Introduction

Each year the Director of Public Health (DPH) has a statutory responsibility to produce an annual report. This report is their independent assessment of the health needs of the local population, it summarises current services and priority work programmes and provides a starting point for discussion about how to address the issues raised. It also forms the first section of the revised Warwickshire Joint Strategic Needs Assessment (JSNA).

This year, in his first report as Joint Director of Public Health, John Linnane chose to focus on the health of older people in Warwickshire. This is a particularly pertinent issue locally because Warwickshire has a rapidly ageing population, leading to increasing pressures on health and social services in a time of financial difficulty.

The Annual Report was produced for professionals; particularly those decision makers who commission or buy services on behalf of the population; for providers of services including the voluntary service and also for members of the public.

This document summarises the dissemination process for the Annual Report to the above groups and captures feedback and responses. By collating the feedback the aim is to use it to enhance commissioning decisions based on the findings of the report and improve the consultation process for future reports and the wider JSNA process.

Public Consultation Events

Overview

A series of 6 road shows were held across Warwickshire over a four week period from late September to late October 2010. Members of the public were invited to the event through a series of press releases, invites to existing community groups and through local community forums.

The events were spread across the districts in Warwickshire:

1. Stratford District: Wednesday 22nd September, at Wellesbourne, 7pm start
2. Nuneaton and Bedworth District: Wednesday 6th October, Town Hall, 7pm start
3. Warwick District: Tuesday 12th October in Shire Hall, 4pm start
4. North Warwickshire District: Tuesday 13th October, Mancetter Memorial Hall, 7.30pm start
5. Stratford District: Shipston School, Tuesday 19th October, 7pm start
6. Rugby District: Wednesday 20th October, Benn Hall, 7pm start

Each event was supported by various Agencies who displayed information stands on a range of health and social issues. These included; stands from the Primary Care Trust on Pharmacy and Dental Services, Prioritisation and PALS, stands from the County Council on Fuel Poverty and information and from local groups for example on health checks. A full list is given in appendix 1.

Each session began with an opportunity to look round the stands and discuss any issues with those presenting the stands. This was then followed by a formal 20 minute presentation on the Annual Report. At the end of which there was a question and answer session, that ran for at least 30 minutes. Each event lasted between around an hour and an hour and a half. Participants were provided with copies of the Annual Report and relevant local District Profile.

The events were led by the Public Health Department but supported by Warwickshire County Council’s Local Area Offices as well as the professionals and Agencies from across Warwickshire who provided the information stands. We are very grateful for their contribution to these events.
Attendance
A total of just under 100 people attended the events. A breakdown is provided in table 1 below.

Table 1: Summary of Attendance and Feedback by event

<table>
<thead>
<tr>
<th>Event</th>
<th>Registered Total</th>
<th>Public</th>
<th>Actual Attendance</th>
<th>Professionals</th>
<th>Feedback Forms Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellesbourne</td>
<td>16</td>
<td>11</td>
<td>15</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Nuneaton</td>
<td>29</td>
<td>22</td>
<td>18</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Warwick</td>
<td>32</td>
<td>31</td>
<td>14</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Mancetter</td>
<td>8</td>
<td>8</td>
<td>10</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Shipston</td>
<td>11</td>
<td>14</td>
<td>11</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Rugby</td>
<td>14</td>
<td>11</td>
<td>10</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>110</strong></td>
<td><strong>97</strong></td>
<td><strong>-</strong></td>
<td><strong>43</strong></td>
<td></td>
</tr>
</tbody>
</table>

Feedback
Participants were encouraged to fill in feedback forms. There was an overall response rate of 44%.

Over 80% of attendees agreed or strongly agreed that the events were well organised, informative, useful and relevant. Everyone who completed feedback forms expressed interest in attending similar events in the future. The responses suggested people had particularly found the statistics and comparisons at a district and ward level useful. The feedback also showed that people had found the information on older people drinking, fuel poverty and the discussions around how partners are working together to cope with the financial cuts particularly helpful. In terms of improving the format for future events, there was a general feeling that more needed to be done to promote the events and increase attendance, and a request to post reports out in advance. Also a number of people requested more detail on local areas and to expand further on some of the data particularly around dementia and mental health.

Details of the feedback are given in table 2 and a more detailed breakdown is given in Appendix 2. With the exception of comments around the unsuitability of the venues at Mancetter and Nuneaton, the feedback across the events were broadly similar.

