



WARWICKSHIRE JOINT STRATEGIC NEEDS ASSESSMENT

PLACE-BASED APPROACH (APRIL 2018- MARCH 2020)

PROFESSIONALS SURVEY – ANALYSIS OF RESPONSES

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BACKGROUND

To establish a picture of the health and wellbeing of the Warwickshire population, Warwickshire County Council (WCC) and partners carry out a Joint Strategic Needs Assessment (JSNA). The assessment is used to inform the planning and delivery of services and support, it can also be a useful source of information for charities and communities themselves.

Previous JSNAs have been based on the Warwickshire population and have focused on prioritised themes. However, for the period April 2018 to March 2020, a series of place-based needs assessments have been produced. The county has been divided into 22 areas with populations of around 30-50,000 people. These needs assessments will inform the setting of local priorities and provide a more in-depth understanding of health and wellbeing within smaller areas in Warwickshire.

The JSNA brings together evidence from a range of sources on factors that affect health and wellbeing. This is used by WCC and other organisations to inform the planning and delivery of services, helping to ensure services and support are well-placed to help the people who need them most.

METHODOLOGY

To ensure the needs assessments reflected local priorities engagement with stakeholders was seen as a key element of the place-based JSNAs. One method of engagement was an online survey aimed at professionals which was made available on Ask Warwickshire using Citizen Space. This was live between 1st June 2018 and 29th February 2020. A paper-based version of the survey (or an alternative format or language version) could be requested by telephone or via email (insight@warwickshire.gov.uk).

There was also a second survey – ‘Warwickshire Joint Strategic Needs Assessment –residents’ available on Ask Warwickshire seeking the views of residents in Warwickshire. The results of this engagement can be found in a separate report.

Whilst the survey was one of the ways to gather local information on need, the JSNA also incorporated data held by local organisations and also the views of local communities gathered through face-to-face engagement with stakeholders and local residents.

The report is structured in two main sections. First, the key messages of the analysis on the JSNA engagement are presented. The main section of the report presents respondent information followed by the results from the survey of professionals working, volunteering or representing their area. This focuses on 1. priorities for improvement, and 2. potential barriers to improving health and wellbeing.



KEY MESSAGES

- In total, the online survey for professionals received 243 responses.
- Almost half (46.9%, n=114) of professionals who responded to the survey worked/volunteered in or represented Warwick District, whilst just 7.0% (n=17) of all respondents worked/volunteered in or represented North Warwickshire Borough.
- Of those respondents who selected North Warwickshire Borough, 88% worked/volunteered in or represented JSNA areas 1, 2 and 3 (Polesworth, Kingsbury, and Coleshill & Arley).
- Approximately one third (33.3%, n=81) of respondents stated that they represented Warwickshire County Council, 28.8% (n=70) represented the NHS and 24.3% (n=59) represented the third sector/voluntary community.
- In total, 38.3% (n=93) of respondents stated they worked with people of all ages. Just 18.1% (n=44) of respondents selected parents and infants (under 5 years) as the age group with whom they work.
- Priority areas for improvement:
 - Topic 5 - initiatives to support and reduce people living in poverty (e.g. access to Free School Meals, employment) – was selected most frequently by those working with the parent and infant (under 5 years) age group (n=61).
 - Topic 3 – mental health and wellbeing – was selected most frequently by those working with the children and young people age group (n=69).
 - Topic 6 – employment and skills – was selected most frequently by those working with the working age group (n=86).
 - Topic 4 – support for those with long-term health conditions – was selected most frequently by those working with the older people age group (n=84).
 - Topic 3 – mental health and wellbeing – was selected most frequently by those working with all ages (n=108).
 - Topic 3 – mental health and wellbeing – ranks in the top 3 for each of the different age categories. Similarly, topic 1 – healthy lifestyles ranks in the top 3 for four of the five age categories (ranked seventh in the older people age category).
- Respondents were asked to add any detail to support their selection of priority areas for improvement (or any topics which were not covered). In total, 65 comments were received, and the most common themes highlighted by respondents were support for those with mental health conditions (n=17), lack of funding/investment (n=13), and a lack of affordable housing/accommodation (n=10).
- Respondents were then asked, based on their experience, to rank their top 3 potential barriers to improving the health and wellbeing of the local population. Overall, lack of funding (n=130), lack of knowledge (n=103), and lack of interest (n=94) were most likely to feature within a respondent's top 3.
- A total of 48 respondents also gave a comment to the open text box asking respondents to state any other barriers not specified in the question above. The most common theme mentioned was access to services and facilities – 35.4% (n=18) of respondents who gave a comment to this question mentioned this.
- Finally, respondents were asked if there was anything else they would like to share that could help us better understand the needs of the local area in which the respondent works. There were 51 comments given to this open text question. The most common themes were access to support and resources (n=17) and lack of funding/investment (n=17) – both were mentioned by a third (33.3%) of respondents who answered this question.

