



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

## **Report of results**

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## 1. Background

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

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

## 2. Method

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



### 3. Key Messages

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

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

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

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

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

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

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

#### What should we concentrate on specifically?

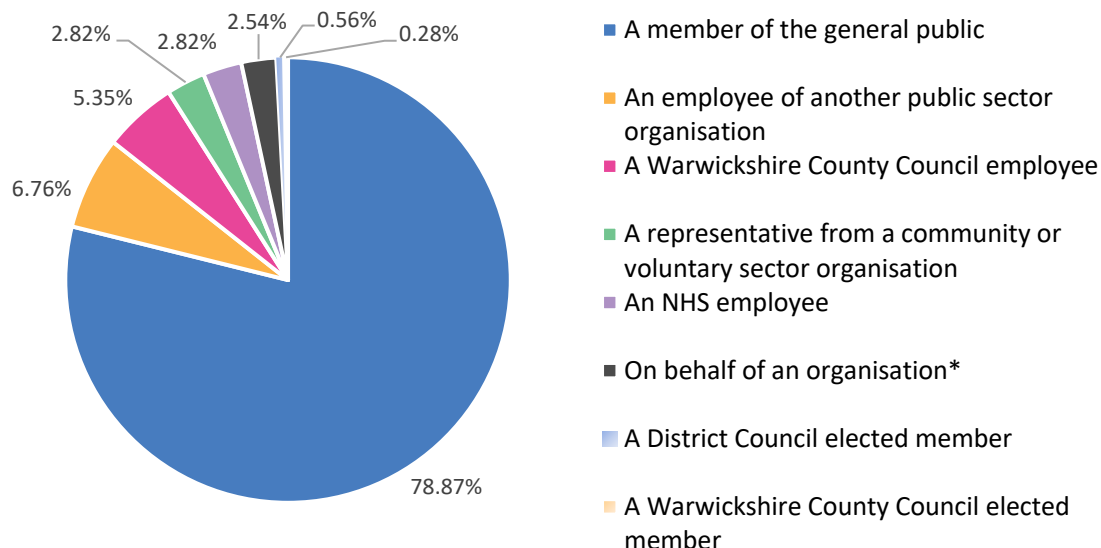
- 387 respondents (68.86%) said that the Health and Wellbeing Board should prioritise *helping people improve their mental health and wellbeing* in 2020-2025, whilst 354 (62.99%) agreed with the priority *helping children and young people have the best start in life* and 294 (52.31%) agreed with the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



## 4. Questionnaire results

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

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

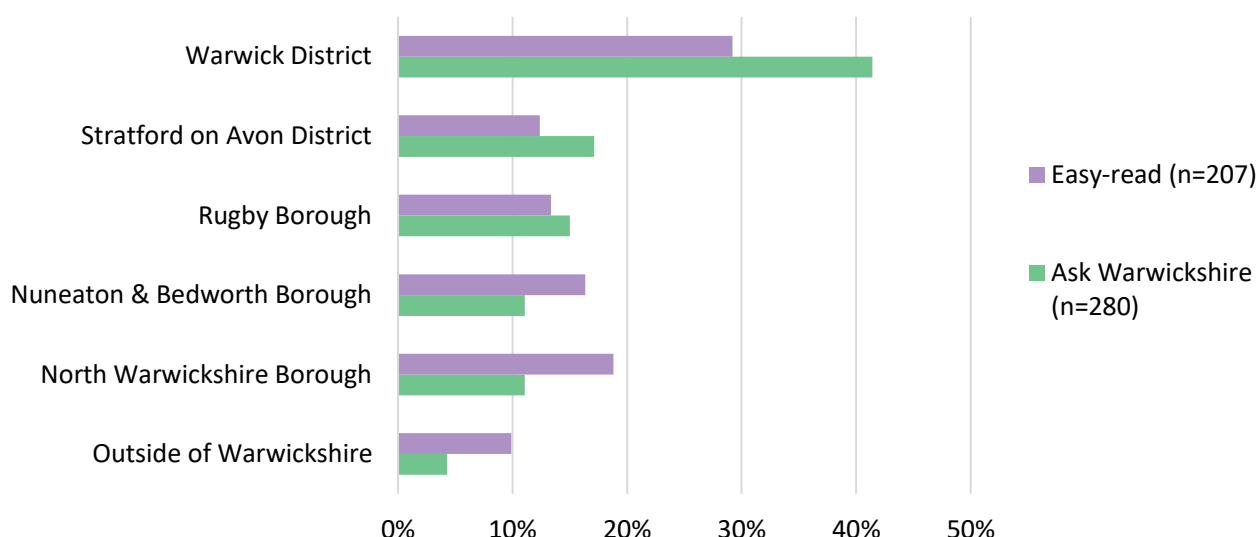


**Figure 1. Respondents who answered the Ask Warwickshire questionnaire (n = 355).**

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

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





**Figure 2. Where respondents live.**

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

#### 4.1 Respondent Profile

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

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



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

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

**Table 1. Gender identity of respondents.**

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

**Table 2. Age of respondents.**

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

**Table 3. Sexual orientation of respondents.**

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



**Table 4. Religion/belief of respondents.**

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

**Table 5. Ethnicity of respondents.**

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

**Table 6. Employment status of respondents.**

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





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

\*Apprenticeships and voluntary work.

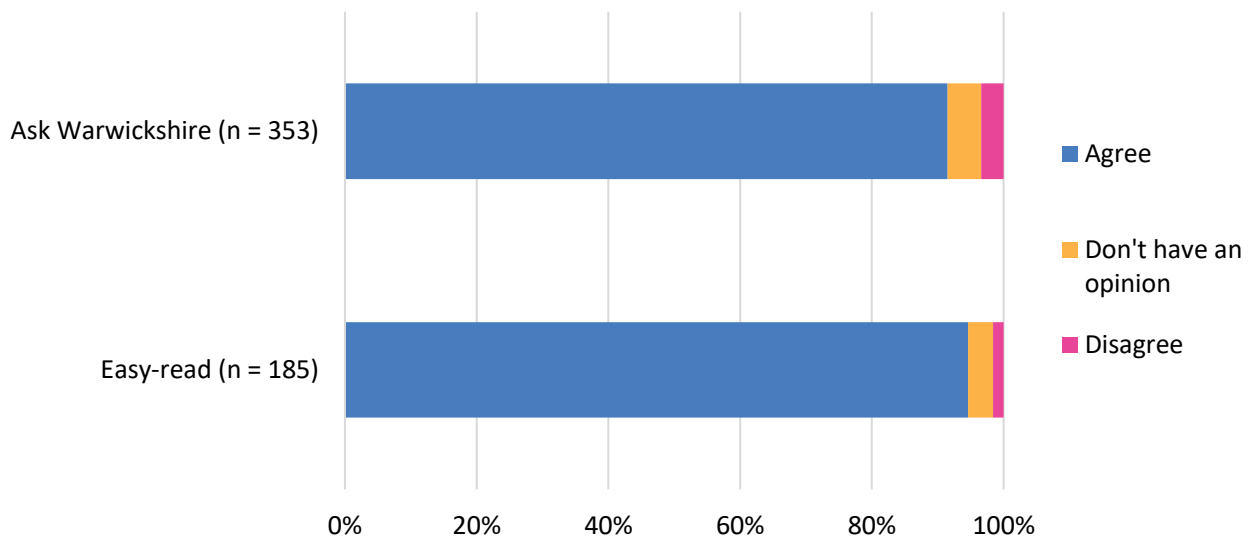
## 4.2 Results: Looking forward

Ambition 1 includes the following aims:

