Coventry City Council

Agenda

Coventry Health and Well-being Board

Time and Date
2.00 pm on Monday, 20th April, 2015

Place
Diamond Room 2 - Council House

Public Business

1. **Welcome and Apologies for Absence**

2. **Declarations of Interest**

3. **Minutes**

   (a) To agree the minutes of the meeting held on 23rd February, 2015 (Pages 3 - 10)

   (b) Matters arising

4. **Mental Health / Mental Well-being Needs and Assets Review - Progress Update** (Pages 11 - 18)

   Report of John Forde, Consultant in Public Health

5. **Coventry Smokefree Strategy** (Pages 19 - 36)

   Report of Dr Jane Moore, Director of Public Health

6. **Marmot Update**

   Dr Jane Moore, Director of Public Health will report at the meeting

7. **Female Genital Mutilation Pledge**

   Dr Jane Moore, Director of Public Health will report at the meeting

8. **Better Care Coventry Progress Report** (Pages 37 - 42)

   Report of Mark Godfrey, Deputy Director, Adult Social Care

9. **Any other items of public business**

   Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

Private Business
Nil

Chris West, Executive Director of Resources, Council House, Coventry

Friday, 10 April 2015

Note: The person to contact about the agenda and documents for this meeting is Liz Knight, Governance Services, Tel: 024 76833073, E-mail: liz.knight@coventry.gov.uk

Membership: S Allen, S Banbury, C Bell, Councillor K Caan, A Canale-Parola, G Daly, Councillor A Gingell (Chair), A Hardy, S Kumar, R Light, Councillor Mrs A Lucas, J Mason, J Moore, R Newson, S Price, Councillor E Ruane, Councillor K Taylor, B Walsh and J Waterman

Please note: a hearing loop is available in the committee rooms

If you require a British Sign Language interpreter for this meeting OR it you would like this information in another format or language please contact us.

Liz Knight
Governance Services
Telephone: (024) 7683 3073
E-mail: liz.knight@coventry.gov.uk

Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 2.30 pm on Monday, 23 February 2015

Present:

Board Members: Councillor Gingell (Chair)
Councillor Taylor
Dr Jane Moore, Director of Public Health
Brian Walsh, Executive Director, People
Stephen Banbury, Voluntary Action Coventry
Claire Bell, West Midlands Police
Dr Adrian Canale-Parola, Coventry and Rugby CCG
Juliet Hancox, Coventry and Rugby CCG
Andy Hardy, University Hospitals Coventry and Warwickshire
Ruth Light, Coventry Healthwatch
John Mason, Coventry Healthwatch
Justine Richards, Coventry and Warwickshire Partnership Trust

Employees (by Directorate):

Chief Executive's: H Kelly, R McHugh, T Richardson, R Tennant

People: S Brake

Resources: L Knight

Apologies: Councillor Lucas
Councillor Ruane
Professor Guy Daly, Coventry University
Professor Sudesh Kumar, Warwick University
Rachel Newson, Coventry and Warwickshire Partnership Trust
Sue Price, NHS Local Area Team
John Waterman, West Midlands Fire Service

Public Business

30. **Welcome**

The Chair, Councillor Gingell welcomed members to the fourth meeting of the Board in the current municipal year which was held at University Hospital Coventry and Warwickshire.

31. **Declarations of Interest**

There were no declarations of interest.

32. **Minutes of Previous Meeting**

The minutes of the meeting held on 10th November, 2014 were signed as a true record.

Further to Minute 21 headed 'Director of Public Health Annual Report' which referred to the NHS Five Year Forward View recently launched by Simon Stevens, Chief Executive of NHS, the Chair, Councillor Gingell informed of the intention to hold a briefing event with a facilitator for Board members to consider the five year plan.

With reference to Minute 22 headed 'Female Genital Mutilation' Councillor Gingell referred to the recent media coverage concerning FGM and to the national acknowledgement that Coventry was now being held up as a leader in this area of work. The West Midlands region had recently been recommended to adopt the best practice approach used by the city where a referral is made for any women giving birth to a baby girl. Reference was also made to the first legal case relating to FGM and the need to take into account the significant ruling from the case.

Further to Minute 23 headed 'Early Action Neighbourhood Fund' Councillor Gingell informed the Board that Coventry Law Centre and Grapevine had been awarded £1.53m of funding to support their project to combine legal advice with other support to help people sort out their problems at an early stage so saving money and reducing demand for public services.

33. **Active Citizens, Strong Communities Strategy**

The Board considered a report and presentation of Ruth Tennant, Deputy Director of Public Health which outlined a multi-agency approach to improving engagement and the involvement of local communities and encouraging 'asset based' working across the city. This approach was set out in the 'Active Citizens, Strong Communities Strategy', a copy of which was appended to the report. The delivery of this strategy would be supported by a detailed implementation plan to which all local agencies were invited to contribute and was set out at a second appendix.

Asset based working was an approach which sought to recognise and work actively with the skills, capabilities and resources that existed within communities. By working with local people it was possible to improve impacts and effectiveness.

Much of the innovative work that had been going on to promote and develop asset based working locally had been led by voluntary organisations including Grapevine, Coventry Law Centre and smaller organisations and community groups. In addition, Coventry University had been leading a number of initiatives to empower local communities through its City Initiative.

The strategy was built around the following six key areas:
a) Building capacity and leadership to support asset based working
b) Co-designing and co-delivering local services
c) Supporting staff to work differently
d) Working with local statutory and voluntary sector partners to access external funding
e) Using technology to strengthen engagement with communities

f) Evaluation.

The presentation referred to the national policy drivers; gave details of a consultation exercise with Coventry residents; provided a comparison with the current situation in public services compared to the asset based approach; and set out the key steps in the process.

Members of the Board raised a number of issues including:

- How would this work engage in a meaningful way with local people
- An acknowledgment that there would be a level of risk involved with the new ways of working but this shouldn't be a barrier to progress
- The importance of the role of the individual in the process to be able to secure what they require
- The importance of capturing and sharing best practice
- The challenge to be able to let local people develop their ideas and support themselves.

RESOLVED that:

(1) The Active Citizens, Strong Communities Strategy be endorsed.

(2) The Board provide systems–level leadership for this work across Coventry.

(3) Members to propose additional contributions from their own organisations to the implementation plan.

(4) An update on the implementation of the Strategy be submitted to a future Board meeting in September, 2015.

34. **Coventry Drugs Strategy 1st April 2015 - 31st March 2017**

The Board considered a report and received a presentation from Dr Tanya Richardson, Public Health Consultant and Heather Kelly, Strategic Commissioner for Public Health concerning the Coventry Drug Strategy for 2015-2017 which aimed to guide the partnership work currently being undertaken to tackle and address drug misuse in the city. A copy of the strategy was set out at an appendix to the report.

The report indicated that the strategy was not a statutory requirement however partners felt that a partnership strategy was the best way to steer the multi-agency response that was needed to deal with this cross-cutting issue. As the commissioners and funders of local treatment services, the City Council had taken the lead in producing the strategy. The two year strategy was relevant to both young people and adults and covered a wide range of issues including prevention, education, housing, social care, treatment, crime and rehabilitation.

The Board were informed that the drug strategy sat alongside the local alcohol strategy which was established in 2013. Reference was made to the consultation exercise undertaken with partners whose views, along with the views of service users, had been incorporated into the strategy. It would be reviewed on an annual

basis and an annual Implementation Plan would detail specific actions detailing responsibilities and target times.

The three key themes of the strategy were:
(i) Providing effective prevention and recovery-focused treatment
(ii) Changing and challenging attitudes and behaviour
(iii) Controlling the supply of drugs and promoting drug-free environments.

The strategy would be owned and driven by the multi-agency Drug and Alcohol Steering Group which reported to the Board.

The presentation referred to the national drug strategy, provided details about the numbers of adult and younger drug users in the city and referred to the links with other local partner strategies.

Members discussed a number of issues arising from the report and presentation including:

- The reasons behind the reduction in the numbers of young people taking drugs
- The links to the local alcohol strategy
- A concern that the definitions for drugs was limited
- The problems for the hospital concerning the treatment of drug users
- The support provided with the multi-agency safeguarding hub and their work with troubled families
- The sharing of data between the partner agencies
- Patients with a dual diagnosis of both mental health and drug issues.

