

Everyone in Warwickshire Counts: Valuing the Vulnerable Director of Public Health Annual Report 2017



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Foreword

I very much welcome our Director of Public Health's (DPH) annual report. The focus on vulnerable groups reminds us all of our over-riding responsibility to protect those who are less able to protect themselves. This is a core responsibility of the council and other statutory partners and one that Warwickshire County Council's One Organisational Plan 2020 (OOP 2020) seeks to address.¹

We must strive continuously to ensure that those in the greatest need have access to the personalised support and services they need, to enable them to live fulfilling independent lives. This will improve the health and wellbeing of vulnerable people and also makes good financial sense for public services. If we can prevent vulnerability or intervene earlier to reduce its impact, we can save money in the longer-term and improve health outcomes.

There are challenges - vulnerability is not always visible and providing the right kind of support that enables independence and personal growth is not easy.

This means we must:

- Know our communities through understanding their needs and strengths and the differences in opportunities and outcomes they experience in key areas such as health, education, housing and access to work.
- Continue to work in partnership as statutory agencies, with third sector organisations and with the communities that we serve. Reducing the gaps in outcomes and improving the life chances of different groups requires joint action through pooling of evidence and resources.
- As commissioners and providers of services, respond to local need, providing integrated proactive support that can contribute to equality in outcomes across our communities.

Difficult financial choices will continue to be faced and we must ensure that the changes we make do not further disadvantage those who most need our help. I am confident that if the DPH's recommendations are addressed, we can reduce the impact of vulnerability on the lives of people living in Warwickshire and improve the health and wellbeing of the population.



Councillor Les Caborn

*Portfolio Holder for Adult Social Care and Health
Warwickshire County Council*

Introduction and recommendations

We want everyone in Warwickshire to experience good health and wellbeing. To make this a reality, we need to focus attention on those who are at greatest risk of harm and enable them to achieve their aspirations. I have chosen vulnerable groups as the focus of my report this year as I am concerned that, whilst the health and wellbeing of the Warwickshire population in general has seen significant improvements over recent years, the health and wellbeing of vulnerable groups continues to lag behind.

Chapter 1 of this report includes an overview of the health and wellbeing of the Warwickshire population. **Chapters 2** and **3** focus on the theme of this year's report, vulnerability. In **Chapter 4**, I provide information on progress with the recommendations I made in 2016.

Reflecting on the key challenges highlighted in this report, I make the following recommendations that I believe will improve the health and wellbeing of the most vulnerable in Warwickshire:

1. In order to ensure a continued focus on the needs of the most vulnerable, I recommend all Commissioners should:
 - a. Adopt the Social Value Act (2012) to secure economic, social and/or environmental benefits for vulnerable groups through procurement processes.²
 - b. Expand the statutory Equality Impact Assessment (EqIA) processes for services to include, where relevant, additional vulnerable groups e.g. the homeless or Children Looked After, along with the defined 'protected groups'.
2. We need to ensure the current approach to community resilience and community hub developments across Warwickshire includes an explicit assessment of the impact of hubs, and their reach, on vulnerable groups. For example, an evaluation should include an assessment of the impact of hubs on access to services and/or outcomes for vulnerable individuals and groups.
3. Commissioners and providers should consider opportunities to reduce vulnerability among key groups, for example, schools should be encouraged to work towards achieving the Warwickshire Young Carers Schools Award and frontline staff working with Gypsies and Travellers should be provided with community engagement training where appropriate.



Dr John Linnane
Director of Public Health
Warwickshire County Council

Chapter 1

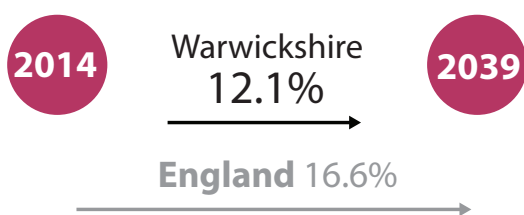
The picture of health and wellbeing in Warwickshire

This chapter provides an update on the health and wellbeing of our local population at district/borough, county and Clinical Commissioning Group (CCG) levels. At a Warwickshire level, health and wellbeing is generally reported as good compared to England. This is to be celebrated, however it does mask significant variation in different areas across the county (see pages 8 and 9).

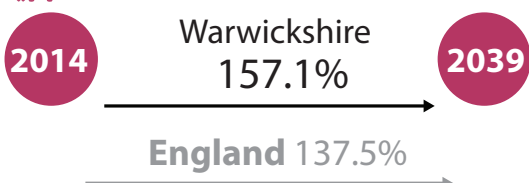
Warwickshire is ranked in the 20% least deprived local authorities in the country but some of our health outcomes do not reflect this relative affluence.³ A number of health inequalities exist within the county that require interventions to ensure health and wellbeing needs are met.

Over the period 2014-2039 the population in Warwickshire is expected to increase by around **66,900** people (12.1%); this is slower than the England rate (16.6%). By 2039, more than **1 in 4** of the Warwickshire population is expected to be aged over 65 and around **1 in 16** aged over 85.⁴

Population increase



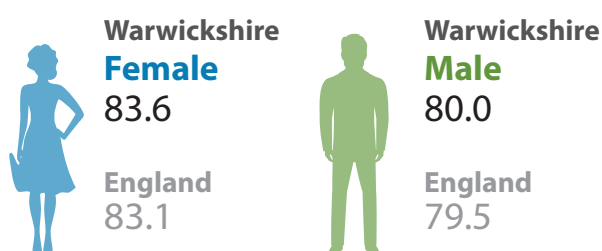
85+ population increase



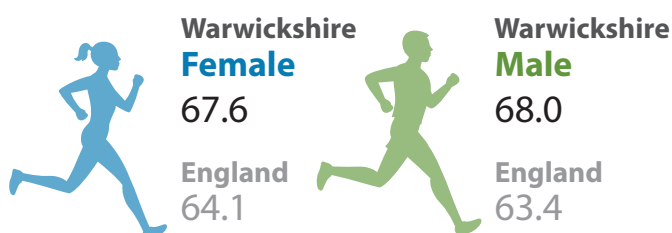
Life expectancy has been rising. A baby born in Warwickshire today will live for an average of **80 years** (male) or **83.6 years** (female), marginally better than the national average.⁴

While it is good that we are living longer, much of the additional time is spent in poor health – around **12 years** for men and **16 years** for women. Years spent in poor health impact on families and workplaces, and increase pressure on health and social care services.⁴

Life expectancy at birth

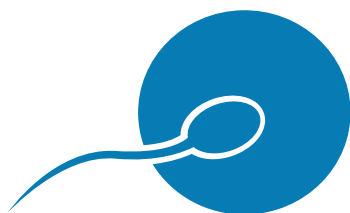


Healthy life expectancy at birth



Working together with statutory partners in health and social care, we can help our residents stay healthy for longer, through enabling them to quit smoking, drink less alcohol, eat well, be active and enjoy good mental wellbeing. In addition, we need to consider the wider determinants that affect our health, for example, jobs, housing, education, social networks and the environment.⁵

Warwickshire continues to face a number of public health challenges⁶



The conception rate in females aged 15-17 is **19.5 per 1,000**

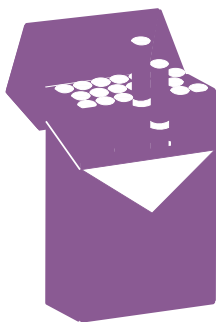
England: 20.8 per 1,000 2015

14.5%

of adults smoke

England: 15.5%

2016

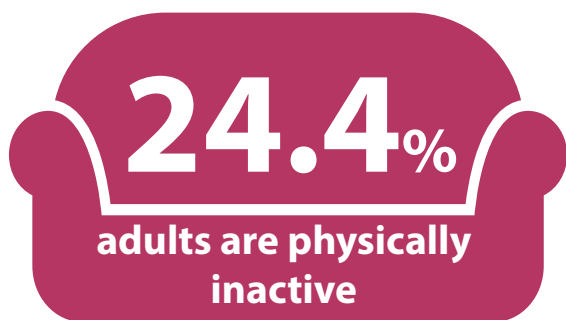


594 people per 100,000

were admitted to hospital for alcohol-related conditions

England: 647 per 100,000

2015/16



2015

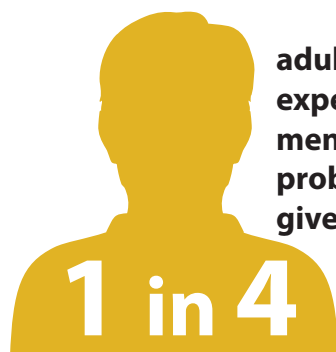
England: 28.7%



of adults are classified as overweight or obese

England: 64.8%

2013-15



adults will experience a mental health problem in any given year

510.7 per 100,000

10-24 year olds were admitted to hospital for self-harm

England: 430.5 per 100,000

2015/16.



There have been improvements in core areas of public health:

- The rate of teenage conceptions continues to fall from **22.9%** in 2014 to **19.5%** in 2015.
- Physical inactivity in adults has reduced from **1 in 3** down to **1 in 4**.

Public Health in Warwickshire commission a range of services and initiatives to improve the health and wellbeing of local residents - warwickshire.gov.uk/health

However, there are areas where health outcomes have deteriorated or remain unchanged:

- The estimated rate of adults smoking in Warwickshire increased from **12.1%** in 2015 to **14.5%** in 2016.
- Hospital admissions as a result of self-harm in 10-24 year olds in Warwickshire have generally **risen** since 2011/12 and are above the England average. Nationally, admissions for young women are much higher than admissions for young men.

