



Warwickshire Health and Wellbeing Strategy

2021-2026



Foreword



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

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

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

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

five years, as well as specific priorities we think we should focus on over the next two years.

This Strategy sets out our commitments and vision for improving health and wellbeing for Warwickshire. It is however the first step, and next we need to deliver on these commitments. To make sure that we get this right for our communities, we are taking a place-based approach to delivery. In Warwickshire, our 3 Places are:

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

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



Councillor Les Caborn

Chair of Warwickshire Health and Wellbeing Board



Introduction

What is the Health and Wellbeing Strategy?

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

The 2021-2026 HWS is informed by data and engagement evidence from our Joint Strategic Needs Assessment (JSNA) learning from our 2014-2020 Health and Wellbeing Strategy, as well as drawing on national research and good practice. Key stakeholders, including people living and working in Warwickshire, were consulted with during the early stages of strategy development. The findings from the consultation have been reflected within this final draft. The HWS responds to the rapidly changing context for health and social care by setting out a five-year vision for health and wellbeing in Warwickshire. It will be used by local health and care partners to inform plans for commissioning services and to shape how we will work together to address the wider determinants of health.

Our long-term strategic ambitions for Warwickshire are:

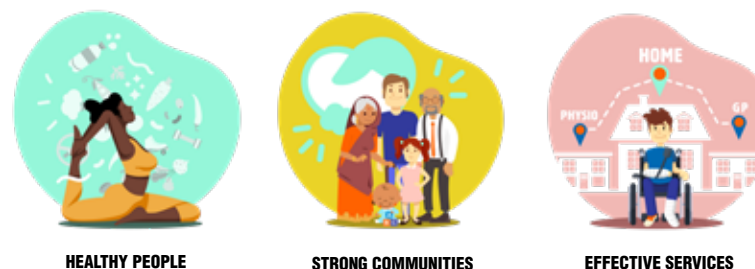


Figure 1: Coventry and Warwickshire's Strategic ambitions (HCP, 2019)

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

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

To deliver on these ambitions in Warwickshire, the HWB has agreed three priority areas to focus on over the next two years.

Priorities for Warwickshire:

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

Within Warwickshire health and wellbeing outcomes can differ dependent where you live. For example, males living in the north of the county in Nuneaton and Bedworth Borough die on average 3.6 years earlier when compared with males living in the south of the county in Stratford on Avon District ¹. To make sure that we are getting things right for each area we have established local Health and Wellbeing Partnerships (HWP) for North, Rugby, and South Warwickshire. Each HWP is developing an action plan outlining how they will focus on our county-wide priorities in a way that meets the health and wellbeing needs of North, Rugby, and South Warwickshire.

We will routinely monitor our performance in outcomes related to these priorities and after two years we will evaluate if these should remain our priorities for a further two-year period, or if there are other areas we should focus on to help achieve our long-term strategic ambitions. However, the HWB partners recognise that we are still yet to understand the full impact of Covid-19 across all areas of health and wellbeing. With this in mind, we will be monitoring progress against our priority areas regularly to understand if our two-year timeframe needs to change.



OUR journey - Where we are now

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

There has been stronger partnership working, however it is acknowledged that we do not always join up what we do and make the connections between different areas of work. This means we may miss opportunities to identify synergies and complementary activity and do not always get the best outcomes as a result. To do this better we are adopting a 'population health' approach which takes a holistic view of everything that impacts on people's health and wellbeing. A population health approach pays greater attention to the connection between four areas that influence health and wellbeing (figure 2). These areas are *the wider determinants of health, health behaviours and lifestyles, the place and communities we live in and with, and an integrated health and care system*.

