

Warwickshire Joint Strategic Needs Assessment

Final Draft 30th April 2009



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Foreword

The Joint Strategic Needs Assessment for Warwickshire 2008

The Joint Strategic Needs Assessment is a process undertaken in partnership across Health and Social Care and this JSNA has been undertaken jointly between Directors of Public Health, Adult Social Services and Children's Services.

The JSNA provides a framework to examine all the factors that impact on the health and wellbeing of the Warwickshire population including: employment, education, housing and environmental factors. This information enables us to prioritise resources and commission services that will improve outcomes for Warwickshire's community.

JSNA is the process by which the current and future health and well being needs of Warwickshire's population are identified. The resulting document is a summary of the main health and wellbeing needs of the county. The JSNA is designed to provide an understanding of the need for health and social care in the short term (three to five years) and the longer term (five to ten years).

The JSNA has been informed by a Foundation report that contains numerical and modelled data drawn from a range of sources as well as information from consultation exercises conducted by the County Council and PCT to capture the views of stakeholders, patients, service users and carers including adults, children and young people.

This is the first JSNA produced for Warwickshire which incorporates comments received on a draft version during a consultation period which ran to 31st January 2009. It will be regularly refreshed and updated as new information comes to light and we get additional feedback from Warwickshire residents about their needs. The County Council and NHS Warwickshire are committed to updating the JSNA on an annual basis. It is the intention that the document will be available on-line and that web-based tools will be developed to facilitate access to the data that underpins the JSNA.

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Executive Summary

The 2006 White Paper 'Our Health, Our Care, Our Say' identified the need for Directors of Public Health, Adult Social Services and Children's Services to undertake regular strategic needs assessments. This was further clarified in the Local Government and Public Involvement in Health Act (2007) which outlines the duty to undertake a Joint Strategic Needs Assessment (JSNA) from April 2008.

This document is Warwickshire's first Joint Strategic Needs Assessment which has been developed under the auspices of a joint steering group with representation from Children and Adult services within the County Council and NHS Warwickshire. It incorporates feedback received on a draft version after a 3 month consultation which closed on 31st January 2009.

The document is designed to provide an understanding of need for Health and Social Care both in the shorter term (three to five years) and the longer term (five to ten years). It builds upon a compendium of data contained in our Foundation report. It will be regularly refreshed and arrangements are in place to explore web based tools to ensure efficient and effective updates and improved accessibility.

Warwickshire is a diverse county that requires services to be provided in increasingly flexible and personalised ways in order to meet the needs of its vastly differing community. Significant challenges exist to meet the needs of:

- Small numbers of people from Black and Minority Ethnic (BME) backgrounds, with differing religious beliefs, cultural heritages and language
- A notable migrant worker population who are increasing demand for acute health care, contraceptive and other sexual health services, and some mental health services.
- Members of isolated rural communities.
- Citizens who are disadvantaged for other reasons.

However, Warwickshire's greatest challenge in relation to need in the coming years is as a result of a population which is expected to grow significantly in total, with an increasing proportion of elderly people.

An apparent decrease in economic wealth will potentially increase the proportion of these older people who require their services to be funded wholly by the state, both as a result of decreased investment in private health care, and reliance upon the County Council to fund, or partially fund, Social Care services.

The combination of social and health deprivation within the spearhead local authority area of Nuneaton and Bedworth represents a unique concentration of needs within the County. Small communities in other parts of the County also experience similar levels of social and health disadvantage and NHS Warwickshire and local authorities will need to address their particular needs if overall health inequalities are to be reduced. It is also recognised that the need for "narrowing the gap" between the least and most advantaged citizens within the county is not based on geographical factors alone but that there are many groups of disadvantaged people for example, through reasons of physical or mental disability or through having caring responsibilities. Addressing these gaps is key objective of joint policy and performance action will be overseen by the Public Service Board which is the

countywide Local Strategic Partnership (LSP) supported by 5 district/borough LSPs. These partnerships strive to lead improvement of public services and achieve, through working together, outcomes for citizens beyond those that could be delivered by agencies acting alone.

In developing our JSNA it should be recognized that we are not starting from a blank sheet as we already have well established partnerships in place. These partnerships, which include district and borough council colleagues and other key partners, play an important role in assessing the needs of Warwickshire communities, developing action plans and performance managing to ensure delivery of outcomes. A range of mechanisms including our Local Area Agreement, Sustainable Community Strategies, joint commissioning strategies and housing and homelessness strategies underpin this work. These partnership and strategy arrangements will inform and be informed by this and future iterations of our JSNA.

A cornerstone of needs analysis is consultation with the communities served. Warwickshire has a long history of consultation with communities and service users and their carers and these activities have underpinned joint commissioning strategies and NHS Warwickshire's overall strategy for commissioning for improved health outcomes.

Key messages from consultation include desire to see:

- Effective joint working
- Long term planning
- Care delivered at home or close to home
- Value for money and efficiency
- Voluntary sector playing a key role in service delivery

There are concerns about:

- Potential cuts in services
- Tensions between speed and quality of service delivery
- Cultural needs of people from BME communities not being met
- Smaller organisations being squeezed out of the care market.

Needs are considered in relation to 11 key areas and the main highlights for each are summarised below.

Staying Healthy

Although the County as a whole experiences generally lower levels of illness and premature mortality than many areas of the country, the same conditions commonly cause death and disability. Addressing these issues remains a significant need.

Lifestyle issues such as smoking, exercise, diet and obesity, alcohol and other substance misuse remain the underlying causes of the premature ill-health in the County and the health inequalities between its different communities. There are a number of initiatives coming on line that will aim to make improvements; however, access to particular key community services is below the levels planned by the commissioner: smoking cessation, sexual health clinics, talking therapies, alcohol and substance misuse services, and community matrons are all below target for service access.

Health literacy is one of the key starting points in addressing these lifestyle choices. Rugby has a concentration of people who have no qualifications at all and are hence at particular risk of Health illiteracy.

Although primary care is the key and is comparatively well-resourced, there are indications that the skill mix of staff is not optimal, and that performance in some areas is not meeting its potential nor fully addressing patient and public expectations.

Emergency hospital service use is increasing faster than planned, possibly reflecting the delays in implementing case management in the community.

Waiting times for access to hospital services have reduced dramatically over the last few years both nationally and in Warwickshire. Current waiting times now show continued improvement towards the December 2008 target of 90% of all admitted patients and 95% of non-admitted patients being seen within 18 weeks. The figures for August 2008 were 90.5% and 93.92% respectively.

Increased life expectancy potentially brings with it an increase in the number of people experiencing health issues which require early detection and treatment. Given that the numbers of older people will increase, availability of service to detect problems associated with old age will need to extend to maintain current levels of coverage.

Maternity

Although infant, maternal and child health are generally good, there are still geographical areas with persistently worse statistics than the national average. Teenage conceptions remain a significant element of the threat to infant and maternal health. Figures relating to occurrence of breastfeeding elsewhere in the Country suggest that there is a need in Warwickshire to promote breast feeding more with new mothers.

A comprehensive needs assessment is nearing completion which has looked at the needs associated with the projected increase in births across the County, including demand and capacity, pathways as well as pre and post natal services. Consultation with service users has been undertaken including with young parents and also with clinicians. The aim is to take into account the requirement for greater choice amongst service-users. The findings will be used to help shape future commissioning for maternal and neonatal services.

Children and Young People

A great deal of work has been undertaken to understand the needs of Children and Young People which has informed Warwickshire's Children and Young People Plan.

To effectively meet the needs of Children and Young people and to enable them to achieve the 5 *Every Child Matters* outcomes the following areas are current priorities for service development and further research: sexual health, obesity, healthy schools, safeguarding, outcomes for looked after children and care leavers, independent living, educational attainment, school exclusions, participation in positive activities, the distribution of disadvantage and young people not in education, employment or training (NEET).

In addition, there is acknowledgement that robust and reliable needs data is required to better understand the needs of children and young people in relation to: mental ill-health, disability, substance misuse, bullying and children missing from care/home.

A great deal of work is currently underway to respond to these priorities through the delivery of Warwickshire's Children and Young People's Plan and Local Area Agreement, with resources aligned as necessary.

Work is continuing to enhance our understanding of the needs of children and young people through data analysis, consultation, research and supporting service evaluations to assess the match between need and services.

Learning Disability

There is some reason to believe that there may be people within Warwickshire who have a learning disability but who, for whatever reason have chosen not to make themselves known to the County Council or PCT. This is particularly true in the south of the County. However there is no indication that these are people who would wish to receive a service but who are excluded from service provision through barriers to access.

Further work is needed to understand the numbers and needs of people with mild and moderate learning disability as analysis has tended to centre on those with severe learning disabilities.

Whilst overall numbers of service users have tended to remain stable over the last few years, there is reason to believe that increased life expectancy may result in an increase in the total number of people requiring a service at any one time.

The needs of people with Learning Disabilities in Warwickshire, as elsewhere, are likely to become more complex as increased life expectancy brings with it additional complications associated with advancing age, in particular Dementia. There is already an acknowledgement that there is a lack of provision for people with dual needs. Increasing dementia services that are accessible to those with a Learning Disability will become an increasingly important service provision.

Two hundred people are known to have been diagnosed as being on the Autistic Spectrum, have Asperger's Syndrome or Autistic tendencies. Not all people with these conditions will have an associated learning disability and there is a need to ensure that appropriate services are developed.

One of the major challenges for Warwickshire (and elsewhere) in meeting the needs of those with Learning Disabilities is to deliver the volume and quality of services required for a truly personalised service within the financial envelope available.

Warwickshire as elsewhere in the country needs to improve the service that people with Learning Disabilities receive from health care professionals in relation to their general health; this will become increasingly important as people with disabilities live longer and become increasingly likely to develop life limiting illnesses.

Mental Health and Wellbeing

Comparison with other areas of the country suggests that those in Warwickshire who have a mental health need are highly likely to be receiving some sort of support although choice of services may need to be extended to meet the stated needs of service users.

Warwickshire needs to continue to explore better approaches to people with mental health problems who are "frequent flyers" through A&E as well as developing an increased focus on delayed hospital transfers.

Extended life expectancy will increase the numbers of people who are likely to enter old age with non dementia mental health conditions. This is will consequently result in a need for

increased Mental Health service provision suitable for older service users. Service Users have stated that services should not be dependent on age, therefore a preferred model may be to make appropriate services for younger adults accessible to people into older age.

There is an ongoing need to ensure that services are available that meet the religious and cultural needs of Warwickshire's BME population.

Lesbian, Gay, Bisexual and Trans (LGBT) people in Warwickshire need access to services where their issues are clearly understood and can be addressed in a safe environment.

Warwickshire as elsewhere in the country will need to move to an 'integrated model' to provide for people with a dual diagnosis (of mental health and substance misuse issues). Effective implementation is required to ensure that the needs of people with dual diagnosis are effectively met.

There is clearly a need to address issues of healthy lifestyles within services to people with Mental Health problems, particularly in terms of smoking, to ensure that people with Mental Health problems do not move from crisis in their mental health to crisis in their physical health later in life.

There is reason to believe that there may be an increase in the number of people with eating disorders in Warwick, Rugby and Stratford districts as a result of changes in the population profile of those areas and this may be an area that requires further investment in the future.

Drugs and Alcohol

There are clear benefits to the rest of the Health and Social Care sector to address issues related to excessive drinking and substance misuse.

There is a need for increased early education, information and advice for those currently drinking in excessive levels, who are not yet experiencing negative health effects, in order to reduce the number of those people who go on to experience health problems such as Chronic Liver Disease.

A two pronged approach is required aimed at both the highly visible "binge drinking" associated with more deprived areas and the more "middle class" drinking problem, often exhibited behind closed doors in more affluent areas. Greater affluence and increased alcohol affordability have made drinking to excess increasingly prevalent earlier in life, whilst increased life expectancy means that people are potentially drinking for a far greater number of years at the other end of their life. It is difficult to assess the extent to which increasingly prolonged excessive drinking will affect health if not addressed, but there is little doubt that it represents an increasing problem.

It is clear that services targeted at people drinking to excess or using illegal drugs need to take into account the complexity of their target audience, with specific strategies to target vulnerable and hard to reach groups for example, those with learning disabilities, Gypsies and Travellers, people with mental health problems.

Services for those with drug problems need to be sufficient to ensure that waiting time can be reduced. People need to receive the ongoing support required to ensure positive outcomes from the service that they have received over a prolonged period of time.

Hard to Reach Groups

There are some groups of people for whom it can be difficult to access appropriate Health services and to maintain an optimal level of wellbeing. These include people who are:

- Victims of domestic abuse,
- Offenders,
- Homeless
- HIV positive or living with Aids
- Asylum seekers and refugees.

Unmet need may include services for women who are fleeing domestic abuse and there is a requirement to provide for the alcohol, drug and mental health problems that are prevalent within the population of women who have been abused as well as access to more modern models of support.

There is probably a need for some gender-sensitive support provision in Warwickshire for men who have suffered domestic abuse and for people in same-sex relationships.

There is a small number of people living with HIV in the county; a need for some floating support provision has been identified and planned for people who are living with HIV and AIDS

The need for services to assist women who have offended or who are at risk of offending will increase as the number of women entering the criminal justice system increases at a more rapid rate than that for men.

Literacy skills within the Gypsy and Traveller community are known from national studies to be relatively low, so additional ways of communicating need to be introduced to improve engagement and, these could include word of mouth or road shows on sites.

Offenders and homeless people's primary health needs are often unmet as a result of non registration with a GP; the rate of registration needs to be increased.

Staff and systems within Mental Health, Drug and Alcohol services need to be equipped to manage the needs of homeless people and Gypsies and Travellers.

Figures from the Warwickshire Supporting People programme suggest that in a number of different client groups, need for services is outstripping demand as there are currently waiting lists for housing related support.

Long Term Conditions

Long term conditions result in people living with illness or disability for a considerable period of time.

Almost one in three of the population and three out of five of those over 60 in England suffer from a long-term condition. It is likely that up to three-quarters of people over 75 years are suffering from chronic illness of whom nearly half (45%) have more than one condition. Due

to the ageing population the number of people in England with a long-term condition is set to rise by 23% over the next 25 years.

There is some evidence to suggest that there are people in the community who have physical disabilities but who are not accessing support from the County Council. It is not clear however, whether these are people who wish to access services or whether they are people who have the financial means to meet their needs independently.

Demand for assessment for those with hearing impairments, appears to be greater than availability of service from the Services to the Deaf team operated by the County Council.

Plans for the future are extensive and ambitious and will substantially improve care for those with Long Term Conditions by improving prevention and providing stable management along with greater empowerment of patients and their carers and robust monitoring.

A new Joint Commissioning Strategy and Implementation Plan will be produced during 2009/10 for adults with physical disabilities and/ or sensory impairment.

Older People

Current estimates (2006 mid-year estimate) suggest that there are some 87,000 older people (aged 65 and over) currently living in Warwickshire. Almost a quarter of all households are made up of pensioners, and of those almost two thirds are single people. This constitutes a total of around 30,000 lone pensioner households.

In the 2001 census, around half of all over 65s stated that they have a life limiting illness. Variation across the County was fairly small, with those in the south of the County slightly less likely to identify themselves as suffering ill health than those in the north.

Warwickshire has an ageing population, and hence the number of people experiencing dementia is set to increase in coming years. Levels are thought to be set to exceed 10,000 by 2025, the majority of whom will be over the age of 80.

The greatest need in years to come will be as a result of the increasing older people population in Warwickshire. Services that are already to some extent rationed and charged for will be in more demand than ever.

There is increasing demand from both the policy makers and the public for more personalised services delivered in non traditional methods such as Direct Payments and Individualised budgets, putting the service users in control of the type of care they receive and the person or people who deliver it to them. Such an approach removes the potential for block contracts to deliver economies of scale and hence adds further financial pressure through diseconomies of scale.

Warwickshire has made investment in preventative intervention through the PHILLIS service; however there may be further need to support people with low, and moderate to reduce the likelihood of people requiring higher levels of support later in life.

There has been recognition of the needs of older people in rural communities. The proposed Village Agents Scheme, currently run in Gloucestershire, is a model currently being negotiated with Rural Communities in Warwickshire to evaluate the potential of introducing the scheme across Warwickshire's rural communities. It involves the use of a local person employed by the agency, who keeps a watchful eye for anyone who may be socially isolated.

Expansions of community based services from NHS Warwickshire including community Matrons are planned.

Taken together, PHILLIS, Village Agents and planned PCT initiatives will shift the emphasis in Warwickshire to a preventative agenda which should reduce hospital admissions and readmissions.

As life expectancy increases for both men and women, there is an increasing likelihood that there will be more households containing two or more older people. Approaches to providing care may need to become more focused on assisting all members of the household, in a model that differs to the current carer and service user model.

Working in partnership to reconfigure accommodation options through the Care and Choice Accommodation Programme will include the development of extra care housing options to offer increased choice and control for people who would normally have been admitted to care homes. Reshaping the care home market through this programme will also result in affordable, good quality residential and nursing home provision.

End of Life

End of life care is a key central government priority, ensuring that people end their lives in dignity and with a choice of service provision including help to remain in their own homes until they die.

It is estimated that 1% of Warwickshire's population die each year. The majority of deaths occur following a period of chronic illness related to conditions such as heart disease, liver disease, renal disease, diabetes, cancer, stroke, chronic respiratory disease, neurological diseases or dementia.

Nationally, 80% of the public state a preference for dying to take place in their community setting. Compared with the West Midlands, Warwickshire has more people dying in hospital and fewer at home.

Statutory services in Warwickshire have recognised the need to help citizens access better end-of-life care and intends to consult the public on their preferences in the coming year.

NHS Warwickshire is currently reviewing the provision of services to enable patients to die well in a setting of their choice. This will be delivered by developing care locally in community settings outside of hospital where appropriate. Support will be provided to enable people with palliative care or end of life conditions to maintain and support their independence and so reduce the number of unnecessary hospital admissions. An "End of Life" strategy and accompanying implementation plan is being devised to enable co-ordinated action.

Carers

Locally, census data suggests that there are just over 50,000 people in Warwickshire who identify themselves as carers. It is important to remember however, that people do not always recognise themselves as carers when asked. The majority of carers in Warwickshire are providing up to 20 hours of unpaid care per week. Almost a fifth of carers are providing in excess of 50 hours of care per week.

Current demand for services to carers is in the main not being met by the volume of current provision. The predicted increase in the number of people taking up a caring role cannot be met without some increase in provision.

Feedback from service users and carers themselves suggests that it is not merely the availability of services that is critical to securing people's ability to continue their caring role, but the type and flexibility of services available, for example being able to take a break at short notice or at a time that suits the carer. This adds complexity to the challenge of meeting current demand and future expanding demand with services of quality that can be delivered within a realistic financial envelope.

Failure to meet the needs of carers may result in increased need to provide Service User services as a result of carers' physical and/or emotional breakdown.

Next Steps

NHS Warwickshire and the County Council will update and refresh the JSNA on an annual basis in September to facilitate planning and commissioning cycles in both organisations and in partner organisations.

The important role played by housing and housing related support is fully recognised and it is acknowledged that the next iteration of the JSNA would benefit from incorporation of more comprehensive information on housing need in relation to maintaining independent living and good health and wellbeing. We will work with districts and boroughs and other interested parties to incorporate this information in our next edition.

Similarly we recognise the need to prioritise information around safeguarding which will be further strengthened in future versions of our JSNA.

The JSNA will be made available on line and it is intended that tools will be developed to allow further analysis of the data and modelling that formed the foundation of this report.

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1 Background

1.1 What is the Joint Strategic Needs Assessment?

1.1.1 The 2006 White Paper 'Our Health, Our Care, Our Say' identified the need for Directors of Public Health, Adult Social Services and Children's Services to undertake regular strategic needs assessments. This was further clarified in the Local Government and Public Involvement in Health Act (2007) which outlines the duty to undertake a Joint Strategic Needs Assessment (JSNA) from April 2008.

1.1.2 The JSNA is a process undertaken in partnership across Health and Social Care and this JSNA has been undertaken jointly between Directors of Public Health, Adult Social Services and Children's Services.

1.1.3 A JSNA provides a framework to examine all the factors that impact on health and wellbeing of the community including employment, education, housing and environmental factors. This information enables us to prioritise resources, commission services that will improve outcomes for Warwickshire residents and reduce health inequalities.

1.1.4 This JSNA is the process by which the current and future health and wellbeing needs of Warwickshire's population are identified. The resulting document is a summary of the main health and wellbeing needs of Warwickshire's community.

1.1.5 The JSNA is designed to provide an understanding of need for Health and Social Care both in the shorter term (three to five years) and the longer term (five to ten years).

1.1.6 It is important to note, that whilst JSNA is a new concept, needs assessment or needs analysis is not new and there has been much done by NHS Warwickshire and both Adults and Children's Social Care services, in analysing need both on an annual basis, for example the Annual Public Health report, as well as in relation to specific strategies and developments.

1.2 How is health and social care organised in Warwickshire?

1.2.1 Administratively, primary health care in Warwickshire is the responsibility of NHS Warwickshire established in October 2006. Mental Health services in Warwickshire are provided through the Coventry and Warwickshire Partnership Trust. Social Care is the responsibility of Warwickshire County Council.

1.2.2 Warwickshire is a two tier council area so responsibility for services closely related to health and social care, such as housing, and sport and leisure, lie with the five District and Borough Councils within the Warwickshire boundary.

1.3 Warwickshire's Approach to JSNA

1.3.1 This document is the first JSNA to be produced for Warwickshire and has been jointly produced by NHS Warwickshire and the County Council. It will be regularly refreshed and updated as new information comes to light and as we get further feedback from citizens about their needs.

1.3.2 It is therefore the first step in a continuing process of gathering information, analysing it and drawing up plans to improve the health and wellbeing of local people. It summarises our analysis of needs. This document will start a wide ranging discussion of key issues and priorities and will help to work towards further JSNA development over time. Warwickshire County Council and NHS Warwickshire are committed to updating the JSNA on an annual basis. On-line tools will also be developed to facilitate the regular update of the data that underpins the JSNA with additional ability to be able to drill down to smaller areas identified as a priority.

1.3.3 There are significant opportunities to build upon the sound start made in this JSNA by incorporating a wider range of health statistics and community views within the JSNA process. Key gaps have been identified for the partners to pursue for future rounds of JSNA.

1.3.4 Warwickshire's approach has been to create two partner documents which together make up the whole JSNA process. Initially, a Foundation Report was pulled together which contains all the numerical and modeled data that has gone on to inform this second document. Where individual data items in this report are not referenced, it should be presumed that they are quoted in the Foundation Report, where they have been referenced back to source.

1.4 Where has the data come from?

1.4.1 We have looked at a variety of demographic and economic information from sources such as the Census to help us understand the make up of the community in our area, and have used projections to predict how many people will be living in Warwickshire in years to come.

1.4.2 A variety of documents have provided insight into how Warwickshire compares with elsewhere in the country in a number of key health areas. Examples of these documents are 'World Class Commissioning', 'Vital Signs' and Healthcare Commission data.

1.4.3 Previous assessments of health and social care needs have informed the JSNA, and gaps in the current JSNA will inform future needs assessment programmes.

1.4.4 National performance indicators, inspection reports and other regulatory documents have allowed us to gain insight into the areas where provision of Health and Social Care services in Warwickshire is going well and where there is room for improvement.

1.5 How do we know what people in the Warwickshire community think?

1.5.1 Whilst this is the first JSNA document for Warwickshire, the County's commissioning strategies in both Health and Social Care have, for some years, been underpinned by research on the needs of the local population and their preferences for service provision. These strategies have then been developed to take into account the views and wishes of stakeholders, patients, service users and carers in shaping the services that the two organisations provide.

1.5.2 Wherever possible, the consultation feedback from previous needs analysis and strategy preparation has been carried forward into this new era of JSNA. Whilst

some of the consultations were held some time ago, we have been careful in producing this JSNA to ensure that the themes and concerns raised each time consultation is undertaken are not cast aside as strategies are refreshed and new approaches are implemented.

1.5.3 Similarly whilst there is a strong emphasis on consultation with local people from within Warwickshire, note has been taken of national consultations in which residents of Warwickshire have been included.

1.5.4 Much of the consultation feedback that we have obtained relates to specific client groups or areas of work and will be discussed in the appropriate chapter of this document. However, people have also shared more general feedback and concerns about Health and Social Care in Warwickshire and sometimes across the country. In addition, there has been specific feedback from various groups within the community as outlined below.

1.6 General themes from Consultation with adults in Warwickshire

1.6.1 **Effective joint working** between professionals within the Health, Social Care and Education arena is seen by many as vital across all areas of the sector. This is a view endorsed by County Council Members who have expressed commitment to partnership working with NHS Warwickshire.

1.6.2 People from within and outside the Health and Social Care sector are aware of the financial pressures on services. Fear of **potential cuts in service** is often raised as a concern. People are keen to see **Value for money and efficiency** and the desire to see **long term investment** in Health care rather than short term “financial fixes” has been expressed.

1.6.3 People have stated that they want **care delivered within their home** where it is possible or **close to home** where it is not. This includes, for some, the desire to see emergency care available without the need to travel great distances. Where travel is required, people have asked us to **improve transport** to secure greater access to it.

1.6.4 When people leave hospital they want to see **supported discharge and** the right combination of services in place in peoples’ home to facilitate effective recovery.

1.6.5 People see that there are **competing priorities** and some individuals have expressed concern that some of the principles in the strategies may be in conflict with one another. Similarly others have expressed concern that there is a potential conflict between the requirement to deliver both **speed** and **quality**. There is a desire to ensure that “softer quality elements” are measured and improved.

1.6.6 Consultation has also drawn out the fact that there is a desire to see considerable involvement of the **Voluntary Sector** in the quest to improve the health of people in Warwickshire.

1.7 Black and Minority Ethnic (BME) Feedback

1.7.1 The County Council and NHS Warwickshire endeavour to ensure that there is representation in mainstream consultations from a wide variety of BME groups.

The County Council also have a specific consultation framework in place to ensure that BME members of the community have the opportunity to express their views on the work being undertaken by Health and Social Care.

- 1.7.2 As part of this process a number of general themes have emerged around the particular requirements of Warwickshire's BME communities.
- 1.7.3 It has been highlighted that **language needs** have to be met, particularly information to assist Polish and Portuguese people with things such as accessing the internet (and hence a large amount of electronic information). It has also been noted that signage in buildings needs to be addressed to improve access to services for non English speakers.
- 1.7.4 People have told us that they want to see **funding** to be available for **small projects** as well as large initiatives.
- 1.7.5 We have been told that Older people should to be **encouraged to access** Health Care and helped to feel that they are not being a burden, in order to stop people waiting until they hit a crisis point.
- 1.7.6 Access to benefits is felt to be an area where assistance is required, for example, to fill in forms from people who speak the person's own language.
- 1.7.7 The way in which services are delivered has also been raised for example the need in residential care homes for dietary, skin and hair needs to be met for African-Caribbean people.

