack of training and understanding on LGBTQ+ issues, and a lack of access to information on providing medical and clinical care to trans people.

Trans and gender diverse people who had accessed palliative and end of life care at times experienced insensitivity from staff, misgendering and confusion over their identity and instances of poor physical care.

It is particularly important when thinking about end-of-life care for trans and gender diverse communities to remember how much of end-of-life care is about supporting the individual and understanding what is important to them.

PEoLC Programme
The importance of education and training for our staff and communities to enable an improvement in care quality for trans people and to increase access to information to support equity of care.

Marriage and civil partnership: A person who is married or in a civil partnership.

Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:

In the Equality Act marriage and civil partnership means someone who is legally married or in a civil partnership. Marriage can either be between a man and a woman, or between partners of the same sex. Civil partnership is between partners of the same sex.

People do not have this characteristic if they are:

- Single
- living with someone as a couple neither married nor civil partners
- engaged to be married but not married
- divorced or a person whose civil partnership has been dissolved

No significant evidence or expectation of current or future inequitable access to, or delivery of, PEoLC at this time.

Pregnancy and maternity: A woman is protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the woman is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. Also, it is unlawful to discriminate against women breastfeeding in a public place.

Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:

In the Equality Act this is described as:

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

PEoLC staff and services will take full account of the additional health and care challenges faced by:

- Mothers with a PEoLC diagnosis
- Babies that are born with life threatening illnesses, who may need end-of-life care in their early years of life.

A key theme of the strategy is to support the collaborative working and integrated approach of health and social care providers within our system and across the region if tertiary care is required.

Race: A group of people defined by their race, colour, and nationality (including citizenship), ethnic or national origins.

Describe race related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:

Ethnicity

BASW Palliative and end of life care for Black, Asian and Minority Ethnic groups in the UK

Care Quality Commission (CQC) (2016) People from black and ethnic minority communities. A different ending: addressing inequalities in end of life care

Public Health England, King's College London, Marie Curie Cancer Care (2013) Palliative and end of life care for Black, Asian and Minority Ethnic groups in the UK Demographic profile and the current state of palliative and end of life care provision

Public Health England, National End of Life Care Intelligence Network (2017) Place of death by ethnic group for people who died from cancer, England 2008 to 2017

Race Equality Foundation (2018) Dementia and end of life care for black, asian and minority ethnic communities

In the Equality Act, this characteristic is described as:

Referring to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Coventry: (2011 Census data)

65.5% White,

18.5% Asian, Asian British or Asian Welsh

8.9% Black or Black British, Black Welsh, Caribbean or African

3.4% Mixed or Multiple ethnic group

and

3.7% of other ethnic groups.

Warwickshire: (2011 Census data)

Stratford on Avon

95.5% White,

1.9% Asian, Asian British or Asian Welsh

0.4% Black or Black British, Black Welsh, Caribbean or African

1.7% Mixed or Multiple ethnic group

and

0.5% other ethnic group.

Warwick

84.6% White,

9.7% Asian, Asian British or Asian Welsh

1.1% Black or Black British, Black Welsh, Caribbean or African

3.0% Mixed or Multiple ethnic group

and

1.6% of other ethnic groups.

North Warwickshire

96.1% White,

1.3% Asian, Asian British or Asian Welsh

0.6% Black or Black British, Black Welsh, Caribbean or African

1.7% Mixed or Multiple ethnic group

and

0.3% of other ethnic groups.

Nuneaton & Bedworth

87.1% White,

8.0% Asian, Asian British or Asian Welsh

1.8% Black or Black British, Black Welsh, Caribbean or African

1.8% Mixed or Multiple ethnic group

and

1.2% of other ethnic groups.

Rugby

85.7% White,

7.6% Asian, Asian British or Asian Welsh

2.7% Black or Black British, Black Welsh, Caribbean or African

2.8% Mixed or Multiple ethnic group

and

1.1% other ethnic group.

There are known inequalities of access to PEOLC services based on race and ethnicity. Evidence indicates barriers include understanding of cultural need, understanding of hospice, perception of palliative care, access to information which is culturally relevant, access to translation and language appropriate.

The PEoLC strategy and programme will include development of service and pathway design to support personalised care and support planning, including cultural needs

It has already been identified that there is a lack of understanding, knowledge, and information about the end-of-life care

- Local communities have limited understanding of available services and pathways
- Some communities feel that end of life care services is ‘not for them’
- Concerns held on whether cultural needs will be met.
- Health and social care professionals are often frightened to approach conversations around advanced care planning with someone from a different community as they are worried, they will offend an individual[13].

Language Barriers

Where there is a language barrier, care providers can be more apprehensive and in fear of ‘offending’ someone and may not convey information they normally would do to a patient with no language barrier.

[13] Monette et al 2021

Access to interpreters is limited and, in many cases, very slow, so this too plays a key part in the barriers that exist for the population and end-of-life care[14].

Religion or belief: A group of people defined by their religious and philosophical beliefs including lack of belief (e.g. atheism). Generally, a belief should affect an individual's life choices or the way in which they live.

Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end of life issues:

Some people may be less likely to access end of life care services due to lack of knowledge of available resources and their beliefs.

Evidence suggests that religious needs are another barrier for access to end of life care. There is a lack of understanding about the religious/cultural rituals associated with end-of-life care and the necessary funeral arrangement requirements that are part of religious/cultural beliefs when a patient is cared for in a health care setting. As a result of this many individuals opt for end-of-life care to be continued at home. Accessing community groups and faith leaders will be an important way to develop further engagement and understanding.

Issues include understanding dietary requirements, religious prayer (and access to the appropriate chaplaincy), release of the deceased body in time for cultural or religious rituals to commence. All these factors contribute to individuals making decisions on end-of-life care. It has been suggested that cultural competency is paramount in helping individuals to make an informed decision and where there is a lack of cultural competency amongst care providers, service users will not access services available[15].

Evidence suggests British Muslims experience unmet needs towards the end of life. Challenges can include limited training of healthcare professionals regarding faith and cultural values and their implications on care plans. In addition, there is a lack of awareness of palliative care services among British Muslims[16].

Providing accessible and culturally appropriate information to the diverse communities of Coventry and Warwickshire and reviewing the education and training needs of our staff are both priority areas within the strategy.

Sex: A man or a woman

Describe any impact and evidence on men and women. This could include access to services and employment:

There is a bias on women to support informal care giving which is a consideration for both carer support needs and compassionate communities workstreams. The strategy delivery plan will reflect appropriate support to family carers

Sexual orientation: Whether a person feels generally attracted to people of the same gender, people of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual).

Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers:

Most documents and literature combine issues around End-of-Life Care and Palliative Care for people who are lesbian, gay, bisexual and trans (LGBT).

[14] D. Silva et al (2016)
[15] Mayeda et al (2019)
[16] j437-muslim-council-report_en.pdf (mariecurie.org.uk)

LGBTQ+
Marie Curie (2016) "Hiding who I am" The reality of end of life care for LGBT people
Marie Curie Palliative and end of life care for LGBTQ+ people
LGBT Foundation End of life care

Sexual orientation for Coventry and Warwickshire population from 2021 Census

- Straight or Heterosexual = 89.8%
- Gay or Lesbian = 1.2%
- Bisexual = 1.3%
- Pansexual = 0.2%
- Asexual = 0.07
- Queer = 0.02
- All other sexual orientations = 0.02%
- Not answered = 7.2%

Barriers to palliative cancer care for the LGBTQ+ community include discrimination, criminalisation, persecution, fear, distress, social isolation, disenfranchised grief, bereavement, tacit acknowledgment, homophobia, and mistrust of healthcare providers. All these factors should be considered through any work in delivering the strategy.

Overview of issues, barriers, and experiences
Being lesbian, gay, bisexual, or transgender (LGBT) is not just about sexual preferences and/or identity. This means that when end of life care is delivered, it must be delivered in a way that embraces the individual's culture and social interests and in a way that does not make assumptions about the individual solely based on their sexual orientation or gender identity.

According to the NHS National End of Life Care Programme report "The route to success in end-of-life care – achieving quality for lesbian, gay, bisexual and transgender people" there is a background of wider social processes that shape the experiences of a person who is LGB or T. While LGBT people and their lives vary enormously, they share a history of oppression and cultural bias in favour of opposite sex relationships (heteronormativity). In other words, health and social care workers may assume a person is heterosexual unless proven otherwise.

The 'unless proven otherwise' aspect often relies on the individual having the confidence to contradict the assumption that the care professional may have made, for example the assumption of asking husband or wife details as opposed to partner.

LGBT people are more likely to have poorer physical and mental health than heterosexual people. The Marie Curie (Hiding who I am, 2016) report points to research suggesting that LGBT people have a higher incidence of life-limiting and life-threatening disease than people who are not LGBT. The risk of smoking and alcohol abuse is higher among LGBT people, and is attributed to stress from homophobia, discrimination, transphobia, and marginalisation.

Discrimination has a significant impact on health and wellbeing outcomes for LGBT people. Williams et al (2013) points out that LGBT people are less likely to engage with health interventions and screening programmes if they are not explicitly recognised by the service.
LGBT people may also experience barriers to palliative care because they are:

- Three times more likely to be single.

- Far more likely to be estranged from their birth families
- Less likely to have children.
- Significantly more likely to experience damaging mental health problems.

Issue: Anticipating discrimination
People access palliative care services later or not at all, either because they anticipate stigma or discrimination, or they think the service is not for them. Stonewall reports that three in five older gay people are not confident that social care and support services will be able to understand and meet their needs.

People approaching the end of life are among the most vulnerable in our communities. This vulnerability can be made worse if people fear that services might not understand their needs related to their sexual orientation or gender identity. These fears are based on real experience.

Older LGBT people have lived through times when identifying openly as lesbian, gay, bisexual, or trans could mean, for example, being arrested, being defined as mentally ill and in need of treatment, or losing one's job, family, or children.

It should be noted that lesbian, gay, bisexual and trans people do not all experience the same kinds of discrimination; a 'one size fits all' approach will not work; for example, some bi-sexual people report encountering discrimination within lesbian and gay support networks and communities; trans people face significant difficulties when accessing services where staff lack an understanding and lack of cultural competency around trans issues.

hiding-who-i-am-the-reality-of-end-of-life-care-for-lgbt-people.pdf (mariecurie.org.uk) in this 2016 report by Marie Curie evidence was published that concluded "LGBT people access palliative care services later than non-LGBT people because they anticipated discrimination". Palliative care services and end of life care improves quality and length of life, reduces emergency admissions to hospital and the likelihood of dying in hospital.

Issue: Carers - Increased pressure on LGBT carers
Marie Curie report (Hiding who I am) concluded "that it is likely that LGBT people have a significantly worse experience of dying than non-LGBT people. It is also likely that this reluctance to access palliative care means there is increased pressure on the informal carers of LGBT people."
If LGBT people are delaying or refusing access to health and social care support at home at the end of life, it may also mean they are relying heavily on family and friends to provide informal care. Whilst such care is a vital part of palliative and end of life care, informal care without adequate support from health and social care professionals can put immense strain on people. 82% of carers say that caring has a negative impact on their health and 55% say their caring role has contributed to depression.

Issue: Assumptions
Most of the research and publications reviewed cited that health and social care staff often make assumptions of heteronormativity (an assumption of heterosexuality unless otherwise stated) or gender identity (Trans people report that they are often referred to by the pronouns of their birth gender, asked insensitive questions about being trans or even outed as trans in front of other patients and staff). These assumptions will have an impact on their experience of palliative and end of life care.
A survey by Stonewall revealed that 57% of health and social care professionals said a person's sexuality had nothing to do with their healthcare. This can lead to an avoidance of conversations about sexual orientation and gender identity or assuming heterosexuality.
If LGBT people are under-represented in images and language in information leaflets and posters this

can make LGBT people feel excluded and may be contribute towards perpetuating stereotypes that hospices are only for white middle-class families.

Issue: 'Coming out'

Coming out is the process of telling people you are lesbian, gay, bisexual and/or transgender. This is something that LGBT people must make choices and decisions about on a regular basis.

For older LGBT people it is important to understand that they lived through a time when same-sex relationships were pathologized and, for gay and bisexual men, illegal. LGBT people will have experienced prejudice, harassment, and negative attitudes, which contributes to the fear and potential reluctance to disclosing their sexual orientation or gender identity, particularly if they are not assured of a 'safe space'.

All too often the experience of LGBT people has been that health and care settings are not safe spaces within which to disclose important aspects of their identity nor a place to demonstrate affection towards their partner as a time when they may feel more vulnerable.

It is important that those staff involved in providing care understand not simply that people might have different sexual orientation or gender identity, but also that with sexual orientation/gender identity comes different historical experiences. Past experiences will inform expectations of how they might be treated which affects the coming out conversations.

Issue: Support/family network

As a result of disclosure or coming out, relationships with family may have become strained and distant. Significant research content was found on the support network that LGBT people might choose to surround themselves with (close friends and support groups). However, there is a risk that the significance of 'friend' relationships is not recognised before and after death. This could result in a person or group, their relationship with the dying person and their grief going unrecognised. Service providers need to understand and support LGBT people by acknowledging, respecting, and involving those most important to the individual, and this may or may not include the family of origin.

A survey carried out by Stonewall (2011) found that LGBT people over 55 were more likely to live alone and less likely to have regular contact with biological family members. The results of the survey went on to comment that whilst this is likely to mean that there is a need for formal support and care services in later life, that this same cohort lacked confidence that public services would meet their needs.

Staff training should include understanding how to support conditional family relationships, such as might be experienced by trans people. For example, a trans woman who wants to maintain contact with her daughters and grandchildren is only able to do so if she reverts to being their 'Dad' and 'Granddad' in their company.

Continued access to LGBT networks and links it was identified as of important by LGBT people if/when they were dependent on others for daily assistance.

Issue: Next of Kin/Partners and Unsupported Grief and Bereavement

This is an important aspect identified by many LGBT people; in The Last Outing: exploring end of life experiences and care needs in the lives of older LGBT people srcc-project-report-last-outing.pdf (nottingham.ac.uk) A 2015 study found that LGBT people had a number of concerns related to end of life experiences and care needs:

• Respondents felt advance care planning and being able to nominate 'important others' as next of kin was particularly important for many LGBT people.

• Some issues distinct to LGBT people were highlighted such as providing protection to partners who might not otherwise be recognised.

• 82% agreed that it was particularly important for LGBT people to make and record plans for future care.

Respondents also raised concerns that they did not know who to nominate in decision making roles due to the people closest to them being the same age as them or due to the fact they were socially isolated.

LGBT people were concerned that someone close to them could be denied visiting rights and information because they might not be seen as the next of kin. It needs to be made clear that nominating a next of

kin, can include same-sex partners or significant friends.
Service providers should understand that LGBT people might experience both the same barriers to completing advance care plans and Lasting Powers of Attorney reported for the general population - such as feeling daunted by the paperwork or costs involved and not wanting to think about or plan for the end of life. Additional issues include not knowing who to nominate in decision making roles due to their personal networks comprising people of the same age or ongoing social isolation.
The Last Outing: exploring end of life experiences and care needs in the lives of older LGBT people srcc-project-report-last-outing.pdf (nottingham.ac.uk) A 2015 study found that LGBT people had a number of concerns related to end of life experiences and care needs:
• A particular concern that was raised was people were concerned that their wishes were not going to be respected after their death, for example having their partners / friends excluded from their funerals.
• Survey and interview respondents report that advance care planning is important for LGBT people. Motivations to complete advance care plans include some issues similar to those reported for the general population such as not placing burdens on others but also distinct issues such as providing protection for partners and significant others who might otherwise not be recognised.
• Having one's wishes respected after death was a particular concern. Respondents gave many anecdotal stories of LGBT people they knew who had died and whose partners and/or friends had been excluded from the funerals by families of origin. For trans people, particular concerns are expressed about being buried by family of origin under their birth gender, despite knowledge of legal protection of one is acquired gender identity – concerns here are not only about being cared for and dying where one wishes but to be buried as one wishes

Issue: The Mental Capacity Act (2005)
Service providers should pay particular attention to the Mental Capacity Act for LGBT people, as this allows a person to make decisions in advance of losing capacity.
This can include nominating someone as a Lasting Power of Attorney, identifying who they want to share information with and who they want involved in their care. The Mental Capacity Act also provides legal redress where this does not take place. Such decisions about wishes and preferences for care are best recorded in writing in an advance statement. Equally, decisions need to be made throughout the end-of-life care pathway.

Issue: Religion
Like heterosexual people, LGBT people may have religious or spiritual needs. There is anecdotal evidence that suggests that palliative and end of life care services may not always ensure that these are addressed for LGBT people at end of life as they are for other patients. Gay men may be concerned that they will be treated with hostility by church affiliated providers of hospice care. Service providers should seek to:

- Demonstrate that they are a welcoming and safe place for all patients.
- Enable LGBT people access to spiritual and religious support as required.

Issue: Dementia and LGBT people
Whilst there is no comprehensive evidence about the rates of LGBT people and dementia, the Alzheimer's Society suggests that some typical symptoms of dementia may be experienced differently for those who are LGBT. For example, as dementia progresses, older memories are likely to stay with someone longer than newer memories, meaning that some people, particularly those who are older, may recall many memories from a time before they were out. Some LGBT people with dementia may also experience memory problems, making it harder to recall who they have or have not disclosed their sexual orientation or trans status to. Some people can also become confused about their sexuality or gender, just as people of any sexuality or gender may be about other matters such as recognising partners or children. Some carers can use this confusion as a reason to ignore LGBT patients' gender identity or sexual orientation.

Some further challenges identified by the Alzheimer's Society include:

- LGBT+ people with dementia who have faced discrimination or stigma may feel forced back into the closet, or their dementia could mean they feel they are still living in those times.
- Trans people with dementia may go back to a time before they transitioned, which can be distressing and confusing.
- Some LGBT+ people may feel isolated as they may have no long-term partner or family to support them.

Advance care planning is particularly important to LGBT people to ensure their relationship with their loved one(s) is recognised and their identities and wishes are respected.

These identified areas will be reflected in the development of the strategy, delivery plans and in particular the review of education and training available within the system.

Carers: A person who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support

Describe any impact and evidence on part-time working, shift-patterns, general caring responsibilities:

A PEoLC diagnosis will often place an extra burden on the role of friends and family as informal carers. The Strategy's Delivery Plan will aim to better support carers by working with communities in the Compassionate Communities Workstream and focusing on Carer Support

- Earlier, more comprehensive care and crisis planning
- Involving carers more in the care planning process
- Signposting/referring carers to relevant support services e.g. Carer's Trust, respite care, VCSE (Voluntary, Community and Social Enterprise) support organisations
- Bereavement Support

Other disadvantaged groups:

Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)

- lower socio-economic status,
- resident status (migrants, asylum seekers),
- looked after children,
- single parent households,
- victims of domestic abuse,
- victims of drugs / alcohol abuse
- Boater community
- Traveler community

Homelessness

Care Quality Commission (CQC) and Faculty for Homeless and Inclusion Health (2017) A second class ending. Exploring the barriers and championing outstanding end of life care for people who are homeless
Frontline Network St Mungo's How to support individuals and end of life care needs
Government Statistical Service UK official statistics on homelessness: Comparisons, definitions, and processes
Hospice UK (2018) Care committed to me
Office for National Statistics (2020) Deaths of homeless people in England and Wales
St Ann's Hospice Homelessness and palliative care – the film
St Ann's Hospice Homelessness and palliative care: how can we improve equity of care?
St Mungos & Marie Curie Cancer Care (2017) Homelessness and end of life care. Practical information and tools to support the needs of homeless people who are approaching the end of life and those who are bereaved
The University of Sheffield and Crisis (2012) Homelessness kills

Homelessness Statistics
Between April to June 2022:
• 72,210 households were initially assessed as homeless or threatened with homelessness and owed a statutory homelessness duty, up 1.3% from April to June 2021.
• 33,570 households were assessed as being threatened with homelessness, and therefore owed a prevention duty which is up 5.1% from the same quarter last year. This includes 5,940 households threatened with homelessness due to the service of a Section 21 notice to end an Assured Shorthold Tenancy – an increase of 75.7% from the same quarter last year. This may partially reflect the removal of restrictions on private rented sector evictions from May 2021 that were in place the same quarter last year.
• 35,610 households were initially assessed as homeless and therefore owed a relief duty, down 0.9% from the same quarter last year. Households with children owed a relief duty increased 14.1% from the same quarter last year to 9,820 households in April to June 2022.
• 11,810 households were accepted as owed a main homelessness duty, up 16.5% from April to June 2021. This reflects the increase in households with children owed a relief duty this quarter (14.1%) and last quarter (24.7%) compared to previous year.
• On 30 June 2022, 94,870 households were in temporary accommodation, which is a fall of 1.0% from 30 June 2021. Households with children fell by 0.8% to 59,500, and single households fell by 1.3% to 35,370. Compared to the previous quarter, the number of households in temporary accommodation fell 0.1%.[17]

Homeless people are reported to have more health problems than the general population. Many die young and records in England and Wales between 2013 and 2017 showed that the average age at death was 42 years for homeless women and 44 for homeless men. This was much lower for the general population. Homeless people are at a higher risk of multiple health problems – sometimes referred to as tri-morbidity and do not have access to a regular GP. As a result of this they often end up having a health problem treated in Accident and Emergency departments rather than receiving regular care and access to available services or building relationships with healthcare providers who may be able to help them access services and plan their long-term care needs.

Marie Curie provides information on some of the barriers that exist for **homeless people**, explaining how they do not have the opportunity to access end of life care when compared to those that are not homeless - Caring for homeless people at the end of life (mariecurie.org.uk).

[17] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1119847/Statutory_Homelessness_Stats_Release_Apr-Jun_2022.pdf

The CQC also offers information on the barriers faced by homeless people and examples of good practice - 20160505 CQC_EOLC_Homeless_FINAL_2.pdf.

Key barriers for Homeless people:

- Access to health care provisions and therefore access to identification of end-of-life care needs
- A lack of awareness of the number of homeless people locally
- Potentially, homeless people who are dying have complex health care needs, some maybe due to substance addiction and misuse, and complex mental health problems. These needs are difficult to meet in hospices and so individuals often end up being cared for in a hostel. Which is not ideally equipped for End-of-Life support

Prisoners

Ambitions for Palliative and End of Life Care Partnership (2018) Dying well in custody charter. A national framework for local action
Centre for Policy on Ageing (2016) Diversity in older age – Older offenders
Hospice UK (2021) Dying behind bars. How can we better support people in prison at the end of life?
Ministry of Justice Safety in Custody quarterly
Prisons and Probation Ombudsman for England and Wales (2013) Learning from PPO Investigations: End of life care
Public Health England (2017) Health and social care needs assessments of the older prison population. A guidance document

Key Barriers for prisoners

- The following article explores barriers within prison systems - End of Life Care in Frailty: Prisons | British Geriatrics Society (bgs.org.uk)
- A key issue is that a high proportion of older prisoners are convicted sex offenders, which is bourne out in Warwickshire. Nationally this amounts to 45% of the over-50s and 87% of the over-80s prisoners. Because of the nature of their offences and often a lack of social support outside prison, early release on compassionate grounds is usually not an option for this group, so end of life care may have to be delivered in the prison setting

End of Life suites/cells have been created in our local Prison to support those prisoners at End of Life

Refugees /Asylum seekers /Migrant workers

For people whose first language is not English, there may be communication difficulties e.g. for refugees, asylum seekers, and migrant workers, who may need an interpreter.

Key barriers for Asylum seekers
As of June 2021, the total 'work in progress' asylum caseload consisted of 125,000 cases (Source: Asylum statistics - House of Commons Library (parliament.uk)

The key barriers for asylum seekers having access to end-of-life care are as follows:

- A lack of knowledge of services and how to access them
- A fear of being financially charged and feeling they will not be able to afford care
- Unaware of what they are entitled to
- The inability to communicate in English
- Not registered with a GP and so do not have a GP record or rapport with health care professionals to help plan end of life care in advance.

The following study looks at the perceptions of asylum seekers in accessing health care and exploring the barriers that exist for them. It considers barriers such as, language, socio economic status and paying for medication, their knowledge and understanding of what they are entitled to, and access to information - Asylum seekers' and refugees' experiences of accessing health care: a qualitative study (bjgpopen.org).

For all the groups above consider challenge of access to GP, PEoLC and other health care services. Barriers related to place and ability to contact, history of trauma informing perception of health service, co-morbidities, and lack of joined up care, access to suitable carers or appropriate place of care

Digital Accessibility

Healthcare services are increasingly using digital methods for people to access care. This could create challenges for people with disabilities, low digital literacy, or people who do not have devices or connectivity to use these services. Online forms are an additional barrier to some people (for example those with communication or dexterity difficulties) in accessing healthcare. These factors may lead to some groups of people becoming less likely to seek help.

Actions

- Ensure there are always face-to-face and/or phone alternatives to digital options
- Other actions as relevant to the scheme/services involved

3. Human Rights		
FREDA Principles / Human Rights	**Question**	**Response**
Fairness – Fair and equal access to services	How will this respect a person's entitlement to access this service?	The PEoLC Strategy will help to ensure an increase in available information to our diverse communities regarding pathways, collaborative, integrated working, and service availability for health, social and third sector providers. **This links to Ambition 2: each person gets fair access to care**
Respect – right to have private and family life respected	How will the person's right to respect for private and family life, confidentiality and consent be upheld?	Usual ICB, Local Authority and or Provider Policies relating to respect and consent will be applied. Working with a systemwide vision in line with information governance leads and safeguarding policies to uphold these rights in palliative and end of life

		care. **This links to:** **Ambition 1: each person is seen as an individual;** **Ambition 2: each person gets fair access to care;** **Ambition 3: maximising comfort and wellbeing;** **Ambition 4: care is coordinated; Ambition 5: all staff are prepared to care**
Equality – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	See section 2: we have identified our underserved communities through engagement, co-production and research and are working with communities towards equity of access to PEoLC and equity of care quality. **This links to Ambition 1: each person is seen as an individual and Ambition 2: each person gets fair access to care.**
Dignity – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	Usual ICB, Local Authority and or Provider Policies relating to respect and consent will be applied. We will work with safeguarding leads and the quality team as well as stakeholders across the system to ensure we have clear lines of feedback for complaints and compliments to support culturally appropriate personalised palliative and end of life care which promotes dignity. **This links to Ambition 2: each person gets fair access to care;** **Ambition 3: maximising comfort and wellbeing**

Autonomy – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	Promote a shared decision-making approach to advance care planning to support those thought to be approaching the end of their life and those important to them to be making informed decision and choices for their care. DOLS (Deprivation of Liberty Safeguards) will also be considered in all areas and patient relatives/carers or advocates involved as appropriate. **This links to:** **Ambition 1: each person is seen as an individual, in particular the building blocks of honest conversations, clear expectations and helping people take control.**
Right to **Life**	Will or could it affect someone's right to life? How?	The PEoLC Strategy will not impede reasonable exploration of clinical options to treat an individual, this will be promoted with a shared decision-making discussion which is personalised to the individual and those important to them to improve the quality of care.
Right to **Liberty**	Will or could someone be deprived of their liberty? How?	Deprivation of liberty would only be sought in individual circumstances where this was clinically appropriate, the PEoLC Strategy would not impact on these pathways, but would seek to support early advanced care planning, so for example people diagnosed with dementia could be involved in their care planning whilst they still have capacity.