Table 2: Summary of responses from roadshow feedback

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable/ No Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>%</td>
<td>No</td>
<td>%</td>
<td>No</td>
</tr>
<tr>
<td>The roadshow was well organised</td>
<td>17</td>
<td>40</td>
<td>22</td>
<td>51</td>
<td>2</td>
</tr>
<tr>
<td>The venue was suitable</td>
<td>19</td>
<td>44</td>
<td>22</td>
<td>51</td>
<td>2</td>
</tr>
<tr>
<td>The content of the presentation was interesting and relevant to me</td>
<td>17</td>
<td>40</td>
<td>24</td>
<td>59</td>
<td>1</td>
</tr>
<tr>
<td>The question and answer session was useful</td>
<td>13</td>
<td>30</td>
<td>22</td>
<td>51</td>
<td>1</td>
</tr>
<tr>
<td>The stands were informative</td>
<td>10</td>
<td>23</td>
<td>27</td>
<td>63</td>
<td>1</td>
</tr>
</tbody>
</table>

Generally the question and answer sessions were popular. There was a range of questions from more general issues around the changes to the health services and financial pressures, to specific questions around planning to tackle fuel poverty and how we treat and tackle the increasing number of people with dementia. There were also some questions specific to the local areas, for example in the North there was a discussion around the Bramcote Hospital Consultation. A full list of questions and answers are given in appendix 3.
Professional Consultation

The professional dissemination and consultation process began in August and ran till December 2010; the full list of consultations is shown below. This involved a series of formal presentations followed by question and answer sessions. The report was in general well received. Presentations were tailored to the audience and presented with the report and district profiles where relevant.

Questions focused around what individual organisations do to contribute to this agenda, be those primary care practitioners or the County, District and Borough Councils.

Table 3: Summary of Formal Presentations to Health Professionals

<table>
<thead>
<tr>
<th>Group</th>
<th>Date</th>
<th>Lead</th>
<th>Presentation details</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHSW Informal Board</td>
<td>4th August</td>
<td>JL</td>
<td>30 minutes County presentation followed by discussion</td>
</tr>
<tr>
<td>NHSW Formal Board</td>
<td>16th September</td>
<td>JL</td>
<td>15 minutes County presentation</td>
</tr>
<tr>
<td>WCC Adult Overview and Scrutiny</td>
<td>17th September</td>
<td>JL</td>
<td>15 minutes County presentation</td>
</tr>
<tr>
<td>WCC Cabinet</td>
<td>14th October</td>
<td>JL</td>
<td>5 minute introduction with discussion</td>
</tr>
<tr>
<td>Older Peoples Partnership Board</td>
<td>26th November</td>
<td>JL</td>
<td>15 minute County presentation</td>
</tr>
<tr>
<td>North Warwickshire LSP</td>
<td>2nd December</td>
<td>RR</td>
<td>15 minute County presentation</td>
</tr>
<tr>
<td>Stratford LSP</td>
<td>10th November</td>
<td>KM</td>
<td>15 minute County presentation</td>
</tr>
<tr>
<td>Nuneaton &amp; Bedworth LSP</td>
<td></td>
<td>JL</td>
<td>15 minute County presentation</td>
</tr>
<tr>
<td>HIWEB</td>
<td>15th Sept</td>
<td>ES</td>
<td>Presentation &amp; Executive Summary</td>
</tr>
<tr>
<td>Rugby LSP</td>
<td></td>
<td>HK</td>
<td>15 minute district presentation</td>
</tr>
<tr>
<td>Warwick LSP</td>
<td></td>
<td>JL</td>
<td>15 minute district presentation</td>
</tr>
<tr>
<td>North Warwickshire LSP</td>
<td>2nd Dec</td>
<td>RR</td>
<td>15 minute district presentation</td>
</tr>
<tr>
<td>North GP Consortia</td>
<td>11 November</td>
<td>JL</td>
<td>15 minute North presentation</td>
</tr>
<tr>
<td>Nuneaton &amp; Bedworth GP Consortia</td>
<td>Cancelled</td>
<td></td>
<td>15 minute district presentation</td>
</tr>
<tr>
<td>South GP Consortia</td>
<td>22 November</td>
<td>RR</td>
<td>15 minute South presentation</td>
</tr>
<tr>
<td>Rugby GP Consortia</td>
<td></td>
<td>HK</td>
<td>15 minute district presentation</td>
</tr>
</tbody>
</table>

General Dissemination/Feedback

There were a series of press releases and interviews made on the report. An example of one of the press releases is given in Appendix 4. The report was published on the PCT as well as County Council websites along with the 5 district profiles that provided more detailed local information. Readers were also encouraged to respond with any feedback or issues through email or by writing to the department. At the time of writing, three responses all from the third sector, have been received through this route.

Key Findings
1. Overall the report was well received. No comments on the accuracy of the data have been received to date.
2. Individual organisations focused on the contributions that they could make, in particular there was a lot of interest in the work around fuel poverty and how we could work together to tackle this - considered to be an area of focus for partnership working with agencies and local communities.
3. Dementia was another issue that the public agreed needed to be prioritised along side service improvements.
4. There were a number of concerns and issues raised around the spending cuts and changes to the NHS with questions regarding the impact on service provision. Although some of these questions could not be answered fully
5. The findings of the report and the proposed actions are not independent and are linked to other work programmes.
Lessons Learned and Next Steps
Promotion and format of the public events
There were issues around lack of transport to the venues for people who had wished to attend that should perhaps have been addressed. Additionally the venues themselves could have been smaller and more informal in some instances. A press release was made 2 days before each event which created additional interest but there could have been more done. Following the first couple of events it was decided that a set of key points for each road show be publicized via press releases from the Communications Team to promote the road shows. However, future promotion will need to be more focused on the relevant groups, using pre-existing networks.

Detailed Local Statistics
A number of attendees requested more detailed and localized statistics. It is hoped this issue can be resolved for future reports with the introduction of the Local Information System (LIS) in early 2011.