1.8 Consulting on Lesbian, Gay, Bisexual and Trans (LGBT) Issues

- 1.8.1 As a consultative forum, since its beginnings a year ago, the LGBT Staff Network has been able to make a valuable contribution to the work of the County Council both as an employer and provider of services. In its consultative capacity the LGBT Staff Network has contributed to:
- Dementia (24 hour) Service Specification. This has resulted in a standardised amendment to contract tendering methods - statement requirements
 - H.I.V Monitoring Form- Health and Staff Support (County Council)
 - Contribution to Monitoring Sexual Orientation and Stonewall Diversity Champion status proposals
 - Signposting to relevant sources of support provided to a practitioner seeking information on behalf of a service user / informal carers.
 - Researching job advertising in the pink press
- 1.8.2 In January 2009 the County Council and PCT jointly hosted and facilitated a very successful public sector conference. This conference explored the needs of the LGBT community in Warwickshire and ways of meeting such needs appropriately and sensitively.

1.9 Consulting with Children and Young People

- 1.9.1 Warwickshire has invested considerable effort in finding out the needs of its children and young people. Between 23rd April and 8th June 2007 Warwickshire County Council conducted a survey aimed at gathering information about the needs of children and young people, using as a framework for this the guidance contained within the government document *Every Child Matters*.
- 1.9.2 Two different questionnaires were developed so that they were appropriate to the ages of the children and young people being consulted. A total of 2,359 children and young people responded – 1,509 in the age range 5-8 years and 850 between the ages of 9 and 13. Key findings from the consultation can be found in section 5.
- 1.9.3 To promote understanding of children with special needs, Warwickshire commissioned Warwick University to conduct a research project into the needs of specified groups of children and young people in 2006/7. Fifty-six Warwickshire young people participated in this study comprising 17 young carers, 19 young people who had experienced bullying, 18 young people with learning difficulties/disabilities and 2 looked after children. Focus groups were undertaken with the various groups of young people to ascertain their views and experiences about needs. Key findings from the consultation can be found in section 5.
- 1.9.4 Respect Yourself Campaign (RYC) undertook an extensive consultation exercise with 1,000 young people in 2002/2003. The purpose was to develop a countywide policy and training strategy to support children and young people with relationships and sexual health issues to enable them to make positive and informed choices.
- 1.9.5 The Mystery Shopper Project continues to influence service provision by training young people to visit sexual health services to ensure that they are young people friendly using the DH 'Your Welcome' quality criteria.
- 1.9.6 RYC consulted with young people with physical disabilities in 2008 regarding relationships and sexual health issues resulting in provision of innovative sexual health education through theatre.
- 1.9.7 Young parents have been consulted in 2008 regarding barriers to accessing learning provision, resulting in a YOF bid being submitted to develop a learning zone at North Warwickshire and Hinckley College.
- 1.9.8 Young offenders have been consulted in 2008 regarding their relationships and sexual health knowledge and are working in partnership with Gloucestershire to develop specific RSE resources.
- 1.9.9 An event for young parents is being held in November 2008 to establish gaps in provision to inform the development of the 2009/10 RYC Support Action Plan.

2 Warwickshire Now

2.1 The population of Warwickshire

2.1.1 According to the most recent (2006) estimates available there are currently 526,700 people living in Warwickshire, with a more or less even split of men and women.

2.1.2 In 2006, the population of the County had:

- A slightly lower proportion of under fives than the national average
- A slightly lower proportion aged between 20 and 34 years
- A slightly higher proportion of those aged between 40 and 69

2.1.3 This has implications for the future pattern of health care demand, particularly the comparatively high numbers approaching or in early retirement.

2.1.4 The vast majority of Warwickshire's population (over 90%) is White British. There are however some significant BME communities living in Warwickshire.

- **Indian** – including people who are Muslim (often speaking Urdu), Sikh (often speaking Punjabi or Hindi) and Hindu (most speaking Gujarati or Hindi). Some, however, are known to follow Christianity.
- **Pakistani** – mainly people who follow Islam and speak Hindi or Punjabi
- **Bangladeshi** – most of whom follow Islam and speak Bengali, Hindi or Urdu
- **Chinese** - Mainly follow Buddhism, however some follow Christianity, Taoism & Confucianism. In general Mandarin or Cantonese is spoken
- **Other White** - Those that are of Polish & Portuguese ethnicity mainly follow Roman Catholic religion, however, some people from Portugal follow Anglican strand of Christianity – especially those who originate from Africa, and they will sign their ethnic origin as African.

2.1.5 The current population in Warwickshire is split across the county as follows:

	Population	Percentage
North Warwickshire	62,200	12%
Nuneaton & Bedworth	121,200	23%
Rugby	91,000	17%
Stratford on Avon	117,800	22%
Warwick	134,600	25%
Warwickshire	526,700	

2.2 Population growth

- 2.2.1 Generally the population of Warwickshire has been increasing; however these increases are not uniform across the county. North Warwickshire and Nuneaton and Bedworth have seen only slight increases in numbers, whilst 70% of the County's growth in recent years has been in Warwick and Stratford.
- 2.2.2 In recent years, migration has been the main reason why Warwickshire's population has grown.
- 2.2.3 People moving to Warwickshire from elsewhere in the UK has accounted for most of the increase in Warwickshire's population since 2001. Stratford in particular has a high rate of migration from elsewhere in the UK.
- 2.2.4 The rest has been as a result of natural change and movement of people to Warwickshire from overseas. Since the opening up of UK labour markets to members of the EU, significant numbers of migrant workers have come to live in Warwickshire, most notably in Stratford and Rugby Districts. Migrant workers are known to move around within the host county. In the three years to March 2007. National Insurance numbers were allocated to some 5,750 nationals from the eight accession states living in Warwickshire. Nationally about 80% of migrant workers are aged 18-34 and the split between men and women is more or less even.
- 2.2.5 A Study of Migrant Workers within Stratford-on-Avon District by Worcester Research suggested that there are between 1,500 and 2,000 migrant workers employed within Stratford. If the influx of migrant workers continues to rise, it is likely to put further pressure on the available housing stock in the Stratford-on-Avon area.
- 2.2.6 The same study also suggests that the influx of migrant workers has had some impact on local healthcare providers. In general, migrant workers are infrequent users of health care as they are in the main young and healthy; usually only accessing healthcare services for contraception, because of an accident or as a result of an illness that requires certification for an employer. Helping migrants to understand how to register with a GP may, however, reduce the demands placed on acute healthcare services such as Accident and Emergency.

- 2.2.7 Warwickshire's population is increasing. Projections suggest that it will increase by 15% reaching a total of just short of 600,000 by 2029. Like elsewhere in the country Warwickshire has an ageing population. Between 2002 and 2006 there was a 5% increase in the number of people in the county aged 65 and over and in years to come the highest rate of growth will be those aged 65 and over, with the 85+ age group in particular. All increases are projected to be higher than that expected elsewhere in the country.
- 2.2.8 Projections suggest that the numbers of older people (aged 65 and over) in the county will increase by over 17,000 between 2001 and 2011 and a further 24,000 by 2021 resulting in an older population of 123,000. The greatest percentage increase will be in the 85+ age group, the group who are likely to have the highest level of needs.
- 2.2.9 There is also reason to believe that the numbers of BME older people in Warwickshire will increase significantly, estimates suggest an increase of 50% by 2021 to 18,500.
- 2.2.10 Across the county population changes will vary. In North Warwickshire and Nuneaton and Bedworth there are predicted to be significant decreases in some of the younger age groups whilst elsewhere in the county numbers of children and young adults will increase at a considerably slower rate than the increases in the older people population. Changes in Warwick vary significantly from those elsewhere in the county: whilst the older people's population will rise, the changes will be significantly less. Unlike elsewhere, there will also be notable increases in the age groups under 65. Stratford will see the greatest increases in all age groups over 65 with a 150% uplift expected in the 85+ age group.
- 2.2.11 There is some evidence to suggest that Warwickshire is becoming more deprived compared with the rest of the country. However, the gap between most and least affluent areas of the county is fairly stable. This decrease in affluence could result in a greater proportion of residents choosing public over private healthcare, and being unable to contribute as much of their own resources to fund their social care. However it should be noted that in recent years the value of peoples' properties has increased disproportionately. This may increase the likelihood of many people who require residential care having to make greater and longer contributions to their care, although current market conditions are exerting downward pressure on house prices.

2.3 Community characteristics

- 2.3.1 **North Warwickshire** is characterised by open countryside, served by the market towns of Atherstone, Coleshill and Polesworth. There are a number of small villages and hamlets. Communities vary from former mining settlements, where incomes remain generally low and deprivation is experienced, to more affluent settlements where many residents commute to work in towns outside the Borough.
- 2.3.2 While the overwhelming land use throughout the area is agriculture, the District also has the only operational coal mine in the region at Daw Mill, Arley. Due to the dispersed rural nature of the area, people have to travel considerable distances to access jobs, services and facilities causing problems for those with mobility problems and lack of transport.

- 2.3.3 There is a varied supply of housing, often in pleasant rural surroundings, which attracts commuters. House prices appear to be more affordable than elsewhere in Warwickshire but it is worth noting that many people on low incomes are unable to afford to buy a property. There is, therefore, a need for affordable housing, although much of the housing stock in the Borough is in poor condition.
- 2.3.4 **Nuneaton & Bedworth** is our smallest District/Borough, in terms of geography, but has a high population density. It is the most deprived Borough in the County, being the County's only authority within the 'spearhead group', although there is great diversity even within Nuneaton itself.
- 2.3.5 The Borough has good road, rail and air connections which should make it attractive for inward investment but it suffers from the image of an old mining and industrial town, does not have extensive executive housing, and faces severe competition from the nearby towns - which include Hinckley, 4 miles away, which has seen significant housing and employment growth.
- 2.3.6 The Borough has two main urban centres, Nuneaton and Bedworth, plus the smaller settlement of Bulkington. There are some small rural areas between these towns. Within Nuneaton there is a distinction between the east and west, with west Nuneaton featuring highly in deprivation indices and the focus of attention for regeneration activity.
- 2.3.7 Historically, the local economy depended heavily on coal mining, other extractive industries and heavy engineering and there was a big influx of workers into the area to serve them. As these declined, many of the skills were transferable to the car industry in the West Midlands, particularly in Coventry. The sharp decline in all those industries from 1960 to the present day has resulted in significant levels of unemployment.
- 2.3.8 Housing affordability in Nuneaton and Bedworth for those on the lowest incomes is better than elsewhere in the County. Although Nuneaton & Bedworth has the highest volume of social sector housing stock in the County, there are still more than 3,900 households on the Local Authority housing register.
- 2.3.9 The black and minority ethnic (BME) population constitutes 6.5%, well below the regional figure of 13.8%, but above the Warwickshire average. There are concentrations of BME communities in certain areas such as the Abbey Ward in Nuneaton, where 16% of the population are ethnic BME, and Poplar in Bedworth, where the corresponding figure is 12.7%.
- 2.3.10 **Rugby** is a diverse borough, with a mix of urban and rural, affluence and relative deprivation. Rugby Borough has excellent road and rail links.
- 2.3.11 People from black and minority ethnic communities represent 6.8% of the Borough's population. These groups comprise a significant Indian majority, but there are sizeable populations of Pakistani, African-Caribbean and Chinese families.
- 2.3.12 Rugby is a net importer of employment. Manufacturing continues to remain important within the Borough, while the distribution and transport sectors account for one quarter of all employment. With a rural hinterland, farming is important and it is one of the most important farming areas in Warwickshire.

- 2.3.13 Three of Rugby's wards (Overslade, Newbold and Brownsover) feature in the 30% most deprived Super Output Areas in England. Within the Borough there are other smaller pockets of small scale deprivation.
- 2.3.14 **Stratford-on-Avon** is a large, predominantly rural District, in the south of Warwickshire. Agriculture plays an important role in the local economy. The District is also characterised by small market towns, historic buildings and pretty villages making it attractive to visitors. There are excellent motorway and road networks.
- 2.3.15 These transport routes have played an important role in the development of an increasing industrial base with a number of companies of national and international renown. Culture and tourism play a significant role in the District, with the birth place of William Shakespeare in Stratford-on-Avon itself, and over 17% of jobs are in the tourism industry.
- 2.3.16 Stratford-on-Avon District has about 250 towns and villages making it one of the largest Districts in England. This means access to services and the delivery of services are both major issues for residents.
- 2.3.17 Stratford has a high average age with almost half the population being over 45 and a proportion of the elderly aged 85+ that has increased by nearly half over the last 10 years. Almost 99% of the population of the District are white.
- 2.3.18 Property prices are extremely high and many people, especially young people, cannot afford to move into, or live within, the District. Many residents commute to higher paid jobs elsewhere, while the lower paid jobs are often filled by people commuting into the District.
- 2.3.19 **Warwick** District has the largest population in the County, and has experienced significant growth in the past ten years. Warwick contains four main towns, Warwick, Leamington Spa, Kenilworth and Whitnash and a number of smaller, more rural, settlements.
- 2.3.20 The development of the M40 had a significant impact on the District, offering commuting opportunities and access for industry. Warwick District performs well across almost all economic indicators; employment rates are high and average income levels are above average. The District has a relatively high concentration of jobs in financial and business services, as well as public sector occupations.
- 2.3.21 Warwick District has the highest BME British population in the County, at about 9%. Leamington Spa in particular has a comparatively high number of Asian or Asian British residents, and more recently, growing Portuguese and Polish communities.
- 2.3.22 Like other parts of the County, there are pockets of both affluence and deprivation across Warwick District, although the balance is towards relatively low levels of deprivation. The most deprived areas feature in the most deprived 20% nationally, although the least deprived communities (particularly parts of Kenilworth) are comfortably within the least deprived 5% nationally.

2.4 Warwickshire as a Whole

- 2.4.1 Nuneaton and Bedworth and Warwick District have the highest numbers of Indian residents. Analysis of religion of Indian people in Nuneaton and Bedworth shows that the highest proportion are Muslim, then Sikh and then Hindu. However, in Warwick District the highest BME population is Indian again, but the most common religion is Sikh, followed by Hindu and then Muslim. Rugby Borough is host to a significant minority of Hindus and smaller numbers of Sikhs and Muslims. The South of the County (followed by Rugby) has the highest number of people described as “Other White”. It should be noted that in some cases the number of people from a particular ethnic background is particularly small: for example in North Warwickshire there are only just over a hundred people from a black ethnic group, and a number of these may actually be from the same household. Religious belief in Warwickshire is more common among older people, but religions other than Christianity are more common among working age adults and children.
- 2.4.2 The national census divides the County into 1,738 census areas of which 66% are defined as urban, 15% as village, 15% as town and fringe and 4% as hamlet or isolated dwelling.
- 2.4.3 People living in rural communities currently enjoy better health and wellbeing than people in urban areas. On standard measures of health (such as life expectancy and infant mortality) rural communities consistently score better than urban.
- 2.4.4 Urban and rural communities agree on the main factors that make the countryside a healthier and more pleasant place to live - peace and quiet, the predominantly natural or agricultural environment, lower crime rates and close-knit communities

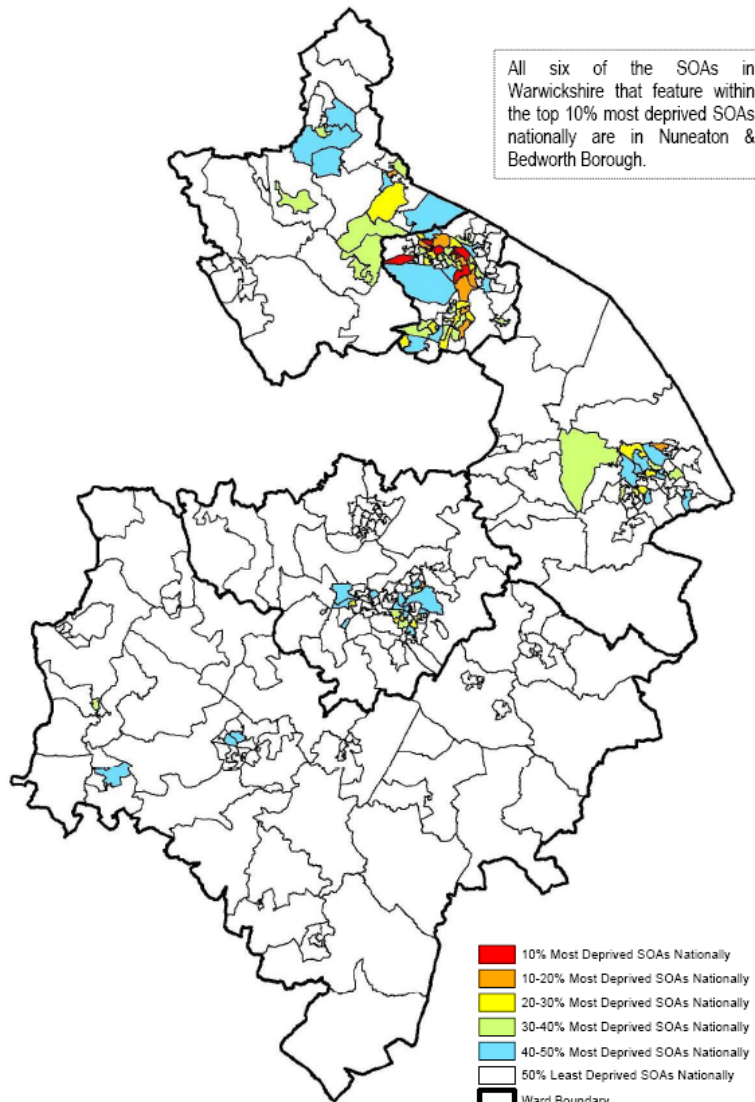
2.5 Warwickshire’s economy

- 2.5.1 Economic indicators suggest that Warwickshire’s economic performance as a whole is average. Those in the county who wish to work are, in the main, in employment. There has been a significant increase in those claiming unemployment benefits (now 5%), which is relatively high for a Shire county. It is perhaps worth noting here that the West Midlands as a whole has been significantly affected in recent years by job losses in the car industry.
- 2.5.2 Where people are in employment, average earnings in Warwickshire as a whole are broadly in line with the national average with an average gross income per household of £24,141. However, between 2006 and 2007 wages in Warwickshire rose by 2.2% compared with a 2.7% rise nationally and a rise in the cost of living of 4.3%. Average earnings in each of the five districts have increased over the last five years; earnings are highest in Stratford, followed by Warwick and then Rugby. Earnings in North Warwickshire have recently overtaken those in Nuneaton and Bedworth. Compared to regional and national averages, Nuneaton & Bedworth has a relatively high proportion of low paid employment, for example distribution and retail occupations. Around 30% of residents in Nuneaton & Bedworth are in professional occupations, compared to more than 42% nationally.
- 2.5.3 The exception to the overall stability has been Nuneaton and Bedworth, where benefit claim rates have been consistently higher than the County average, and

increased in 2005/06, remaining at a higher level since. The borough also has the highest level of Income Support, Disability Living Allowance and Pension Credit (an indicator of poverty among older residents) claimants in the County.

2.5.4 In the context of the rest of the country, Warwickshire is the 123rd most deprived Local Authority (out of 149). However, there are notable differences in the levels of deprivation around the county with a number of individual wards in the county ranking amongst the bottom 10% of those in the country. The most deprived areas of the county are in West Nuneaton and smaller parts of other large towns.

2.5.5 The map below identifies those wards which are amongst the most deprived in the country.



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Warwickshire County Council, 100019520, 2008

Source: CLG, 2007

- 2.5.6 Although it is not appropriate to make direct comparisons between the index of Multiple Deprivation calculated in 2004 and the one for 2007, there are indications that the County's position in relation to the rest of the country is deteriorating. Analysis using a method called super output area (SOA), showed that most parts of the County would now be considered more deprived than in 2004. This also applies to the most deprived areas in the County.
- 2.5.7 More than 70% of residents in Warwickshire either own their house outright or are owner occupiers with an outstanding mortgage. Across the different districts, this ranges from 76% in Nuneaton and Bedworth down to 72% in Warwick. In terms of pensioners, North Warwickshire has the lowest prevalence of home ownership with only 68% of people owning their own home, as compared with 73% and 74% elsewhere in the county.
- 2.5.8 It has already been noted that Warwickshire is made up of a mix of rural and urban areas. Poverty is a reality across all rural England and Wales, especially in the most remote areas. Those living on low incomes may be dispersed over large, sparsely populated districts. They are often as geographically near to more affluent members of the community as they are to others on low incomes. This means that their poverty is less visible when 'indicators of deprivation' that are more suited to the higher concentrations of poverty found in towns and cities are used to plan services. This 'hidden' poverty has a major impact on the health of individuals and families. Issues that affect rural areas, such as lack of services and poor public transport, have the greatest impact on people living in poverty.
- 2.5.9 Farmers and farm workers are known to be a high risk group for stress, depression and suicide. Economic difficulties and the social isolation of farming life can contribute to mental health problems. North Warwickshire in particular is an agricultural area. Due to their geographical location, farmers are often at a distance from mental health services, which makes accessing them more difficult.
- 2.5.10 Older people in rural areas are less likely than their urban counterparts to have relatives nearby to support them and are more likely to live alone. These factors can lead to feelings of isolation. Studies have also shown that older people make up the largest group of people living in poverty in rural areas.
- 2.5.11 The 2007 report of the Director of Public Health demonstrated the static trend in the number of excess deaths occurring in winter across the County. Excess winter deaths are particularly high in the UK, predominantly affecting the elderly, causing extra deaths particularly from respiratory and circulatory disease. As fuel costs escalate, the risk of fuel poverty (defined as spending more than 10% of household income on fuel) will also rise.

2.6 Important feedback from consultation

- 2.6.1 There is a general perception that the south of the county is affluent in contrast to the north of the county which has high levels of deprivation. During consultation, people have asked that the fact that there are areas in the south that are also deprived is recognised, and that PCT and Council approaches should ensure that they take this into account.

3 Staying Healthy

3.1 Length and Quality of Life in Warwickshire

- 3.1.1 Life expectancy is a useful summary measure of how long people in a particular place might live. In technical terms, it uses mortality rates (death rates in a population) to estimate how long a person would live if they experienced the local mortality pattern over their lifetime. For the purpose of this JSNA we have calculated this for each district in the County.
- 3.1.2 In 2007, the County's districts had a range of life expectancy at birth for men of 76.1 years in Nuneaton and Bedworth to 78.6 in Stratford on Avon. For women the range was from 80.1, again in Nuneaton and Bedworth to 83.2 in Warwick.
- 3.1.3 Of the most common causes of death, only circulatory disease (and all cause death rates) in Nuneaton and Bedworth, have been persistently higher than the national average.
- 3.1.4 Nuneaton and Bedworth has comparatively low life expectancy for men (bottom 25%). Nuneaton and Bedworth (together with North Warwickshire) has comparatively low life expectancy for women (bottom 25%). For Nuneaton & Bedworth rates of improvement are low, and for North Warwickshire and Rugby female life expectancy is, at best, not improving. The mortality rate amenable to healthcare is high in Nuneaton and Bedworth (top 25%).
- 3.1.5 The table below shows the relative contributions of different diseases to the inequalities in life expectancy experienced by people in Nuneaton and Bedworth. This suggests that circulatory disease is comparatively more important, particularly stroke. In addition, infectious diseases make a significant contribution for both sexes.
- 3.1.6 For men, colorectal cancer, traffic accidents, and neurological diseases are important contributors to premature death.
- 3.1.7 For women, breast cancer, metabolic disorders, heart failure, peptic ulcers, neonatal and congenital conditions, and mental disorders are comparatively important. Respiratory diseases and cancers appear to make less of a contribution than in other Spearhead Group areas.
- 3.1.8 Healthy life expectancy is different to overall life expectancy. In layman's terms, it is the length of time people will enjoy a good standard of health and relative independence rather than their total lifespan.
- 3.1.9 Healthy life expectancy in the UK has tended to increase at a lower rate than overall life expectancy, suggesting that people are spending much of their extending lives with some form of ill-health, possibly disability. The gap between healthy life expectancy and overall life expectancy is greater in Nuneaton and Bedworth (7.5 years for men and 8.9 years for women) than in Warwickshire as a whole.

Life expectancy gap by disease (2003-05)

Disease	Number of deaths	England Spearhead Group		Male	Female
		Male	Female		
Infectious and parasitic diseases	81	8.1%	6.7%	1.6%	1.7%
Oesophageal cancer	41	..	..	1.1%	0.8%
Stomach cancer	33	..	..	1.9%	1.7%
Colorectal cancer	107	11.0%	0.6%	1.7%	0.1%
Lung cancer	200	4.8%	..	11.1%	12.4%
Breast cancer	88	0.1%	5.5%	0.0%	0.0%
Other cancers	452	..	5.1%	5.3%	6.5%
Endocrine, nutritional, metabolic diseases	82	0.6%	8.0%	1.6%	2.4%
Mental and behavioural disorders	99	..	5.0%	2.2%	2.0%
Diseases of nervous system	88	7.0%	..	1.2%	0.3%
Coronary Heart Disease	642	23.8%	8.9%	22.1%	18.5%
Heart failure	74	0.7%	2.6%	0.5%	1.0%
Stroke	402	16.1%	13.8%	6.9%	6.2%
Other cardiovascular disease	261	6.4%	5.6%	3.1%	3.4%
Pneumonia	211	..	4.0%	4.2%	5.1%
Chronic obstructive airways disease	160	3.1%	..	8.2%	11.1%
Other respiratory disease	104	0.0%	2.6%	3.4%	4.3%
Stomach/duodenum ulcer	30	..	4.4%	1.1%	0.7%
Chronic cirrhosis of the liver	33	..	..	5.3%	4.1%
Other digestive diseases	111	1.5%	2.8%	3.5%	4.5%
Musculoskeletal diseases	17	1.5%	..	0.2%	0.4%
Genitourinary diseases	71	2.9%	0.5%	0.9%	1.8%
Perinatal conditions	<5	0.7%	3.3%	0.3%	0.5%
Congenital anomalies	11	..	4.2%	0.3%	0.6%
Ill defined conditions	95	1.6%	6.9%	1.7%	1.3%
Road traffic accidents	28	9.3%	..	0.0%	0.0%
Other accidents	39	..	..	2.6%	2.4%
Suicide and undetermined injury	18	..	..	3.4%	1.4%
Other external causes	<5	0.7%	..	0.0%	0.0%
Other	35	..	2.1%	0.6%	0.9%
Deaths under 28 days	17	..	7.3%	4.0%	3.8%
Total		100.0%	100.0%	100.0%	100.0%

3.1.10 Nuneaton and Bedworth is the only area with health statistics that are generally poorer than the national average for the UK - referred to by NHS Warwickshire as a spearhead district. It has:

- The highest estimated rates of smoking related deaths in the County at 16.8% of all deaths
- Comparatively high levels of low birth weight and rates are tending to increase year on year (top 25%)
- High rates of teenage conceptions (top 25%), with relatively low rates of termination of these conceptions (46.4% in 2003-05, compared to a County average of 50.4%) although the national average is 46.3%

- Perinatal mortality that was consistently above the national average from 2002-06

- Circulatory and coronary heart disease mortality in the top 25th centile

- The highest cancer death rates in the County

- Diabetes mortality in the top 10%, though this is improving rapidly

3.1.11 Specific electoral wards have been identified that have the poorest health. Abbey, Camp Hill and Wem Brook have been identified in the Draft Health Profile for the Borough as experiencing statistically significantly above average mortality rates.