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

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





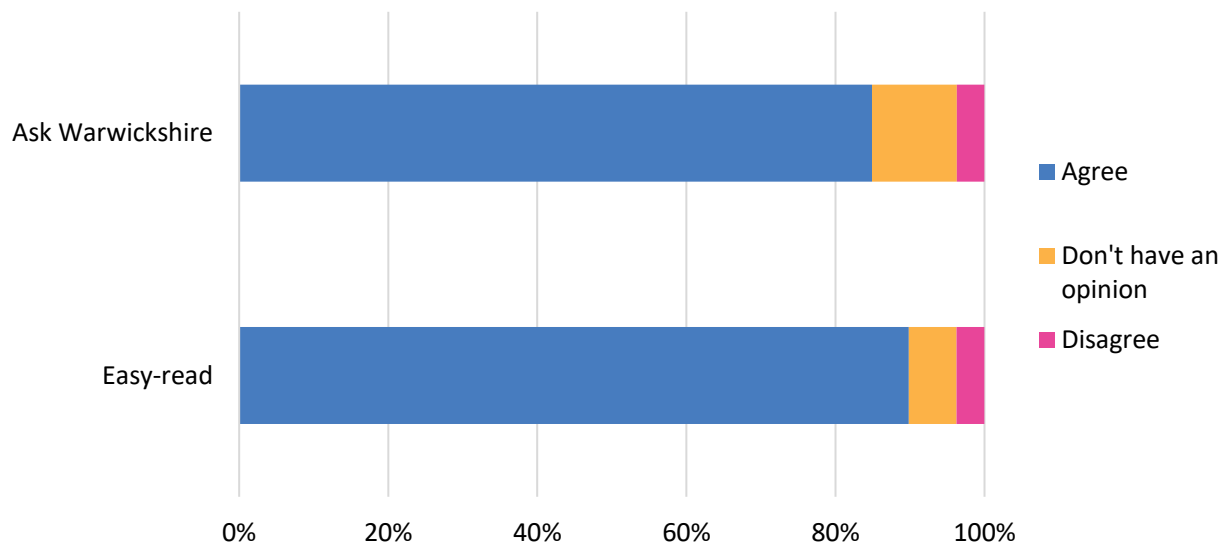
**Figure 3. Percentage of respondents to both Ask Warwickshire (n = 353) and easy-read survey (n = 175) who agreed with Ambition 1: People will lead a healthy and independent life.**

Ambition 2 includes the following aims:

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

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





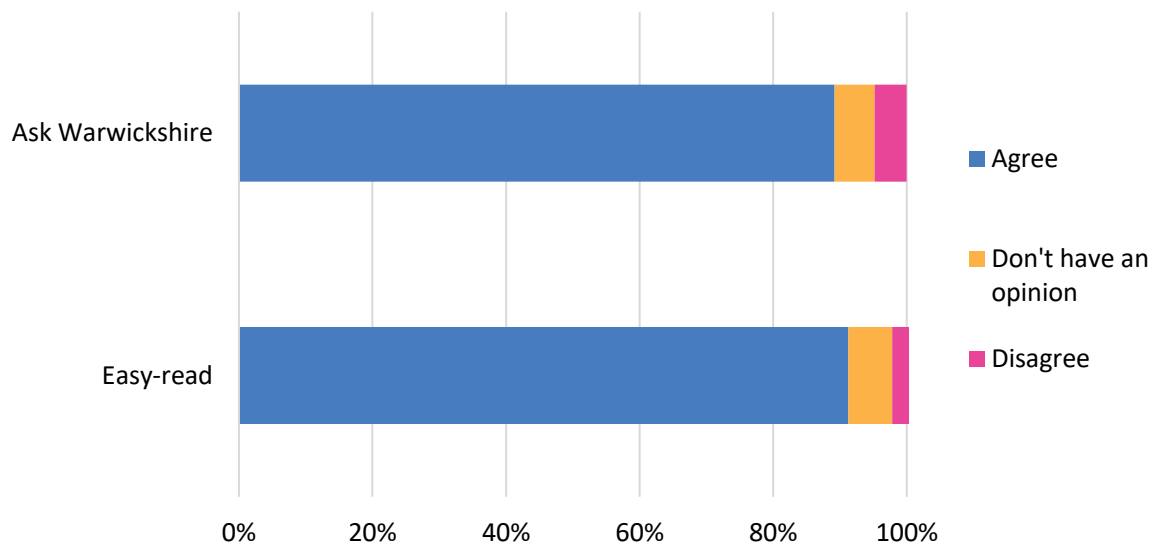
**Figure 4. Percentage of respondents to both Ask Warwickshire (n = 351) and easy-read survey (n = 187) who agreed with Ambition 2: People will be part of a strong community.**

Ambition 3 includes the following aims:

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

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





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

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

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

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



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



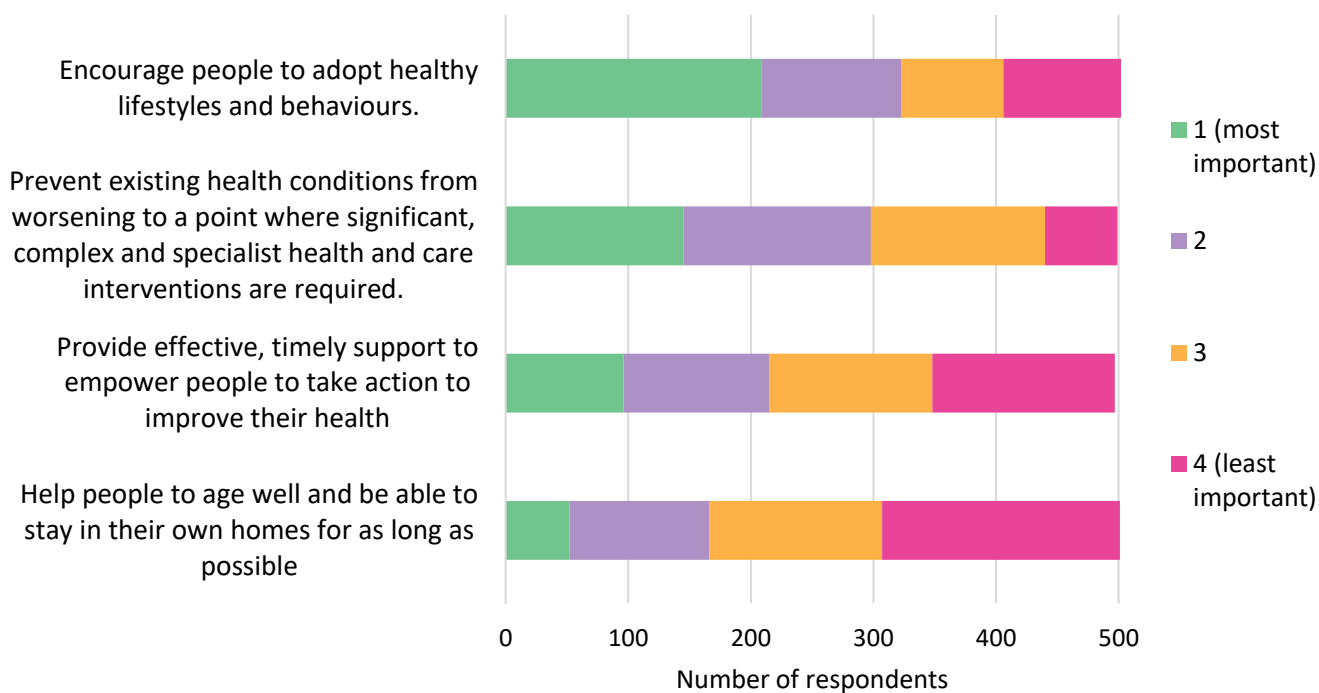
Respondents felt that upstream determinants of health and wellbeing also needing addressing.		<i>will not be fully addressed by 'stronger communities' and 'sustainable services' (income, education, housing etc). "</i>
<b>Definitions around health and wellbeing</b>	1 (2.56%)	<i>"The term 'healthy' should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

