Coventry City Council

Agenda

Coventry Health and Well-being Board

Time and Date
2.00 pm on Monday, 6th July, 2015

Place
Diamond Room 2 - Council House

Public Business

1. **Welcome and Apologies for Absence**

2. **Declarations of Interest**

3. **Minutes of Previous Meeting** (Pages 3 - 10)

   (a) To agree the minutes of the meeting held on 20th April, 2015

   (b) Matters Arising

4. **Health and Well-being Strategy Progress Report** (Pages 11 - 64)

   Report of Dr Jane Moore, Director of Public Health

5. **Health and Care in Coventry** (Pages 65 - 78)

   Report of Healthwatch, Coventry. Ruth Light will report at the meeting

6. **Next Steps for the Health and Well-being Board** (Pages 79 - 82)

   Report of Dr Jane Moore, Director of Public Health

7. **NHS Quality Premium Incentive Scheme 2015/16 Measures** (Pages 83 - 86)

   Report of Chris Wood, Coventry and Rugby Clinical Commissioning Group

8. **Better Care Fund Update** (Pages 87 - 92)

   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, Resources, Council House Coventry

Friday, 26 June 2015

Note: The person to contact about the agenda and documents for this meeting is Liz Knight Tel: 024 7683 3073 Email: liz.knight@coventry.gov.uk

Membership: S Allen, S Banbury, C Bell, S Brake (By Invitation), Councillor K Caan (Deputy Chair), A Canale-Parola, G Daly, Councillor A Gingell (Chair), A Hardy, S Kumar, R Light, Councillor A Lucas, J Mason, J Moore, M Reeves (By Invitation), Councillor E Ruane, J Spencer, Councillor K Taylor, B Walsh, J Waterman and D Williams

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.

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Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 2.00 pm on Monday, 20 April 2015

Present:

Board Members: Councillor Caan
Councillor Gingell (Chair)
Councillor Taylor
Dr Jane Moore, Director of Public Health
Brian Walsh, Executive Director, People
Dr Steve Allen, Coventry and Rugby CCG
Stephen Banbury, Voluntary Action Coventry
Claire Bell, West Midlands Police
Dr Adrian Canale-Parola, Coventry and Rugby CCG
Professor Guy Daly, Coventry University
Jane Hodge, Warwick University
Ruth Light, Coventry Healthwatch
John Mason, Coventry Healthwatch
Rachel Newson, Coventry and Warwickshire Partnership Trust
Rebecca Southall, University Hospitals Coventry and Warwickshire
Jon Waterman, West Midlands Fire Service

Other representative: Juliet Hancox, Coventry and Rugby CCG

Employees (by Directorate):

Chief Executive's: J Forde, R McHugh, R Tennant

People: M Godfrey

Resources: L Knight

Apologies: Councillor Lucas
Andy Hardy, University Hospitals Coventry and Warwickshire
Professor Kumar, Warwick University
Sue Price, NHS Area Team

Public Business

39. **Welcome**

The Chair, Councillor Gingell welcomed members to the final meeting of the Board in the current municipal year.

40. **Declarations of Interest**

There were no declarations of interest.

41. **Minutes**

The minutes of the meeting held on 23rd February, 2015 were signed as a true record. There were no matters arising.

42. **Mental Health / Mental Well-being Needs and Assets Review - Progress Update**

The Board considered a report and received a presentation of John Forde, Consultant in Public Health which provided a summary and overview of the work undertaken to date and the findings underpinning the Mental Health and Well-being Assets and Needs Assessment. Information was provided on the background to the review; the policy context for the review; an overview of data; stakeholder engagement; and the next steps.

The last in depth Mental Health Needs Assessment in Coventry was published in 2008 and Mental Health was now being recognised as a priority in a number of areas. There was a recognised need to get a better understanding of current population needs, available assets and an overview of the current Mental Health services commissioned by the Local Authority and the Coventry and Rugby CCG. Following the receipt of information, a set of recommendations would be agreed which would inform the future commissioning of mental health services.

The review had been undertaken in the context of national policies and strategies, with the process being overseen by a Steering Group chaired by Councillor Hetherton, the City Council's Mental Health champion. Membership details were set out in an appendix attached to the report. There had been a detailed analysis of relevant data alongside a comprehensive approach to stakeholder engagement. Data had been collated from a number of publicly available sources as well from local data reflecting service use. Attention was drawn to the monitoring of a General Practice over a two month period which included the full range of mental health related consultations.