3.1.12 General practice (GP) disease prevalence data has been collated at district and practice levels, under the Quality and Outcomes Framework. Although these figures may be incomplete, in Nuneaton and Bedworth prevalences are generally similar to NHS Warwickshire average. This is not the case in relation to diabetes and hypertension where higher rates are exhibited. This may suggest under-identification, given the high mortality rates, and is an area for possible further investigation.

3.2 Health Literacy

3.2.1 Health Literacy is 'the degree to which individuals can obtain, process and understand the basic health information and services they need to make appropriate health decisions'¹ Poor Health Literacy can result in people engaging in behaviours that are detrimental to their health and wellbeing.

3.2.2 Recent research has demonstrated that the risk of poor health literacy is strongly linked to having low educational attainment and low general skills. Health literacy is associated with other inequalities and is a factor that underpins health inequalities².

3.2.3 Warwick has the highest level of educational achievement in the county with almost 60% of residents holding A level standard qualifications and nearly 40% holding a first degree or higher. These figures reflect the student population resident in the area and attending Warwick University and Stoneleigh.

3.2.4 In Stratford over the half the working age population is educated to NVQ3 (A level) and above, with almost a third holding qualifications equivalent to a first degree. Rugby's figures are slightly lower than those in Stratford. Nuneaton and Bedworth has the lowest proportion of highly qualified people followed by North Warwickshire.

3.2.5 In terms of those with no or limited educational achievement, on average 22% of Warwickshire's population have either below C grade GCSEs or no qualifications.

¹ Healthy People 2010. Department of Health and Human Services (USA) 2004.

² Health inequalities: progress and next steps
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085307

Stratford has the lowest levels with only 14% of the population holding low or no educational qualifications of which only a very small proportion hold no qualifications at all. In Rugby just under 20% of working age people have no or low qualifications however the balance is significantly different, with 10%, holding no qualifications at all, this is the highest rate in the county. Nuneaton and Bedworth has a similar overall figure but more people have qualifications than not. Both North Warwickshire and Warwick are fairly representative of the county average.

3.2.6 Research suggests levels of education and skills are generally much lower among homeless people than the rest of the population. A high number of adult Gypsies and Travellers have low literacy skills.

3.2.7 The recent Independent inquiry into access to healthcare for people with Learning disabilities suggests people with Learning disabilities have specific health literacy problems associated with the communication problems and cognitive impairment characteristic of Learning Disability.

3.3 Physical Activity

3.3.1 There is overwhelming scientific evidence that people who lead active lifestyles are less likely to suffer from illness and are more likely to live longer. Exercise not only makes people physically fitter, it also improves their mental health and general sense of wellbeing. Exercise can reduce the risk of a heart disease or stroke, can help to reduce high blood pressure (hypertension) and improve people's cholesterol levels.

3.3.2 Overall, the percentage of Warwickshire adults taking thirty minutes or more physical activity three or more times per week has increased slightly each year to a current level of almost a third. Furthermore, participation rates, which varied between 50% in North Warwickshire and 63% in Rugby in 2003, seem to be converging, with a current range of between 60% in Nuneaton and Bedworth and 65% in Stratford on Avon in 2006. This may represent some narrowing of inequalities in participation.

3.3.3 The School Sport Survey in 2006/07 suggested that participation rates by pupils across the County may be a little lower than the national average. Participation by local schools in Walk to School Week had doubled to 141 schools between 2004 and 2008.

3.3.4 Birmingham Race Equality Partnership (BREP) has recently conducted a research project for the Birmingham Health and Wellbeing Partnership to understand the barriers to physical activity experienced by those from Black and Minority Ethnic (BME) communities. The research revealed that those from BME communities are less likely to participate in physical activity than those from White British. Generally, the research showed that there are not any significant cultural barriers to physical activity. There may be some 'cultural specifics' which determine the type of provision needed – for example single sex provision.

3.4 Diet & Obesity

3.4.1 The prevalence of obesity in England is the highest in the EU. More than half of all type-2 diabetes, a fifth of heart disease and between 8% and 42% of certain

cancers are attributable to excess body fat. Obesity is responsible for 9,000 premature deaths each year in England, and reduces life expectancy by, on average, 9 years.

- 3.4.2 Almost three quarters of Warwickshire residents claimed in a survey that they have a healthy diet; however the number of people eating the recommended five fruit or vegetable portions per day was significantly lower. In addition a significant number of the “Healthy” residents also had a BMI in the overweight or obese category. This suggests a significant gap between peoples’ perception of their health and lifestyle and the reality, mirroring findings across the UK and in other countries.
- 3.4.3 According to available figures around 102,000 residents in Warwickshire are obese with a further 245,000 overweight. Levels of obesity vary slightly between districts. When compared with the national picture Warwickshire fairs well.
- 3.4.4 The recording of Body Mass Index (BMI) in general practice was comparatively poor in 2007/08, with 68.9% of registered patients having no recent BMI (within the last 15 months). This is significantly behind NHS Warwickshire’s plans. Furthermore, most PCTs have higher rates of recorded BMI, and the Warwickshire rate has been falling, though in the majority of PCTs it has been rising.
- 3.4.5 Although NHS Warwickshire and its partners have a number of initiatives in place, it is not clear that they are of sufficient scale to impact upon the problem. For example, the Healthy Living Network in Barpool Ward has worked with around 300 individuals to improve their health, with much of this work focusing on diet, physical activity and obesity. Within a ward population of around 7,500, however, this can only be part of the solution to a problem affecting a quarter of that district’s adults. Determining an appropriate scale for these initiatives and the role that social marketing techniques are playing to influence this and other lifestyle issues are matters requiring and/or receiving further investigation.

3.5 Smoking

- 3.5.1 Smoking is known to be the principal avoidable cause of premature deaths in the UK. The benefit of reducing the prevalence of smoking extends beyond those who smoke themselves. Medical and scientific evidence shows that exposure to second hand smoke increases the risk of serious medical conditions such as lung cancer, heart disease, asthma attacks, childhood respiratory disease, sudden infant death syndrome (SIDS) and reduced lung function.
- 3.5.2 Nationally, since 1998 adult smoking rates in England have fallen from 28% of the population to 22%. That is over 1.6 million fewer smokers. These are the lowest smoking rates in England on record.
- 3.5.3 In 2007/08, most PCTs did not have levels of recording of smoking status of 70% or over. Warwickshire however achieved 75.8% recording. Prevalence of smoking is comparatively low at 15.2%.
- 3.5.4 Warwickshire was set a reduction target (measured as those who have still quit four weeks after participation in a smoking cessation scheme) of 8,652 over the last three years and has achieved in excess of this. However, this is as a result of

significant over performing in Stratford and Rugby which has compensated for failure to meet targets in North Warwickshire, Nuneaton and Bedworth (the only spearhead local authority in the County) and Warwick.

- 3.5.5 Furthermore, smoking quit rates for NHS Warwickshire as a whole are comparatively low (approximately 25th centile performance per 100,000 population). NHS Warwickshire Board Performance report for the year to March 2008 stated that only 3,310 people had achieved four-week quit status, compared with a PCT target of 4,011 (83% of target), suggesting performance may not be being sustained. Conversely, quit rates in 2006/07 were similar to the ONS Peer Group of PCTs which compares similar populations.

3.6 General Practice and Primary Health Care

- 3.6.1 General practitioner (GP) staffing levels per 100,000 people are high, around the 25th centile. However, at 83%, public satisfaction with GP opening hours is only average, which is poor considering the high GP staffing levels.
- 3.6.2 Levels of non-GP clinical staff appear extremely low in Warwickshire, indicating a possible need for rebalancing the skill mix in local primary care.
- 3.6.3 Provision of other community allied health professionals is also comparatively low in the County i.e. the bottom 25th centile.
- 3.6.4 Given the important role that GP and community based services play in preventing ill-health and preventing people living in the community from being admitted to hospital or long-term care, increased focus will be given to how these issues may be inter-linked in the County and how they might need to be rebalanced/focussed.

3.7 Flu and Pneumococcal Vaccination

- 3.7.1 While most people recover without complications in 1-2 weeks, flu can cause serious illness and death, especially in the very young and the elderly. Take up of the flu jab is greater in Warwickshire than elsewhere in the country, which may reflect the population and risk profile of the local population. NHS Warwickshire has achieved the highest take up rate among comparable PCTs.
- 3.7.2 Pneumococcal vaccination (which prevents serious chest infections and blood poisoning) among older people, although only taken up by 7.2% of the eligible population, is one of the highest coverage rates among similar PCTs.

3.8 Dental Care

- 3.8.1 Visiting the dentist for regular check ups can help to avoid gum disease, thus promoting better overall health. However, during a dental check up and cleaning, dentists are also screening for oral cancer, which is highly curable if diagnosed early. Similarly, prevention of gum disease is important since it has been linked to heart disease, strokes, pancreatic cancer and other diseases.
- 3.8.2 Dentist to patient ratios are better in Warwickshire than the national average. In 2006-07 almost three quarters of those under the age of 18 and just over half of adults visited their dentist which is higher than national average. Almost all those

living in urban areas have access to a NHS Dentist within 4km however only one in three people living in rural areas have access to a dentist within 4km. In fact, 10% of people living in rural areas do not have access to a NHS dentist within 6km.

- 3.8.3 We recognise the need to carefully monitor ongoing access to dental services particularly in rural areas.

3.9 Eye Care

- 3.9.1 Regular sight tests allow people to make the most of their visual potential and to identify factors that might require further investigation or treatment. National research suggests that almost 90% of people say that sight is the sense that they most fear losing. Regular eye tests allow eye disease to be detected at the earliest stages.

- 3.9.2 The most important eye diseases, in terms of the numbers of people affected and the cost of providing care are as follows:

- 3.9.3 **Cataract** - A cataract is a condition that makes it difficult to see because the lens that focuses light within the eye becomes clouded. Cataract is common and its incidence increases with age.

- 3.9.4 **Primary open angle glaucoma** - POAG is common and its incidence increases with age with two in every hundred people over the age of 40 affected. This increases over the age of 70 to one person in ten. The African-Caribbean community is particularly at risk of developing glaucoma. Blindness from glaucoma still occasionally occurs and is nearly always associated with late detection.

- 3.9.5 **Age-related macular degeneration** - AMD is the commonest cause of registerable blindness in the western world and results in loss of central vision. It is common and its prevalence increases with advancing age the incidence increases with each decade over the age of 50 to almost 15% by the age of 75. Smoking considerably increases the risk of AMD.

- 3.9.6 It should be noted that there is a direct link between visual function and risk of falling. This highlights the need for eye care services that can be accessed by all members of the community including the frail and elderly.

- 3.9.7 Vision loss is also linked to depression. One study has identified the prevalence of depression among patients with macular degeneration to be 30%.

- 3.9.8 In 2006-07 102,262 people in Warwickshire had eye tests. Levels appear to be rising as more than half were carried out in the first half of 2007-08.

3.10 Cervical Cancer Screening

- 3.10.1 Cervical cancer can often be prevented. The signs that it may develop can be spotted early so it can be stopped before it even gets started. Around 900 women die of cervical cancer in England each year. However, many of those who develop it have not been screened regularly. Not going for cervical screening is one of the biggest risk factors for developing cervical cancer.

- 3.10.2 Take up of Cervical Cancer Screening in Warwickshire is higher than the national average, though only average for the peer group, with 73.9% of the eligible population taking up the offer of screening.

3.11 Breast Cancer Screening

- 3.11.1 One in nine women will develop breast cancer at some time in their life. Breast cancer is more common in women over 50. Breast screening can help to find small changes in the breast before there are any other signs or symptoms. If changes are found at an early stage, there is a good chance of a successful recovery. Women aged between 50 and 70 are invited for breast screening every three years.

- 3.11.2 In Warwickshire 33,194 people were screened over the last 3 years, this constitutes 80% of the eligible population and is higher than national average. Coverage is, however, only average for NHS Warwickshire's peer group.

- 3.11.3 Members of the South Asian community are 15 per cent less likely to attend breast cancer screening; for Muslim populations attendance for breast screening can be as low as a 50 per cent. There is also evidence that attendance for screening decreases with increasing socioeconomic deprivation, with an adjusted odds ratio of 0.64 (95%CI 0.59 to 0.70) in the most deprived relative to the least deprived category.

3.12 Bowel Cancer Screening

- 3.12.1 About one in 20 people in the UK will develop bowel cancer during their lifetime. It is the third most common cancer in the UK, and the second leading cause of cancer deaths, with over 16,000 people dying from it each year. Regular bowel cancer screening has been shown to reduce the risk of dying from bowel cancer by 16 per cent. Bowel cancer screening aims to detect bowel cancer at an early stage (in people with no symptoms). At this stage treatment is more likely to be effective. Bowel cancer screening can also detect polyps. These are not cancers, but may develop into cancers over time. They can easily be removed, reducing the risk of bowel cancer developing.

- 3.12.2 The NHS Bowel Cancer Screening Programme is now being rolled out nationally and will achieve nation-wide coverage by 2009. The NHS Bowel Cancer Screening Programme offers screening every two years to all men and women aged 60 to 69. The English Bowel Cancer Screening Pilot, based in Coventry and North Warwickshire, invited men and women for screening until the pilot finished in March 2007. 478,250 residents of the pilot areas were invited to take part in the screening programme. Uptake was 56.8%. The overall rate of a positive test result was 1.9% and the rate for detecting cancer was 1.62 per 1000 people screened. Both these values were higher in Scotland than in England, higher in men than in women, and increased with age. As with all conditions that increase with age, Warwickshire is likely to have a growing problem as the population over 65 increases in size.

3.13 Sexual Health

- 3.13.1 In general, rates of sexually transmitted diseases across the County are increasing. The greatest numbers of infections are being detected in Nuneaton.

- 3.13.2 The rate of Gonorrhoea in Warwickshire is less than half of the regional and national average.
- 3.13.3 The rate of Genital herpes simplex virus in Warwickshire has varied over the last few years and has on occasion exceeded the national average. Rates of Anogenital warts are high but have remained stable over the last five years.
- 3.13.4 However, it is Chlamydia that is the most common sexually transmitted infection (STI) in the UK, and it affects both men and women. Chlamydia is easy to treat once detected but the majority of cases are asymptomatic. Untreated Chlamydia can lead to long term problems such as infertility and ectopic pregnancy. Chlamydia screening for young people aged 15-24 has only covered around 1% of the target population in Warwickshire, against a target of 17%.
- 3.13.5 Only 94% of patients offered an appointment at a genitourinary medicine (GUM) clinic within 48 hours of their initial contact in June 2008. This is the lowest figure in the West Midlands, against a national target of 100%. Furthermore, only 77% were actually seen (second lowest in the region, target is 95%). This is dominated by NHS Warwickshire's poor performance as a provider of this service (64% offered and 56% seen), and represents a test of the robustness of PCT commissioning of its own services. The performance issues are as a result of problems in a single PCT run clinic in Rugby which is due to be re-commissioned.
- 3.13.6 Finally, access to contraceptive services is in the lowest 10%.
- 3.13.7 For information about teenage pregnancy and young parents refer to section 5.1

3.14 Safeguarding Adults

- 3.14.1 Any adult at risk of abuse or neglect should be able to access public organisations for appropriate interventions which enable them to live a life free from such issues. It follows that all citizens should have access to relevant services for addressing issues of abuse and neglect, including the civil and criminal justice system and victim support services. The arrangements for the protection of vulnerable adults in Warwickshire have, since 2002, been guided by the Warwickshire Vulnerable Adults Protection Committee (VAPC).
- 3.14.2 Physical abuse, financial or material abuse, and neglect are the most common types of abuse referred and count for approximately 70% of referrals in 2006-7. The vast majority of referrals indicate that the abuse had occurred either in the vulnerable adult's own home, or in the care home where the vulnerable adult lives. The ethnic spread of adult protection referrals 2006-7 does largely match the ethnic make-up of the overall Warwickshire adult population.
- 3.14.3 Significantly, more than 70% of these referrals were about women.
- 3.14.4 Approximately one third of all referrals are from people aged over 85, a further third are aged 75-85 and the remaining third are under the age of 75.
- 3.14.5 27 referrals related to people with a Learning Disability, including 4 about people with Learning disability who are over the age of 65.

3.14.6 There are a large number of people referred from Care Home settings but there are underlying reasons that might explain this high proportion. It is likely to be reflective of the generally high levels of awareness of recognising and responding to adult abuse issues in this sector as a result of adherence to National Minimum Standards for Care Homes.

3.14.7 Referrals from Health, Hospitals and Housing sectors are lower than could be expected and this could possibly suggest a lack of awareness of Safeguarding issues in these sectors.

3.14.8 Bullying and harassment are seen as issues relating to adults as much as children and young people.

3.15 Keeping Warm, Keeping Well

3.15.1 Among vulnerable groups, poor health and death can be brought on by cold weather. The term used for the extent to which the number of deaths in winter exceeds the numbers that might be expected if deaths occurred uniformly throughout the year is 'excess winter deaths'. On average in Warwickshire there are 325 more deaths in the four winter months (December – March) than in the previous or subsequent four month periods. The most common cause of these excess deaths is respiratory disease.

3.15.2 Recent reports indicate that financial management is becoming an increasing issue for older people that could affect their health and wellbeing.

3.15.3 There is a general consensus on what works to tackle the problem of excess winter deaths. The Department of Health winter guide, "Keep Warm Keep Well" recommends four broad areas:

- Staying Healthy by having free 'flu jabs, coping with 'flu, giving up smoking and seeking free help and advice from NHS Direct.
- Living well by preparing and having good food, warm clothing and exercise.
- Keeping warm by getting homes ready for winter, heating homes, paying bills, insulation and home improvement.
- Accessing available financial support.

3.15.4 Given the rise in the cost of fuel and in general living costs currently being experienced by the population across the country, there is reason to believe that greater emphasis on financial support and provision of benefits advice, along with diet and preventative measures, is required to ensure the health of the vulnerable (particularly older people).

3.16 What is known through consultation

3.16.1 The draft "Commissioning for a Healthy Warwickshire 2007-2012" strategy was underpinned by consultation that took place in summer 2007 and was subject to further consultation on its completion. Over 370 people participated in a number of events that included local government representatives, the health provider

community, local voluntary organisations and community groups as well as individual members of the general public.

- 3.16.2 A number of those taking part in this consultation felt that there should be an increasing emphasis on prevention of ill health.
- 3.16.3 Front line health staff were identified as being pivotal in the delivery of the healthy lifestyles message. It was felt that their role as professionals makes them better placed to deliver the message than media. Pharmacists were also highlighted as key players.
- 3.16.4 On the issue of access to preventative services, one service user identified a specific issue around the availability of NHS dentistry to wheelchair users, noting that even when the building is accessible it does not guarantee that the equipment can be used effectively.
- 3.16.5 In terms of sexual health, consultation held at North Warwickshire and Hinckley College suggested that the workshops held there were successful in explaining sexually transmitted infections and where health services can be accessed.

3.17 Service in Warwickshire Now

- 3.17.1 Warwickshire County Council has been rated by CSCI as having information and services promoting Health and Wellbeing across the county, including for people from BME backgrounds and socially excluded groups.
- 3.17.2 NHS Warwickshire's healthy lifestyle challenge & the Council's 'My Time' initiatives have helped raise awareness of healthy lifestyle issues & encouraged people to spread the healthy lifestyle message. An information advice booklet for people over 50 (Looking Forward in Warwickshire) has been produced containing a whole range of useful information, advice, help & suggestions for maintaining health & independence.
- 3.17.3 The PHILLIS service is currently up and running and is to continue to provide support and advice to Older People in the County, included assistance with understanding the benefits to which they are entitled and help to claim where appropriate.
- 3.17.4 **Age Concern Warwickshire provide a package of preventative services**
- Ageing Well funded by NHS Warwickshire encourages older people to adopt healthier lifestyles to cope with long term conditions and maintain a quality of life for the maximum period through health advice weight management physical activity and falls prevention.
 - Action on Well Being in Warwickshire operates in the most deprived wards providing weight management, physical activity and buddying to improve mental well being.
 - A range of social inclusion activities, including lunch clubs and social clubs.
 - Counselling and psychological support services to promote mental well being.

3.18 Plans for the Future

- 3.18.1 NHS Warwickshire proposes to target a number of these issues as part of its forthcoming World Class Commissioning Strategy:
- Infant breastfeeding
 - Smoking during pregnancy
 - Smoking quit rates
 - Access to genitourinary medicine clinics (GUM) for sexual health issues and infections) and access to Community Contraceptive services
- 3.18.2 To address smoking cessation, NHS Warwickshire plans to invest approximately £8,000 in additional smoking cessation services, specifically targeted at Nuneaton and Bedworth. An additional investment of £17,000 is targeted to support pregnant women in Nuneaton and Bedworth who wish to quit. A further initiative is planned to train those working in mental health (both partnership trust and voluntary sector) to provide smoking cessation support for this high risk group.
- 3.18.3 In relation to diet, further initiatives are planned to support:
- Older adults in Nuneaton and Bedworth who want to improve their diet
 - Younger adults and families on a range of health issues, including nutrition
 - Mothers wishing to breastfeed, with specific services targeting Nuneaton and Bedworth
 - A series of initiatives for children and young people, such as policies on healthy eating and Phase 2 Children's Centres
- 3.18.4 A range of services are to be developed to meet the needs of those who are already overweight or obese:
- Provision of weight management sessions for adults attending Children's Centres
 - A pilot programme of family-based interventions for children aged between 7 and 13
 - Develop and implement child and adult weight management care pathways
 - Training courses for practice nurses involved in weight management
 - Educational activity on diet and obesity with pregnant women
- 3.18.5 The Department of Health (DH) West Midlands has funded training and toolkits (£11,000) for the delivery of two MEND programmes in Warwickshire.

- 3.18.6 MEND is a 10 week family based behavioural change programme aimed at families with children who are overweight or obese and aged 7-13 years. A maximum of 12 families will be recruited for the programme.
- 3.18.7 Two Public Health staff members have undertaken programme manager training.
- 3.18.8 Delivery of the programme is dependant on recruiting partners who can use their existing resources and capacity. Some partners have been identified, including extended schools, NHS Warwickshire, Warwickshire School Sports Partnership and Dietetics. However, the programme which was due to start in September 2009 has been delayed due to some difficulties identifying partners to deliver the “Mind” and “assistant” aspects of the programme. A small budget has been identified to advertise these positions and pay wages if necessary
- 3.18.9 Two areas of deprivation in Nuneaton and Bedworth have been identified in which to deliver the programmes.
- 3.18.10 The Ken Marriot Leisure Centre, Rugby, has funded its own MEND programme.
- 3.18.11 Families for Health – £10,000 of external funding was obtained for training facilitators from local authorities, health professionals and public health, to deliver Families for Health which is being evaluated by Warwick University. Families for Health is a 9 week family based behavioural change programme aimed at families with children who are overweight or obese and aged 7-11 years.
- 3.18.12 Two programmes commenced in September 2008 in Atherstone, North Warwickshire and Brownsover, Rugby, in partnership with NHS Warwickshire, Extended Schools and local authorities.
- 3.18.13 There are many community based partnership interventions taking place county-wide in a variety of settings which include Children’s Centres, the Healthy Living Network, The Healthy Living Centre, through extended schools and through community groups. These include weight management programmes, cooking sessions, physical activity groups including pram walks, gym sessions for teenagers, allotment schemes, music and movement sessions and parenting groups, to name just a few. The provision of such activities is patchy across the county and not consistent from one local authority to another. The provision of such interventions is underpinned by available resources and capacity. Many partners from School Sport Partnerships to the Voluntary sector contribute towards the delivery of these interventions. Partners come from many different backgrounds bringing with them various skills and a varying degree of knowledge. The need for training for partners to deliver healthy lifestyle interventions varies across the county.
- 3.18.14 In the closely related area of physical activity, NHS Warwickshire plans to extend physical activity sessions to all Children’s Centres, for both children and adults.
- 3.18.15 In the sexual health field there are plans to expand training of staff who work with young people to increase coverage of the Chlamydia screening programme and assure suitable treatment, and to extend the availability of condoms in the community.

3.18.16 Vaccination and immunisation coverage will be improved as a result of implementation of the national Human Papilloma Virus (HPV) Programme in autumn 2008. There are no planned investments to address other vaccinations and immunisation programmes.

3.18.17 There is also a series of initiatives to promote mental well-being across the County.

3.19 In Conclusion

3.19.1 Although the County as a whole experiences generally lower levels of illness and premature mortality than many areas of the country, the same conditions commonly cause death and disability. Circulatory disease, cancers, diabetes, respiratory, gastrointestinal disease, avoidable injuries are significant causes of ill health. Addressing these issues remains a significant need.

3.19.2 Lifestyle issues such as smoking, exercise, diet and obesity, alcohol and other substance misuse remain the underlying causes of the premature ill-health in the County and the health inequalities between its different communities. There are a number of initiatives coming on line that will aim to make improvements. However access to particular key community services is below the levels planned: smoking cessation, sexual health clinics, talking therapies, alcohol and substance misuse services, and community matrons are all below target for service access.

3.19.3 Health literacy is one of the key starting points in addressing these lifestyle choices. Rugby has a concentration of people who have no qualifications at all and are hence at particular risk of Health Illiteracy. Gypsies and travellers and incoming migrant workers also represent groups who will require specific approaches to instil healthy living messages.