Internal and External Feedback mechanisms
A more structured feedback mechanism needs to be in place for future reports. While contact details were given in the report, feedback was received through the roadshows and informally through the department and professionals at presentations, it is suggested that a form be added to future reports and online to encourage more detailed and constructive feedback.

Appendix 1: Stand Matrix

<table>
<thead>
<tr>
<th></th>
<th>Wellesbourne</th>
<th>Nuneaton</th>
<th>Warwick</th>
<th>Mancetter</th>
<th>Shipston</th>
<th>Rugby</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Needs Assessment</td>
<td>*</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>PALS</td>
<td>*</td>
<td>*</td>
<td></td>
<td></td>
<td>*</td>
<td></td>
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<tr>
<td>Pharmacy Needs Assessment</td>
<td>*</td>
<td>*</td>
<td>*</td>
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<td>*</td>
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<tr>
<td>Medicines Waste Management</td>
<td>*</td>
<td>*</td>
<td>*</td>
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<tr>
<td>Smoking Cessation</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS Warwickshire Active</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td></td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Prioritisation Process in Warwickshire</td>
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<td></td>
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<td></td>
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<tr>
<td>Personalised Care</td>
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<td>*</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warwickshire Observatory</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td></td>
<td></td>
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<tr>
<td>Health Check</td>
<td></td>
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<td>*</td>
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<tr>
<td>Home Improvement Agency</td>
<td></td>
<td>*</td>
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<td></td>
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<tr>
<td>Healthy Checks: Healthy Living Centre</td>
<td>*</td>
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<tr>
<td>Age Concern</td>
<td></td>
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<td>*</td>
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<tr>
<td>Brunswick Healthy Living Centre</td>
<td></td>
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<tr>
<td>Wellness Matters</td>
<td></td>
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<tr>
<td>LINK</td>
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<tr>
<td>Act on Energy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
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</tr>
</tbody>
</table>
Appendix 2: Summary of responses from road show feedback

<table>
<thead>
<tr>
<th>Issue</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable/No Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>The roadshow was well organised</td>
<td>17</td>
<td>40</td>
<td>22</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>The venue was suitable</td>
<td>19</td>
<td>44</td>
<td>22</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>The content of the presentation was interesting and relevant to me</td>
<td>17</td>
<td>40</td>
<td>22</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>The question and answer session was useful</td>
<td>13</td>
<td>30</td>
<td>22</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>The stands were informative</td>
<td>10</td>
<td>23</td>
<td>27</td>
<td>63</td>
<td>1</td>
</tr>
</tbody>
</table>

Is there anything you found particularly interesting?
- Figures and discussion around fuel poverty
- Discussion around the future of social care and care within the community
- Health checks
- Breakdown of stats by ward that were not previously available
- Provision for dementia
- Aims to increase “own home” deaths
- Pleased to see dentistry not forgotten
- Increase in older people drinking
- Talking to service providers
- Age profile of the population
- Question and answer session
- Comparisons with other districts and ward breakdown useful
- Co-ordination and targeting of resources to cope with cuts

Is there anything you feel that could be done to improve the road shows?
- Microphone and larger font for presentations
- More audience
- Better advertising
- Longer for questions

Is there that you would have liked to have seen included or comments on the accuracy of the reports?
- Evidence of efforts to address issues, action plans etc
- Further details on dementia and long term conditions
- Death data would be better broken down to over 50s, over 60’s, over 70’s and over 80’s
- Plans for expenditure by area, where is money spent in Warwickshire?
- Would have been helpful to discuss REAL problems faced by this ageing group
- Up to date info on Warwick West wards
- Numbers of deaths as a result of dementia
- More on mental health
- Profiles are good and helpful

Any other comments/feedback regarding the Annual Report and/or District Profiles:
- The information is informative but at the same time disturbing that little real progress is made
- Post the report out in advance
- Excellent report and questions answered effectively
- Very much enjoyed Dr Linnane’s presentation, will be very useful
- Good idea more please
- “Keep pressing for (political) commitment to redirect resources”
- Why is it necessary to make cuts when Mr Cameron promised to protect NHS?
Appendix 3: Question and Answer Summary

Wellesbourne: 22nd September 2010

Q: Stratford is the most affluent area; why does it have the largest number of people living in fuel poverty?
A: There are a range of factors that can lead to fuel poverty. In Stratford one of the issues we have is under occupancy, in that older people tend to live in large houses and/or are living alone with a diminishing income. It is more difficult to try and maintain heat in a large house. According to UK government statistics, on average those in the most extreme fuel poverty live in larger than average homes.

Q: How many people over 75 are affected by fuel poverty in Stratford District, how is the figure calculated?
A: There are around 300 excess winter deaths in Warwickshire each year, of whom about a quarter are in Stratford. Excess winter deaths are calculated as either an index or percentage looking at deaths in winter months compared to the average number of deaths for the remainder of the year. The definition of fuel poverty is where more than 10% of a household's income is spent on total fuel use. This is in people over 60 years. It is calculated nationally from data collected in surveys. Research has shown that temperature changes such as prolonged periods of intense heat or cold weather impact on the number of deaths. Currently there is a group across Warwickshire looking at initiatives and work to address fuel poverty. The group includes representatives from the County and District Council's and the PCT.