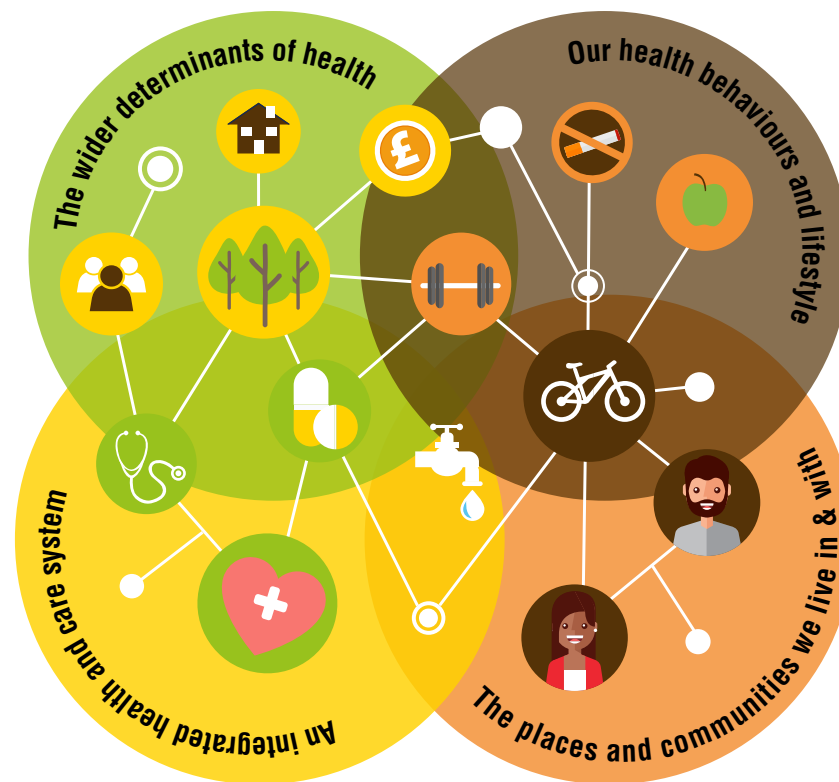
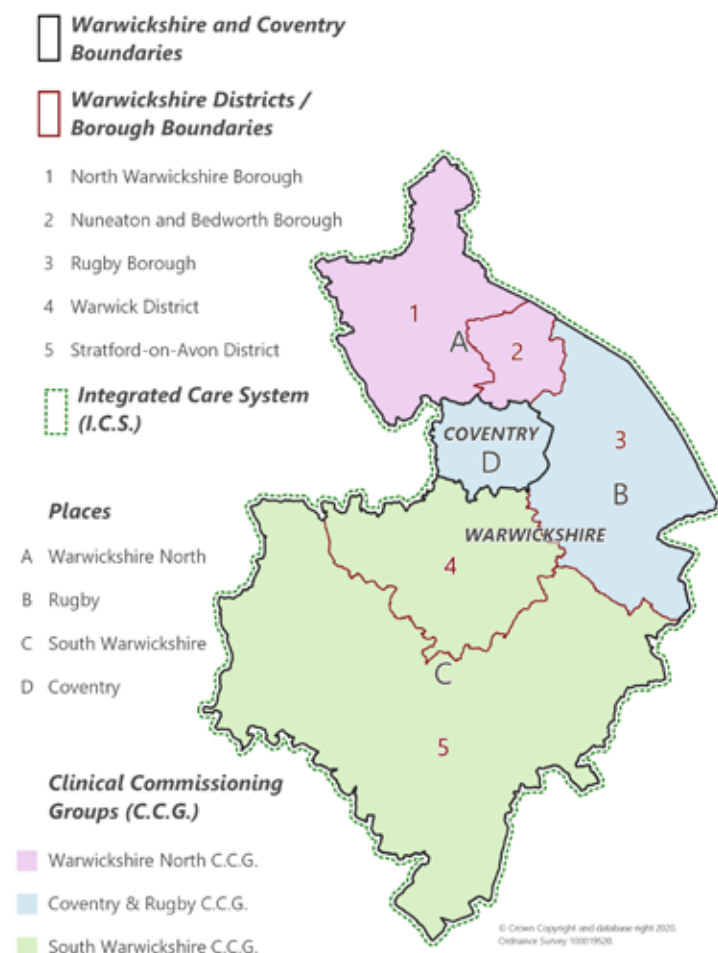


Figure 2: Population health model (Kings Fund, 2019)



Joint Strategic Needs Assessment

To inform the development of the new HWS we have undertaken research and engagement as part of the Joint Strategic Needs Assessment (JSNA) process. We used an approach that focused on the health needs of people within each local HWP (figure 3). By undertaking this approach we have been able to identify the needs and priorities within the North, Rugby, and South Warwickshire and ensure our recommendations are tailored to each place.



Over the last two years we have been building our understanding of assets and needs across the county through analysis of evidence from a wide range of sources. As part of our JSNA we have talked to over 2,000 residents and professionals and over 300 community organisations about the key issues facing local communities. In light of the Covid-19 outbreak we undertook further engagement in September 2020 and heard from over 2,500 residents on how life had changed for them since the outbreak. These findings reflect a snapshot in time and over the next few years data may have changed as the lasting impact of the pandemic continues to emerge.