4. Engagement, Involvement and Consultation

If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:		
Engagement Activity	**Protected Characteristic/ Group/ Community**	**Date**
Coventry and Warwickshire LGBTQi support group - we met with this group to discuss the development of the ICP strategy, the group discussed and shared feedback about Palliative and End of Life Care and the importance of having cultural awareness included in as part of the strategy.	LGBTQi, race, religion, sex, gender	Thursday 8th September 2022
Roots Connecting communities – a community group from the black African and Caribbean community took part in a discussion about the strategy and what this meant to their community.	Race, religion, sex, age, carers	Tuesday 27th September 2022
Health Equity Group, Warwickshire - we spoke to people in Nuneaton about the strategy and one lady shared her story about her husband who was diagnosed with stage 4 cancer, she couldn't get hold of morphine, the nurses were only visiting once a week and now he is in End-of-Life care - staff were off sick with Covid, had to collect medication 5 miles away. She strongly recommended there needs to be a more joined up approach across services to support people and their families as the person approaches End-of-life care.	Race, religion, age, sex	Tuesday 25th October 2022
The Lions Charity in Coventry held a partnership event with the ICB to raise awareness about diabetes, we took the opportunity to talk to people about the strategy and one person told us that her late husband who was at End-of-life care and all the services involved were very good.	Age, sex, religion, race, carers, disability, gender reassignment, maternity	Sunday 20th November 2022
Coventry and Warwickshire Prostate Cancer Support group, this group was very positive about the strategy and have agreed to share a case study relating to Palliative and End of Life Care as well as be part of a Task and Finish group to review some patient stories which are to be	Race, religion, age, sex, disability	Tuesday 22nd November 2022

included in the strategy.		

For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g. patient told us …. So, we will ….):

- Cultural awareness and training should be accessible for all staff involved in Palliative and End of life care.
- We need a more joined up approach across services to support people and their families as the person approaches End of Life care.
- Supporting information for families and relatives needs to be made easily accessible and in different languages
- Set up a Task and Finish group to be involved in the development of the strategy from a patient and public perspective.

Further 8-week engagement has been undertaken in 2023 June & July, the feedback collated, and links made during this engagement will enable strong foundations of collaboration and co-production with some of our underserved communities, for example we have worked with HMP Rye Hill and the Coventry Muslim Forum, among others. We plan for continued engagement and co-production with the people of Coventry and Warwickshire throughout the life of the strategy.

5. Mitigations and Changes

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.

General Actions:

- Ensure communication content is inclusive
- Review, and where appropriate, act on national evidence-based research and data
- Not rely on family to deliver sensitive and important information about end-of-life care to a patient
- Consider challenges in access to GP, PEoLC and other health care services, for all groups and communities
- Ensure all staff equality training is up to date to facilitate cultural competency throughout the system

Age:

- Relevant data needs to be captured to understand the key areas for a service provision review to meet the needs of an ageing population.
- Develop a stronger emphasis on identification of those thought to be in the last 12 months of life for adult patients, advanced planning and decision making with patients and those who matter to them.
- Review service provisions for infants, children, and young people, including transition to adult services
- Ensure paediatric as well as adult PEoLC services are clear to relevant groups

Disability:

- Ensure for people with a learning disability consideration is given to communication, facilitating decision making, access, multiple co-morbidities, and staff training

- Training and support should be available for all carers involved in end-of-life care
- Relevant data needs to be captured to understand the key areas for a service provision review to meet the needs of disabled population regardless of age
- Develop a stronger emphasis on advanced planning and decision making
- Explore how intersectionality can support/inform service improvements in the future moving forward
- Making reasonable adjustments
- Work closely with social care team and ensure there is flexibility in care packages so that patients can return home where possible (if desired)
- The programme will address the specific requirements for people living with these disabilities working closely with the LeDeR review team to ensure learning from reviews is shared and actioned
- Ensure all service locations are reasonably accessible for patients with mobility challenges
- Where reasonable, home visits, virtual contacts etc. taking account of patient's wishes
- Ensure appropriate home adaptations including use of Disabled Facilities Grants funding

Sexual Orientation/Trans:

- Ensure that **organisational commitment** to LGBT people extends to both employees and service users.
- Review religious practices and procedures through an LGBT lens.
- Review bereavement/grief support work through an LGBT lens.
- Consider the role of carers, and increased pressure on informal carers and how the service supports, communicates, and involves them.
- Ensure that the review covers and engages with full range of representatives (i.e., people who are Gay, Lesbian, Bi-sexual, Trans, and non-binary)
- Review promotional and advertising material for inclusivity.
- Review policies and procedures (for example, recruitment and other employment practices)
- Review content of staff training
- Communication and information – language used.
- Healthcare providers should have in place a clear policy on confidentiality. This should include details about how a situation should be handled if an individual decides to 'come out', for example finding out whether the person is happy for the information to be included in their care plan and whether they are comfortable with other people knowing they are 'out' and having access to the care plan.
- Respect individuals' preferences regarding disclosure of sexual identity or gender history.
- Service Delivery policies and procedures make specific reference to needs of LGBT people and how they will provide an inclusive service.
- Anticipating potential discrimination
- Have clear statements within policies and procedures on discrimination and 'anti' or zero tolerance approach, covering both role as employer and service provider.
- Policies should be developed to require staff to report any incidences of discrimination by staff or other residents.
- Having a clear policy on confidentiality which includes how a situation is handled if a person comes out and how / if the person wants this included in their care plan.
- Promoting a positive learning culture so that instances of care can be reflected on and learnt from.
- Closer partnership working among all stakeholders to ensure LGBT people are involved in service review and development and that models of good practice are shared.
- Under-representation or invisibility of LGBT people in the language and images used by a service provider in their leaflets, posters, marketing material can add to LGBT people feeling unacknowledged

or invisible. This fuels unhelpful perceptions – for example, that hospice care is for white, middle-class families.

- The 2018 LGBT Foundation Pride in Practice Patient Survey also found that LGBT patients were 24% more likely to share their sexual orientation with healthcare professionals and trans patients were 21% more likely to share their trans status when services displayed LGBT posters.
- Welcome packs should contain contact details of local LGBT organisations and support networks.
- Service providers should positively market themselves as being LGBT friendly places (through use of and displaying LGBT symbols and images) so that positive messages are given out and that LGBT people will feel that they will be welcomed in these environments. They should aim to promote themselves as a Safe Place – both for service users and staff.
- Provide staff with explicit markers of inclusion (such as rainbow lanyards/pin badges).
- There should be active engagement with the LGBT community by End-of-Life care services.
- It is important that LBGT people can access advice and advisors to make plans with someone who understands the diversity and issues they have/might face. Staff should be trained to understand LGBT issues; this should be regularly updated. The training content should include:
    - How to avoid heterosexually framed, assumption loaded questions – promoting inclusive language to not inadvertently make someone feel as if they must reveal their gender identity or sexual orientation.
    - How to sensitively explore identity, relationships and identify key important people in their life (next of kin, partners, friends, and wider networks).
    - Understanding of the historical and social context that older LGBT people will have lived through (to gain a better understanding of the fears and concerns they may have).
    - Exploring unconscious bias, stereotyping, attitudes and understanding of sexual orientation and gender identity.
    - How to provide sensitive, consciously inclusive, and appropriate care services which acknowledges and involves an individual's partner or chose family.
    - Confidentiality, Gender Recognition Certificates, and the Mental Capacity Act.
    - One crucial point made was that LGBT people needed access to advice and advisors to make plans, who would understand something about the diversity of LGBT lives.
    - Raising awareness of unique issues faced by LGBT people, their family, and carers and how these impact on end-of-life care. It should be recognised that the 'treat everybody the same' approach can sometimes exacerbate inequality.
    - Implement the NHS Sexual Orientation Monitoring standard.
    - People's sexual orientation with consent should be recorded and considered in any assessment given, and care provided if there are needs not addressed

Dementia:

- Encourage advanced care planning at the early stages of diagnosis
- Work closely with System Dementia leads to ensure due consideration is given
- Signposting to Alzheimer Society which has the specific publication LGBTQ+: Living with dementia | Alzheimer's Society (alzheimers.org.uk)

Race:

- Engage proactively with the whole of their local community to better understand and meet people's needs.
- Ensure access to interpreters is available when needed.

- Leaflets and information are not only handed out, but a verbal discussion from health care professionals to be given prior to this, as some cannot understand the content of leaflets – if need be, ask an interpreter to explain.
- Not rely on family to deliver sensitive and important information about end-of-life care to a patient
- Training for all staff delivering end of life care to become culturally competent.
- Interpreters provided so that language conversion is appropriate
- Ensure all staff equality training is up to date to facilitate cultural competency throughout the system
- Ensure cultural and religious needs for Minority Ethnic people are considered, addressed, and continue to develop work to address lack of knowledge and information about end-of-life care
- Ensure we have access to translation services at end-of-life care to address potential language barriers and consider the written word leaflet usage and website narrative.

Religion:

- Care providers to be aware of religious and cultural needs from the very beginning so that when information about end-of-life care is discussed, these factors are considered, and the best advice can be given for patients and families to make an informed decision throughout
- Provision of chaplaincy services appropriate for all religions
- Better community engagement between commissioners, local health care providers and community groups.
- Ensure all staff equality training is up to date to facilitate cultural competency throughout the system
- Religious rites, care of the body, burials etc. may vary across cultures and awareness and an empathic approach are essential

Homeless:

- Intervention by health care workers to be provided earlier on so that the necessary care plans can be accessed and provided.
- Better relationships between health care workers and homeless people
- A greater understanding and acknowledgement of the local homeless population by healthcare workers

Asylum Seekers:

- To improve access to literature in the preferred language so individuals understand what end of life services are available
- Interpreter services to be readily available as necessary
- Primary care providers to explain and inform asylum seekers what they are entitled to so that they have access to end of life care early on
- Better community engagement though local places of worship or community centers
- Identify those not registered with a GP
- Ensure all staff equality training is up to date to facilitate cultural competency throughout the system
- Ensure we have access to translation services at end-of-life care to address potential language barriers and consider the written word leaflet usage and website narrative.

Prisons:

- Continue to develop links with the Prison Service locally to establish ongoing needs around PEoLC care support

Digital Accessibility:

- Ensure there are always non-digital care options from those without internet access

- Adhere to the ICB policies around Digital inclusion
- Ensure there are always face-to-face and/or phone alternatives to digital options

6. How will you measure how the proposal impacts health inequalities?

e.g. Patients with a learning disability were accessing cancer screening in substantially lower numbers than other patients. By revising the pathway, the ICB is able to show increased take up from this group, this is a positive impact on health inequalities.

You can also detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract.

What health inequalities already exist?
Collation of data in relation to palliative and end of life care and health inequalities is inconsistent across the country.

As part of the Strategy development, we have scoped the metrics which as a system we would like to collate so we can better understand issues of utilisation of services by our under-served communities and data quality.

Will your proposal have negative or positive implications on health inequalities?
We are working with system partners to drive towards a positive outcome, through highlighting the inequity which exists in our system and how we can design and deliver services to reduce health inequity, e.g. poverty proofing work programme

What can you do to mitigate any identified health inequalities?
We are looking at links through to health, social and community support and have already through the strategy development made links with Citizen's Advice Bureau and the Carer's Trust to review areas of need such as finances as well as reviewing the rural and fuel poverty for which we are an outlier in Warwickshire.

7. Is further work required to complete this assessment?

Please state what work is required and to what section. E.g. additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g. disability).

No further work required on the assessment at this point

The EQIA will be reviewed again if/as necessary based on significant insight from the following:

- Next, and any further, rounds of communication and engagement activities
- Reviews of the PEoLC data
- Any feedback from Clinicians delivering PEoLC Services
- Changes to NHSE and/or NICE guidance on PEoLC Services

Work needed	Section	When	Date completed
e.g. Further engagement with disabled service users to identify key concerns about accessibility of the service.	2. Disability	June – July 2020	July 2020.

8. Sign off

The Equality Analysis will need to go through a process of **quality assurance** by a Senior Manager within the department responsible for the service concerned before being submitted to the Policy, Procedure and Strategy Assurance Group for approval. Committee approval of the policy / project can only be sought once approval has been received from the Policy, Procedure and Strategy Assurance Group.

Requirement	Name	Date
Senior Manager Signoff	 TRACY PILCHER	13/9/2023
Which committee will be considering the findings and signing off the EA?	Coventry and Warwickshire ICB: QSEC (Quality, Safety and Experience Committee) & Governing Board The PEOLC Partnership Board	
Approved by the Policy Procedure and Strategy Assurance Group.		

Minute number (to be inserted following presentation to the committee)	

Once complete, please send to the ICB's Governance Team.

This page is intentionally left blank

Coventry and Warwickshire
Integrated Care System

Coventry and Warwickshire Palliative and End of Life Care Strategy

2024-2029

September 2023

Kathryn Drysdale & Jamie Soden –
Coventry & Warwickshire ICB

What is Palliative and End of Life Care?

- Palliative care is about improving the quality of life of anyone facing a life-limiting condition. It includes physical, emotional, social and spiritual care as well as practical support.

Palliative and End of Life Care involves communities supported by health and social care professionals and organisations working together, to provide physical, emotional and spiritual support for the individual and those who matter to them.

- End-of-life care is the treatment, care and support for people who are nearing the end of their lives. It is an important part of palliative care and aims to help people live as comfortably as possible in their last months, weeks or days of life and to die with dignity.

- We want our people of Coventry and Warwickshire to live as well as possible for as long as possible.

Coventry and Warwickshire
Integrated Care System

- Coventry and Warwickshire Palliative and End of Life Care Strategy is a 5 year all age Strategy 2024-2029
- 5 priorities have been identified
- The Strategy will have an accompanying initial 2-year Delivery Plan and Equality Quality Impact Assessment
- On-going co-production with a systemwide engagement June - July 2023

Coventry and Warwickshire
Integrated Care System

Our Priorities:
What we want to do

1. Provide **information** which focuses on identification, early intervention and support for people with palliative and end of life care needs.
2. **Access** to timely palliative and end of life care with support throughout, for all of our diverse communities.
3. **Support** people diagnosed with a life limiting condition and those who matter to them, carers and communities.
4. **Improve** the quality of personalised care and support planning for people with palliative care needs, including planning for the end of life, through education and training for all.
5. Deliver a **sustainable** system of integrated palliative and end of life care.

The National Framework: Ambitions for Palliative and End of Life Care

To support people to plan and consider wishes and preferences for their end-of-life care and treatment, we have a national framework to support the delivery of care: Ambitions for Palliative and End of Life Care.

The Ambitions Framework sets out 6 key areas of focus:

01 Each person is seen as an individual

02 Each person gets fair access to care

03 Maximising comfort and wellbeing

04 Care is coordinated

05 All staff are prepared to care

06 Each community is prepared to help

How the strategy was developed: Engagement

We **co-produced** this strategy speaking to the people of Coventry & Warwickshire:

- Those diagnosed with a life limiting condition
- Their carers and loved ones
- People who had been bereaved

We **engaged** with stakeholders from across Coventry & Warwickshire, including NHS providers, councils, community leaders & third sector providers

We held a full engagement on the draft strategy between **June-July 2023** and produced a 'You Said We Did Report' main themes identified:

- Language & Layout
- Workforce Mapping
- Access to services

We held a series of **meetings, group discussions and surveys** where we discussed:

- What matters most
- Challenges and Opportunities
- Priorities

Engagement

We reached out to:

Over

1,600

people

including patients, the public, health, social and third sector professionals.

Over

300

organisations

across Coventry and Warwickshire.

We directly spoke with:

Over

30

different community

groups and health and social care organisations via face to face or small group meetings.

A series of public and stakeholder surveys have been completed with a total of

239

responses

from across the system

Coventry and Warwickshire
Integrated Care System

Health Inequalities in Coventry and Warwickshire

Actions we will take to promote Health Equity in Palliative and End of Life Care

We value the importance of fair access to care for our differing Communities.

We are determined to take actions to reduce health inequalities being experienced by our most vulnerable people.

We have identified the challenges we want to tackle and the actions we will take in all of our work across all ages to enable this to happen.

Coventry and Warwickshire Integrated Care System

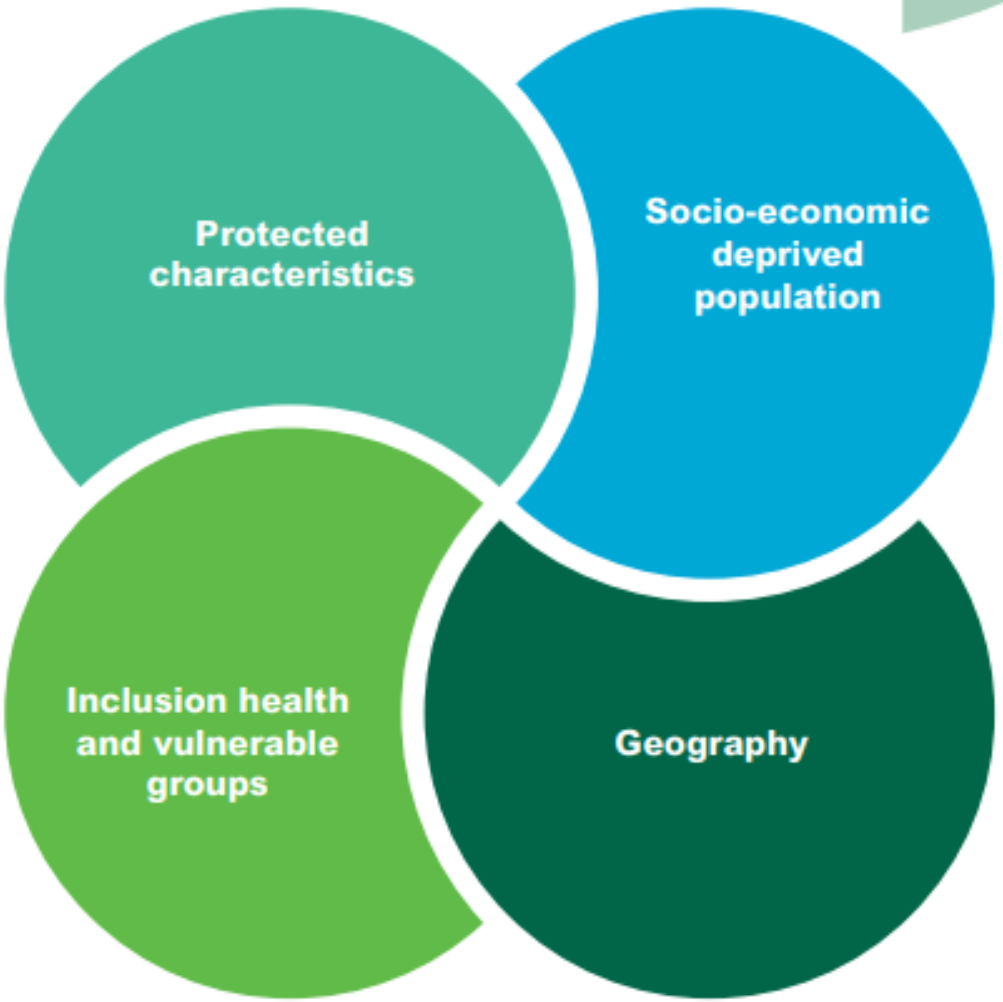
Health inequalities are unfair differences in health between our community groups.

In Coventry and Warwickshire these differences result in some of our communities having poorer access to information, appropriate services and planning for end-of-life care.

Our aim is to provide fair access for all our diverse communities.

We have identified greater differences in access to palliative and care at the end of life for:

- Asylum Seeker and Migrant communities
- Looked After Children
- People diagnosed with Dementia
- Ethnic Minority communities
- Gypsy, Roma and Traveller communities
- Homeless communities
- Learning Disability communities
- LGBTQIA+ communities
- People diagnosed with severe Mental Health challenges
- Prison communities



Coventry and Warwickshire
Integrated Care System

How we will deliver improvement

Through the Strategy and Delivery Plan, we are aiming to provide palliative and end of life care in the following ways:

- Care seamlessly co-ordinated across settings with clear communication and referral pathways.
- Pro-active personalised care and support planning for care at the end of life.
- Collaborative approach across health and social care for those with palliative and end of life care needs.
- Clear communication with the individual and those important to them.

Programmes through which we will work:

- Care Collaboratives
- Community Integrator Model
- Warwickshire Community Reablement Service
- Coventry Improving Lives
- Continuing Health Care Fast Track Review

Coventry and Warwickshire
Integrated Care System

Palliative and End of Life Care Strategy

2024-2029

Delivery Plan:
January 2024 - December 2026

Coventry and Warwickshire
Integrated Care System

Delivery Plan: Overview

Key priorities	Areas of focus

1. Provide **information** which focuses on identification, early intervention and support for people with palliative and end of life care needs. 	• Ensure up to date information for PEoLC services, referral pathways and support options are available to patients, professionals and the public.
	• Pathway Reviews:
	  • Continuing HealthCare Fast Track
	  • Early Identification
	  • Transition from children and young people's services to adult services
	• Identify work streams across the system which dovetail into PEoLC
	• Improve availability of data regarding palliative and end of life care

Key priorities	Areas of focus

2. **Access** to timely palliative and end of life care with support throughout, for all of our diverse communities. 	• Identification of underserved communities
	• Pathway Reviews:
	  • 24/7 access to care
	  • Psychological Therapy
	  • Bereavement
	  • Personal Health Budgets
	• Access to medication workstream
	• Review of support for emotional and spiritual as well as practical living needs.

3. **Support** people diagnosed with a life limiting condition and those who matter to them, carers and communities. 	• Personalised Care & Support Planning to include
	  • Advance Care Planning Review:
	  • Documentation
	  • Systemwide communication
	• Pathway Reviews:
	  • Unpaid Carer Support
	  • Children & Young People: Sibling and Friend Support
	• Poverty Proofing Workstream

Key priorities	Areas of focus
4. **Improve** the quality of personalised care and support planning for people with palliative care needs, including planning for the end of life, through education and training for all. 	• Development of an Education & Training Framework for Palliative and End of Life Care • Dying Matters: a systemwide approach to awareness raising
5. Deliver a **sustainable** system 	• A comprehensive systemwide review of workforce, pathways, roles and responsibilities. • Integrated Commissioning Model: contracts and funding review.

Remaining timeline for the strategy

Sep.–Dec. 2023

Governance

Completion of 2023 Action Plan

Jan. 2024

Launch of Strategy

Commencement of Delivery Plan 2024-6

Coventry and Warwickshire
Integrated Care System

Thank you for your time.

Any questions?

Coventry and Warwickshire
Integrated Care System

This page is intentionally left blank

Agenda Item 7

Adult Social Care and Health Overview and Scrutiny Committee

27 September 2023

Sustainable Futures Strategy

1. Recommendation

That the Adult Social Care and Health Overview and Scrutiny Committee considers and comments upon the Sustainable Futures Strategy and supporting action plan attached at Appendix 1 and 2, prior to final consideration by Cabinet in November 2023.

2. Executive Summary

2.1 This report provides the Committee with an opportunity to review and comment on the final draft of the Sustainable Futures Strategy. It also provides an update on progress made since reporting to Cabinet in June 2023 and sets out the planned next steps for the Strategy prior to consideration by Cabinet in November. The draft Strategy and Action Plan can be found in Appendix 1 and 2 respectively.

2.2 The new Council Plan identifies Sustainable Futures as one of our top priorities as a Council and the draft Sustainable Futures Strategy has been developed to support this commitment. This was considered by Cabinet in October 2022. A public and stakeholder engagement programme was undertaken following the October Cabinet meeting, and feedback from this engagement programme has been used to finalise the strategy.

2.3 There has been wide engagement on the draft Sustainable Futures Strategy between November 2022 and February 2023. This has included public surveys, focus groups, and written submissions from the public and stakeholders. A series of expert panels have been engaged in August 2023.

2.4 Cabinet received a summary of the feedback available at that time and proposed next steps at its meeting on 15 June 2023. This included an update on the actions that are already progressing to support our climate change ambitions and the projects in development. An extract of the project progress and plans are included in Appendix 3.

2.5 In reviewing the feedback received, Cabinet supported further stakeholder engagement through a series of expert panels to take advantage of the strong willingness from a range of experts from business, public sector, academia and the wider community to work together to deliver on the Council's ambitions. These panels took place during August and were focused on transport, built environment, energy, and cross-cutting themes concerning how the Council works with partners and communities to deliver sustainable change fairly and affordably. They provided a strong sense of feedback and support for our direction of travel and provided significant opportunity to deepen partnerships and engagement.

2.6 The final version of the Sustainable Futures Strategy will take account of feedback received at all stages of stakeholder engagement, including the expert panels.

3. Draft Sustainable Futures Strategy

3.1 In the Council Plan 2022 – 2027 we have committed to becoming a County with a sustainable future, which means adapting to and mitigating climate change and meeting net zero commitments. To deliver this, a Sustainable Futures Strategy (the Strategy) has been developed which addresses:

- Our commitment to be a net zero carbon Council by 2030
- Leading Warwickshire in becoming net zero by 2050
- Our biodiversity commitments
- Commitments to support and deliver on the UN sustainable development goals (SDGs)

3.2 The Committee is invited to review the draft Strategy and action plan in Appendix 1 and 2.

3.3 Key features of the Sustainable Futures Strategy are:

3.3.1 The use of six delivery themes to focus activity and assign objectives and actions for both the 2030 and 2050 targets. These themes are:

- Transport;
- Energy;
- Built environment;
- Resources, waste and circular economy;
- Green economy and sustainable communities; and
- Natural capital and biodiversity.

3.3.2 The adoption of delivery principles that are essential to having the right approach to implementation, together with strategic enablers that are essential components to ensure the strategy is both deliverable and affordable.

3.3.3 Clarity on what is and is not within scope of our 2030 Council carbon footprint, with an emissions reduction trajectory to 2030.

3.3.4 Alignment to WCC's approved Countywide approach to Levelling Up in Warwickshire, with Sustainable Futures being one of the four core elements of Levelling Up and defining what that means at county, place and community level.

3.4 The Strategy recognises that we cannot deliver the 2050 Warwickshire target alone and summarises the various levels of influence the Council has and the partnerships the Council maintains and establishes that will help to deliver on the ambitions of the Strategy, including engagement with residents, communities, and business. Furthermore, the Strategy recognises the need to secure governmental and regional funding and private sector investment to deliver on the objectives.

3.5 Delivery of the Strategy through its Action Plan will enable the Council to accelerate progress towards meeting our net zero carbon commitment for the Council by 2030 and the 2050 net zero commitment for Warwickshire alongside our approach to Levelling Up.

4. Expert Panels

4.1 The Expert Panels took place during August and focused on transport, built environment, energy and cross-cutting themes concerning how the Council works with partners and communities to deliver sustainable change fairly and affordably.

4.2 Each theme convened a face-to-face panel and a further virtual panel to engage as many key stakeholders as possible. Face to face sessions were took place at MIRA (Nuneaton), Garden Organic (Ryton) and Warwick University. The panels were attended by 69 individuals across a range of organisations, including some of our significant industries.

4.3 The panels reviewed ambitions and objectives from the Strategy, discussed a shared stakeholder delivery plan for Warwickshire, and reviewed delivery principles. There was significant engagement by those present and the outputs (which included commitments to shared actions) will be built into the Climate Change Programme and Actions Plans supporting the Strategy..