Key findings included:
a) Factors associated with an increased risk of poor mental health and well-being were higher in Coventry than the national average.
b) Recent estimates suggested that approximately 67,028 people in Coventry aged 16-74 had a common mental health disorder e.g. anxiety, depression, phobias etc.
c) Rates of severe mental illness were broadly similar to or lower than the national average with the exception of emergency admissions for self-harming
d) The suicide rate in Coventry was 10 deaths per 100,000 population, slightly higher than the national average.
e) Mental Health Services commissioned by Coventry and Rugby CCG and the City Council from the NHS and voluntary sector providers cost £44.7m in 2014/15.
f) The numbers of both outpatients and patients admitted to hospital because of their mental illness had decreased over the past 3 years.
g) There was 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.
h) Mental Health Services needed to change to be well-being and recovery focussed promoting control and achieving outcomes.

The Board were informed that a draft report detailing the review findings and provisional recommendations would be made available to commissioners at the

Adult Joint Commissioning Board providing them with the opportunity to comment on priorities for action.

Members of the Board raised a number of issues including:

- A request for additional information on the data provided including gender, a breakdown of ages, and ethnicity
- The links between self-harm and suicide
- An offer of assistance and support from the Police who were not represented on the Adult Joint Commissioning Board
- The importance of involving all partners when determining future Mental Health Services and models of care
- How the outcomes of the review would link to CAMHS (Child and Adolescent Mental Health Services)
- The importance of information sharing to achieve better outcomes for patients
- How to ensure a smooth transition into Adult Mental Health services
- How to support GPs to enable them to support their patients with mental health issues
- The importance of received the views of Healthwatch to ensure that patient voices were heard.

RESOLVED that:

(1) The responsibility for moving the work forward be delegated to the Adult Joint Commissioning Board and that the Board ensure that all partners are involved in determining the way forward.

(2) The Adult Joint Commissioning Board be requested to develop a joint response to be presented to the Health and Wellbeing Board in June 2015, or as soon as possible after this date, outlining a proposed way forward for Mental Health in the city.

43. **Coventry Smokefree Strategy**

The Board considered a report of Dr Jane Moore, Director of Public Health which detailed the progress with implementing the current Smokefree strategy for Coventry and set out the key issues covered by the 2015-2020 strategy. A copy of this draft strategy was set out at an appendix to the report.

Results from the household data survey indicated that 22% of adults in the city smoked. Smoking was still the biggest cause of preventable death in the country and was directly responsible for approximately 400 deaths in Coventry each year.

Coventry's Smokefree Alliance was set up in 2010 to provide a partnership forum to initiate, co-ordinate and develop a coherent approach for Coventry. The many achievements including 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 at school gates, playgrounds, early years settings and University Hospital

Coventry and Warwickshire; and a reduction in the numbers of pregnant mothers who smoked.

The main aim of the new strategy was to reduce smoking prevalence to 14% by 2020 and less that 5% by 2035, which was in line with national goals. The key next steps included:
i) Reducing the high levels of people with mental health issues who smoked, building on CWPT's proposal to go Smoke-free
ii) Targeting services and health messages at hard to reach groups including families and communities where smoking is the norm
iii) Supporting key influential people such as health visitors and midwives to signpost or give a brief intervention
iv) Using contractual and other levers to embed stopping smoking support in key care pathways
v) Encouraging all organisations locally to sign up to the local NHS declaration on Tobacco Control
vi) Continue to gain a understanding of the consequences of e-cigarettes.

Discussion centred on how the hospital dealt with people who continued to smoke on their premises.

The Chair, Councillor Gingell placed on record her appreciation of the work of all partners who were working to reduce smoking prevalence and, in particular to Councillor Joe Clifford, Chair of Coventry's Smokefree Alliance.

RESOLVED that:

(1) The progress in implementing the 2010-2013 Smokefree Strategy be noted.

(2) Coventry's Smokefree Strategy for 2015-2020 be endorsed.

44. **Marmot Update**

The Chair, Councillor Gingell, referred to the successful Marmot City Conference 'Making a Difference in Tough Times' held on 26th March, 2015 which marked two years since Coventry was selected as a Marmot City. She informed that Professor Sir Michael Marmot was very impressed by all the work undertaken by the city to reduce health inequalities and improve health outcomes for all. He was now holding up Coventry as an example of best practice for adopting the Marmot principles when speaking at international events.