From this, we know that:

- Overall health in Warwickshire is above average but varies, with residents in more deprived parts living shorter lives and spending a greater proportion of their lives in poor health.** In less deprived parts of the county males can expect to live over 9 years longer and females 5 years longer than those in more deprived areas². People are spending more of their later years in ill-health – over 18 years for men and nearly 20 years for women³. There are avoidable differences in health outcomes, often linked to smoking, alcohol consumption, obesity and lack of physical activity. There is a need for better communication and advice to help people lead a healthy and independent life.
- Children and younger people have increasing needs.** Nearly one in three children age 10-11 are overweight or obese⁴. Increasing numbers of children aged 0-14 are being admitted to hospital with injuries and hospital admissions have also increased for alcohol specific conditions in under 18s^{5,6}. There are growing concerns regarding mental health issues and self-harm rates among young people (age 10-24)⁷. With the number of school children forecast to increase by over 4,000 by 2025 the demand on support services is likely to increase⁸.
- Around one in four adults experience mental health problems, but the county has seen an improvement in the suicide rate.** Levels of suicide in Warwickshire have historically been higher than the England average. However, following a large programme of work aimed at

suicide prevention, local rates are now in line with the England average⁹. With awareness of mental health increasing and changes in underlying risk factors, more adults and young people are likely to present to health services with a mental health need by 2025.

Covid-19 impact: We know that for many people mental health and wellbeing has been negatively impacted as a result of the pandemic response. Local mental health support services reported seeing more people experiencing anxiety disorders¹⁰ and the Warwickshire COVID-19 Survey found an increase in self-harming behaviours among people with pre-existing mental health conditions.

- **Warwickshire has a growing older population.** There are more people over the age of 65 than the national average (20.8% in Warwickshire and 18.4% for England) and those over 85 are expected to almost double from 16,561 in 2020 to 30,132 in 2040. The prevalence of dementia (all ages) is higher than the national average in South Warwickshire (similar to the national average for Coventry and Rugby and below the national average for Warwickshire North)¹¹. Across the CCG as the whole, the estimated dementia diagnosis rate for those aged 65 and above is below the national average¹². These issues put pressure on services and carers who provide support. We need to focus on preventative health in the younger and working age population now to help manage future demand on health and care services.
- **Despite the county's comparatively good performance on education and skills and economic growth, pockets of deprivation limit people's opportunities to succeed in life.** 6 Lower Super Output Areas (LSOAs) are in the 10% most deprived nationally. A further 16 LSOAs are in the second most deprived decile, and 26 are in the third most deprived decile. 12% of children (11,400) live in low-income households. Social inequalities and life chances are already established from these early years of life. .

Covid-19 impact: Across Warwickshire the percentage of working age people receiving Job Seekers Allowance plus those receiving Universal Credit was gradually increasing from 1.9% in April 2019 to 2.2% in March 2020. Across Warwickshire the highest rates were in Nuneaton and Bedworth Borough

which were consistently higher than the England rate, and the lowest were in Warwick and Stratford Districts. However, since the first lockdown, claimant rates increased significantly across the county, with each district and borough seeing at least double the number of claimants. North Warwickshire saw the biggest percentage increase in claimants when comparing rates between May 2019 and May 2020¹³.

- **Inequalities in health exist between White and Black, Asian and Minority Ethnic communities.** Individuals from a Black, Asian and Minority Ethnic (BAME^a) background are highlighted to potentially have greater rates of mental health illness compared to White British individuals. People from ethnic minority groups are at higher risk of being out of work; prior to Covid-19 the rate of unemployment in some ethnic minority communities was 6.1% compared to 3.5% for people from a white background¹⁴.

Covid-19 impact: People from BAME groups were more likely to be at increased risk of exposure to Covid-19 than White British groups during the first wave of the pandemic, often due to working in frontline or essential services. Mortality rates were highest among South Asian and Black Caribbean groups¹⁵.

- **The county has a higher level of homelessness than other areas.** We know that good quality housing leads to better health and wellbeing as it indirectly affects early years outcomes, educational achievement, economic prosperity, mental health and community safety¹⁶.

Covid-19 impact: Under the 'everyone in' directive we supported 139 rough sleepers to access emergency shelter who had not been assessed formerly to be owed a statutory duty to accommodate. Wider financial impacts of the pandemic have led to an increase in people concerned about meeting housing costs.³

^aWe use the acronym BAME throughout this strategy. However, we recognise its limitations as a term that combines and, therefore, dilutes the experiences of Black, Asian and other minority ethnic groups. WCC is actively seeking ways to address this by holding discussions about the use of the acronym BAME, the impact of the term and potential alternative terms that may be more suitable.