4.4 The general feedback from all the panels was positive and there was strong support for the Council’s strategy, and an agreement that the objectives and direction of travel is correct. There were offers of ongoing collaboration, further advice and guidance and a willingness to work and learn in partnership over the long-term.

4.5 In terms of specific activity for further consideration, the following are a summary of the panel discussions:

Buildings & Energy

- Place based approach to local area energy planning to understand demand and growth in energy needs across the county.
- Supporting new infrastructure through planning and regulatory frameworks
- Working with National Grid on capacity building and planning ahead for future needs
- Retrofit deliver models for homes and businesses.
- Making best use of external funding sources

Transport

- Progress on a decarbonised local transport plan
- Further investigation into alternative fuels including hydrogen, battery technology and fuel cells
- Providing transport connectivity and choices for all
- Investment in skills and employment opportunities

General

- Workforce capability and skills investment, including apprenticeships opportunities.
- Supporting SME's to make changes, working with the Coventry and Warwickshire Growth Hub,
- Taking a community powered approach to behavioural change, by finding small levers for change then scaling up activity, and providing routes to funding
- Sustainability impact assessment approach to decision making

5. Financial Implications

5.1 The financial implications have not altered since the June 2023 Cabinet Paper which confirmed that:

5.1.1 At the start of 2023/24 the Council's Revenue Investment Fund contained over £10 million revenue funding which will be topped up during the five-year period as our finances allow. The allocation of this funding is deliberately flexible and may be varied as bids emerge and are prioritised. The February 2023 budget resolution states that it is expected a minimum of £2 million will be allocated against each of the Best Lives, Sustainable Futures and Thriving Economy and Places blocks. In addition, the Capital Investment Fund currently has £90 million to invest in the Council's assets/infrastructure over the next five years. The revenue and capital funding for the delivery of the

Sustainable Futures strategy will need to be sourced from these Funds or from accessing external third party funding.

5.1.2 The initial actions in train (see Appendix 3) have an estimated revenue cost of £265k over the next two years plus £30k capital investment and £187k revenue from third party funding. Applications to the Revenue Investment Fund totalling £265k are expected to come forward for approval during Q3 once the work on the costs and expected benefits have been finalised. This demand will grow as new opportunities arise. In addition, several further schemes have been identified and it is expected that business cases for these will be prepared and brought forward for approval over the course of this financial year.

5.1.3 There will be significant capital and revenue implications in delivering the full action plan when it is brought forward for approval, which will inevitably and significantly exceed the Council's resources. There will also be savings which in the long term may outweigh the initial costs. A variety of internal, public, and private funding sources are expected to be required to finance these actions and seeking external funding will always be prioritised where it makes sense to do so minimising as far as possible the direct financial impact on the Council resources. We have created a Sustainable Futures Finance officer role from within existing resources with a specific remit to identify live and upcoming funding streams and assist in applications including co-ordinating joint partner funding bids. Potential funding sources have been established and mapped within the draft Strategy, but the full cost and likelihood of receiving that funding is not known. This will be understood progressively as the Strategy actions are developed in detail.

6. Environmental Implications

6.1 These environmental implications have not altered since the June 2023 Cabinet Paper which confirmed that:

6.1.1 This Strategy and associated action plan will define our strategic direction in meeting the aims of our sustainable futures strategic priorities and establish what actions need to take place to accelerate progress towards our linked targets.

6.1.2 Delivering the associated actions to meet our 2030 net zero carbon estate target would result in emission reductions of 46% totalling 8,430 tCO_2e and additionally require the removal of 9,816 tCO_2e from the atmosphere through insetting and offsetting measures from 2030 and beyond calculated from our 2019 baseline. Refer to paragraph 4.2 (ii) (Projects in development) for an example of the difference between insetting and offsetting.

6.1.3 Delivering our net zero Warwickshire target in partnership with the public sector, residents, communities, and business, will result in emission reductions of close to 5,509,000 tCO_2e in 2050 from our 2019 baseline following adoption of the fully inclusive greenhouse gas approach. Current national policy measures and technological assumptions project a gap of approximately 3,000,000 tCO2e. Closing this gap is reliant on large scale behavioural change, partnering, technological developments, and change in all sectors accelerated by government, regional and local policy and significant additional funding. The need for a joined-up approach is illustrated by the 18% contribution that emissions from motorway travel has to Warwickshire's carbon footprint (2019 figures), a network that is the responsibility of National Highways. The need to deliver insetting and offsetting measures may also play a part as full decarbonisation will not be realised in all sectors.

7. Timescales and next steps

7.1 All expert panels have now taken place and work is underway to analyse the outputs from those sessions.

7.2 This paper will be presented to all Overview and Scrutiny Committees during September 2023 and feedback will be used to inform the final strategy.

7.3 The final Sustainable Futures Strategy and 2030/2050 action plan are expected to be presented to Cabinet for approval on 9th November 2023

Background Papers

1. Cabinet Report 15th June 2023, Sustainable Futures Strategy

Appendices

Appendix 1: Draft Sustainable Futures Strategy
Appendix 2: Sustainable Futures Action Plan
Appendix 3: Project progress and those in development

	Name	**Contact Information**
Report Author	Sarah Stear Head of Climate Change & Sustainability & Matt Whitehead Programme Manager (Climate Change)	sarahstear@warwickshire.gov.uk mattwhitehead@warwickshire.gov.uk
Director	Steve Smith Director for Commissioning Support Unit	stevesmithps@warwickshire.gov.uk
Executive Director	Rob Powell	robpowell@warwickshire.gov.uk

	Strategic Director for Resources	
Portfolio Holder	Councillor Heather Timms Portfolio Holder for Environment, Climate & Culture	heathertimms@warwickshire.gov.uk

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

Local Member(s): not applicable as this is a county wide report

Other members: Members of the Cross Party Climate Emergency members group: Councillors Birdi, Chilvers, Falp, Fradgley, Humphreys, Millar, Redford, Sinclair.

Chairs of the Overview and Scrutiny Committees. Councillors: Clarke, Warwick, Humphreys, Barker.

This page is intentionally left blank

Appendix 1

WARWICKSHIRE SUSTAINABLE FUTURES STRATEGY

Table of Contents

This document was approved in draft by Warwickshire County Council Cabinet on 13 October 2022.

Foreword

Warwickshire County Council is committed to acting decisively to tackle climate change and the biodiversity crisis. Taking action now, so that Warwickshire is a County with a sustainable future, is one of our key strategic priorities. We have already started work towards our goals of reducing carbon emissions to net zero across the Council by 2030 and to support Warwickshire as a County to do the same by 2050 or earlier.

Climate change is one of the most important issues facing the world. The continued burning of fossil fuels is affecting weather patterns around the world as well as causing devastating extreme weather events more locally, leading to flooding, heatwaves, drought and wildfires. These events pose a direct risk to Warwickshire's communities and economy.

At the same time, more than two-fifths of UK species, including animals, birds and butterflies, have seen significant population declines in recent decades. With thousands of acres of habitats lost to development, and pollution affecting our natural environment, the decline in **biodiversity** is impacting directly on our wellbeing and economic prosperity.

Our Sustainable Futures Strategy establishes our direction and priorities to reduce carbon emissions, support biodiversity and promote economic growth across our County.

Our vision is for a Warwickshire that is low in carbon with vastly reduced energy bills, that has landscapes with plenty of wildlife that people can enjoy and farms that provide us with local food, supported by a thriving sustainable economy and resulting in communities that are happier, healthier and empowered.

And our goal is simple; to make Warwickshire sustainable now and for future generations.

Heather Timms,
Portfolio Holder for Environment, Climate and Culture
Warwickshire County Council

Executive Summary

This Sustainable Futures Strategy has been developed with three challenges facing the UK today in mind: *Climate Change, Loss of Biodiversity* and the *Cost of Living Crisis*. It aims to set out a framework, key action areas and principles for delivering the strategic priorities of being a County with a sustainable future, adapting to and mitigating climate change and achieving the nationwide target of net-zero carbon emissions by 2050. We have committed to net zero carbon for our Council emissions by 2030 and net zero carbon for County emissions by 2050.

Since 2005, County wide emissions have reduced by 24%. During this period, emissions from the transport sector have remained static, while emissions from industry, domestic and commercial buildings have been steadily declining.

Council related activities currently account for 19,500 tonnes of CO_2e per year. To meet our net zero commitment, our emissions will have to be reduced by at least a further 29% by 2026 and 46% by 2030. Reductions are anticipated to occur primarily from transport (-28.5% by 2030) and building use (-17.5% by 2030). To meet these targets, immediate and decisive action must be taken. The actions and strategies within this document have been created to establish a clear pathway towards these goals.

To support this, our Strategy focuses on six key themes:

- **Transport:** We aim to reduce carbon emissions from the transport sector by 1,300 tonnes of CO_2e by 2030, through a transition to alternative fuels and the implementation of a more efficient staff travel plan. We plan to support further emission reduction through promoting integrated and place-based transport planning, supporting the uptake of active travel and zero-emissions vehicle ownership and transitioning to more sustainable fuel sources for commercial and freight transport.
- **Energy:** To maximise decarbonisation of the energy used by the Council, we are committed to identifying opportunities to increase the installation of renewable technologies on Council owned buildings and the volume of in-County renewable energy generation.

- **Built Environment:** Our goal is to reduce emissions from Council buildings by a minimum of 1,700 tonnes of CO_2e by 2030. We will increase our knowledge of energy use within our decentralised assets, decarbonising our natural gas heat supply where viable, identifying opportunities to co-locate with partners, undertaking further property decarbonisation feasibility studies and supporting renewable energy schemes.
- **Resources, Waste and Circular Economy:** Reducing waste and resource usage while supporting a transition to a circular economy are vital steps in moving towards a sustainable future. Following on from the existing National Resources and Waste Strategy, we aim to improve and increase educational campaigns and encourage behaviour change around consumption. We will also identify opportunities to use waste as a resource and work with manufacturers to promote the use of sustainable and reusable materials, extend product life and reduce packaging and single use plastics.
- **Sustainable Communities and Green Economy:** We are committed to supporting a green economy while providing environments that contribute to happy and equitable communities. While efforts to support a low-carbon economy have begun, we plan to intensify these efforts by prioritising investments where green economy principles are integrated, engaging more fully with our community and interest groups.
- **Natural Capital and Biodiversity:** Solutions to the global biodiversity and ecological crisis must begin at local level. This begins by recognising that economies are embedded in the natural environment, not external to it, and that nature itself should be viewed as a critically important asset. We plan to support these principles by developing a natural capital investment strategy, encouraging policies that prioritise environmental net gain, developing a natural capital account to manage our natural assets and by implementing an offsetting strategy for our tree planting targets.

Critical to our success in delivering our ambitions across these themes are our eight delivery principles and seven strategic enablers, ensuring effective change management, changed behaviours, accountable governance, appropriate engagement, and the right policies. Substantial financial investment will be required in the next decades for decarbonisation, with funding critical to enable actions. Aside from securing financial resources, we will need to consider opportunities for upskilling, redirecting resource and potentially increasing staffing levels in specific areas.

We recognise that it will not be possible to reduce emissions within the County to absolute zero, so it is therefore important to invest in a robust carbon offsetting strategy. We plan to establish a tree nursery to supply specific varieties of flora that thrive in the Warwickshire region. This will assist in meeting our tree planting targets of 566,000 new trees in Warwickshire, with the potential to increase this number even further.

Several actions in support of this Strategy should also result in wider benefits for our communities. For example, implementing reduction and efficiency measures in our own buildings and supporting the community to do the same will help to reduce energy costs. Throughout this Strategy, we have identified how individuals in Warwickshire can contribute to creating a sustainable and prosperous community. For example, by prioritising walking or cycling, improving home energy efficiency, reducing waste, buying sustainable, local products and produce, and taking an active role in the protection and enhancement of our natural spaces.

Introduction and Context

Warwickshire County Council (WCC) recognises that climate change, biodiversity, the cost of living for households and increased costs for businesses are amongst the most important issues facing the UK today. The County's infrastructure assets and economy are under threat from the impacts of climate change, which if left unmitigated will cost the County far more in the long run than implementing mitigation and adaptation measures now. Our response to these issues on behalf of communities, businesses and Council services begins with the development of this Sustainable Futures Strategy.

The UN's Sustainable Development Goals (UN SDGs) provide a shared blueprint of peace and prosperity for both people and the planet, now and into the future. They recognise that ending poverty and other deprivations must go hand-in-hand with strategies that improve health and education, reduce inequality, and spur economic growth – all while tackling climate change and working to preserve our oceans and forests. Whilst this Strategy has a strong focus on the reduction of carbon to mitigate climate change and meet net zero commitments, it also aims to achieve wider sustainability by aligning with the UN SDGs.

We have used six thematic areas in this Strategy to mitigate the effects of climate change, biodiversity loss and the cost of living crisis. They represent the areas with the most ability to make a difference: transport, energy, built environment, waste and circular economy, sustainable communities and green economy, and natural capital and biodiversity.

Climate Change Crisis

There is a growing recognition that climate change is one of the most important issues facing the world. The resulting emissions from continued burning of fossils fuels has been causing a global warming effect which has altered weather patterns, melted polar ice and increased ocean acidification leading to changes in sea life, in addition to causing devastating extreme weather events which has led to flooding, heatwaves, drought and wildfires. These events pose a direct risk to Warwickshire's communities and economy.

In 2008 the UK Government created the Climate Change Act, which was updated in 2019 to commit the UK to Net Zero Carbon by 2050 (reducing emissions to 100% lower than the 1990 baseline). It has further committed to reducing economy-wide greenhouse gas (GHG) emissions by at least 68% by 2030, compared to 1990 levels.

The Intergovernmental Panel on Climate Change (IPPC) warned in 2018 that urgent action was needed to cut greenhouse gas emissions and limit global warming to 1.5°C above the pre-industrial baseline, to avoid the most catastrophic impacts of climate change, including risks to food and water security.

In response to this required urgency and the known risks from climate change to our communities, in July 2019, WCC declared a climate emergency. Since then we have committed to becoming carbon net zero as an organisation by 2030, and to support Warwickshire County to become carbon net zero by 2050.

Our Council Plan (2022-2027) sets out a vision to make Warwickshire the best it can be, sustainable now and for future generations. A key priority of the plan is sustainable futures and climate change. It recognises that climate risks will disproportionately impact the poorest and most vulnerable. The transition to and beyond net zero and associated nature recovery must therefore be managed in a way that widens opportunities through the growth of high value, green-related business sectors and jobs.

> **People are rightly concerned, with the latest IPCC report showing that if we fail to limit global warming to 1.5°C above pre-industrial levels, the floods and fires we have seen around the world this year will get more frequent and more fierce, crops will be more likely to fail, and sea levels will rise, driving mass migration as millions are forced from their homes. Above 1.5°C we risk reaching climatic tipping points like the melting of Arctic permafrost – releasing millennia of stored greenhouse gases – meaning we could lose control of our climate for good.**
>
> *Net Zero Strategy: Build Back Greener. October 2021. BEIS*

Biodiversity Crisis

More than two-fifths of UK species, including animals, birds and butterflies, have seen significant population declines in recent decades. Contributing factors include thousands of acres of habitats being lost to development, the intensification of agriculture and the increasing effect of climate change. Pollution from sewage and agricultural run-off also continue to cause problems for natural areas such as streams and coastal areas. Together these are a significant problem, because decreases in biodiversity are directly related to declining wellbeing and economic prosperity.

The UK Government, along with many governments across the globe, responded in 2019 by declaring a biodiversity emergency. Globally, the UN Convention on Biological Diversity (CBD) released a draft global biodiversity framework, to guide actions worldwide through to 2030, to preserve and protect nature and its essential services to people.

In order to achieve the framework, many other European countries will be following the EU Biodiversity Strategy for 2030, with specific actions, commitments and tracking. The UK will instead be following the Nature Positive 2030 reports.

Warwickshire needs a strategy and vision of how to implement and deliver these evidenced requirements of how to live in harmony with nature. What are we aiming for locally? What are the focus areas we need to work on over the next few decades?

> **Nature is in decline globally and in the UK. Between 1932 and 1984, we lost 97% of our species-rich grassland, five species of butterfly have disappeared from England in the last 150 years, and indicators showing the state of birds dependent on farmland stand at less than half their value compared to 1970.**
>
> *Environment Bill: Nature and conservation covenants (parts 6 and 7). September 2021. DEFRA*

Cost of Living Crisis

At the time of developing this strategy the UK is under pressure from a cost of living crisis. With inflation rising and the cap on energy bills being increased drastically, along with the impacts of the Russian invasion of Ukraine on fuel and food prices, huge pressures and burdens are being placed on families and businesses. There is significant concern for people's health (both physical and mental) and the ability of smaller firms to stay afloat with the soaring cost of energy. This crisis has also contributed to widening inequalities across the UK, further emphasising the need for Levelling Up on a local level.

This is a long-term Strategy to create a sustainable economy and communities, so it does not seek to address this crisis in the short-term. However, many of the objectives and actions identified will help to alleviate this burden in the long term through measures such as improving energy efficiency to reduce fuel bills, thus reducing fuel bills and addressing the *take-make-dispose* economic model which traps consumers in a constant state of needing to replace products.

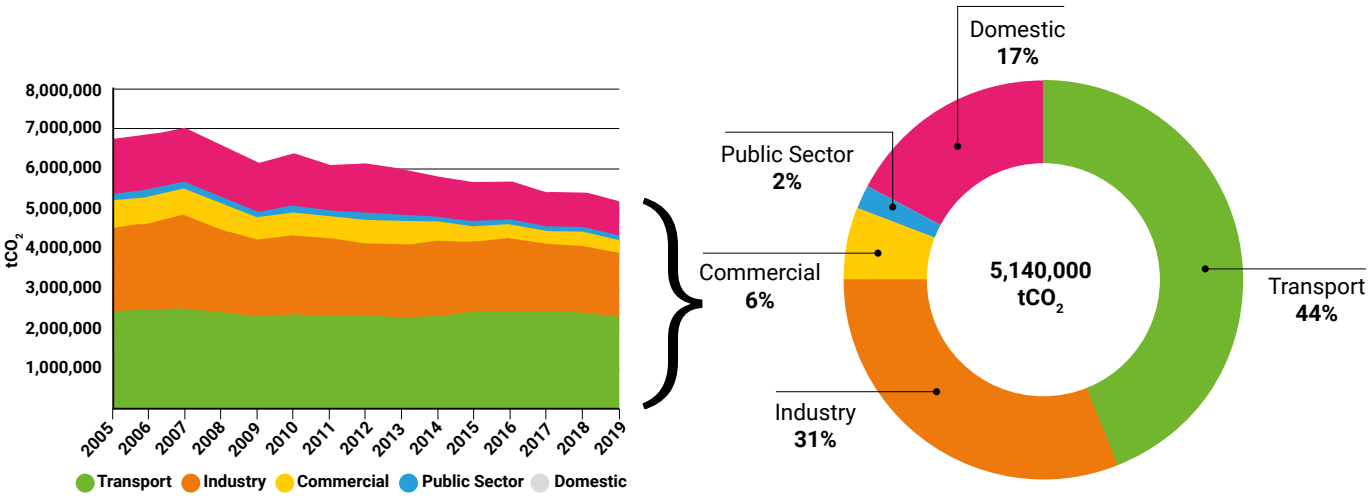
> **"Our "consume-as-you-go" model, based on over-consumption as a premise for economic growth, has attained its limits at a high price for our planet, the worse-off among the population and future generations. Our consumption-based economic model needs to undergo a significant overhaul."**
>
> *Monique Goyens, Director General, The European Consumer Organisation*

Our Carbon Emissions

Warwickshire County-Wide Emissions

Where we are now

Since 2005, the County's emissions have reduced by 24%, arriving at 5,140,000 tonnes of CO_2 in 2019[1].The biggest sources of emissions are from the transport and industry sectors, followed by the domestic and commercial sectors, with the public sector making up the smallest proportion of emissions. Transport emissions in the County have remained largely static whilst emissions from industry, domestic and commercial buildings have steadily decreased.



Reaching our net zero 2050 target

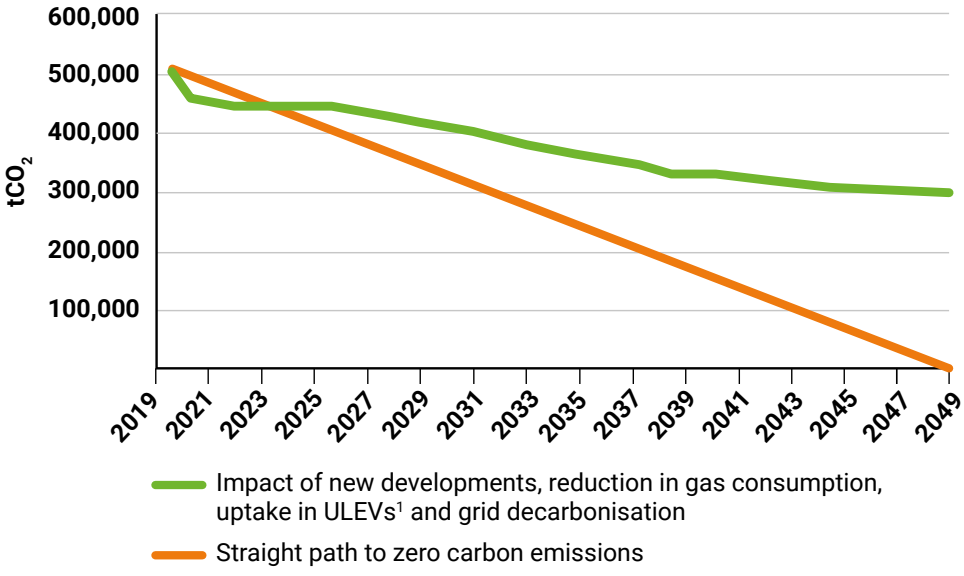
Our County-wide target to be net zero by 2050 is aligned with the UK's legal commitment to deliver net zero by 2050. We will need to accelerate our emissions reductions if we are to achieve this. We have currently mapped the impact on the County's emissions of:

- Grid electricity decarbonising as projected by the Department for Business, Energy and Industrial Strategy (BEIS) – this will reduce emissions.

[1] www.gov.uk/government/collections/uk-local-authority-and-regional-greenhouse-gas-emissions-national-statistics

- New housing and non-domestic developments currently planned to be built under the District and Borough Local Plans by 2050 – this will increase emissions.
- Heating technology projections for new housing and non-domestic developments, based on the National Grid's Future Energy Scenarios (FESs), where the natural gas demand for heating in homes decreases by 18% by 2030 and 99% by 2050, and for heating in commercial and industrial buildings decreases by 11% by 2030 and 95% by 2050 (assuming a 2020 baseline) – this will reduce emissions.
- Likely decarbonisation of the transport sector as a result of national policies to ban the sale of new petrol and diesel cars, vans and HGVs – this will reduce emissions.

When this is compared to a straight-line pathway to zero emissions by 2050, it highlights there is still a need for the County to take greater, more ambitious action.



We will achieve net zero across the County through reducing emissions directly. However, it is anticipated that there will be a small percentage of residual emissions remaining in 2050 which we will look to balance through nature-based or other forms of greenhouse gas removals. We will explore and identify these as we progress towards 2050.

[1] *Ultra Low Emission Vehicles*

Warwickshire County Council Emissions

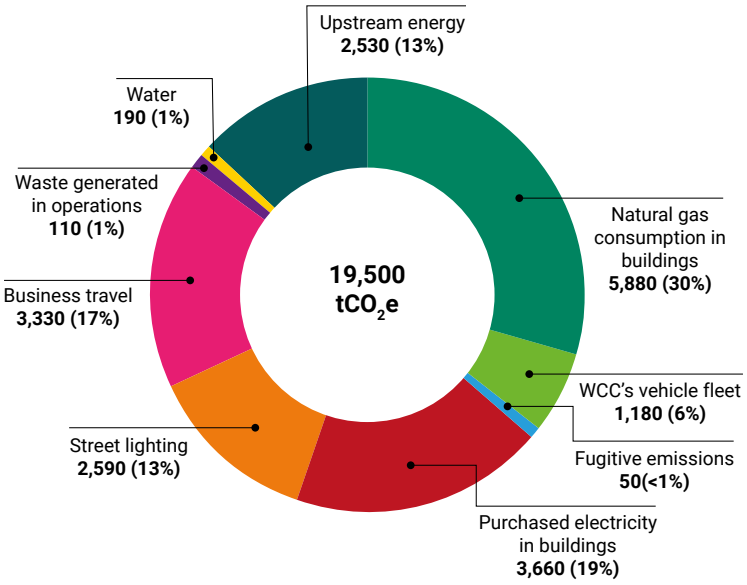
Where we are now

Since 2014, we have reported on our emissions related to natural gas and electricity use in our buildings, electricity use for streetlighting and fuel use for our own vehicle fleet. We have seen a 63% reduction in these emissions between 2014 and 2020. This has primarily been due to the decarbonisation of grid electricity and the replacing of sodium bulbs in streetlights with LEDs.

We have committed to achieve carbon net zero by 2030 for the following emissions sources:

- **Scope 1** – Direct emissions from assets we control: building gas/oil use, fuel use from vehicles we own
- **Scope 2** – Emissions from purchased electricity in our buildings and streetlighting
- **Scope 3** – Indirect emissions from the waste we generate, the water we consume, business travel and upstream energy

In 2019, these emissions sources equated to 19,500 tonnes of CO_2e. We have set this as our baseline from which to measure future progress towards our 2030 target. At present, some of these emissions are estimated using industry benchmarks, so we will also continue to improve the quality of primary data we gather.

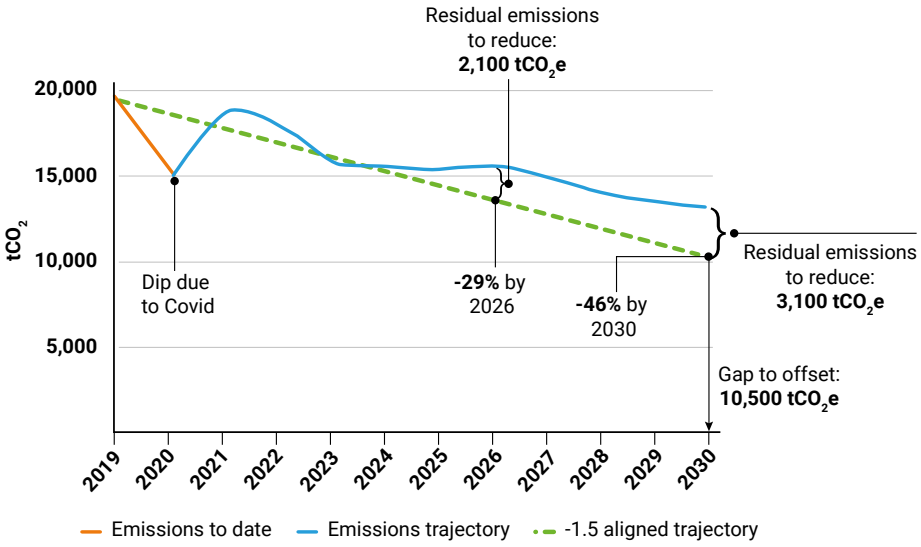


Reaching our net zero 2030 target

To better understand the gap to meet carbon net zero by 2030, we have mapped the likely trajectory of the emissions in scope. This considers externalities including the projected impact of grid electricity decarbonisation and national policy banning the sale of new petrol and diesel cars, vans and HGVs.

