



Title: Update on the South Warwickshire Health and Wellbeing Partnership

**For further information about this
report please contact**

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Wards of the District directly affected

ALL

**Is the report private and confidential
and not for publication by virtue of a
paragraph of schedule 12A of the
Local Government Act 1972, following
the Local Government (Access to
Information) (Variation) Order 2006?**

NO

**Date and meeting when issue was
last considered and relevant minute
number**

Background Papers

Nil

Contrary to the policy framework:

No

Contrary to the budgetary framework:

No

Key Decision?

No

**Included within the Forward Plan? (If yes include reference
number)**

No

Equality and Sustainability Impact Assessment Undertaken

Yes

Officer/Councillor Approval

Officer Approval

Date

Name

Chief Executive/Deputy Chief
Executive

N/A

Andrew Jones

Head of Service

02/03/2018

Marianne Rolfe

CMT

N/A

Section 151 Officer

N/A

Monitoring Officer

N/A

Finance

N/A

Mike Snow

Portfolio Holder(s)	02/03/2018	Councillor Andrew Thompson
Consultation & Community Engagement		
Final Decision?		No
Suggested next steps (if not final decision please set out below)		

1. SUMMARY

- 1.1 The report provides an update on the work of the South Warwickshire Health and Wellbeing Partnership referred to as 'the Partnership'.

2. RECOMMENDATIONS

- 2.1 That the committee note the report
- 2.2 That the committee considers how the Council's health scrutiny function will be fulfilled as it has become clear that the Partnership will not carry out this role.

3. REASONS FOR THE RECOMMENDATIONS

- 3.1 The report provides an update on the work being undertaken to achieve Objectives1 & 2 of the Council's Health and Well Being approach which are 'To embed HWB at a strategic level' and 'To promote HWB to the wider community'.
- 3.2 The terms of reference (Appendix 2) stipulate that the purpose of the Partnership is to:
- Align the strategic direction of the various partners
 - Agree and prioritise shared actions to address local needs across Warwick and Stratford Districts
 - Improve health and reduce health inequalities
- 3.3 It's been agreed by the Partnership that the membership of the group should replicate the same partnership arrangements in the north of the County and include the Portfolio Holder/s and the health lead officers from the key partner agencies. This does not include the scrutiny function which the group believe is delivered by the County Joint Health Scrutiny Committee otherwise known as the Adult and Social Care Committee

4. POLICY FRAMEWORK

4.1 Fit for the Future (FFF)

The Council's FFF Strategy is designed to deliver the Vision for the District of making it a Great Place to Live, Work and Visit. To that end, amongst other things, the FFF Strategy contains several Key projects. This report shows the way forward for implementing a significant part of one of the Council's Key projects.

The FFF Strategy has 3 strands: People, Services and Money – and each has an external and internal element to it. The table below illustrates the impact of this proposal, if any, in relation to the Council's FFF Strategy.

FFF Strands		
People	Services	Money
External		
Health, Homes, Communities	Green, Clean, Safe	Infrastructure, Enterprise, Employment
<u>Intended outcomes:</u> Improved health for all Housing needs for all met Impressive cultural and sports activities Cohesive and active communities	<u>Intended outcomes:</u> Area has well looked after public spaces All communities have access to decent open space Improved air quality Low levels of crime and ASB	<u>Intended outcomes:</u> Dynamic and diverse local economy Vibrant town centres Improved performance/ productivity of local economy Increased employment and income levels
Impact of Proposals		
The recommendations seek to deliver interventions that will have a positive impact on health, homes and communities	The recommendations seek to deliver interventions that will have a positive impact on our environment	The recommendations seek to deliver interventions that will have a positive impact on our local economy
Internal		
Effective Staff	Maintain or Improve Services	Firm Financial Footing over the Longer Term
<u>Intended outcomes:</u> All staff are properly	<u>Intended outcomes:</u> Focusing on our	<u>Intended outcomes:</u> Better return/use of

<p>trained</p> <p>All staff have the appropriate tools</p> <p>All staff are engaged, empowered and supported</p> <p>The right people are in the right job with the right skills and right behaviours</p>	<p>customers' needs</p> <p>Continuously improve our processes</p> <p>Increase the digital provision of services</p>	<p>our assets</p> <p>Full Cost accounting</p> <p>Continued cost management</p> <p>Maximise income earning opportunities</p> <p>Seek best value for money</p>
Impact of Proposals		
The recommendations seek to deliver interventions that will improve the effectiveness of our staff.	The recommendations seek to target services in the correct manner to ensure that they are fit for the future demands of those who live, work and visit.	The recommendations seek to ensure services are delivered to budget and help keep the Council on a firm financial footing.