Wider factors influencing health and wellbeing

18 local areas in Warwickshire are in the top 20% most deprived areas nationally
(Index of Multiple Deprivation 2015)

Deprivation - Warwickshire is among the 20% least deprived areas in England, ranked 124th out of 152 upper tier local authorities in England. However, there are pockets of deprivation within the county that are ranked in the 20% most deprived areas nationally.³

Children in low-income families -

Warwickshire has a lower proportion of children living in low-income families compared to England. However, the north of the county is home to a larger proportion of children living in low-income families than the south, with Nuneaton & Bedworth Borough having the largest concentration (19.5%).⁷

14%
of Warwickshire children are in low-income families

England: 20.1%



2014

61.9%

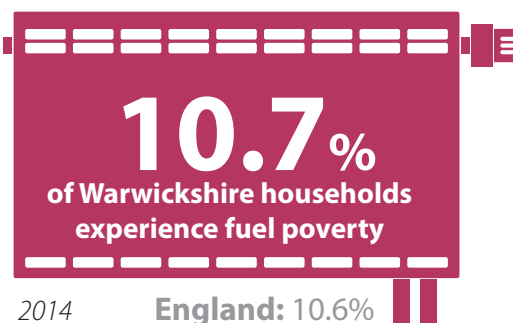


of pupils achieved 5 or more GCSEs at grades A*-C (including English & Maths)

England: 57.8%
2015/16

GCSE attainment - pupils in Warwickshire perform significantly better at the end of Key Stage 4 (age 15-16) than the England average, **but there is a gap in attainment when looking at disadvantaged groups** (see page 13).⁸

Fuel poverty - a household is said to be in fuel poverty if it needs to spend more than 10% of its income on fuel to maintain a warm home. The estimated percentage of households in Warwickshire in fuel poverty reduced from 10.9% in 2013 to 10.7% in 2014.⁶



Just over
500

people in Warwickshire are long-term unemployed¹⁰

June 2017



Warwickshire Health Profile 2017

● Better
 ● Similar
 ● Worse

Table 1: This shows the current health measures for the Warwickshire population and allows comparisons between the districts and boroughs. The values are coloured to indicate statistical significance compared to England. This is the published data as of 1st August 2017.

Indicator	Unit	England	Warwickshire	North Warwickshire	Nuneaton & Bedworth	Rugby	Stratford-on-Avon	Warwick	Period
Under 18 conceptions	per 1,000	20.8	19.5	29.6	25.4	18.8	11.5	16.2	2015
Low birth weight of term babies	%	2.8	2.7	2.8	2.7	3.1	1.9	2.9	2015
Breastfeeding initiation	%	74.3	72.1	67.2	i	82.2	74.3	69.1	2014/15
Smoking prevalence in adults	%	15.5	14.5	6.4	19.1	15.8	11.1	15.6	2016
New sexually transmitted infections	per 100,000	750	574	580	766	623	473	450	2016
5 year olds free from dental decay	%	75.4	73.7	78.5	74.5	59.9	80.4	72.8	2014/15
Overweight & obese children (reception)	%	22.1	21.3	23.6	21.9	21.7	19.1	20.8	2015/16
Overweight & obese children (Year 6)	%	34.2	32.6	34.2	37.3	35.0	28.6	28.3	2015/16
Hospital admissions for unintentional and deliberate injuries in children (aged 0-14 years)	per 10,000	104.2	124.7	115.5	131.1	127.8	118.3	125.1	2015/16
Excess weight in adults	%	64.8	65	71.3	68.7	66.9	63.7	58.5	2013-15
Recorded diabetes (aged 17+)	%	6.4	6.1	6.6	7.5	6.2	5.4	5.4	2014/15
Incidence of TB ⁱⁱⁱ	per 100,000	12.0	7.4	2.7	12.4	9.4	2.2	8.1	2013-15
Suicide rate (aged 10+)	per 100,000	10.1	11.8	ii	13.5	ii	10.9	14.4	2013-15
Infant mortality (under 1 year)	per 1,000 live births	3.9	4.4	6.3	5.7	2.7	3.3	4.7	2013-15

Preventable mortality	per 100,000	184.5	167.4	175.4	200.2	168.8	149.2	152.7	2013-15
Potential years of life lost due to smoking-related illness	per 100,000 aged 35+	1,399	1,253	1,349	1,490	1,201	1,048	1,234	2013-15
Under 75 mortality rate: cardiovascular	per 100,000	74.6	67.8	71.2	77.4	70.4	57.2	65.7	2013-15
Under 75 mortality rate: cancer	per 100,000	138.8	130.6	140.6	143.6	121.1	125.1	126.1	2013-15
Cancer diagnosed at an early stage ^{iv}	%	52.4	50.2 ^{iv}	47.0 ^{iv}	43.1 ^{iv}	56.9 ^{iv}	49.6 ^{iv}	53.5 ^{iv}	2015
Cancer screening coverage - bowel cancer	%	57.9	62.5	61.8	59.1	63.9	64.6	62.8	2016
Cancer screening coverage - breast cancer	%	75.5	77.7	78.3	78.1	76.4	78.9	76.6	2016
Cancer screening coverage - cervical cancer	%	72.7	74.7	75.4	72.7	74.5	76.7	74.6	2016
Hip fractures in people aged 65 and over	per 100,000	589	645	712	612	629	644	657	2015/16
Hospital admissions for alcohol-related conditions (Narrow).	per 100,000	647	594	496	599	679	568	605	2015/16
Emergency Hospital Admissions for Intentional Self-Harm (all ages)	per 100,000	196.5	196.5	170.2	256.6	208.1	170.4	173	2015/16
Killed or seriously injured on the roads ^v	per 100,000	38.5	55.8	85.4	36.2	63.1	77.4	36.1	2013-15

The values are coloured red, amber and green (RAG) to indicate statistical significance compared to England. RAG ratings are affected by small numbers for some indicators.

i Value not published for data quality reasons

ii Value cannot be calculated as number of cases is too small

iii Colours reflect benchmarking against the TB target  > 50th-percentile of Upper Tier Local Authority (UTLA)  ≤ 50th to > 10th  ≤ 10th-percentile

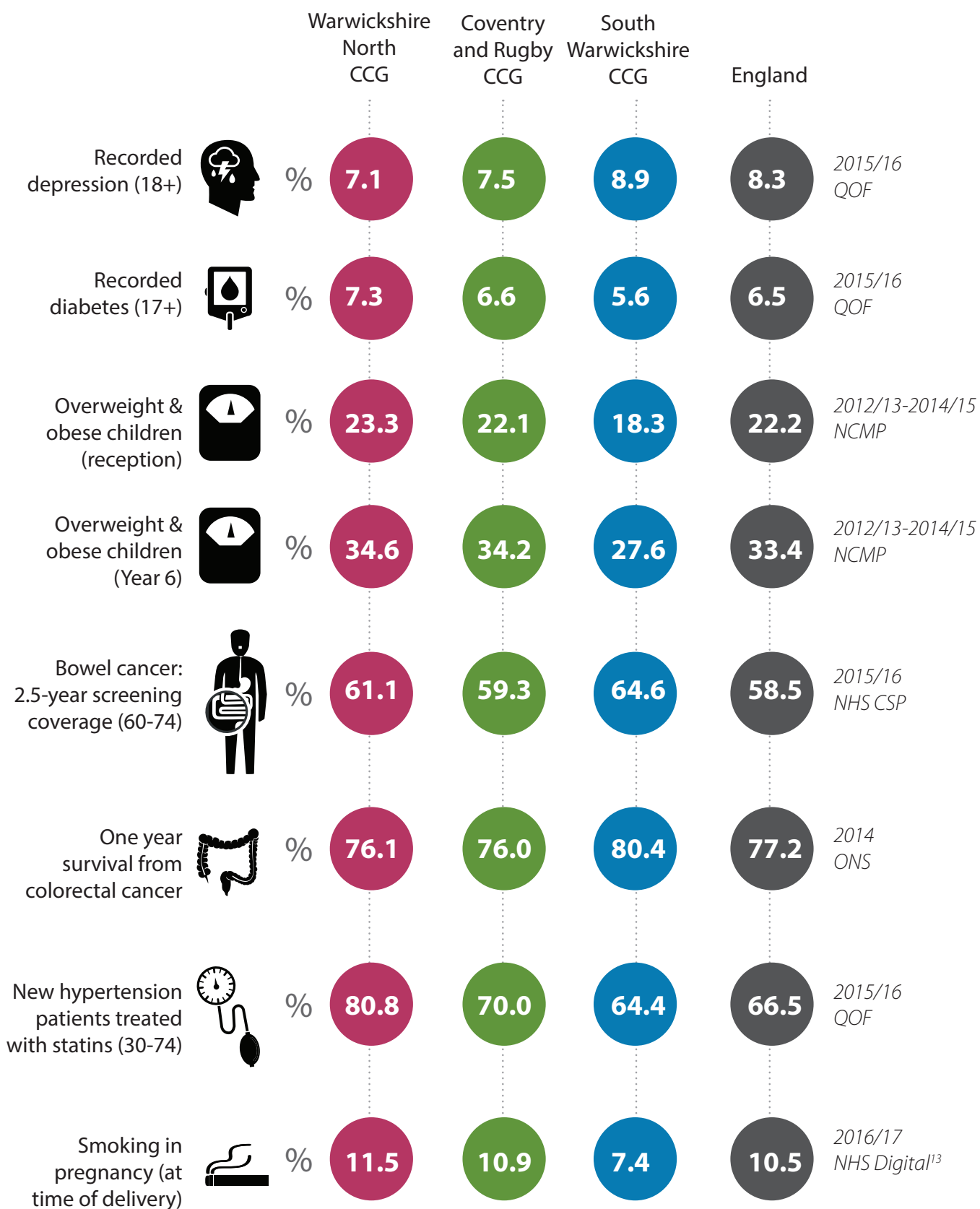
iv Experimental statistics - no statistical significance information available

v This includes all people (residents & non-residents) killed or seriously injured on Warwickshire roads.