Dr Jane Moore, Director of Public Health informed that Coventry had been chosen to continue to work with partners on the Marmot programme for a further three years. She highlighted the intention to promote Coventry as an exemplary city for the steps being taken to embed Marmot principles within the services being delivered. Coventry was the only area who had managed to include inequalities in their procurement processes.

Discussion centred on the need to identify vulnerability at an early stage particularly in relation to housing and fuel poverty.

RESOLVED that the Board be kept informed of progress with the Marmot initiatives.

45. **Female Genital Mutilation Pledge**

The Chair, Councillor Gingell reported on the current work undertaken in the city to raise awareness of Female Genital Mutilation (FGM). She referred to the 'pledge' recently signed by all the partner organisations to commit to working towards ending FGM and to the strong partnership work that was being carried out. Coventry was still the only local authority to agree a motion condemning FGM.

Dr Jane Moore, Director of Public Health, referred to the work with community organisations and school pupils to ensure that the correct messages were being delivered. Their views were being sought as to how to move the agenda forward.

46. **Better Care Coventry Progress Report**

The Board considered a joint report providing an update on progress towards delivering the Better Care Coventry Programme. The Board also viewed a video of a patient discussing her assessments and treatment following a fall as she followed the new Falls Pathway which enabled her to remain in her home avoiding being taken to A and E.

The report indicated that Coventry's revised Better Care Plan was fully approved by NHS England on 22nd December, 2014 and the city's Better Care fund totalled £52m for 2015/16. The City Council was the host for this pooled budget. The Coventry Programme supported the delivery of integrated models of care, so improving outcomes for people across the health and social care economy. The four core projects which formed the structure of the programme were detailed.

Information was provided on the governance arrangements. The Better Care Programme Board provided the operational oversight for the delivery of the programme while the Joint Adult Commissioning Board were responsible for commissioning decisions ensuring the pooled budget was managed in line with the partnership agreement. The Board were reminded of their role to hold the Joint Adult Commissioning Board to account for the delivery of Better Care Coventry and provide strategic direction.

Further information was provided on progress with the New Falls Pathway and the Mental Health Street Triage Service, both of which commenced in December, 2014 and had resulted in a significant reduction in attendances at A and E. Reference was also made to the success of the recent bid to the Prime Minister's Challenge Fund which had secured an additional £4m to be used over the next two years to support the following three services: (i) the extension of opening hours at the GP hub at the city Health Centre; (ii) a Primary Care Frailty Team helping elderly patients at home when discharged from hospital; and (iii) a GP based within the Emergency Department at UHCW treating minor illnesses.

The Home First Project had 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. There had been an increase in capacity across a number of short term services including Housing with Care Short

Term Tenancies. The practitioner team was now in place and joint reviews of people placed out of the city in care homes had commenced.

Positive work continued with the delivery of the 'dementia discharge to assess' pilot. Two GP practices had been piloting Integrated Neighbourhood Teams since July 2014 which involved the establishment of multi-disciplinary teams who had worked with around 30 patients. Initial feedback showed significant benefits from working this way and work was being undertaken on how to implement the INTs across the city. Information was also provided on the work currently underway to introduce an integrated care record system.

Members of the Board raised a number of issues including:

- The support which could be provided by the Fire Service who carried out safety checks on patients' home
- Further details about the numbers of referrals to the Falls Pathway from NHS 111 and the Ambulance Service
- Reference to the very successful partnership work
- An acknowledgement of the considerable work that remained to be undertaken to improve the hospital flow to enable the city to hit the national targets relating to A and E
- Further details about information sharing of patient details and the long term intention to have an integrated system for patient records for the partner organisations.

RESOLVED that:

(1) The progress made to date on the Better Care Coventry Programme be noted.

(2) Further progress updates be submitted to future meetings over the coming months to ensure the momentum of the programme is maintained as it moves forward, and to provide strategic direction.

(3) A Development Session be held later in the year for Board members to look in detail at the progress made with Better Care Coventry Programme.

47. **Any other item of public business - Healthwatch Report**

Ruth Light, Coventry Healthwatch reported on the production of an Annual Issues report by Healthwatch which highlighted a number of issues and actions. The report included a number of proposals as to what should happen now and it was hoped that these would be taken into consideration by commissioners. It was the intention to produce this report on a more frequent basis, in addition to the organisation's Annual Report.

RESOLVED that the above report be included as an agenda item for the next meeting of the Board.