4.2 Supporting Strategies

Each strand of the FFF Strategy has several supporting approaches; the relevant ones for this proposal include Health and Wellbeing and Sustainability. The proposals are in line with the Council's approaches and seek to underpin the Council's commitment as outlined in the FFF.

5. BUDGETARY FRAMEWORK

5.1 There are no specific budgetary requirements

6. RISKS

6.1 There are no risks proposed in this report

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 None

8. BACKGROUND

- 8.1 The establishment of the Partnership has been a slow process but it's now starting to gather momentum, achieving consistent engagement of agencies and is gaining clarity and consensus in terms of shared priorities.
- 8.2 The Partnership's Strategy and Implementation Plan is detailed in Appendix 1.
- 8.2 The Partnership last met on 27 February 2018. Key items of discussions and outcomes were as follows:

8.3 **WCC Health and Well Being Board (HWBB)**

The HWBB and the Coventry and Warwickshire Partnership Trust Board (CWPT) are merging under an alliance concordat. The current action plan will be revised and updated with a strong emphasis on place, prevention and homelessness following a mapping of all transformation information.

8.4 **Update on various work streams:**

- i. **Making Every Contact Count (MECC)** – Kate Rai (Public Health) presented to the WDC Health Officers Group in January 2018. Plans in progress to roll out this training to our contractors, benefits staff, tenancy support and other key front line workers. Re-designed MECC online training is available to all as well as face to face courses. This has also been picked up via the Housing and Health Board. MECC needs to be embedded in our commissioned services, social prescribing programmes etc.
- ii. **Mental Health First Aid Training** – Springfield Mind has been commissioned by Public Health to deliver this. Various teams within Housing have been identified and Lisa Barker, WDC Head of Housing is overseeing this roll out. It will then be made available to other WDC front line staff later in the year.
- iii. **Homelessness** – Cllr Les Caborn informed the meeting that WCC has allocated £300k over 2 years to tackle the causes of homelessness (with a specific focus on drugs and alcohol). This will be a coordinated countywide strategic approach and to this end Lisa Barker is establishing a Homelessness Forum, reporting to the Housing and Health Board. Elements of the work programme are:

Creating an outreach post – going to a place of convenience for that individual – assessing needs and prescribing accordingly

'Homeless Link' – a health needs advice tool which can be used to assess the local homeless population and compare to county and national populations

Map homelessness – statutory and transitional

There was much discussion within the meeting on this topic. Reference was made to the importance of public perception and the impact, negative and positive, of past campaigns 'Killing with Kindness' and 'Think before you give'. Campaigns need to offer solutions i.e. a better pathway. Up until now messages are confusing and the public are not sure how best to help.

All acknowledged this very visible problem is escalating with people coming into Stratford, Leamington and Warwick from further afield. Leamington's voluntary sector provision in particular for the homeless and rough sleepers is exceptional and this is the main reason numbers are increasing.

There is a lack of understanding of 'homelessness' with the exception amongst those who work at 'the coalface'. There is a need to distinguish between rough sleepers and homeless people as the remedies are different.

iv. **Place based Joint Strategic Needs Assessment (JSNA)**

WDC is participating in the Joint Strategic Needs Assessment process. This assessment reviews the current situation and health & well being needs of individual places within Warwickshire. The needs assessment is used to support the public health priorities with evidence and allow the specific targeting of health and well being resources to address needs. This is the first time that the needs assessments will be conducted at a 'place' level (areas of populations 30-50,000 density) .

Wave 1 is about to be rolled out and for Warwick District this covers Leamington, Whitnash and Bishops Tachbrook. Each wave will take approximately 6 months to complete.

There will be a launch event in early April in each of the geography areas across the county however given the size and diversity of Warwick District's geographies there will possibly need to be a local event in each area to get maximum community engagement. The launch events coincide with the Out of Hospital Programme of Consultation and therefore there's a focus on the older, frailer population so extra effort will be required to engage other age groups.

The lead elected member (Andrew Thompson) and lead officer (Marianne Rolfe) who represent WDC on the JSNA Strategic Group

will oversee the Council's input into this process i.e. provision of local intelligence and information with the Community Partnership Team being the main facilitator.

