

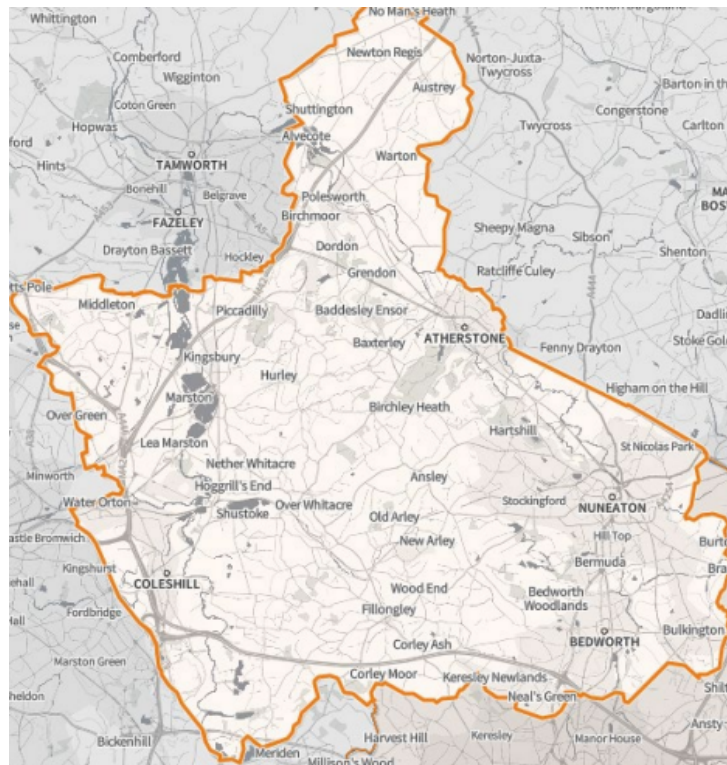
Health and Wellbeing Board

Warwickshire North Place Update

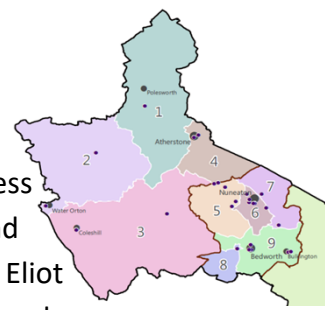


Health Inequalities

August 2022



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



Warwickshire North (WN) Place is well established and has made significant progress over the last year working collaboratively with a shared focus around the needs and aspirations of our local population. WN Place has a diverse population and George Eliot Hospital, Primary Care Networks (PCNs), third sector partners and County and Borough Council partners are working together to ensure we are working with and for local people to improve health outcomes and reduce inequalities.

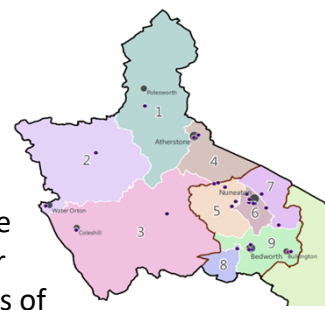
Examples below focus on some of the work achieved and continuing to progress across WN in relation to health inequalities.

- **Population Health Management (PHM) Programme**

- WN PHM programme is focusing on interventions for a cohort of pre-diabetic, obese adults with one additional acute condition, a history of smoking and living with high or medium levels of deprivation
- Proposed intervention is via Helping Everyone Achieve Long Term Health (HEALTH) Passport, helping individuals reduce their clinical risk factors through lifestyle changes by a personalised care plan in five areas of focus:
 - Smoking status
 - Body Mass Index
 - Physical activity
 - Alcohol intake
 - Diet quality

- **High Intensity Users**

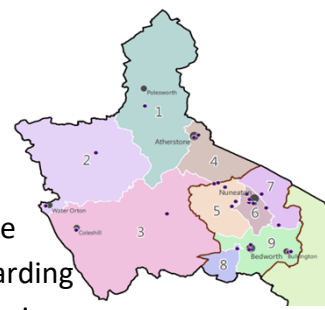
- Designed to provide health coaching and non-judgemental support to service users who have frequent contact with A&E and unplanned admissions, and may also be calling West Midlands Ambulance Service (WMAS) 999 more often than expected. The service uses A&E case finding to proactively engage individuals that are using the department on more than 12 occasions over a rolling 12 months to offer support. The service aims to deliver the following outcomes using the NHS Rightcare HIU principles of non-judgmental support and personalised care planning:
 - George Eliot Hospital (GEH) A&E case finding using health care professional led clinical review
 - Improved experience of care for individuals through proactive phone contact to offer support
 - Improved quality of care by developing personalised care plans and an integrated approach
 - Reduced usage of unscheduled care by supporting individuals to engage with alternative services through proactive support



- From June 2020 to October 2021, of the 81 cases identified, 50 were monitored and 31 received significant input. The impact tracking for those who received individual input demonstrated indicative savings of over £67,000.
- A common theme in case studies has been that these users feel supported through the alternative services they are now accessing, including social prescribers, high intensity case managers, 'Change, Grow, Live' Drug and Alcohol Recovery services and mental health services. The case studies demonstrate how personalised care plans, developed in partnership with these people, enable them to manage their needs without attending A&E.