RESOLVED that, having reviewed the strategy, especially its vision for Coventry and the three recommended priority themes, the strategy be approved.

35. **Coventry Pharmaceutical Needs Assessment 2015 - 2019**

The Board considered a report and presentation of Ruth Tennant, Deputy Director of Public Health concerning Coventry's Pharmaceutical Needs Assessment (PNA) 2015 – 2019. A copy of the assessment was set out at an appendix to the report. The PNA was a statutory requirement and must be updated at least every three years.

The report indicated that as a result of the Health and Social Care Act 2012 the responsibility to develop and update PNAs had passed to local Health and Well-being Boards with the Department of Health having the power to make regulations.

The PNA would be used to inform NHS England in its determination as to whether to approve applications to join the pharmaceutical list. It also considered whether the number of pharmacies would still be adequate in the next four years. The PNA was also a tool used to inform commissioners of the current provision of pharmaceutical services and identify any gaps in relation to local health needs.

The report looked at where pharmacies and dispensing practices were, when they were open and what services they offered. The main findings were that the 91

community pharmacies offered a good provision of pharmaceutical services across the city and there were sufficient contractors to meet the needs of patients and the public. There were no gaps in current provision and the city had slightly better or similar coverage than the England and West Midlands averages.

The report and presentation detailed the following recommendations for commissioning arising from the PNA:

- To raise awareness around opening times particularly evenings and weekends
- To work with pharmacies to increase awareness of pharmacy services
- To increase uptake of enhanced services including the Not Dispensed service, the TB medication supervision service and the minor ailments scheme by Pharmacy contractors
- Focus on managing the interface between community, hospital and tertiary care to reduce the risks associated with medicines
- Develop services to support specific diseases appropriate to the needs of Coventry patients eg NHS health checks for cardiovascular disease.

The presentation highlighted the PNA process; set out the key roles for community pharmacy contractual framework; detailed the access to essential services for Coventry residents; referred to the provision of advanced services; and set out current service provision.

It was recommended that the Primary Care Quality Group be responsible for providing an overview of the strategy and recommendations.

Members of the Board raised a number of issues including:

- Further details about the minor ailments scheme
- The benefits of sending hospital patients to local pharmacies rather than waiting for medication from the hospital pharmacy
- The importance of building on examples of best practice across the city
- An appreciation of the successful working arrangements where local pharmacies are lined to GP practices.

RESOLVED that:

(1) The content of the Pharmaceutical Needs Assessment (PNA) be approved, to allow for publication before 1st April, 2015.

(2) The Board is satisfied with the governance arrangements relating to future use of the PNA in determining whether applications to join the pharmaceutical list are approved.

(3) The Primary Care Quality Group to be responsible for taking forward the recommendations for commissioning that have been developed through the PNA process.

36. **Coventry's Response to the Mental Health Crisis Care Concordat**

The Board considered a report of Juliet Hancox, Chief Operating Officer, Coventry and Rugby Clinical Commissioning Group (CCG) detailing progress with the Mental Health Crisis Care Concordat and the associated requirements for the Health and Well-being Board member organisations. A copy of Coventry's position statement and action plan were set out at appendices attached to the report.

The Crisis Care Concordat was published in February, 2014 and was underpinned by 'Closing the Gap: priorities for essential change in Mental Health' which outlined a programme to deliver essential services for people who experienced Mental Health Crisis and came into contact with emergency and acute services. It had been developed in partnership with the Department of Health and the charity MIND. The concordat aimed to ensure that people in mental health crisis received the appropriate response from services regardless of access routes. It was concerned with recovery, early intervention and prevention in line with the principles of the Care Act 2014. It was a joint statement between over 20 senior representatives from key national organisations.

Reference was made to the significant work undertaken at national level to progress the concordat.

At a local level the local Crisis Concordat Declaration was published in November, 2014 which confirmed the key agencies commitment to work together to deliver an improved response to people in mental health crisis. During January 2015 a review was undertaken of current provision and the best practice in the concordat, and a position statement and action plan developed. The Department of Health had acknowledged that detailed plans would not be available at this stage but expected local plans to be published on their website by 31st March, 2015 demonstrating commitment and progress.

The action plan was still very high level and would require detailed consultation with partners over the coming months to develop the appropriate level of detail. In summary there were four areas where improvements were needed as follows:
i) Access to support before crisis point
ii) Urgent and emergency access to crisis care
iii) Quality of treatment and care when in crisis
iv) Recovery and staying well / prevention.

In light of Coventry and Warwickshire Partnership Trust and the West Midlands Ambulance Service operating across both Coventry and Warwickshire, it had been decided to work sub-regionally with colleagues from Warwickshire County Council.

Members of the Board raised a number of issues including:

- The intention for mental health to be considered at a future Board meeting later in 2015
- A concern about the lack of involvement of Healthwatch
- The importance of data sharing across the partner organisations
- The requirement to have respite care in place for dementia sufferers to provide support for their carers

RESOLVED that:

(1) The draft multi-agency action plan be supported ahead of 31st March, 2015 when the plan is required to be uploaded onto the Department of Health website.

(2) The future activity in respect of the Crisis Care Action Plan for Warwickshire and the implementation of the plan be endorsed and supported.

(3) Mental Health and Information Sharing to be agenda items at future Board meetings during 2015.

37. **Primary Care Co-Commissioning**

Juliet Hancox, Coventry and Rugby Clinical Commissioning Group (CCG), provided an update on the latest position concerning primary care co-commissioning whereby CCGs were being given the opportunity to assume greater powers to directly commission primary medical services and performance manage practices.

Arising from the CCG expressing an interest in taking forward co-commissioning of primary care with NHS England, a number of discussions had taken place on the following three options:
(i) Delegated commissioning authority
(ii) Joint commissioning with area teams
(iii) Greater involvement in commissioning decisions.

At this stage the CCG had decided to pursue the third option of having greater involvement in commissioning decisions from April, 2015 which would build on the good work of the Primary Care Quality Group. The importance of partnership working was highlighted.

Members raised queries about the level of local aspiration. It was explained that in light of the considerable number of small practices in the city, and the need to improve quality and have consistency, the focus for the current year needed to be on sustainability.

38. **Any other items of public business**

There were no additional items of public business.

(Meeting closed at 4.10 pm)

This page is intentionally left blank

Coventry City Council

Report

To: Coventry Health and Wellbeing Board **Date: 20th April 2015**

From: John Forde, Consultant in Public Health

Subject: Mental Health/Mental Well-being Needs and Assets Review (Progress Update)

1 Purpose

The purpose of this paper is to provide the Health and Wellbeing Board with a brief summary and overview of the work undertaken to date and the findings underpinning the Mental Health & Wellbeing Assets & Needs Assessment (MHWANA).

2 Recommendations

- *The HWB is requested to delegate the Adult Joint Commissioning Board with the responsibility for moving this work forward.*
- *The HWB also requests that having considered the report and its recommendations, that the Adult Joint Commissioning Board develop a joint response to be presented back to the HWB in June 2015 outlining a proposed way forward for Mental Health in the city.*

3 Information/Background

Summary paper enclosed.

Report Author(s):

Name and Job Title: John Forde, Consultant in Public Health

Directorate: Chief Executives Directorate

Telephone and E-mail Contact: john.forde@coventry.gov.uk

Enquiries should be directed to the above person.

This page is intentionally left blank

Summary Update on Progress with the

Mental Health/Mental Well-being Needs and Assets Review

2015

1. Introduction

The purpose of this paper is to provide the Health and Wellbeing Board with a brief summary and overview of the work undertaken to date and the findings underpinning the Mental Health & Wellbeing Assets & Needs Assessment (MHWANA).

The following is covered, in brief:

- Background to the review
- The policy context for the review
- Overview of the data analysed to inform the review and key findings
- Stakeholder engagement
- Next Steps and Recommendations

2. Background to the Review

The last in depth Mental Health Needs Assessment in Coventry was published in 2008. However, Mental Health has recently been recognised as a priority in a number of areas, for example as follows:

- Research commissioned on the impact of the welfare reforms highlighted the increased risk of mental health problems as a likely consequence
- The Coventry Community Safety Strategic Assessment highlighted issues around mental health and substance misuse that needed further exploration.
- The implementation of CWPTs transformation programme highlighted the need/opportunity to look at Mental Health provision more generally.
- A joint meeting between the City Council's People Directorate and CCG early in 2014 identified the need for an in depth review to inform the future strategic direction for Mental Health services.
- At its last board meeting, the Health and Wellbeing Board requested a more detailed discussion on mental health in the city.