Using the 1.5ºC Sectoral Decarbonisation Approach (SDA) pathway from the SBTi Target Setting tool[1], we have set targets to reduce emissions in scope of our 2030[2] target by 29% by 2026 and 46% by 2030. This SDA is a scientifically informed method for companies to set greenhouse gas reduction targets necessary to stay within a 1.5°C temperature rise above preindustrial levels.

To meet these targets, we will need to lower any residual emissions not reduced through externalities through the initiatives and actions outlined within this Strategy and the accompanying action plan. Whilst we will work to reduce emissions as far as feasibly possible by 2030, based on a target of 46% reduction, 10,500 tonnes of CO_2e annually would be required to be offset.



[1]*www.sciencebasedtargets.org*

[2]*Note, these targets have not been verified by SBTi.*

Iterative updates to our targets

During the life of this Strategy, we will need to ensure we are using improved data as it becomes available.

We will also need to continually review the scope of the Council's net zero target to include our full Scope 3 footprint. This includes other sources of indirect emissions; for example, from the goods and services that we purchase and from our leased buildings.

We have already started initial work on our Scope 3 to understand where our target areas for reductions will be and plan to continue building upon this. As we have less control over these emissions, we will need to work with our contractors, suppliers and other partners to deliver reductions in these areas.

Strategy Aims

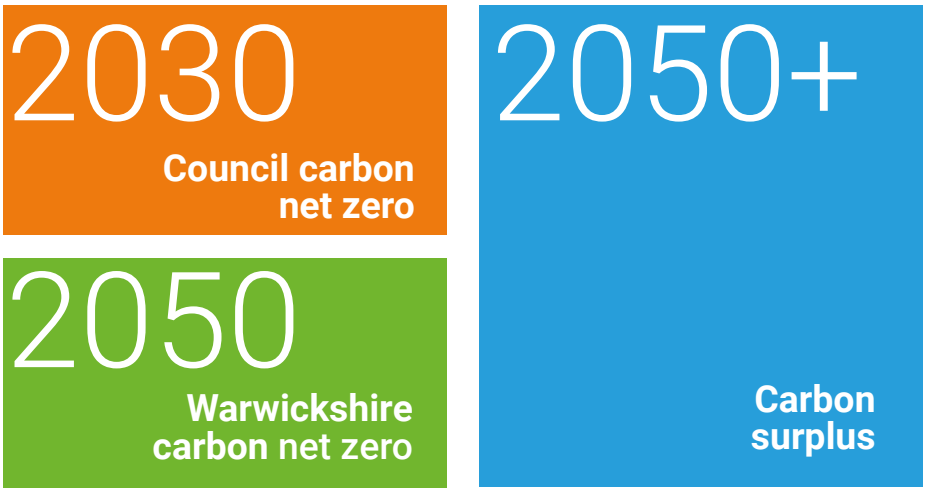
The aim of this Strategy is to set out a framework, key action areas and principles for delivering on the Council's strategic priority of *being a County with a sustainable future, which means adapting to and mitigating climate change and meeting net zero commitments.*

This is a draft Strategy. Public engagement is planned from November 2022 into early 2023 to capture views on our approach.

The scale and pace required to meet the 2030, 2050 and beyond 2050 targets is ambitious; business-as-usual activities within the Council and across the County are not going to be sufficient. This Strategy recognises that we need to do more and faster; it also challenges us to think outside the box, be innovative and to consider what powers of devolution we might need to enable us to deliver our objectives.

Whilst mitigating carbon emissions to keep the global temperature increase below 1.5°C, we must recognise that the effects of climate change are already being felt. As such our Climate Adaptation Plan, which is soon to be released, considers the impacts of higher emissions scenarios which would result in greater temperature increases.

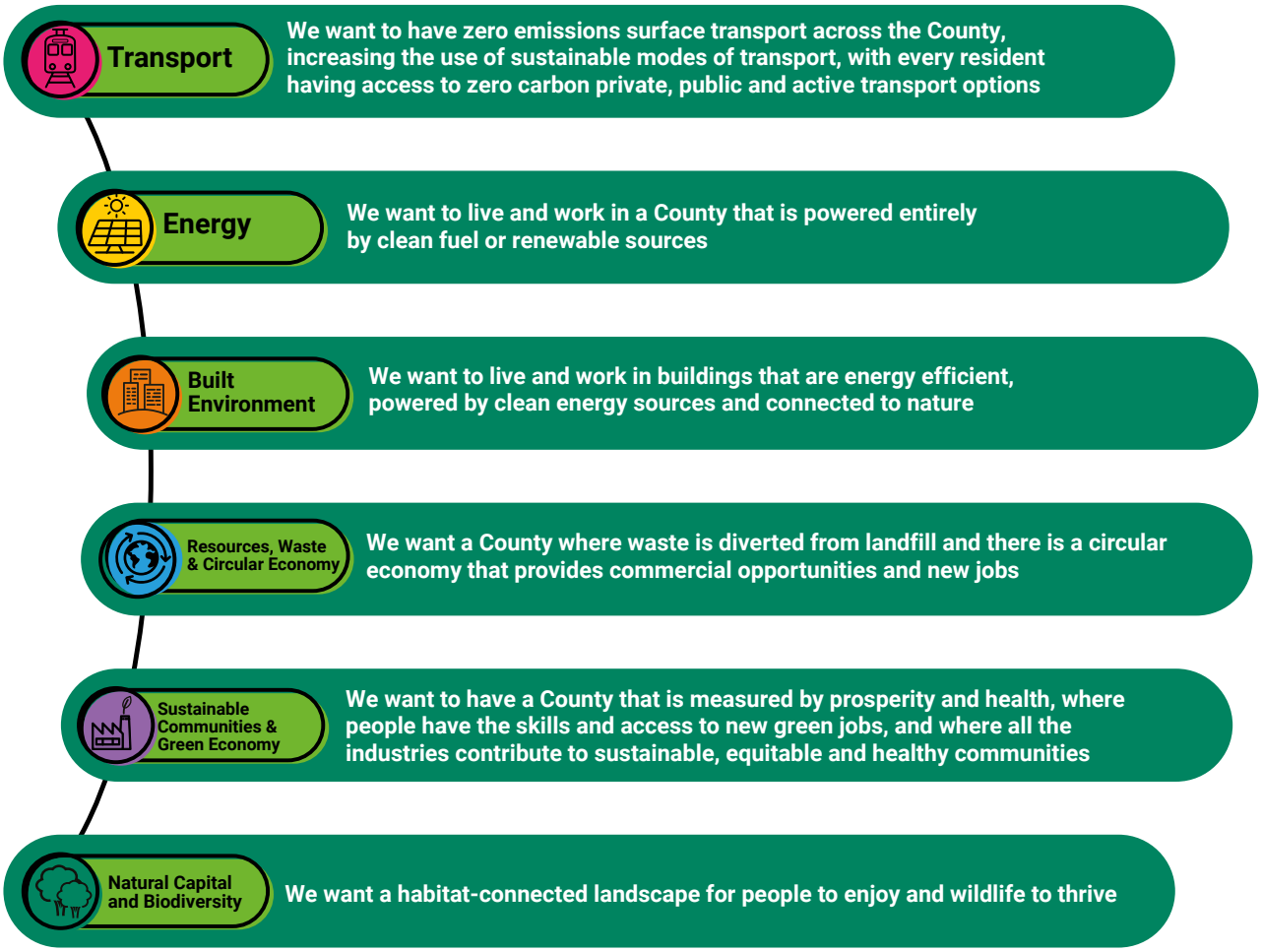
This Strategy is based on current evidence and data. Areas such as technology and UK policy are constantly evolving; as new information emerges, we will adapt our actions appropriately.



> "We want to make Warwickshire the best it can be, sustainable now and for future generations."
>
> *Warwickshire County Council, Council Plan 2022-27*

Where do we want to be – the future

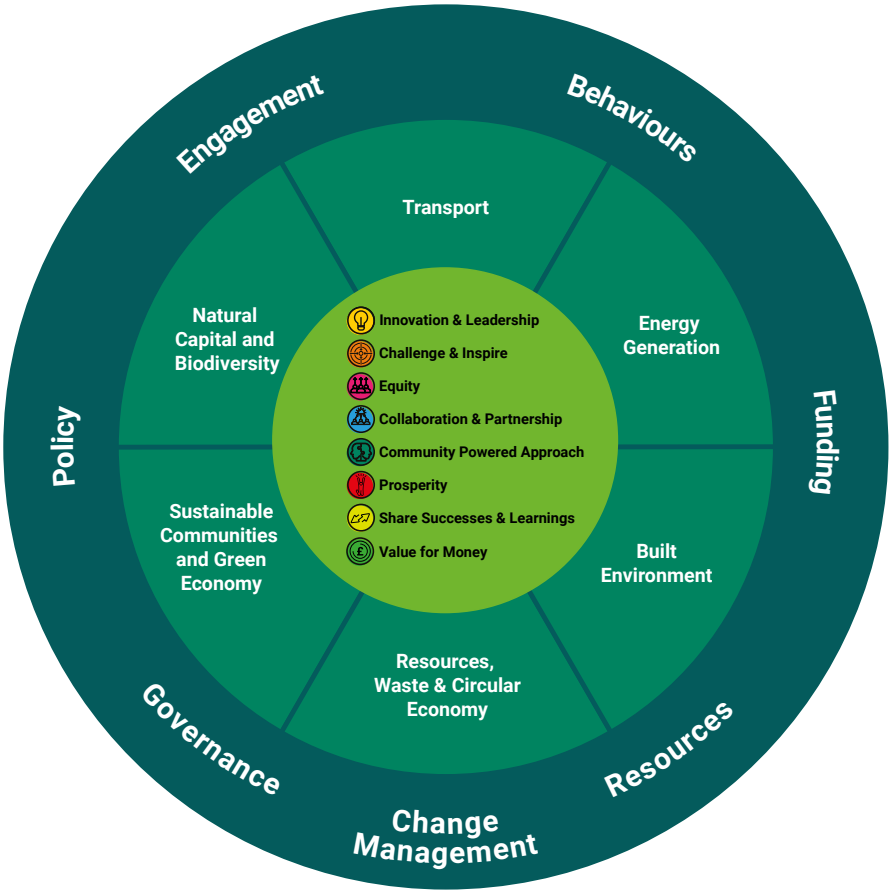
We are ambitious about what we want our future to look like. Within the next few decades, we want our County to be reimagined – low in carbon with vastly reduced energy bills, landscapes with plenty of wildlife that people can enjoy and farms which provide us with local food, a thriving sustainable economy and communities that are happier, healthier and more engaged. Our vision of the future is outlined below:



Delivering Success

This Strategy uses six delivery themes to focus the Council's efforts and assign objectives and actions for both 2030 and 2050 targets. Critical to our success in delivering our ambitions across these themes are our eight delivery principles and seven strategic enablers. The need to engage communities and deliver actions through community powered action is critical and complex; therefore, this is addressed through both the delivery theme of 'Sustainable Communities and Green Economy', and the delivery principle 'Community Powered Approach'.

This Strategy is based on current evidence and data and is supported by comprehensive action plans. We recognise that technology and UK policy are constantly evolving and as such, we expect our action plans to be adapted as new information emerges. We will be using key performance indicators to track our progress against each of our six themes, and will continue to share this on our www.warwickshireclimateemergency.org.uk website.



Strategic Enablers:

- **Effective change management**
- **Changed behaviours**
- **Adequate resource management**
- **Adequate funding**
- **Accountable governance**
- **Appropriate engagement**
- **The right policies**

Delivery Principles

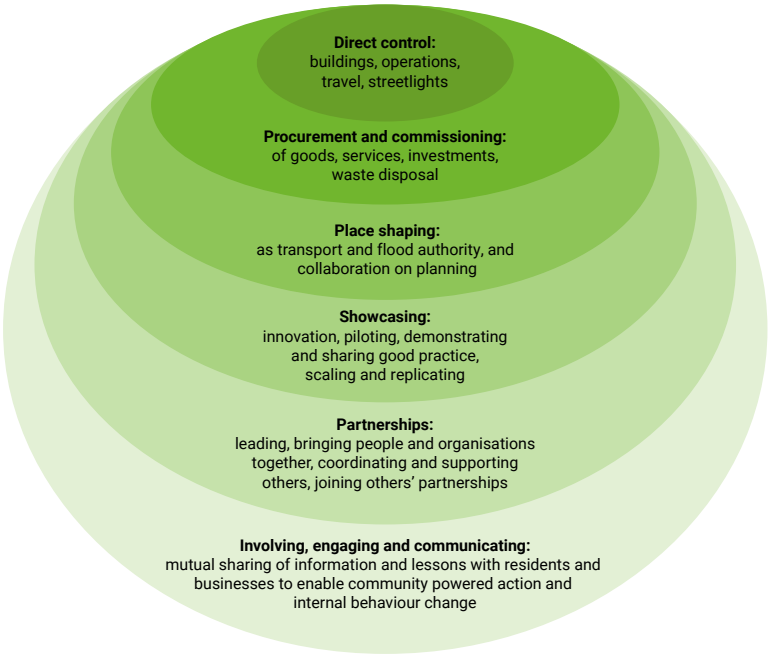
We will:

- **Be innovative in our thinking and lead others on the journey**
- **Not accept the status quo; we will challenge and inspire**
- **Address climate change and biodiversity justly and equitably**
- **Be collaborative and work in partnerships**
- **Take a community powered approach**
- **Emphasise prosperity as a focus for sustainable growth**
- **Share our successes and learnings**
- **Deliver a strategy that is value for money**

A green economy is broader than a low carbon economy; it aligns to the wider context of the UN SDGs. A green economy is an approach to sustainable economic growth with a central focus on reducing societal and environmental risks and ecological scarcities. It embeds climate adaptation into its construct. It transitions from the current 'growth-based' approach to investments, employment, and skills towards growth without degrading the environment, and the wellbeing and prosperity of citizens.

Opportunities

This Strategy identifies opportunities for change in accordance with the Climate Change Committee's six 'spheres of influence'[1] that Councils have over carbon emissions, adaptation and wider sustainability objectives:



Broadly within WCC these can be split into three main action types:

Direct Actions: actions WCC can take that will directly reduce emissions, particularly significant in areas where we have direct control such as Council buildings

Enabling and Showcasing Actions: actions that WCC can take that will allow others to directly reduce emissions that they have control over and actions that show others what can be done

Partnering and Engaging Actions: actions WCC can take to promote collaboration and support regional delivery of ambitions through partnerships

[1] *The Local Pathway to Net Zero, Local Government Association (2021)*

Engagement and partnership

Engagement and partnership are central to how this Strategy and associated action plans will work and are integrated into our Delivery Principles. The actions that will have the biggest impact on enhancing biodiversity, reducing emissions in Warwickshire and providing equity across our communities are not always within the gift of the County Council to enact.

Many of them will be the responsibility of the District and Borough Councils, Town and Parish Councils, Central Government, other public service providers or with businesses, landowners and residents. Providing a partnership, supporting and coordinating role between the District, Borough, Town and Parish Councils, and a central forum for businesses and residents is going to be key for the County Council and we will commit whole-heartedly to this role. To this end, following on from the Warwickshire and Coventry Climate Conference in March 2022, we have set up a Warwickshire Public Sector Net Zero Group. This group is a space for all of Warwickshire's public sector organisations to share best practice, collaborate to realise efficiencies, and build a sense of common ownership and shared responsibility, helping to turn the challenge into practicable, deliverable activities. We will also continue to engage and strengthen partnership working with local climate and community groups, with our neighbouring Councils, NHS, the West Midlands Combined Authority and with Central Government.

Governance

Once this Strategy has been endorsed, we will establish relevant governance structures to monitor our progress and provide clear and transparent reporting mechanisms. Reporting will be incorporated into our Integrated Delivery Plan with named Assistant Directors responsible for the actions. We expect to review this Strategy every three years.

We recognise we may need to make some changes within our Directorates and services to align roles and responsibilities with the priorities of this Strategy, and to set ourselves up for delivery of the actions.

Funding the Strategy

Local authorities play an essential role in driving local climate action. WCC has significant influence over the key sectors, including energy and transport, which will need reform if we are to achieve net zero.

Funding is a key aspect of our ability to deliver the Sustainable Futures Strategy and substantial financial investment will be required in the next decades for decarbonisation, with funding critical to enable actions. In addition to potentially borrowing from sources such as the UK Infrastructure Bank and Public Works Loan Board, we will be investigating and seeking to use a number of areas of funding available to us such as:

- Dedicated grant funding for work related to net zero, which is open to bids from local authorities. Key sources include Public Sector Decarbonisation Scheme, Active Travel Fund, Green Homes Grant, Local Authority Delivery Scheme and All Electric Bus Town or City Scheme. Wider funding is also available that is targeted at other or more general outcomes, such as social or economic growth, but which require, encourage or allow the delivery of net zero objectives. Examples include the Towns Fund, Levelling Up Fund and the UK Shared Prosperity Fund which include criteria or statements designed to encourage local authorities to invest in projects that support the achievement of net zero.
- Additional funding opportunities linked to a potential devolution deal, allowing investment to be channelled towards our net zero and green economy ambitions.
- Funding leveraged from the commercial sector. This could be through developer contributions such as the Community Infrastructure Levy (CIL), or embedding net zero and circular economy requirements into public procurement. Furthermore, certain net zero investment opportunities have the potential to generate revenue for the Council which can be reinvested.
- Voluntary, Community and Social Enterprise organisations can derive funding for local projects from sources that would otherwise be unavailable to the private sector and businesses. This includes lottery and trust funding.

- Innovative funding solutions, such as Community Municipal Bonds (CMBs), which offer local people an opportunity to invest in net zero projects in a way similar to crowdfunding and to make a return from doing so. CMBs offer the potential of providing low-cost capital for Councils to deliver socially and environmentally positive outcomes. We will work with District and Borough Councils to understand the most effective way CMBs would work.
- For biodiversity, a natural capital investment approach coupled with grant funding will be required. The biodiversity net gain planning contributions capital already accrued through planning may be used. If public and private investment is directed towards habitat enhancements in strategic locations, they can also achieve other multifunctional nature-based solution benefits that are marketable, through programmes such as the Woodland Carbon Code.

In utilising these sources of funding, we have the opportunity to progress shared investments with partners and combined schemes. These have the potential to reduce overall funding requirements through economies of scale, affording us greater efficiency and buying power.

However, despite this range of funding sources, we recognise that there are a number of challenges. A combination of a funding squeeze following the 2008 financial crisis, the Covid-19 pandemic, inflationary pressures and a growth in demand for services has resulted in many local authorities' finances, including ours, being placed under pressure, which will limit our ability to invest in sustainable interventions.

The private sector will therefore have a key role to play with this transition, not only by reducing their own emissions, but through providing the funding for green and circular infrastructure at a local level, with investors being a source of long-term capital that can complement public funds. It will be imperative to support capacity building in the supply chain to ensure investments to support our net zero ambitions can be delivered.

Partnership working between us, other local authorities, central government, and private businesses will be vital to delivering this strategy, realising the net zero vision, contributing to Levelling Up across Warwickshire and enhancing prosperity.

Key Themes

We have identified six key themes that are fundamental for achieving our strategic aims and aspirations. The following section looks at each theme and summarises what we have done, where we are going, and the gaps that need to be bridged to meet our objectives. The themes are presented separately but there is inherent overlap and synergy between them all.

We have identified in detail our first phase actions to deliver those objectives that relate to our goal of reducing carbon emissions to net zero across the Council by 2030. These are outlined in our **Draft Action Plan**.

It is important to track and share our progress against these objectives and we will do so by using key performance indicators selected from the list of indicators shown for each delivery theme.

Transport

Context

Transport is the largest source of carbon emissions in the County, accounting for 44% of emissions in 2019[1] (our baseline year). Whilst total emissions from the transport sector in Warwickshire have remained relatively static over recent decades, the proportion of emissions generated has steadily increased, due to a fall in emissions from other sectors.

As the Transport Authority, we have a key role in enabling the County to reduce transport emissions. Not only will we need to lead the way by reducing the emissions from the Council's vehicle fleet, but we will need to prioritise options for more sustainable travel that can reduce private car use and inspire behaviour change across the County. In selecting options, we will need to reflect the different challenges and barriers for rural areas versus towns.

Where we are now

Council

To date, we have reduced our own Council transport-related emissions by:

- Investing in two electric cars for Warwickshire Fire and Rescue Service and 10 new school buses with solar panel arrays and battery storage to power ancillary services.
- Initiating a trial to pilot HVO (hydrotreated vegetable oil) in non-operational fire appliances.

County

At a County level, we have supported the decarbonisation of the transport sector by:

- Under the SAfER Schools Award (Sustainable Active Focussing on Environment and Road safety) we work with over 80 schools resulting in air quality and carbon benefits.
- Funding four active travel projects and four projects to implement EV charging points through the first round of the Green Shoots Community Climate Change Fund.

> **85.5% of respondents ranked climate change/carbon emissions as a top three priority when thinking about transport and the environment.**
>
> *(Local Transport Plan consultation)*

[1] www.gov.uk/government/collections/uk-local-authority-and-regional-greenhouse-gas-emissions-national-statistics

- Commissioning a study to understand the scale of the decarbonisation challenge for the transport sector in Warwickshire and key priority areas.
- Committing funding towards on-street EV charging infrastructure.
- Exploring the potential use of hydrogen. Warwick District Council is establishing a Hydrogen Hub which will fuel Warwick and Stratford District Councils' refuse collection vehicles and may be used to fuel other heavier vehicles such as buses.

What we have planned

Council

- We are retaining our flexible agile working policy so that our commuting emissions remain low and we will continue to encourage staff to travel to and from work via more sustainable modes of travel where possible e.g., public transport, walking or cycling.

County

- Continue to engage with the Government's strategy for EV charging and seek funding through government schemes for EV developments.
- Implement a pilot to assess the suitability of delivering on street, residential EV charging points using existing street lighting connections as part of a trial in 2022/23.
- Continue to investigate the development and implementation of rural charging hubs in Warwickshire.
- We are currently drafting our Local Transport Plan 4 (LTP4) which prioritises a shift in travel behaviours. As part of this, we are developing strategies on active travel, public transport, motor vehicles and managing space.

Objectives

Objective	Potential Key Performance Indictor (KPI)
Reduce Council emissions from business travel	• % total electric/low carbon Council vehicles • % of total journeys completed by green travel
Reduce carbon emissions from Council fleet	• % total electric/low carbon vehicles
Improve capacity of EV charging, across the County	• £ million Government funding secured • Number of chargers installed by type • Area coverage of charging points • % total electric/low carbon vehicles
Encourage residents in Warwickshire to make green travel choices, through engagement and communication schemes	• Number of campaign engagements • Number of people engaged with for their views and schemes
Provide low emission public transport options to serve sustainable communities	• % of bus fleet Euro 6 • % of bus fleet low emissions • % of all trips made by bus and rail • Average time to a bus stop/ train station by active travel methods
Reduce emissions relating to school transport	• Number of partnership projects completed
Engage with key stakeholders, including District and Borough Councils and highways contractors, to reduce emissions in their areas of responsibility	• Number of partnership projects completed • % emissions reductions in District and Boroughs and third-party contractors through WCC support/partnership
Support residents in Warwickshire to shift from cars to walking and cycling	• £ of Council funding invested in walking and cycling projects • £ spent by Council in administering incentives • Number of joint projects implemented • Number of people completing cycling training

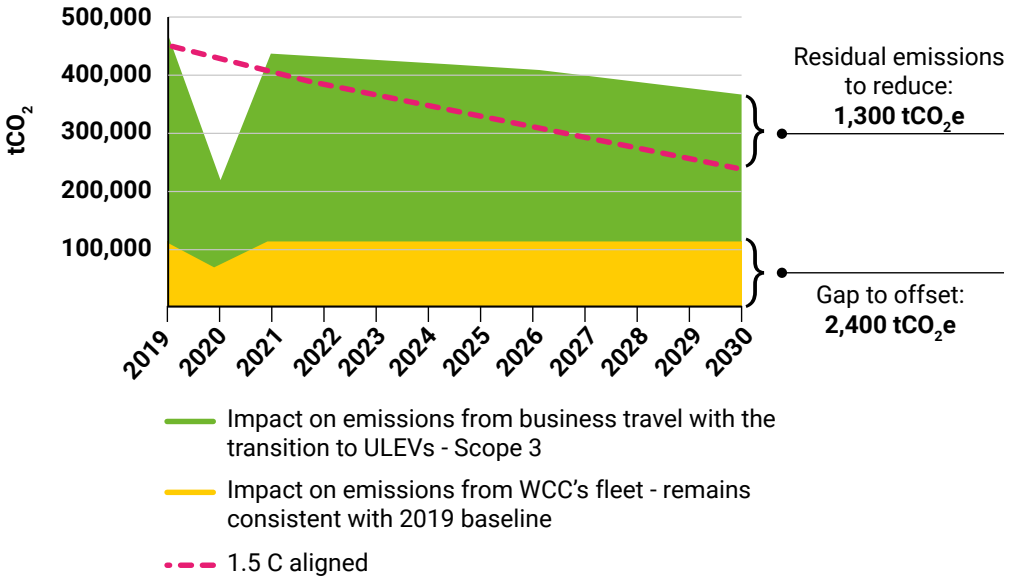
Where are the gaps?

Council

We have mapped how national policies banning the sale of new petrol and diesel car and van sales from 2030 and HGV sales from 2035/2040 will likely impact our business travel emissions. It has been assumed that emissions from the Council's fleet remain consistent with the 2019 baseline. As a minimum by 2030 we will need to reduce our fleet and business travel emissions by approximately 1,300tonnes of CO^2e in line with a science-based 1.5°C warming trajectory[1], but where possible we will reduce emissions further and faster.

To close this gap, we will need to focus on a combination of the following:

- Upgrading our car and van fleet to EVs and continuing to investigate alternative fuels for our other vehicles, including fire engines.
- Implementing a staff travel plan to reduce business travel emissions.
- Assessing emissions related to the care sector and how we can support our staff and contractors to reduce those associated with travel for care work.



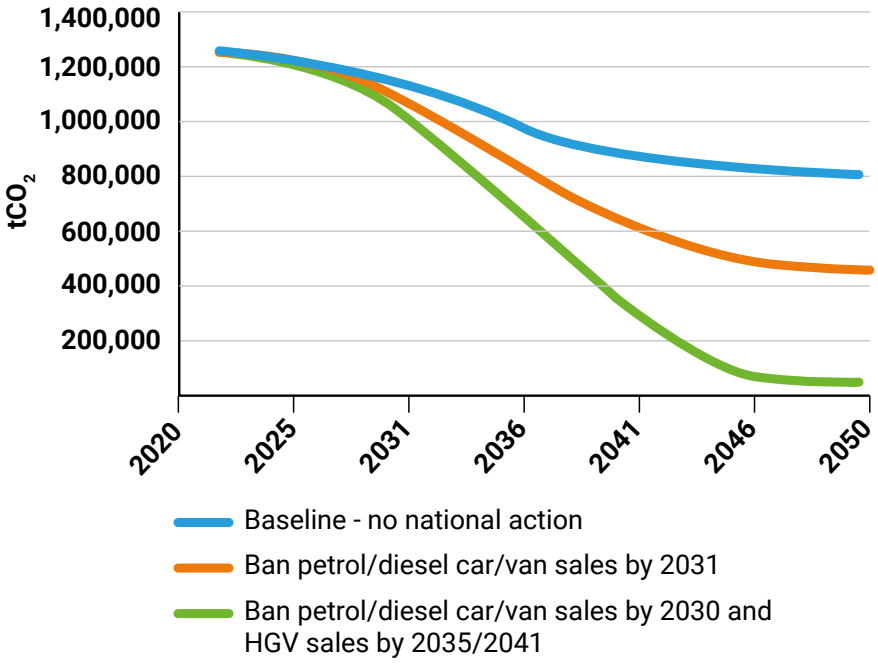
[1]Refers to emissions reduction targets developed to limit global average temperature increase to 1.5ºC above pre-industrial levels

County

The national Government policies of banning petrol and diesel vehicles have been mapped to understand the gap to net zero associated with County-wide transport emissions. No other scenarios, such as modal shift, have been mapped at this stage. The graph indicates that a gap of 43,400 tonnes of CO_2e remains for the County to reach net-zero by 2050.