Source: Public Health Profiles, Public Health England 2017⁶

Clinical Commissioning Group (CCG) Health and Wellbeing Profiles

There are 3 CCG areas commissioning health services in Warwickshire. The indicators below provide information on both the services provided and the health of the population served.



Source

NCMP - National Child Measurement Programme¹¹

NHS CSP - NHS Cancer Screening Programme¹²

ONS - Office for National Statistics⁴

QOF - Quality and Outcomes Framework, NHS Digital¹³

Chapter 2

Vulnerability: the context

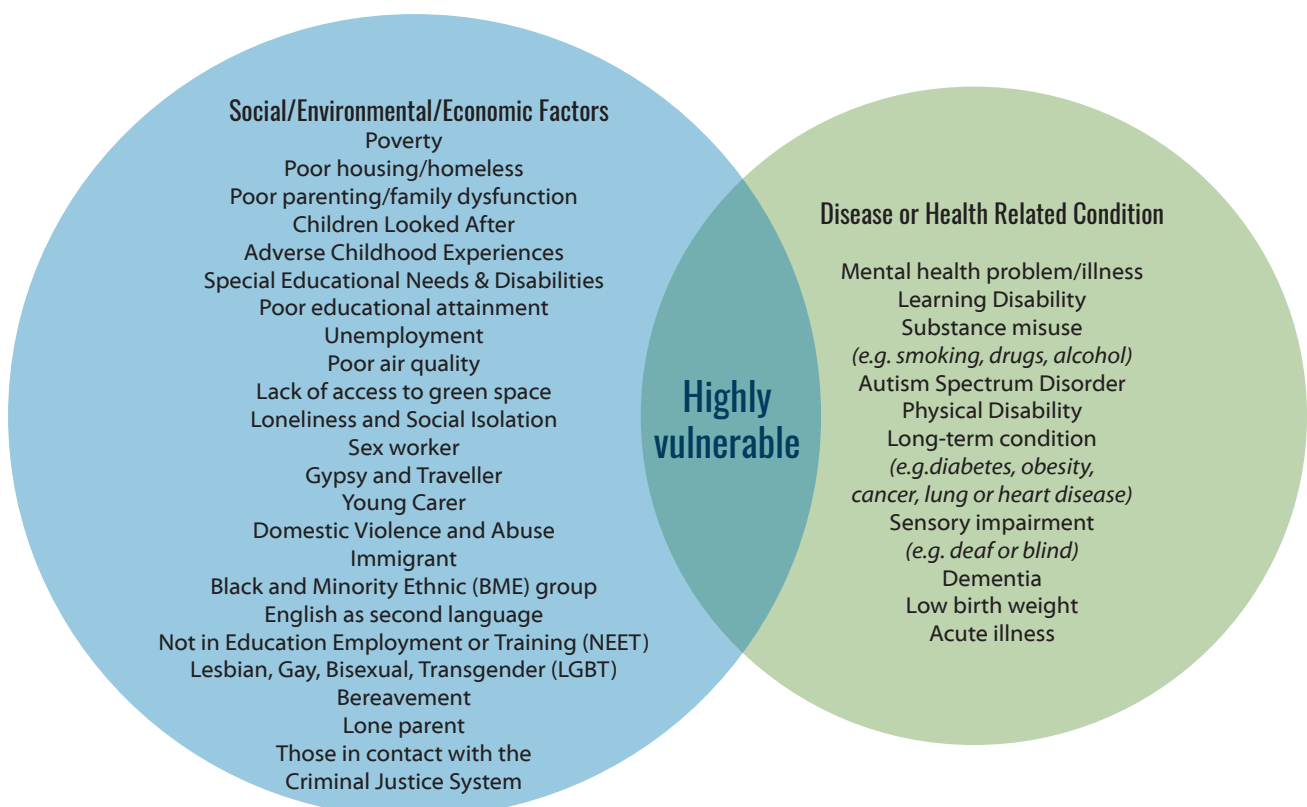
What is vulnerability?

Vulnerability is a complex concept with no universally accepted definition. It is a term applied to those who are considered to be at increased risk of harm. Anyone can be vulnerable in certain circumstances but there are some individuals and groups who are generally considered to be at more risk of harm than others. For example, children due to their age and relative immaturity, or older people due to age-related frailty are often considered to be more vulnerable than working age adults.^{14, 15} At the same time some people facing the same threat will have a greater degree of resilience or will be protected from harm.¹⁵

There is a wide range of vulnerable groups. For example, individuals with a physical and/or learning disability or those with mental health problems are at risk of various harms, and are more susceptible to discrimination that adds to their existing vulnerability. Likewise, those experiencing domestic violence and abuse, or loneliness and social isolation are also more vulnerable to harm than others. Harm can be physical, psychological, sexual or financial.¹⁶ Among some groups, there is a risk they will harm themselves (or not act to protect themselves from harm) whilst others may be at greater risk of being harmed by other people.

Vulnerabilities can be cumulative i.e. the more risk factors, the greater the likely vulnerability. The risk factors can also interact with each other to increase the severity of the vulnerability for a person or group. For example, a mental health problem can interact with poor housing conditions potentially worsening both of the independent vulnerabilities.¹⁷ Figure 1 illustrates some of the factors that lead to vulnerability either on their own or in combination with each other.

Figure 1 Factors underpinning vulnerability



Whilst figure 1 lists a range of factors that tend to be more common among vulnerable groups, there can be specific circumstances and factors that make some individuals more vulnerable. For example, among some communities girls are at risk of female genital mutilation (FGM) or other forms of violence and abuse such as honour based violence.¹⁸ Likewise, young people in general can be at risk of harm through their use of social media, which leaves them vulnerable to grooming and exploitation.¹⁹ In these circumstances, educating groups about the risks and advising them how to protect themselves can reduce vulnerability.

Vulnerable groups tend to be more socially excluded than others and there is a strong association between vulnerability, poverty and health inequalities. Vulnerable groups tend to live in more deprived environments, with poorer housing conditions, greater exposure to poor air quality, reduced employment opportunities and poorer access to good quality education and health services, which compound their disadvantage.²⁰ This explains the close relationship between vulnerability and inequality, whereby vulnerable groups tend to have poorer outcomes, including poorer health, than the general population.

It is also notable that individuals or groups may not consider themselves as vulnerable, and for some being labelled as vulnerable can be associated with stigma.

Vulnerability in Warwickshire

This report will illustrate:

- The range of vulnerable groups that exist across the county.
- How vulnerability can impact on a person's health and wellbeing.
- How commissioners and services can work with communities to support vulnerable groups, promoting and protecting health and wellbeing and reducing inequalities.

Patterns of vulnerability across Warwickshire

There is no single count or definition of vulnerable people across Warwickshire but the number of individuals potentially at risk of harm include:

- **639** homeless people (2015/16)²¹
- **765** Children Looked After (CLA) (2016)²²
- **1 in 3** residents aged 50-59 years providing unpaid care (2016)²³

The nature of these groups means data capture and recording through routine sources is not always possible.



Children Looked After are Unaccompanied Asylum Seeking Children (UASC) (31st March 2016)²²

- **20,420** people claiming out of work benefits (November 2016)¹⁰
- **1 in 8** children living in low-income families (2014)⁷
- An estimated **770** 16-18 year olds Not in Education, Employment or Training (NEET) (2015)⁶
- Nearly **12,000** children and young people with Special Educational Needs & Disabilities (SEND) (August 2016)²⁴
- An estimated **10,400** adults with a Learning Disability (2017)²⁵
- **522** patients successfully completing treatment for opiate, non-opiate and alcohol misuse (2015)⁶
- An estimated **1 in 10** households in fuel poverty (2014)⁶
- Disadvantaged pupils in Warwickshire are less likely to achieve 5+ A*-C GCSEs (including English and Maths). **429** (or 41%) of disadvantaged pupils achieved this result in Warwickshire, compared with 71% of non-disadvantaged pupils nationally, representing an attainment 'gap' of **30%** points (2016).⁸

Over

1 in 10

respondents aged under 30 years reported being targeted through online harassment or bullying

(2015)²⁶



Impact of vulnerability on health and wellbeing

Different vulnerabilities have different impacts on health and wellbeing, for example **national** data shows:

- People with severe mental illness die on average **20 years** earlier than the rest of the population, and are more likely to develop preventable conditions like diabetes, heart disease and some cancers.²⁷
- Young men who are NEET are **3 times** more likely to suffer from depression than their peers.²⁸
- Lone mothers in the UK are almost twice as likely as partnered mothers to describe their health as 'not good' **13%** compared to **7%**.²⁹
- Nearly **1 in 9** deaths registered among people in their 20s and 30s in England and Wales in 2014 were related to drug misuse.³⁰
- Almost **half** of Children Looked After have a diagnosable mental health disorder and **2 in 3** have special educational needs.³¹

The average age of death for a homeless man is

48 years

and even lower for a woman at just

43 years³²



National and local policies to protect and support vulnerable people

There is a wide range of legislation, strategies and policies that support vulnerable people, nationally and locally. Some examples are referenced below:

National Legislation:



Local Strategies and Plans:



In both commissioning and providing services, local authorities, alongside all other public sector organisations, must comply with the Public Sector Equality Duty. This duty seeks to promote greater equality between different groups, in particular those with 'protected characteristics' who might be vulnerable to discrimination such as BME or LGBT groups.³³ Equality Impact Assessments (EqIAs) are undertaken to ensure that such groups are not disadvantaged by policy or service changes. This helps to protect some potentially vulnerable groups from harm.³⁴

Investing to reduce vulnerability

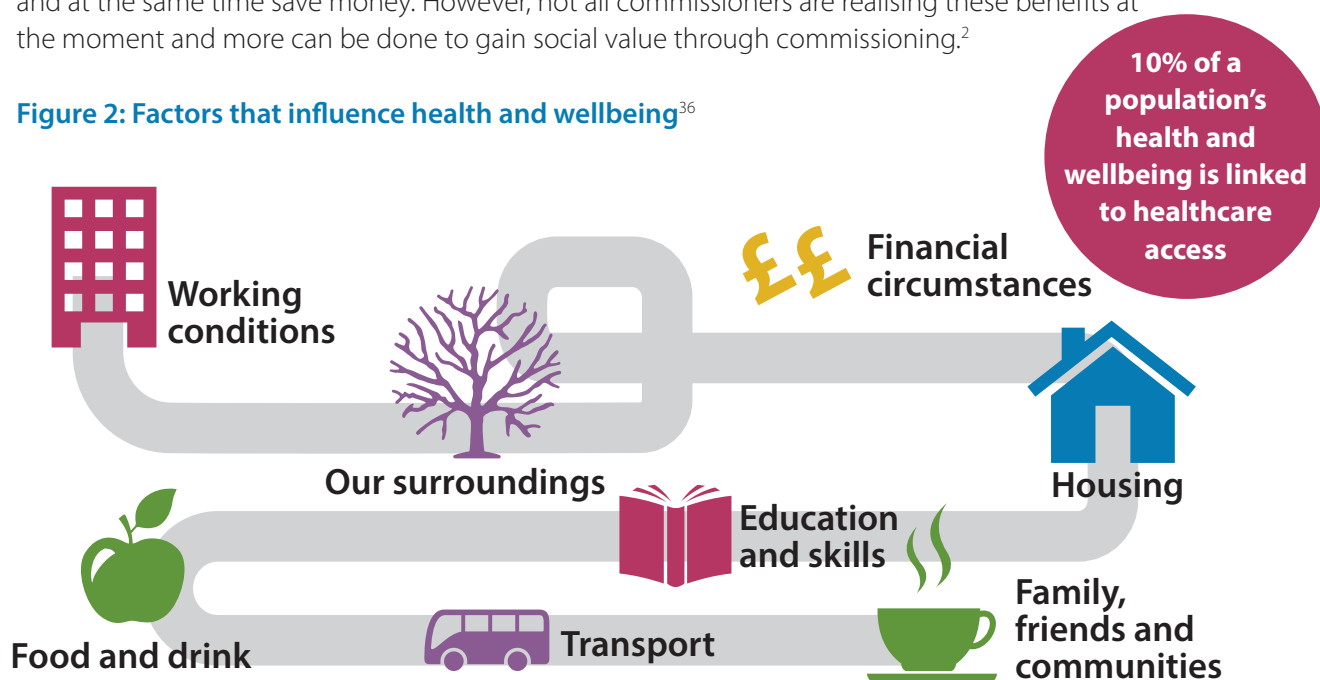
Prevention of vulnerability and early intervention when it is first recognised are key principles that will help reduce health inequalities across the county. For example, good parenting and early years' support is key to good educational achievement, leading to employment and economic prosperity, reducing the future risk of vulnerability and dependency.³⁵

Figure 2 illustrates the wide range of factors that influence health and wellbeing. In tackling vulnerability investment can be made in various ways, such as influencing the wider socio-economic circumstances of the person's life (e.g. support to get a job or retain employment) and/or through strengthening the network of support available to the vulnerable person.

One way in which commissioners can promote the wellbeing of vulnerable groups in a cost-effective

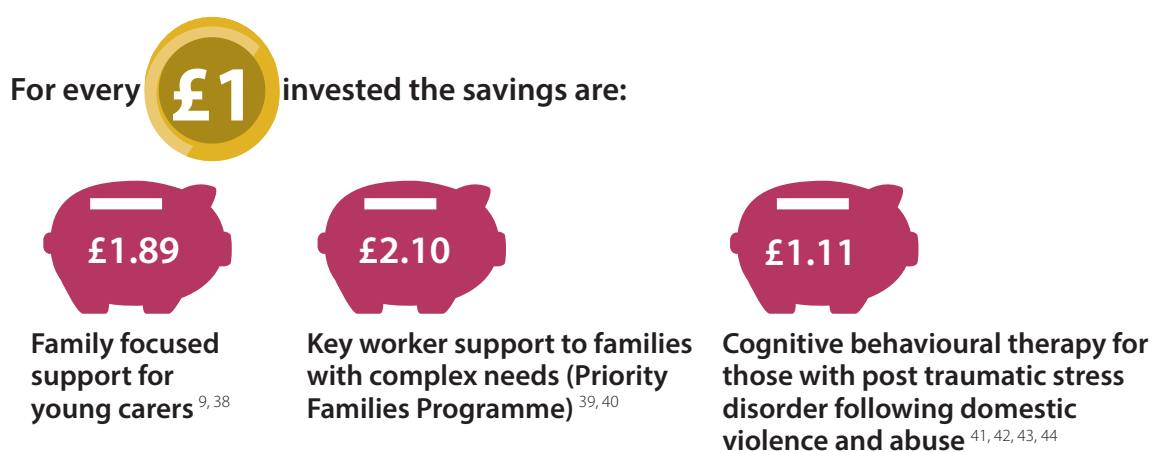
way is to commission for 'social value'. This means that they can secure economic, social and/or environmental benefits when buying services, often to the advantage of disadvantaged groups, and at the same time save money. However, not all commissioners are realising these benefits at the moment and more can be done to gain social value through commissioning.²

Figure 2: Factors that influence health and wellbeing³⁶



Invest to save

Research has demonstrated that investing in key services and tailoring interventions to local needs, can reduce vulnerability and limit the associated harm, improving health and other outcomes. Such interventions can also save money in the longer term and some examples are provided below.³⁷



In order to highlight the impact of vulnerability on individual and population health and wellbeing, the following **chapter** provides more information in relation to **five different vulnerable groups**. These vulnerable groups are no more important than any others in Warwickshire but have been selected to illustrate in more detail, the impacts of vulnerability and what can be done to reduce the risk of harm.

Chapter 3: Vulnerable Groups

Domestic Violence and Abuse

Definition

Domestic violence and abuse (DVA) is defined as “any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological, physical, sexual, financial, and emotional”.⁴⁵

Background

DVA occurs across all communities and socio-economic groups irrespective of gender, age, disability, sexuality, nationality and religious belief. However, it often remains hidden and is frequently under-reported. DVA causes the victim-survivor to suffer an overwhelming sense of powerlessness, lack of resilience, low self-esteem and deteriorating mental health. Physical injuries from abuse are far ranging and sometimes lead to death.⁴² For every **3** victims of domestic abuse, **2** will be female, **1** will be male.⁴⁶

Risk factors for DVA⁴²

- Those with previous experience of DVA or child abuse
- Individuals in the process of separating from a partner
- People living with a disability
- People living in poverty or on low income
- People who are socially excluded
- Pregnancy



Female victims are more likely to suffer multiple and more severe incidents of violence⁴²

1 in 3 females attending emergency departments for self harm are DVA victim-survivors⁴²

Male victims are more than twice as likely than women not to tell anyone about the partner abuse they are suffering from⁴²

Impact on health and wellbeing⁴²



Physical health

- Extensive physical injuries, including cuts and bruises, broken bones, miscarriages, permanent disability and at worst death.



Mental Health

- Increased risk of mental health problems.
- Abused women experience depression or anxiety disorders at a rate that is at least **3 times** higher than the general population.
- Abused women are **5 times** more likely to attempt suicide.



Social Health

- Isolation from family and friends.
- A loss of income or work.
- Homelessness.

Nationally 44% of female homicides and 6% of male homicides are perpetrated by a current or former partner⁴²

Many women who are imprisoned for crime have often been victims of DVA⁴²

The Warwickshire picture

The complete picture of DVA locally is difficult to illustrate due to under-reporting and changes in the way data is recorded. By applying the Cardiff Model to the population estimates for Warwickshire, the estimated number of DVA cases in female adults in 2016 was **9,304**.^{4, 47}

Table 2 shows the number of DVA incidents reported to the police for both females and males in Warwickshire. Warwickshire has a lower rate of police reported incidents per 1,000 population when compared to the West Midlands and nationally. The police incident reporting rates of DVA per 1,000

Table 2: Rates of Domestic Violence and Abuse incidents per 1,000 of 16+ population*⁴⁸

	2014/15	2015/16	2016/17
North Warwickshire	13.6	12.8	13.3 (691)
Nuneaton & Bedworth	22.6	21.6	23.2 (2,375)
Rugby	16.0	15.0	16.8 (1,396)
Stratford-on-Avon	9.0	9.9	11.2 (1,131)
Warwick	11.5	12.3	12.7 (1,465)
Warwickshire	14.5	14.4	15.5 (7,058)

(Source: Warwickshire Police)

Actual numbers in brackets

population aged 16 and over are variable across the county. The highest rate is in Nuneaton & Bedworth Borough and lowest in Stratford-on-Avon District, but again under-reporting is likely to hide the true picture.⁴⁸

Evidence of best practice and recommendations

Warwickshire's Violence Against Women and Girls Strategy draws on national and local evidence and consultation with key stakeholders including victim-survivors. It recommends that the following all contribute to successful prevention and early intervention to tackle DVA.⁴⁹

Prevention - challenging attitudes and behaviours towards DVA through education e.g. awareness raising campaigns.