Town and Parish Councillors will also need to be engaged in the process.

Emily Fernandez will circulate the table of shared indicators (Appendix 1) aligned to the Place Based Geographies highlighting the priority level of each indicator in each area.

Members asked to have input into the selection of geographies for Wave 2.

WDC expressed concern at the size of Leamington as one geography given that Atherstone, as a pilot, took a year to complete.

8.4 Joint Healthy South Warwickshire Funding 2017/18

Emily Fernandez provided a summary of how the current year's fund had been allocated:-

Warwick District – 2 awards

Amber Care Solutions 'Passport to Health' Project - working with targeted groups within the community to address lifestyle risks. They've been very successful in Nuneaton & Bedworth and Sutton Coldfield. Could be a good referral for GPs/Social Prescribing

Sydni – development of South Leamington Social Prescribing Service building on success of Sydenham SPP

Stratford District – 1 award

'Green Therapy' – outdoor version of social prescribing targeting socially isolated and those suffering from Dementia.

Warwick and Stratford Districts – 1 joint award

Heart of England Mencap 'Being Healthy' – targeting carers of adults with learning difficulties with a focus on wellbeing, nutrition etc.

It was suggested and agreed that JHSW funding for 2018/19, instead of going out to tender, should be used to directly support the delivery of the Partnership's shared priorities in conjunction with other funding streams e.g. suicide prevention money, homelessness funding.

8.5 Membership of the Partnership

- 8.5.1 It was agreed that VCS input should be on a co-opted basis according to the priorities/themes the Partnership is focusing on.
- 8.5.2 There are a number of members on the Partnership that sit on the Third and Public Sector Advisory Group and therefore provide a consistent communication link.
- 8.5.3 It was agreed that GP representation on the Partnership would be advantageous.
- 8.5.4 It was agreed that elected member representation should comprise of the Portfolio Holders from WDC and SDC.

APPENDIX 1



South Warwickshire Health and Wellbeing Partnership Strategy and Implementation Plan 2017-2019: *South Warwickshire Delivery of the Countywide HWB Strategy*



Stratford and Warwick Health and Wellbeing performance tables, the SWCCG JSNA Health profile and PHE Health profiles for Stratford and Warwick, were reviewed for indicators that identified both or either localities as performing similar or worse than the Warwickshire and England averages.

Warwick & Stratford Health & Wellbeing Indicators

Indicator	Measure	Geography	Year 1		Year 2		Year 3		Warwickshire	England
Life expectancy at birth – Male	Years	Warwick	2011-13	80.5	2012-14	80.9	2013-15	81.1	80.0	79.5
		Stratford-on-Avon		80.7		80.9		80.9		
Life expectancy at birth – Female	Years	Warwick	2011-13	84.4	2012-14	84.5	2013-15	84.4	83.6	83.1
		Stratford-on-Avon		85.0		84.6		84.6		
Mortality from cardiovascular (<i>under 75</i>)	per 100,000	Warwick	2011-13	65.1	2012-14	67.1	2013-15	65.7	67.8	74.6
		Stratford-on-Avon		58.1		58.1		57.2		
Mortality from cancer (<i>under 75</i>)	per 100,000	Warwick	2011-13	127.0	2012-14	127.4	2013-15	126.1	130.6	138.8
		Stratford-on-Avon		113.1		126.1		125.1		
Infant mortality	per 1,000	Warwick	2011-13	3.4	2012-14	2.8	2013-15	3.3	4.4	3.9
		Stratford-on-Avon		3.9		4.3		4.7		
Smoking prevalence - adults (<i>over 18s</i>)	%	Warwick	2013	19.0	2014	14.6	2015	9.8	12.1	16.9
		Stratford-on-Avon		14.2		11.5		11.9		
Hospital stays for alcohol-related harm	per	Warwick	2012-13	580	2013-14	631	2014-15	580	590	641