Q: With the change of funding in the NHS seeing PCT money going to GPs, how will this affect the service patients receive?
A: There will not be any immediate changes. The Consultation on the White Paper is due to finish at the end of October. This will lead to a Health Bill within around 6 months. There is a Department of Health (DH) leaflet on their website for the public which gives more information. Frontline services should not see an immediate effect. However, over the next 2 years we will see patients having greater control over their health. More decisions will be made in partnership between patients and GPs and patients will be free to register with any GP. In general, patients should have a greater dialogue with health professionals and make more decisions around where they are treated.

Q: What has been done in the last 5 years to move towards prevention rather than cure and increase the spend on prevention?
A: Money is being invested in prevention. The County Council have been very good at recognising the importance of prevention. NHS Warwickshire has invested money in falls, which is the biggest cause of A&E attendance in older people. We also work with Age UK and run a number of campaigns, for example Sloppy Slippers. With regards to Smoking Cessation there is a comprehensive service across the County. In addition there is the Fuel Poverty work with the County Council. We have not been as focused around weight and alcohol issues. Often work around prevention is about how we better co-ordinate services and link work and good practice already in place. The White Paper on the NHS mentions a ring fenced public health budget, this would allow us to focus more on prevention work with a dedicated budget.

Q: For people over 65 the main port of call for healthcare is General Practice, however we don’t have a great deal of choice in Wellesbourne, what will be done to improve choice?
A: The White Paper clearly states the Governments intention that the health service will be led by GPs and there will be greater choice. However access is a challenge in rural areas. I will be visiting each GP Consortium over the coming months and raising the issues and recommendations from this report with them, this will include fuel poverty and the problems around accessing services in rural areas.

Q: As patients when we are referred by our GP, we rarely see the recommended consultant but instead see a member of the team, how can this be improved?
A: GPs are aware of how hospital services work and are organised and cannot guarantee on referral that you will see the named consultant.
Q: I am pleased to see that Dementia gets a specific mention in your report and in the recommendations. I wanted to make you aware of the work around the Dementia Strategy and also asked what key improvement you would like to see around Dementia?

A: Raising Awareness; early recognition and diagnosis are key with dementia. The drugs and support are available currently but the sooner that services are accessed the better the outcomes for the patients.

Comment: I agree with you but in my current role people are saying they are experiencing less support immediately after diagnosis. Dr Linnane stated that, when he makes this presentation to the Cabinet, he would raise this issue with them.

Q: Raising the point about money in the future, the GP salary and drug bills put a huge burden on the NHS as these increase without control, what impact will this have on services?

A: I cannot comment on GP salaries. Locally we have no input into GP salaries, these are negotiated nationally between the DH and British Medical Association (BMA). We have a medicines management team who have come along to this event and look at prescribing issues locally, but again the DH negotiate medicines prices directly with the Pharmaceutical Companies. The challenge for the Public Sector is how we cope with the increase in demand. There are no easy answers.

Nuneaton and Bedworth 6th October

Q: I wanted to raise the issues of the withdrawal of services for the elderly in Nuneaton and Bedworth. Currently there is a consultation about services at Bramcote. I am a carer for an elderly relative who fell. From the George Eliot they were referred to Bramcote for physiotherapy. They were there too long and we had to find care. After 1 week they were back at the George Eliot for treatment and not receiving physiotherapy. They are now paying £300 per week for care. Care in the Community is shifting care from the National Health Service to the patient.

A: We are in the middle of a consultation about Bramcote and there will be an opportunity to raise these issues at a number of events that are taking place across the County or through responding directly to the PCT. I would encourage you to go along to these events and make your views heard and also with your GP.

Q: 12 years ago we were faced with the closure of Bramcote but it was kept open.

A: Hospitals are getting smaller, most of the new resources in the NHS are going into the community. From April 2011 the commissioning of these services will lie with the GPs - PCTs are to be abolished. This is why you should raise any concerns with your GP.

Q: How can GPs commission if there are no service to commission?

A: The secretary of state has said there will be no change locally without the agreement of local GPs.

Q: Nuneaton and Bedworth Older Peoples Forum have spoken up about the reduction from 40 to 20 beds at Bramcote, now the consultation is saying virtual wards should be there instead of beds, however, there is no service to support these virtual beds.

A: If Bramcote is closed, the money saved will be reinvested in services to support patients at home. I would encourage you to talk to your local Councillors and GPs. I will ensure that the PCT will send details of the consultation and events around to all the people who have left their details today.

Nuneaton and Bedworth Borough Council Responded by saying that the Overview and Scrutiny Committee are looking at the issue and the County Council have been invited to a public meeting. The Borough Council will make sure there is a local meeting to discuss this issue.

Q: What is the situation this year with Swine Flu injections and are we prepared as a County?