To close this gap, we will need to build on what is already outlined within Local Transport Plan 4 and link strategies to focus on:

- Promoting integrated and place-based transport planning and development.
- Supporting actions to increase the uptake of active travel by our residents.
- Continuing to support the increase of low and zero emissions vehicle ownership by investing in affordable and accessible public charging infrastructure.
- Investigating the use of alternative and future fuels to reduce emissions from commercial and freight transport. This includes the use of hydrogen as a transport fuel and working with industry to see what further opportunities are available, especially in the north east of the County where there are logistics and distribution headquarters.



You can help by choosing to travel by more sustainable modes of transport where possible e.g., using cycling or walking (especially for short distances), public transport or EVs.

Energy Generation

Context

The UK Government has predicted that the electricity grid will decarbonise by 95% within the next 30 years. This means the electricity will be generated by sources other than fossil fuels such as wind, solar, and potentially nuclear.

Right now the UK is experiencing a fuel crisis. In 2020, 14.3% of Warwickshire households were experiencing fuel poverty and this is predicted to rise over the coming months, bringing concerns that residents and businesses in Warwickshire will have to make extremely difficult choices.

As such, we not only need to move away from fossil fuels for the climate but also to provide ourselves with affordable energy and to improve energy security within our own borders.

Core to the UK Government's Net Zero Strategy is delivering zero carbon energy. So, to support the national grid decarbonisation ambition and to be a County that is powered by clean fuel, we must play our part in generating our own electricity, clean heat and provide more District heat networks. To assist in this goal, we will contribute by supporting clean energy and heat generation projects developed by the Districts and Boroughs Councils.

Where we are now

Electricity

- The County uses approximately 2,333,000 MWh of electricity per year. To support renewable energy generation across Warwickshire we launched the Solar Together Warwickshire Programme which planned for 509 installations of high-quality solar photovoltaic (PV) panels and battery storage. As of June 2022, 21% of these have been completed. We will continue to seek funding to maintain this programme. Through the first round of our Green Shoots Community Climate Change Fund, we have funded six PV projects.
- Additional Solar PV has also been installed at Elliot Park Innovation Centre, which has saved 36 tonnes of CO^2e between December 2021 and September 2022.

> **84% of respondents said they were aware that renewable or zero carbon electricity can be purchased from energy providers.**
>
> *(Voice of Warwickshire panel)*

Heat

- Heat decarbonisation is another critical part of our route to net zero. It is early days in this area across the County, but heat pumps have been successfully installed at one of our fire stations and one of our care homes as alternatives to gas fired heating.
- At the County level, the Warm and Well in Warwickshire programme, delivered by Act on Energy, has been in place as a tool to support with private energy change queries and opportunities for change within homes and businesses.

What we have planned

Council

- We are currently planning to develop an Energy Policy and Energy Strategy for the Council and identify funding by the end of 2022 for the delivery of our first renewable targets anticipated from 2023 onwards.

County

- We will continue to increase energy flexibility within the County and support the remaining 80% of installations under Solar Together.

You can help by, where possible, purchasing energy from renewable sources and taking opportunities for renewable energy installations on owned buildings. Act on Energy can be used as a resource to provide advice on potential options.

Objectives

Objective	Potential Key Performance Indictor (KPI)
Reduce carbon emissions from the Council's existing buildings	• Agree a revised Energy Policy and Strategy • MWh heat delivered through heat network • Number of buildings connected to heat network • tCO_2e saved by heat networks • Total kilowatts peak (kWp) installed
Identify and implement opportunities for District heat networks Countywide	• MWh heat delivered through heat network • Number of buildings connected to heat network • tCO_2e saved by heat networks
Identify opportunities for hydrogen production	• % energy replacement by hydrogen (as a comparison against total energy demand)
Identify and implement community schemes	• Total kilowatts peak (kWp) installed • tCO_2e/year saved compared to grid electricity • MWh of renewable heat installed • Number of installations • £ funding secured to allow delivery of first renewable energy scheme
Engage with stakeholders (e.g. Energy Innovation Zones, Midlands Energy Hub, Energy Systems Catapult) for lessons learnt and joint partnership opportunities	• Number of partnership projects identified
Identify and implement opportunities for battery storage technologies	• MWh installed storage capacity • tCO2e/year saved compared to grid electricity
Facilitate the expansion of electrification of heating and transport by working with partners and accelerate take-up of smart energy systems and storage where feasible.	• Negative impacts have a mitigation plan

Where are the gaps?

Council

Going forward, it will be key to identify opportunities and undertake feasibility studies for the installation of renewable technologies on Council owned buildings and land, to help decarbonise the electricity the Council consumes. Furthermore, identifying funding and financing options, including crowdfunding and community energy funds, will play a key role in this decarbonisation goal.

County

To help meet national grid electricity decarbonisation targets and support the decarbonisation of heating, we will need to continue to increase the volume of in-County renewable energy generation, encourage change to alternative heating networks, and understand and exploit the opportunities presented by the hydrogen economy. We will address this gap through studies and investigations into the opportunities available to us, particularly in addressing the objectives we have set out above.

Built Environment

Context

Emissions associated with the built environment are a significant contributor to the County's emissions and make up 72% of our own scope 1 and 2 carbon footprint. The main challenge for the built environment, both domestic and non-domestic, is tackling emissions from heating and cooling, particularly in the use of natural gas. Constructing new and retrofitting existing buildings to minimise energy consumption and shift to renewable sources is vital to support the built environment to become net zero by 2050 and for us to meet our Council target to be carbon net zero by 2030.

Addressing energy consumption and efficiency within domestic buildings will help to also tackle fuel poverty. Decreasing electricity demand will also provide energy security for the commercial and industrial sectors while reducing business costs.

Where we are now

Council

- We currently purchase 100% green electricity for our own buildings and have already undertaken some initial investigations to understand how we can reduce energy consumption by improving the energy efficiency of our buildings.

County

- Through the first round of our Green Shoots Community Climate Change Fund, we funded nine projects to improve energy efficiency
- In 2021, we also launched the Warwickshire Property and Development Group (WPDG) to deliver new affordable and market priced homes and a range of commercial, mixed use and renewable energy opportunities across the County to support the County's decarbonisation journey.
- We have been replacing sodium bulbs with LEDs in our streetlights.

What we have planned

Council

- Continue the replacement of sodium bulbs in streetlights with LEDs.
- Whilst we have made a start on understanding the requirements of our buildings and what needs to be done, we will continue to refine and implement findings from studies already undertaken.
- Include emissions and energy performance as a potential consideration when deciding which surplus buildings to divest.

County

- At the County level, more effort will be placed in developing partnerships, especially with the District and Borough Councils over the role of the planning and development process. The reality is that the biggest carbon reductions are going to occur by decarbonising existing and new houses, and as the Local Housing Authorities, the District and Borough Councils will play the lead role on this. It is expected that households most vulnerable to fuel poverty will be prioritised.

Objectives

Objective	Potential Key Performance Indictor (KPI)
Reduce carbon emissions from the Council's existing buildings	• kWh/m2/year energy consumption of Council buildings • Reduction in natural gas consumption in Council buildings • tCO2e/year from Council buildings • £ million Government funding secured • Number of completed net zero audits • % of staff trained in energy efficiency, capability/ knowledge in fitting new technologies and retrofitting • % of total energy consumption covered by green tariffs
Develop programme to reduce water wastage	• Behavioural and maintenance programme established to reduce wasted water
Minimise carbon emissions in any new WCC building	• % of new developments/buildings achieving net zero standards
Support local private businesses to meet the net zero target	• £ grants provided to businesses • kWh/m2/year energy consumption from commercial sector • Number of businesses participating • Number of partnership projects completed • % of new developments achieving net zero standards
Support residential care to reduce carbon	• £ grants provided to businesses • kWh/m2/year energy consumption from care sector • Number of training events delivered
Work in partnership with our Districts and Boroughs to minimise carbon emissions in existing housing and net zero in new housing	• % compliance amongst landlords reviewed • Number of homes retrofitted • Number of homes in each EPC band • Number of partnership projects completed • % of new homes achieving net zero standards
Engage with partners to overcome current barriers	• Number of of changes, decisions, ideas taken forward through engagement

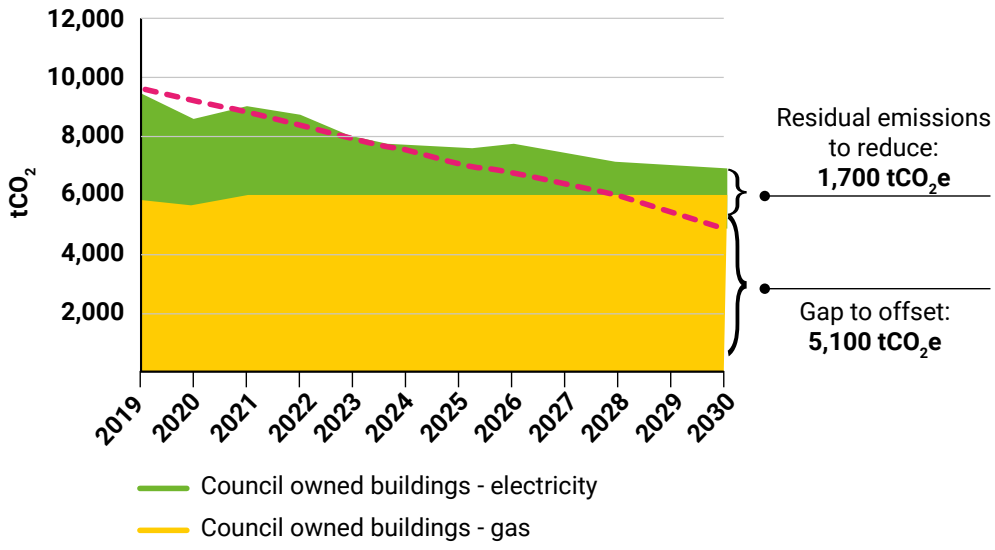
Where are the gaps?

Council

To remain in line with the 1.5ºC science-based climate change trajectory, we must reduce our emissions from Council buildings' energy use by a minimum of 1,700 tonnes of CO_2e by 2030. To close this gap, we will need to focus on:

- Addressing the current gap in our knowledge of energy use within our decentralised assets. This will enable us to develop a priority list of assets to be decarbonised.
- Post-2030 emissions associated with electricity use will continue to decrease as the grid electricity decarbonises. Whilst we must still have a focus on operating buildings efficiently, our main challenge will be decarbonising our natural gas heat supply.
- Undertaking further property decarbonisation feasibility studies to identify the best options for retrofit and building decarbonisation across our portfolio.
- Completing a review of all our owned or leased buildings with service areas to identify future needs, how this might impact energy use and our carbon footprint.
- Identifying increased opportunities to co-locate with partners.
- Using our estate to support renewable energy schemes.

County

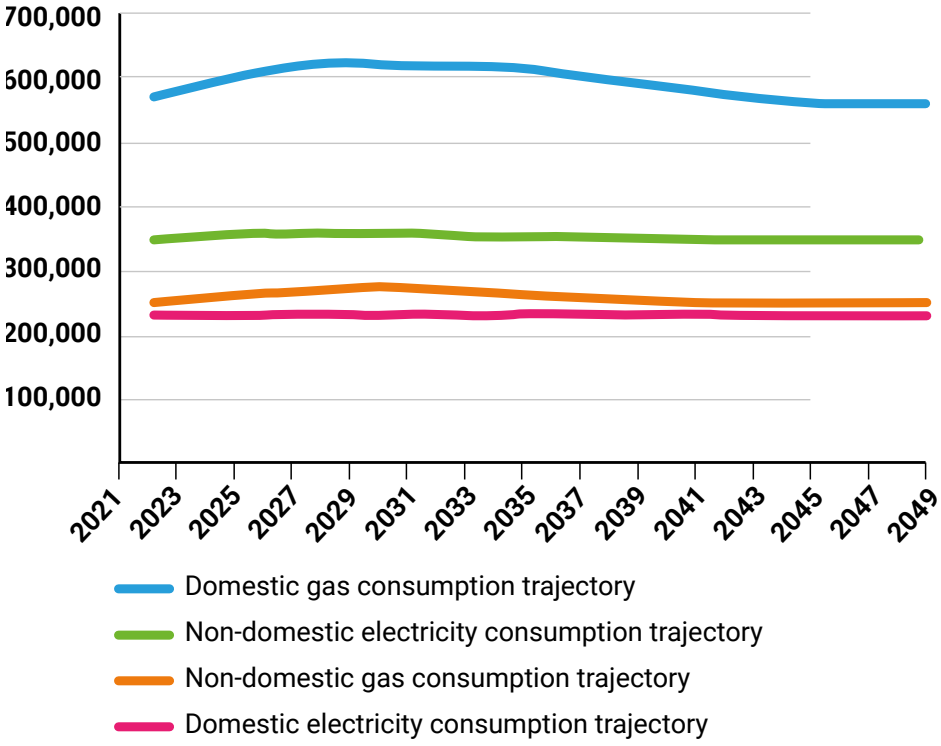


Scenario analysis has helped us understand our future energy use and associated carbon emissions based on national policies and our existing plans. Decarbonising heat (i.e., a replacement for natural gas) is a key priority.

To close the gap, we will need to focus on:

- Prioritising retrofit options e.g., fabric first approach, energy control and monitoring system, energy efficiency measures followed by heat and electricity changes.
- Encouraging behaviour change across the County, including working with District and Borough Councils, landlords and homeowners to support property retrofits that improve energy efficiency, with a particular focus on homes with high energy costs and households vulnerable to fuel poverty.
- Investigating setting up a task force of experts from local and national government, academia and infrastructure to drive the decarbonisation of heat.
- Working with planning authorities to create sustainable developments (such as 15-minute neighbourhoods) and setting ambitious net zero carbon policies and standards[1] for new builds that exceed Part L Building Regulations.
- Working with, supporting and encouraging local businesses to retrofit and implement new technologies which reduce reliance on natural gas.
- Continuing to liaise with District and Borough Councils to discuss how planning considerations can include options for climate change mitigation.

[1]A cross industry initiative has been activated to develo a UK Net Zero Building Standard. www.nzbuildings.co.uk



You can help by improving the energy efficiency of your house through using energy responsibly and prioritising retrofit options where available.

Resources, Waste & Circular Economy

Context

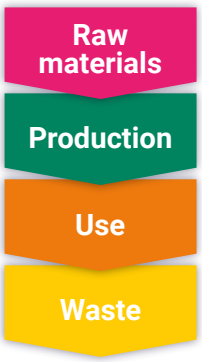
We are the waste disposal and planning authority within Warwickshire. We adopt the waste hierarchy to prevent, reduce, reuse, recover and only then, dispose of our waste. But we want to go much further and adopt the principles of a circular economy.

Circular economy principles move away from a linear *take, make, consume and throw-away* society, towards one that minimises waste and pollution, keeps products and materials in use for as long as possible and supports the regeneration and protection of natural resources.

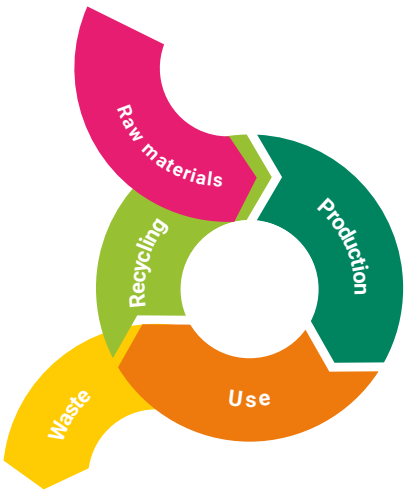
The linear economy results in the production of cheap products that wear down easily and lead to a higher rate of disposal. This places consumers in a vicious cycle of continuously replacing cheap items. A circular economy looks to address this imbalance with a focus on better quality products that last longer and repair and return services for items that break or are worn out.

The circular economy considers the whole cycle of resources - design, manufacture, use, (e.g., repair cafes, resource exchange and second-hand shops), followed by operations for retaining resource value (such as recycling) at the end of life.

Combining waste management with economic design and innovation and by working in partnership with partners and businesses, we can also add social value across the County.



Traditional linear approach



Approach with feedback loops (where we are heading)

Circular economy approach (where we need to be)

Where we are now

Much of the work we have done has focused on waste reduction. Actions we have already taken include:

- Considered the environmental and carbon impact of our waste services e.g., haulage services when awarding contracts.
- Procured a food waste recycling service at a facility that is dedicated to treating food waste.
- Given residents three options for green garden waste (pay for green bin kerbside collection; Council subsidised hot and cold composting bins; take to recycling centre) .
- Used energy recovery facilities to recover value from residual waste by producing electricity and heat, whilst aiming to send less than 10% of our total household waste to landfill.
- Holding quarterly meetings with Districts and Borough Councils on waste – the Warwickshire Waste Partnership.
- Establishing reuse shops or collection points at all our recycling centres.

What we have planned

In the next two years we will be implementing the following emissions and waste reduction activities:

- Warwick and Stratford District Councils have moved to general waste collection every three weeks, with weekly separate food waste collection. We expect recycling within those Districts to subsequently increase and for residual waste to be minimised. Once the new collection arrangements have been evaluated, other Districts and Boroughs may consider a similar approach.
- Responding to the National Resources and Waste Strategy consultation to help central government shape the future of waste. The three core pillars are likely to be extended to producer responsibility, deposit return scheme and consistency in collections.
- Preparing and implementing a new Local Resources and Waste Strategy following publication of the National Strategy.

You can help by reducing overall consumption and repairing your items rather than buying new. Consider where you purchase your items. Reduce single use plastic and buy local.

Objectives

Objective	Potential Key Performance Indictor (KPI)
Reduce amount of waste per head to near zero to landfill by 2050	• Total waste (kg) per household • Total waste (kg) per business • kgs of residual household waste per household • % household waste sent to landfill • Number of of households receiving Waste Education • % of household waste re-used, recycled and composted • % of household waste re-used, recycled and composted at the household waste recycling centres
Reduce Council building waste	• Weight of waste (kg) reduced against previous year • % waste to landfill • % waste recycled
Reduce emissions from collected waste	• Tonnes of carbon emitted by the Council as a waste disposal authority • Tonnes of carbon emitted by the District and Borough Councils
Drive ambition for circular economy approaches and reduction of waste	• Number of engagements with other Councils • 100% Circular Economy Roadmap delivered
Support communities and residents to adopt circular economy approaches	• Number of events per year and number of attendees at events • Number of training events • £ from grants delivered for circular economy initiatives (via community grants programmes)
Support businesses to adopt circular economy principles	• £ from grants delivered for circular economy initiatives (via business grants programmes) • Number of events/hubs per year and number of attendees at events
Council adopting circular approaches in procurement	• % contracts which include circular economy specifications • % recycled content on new roads • % of Council spend on circular products and services
Drive circular construction and maintenance	• % projects/developments delivered with reclaimed and/or recycled materials

Where are the gaps?

Our future Local Resources and Waste Strategy, which will follow on from the National Resources and Waste Strategy, will provide details on how our circular economy objectives will be developed and implemented.

To fill the gaps, we will need to:

- Improve education campaigns to encourage behaviour change on reducing consumption.
- Work with our manufacturing businesses to change the approach to design, so that within our County we are using sustainable materials in the first instance; reducing the use of materials; remanufacturing products during use; designing for disassembly at end of life; and recycling where there is no preferred option.
- Work across all sectors to extend product life. As a Council we need to support reuse, sharing, redistributing, donating, repairing, and remanufacturing within our County. We will need to work with shops and businesses, as well as community projects, to provide the infrastructure and tooling to allow this to happen.
- Explore new business models. We will look at our business grants, loans and funding mechanisms to encourage new and innovative products e.g.: 'as a service' offerings, product renting, sharing, re-selling, or leasing.
- Treat waste as a resource. We will look for opportunities to use waste of any kind as a source for a new product.
- Encourage the prioritisation of resources that are renewable, non-hazardous, compostable and have minimal packaging.

We need to do all this whilst recognising that the population is growing and under current trends waste is predicted to increase.

Sustainable Communities & Green Economy

Context

A sustainable community is one where people are supported to live healthy, happy, equitable and independent lives. A green economy supports sustainable economic growth with a central focus on reducing societal and environmental risks and embedding climate adaptation into its construct. This theme is based on the following principles:

- All people are supported to create and enjoy prosperity. There is a focus on growing wealth for wellbeing (not just financial wealth but the full range of human, social, physical and natural capitals). People are supported to live active lifestyles with access to healthy, local, affordable food that is grown sustainably and with regenerative methods.
- Equity is promoted. It has a community powered approach – conditions are created for communities to help themselves and lessen the gap between the most and least capable. Equitable distribution of opportunity and outcome is promoted.
- Nature is safeguarded, restored and supported by an economy which invests in protecting, growing and restoring biodiversity, soil, water, air, climate and other natural systems.
- Sustainable consumption and production are supported, resulting in a low-carbon, resource-conserving, diverse and circular economy with local access to goods and services. Economic development enables economic growth without raising resource consumption.
- Communities are connected physically, digitally and with a sense of community spirit. No one is left in isolation, loneliness or in poverty.
- Accountable and resilient institutions are the cornerstone. This means institutions that are collaborative and coherent. It requires a joined up collaborative approach to amplify and maximise impact. In doing so, communities will feel a sense of democratic empowerment.

We want to see the development of new green jobs and technology, whilst supporting the 'greening' of our key priority sectors – automotive, manufacturing and engineering; tourism; and digital creative. We recognise the important role played by our farming community and want to encourage local, sustainable enterprise that supports healthy lifestyles[1] and diets.

This is a change from the status quo and will involve a shift in priorities.

[1]*Healthy lifestyles support economic growth through less premature death which increases the working age population. When people are healthy, absences in sickness decline and workers are less distracted by managing their conditions or those of loved ones.*

Where we are now

- We have been delivering industry-based support across different programmes and finance schemes as part of the process for long-term business growth in Warwickshire (e.g. through the Warwickshire Recovery Investment Fund). Some of this support prioritises investment to energy efficiency and low carbon innovation.
- Our partnerships are vital in helping create regional change and expanding the boundaries and capabilities of Warwickshire businesses. Fo example, we have worked with Coventry City Council through the Innovation Programme to help businesses become more innovative and efficient. Additional work with Coventry is delivered through the Coventry and Warwickshire Green Business Programme, which promotes and supports energy efficiency measures.
- In addition to these partnership efforts, we have delivered a series of webinars to Warwickshire's small and medium enterprise businesses, to provide inspiration and practical support in their journey to net zero.
- The Community Powered Warwickshire programme, initiated in 2021, is being used as a pathway for harnessing the power of our communities to tackle inequality and social inclusion. This is being funded through the Warwickshire Social Impact Fund. A notable strength of Warwickshire is the ability for community action to make a positive contribution, especially noting the role of our active voluntary community and social enterprise (VCSE) sector. Community Power has been identified as a place shaping approach to help deliver on the Council Plan priorities of Vibrant Economy and Places, Best Lives and Sustainable Futures. We are taking forward the learnings from this to longer term community-led approaches.
- We are increasing resilience, adaptability, and mitigating climate change whilst using community powered initiatives in Warwickshire such as the Green Shoots Community Climate Change Fund.

What we have planned

- We are and will continue to participate in the EcoSchools programme which empowers and motivates pupils to drive change and improve environmental awareness in their school, local community and beyond.
- Following the publication of our Countywide approach to Levelling Up, written in response to the Government's Levelling Up White Paper we will be supporting the most vulnerable communities and promoting regeneration in the right places. Partnering with District and Borough, and Town and Parish Councils is key to this.
- Under our current business support programmes, we will continue working with local businesses to promote and support a low-carbon County, and further support businesses to change their supply chains to more sustainable options.
- As the Administrating Authority of the Warwickshire Pension Fund, we will be implementing our Investment Strategy for our over 50,000 members, having regard to environmental factors in the operation of the Fund as expressed in Responsible Investment and Climate Risk Strategies. The Fund will consider divestment where engagement does not or cannot work. We have also recently updated our Procurement Strategy which through the Social Value strategic pillar seeks to secure wider benefits for communities, the economy and the environment and support our vision to strengthen communities across the County. The Fund will engage with our 206 active employers to influence and promote responsible investment, carbon reduction and other activities to fight climate change and to mitigate exposure to climate risk and its resultant impact on asset liability.

You can help by being engaged with us, by supporting businesses with a green ethos, and by being innovative to reduce consumption.

Objectives

Objective	Potential Key Performance Indictor (KPI)
Lead by example, procuring sustainably and supporting new green markets	• % contracts which include green economy specifications • % of Council spend on circular products and services • Number of of main contractors providing carbon emission data e.g., highways, property and social services
Support businesses and communities to adopt a green economy	• Number of of public resources shared • Increase take-up of the Coventry and Warwickshire Green Business programme from 56% to 65% by 2023 • £ from grants delivered for green economy initiatives (via community and business grants programmes) • Value of loans and grants funded by WCC
Target business support for low carbon development, as well as minority and socially responsible businesses	• % of support provided to target groups
Support economic growth of key sectors and help them transition to a low carbon economic model	• £ of funding secured to advance transition to low carbon economic models • % growth of key business sectors
Increase engagement (two-way) and partnership with community groups	• Number of of engagements increased • Number of of changes, decisions, ideas taken forward made through engagement • £ spent on supporting EcoSchools
Encourage increase in sustainable food production and access to local markets	• Number of of markets selling locally produced sustainable food • Number of of Council-owned farms producing sustainable food
Integrate healthy diets into The Healthy Lifestyles Programmes	• Number of of programmes delivered • Number of of people receiving programmes
Increase direct access to Council support	• Number of of people making contact with Council

Where are the gaps?

We have begun supporting a low carbon economy, but we recognise we need to do more. We will:

- Define a strategy and roadmap for adopting the sustainable communities and green economy principles aligning with the circular economy principles.
- Change the conditions by which we invest in, and support businesses, so that a green economy principles are prioritised, along with ensuring skills and training reflect the skills gap. We will engage with partners and educators to deliver specific skills and training opportunities to alleviate stress from technological unemployment.
- Convene stakeholders to scope transition pathways, and to generate shared commitment and effective partnerships. We need to engage more fully with community and interest groups.
- Leading by example by changing our procurement processes and priorities to support a green economy including low carbon, social equity, and increased biodiversity.
- Lead by example through ensuring our own companies take action to support green economy including the Warwickshire Property and Development Group, Educaterers and others.