3.19.4 Although primary care is the key and is comparatively well-resourced, there are indications that the skill mix of staff is not optimal, and that performance in some areas is not meeting its potential nor fully addressing patient and public expectations.

3.19.5 Emergency hospital service use is increasing faster than planned, possibly reflecting the delays in implementing case management in the community.

3.19.6 Waiting times for access to hospital services have reduced dramatically over the last few years both nationally and in Warwickshire. Current waiting times now show continued improvement towards the December 2008 target of 90% of all admitted patients and 95% of non-admitted patients being seen within 18 weeks. The figures for August 2008 were 90.5% and 93.92% respectively.

3.19.7 Increased life expectancy potentially brings with it an increase in the number of people experiencing health issues which require early detection and treatment needs. Given that the numbers of older people will increase, availability of services to detect problems associated with old age will need to extend to maintain current levels of coverage.

4 Maternity

4.1.1 Maternity services are of utmost importance to achieving a healthy community, providing the best possible start in life for babies born in the county and their mothers.

4.1.2 Births to Warwickshire residents have increased recently, from 5,322 in 2002 to a total of 6,061 in 2006. Nuneaton and Bedworth and Warwick district council residents account for approximately half of births across Warwickshire, and births in these areas have increased more rapidly than the rest of the County. Although the birth rate in the County as a whole is lower than the England average, taking account of the different population age structures using the general fertility ratio (GFR), rates in Nuneaton and Bedworth, and Rugby are similar or slightly above.

4.1.3 By 2020 there is a projected increase in births of 7%, resulting in 480 additional births. The increase by 2012 is small, a further 40 births across the County. The Draft Needs Assessment for Maternity Services states “However, these projections do not reflect the current trend of a 16% increase in the number of births” and “caution must be taken in projections in live births. It must be noted that projections of increases in the birth rate are subject to fluctuations due to increase migration, economic factors and changes in the local demographics of the local populations such as new housing developments.”

4.1.4 On average there are 440 low birth weight babies born every year in Warwickshire. This represents 7.5% of all births, a rate slightly below the national average. The greatest percentage of low birth rate babies are children of mothers living in Nuneaton and Bedworth, followed by Rugby, with lower rates in Stratford and Warwick.

4.1.5 Smoking during pregnancy can cause serious problems including complications during labour, increased risk of miscarriage, premature birth and even stillbirth. Figures suggest that just fewer than 16% of women in Warwickshire are known to be smoking at the time of their delivery which is an average rate when compared with the rest of England.

4.1.6 There is clear evidence that breastfeeding has positive health benefits for both mother and baby in the short and longer term. Breast milk provides all the nutrients that a baby needs for healthy growth and development in the first months of life. Breastfeeding has an important contribution to make towards meeting the target to reduce infant mortality and health inequalities. In 2007 just over 70% of infants were breastfed at birth; this rate however decreases to 50% at six weeks.

4.1.7 Warwickshire achieved its target of at least a 2% annual increase in percentage breastfeeding between 2006/07 and 2007/08. However, rates are currently 69.5% with a number of other PCTs in the country reporting rates of over 90.

4.2 What is known through consultation

4.2.1 Through the process of consultation on the Strategy for a Healthy Warwickshire, stakeholders and members of the public made a number of comments about what they felt is needed in the area of maternity. These include:

- A tiered service linking community, Community Adolescent Mental Health Services and adult services to support antenatal mothers and mothers in the first year of parenthood
- Support for attachment between mother and baby
- Mental health services for mothers post delivery

4.3 Services in Warwickshire Now

4.3.1 Every GP practice (75) provides maternity medical services through the additional services of the 2004 new GP contract. Information regarding the quality standards and the cost of this provision is limited.

4.3.2 Separate maternity services exist based around the three main hospital providers of maternity care to NHS Warwickshire's residents:

- The George Eliot (GEH) – 35% of births in 2005/06
- University hospitals of Coventry and Warwickshire (UHCW) – 12% of births
- South Warwickshire General Hospital (SWG) – 44% of births

4.3.3 Other providers included the Royal Alexandra hospital at Redditch (2-3% of births) and John Radcliffe hospital, Oxfordshire (1-2% of births), with others just under 5% of births.

4.3.4 The Draft Needs Assessment described the type of delivery experienced by women across the County's major hospitals: An overall summary of type of delivery for 2006 includes:

- 45% normal delivery (England 45% 2006): GEH highest 50%
- Caesarean section 22-27% (England 22%): UHCW 28%; GEH 25%; SWGH 25%
- Instrumental ~7% to 11% (England >10%): SWGH 11% GEH 7%
- Induction ~ 19% - 23% (England 21.8%): UHCW 23%; SWGH 19%

4.3.5 The proportion of births in hospital across the County is very similar to the average for England. Fewer than 4% of births are at home.

4.4 Plans for the Future

4.4.1 A joint project between NHS Warwickshire and the County Council, entitled 'Maternity Matters', is taking forward the strategic development of maternity services.

4.4.2 Care pathways are being developed across health and social care to address the combinations of health and social need experienced by mothers and families in the County.

- 4.4.3 The achievement of the four national choice guarantees – access to services, antenatal (within the first 12 weeks) and maternity services, choice over place of birth and post-natal care – is a high priority for NHS Warwickshire
- 4.4.4 NHS Warwickshire also proposes to target two maternity-related issues as part of its forthcoming world Class Commissioning Strategy:
- Infant breastfeeding
 - Smoking during pregnancy
- 4.4.5 NHS Warwickshire intends to pursue a strategy to integrate maternity care providers across the County, so that consistent, high-quality care is offered to all mothers, with the maximum potential for them to exercise choice.
- 4.4.6 Pre-conceptual care, particularly for those with long term conditions or particular risks will be developed, as will an enhanced mental health service.
- 4.4.7 Services will be particularly targeted at Nuneaton and Bedworth, in recognition of the current poor health outcomes in the Borough.
- 4.4.8 Service quality and safety is critical and NHS Warwickshire will ensure that hospital services have appropriate levels of staffing, particularly of obstetric and neonatal specialists.

4.5 In Conclusion

- 4.5.1 Although infant, maternal and child health are generally good, there are still geographical areas with persistently worse statistics than the national average. Teenage conceptions remain a significant element of the threat to infant and maternal health. Figures relating to occurrence of breast feeding elsewhere in the country suggest that there is a need in Warwickshire to promote breast feeding more with new mothers.
- 4.5.2 A comprehensive need assessment is nearing completion which has looked at the needs associated with the projected increase in births across the County, including demand and capacity, pathways as well as pre and post natal services. Consultation with service users has been undertaken including with young parents and also with clinicians. The aim is to take into account the requirement for greater choice amongst service-users. The findings will be used to help shape future commissioning for maternal and neonatal services

5 Children and Young People

5.1 Be healthy

- 5.1.1 In 2006 Warwickshire's mortality rates for infants under 4 weeks old and infants under 12 months old were considerably lower than the national average. However, there are district variations in Warwickshire with higher rates in the north of the county.
- 5.1.2 Overall, the health of children looked after continuously for a year in Warwickshire remains better than the national average. In particular, 93% had their routine immunisations up to date in 2007 and the proportion who had a health assessment during the preceding year increased to 76%.
- 5.1.3 Schools achieving Healthy School Status (HSS) can evidence a holistic approach to the four core themes of PSHE, healthy eating, physical activity and emotional well-being. As at July 2008, 145 schools (60%) in Warwickshire had achieved HSS. Warwickshire is currently on track to meet the next milestone of 175 schools (73%) to achieve HSS by the end of December 2008.
- 5.1.4 While the number and rate of teenagers becoming pregnant has fallen across Warwickshire by 12.3% since 1998, current projections indicate that Warwickshire will fall short of the 2010 target to reduce teenage conceptions by 50%. In particular, attention needs to be focused on children and young people living in Nuneaton and Bedworth where there has been a 1% increase in teenage pregnancy since 1998 and Warwick that has seen a 0.3% increase according to the latest most recently published ONS data (2006).
- 5.1.5 New diagnoses of chlamydia in Warwickshire have almost doubled in the last few years making it the most commonly diagnosed sexually transmitted infection in 2005. Most cases have been diagnosed in Nuneaton and Bedworth and this is the only district in Warwickshire showing a noticeable increase in 2005. This could, however, be influenced by the national screening programme that was launched in Warwickshire in April 2007.
- 5.1.6 Between 2003 and 2006 the proportion of babies born with a low birth weight in Warwickshire has been in line with, or slightly lower than, the national average. However, there are significant district variations with the highest incidence of low birth weight experienced in Nuneaton and Bedworth. The rate in this district is among the 10% highest in England.
- 5.1.7 In Warwickshire during 2006/7, only 85% of children had received the MMR vaccine by their second birthday. This is consistent with the national average, but among the lowest rate in the West Midlands.
- 5.1.8 There are real concerns regarding current obesity levels and trends in Warwickshire. In particular,
- The proportion of obese children rises significantly between the first and last years of primary school. Across Warwickshire in 2006/7 21.7% of children were either over weight or obese in reception rising to 29.5% of young people by year 6.

- There is a notable variation according to gender, with boys more likely to be over weight or obese at both reception and year 6.
- Children and young people at school in the north of the county are more likely to be over weight or obese compared with their southern counterparts.

5.1.9 There is an absence of robust local data regarding the prevalence and severity of children and young people's needs regarding mental health, disability and substance misuse, including alcohol. As a result it is difficult to ascertain whether there is a mismatch between the services provided and the level of need in the community. Only if this is reconciled will Warwickshire be in a position to determine which children and young people would benefit from services and/or would respond positively to intervention.

5.2 What is known through consultation

5.2.1 In relation to general well-being, the majority of pupils feel they are healthy or fairly healthy. While the majority of children and young people reported eating an evening meal every day, the proportion of children eating breakfast at home every day was notably lower (63% of Years 5-8 and 47% of Years 9+).

5.2.2 Positively, over 80% of both groups feel happy or liked most or all of the time. However, around 30% of years 5 - 8 feel 'bad tempered/angry' or 'worried stressed', which rises to 40%+ in the years 9+ group. Those who could not talk to their parent or carer when they had a problem stated they would talk to their friends above all others.

5.2.3 While the majority of pupils are not sexually active, just under one third reported they had experienced sexual intercourse, with the greatest proportion saying their first time was in year 9 (28%). 8% of those who were sexually active stated they felt pressured and nearly 17% said it happened because they were 'drunk or high'. 55% said they used a condom when they last had sex. Young people reported feeling least comfortable talking to their parents about sex and relationships than any other health matter.

5.2.4 27% of the years 5-8 group reported they had 'never drunk alcohol' with 5% 'drinking it at least once a week'. Alcohol consumption was higher in the older age group with only 10% of the 9+ group stating they had not drunk alcohol before and 22% drinking regularly. Most drink alcohol at a friend's home or at their own home.

5.2.5 When asked if they had ever taken illegal drugs 88% of years 5-8 and 68% of years 9+ said "never" whilst 5% of years 9+ said 'every day'. Cannabis was the most commonly used drug and most activity seems to take place with friends at weekends. The majority of children in years 5-8 said they had never smoked cigarettes while just under half of years 9+ said the same.

5.2.6 In relation to health and well-being the survey found that all participants showed resilience and capacity in the face of adversity. This was mainly in terms of forming positive relationships and showing assertiveness and self-confidence during peer interactions at school.

5.3 Plans for the Future

5.3.1 Shared priorities (programmes of work):

- Choosing Health and Well-being (CYPP 300)
- Developing Managed Clinical Networks for Paediatric and Maternity Services (CYPP 301)
- Improving Services for Children and Young People with Disabilities (CYPP 302)
- Promoting Mental Health and Emotional Well-being (CYPP 303)

5.3.2 For 2008 – 2011 we will continue to focus on the following:

- Improving the emotional health of children (*LAA 2008*) (CYPP 303 K68).
- Reducing the obesity among primary school-age children in Year 6 (*LAA 2008 and GOWM 2007*) (CYPP 300 H39 and H49)
- Ensuring CAMHS provision is appropriately resourced, consistent and provides equitable access across the county (*APA 2007 and GOWM 2007*) (CYPP 303 I39, 303 I40 and 303 K73).
- Increasing the number of schools participating in the healthy schools programme and achieving healthy schools status to meet the national target (*APA 2007*) (CYPP 300 J01).
- Improving access to transport for young people (*GOWM 2007*) (CYPP 300 I98).
- Addressing Teenage Pregnancy across the county by reducing the under-18 conception rate and social exclusion faced by young parents with particular focus on Nuneaton and Bedworth (CYPP 300 H61 and 300 J52)
- Reducing the gap in infant mortality between Nuneaton and Bedworth and England by increasing breastfeeding and reducing smoking in pregnancy (CYPP 300 I99)
- Raising the initiation and maintenance of breastfeeding by two percentage points across the county and particularly in Nuneaton and Bedworth (2008–2010) (CYPP 300 I98)
- To reduce incidence of low birth weight, specifically in Nuneaton and Bedworth, by implementing Maternity Matters (CYPP 301 J28)
- To increase take up of the MMR by continuing to promote scheduled immunisations and by undertaking the Measles Campaign (CYPP 300 K86).
- Increasing access to advice and support on healthy lifestyles and local health services through Children's Centres for all parents, including promotion of healthy start vouchers (CYPP 316 H50, 316 H55).

- Enhancing healthy lifestyle support for children and young people through Extended Services, Warwickshire Healthy Schools Status and School Nursing Service (CYPP 317 E30).
- Promoting opportunities for children of pre-school age and their families to participate in physical activities (CYPP 316 H69).
- Rolling out a Chlamydia screening programme for young people aged 15–24 (CYPP 300 H61).
- Rolling out the human papilloma virus (HPV) immunisation programme to girls aged 12–18 (CYPP 300 H61).
- Promoting the 'Time for You' counselling service in secondary schools (CYPP 303 J53).
- To improve data collection on mental health, disability and substance misuse to support future planning (CYPP 302 K57, 303 K24, 322 J58)

5.4 Stay safe

5.4.1 The general trend in the number of children (and adults) killed or seriously injured in Warwickshire has continually decreased from the 1994 -1998 baseline of 69. In 2007, 22 children and young people were seriously injured in road traffic accidents in Warwickshire with no fatalities.

5.4.2 At 31st March 2007 454 children were looked after in Warwickshire, a decrease on the 2006 figure of 463. The national rate of looked after children was 54.3 per 10,000 aged under 18 (DfES website November 2007), thus Warwickshire's rate of 40.1 per 10,000 is significantly lower in comparison.

5.4.3 The number of children and young people who require safeguarding through the child protection process has continued to rise over recent years. 25.3 children per 10,000 were subject to a child protection plan in Warwickshire as at 31st March 2007 which is marginally higher than the national average of 25.2 per 10,000.

5.4.4 Evidence suggests that looked after children and care leavers continue to have poorer outcomes, across the five *Every Child Matters* outcomes, when compared with their peers.

5.4.5 While bullying is consistently identified as a concern for children and young people when consulted, there is currently no local data available to accurately indicate its pattern or prevalence.

5.4.6 There is currently no robust information available regarding the numbers of children and young people who run away from care or home overnight and what their needs are.

5.5 What is known through consultation

5.5.1 The vast majority of pupils feel safe at school, at home and in their neighbourhood. For both age groups the highest scores for feeling unsafe were

with respect to travelling to and from school (7% younger pupils and 8% older pupils) and in their neighbourhoods (6% younger pupils and 9% older pupils). The older pupils were the more inclined they were to report that bad behaviour in school was not dealt with appropriately.

5.5.2 34% of the older age group and 43% of the younger age group had been bullied at least once at school within the last 12 months. The biggest reason for bullying was a young person's appearance. 73% of the younger pupils stated they knew where to go for help while only 62% of the older ones did. In relation to dealing with bullying, younger pupils were more positive about the schools approach than older pupils.

5.5.3 With respect to crime, young people of both age groups feel most at risk of verbal abuse or having something stolen (both in and out of school). Needs Analysis Field Study 2007

5.5.4 In relation to staying safe the survey found that approximately half of young people from the bullying group (mainly those who did not present themselves as being victims of direct bullying) did not see bullying as posing an obstacle to their academic performance. However, the young people (5-6 pupils) with an actual experience of bullying who were willing to acknowledge it, stressed that bullying did pose obstacles to their learning and achieving academically (e.g., frustration, unhappiness, lack of concentration, school attendance). Bullying was said to be widespread, extending to families and communities. The young people from the bullying group reported that teachers need to act quickly to respond to bullying incidences.

5.6 Plans for the Future

5.6.1 Shared priorities (programmes of work):

- Keeping Children and Young People safe from Maltreatment (CYPP 304)
- Keeping Children and Young People safe from Accidental Injury and Death (CYPP 305)
- Keeping Children and Young People safe from Bullying and Discrimination (CYPP 306)
- Keeping Children and Young People safe from Crime and Antisocial behaviour (CYPP 307)
- Ensuring Children and Young People are Secure, Stable and Cared For (CYPP 308)

5.6.2 For 2008 – 2011 we will continue to focus on the following:

- Reduce the number of children who experienced bullying (*LAA 2008*) (CYPP 306 K35).
- Reduce the number of children who have run away from home/care overnight (*LAA 2008*) (CYPP 304 K41).

- Improve timelines for looked-after children's reviews (*APA 2007*) (CYPP 308 J33).
- Improve placement stability for looked-after children (school/care) (*GOWM 2007*) (CYPP 308 C59, 308 E38 and 308 C58).
- Improving outcomes for children witnessing domestic abuse (*GOWM 2007*).
- Improve the outcomes for children, young people and families through the completion of the roll-out across the county of the Enhanced Support Network and the Common Assessment Framework (CYPP 321 J42).
- Reduce the size of the looked-after population through effective preventative measures and permanency planning (CYPP 308 E38).
- Continued support for children and young people who fall into the categories of learning difficulties and/or disabilities and poverty (CYPP 310 I86 and 304 K44).
- Deliver against the action plan created in response to the private fostering strategy (CYPP 304 K39).
- Continue to maintain our effective child protection procedures and strategies and ensure that the number of serious case reviews remain low (CYPP 304 J51).

5.7 Enjoy and achieve

- 5.7.1 The foundation stage profile provides an indication of whether pupils are meeting early learning goals and specifically measures the percentage of pupils achieving 6 scale points within each assessment scale. In 2007 children in Warwickshire performed better in all aspects of the foundation stage profile compared with national achievement. Further analysis of children's achievement at foundation stage indicates that Warwickshire is performing fairly well compared with statistical neighbours in relation to the inequality gap.
- 5.7.2 Performance at key stage 1 and 3 exceeds the national and statistical neighbours average.
- 5.7.3 The attainment of children at key stage 2 has improved over the past 5 years and in 2007 Warwickshire was best in class with regard to the percentage of pupils achieving level 4 or above and level 5 or above in English and level 5 or above in Science.
- 5.7.4 In relation to children looked after continuously for a year or more, 4 children (15%) achieved at least five GCSEs (or equivalent) at grades A*-C in 2007. This represents a noticeable improvement on the previous year when just one child (4%) of the year 11 cohort did so.
- 5.7.5 Data suggests that there has been a significant increase in the proportion of children and young people who have the opportunity to take advantage of extended services within their school and locality (December 2007).

- 5.7.6 On the whole children and young people in Warwickshire achieve well at school, however, there are a few areas of need that require addressing, such as closing the attainment gap between males and females and improving overall performance at key stage 4. Narrowing the achievement gap between pupils eligible for free school meals and their peers is also a priority.
- 5.7.7 The number of children and young people receiving a fixed term or permanent exclusion has risen notably over the last year.
- 5.7.8 Young carers service data (July 2007) indicated that despite there being more young carers in the north of the county they did not appear to be accessing support available via the Young Carers Project. As a result a full, robust and transparent tendering process was undertaken with young carers at the heart of it. As part of the selection process a panel of seven young carers were trained to interview potential providers and both the successful and unsuccessful organisation subsequently agreed to pursue the feedback given from the young carers' panel. This has enabled inequalities in provision across the county to be addressed through the award of the contract to one provider from 1st April 2008. As part of the SLA young carers are involved in the monitoring and evaluation of the project.

5.8 What is known through consultation.

- 5.8.1 Over 80% of pupils in all year groups feel their life is enjoyable. Most pupils rate their school as at least OK, with 70% of the younger age group and 53% of the older age group rating it as 'good' or 'excellent'. The majority of pupils report doing OK, well or very well at school although both age groups felt they would do better at school if lessons were more interesting.
- 5.8.2 Younger children were generally more satisfied with what their school offers than older children. Many pupils reported having opportunities to use computers and to take part in creative activities and are generally satisfied with the quality of opportunities and facilities on offer. However, many pupils felt the opportunities to participate in school trips was poor.
- 5.8.3 In relation to enjoying and achieving participants expressed the view that access to physical and social spaces (commercial and non-commercial spaces in neighbourhood, after-school clubs) is limited for many young people. All the young people stressed the importance of friends. More than half expressed a preference to socialise with peers with similar life experiences.
- 5.8.4 For the young people with a learning disability, factors such as time for fun activities, less homework and more trips and after-school clubs were seen as important for their life.
- 5.8.5 Restricted choice with regard to where to learn (e.g., choice of schools) was exercised by many young people and their families / parents.

5.9 Plans for the Future

- 5.9.1 Shared priorities (programmes of work):
- Transforming Schools and supporting Learning Communities (CYPP 309)

- Promoting Social Equity (CYPP 310)
- Raising Educational Standards (CYPP 311)
- Increasing Participation in Culture, Arts, Sport and Play (CYPP 312)

5.9.2 For 2008 – 2011 we will continue to focus on the following:

- Reducing the number of pupils permanently excluded from school and ensuring that those who are excluded receive full-time, alternative tuition (*APA 2007*) (CYPP 310 J15).
- Reducing the number of schools in Ofsted categories of concern (*APA 2007 and GOWM 2007*) (CYPP 311 G98).
- Improving Key Stage 4 outcomes (*GOWM 2007*) (CYPP 311 J39).
- Closing the attainment gap for vulnerable groups, including looked after children, black and minority ethnic children and those living in socio-economic disadvantage, particularly in Nuneaton and Bedworth (*GOWM 2007*) (CYPP 311 J06, 311 J07 and 311 J40).
- Improving opportunities for play (*GOWM 2007*) (CYPP 311 K18 and 312 J43).
- Involvement in a leadership succession planning project, supported financially by, and with advice and guidance from, National College for School Leadership (CYPP 309 J34)
- Involvement in two national pilots of assessment practice. Warwickshire County Council was invited to take part by the Qualification and Curriculum Authority (QCA), because of its ground-breaking practice (CYPP 309 J36).
- The Directorate is currently consulting with all stakeholders on the principles that should underpin our Primary Strategy for Change, published by the Department for Children, Schools and Families. These principles will shape our application for funding to the Department for Children, Schools and Families in June 2008, subject to Cabinet approval. It is anticipated that funding for rebuilding and remodelling primary schools in Warwickshire will be available from April 2009 (CYPP 309 J35).
- High-quality early years provision: we will ensure that this is available to promote the well-being of young children and to enable them to meet early learning goals (CYPP 316 H50, 316 H69 and 316 K30).
- Looked-after children: we will ensure that they achieve higher levels of attainment and achievement (CYPP 311 J06 and 308 C58).
- Encouraging and supporting schools and colleges in their development of a broad and rich curriculum, which gives opportunities for students to engage in a range of social, cultural and sporting activities (CYPP 312 H33, 312 H35 and 312 H36).

- School attendance: we will ensure that pupils attend school regularly and are rarely absent (CYPP 311 H98).
- Making provision for asylum seekers, refugees and new arrivals in the county, the majority of whom will not have English as their first language (CYPP 308 K66).
- Ensuring that a strategy for the pattern of school and college provision is in place; this will permit choice and diversity and promote high standards; it will also respond to new governance arrangements for schools and to demographic trends (CYPP 309 J35 and 324 K07).
- Children with learning difficulties and/or disabilities: we will ensure that they are helped to enjoy and achieve (CYPP 310 I86).
- Opportunities for gifted and talented children and young people, so they can achieve their potential (CYPP 311 K19).
- Implementing the Parenting Strategy which aims to incorporate a wide variety of services who deliver to parents and families on parenting (CYPP 320 D73).
- Young carers: we will help them enjoy and achieve by supporting them through projects such as the Young Carers Project and links with the carers Partnership Board (CYPP 302 and 317 B35).
- Engaging internationally in our schools and colleges: we will develop sustainable international partnerships through the curriculum and, by so doing, we will contribute to raising standards and achievement (CYPP 309 J36).
- The Directorate is currently preparing a strategic plan to give direction to the provision of secondary education in Nuneaton and Bedworth. Subject to Cabinet approval, the Directorate intends to resubmit its application to 'Partnership for Schools' to access funds from the Building Schools for the Future project to support the strategic plan (CYPP 309 J35).

5.10 Make a positive contribution

- 5.10.1 Each year the Directorate and its partners consult in a number of ways with thousands of children, young people and their families to find out how they feel about services they receive and what changes they'd like to see as well as what other provision is desirable.
- 5.10.2 Increasingly, children and young people are taking a prominent role in the decision-making process, sitting on recruitment selection panels, being one of a team of external inspectors of a service, or representing their peers at the Youth Parliament and the Wacky Forum.
- 5.10.3 In February 2007, four Members of Youth Parliament (MYPs) were elected by Warwickshire's young people, from 21 candidates, with voting taking place by text message and at youth centres across the county. There was a significant increase in the number of votes cast, from just over 1,000 in 2006 to 5,109 in 2007.

- 5.10.4 The Youth and Community Service operates five district youth funding forums that are responsible for handing out the YOF and Youth Capital Fund which are given to the county from the DfES as part of the youth matters agenda. During 2006/07 2903 young people had benefited from YOF funding. GOWM feel that the operations model currently in place would be a good starting point for the involvement of young people in commissioning.
- 5.10.5 There has been a significant decrease in the number of ASBO's issued in the last year.
- 5.10.6 Children and young people consistently state that the provision of activities for young people remains one of their highest priorities. It is currently the most important concern within the county according to Warwickshire's best value satisfaction survey.
- 5.10.7 Children and young people in Warwickshire have opportunities to participate in consultation and participation exercises. However, it is evident that attention needs to be given to ensuring that the views of children and young people are used appropriately to support service development, planning and commissioning.