As such there was a recognised need to get a better understanding of current population needs, available assets, and an overview of the Mental Health services currently commissioned by the Local Authority and the CCG. In light of this information, together with an assessment of the evidence for interventions, a set of recommendations will be agreed that should inform the future commissioning of mental health services.

3. Links to Relevant Policies, Strategies and Plans

The review has been undertaken in the context of other related work, including the following national policies and strategies:

- Government strategy 'No health without mental health' (NHS England, 2011)
- NHS 5-Year Forward View (2014)
- Better Care Fund (Integrated Health and Social Care)
- Crisis Care Concordat
- Social Care Act (2015)

Mental health is also a key priority in other current local work streams, including:

- Redesign of Child & Adolescent Mental Health Services (CAMHS)
- Implementation of the Dementia Strategy
- Development of a Maternal Mental Health Pathway
- Review of Increasing Access to Psychological Therapies (IAPT) services (Arden CSU, August 2014)
- Action plan for delivering the Crisis Care Concordat
- The Marmot programme of work also has many aspects that are key to improving the mental wellbeing of the Coventry population

4. Review Process

A steering group has overseen the review process, chaired by Cllr Hetherton the LA Mental Health champion, with membership as shown in appendix 1.

The overall review process has included a detailed analysis of relevant data alongside a comprehensive approach to stakeholder engagement. Whilst there has been a review of relevant evidence, this has not been a full systematic review. It is noted that there is a substantial volume of NICE guidance relevant to the delivery of adult mental health services currently available to commissioners.

5. Data analysis and key findings

Information on the wider determinants of mental health and wellbeing; 'at-risk' or vulnerable groups; the epidemiology of common mental health disorders, severe mental illness and suicide; and indicators of population wellbeing has been collated from the following sources of publicly available, routine data:

- Public Health Outcomes Framework – Public Health England
- Mental Health Intelligence Network
- Projecting Adult Needs and Service Information System (PANSI)
- Projecting Older People Population Information (POPPI)

- Armed Forces Compensation Scheme Statistics - Ministry of Defence
- Quality & Outcomes Framework (QOF)

Data for Rugby as well as Coventry has been included where possible, although there is less detailed information available relating to the Rugby population.

In addition analysis of the available local data reflecting service use has been included as follows:

- National IAPT Data Set for Coventry & Rugby (from Arden CSU)
- Contract Monitoring Minimum Data Set (MDS) (from Arden CSU)
- People in receipt of community-based services provided by CCC
- People in receipt of services commissioned by CCC or CRCCG
- General practice activity snapshot – bespoke dataset from Park Leys Medical Practice including full range of mental health-related consultations (as reed coded) over a two month period
- Use of powers under the MH Act (sections)
- Self-harm data
- Primary Care prescribing for mental illness

Despite considerable effort we were not able to gain access to any meaningful data in relation to the Mental Health services commissioned by NHSE (specialised services).

Key Findings

- Overall, factors that are associated with an increased risk of poor mental health and well-being are higher in Coventry than the national average reflecting higher levels of socioeconomic deprivation in the city.
- There is a marked social gradient in the prevalence of psychiatric disorders with the lowest socioeconomic groups experiencing the highest rates of illness.
- Within the population there are a number of groups with increased risk of developing mental illness e.g. people with a disability or long term health problem, looked after children etc.
- Our most recent estimates suggest that approximately 67,028 people in Coventry aged 16-74 have a common mental health disorder e.g. anxiety, depression, phobias etc. These estimates are broadly similar to or below the England average with the exception of mixed anxiety and depressive disorders, which is slightly higher.
- Rates of severe mental illness are broadly similar to or lower than the national average, with the exception of emergency admissions for self-harm, which is significantly higher.

- The suicide rate in Coventry is 10 deaths per 100,000 population. This is slightly higher than the regional (8.3) and national (8.8) averages, but is not statistically significant.
- Mental health services are commissioned by Coventry and Rugby CCG and the Local Authority from NHS and voluntary sector providers at a total cost in 2014/15 of £44.7 million.
- Outpatients: First attendances have decreased overall over the past 3 years.
- Admissions: numbers of patients admitted for their mental illness has decreased over the past 3 years. In the age group 18-64 men are more likely to get admitted and in the over 65s age group it is women more likely to be admitted.
- There is an emerging consensus that from a client's first presentation the overall model of care should be more integrated across primary care, social care, specialist care and the third sector.
- Mental Health Services also need to change. They need to be well-being and recovery focussed promoting control and striving to achieve user defined outcomes. This can be achieved in part by enhancing links to existing individual, family and community assets.

6. Stakeholder engagement

Discussions have taken place with representatives of council-run services, CWPT, Coventry & Rugby CCG, primary care, Healthwatch Coventry, patient involvement and user groups, Coventry Carer's Centre and a range of third sector and other organisations through workshops and focus groups

There has also been recognition of the need to make appropriate links to the service engagement work being undertaken by CWPT, as they are consulting on recent service changes.

7. Next Steps and Recommendations

A draft report detailing the review findings and the provisional recommendations will be made available to commissioners at the Adult Joint Commissioning Board providing them with an opportunity to comment on the priorities for action.

Recommendations

- *The HWB is requested to delegate the Adult Joint Commissioning Board with the responsibility for moving this work forward.*
- *The HWB also requests that having considered the report and its recommendations that the Adult Joint Commissioning Board develop a joint response to be presented back to the HWB in June 2015 outlining a proposed way forward for Mental Health in the city.*

John Forde

Consultant in Public Health

Appendix 1

Mental Health Assets Needs Assessment Steering Group Membership

Tanya Richardson	Coventry City Council
Orsolina Martino	Coventry City Council
Lavern Newell	Coventry City Council
Jon Reading	Coventry City Council
Cllr Patricia Hetherton (chair)	Coventry City Council
Matt Gilks	Coventry and Rugby Clinical Commissioning Group
Harjeet Matharu	Voluntary Action Coventry
Andy Smithers	Coventry and Rugby Clinical Commissioning Group
Kay St Clair	Coventry and Warwickshire MIND
Lynne Fairhurst	Coventry and Rugby Clinical Commissioning Group
Andrew Collis	Coventry AIMHS Limited
Berni Lee	Coventry City Council

Appendix 2

Mental Health and Mental Wellbeing Expert Group Membership

Orsolina Martino	Coventry City Council
Matt Gilks	Coventry and Rugby Clinical Commissioning Group
Lynne Fairhurst (apologies received)	Coventry and Rugby Clinical Commissioning Group
Sally Eason (apologies received)	Arden CSU
Jon Reading (apologies received)	Coventry City Council
Andy Smithers (discussion prior to meeting)	Coventry and Rugby Clinical Commissioning Group
Sarah Stewart Brown (discussion prior to meeting)	Warwick University
Surinder Chaggar (apologies received)	
Lavern Newell	Coventry City Council
Simon McGarry	Coventry City Council
Celine McRea (apologies received)	Coventry and Warwickshire Partnership Trust
Robert Holmes	Coventry and Warwickshire Partnership Trust
John Brady	Arden CSU
Irma Tomschey	Coventry City Council
Berni Lee	Coventry City Council

Coventry City Council

Report

To: Coventry Health and Wellbeing Board **Date: 20th April 2015**

From: Dr Jane Moore, Director of Public Health

Subject: Coventry Smokefree Strategy

1 Purpose

To brief Health and Wellbeing Board members on progress implementing the current Smokefree Strategy and key issues covered by the 2015-2020 strategy.

2 Recommendations

Health and Well-Being Board is recommended to:

• Note progress in implementing the 2010-13 Smokefree Strategy
• Endorse Coventry's Smokefree strategy 2015-2020

3 Information/Background

Smoking kills half of all long term users. It is the single biggest cause of preventable death in the country and is directly responsible for almost 80,000 deaths in England – including approximately 400 deaths in Coventry - every year. From our Household survey data, it is estimated that the proportion of adults who smoke is 22% (2013). According to national data, Coventry's smoking prevalence is the same as the national average.