- **Poor transport links in some parts of the county contribute to loneliness and social isolation.** Nearly a third of people live in rural areas in Warwickshire, often with poor public transport links, which can make it difficult to access services, and over one in three of the population over 65 report they are lonely some or all of the time¹⁷.
Covid-19 impact: Residents feel less comfortable about using public transport due to concerns of exposure to COVID-19³.
- **Road safety** – a higher rate of people are killed and seriously injured on roads in Warwickshire when compared to the England average. This is compounded by rapid population growth in areas such as Rugby resulting in pressure on services, increased road traffic, and poorer air quality in some of our town centres.
Covid-19 impact: Warwickshire residents have walked or cycled more during the pandemic, however the most common barrier to opting to walk or cycle more is concern about traffic and other road users³.
- **Air quality** – improving air quality and taking action on climate change has significant benefits both for our local environment and our health and wellbeing, including reducing the risk of developing or exacerbating respiratory illnesses.
Covid-19 impact: Reduced traffic during the pandemic has led to improved air quality; there is an opportunity to harness changes in behaviour made during the pandemic for longer-term environmental and health benefits. Additionally, when asked residents would feel most motivated to take local action on conservation and action on climate change within their local communities³.

- **Community capacity** – our JSNA has highlighted a wealth of voluntary and community activity. Community organisations are often best placed to address health challenges as they have networks, understanding and legitimacy. However, their resources are limited, and the public sector must change how it works with communities by shifting to an 'enabling' leadership style to join forces and build capacity.
Covid-19 impact: The grassroots response to mobilising mutual aid during the pandemic period has had a big impact on local volunteering, how it is perceived and how it can be promoted in the future.
- **Improvements to access and integration of services are needed, with a focus on self-care and prevention to help people stay well and ensuring a seamless experience of accessing care when help is needed.**
Covid-19 impact: Respondents reported access to services as a top priority and a third were uncertain about accessing these facilities compared to other settings during the initial lockdown period. For some the shift to digital GP appointments represented a more convenient way of accessing services, whilst others felt this did not adequately replace face to face contact¹⁸.

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

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

Where do we want to get to?

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



HEALTHY PEOPLE



STRONG COMMUNITIES



EFFECTIVE SERVICES

These ambitions are interdependent and the outcomes we hope to achieve are:

1. People will lead a healthy and independent life.

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

Direction of travel will be monitored through engagement activities with our communities and indicators such as:

- **Children and young people:** healthy weight; admissions for injuries; under 18 alcohol and drug admissions; child and adolescent mental health services (CAMHS) performance; children living in poverty; children and young people

who self-harm; school readiness; children physically active; mental health and wellbeing at Year 9; breast feeding rates at six weeks.

- **Working-age adults:** healthy life expectancy; physically active adults; overweight and obese; alcohol admissions; suicide rate; number of health checks; happiness/wellness; smoking status.
- **Older people:** falls; dementia diagnosis; flu immunisations; social isolation; support needs met by admission to residential and nursing care homes.

2. People will be part of a strong community.

By this we mean working together with communities and the voluntary and community sector (VCS) to create a healthy environment where everyone has the opportunity to thrive, with access to jobs, secure housing and social connections. We will take a strengths-based approach to build community capacity, increase levels of volunteering and social action, and will continue to build on our existing strong relationships with the VCS to enable and support new approaches to secure integrated, more efficient and community-led outcomes. We will co-produce services with our communities where possible to make sure they meet people's needs.

Direction of travel will be monitored through engagement activities with our communities and indicators such as:

- **Economic inclusion:** universal credit claimants; people in employment; gap in employment rate between those with mental health or learning disabilities and the overall employment rate; use of food banks; index of multiple deprivation; free school meals; digital and financial inclusion measures.
- **Housing and homelessness:** fuel poverty; statutory homelessness and priority need or in temporary housing; proportion of affordable homes being built; energy performance certificate (EPC) ratings of properties; those accessing support through citizens advice.

- **Transport and air quality measures:** level of air pollution; number of trips made using active travel methods; CO2 emissions; use of public transport.
- **Road Safety:** killed and seriously injured (KSI) casualties on England's roads.
- **Carers support:** percentage of adult carers who have as much social contact as they would like; carers wellbeing service measures.