48. **Any other item of public business - Ruth Tennant**

The Chair, Councillor Gingell, reported that Ruth Tennant, Deputy Director of Public Health was attending her last meeting of the Board prior to leaving the City Council to take up a new post as Director of Public Health for Leicester City Council. She thanked Ruth for all her hard work whilst supporting the Board and wished her well in her new appointment.

(Meeting closed at 3.55 pm)

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Insight

Joint Health and Wellbeing Strategy for Coventry 2012 – Review

JSNA Coventry 2015

Introduction

The Joint Health and Wellbeing Strategy for Coventry 2012 – 2016 has been the driving force in improving the health and wellbeing of the people of Coventry over the past 4 years.

It challenged services to make improvements to the City's health in 12 carefully chosen topic areas grouped into 4 major themes. Each topic area contained priorities and targets and in the time since then the Health and Wellbeing Board has overseen a wide range of activities from agencies in public, private and voluntary sectors which seek to deliver against this challenge.

This report distils this work and evaluates what has taken place against the targets set in 2012. In some cases the Board has changed tack over this period and placed different emphases in the light of the changing world, including further embedding of Public Health onto local government and a greater drive towards health and social care integration. In many areas clear progress has been made, and in others progress has been more difficult.

For each topic area a summary of the activities which have been taking place is presented and where available, data and statistics are presented which seek to illustrate how well the activities are achieving the targets set.

This evaluation forms the starting point of the process to create the next Joint Health and Wellbeing Strategy for Coventry. This will be one element contributing to the process of Joint Strategic Needs Assessment (JSNA) which will take place during the Summer and Autumn of 2015. The JSNA will add detailed analysis from deep-dives in service areas as well as statistics and data on the overall needs of our changing population. It is from this evaluation and the JSNA process that the next Health and Wellbeing Strategy will be drawn.

Theme 1: Healthy People

Early years (pre-natal to 2 years)

PRIORITIES IDENTIFIED IN 2012

- Reduce the number of families living in poverty by supporting them into work and for them to access safe and affordable housing
- Join up all of the services that work with young children and their families through the Healthy Child Programme
- Helping communities to develop and flourish

TARGETS

- Reduce the percentage of children living in Poverty
- Increase the level of Child Development at age 2
- Increase the % of children ready for school - early years foundation stage profile
- Have fewer children taken into care

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

FAMILY NURSE PARTNERSHIP

The Family Nurse Partnership is an evidence-based licensed programme. The team in Coventry provides a high level of support and advice to young, first time parents, throughout pregnancy up until their child reaches two years of age.

A team of specially trained nurses deliver individual care, guidance and support to first time parents in their home, as soon as their pregnancy is confirmed. The service is not designed to replace other services provided by health professionals, such as Midwives and GPs, but to complement existing services through a high level of support that enables the mother, father and child to achieve the best health and wellbeing outcomes for themselves.

ACTING EARLY

The Acting Early Programme seeks to bring together the range of agencies who work with children aged 0-5 – Maternity services, Health Visiting, General Practice, Sure Start Children's Centres, local authority Children's teams and the voluntary sector to work as a single team in neighbourhoods across the city. The project works in 6 neighbourhoods in the City

- Tile Hill
- Hillfields
- Foleshill
- Wood End and Henley Green

- Longford
- Willenhall

INFORMATION SHARING

Paucity in information sharing has previously been recognised as a barrier to providing joined-up care and the introduction of obtaining explicit consent for sharing data from parents at their appointment booking ensures families are provided with a timely and seamless service from professionals who truly understand their needs.

We now have in place for the first time an information sharing agreement signed off by the three partner agencies (Coventry City Council, University Hospital Coventry and Warwickshire and Coventry and Warwickshire Partnership NHS Trust). The information sharing agreement will help enable integrated teams to identify those families who are vulnerable and intervene earlier.

EARLY ACTION NEIGHBOURHOOD FUND

Coventry has been successful in being awarded £1.5M by the Early Action Neighbourhood Fund to support parents and families in Bell Green and Willenhall. The Willenhall Pathfinder project focuses on making Children's services work very differently – placing child caseworkers at the forefront of multi-agency working.