4. Achievements of Coventry's Smokefree Alliance

Coventry had a Smokefree Strategy which ran from 2010-2013. Coventry's Smokefree Alliance has consisted of a strong group of partners since 2010 that together, has produced many achievements. Some of these include:

- A strong and committed partnership approach to addressing the harms caused by tobacco
- Increased the numbers of people stopping smoking with the help of commissioned services. Between 2010/11 and 2012/13, numbers of people accessing services went from just under 2500 to 3355. In a report published in 2013, 41% of those accessing the stop smoking services had stayed quit 12 months later.

- At least 75% of all service users are from targeting groups (areas of deprivation, under 25yrs, sensory impairment, manual occupation, mental health condition, unemployed or BME).
- High levels of compliance with regulations governing the sale of tobacco products and smoking in enclosed public areas.
- Improved awareness of shisha as a tobacco product. Key messages included the harm it can do to pregnant women, the number of cigarettes smoked it equates to and how sharing mouthpieces can spread diseases. The campaign included displaying information on taxis, engaging with clinicians, children's centres, dentists, using radio adverts and local news interviews.
- The creation of Smokefree areas i.e. school gates, playgrounds, early years settings and UHCW hospital site in Walsgrave (from 1st January 2015) with a subsequent 82% decrease in smoking.
- A reduction in the proportion of pregnant mothers who smoke – down from 15% to 13% (between 2010/11 and 2013/14).
- Seizure of £470,000 of illicit tobacco (2010-14) and 25 related prosecutions (2012-14).

5. The strategy identifies some key next steps which will further help to reduce the impact of tobacco locally:

- Reducing the high levels of people with mental health issues who smoke, building on CWPT's proposal to go Smoke-free.
- Targeting services and health messages at hard to reach groups including families and communities where smoking is the norm.
- Supporting smoke-free workplaces.
- Supporting key influential people (health visitors, midwives etc.) to feel confident in signposting to services or giving a brief intervention.
- Using contractual and other levers to embed stopping smoking support in key care pathways for example for planned operations; appointments for patients with COPD; and midwifery.
- Encouraging all organisations locally to sign up to the local NHS declaration on Tobacco Control.
- Uncertainties with information on the health effects of electronic cigarettes/vaporisers.
- Continue to develop an understanding of the impact and health and other consequences of e-cigarettes.

Report Author(s): Naomi Brook, Smokefree Coordinator
Directorate: Chief Executive's
Telephone and E-mail Contact:
Tel No: (024)76 833074
Mob: 07812741591
naomi.brook@coventry.gov.uk

Enquiries should be directed to the above person.

Appendices
Coventry's Smokefree Strategy 2015-2020

SMOKEFREE
COVENTRY

Coventry's
Smokefree Strategy

2015 – 2020

DRAFT

2015

Contents

Foreword

Over the last decade, great strides have been made towards reducing smoking rates within our society. The Smokefree legislation has removed smoking in almost all enclosed public spaces, the age of sale for tobacco has been increased from 16 to 18 years and there are now wide ranging bans on almost all aspects of tobacco advertising as well as Smokefree cars and plain packaging being on the horizon.

Locally, the positive work of Coventry's Smokefree Alliance, a partnership of public and private organisations, has played a vital role in the drive to reduce smoking prevalence across our city.

However, while smoking continues to claim the lives of 1 in 6 of all Coventry residents, the drive to create a Smokefree city is as important as it has ever been.

The enormous detrimental effect of tobacco on people's health, coupled with the devastating impact on their families, is why I have always been a staunch advocate of tobacco control throughout my time as a local councillor.

With the publication of Coventry's new Smokefree strategy we have a renewed vision, a clear direction and the mandate to move forward to keep up our determination to ensure people of Coventry make information decisions about using tobacco products. We cannot afford to be complacent; we must continue to build upon the successes of the last 10 years and work together to reduce the number of people who smoke in Coventry.

Delivering the objectives set out in this strategy will help us fulfil our vision a of Smokefree Coventry, where our communities, homes, cars and workplaces are free from the harms of tobacco and where all our local residents lead healthier and longer lives.

Councillor Joseph Clifford

Chair of Coventry's Smokefree Alliance

March 2015

Introduction - A Smokefree Vision for Coventry

The impact of smoking

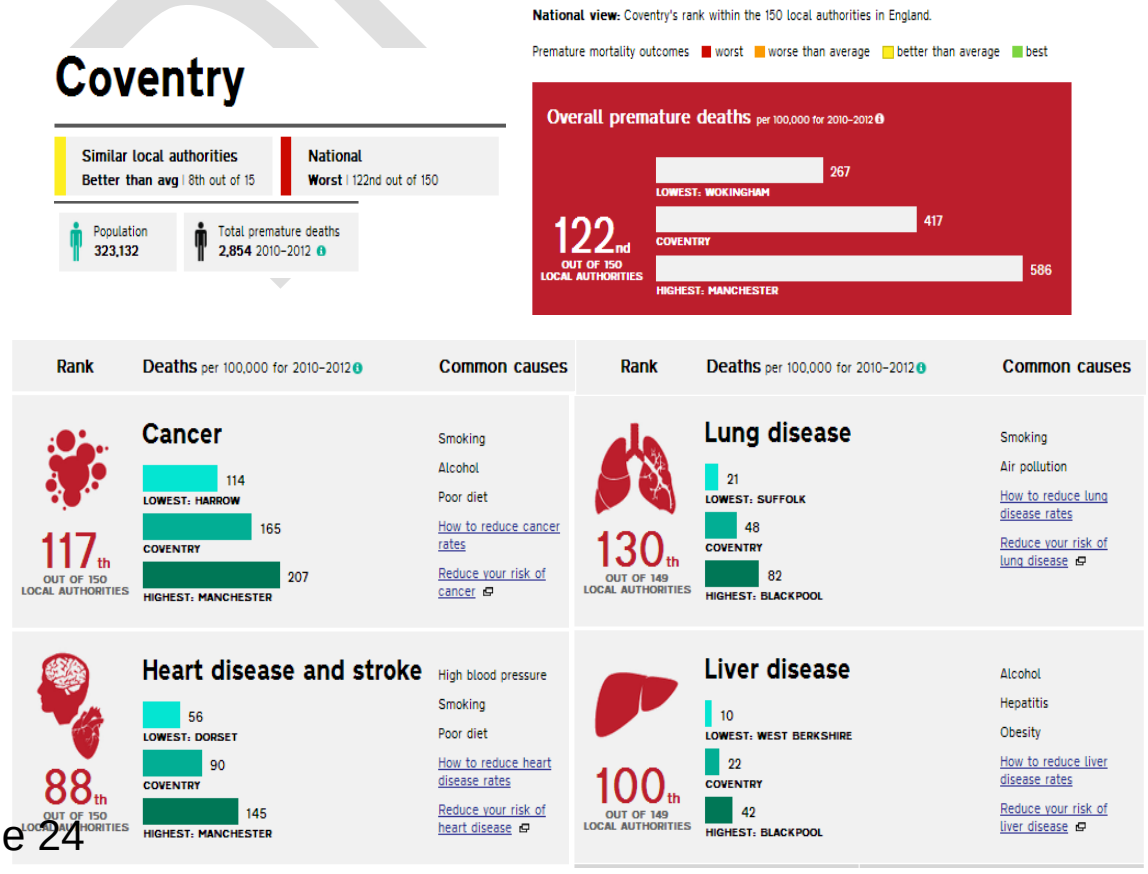
Smoking kills half of all long term users. It is the single biggest cause of preventable death in the country and is directly responsible for almost 80,000 deaths in England – including approximately 400 deaths in Coventry - every year.

Lifestyle behaviours – whether we smoke, are overweight or drink alcohol, for example – are the single biggest determinants of our health. Of these behaviours, smoking is responsible for more illness and mortality than all others by causing a significant proportion of cancers, respiratory conditions and cardiovascular diseases.

In England in 2012 there were approximately 1.5 million hospital admissions and 79,100 deaths from smoking related diseases. It is estimated that the current campaigns around tobacco awareness and the stop smoking services are currently saving the country £380 million per year. [1]

The National Institute for Health and Clinical Excellence (NICE) has concluded that reducing the prevalence of smoking among people in routine and manual workers, minority ethnic groups and some disadvantaged communities will help reduce health inequalities more than any other measure to improve the public's health.[2]

Smoking is also the biggest cause of inequalities in death rates between rich and poor in the UK. Coventry - as an area of greater relative deprivation within the country - suffers disproportionally from the effects of smoking. The chart below shows the health burden of the four largest causes of mortality in Coventry. Similarly, the health burden of smoking within Coventry is concentrated among our more deprived communities.