3. People will experience effective and sustainable services.

These outcomes are also aligned to the Coventry and Warwickshire Health and Wellbeing Concordat, owned by the Health and Wellbeing Boards for both Warwickshire and Coventry. We will focus on the best way to achieve good outcomes for people, reduce the number of interactions people have with our services, and avoid multiple interventions. We will work together with VCS and HCP partners to focus on early intervention to prevent people from needing to use complex and specialist services. We will seek to develop accessible, responsive, and high-quality services that are designed in a way that seeks to reduce inequalities in health. We will co-produce services with key stakeholders where possible and work with service users to ensure cultural competence of materials and accessibility for a range of needs including people with learning disabilities.

Direction of travel will be monitored through engagement activities with our communities and indicators such as:

- **Quality of services:** emergency readmissions within 30 days of discharge; excess winter deaths, delayed transfers of care from hospital.
- **Access to services:** proportion of adults in the population in contact with secondary mental health services; proportion of patients satisfied with GP practice appointment time; active travel, access to open space; use of leisure centres; waiting times for Child and Adolescent Mental Health Services (CAMHS); referral to fitter futures; digital inclusion; walking and cycling routes; use of country parks.
- **Early intervention:** Uptake of health checks among people with learning difficulties and among people with serious mental illness; social prescribing measures; participation in VCS groups tackling mental health/loneliness; vulnerable persons seeking assistance/referrals; evaluation of social prescribing; number of schools and businesses signed up to Thrive.
- **Long term conditions:** people feeling supported to manage their condition.



How will we get there

We are working on a population health framework for Warwickshire to underpin everything we do as a health and wellbeing system to achieve our long-term vision for change. It is taken from a model developed by the King's Fund and is based on four areas that impact on people's health and wellbeing (figure 5). For Warwickshire this means:

- **Wider determinants** – working in partnership to tackle health inequalities through addressing the social determinants of health such as education, employment, income, housing, transport and a healthy environment.
- **Our health behaviours and lifestyles** – aligning and coordinating prevention programmes to maximise impact and tackle barriers to healthy lifestyle choices.
- **The places and communities we live in and with** – working together with our communities to mobilise solutions, informed by our understanding of local needs and assets from local data and intelligence.
- **An integrated health and care system** – health and social care commissioners and providers working together to commission and deliver services in Warwickshire.

We plan to invest in getting these foundations right and our plans will consider each of these components and the connections between them. Some of the outcomes related to our ambitions will be delivered indirectly by other strategies and plans, such as economic strategies and growth plans which will improve access to employment and training and therefore influence improvements in the wider determinants of health. Local development plans and core strategies that will set the vision for development and regeneration across Warwickshire and will provide key infrastructure and housing to meet local need. Similarly, the Local Transport Plan will support a shift in transport modes to more sustainable active travel that will provide greater opportunity for people to be physically active; and

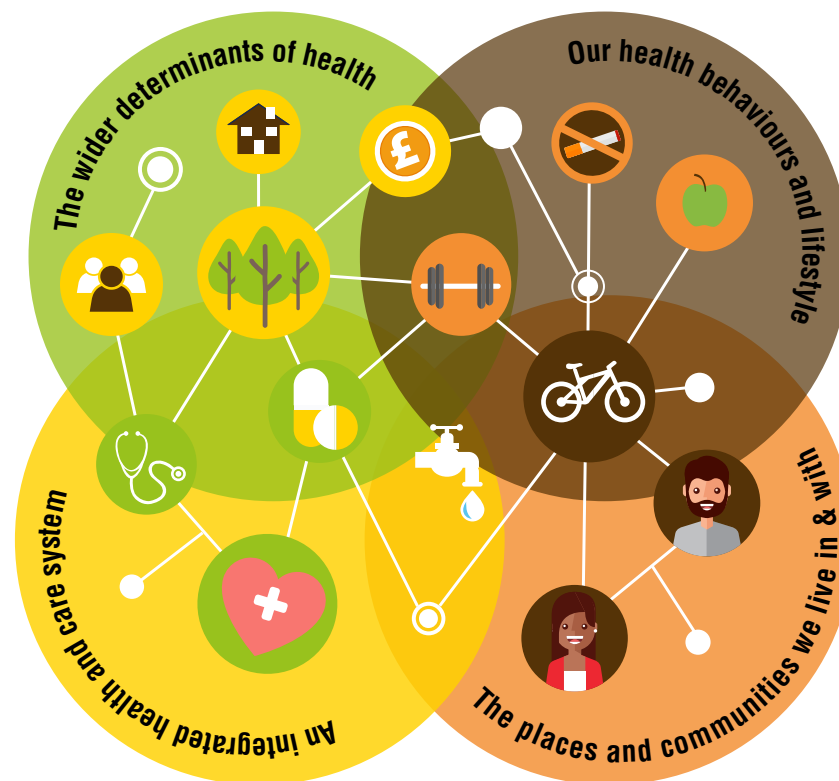


Figure 5: Our approach to population health (Kings Fund, 2019)

leisure, recreation and green space strategies will improve local facilities, parks, and play equipment to support everyone to keep active.