5.11 What is known through consultation

- 5.11.1 The majority of pupils feel that opportunities available at school before or after the school day are okay or good. 48% of years 5 - 8 and 31% of years 9 + have been to an after school, evening or weekend class. The majority of pupils in both age groups feel that other opportunities to participate in school life are also 'OK' or 'good', but there is also a significant minority of pupils in both age groups that feel these opportunities are poor.
- 5.11.2 In relation to their community approximately 80% of both age groups felt that entertainment facilities were okay or good and the majority of both age groups also rate parks, recreational areas, sports and leisure centres as okay or good. Pupil participation in most types of community related activities, from sports/hobby clubs to voluntary work, declines steadily as they get older. Many do not feel empowered to make changes or influence decisions in their school or their local neighbourhood and only a minority had participated in a school council meeting or an election in the last 6 months.

5.12 Plans for the Future

- 5.12.1 Shared priorities (programmes of work):
- Delivering the County Youth Offer and Promoting Uptake of Opportunities (CYPP 313)
 - Preventing and Reducing Offending by Children and Young People (CYPP 314)
 - Promoting Active Citizenship (CYPP 315)
- 5.12.2 For 2008 – 2011 we will continue to focus on the following:

- Increasing young people's participation in positive activities (*LAA 2008*) (CYPP 313 K85).
- Reducing first-time entrants to the Youth Justice System aged 10-17 (*LAA 2008*) (CYPP 314 G68).
- Reducing the number of looked-after children involved with offending (*APA 2007*) (CYPP 314 K01).
- Taking a more proactive approach to raising attendance in schools (*APA 2007*) (CYPP 311 H98).
- Reducing the number of fixed-term and permanent exclusions (*GOWM 2007*) (CYPP 310 J15).
- Increasing participation levels and greater inclusion in decision-making (*GOWM 2007*) (CYPP 323 J08).
- Targeting participation opportunities on the most disadvantaged groups of children, young people and families, with particular focus on looked-after children and the County Youth Panel (CYPP 315 I83 and 308 C64).
- Ensuring that children and young people have significant involvement in the production of the Children and Young People's Plan (CYPP 323 J08).
- Continuing development of 'Wacky Youth Forum' facility by North Warwickshire Council for Voluntary Service, which is an exclusive service for children and young people with learning difficulties and disabilities (CYPP 302).
- Ensuring that children, young people, families and communities are active participants in influencing service delivery and outcomes (CYPP 323 J08 and 323 G83).

5.13 Achieve economic well-being

- 5.13.1 Eligibility for free school meals has decreased across all districts in the county over the last year.
- 5.13.2 The Year 11 Activity Survey, carried out in November 2007, recorded the destination of all those young people within the sub-region of Coventry and Warwickshire who completed statutory education in July 2007. The overall results for Warwickshire in 2007 were again impressive, exceeding initial forecasts. 94.9% of young people achieved positive outcomes which was the highest ever achieved in the county. This is particularly notable as the cohort size (6,885) was the largest ever recorded in this annual survey.
- 5.13.3 The Income Deprivation Affecting Children Index (IDACI) is based upon the Indices of Deprivation 2007 and shows the percentage of children in each SOA that live in families that are income deprived. There are a total of 42 SOAs in Warwickshire ranked within the 30% most deprived SOAs in England on the IDACI, of which 19 are in Nuneaton and Bedworth, ten in Warwick, seven in Rugby, four in North Warwickshire and two are in Stratford on Avon.

5.13.4 When considering deprivation it is important to acknowledge the pockets of deprivation that exist in more affluent areas and the deprivation experienced in rural communities specifically in relation to access to services.

5.13.5 Latest information (for the period November 07 – January 08) suggests that 5.8% of 16 to 18 year olds in Warwickshire were not in education, training or employment (NEET). Warwickshire's target is to reduce the proportion of young people NEET to 4.4% by the time period November 2010 – January 2011.

5.14 What is known through consultation

5.14.1 In terms of preparation for further education or employment, one in four older pupils did not feel well prepared for job or college interviews and nearly 30% did not make use of the school careers service.

5.14.2 In relation to their skills set 78% feel they can work as part of a team and 78% feel they can work on their own if they need to. Over 90% felt they were "good" or "OK" at using computers and reading and writing; over 80% felt they were "good" or "OK" at other work related skills such as maths, organising their time and managing money. Just over 80% felt they were skilled at organising their time, but the majority of these (42%) selected "OK" rather than good and 13% felt they were "poor" at this. 16% felt they were "poor" at handing in homework.

5.14.3 In relation to work experience 57% of pupils do not spend any hours per week in paid employment. Approximately 20% do up to 3 hours paid work a week and around 20% do 4 hours or more with 4% doing over 9 hours a week of paid employment.

5.14.4 In relation to achieving economic well-being approximately half of the young carers acknowledged that their caring responsibilities pose obstacles to learning and academic performance, mainly in the form of limited time and support with homework. The young carers preferred to receive practical support with housework, transportation to and from medical appointments and homework support / home-based tutoring. The older carers did not view mentors or counsellors (e.g., Connexions) as immediate systems of support.

5.15 Plans for the Future

5.15.1 Shared priorities (programmes of work):

- Ensuring Wide Availability of Sure Start Early Years and Childcare Provision (CYPP 316)
- Developing and Implementing Extended Services (CYPP 317)
- Ensuring a Positive Destination for All Young People Post 16 (CYPP 318)
- Raising Education and Training Standards – 16–19 (CYPP 319)
- Developing Support for Parents and Families (CYPP 320)
- Implementing the Enhanced Support Network and Integrated Working Practice (CYPP 321)

5.15.2 For 2008 – 2011 we will continue to focus on the following:

- Reducing the proportion of children living in poverty (*LAA 2008 and GOWM 2007*) (CYPP 316 K84).
- Reducing the proportion of young people not in education, employment or training (*LAA 2008, APA 2007 and GOWM 2007*) (CYPP 318 J10).
- Improving employment opportunities (*GOWM 2007*) (CYPP 313 K03).
- Strengthening the partnership work which delivers a reduction in child poverty, inequality and young people not in education, training and employment (CYPP 316 K84 and 318 J10).
- Providing quality information for families through the Family Information Service and -
 - sustainable and sufficient childcare for all children;
 - positive links with Jobcentre Plus and Welfare Rights;
 - accessible services meeting parents' requirements;
 - positively encouraging children and young people in study support and play activities (CYPP 320 E02 and 320 F65).
- The County and Area 14-19 partnerships are making steady progress in steering and implementing the 14-19 reforms including planning for diplomas from 2009 and responding to 'Raising Expectations'. All partnerships have had success in Gateway 2. From September 2009 there will be 1 diploma line running in the south and east, 2 in the north and 3 in the central area. There are a further 9 lines awaiting approval for 2010. The challenge facing the partnerships is to embed these developments into a shared vision for secondary education. We are supporting schools, colleges and training providers to make this fundamental shift in culture in terms of accepting collaborative responsibility for planning an inclusive 14-19 offer both across individual partnerships and the wider area (CYPP 319).
- Supporting the provision of additional funding for education and training opportunities for young people who are over the school leaving age, with a major focus on those who are within the Youth Offending Service caseload. We will seek more opportunities for young people in Nuneaton and Bedworth (CYPP 319 G43).
- Ensuring that many young people are in suitable accommodation at the end of their time with the Youth Offending Service. We will work to procure more supported accommodation for vulnerable young people (CYPP 307 J91).
- Increasing the numbers of disabled young people who can be supported and encouraged to choose to receive a direct payment for services, so they can enjoy more independent living (CYPP 302 I26).
- Continuing to support children and young people who fall into the categories of safeguarding and looked-after children (CYPP 304 and 308).

- Ensuring our young people improve their knowledge and understanding of the world, equipping them with the essential skills to become healthy, active and successful citizens in a global society and economy (CYPP All).

5.15 Services in Warwickshire Now

- 5.15.1 Warwickshire County Council (WCC) and its partners work together to prioritise resources to meet needs largely through a collaborative approach, using budgets flexibly rather than formal pooled budget agreements. The Children and Young People's Plan (CYPP) and Local Area Agreement (LAA) outline Warwickshire's priorities and performance monitoring ensures that resources are aligned to priorities.
- 5.15.2 Limited resources are used in a series of innovative ways designed to deliver Best Value by the sharing of resources, e.g., in joint working in ICT through the West Midlands Broadband Consortium and shared accommodation with partners in (amongst others) the Integrated Disability Service (IDS) and Children's Centres. Warwickshire Children's Safeguarding Board and the recent agreement to deliver the Child Death Review process across three local authorities demonstrates effective sub-regional working to improve effectiveness. The CAMHS Strategy Group brings together all partners involved in the commissioning and delivery of emotional wellbeing and mental health services. Together they make recommendations to the Commissioning Board about how CAMHS resources are utilised to ensure both local needs and national targets are met. Furthermore a proportion of this grant is spent on Tier One CAMHS training to build the capacity of professionals coming into contact with young people every day in identifying and supporting emotional problems. This approach ensures that duplication is not an issue and economies are achieved by combining resources to reach specific outputs and outcomes. Pooled budgets (capital and revenue) are used for the Youth Offending Service, including supporting the development of the Warwickshire Justice Centre Programme. Training is delivered across agencies to maximise expertise, e.g., in partnership between the WCC and NHS Warwickshire to support the Respect Yourself Campaign.
- 5.15.3 The Children, Young People and Families (CYPF) Directorate of WCC comprises 6 divisions that each contribute to meeting all 5 Every Child Matters outcomes through the delivery of the CYPP and LAA.
- 5.15.4 The Education Partnerships and School Development Division focuses on raising standards of education, promoting participation in cultural, sports and play activities, developing accessible provision for all children and transforming the learning environments in Warwickshire.
- 5.15.5 School Performance is focused on the raising standards agenda. Warwickshire schools generally perform above the national average. Achievement is good in primary schools and in the early years of secondary education. Achievement at sixteen is in-line with statistical neighbours but below the Warwickshire target. WCC has a higher than average number of schools that are outstanding however a small number of Warwickshire schools are judged by Ofsted to be causing concern. WCC is committed to ensuring that all schools provide at least a satisfactory level of education and a higher percentage offer provision that is good or outstanding. The Education and Inspection Act 2006 gave local

authorities further powers to intervene in schools causing concern and take swift action to prevent under performance. WCC intends to implement a revised policy of intervention to ensure the best provision for young people in Warwickshire schools.

- 5.15.6 County Music Service (CMS) is developing a widening opportunities scheme to increase participation in cultural activities. CMS has evolved an organisational structure which will enable Warwickshire to meet and sustain the government's pledge for whole class involvement in vocal and instrumental tuition in all KS2 settings over time. County funding is being directed towards this activity and CMS plans do not rely at present upon the ability of any school or parent to pay.
- 5.15.7 As well as its role in promoting the involvement of children and young people in the arts 'Arts in Warwickshire Education' has an important function in raising the achievement of children and young people by harnessing the processes of the arts and creativity to support their learning across the curriculum. It is generally accepted that arts-led approaches to learning can improve achievement by engaging and motivating children and young people. In addition, arts partnership work supports raised achievement by providing alternative teaching and learning strategies.
- 5.15.8 Educational Development is dedicated to raising standards of teaching and learning through its courses, conferences and in-school support.
- 5.15.9 The Intercultural Support Service concentrates on closing the attainment gap for disadvantaged groups (Attainment of Black Caribbean - Capped Average total points score, KS4 and Attainment of mixed heritage children). An example of this includes pro-actively working with 30 schools to build capacity to raise the achievement of students with little or no English who are newly arrived in this country.
- 5.15.10 Pupil and Student Services deals with admissions to schools, transport, free school meals, student finance and complaints. Governance supports arrangements for school governing bodies in support of the ECM agenda.
- 5.15.11 The Children in Need division provides a social care service in relation to the assessment of need, safeguarding, children in care, fostering and adoption, leaving care, education social work and independent reviewing officer service. The majority of the service is located within geographical teams in the major centres of population in Warwickshire.
- 5.15.12 In 2007/08 Warwickshire's rate of children in need referrals was 330 per 10,000 of the under 18 population, which is below the average for statistical neighbours and England. Warwickshire's rate of children who became subject of a child protection plan per 10,000 of the child population was above both the national average and that of statistical neighbours in 2007/08 at 33.3. In relation to looked after children Warwickshire's rate was 43.1 per 10,000 aged under 18, which was well below the national average but higher when compared with statistical neighbours.
- 5.15.13 Services are regularly inspected by external regulators. The last Ofsted inspection of fostering (2008) indicated our services were outstanding and our Adoption services were rated as good in 2006. The recent Joint Area Review

(2008) has provided draft comments indicating that both our safeguarding and services to looked after children are good.

- 5.15.14 The Family and Community division provides services that focus on increasing children, young people and families access to universal services and early intervention to promote the 5 ECM outcomes.
- 5.15.15 As at 31st March 2008 the division was supporting children and families to access childcare at 1,173 settings across the county with 18,121 registered places. In addition, early years support was provided to children aged 0 – 5 years, and their families, across 30 Children’s Centres with an estimated reach of 75.9% across the county. Further Children’s Centres are planned to establish 100% reach over the coming years (phase 3).
- 5.15.16 Health visitors and midwives are increasingly taking advantage of Children’s Centres to run baby clinics and to deliver ante and post natal support on issues such as smoking cessation and breastfeeding. Children’s Centre managers have been offered nutrition training in November 2008 to enhance the support on offer to parents and carers.
- 5.15.17 In relation to Extended Schools, there are currently 30 clusters operating across the county. As at December 2007 the proportion of children and young people able to take advantage of the 5 aspects of the extended schools core offer within their school/locality was as follows; childcare – 85%, Programme of activities – 91%, swift and easy referral - 100%, parenting support – 68% and community access – 79%.
- 5.15.18 The Enhanced Support Network (ESN) has established a model for improving the efficiency and effectiveness of multi-agency service delivery. The ESN is a co-ordinated umbrella of established services working together, and using the Common Assessment Framework, to provide a timely and appropriate response to children, young people and families at risk of negative outcomes. By December 2008 the Enhanced Support Network will be operational throughout Warwickshire.
- 5.15.19 The next step to move to integrated frontline delivery will be achieved by developing the Early Intervention Service (EIS) in each area of Warwickshire. The Enhanced Support Networks and the teaching and learning services (the Pupil Reintegration Unit, ECOS and the Learning and Behaviour Support Service (LABSS)) will form the core of these developments.
- 5.15.20 The IDS continues to be the single point of access focusing on providing and commissioning services for about 2,500 disabled children and young people to meet their range of social and health needs, as well as those of their parents and carers.
- 5.15.21 The Family and Parenting Support Team works to promote positive parenting in all aspects of a child's welfare, learning, health and well-being and includes the vital responsibility of ensuring parents have access to good quality information.
- 5.15.22 The Division for Young People has the vision of ‘*working with and for young people in Warwickshire.*’ It achieves this by providing the ‘Youth Offer’ of ‘*something to do; somewhere to go; and someone to listen*’ for all young people in

Warwickshire. This includes targeted work with those young people that need the most support and through active partnerships that collaboratively make up an Integrated Youth Support Service.

- 5.15.23 The Division for Young people comprises of: Youth and Community Service including Outdoor Education, Positive about Young People (PAYP); The Respect Yourself Campaign (RYC); The Youth Offending Service; Connexions Service; and Warwickshire Council for Voluntary Youth Services (WCVYS).
- 5.15.24 In 2007 25.3% of young people aged 13 to 19 were reached by publicly funded youth services which was slightly above the national target of 25. The ratio of full-time equivalent youth workers to young people aged 13 to 19 in Warwickshire was 1: 733 in 2007 which was above the national average of 1:611.
- 5.15.25 PAYP is a partnership between WCC and Warwickshire Police with the aim of preventing disaffection amongst young people and remedying it where it occurs through a community based multi agency approach.
- 5.15.26 The RYC in Warwickshire have the responsibility to influence all agencies working with children and young people to use their resources to enable young people to make informed choices regarding their relationships and sexual health.
- 5.15.27 The Warwickshire Youth Offending Team (YOT) was formed in 1998 with the remit to prevent offending by children and young people. The team consists of staff from five partner agencies including WCC, Probation, Health, Connexions and Police. The Team works with young offenders and victims of youth crime. During the period January to December 2007 the number of offences committed by young people increased by approximately 2% compared with figures for 2006 and there were 820 new entrants to the youth justice system.
- 5.15.28 Connexions is a free universal service that offers information, advice and guidance to young people aged 13 – 19 years, set against the new national standards, to give them the best start possible in their adult and working lives. Young people with special needs can use Connexions until they are aged 24.
- 5.15.29 WCVYS is an umbrella organisation that brings together all the major voluntary youth organisations in the county and provides a comprehensive training programme for youth workers, administers grants for training and projects and offers many opportunities for voluntary youth groups to enhance their programme of work with young people.
- 5.15.30 The Commissioning, Planning and Partnerships division plan and commission services for children, young people and families in conjunction with partner agencies. The Multi-agency Commissioning (MAC) Unit is jointly funded between CYPF and NHS Warwickshire and is responsible for service commissioning and de-commissioning and monitoring service level agreements, e.g., for the delivery of CAMHS and services for young carers. The Knowledge and Information Management Service also sits within this division.
- 5.15.31 SEN and Inclusion teams contribute directly to the corporate priority to raise levels of educational attainment and the impact is evidenced through improved outcomes and narrowing the gap for those who are vulnerable or disadvantaged. Assessment, Statementing and Review Service (ASRS) is the admissions

authority for pupils with a statement of special educational need (SEN) attending maintained mainstream and special school, and non-maintained/independent out of authority placements. Children's Services teams and Health colleagues contribute statutory advice as part of a pupil's statutory assessment and this is processed by ASRS. Educational Psychologists (EPs) use their knowledge of psychology and child development to work with children, young people, parents and carers, schools and other professionals to support young people's learning and development. 315 new statements were issued in Warwickshire in 2007. In 2008 2.7% of school age children and young people in Warwickshire had a statement of SEN, just below the national average of 2.8%.

- 5.15.32 The above divisions are supported by the Resources division which includes the functions of Human Resources, Business Support, ICT Development, Finance and Capital and Property. The division provides support to schools, the directorate, the council and our external partners to deliver services effectively. The division also ensures that all of CYPP resources (people, property, information, money etc) are properly looked after.
- 5.15.33 On an ongoing basis Warwickshire's Children's Trust is responsible for the performance management of the CYPP and oversight of the delivery of the children's block of the Local Area Agreement to ensure that needs are met.
- 5.15.34 In addition to GP services and those provided by acute hospitals NHS Warwickshire directly provides a wide range of community services.
- 5.15.35 Warwickshire's Child Development Service (CDC) offers an integrated assessment to children 0 – 19 years of age with complex physical needs and challenging behaviours either at home or within an appropriate locality provision such as a Children's Centre. The service prioritises the 'Team around the Child' approach to delivery and forms part of Warwickshire's Integrated Disability Service.
- 5.15.36 NHS Warwickshire provides a community children's nursing service (CCN). In November 2006 the Diana Nursing Team was integrated into the CCN Team. The new team focuses on two pathways, life limiting/life threatening illness and end of life care (palliative care). During April 2006 and March 2007 170 initial contacts and 5,866 follow up contacts were made in Warwickshire.
- 5.15.37 The family planning service is a specialist service providing a confidential comprehensive reproductive and sexual health service across the county. The service is open to all and free. In 2006/07 8,273 contacts were made across Warwickshire, 53% of them were in the south of the county and 47% in the north, including Rugby. 78% of all contacts across the locality were follow up contacts.
- 5.15.38 Health visiting is a universal service available to all children aged 0-5 and their families that aims to reduce inequalities by identifying and meeting the health needs of individuals, families, groups and communities, incorporating a community centred health approach in partnership with other statutory and voluntary agencies. During April 2006 and March 2007 5,027 initial and 38,865 follow up contacts were made in the south of the county. In the North and Rugby 2,267 initial and 69,678 follow up contacts were made during the same period.

- 5.15.39 The audiology service in Warwickshire aims to identify any child, aged 0 – 4 years, with a hearing loss and ensure that appropriate treatments and services are accessed. The service works very closely with the teaching and learning service within the Warwickshire IDS and operates in a number of centres across the county. During April 2006 and March 2007 531 initial and 811 follow up contacts were made in the North and Rugby. 4,732 total contacts were made in the South locality during the same period.
- 5.15.40 NHS Warwickshire portage service aims to provide a high quality home teaching service to pre-school children in Warwickshire who have a learning disability or developmental delay/disorder. They also aim to support and advise parents of these children, promoting their skills and confidence in maximising their own children's potential as well as working collaboratively with allied professionals and agencies to support designated children, and to promote best practice in the area of early childhood intervention. The majority of portage services are offered within the patients' homes. The service forms part of Warwickshire's Integrated Disability Service. During April 2006 to April 2007 30 initial contacts were made and 1,080 follow-up contacts were made.
- 5.15.41 The school health service aims to promote the health of school aged children and young people working with individual children, young people and families, schools and communities to improve health and address inequalities. All schools in Warwickshire have a named school health adviser or school nurse providing a range of services. During April 2006 and March 2007 45 initial and 7,434 follow up contacts were made in the North and Rugby. 16,519 total contacts were made during the same period in the South locality.
- 5.15.42 NHS Warwickshire has developed a children and young people's weight management pathway in partnership with The Food Strategy Group, the Obesity Strategy Group and other health professionals. The pathway is being piloted by 17 health professionals across the county.

5.16 In Conclusion

To effectively meet the needs of children and young people and to enable them to achieve the 5 *Every Child Matters* outcomes the following areas are current priorities for service development and further research: sexual health, obesity, healthy schools, safeguarding, outcomes for looked after children and care leavers, independent living, educational attainment, school exclusions, participation in positive activities, the distribution of disadvantage and young people not in education, employment and training.

In addition, there is acknowledgement that robust and reliable needs data is required to better understand the needs of children and young people in relation to: mental ill-health, disability, substance misuse, bullying and children missing from care/home.

A great deal of work is currently underway to respond to these priorities through the delivery of Warwickshire's Children and Young People's Plan and Local Area Agreement, with resources aligned as necessary.

Work is continuing throughout 2008/09 to enhance our understanding of the needs of children and young people through data analysis, consultation, research and supporting service evaluations to assess the match between need and services.

6 Learning Disability

- 6.1.1 Prevalence data suggests that there may be almost 2,000 people in Warwickshire with a serious learning disability with a further 8,000 people living with a moderate learning disability. Traditionally there has been a focus on the needs of those with severe learning disability and less needs analysis has been undertaken in relation to people with mild and moderate learning disabilities
- 6.1.2 In 2006 there were about 1,500 people (both children and adults) registered on the learning disabilities database. This suggests that there could be approximately 500 people in Warwickshire who have chosen not to register themselves on the database. If this is not the case it suggests that there are fewer people with learning disability in Warwickshire than might be expected.
- 6.1.3 In North Warwickshire, the predicted numbers and the numbers registered are more or less identical, similarly there is only a small difference in Nuneaton and Bedworth. Elsewhere in the county there is a greater disparity between the two figures.
- 6.1.4 It is of note that the more affluent parts of the county (where people might potentially find and fund care independently of the County Council and/or PCT) are the areas where there is the greatest disparity between the number of registrations and the expected number of people in the population.
- 6.1.5 Two hundred of those on the register have been diagnosed as being on the autistic spectrum, have Aspergers syndrome or autistic tendencies. The greatest concentration of people with this diagnosis is in Nuneaton and Bedworth.
- 6.1.6 In 2006 Government stated that the position whereby some people with an ASD (autistic spectrum disorder) 'falling through' local services – in particular between mental health and learning disability services - was unacceptable, stating that there was a need nationally for locally delivered services, and that services should focus on supporting each person's inclusion in society on their own terms.
- 6.1.7 People from BME backgrounds make up 4.3% of the people on the learning disability database. This is a lower percentage than in the general population. As in the general population, the most represented BME groups are Asian Indian and the largest concentration is in Warwick. There would appear to be an under representation of service users from BME backgrounds accessing services in Warwickshire in all districts apart from Rugby.
- 6.1.8 Future demand for learning disability services can, to a significant degree, be identified by looking at the young people receiving a service now and predicting when they will enter adult services. In 2009/10 there are expected to be 31 people with learning disabilities turning 18 (including 5 individuals with potentially high needs), a further 31 are expected to turn 18 (including another 5 people with complex needs) in 2010/11. In 2011/12 there are expected to be 21 young people who will turn 18.
- 6.1.9 About 20% of people with a learning disability have Down's syndrome, and, as a result, are at particular risk of developing dementia. Figures from one study

(Prasher 1995) suggest that the following percentages of people with Down's syndrome have dementia³:

- 30-39 years 2%
- 40-49 years 9.4%
- 50-59 years 36.1%
- 60-69 years 54.5%

6.1.10 The life expectancy of people with Down's syndrome has, as in the rest of the population, improved significantly and many people with Down's syndrome are able to live healthy adult lives, free from concerns about serious illness or additional disability. Growing older is, however, associated for all us with an increased risk of developing certain illnesses, in particular Alzheimer's disease. Incidence of dementia occurs some 30-40 years earlier in people with a learning disability than in the general population. As people with learning disability are living longer, there will be increased numbers among them who develop and require support with Alzheimer's disease.

6.1.11 The prevalence of dementia in people with other forms of learning disability is also higher than in the general population. Some studies (Cooper 1997, Lund 1985, Moss and Patel 1993) suggest that the following percentages of people with learning disabilities not due to Down's syndrome have dementia:

- 50 years and over: 13%
- 65 years and over: 22%

6.1.12 This is about four times higher than in the general population. At present, it is not known why this is the case.

6.1.13 It is well established that learning disabled people are nutritionally vulnerable. Studies have found that there are greater proportions of both overweight and underweight people with a learning disability than in people who do not have a learning disability.⁴

6.1.14 People with learning disabilities find it much harder than other people to access assessment and treatment for general health problems that do not directly relate their disability. The Independent Inquiry into "Access to Healthcare for People with Learning Disabilities"⁵ has found convincing evidence that people with a learning disability have higher levels of unmet health need and receive less effective treatment.