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

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

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



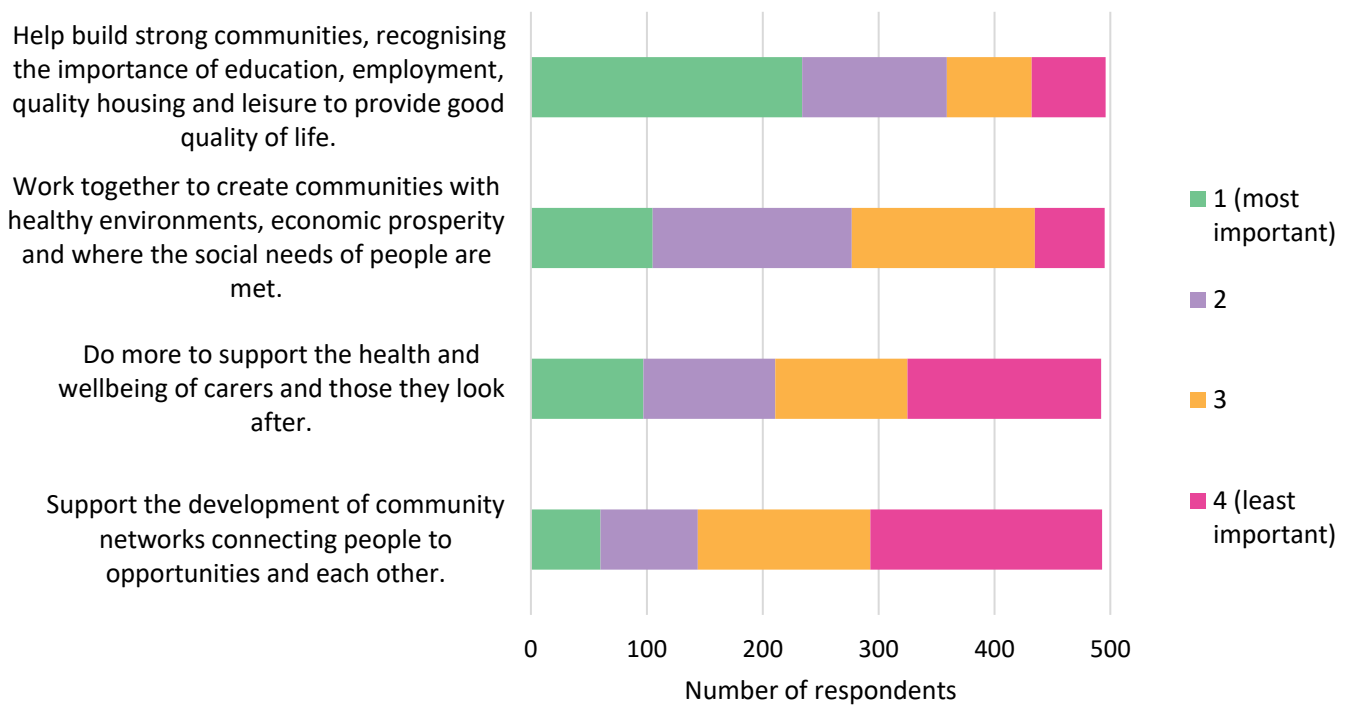


**Figure 6. Respondents rated four outcomes from most important to least important.**

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

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

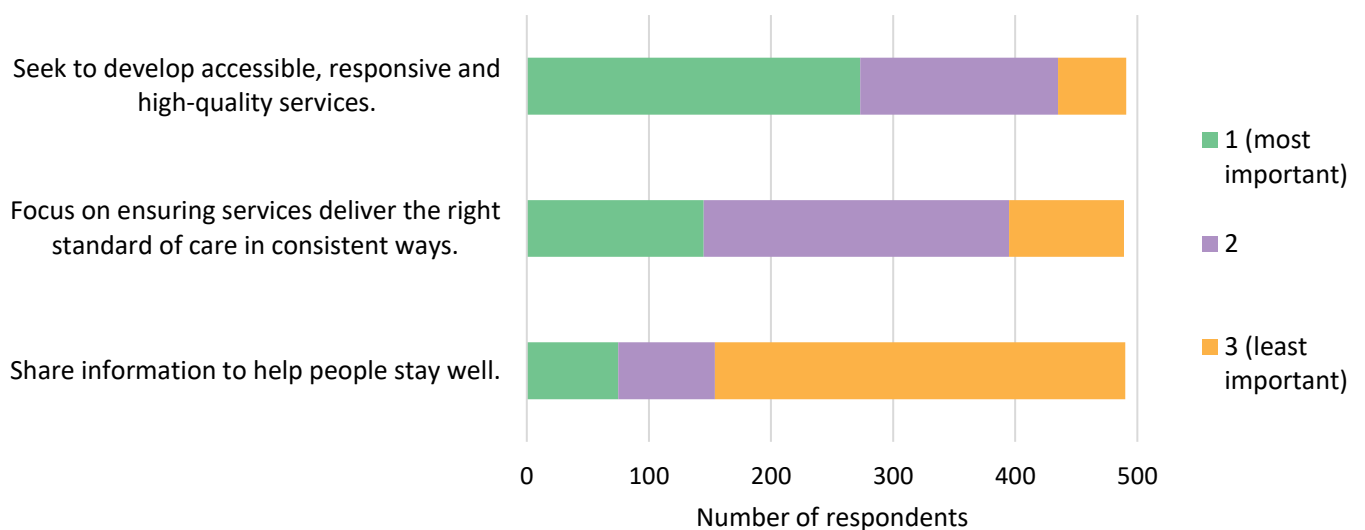




**Figure 7. Respondents rated four outcomes from most important to least important.**

### Ambition 3: People will experience effective and sustainable services

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



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





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

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

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



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

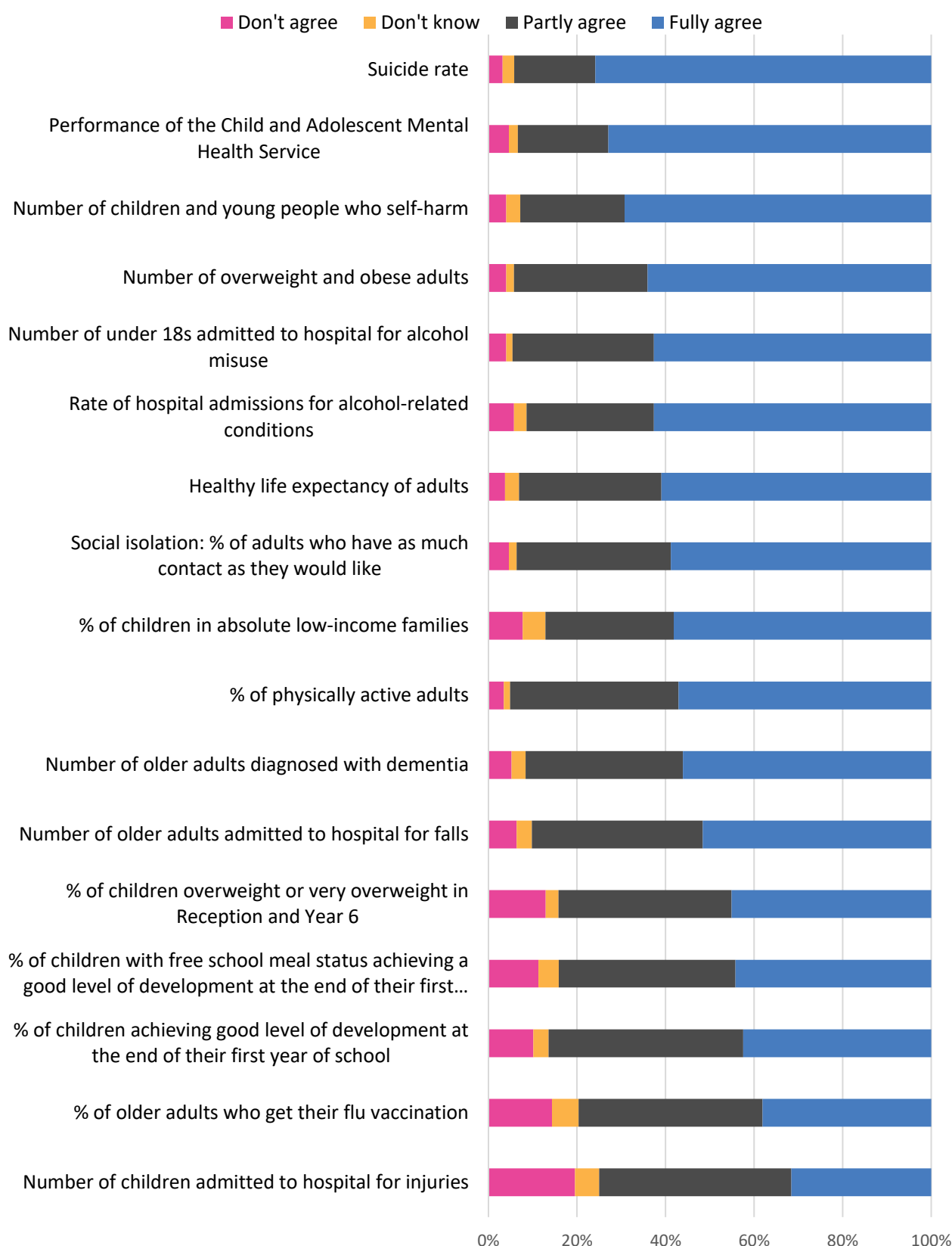


<b>Covid-19</b> (comments referenced all three ambitions)	3 (4.62%)	<p><i>"Consider specific community needs likely to arise following COVID-19 pandemic - such as additional mental health and drug and alcohol support." (Ambition 3)</i></p> <p><i>"Voluntary and faith organisations are key means to carry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