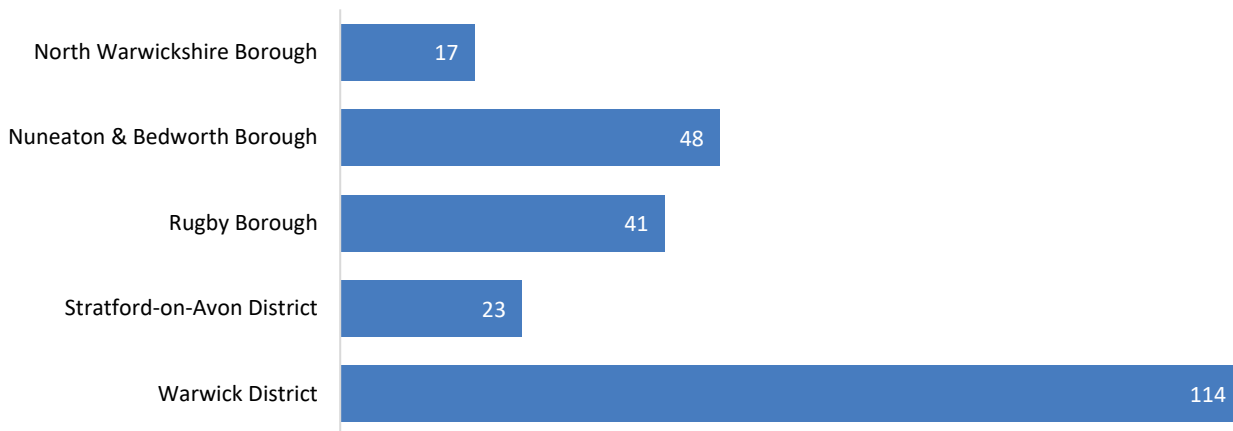


RESULTS – ENGAGEMENT ANALYSIS

In total, the online survey for professionals received 243 responses. Respondents were asked to select their Warwickshire borough or district and, depending on their selection, were then directed to state which JSNA area within their borough/district they work/volunteer/represent. Following this, all respondents were directed to answer a set of questions relating to health and wellbeing.

ABOUT RESPONDENTS

Figure 1. Warwickshire borough/district where respondent works/volunteers/represents

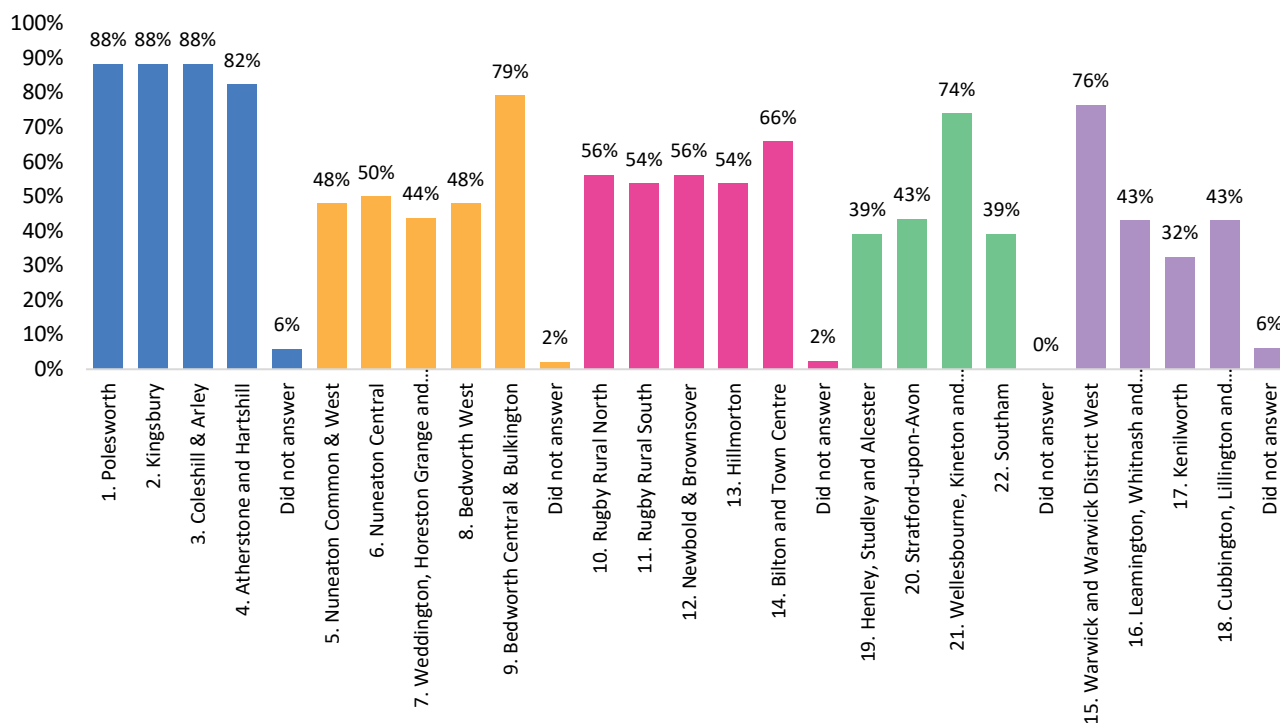


As Figure 1 shows, almost half (46.9%, n=114) of professionals who responded to the survey worked/volunteered in or represented Warwick District, whilst just 7.0% (n=17) of all respondents worked/volunteered in or represented North Warwickshire Borough.

Respondents were then asked which JSNA area within their chosen borough/district that they worked/volunteered in or represented. The results of this are presented in Figure 3. Of those respondents who selected North Warwickshire Borough, 88% worked/volunteered in or represented JSNA areas 1, 2 and 3 (Polesworth, Kingsbury, and Coleshill & Arley).

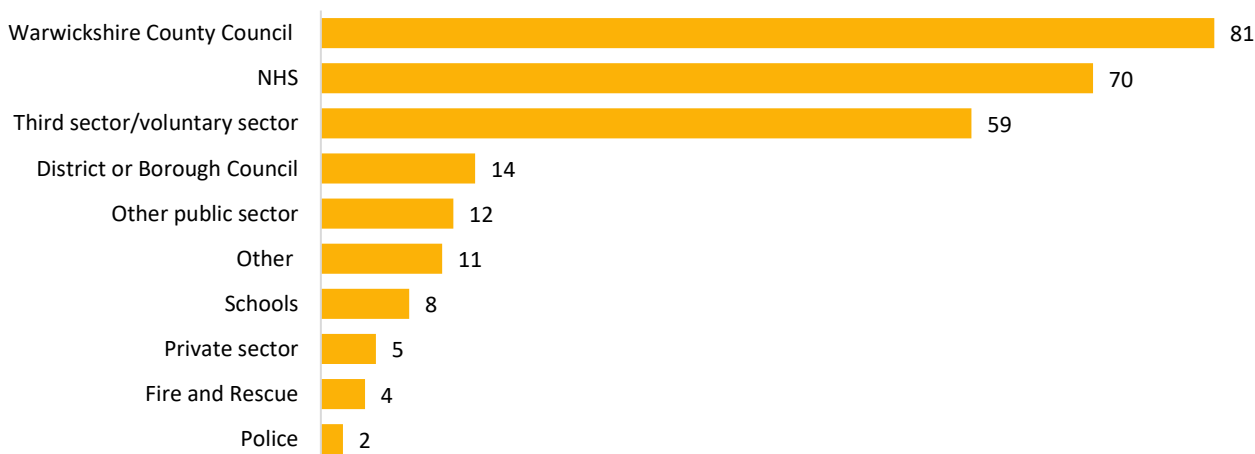


Figure 3. Proportion of respondents from each borough/district who stated they work/volunteer/represent each JSNA area