³ <http://www.alzheimers.org.uk>

⁴ www.mencap.org.uk

⁵ www.iaptld.org.uk

6.2 What is known through consultation

- 6.2.1 Consultation with people with learning disabilities and family carers in Warwickshire, for example, the Short Breaks Review, Customer First feedback and the Day Services Review, show that people are satisfied with the services that they receive, that they want to keep the services that they have got, and in some cases would like more of the same services.
- 6.2.2 A number of people have suggested through health consultation that there is a need for increased service provision for people on the autistic spectrum.
- 6.2.3 Consultation highlights the need for people with learning disabilities to have access to the same innovative services available to people in other client groups. For example, there has been a request for increased commitment to telecare for people with learning disability.
- 6.2.4 Modernisation of day services for people with learning disabilities has led to the development of smaller satellite sites for delivery of services. In the move to use smaller buildings rather than large day centres, people have stated that they must have “security of tenure”, have suitable disability access (for example ramps) and they should not be in buildings such as churches or large rooms that are cold and ‘unfriendly’.
- 6.2.5 Service users have identified the importance of considering issues relating to older people with learning disabilities.
- 6.2.6 Concerns have been raised about policies and developments that might split up families.
- 6.2.7 In relation to Health Services, people with learning disabilities have stated that doctors need to be “brought on side”. It has also been noted that doctors and dentists need to be more patient when dealing with people with learning disabilities.

6.3 Services in Warwickshire Now

- 6.3.1 In March 2008 Warwickshire reported to the Department of Health that there were just short of 800 learning disability service users aged 18-64 receiving a service from Warwickshire County Council Adult Social Care in their own home. Of these 20% were receiving social care professional support alone (although they may also be receiving support services from Health), and not a funded social care service. In addition there were a further 300 or so who were receiving a residential care service. Most recent figures suggest that there are 45 learning disability service users aged over 65, six of whom are over 75.
- 6.3.2 National indicators appear to suggest that based on figures per head of population Warwickshire is not providing a service to as many individuals as might be expected. However, it is not thought that there are significant numbers of people with learning disabilities who are not known to statutory services and numbers have not been prone to significant fluctuation.

6.3.3 Social Care services in Warwickshire have been praised for being outcome focused and person centred. However there has been criticism over provision of employment opportunities.

6.3.4 It is acknowledged within the most recent strategy that there is currently a lack of appropriate provision for people with dementia, and a lack of suitable provision for older people with a learning disability. It is also noted that some mainstream services are not accessible by people with learning disabilities.

6.3.5 The Supporting People Programme provides just fewer than 100 units of accommodation based support to people with learning disabilities and a further 104 floating support places. There is evidence to suggest that usage of accommodation based support is high whilst floating support is under used. Provision is very low in North Warwickshire.

6.4 Plans for the Future

6.4.1 Given that the both the numbers of service users receiving support from the County Council, and the population itself are fairly static, current plans for learning disability services hinge on the modernisation, personalisation and improvement of current provision. Within the current strategy there is a commitment to redesign services to become more personalised and maximise choice and control, this includes:

- Reconfiguring day services away from sites
- Reconfiguring existing provision to increase availability of community support to include weekends and evenings
- Increasing access to employment opportunities
- Increasing provision of travel training
- Helping people to access independent advocacy services

6.4.2 Whilst some work has been undertaken to address the sexual needs of people with learning disability, for example through the local authority policy on sexuality, further work is required in this area with a link to health needs. It is also recognised within Warwickshire that the needs of people with learning disabilities who misuse drugs and alcohol are an area for further exploration.

6.4.3 In response to the recent concerns raised around access to health services for people with learning disabilities, NHS Warwickshire and Warwickshire County Council will be investing in the creation of a joint register of all learning disability service users around the county across both health and social care. This will need to incorporate treatment across a range of different domains of care (e.g. acute, specialized, primary care) to ensure that commissioners and local services have a standard way to assess compliance of services against national standards.

6.5 In Conclusion

- 6.5.1 There is some reason to believe that there may be people within Warwickshire who have a learning disability but who, for whatever reason, have chosen not to make themselves known to the County Council. This is particularly true in the south of the County. However there is no indication that these are people who are seeking to receive a service but who are excluded from service provision.
- 6.5.2 Further work is needed to understand the numbers and needs of people with mild and moderate learning disability as analysis has tended to centre around those with severe learning disabilities.
- 6.5.3 Whilst overall numbers of service users have tended to remain stable over the last few years, there is reason to believe that increased life expectancy may result over time in an increase in the total number of people requiring a service from the council at any one time.
- 6.5.4 The needs of people with learning disabilities in Warwickshire, as elsewhere, are likely to become more complex as increased life expectancy brings with it additional complications associated with advancing age, in particular dementia. There is already an acknowledgement within the council that there is a lack of provision for people with dual needs. Expanding dementia services that are accessible to those with a learning disability will become an increasingly important service provision.
- 6.5.5 One of the major challenges for Warwickshire (and elsewhere) in meeting the needs of those with learning disabilities is to deliver the volume and quality of services required for a truly personalised service within the financial envelope available.
- 6.5.6 Warwickshire as elsewhere in the country needs to improve the service that people with learning disabilities receive from health care professionals in relation to their general health. This will become increasingly important as people with disabilities live longer and become increasingly likely to develop life limiting illnesses.

7 Mental Health and Wellbeing⁶

7.1 Numbers of people with mental health issues

7.1.1 Nationally, Neurotic Disorders are the most common mental health problem with almost twice the prevalence of other significantly prevalent mental health problems. In terms of prevalence, this is followed by mixed anxiety and depressive disorder, generalised anxiety disorder, depressive episodes, phobias, obsessive compulsive disorder and panic disorder.

7.1.2 Prevalence information is currently only available at a national level and therefore local figures are based only on the population size of the county or district. These prevalence rates suggest that around 143,500 people within the county might suffer from some type of Mental Health issue. Figures relating to hospital admissions for people with Mental Health problems suggest that 98% of people are accessing help outside of hospital provision.

7.2 Mental health and ethnicity

7.2.1 Figures suggest that one in five mental health in-patients comes from a black and minority ethnic (BME) background, compared to about one in ten of the population as a whole.

7.2.2 Warwickshire also has an Irish population of just over 6000. In recent years there has been growing concern within the Irish community, the charity Mind and other agencies and professionals working in the mental health field about the mental health of Irish people in Britain. Irish people have the highest rates of admission to psychiatric hospitals in the UK. They are almost twice as likely to be hospitalised for mental distress as their White British counterparts. Irish-born people are over-represented in most diagnostic categories, but the figures for depression and alcohol-related disorders are particularly striking. The majority of Warwickshire's Irish residents are in Rugby and Warwick.

7.3 Mental health and gender

7.3.1 Many studies state that more women than men experience certain mental health problems such as depression.

7.3.2 Evidence also suggests that Lesbian, Gay, Bisexual and Trans (LGBT) people are at significantly higher risk than heterosexual people of suicidal feelings, self-harm, drug or alcohol misuse and having a mental health problem. The findings are generally similar for men and women; however, lesbian and bisexual women are at particular risk of suicidal feelings and drug or alcohol dependence, while gay and bisexual men are over four times more likely than heterosexual men to attempt suicide. The reasons for these findings are complex and not yet fully understood. However, poor mental health in LGBT people has often been linked to experiences of homophobic discrimination and bullying.

⁶ Please refer to section 11.2 for information in relation to people with dementia

7.4 Mental health and smoking

7.4.1 There is a well-known link between poor mental health and smoking. While general smoking rates are falling this is not the case amongst the psychiatric populations, who suffer poor health as a consequence. Smoking rates for people from this group tend to be, on average, twice as high as those for the general public. Smokers with a mental health problem also tend to smoke more heavily and be more dependent than smokers without mental health problems. For example, around 50% of individuals with a schizophrenia diagnosis or a bipolar affective disorder smoke over 20 cigarettes a day compared to only 8% of the general population. Smoking related fatal diseases are also more prominent among individuals experiencing mental health problems than amongst the general public. Smoking, in contradiction to popular belief, exacerbates stress, state anxiety and sleep disorders. All of these are detrimental to most mental health conditions.⁷

7.5 Mental health and eating disorders

7.5.1 Eating disorder charity “beat” estimate that at least a million people in the UK are affected by eating disorders. The numbers involved have increased significantly over recent years. As many as one woman in 20 will have some form of eating distress, the overwhelming majority of them aged 14 to 25 years old. Warwick and Nuneaton and Bedworth are currently the districts where there are larger numbers of young people in this age group. Numbers within the age band are expected to increase in Rugby, with even greater increases in Warwick and Stratford, whilst they will decrease in the North. According to statistics, men are ten times less likely to develop anorexia than women, and rarely report bulimia. But, there is some feeling that the statistics don't reflect the true picture, because men are less likely to seek help than women.⁸

7.6 What is known through consultation

7.6.1 Consultation undertaken by Rugby PCT back in 2005 suggested that there was a need for an accessible local Mental Health service that is based on assessment of need rather than on an arbitrary age criteria.

7.6.2 This same study showed that people were also keen that this service had a single point of entry.

7.6.3 There was concern that there is still considerable stigma attached to suffering from a mental illness and people were anxious to see a reduction in this and promotion of social inclusion.

7.6.4 It was noted that there is a need to take into consideration the specific issues around the needs of BME service users. Stakeholders in Warwickshire have specifically raised concerns about a lack of Supporting People provision for people from BME communities.

⁷ <http://www.mind.org.uk>

⁸ <http://www.mind.org.uk>

7.6.5 Positive feedback from stakeholders suggests that the local voluntary sector was a valuable resource in providing early intervention, prevention and maintenance, and delivering the benefit of effective use of resources.

7.6.6 Consultation carried out since 2005 has yielded many of the same messages; in addition broad consultation with a variety of services users and stakeholders has suggested the following was needed for new service users:

- Local service delivery
- Stronger more effective and equitable community services
- Access to talking therapies
- Advice, information and signposting.
- Timely access to front line services to prevent or delay the need for specialist care.

7.6.7 For patients with severe and enduring mental ill health and long term conditions people wanted:

- Acute episodes to be as short as possible
- More choice and involvement in their care planning
- Socially inclusive services that are empowering and free of discrimination
- More opportunities to buy services through direct payments
- A less medicalised model of provision
- More user involvement in the planning, delivery and monitoring of services.
- Greater consistency of provision across the County
- Gaps addressed in respect of substance misuse services, personality disorder services, and eating disorder services

7.6.8 Some service users have expressed concerns about:

- lack of attention paid to their wider social care needs within their care plan
- the focus within care plans being on potential problems, risk and subsequent treatment, rather than building on the service user's strengths towards recovery and individual care planning.

7.7 Service in Warwickshire Now

7.7.1 Warwickshire currently commissions a range of mental health services from acute to more community based service models. The formation of the Coventry and Warwickshire Partnership Trust highlighted that there were differing models

operating across the three previous PCTs resulting in inequality in service provision. Consequently services are being reviewed to ensure consistency.

- 7.7.2 Warwickshire is well-served in terms of mental health crisis response with the availability of Crisis Resolution teams the second highest in the Region.
- 7.7.3 National performance indicators also suggest that the proportion of people with mental health problems receiving a service from Warwickshire County Council is higher than other comparators.
- 7.7.4 In March 2008 Warwickshire reported to the DH that there were 2067 people with Mental Health issues aged 18-64 receiving a service from Warwickshire County Council Adult Social Care in their own home. Of these 95% were receiving care management service, and not a funded Social Care service such as homecare or Direct Payments. At the time of reporting there were also an additional 34 people who were receiving a residential service.
- 7.7.5 Most recent figures suggest that there are almost 250 older people in Warwickshire receiving a service who are identified as having a mental health need that was not a form of dementia, only a very small number of whom (3) were in the older 75 and over age group.
- 7.7.6 Services have been praised by the CSCI (Commission for Social Care Inspection) for offering employment opportunities to those with Mental Health problems.
- 7.7.7 The Supporting People Programme in the County currently funds almost 42 accommodation based units for people with Mental Health problems and a further 162 units of floating support. There are a number of gaps in Supporting People provision that have already been identified which are:
- Accommodation-based services for families with members who have mental health needs
 - Women only accommodation-based services
 - Services for older people with mental health needs
 - Accommodation for those leaving hospital
 - Provision for people with dual diagnosis
 - Provision for offenders with mental health needs
- 7.7.8 There are a number of areas relating to service provision that will require focus in the future to fine-tune these to the needs of residents. These areas of focus include:
- Provision of advocacy services - this has been highlighted as an area that could be developed
 - NHS Warwickshire reports no current availability of “talking therapy teams”. Meanwhile in terms of prescribed medication, rates of antidepressant prescribing are reported to be high.

- Spending on CAMHS appears extremely low, with much appearing to be spent on tier 4 services which are specialist services in settings such as day units, highly specialised outpatient teams and in-patient units' services etc. Spending on tiers 1, 2, and 3, provided in the community by generalists and specialists, working alone or in teams are comparatively low.
- There is a perception that Community Mental Health Teams may be managing a number of patients whose needs are low level, and present a limited risk to themselves and others, and that resources could perhaps be re-focused.

7.8 Plans for the Future

7.8.1 NHS Warwickshire proposes to target a reduction in suicide rate as one of its priority outcomes under the local "World Class Commissioning" programme.

7.8.2 NHS Warwickshire has identified six commissioning priorities in the mental health area:

- Service user and carer involvement
- Social inclusion
- Empowerment
- Mental well-being
- Integrated care pathway
- Partnership working

7.8.3 Although programme budget spending by NHS Warwickshire on mental health issues as a whole is very similar to peer PCTs, the Warwickshire's intention is to implement a shift in funding from inpatient care (currently reported to consume 41% of resources) into community services. There is an intention to use new funding flexibilities to build joint local authority/PCT funding into mental health commissioning.

7.8.4 An increase in services for those with personality disorders has received funding commitments with developments phased in over two years.

7.8.5 NHS Warwickshire is currently reviewing the capacity of a range of community mental health services, and is developing proposals for submission to the Strategic Health Authority to increase the availability of psychological ("talking") therapies.

7.8.6 Prescribing rates of antidepressants are being reviewed. Developments are planned to expand Advocacy services and Speech and language therapy for those with dementia.

7.8.7 Discussions are underway with providers to move to an 'integrated model' of working. Dual Diagnosis was a themed review by the Department of Health in its

autumn review of Mental Health. The 'integrated model of working' is likely to be proposed as a result of the outcomes from that review.

- 7.8.8 The Mental Health Commissioners are also studying the findings of the Partnership Trust's review of its services in terms of productivity, efficiency and capacity. These will then inform the production of the detailed service specifications for assessment care management and treatment services from April 2008.
- 7.8.9 A similar exercise will be undertaken with GP's and their primary care services to ensure that the agenda set for mental health is a whole system approach and that pathways are integrated across all spectrums of care. We are currently meeting with Coventry Commissioners from both the Local Authority and PCT with a view to, where appropriate, having joint contracts.
- 7.8.10 Warwickshire intends to actively work with and support third sector providers through the Compact and Care Services Improvement Partnership arrangements to increase capacity, develop local partnerships across existing providers, and encourage new providers to operate in Warwickshire.
- 7.8.11 A Mental Health Joint Commissioning Implementation Plan has been developed to ensure a co-ordinated approach to implementation. This covers a wide range of topics in relation to improving mental health including workforce issues, contractual arrangements, and finance and market management.

7.9 In Conclusion

- 7.9.1 Comparison with other areas of the country suggests that those in Warwickshire who have a mental health need are highly likely to be receiving some sort of support, although choice of services may need to be extended to meet the stated needs of service users.
- 7.9.2 Warwickshire needs to continue to explore better approaches to people with mental health problems who are "frequent flyers" through A&E as well as developing an increased focus on delayed hospital transfers.
- 7.9.3 Extended life expectancy will increase the numbers of people who are likely to enter old age with a non dementia mental health condition. This will consequently result in a need for increased Mental Health service provision suitable for older service users. Service Users have stated that services should not be dependent on age, therefore a preferred model may be to make appropriate services for younger adults accessible to people into older age.
- 7.9.4 There is an ongoing need to ensure that services are available that meet the religious and cultural needs of Warwickshire's non white population.
- 7.9.5 Lesbian, Gay, Bisexual and Trans people need access to services where their issues are clearly understood and can be addressed in a safe environment.
- 7.9.6 Warwickshire as elsewhere in the country will need to move to an 'integrated model' to provide for people with a dual diagnosis. Effective implementation is required to ensure that the needs of people with dual diagnosis are met.

- 7.9.7 There is clearly a need to address issues of healthy lifestyles within services to people with Mental Health problems, particularly in terms of smoking, to ensure that people with Mental Health problems do not move from crises in their Mental Health to crisis in their physical health later in life.
- 7.9.8 There is reason to believe that there may be increasing numbers of people with eating disorders in Warwick, Rugby and Stratford as a result of changes in the population profile of those areas and this may be an area that requires further investment in the future.

8 Drugs and Alcohol

- 8.1.1 Death rates for chronic liver disease and cirrhosis have increased markedly, particularly since the mid-1990s, and for women, the latest data show England has risen above the EU-15 average.
- 8.1.2 Mortality rates from chronic liver disease are among the lowest in the West Midlands, though they are comparable with similar PCTs across England.
- 8.1.3 One in four adults in Warwickshire who drink fits the classification of “binge drinkers” (more than 7 units in a single session for men and 5 for women) along with half of 18-24 year old drinkers. There is a clear north-south divide in Warwickshire with a greater percentage of binge drinkers in North Warwickshire and Nuneaton and Bedworth and lower levels elsewhere in the County.
- 8.1.4 Just over 15% of people in Warwickshire drink in excess of 22 units per week, again the highest occurrence of this level of drinking is in Nuneaton and Bedworth. However, the second highest rate was in the southern, more affluent district of Stratford.
- 8.1.5 The 2007 report for the Director of Public Health addressed alcohol as a major theme. It included estimates of the burden of alcohol related harm in the County:
- 3,250 cases of high blood pressure due to alcohol-related obesity
 - 890 hospital admissions annually
 - 249 deaths associated with alcohol misuse, mainly resulting from strokes, Cancer, liver disease, accidental injury or suicide
 - 209 admissions to A&E with an injury as a direct result of alcohol
 - 110 clinical presentations of alcohol related liver disease
 - 60 older people reported with alcohol-related dementia
 - 26 hepatitis presentations due to alcohol
 - 25 workplace related accidents reported due to alcohol
 - 24 older people who reported falls due to alcohol
- 8.1.6 In 2005 the Drug and Alcohol Action Team adopted an Alcohol Harm Reduction Strategy for Warwickshire 2006-2009. As the partners near the end of the life of that strategy, it will be important to refresh the approach to this growing problem.
- 8.1.7 Drug treatment waiting times have been reported as long (in the top 25th centile according to the World Class Commissioning Data Pack, though this does not clarify the date of the analysis). However, in 2007/08, Warwickshire was mostly rated 'green' on waiting times and most people commencing structured Tier 3 treatment are seen in less than three weeks. For open-access Tier 2 drug service there are no waiting times and no appointment is needed.

- 8.1.8 Following a prolonged period of increasing numbers of drug users in effective and sustained treatment, numbers were reportedly below target in 2007/08. Retaining users in effective treatment is now perceived as a priority for substance misuse services.
- 8.1.9 On average there are between 6 - 12 drug-related deaths in the county each year. When comparing drug-related death rates per 100,000 people, Warwickshire is roughly average when compared to other shire counties and has significantly fewer deaths than urban areas like Coventry and Birmingham.
- 8.1.10 The term Dual Diagnosis refers to people diagnosed with mental health problems, who also use illicit drugs or alcohol. It has been suggested that 30 to 50 per cent of people with mental health problems also have current drug or alcohol issues.⁹
- 8.1.11 National studies suggest that rates of drug and alcohol misuse are also higher among lesbian, gay and bisexual people. In all studies, bisexual men and women were usually found to have the highest levels of mental distress¹⁰.

8.2 What is known through consultation

- 8.2.1 Local consultation with policy makers, commissioners, providers, service users and residents on the drugs strategy identified the following priorities:
- Better education and intervention for young people and families, especially the most at risk
 - Improved treatment, social care and support services, especially for the problem drug using population
 - Greater and more visible disruption of drug supply at all levels
 - Better public information
 - Further reduced drug-related crime and anti-social behaviour
- 8.2.2 An emerging theme in discussions was that better information and communication underpins success. It was felt that there is a lack of consistent, accurate public information in relation to services, enforcement activity, and public health.
- 8.2.3 People noted that there is a need for localised campaigns whilst national messages may apply broadly, individual communities have different information needs and priorities. It was noted that a long-term approach is needed with regard to resources, refreshing of messages, keeping up-to-date with communication technologies and changing audiences.
- 8.2.4 People felt that there are problems in communicating with those in rural areas, with regard to services in particular. There was also concern about how much

⁹ <http://www.mind.org.uk>

¹⁰ <http://www.mind.org.uk>

information is targeted at particularly vulnerable people e.g. those with learning difficulties, hard-to reach groups, etc.

8.2.5 The following needs were identified:

- Aftercare – particularly family liaison and support, financial issues and mentoring; this especially applies to those leaving inpatient treatment
- Lack of post-treatment support
- Partnership working
- Sharing of information and publicising services
- Engaging GPs in supporting treatment for drug users
- Counselling for drug users

8.3 Service in Warwickshire Now

8.3.1 In 2006/07, Programme Budgeting data indicated that NHS Warwickshire as a whole spent a little over the half the average for the cluster of similar PCTs. This spending had declined over the preceding two years. This pattern should be investigated, as it suggests that NHS Warwickshire is not giving these issues priority in its investment plans.

8.3.2 In 2008-09 Warwickshire Social Care invested £142k in services with the voluntary sector. Investment helped secure LAA (Local Area Agreement) partnership targets in relation to engagements in treatment and care for severely dependant drinkers. It is anticipated that more than 2,000 moderate drinkers will have received support and assistance.

8.3.3 Warwickshire Supporting People Programme currently provides 58 units of floating support for people with drug problems and a further 23 units for people with alcohol problems. Both are short terms services for up to two years. There are a number of identified gaps in current provision, one service will only work with single people, and another does not work with under 18s. There are a number of gaps around people who have more than one client group. There is some evidence from waiting lists to suggest that demand for a service is greater than the current supply.

8.4 Plans for the Future

8.4.1 NHS Warwickshire is in the process of re-shaping substance misuse services, with the aim of providing integrated systems across prevention, early detection, treatment and rehabilitation.

8.5 In Conclusion

8.5.1 There are clear benefits to the rest of the Health and Social Care sector in addressing issues related to excessive drinking and substance misuse.

- 8.5.2 There is a need for increased early education, information and advice for those currently drinking at excessive levels who are not yet experiencing negative health effects, in order to reduce the number of those people who go on to experience health problems such as Chronic Liver Disease. However a two pronged approach is required aimed at both the highly visible “binge drinking” associated with more deprived areas and the more “middle class” drinking problem, often exhibited behind closed doors in more affluent areas. Increased affluence and increased alcohol affordability have made drinking to excess increasingly available earlier in life, whilst increased life expectancy means that people are potentially drinking for a far greater number of years at the other end of their life. It is difficult to assess the extent to which increasingly prolonged excessive drinking will affect health if not addressed, but there is little doubt that it represents an increasing problem.
- 8.5.3 It is clear that services targeted at people drinking to excess or using illegal drugs need to take into account the complexity of their target audience, with specific strategies to target vulnerable and hard to reach groups for example, those with Learning Disabilities, Gypsies and Travellers, or people with Mental Health Problems.
- 8.5.4 Service for those with drug problems need to be sufficient to ensure that waiting time can be reduced. At the other end of service, people need to receive the ongoing support required to ensure positive outcomes from the service that they have received over a prolonged period of time.

9 Hard to Reach Groups

9.1 What is a “hard-to-reach” group?

9.1.1 There are some groups of people for whom it can be difficult to access appropriate Health services and to maintain an optimal level of wellbeing.

9.2 Domestic Abuse

9.2.1 Domestic abuse is any incident or threatening behaviour, abuse or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or are family members, regardless of gender or sexuality.

9.2.2 Women experiencing domestic abuse sometimes turn to alcohol or drugs as a response to and an escape from the abuse. Statistics from recent research suggest:¹¹

- Women experiencing domestic abuse are up to 15 times more likely to misuse alcohol than women generally
- Women who report domestic abuse are up to nine times more likely to misuse drugs (including prescription drugs) than other women.
- 42% of Asian women who seek treatment for alcohol misuse are experiencing domestic abuse
- Between 50% and 90% of women attending substance misuse services may have experienced abuse, either in childhood or adult life, or both
- Abused women are at least three times more likely to experience depression or anxiety disorders than other women.
- One-third of all female suicide attempts and half of those by Black and minority ethnic women can be attributed to past or current experiences of domestic abuse.
- Women who use mental health services are much more likely to have experienced domestic abuse than women in the general population.
- 70% of women psychiatric in-patients and 80% of those in secure settings have histories of physical or sexual abuse.

9.2.3 Perpetrators of domestic abuse may themselves have health problems, both mental and physical and may be in need of significant intervention to address underlying issues such as alcohol abuse and to address their behaviour.

9.2.4 The impact on children of domestic abuse in the home is usually profound in terms of their mental and physical well-being, as well as having other

¹¹ <http://www.womensaid.org.uk/>

consequences such as absence from school or forced changes of schools and local networks when the family is accommodated in refuge or other temporary accommodation.

9.2.5 Estimates suggest that 13,000 women and 12,470 men in Warwickshire experience domestic abuse each year. Other data suggests that each woman experiences an average of five incidents a year. The reported incidents figure is lower and is in the region of 3,500 per year.

9.2.6 Distribution of incidents across the county is not in line with the numbers of people in each of the districts. Whilst the numbers in North Warwickshire are more or less at expected levels, the numbers for Nuneaton and Bedworth are significantly higher than can be explained by population density alone. Similarly Warwick and Stratford on Avon have a reduced prevalence of reported domestic abuse incidents. These differences are in line with the levels of deprivation identified in each of the districts around the county.

9.2.7 Approximately half of the people accessing domestic abuse services were unemployed.

9.2.8 While the stereotypical survivor of domestic abuse is a woman who has been abused by her male partner, there is growing recognition of special needs amongst such women and non-traditional groups also affected by domestic abuse. In particular, there is a growing recognition of the need for service provision for:

- Asian women, including those fleeing forced marriages
- Male victims of domestic abuse
- Partners experiencing domestic abuse in same sex relationships
- Women in the UK without resource to public funds

9.2.9 The British Crime Survey suggests that in the past six years, men are victims in 24% of domestic abuse incidents. Statistics suggest that one in six men will be victims of domestic abuse during their lifetime.¹²

9.2.10 Nationally there are over 470 refuges available to women but there are only seven refuges with dedicated space for men and one of these is for gay men.

9.3 What is known through consultation

9.3.1 Feedback has suggested that people in Warwickshire would like to see a countywide free telephone number for victims of domestic abuse although in fact a national helpline already exists and is run jointly by two third sector providers with central government funding. It may be that this helpline has not received widespread publicity in the county.