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

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





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



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

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

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



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



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

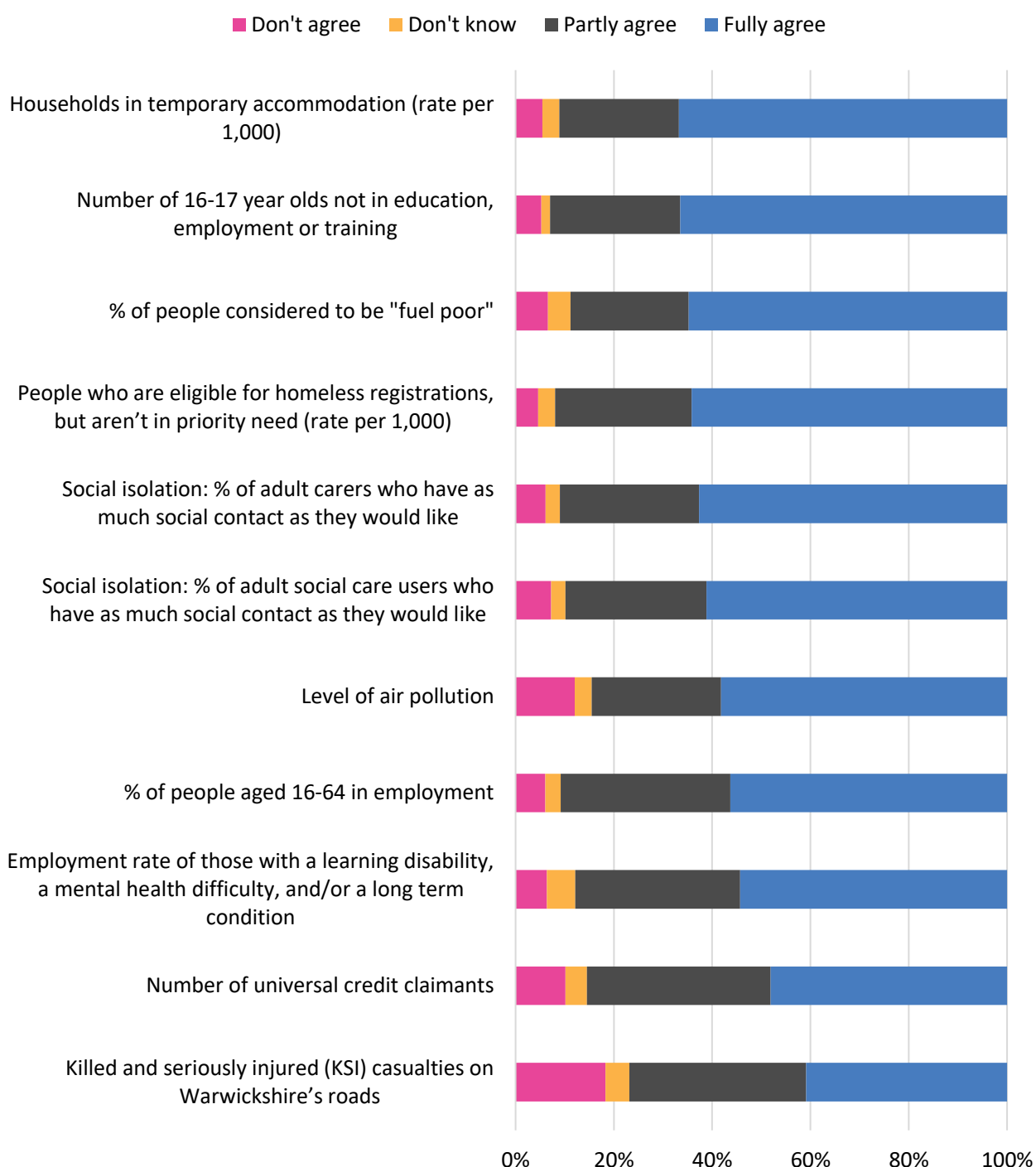


#### 4.3 How we will measure Ambition 2 (People will be part of a strong community)

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







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

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



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

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



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

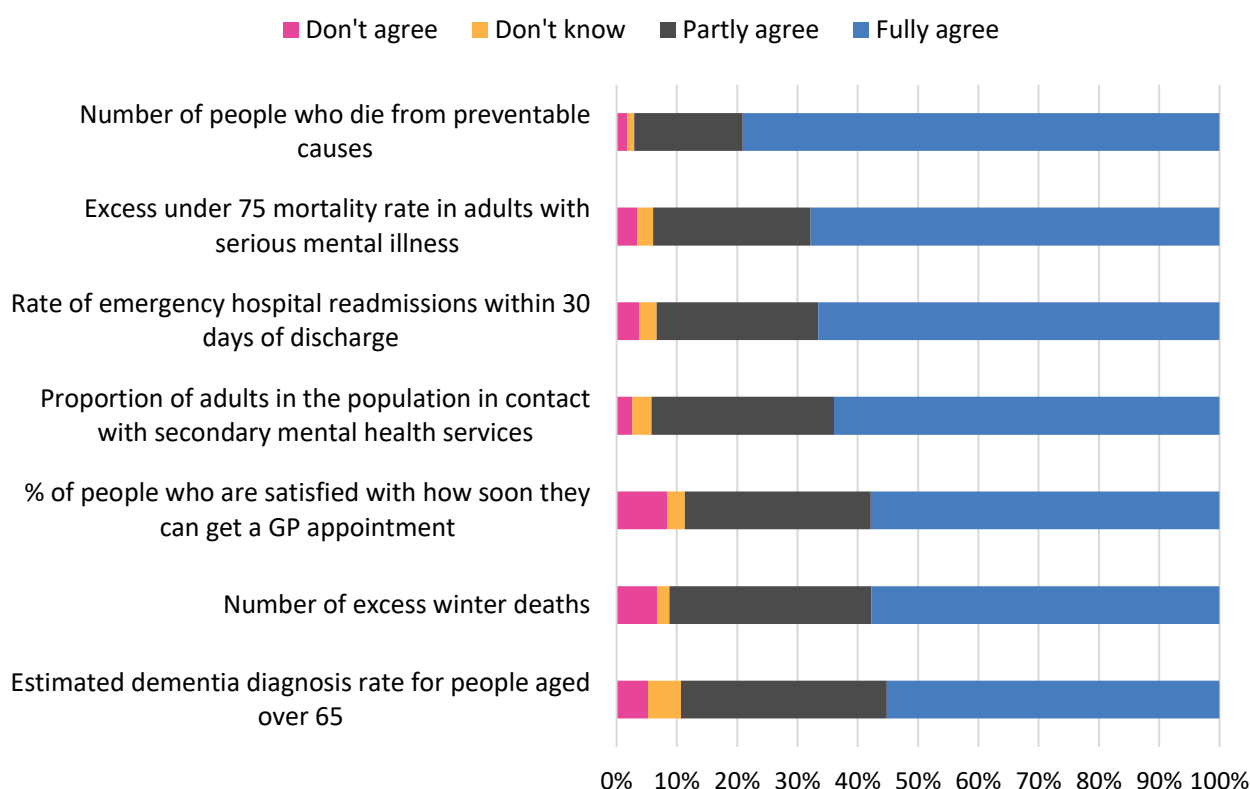


Other	33 (21.02%)	<p><i>"My question is whether these measures will be distorted by the current circumstances, and what longer term lessons can safely be drawn. How people are feeling during a national lockdown may be very different to how they feel in the new normal, whatever that looks like."</i></p> <p><i>"All these suggestions are great as long as you do actually find out the real numbers and not just those who want to take part. Those who isolate are not likely to come forward and be counted. How will you know about those people?"</i></p> <p><i>"Ask them through surveys and making sure we are using different channels of communication and breaking down any language and cultural barriers."</i></p>
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#### 4.4 How we will measure Ambition 3 (People will experience effective and sustainable services)