Smoking during pregnancy is associated with a number of complications from labour through to post-delivery, including increased risk of miscarriage, premature birth, still birth, low birth weight babies and an increased risk of infant mortality (Sudden Infant Death Syndrome).

The economic impact of smoking is also significant. On average smokers take eight days more sick leave a year than non-smokers and have a higher chance of early retirement due to permanent disability. Smoking breaks cost businesses an estimated five billion pounds per year. [3]

Who smokes in Coventry?

The number of people smoking is falling. Both national data and local household survey data report this, with figures being slightly different. For local data, it is estimated that the proportion of adults who smoke has fallen from 27% in 2009 to 22% in 2013 (Coventry Household Survey). In real terms this means that there are now 60,000 smokers in the City.

In Coventry, Smokers are more likely to be:

- Living in the most deprived neighbourhoods (33% of adults smoke who live in the 10% most deprived neighbourhoods)
- Male (26% of males smoke)
- Non-BMEs (25% of non-BME populations smoke)
- Unemployed but economically active (46% of unemployed people smoke)
- Living in social housing (40% of adults living in social housing smoke)

Not only are fewer people smoking, but those who do smoke seem to be smoking less. One in 20 smokers smoke more than 25 cigarettes daily – a rate which has remained static over the last 4 years, however, the number who smoke between 15-24 cigarettes has fallen considerably and those smoking between 5-14 daily has increased.

The vast majority of smokers started using tobacco in their teenage years; indeed, national research indicates that 80% of smokers started smoking before reaching the age of 16.

Achievements

Coventry's Tobacco Control Strategy 2010-2013 and the work of the Coventry Smokefree Alliance has demonstrated significant achievements in recent years, including:

- A strong and committed partnership approach to addressing the harms caused by tobacco
- Increased numbers of people stopping smoking with the help of commissioned services
- High levels of compliance with regulations governing the sale of tobacco products and smoking in enclosed public areas

- Improved awareness of shisha as a tobacco product
- The creation of Smokefree areas i.e. school gates, playgrounds, early years settings and UHCW hospital site in Walsgrave
- A reduction in the proportion of pregnant mothers who smoke – down from 15% to 13% (between 2010/11 and 2013/14)
- Seizure of £470,000 of illicit tobacco (2010-14) and 25 related prosecutions (2012-14).

In 2014, the Smokefree Alliance participated in a peer-led assessment to inform future development and priorities. This assessment endorsed the Alliance's achievements and demonstrated an in-depth understanding at a senior level that comprehensive tobacco control measures are key to achieving the strategic priorities of reducing the health inequality gap, giving children a better start and helping people to live healthier and longer lives.

This assessment also identified the following issues:

- A need for greater engagement with (and from) the Clinical Commissioning Group (CCG) and clinicians, especially in the commissioning of services
- "Tobacco fatigue" is an issue amongst health care professionals who work with the more vulnerable groups and innovative ways of reaching these smokers needs to be developed and stronger support offered to those staff working with them.
- A need for a revised, co-ordinated tobacco control communications plan for Coventry, including improved use of social media
- That while smoking prevalence in Coventry has fallen substantially over the last decade, smoking rates remains high amongst the more deprived socio-economic groups. Specific interventions targeting this group will be needed in order to reduce smoking prevalence amongst routine and manual smokers.

Our Vision

Our vision is to strive for a Smokefree future for Coventry; where our communities, homes, cars and workplaces are free from the harms of tobacco and where people lead healthier and longer lives.

We aim to reduce smoking prevalence to 14% by 2020 and less than 5% by 2035.

Objectives

To deliver this vision our key objectives will be to:

1. Promote non-smoking as the social norm in Coventry
2. Helping tobacco users to quit
3. Protect priority groups from smoking-related harm

4. Supporting reduction in smoking-related behaviours such as vaping and using Shisha
5. Provide leadership of the local tobacco agenda and develop a workforce confident and competent to help reduce the harms of smoking

With all of these objectives, use of effective communication with the public around smoking related behaviours will be essential.

Alignment with other Strategies

In developing our strategy we have sought to align our objectives and principles with key national, regional and local strategies and targets, as well as the latest research on tobacco control.

This strategy contributes to Coventry City Council's overarching plan to *improve the health and wellbeing of local residents by helping them achieve healthier lifestyles* and *reducing health inequalities by giving our children the best start in life*.

Our strategy also considers:

- A Smokefree Future: A Comprehensive Tobacco Control Strategy for England (2010)
- The Coventry Sustainable Community Strategy: The Next 20 Years 2008 - 2028 (2008)
- Beyond Smoking Kills (2008) – new report due out June 2015
- Excellence in tobacco control: 10 High Impact Changes to achieve tobacco control (2008)
- Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities (2008)
- 'Stop For Life': Smoking Insight Research (2009)
- 'Clear' assessment report for Coventry (2014)
- Local Stop Smoking Services, service and delivery guidance 2014 (NCSCT, PHE)

1. Promoting non-smoking as the social norm in Coventry

In summary, we will:

- Build on the success of 'Smokefree areas'
- Support the NHS and other partners to implement Smokefree locations in line with guidance and best practice
- Prepare for, and fully implement, all Smokefree legislation
- Smokefree cars legislation
- Continue to evaluate interventions

Within the time of the previous strategy, several initiatives to develop Smokefree areas were implemented. These included Millennium Place during the 2012 Olympics, all primary school gates, nurseries and park playgrounds. It is essential that these are evaluated to assess how they may be built upon to improve their Smokefree status, and transfer the learning to other areas interested in becoming Smokefree. So far this has been done by surveying people at school gates, playgrounds and head teachers with overall positive results for continuing the work.

On January 1st 2015, UHCW hospital became a Smokefree site. The Smokefree Alliance will continue to support staff there to continue this status. Initial results show a dramatic increase in staff and patients stopping or reducing their smoking. This initiative has been implemented with reference to the NICE guidance on smoking cessation in secondary care[4]

We will develop a 'Smokefree Awards' initiative to recognise the work of partners and individuals to help make non-smoking the social norm and encourage more areas to become Smokefree.

Government legislation making it law for private vehicles to be Smokefree when carrying children will come into effect in October 2015. This will support the aim to prevent children from taking up smoking as well as reducing their exposure to second hand smoke. Coventry's Smokefree Alliance will support this legislation, ensure compliance and communicate the effects to the population. We will also open new channels of communication with the police to ensure information on this will be carried locally is clear and effective.

Display regulations around tobacco products in shops came into force for large shops in April 2012. This will be extended to cover all shops from 6 April 2015. The Smokefree Alliance will continue to work closely with colleagues in trading standards to ensure this legislation is adhered to.