Provision - joined up high quality support from services to support victim-survivors and their families. In addition to this, it is important there is support for children suffering from the effects of witnessing DVA in the home, as well as for children who are victims of abuse.

Protection - take action to reduce the risk of violence and ensure perpetrators are brought to justice e.g. multi agency risk assessment meetings, rehabilitating perpetrators programmes to lead to sustainable behaviour change which could reduce reoffending rates.

Partnership - organisations to work together to ensure the best outcome for victims and their families e.g. partnership meetings/joint action planning.

Support in Warwickshire.

Local support services can be found online - **talk2someone.org.uk**. Examples include the Refuge - Warwickshire's Domestic Violence Service helpline - 0800 408 1552.

Just about managing

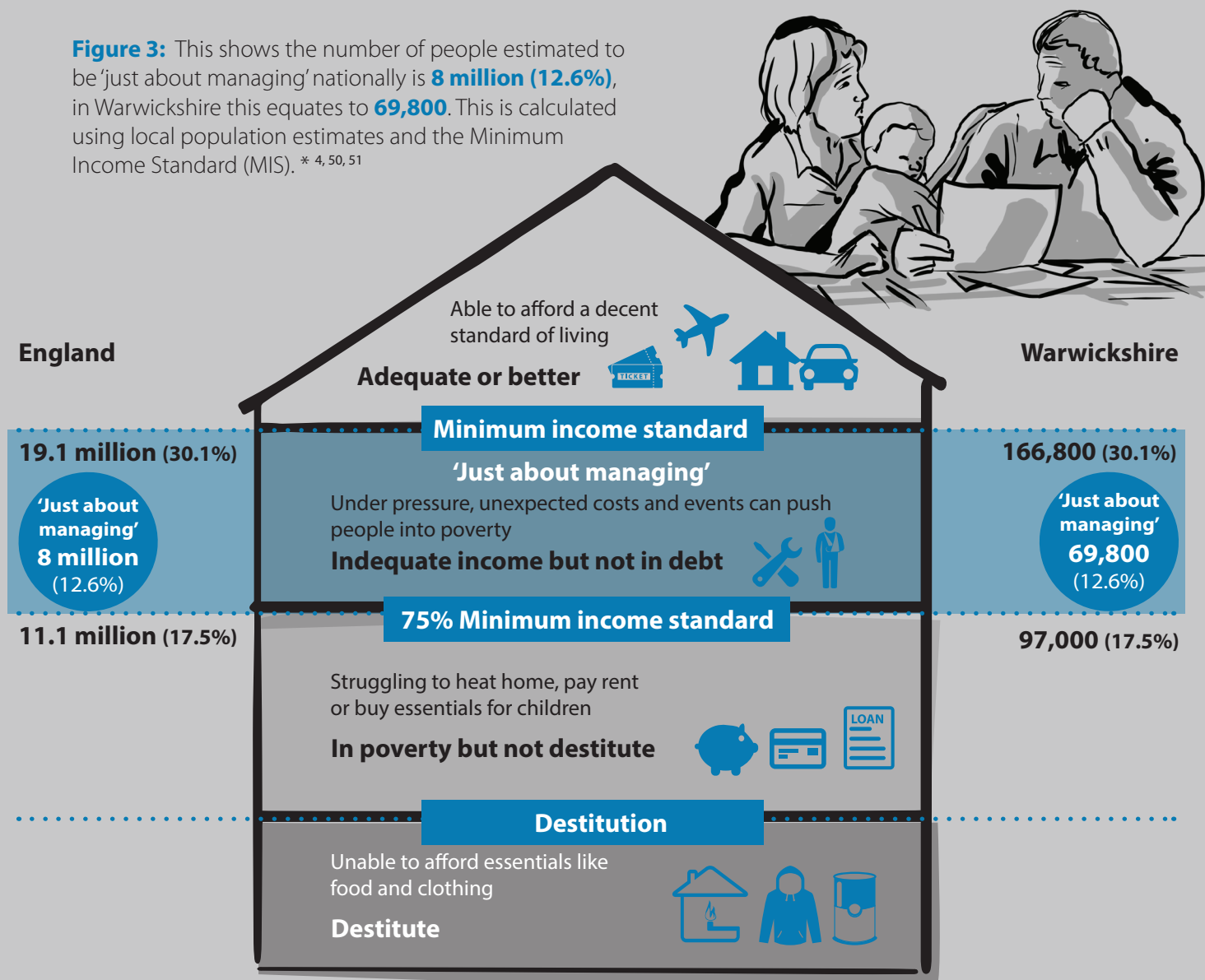
Definition

'Just about managing' can be a difficult group to define. This is partly because there is a fine line between 'just about managing' and not managing at all. With this in mind, the 'just about managing' are defined as households falling short of achieving the minimum income standard but who are not in poverty or destitute or, simply put, those households struggling to maintain a balance to keep financially afloat.^{50, 51}

Background

Those who are 'just about managing' can live in different household structures with varying incomes. As this group is above the poverty line, individuals may fall short of meeting criteria for certain financial support despite their income being inadequate. The perceived stigma attached to getting help may also prevent those 'just about managing' from seeking support. Raising awareness of this group, and the support available in Warwickshire could change this.⁵¹

Figure 3: This shows the number of people estimated to be 'just about managing' nationally is **8 million (12.6%)**, in Warwickshire this equates to **69,800**. This is calculated using local population estimates and the Minimum Income Standard (MIS). * 4, 50, 51



Risk factors for 'just about managing'⁵²

- A change in employment status e.g. a job loss.
- A change in relationship status e.g. relationship breakdown resulting in a loss of income.
- A change in personal circumstance e.g. a disability or long-term condition diagnosis which could impact on income.
- Starting a family and therefore having more people to support.
- Increased cost of living e.g. if rents are raised but incomes remain the same.
- An unforeseen financial problem e.g. car breakdown, boiler breakdown.

Impact on health and wellbeing⁵³



Physical health

- People are more likely to make unhealthy lifestyle choices if they are feeling anxious or depressed e.g. eating more junk food and this can impact on health and wellbeing.
- Poor living conditions such as cold or damp housing could lead to, or exacerbate, long term respiratory conditions.



Mental Health

- Financial concerns can impact on mental health and wellbeing, causing stress and worry which could lead to anxiety or depression.



Social Health

- Those who are 'just about managing' may be reluctant to seek support from friends and family and this could result in feelings of social isolation.

The Warwickshire picture

It is estimated that there are **69,800** people 'just about managing' in Warwickshire, making up **12.6%** of the population.^{4, 50, 51}

The 2016 Living in Warwickshire Survey highlights that almost **20%** of residents find it either 'difficult' or 'very difficult' to cope on their current income (Table 3). There is variation across the county with the highest rate in Nuneaton and Bedworth.²³

Table 3: Findings from the 2016 Living in Warwickshire Survey

Describe how you feel about your household income?	Number	%
Living comfortably on current income	1,393	36.0
Coping on current income	1,582	40.9
Finding it difficult on current income	521	13.5
Finding it very difficult on current income	192	5.0
Prefer not to say	180	4.6
Total	3,868	100

Evidence of best practice and recommendations

- People who are 'just about managing' may find it difficult to manage their budgets, putting them at greater financial risk. There are a number of national and local schemes which offer support such as the Government's 'Help to Save' scheme which aims to support people on low incomes to build up their savings.⁵⁴
- Online credit unions can be a valuable service for households offering affordable and immediate access to credit with low rates of interest.⁵⁵
- Improving access to schemes which improve skills, provide training and education such as apprenticeship schemes, can enable people to better their employment prospects and earning potential.⁸¹

Support in Warwickshire

Examples of local support services include Citizens Advice Bureaus and the Warwickshire Financial Inclusion Partnership. Information on local support services is available online - warwickshire.gov.uk/directory

Gypsies and Travellers

Definition

'Gypsy Traveller' is an umbrella term for a set of distinct and diverse communities: Romany Gypsies; Irish Travellers; Roma Non-ethnic Travellers; New Travellers; Bargees (boat people); and Showmen Circus Families.⁵⁶

Background

Gypsies and Travellers have the poorest self-reported health outcomes of all ethnic groups. National research suggests life expectancy is reduced by **10-12** years compared to the settled community and there are higher infant mortality rates in this group. These inequalities arise due to a range of factors including discrimination, poor accommodation, poor health literacy, and barriers in accessing health services.^{57,58}

Impact on health and wellbeing



There is limited recent data on the health and wellbeing of Gypsies and Travellers. Available studies suggest that compared to the overall population there are:^{9, 59, 60}

Higher rates of:

- miscarriages, stillbirths, neonatal deaths, and infant mortality
- maternal death
- diabetes
- long-term conditions
- measles, whooping cough and other infections
- smoking
- drinking alcohol
- anxiety and depression

Lower rates of:

- parental literacy
- educational attainment
- registration with a GP practice
- child immunisations



A local health needs survey of 40 Gypsies and Travellers (95% women) in 2015 found that:⁶¹



52% said it is difficult to access healthcare services when they travel.