DATA AND STATISTICS

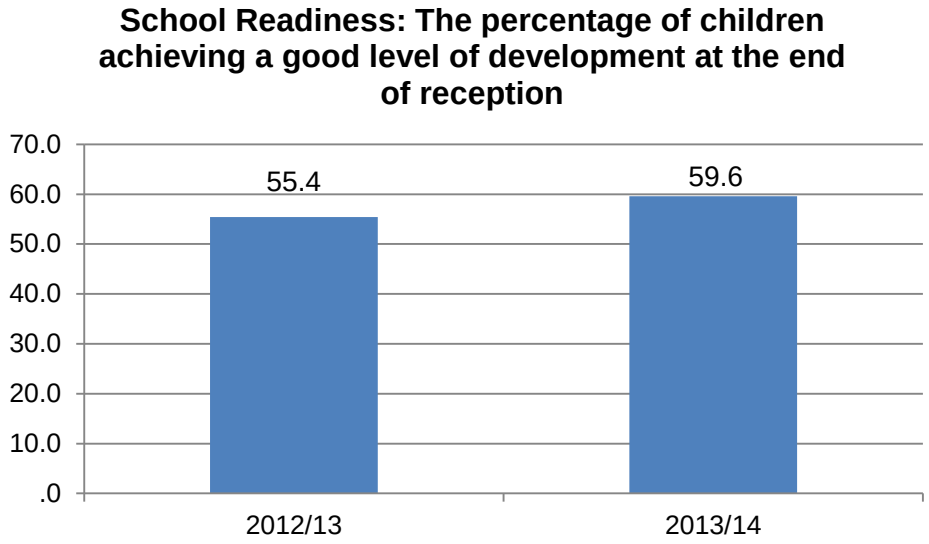
REDUCE THE PERCENTAGE OF CHILDREN LIVING IN POVERTY

The latest available data on Child Poverty shows a reduction to 23.1% in 2012 down from 26% in 2011.

INCREASE THE LEVEL OF CHILD DEVELOPMENT AT AGE 2

The national collection of data under this heading has not been delivered.

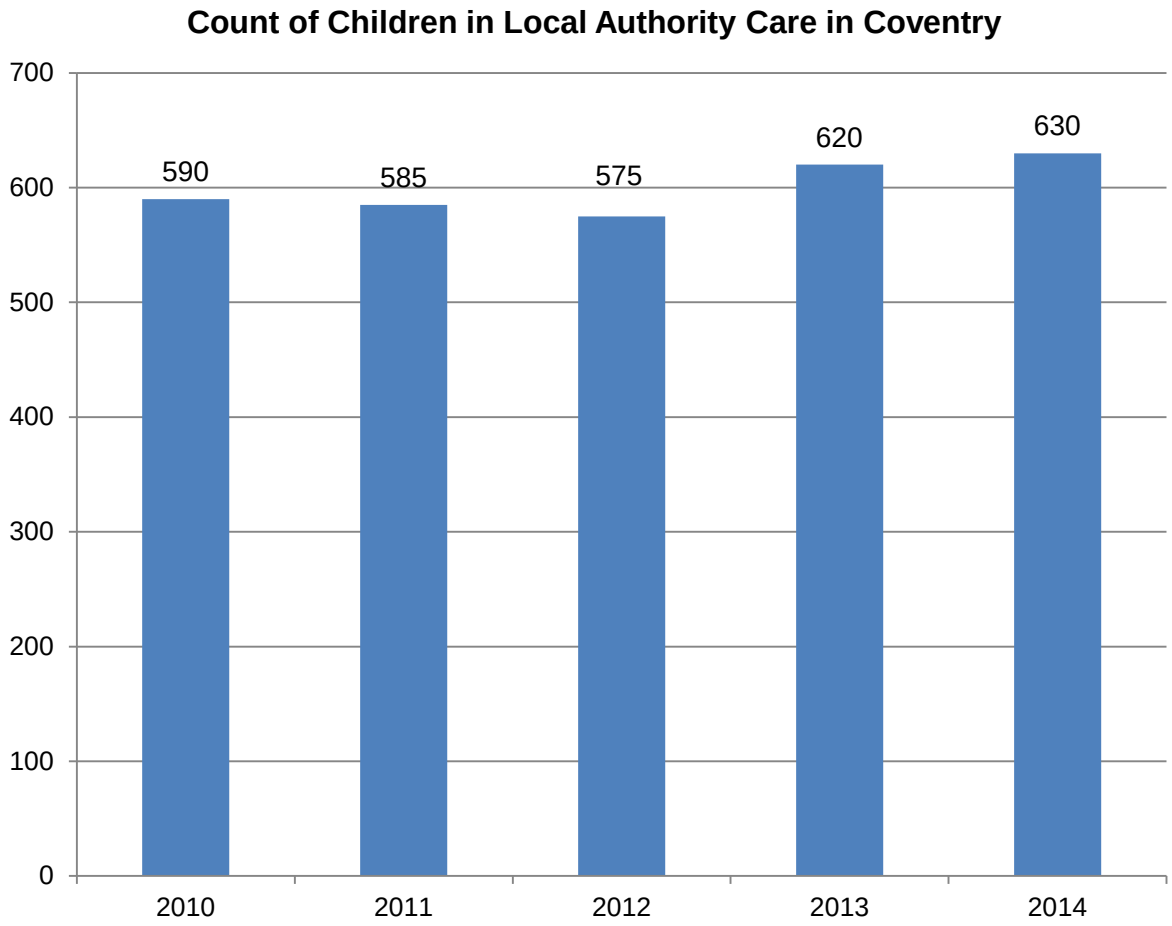
INCREASE THE % OF CHILDREN READY FOR SCHOOL - EARLY YEARS FOUNDATION STAGE PROFILE