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





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

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

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

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



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



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

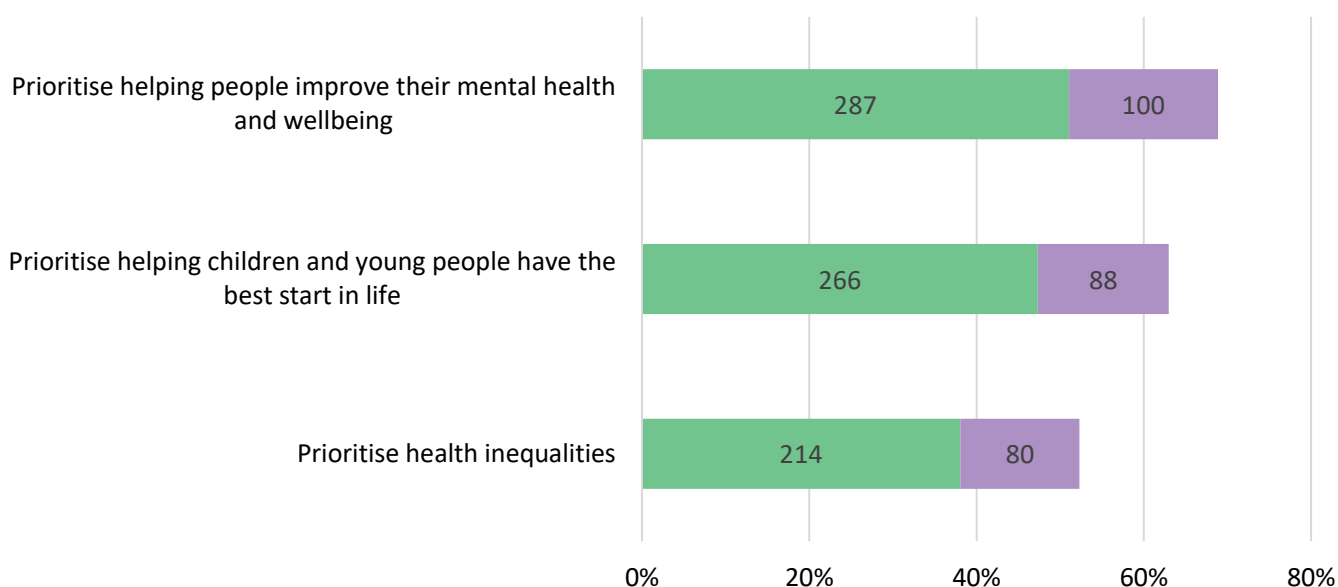
#### 4.5 What should we concentrate on specifically?

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

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

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





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

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

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

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





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



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



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

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

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

Theme / description	Count (%)	Quotes
<b>Access to formal healthcare (physical and mental health)</b>  Respondents said that mental health support in particular should be easily accessible and available	72 (24.40%)	<i>"Access to mental health services. A wait of 18 months plus for an autism diagnosis is not acceptable. Increased attention on mental health services."</i>  <i>"Better access to services remotely would also be great. Village internet speeds and connectivity are poor compared to cities and</i>



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



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



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



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







## 5. Responses from focus groups

### Leamington Town Council

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

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

### Warwick District Council

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



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

#### SWFT (Anne Coyle)

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

#### Healthwatch (Chris Bain)

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

#### Health and Wellbeing Board (Sir Chris Ham)

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

#### BAME Test & Trace Group

#### **Ambition 1: People will lead a healthy and independent life**

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



## **Ambition 2: People will be part of a strong community**

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

## **Ambition 3: People will experience effective and sustainable services**

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

## **Measuring success for the next 2 years**

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



### DRAFT Warwickshire Health and Wellbeing Strategy 2020-2025

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

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

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

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

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

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

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

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

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

## **1. Introduction – What is the Health and Wellbeing Strategy**

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

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

Our long-term strategic ambitions for Warwickshire are:



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

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

*“One Health & Care Partnership, Two Health and Wellbeing Boards, Four Places, Three Outcomes”*

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

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

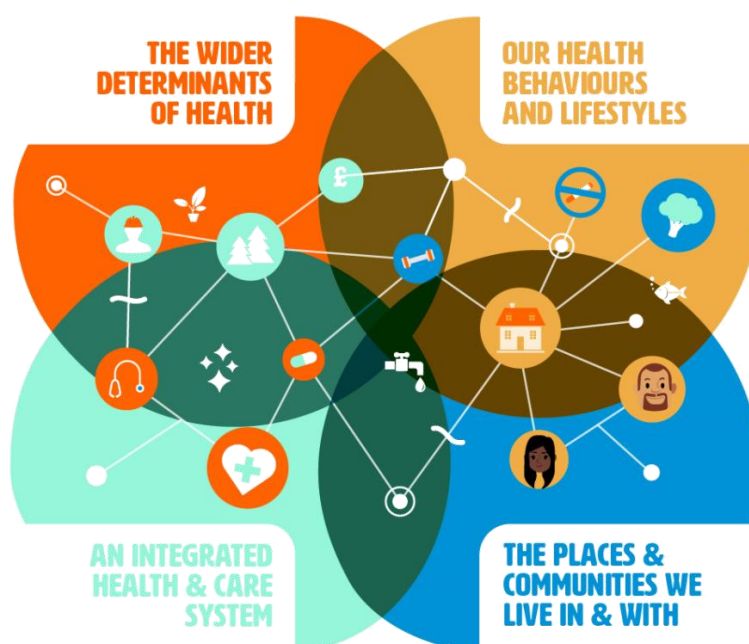
After two years, we hope to see improvements in outcomes related to these priorities. We will then use our latest JSNA data to decide if these should remain our priorities for a further two-year period, or if we need to focus our attention on other areas to achieve our long-term strategic ambitions.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

## **2. Our journey – Where we are now**

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

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

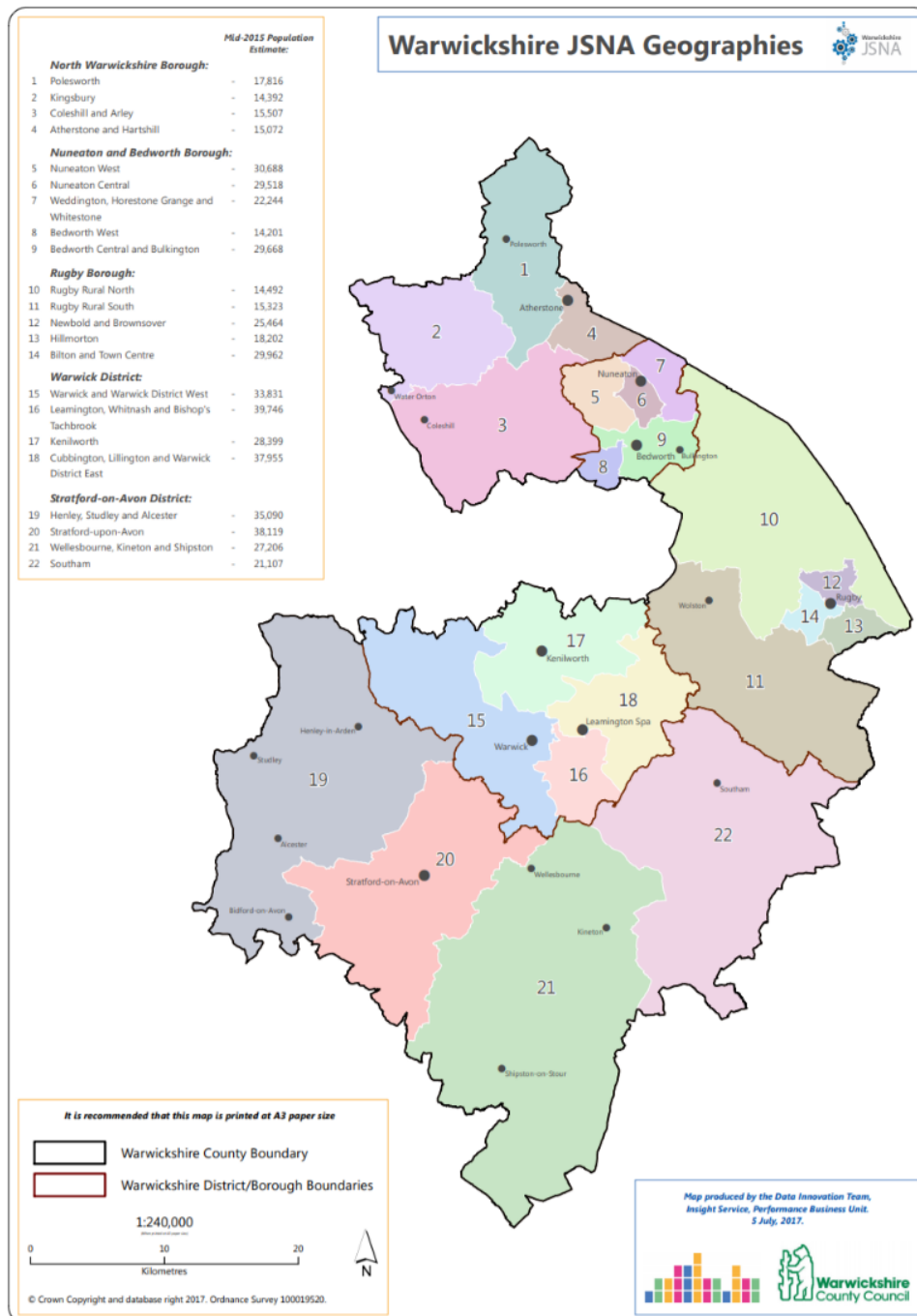
This means we may miss opportunities to identify synergies and complementary activity and don't always get the best outcomes as a result. To do this better we are adopting a 'population health' approach which takes a holistic view of everything that impacts on people's health and wellbeing and pays greater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