Respondents were also asked which type of organisation they represented and could select multiple options. Approximately one third (33.3%, n=81) of respondents stated that they represented Warwickshire County Council, 28.8% (n=70) represented the NHS and 24.3% (n=59) represented the third sector/voluntary community. The results of this are presented in Figure 4 below.

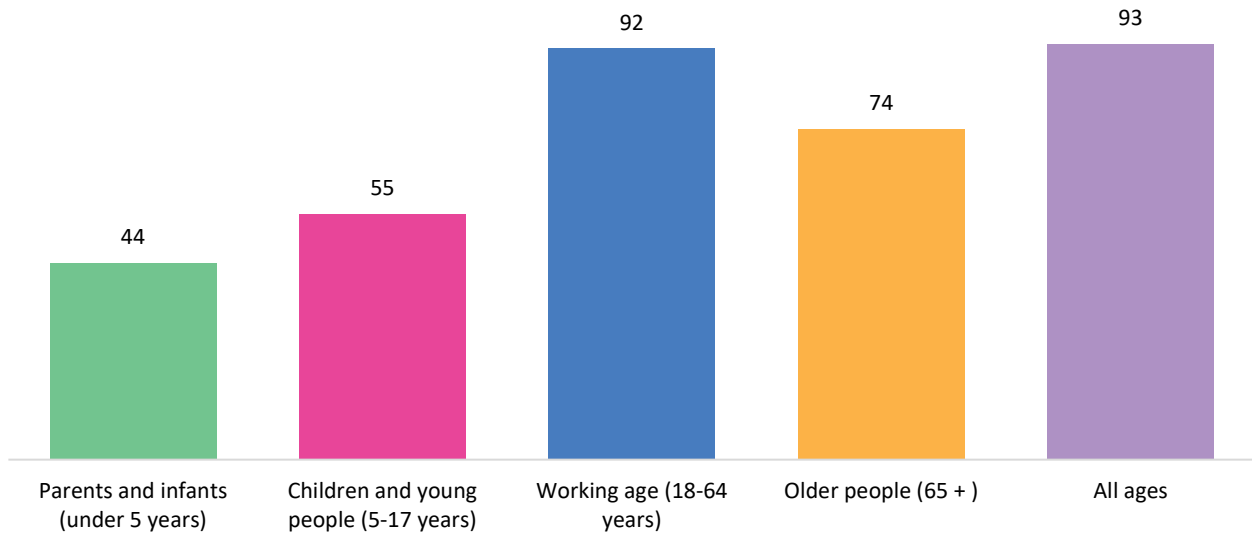
Figure 4. Which type of organisation do you work/volunteer for?



Finally, respondents were asked which age groups they worked with. Multiple options could be selected. In total, 38.3% (n=93) of respondents stated they worked with people of all ages. Just 18.1% (n=44) of respondents selected parents and infants (under 5 years) as the age group with whom they worked. The results of this are presented in Figure 5.



Figure 5. Which of these groups do you work with?



PRIORITIES AREAS FOR HEALTH AND WELLBEING

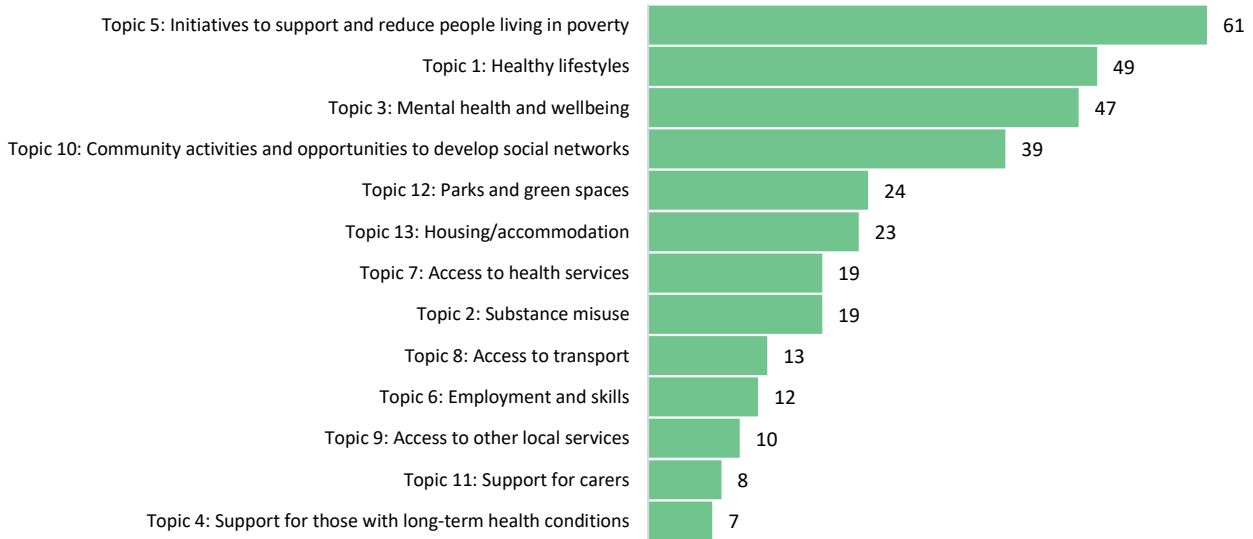
In the next section of the survey, respondents were asked to consider the age group they worked with and select three topics per age group that they think were priority areas for improvement. There were thirteen topics listed and respondents could select multiple topics per age group. This question also included an open text box should respondents wish to add any further comments or other suggestions.