A: There are no additional swine flu injections this year. We anticipated a rise in cases last year as a result of events in Mexico, we did see an increase but we are not anticipating such a rise this year. We learnt a lot from last year’s planning and have robust plans in place for pandemic flu planning.
Q: It is difficult to make an appointment with our GPs to discuss health issues, let alone discuss any of the wider changes.
A: GPs in Nuneaton and Bedworth are members of one of 2 consortia, the North or the Nuneaton and Bedworth Consortium. Both have patient forums. Anyone who is a patient of these GPs can go to the meetings to discuss health issues.

Q: According to the papers the seasonal flu vaccine has swine flu included in it?
A: Part of the vaccination is similar to the swine flu strain from last year. However, we do not anticipate an increase in swine flu

Q: Looking at the future of the NHS we have a new White Paper. There is a radical change taking place with the transferring of the responsibility for delivering services moving to GP Consortia. The BMA has expressed some misgivings.
A: The changes are radical. Five papers were published in July and a further paper in September for Consultation, this will close on the 11th October. All of the consultations are on the Department of Health website and I would urge you to look at them and make any comments.

Q: Why is everything on computer?
A: This is an issue for the Department of Health. There are patient leaflets and the consultation is open to all for input into.

Q: What are the timescales?
A: The new consortia will operate in shadow form with the PCT Board from April 2011

Q: How does the Government know GPs are capable of commissioning?
A: This is a good question which is raised in the Consultation. I would encourage you to raise these issues with your local MPs and Councilors.

Q: I understand we will have Health and Wellbeing Boards which will include County Councilors and GPs?
A: This is not at Borough level. The Borough Council are trying to persuade the County Council to involve the Districts and Boroughs. There will also be a Public Health White Paper at the end of the year and in the New Year we will have a Health Bill. These should give more information and confirmation of some of the changes. Until we see the Bill we won’t know the detail of the plans.

Q: The PCT follow NICE guidelines and also look at those issues not covered by NICE, how will this process continue in the future?
A: GPs will have to follow NICE guidance and set up processes to look at issues outside of NICE. This is required as part of the NHS Constitution.

Q: In the presentation you mention that people in Nuneaton and Bedworth are more obese and smoke than other parts of the County. At George Eliot a large number of people are smoking outside the buildings and they are now building smoking shelters. How does this work?
A: I have written to the George Eliot to encourage them to become smoke free. Shelters are part of a transition arrangement. We are currently working with the Borough Council and George Eliot to offer health checks for staff, to get their own house in order so to speak. The Chief Executive at George Eliot is very committed to tackling the smoking problem.

Q: Ideally social care and health should be seamless. This white paper deals with health, social care is not addressed, have you any thoughts on this as a good opportunity to consider both as a totality?
A: This is a good point, however the decision is with policy makers and difficult given the current financial situation.
Q: Will we see more problems with the closure of our remaining small number of care homes?
A: Ideally we will have sufficient services to support people in their own homes including sheltered housing. We need to ensure we offer the range of options in Warwickshire. The County Council is looking at this. The Young Ones on TV recently highlighted the problem that if you make people dependant they will remain dependent. We need to support people to become more independent. These are issues about how we provide care. It is how we support people to maintain and regain their independence. Convalescence is aimed at getting people back to health. Both the County Council and PCT recognise that we need to do more locally to improve this.

Warwick Questions and Answers

Q: Two thirds of people die in hospitals – how long have they been in hospital before they die? Are they long term or short term stays?
A: We have the figures we can send to you if you leave your contact details. The majority of people die of CHD and cancer – half of people die in hospital, the majority of which are short term stays, two thirds of which are less than 2 weeks.

Q: Do more people die from dementia than is actually recorded?
A: There is poor recognition of dementia as a cause of death. In the last few years there has been better understanding that dementia can be recorded as a cause of death, therefore the data is getting better. The understanding of the numbers with dementia also needs improvement. More people present late with symptoms, so it is not recognised early on. Therefore, there is a lack of data surrounding the numbers living with dementia.

Q: Early recognition of dementia is a concern for GPs, education, clinics etc. in the last 2 weeks NICE guidelines have recognised new dementia treatments. Therefore, there is concern about dementia/palliative care. When the hospital gives up treating you they just send you home to die.
A: At present there are no drugs to cure dementia – NICE are consulting on drugs. There is more work to do. Early recognition is key. There is evidence from the USA and Europe which link a change in lifestyle at the early stages of dementia to a delay in onset. Palliative care means that more than 50% of people die in hospital.

Q: There are disparities in the county – the north/south divide. What is the PCT doing to narrow the gap?
A: Take smoking in pregnancy for example. In the south, 8-10% of pregnant women are still smoking at the time of delivery. This is too high as it affects the health of the child, who is more likely to present with ill health. In the north, 25% of women are still smoking at the time of delivery, which disadvantages children’s lives from birth. There is also a link with obesity and smoking. The PCT is making progress in tackling inequalities which will reduce the short term negative effects. However, to change the underlying determinants, education must be addressed. Educational attainment is lower in the north than the south. The PCT can tackle lifestyle issues, but the underlying issues such as education need to be addressed by the Council and politicians.