The importance of whole-system approaches for promoting health and wellbeing and strengthening the local economy is highlighted by the NHS Confederation report "NHS Reset: The Role for Health and Care in the Economy: a five - point plan for every system"¹⁹. This identifies key areas for all systems to address covering

the role of Anchor Institutions, strengthening recruitment of local residents, building the local supply chain, embedding health within planning frameworks and supporting civic restoration in the recovery from the pandemic. These have relevance to each of our strategic ambitions and our local place-based priorities and recovery plans.

Our ways of working

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

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

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

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

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

Our priorities

We have identified **three initial priorities** where we can make a tangible difference in the short-term by working together in partnership. We will use these areas to test our new ways of working and bring our population health framework to life (figure 6). There is a wealth of great work already being done in these areas and the challenge is to add value by making connections and creating energy and momentum to upscale existing activity. We will look at each area through the lens of the population health framework, identifying how each component contributes to addressing the issue and links to the others. We think that these are areas that, if we make a difference here, will impact positively on other health and wellbeing issues and priorities for the county.

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

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

We will review our progress on these areas annually and change our priority areas after two years if necessary. Our three HWP and Health and Care Executives (HCE) will play a crucial role in the delivery of the HWS and will have strategic oversight of the four areas within the population health model. Together they will develop local implementation plans that are rooted in the understanding of the health of the population in each place (North, Rugby, South).

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

We know that positive early experiences are vital to make sure children are ready to learn, ready for school, and have good life chances. Support needs to start early, including support for parents in the “1001 Critical Days” (from conception to age two) when the foundations for development are laid. Children and young people have experienced significant challenges throughout the Covid-19 pandemic. For many children and young people disruption to education and homelife will have impacted on their mental health and wellbeing.

More families have found themselves in financial hardship following the Covid-19 pandemic. For example, between March and April 2020, we know that there was an increase in the number of food parcels given to families with children, as well as an increase in the number of children newly eligible for a free school meal. Financial hardship can impact negatively on children's prospects. WCC has developed the **Family Poverty Strategy** and will work in partnership with HWB members and VCS partners to implement the strategy and seek to tackle childhood disadvantage.

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

Providing extra support for mothers at risk of premature birth is a key priority within the NHS Long Term Plan. We know that the smoking status of mothers can impact on the birthweight of babies and that this can impact on health outcomes over the life course. Rates of smoking at the time of delivery are higher in the North of the county compared to the South. To tackle this inequality in health we are working to implement the recommendations from our Local Maternity

Services (LMS) **Smoking in Pregnancy Review** and making sure that access to services is proportionate to need. We are taking this same approach with our other services that support children and young people, such as Health Visiting. **By taking a targeted approach to earlier intervention and prevention we will work together to give every child the best possible start in life.**

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

Our young people are growing up in an environment that makes securing these vital building blocks more difficult than it was for previous generations. Today's young people face an unstable labour market, heightened by the economic impact from Covid-19, and a more challenging housing market. They are reporting higher levels of loneliness and poor mental health than previous generations²⁰.

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

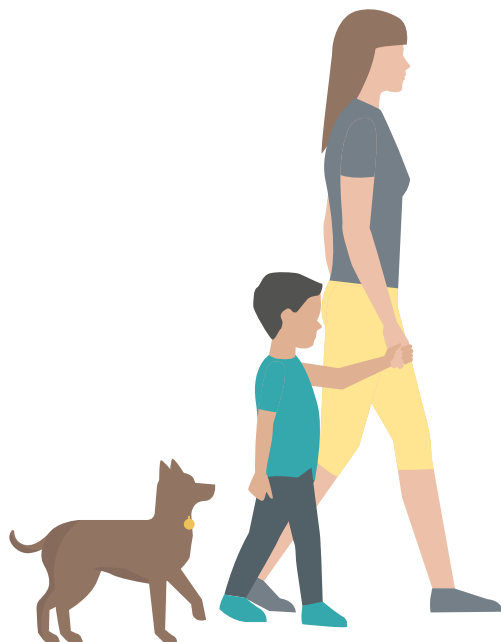
Once trained and having completed their portfolio based on a 6-month work-based placement in a youth setting successful applicants were awarded a Level 2 Award in Youth Work Practice by ABC Awards.