Parents & infants (under 5 years)

Topic 5 - initiatives to support and reduce people living in poverty (e.g. access to Free School Meals, employment) – was selected most frequently by those working with the parent and infant (under 5 years) age group (n=61). Healthy lifestyles (e.g. be active, eat healthy, stop smoking) (n=49) and mental health and wellbeing (n=47) were the next most selected topics. In contrast, topic 4 – support for those with long-term health conditions – was the topic selected the least frequently (by just 7 respondents) by those working with parents and infants (Figure 6).



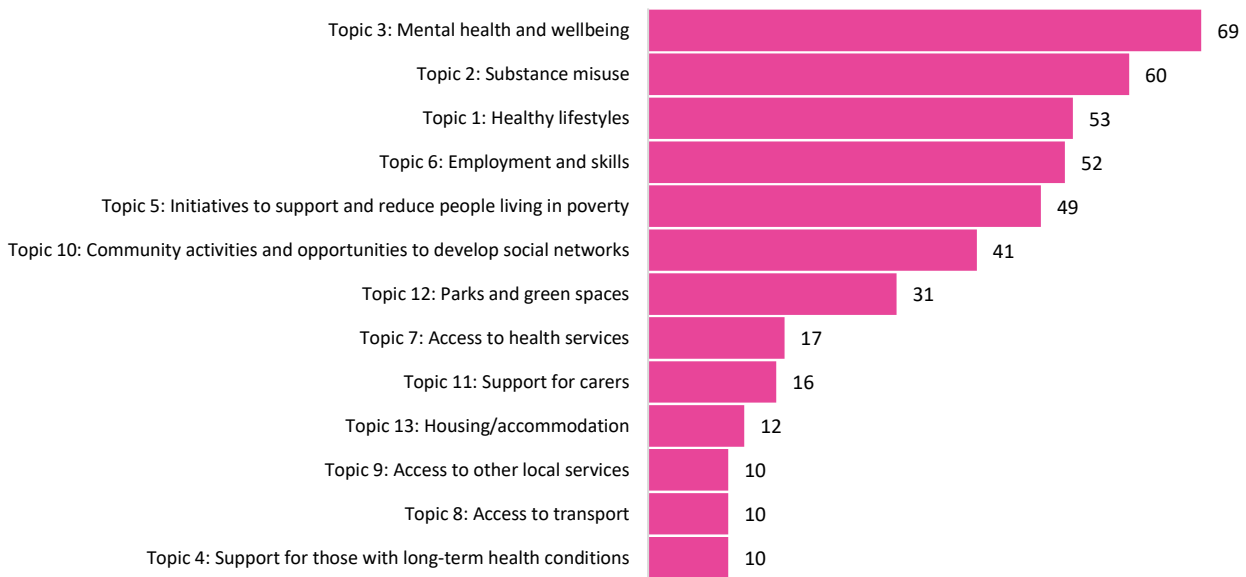
Figure 6. Thinking of parents and infants, please select 3 topics per age group which you think are priorities for improvement



Children & young people (5-17 years)

Topic 3 – mental health and wellbeing – was selected most frequently by those working with the children and young people age group (n=69). Substance misuse (e.g. alcohol, drugs) (n=60) and healthy lifestyles (e.g. be active, eat healthy, stop smoking) (n=53) were the next most selected topics. In contrast, topic 4 – support for those with long-term health conditions – was the topic selected the least frequently (by just 10 respondents) by those working with children and young people (Figure 7).

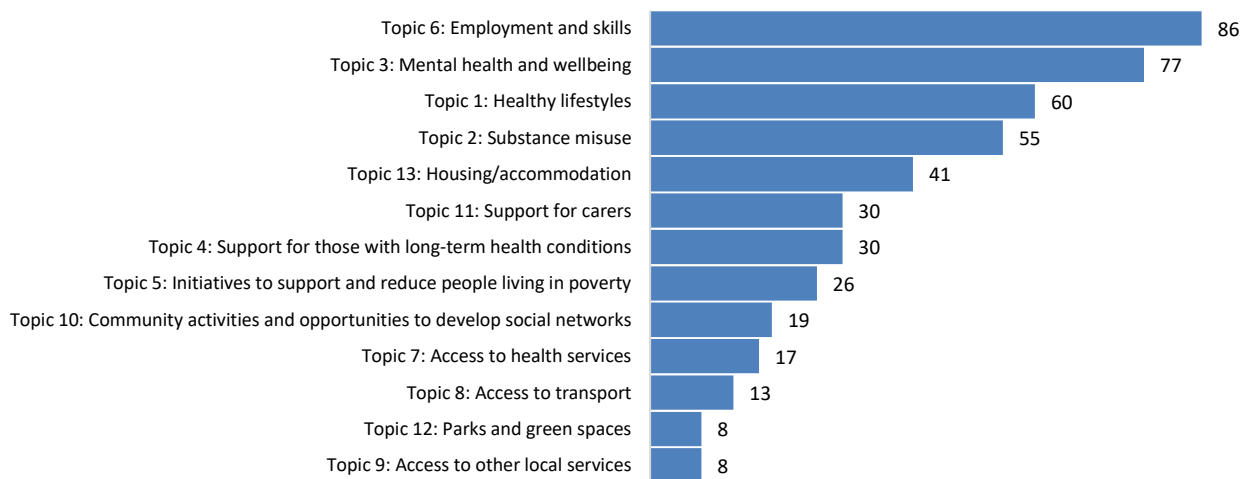
Figure 7. Thinking of children and young people, please select 3 topics per age group which you think are priorities for improvement



Working age (18-64 years)

Topic 6 – employment and skills – was selected most frequently by those working with the working age group (n=86). Mental health and wellbeing (n=77) and healthy lifestyles (e.g. be active, eat healthy, stop smoking) (n=60) were the next most selected topics. In contrast, topic 9 – access to other local services – was the topic selected the least frequently (by just 8 respondents) by those working with people of working age (Figure 8).