Q: With regards to diet and nutrition. Regardless of obesity, the numbers of malnourished older people being admitted into hospital is on the increase. 1 in 10 older people are at risk of malnourishment. We need to increase screening and the evidence base and evaluate the risk and consequences to health.
A: This is an issue for the whole country. People are going into hospital and becoming malnourished. Targets for shorter stays etc can lead to losing sight of the person. Now there is more recognition by the NHS that they need to focus on the patient. If someone is malnourished then this affects their ability to recover. Therefore, a key issue hospitals are engaged in is improvement to cooking and nutrition.

Q: NHS are looking at malnourishment, but what are the Council doing?
A: They are focusing on the same issue of treating the person and focusing on re-ablement, which includes nutrition. There is still a long way to go, but a more holistic view is being adopted.
Q: Regarding access to care. Other people who don’t qualify for access to care with nutritional/support problems are left to their own devices (i.e.’ those with less substantial needs). Who helps them to be independent to live?

A: I agree. There are a number of gaps in the system. Hospitals and GPs are working in parallel with other organisations. For example, now when GPs call older people for flu vaccines, they raise the issue of fuel poverty and provide information about support. This helps make connections between organisations and saves money.

Q: Regarding elderly deprivation and isolation. With the closure of village shops, stopping of meals on wheels etc., we need to be more proactive with talking to other organisations to gain joined up thinking. Education and health need to interact more.

A: The government has ideas on this. Public Health is being moved into the Local Authority and being given a ring fenced budget. This will lead to more discussion between the PCT and the Council. “Underlying every thing is health”. We need to be more mindful of the more vulnerable in society.

North Warwickshire, Questions and Answers

An issue was raised about where the event was advertised. It was suggested that some people had heard through word of mouth and that it maybe better to advertise through the Nuneaton papers, local clubs and through local parishes

Q: The PCT is overspent and orthopedic services are being back peddled, is this across the County and how can we get round this?

A: Across the County we have a temporary measure until the end of March. We have seen a huge rise in the number of orthopedic referrals. The PCT is working with the 3 hospitals, their consultants and GPs identifying inefficiencies in the pathway. For example, there are referrals made where there is no procedure but repeated outpatients attendances. There is also new evidence around the effectiveness of some of the treatments. Hips and knees for example. 1 in 10 people who have a hip replacement do not see any improvement and 1 in 4 who have a knee replacement notice no difference. We are working with the consultants and GPs to identify the 9 out of 10 and 3 out of 4 patients who will benefit. The PCT cannot continue to fund the increase in spending at the levels we have seen. We also need to question the effectiveness of the treatments.

Q: Are statutory treatment targets being ignored?

A: No, the PCT is working with GPs to look at the referral process. The clock starts at the referral into hospital. We are trying to identify people before the referral is made. Two thirds of orthopedic procedures are acute emergencies and will continue.

Q: If there will be fewer people having hip or knee surgery, what alternative options will there be?

A: The decision to treat is made on the level of pain, the level of mobility and x-ray changes. NICE and research shows there are a number of measures which help determine which people would benefit. There are other issues that can help including exercise, loosing weight, adequate pain relief and control of osteoarthritis

Q: Will physiotherapy increase?

A: Physiotherapy is only part of the picture, it maybe that simple exercises and activity on their own or as part of a range of services helping muscle strengthening around the joints, can help patients. It is a viscous circle of pain, not moving, muscle waste, pain that we need to break.

Q: Are all practitioners in Warwickshire signed up to the Gold Standard Framework (GSF)?

A: All GPs aspire but they are not all signed up. A few care homes and nursing homes have formally signed up. We are working to get all agencies signed up and provide care in-line with the gold standards framework.

Q: How do we encourage practices to participate?

A: We have appointed nurses to follow the GSF work with GPs and Practice Nurses. We are also hoping to make it part of the GP contractual requirement.
Q: Another concern we have is the plan to sell off council nursing homes. The council should provide more, not less.
A: I can’t answer this issue but it will be discussed at cabinet at 1.45pm on Thursday 14th October. This will be open to the public.

Q: Will the change in subsidies have a greater impact on this area and other more deprived areas?
A: It is about means testing therefore the subsidies will vary across the County. The greater the deprivation the greater the subsidy. This is an issue that you should take up with your local Councilor.

Q: Dementia is being treated in care homes however it is a disease, should it not be treated as a health problem not a care problem?
A: This is an interesting question and I don’t quite know the answer. Blurring the line between social and healthcare, the Government is looking at care and not just health care. But dementia is a disease process. The need is to improve awareness, diagnose early and do more for the patients and family at that stage. Poor palliative care for dementia also needs to be looked at including how to provide specialist care especially at the end stage. I have been raising the issue of the projected doubling of dementia across the county during the next 20 years throughout my presentations. We already have a number of issues in the system and we need to consider how we will cope with the increase. We need a clear pathway which we don’t have and are in the process of developing. We need to accelerate this work and have joined up care. I echo what you say regarding the division between health and social care.

Q: Are we putting too much on GPs if we want early diagnosis and Practices to commission?
A: You would need to direct that question to the Secretary of State whose idea it is to have GPs as commissioners. The jury is still out on the challenge of PBC.

Questions and Answers from Shipston

Q: Can you prove that Excess Winter Deaths are linked to cold weather?
A: Yes there is robust evidence from the UK and across Europe that shows this link. Using this evidence experts can predict how long after a cold snap we will see an increase in hospital admissions etc.