Natural Capital and Biodiversity

Context

Global threats to biodiversity and the climate emergency are two of the largest threats to humanity that require both local and global action. Biodiversity should be protected and enhanced because it provides the foundations for life on earth, supporting the provision of ecosystem services and socio-ecological resilience for humans. This was evidenced by The Dasgupta review on the 'Economics of Biodiversity' (2021) which recognised that the solution to the biodiversity emergency starts with recognising that economies are embedded within the natural environment, rather than being external to it. The review calls for transformative change in the way we think, act and measure success.

More broadly, a natural capital approach is increasingly recognised as a way of viewing nature as an asset that should be protected given its critical importance to our own survival. The approach highlights the range of goods and services which make human life possible. Some of these are tangible – like water and food – while others are intangible, like clean air, a stable climate, and biodiversity. A natural capital approach focuses on these benefits and attempts to factor them into more balanced and sustainable decisions.

A natural capital approach underpins the UK Government's 25-Year Environment Plan and its underlying objectives. It also helps with monitoring the environment and ensuring the delivery of nature positive outcomes, including those required by environmental markets such as voluntary carbon markets. The UK Government has made continued efforts to promote the use of a natural capital approach by developing national accounts and disseminating evidence that can be used in decision-making.

Where we are now

We have undertaken a number of initiatives related to natural capital and biodiversity including:

- In 2008 we published our Biodiversity Strategy "Working for Warwickshire's Wildlife".
- Our 2013 Sub-regional Green Infrastructure (GI) Strategy set out evidence for the preparations of plans, policies and programmes to protect and enhance GI, while recognising the importance of GI in delivering multiple ecosystem services that contribute to our environmental, social and economic wellbeing.

- In 2014 we participated in Defra's Biodiversity Offsetting trial. Since then, we have set up the first Local Planning Authority-led mandatory Biodiversity Net Gain (BNG) market and rolled-out the Warwickshire BNG metric . This has generated over £5 million of funding for the protection and enhancement of our natural assets.
- In 2016, an Ecosystem Service Mapping project was undertaken for Warwickshire, Coventry and Solihull.
- We set up the initiative to plant a tree for every resident in Warwickshire alongside partners, amounting to around 566,000 trees by 2030.
- Published a Natural Environment Investment Readiness Fund (NEIRF) report which explores potential funding mechanisms to support our environmental ambitions.

What we have planned

A key focus of our Strategy is to develop our philosophy for using our Biodiversity Investment Fund and for furthering recommendations in the NEIRF. Two key components of this investment philosophy will be:

- New sites within Warwickshire should be chosen strategically to maximise habitat connectivity and benefit to wildlife, where long-term management can be secured.
- Using a small proportion of the fund to finance competitive prizes that incentivise emerging environmental pilots and markets that deliver multi-functional benefits.
- Our current biodiversity strategy (2008) should be updated to reflect new environmental legislation and enable us to remain agile in the face of future legislation.
- With clear timescales and targets for tree planting, we have committed to plant 566,000 trees by 2030. We are focused on delivering at scale by directly planting at least 20,000 trees by 2023, reaching a total of 352,000 by 2030, with the remainder planted in partnership with the District and Borough Councils and landowners. It should be noted that the target to deliver 566,000 trees may be increased due to incoming policy updates within the new Local Plan. We are also exploring the development of a Warwickshire-based carbon offset market, to support tree planting and alignment with the Woodland Carbon Code.

- The NEIRF strategy explored the potential for the development of further ecosystem services markets beyond biodiversity and carbon. It highlighted that an air quality market would be required, subject to significant research in appropriate mitigation measures and their estimated costs. The strategy also identified significant potential to develop a voluntary nutrient balancing market linked to agriculture. We are planning to explore the potential for mandatory or voluntary markets relating to these ecosystem services.
- We will continue to monitor and manage our GI assets and expect that the national BNG metric and market will supersede our current approach. Furthermore, we will be working with Natural England to develop a Local Nature Recovery Strategy.
- We are planning to establish a tree nursery, enabling and ensuring the supply of trees to meet Warwickshire's 2030 tree planting pledges and replacement stock. This will include the added benefit of the ability to grow specific varieties of flora that thrive in Warwickshire and are resistant to pests and disease, have a low carbon footprint from reduced transport and the potential for the development of arboriculturist apprentices.

Objectives

Objective	Potential Key Performance Indictor (KPI)
Support District and Borough Councils to become leading local planning authorities in embedding natural capital into decision making	• Number of of WCC landholdings with natural capital accounts • County wide metrics for key ecosystem services
Establish innovative environmental markets to achieve Environmental Net Gain and fund nature recovery and enhancements across the County by 2050	• Number of of pilot Payment for Ecosystem Services (PES) schemes undertaken by 2030 • £ secured for the provision and enhancement of ecosystem services • % increase in key ecosystem service provision by 2050
Further develop plans and strategies in response to the enhanced 'Biodiversity Duty' on public bodies. Support people to understand the value of the natural environment	• Plans are updated by 2024. • Number of of engagements increased - engaging with people to understand value of natural environment • Number of of changes, decisions, ideas taken forward made through engagement • Number of officers identified as formal biodiversity champions within each WCC department
Provide strategies and plans for key sectors across the County to deliver measurable enhancement, increases, and protection of target habitats and species, as well as their connectivity, abundance, quality, and diversity by 2050	• % increase in coverage and connectivity of habitats in Warwickshire • Area of additional land purchased for habitat connectivity
Manage, enhance and restore habitats across the County to increase land-based sequestration and contribute to net zero targets by 2030	• % increase in green space • Number of trees planted • Number of tonnes of CO_2e sequestered through habitats per year by 2030 • of carbon credits created through the Woodland Carbon Code per year until 2030

Where are the gaps?

It is recognised that we still have a long journey ahead. We aim to be an example to other local authorities by delivering BNG, net zero, and environmental net gain, via the following objectives:

- Develop a natural capital investment strategy, including a roadmap in terms of how we manage our natural assets. It will outline our approach to investing in nature and biodiversity.
- Work with the District and Borough Councils to encourage policies into Local Plans that embed the idea of environmental net gain through maintaining and enhancing the provision of ecosystem services.
- Explore further funding opportunities to support tree planting initiatives and the development of further County-wide Payment for Ecosystem Services markets.
- Scope and design a pilot scheme for the high priority potential environmental markets identified in the NEIRF report.
- Develop and regularly update a County wide baseline natural capital account to monitor and manage our natural assets.
- Develop a robust plan for use by local developers, consultants and planners to transition from our BNG metric to the national mandatory BNG metric.
- Develop an offsetting strategy for our tree planting targets to determine their spatial scope and ensure they contribute to our 2030 net zero targets.

You can help by taking an active role in the protection and enhancement of natural environments and habitats when visiting natural spaces.

Appendix A

Terminology

Absolute reduction	Generally, 90% reduction from the baseline across Scope 1, 2 and 3.
Biodiversity Net Gain	A concept for development and/or land management that aims to increase biodiversity, using quantitative and qualitative approaches.
Carbon Neutral	Balance between carbon emitted and carbon removed from the atmosphere through investment in carbon offsets.
Carbon Offset	A reduction in GHG emissions – or an increase in carbon storage (e.g., through land restoration or the planting of trees) – that is used to compensate for emissions that occur elsewhere.
Circular Economy	A model of production and consumption which minimises waste through sharing, leasing, reusing, repairing, refurbishing and recycling existing materials and products for as long as possible. This aims to reach maximum efficiency in the use of finite resources as part of creating a sustainable, productive economy.
Green Economy	Broader than a low carbon economy; it aligns to the wider context of the UN SDGs. An approach to sustainable economic growth with a central focus on reducing societal and environmental risks and ecological scarcities. It embeds climate adaptation into its construct. It transitions from the current 'growth-based' approach to investments, employment, and skills towards growth without degrading the environment, and the wellbeing and prosperity of citizens.
ISO14001 Environmental Management System	Sets out the criteria for an environmental management system that can be certified to. This helps us as an organisation to make sure we are setting up and following an effective system for managing environmental factors.
Natural Capital	Stocks of the elements of nature, such as forests, fisheries, rivers, biodiversity, land and minerals. Stocks of natural capital provide flows of ecosystem services over time which produce a wide range of benefits.
Natural Capital approach	Framing nature as an asset, or set of assets, that society benefits from and attempts to assess, in qualitative, quantitative and monetary terms, the ability of natural assets to provide ecosystem services, in order to make them more visible in decision making. It enables a much clearer picture of what we stand to gain or lose when we make decisions about how to manage or consume natural resources.
Net Zero	Balance of carbon emissions and removals, focusing on 'absolute reductions' in operational boundaries prior to investments in external carbon removals.
Sustainable	Meeting the needs of current generations without compromising the needs of future generations.
Prosperity	Growing wealth for wellbeing (not just financial wealth but the full range of human, social, physical and natural capitals).
Zero Carbon	No emissions are produced from a product or service.

Appendix B

Key Trends

We have assessed the key trends within sustainability and climate change (including changes in demographics, technology, behaviours, and factors such as the Covid-19 pandemic) across the short, medium and long term and how they may impact the Council and the wider County. The assessment has provided input into our themes and actions as impacts to the Council and County.

People Changes

Changes in Behaviour
During the pandemic there has been an increase in active travel and sense of 'local' work and shopping

Green Technology Jobs
Influence of climate change on the economy

Changing Population Demographics
Risks of technological unemployment, impact to food supply and others

Technology Changes

Changes in Energy
The Energy White Paper (December 2020) provides an indication about how the government will address energy related climate change challenges

Transport
Move towards electric vehicles

Automation
Risks of technological unemployment, impact to food supply and others

Policy Changes

Changes in Energy
New policy and strategic intents to influence response to medium-term challenges e.g. Climate Change Committee 6th Carbon Budget

Waste Management
Encourage residents and businesses to participate in a circular economy, minimise waste, and maximise recyling and reuse

Net Zero Carbon Target
Influence of climate change on the economy

2022 **2050**

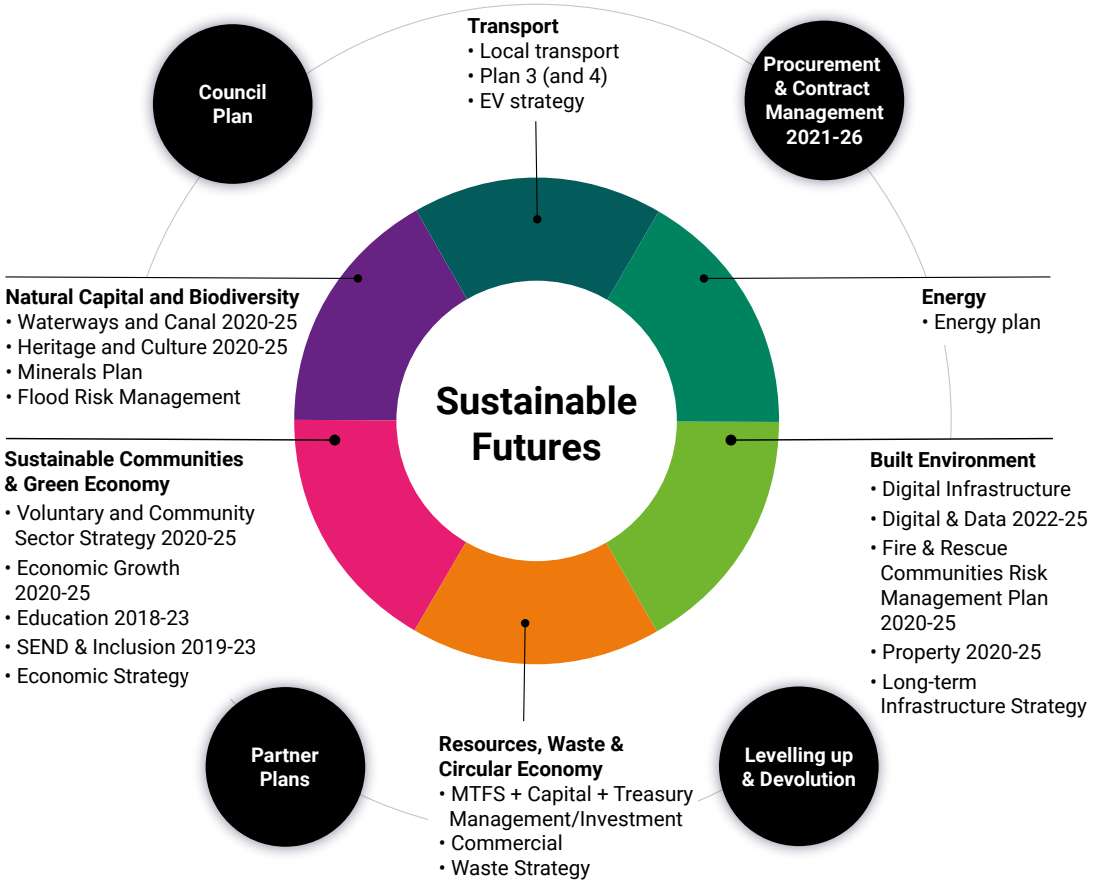
Appendix C

Strategy Alignment

Warwickshire County Council policies, plans and strategies

This strategy combines our ambitions related to climate change, biodiversity and creating a sustainable County while aligning with other key Council plans and strategies to support delivery.

There is clear alignment between our Sustainable Futures Strategy and the Council's overall strategic framework and our delivery approach. Sustainable Futures is a key priority in the Council Plan (2022-2027) and we are committed to make Warwickshire the best it can be, sustainable now and for future generations. Both set out the strategic aims and aspirations to achieving net zero and tackling the global biodiversity crisis. This strategy is relevant to every part of the Council, and we are clear that we need to integrate sustainable thinking in all that we do. There is a natural link to the UN Sustainable Development Goals, and we are committed to actions in support of these goals where they are relevant to our locality.



Alignment with UK Legislation

This Strategy is comprehensively aligned with UK policies and strategies.

Levelling up approach

In July 2022 WCC's Cabinet approved the Countywide approach to Levelling Up in Warwickshire. The intention of Levelling Up is to support communities and places, helping those that need it most to improve life outcomes across all aspects of life, including health, education and employment. The approach translates the national agenda for the County, creating a local definition that complements the 12 national missions set out in the Levelling Up White Paper. Sustainable Futures is one of the four core elements, defining what Levelling Up in Warwickshire means at County, place and community level.

This Sustainable Futures Strategy, and plans being developed by the District and Borough Councils, are critical to making this happen. We have built the Levelling Up approach into this Strategy by considering how we will work with communities and partners, in prioritising actions within the County and our access to funding.

Local Councils and Partners

Working with Warwickshire District, Borough and Town and Parish Councils and our health partners is essential to becoming a net zero county by 2050. This Strategy aims to align their objectives and strategies with our own, so we are all moving in the same direction within Warwickshire. This Strategy identifies the importance of directing sustainable actions where there is more appropriate control. Therefore, in some themes, actions are about supporting and partnering with other Councils and organisations to deliver their ambitions through effective collaboration and sharing best practice.

Wider regional alignment

Our County is well placed to work with wider regional partners including Coventry City Council and Solihull Metropolitan Borough Council, the West Midlands Combined Authority, local universities, the NHS and the Coventry and Warwickshire Integrated Care System, Warwickshire Police and others. To enable effective partnership working and use our collective powers, this Strategy reflects lessons learnt and opportunities from regional partners' strategies.

Appendix 2

WARWICKSHIRE SUSTAINABLE FUTURES STRATEGY

DRAFT ACTION PLAN

This document includes our first phase planned actions to meet our goal of reducing carbon emissions to net zero across the Council by 2030. They are each aligned to the six key themes outlined in the draft Sustainable Futures Strategy. Actions will regularly be updated as progress is made and new ones are identified. Updates on this action plan will be shared via **www.warwickshireclimateemergency.org.uk**

Theme	Activity Area	Objective	Action	Timeframe	Categorisation comment	Enabling Actions
Transport	Council Business Travel	Reduce Council emissions from business travel	Care worker travel - investigate options for better journey/visit planning to stop multiple cross County journeys every day and make visits more efficient. This will reduce emissions. Options could include a digital solution to plan journeys/visits. Also consider including contract conditions on external providers to have a plan to reduce inefficient journey planning	Short-Term	Reduction by 2030, as the increase of efficient care work travel will lead to a direct decrease of emissions associated with business travel	Funding Behaviours Engagement
Transport	Council Business Travel	Reduce Council emissions from business travel	Care worker travel - investigate ULEV and ZEV leasing schemes for care workers, and for contracting staff. Supporting both staff and contactors to change their vehicles will reduce emissions quickly and drastically	Short-Term	This will support the carbon reduction by 2030, as the increase of low carbon vehicles will lead to a direct decrease of emissions associated with business travel	Behaviours Engagement
Transport	Council fleet	Reduce carbon emissions from Council fleet	Replace end of life Council fleet with ULEV and ZEV and low carbon fuels	Long-Term	This will support the carbon reduction by 2030, as the increase of low carbon vehicles will lead to a direct decrease of emissions associated with business travel	Funding Resources
Energy	Council owned buildings	Develop revised Energy Policy and Strategy	Agree a new Energy Policy and Strategy with the objective of accelerating the implementation of energy efficiency measures and renewable energy generation expansion	Short-Term	A new Energy Policy and Strategy in place will provide policies, direction and procedures for how low carbon energy is to be generated and used within council buildings. This will indirectly contribute to decarbonisation of the Council's estate by 2030	Resources

Theme	Activity Area	Objective	Action	Timeframe	Categorisation comment	Enabling Actions
Energy	Council owned buildings	Reduce carbon emissions from the Council's existing buildings	Complete area mapping to identify opportunities for renewable technologies to be installed in Council owned buildings and land	Short-Term	Mapping activity must occur as it enables follow-on feasibility studies and ultimately directly contributes to carbon reduction by 2030	Funding
Energy	Council owned buildings	Reduce carbon emissions from the Council's existing buildings	Complete feasibility studies based on the results of the area mapping and generate a list of priority opportunities for renewable technologies	Medium-Term	Feasibilities studies must occur to support the development of options for the installation of renewable technologies	Funding
Energy	Council owned buildings	Reduce carbon emissions from the Council's existing buildings	Identify and seek to mitigate planning and grid connection requirements that may present a barrier to implementation of renewable technologies	Short-Term	Through the mitigation of potential barriers, this action will encourage the implementation of renewable technologies, in this way directly supporting the 2030 reduction target	Funding
Energy	Council owned buildings	Reduce carbon emissions from the Council's existing buildings	Identify funding and financing options including crowdfunding and community energy funds and create a prioritised list of options including timescales for seeking funding for renewable technologies. Develop renewable technologies implementation plan.	Medium-Term	The plan directly supports the implementation of renewable technologies which directly support the reduction of carbon for the 2030 target	Resources
Energy	Council owned buildings	Reduce carbon emissions from the Council's existing buildings	Feasibility study to identify solar PV potential	Short-Term	Identification of the most feasible ways to expand solar PV installations, will support effective implementation of further renewable energy generation, and directly supports the 2030 target	Funding

Theme	Activity Area	Objective	Action	Timeframe	Categorisation comment	Enabling Actions
Energy	Council owned buildings	Reduce carbon emissions from the Council's existing buildings	Work with internal stakeholders and construction partners to identify opportunities to incorporate low carbon electricity and heating systems in new buildings	Short-Term to Long-Term	New buildings incorporating opportunities for low carbon energy generation will directly contribute towards the 2030 target	Resources
Built Environment	Council owned buildings	Reduce carbon emissions from the Council's existing buildings	Define approach and scope for further energy efficiency audits and detailed decarbonisation plans of Council owned/ occupied estate	Short-Term	A precursor for completing energy efficiency audits and implementation of actions which in turn support the 2030 carbon reduction target	Resources
Built Environment	Council owned buildings	Reduce carbon emissions from the Council's existing buildings	Complete energy efficiency audits and develop decarbonisation plans of the highest consuming Council owned / occupied estate and incorporate findings into decision making for Estates Master Plan (EMP)	Short-Term	A precursor for completing energy efficiency measures which directly supports the 2030 carbon reduction target	Resources
Built Environment	Council owned buildings	Reduce carbon emissions from the Council's existing buildings	Review findings of energy efficiency audits and implement decarbonisation plans (we would expect these to include fabric first energy efficiency approaches, lighting efficiency measures, low carbon heating, etc)	Short-Term	Actioning detailed plan to implement the previously identified efficiency measures, will reduce energy use and consequently carbon emissions associated with building use, thus directly supporting the 2030 reduction target	Resources Funding Significant costs for implementation
Built Environment	Council owned buildings	Seek to reduce carbon emissions from the Council's existing buildings	Explore the impact of more flexible working and the opportunity to fully occupy available space (aligned with the existing building utilisation KPI)	Short-Term	Optimisation of energy consumption will lead to a direct reduction in carbon emissions associated with building used, therefore this action directly contributes towards the 2030 carbon reduction target	Resources

Theme	Activity Area	Objective	Action	Timeframe	Categorisation comment	Enabling Actions
Built Environment	Council owned buildings	Seek to reduce carbon emissions from the Council's existing buildings	Identify opportunities to link upgrade works with other public sector retrofits including engaging with tenants to identify and bring forward targeted energy efficiency retrofits (e.g., through incentives, sharing energy savings)	Short-Term	Identification of the most feasible retrofit opportunities, will support effective implementation of these efficiency measures, leading to a reduction on emissions from building use	Engagement Resources
Built Environment	Council owned buildings	Reduce carbon emissions from the Council's existing buildings	Review scope of building management systems, and make updates if required	Short-Term	Optimisation of energy use in Council owned buildings will lead to a direct reduction of associated carbon emissions, and therefore directly supports the 2030 carbon reduction target	Funding Resources
Built Environment	Council owned buildings	Reduce carbon emissions from the Council's existing buildings	Develop programme to reduce water wastage	Medium-Term	Through a combined behavioural and maintenance programme we can reduce wastage resulting in carbon and cost savings	Resources Behaviours
Built Environment	Council owned buildings	Reduce carbon emissions from the Council's existing buildings	Review and refresh Mechanical & Electrical framework for maintenance contractors and maximise alignment with maintenance strategy and retrofit opportunities	Short-Term	Precursor to the following action	Resources Market conditions
Built Environment	Council owned buildings	Reduce carbon emissions from the Council's existing buildings	Work with suppliers in compliance with the framework, ensuring the new requirements are met	Short-Term	Ensuring that all contractors follow the new low carbon requirements, will lead to a direct decrease in the Council's Scope 3 emissions associated with purchased goods and services, which will indirectly support the 2050 reduction (not the 2030 because purchased goods and services is not part of the Council's baseline)	Conditional on achieving changes to maintenance framework action

Theme	Activity Area	Objective	Action	Timeframe	Categorisation comment	Enabling Actions
Waste and Circular Economy	Waste Authority	Reduce waste from Council-owned buildings	Introduce food recycling in partnership with the Council's waste contractor throughout all Council owned buildings	Short-Term	The outcome of this action will increase the proportion of Council's waste that will get recycled, and therefore directly contributes towards the 2030 target	Resources Behaviours
Waste and Circular Economy	Waste Authority	Reduce waste from Council-owned buildings	Develop waste strategy for worst-performing buildings including education campaign for staff	Medium-Term	Acting on the developed action plan for worst performing buildings will lead to a reduction of waste generated by the Council, directly contributing towards the 2030 target	Resources Behaviours
Waste and Circular Economy	Waste Authority	Reduce carbon emissions from managing municipal waste	Transition Council-owned waste vehicles from fossil fuel to alternative fuels (e.g., electric) in line with rest of council fleet	Medium-Term	This action will directly lead to a reduction of emissions associated with waste haulage done by the Council, thus directly contributing towards the 2030 target	Resources Funding
Natural Capital and Biodiversity	Environmental Net Gain	Encourage establishment of innovative environmental markets to achieve Environmental Net Gain and fund nature recovery and enhancements across the County by 2050	Seek to establish a local Warwickshire carbon offsetting market between the six Warwickshire Councils and developers where offsets are purchased directly from Woodland Carbon Code projects established in the County, this should be linked directly with all actions set out in the 'Sequestration and storage' activity area.	Medium-Term	Establishing a local carbon offsetting market will encourage the uptake of offsetting, which will support the 2050 carbon net zero target	Resources Funding Policy
Natural Capital and Biodiversity	Environmental Net Gain	Manage, enhance and restore habitats across the County to increase land-based sequestration and contribute to net zero targets by 2030	Establish a carbon offsetting strategy which identifies a shortlist of sites to develop initial schemes on	Short-Term	Establishing a carbon offsetting strategy will encourage the uptake of carbon sequestration, in this way contributing towards the 2050 target	Resources Policy

Theme	Activity Area	Objective	Action	Timeframe	Categorisation comment	Enabling Actions
Natural Capital and Biodiversity	Sequestration and storage	Manage, enhance and restore habitats across the County to increase land-based sequestration and contribute to net zero targets by 2030	Establish guidelines such as planting and management protocols that means any woodland establishment in the County is applicable for WCC credits	Short-Term	Action will lead to increased carbon sequestrations, contributing towards the 2050 target	Resources Policy
Natural Capital and Biodiversity	Sequestration and storage	Manage, enhance and restore habitats across the County to increase land-based sequestration and contribute to net zero targets by 2030	Identify emerging carbon markets for habitats besides woodland (e.g. for hedgerows, saltmarsh and soils) and where these habitats are located within the County. This will prepare the County for when these markets become active.	Short-Term	Action will lead to increased carbon sequestrations, contributing towards the 2050 target	Resources
Natural Capital and Biodiversity	Sequestration and storage	Manage, enhance and restore habitats across the County to increase land-based sequestration and contribute to net zero targets by 2030	Ensure the County's natural capital accounts are recording the annual sequestration rates of all habitats in the WCC portfolio	Long-Term	Action will lead to increased carbon sequestrations, contributing towards the 2050 target	Resources

This page is intentionally left blank

Appendix 3:
Sustainable Futures Strategy, Project Progress & Projects in Development

The information below is an extract from the June 2023 Cabinet Paper where an update on progress was provided.

1. Progress Update

1.1 In the November 2022 Sustainability West Midlands Local Authority Benchmark report, the Council ranked 7th out of 21 participating authorities, improving on the prior year's overall score. Of 10 themes, resource efficiency, natural environment, social equity and health were ranked 2nd, 4th, and 5th respectively.

1.2 With regards to progress towards achieving our 2030 net zero target, the period to 2021/22 has seen an 8% reduction in carbon emissions expressed as tonnes of carbon dioxide equivalence (CO2e) against our 2019/20 baseline. A reduced mileage from vehicles used by staff for business purposes and reductions in emissions associated with electricity for streetlighting and powering buildings have delivered the greatest reductions. This performance is in line with the trajectory required to meet our 2030 target. This has been aided by the impact of Covid-19 and it should be noted that reductions will become increasingly challenging over time. The largest single source of emissions is from the use of gas for heating buildings. Lower carbon technologies to either displace gas or improve efficiencies where gas is continued to be used will need large-scale capital investment and may present operational challenges. Solutions will need to begin to be rolled out over the next two years to meet an interim target of a 29% reduction in emissions against our 2019/20 baseline by 2026. The Council is developing a pipeline of projects designed to maintain progress against this target. It is proposed to publish progress against the Strategy and action plan on the Council's climate emergency website.

1.3 Actions to meet the Council's climate change commitment for net zero carbon emissions by 2030 has been published. Actions associated with delivering on our 2030 net zero commitment, alongside further actions to deliver on the Council's 2050 commitment and those in support of the delivery of the six strategy themes have been embedded into the Council's 2023-2025 Integrated Delivery Plan, agreed at Cabinet in May 2023. Direct staffing resourcing has also increased to support delivery.