74% see a dentist regularly.



67% of interviewees said that either themselves or someone in the family has experienced a mental health problem.



62% said that they do not read anything related to health because they cannot read.



70% are registered with a GP.

The Warwickshire picture

In the 2011 Census, **58,000** people identified themselves as Gypsy or Irish Travellers across England and Wales with **494** in Warwickshire (0.1% of the resident population). In reality, it is believed the number is a lot higher as a large proportion of this group may not have participated in the Census.⁹

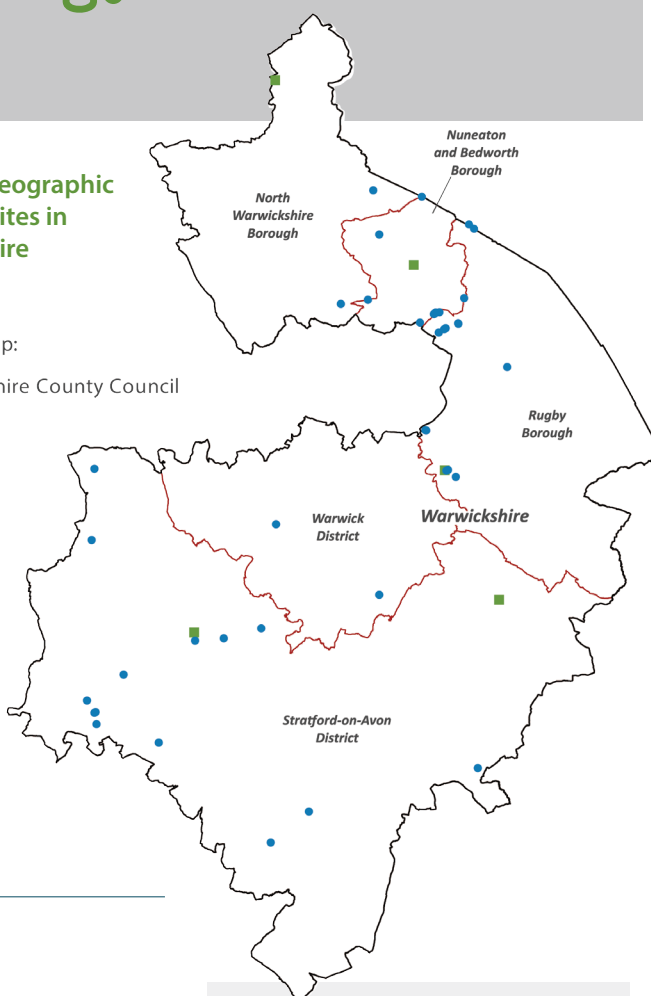
In Warwickshire, the Gypsy and Traveller Service estimate the resident figure to be between **3,500** and **4,200**. It is estimated an additional **700** families also transit through the county every year staying for a number of weeks on the roadside. Figure 4 illustrates some of the Gypsy and Traveller sites in Warwickshire.⁶²

Figure 4: Geographic spread of sites in Warwickshire

Site Ownership:

■ Warwickshire County Council

● Private



Evidence of best practice and recommendations

A number of national organisations and reports focus on improving the collection of health data, health outcomes and access to healthcare for Gypsies and Travellers.⁶³

Recommendations include:

- Commissioning of effective health and wellbeing services to meet the needs of this group.
- Raising awareness of the health and wellbeing needs of this group with partners in health, social care, community and third sector organisations.
- Establishing a partnership group to help support the health and wellbeing needs of this group.
- Providing community engagement training to all frontline staff working with Gypsies and Travellers to improve engagement and the health and wellbeing of this group.

Support in Warwickshire

Examples of local support services in Warwickshire include the WCC Gypsy and Traveller Service who have a primary focus around site management (including unauthorised encampments) and also provide welfare support to the Gypsy and Traveller community.

Local support services can be found online -

warwickshire.gov.uk/directory

Young Carers

Definition

A young carer is a child or young person who helps look after a family member who is physically or mentally ill, disabled or misuses substances.⁶⁴

A young carer may undertake some or all of the following:

- Emotional support.
- Physical & personal care such as lifting, washing, dressing, giving medication.
- Practical tasks and responsibilities such as cooking, housework, shopping, managing the family budget, paying bills, looking after younger siblings.

Background

A young carer becomes vulnerable when the level of care giving and responsibility to the person in need of care becomes excessive or inappropriate for that child.⁶⁵

Risk factors

The key risk factor for a child becoming a young carer is where there is someone within the family who is physically or mentally ill, disabled or misuses substances.⁶⁴

Impact on health and wellbeing

Caring has a significant long-term impact on a child or young person's health and wellbeing, development, opportunities, educational attainment and future economic potential.^{65, 66}

The effects can include:

- poor mental wellbeing
- problems at school
- lower educational attainment
- greater chance of not being in education, employment or training (NEET)
- emotional difficulties
- isolation
- lack of time for leisure
- feeling different
- pressure from keeping family problems secret
- difficulties with transition to adulthood
- feeling they are not being listened to and lack of recognition



For some young carers there can be safeguarding concerns, for example, where the young person is vulnerable to abuse and/or neglect.⁶⁷

Nationally, young carers are **twice** as likely to report that their health is 'not good' compared with their peers. This difference increases with young carers who care for **50 hours** or more per week; they are **five times** more likely to report their health as 'not good' compared to those of the same age not identified as carers. **This implies that high levels of unpaid care have a greater adverse effect on**

the health and wellbeing of young people.^{9, 64}

Research carried out into young carers of school age found that the impact was significant in all age groups, with **27%** of the secondary school age group experiencing educational difficulties or missing school, which could then have longstanding impacts on their future economic potential.⁶⁸

Young carers have significantly lower educational attainment at GCSE level, the equivalent to nine grades lower overall than their peers.⁵⁹

The Warwickshire picture

The 2011 Census shows there were over 200,000 young carers in the UK and **1,124** children aged 0-15 years and **2,562** young people aged 16 to 24 years were providing unpaid care in Warwickshire. These figures are expected to be a lot higher as many carers remain hidden.⁹

In 2016 the Warwickshire Young Carers' Project worked with over 1,700 young carers:⁶⁹

- Nearly **2 in 5** of these carers were aged between 12 - 16 years.
- **30%** were from Nuneaton & Bedworth Borough.
- Where recorded, **over half (54%)** of those cared for have a physical disability, **23%** have a learning disability, **21%** a mental health condition and **2%** have substance misuse issues.

The Warwickshire School Health and Wellbeing Service assessed year 6 school children in 2016:

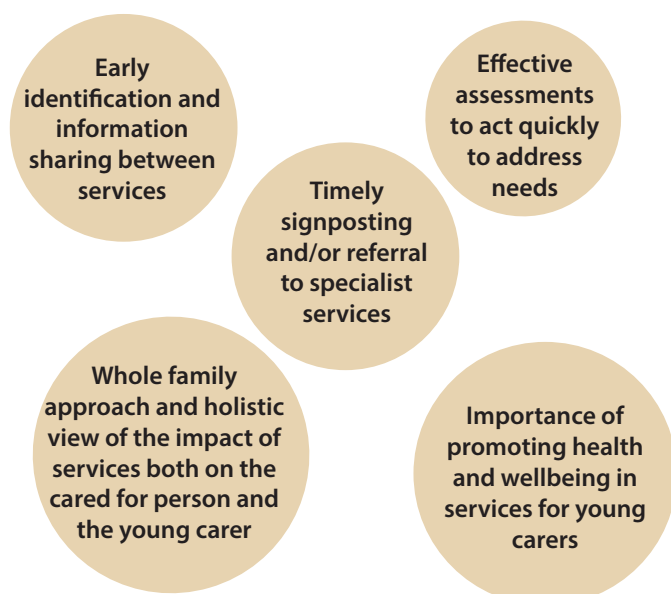
1 in 10 reported they have had to go home from school to care for someone (14% boys, 8% girls).⁷⁰



Nearly **9%** are unable to take part in activities with friends because they are caring for someone at home.

Evidence of best practice and recommendations

Early identification of young carers and a whole family approach of support is vital to improve young carers health and wellbeing, summarised below.⁷¹



Further recommendations include:

- Review existing services and support for young carers and young adult carers in relation to the recommendations contained in the forthcoming National Carers Strategy.
- Establish a multi-agency steering group to oversee strategic recommendations to improve the support for young carers and their families.
- Warwickshire schools to work towards achieving the Warwickshire Young Carers Schools Award.
- Raise awareness and identify young carers in health settings

Support in Warwickshire

Local support in Warwickshire for young carers includes Warwickshire Young Carers Project warwickshireyoungcarers.org.uk and the School Health & Wellbeing Service - warwickshire.gov.uk/schoolhealthandwellbeing

Other local support services can be found online warwickshire.gov.uk/directory.

Source: Adapted model from the Carers Trust UK developed by Northamptonshire Carers⁷¹

Loneliness and Social Isolation

Definition

The terms 'loneliness' and 'social isolation' are often used interchangeably, and whilst there are clear links between the two, they are distinct concepts. People can be socially isolated without feeling lonely, or feel lonely whilst spending time with others.