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

The courses were free to join and funded through Warwickshire County Council with contributions in the North from the Borough Council also. In North Warwickshire 10 people took part in the course with people from all over the borough and Nuneaton and Bedworth, whilst 15 were selected from a pool of 25 in the south with approximately half from Warwick

district and half from Stratford. There was a range of experience within both groups with some already working in voluntary or paid youth worker roles, whilst others looking to expand their skills to better support the local communities and offer additional services and some looking for a change of career.

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



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

Delivering an all-age mental health system that is underpinned by prevention, building resilience, early intervention, recovery and self-care in the places people live and work is a key priority across Coventry and Warwickshire.²¹ This is an even greater priority now because of the impact that Covid-19 has had on mental health and wellbeing. People have reported experiencing more feelings of loneliness and heightened anxiety due to uncertainty about the virus and the wider implications of the outbreak²⁰. In Warwickshire 85,000 people were furloughed during the initial lockdown period, and research suggests that an increase in hardship and economic recession can exacerbate mental health illness. We also know from our Covid-19 residents survey that respondents with a prior mental health condition were more likely to report engaging in less healthy behaviours as coping mechanisms, such as drinking more alcohol or making unhealthy food choices, and for a smaller proportion turning to self-harming behaviours. This is why mental health and wellbeing is a top priority for the HWB and why we are committed to continue investing in mental health and wellbeing services.

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

Following the success of our Year of Wellbeing, we are launching **Wellbeing for Life** to continue with the positive action we saw during 2019. We want to ensure mental health and wellbeing is considered within our own policies, which is why we are committed to reviewing these to see how we can improve. Evidence shows that having a happy and healthy workforce increases staff productivity and job satisfaction, contributing to overall improvements in quality of life. In partnership with the West Midlands Combined Authority (WMCA) we are supporting employers

to sign-up to **Thrive at Work**, a commitment which promotes employee health and wellbeing by focusing on key areas such as: mental, musculoskeletal, and physical health; and promoting healthy lifestyles.²²

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

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

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

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

Examples include:

- Sundragon Pottery provided clay modelling packs with a creative clay booklet for young people in a supported housing scheme.

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

Research shows creative activities like these can have a huge impact on people’s physical and mental health and wellbeing.²³ Here in Warwickshire, new links have been forged between arts groups and groups of people at risk of isolation through their disability, illness, age, or a host of other reasons. We believe this approach could be a blueprint to help us develop our work with arts organisations and target activity on those people who need our help the most, at the same time reducing their dependency on health services.

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

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

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

Findings from national and local data has highlighted that the Covid-19 pandemic has had a disproportionate impact on people from BAME backgrounds. We have prioritised reducing inequalities for people from BAME backgrounds and will continue to work with our VCS partners and local faith groups to continue this work. Some of the ways we are supporting this work include:

- Appointing two Connecting Communities Support Officers as part of the Test and Trace team.
- Commissioning collaborative research projects that will work with people from BAME backgrounds to find out more about how Covid-19 has impacted on BAME communities.
- Adopting inclusive recruitment and employment policies and processes to improve diversity in our workforce.
- Improving our recording of ethnicity data to better understand access and outcomes of health and wellbeing.
- Advocating the use of the Health Equity Assessment Tool²⁴ (HEAT) across the wider determinants of health.

We have established a system-wide group to lead on the response to address inequalities in NHS provision and outcomes. The **HCP Health Inequalities Group** is identifying how best to respond to eight urgent actions on inequalities. Areas for action include: developing a shared approach to social value across anchor organisations; reducing barriers to work; and exploring the impact of Covid-19 on families with children 0-5s. As the HWB we are also championing a **Call to Action**, asking local employers to focus on what they can do to reduce inequalities in health within their own workforce.

Working in partnership is key to reducing inequalities in health and across Coventry and Warwickshire we want to make sure we are engaging more meaningfully and strategically with VCS partners, which is why we are supporting programmes of work which take community-centred approaches to bring the whole system together. An example of this is the **Healthy Communities Together**²⁵ programme which will bring learning for new ways of working across the Coventry and Warwickshire Health and Care system.

The **Coventry and Warwickshire Anchor Alliance**, an informal alliance of the two councils, the acute trusts and CWPT, the universities and Coventry and Warwickshire Local Enterprise Partnership (CWLEP). The intention is to work together where there are levers of influence to benefit local people and achieve the best return on the Coventry and Warwickshire pound – as employers, purchasers, land and asset owners and resource users.

