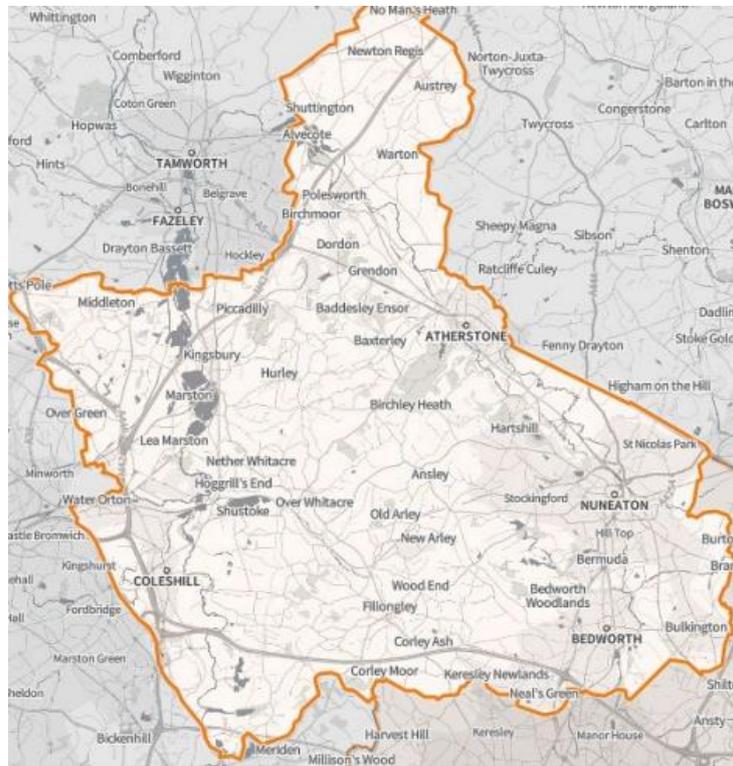


# Warwickshire North Place Update

December 2021



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

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

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

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

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

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

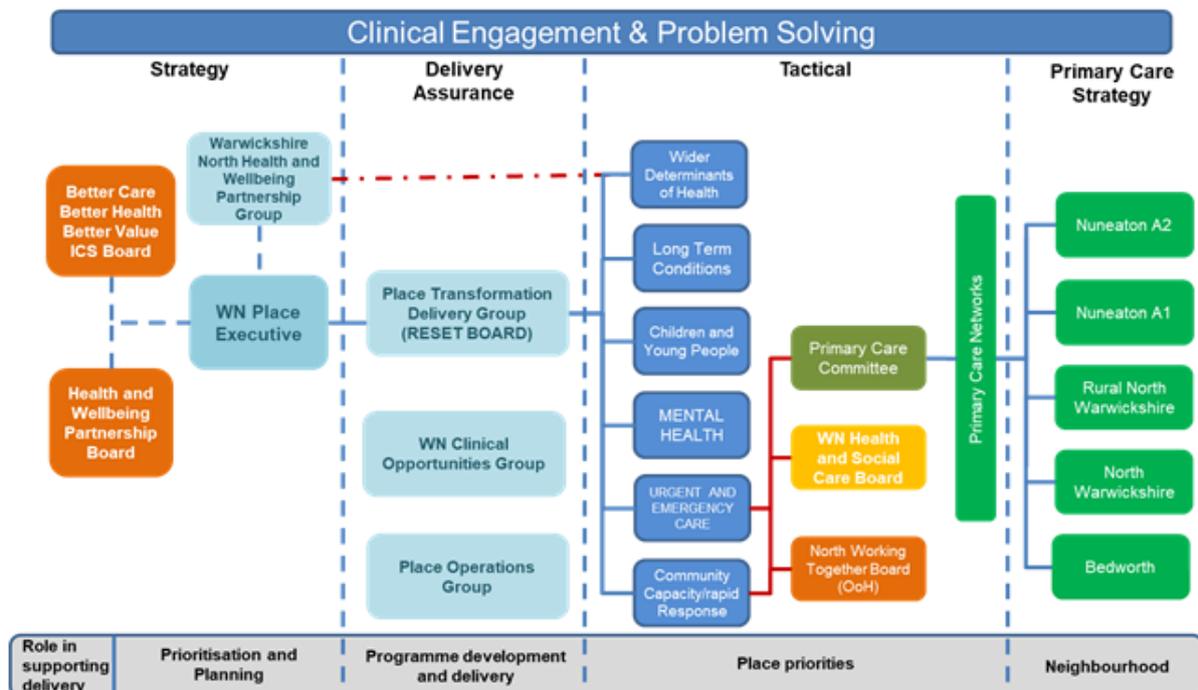
## Warwickshire North Place Principles:

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

### Clear Roles and Responsibilities

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

### Governance Structure:



## **Key Deliverables / Achievements this Quarter:**

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

### **The Wider Determinants of Health:**

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

### **Our Health Behaviours & Lifestyles:**

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

### **An Integrated Health & Care System:**

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

### **The Places & Communities We Live In:**

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

## **Next Steps for WN Place**

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

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

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

## Appendices – Components of Deep Dive Place Delivery Programme Review:

### Warwickshire North Place Priorities December 2021

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

### Warwickshire North Health & Wellbeing Partnership Priorities December 2021

Partnership Priority	Access to services	Reducing health inequalities	Housing & health	Reducing obesity & improving lifestyles
Work package	<ul style="list-style-type: none"> <li>Mental Health services</li> <li>Dementia / Loneliness and Isolation</li> <li>Autism and access to a diagnosis</li> <li>COVID young people mental health</li> <li>Carers and cared for people</li> <li>End of life</li> <li>Transport</li> </ul>	<ul style="list-style-type: none"> <li>Unplanned care</li> <li>Communications</li> <li>Health outcomes inclusion health groups</li> <li>Safer communities</li> </ul>	<ul style="list-style-type: none"> <li>Wide review: What is the impact of quality of housing on the health agenda in WN</li> </ul>	<ul style="list-style-type: none"> <li>Address obesity in adults and children</li> <li>Smoking and SATOD</li> <li>Improve physical activity</li> <li>Prehab</li> <li>Health checks</li> <li>Immunisations</li> </ul>

### The King's Fund Population Health Model

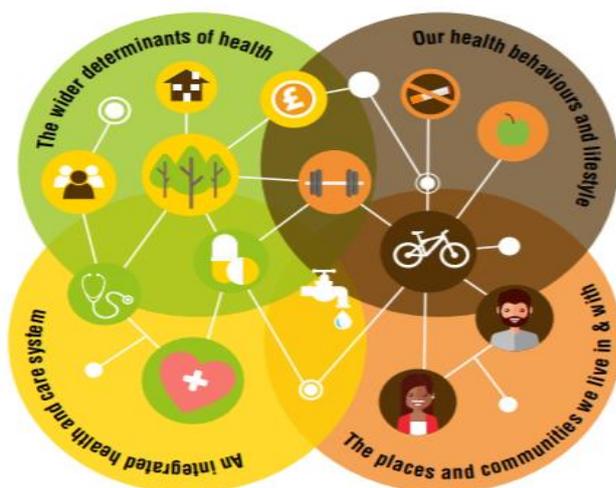


Figure 2: Population health model (Kings Fund, 2019)

### Joint Strategic Needs Assessment themes

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

## Warwickshire Director of Public Health Place health & wellbeing profiles

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