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

## 2.1 Place-based needs assessment

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



**Figure 15: JSNA place-based approach**

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



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

- **Overall health in Warwickshire is above average but varies, with residents in more deprived parts living shorter lives and spending a greater proportion of their lives in poor health.** In less deprived parts of the county males can expect to live over 9 years longer and females 5 years longer than those in more deprived areas<sup>i</sup>. People are spending more of their later years in ill-health – over 18 years for men and nearly 20 years for women<sup>ii</sup>. There are avoidable differences in health outcomes, often linked to smoking, alcohol consumption, obesity and lack of physical activity. There is a need for better communication and advice to help people keep lead a healthy and independent life.

Covid-19 impact: Nationally mortality rates from Covid-19 during the first wave of the pandemic were more than twice as high in the most deprived areas compared to the least deprived areas for both males and females. Five areas in Nuneaton & Bedworth Borough and one in North Warwickshire Borough are in the 10% most deprived nationally. These are areas where residents are more likely to be working in essential services, be from a BAME group or living in more crowded housing and hence at increased risk of contracting Covid-19<sup>iii</sup>.

- **Children and younger people have increasing needs.** Nearly one in three children age 10-11 are overweight or obese<sup>iv</sup>. Increasing numbers of children aged 0-14 are being admitted to hospital with injuries and hospital admissions have also increased for alcohol specific conditions in under 18s<sup>v,vi</sup>. There are growing concerns regarding mental health issues and self-harm rates among young people (age 10-24)<sup>vii</sup>. With the number of school children forecast to increase by over 4,000 by 2025 the demand on support services is likely to increase<sup>viii</sup>.

Covid-19 impact: During the first lockdown period, referrals to RISE (the local Child and Adolescent Mental Health Service) reduced by 52% (February to May) despite mental health challenges increasing for many young people. Reductions in referrals may have reflected that the primary need of patients changed. The service often sees patients presenting with educational stressors, which were reduced during the Covid-19 outbreak period because of school closures. An increase in referrals for eating disorders was seen during this time.<sup>ix</sup>

- **Around one in four adults experience mental health problems, but the county has seen an improvement in the suicide rate.** Levels of suicide in Warwickshire have historically been higher than the England average. However, following a large programme of work aimed at suicide prevention, local rates are now in line with the England average<sup>x</sup>. With awareness of mental health increasing and changes in underlying risk factors, more adults and young people are likely to present to health services with a mental health need by 2025.

Covid-19 impact: During the first lockdown period, the Office for National Statistics (ONS) highlighted across Great Britain the percentage of adults with high levels of anxiety reduced from 49.6% in the period 20th to 30th March to 33.3% in the period 24<sup>th</sup> April to 4th May. However local mental health support services reported seeing more people experiencing anxiety disorders<sup>xi</sup>.and the Warwickshire COVID-19 Survey found an increase in self-harming behaviours among people with pre-existing mental health conditions.
- **Warwickshire has a growing older population.** There are more people over the age of 65 than the national average (20.8% in Warwickshire and 18.4% for England) and those over 85 are expected to almost double from 16,561 in 2020 to 30,132 in 2040. The prevalence of dementia (all ages) is higher than the national average in South Warwickshire CCG (similar to the national average for Coventry and Rugby CCG and below the national average for Warwickshire North CCG)<sup>xii</sup>. Across all three CCGs the estimated dementia diagnosis rate for those aged 65 and above is below the national average<sup>xiii</sup>. These issues put pressure on services and carers who provide support. We need to focus on preventative health in the younger and working age population now to help manage future demand on health and care services. Covid-19 impact: Among people with a positive test, those who were aged 80 or over were 70 times more likely to die when compared to those under the age of 40. In Warwickshire a fifth of the population is aged over 65 and at an increased risk of mortality<sup>xiv</sup>.
- **Despite the county's comparatively good performance on education and skills and economic growth, pockets of deprivation limit people's opportunities to succeed in life.** 6 Lower Super Output Areas (LSOAs) are in the 10% most deprived nationally. A further 16 LSOAs are in the second most deprived decile, and 26 are in the third most deprived decile. 12% of children (11,400) live in low-income households. Social inequalities and life chances are already established from these early years of life.

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

- **Inequalities in health exist between White and Black, Asian and Minority Ethnic communities.** People from ethnic minority groups are at higher risk of being out of work; prior to Covid-19 the rate of unemployment in some ethnic minority communities was 6.1% compared to 3.5% for people from a white background<sup>xvi</sup>.

Covid-19 impact: People from black and minority ethnic groups were more likely to be at increased risk of exposure to Covid-19 than White British groups during the first wave of the pandemic, often due to working in frontline or essential services. Mortality rates were highest among South Asian and Black Caribbean groups<sup>xvii</sup>.

- **The county has a higher level of homelessness** than other areas. We know that good quality housing leads to better health and wellbeing as it indirectly affects early years outcomes, educational achievement, economic prosperity, mental health and community safety<sup>xviii</sup>.