Q: Can you tell us why there is this anomaly around the higher number of people in fuel poverty but higher levels of affluence and wages in Stratford?
A: In terms of deaths we see around 300 excess winter deaths a year across the County due to the cold. In terms of the total number of deaths in the County this a relatively small number however this is not to diminish the importance of these deaths. In Stratford we have very rural areas, under occupied housing and poor insulation in older housing stock.

Q: Could it be that we have a larger number of very wealthy people and poorer people and not much in the middle.
A: There is variation in Life Expectancy across districts, if you are deprived it is better to be living in more deprived areas as if you live in a relatively affluent area everyone is often assumed to be affluent.

Q: In terms of hospitals, have we got a system that can capture people that live or go elsewhere?
A: Yes we have a very good system of capturing where our residents go for treatment as this is the way that the hospitals get paid.

Q: Is there anyway we can add ovarian and prostrate cancer to the screening programmes?
A: Not at moment. The national screening programmes are tightly controlled to ensure that the benefits of the screening as well as the problems are taken into account. Some of the problems that need to be considered are the accuracy of the tests, living with a diagnosis, the procedures required to screen and treat the disease and stress caused by the screening. The National Screening committee controls the national programmes and continually reviews all the evidence. At the moment there is not a reliable test to detect ovarian cancer. For prostrate cancer there are PSA and urine tests but they are not sufficiently good at the moment.
Q: The last slide in your show around recommendations is quite challenging and needs resourcing, how can we be sure that GPs can provide this?
A: The health budget is ring fenced and the PCT are engaged in a programme of downsizing. The Government has set the NHS a target in terms of efficiency gains from management costs into frontline services. It is difficult to know how this will work as the evidence is not available from other areas to show how this will work. There is an issue about resources and how we co-ordinate services and target them. In Public Health terms we need to pick things up early in a preventative way to reduce costs down the line. It is not always about new resources but doing things differently for example Fuel Poverty where we know people listen more to advice from health professionals we could ask GPs to pass on information about agencies who can help and things people can do to protect themselves against fuel poverty and illness in winter.

Q: If the PCT are having problems engaging GPs how can we hope to engage with all our GPs.
A: There are currently 4 consortia in Warwickshire. The BMA advice is for consortia to have a 500,000 population. That would mean one for Warwickshire.

Q: You mentioned the need to do more around fuel poverty. What are our current plans?
A: The County Council has a working group and there is also a sub regional group looking at ways of tackling the housing issues which are the responsibility of the district council. We have spoken to GPs regarding how they can talk about fuel poverty via their practice nurses through, for example, flu vaccination training but the responsibility is primarily with the local authority.

Q: I have come from a local GP practice to see what we could bring to support the recommendations and will take some of this back. I have a question around the Ellen Badger Hospital which has had fantastic reports however this is not a service that is commissioned elsewhere. It is useful and efficient for helping to prevent hospital admissions.
A: The PCT is working with the County Council Integrated Health Care Team and Community Social Care staff around virtual wards, one of the challenges is how we roll them out. They are one way we want to go to avoid admissions and support people in homes. Virtual wards require adaptation for more rural areas.

Q: The south is efficient and good at keeping people out of hospital
A: The PCT is working with the County Council Integrated Health Care Team and Community Social Care staff around virtual wards, one of the challenges is how we roll them out. They are one way we want to go to avoid admissions and support people in homes. Virtual wards require adaptation for more rural areas.

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Q: I have concerns around the frail old poor. In areas such as Chelmsly Wood there are a lot of resources targeted in these areas as they have a very deprived population, they have good public transport and access to the health service. There is the difficulty of being old and poor in a wealthy area. How do we target action for very small rural areas?
A: This is a challenge to be very deprived in a wealthy area. This will be one of the challenges for Primary Care in the future who will have a much better knowledge and information on the local population. There is an issue for them in how we bring people together and tackle this, it is a complex area with no simple answers.

Q: John Bolton mentioned extra care housing and the provision of an extra 500 units by 2015. Is this now under threat in the reduction of the home and community agency budget?
A: I hope not. This is an issue in Warwickshire we do not have the correct profile of housing types, we need private, nursing and residential homes and a range of supported housing.

Q: Dementia can be delayed but it is not curable. Numbers will double and I worry as a private carer about keeping people in home as long as possible, particularly about the level of care and don’t think enough is available. How will we cope?
A: I agree, I am talking to the interim Director of Adult and Social Services who has agreed to look at what specialist type of support we need to provide. We are working on this and making progress but slowly. We haven’t got the time as this is an important issue. This is one reason for making it a recommendation in the report, to increase the profile of this issue.
The report is very good and tells us many of the facts that we have known anecdotally. How will it become policy?

The report has been discussed at a PCT Board workshop. Also it has been taken to Overview and Scrutiny, and the Cabinet workshop where the decision makers are. They have had an opportunity to see and discuss the report. It is also a section of the JSNA. One of the white paper proposals gives prominence to the JSNA and the issues it raises in influencing commissioning decisions. The Health and Wellbeing Board will oversee the JSNA and challenge all service providers in terms of their response to the document. In the next 2 years, GP Consortia will also be in place and they will be required to respond to the issues raised in the document.