1.4 **Transport.** Our work on the proposed New Local Transport Plan for Warwickshire (LTP4) (also on this Cabinet agenda) has reached final draft stage. With environment as a central theme, LTP4 is intended to provide travel options that will reduce reliance on private car usage and increase take-up of active travel, safe and convenient public transport and encourage a switch to electric vehicles. In addition to the health and air quality benefits this

will bring, this plan will be critically important in setting Warwickshire on the path to net zero carbon.

1.5 **Electric vehicle charging.** The Council has been allocated £3.295m capital to deliver electric vehicle charge points primarily for residents who do not have off-street parking. A dedicated strategy is in place and a policy officer has now been recruited to fully secure the grant. Subject to securing the grant, tranche 1 of the award will allow the Council to proceed to procurement in 2023/24 and delivery early in 2024/25. Numbers will depend on several factors with the current expectation being 300-350 charge points funded through the grant.

1.6 **Energy and renewables.** Work on developing a new Council energy strategy is well underway and will be presented to Cabinet for approval later this year. This is detailed in paragraph 4.3 (i). A part grant funded large scale solar installation at Eliot Park Innovation Centre started generating solar power in December 2021. When averaged over a year, 23% of the building's electricity demand is now from roof mounted solar which will continue to contribute to reductions in the Council's carbon footprint. A total of 42.8 tCO_2e from the date of installation to May 2023 has now been saved.

1.7 **Green shoots phase 2**: 38 projects were allocated funding in November 2022 bringing the total to 107 funded projects across two phases utilising £1m fund after operating costs. There is a roughly even distribution of funding across all Districts and Boroughs in the County per head of population for Phase 1 & 2 combined (£1.50 - £1.60) except in Stratford which received a considerable amount in Phase 1. As of May 2023, there are 27 case studies on the Council's Climate Emergency website designed to inspire and engage.

1.8 **Tree planting**. More than 2,000 trees have been planted using the Local Authority Treescape Fund. These supplement the trees planted by community groups using the Green Shoots grant, not least the Leasowe Farm Children's Forest project which has planted 2,600 trees on 4 ha of land. During 2023/24 the target is to plant 60,000 trees (30 ha) as part of the Council's commitment to plant one tree for every Warwickshire resident by 2030. Support will be provided by two newly recruited officers until March 2025 using a grant secured from the Woodland Creation Acceleration Fund.

1.9 **Tree nursery**. 20,000 acorns have been collected from trees on the nearby highway and planted at the recently established tree nursery demonstrating minimal carbon impact. The project will provide the trees at a sustainable cost and availability with a reduced carbon footprint and expand on the genetic stock to support the tree planting project and provide climate resilient trees for the future. Over time, the nursery will be self-sustaining with income from tree sales.

1.10 **Waste and recycling.** The recycling rate for 2022/23 was 36.7%, rising to 45.6% when confidential waste is included. This exceeds the corporate target set in March 2020 to reduce residual waste by 30% by March 2023. A new waste target for 2023 onwards is currently being developed.

1.11 **Climate change adaptation**. Work has completed on two major reports which are published on the Council's Climate Emergency website. Warwickshire Fire and Rescue Service, Flood Risk Management, and Public Health have all now benefited from a process to assess climate change risk, establish new risk registers and develop action plans to better prepare these sensitive service areas to the impacts of climate change. This process will be rolled out to further service areas in 2023/24. Officers are engaging locally and regionally to discuss our priorities and to determine ways in which partners could help in accelerating adaptation.

1.12 **Marketing and Communications**. Since January 2023, the Council has produced a series of Sustainable Warwickshire podcasts to bring together an internal offer and external expert to discuss a topic related to the Sustainable Futures Strategy. Four have been produced and published to date.

1.13 **Climate Action Group.** Work continues to increase in-house engagement in sustainability. An established group of officers drawn from all parts and levels of the organisation meet and collaborate to help drive the Council to meet the Council and County net-zero targets. We are developing a proposal to take this to the next level by implementing carbon literacy training as detailed in paragraph 4.1 (vii).

2. Projects in development

2.1 A first phase of projects has been identified and it is planned to make applications to the Revenue Investment Fund in 2023/24 as follows;

i. **Low carbon fuel.** A phased 5-year rollout of a certified waste derived low carbon biofuel across our vehicle fleet. A small-scale trial has been successfully completed in the fire service. This provides the basis for moving forward with a larger trial on a range of core fleet vehicle types, initially costing £37k of project support over two years and £58k of revenue and £30k of capital costs in 2024/25. Early estimates suggest this fuel could be applied to 160 of our 200 vehicle core fleet. When fully adopted, this initiative alone could allow us to deliver a third of our estate carbon target ahead of 2030. Officers are in discussions with District and Borough counterparts to establish how a collaboration of this type will support them to meet their targets.

ii. It is acknowledged that biofuels present only a temporary solution. Additional work is ongoing to define, cost and establish a time-bound **plan to fully decarbonise our vehicle fleet** and funding of around £50k will be needed to develop a strategy and action plan to move our Council fleet to sustainable energy for delivery during 2023/24.

iii. **Detailed building retrofit surveys**. An application for revenue grant funding of £187k with a focus on decarbonising high consuming buildings with boilers over 10 years old has been made. Grants will be awarded in June 2023 with work to be completed by March 2024.

iv. Some project management support, costing an estimated £20k, for developing a **plan to remove inefficient, high consuming boilers** from our building stock and replacing with cleaner alternatives.

v. **Support for schools to participate in eco-schools**: To further school engagement in climate change we are planning to fund 200 schools at the rate of 50 per year for them to participate in eco-schools and in parallel leverage a free first year subscription to take up a platform to score and act on sustainability. The tailored offer would seek to ensure even distribution of take-up across the County in support of our Countywide Approach to Levelling Up. This is estimated to cost in the region of £30k.

vi. **An offer to local SMEs** to take up a platform to score and act on sustainability. Sustainability actions are scored providing the potential for SME's to demonstrate performance and engagement to customers and clients. As per the schools offer, tailoring would seek to ensure even distribution of take-up across the County. Our first-year cost is £25k which covers 100 subscriptions, with an additional 100 added by each of the supplier and the sponsor taking the total to 300. Should this prove successful we propose to invest a further £20k in year 2.

vii. We have now introduced an introductory **carbon literacy** e-learning module which is being promoted for existing staff and all new starters. We are reviewing in person training. A range of options are being considered, one of which is an accredited offer to 250 officers and members costing circa £25k. We are also reviewing more substantive options which would involve employing a small team to deliver across the organisation at pace and provide training for our communities and as a traded service to businesses requiring an investment of an estimated £250k in year one.

2.2 The next phase of projects due for development in 2023/24 are;

i. **Renewable energy plan**. To invest in exploring the installation of further renewables/energy technologies within buildings and land across the County estate.

ii. **Offsetting and insetting plan**. A review of options, viability and costs to close the gap between decarbonised emissions and residual emissions to reach net zero. Example options include insetting initiatives which take place within the boundaries of Warwickshire, a prime example being the tree planting project. The plan will also review offsetting options, initiatives outside of Warwickshire, which need to be considered within an overall plan.

iii. **A review of hydrogen for transport** to assess market opportunities, applications, barriers, costs and time horizons. This would link with the Council's fleet decarbonisation plan as well as delivering insight for Warwickshire-wide development opportunities.

2.3 Additional work planned or being delivered using internal resource is as follows;

i. We are in the final stages of developing an **Energy Strategy** using existing internal resource. The strategy will establish a clear direction and action plan for sustainable energy management, how we plan to reduce, use, measure, and generate energy to support the council's net zero targets and ensure we meet all applicable energy legislation requirements. We intend the strategy will be brought forward for approval at Cabinet in July 2023.

ii. We plan to explore opportunities to **target private domestic properties for energy efficiency improvements,** initially through a data driven work package delivered by Business Intelligence to determine clusters of poor energy performing properties and homeowners to work with.

iii. **Greenshoots phase 3 or similar scheme**. Following on from the success of prior rounds of Greenshoots, we are considering options to run a further round in a financially sustainable way. One option to explore is the potential to leverage external funding and partner with a suitable organisation to assist in delivery and engagement.

This page is intentionally left blank

Adult Social Care Overview & Scrutiny Committee

27th September 2023

Council Plan 2022-2027
Integrated Performance Report Quarter 1 2023/24

Period under review: April 2023 to June 2023

Recommendations

That the Committee considers and comments on Quarter 1 2023/24 organisational performance, progress against the Integrated Delivery Plan, management of finances and risk.

1. Executive Summary

1.1 This report is a retrospective summary of the Council's performance at the end of Quarter 1 (April 2023 - June 2023) against the strategic priorities and Areas of Focus set out in the Council Plan 2022-2027. All information contained within this report has been taken from the Quarter 1 Integrated Performance and Finance reports presented to Cabinet on 14th September. The paper sets out a combined picture of the Council's delivery, performance, HR, and risk:

- performance is assessed against the Key Business Measures (KBMs) contained within the agreed Performance Management Framework (PMF) in Section 2 and Appendix 1;
- progress against the Integrated Delivery Plan is summarised in Section 3 and more fully presented within Appendix 2;
- management of Finance is summarised in Section 4 and more fully presented in Appendix 3; and
- management of Risk is summarised in Section 5 and more detailed information is presented in Appendix 4.

1.2 This summary report and the detailed performance appendices provide the complete picture of the Council's performance enabling scrutiny and transparency for the organisation, partners and the public. It enables Overview and Scrutiny Committees to consider performance within their own remits. All Members also have continual access to the Performance Management Framework using the Performance Portal in Power BI to further monitor performance on an ongoing basis.

1.3 The approach to strategic performance reporting continues to evolve to ensure that the organisation stays focussed on delivering against the agreed strategic priorities. Services use a wealth of detailed data and intelligence to monitor

ongoing performance, quickly identifying and responding to emerging issues and risks. In addition, we continue to closely monitor the national drive to performance reporting such as Oflog, actively seeking opportunities to inform future direction that will enhance our own approach.

1.4 There are some key themes that emerged last year that continue to be highlighted in the Cabinet report, and are impacted by WCC's current operating environment, including:

- increasing demand and costs being reported in Children & Families Services, Adult Social Care, Home to School Transport and in the number of applications made through the Local Welfare Scheme;
- increasing demand is resulting in the capacity and workload issues, which have a further impact on delivery across the organisation, evidenced through staff feedback and addressing this is acknowledged as a high priority for the organisation;
- difficulties in recruiting and retaining staff in a highly constrained national and local labour market were highlighted throughout 2022/23 and although overall there has been some improvement issues remain within specific service teams for example Children & Families, On-call firefighters, Waste & Environment, Schools, and Planning; and
- other services have specific challenges such as staff absence levels in Business & Customer Services, Children & Families and Adult Social Care.

Planned improvement activity to address these issues is described in section 4 of the 14th September Cabinet report.

1.5 The 2023/24 PMF was agreed at the June Cabinet meeting and, of the 105 KBMs detailed in that PMF, 88 are available for reporting in Quarter 1. There are 18 KBMs within the remit of this Committee, and 17 KBMs are available for reporting this Quarter. There is one other measure that is newly included this year and will be reported from Quarter 2. Table 1 below indicates the current assessment of performance:

Quarter	On Track	Not on Track
1	64.7%(11)	35.3%(6)

Table 1

Table 2 below indicates the Direction of Travel (retrospective comparison), however, please note not all measures have a status e.g. where they are new and there is no previous baseline:

Quarter	On Track			Not on Track		
Direction of Travel	Improving	Static	Declining	Improving	Static	Declining
	56%(5)	22%(2)	22%(2)	2%(1)	2%(1)	66%(4)

Table 2

Table 3 below indicates the future projection forecast for the next reporting period:

Quarter	On Track			Not on Track		
Projection	Improving	Static	Declining	Improving	Static	Declining
	64%(7)	36%(4)	0	83%(5)	0	17%(1)

Table 3

1.6 At Quarter 1, with a refreshed PMF, the overall position is a slight deterioration from the Year End position in terms of percentage but is continuing a consistently strong performance delivered against the PMF. This is an encouraging position against the continuing volatile, uncertain, and high-risk operating environment.

1.7 Appendix 1 details information for all measures within the PMF, including reasons why some measures are not being reported. Detailed measure-by-measure performance reporting is accessible through the Performance Portal.

1.8 The position is also positive in terms of delivery of the 24 Adult Social Care actions set out in the Integrated Delivery Plan, with 92% being On Track, 4% At Risk and 4% Complete.

1.9 At the end of the first quarter the services reporting to ASC OSC are forecasting a cumulative overspend of £9.508m (after transfers from earmarked reserves are accounted for), this is equivalent to 4% of their revenue budget. Saving targets are forecast to be underachieved by £5.969m that represents 87% of the current year's target. The delivery of the planned capital programme remains on track.

1.10 One of the Council's 19 strategic risks more directly relates to Adult Social Care and Health and currently has a red status, and this risk is widening of social, health, wellbeing and economic inequalities. Other red rated strategic risks relate to inflation and the cost of living and the economy may impact on service provision and service demand. There is also a further strategic risk which is red, relating to uncertainty in the key influences on local government including Government policy changes which may also impact. At service level there are no key risks highlighted which are red (high risk) and the risk level has been higher than the risk target for 3 quarters or more and 3 points or more over target.

1.11 The wider national context remains a critical frame within which to view the Council's performance. The UK continues to experience the consequences of both significant political, global and macro-economic factors, including industrial action across many sectors, the legacy impact of the Pandemic, and the ongoing war in Ukraine, high inflation, rising interest rates and the resulting fiscal challenges are impacting the communities of Warwickshire.

1.12 Such an unprecedented combination of events at a global and national level creates a period of significant uncertainty and a very challenging financial outlook in the short- to medium-term. This volatility is impacting on the Council's resources, both financial and in terms of recruitment and retention, levels of demand, and the approach to developing national policy, particularly Adult Social Care reform, levelling up agenda, support for cost of living pressures and climate change Net Zero ambitions.

1.13 Performance reporting will continue to track and highlight the impacts of this operating environment on delivery and performance. Recent analysis has informed prioritisation of activity and resource allocation during the refresh of the Integrated Delivery Plan, which was approved at the May Cabinet, and the updated Performance Management Framework.

2. Performance against the Performance Management Framework

2.1 The three strategic priorities set out in the Council Plan 2022 - 2027 are delivered through seven Areas of Focus. In addition, there are three further themes that will help the Council to be known as 'a Great Council and Partner'. The full performance summary is contained in Appendix 1.

2.2 Comprehensive performance reporting is enabled through the Power BI Performance Portal as part of the Performance Management Framework. Where applicable, some performance figures may now have been updated on the Power BI reporting system. The number of reportable measures will change each quarter as the framework considers the availability of new data.

2.3 Of the 17 KBMs which are being reported at Quarter 1, 64.7% (11) are On Track and 35.3% (6) are Not on Track.

2.4 Notable aspects of positive performance for specific measures include:

- No. of carer assessments and reviews completed as the duty has been delegated to the Carer's Trust, the target has been achieved and it is expected that this positive performance will continue;
- No. of people awaiting a domiciliary care package to be commissioned at the end of the month as a steady level of 23 is being achieved which is below target of 25; and
- No. of people with a learning disability or autism in an inpatient unit commissioned by the ICB is achieving the target of 10.

2.5 There are some emerging performance areas that are becoming apparent through the PMF this Quarter:

- Demand is rising for No. of people supported in residential or nursing care: over 65, with 1,781 people at the end of Quarter 1 compared to a target of 1600.

2.6 There are 15 measures of the 17 available for reporting, where there is enough trend data available to ascertain a Direction of Travel. 60% (9) of measures have a Direction of Travel that is On Track, the majority of which (7) are either improving or static, only 2 are declining. Conversely, 40% (6) are Not on Track, the majority (4) of which are declining.

2.7 All 17 reportable KBMs have a forecast projection from the responsible service for the forthcoming period. Of the measures that are forecast to be On Track at Quarter 1, 7 are forecast to improve further with the other 4 to remain static in that position.
Of those 6 that are forecast to be Not on Track, the majority (5) are forecast to improve by Quarter 2. As already described No. of people supported in residential or nursing care: over 65, performance is forecast to decline further at the next reporting period, full details can be found within Appendix 1 and the Performance Portal.

2.8 A set of high-level, cross-cutting, long-term Warwickshire Outcome Measures, which the Council can influence but are not solely responsible for, are also contained in the Performance Management Framework. These are reported within a dashboard informing the ongoing State of Warwickshire reporting and includes Levelling Up and the Cost of Living metrics. A summary of position will be included in the Year End Integrated Performance Report.

3 Progress against the Integrated Delivery Plan

3.1 The Integrated Delivery Plan aligns priority activity from across all service areas against all Areas of Focus within the Council Plan 2022-27. The plan shows how activity across services collectively contributes to delivering these priorities.

3.2 Detailed information on the performance summary of the Integrated Delivery Plan is included at Appendix 2. A new Power BI reporting dashboard is now available and will enable Members to track progress by Service, status, Council Plan Area of Focus, Overview and Scrutiny Committee and Portfolio Holder.

3.3 Of the 206 actions within the Integrated Delivery Plan, 24 are attributable to the Adult Social Care OSC. 92% of deliverables are On Track, 4% are At Risk with the remaining 4% closed this Quarter. Detail can be found in Appendix 2.

4 Management of Finance

4.1 The key metrics of financial management are summarised below with further information available in Appendix 3 and in the Q1 Finance monitoring Report presented to Cabinet on 14th September 2023.

Metric	Target	Performance at Q1 2023/24
Performance against the latest approved revenue budget as measured by forecast under/overspend	On budget or no more than 2% underspent	4.0% overspend
Performance against the approved savings target as measured by forecast under/overachievement	100%	87% not achieved
Performance against the approved capital programme as measured by forecast delays in delivery	No more than 5% delay	No Variance

5 Management of Risk

5.1 Risks are monitored in risk registers at a strategic/corporate level and also at service level. At a corporate level the following strategic risk is more directly related to adult and health services, and it is currently rated as red (high risk):

- Widening of social, health, and economic inequalities.

5.2 Mitigating controls are in place in respect of this risk and include the Council's plans setting out the activities to be undertaken, allocation of investment funds, additional mental health resources, a People Strategy and Commissioning Plans. The Council is also developing a new Economic Strategy and Sector Growth Plans. It is noted that whilst direct pandemic risk drivers of inequalities may be reducing, the worsening economic situation and cost of living challenges have the potential to drive further inequalities including those related to health and wellbeing.

5.3 Other strategic risks rated red may also impact on Adult Social Care and Health services, in particular inflation and the cost of living and the economy slowing or stalling which may impact on service provision and service demand. There is also a further strategic risk which is red, relating to

uncertainty in the key influences on local government including Government policy changes.

5.4 At a Service level there are 16 risks recorded against services relating to Adult Social Care and Public Health services. There are no key risks highlighted which are red risks (high risk) and the risk level has been higher than the risk target for 3 quarters or more and 3 points or more over target, a table illustrating this information is provided at Appendix 4.

5.5 There are three risks, which are red, these risks have not exceeded their respective targets for three quarters in a row, as follows:

- Market Failure and lack of sustainability of the care market;
- Demand for services and current market forces; and
- Workforce shortages.

5.6 Mitigating controls are in place in relation to these risks, for example the use of a market viability framework, the use of market intelligence, market shaping, developing dashboards to highlight providers at risk, collaborative working across the Council and with partner organisations, reviews of public health priorities against available resources, enabling community and Voluntary and Community Sector (VCS) driven solutions, and involvement in the engagement with the Integrated Care Systems. However, wider environmental pressures continue to be a challenge and influence the market for both services and the availability of resources.

5.7 Over the course of the summer period, the risk appetite statements will be refreshed along with other aspects of the process to ensure they are fit for purpose. There is also an opportunity to refresh the risk records to ensure that the most significant risks are captured at a strategic and service level. This will also ensure that risks are reflective of the priorities and Integrated Delivery Plan and that appropriate mitigations are in place. Over time this will influence the volume and value of risks presented.

6 Environmental Implications

6.1 There are none specific to this report.

Appendices

Appendix 1 – Quarterly Performance Report
Appendix 2 – Progress on the Integrated Delivery Plan
Appendix 3 – Management of Financial Risk
Appendix 4 – Management of Risk

Background Papers

Cabinet Report 14th September 2023

Role	Name	Contact Information
Report Author	Vanessa Belton, Delivery Lead Business Intelligence	vanessabelton@warwickshire.gov.uk
Directors	Becky Hale, Director of Health and Care Commissioning Pete Sidgwick, Director of Adult Social Care & Support Dr Shade Agboola, Director of Public Health	beckyhale@warwickshire.gov.uk petesidgwick@warwickshire.gov.uk shadeagboola@warwickshire.gov.uk
Executive Director	Nigel Minns, Executive Director for People Group	nigelminns@warwickshire.gov.uk
Portfolio Holder	Cllr Margaret Bell, Adult Social Care & Health	cllrbell@warwickshire.gov.uk

1. Adult Social Care OSC Quarterly Performance Report Quarter 1

1.1 Detailed measure-by-measure performance reporting is accessible through the **Performance Portal**.

1.2 The three strategic priorities set out in the Council Plan 2022 - 2027 are delivered through seven Areas of Focus. In addition to these, there are three further areas to support the Council to be known as 'a Great Council and Partner'. These are detailed in the table below alongside the number of KBMs that will be used to assess delivery, and the number being reported at Year End.

Area of Focus	No. of KBMs	No. of KBMs available for reporting this Quarter
Create vibrant places with safe and inclusive communities	8	8
Deliver major infrastructure, digital connectivity and major transport options	17	15
Promote inclusive, sustainable economic growth, successful business, good quality jobs and future skills	9	8
Tackle climate change, promote biodiversity and deliver on our commitment to Net Zero	7	4
Deliver our Child Friendly Warwickshire strategy - Happy, healthy, safe children	7	6
Through education, improve life opportunities for children, young people and those with special educational needs and disabilities	21	13
Support people to live healthy, happy, and independent lives and work with partners to reduce health inequalities	21	19
A Great Council and Partner	No. of KBMs	No. of KBMs available for reporting this Quarter
Harnessing community power	3	3
Our people and the way we work	8	8
Using our data and digital solutions to improve service delivery	4	4

1.3 **Key Insights for Quarter 1 2023/4**

There are 18 KBMs in total that are in the remit of this Committee. Chart 1 details the reported status of the 17 KBMs which are being reported at this Quarter. One other measure is new to the Performance Management Framework and is scheduled for reporting from Quarter 2.

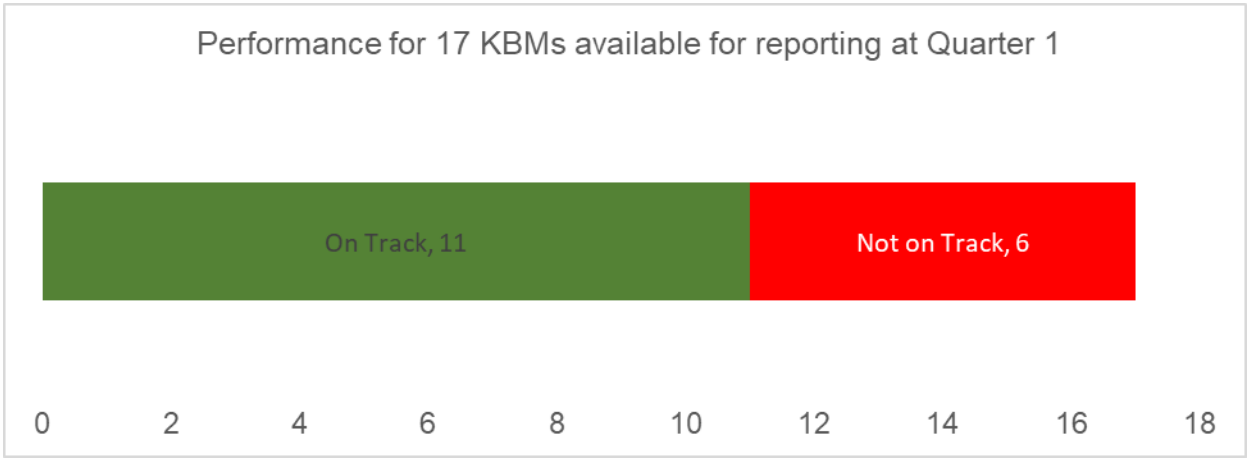


Chart 1

Chart 2 details the overall Direction of Travel, where trend data is available, assessing whether the performance has been improving or declining.

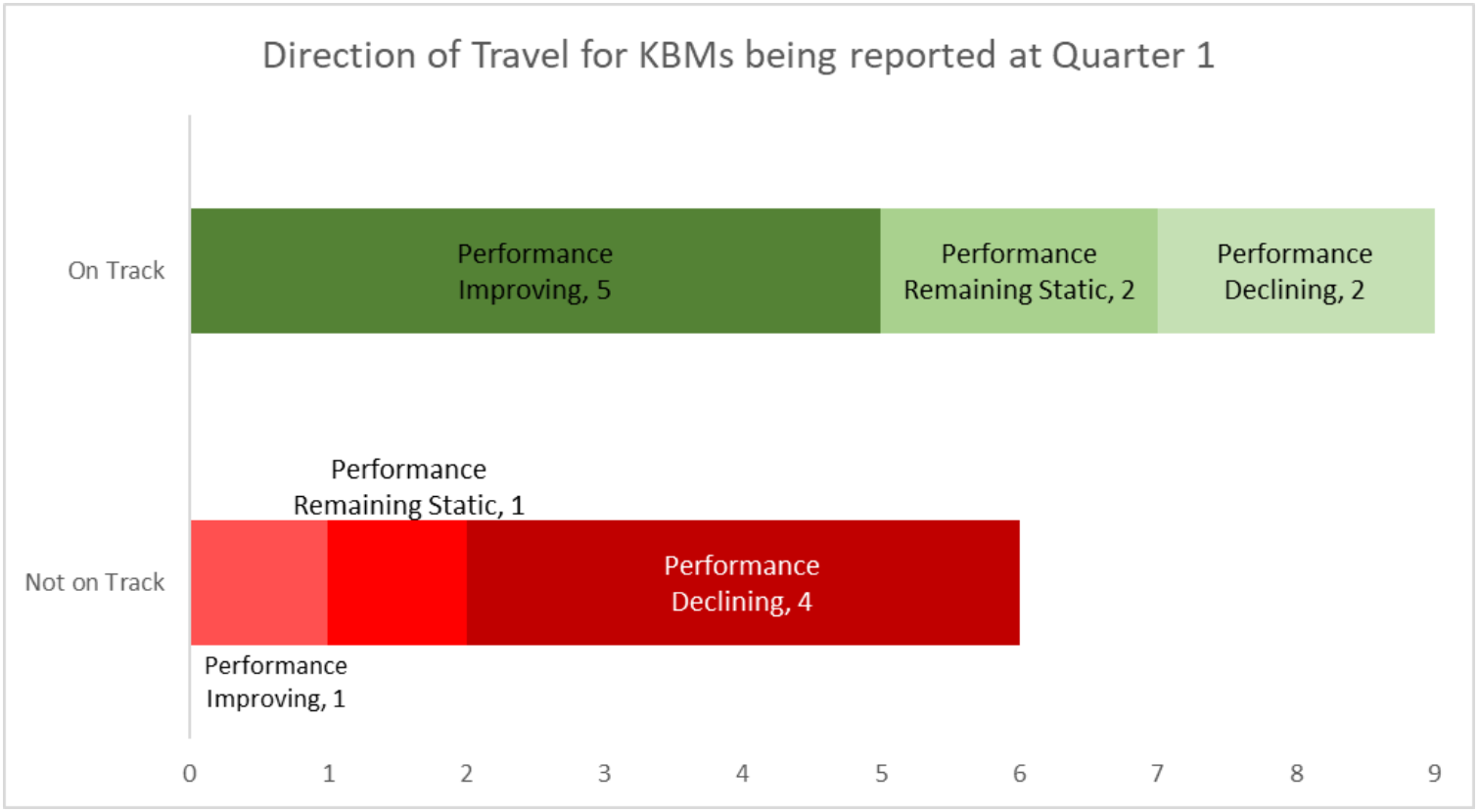


Chart 2

Chart 3 details the projected performance based on the Service forecast of the 17 reportable KBMs at the next Quarter.