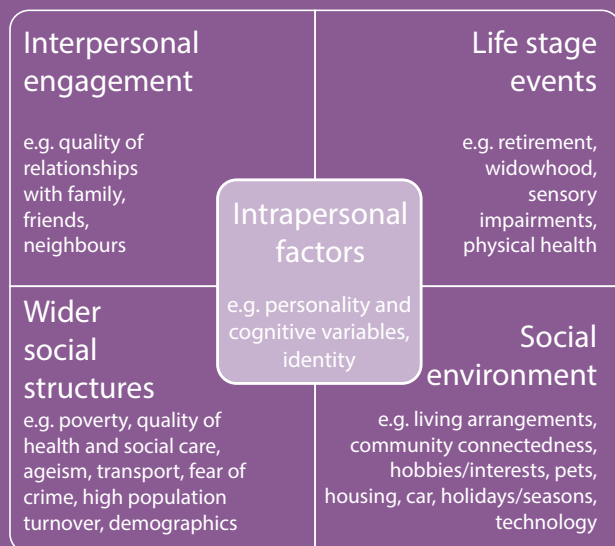
'Loneliness' is a psychological state. It is a subjective, negative feeling associated with lack or loss of companionship. 'Social isolation' relates to imposed isolation from social networks or access to services and can lead to loneliness.⁷²

Background

Loneliness is often associated with increasing age, however, both loneliness and social isolation (LSI) occur across all age groups. Prevention and early intervention is vital to enable people to live well, remain as independent as possible and reduce the demand on health and social care.⁷²

Risk factors for loneliness and social isolation

The relationship between loneliness and social isolation (LSI) is complex, and can change over the life course. There are a number of predictors of LSI.⁷³



In older people loneliness is more common among:⁷²

- Males
- Widows/widowers
- People with limited contact with family and friends
- People with low self esteem
- People on a low income
- Informal carers



Impact on health and wellbeing

For most people, feelings of LSI are short lived. However, long term LSI can affect health in many ways and can reduce life expectancy. The impact of a lack of social relationships on the risk of mortality is comparable with smoking and alcohol misuse, and exceeds that of physical inactivity and obesity.⁷⁴

Research shows loneliness can be as harmful for health as smoking 15 cigarettes a day⁷⁵



Physical health⁷²

- Increased likelihood of poor lifestyle choices (e.g. overeating, smoking, increased alcohol consumption)
- Increased risk of dementia
- Earlier onset of disability
- Increased risk of high blood pressure and cardiovascular disease
- Higher incidence of falls



Mental Health⁷²

- Increased risk of anxiety and depression
- Increased risk of suicide



Social Health⁷²

- Increased risk of needing long term care
- Enter into residential or nursing care early

The Warwickshire picture

Almost **1 in 3** (31%) of the population aged 65 and over are estimated to be lonely 'some of the time' and **7%** 'all of the time or often'. In Warwickshire, this equates to over **43,000** people experiencing some degree of LSI in this age group (Table 4).^{4, 76}

Table 4: Estimates of the number of lonely people in Warwickshire

	Total Population (Aged 65+)	Lonely 'all of the time or often'	Lonely 'some of the time'
North Warwickshire	13,531	947	4,195
Nuneaton and Bedworth	24,098	1,687	7,470
Rugby	19,847	1,389	6,153
Stratford-on-Avon	31,136	2,180	9,652
Warwick	25,885	1,812	8,024
Warwickshire	114,497	8,015	35,494

Evidence of best practice and recommendations

Age UK and The Campaign to End Loneliness (campaigntoendloneliness.org) have proposed a framework to tackle LSI and the challenges of: **reaching** lonely individuals; **understanding** the nature of their loneliness and developing a personalised response; and **supporting** individuals to access appropriate services. It sets out the full range of interventions needed from stakeholders across the community, beyond the health and social care sector, to support people experiencing, or at risk of experiencing, LSI.⁷⁷

Examples include:

- Group based activities e.g. lunch clubs
- One to one approaches e.g. befriending services
- Psychological support services e.g. Cognitive Behavioural Therapy

Transport and technology are critical to sustaining existing relationships with family and friends and to help access services.

Recommendations:

- Residents should be encouraged to take an active part in their communities, looking out for those who are most vulnerable, acknowledging that different approaches will be required within different communities.
- Recognise and use existing assets including volunteers to support communities.
- Raise awareness of LSI and the services available for support.

Support in Warwickshire

Community and Voluntary organisations, WCC, NHS and other organisations are delivering services and interventions across Warwickshire to tackle LSI. These include social clubs, befriending services and telephone support lines.

Local support services can be found online warwickshire.gov.uk/directory

Giving vulnerable people a voice: Warwickshire case studies

Domestic Violence and Abuse

Scenario

Warwickshire Domestic Violence Service received a referral from the Police after a violent incident. The female victim-survivor, Sophia had been experiencing a prolonged period of psychological abuse with a proportion of this abuse being physical. Examples of the controlling behaviour included Sophia being restricted from having personal household items, seeing family and socialising with friends.

Impact on health and wellbeing

The abuse impacted on Sophia's mental health and wellbeing and she suffered short term physical injuries from periods of physical abuse.

Intervention

Sophia was supported to separate from her partner by the service. This enabled her to understand the situation and how her partner had used violence and abuse to control her life. Sophia was also referred to a counselling service for support.



Outcome

Sophia described the support as a 'real life saver'. Warwickshire's Domestic Violence Service helpline - **0800 408 1552**

'Just about managing'

Scenario

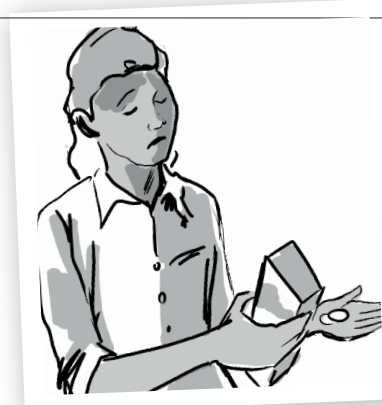
Karen suffered a relationship breakdown and lost her job. She was then referred to the Warwickshire Local Welfare Scheme (WLWS).

Impact on health and wellbeing

The relationship breakdown had a negative impact on Karen's mental health and wellbeing causing her stress which led to anxiety and depression. She was also struggling to feed herself and her family.

Intervention

Karen submitted a new job seekers allowance claim and the WLWS supported her with a food bank referral.



Outcome

Karen visited her local Foodbank and was able to cook nutritious food for herself and her family. The allowance claim provided ongoing financial support to Karen and her family.

Gypsies and Travellers

Scenario

Pete a middle-aged traveller, suffered a cardiac arrest at a family event and was admitted to hospital.

Impact on health and wellbeing

Pete's ill health adversely affected his wife Maggie's mental wellbeing. Maggie experienced stress and anxiety whilst her husband was in hospital due to pressure from her family. She was not adhering to their cultural expectation, which is to care for family members in their own home. Maggie was also unable to understand the care and medication required by Pete, and felt unsupported.

Intervention

The Warwickshire Gypsy and Traveller Service acted as an advocate for the family with housing, social care and health services. The service supported Maggie and Pete by explaining processes, organising rehabilitation and coordinating activity with health and social care.



Outcome

Maggie and Pete greatly appreciated the support from the service but commented that it was required earlier in the process to reduce the impact on Maggie's mental health and wellbeing.

Young Carers

Scenario

Carly is 7 years old and helps to look after her father, Steve, who has Type 1 Diabetes and heart problems. During the last year Steve has lost a considerable amount of weight and is undergoing further investigations. Steve has prolonged periods of not feeling well. During these times Carly was either getting herself to school or staying at home to look after her father.

Impact on health and wellbeing

Being a young carer was impacting on Carly's health and wellbeing. Carly's attendance record at school was 75% and she was worried about her father.

Intervention

The school contacted the Warwickshire Young Carers Service. A Young Carers Family Support Worker assessed the family's needs and worked with partners including Adult Social Care and Health to ensure the family was supported. Support provided included equipment installed to improve Steve's mobility in the home, carers, a cleaner and Carly receives one-to-one and group support from the Warwickshire Young Carers Project.



Outcome

Carly's school attendance record is 100% and she is regularly attending the support group. The group has provided Carly with a break and she has made many new friends which has positively impacted on her health and wellbeing.

Loneliness and Social Isolation

Scenario

Gita is a resident in her late 70's who was confined to her home. WCC Localities & Partnerships Team were made aware of this situation through targeted locality work the team were doing in Gita's neighbourhood. Gita was socially active but became isolated in her home due to a decline in her mobility. This resulted in Gita being unable to visit family and friends independently, attend her local community groups, or go out to do her gardening.

Impact on health and wellbeing

This impacted on Gita's physical, social and mental wellbeing. She had low self esteem, became isolated from family and friends and was physically inactive.

Intervention

The team assisted Gita to make a 'Blue Badge Scheme' application and worked with key partners to ensure she was receiving all the benefits she was entitled to. Adaptations were made to her house to ensure she could live independently. This included new ramps and grab rails.



Outcome

Gita feels happier as she is able to keep mobile and active at home and can regularly attend local community groups. She feels more confident and secure in her home and remains independent.

Chapter 4

Progress on 2016 recommendations

This chapter outlines progress with the recommendations made in last year's annual report, which were endorsed by the Warwickshire Health and Wellbeing Board in September 2016. Great progress has been made in a relatively short period of time. It is expected that further progress will be made throughout 2017/18 as partners continue to work together.