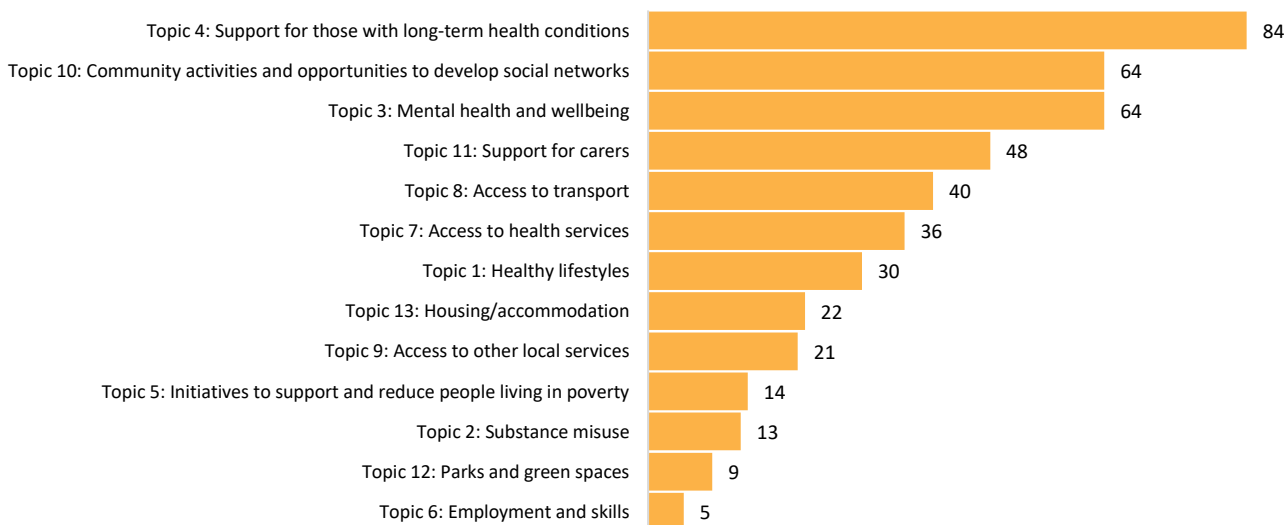
Figure 8. Thinking of working age people, please select 3 topics per age group which you think are priorities for improvement



Older people (65+ years)

Topic 4 – support for those with long-term health conditions – was selected most frequently by those working with the older people age group (n=84). Community activities and opportunities to develop social networks (n=64), and mental health and wellbeing (n=64) were the next most selected topics. In contrast, topic 6 – employment and skills – was the topic selected the least frequently (by just 5 respondents) by those working with older people (Figure 9).

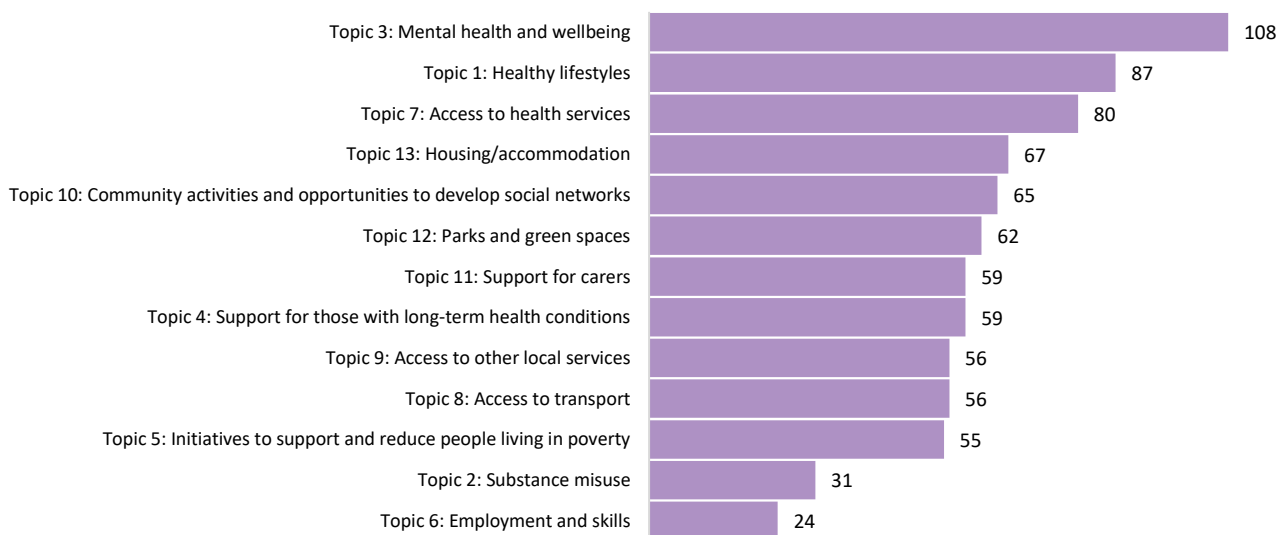
Figure 9. Thinking of older people, please select 3 topics per age group which you think are priorities for improvement



All ages

Topic 3 – mental health and wellbeing – was selected most frequently by those working with all ages (n=108). Healthy lifestyles (e.g. be active, eat healthy, stop smoking) (n=87), and access to health services (n=80), were the next most selected topics. In contrast, topic 6 – employment and skills – was the topic selected the least frequently (by just 24 respondents) by those working with people of all ages (Figure 10).

Figure 10. Thinking of people of all ages, please select 3 topics per age group which you think are priorities for improvement



In order to summarise the results from each of the age categories presented above, Figure 11 shows the most frequently selected topics in order for each age group. This shows that topic 3 – mental health and wellbeing – ranks in the top 3 for each of the different age categories. Similarly, topic 1 – healthy lifestyles ranks in the top 3 for four of the five age categories (ranked seventh in the older people age category).