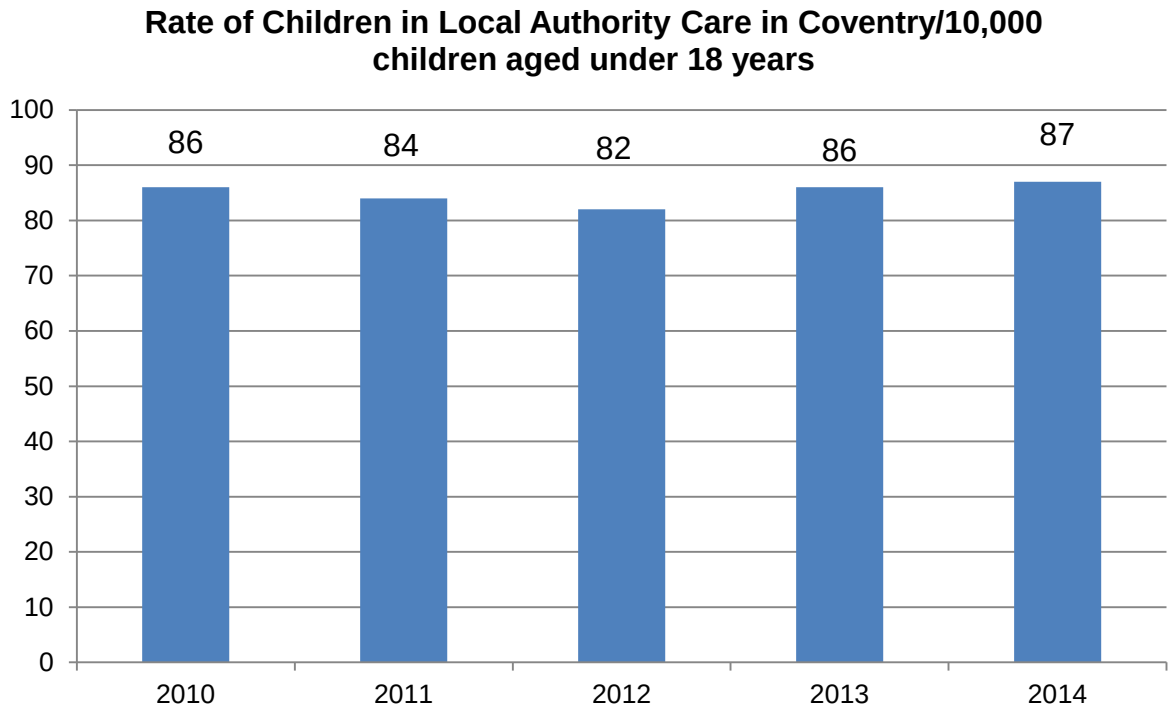


Detailed analysis of this data has been made possible since the 2013 release of the Early years foundation stage profile by the Office for National Statistics. On all of the reported areas of learning the proportion of Coventry children achieving the expected level at foundation stage has either remained constant (Physical Development and Understanding the World) or increased.