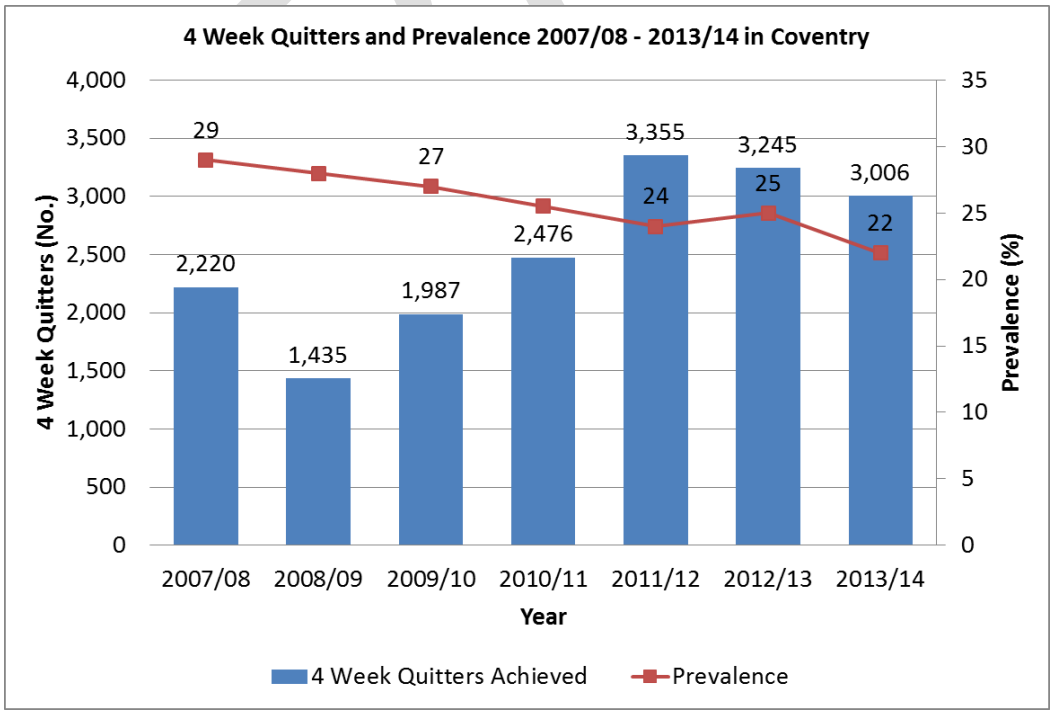
The price of smoking has risen at above-inflation rates for many years, making it more expensive. This has resulted in the growth in the trade of illicit tobacco; we will work proactively with partners including Trading Standards and the Police to reduce the availability of illicit tobacco products.

2. Helping tobacco users to quit

In summary, we will:

- Continue to offer easily accessible and high quality Stop Smoking Services
- Commission stop smoking services which provide a greater focus on longer term outcomes – the current emphasis on achieving 4-week quits will be extended to the achievement of 12-week quits
- Commission specialist support for pregnant smokers and people with mental health conditions who smoke. These services may provide a wider range of interventions, including the promotion of harm reduction and more support for parents and carers
- Monitor our services to ensure high quality delivery
- Review services in light of emerging evidence and guidance

Most smokers want to quit. Helping smokers kick the habit is one of the most effective health interventions available. Coventry stop smoking services have assisted in more than 15,000 successful quit attempts in the last 7 years. The below graph shows the number of 4-week quits achieved annually, plotted against each year smoking prevalence rate.



Most quit attempts involve people trying to stop smoking by themselves, although there is strong evidence demonstrating that people quitting with the help of specialist services are four times more likely to be successful.

Increasingly, people are using e-cigarettes as a tool to aid their quit attempt. The long term effectiveness of e-cigarettes in supporting permanent cessation of tobacco smoking is as yet unknown.

Currently, Stop Smoking services for the general population are widely available across the city, and can be accessed at more than 100 delivery points around the city, including GPs, pharmacists and other settings. We will continue to commission high quality, easily accessible stop smoking services at key locations in the city.

Stop Smoking Services are commissioned in Coventry on a tariff system - rewarding providers for each smoker they help achieve a 4-week quit. Nationally and locally, around half of smokers who set a quit date go on to be abstinent at 4 weeks, and around half of those progress to be Smokefree three months after their quit date. We recognise that recovery from any addiction represents a journey punctuated by steps forward and relapse and we will commission Stop Smoking Services to improve longer term quit rates.

To support the reduction of health inequalities in the city, our services will be focussed towards those populations experiencing greater deprivation, in addition to routine and manual workers, among whom smoking prevalence is greater.

Pregnant smokers and people with mental health conditions who smoke require additional support, often delivered in partnership with other agencies. We will use different commissioning arrangements to support these groups to quit smoking. The emphasis on harm reduction will be greater for people with mental health conditions.

The quality of all providers will be monitored regularly to ensure they are delivering a high quality service and are effective in reducing smoking and health inequalities.

3. Protect priority groups from smoking-related harm

We will focus our efforts on the following priority groups:

- Young people
- People with mental health conditions
- Pregnant women
- People with long term health conditions

Most adult smokers start smoking when they are young, with only a very small percentage taking up the habit after the age of 21. Research demonstrates that almost two fifths of smokers started smoking regularly before the age of 16.[5] Therefore, the long-term success of Smokefree Coventry initiatives is highly dependent on reducing smoking initiation among children and young people.

Children and young people living with adult smokers are much more likely to start smoking than those who live in Smokefree homes[6], so a key strategy to develop a Smokefree city will be to help parents quit. We will work with schools to reduce the take-up of smoking among young people and better engage with parents who currently smoke.

As an Alliance we will make every effort to reduce the attractiveness of smoking and the accessibility of cigarettes to young people. Encouraging Smokefree environments both within and outside the home will also help to make non-smoking the norm for young people.[7] Integrating our work with how schools operate and their actions for reducing smoking prevalence in students and parents will be a key area of work.

A number of national interventions will also play a vital role in preventing young people becoming addicted to tobacco. For example, the Heath Act 2009 requires tobacco products to be removed from displays in shops and new legislation around point of sale displays and plain packaging is anticipated. We will work with partners to ensure local outlets fully comply with these regulations and other age-related restrictions.

In Coventry 31% of workers from routine and manual occupations - such as factory workers, cleaners, retail staff, general labours and drivers – smoke. Support for these people will be provided through the stop smoking services, workforce development and work with the business sector.

The Action on Smoking and Health (ASH) briefing document Beyond Smoking Kills[8] suggests that almost every indicator of social deprivation, including income, socio-economic status, education and housing tenure, independently predicts smoking behaviour. Consequently, individuals who are the most deprived are also the most likely to smoke. These differences in smoking behaviour translate into major inequalities in illness and mortality, inequalities which have deepened over the last thirty years.

Supporting people with mental health conditions is a high priority for the Alliance. Smoking is both common among people with mental health conditions and also increases the lifetime risk of developing a mental health

problem. The reduction in the prevalence of smoking among the wider population has not been reflected among people with mental health conditions. Indeed, in mental health units, it has been reported that 70% of patients smoke, with 50% being heavy smokers[9]. The Alliance will work closely with partners in the public and voluntary sector to develop policies and approaches to reduce the harm caused by tobacco use. New commissioning approaches will be adopted to improve engagement among people with mental health conditions in stop smoking services.

The proportion of pregnant women who smoke in Coventry has been reduced from 15% to 13% (2010/11 to 2013/14)[10]. We will continue to support women through our stop smoking services and work with a range of partners including midwives, fertility clinics, primary care, pharmacies and others to further reduce the prevalence of smoking in pregnancy.

As respiratory diseases are at a higher than average level in Coventry, it is important for us to support those in this group who smoke, to stop smoking. Nationally, only 58% of people with Chronic Obstructive Pulmonary Disease (COPD)[11] who were current smokers were offered stop smoking support on admission to hospital. With our hospital now being a Smokefree site, a much higher number of smokers are being offered this support, which will benefit these groups particularly.

There is also an increased risk of fires for those who smoke and have oxygen in the home as this can cause combustion, and therefore the Alliance will work closely with the fire service to ensure these chances are reduced, and people are encouraged to stop smoking. In 2014 there were 39 primary fires in Coventry & Solihull where the source of ignition was recorded as smoking materials therefore this is an important issue for us to continue working on.

Those attending planned surgery that smoke have a higher chance of complications during surgery[12]. The Alliance will foster links with UHCW to support these people, and others who have planned surgery which is linked to their smoking behaviour.

Approaches to address smoking among these priority groups can only be achieved by partnership working, and we will seek to widen to the membership of the Smokefree Alliance to develop working links.

4. Responding to smoking-related behaviours

In summary, we will:

- Support people to make informed choices about vaping and the use of e-cigarettes
- Monitor and review approaches in relation to Vaping, in light of emerging evidence
- Continue to provide advice and information to the public about the harms of shisha and other tobacco products

The evolution of e-cigarettes in recent years and the anticipated introduction of novel smoking-related products such as 'heat, not burn' tobacco products and nicotine free e-cigarettes has revolutionised the industry and marketplace.

Most e-cigarettes vaporise flavoured nicotine liquids, allowing users to inhale the vapour. While e-cigarettes are not harm-free and there is only limited evidence around the long term impact of e-cigarettes (in particular the impact on longer term smoking behaviours of Vapers), e-cigarettes do offer the opportunity for some people to reduce some of the risks associated with their smoking.