	100,000	Stratford-on-Avon Warwick		518		591		563		
Excess weight in 4-5 year olds	%		2013-14	17.5	2014-15	18.3	2015-16	20.8	21.3	22.1
		Stratford-on-Avon Warwick		18.6		19.5		19.1		
Excess weight in 10-11 year olds	%		2013-14	29.0	2014-15	26.8	2015-16	28.1	32.6	34.2
		Stratford-on-Avon Warwick		28.4		27.8		28.6		
Excess weight in adults	%		-	-	2012-14	61.0	2013-15	58.5	65.0	64.8
		Stratford-on-Avon county				65.3		63.7		
Utilisation of outdoor space for exercise/ health reasons	%	county	Mar 12- Feb 13	14.0	Mar 13- Feb 14	18.1	Mar 14- Feb 15	11.3	11.3	17.9
Excess under 75 mortality rate in adults with serious mental illness	ratio	county	2012-13	365.5	2013-14	423.0	2014-15	414.9	414.9	370.0
Smoking status at time of delivery	%	SW CCG	2013-14	8.3	2014-15	8.7	2015-16	7.7	-	10.6
Modelled prevalence of young people aged 16-17 who regularly smoke	%	Warwick	-				2009-12	14.6	14.9	14.7
		Stratford-on-Avon						15.8		
Dementia prevalence (<i>all ages</i>)	%	SW CCG	2013-14	0.7	2014-15	0.8	2015-16	0.9	0.79	0.76
Suicide rate (<i>persons</i>)	per 100,000	Warwick	2011-13	15.2	2012-14	16.6	2013-15	14.4	11.8	10.1
		Stratford-on-Avon		8.1		10.9		10.9		
Overall satisfaction of people who use services with their care and support	%	county	2013-14	62.6	2014-15	61.2	2015-16	66.7	66.7	64.4
Adult social care users who have as much social contact as they would like	%	county	2013-14	45.6	2014-15	41.1	2015-16	40.6	40.6	45.4

Self-reported wellbeing – people with a low happiness score	%	county	2013-14	9.2	2014-15	7.2	2015-16	6.5	6.5	8.8
Children in low income families <i>(under 16s)</i>	%	Warwick	2012	10.3	2013	10.2	2014	10.7	14.0	20.1
		Stratford-on-Avon		9.1		8.5		9.7		
Excess Winter Deaths Index <i>(all ages)</i>	ratio	Warwick	Aug 12-Jul 13	11.1	Aug 13-Jul 14	9.1	Aug 14-Jul 15	13.5	25.2	27.7
		Stratford-on-Avon		13.4		12.3		28.0		
Excess Winter Deaths Index <i>(over 85s)</i>	ratio	Warwick	Aug 12-Jul 13	16.0	Aug 13-Jul 14	25.4	Aug 14-Jul 15	29.9	30.4	40.1
		Stratford-on-Avon		15.9		3.2		26.4		
Hospital admissions caused by unintentional and deliberate injuries in children, aged 0–4	per 10,000	Warwick	2013-14	177.0	2014-15	173.6	2015-16	158.6	158.6	129.6
		Stratford-on-Avon		163.0		172.6		123.9		
Elective admissions for hip replacement	per 100,000	Warwick	2009-10	144.7	2010-11	122.6	2011-12	118.3	129.8	125.9
		Stratford-on-Avon		142.9		136.3		133.6		
Hip fractures in people aged 65+	per 100,000	Warwick	2012-13	452	2013-14	539	2014-15	432	576	571
		Stratford-on-Avon		507		554		558		
Killed or seriously injured on roads	per 100,000	Warwick	2011-13	35.8	2012-14	34.2	2013-15	36.1	55.8	38.5
		Stratford-on-Avon		74.4		76.2		77.4		
Provides unpaid care	%	Warwick	-		2001	9.8	2011	9.8	10.9	10.2
		Stratford-on-Avon				10.3		11.3		
Percentage of adults binge drinking in heaviest drinking day	%	county	-				2011-14	20.1	20.1	16.5