¹² <http://www.mankind.org.uk>

9.4 Services in Warwickshire Now

9.4.1 Domestic Abuse Services are traditionally categorised as:

- Refuge based services, essentially emergency accommodation with support and advocacy
- Other (stage 2) temporary accommodation with support
- Floating support provided in the victim's own home to help the family maintain their current accommodation
- Advice and advocacy services including telephone lines, drop-in centres and specialist court advocacy services

9.4.2 A recent trend is towards the sanctuary model of support where women are maintained within the family home to prevent disturbing the children of the family and where it is the perpetrator who is kept out of the home, usually with technological intervention such as monitored alarms and CCTV.

9.4.3 A number of programmes now focus on behavioural change in terms of the perpetrator including CBT – cognitive behavioural therapy, offered either in a prison or community setting.

9.4.4 The Warwickshire Supporting People programme currently funds five services providing short term support for people at risk of Domestic Abuse. There is service provision available for women over the age of 64.

9.4.5 Some of the services available exercise exclusions, for example some will not accept serious offenders or people who misuse drugs or alcohol.

9.4.6 Warwickshire statutory services do not currently provide:

- BME specific provision
- A male refuge facility
- Services for male abuse victims.
- A sanctuary model of community-based support
- A perpetrator behaviour-change programme

9.5 Plans for the Future

9.5.1 The Warwickshire Domestic Abuse Strategy Action Plan outlines a number of intentions including commitments to:

- Increase awareness of Domestic Abuse
- Encourage reporting of incidents of domestic abuse, especially from the hard-to-reach groups such as black and minority ethnic communities, gay and lesbian communities and disabled people
- Encourage partner agencies to adopt their own domestic abuse policy

- Work to reduce repeat victimisation, offending and re-offending
- Encourage the criminal justice agencies to increase the number of incidents of prosecution of perpetrators where appropriate
- Provide assistance to victims and their children and refer or provide effective services as necessary and provide a plan for the safety of victims and their children.

9.6 Offenders

9.6.1 Over 371 residents of Warwickshire go to prison every year. At any one time there will be approximately 1,800 offenders on the caseload of the probation service in Warwickshire who are completing their sentences in the community.

9.6.2 Nationally over 80% of offenders are male, although the arrest of females is increasing at a greater rate (6%) compared to the increasing rate of arrests for men (1%).

9.6.3 A particular problem of offenders is finding suitable accommodation on release from prison and therefore settling into a community and accessing social and medical services. In the West Midlands 4% of male offenders leaving prison have no fixed abode, 11% are in transient accommodation and 5% in hostels. There is a need for supported accommodation for women and more specifically the needs of women who have been separated from their children.

9.6.4 There is a strong link between substance misuse and crime; 70% of crime nationally is drug related, 40% is alcohol related. Warwickshire has a lower rate of alcohol induced crime of all kinds compared with the West Midlands as a whole.

9.6.5 118 offenders will enter drug treatment each year in Warwickshire. Recent studies (2007-08) show that Warwickshire has a higher level of current injecting drug users in treatment compared with past injectors. Studies show from OAS data in the West Midlands that 10% of female offenders have both drug and alcohol needs and 20% have mental health and drug needs.

9.6.6 There were 448 referrals made to Central Accommodation Referral Service in the financial year to March 2007. Significant numbers of these referrals originated in Nuneaton and Bedworth, and Warwick, however this information is skewed by the fact that these are the locations of the two main probation offices which are based in Nuneaton and Leamington Spa (in Warwick district).

9.6.7 Studies suggest at least 50% of offenders will not be registered with a GP.

9.7 What is known through consultation

9.7.1 During consultations on the Supporting People Programme people suggested that between 3% and 7% of the total Supporting People budget should be spent on Offenders and People at Risk of Offending.

9.7.2 Submitted consultation from one individual in regard to NHS Warwickshire Health Strategy highlighted the need for provision for offenders within the criminal justice

system to access services. The respondent highlighted the longer term benefits of addressing such issues as drugs, alcohol and mental health, suggesting both the societal benefits of reducing re-offending, and the longer term financial benefits of early intervention.

9.8 Services in Warwickshire Now

9.8.1 The Supporting People Programme provides 43 units of support in a mix of accommodation based and 40 floating support for people who are offenders or who are at risk of offending, including 10-16 year olds who have been notified to the YOT team. The majority of this provision is in the south of the county.

9.8.2 The supporting People funded floating support service for young offenders caters for people aged 16 to 18 and over (where appropriate) who are Young Offenders. There is no SP provision for anyone under 16.

9.8.3 There is currently no specific Supporting People provision supporting offenders with Mental Health or learning disabilities.

9.9 Plans for the Future

9.9.1 Very recently PCTs have had a statutory responsibility to look after the health of the prison population in their area. This responsibility will not affect Health provision in Warwickshire.

9.10 Homeless People

9.10.1 In the year to the end of March 2008, 1,200 households applied to Warwickshire District and Borough councils identifying their status as being effectively homeless. One third of these were accepted as being in priority need, with 328 being placed in temporary accommodation.

9.10.2 Within the single homeless population, rough sleepers are clearly at high risk of poor health but research has also shown that all single homeless people have, on average, worse health than the population as a whole. They are more likely to suffer from mental health problems and alcohol and drug misuse. They are also at greater risk of physical illness and of contracting infectious diseases. So, for example:

- Around a tenth of single people accepted as homeless are deemed to have mental health problems
- The government estimates that a third of all single homeless people have at some point been problematic drug users

9.10.3 Crisis, the homelessness charity, estimates however that homeless people are around 40 times more likely not to be registered with a GP than members of the general public, as a result many homeless people resort to use of Accident and Emergency Departments to meet their health needs.¹³

¹³ <http://www.crisis.org.uk>

9.11 Services in Warwickshire Now

- 9.11.1 Warwickshire Supporting People programme currently provides 33 units of accommodation based support for homeless families. These units are in two locations within Nuneaton and Bedworth and Warwick and are arranged in a more or less 50:50 split. There are no services who work specifically with people from BME backgrounds.
- 9.11.2 Service provision for single homeless people is more extensive with either floating support or accommodation based support available in four of the five districts. There are just fewer than 200 total units available around the county.
- 9.11.3 There is currently no provision in Stratford. Currently the nearest emergency access accommodation available in Coventry.
- 9.11.4 Waiting list data suggests that need for Supporting People services for homeless people outstrips current demand.

9.12 Plans for the Future

- 9.12.1 Each of the five districts has produced detailed plans to tackle homelessness. Tackling homelessness tends to be a longer term issue, so the health and social care community needs to place particular emphasis on meeting the needs of people who are not yet in settled accommodation and may frequently move between temporary addresses.

There is currently no accommodation based support for homeless families. The current provision is 13 floating support (covering Warwick District only) and 10 Outreach (Nuneaton/ Bedworth only).

The current provision for single homeless is 17 floating support spaces and 162 accommodation based units. The floating support is shared equally between North Warwickshire and Nuneaton/ Bedworth. There are accommodation based services covering Nuneaton/ Bedworth, Rugby and Stratford districts.

9.13 HIV and AIDS

- 9.13.1 It is estimated that nationally 70,000 people are living with HIV in the UK, a third of who are undiagnosed.
- 9.13.2 In March 2008 it was estimated that there were 250 people living with HIV/AIDS in Warwickshire. Statistics suggest that men living with HIV outnumber women who have HIV by 2:1. Infection rates are comparable with similar PCTs.

9.14 What is known through consultation

- 9.14.1 In general consultation events around the Supporting People Programme, people living with HIV and AIDS are not identified as an area where a significant amount of the budget should be spent.

9.15 Services in Warwickshire Now

- 9.15.1 Warwickshire County Council and NHS Warwickshire commission services from the Terrence Higgins Trust in conjunction with the local PCT. Following an

appropriate assessment, we provide direct services to those living with HIV via our Social Workers, Occupational Therapists and a variety of care staff.

9.16 Plans for the Future

- 9.16.1 A new generic support floating support service is being established that will target social excluded groups including people with HIV and AIDS.
- 9.16.2 A joint strategy and implementation plan will be developed during 2009/10 to examine needs in more detail and ensure more effective commissioning of services to improve outcomes.

9.17 Gypsies and Travellers

- 9.17.1 "The Health Status of Gypsy Travellers in England" A report to the Department of Health, 2004 by the University of Sheffield¹⁴, reported that health problems amongst Gypsy Travellers are between two and five times more common than the settled community. Gypsy Travellers are more likely to be anxious (Gypsy Traveller women are twice as likely to be anxious than Gypsy Traveller men), have breathing problems (including asthma and bronchitis) and chest pain. They are also more likely to suffer from miscarriages, still births, the death of young babies and older children.
- 9.17.2 Studies have identified that those who suffer from domestic abuse do not come forward to seek help and the issue is hidden within the communities. Whilst alcohol use and offending behaviour may be higher than in the wider community, it has not been proven greater than in any other disadvantaged community, although help in prevention and after care is limited due to mistrust of authorities and agencies.
- 9.17.3 At national level it is known that literacy rates tend to be below average in this population, especially in adult members of the population who may have in their childhoods led nomadic lives with subsequent interruptions in education.
- 9.17.4 This relatively low level of literacy can have an impact on health since older members of the community in particular may be less health literate and therefore less likely to access key information about preventative and community services.
- 9.17.5 The growth in this population has mainly been assessed in relation to future demand for pitches for members of the community who do not live in bricks and mortar accommodation. It is estimated that there are at least 47 families in brick and mortar housing, however, this is likely to be an underestimate.
- 9.17.6 There are 3 socially rented sites in Warwickshire (North Warwickshire, Nuneaton & Bedworth and Stratford) together providing 69 pitches. Another 12 pitches will be available in autumn 2008. All residents have access to amenity blocks, WC and a water supply. There are an additional 32 authorised private sites in the area together providing an estimated 133 pitches (this includes new approved sites).

¹⁴ <http://www.shef.ac.uk/content/1/c6/02/55/71/GT%20report%20summary.pdf>

9.17.7 The provision of authorised pitches is scattered throughout Warwickshire with particular concentrations in Stratford, Rugby and Nuneaton and Bedworth. Around two-thirds of these pitches (68%) are rented. There are 7 unauthorised developments (land owned by Gypsies and Travellers but developed without planning permission) within Warwickshire, able to accommodate approximately 39 households.

9.17.8 Since January 2008, 124 caravans have been counted on unauthorised encampments (on land not owned by Gypsies and Travellers) and it is estimated that by the end of 2008 this figure might reach 400. Calculations estimating the requirement for pitches in the future are estimates based on information drawn from local authority information, knowledge of key stakeholders, survey findings and assumptions based on the professional experience. Calculations suggest that there is a need for a further 123 pitches across Warwickshire particularly in Rugby (46) and Stratford (34) although Nuneaton and Bedworth will need a further 20, North Warwickshire 12 and Warwick 11. The greatest increase in need for transitional pitches will be in the south of the county where it is anticipated that 15 will be required in Rugby and 10 in Stratford.

9.18 What is known through consultation

9.18.1 Surveying of the Gypsy and Traveller population from Warwickshire and some of the surrounding area has suggested the following:

- Household size is significantly larger than in the settled/non-Traveller population at 3.6 persons across the whole sample
- A significant minority (12%) are households over 60 years of age.
- Young families are the predominant household. However, there are a significant number of single households on the socially rented sites.
- The majority of respondents, nearly three-quarters, felt they were 'local' to the area they were residing because of 'Family connections'.
- In Warwickshire, Irish Traveller is the largest ethnic group (approximately 68%), followed by Romany Gypsy (approximately 18%), with much smaller numbers of others who describe themselves as Show people, Welsh Gypsy or Traveller.
- The Gypsy and Traveller population is largely sedentary, with, around half of settled or authorised households still travelling. Of those who still travelled a quarter intended to engage in quite local travelling (within the local area, Study Area or West Midland region) with a third planning to travel to other parts of the UK.
- Self-employment was a major source of income for respondents with the type of work people engaged including: gardening/tree work, carpet related trades, UPVC windows and guttering, and scrap.

9.18.2 There is support for the creation of additional long-stay residential sites (preferably of 10-15 pitches) within the Study Area.

9.18.3 Nearly a fifth of respondents wanted to see the development of more transit/short-stay (1-4 weeks) sites in the Study Area. Interest in such sites was shown from households from all accommodation types, to assist travelling and accommodate visiting family and friends.

9.18.4 There is a clear preference for a small private site which they/ their family owned, followed by travelling around on authorised transit sites, followed by a site owned by the local authority.

9.19 Services in Warwickshire Now

9.19.1 Warwickshire County Council employs a Gypsy and Traveller Officer who acts as a link between people from this client group and statutory and voluntary agencies. There are also staff attached to specific sites around the county.

9.19.2 Since July 2008 there has been Supporting People provision in Warwickshire specifically for Gypsies and Travellers in the form of a floating support service. Gypsies and Travellers are also able to access the generic floating support service.

9.20 Plans for the Future

9.20.1 Supporting People funding is to be made available to provide additional support to Gypsies and Travellers where it is needed to foster independent living.

9.21 Asylum Seekers and Refugees

9.21.1 The centre for Urban and Regional Studies at the University of Birmingham undertook a research study to help identify the size, skills and needs of the Asylum seekers and refuge population in the area. The survey identified approximately 4,000 living in Coventry and Warwickshire: 50% of these are expected to receive refuge status.

9.22 What is known through consultation

9.22.1 In general consultation events on resources within the Supporting People Programme refugees are not identified as an area where people express the desire to see a significant amount of the budget spent.

9.23 Services in Warwickshire Now

9.23.1 The Supporting People Programme currently does not allocate any of its budget to meeting the housing related needs of refugees and asylum seekers; however support is accessible through the generic floating support service.

9.24 Plans for the Future

9.24.1 A new generic support floating support service is being established in the county that will target social excluded groups including people with refugees and Asylum seekers.

9.25 In Conclusion

- 9.25.1 Warwickshire has identified a number of citizens who are at particular risk of suffering poor health and well-being because of life circumstances such as being homeless, being affected by domestic abuse, living with HIV/AIDS, being a member of the Gypsy and Traveller community or being homeless.
- 9.25.2 Unmet need may include services for women who are fleeing domestic abuse. There is a need to provide for the alcohol, drug and mental health problems that are prevalent within the population of women who have been abused, as well as access to more modern models of support.
- 9.25.3 There is probably a need for some gender-sensitive support provision in Warwickshire for men who have suffered domestic abuse and for people in same-sex relationships.
- 9.25.4 There are a small number of people living with HIV in the county; a need for some floating support provision has been identified and planned.
- 9.25.5 The need for services to assist women who have offended or who are at risk of offending will increase as the number of women entering the criminal justice system increases at a more rapid rate than that for men.
- 9.25.6 Literacy skills within the Gypsy and Traveller community are known from national studies to be relatively low, so given the numbers within the county additional ways of communicating need to be introduced to improve engagement and, these could include word of mouth or road shows on sites.
- 9.25.7 Offenders and homeless people's primary health needs are often unmet as a result of non registration with a GP; the rate of registration needs to be increased.
- 9.25.8 Staff and systems within Mental Health, Drug and Alcohol services need to be equipped to manage the needs of homeless people and Gypsies and Travellers.
- 9.25.9 Figures from the Warwickshire Supporting People Programme suggest that in a number of different client groups, need for services is outstripping demand as there are currently waiting lists.

10 Long Term Conditions

10.1 What is a long-term condition?

10.1.1 Long term conditions (LTCs) result in people living with illness or disability for a considerable period of time.

10.1.2 Almost one in three of the population in England and three out of every people aged over 60 suffer from a long-term condition. It is likely that up to three-quarters of people over 75 years are suffering from chronic illness of whom nearly half (45%) have more than one condition. Due to the ageing population, the number of people in England with a long-term condition is set to rise by 23% over the next 25 years.

10.1.3 Patients with LTCs are very intensive users of health care services. Those with long-term conditions account for 31% of the population, but use 52% of all GP appointments and 65% of all outpatient appointments. People with LTCs are high users not just of primary and specific acute services, but also of social care and community services.

10.1.4 Often people with a long term condition find themselves admitted as emergency cases to hospital because their symptoms have suddenly got out of hand. A disease or case manager can help prevent such emergencies happening in the first place by spotting difficulties as they arise and making sure someone has the right care and medication to deal with them. Case managers are highly experienced health or social care professionals who can work closely with both people suffering from LTCs and their doctor to plan and organise someone's care. As well as providing nursing care, they will act as a 'case manager' – the single point of contact for care, support or advice.

10.2 Physical Disability

10.2.1 Within Warwickshire there is a clear difference between the number of people who identify themselves as having a 'limiting' condition and the number of people seeking help through Disability Living Allowance and Attendance Allowance. 40% of people suggesting that they have a disability are claiming the relevant benefits.

10.3 Autistic Spectrum Disorder

10.3.1 Warwickshire is aware of the need to address the needs of people with Autistic Spectrum Disorder (ASD). Some people affected will currently be included in our plans for learning disabilities, but we recognise the need to identify more clearly and to target activity on clients/potential clients outside of this grouping and to ensure we meet their very specific needs. We have plans in place to start work upon a local strategy and look forward to the publication of the national ASD strategy to help inform this work.

10.4 Sight Impairment

10.4.1 In May 2007 3,831 people had used Warwickshire Association for the Blind (WAB) at some point since its establishment. As at March 2006 there were 1,544 registrations with WAB in total, with 214 registrations having been added in the preceding year. Of those registered, three quarter also had a physical disability.

10.5 Deafness

- 10.5.1 Deafness is the second most prevalent disability in the UK. 17% of the adult population are thought to be affected. This would equate to 71,500 people in Warwickshire. The rate in children is thought to be 0.3% equating to 340 children in Warwickshire.
- 10.5.2 The greatest prevalence of hearing loss is in older people; however the majority of service users accessing specialist services are profoundly deaf.
- 10.5.3 In Warwickshire, in 2006-07 there were just over 1100 adults registered as having a Hearing problem. Of these just over 100 were deaf and the remainder were hard of hearing. In addition, there were also 26 children registered 21 of whom were deaf.

10.6 Diabetes

- 10.6.1 Diabetes is a chronic and progressive disease that has an impact upon almost every aspect of life. Diabetes is the leading cause of blindness in people of working age in the UK. It affects infants, children, young people and adults of all ages, and is becoming more common. There are an estimated 2.35 million people with diabetes in England. This is predicted to grow to more than 2.5 million by 2010 - 9% of which will be due to an increase in obesity. Incidence and prevalence of diabetes is greater in areas of higher deprivation with mortality rates from diabetes higher in people from lower socio-economic groups. People from minority ethnic communities have up to a six times higher than average risk of developing diabetes.
- 10.6.2 The recorded prevalence of diabetes from Quality and Outcomes Framework data in 2008 in Warwickshire is 3.8%. North Warwickshire has the highest rate, followed by Nuneaton and Bedworth, then Rugby followed by Stratford, with the lowest prevalence being in Warwick.
- 10.6.3 In the year ending March 2007, 88% of people with diabetes were offered screening for the early detection (and treatment where needed) of diabetic retinopathy. This increased to 98% by March 2008, short of the 100% target but a significant improvement.

10.7 Hypertension

- 10.7.1 High blood pressure, known as hypertension, is a major cause of strokes, coronary heart disease and other illnesses including kidney disease and aortic aneurysm.
- 10.7.2 At 14.4% Warwickshire has a greater prevalence of hypertension than in the general population. Prevalence is particularly high in Stratford. Recorded prevalence rates of hypertension are the highest among similar PCTs (Office of National Statistics Peer group). This may reflect a comparatively high rate and/or particularly good local recording. It is important to ensure that once detected, this condition is treated optimally.

10.8 Coronary Heart Disease:

- 10.8.1 Coronary heart disease (CHD) is a preventable disease that kills more than 110,000 people in England every year. More than 1.4 million people suffer from angina and 275,000 people annually have a heart attack. Coronary heart disease is the biggest killer in the country.
- 10.8.2 3.5% of Warwickshire's population suffer with a form of the disease. The proportion of people suffering from a heart attack who receive thrombolysis within 60 minutes of calling for professional help is steadily increasing year on year in Warwickshire

10.9 Chronic Obstructive Pulmonary Disease

- 10.9.1 Chronic Obstructive Pulmonary Disease (COPD) is an umbrella term covering a range of conditions including chronic bronchitis and emphysema. It is a long term condition that leads to damaged airways, causing them to become narrow, making it harder for air to get in and out of the lungs. There is no cure for COPD, but it can be managed through drug therapy
- 10.9.2 Historically mine workers have suffered higher incidences of ill health than workers in other heavy industry sectors. Coal Mining has long been associated with the dust induced lung disease 'Pneumoconiosis' and other illnesses such as work related 'Emphysema' which still have the potential to occur.
- 10.9.3 About 1.4% of Warwickshire's population suffer from some form of the condition with greatest prevalence occurring in North Warwickshire.

10.10 Cancers

- 10.10.1 Cancer is caused by normal cells changing so that they grow in an uncontrolled way. The uncontrolled growth causes tumors to form. If not treated, the tumor can cause problems by invading normal tissues nearby or by causing pressure on other body structures. There are over 200 different types of cancer.
- 10.10.2 In relation to new cases diagnosed, rates are generally lower in Warwickshire than elsewhere in the West Midlands.
- 10.10.3 Cancer mortality, however, has not fallen as rapidly as planned and now stands at 115 per 100,000 against a target rate of 99. Nuneaton and Bedworth have the highest cancer death rates in the County, at 132 per 100,000.
- 10.10.4 **Breast cancer** – rates of breast cancer incidence vary quite considerably across the County with Nuneaton and Bedworth, Stratford and Warwick all showing prevalence higher than the West Midlands average.
- 10.10.5 **Prostate Cancer** – rates of prostate cancers incidence are higher in Rugby and the south of the County than they are in the north. However, rates are below the West Midlands average.
- 10.10.6 **Lung Cancer** – None of the five districts display a rate of lung cancer that is higher than the West Midlands average. Rates in Nuneaton and Bedworth however come close, whilst Rugby and Stratford display rates that are

considerable lower than average. Rates for women are lower and more consistent than those for men.

10.10.7 **Colo-rectal Cancer** – Only two groups display an incidence rate higher than the West Midlands average, these groups are Nuneaton and Bedworth's male population and the female population of Stratford. All other groups fall below the average rate.

10.10.8 **Cancer of the Oesophagus** – when compared with the West Midlands average, rates of cancer of the oesophagus are higher amongst both men and women in Rugby and Warwick with the women in North Warwickshire and men in Nuneaton and Bedworth also experience a great prevalence

10.10.9 Unlike elsewhere in the country, almost all patients referred by their GP or Dentist with suspected cancer are seen within two weeks, suggesting that access to services is good throughout the county. Similarly a high percentage of patients receive their treatment within two months of GP or dentist referral.

10.11 What is known through consultation

10.11.1 In May 2008 consultation was undertaken in relation to long term conditions in Warwickshire. The following objectives were identified:

- Better awareness and prevention of LTCs – targeted public health campaigns, better co-ordination of information flow, working with hard to reach and at risk groups
- Improved access to better information and seamless services – complete care record, information about condition and who provides what; care and action plans; services speedy and efficient.
- Empowered patients taking more active role in their care – personal budgets, choice of providers
- Self Care and More Flexible Services – boundaries abolished and systems in place to support patients managing their own condition in their homes if possible. Regular feedback from patients to commissioners and service providers
- Appropriate workforce in place to support delivery of above – Right Skills, Right Place, Right Time; better use of existing groups and lay people.

10.11.2 National consultation suggests that people want services that will support them to remain independent and healthy and have increased choice. They want far more services to be delivered safely and effectively in the community or at home; and they want seamless, proactive and integrated services tailored to their needs.

10.11.3 Of nearly 1,000 participants at the National Citizens' Summit, 86% of people thought that professionals in their local GP practice should provide more support to help them take care of their own health and well-being.

- 10.11.4 Some 61% said that being given more information about their health and the services available to them locally would make a big difference. They particularly want to know more about the availability of social care services.
- 10.11.5 Half of all people with Long Term Conditions were not aware of treatment options and did not have a clear plan that lays out what they can do for themselves to manage their condition better. As a consequence, a significant proportion of all medicines are not taken as directed.
- 10.11.6 People have stated that they would like to see a long-term strategy on chronic disease management

10.12 Services in Warwickshire Now

- 10.12.1 National performance indicators suggest that the proportion of people with a physical disability receiving a service from the County Council is lower than other comparators and lower than the level that might be expected.
- 10.12.2 Direct Payments, whereby service users are given money to use to source their own care, for service users with Physical and Sensory disabilities have been a success in Warwickshire with substantial numbers of service users choosing to take up this option.
- 10.12.3 However there are considerable waiting times for Disabled Facilities Grants for use to adapt people's homes and the volume of employment opportunities made available to those who have a Physical Disability is low.
- 10.12.4 There are currently around 50 open Social Care cases for people with Hearing Impairment who remain open for the purposes of review. This figure includes some service users in residential care.
- 10.12.5 Each month there are approximately 35 referrals for an assessment and specialist equipment to the Services to the Deaf team. There are currently approximately 90 people on a waiting list for an assessment with the Warwickshire Service to the Deaf team. Those on the waiting list are currently experiencing a waiting time of around 12 weeks.
- 10.12.6 In March 2008 Warwickshire was providing Social Care community service to just over 1,100 people aged between the age of 18 and 64; approximately half of these services were funded packages of care such as home care and Direct Payments. In addition a further 56 people were receiving a service in a residential setting. Ongoing services were being received in the community by a total of 15 individuals whose main need was related to Hearing Impairment. Seven service users were receiving a service as a result of sight impairment and another seven as a result of dual sensory loss.
- 10.12.7 Almost 60% of people under the age of 65 pay no contribution to the cost of their homecare service. At the opposite end of the scale, only 17% of people contribute the maximum amount towards the cost of their care. Others contribute some resources to the cost however in the main this is only a small amount.
- 10.12.8 Current Supporting People provision for people with Physical or Sensory Disability is 2 accommodation based units based in Nuneaton/ Bedworth district

and 10 people in Nuneaton/ Bedworth district receiving a community or social alarm service. There are 20 Floating Support spaces shared between the five districts.

10.12.9 There are national targets to improve the speed of referral and treatment for patients suspected of having cancer. Where cancer has been diagnosed, treatment should always start within 31 days. In the quarter ending in June 2008, NHS Warwickshire has achieved this standard. NHS Warwickshire has fallen slightly short of the target for all cases of starting treatment within 62 days of referral, achieving this in only 97% of cases. This is despite a comparatively high level of expenditure on cancers.