ASH estimates that there are 2.1 million current users of electronic cigarettes in the UK. This number consists almost entirely of current and ex-smokers; of these approximately one third are ex-smokers while two thirds continue to use tobacco alongside electronic cigarettes. There is little evidence to suggest that anything more than a negligible number of never-smokers regularly use the product.

The industry is largely unregulated and currently without any specific British or International standards and, as a result, products vary in style and safety. We will offer greater information to smokers, Vapers and the general public about the relative risks of e-cigarettes to enable people to make informed decisions.

Due to the rapidly evolving nature of e-cigarette products and the developing evidence around their risks and benefits, we will regularly review the content of all communication and approaches in relation to e-cigarettes.

Among some communities – predominantly south Asian and Arab communities – chewing tobacco or smoking shisha is not uncommon and both pose a danger to health. Knowledge of the health impacts of both chewing tobacco and smoking shisha is broadly poor and while the number of shisha bars has fallen in recent years, there remains a need to ensure that communities are aware of the health implications of these practices. In addition we will work with regulatory agencies to ensure that people selling or facilitating the consumption of these products comply with all guidance.

Leadership and Workforce Development

In summary, we will:

- Expand the membership of the Smokefree Alliance
- Encourage local leaders to become Smokefree ambassadors
- Actively encourage the take up of 'Making Every Contact Count' training
- Support businesses to adopt Smokefree policies

The Smokefree Alliance, which is well established in Coventry and chaired by a local councillor, will provide a key forum for local partners to come together and take action towards a variety of Smokefree issues.

Coventry's Public Health team will take on secretarial responsibilities for the Alliance and will ensure it continues to be run as an organised, effective and efficient partnership. We will also seek to build upon the Alliance's successes to date, widen membership and facilitate pro-active and innovative steps to reduce smoking prevalence in Coventry.

The Public Health team will work closely with all partners and seek to discover what more partners can do to add value and how stop smoking advice or referrals can be built into organisations' own processes. They will also seek out 'Smokefree Champions' in diverse areas of work and the community to champion the Smokefree Coventry agenda.

The Local Government Declaration on Tobacco Control is a statement of intent providing a commitment to limit the influence that the tobacco industry has over decision making and services. Coventry City Council is a signatory to the Declaration and we will work with other agencies, including NHS providers, to adopt similar commitments.

Smokers' desires to quit often reflect other issues happening in their lives, so it is essential that all staff are proactive at encouraging people to stop smoking at every contact. Therefore, we will actively encourage and promote the take up of 'Making Every Contact Count' training across the NHS local authority and other partners. This training will provide individual staff members with enough information to bring up the subject of stopping smoking, and signpost them to local services.

Through the work of the Alliance we will seek to target a wide range of businesses across Coventry in an effort to reduce smoking prevalence within their workforce. Workplaces will be encouraged to sign up to the national Workplace Health and Wellbeing Charter which provides information on a range of lifestyle behaviours including stopping smoking.

Governance and Monitoring

Governance

- The Smokefree Strategy is owned by the Smokefree Alliance
- The Public Health team will provide the secretariat support for the Alliance and ensure close working relationships between partners
- The Smokefree Alliance will meet on a quarterly basis but specific project work will be on-going. Task and Finish Groups will be utilised as required
- The Chair of the Smokefree Alliance will report to the Health and Wellbeing Board

Monitoring

- The Public Health team will meet with all Alliance partners to establish current roles and responsibilities and data flows.
- Improved data collection measures will be introduced in conjunction with regular data reporting in order to improve local intelligence.
- A new Monitoring Framework will be developed to monitor progress against an Action Plan.

Next Steps

This overarching framework will shape our future working and will guide a range of innovative and locally developed activities. No one town or city is the same so a 'one size fits all' approach to reducing prevalence is simply not possible.

If we are to radically reduce smoking rates across Coventry we need to ensure that our ideas, activities and marketing campaigns are developed through partnership, are bespoke to the needs of the local population and are based on the best available evidence.

Development of an Action Plan

Following on from the publication of this strategy, the next six months will focus on the development of a 'Smokefree Coventry Action Plan'. This plan will include targets and milestones to benchmark our achievements by.

The Public Health team will liaise closely with all partners to understand current roles and responsibilities in relation to supporting a Smokefree city and in partnership will facilitate a range of activities designed to deliver the objectives set out in the strategy.

Much progress has been made over recent years but smoking prevalence within Coventry is still far too high, particularly in some groups of the population. The publication of this strategy signifies the importance of the

continuation to this partnership effort to dramatically reduce smoking prevalence across the city and realise the vision of a Smokefree Coventry.

References

[1] The NHS Information Centre (2012) *Statistics on Smoking: England, 20012*
[2] NICE (2008) *Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities*. NICE public health intervention guidance 10.
[3] Ash, 2014, Ready Reckoner
[4] Smoking Cessation in Secondary care http://www.nice.org.uk/guidance/ph48
[5] Office for National Statistics. *Smoking and drinking among adults, 2007* (General Household Survey). ONS, London 2008. www.statistics.gov.uk
[6] Farkas AJ, Gilpin EA, White MM et al. *Association between household and workplace smoking restrictions and adolescent smoking*. Journal of the American Medical Association 2000, 160: 56-62. (cited by ASH: Beyond Smoking Kills)
[7] Preventing the uptake of smoking by children and young people http://www.nice.org.uk/Guidance/PH14
[8] ASH (2008) *Beyond Smoking Kills: Protecting Children, Reducing Health Inequalities*
[9] Clearing the Air, King's Fund, http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/clearing-the-air-debating-smoke-free-policies-psychiatric-units-karen-jochelson-bill-majrowski-kings-fund-18-july-2006.pdf
[10] Public Health Outcomes Framework
[11] Healthcare Quality Improvement Partnership 2015, https://www.rcplondon.ac.uk/sites/default/files/nat_copd_audit_prog_secondary_care_clinical_audit_national_full_report_2014_final_web.pdf
[12] Smoking and alcohol intervention before surgery: evidence for best practice http://bja.oxfordjournals.org/content/102/3/297.full

Coventry City Council

Report

Coventry Health and Wellbeing Board **20 April 2015**

From: Better Care Coventry Programme Board

Subject: Better Care Coventry Progress Report

---

1 Purpose

This report provides the Coventry Health and Wellbeing Board with an update on progress towards delivering the Better Care Coventry Programme.

2 Recommendations

The Coventry Health and Wellbeing Board are asked to note the progress made to date on the Better Care Coventry Programme.

The Board are also asked to receive further progress updates over the coming months to ensure the momentum of the programme is maintained as it moves forward, and to provide strategic direction.

3 Background

In June 2013, the Government announced the £3.8billion Better Care Fund as part of its drive to integrate health and social care. Plans were required to be submitted identifying a national minimum of £3.8billion of pooled resources with an expectation larger sums would be pooled. The value of the fund is now £5.3billion, based on the plans submitted nationally. The Better Care Fund is described as a "single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and Local Authorities".

To ensure integration is delivered, the Better Care Fund required a pooling of resources delivered through a Section 75 agreement in place for 1 April 2015. This is a partnership agreement whereby NHS organisations and local authorities contribute an agreed level of resource into a single pot (the pooled budget) that is then used to drive the integration and improvement of existing services.

The Health and Wellbeing Board approved Coventry's first Better Care Plan and this was submitted in April 2014. Subsequently, new requirements were announced and plans had to demonstrate how they would reduce emergency admissions to hospital, with a target set of 3.5%. Coventry's revised plan was re-submitted in September 2014 and was fully approved by NHS England on 22 December 2014.

Better Care Coventry (Coventry's Better Care Fund Programme), totals £52m for 2015/16. The Governing Body of the Coventry and Rugby Clinical Commissioning Group approved entering into a Partnership Agreement with the City Council, and that the City Council is the host for the

pooled budget, on 11 March 2015. This was approved by Cabinet and Council on 17 March 2015. The Section 75 agreement was formally signed by both partners on 30 March 2015.

The Better Care Coventry Programme supports the delivery of integrated models of care, improving outcomes for people across the health and social care economy.

Four core projects form the structure of the Better Care Coventry Programme as follows:

- Urgent care - delivering a reduction in emergency admissions to hospital
- Home First (short-term support to maximise independence) - providing a single point of access to short-term support at home
- Long-term care - integrated working that ensures people receive personalised support that enables them to be as independent as possible for as long as possible within their local community
- Dementia - enabling people and their carers to live as independently as possible, and to 'live well'

In addition to these specific workstreams, other shared priorities were included such as information sharing, support for the implementation of the Care Act 2014 and protecting adult social care services.