Figure 11. Topics ranked from most frequently selected to least frequently selected for each age category

Rank	Parents & Infants (under 5 years)	Children & Young People (5-17 years)	Working Age (18-64 years)	Older People (65+ years)	All Ages
1	Initiatives to support and reduce people living in poverty	Mental health and wellbeing	Employment and skills	Support for those with long-term health conditions	Mental health and wellbeing
2	Healthy lifestyles	Substance misuse	Mental health and wellbeing	Mental health and wellbeing	Healthy lifestyles
3	Mental health and wellbeing	Healthy lifestyles	Healthy lifestyles	Community activities and opportunities to develop social networks	Access to health services
4	Community activities and opportunities to develop social networks	Employment and skills	Substance misuse	Support for carers	Housing/accommodation
5	Parks and green spaces	Initiatives to support and reduce people living in poverty	Housing/accommodation	Access to transport	Community activities and opportunities to develop social networks



6	Housing/ accommodation	Community activities and opportunities to develop social networks	Support for those with long-term health conditions	Access to health services	Parks and green spaces
7	Access to health services	Parks and green spaces	Support for carers	Healthy lifestyles	Support for those with long-term health conditions
8	Substance misuse	Access to health services	Initiatives to support and reduce people living in poverty	Housing/ accommodation	Support for carers
9	Access to transport	Support for carers	Community activities and opportunities to develop social networks	Access to other local services	Access to transport
10	Employment and skills	Housing/ accommodation	Access to health services	Initiatives to support and reduce people living in poverty	Access to other local services
11	Access to other local services	Support for those with long-term health conditions	Access to transport	Substance misuse	Initiatives to support and reduce people living in poverty
12	Support for carers	Access to transport	Access to other local services	Parks and green spaces	Substance misuse
13	Support for those with long-term health conditions	Access to other local services	Parks and green spaces	Employment and skills	Employment and skills

Furthermore, respondents were asked to add any detail to support their selections above (or any topics which were not covered) in an open text box. Analysis was undertaken and themes based on qualitative comments are presented in Figure 12 below. In total, 65 comments were received, and the most common themes highlighted by respondents were support for those with mental health conditions (n=17), lack of funding/investment (n=13), and a lack of affordable housing/accommodation (n=10).

Figure 12. Detail to support selections and any other topics which are not covered

Theme / description	Count (%)	Example quotation(s) for illustration
Support for those with mental health conditions	17 (26.2%)	<p><i>"Mental health is a priority area for both groups I work with. Children and young people need more joined up help and support in schools through collaboration with mental health services and schools. At present, anxiety is a huge reason for young people dropping out of school and the schools do not know how to address this - or do not have the resources or training - so 'let it happen'"</i></p> <p><i>"Children and young people with anxiety and mental health difficulties need more early intervention before it gets critical. This could happen much more in schools if they were encouraged to include emotional wellbeing and resilience in the curriculum, but also with individuals who need support. The health service for mental health and for neurological difficulties is a big problem as there is not the support available and parents who are desperately seeking support for their children are turned away or discharged when they should be receiving more intensive support. This has a huge knock on effect for the whole family in terms of health and wellbeing and in terms of parents working and young people looking towards an independent future"</i></p>
Lack of funding/investment	13 (20.0%)	<p><i>"For people who have additional needs it is such a struggle to fight your way through service criteria, funding issues and the many brick</i></p>



		<p>walls that are put in place. Many people just run out of steam while trying to fight for their rights and the services they need”</p> <p>“Ongoing funding to third sector groups that bridge the gap to statutory services“</p> <p>“Good health and preventions are key, but Government has made it so difficult over the decades. Everything has been stripped back and taken out of the peoples’ hands”</p> <p>“Limited health schemes for those with little or no funds”</p>
Lack of affordable housing/accommodation	10 (15.4%)	<p>“There is no affordable housing or very limited social housing & if they do get rehoused it's miles away from all their support networks & as there are limited funds available it always misses out on investment”</p> <p>“Far too many new unaffordable housing being built, as a result no infrastructure to go with i.e. extra schools, health services, and leisure facilities. Extortionate local rents for young families</p> <p>“Affordable housing is a real problem”</p>
Support for carers	9 (13.8%)	<p>“Carers have few support services provided for them and what is provided is often too expensive to allow it to be used. The carers allowance is not paid to anyone over state retirement age and these carers are often providing 24 hour care 7 days a week. They are often ageing themselves. When packages of care are planned for hospital discharge respite is frequently not provided and the individual has to fight to get the support they need in the community. Day care or regular residential respite can prevent carer burn out and break down”</p> <p>“Parent carers are not well supported... If parents/carers are better supported with respite, personal support and wellbeing for themselves, as well as helping them support their children with difficulties then both groups would be in a far better place to manage without reaching crisis point or breaking down with no help”</p> <p>“Support for carers is abysmal”</p>
Access to transport	9 (13.8%)	<p>“Transport is huge - we need to have reduced fares. This would empower people: to return to work, to reduce social isolation, to reduce carbon emissions and cars on the road, to improve mental health/access to services and general engagement. In my opinion, if you address the transport costs and find ways to reward those who use public transport and facilitate engagement with services by having bus lanes/bus stops near to parks and greenspaces etc, then a domino effect of benefits would follow”</p> <p>“Public transport links (i.e. buses) between the villages and into town really need to be put on more frequently”</p> <p>“Lack of suitable and affordable transport”</p>
Healthy lifestyles (e.g. be active, eat healthy, stop smoking)	9 (13.8%)	<p>“I think if people knew more about healthy lifestyle choices, they could prevent or manage their illnesses better. Prevention is far more important than cure”</p> <p>“Ensuring people make the right lifestyle choices and have the right support earlier on in life will help to reduce problems later in life and the burden on society”</p> <p>“Common problems are obesity, alcohol addiction and there are a</p>