Percentage who eat 5 portions or more of fruit & veg per day	%	county	-				2014-15	53.5	53.5	52.4
Breast cancer incidence rate	per 100,000	SW CCG	2012	198.0	2013	185.8	2014	190.2	-	173.4
Colorectal cancer incidence rate	per 100,000	SW CCG	2012	74.5	2013	77.5	2014	65.4	-	70.4
Prostate cancer incidence rate	per 100,000	SW CCG	2012	163.6	2013	186.2	2014	160.3	-	177.6
Stroke prevalence (<i>all ages</i>)	%	Warwick	2012-13	1.7	2013-14	1.7	2014-15	1.8	1.8	1.7
		Stratford-on-Avon		1.9		1.9		2.0		
Recorded diabetes	%	Warwick	2012-13	5.0	2013-14	5.3	2014-15	5.4	6.1	6.4
		Stratford-on-Avon		5.1		5.3		5.4		
Statutory homelessness – households in temporary accommodation	per 1,000	Warwick	2013-14	0.2	2014-15	0.3	2015-16	0.3	0.7	3.1
		Stratford-on-Avon		0.4		0.5		0.7		
Proportion of all dependent children under 20 in relative poverty (<i>living in households where income is less than 60 per cent of median household income before housing costs</i>)	%	Warwick	2012	9.9	2013	9.6	2014	10.4	13.5	19.9
		Stratford-on-Avon		8.6		8		9.4		
Proportion of children living in all out of work benefit claimants households	%	Warwick	2013	8.9	2014	8.1	2015	7.1	9.8	14
		Stratford-on-Avon		7.6		6.5		6.2		
Emergency Hospital Admissions for Intentional Self-Harm	Per 100,000	Warwick	2013-14	182.5	2014-15	141.2	2015-16	173.0	195.7	196.5
		Stratford-on-Avon		173.2		156.5		170.4		
Proportion of all mothers who breastfeed their babies in the first 48hrs after delivery	%	Warwick			2013/14	78.2	2014/15	69.1	72.1	74.3
		Stratford-on-Avon				76.7		74.3		

Proportion of all infants due a 6-8 week check that are totally or partially breastfed	%	Warwick			2013/14	54.3	2014/15	58.9	46.9	43.8
		Stratford-on-Avon				50.8		54.3		
Proportion of people (18+) in contact with mental health services when they access services for drug misuse	%	County	2013/14	14.2	2014/15	11.9	2015/16	14.2	14.2	22.1
Proportion of people (18+) in contact with mental health services when they access services for alcohol misuse	%	County	2013/14	16.8	2014/15	16.2	2015/16	15.9	15.9	20.8
Proportion of population aged 16+ with an eating disorder ^j	%	Warwick	2014	6.6	2015	6.5	2016	6.5	6.0	6.3
		Stratford		5.5		5.5		5.5		
Number of finished admission episodes ⁱⁱ with a primary diagnosis ⁱⁱⁱ for 'eating disorder' ^{iv}	Number	SW CCG	2013-14	47	2014-15	60	2015-16	47	-	-
Proportion of adult social care users who have as much social contact as they would like	%	County	2013/14	45.6	2014/15	41.1	2015/16	40.6	40.6	45.4

■ The District/County is significantly worse than the England average
■ The District/County is significantly similar to the England average
■ The District/County is significantly better than the England average

¹ Estimated prevalence of eating disorders in the population aged 15+ produced by applying the age-specific estimates from the APMS to the mid-year population.

¹ A finished admission episode (FAE) is the first period of admitted patient care under one consultant within one healthcare provider. FAEs are counted against the year or month in which the admission episode finishes. Admissions do not represent the number of patients, as a person may have more than one admission within the period.

¹ The primary diagnosis is the first of up to 20 (14 from 2002-03 to 2006-07 and 7 prior to 2002-03) diagnosis fields in the Hospital Episode Statistics (HES) data set and provides the main reason why the patient was admitted to hospital.

¹ Includes anorexia, bulimia, overeating associated with other psychological disorders, vomiting associated with other psychological disturbances and other eating disorders

In summary and of note:

- Utilisation of outdoor space – Warwickshire is significantly worse than the England average.
- Dementia prevalence – Warwickshire is significantly worse than the England average and SWCCG is significantly worse than the England average.
- Suicide rate – Warwickshire is significantly worse than the England average, Warwick is significantly worse than the England average and Stratford is similar to the England average.
- Hospital admissions caused by unintentional and deliberate injuries in children aged 0-4 – Warwickshire is significantly worse than the England average, Warwick is significantly worse than the England average and Stratford is similar to the England average.
- Killed and seriously injured on roads – Warwickshire is significantly worse than the England average, Stratford is significantly worse than the England average and Warwick is similar to the England average.
- Stroke – Warwickshire is significantly worse than the England average.
- Proportion of all mothers who breastfeed their babies in the first 48 hours after delivery – Warwickshire is significantly worse than the England average, Warwick is significantly worse than the England average and Stratford is similar to the England average.