Recommendation	Progress
Recommendation 1 - Sustainability & Transformation Plan (STP) I recommend that the Health & Wellbeing Board (HWBB) does all it can to ensure that the local STPs: <ul style="list-style-type: none">• acknowledge their individual organisational responsibilities to focus on prevention and early intervention.	<ul style="list-style-type: none">• The STP is now locally called the 'Better Health, Better Care, Better Value, Coventry & Warwickshire's, Sustainability & Transformation Partnership' (STP). The plan includes a 'Proactive and Preventative' workstream that explicitly focuses on ensuring that prevention and early intervention are everyone's business.• The HWBB have agreed that they have a critical role in delivering this programme of work, providing a more unified approach across the public sector.• This focus on prevention has been ratified by the HWBB.
Recommendation 2 - Community Capacity I recommend that all statutory partners with health and wellbeing responsibilities across Warwickshire: <ul style="list-style-type: none">• develop a coordinated comprehensive asset based approach to community capacity;• recognise and support the increasing role played by informal carers;• ensure the voluntary sector is central to this asset based approach;• engage with other 'community assets' - families, friends and local people who have the ability to support each other; and• promote 'wellbeing' and empower people to find solutions to improve their health and wellbeing.	<ul style="list-style-type: none">• Developing community capacity is a key part of the county council's transformation programme to 2020.¹ Building community capacity improves the ability of a community and its members to cope with adverse circumstances and to adapt positively to change, so the community can thrive. WCC work to support residents and community groups in utilising community assets including, the development of three proof of concept community hubs and improved information and advice, enabling people to become more resilient and knowledgeable, making it easier for them to access support at an early stage.• The STP, Out of Hospital Programme encompasses community capacity building as a core feature and this links to the work of the local authorities.⁷⁸

Recommendation 3 - Place based working

I recommend that the HWBB partners:

- renew their commitment to place-based working to improve health and wellbeing;
- promote and challenge the STP to acknowledge and embed this place-based working at the core of their plans; and
- engage with local government assets such as housing, transport and planning to develop a healthy places approach.

The HWBB have endorsed a new 'place-based' approach to the delivery of the Joint Strategic Needs Assessment (JSNA).⁷⁹

- The JSNA provides the evidence base for understanding the current and future needs and assets of the local population.
- The new approach will focus on understanding need and assets on a geographical basis.
- 22 geographies have been endorsed by the HWBB, in consultation with a wide range of partners and stakeholders.
- This approach aligns with the requirement to inform the STP 'Proactive & Preventative' workstream, which seeks to build integrated services around populations of 30,000 – 50,000.
- A set of profiles will be produced to provide a summary of relevant intelligence reflecting the health and wellbeing of the local population. These profiles will then be followed by the production of detailed needs assessments for each area, enabling health and wellbeing partners to commission the most appropriate services for each locality.
- For example, the Health and Wellbeing 'hubs' will use this evidence base to inform the development of their offer in each of the geographical areas.

Recommendation 4 - Making Every Contact Count (MECC)

I recommend the HWBB partners:

- commit to the principles of MECC;
- promote the MECC approach;
- ensure all front line staff are trained in the Five Ways to Wellbeing/MECC approach and feel confident to have the conversation, where appropriate; and
- include Five Ways to Wellbeing/MECC as an essential element of the induction programme for new staff.

- MECC is an evidence-based behaviour change technique where front line practitioners use everyday conversations to encourage and support people to lead healthier lifestyles. Warwickshire County Council, Public Health have developed a refreshed MECC training programme - online and face to face - for frontline practitioners in Warwickshire.⁸⁰ This training will be available to HWBB organisations in 2017/18.
- MECC is a key part of the 'Proactive and Preventative' workstream which has been approved as part of the STP and commissioners are increasingly including MECC training for front line staff in contracts for services.
- The HWBB have committed to supporting the MECC approach in 2017/18.

Recommendation 5 - The workplace

I recommend that all statutory partners in Warwickshire:

- sign up to the 'Workplace Wellbeing charter' (or equivalent);
- promote adoption of the charter through the Local Enterprise Partnership (LEP) and the Chamber of Commerce; and
- encourage a similar commitment from partners across the combined authority area.

- Workplace wellbeing is a feature in the 'Proactive and Preventative' workstream of the STP across Coventry and Warwickshire which will create the framework for supporting wellbeing in the workplace. Some progress has been made for example, Warwick District Council have achieved the 'Workplace Wellbeing Charter' and other organisations have internal programmes to promote staff health, including lunchtime walks and joint work with occupational health services.
- Work is in progress to develop workplace MECC champions creating a network of people to support workplace wellbeing.

Glossary

Alcohol-related conditions (narrow) - primary diagnosis is an alcohol-attributable code or a secondary diagnosis is an alcohol-attributable external cause code.

Blue Badge - the Blue Badge scheme helps those with severe mobility problems entitling them to park close to where they need to go.

Breastfeeding initiation - babies given breast milk in the first 48 hours after delivery.

Black and Minority Ethnic (BME) groups - population classified as being from Black and Minority Ethnic groups.

Children Looked After - a child is looked after by a local authority if a court has granted a care order to place a child in care, or a council's children's services department has cared for the child for more than 24 hours.

Clinical Commissioning Group (CCG) - NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.

Commissioning (Public Health) - planning, setting up and contracting of a service.

Deprivation - covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. The English Indices of Deprivation 2015 use 38 separate indicators, organised across seven distinct domains of deprivation which can be combined, using appropriate weights, to calculate the Index of Multiple Deprivation 2015 (IMD 2015). This is an overall measure of multiple deprivation experienced by people living in an area.

Equality - ensuring that every individual has an equal opportunity to make the most of their lives and talents, and believing that no one should have poorer life chances.

Equality Impact Assessment (EqIA) - a process designed to ensure that a policy, project or scheme does not discriminate against those who belong to protected groups.

Excess weight - overweight including obese

Female genital mutilation (FGM) - is the complete or partial removal or alteration of external genitalia and is mostly carried out on young girls between infancy and 15 years.

Fuel Poverty - households are considered to be fuel poor where they have fuel costs that are above average and were they to spend that amount, they would be left with a residual income below the official fuel poverty line.

Grooming - when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse, sexual exploitation or trafficking.

Health inequalities - differences in health outcomes between people or groups due to social, geographical, biological or other factors.

Health intervention - the action or process of intervening, which could relate to commissioning a service for disadvantaged populations, in an attempt to address a particular issue.

Health outcome - a change in the health status of an individual, group or population.

Healthy life expectancy at birth - the average number of years a person would expect to live in good health based on current mortality rates and prevalence of self-reported good health.

Honour based violence - is violence committed to protect or defend the 'honour' of a family and/or community where young women are the most common targets and can, in extreme cases, include murder.

Hypertension - high blood pressure (as a general guide this is considered to be 140/90mmHg or higher).

Incidence - the number of new events e.g. new cases of disease in a defined population within a specified time period.

LGBT - lesbian, gay, bisexual, and transgender.

Life expectancy at birth - the average number of years a person would expect to live based on current mortality rates.

Local Authority - an organisation that is responsible for public services and facilities in a particular area.

Long-term unemployment - those residents claiming job seekers allowance for over 12 months.

Low birth weight - recorded birth weight under 2500g.

Low-income families - families in receipt of out of work benefits or tax credits where their reported income is less than 60% of the national median income.

National Institute for Health and Care Excellence (NICE) - a public body that develops guidance, standards and information on high quality health and social care.

Obese - Adults are defined as obese if their body mass index (BMI) is greater than or equal to 30kg/m². In children, obesity is defined as BMI greater than or equal to the 95th centile for population monitoring, or the 98th centile for clinical assessment (UK90 BMI reference).

Overweight - Adults are defined as overweight if their BMI is greater than or equal to 25kg/m². In children, overweight is defined as BMI greater than or equal to the 85th centile for population monitoring, or the 91st centile for clinical assessment (UK90 BMI reference).

Physically active adults - at least 150 minutes of moderate intensity physical activity per week.

Physically inactive adults - less than 30 minutes of at least moderate intensity physical activity per week.

Poverty - those whose lack of resources forces them to live below a publicly agreed minimum standard.

Prevalence - measures existing cases of disease and is expressed as a proportion e.g. 1% of the population or as a rate per 1,000 or per 100,000.

Protected groups - are identified in the Equality Act 2010 as sharing a particular characteristic against which it is illegal to discriminate. The groups are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

Public Sector Equality Duty - requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities through a focus on those with protected characteristics.

Quality and Outcomes Framework (QOF) - a system for the quality improvement and payment of general practitioners in the NHS.

Quality assurance - part of quality management focused on providing confidence that quality requirements will be fulfilled (ISO 9000).

Screening coverage - the proportion of the resident population eligible for a screening programme (e.g. bowel, breast, cervical) who were screened adequately within a specified time period.

Socio-economic - relating to or concerned with the interaction of social and economic factors.

Special educational needs and disabilities (SEND) - can affect a child or young person's ability to learn. They can affect their:

- behaviour or ability to socialise, for example they struggle to make friends
- reading and writing, for example because they have dyslexia
- ability to understand things
- concentration levels, for example because they have attention deficit hyperactivity disorder (ADHD)
- physical ability

Stakeholder - in terms of business, an organisation interested in your area of work, or a 'partner'.

Unaccompanied Asylum Seeking Child - a child who is applying for asylum in their own right and is separated from both parents and is not being cared for by an adult who in law or by custom has responsibility to do so.

Warwickshire Health and Wellbeing Board (HWBB) - the board is a statutory committee of the county council with members from the county council (Social Care and Public Health), clinical commissioning groups, district & borough councils, the Police & Crime Commissioner, NHS Provider Trusts, Healthwatch Warwickshire and NHS England. Its primary purpose is to provide strategic direction and develop shared outcomes for improving health and wellbeing in Warwickshire.

Warwickshire County Council, Public Health

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warwickshire.gov.uk/publichealth

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