10.13 Plans for the Future

10.13.1 The Trust along with a number of stakeholders is in the process of developing a Strategy for Long Term Conditions. The purpose of the strategy is to set out a framework for treatment of LTCs and to develop a programme of service development for the next five years. A generic framework for LTC pathways has been developed and encompasses Prevention and Health promotion activities, diagnosis and early treatment of LTCs, treatment of both stable and exacerbating conditions through to palliative and end of life care.

10.13.2 The ABC strategy was initially developed for Diabetes by Dr Patel from George Eliot Hospital and is now supported by extensive evidence. The strategy has been incorporated into patient information materials and clinician training materials. It enables both clinicians and patients to monitor the condition according to a simple mnemonic and is linked to Quality and Outcomes Framework. ABC Strategies have now been developed for other conditions including CHD and lately COPD. The ABC strategies form a crucial part of the proposed pathway framework of the Trust's Long Term Conditions strategy

10.13.3 NHS Warwickshire proposes to target a number of long-term conditions as part of its forthcoming World Class Commissioning Strategy:

- The proportion of cancer patients waiting 31 days to start treatment
- Stroke deaths within 30 days
- COPD mortality

10.13.4 NHS Warwickshire proposes an approach to long term conditions with renewed emphasis on:

- Greater focus on health promotion, including the introduction of Expert Patient Programmes, a pilot Health Coaching Scheme, and improved management of COPD within the community to prevent admissions
- A programme of care pathway development
- Use of contracting mechanisms to raise service standards
- Develop additional rehabilitation services, including developments at St Cross Hospital and stroke rehabilitation services

- Transformation of community services, with a shift of 10% of activity from acute to community settings, and addressing variations in service provision across the County
- Piloting a Virtual Ward approach to the case management of long term conditions
- Redeveloping hospital services in Alcester

10.13.5 NHS Warwickshire has recently piloted risk stratification schemes in three general practices, and expects that full implementation will lead to:

- Improved compliance with evidence-based treatments
- Improved patient satisfaction and functional status
- Significant reductions in avoidable hospital admissions

10.13.6 A range of initiatives are targeted at improved care for those with circulatory conditions:

- Primary angioplasty services for heart attacks, reducing mortality rates
- Improving investigations for those with acute chest pain
- Improved care pathways for heart failure, heart rhythm problems, acute stroke and stroke rehabilitation

10.13.7 Other initiatives will improve rehabilitation for those with neurological conditions, including Parkinson's disease.

10.13.8 A Joint Commissioning Strategy for people with physical and sensory disabilities which will include improving access to leisure, employment and learning opportunities is being developed.

10.13.9 The Supporting People programme will increase support to those with Physical Disabilities with the introduction of a new floating support service targeted at people in this client group.

10.14 In Conclusion

10.14.1 There is some evidence to suggest that there are people in the community who have physical disabilities but who are not accessing support from the County Council. It is not clear, however, whether these are people who wish to access services or whether they are people who have the financial means to meet their needs independently.

10.14.2 Demand for assessment for those with hearing impairments, appears to be greater than availability of service from the Services to the Deaf team.

10.14.3 Plans for the future are extensive and ambitious and will substantially improve care for those with Long Term Conditions by improving prevention and providing



stable management along with greater empowerment of patients and their carers and robust monitoring.

11 Older People

11.1 The Health of Older People

11.1.1 Current estimates (2007 mid-year estimate) suggest that there are some 89,500 older people (65 and over) currently living in Warwickshire. Almost a quarter of all households are made up of pensioners, and of those almost two thirds are single people. This constitutes a total of around 30,000 lone pensioner households.

11.1.2 In the 2001 census, around half of all over 65s stated that they have a life limiting illness. Variation across the County was fairly small, with those in the south of the County slightly less likely to identify themselves as suffering ill health than those in the north. The Health Survey 2005 highlighted the most common problems as Cardiovascular and Musculoskeletal disorders. This data also suggests that there is a greater level of ill health amongst women than men.

11.1.3 Information from the OPCS Survey dating back to 1989 provides the proportions in which these individuals are likely to experience varying levels of disability on a scale 1 to 10. If the top four levels of disability from this survey are taken to be equivalent to critical and substantial in FACS terms, based on current populations it suggests that there are just short of 12,000 older people with a severity of illness to warrant Social Care intervention from the County Council.

11.1.4 Falls are a major cause of disability and the leading cause of mortality due to injury in older people aged over 75. An emergency admission for fractured neck of femur amongst those aged 65 and over is generally used as an indication of a fall. Across the County approximately 1500 people per year are admitted to hospital for this reason. Data suggests that the number of people falling in Rugby and Stratford on Avon is higher per head of population than elsewhere in the county, with the rate in Warwick being particularly low.

11.1.5 Some studies suggest that as many as 10-15% of people over the age of 65 suffer with significant depressive symptoms. Various other conditions highlighted in this JSNA are more prevalent amongst the ageing population.

11.2 Older People with Dementia

11.2.1 The term 'dementia' is used to describe the symptoms that occur when the brain is affected by specific conditions, including Alzheimer's disease, stroke and many other rarer conditions.

11.2.2 National trend data suggests that just over 2000 men and 4000 women in Warwickshire are living with dementia. The vast majority of these are over 65 and of those the majority are over 75. There is no evidence to suggest that there are differing rates of prevalence for particular districts within Warwickshire, therefore the estimated numbers of people with the condition in each district are based on the population of those areas.

11.2.3 As already identified, Warwickshire has an ageing population, and hence the number of people experiencing dementia is set to increase in coming years. Levels are thought to be set to exceed 10,000 by 2025, the majority of whom will be over the age of 80.

11.2.4 The following table illustrates projected growth by district, with a county total.

North Warwickshire						
	2008	2009	2010	2015	2020	2025
30-64	18	18	18	18	19	19
65-84	412	417	432	484	560	635
85+	305	305	331	381	432	534
Total	735	741	781	884	1011	1188
% Growth 2008 base		0.74%	5.87%	16.81%	27.26%	38.12%
Nuneaton and Bedworth						
	2008	2009	2010	2015	2020	2025
30-64	33	33	33	33	35	35
65-84	770	782	803	895	1019	1156
85+	585	610	610	712	814	992
Total	1387	1426	1446	1640	1867	2183
% Growth 2008 base		2.68%	4.04%	15.41%	25.67%	36.44%
Rugby						
	2008	2009	2010	2015	2020	2025
30-64	25	25	24	25	27	29
65-84	621	627	646	711	813	921
85+	534	559	559	636	712	864
Total	1179	1211	1230	1371	1552	1815
% Growth 2008 base		2.65%	4.14%	13.99%	24.04%	35.02%
Stratford						
	2008	2009	2010	2015	2020	2025
30-64	36	36	37	36	39	40
65-84	929	960	987	1131	1332	1502
85+	763	788	814	941	1093	1373
Total	1728	1784	1837	2108	2464	2915
% Growth 2008 base		3.15%	5.95%	18.03%	29.87%	40.72%
Warwick						
	2008	2009	2010	2015	2020	2025
30-64	35	35	35	36	39	42
65-84	919	925	947	1064	1238	1380
85+	814	839	864	966	1068	1297
Total	1768	1799	1846	2066	2345	2720
% Growth 2008 base		1.73%	4.25%	14.44%	24.60%	35.00%
County						
	2008	2009	2010	2015	2020	2025
30-64	147	148	148	148	159	167
65-84	3650	3711	3815	4285	4961	5594
85+	3000	3102	3178	3636	4119	5060
Total	6797	6960	7140	8069	9238	10820
% Growth 2008 base		2.34%	4.80%	15.76%	26.42%	37.18%

11.2.5 The table illustrates some differences in the rate of growth with Stratford experiencing the highest and Warwick and Rugby the lowest

- 11.2.6 There is some evidence to suggest that there is a greater prevalence of dementia amongst people from BME groups than in the population as a whole (6.1% compared with 2.2%). It is expected that there will be a particular rise in the numbers of people from several ethnic minority groups as first generation migrants from the 1950s to 70s reach the age where dementia is more likely.

11.3 What is known through consultation

- 11.3.1 In early 2007, the ten older people's forums in Warwickshire were asked their views on the five key priorities outlined in the then Joint Commissioning Strategy for Older People.

- 11.3.2 A number of the issues raised have been reported earlier in this document however in addition older people fed back that they wanted to see:

- Improved information on services (for example home safety) – always in plain English
- Pension and benefits advice
- Increased choice
- Simpler processes around Direct Payments
- Advocacy services
- A service to avoid isolation for people
- A 24 Hour GP service
- Befriending
- Increased low level service provision
- Access to Telecare technology
- More community opportunities including an increase in adult learning opportunities that are not charged for
- Volunteering opportunities
- More sheltered accommodation
- More district nurses
- Increased contact with Health and Social Care staff
- Better training for care home staff
- More one stop shops
- Increased use of the "Expert Patient" approach

- A specialist falls clinic
- Healthy Living Promotion
- More preventative medicine and therapy

11.3.3 When asked specifically about what sort of accommodation they would like to see in the future, almost half of the older people asked suggested that they would like to receive their social care service within their own home. Of the rest, only 2% suggested that a traditional residential care home was their preference. In relatively even proportions people suggested that they would like a care village, sheltered accommodation or extra care housing

11.4 Services in Warwickshire Now

11.4.1 NHS Warwickshire in common with others across the country wishes to introduce disease management and case management – a system of leadership within the community that “joins up” service provision for older people and people with long-term conditions. The implementation of case management has been slower than planned. NHS Warwickshire is now proposing, rather than appointing a specific number of case managers, to take a broader approach to the management of Long Term Conditions as set out in chapter 10.

11.4.2 In the July 2008 Performance Report to NHS Warwickshire’s Board, it was identified that the use of hospital bed days for emergency cases was increasing against a target to reduce use by 4%.

11.4.3 Waiting times in Accident and Emergency (A&E), as measured by the proportion waiting less than four hours, are variable. University Hospitals of Coventry and Warwickshire (UHCW) has recently improved to 98%, though South Warwickshire General Hospital has only reached 96% (target 100%).

11.4.4 Out patient referrals appear to have increased recently, though not as much (less than 2%) than in other areas. University Hospitals of Coventry and Warwickshire is at risk of not meeting the Strategic Health Authority’s target for early delivery of 18 week waits. Waiting times in Accident and Emergency as measured by the proportion waiting less than 4 hours is now 98% across NHS Warwickshire overall.

11.4.5 University Hospitals Coventry and Warwickshire scored poorly on stroke care, as measured by scan access and physiotherapy input, in 2006, with George Eliot and South Warwickshire General Hospital scoring better. Since then an enhanced service has been commissioned for the treatment of hyper acute stroke and stroke rehabilitation services are being reviewed.

11.4.6 The PHILLIS preventative service identifies the low level needs of older people (over 50’s), and their carers, in a holistic way, including issues such as home and community safety, isolation, access to learning, information and support in the home. The service include brokerage of services that the person requires and once an older person has had help from PHILLIS, the Service will keep in contact with them on a regular basis, to ensure that they continue to receive appropriate support, as and when personal circumstances change. Warwickshire’s

preventative service has been particularly successful in assisting people to improve their economic wellbeing.

- 11.4.7 A further 1400 older people in Warwickshire are receiving care services in a residential setting.
- 11.4.8 National performance indicators suggest that the proportion of Older People receiving a service from Warwickshire County Council is lower than other comparators and the level that might be expected.
- 11.4.9 However, indicators also suggest that the numbers of people being admitted into residential care is relatively low, in line with government policy to keep people living in their own home wherever possible.
- 11.4.10 In addition there are relatively few delayed transfers from hospital to home as a result of inability to source Social Care support.
- 11.4.11 This would suggest that on the whole the quantity of service available from adult social care is currently sufficient.
- 11.4.12 Like elsewhere Warwickshire has a considerable population of people who fund their own services and has received praise from inspectors for the support given to those who fund their own care.
- 11.4.13 34% of people over 65 do not contribute to the cost of the homecare provided for them by Warwickshire County Council. At the opposite end of the scale 42% of older people pay the maximum contribution to the cost of their care. The remaining 800 people pay some contribution on a sliding scale.¹⁵
- 11.4.14 Warwickshire County Council provides an estimated 34,200 home care hours per week (37% of which is delivered to those with very high needs). It is estimated that 138,600 home care hours are required to meet the formal Social Care needs of all the older people in Warwickshire, however three quarters of these people fund their care independently.¹⁶
- 11.4.15 Warwickshire provides around 1500 residential and nursing care placements - however the numbers of residential care, nursing and extra care housing places required in total is thought to be 4,700 including 2,700 for people with cognitive needs. This suggests that the council funds (partially or completely) only a third of the total care in the County.
- 11.4.16 It should be noted that the increase in house prices nationally will increase the contribution being made to the cost of residential care by service users whose house is eligible to be taken into consideration under Charging for Residential Accommodation Guidance (CRAG). Well over two thirds of Warwickshire pensioner population own their own home. The more recent downturn in property values will impact on this with more people running out of assets sooner.

¹⁵ Planning4care, Care Equation: Oxford Consultants for Social Inclusion

¹⁶ *ibid.*

11.4.17 In 2007 it was noted by CSCI that the range of Social Care services available in Warwickshire had improved but there were some areas for future improvement including:

- Improved engagement with service users
- A broadening of choice of provision across the county
- Increased implementation of telecare
- More availability of direct payments so that service-users can make choices about their own service provision/provider
- Increased provision of services through the 3rd/voluntary sector

11.5 Plans for the Future

11.5.1 The County Council launched the Care and Choice (Accommodation) Programme in July 2007. This is about modernising care and support services for older people to offer them increased choice and a wider range of services in, or close to, their local communities. Future plans will include joined up plans between NHS Warwickshire, County Council and Districts to address health and accommodation outcomes.

11.5.2 Within the Joint Commissioning Strategy for Older People, there are a number of identified key actions including:

- Scoping requirements for a money management, appointeeship, benefits and advice and receivership service
- Commissioning a reshaped advocacy service
- Enhancing people's self management of long terms conditions
- Expand use of Direct Payments and introduce Individual Budgets
- Identify commissioning priorities for BME communities
- Commissioning fully integrated Older People Mental Health Teams
- Putting in place joint care pathways beginning with joint stroke care pathways
- Commission an integrated Intermediate Care Service
- Develop Bone Health and Falls Prevention Services
- Re-commission day services and day hospitals
- Review home care services
- Modernise Meals on Wheels

- Commission new telecare services
- Commission a range of services to support people with dementia including extra care with special design features, early diagnosis and intervention services and a specialist homecare service
- Jointly commission services with Supporting People
- Commission more preventative services including reablement

11.5.3 The Council and PCT have undertaken a joint Health Transport Study and are looking at ways to improve health transport. In addition, NHS Warwickshire Health Strategy emphasizes moving more care to people's home or close to home. NHS Warwickshire has undertaken a study of health travel miles / carbon footprint and intends to publish an annual performance indicator relating to reduction. The re-commissioned Day Services noted above will address transport issues.

11.5.4 More recently, Central Government have issued a National Dementia Care strategy and 5 year implementation plan. During 2009/10 Warwickshire's commissioning response to this initiative will be developed and incorporated into a refreshed strategy and action plan for Older People with mental health needs. Initial work on a care pathway and model of services has already been undertaken. Action will take into account the projected growth in demand and the need to work in partnership to achieve outcomes within limited resources. Plans are in hand to develop specialist home care for people with dementia across the whole county.

11.5.5 An adaptations strategy has been produced in partnership with stakeholders including colleagues in districts and borough councils and Home Improvement agency arrangements have been reviewed

11.5.6 A draft strategy in relation to Extra Care Housing is in place and work has begun on an implementation plan.

11.6 In Conclusion

11.6.1 The greatest need in years to come will be as a result of the increasing older people population in Warwickshire. Services that are already, to some extent, rationed and charged for will be in more demand than ever.

11.6.2 There is increasing demand from both the policy makers and the public for more personalised services delivered in non-traditional methods such as Direct Payments and Individualised budgets, putting the service users in control of the type of care they receive and the person or people who deliver it to them. Such an approach removes the potential for block contracts to deliver economies of scale and hence adds further financial pressure.

11.6.3 Warwickshire has made investment in preventative intervention through the Promoting Health and Independence through Low Level Integrated Support (PHILLIS) service; however there may be further need to support people with low and moderate needs to reduce the likelihood of people requiring higher levels of support later in life.

- 11.6.4 There has been recognition of the needs of older people in rural communities. The proposed Village Agents Scheme, currently run in Gloucestershire, is a model currently being negotiated with Rural Communities in Warwickshire to evaluate the potential of introducing the scheme across Warwickshire's rural communities. It involves the use of a local person employed by the agency, who keeps a watchful eye for anyone who may be socially isolated.
- 11.6.5 Expansions of community based services from NHS Warwickshire including community Matrons are planned.
- 11.6.6 Taken together, PHILLIS, Village Agents and planned PCT initiatives will shift the emphasis in Warwickshire to a preventative agenda which should reduce hospital admissions and readmissions.
- 11.6.7 As life expectancy increases for both men and women, there is an increasing likelihood that there will be more households containing two or more older people. Approaches to providing care may need to become more focused on assisting all members of the household, in a model that differs from the current carer and service user model.

12 End of Life

12.1 Background

12.1.1 End of life care is a key central government priority, ensuring that people end their lives in dignity and with a choice of service provision including help to remain in their own homes until they die.

12.1.2 It is estimated that 1% of Warwickshire's population die each year. The majority of deaths occur following a period of chronic illness related to conditions such as heart disease, liver disease, renal disease, diabetes, cancer, stroke, chronic respiratory disease, neurological diseases or dementia.

12.1.3 Nationally, 80% of the public state a preference for dying to take place in their community setting. Compared with the West Midlands, Warwickshire has more people die in hospital and fewer at home.

12.2 What is known through consultation

12.2.1 There has not yet been any consultation in Warwickshire on end of life care. Consultation is planned for 2009.

12.3 Service in Warwickshire Now

12.3.1 There is a range of end of life services available in Warwickshire with a particular focus on supporting people with cancer rather than the widest range of conditions, for example, a Hospice at Home service operates across the County.

12.3.2 As yet, the local health community has not agreed care models, health needs assessment is incomplete, and benchmarking of current provision has not been completed. However, it is clear that the south of the County has seen some developments of end of life care in primary care, but less progress has been made in the north where there is less community based provision.

12.3.3 A minority of the County's care homes have developed systems for end of life care. However, a commissioner has recently been appointed so this will start moving quickly.

12.3.4 Standards of end of life care in acute hospitals have not been contractually specified to date.

12.4 Plans for the Future

12.4.1 NHS Warwickshire proposes to target end of life care as part of its forthcoming World Class Commissioning Strategy by setting the percentage of all deaths that occur at home as one of its key outcomes.

12.4.2 NHS Warwickshire's plans to develop end of life care have the following key goals:

- That people are able to die in a place of their choice
- Agree and implement end of life care pathways

- Improved access to hospice care in community settings
- Ensure a whole system programme to enable timely and equal access
- Work to support people with long term conditions to maintain their independence
- An “End of Life” strategy and accompanying implementation plan is being devised to enable co-ordinated action.

12.5 In Conclusion

12.5.1 Statutory services in Warwickshire have recognised the need to help citizens access better end-of-life care and intend to consult the public on their preferences in the coming year.

12.5.2 NHS Warwickshire is currently reviewing the provision of services to enable patients to die well in a setting of their choice. This will be delivered by developing care locally in community settings outside of hospital where appropriate. Support will be provided to enable people with palliative care or end of life conditions to maintain and support their independence and so reduce the number of unnecessary hospital admissions.

13 Carers

- 13.1.1 Carers look after family, partners or friends in need of help because they are disabled, ill or frail. The care they provide is unpaid. Information from Carers UK suggests that one in eight adults across the country are carers, this equates to a total of around six million people, a figure projected to increase to nine million by 2037. Over one million of the current caring population are caring for more than one person. 58% of carers nationally are women and 42% are men. The impact of caring can be detrimental to the health of carers, increasingly so, the longer that they are in their caring role. Analysis by Carers UK found those caring for 50 hours a week or more are twice as likely to be in 'not good health' as those not caring (21% against 11%). This increased health risk includes Mental Health issues in particular. Carers UK suggests that carers save the economy £87 billion per year, an average of £15,260 per carer.
- 13.1.2 Locally, census data suggests that there are just over 50,000 people in Warwickshire who identify themselves as carers. It is important to remember however, that people do not always recognise themselves as carers when asked. The majority of carers in Warwickshire are providing up to 20 hours of unpaid care per week. Almost a fifth of carers are providing in excess of 50 hours of care per week.
- 13.1.3 There appears to be some degree of north-south pattern with those in the north providing less low level caring and more high level caring and the reverse being true in the south. There are a particularly high number of carers in Nuneaton and Bedworth who are providing more than 50 hours of unpaid care per week and maintaining paid employment.
- 13.1.4 Those who provide more than 50 hours of care per week are split fairly evenly across the ten year age bands between 35 and 75 with a slight peak in the 55 to 64 age group. However, it should be noted that about 15% of carers are actually over the age of 75 and hence likely to themselves be in poorer health.
- 13.1.5 An increased older population and the increased numbers of people who are expected to develop dementia are likely to increase the numbers of people who will find themselves as carers in coming years. There is also likely to be a decrease in the numbers of people in the 35 to 64 age group over time. The largest numbers of current carers are in this age group.
- 13.1.6 325 people aged 60 or over are known to be caring for people with a learning disability, about a quarter of these are single carers. Increased life expectancy for people with some learning disabilities will mean that parent carers are caring further into old age than previously.

13.1.7 On occasions, carers are the perpetrator of abuse, often as a result of “reaching the end of their tether”. Multi-agency safeguarding arrangements acknowledge and cater for these eventualities.

13.2 What is known through consultation

13.2.1 The Government has reviewed its strategy on carers. As part of this development the Government commissioned an engagement programme with adult and young carers, professionals involved in implementing policy and members of the public. Key national headlines from this consultation include the following insights:

- Providing a caring role places considerable physical and emotional pressure on carers and many would like to see an increase in the provision of emotional support for carers
- The lack of availability of respite care and the lack of flexibility of respite services is an issue
- Carers believe that there needs to be improved access to information about support for carers
- Many carers experience inconsistencies in the care provided for them. This can lead to the cared for person becoming distressed when 'strangers' provide personal care for them
- Most carers become financially worse off once they take on the role of a carer, and having the opportunity to be able to go to work is perceived to be very important

13.2.2 Warwickshire has undertaken its own consultation in which a total of around 500 responses were obtained. When asked to rate their top priority, financial assistance ranked most highly amongst carers, followed by practical help/emotional support and respite. Whilst few identified carer health issues as their number one concern, significant numbers of people ranked it within their top three concerns.

13.2.3 Consultation dating back to 2003 also suggests that people wanted greater recognition of their caring role and their expertise as carers. There was also felt to be a need for carers to have more real choice about whether or not to continue their caring role.

13.3 Services in Warwickshire Now

13.3.1 In 2007-08 Warwickshire County Council provided just under 6,500 carers with an assessment, either individually or as part of the assessment of the person for whom they care. The vast majority (800) were aged between 18 and 64; however, there were also a significant number of carers aged over 65.

- 13.3.2 The vast majority of carers who received an assessment were looking after someone who is over the age of 65, with a further 1,500 looking after a younger adult, most often with a physical disability.
- 13.3.3 Approximately two thirds of those who receive an assessment are supported with information and advice, whilst the other third receive a funded service such as respite care.
- 13.3.4 Data suggest that people who are looking after someone with a Learning disability are far more likely to go on to receive a service than those who care for someone with a Physical Disability.
- 13.3.5 Warwickshire received a carers' grant allocation from Central Government of almost £2m for 2008/09; this was supplemented by a further £160,000 from mainstream resources. Warwickshire County Council currently provides a range of carers' services including:
- Carers' short breaks
 - Carers' support services
 - Children's Services
 - Emergency Respite Services
 - Carers' specific training
 - Carers' one-off payments
- 13.3.6 Short breaks services and carers one off payments are at or exceeding capacity in all districts, with particular areas of pressure in Rugby and South Warwickshire for short breaks. Breaks services for those caring for people with learning disability are also at capacity. The availability of services to support those caring for people with Dementia is uneven, with less support available to those in the north.
- 13.3.7 There are no outreach or out of hours provision across the county to support people who are labelled as having challenging behaviour or who have an episode of acute mental health. This frequently results in people having to leave their own home and being admitted into hospital such as Brooklands.
- 13.3.8 National indicators suggest that Warwickshire County Council is providing significant numbers of carers with a service each year especially when compared with other local authorities. A fact recognised by CSCI inspectors who have given praise for the expansion of services to carers over recent years.
- 13.3.9 Two areas are highlighted through inspection as needing addressing: firstly, breaks for carers of people with complex needs, and secondly, the ability of services to enable carers to gain or maintain employment.

13.4 Plans for the Future

- 13.4.1 The short breaks service for Older People and People with a Physical Disability was tendered in 2007-08 with a brief from carers to be more flexible, easier to access and with longer breaks.
- 13.4.2 The “In Your Place” service for home based respite of up to 72 hours is being expanded to include younger people with Physical Disabilities and includes an emergency response element.
- 13.4.3 The County Council’s review of bed based short breaks has resulted in a new respite service for carers of people with learning disability being developed in Stratford, and an increase in capacity in Nuneaton and Bedworth. Similarly a respite review by the NHS has resulted in additional provision to cover the north of the County.
- 13.4.4 Warwickshire has established that there is a need to achieve equity across client groups and across the County and increase the take up of short breaks by BME carers.
- 13.4.5 NHS Warwickshire has plans to implement annual physical health checks for this vulnerable client group, and to ensure that mainstream health services are sensitive to people with Learning disabilities and difficulties. In addition, a Learning disability Outreach Service is planned, to supplement current services and support people with learning disabilities to live healthy and independent lives.

13.5 In Conclusion

- 13.5.1 Current demand for services to carers is in the main not being met by the volume of current provision. The predicted increase in the number of people taking up a caring role cannot be met without some increase in provision.
- 13.5.2 Feedback from service users and carers themselves suggests that it is not merely the availability of services that is critical to securing people’s ability to continue to continue their caring role, but the type and flexibility of services available, for example being able to take a break at short notice or at a time that suits the carer. This adds further complexity to the challenge of meeting current demand and future expanding demand with services of quality that can be delivered within a realistic financial envelope.
- 13.5.3 Failure to meet the needs of carers may result in increased need to provide Service User services as a result of carers’ physical and/or emotional breakdown.