4 Better Care Programme Governance

Strong leadership and governance are integral to the implementation of the Better Care Coventry Programme and the following arrangements have been put in place.

A Better Care Programme Board, which has membership from senior leaders from Coventry City Council, Coventry and Rugby Clinical Commissioning Group, University Hospital and Coventry and Warwickshire NHS Trust and Coventry and Warwickshire Partnership NHS Trust, provides the operational oversight for delivery of the programme.

The Joint Adult Commissioning Board (Coventry and Rugby Clinical Commissioning Group and the City Council) are responsible for commissioning decisions relating to ensuring Better Care Coventry is delivered and the pooled budget is managed in line with the partnership agreement.

The Health and Well-Being Board holds the Joint Adult Commissioning Board to account for the delivery of Better Care Coventry and provides strategic direction.

As from 1 April 2015, with the introduction of the pooled budget, there is further reporting to Health and Social Care Scrutiny Board 5.

Although the pooled budget is created from allocations from Coventry and Rugby Clinical Commissioning Group and the Council, the arrangements do not constitute a delegation of statutory responsibilities and these are retained by Coventry and Rugby Clinical Commissioning Group and the Council. Any future financial implications will be reported through each organisation's existing financial reporting arrangements.

5 Progress made on implementation

Prior to 1 April 2015, the programme had been piloting a number of changes across health and social care, enabling teams to build a good knowledge of approaches that can be scaled up. The following paragraphs outline the work of the projects to date and highlights progress made.

Urgent Care

A new Falls Pathway was implemented on 1 December 2014, and during the 17 week period 118 patients have followed the pathway with only 10 people being conveyed to hospital.

Referrals are made to the Falls Pathway via NHS 111 or direct from Ambulance crew where it is considered A&E attendance may not be necessary. In these situations, a nurse practitioner has responded within 15 minutes, undertaken an assessment and arranged for some conditions to be treated (e.g. urinary tract infection). Where necessary, the nurse also arranges for care and support services/equipment to be provided and engages other professions to assist in supporting the person at home i.e. GP, district nurse, therapy and mental health services. This approach has led to the avoidance of 108 attendances to A&E and enabled people to remain in their own homes.

The Mental Health Street Triage service commenced in December 2014 and the team has responded to 225 situations. This has resulted in the prevention of 73 ambulance requests and on-going conveyance to A&E. The service has prevented 48 Section 136's (where a Police Officer removes a person considered to have a mental disorder from a public place) and diverted 8 arrests.

Coventry has also been successful in securing an additional £4m from the Prime Ministers Challenge Fund, to be used over the next two years. Three services will be developed and implemented using the funding and include:

- Extension of opening hours at the current GP hub at Coventry City Health Centre creating an extra 25,000 appointments a year so improving primary care access
- A Primary Care Frailty team will be established helping elderly patients at home once discharged from hospital and preventing unnecessary admission to hospital. It is estimated over 115,000 consultations will be provided over the two year programme. This initiative links with the Integrated Neighbourhood Teams (see below)
- A GP will be based within the Emergency Department at University Hospital Coventry and Warwickshire NHS Trust to treat and advise on minor illnesses, reducing the demand on emergency department resources

Home First

The Home First project has led to a number of changes within the hospital, including access to all community based services for both hospital and social care staff to use when planning patient discharge. This has helped to start a change in culture, towards working more collaboratively and in an integrated way.

There has been an increase in capacity across a number of short term services including the Housing with Care Short Term Tenancies that have increased to 30 flats. These flats provide people with a home like environment. Within the flats, telecare equipment has been installed to enable people to use, and become familiar with it, ensuring that they are able to use the equipment when they return home. The numbers of people who are being discharged home with only a medication dispenser, supported by a pharmacy to fill and deliver the dispenser is increasing. This is due to the period of support they have received in Housing with Care that has enabled them to build their skills and knowledge to be able to return home independently with limited on-going support.

Long Term Care

The practitioner team are now in place and joint reviews of people placed out of city in care home placements have commenced. The intention is to support as many people as possible to return back to the city. This means working closely with providers to ensure the most appropriate accommodation is available.

Grapevine has been commissioned to provide support to 10 people who currently receive support out of city. They will work with the person and their family to ensure a transitional plan is put in place that enables them to move back to Coventry and rebuild local support networks.

Dementia

Positive work continues with the delivery of the 'dementia discharge to assess' pilot. This is being delivered in partnership with Crossroads, and commenced in September. The service works with individuals and their carers and to date 21 people have accessed the support.

The aim of the service is to enable the individual to undertake activities for themselves rather than carrying out care and support for them. The approach allows the amount of support an individual needs to be reduced over time as they regain the skills and ability to live independently. The amount of time someone spends with the service will vary according got their need and ability to meet their goals. The current average length of stay with the service is 33 days.

Integrated Neighbourhood Teams

Two GP Practices in Coventry have been piloting Integrated Neighbourhood Teams (INT) since July 2014. At the heart of this model was the establishment of multi-disciplinary teams, and they have worked with around 30 people.

The teams consist of a GP, Community Matron, Community Nurse, Social Worker, Community Development Worker, Occupational Therapist, Mental Health Worker, along with some support from the voluntary sector (Age UK). While detailed evidence is currently being collated, initial feedback shows specific and measurable benefits from working in this way as follows:

- People are benefiting from having to tell their story only once, as staff from different agencies share information between them

- People are benefitting from having joined-up resources working on their behalf. For example, one woman who relied heavily on the district nursing team was introduced to some social activities through the Community Development Team, and is now relying less on the nursing team

- GPs have reported that they spend less time dealing with people with complex needs, as work is undertaken by the INT, and have also made less home visits to this group of people

Work is now being undertaken to scope the scale-up of this model, and how the concept of INTs can be implemented across the city. A business case is in preparation, and presentations have been made to GPs to seek their support. It is possible that implementation of INTs across Coventry could commence in summer 2015.

Information Sharing

The project has made progress in scoping out the requirements for an integrated care record system. The aim of the integrated system is to enable a single shared view of relevant patient information that allows health and social care to fully understand an individual's history.

Health and social care staff have been visiting sites across the country to understand what options are available for integrated care records. This has resulted in four providers being invited to give demonstrations of their systems. These demonstrations will be evaluated to identify a preferred supplier. By the end of April a preferred supplier will have been identified. There will then need to be a decision made about funding for the integrated care record system. At this time no funding has been committed to procure and implement the system.

University Hospital Coventry and Warwickshire and Coventry and Warwickshire Partnership Trust are currently procuring their own in-house client record systems. It is envisaged the design and development of these solutions will link into and enhance any future integrated care record requirements across the health and social care economy.

Communication

The Better Care Programme Launch Event was held on 23 February at University Hospital Coventry and Warwickshire. The event was for representatives of the health and social care economy in Coventry. Over 70 people attended, providing feedback that will be used to inform any future Better Care Coventry events.

There has been 30 days of public engagement sessions for schemes within the Better Care Coventry Programme. This included targeted social media advertising, and handing out leaflets in high footfall areas. The learning from these activities will be used to inform future communication approaches.

4 Key risks

Three key risks have been identified, with the main risk being capacity in the system to deliver rapid change. The other two key risks are not achieving the reduction in Emergency Admissions and activity volumes not changing as planned. The Better Care Programme Board will put mitigating actions in place.

5 Next steps

There has been significant progress made to date and this has created a solid platform from which to move forward. Future updates on the progress of implementation will be provided to the Health and Wellbeing Board. It is suggested that the next report updates on the work on INTs (integrated neighbourhood teams) and social prescribing.

Report Author(s):

Name and Job Title:
Mark Godfrey, Assistant Director, People Directorate, Coventry City Council,
Juliet Hancox, Chief Operating Officer, Coventry and Rugby Clinical Commissioning Group
Marc Greenwood, Better Care Coventry Programme Delivery Manager

Directorate: People Directorate

Telephone and E-mail Contact: Tel: (024) 7683 3404, E-mail: mark.godfrey@coventry.gov.uk

This page is intentionally left blank