Case study: Promoting Health and Wellbeing through Spatial Planning

The environment we live in plays a vital role in both improving and protecting the health and wellbeing of our communities. Good planning and well-designed places can provide opportunities for people to be physically active and connect with others. The importance of our built environment has been highlighted more during the Covid-19 pandemic as poor housing conditions, such as overcrowding, have been associated with an increased risk of disease transmission.²⁶ The value of accessing good quality green

spaces has also proven beneficial for people's mental wellbeing during this period.

We know that inequalities in health exist along the social gradient and those living in the most deprived areas are likely to have a lack of green space, poor air quality, and poorer housing compared to the least deprived areas. We do not want this to be the case for Warwickshire, which is why we have developed Promoting Health and Wellbeing Through Spatial Planning. The guidance document will help to make sure that we embed health and wellbeing within our Borough and District Council's local development plans and core strategies, as well as our county place-shaping programme. Working together will help strengthen our approach to creating environments that flourish by improving infrastructure, building good quality housing, improving air quality and ensuring connectivity and sustainability. We also want to make sure that we are focused on improving the built and natural environment for specific vulnerable groups for example by making them friendly for people living with dementia and people with autism, as well as by delivering better-focused housing and related support services for those at risk of homelessness.



How will we know when we have got there

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

Each HWP in Warwickshire will develop an implementation plan with clear performance measures based around the four components of the population health framework. The HWP action plans will be tailored to meet the specific needs of each place and will routinely report to the HWB. Local HWPs will work with the HWB Executive Officer Group to ensure wider determinants and access to services are addressed collectively at a local level whilst contributing to the overall vision for the system. This will enable the places to be the future engine room of the NHS.

We will evaluate the overall progress we have made on our three priorities after two years and take a view on if we should continue with these or focus our efforts on other priorities for the next two years. The HWB partners recognise that we are still yet to understand the full impact on Covid-19 across all areas of health and wellbeing. With this in mind, we will be monitoring progress against our priority areas routinely on a quarterly basis.

There are a number of needs assessments planned over the next two years which will help inform the delivery of our priorities, including a mental health needs assessment, health visiting and CAMHS. A partnership approach will be taken to the development of these, with local authority, CCG, and VCS involvement.

We will measure our progress by focusing on the impact that the strategy will have on people's lives. The Health and Wellbeing Board will choose indicators that will help us measure our progress over the lifetime of this Strategy. The Warwickshire Health and Wellbeing Board acknowledges that major change will not happen overnight, so we will be seeking gradual improvements in these indicators. Warwickshire's Health and Wellbeing Board will review progress with:

- Regular locality performance updates at a District and Borough level.
- Local reports at a CCG level.
- An annual review to the Health and Wellbeing Board Submission of action plans to Warwickshire Overview and Scrutiny Committees.



Warwickshire's population health framework

key drivers behind our new Strategy and its implementation:

The double impact of harm which disproportionately impacts on Black, Asian and Minority Ethnic (BAME) communities, and the most vulnerable individuals facing multiple deprivation and inequalities in health

An integrated recovery which looks across traditional organisational boundaries

Our long-term strategic ambitions:

People will lead a healthy and independent life.

People will be part of a strong community.

People will experience effective and sustainable services.

Place-based Health and Wellbeing Partnerships will work together to tackle health inequalities by addressing the wider determinants of health.

Health and social care commissioners and providers working together at our place-based Health and Care Executives to commission and deliver services.

The wider determinants of health

Our health behaviours and lifestyle

Aligning and coordinating prevention programs across the system and through each place-based Health and Wellbeing Partnerships to tackle barriers to healthy lifestyle choices.

An integrated health and care system

The places and communities we live in & with

Working together in our place based Health and Wellbeing Partnerships and with out communities to mobilise solutions informed by our understanding of local assets

Our immediate focus:

Help our children and young people have the best start in life

Help people improve their mental health and wellbeing, particularly around prevention and early intervention in our communities

Reduce inequalities in health outcomes and the wider determinants of health

Our ways of working: • Prioritising prevention • Strengthening communities • Co-ordinating services • Sharing responsibility

References



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Warwickshire North
Clinical Commissioning Group



South Warwickshire
Clinical Commissioning Group



George Eliot Hospital
NHS Trust



South Warwickshire
NHS Foundation Trust



Coventry and Rugby
Clinical Commissioning Group



**University Hospitals
Coventry and Warwickshire**
NHS Trust



**Coventry and
Warwickshire Partnership**
NHS Trust



**North Warwickshire
Borough Council**



west midlands
police and crime
commissioner



Philip Seccombe
Police and Crime
Commissioner
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