Warwick District Priorities

Breast feeding initiation

Early cancer diagnosis

Suicide Rates

Alcohol consumption <18

Infant mortality

Killed or seriously injured on roads

Injuries

<75 cancer mortality

Excess winter deaths

Stratford District Priorities

Smoking

Financial Inclusion

Dementia Support

Stroke prevalence

Transport (rural)

Hospital access

Rural isolation

Fuel Poverty/Excess winter deaths

Homelessness

South Warwickshire Health and Wellbeing Partnership - Strategic Priorities and Implementation Plan Summary

Overarching Priority	Sub Priority	Strategic Link	Action for SWHWBP	Lead	Action Update
1. Fuel Poverty/Excess Winter Deaths		Place based JSNA			
2. Lifestyle risks	Smoking, alcohol consumption, increased physical activity	Place based JSNA, HWBB (prevention), STP			
3. Reducing premature mortality and morbidity	Early diagnosis, <75 mortality and stroke prevalence	Place based JSNA, HWBB (prevention), STP			
4. Loneliness and social/rural isolation	Transport and hospital access	Place based JSNA			
5. Homelessness		Place based JSNA, HWBB (prevention)			
6. Mental health	Suicide prevention	Place based JSNA, HWBB (prevention),			

	and wellbeing	and dementia	STP
7.	0-5 early years	Breast feeding initiation and preventing infant mortality, unintentional and deliberate injuries	Place based JSNA, HWBB (prevention)
8.	Killed and seriously injured on roads		Place based JSNA

APPENDIX 2

South Warwickshire – Joint Health & Wellbeing Partnership Group

Terms of Reference

1. The role of the Group

The purpose of the Group will be to advance the health and wellbeing of local people and to encourage people and organisations who arrange for the provision of health and or social care services in the area to work a. in an integrated manner and b. closely with people and organisations who arrange for the provision of any health related services in the area.

It will take account of the joint strategic needs assessments at County and local level and consider how best to formulate and take forward a South Warwickshire Joint Health and Wellbeing Strategy and Commissioning framework including where appropriate, making recommendations to encourage the use of pooled resources where this will lead to better service delivery.

The Group will **aim to achieve its purpose** by aligning the strategic direction of the various bodies, prioritising actions and presenting clear plans of what will be done locally to address needs, improve health and reduce health inequalities.

Key to this will be:-

- Working to minimise duplication and where possible maximising the cost effectiveness of services by integrating business action plans;
- Co-ordinating of actions between partners and taking a joint approach to public communication on partnership issues including consultation in appropriate cases with service users and carers about service development which will affect them.

The Group will **monitor progress against agreed actions** in local plans and against nationally set outcomes and seek to ensure that **action is taken to improve outcomes** where appropriate.

This will include agreeing an **annual work programme** and producing **annual reports** of progress in relation to the **agreed action plans**.

2. Membership of the Group

It will be for the constituent bodies to agree who their representatives will be, but based on attendance to date the following is proposed for consideration by partners.

- South Warwickshire Accountable Officer,
- South Warwickshire CCG Clinical Lead for Health & Wellbeing
- Stratford and Warwick District Council, Council Portfolio Holder for Health
- Stratford and Warwick District Council Chief Executive
- Stratford and Warwick District Council, Assistant Directors Leisure & Community Development and Housing.
- Warwickshire County Council, Strategic Commissioning, Service Manager. Integration Frail Elderly
- Warwickshire County Council , Public Health Consultant in Public Health
- Warwickshire County Council, Lead Commissioner for Public Health

Where decisions of the group will require resources to be committed by constituent bodies, group representatives will seek to obtain a decision on whether to the commit or otherwise of resources in a timely way.

3. Meetings

Meetings will take place at least 4 times a year on dates and times to be agreed annually.

Agendas and supporting documents will be issued at least one working week before each meeting with notes being produced and circulated within 10 working days of the meeting.

The Group will **report** to the local Community Partnership, CCG and where appropriate Warwickshire Health & Wellbeing Board.

The structure and membership and activities of the group will be **reviewed annually**

ⁱ Estimated prevalence of eating disorders in the population aged 15+ produced by applying the age-specific estimates from the APMS to the mid-year population.

ⁱⁱ A finished admission episode (FAE) is the first period of admitted patient care under one consultant within one healthcare provider. FAEs are counted against the year or month in which the admission episode finishes. Admissions do not represent the number of patients, as a person may have more than one admission within the period.

ⁱⁱⁱ The primary diagnosis is the first of up to 20 (14 from 2002-03 to 2006-07 and 7 prior to 2002-03) diagnosis fields in the Hospital Episode Statistics (HES) data set and provides the main reason why the patient was admitted to hospital.

^{iv} Includes anorexia, bulimia, overeating associated with other psychological disorders, vomiting associated with other psychological disturbances and other eating disorder