Children achieving at least the expected level in the areas of learning								
	Communication and language		Physical development		Personal, social and emotional development			
	Count	%	Count	%	Count	%		
2014	3,239	75%	3,643	85%	3,457	81%		
2013	3,212	73%	3,704	85%	3,497	80%		
	Literacy		Mathematics		Understanding the World		Expressive arts, designing and making	
	Count	%	Count	%	Count	%	Count	%
2014	2,791	65%	3,025	70%	3,310	77%	3,474	81%
2013	2,722	62%	2,955	68%	3,348	77%	3,483	80%

HAVE FEWER CHILDREN TAKEN INTO CARE





Both the numbers of children taken into care and the rate per 10,000 children have increased since 2012. This follows a national pattern of a general increase in the proportion of children in care across the country. Coventry has witnessed a considerable increase in the numbers of children on Child Protection Plans since 2012 and it is suspected that this can be in part attributed to the Daniel Pelka case and associated risk aversion in all agencies. However the rise in child protection cases has not driven a similar rise in the numbers of children entering care.

Older People

PRIORITIES IDENTIFIED IN 2012

- Support older people to live independently for as long as possible
- Ensure we are better at joining up services across health, social care and the voluntary and community sector
- Improve the perception of community safety amongst older residents

TARGETS

- Increase the proportion of older people successfully supported to remain at home following hospital stay
- Improve health related quality of life for older people
- Reducing Excess Winter Deaths

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

OLDER PEOPLE'S NEEDS ASSESSMENT

A detailed Health Needs Assessment for Older People in Coventry was conducted in 2013. This process identified

- Coventry has a growing population of older people
- The numbers of over 85's in the population will grow even more quickly
- Coventry has a lower life expectancy than England in general.
- Life expectancy for females aged 65 and over in Coventry is the same as it is for England and slightly higher than those in the West Midlands
- For males, life expectancy is 6 months shorter than it is for England, but similar to that of the West Midlands.
- Disability Free Life Expectancy (DFLE) in Coventry is slightly worse than that for the West Midlands and England
- Older people in Coventry are more deprived than older people in England and West Midlands as a whole and both mortality and morbidity, Life Expectancy and Disability Free Life Expectancy are worse for more deprived older people across the City.
- With increasing numbers of older people population living alone, social exclusion will have significant impact on mental and social wellbeing of the older people in Coventry
- Need for carers and carers support will increase with increasing older people population.

An asset based community development model should be considered to empower older people and support each other. This will lead to providing multiple solutions including improving social cohesion, independence and carers support amongst older people. This can help reduce demand on health and social care

COVENTRY – AN AGE-FRIENDLY CITY

In 2014 Coventry City Council and partners through the Health and Well Being Board supported a proposal for Coventry to become and Age Friendly City. An Age Friendly City is a World Health Organisation international Programme that focuses on active ageing: ageing well and staying well.

To oversee this programme of work a sub group of the Health and Wellbeing Board has been established and its membership is made up of the major partners in the city.

The first year of the pprogramme will focus closely on specific issues which impact on older people in Coventry

- transport,
- social participation,
- communication and information.

These three areas have been prioritised following feedback from the initial stakeholder engagement event on the 15th December 2014.

BETTER CARE COVENTRY

Coventry's Better Care Vision is "*Through integrated and improved working, people will receive personalised support that enables them to be as independent as possible for as long as possible*". Four core projects are now operating.

- 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 work streams, other shared priorities were included such as information sharing, support for the implementation of the Care Act 2014 and protecting adult social care services.

HOME FIRST: SUPPORTED DISCHARGE PROJECT

The Home First: Supported Discharge Project, based at University Hospitals Coventry and Warwickshire Trust seeks to improve the process of patient discharge through working in a more collaborative and integrated way between hospital and social care staff.

The project, initially a pilot and now rolled out to 21 Wards, has focused on

- Developing a single, integrated Supported Discharge Team to plan for discharge from the day of admission and to attend all Board Rounds
- Removing the issue of transfers of responsibility between agencies involved in care after discharge
- Providing proactive advice to ward staff to maximise the opportunity for patients to be discharged Home First
- Implementing the use of telecare to support Home First discharge
- Delivering integrated discharge assessment on a trusted assessor model

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.

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 benefits from working in this way have been

- 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.

- 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.

COVENTRY'S LIVING WELL WITH DEMENTIA STRATEGY 2014-17

This strategy has been developed following a detailed Dementia Needs Assessment in 2012 identifying current and future prevalence of dementia, current service provision for people with dementia, and possible gaps.

The strategy seeks to enable people with dementia and their carers to be as independent as possible, for as long as possible, and for people with dementia to 'live well' with the condition. The aim is to fully engage people with dementia and their carers in the design and evaluation of services and support. The needs and wishes of people with dementia and their carers will be at the heart of action planning and delivery of this Strategy.