- **Needs Assessment for Homeless Patients**

- GEH with Public Health has completed pathway needs assessment for homeless patients, resulting in six recommendations currently being explored with GEH teams:
 - Commission a Pathway Light Team at GEH to support and co-ordinate the care and discharge of people who are homeless admitted to the hospital or attending A+E. An alternative is to commission a Pathway team which can cover GEH from one of the other Warwickshire sites
 - Implement a weekly multidisciplinary team meeting to plan the management of patients who are homeless involving both community and hospital teams
 - Review the provision of Substance Misuse and Alcohol Dependence service input to GEH, by developing agreed protocols for the management of drug and alcohol withdrawal syndromes, and exploring the provision of in-reach to the Trust from community drug and alcohol services
 - Review the provision of Mental Health assessment and treatment services for people who are homeless and presenting at, or admitted to, GEH by developing improved links and joint working with mental health services and explore the provision of Mental Health in-reach services to GEH inpatients.
 - Commission a community engagement and support organisation to ensure that patients who are discharged from GEH are able to access and use community services, maintain their tenancy, register with a General Practice, and attend follow up appointments including those at the outpatient services.



- GEH to instigate a programme to improve the identification, recording and coding of the housing status of people who are using their services. A programme of education for staff regarding homelessness and health should be implemented, in order to increase motivation and understanding of the importance of accurate data recording. This should include education regarding the legally required 'Duty to Refer Notification' being sent to the local authority housing department for all patients who are homeless or at risk of homelessness within 56 days, in order for assistance to be provided.

- **Warwickshire North Dashboard**

- The WN Place team have produced an interactive web-paged dashboard for all partners to utilise, demonstrating multiple metrics across a number of areas related to the King's Fund Population Health model.
- This supports WN with reviewing progress across the Place, leading to increased visibility for Key Performance Indicators and improved collaborative working with Place partners. It will enable us to change how we address performance and target our PHM framework.
- Elements included in the dashboard under Wider Determinants of Health:
 - Adult obesity
 - Child obesity
 - Air pollution
 - Child poverty
 - Housing affordability
 - Internet access
 - Living conditions
 - Life expectancy
 - Rough sleeping
 - Smoking
 - Unemployment
 - Young people in employment, education or apprenticeships

- **Health Equity Pilot Project (HEPP)**

- HEPP aims to strengthen local partnerships and System leadership capability through working collaboratively to address health equality. Approximately £32,000 seed funding from NHS England for a local project.
- The aim of the Warwickshire project is to engage with families within the Nuneaton Central JSNA area to understand the barriers (perceived/actual) that

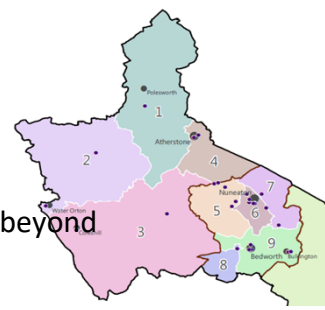


prevent uptake of healthy lifestyles campaigns (Wellbeing for Life) and services (Change Makers) to support management of childhood weight.

- WCC community engagement officers have been carrying out surveys with parents and carers at three local Nuneaton schools, generating findings around attitudes towards child weight management Change Maker service.
 - In addition to this, an online survey was also made available. In order to gather more in-depth insight, interested parents and carers have now been invited to follow this up with an interview, which is being carried out by Coventry University.
 - The engagement period finished mid-May 22. Following which a report of findings will be generated by Coventry University and will go on to help inform the commissioning cycle for Change Makers in Warwickshire.
- **Obesity in Pregnancy**
 - Local authority funding is increasing for this, especially in WN where rates are higher
 - Project being led by Local Maternity & Neonatal System lead
 - **Smoking Cessation in Pregnancy**
 - The development of a new model of provision
 - CLear Model: Challenge, Leadership & Results for tobacco control
 - Project being led by Local Maternity & Neonatal System lead
 - **Smokers who decline stop smoking services: Ethnographic Research**
 - Approximately 15 field studies with pregnant smokers who declined SSIP support
 - Ethnographers met with participants and their families in their own home
 - Aim of research to understand barriers and factors around non-engagement with services
 - Dissemination and collaborative response workshop on 29th September
 - Research findings paper due Q3 22/23

Vape pilot for pregnant smokers

- From 15th July, e-cigarettes are included in the 12-week Stop Smoking in Pregnancy service offer, for eligible participants.
- Available to over-18s booked at GEH, and resident in Warks North



- Will run for approx. 9 months
- Pilot aim is total smoking cessation at 12 weeks, vaping not encouraged beyond this period
- Partnership research evaluation with Bath & NE Somerset LA, led by Coventry University
- **8 participants signed up in first month of pilot**

- **Poverty Proofing**

- Children North East (CNE) are working across Warwickshire Council to carry out Poverty Proofing activities as part of the wider 'Tackling Social Inequalities in Warwickshire Strategy 2021-30' being carried out across the county. As the founders and national leads on the Poverty Proofing agenda, CNE will work across Warwickshire to deliver four large poverty proofing inventions and a programme of training.
- Two of these interventions are within WN – GEH's Maternity department and North Warwickshire Borough Council's Leisure department.
- There are five key phases of the programme: training and initial consultation with staff; scoping exercise; consultation; report with recommendations; and review visit.

- **Levelling Up**

- Work underway with Purpose Coalition to produce collaborative impact reports that link through to the health and wellbeing theme in 'Levelling Up'.
- Intention is to increase opportunities in identified areas, with 19 of the 22 identified lower super output areas being in Warwickshire North Place
- Hooked into 'Team Warwickshire' work.