		<i>surprising number of younger adults taking anti-depressants</i>
Access to health services	8 (12.3%)	<p><i>“Access to health services - most GP practices are good but it can be very difficult and frustrating to get appointments to book ahead, same day or outside normal working hours”</i></p> <p><i>“Access to health services - not able to get the same GP twice, GPs not wanting to spend from their pots so they avoid helping people, only making them worse, (something that I have experienced first-hand!), plus terrible telephone services that prevent contact when most needed”</i></p>
Joined-up thinking, information sharing, communication	7 (10.8%)	<p><i>“There should be a joined-up community support plan involving Health and Social Care Professionals and those who actually deliver local support groups”</i></p> <p><i>“As all of my customers have difficulty with gaining information themselves; or are unable to understand it. A One Stop Shop does not always work for them as they need to communicate with a person who knows them and their particular needs”</i></p>

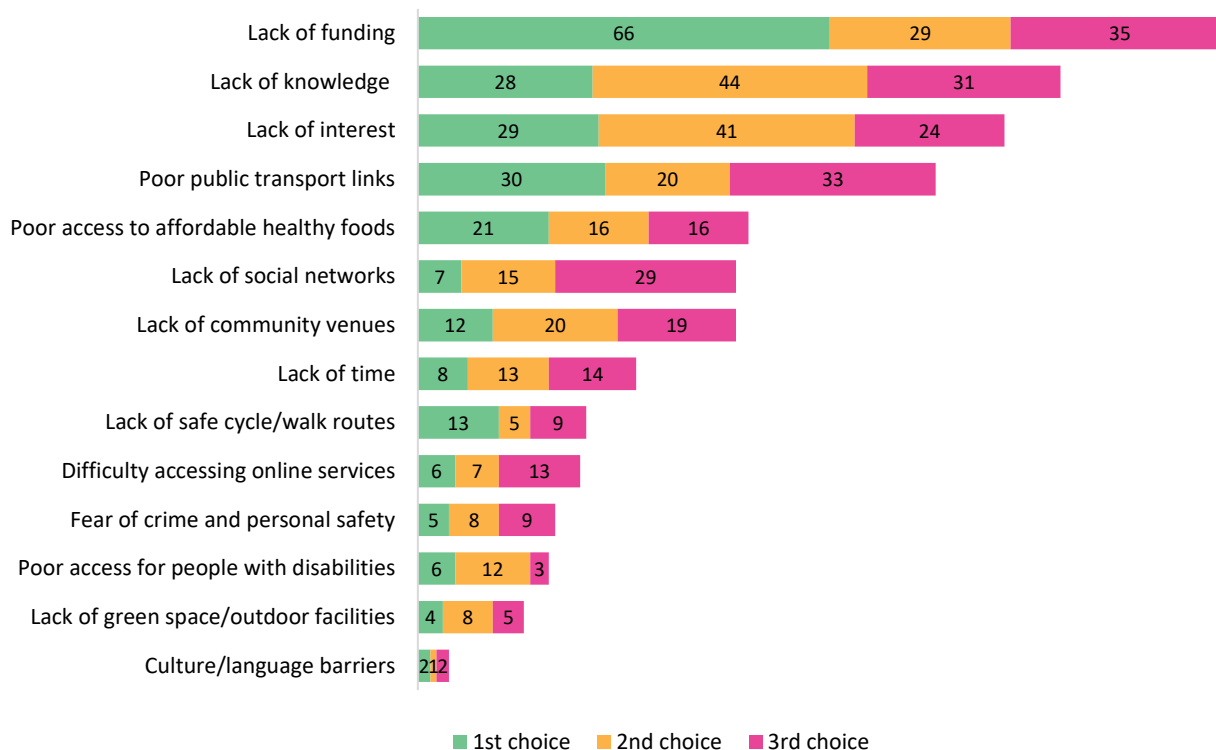
Other themes mentioned included: parks and green spaces (n=6), social/rural isolation (n=5), support for those with a long-standing health condition (n=5), substance misuse (e.g. alcohol, drugs) (n=5), crime and community safety (n=3), and education, skills and employment (n=3).

POTENTIAL BARRIERS TO HEALTH AND WELLBEING

Respondents were then asked, based on their experience, to rank their top 3 potential barriers to improving the health and wellbeing of the local population. There were fourteen topics listed from which respondents could select their top 3 choices. Overall, lack of funding (n=130), lack of knowledge (n=103), and lack of interest (n=94) were most likely to feature within a respondent’s top 3. Indeed, lack of funding was selected by over half (53.5%, n=130) of all respondents and was selected as first choice by almost a third of all respondents (27.2%). In contrast, culture/language barriers was least likely to be selected in respondents’ top 3 (n=5). Just two respondents selected this as their first choice.



Figure 13. “In your experience of working in the local area you are commenting on, what are the potential barriers to improving the health and wellbeing of the local population? Please rank your top 3”



A total of 48 respondents also gave a comment to the open text box asking respondents to state any other barriers not specified in the question above. Analysis was undertaken and themes based on qualitative comments are presented in Figure 14 below. The most common theme mentioned was access to services and facilities – 35.4% (n=18) of respondents who gave a comment to this question mentioned this in their comment. Lack of funding, investment, support (39.5%, n=17) and lack of joined-up thinking, information sharing, communication (25.6%, n=11) were also frequently mentioned.