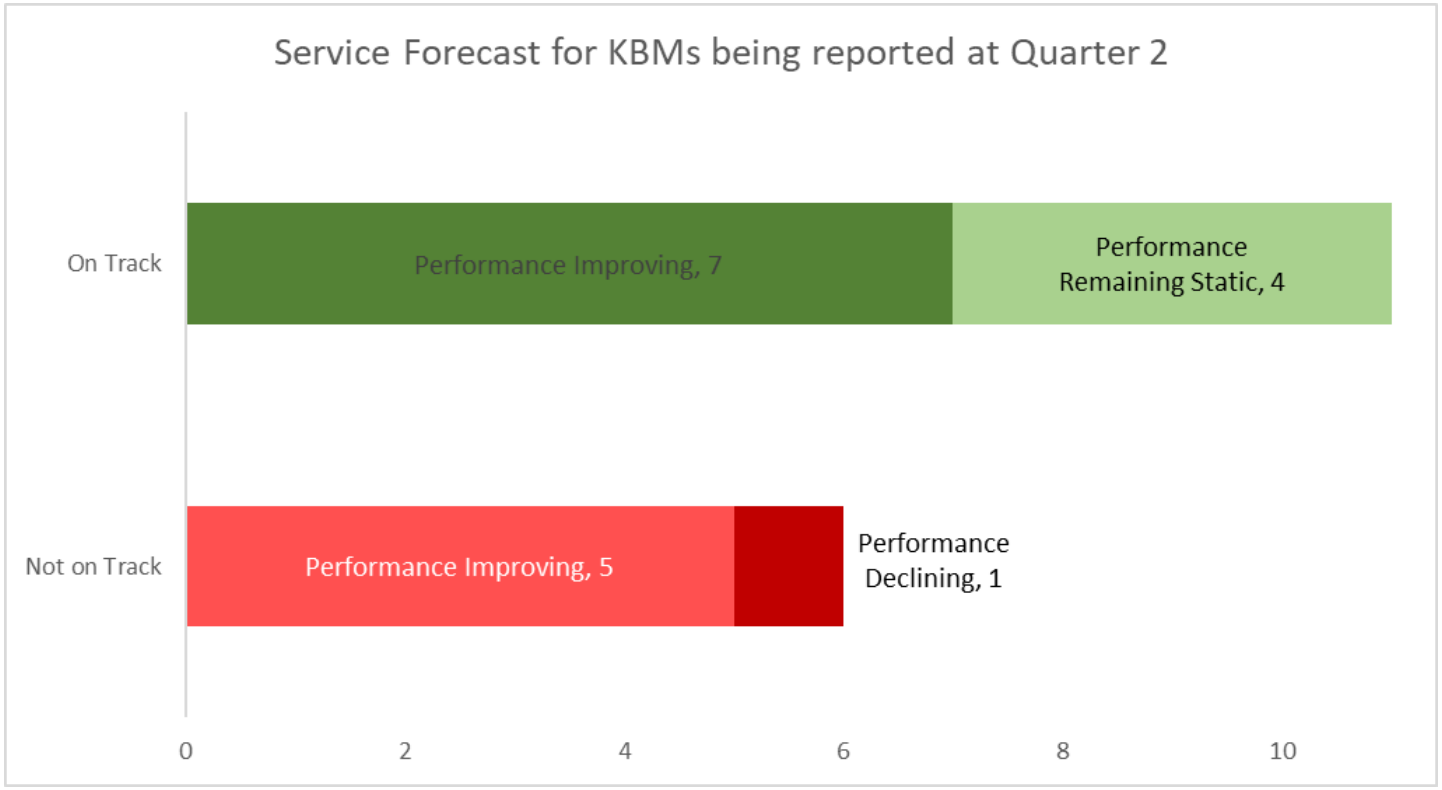


Chart 3

Explanatory Notes on Summary Tables

The following sections provide an overview of current performance by Area of Focus. The measure summary tables are a representation of the tables in the full Committee report on Power BI and are interactive. Please note:

- data is being added into the system as it becomes available so new information may be in the reports since the writing of this Quarterly position report;
- measure names in the summary tables and where highlighted are all links to take the reader directly to the measure report page in Power BI which provides full detail on the measure including charted data, performance narrative, improvement activity, trends and targets if applicable;
- a measure status is included based on performance either against the target and polarity of measure or where there is no target on improving/ declining performance;
- Services provide a forecast of where performance is heading over the next reporting period, this is informed by local knowledge, improvement activity and trend information;

- where the measure status or projection is Not Applicable, this is due to exceptional circumstances regarding the measure such as it is setting a baseline this year, the Power BI report will provide the reason by measure;
- the Latest Figure column represents the most current data available including last quarter, previous year or longer if data is lagged, full details are on Power Bi report;
- not all measures have targets and the approach now is to have improving performance and targets where appropriate;
- Direction of Travel is an indication of whether performance is improving based on trend data where available; and,
- as the framework is more responsive there are annual or termly measures included on the tables with no reported data, this will be added as the relevant data becomes available e.g. attainment data from November.

1.4 All measures in the remit of this Committee support the Area of Focus: **Support people to live healthy, happy, and independent lives and work with partners to reduce health inequalities**

Measure Name	Latest Actual	Target	Measure Status	Direction of Travel	Service Forecast for next period
% of people open to Adult Social Care with eligible needs living in the community with support under the age of 65	82	82	On Track	Static	On Track Performance Remaining Static
% of people open to Adult Social Care with eligible needs living in the community with support over the age of 65	58	60	Not on Track	Declining	Not on Track Performance Improving
No. of people supported to live independently through the provision of social care equipment	1,104*	1,500	On Track	Improving	On Track Performance Improving
No. of unique carers to receive support in month	293	255	On Track	Improving	On Track Performance Improving
No. of carer assessments and reviews completed	149	133	On Track	Improving	On Track Performance Improving
No. of people awaiting allocation for an assessment	New measure to be reported from Quarter 2				
% of people with long term support who have had an assessment or review in the last 12 months	78	80	Not on Track	Improving	Not on Track Performance Improving
% of Adult Social Care users receiving a Direct Payment at the end of the month	22	25	Not on Track	Static	Not on Track Performance Improving

No. of people awaiting a domiciliary care package to be commissioned at the end of the month	23	25	On Track	N/A insufficient trend data	On Track Performance Remaining Static
No. of providers that exit the care home, domiciliary care or supported living markets, in Warwickshire, through business failure	0	0	On Track	Static	On Track Performance Remaining Static
No. of people supported in residential or nursing care: under 65	398	380	Not on Track	Declining	Not on Track Performance Improving
No. of people supported in residential or nursing care: over 65	1,781	1,600	Not on Track	Declining	Not on Track Performance Declining
No. of people with a learning disability or autism in an inpatient unit commissioned by the ICB	10	10	On Track	Improving	On Track Performance Improving
% Smoking prevalence in adults	13.9	13	On Track	N/A insufficient trend data	On Track Performance Improving
% of successful completions as a proportion of all in treatment (Opiates)	5.89	4.8	On Track	Improving	On Track Performance Remaining Static
% of successful completions as a proportion of all in treatment (Non Opiates)	28.51	37.2	Not on Track	Declining	Not on Track Performance Improving
% of successful completions as a proportion of all in treatment (Alcohol)	29.23	27.6	On Track	Declining	On Track Performance Improving
% of successful completions as a proportion of all in treatment (Non Opiates and Alcohol)	22.22	21.7	On Track	Declining	On Track Performance Improving

* Please note that his figure accounts for only two out of the three months in the Quarter. A full and final figure will be updated in Power BI once available.

At Quarter 1 performance within this Area of Focus is within expected levels and most measures (12 out of 19) are On Track and forecast to remain On Track and static or improve further at the next reporting period. For the 6 measures that are Not On Track at Quarter 1, improvements in performance for 5 is forecast for the next reporting period, despite mixed previous performance trends as indicated by the Direction of Travel.

Area of good progress as despite increases in demand in this area, performance consistently remains high:

- No. of carer assessments and reviews completed
- No. of people awaiting a domiciliary care package to be commissioned at the end of the month

- No. of people with a learning disability or autism in an inpatient unit commissioned by the ICB

Improvement activity as experiencing increased demand with a reducing trend in performance and not achieving target;

- % of people open to Adult Social Care with eligible needs living in the community with support over the age of 65

Improvement activity as demand is rising in this area and target is being exceeded:

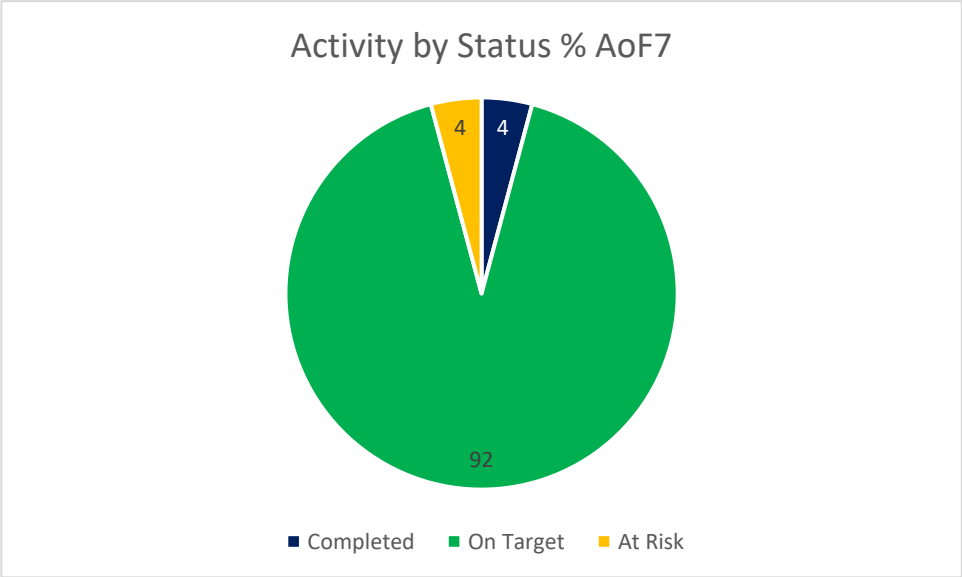
- No. of people supported in residential or nursing care: over 65

This page is intentionally left blank

1. Adult Social Care OSC Progress on the Integrated Delivery Plan Quarter 1

1.1 Key Insights for Quarter 1 2023/24

Of the 206 actions within the Integrated Delivery Plan, 24 are attributable to the Adult Social Care OSC. There is positive progress within this Quarter with 92% of activities being on track to achieve their objectives within the set timeframes, with 4% being At Risk. Four percent of activity closed this Quarter.



Completed activity:
The following activity has been completed this Quarter;

- **Deliver our Special Educational Needs and Disabilities (SEND) Inclusion Change Programme and Written Statement of Action (WSoA) following the Ofsted and Care Quality Commission (CQC) inspection to deliver against the key requirements and milestones: Re-tendering the Warwickshire Special Education Needs and Disability Information, Advice and Support Service (SENDIASS).**
  Service retendered - new contract live 1st July 2023 with Barnardo's.
- **Undertake a review of service provision for Short Term Vulnerable Adults, including a revised referral process, that supports a recommissioning of provision aligned to the Housing Related Support Offer.**
  Referral approach has been reviewed and referrals can now be completed via the Customer Contact Centre and relevant operational team. The retender of this service will now align with the recommissioning of Housing Related Support Offer.

1.2 Support people to live healthy, happy, and independent lives and work with partners to reduce health inequalities

Activity	Status	Commentary
Embed a continuous improvement approach across the Benefits Assessment and Income Charging teams, which will support the on-going redesign of core processes: Embed Better Care Finance self-service portal for financial assessments.	At Risk	BetterCare Finance portal is live but resourcing issues in the Financial Assessments team are delaying full rollout. Discussions have started with Agilisys to progress automated transfer of financial assessment data to the Abacus Charging System.

2 The following activities are On Track

Activity
Implement the Market Sustainability Plan across all adult social care markets, constructed as part of the Fair Cost of Care exercise.
Develop a strategic plan for accommodation-based care services for adults, informed by a needs assessment, the Adult Social Care strategy, the national Cost of Care requirements and funding programmes.
Support the development of Integrated Pathways including services and interventions for vulnerable people to include Falls, Stroke, Frailty, dementia and Hospital to Home: **Propose and implement changes to the current Warwickshire health and social care discharge arrangements to reflect national hospital discharge policy and meet operational requirements.**
Support the development of Integrated Pathways including services and interventions for vulnerable people to include Falls, Stroke, Frailty, dementia and Hospital to Home: **Commencement of the "Living Well with Dementia" strategy Delivery Plan and work with key partners and stakeholders to deliver the Year 1 priorities, overseen by the Delivery Board.**
Improve the offer of Assistive Technology (AT) solutions to support people in Warwickshire to stay safe, healthy and independent to include: **Implementing and reviewing 2 pilots that can demonstrate the range of opportunities to support customers to regain and maintain their independence.**
Improve the offer of Assistive Technology (AT) solutions to support people in Warwickshire to stay safe, healthy and independent to include: **Expanding the Assistive Technology offer in Warwickshire through procurement of a service to deliver a wide range of AT solutions, including life-line provision and self-assessment for customers wishing to purchase their own equipment.**

Support partners with the implementation of the Warwickshire Homelessness Strategy, including the continued commissioning of the Homeless Physical Health Nursing service and completing the Pathway Needs Assessments for all the local NHS trusts.
Promote the benefits of healthier lifestyle choices and provide effective services and support to enable people to make sustained improvements: **Support the continued implementation of the national diabetes prevention programme working with partners and key stakeholders.**
Promote the benefits of healthier lifestyle choices and provide effective services and support to enable people to make sustained improvements: **Mobilise the new Healthier Lifestyle services to improve access and deliver a one stop shop approach. This new service will incorporate smoking cessation services.**
Improve the mental health and well-being of adults living in Warwickshire: **Support the refresh and delivery of the multi-agency suicide prevention strategy for Coventry and Warwickshire.**
Establish the strategic role of Extra Care Housing and Specialised Supported Housing in the Council's wider strategies for housing with support and its Adult Social Care Act duties to include: **Developing a 5-10 year plan for Council commissioning of Extra Care Housing and Residential/Nursing Homes that address issues of balance of services; projections of future demand; adequate capacity in key localities; affordability; innovative design e.g. to include ' Care Villages' & use of Council Capital/Land.**
Establish the strategic role of Extra Care Housing and Specialised Supported Housing in the Council's wider strategies for housing with support and its Adult Social Care Act duties to include: **Reviewing the impact of the Extra Care Housing (ECH) and Specialised Supported Housing (SSH/SHAD) programme to date and plan/commence Phase 2.**
Deliver the significant service provision changes that will be needed to meet the new Mental Capacity (Amendment) Act 2019, and its new Liberty Protection Safeguards (LPS) scheme that will supersede current consent arrangements for vulnerable people.
Review the Hospital to Home Service with partners in health to understand impact and make recommendations for future delivery and commissioning.
Develop a Community Recovery Service jointly with health partners as part of the national discharge Front Runner to ensure that all people with all people in hospital, who need further support at home to recover, will have access to effective therapeutic intermediate care services within 24 hours of no longer meeting the criteria to reside in hospital.
Implement required processes, capability, staff resources and skillsets to successfully manage increased service demand and administer Care Cap.
Prepare and be suitably resourced for CQC inspection of the Adult Service.

Support the delivery of the National Drug Strategy by reviewing the drug and alcohol services to ensure they meet statutory requirements and recommendations from the Needs Assessment; also deliver the Drug and Alcohol Strategic Partnership requirements.

Management of Financial Risk

1. The table below details performance against the latest approved revenue budget as measured by the forecast outturn position at Quarter 1.

Service Area	Approved Budget	Forecast Spend	(Under) /Overspend	% Change from Budget	Represented by:		
					Investment Funds	Impact on Earmarked Reserves	Remaining Service Variance (RSV)
	£m	£m	£m	%	£m	£m	£m
Social Care and Support	204.086	218.633	**14.547**	**7.1%**	0.000	4.846	9.701
Strategic Commissioner for People	36.425	37.588	**1.163**	**3.2%**	0.000	1.356	(0.193)
Total	240.511	256.221	**15.710**	**6.5%**	0.000	6.202	9.508

2. Performance against the approved savings target as measured against outturn delivery under/overachievement.

   At Quarter 1, Social Care and Support is forecasting 5% (£0.300m) delivery against the 8 saving targets (£6.269m) for the 2023/24 financial year and Strategic Commissioning for People reporting 100% delivery against 3 saving targets (£0.551m).

3. The table below details performance against the approved capital programme as measured by forecast delays in delivery.

Service Area	Approved 2022-23 capital programme	New projects in year	Net over / underspend	Total capital programme	Budget Reprofile	Delays	Forecast In year capital spend	% Delays
	£m	£m	£m	£m	£m	£m	£m	
Social Care and Support	0	0	0	0	0	0	0	0.0%
Strategic Commissioning & Public Health	5.870	0	0	5.870	0	0	5.870	0.0%
Total	5.870	0	0	5.870	0	0	5.870	0.0%

This page is intentionally left blank

Appendix 4 Adult Social Care OSC Management of Risk

Key Service Risks Summary

Adult Social Care and Health

At a Service level there are 16 risks recorded against services relating to Adult Social Care and Public Health. Key risks are highlighted where they are red risks (high risk) and where a risk level has been higher than the risk target for 3 quarters or more and is currently 3 points or more over target. There are currently no red risks that have exceeded target for three quarters in a row and three points above target.

Key Service Risks	Net risk is currently green or amber	Net risk is currently red
Risk level has not exceeded the target for 3 quarters in a row	• 12 other risks	• **(Adult Social Care)** Demand for services and current market forces • **(Adult Social Care)** Market failure and lack of sustainability in the market • **(Strategic Commissioning)** Workforce shortages
Risk level has exceeded target for 3 quarters in a row and is currently more than 3 points above target	• **(Adult Social Care)** Inability to deliver in house services due to increase in demand	There are no net red risks that have exceeded target for three quarters in a row and are three points above target.

This page is intentionally left blank

Agenda Item 9

Adult Social Care and Health Overview and Scrutiny Committee 27 September 2023

Work Programme

1. Recommendation

1.1 That the Committee considers and approves its work programme.

2. Work Programme

2.1 The committee's work programme is attached at Appendix A to this report. A copy of the work programme will be submitted to each meeting for members to review and update, suggesting new topics and reprioritising the programme.

3. Forward Plan of the Cabinet

3.1 The Cabinet and Portfolio Holder decisions relevant to the remit of this Committee are provided for the committee to consider as potential areas for pre-decision scrutiny. Members are encouraged to seek updates on decisions too. The Portfolio Holder, Councillor Bell has been invited to the meeting to answer questions from the Committee.

Date	Report
12 October 2023	Cabinet: Housing with Care Framework. A proposal to develop a framework contract for care delivered in Housing with Care schemes.
14 December 2023	Cabinet: Supporting Independence Services Approval to Tender. This item seeks approval to tender for the redesigned Supporting Independence Services - formerly Housing Related Support.

4. Forward Plan of Warwickshire District and Borough Councils

4.1 This section of the report details the areas being considered by district and borough councils at their scrutiny / committee meetings that are relevant to health and wellbeing. The information available is listed below. Further updates will be sought, and co-opted members are invited to expand on these or other areas of planned activity.

North Warwickshire Borough Council (NWBC)	
	In North Warwickshire, the meeting structure is operated through a series of boards with reports to the Community and Environment Board. There is a Health and Wellbeing Working Party and a Warwickshire North Health and Wellbeing Partnership (covering both North Warwickshire and Nuneaton and Bedworth). From the NWBC website, the Community and Environment Board met on 8 August and the Health and Wellbeing Working Party met on 10 July. The working party's agenda included an introduction to the Working Party and the Health and Wellbeing Action Plan and an item on air quality. A further meeting is scheduled for 18 September.
Nuneaton and Bedworth Borough Council (NBBC)	
	The NBBC Housing, Environment and Health OS Panel met on 29 June 2023. The agenda included an update on JSNA & Public Health and scrutiny of the growing waiting lists for Autism assessments.
Rugby Borough Council – Overview and Scrutiny Committee (OSC)	
	The Borough Council (BC) has a single OSC with the use of task groups. The OSC met on 11 September. Its agenda included an update on the task and finish group on Access to Emergency Health Care Provision.
Stratford-upon-Avon District Council – Overview and Scrutiny Committee (OSC)	
	The District Council's OSC met on 30 June and a further meeting is scheduled for 29 September 2023. Looking at the Committee's work plan, there are no scheduled items linked to health presently.
Warwick District Council – Overview and Scrutiny Committee (OSC)	
	The OSC met on 19 September. There were no items linked to health discussed at the meeting. The OSC will meet again on 3 October 2023.

5 Task and Finish Groups (TFGs)

5.1 The Menopause Services TFG has held two meetings and will meet again on 29 September. This meeting will hear from the specialist group Action Menopause Warwickshire and from Healthwatch Warwickshire on its research.

6 Briefing Notes

6.1 The work programme at Appendix A lists the briefing notes requested and circulated to the Committee. Members may wish to raise questions and to suggest areas for future scrutiny activity, having considered those briefing notes.

7 Financial Implications

None arising directly from this report.

8 Environmental Implications

None arising directly from this report.

Appendices: Appendix A Work Programme

Background Papers: None

	Name	Contact Information
Report Author	Paul Spencer	01926 418615 paulspencer@warwickshire.gov.uk
Director	Sarah Duxbury	Director of Governance and Policy
Executive Director	Rob Powell	Executive Director for Resources
Portfolio Holder	n/a	

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

Local Member(s): None
Other members: Councillor Jo Barker

This page is intentionally left blank

Adult Social Care and Health Overview and Scrutiny Committee
Work Programme 2023/24

Date of meeting	Item	Report detail
27 September 2023	Draft Final Sustainable Futures Strategy	This item is being submitted to all the Overview and Scrutiny Committees in September as part of the public and stakeholder engagement programme for the strategy before final consideration by Cabinet.
27 September 2023	GP services and primary healthcare	The Integrated Care Board (ICB) and the County Council (Infrastructure Planning) to provide a joint update. The focus for this item is NHS estates and the use of developer contributions, the identification of areas where there are perceived challenges, an update on the key projects being progressed and an overview of each of these projects.
27 September 2023	Palliative and End of Life Care (PEoLC) Strategy 2023-2028	The Coventry and Warwickshire Integrated Care System is developing a joint all age strategy for PEoLC. This is a joint five-year strategy. Members' feedback will be sought on the draft strategy, the identified priorities, and the proposed timeline.
27 September 2023	Quarter 1 Integrated Performance Report	For the Committee to consider and comment on the Quarter 1 Integrated Performance Report (period covering April - June 2023).
15 November 2023	Quarter 2 Integrated Performance Report	For the Committee to consider and comment on Quarter 2 Integrated Performance Report (period covering April - September 2023).
14 February 2024	Quarter 3 Integrated Performance Report	For the Committee to consider and comment on Quarter 3 Integrated Performance Report (period covering April - December 2023).
Date TBC	Annual Health Checks	Added to the future work programme at the Chair and spokesperson meeting in March. This item concerns GPs undertaking an annual health check for patients with a long-term mental illness.

BRIEFING NOTES

Date Requested	Date Received	Title of Briefing	Organisation/Officer responsible
	4 July 2023	A briefing from the Integrated Care Board on the Community Diagnostic Centres in Warwickshire.	Rose Uwins C&W Integrated Care Board
28 June 2023	29 June 2023	A councillor asked for more information about greenhouse gas emissions and the Council's performance.	Matt Whitehead Climate Change Programme
19 April 2023	7 June 2023	The Committee asked for further information on drug and alcohol treatment outcomes, specifically in relation to opiates.	Rachel Jackson Lead Commissioner (Vulnerable People)
	1 March 2023	Coventry and Warwickshire ICB provided a briefing note to engage about the permanent relocation of Neurorehabilitation Level 2b Beds from Coventry to a specialist rehabilitation centre within Warwickshire.	Rose Uwins C&W Integrated Care Board
16 November 2022	5 December 2022	Follow up information on the Customer Feedback Report 2021/22, to provide more detail on complaints received by district/borough and local area.	
21 September 2022	15 November 2022	Addiction outcomes. A briefing to give more background on the 16.2% of successful completions of all treatments, including a breakdown of the data across each district and borough area and by addiction type.	Multi-agency, with the Director of Public Health being the lead for WCC
31 August 2022	12 October 2022	Developing an Integrated Care Strategy and Integrated Care 5 Year Plan for Coventry and Warwickshire (C&W)	Rose Uwins C&W Integrated Care Board
14 July 2022	4 August 2022	Community Hospital Review. Periodic updates will be provided by briefing note and this item will be reconsidered by the Committee in February 2023.	Katie Herbert, Integrated Lead Commissioner, People Directorate

BRIEFING SESSIONS PRIOR TO THE COMMITTEE

Date	Title	Description
TBC	Duties Under the Care Act	Suggested in June 2021, to provide a briefing for the committee on the Council's duties under the Care Act.

TASK AND FINISH GROUPS

ITEM AND LEAD OFFICER	OBJECTIVE OF SCRUTINY	TIMESCALE	FURTHER INFORMATION
GP Services	A follow up review with the key focus being the adequacy of future primary care facilities.	Completed	Review report approved by the OSC, Cabinet and the Health and Wellbeing Board.
Menopause Services	To understand the commissioned NHS services in Warwickshire and the support the Council provides to its staff.	TBC	The TFG has held two meetings to date. The next meeting on 29 September will hear from Healthwatch and Action Menopause Warwickshire.

MEMBER DEVELOPMENT SESSIONS

DEVELOPMENT SESSION	DATE	FURTHER INFORMATION
Code of Conduct.	28 September 10.00am	Internal, facilitated by Sioned Harper and Nic Vine
Suicide Prevention Training (SP:OT Suicide Prevention Overview Training)	4 October 2.00pm	Hannah Cramp & Papyrus www.papyrus-uk.org
The Tackling Modern Slavery and Supporting Survivors Conference 2023	10 October 9.00am	Online course. Contact Helen Barnsley in Democratic Services for more details.
Suicide Prevention and Mental Health and Wellbeing at Warwickshire County Council	11 October 2.00pm	Internal, facilitated by Hannah Cramp & WCC Public Health Team

This page is intentionally left blank