Questions and Answers Rugby

Q: Life Expectancy at birth. Can we have confirmation of the figures as we quote 17 years variation across the County?
A: Yes the figures are accurate. Lots of elements influence life expectancy including smoking, exercise and healthy eating.

Q: Is the report available on the website
A: Yes and copies of the presentation will also be made available

Q: Across Rugby and Warwickshire there are large concentrations of the elderly staying at home, how do we ensure we have sufficient services and back up to not make people feel isolated?
A: There is always room for improvement and we are working with social care to be more systematic in how we deliver our services. We have a number of programmes in place to support people including, falls prevention programmes, looking at discharge pathways and personalised budgets.

Q: With all the cut backs will we have sufficient funding for all the work we need to do?
A: With the cut backs we need to focus more than ever on what we can do. And keep healthy people living in dependently and get people better more quickly.

Q: What is the age for flu vaccine? A practice in Rugby are selling the vaccine for £10 to younger people?
A: People 65 and over are invited for the vaccine and those younger with an underlying health condition such as a respiratory or heart condition.

Q: You mention that GPs notify eligible people over 65 but I have not been notified.
A: I suggest you contact your GP practice if you have not been written to

Q: You talked about the health and social care services. Where does the voluntary sector come in with primary prevention?
A: The 3rd sector are the unsung heroes with an enormous amount of work taking place within this sector. Health improvement colleagues in each district work with the 3rd sector to promote good health. E.g Age Concern highlights screening and physical activity programmes. In terms of social care I can’t provide specific details but work does go on with the voluntary sector.

Q: Are there links with parish councils
A: Yes, more recently via the Local Area Agreement and various groups. Also through health meetings and Local Strategic Partnerships which have parish representatives and are used as mechanisms for sharing information

Q: What is the cut off age for breast and bowel cancer screening and can you go forward after the cut offs?
A: Ages are set nationally based on scientific evidence if you are outside the age band and feel you would benefit talk to your GP. There is a number for bowel cancer to ring after 70 if you feel it is too soon and you would like to continue with screening.
Q: From a Community Development point of view we have 9 older peoples groups and the groups would like information and advice from GPs. It does seem to be medically trained community outreach that would help with prevention and increase numbers in screening

A: People don’t need to be medically trained. Health improvement colleagues do meet with these groups and signpost to CAVA (Warwickshire Community & Voluntary Action) and others

Appendix 4: Press Releases Examples

**Public Health Roadshows wheeled out across Warwickshire**

NHS Warwickshire and Warwickshire County Council are inviting local people to a series of Public Health Roadshows to be held around the county this Autumn, which will focus on older people's issues.

The roadshows will showcase the latest research published in the Director of Public Health’s Annual Report, which is this year entitled Best Health for Older People in Warwickshire. With an expected growth in the population of older people in Warwickshire, these events will give people the chance to hear about the work being done throughout the county to improve healthy living and prevent disease as well as providing a forum to discuss plans for improving the health of local people.

John Linnane, Joint Director of Public Health at NHS Warwickshire and Warwickshire County Council, will do a short presentation on his report, concentrating specifically on the needs of older people. There will also be a number of stands to have a look round with information on local health services and the chance to ask questions to the Public Health team.

John Linnane said: “Warwickshire’s Public Health team gathers a lot of information on health issues in Warwickshire and my report provides an overview of that work. This year our roadshows will provide a great opportunity for us to offer information on the report and to get feedback about the services we offer, so that we can improve them. It is also a valuable way for people to find out more about what services are available around Warwickshire.”

“The events will be taking place at the following times and locations. There is limited space available so places will be allocated on a first come, first served basis. Register by contacting your local Area Office using the contact details below.

**Inside information available at forthcoming Public Health event**

Inside information on current local health issues and future plans will be available to the public at a free event in Warwick. The roadshow event to showcase the findings of NHS Warwickshire’s Director of Public Health’s Annual Report, open up a forum for discussion on health matters and find out what’s happening in local communities is making its way around the county; and the next stop is Warwick.

The report, entitled “Best Health for Older People in Warwickshire”, will be coming to Shire Hall, Warwick on Tuesday 12th October at 4pm and residents in Warwick are invited to come along to find out detailed information about health issues in their area, the services that are available and to give their views on how these can be improved.

The report found that Warwick has the highest number of households suffering from fuel poverty in the county. It was also found that the number of people in this area with long term conditions is expected to increase by over 60% over the next 20 years. However, this increase in long term conditions is the lowest when compared to expected increases elsewhere in the county. People in Warwick are also the least likely to smoke and be obese in the whole of Warwickshire.

The report, which focuses on the health of older people, has also revealed that the population of people aged over 75 is projected to increase by 76% from 11,400 to 20,300 by 2033.

Members of NHS Warwickshire’s Public Health team and other health professionals will be on hand at the event to give expert advice, answer any questions and receive feedback from the public. There will also be a number of stands detailing what is being done to improve healthy living and prevent disease.

People who wish to attend should contact XXXX

Ends.