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

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

COVID-19 impact: Residents feel less comfortable about using public transport due to concerns of exposure to COVID-19.<sup>iii</sup>

- **Road safety** issues, with a higher rate of people killed and seriously injured on roads in Warwickshire. This is compounded by rapid population growth in areas such as Rugby resulting in pressure on services, increased road traffic, and poorer air quality in some of our town centres.  
COVID-19 impact: Warwickshire residents have walked or cycled more during the pandemic, however the most common barrier to opting to walk or cycle more is concern about traffic and other road users.<sup>iii</sup>
- **Air quality** – improving air quality and taking action on climate change has significant benefits both for our local environment and our health and wellbeing, including reducing the risk of developing or exacerbating respiratory illnesses.  
COVID-19 impact – reduced traffic during the pandemic has led to improved air quality; there is an opportunity to harness changes in behaviour made during the pandemic for longer-term environmental and health benefits. Additionally, when asked residents would feel most motivated to take local action on conservation and action on climate change within their local communities<sup>iii</sup>.
- **Community capacity** – Our JSNA has highlighted a wealth of voluntary and community activity. Community organisations are often best placed to address health challenges as they have networks, understanding and legitimacy. However, their resources are limited and the public sector must change how it works with communities by shifting to an ‘enabling’ leadership style to join forces and build capacity.  
Covid-19 impact: The grassroots response to mobilising mutual aid during the pandemic period has had a big impact on local volunteering, how it is perceived and how it can be promoted in the future.
- **Improvements to access and integration of services** are needed, with a focus on self-care and prevention to help people stay well and ensuring a seamless experience of accessing care when help is needed.  
Covid-19 impact: Respondents reported access to services as a top priority and 1/3 were uncertain about accessing these facilities compared to other settings during the initial lockdown period. For some the shift to digital GP appointments represented a more convenient way of accessing services, whilst others felt this did not adequately replace face to face contact.<sup>xx</sup>

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

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

### 3. Where do we want to get to?

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



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

The outcomes we hope to achieve are:

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

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

Direction of travel will be monitored through indicators such as:

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

performance; children living in poverty; children and young people who self-harm; school readiness

- **Working-age Adults:** healthy life expectancy; physically active adults; overweight and obese; alcohol admissions; suicide
- **Older people:** falls; dementia diagnosis; flu immunisations

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

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

Direction of travel will be monitored through indicators such as:

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

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

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

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

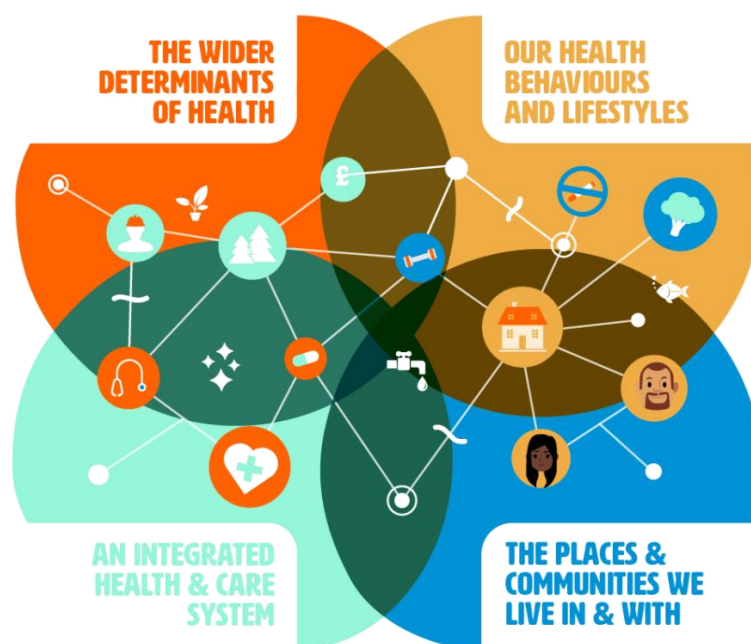
Direction of travel will be monitored through indicators such as:

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

#### 4. How will we get there

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

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



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

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

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



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

## 4.1 Our ways of working

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

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

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

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

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

## 4.2 Our priorities

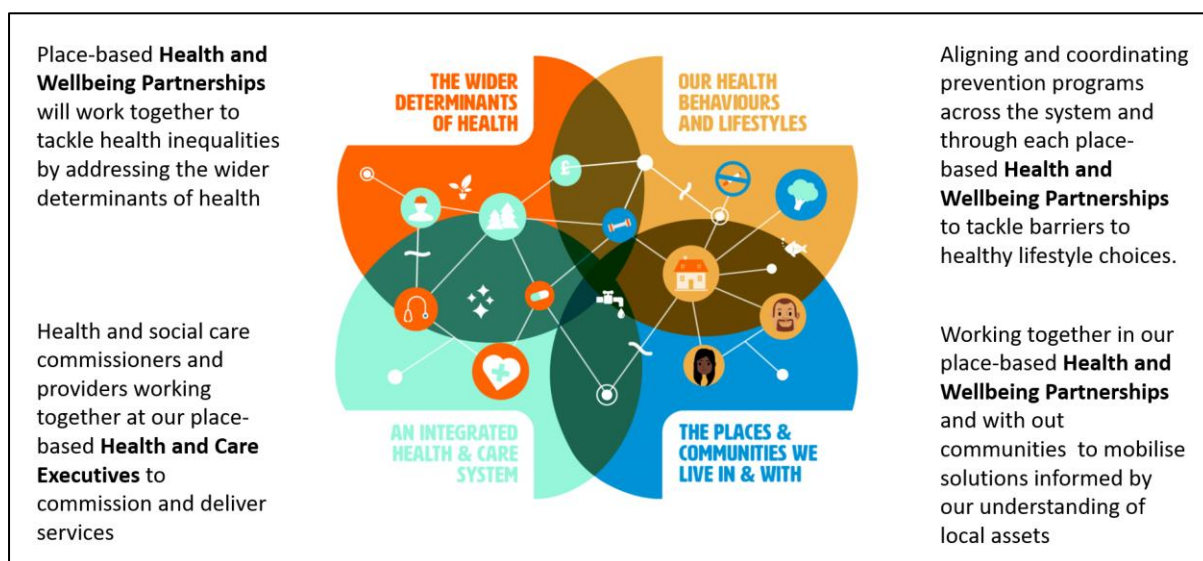
We have identified **three initial priorities** where we can make a tangible difference in the short-term by working together in partnership. We will use these areas to test our new ways of working and bring our population health framework to life. There is a wealth of great work already being done in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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Examples include:

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

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

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

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

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

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

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

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

### **Case study: Promoting Health and Wellbeing through Spatial Planning**

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



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

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

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



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

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

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xxvi South Asian Foundation

xxvii WCC Recovery Plan

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

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

### Encouraging healthy lifestyles

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

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

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

### **Mental health and wellbeing**

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

### **Environmental concerns**

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

### Joined-up services

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

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

## Employment

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



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## Housing

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

## Engagement

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

## Funding, monitoring & improving services

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

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

### **Covid-19**

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

### **Inequalities within Warwickshire**

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

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

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

#### **Other**

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