Figure 14. Other barriers (please specify)

Theme / description	Count (%)	Example quotation(s) for illustration
Access to local community services / facilities	18 (35.4%)	<p>“Services close and nothing else replaces it. The good work and the experienced staff get moved elsewhere”</p> <p>“Lack of health service provision”</p> <p>“I would say that it is not lack of facilities that is an issue but perhaps lack of access e.g. schools often have great facilities for sport and physical activity however during evenings, weekends and holidays, these services aren't always accessible”</p> <p>“Access to medical professionals in a timely fashion including long waits for appointments”</p> <p>“Lack of access to affordable public leisure facilities”</p>
Lack of funding / investment / support	17 (39.5%)	<p>“Lack of investment in social and emotional health and wellbeing”</p> <p>“Definitely the lack of funding is the biggest barrier”</p>



		<p><i>"Under investment is evident"</i></p> <p><i>"Investment in outreach is key"</i></p> <p><i>"Mainly funding"</i></p>
Lack of joined-up thinking, information sharing, communication	11 (25.6%)	<p><i>"Poor co-ordination between services and need for greater partnership working to achieve a 'just one door' approach to services and joined up pathways so that customers get the service they need, when and where they need it"</i></p> <p><i>"Organisations working in isolation, lack of collaboration to help the community"</i></p> <p><i>"Multiplicity of providers - creates confusion about who to ask for what. Need a "one stop shop" integrated with health, social, and voluntary sectors. Forms, referrals procedures- put off people. Need a named worker (e.g. Social Worker) who works with an individual and not re-allocating every time"</i></p>
Lack of time	8 (18.6%)	<p><i>"Time constraints impact on improving joined up working between strategic commissioning, providers and operational teams"</i></p> <p><i>"Waiting lists for the child mental health support services inside and outside school is horrendously long and the capacity is hugely underfunded and prioritised"</i></p> <p><i>"Number one: waiting lists for mental health advice and help. Many patients never actually see someone, they just remain on the waiting list until the only local medical centre they can attend closes down permanently. The situation in some areas is shocking in that respect"</i></p>

Other common themes mentioned included: lack of opportunity (n=5), cultural issues (n=5), isolation/poverty (n=5), and lifestyle (e.g. drug, alcohol misuse, mental health) (n=3).

Finally, respondents were asked if there was anything else they would like to share that could help us better understand the needs of the local area in which the respondent works. There were 51 comments given to this open text question. Analysis was undertaken and themes based on qualitative comments are presented in Figure 14 below. The most common themes were access to support and resources (n=17) and lack of funding/investment (n=17) – both were mentioned by a third (33.3%) of respondents who answered this question.

Figure 14. Is there anything else you would like to share with us to help us better understand the needs of the local area you work within? (Please specify)

Theme / description	Count (%)	Example quotation(s) for illustration
Access to support and resources	17 (33.3%)	<p><i>"Limited access to children's centres and family support workers for referrals"</i></p> <p><i>"I find many of the patients have long term conditions are receiving medical support, however they are not able to see their GP regularly for anyone to support them with coping with long term conditions and long-term stress factors... More support services helping patients manage long term stress factors may reduce the pressure on other services"</i></p> <p><i>"Need for increased outreach services to small community groups"</i></p>



		<i>"Local provision of services such as day care is essential"</i>
Lack of funding/investment	17 (33.3%)	<p><i>"Social care is generally of poor quality, access to support is very difficult and the cost is prohibitive, mainly due to a stringent application of government guidelines on charging and an overly forceful approach in enforcing payments from vulnerable people to the extent that they are cancelling much needed care"</i></p> <p><i>"Poor funding by the local authorities will have detrimental effects on life outcomes"</i></p> <p><i>"Lack of funding is impacting on all areas and needs to be addressed"</i></p> <p><i>"Failure of central government over a long period to properly address and provide the necessary funding in all areas has resulted in the state of the economy today - reduced services impacting on all walks of life"</i></p>
Access to community services/facilities	14 (27.4%)	<p><i>"I believe that appropriate funding and community facilities in areas of need can help to overcome complex problems. Many issues, including health and wellbeing can greatly benefit from a strong network of staff, volunteers and local residents - positive relationship building and appropriate facilities can act as a powerful motivator for healthy habits"</i></p> <p><i>"Shortage of services in the local area"</i></p> <p><i>"The capacity of the local centre is too small to accommodate all types of services that the community needs"</i></p>
Lack of public transport	10 (19.6%)	<p><i>"Transport needs to be included. People often unable to travel to nearest town for the support when living in the villages"</i></p> <p><i>"Lack of public transport means people are not able to attend appointments/services etc."</i></p> <p><i>"Transport needs to and from GP appointments and to the hospital are an issue for older residents"</i></p>
Joined-up thinking, information/knowledge sharing	9 (17.6%)	<p><i>"It would be beneficial to have a complete overview of all the facilities, clubs and services open to each specific age group in the area. That way there could be better mapping of provision and clearer allocation of funds. I feel that currently there are 'puddles' of funding and duplication of services and resources within a small area while other areas remain underfunded, under recognised or under supported (so services close down). There also needs to a change in the mindset of some service providers who decide what needs to be done for people, rather than asking them what services and help they require"</i></p> <p><i>"More cooperative working between different professionals who may be working with the same customer, covering differing aspects of the customer's needs"</i></p> <p><i>"I feel improved social health education and signposting to resources and self-help would help efficient utilisation of resources"</i></p>
Healthy lifestyles (e.g. drugs, alcohol misuse, obesity)	7 (13.7%)	<p><i>"I have exhausted funding to run basic cooking classes which means that many young families do not cook as they simply do not know how to. Therefore. they resort to ready meals which are high in fat, salt and sugar"</i></p> <p><i>"I feel more funding should be put into preventative aspects of"</i></p>



		<i>dealing with obesity and physiotherapists and dieticians would then be able to work together to tackle this major issue"</i>
Crime and community safety (e.g. alcohol and drug misuse)	6 (11.8%)	<i>"Not enough is being done by police to tackle drug issues, young people have easy access to a range of dangerous substances and not enough is being done to clamp down on the people supplying them"</i> <i>"Lack of community policing following sale of police station, very little police presence in town, drug problems are growing, drug dealing increasing and little deterrents for this"</i>
Rural/social isolation	6 (11.8%)	<i>"Loneliness and isolation are also an issue, especially in rural areas"</i> <i>"People are isolated, there is less social cohesion. These people need access to social networks and purpose and area an untapped resource that could be utilized for the good of society"</i>

Other themes mentioned included: poverty (n=5), education, skills, development (n=5), parks and green spaces (n=3), support for carers (n=2).