Actions taking place under the strategy include:

- Discharge to Asses – a pilot designed to support people with dementia / suspected dementia to return home from being in hospital, enabling them to be as independent as possible and avoiding admission to a care home
- Increased capacity in the memory assessment clinic which has reduced waiting times
- Dementia friendly communities and dementia friends – delivered through the independent Coventry and Warwickshire Dementia Action Alliance
- New technology - innovative pieces of technology have been trialled with people with dementia, in order to support them to maintain their independence, including GPS trackers to support safer walking, apps to aid memory, an app to identify dementia as early as possible, and Canary Care, a system that tracks movement and activity around a person's home.
- Dementia CQUIN- in reach. Coventry and Warwickshire Partnership trust have been commissioned by Coventry and Rugby CCG to provide an in-reach service to a number of care homes across Coventry and Warwickshire. They offer support to individuals displaying behaviour that challenges, and also, providing learning and development opportunities for staff members.
- Dementia-friendly Hospital - University Hospital Coventry and Warwickshire has signed up to work to become a 'dementia friendly' hospital. At the fifth National Dementia Care Awards, held in November 2014, the Trust's Frail and Older People's Team came out on top in the 'Best Dementia-Friendly Hospital' category

There are thought to be around 3,600 people living with dementia in Coventry, and by 2016, this is set to rise to approximately 3,900.

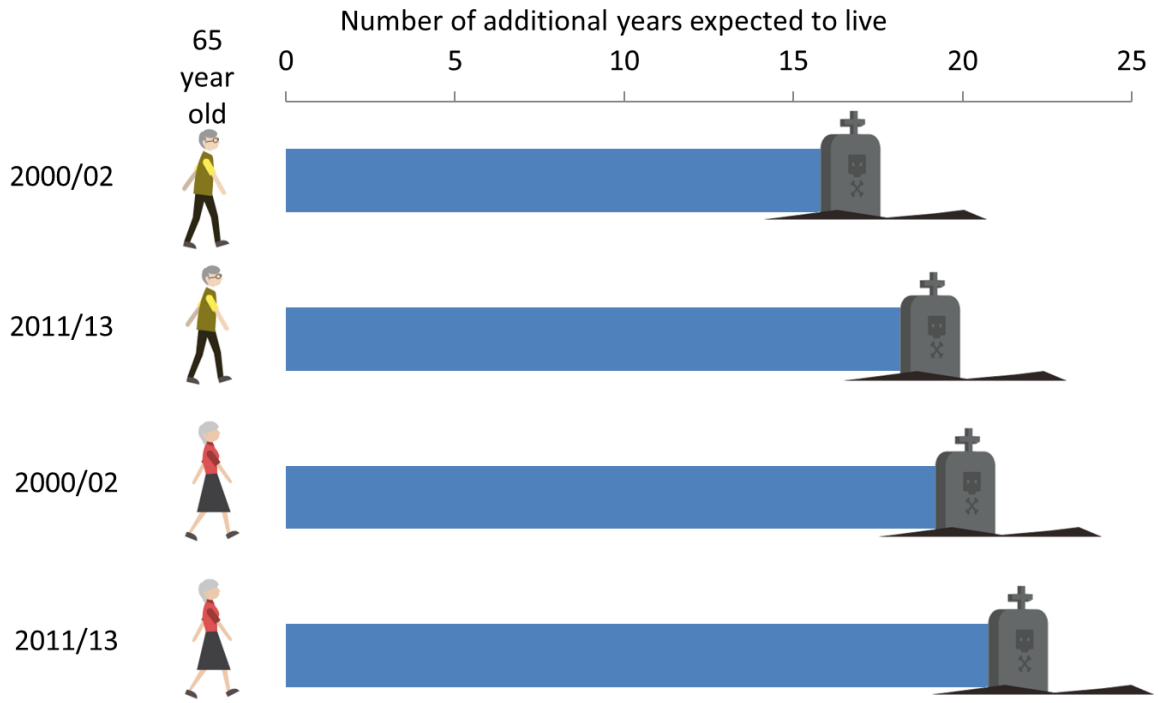
DATA AND STATISTICS

LIFE EXPECTANCY CONTINUES TO INCREASE

During the twentieth century, life expectancy rose dramatically amongst the world's wealthiest populations from around 50 to over 75 years. This increase can be attributed to a number of factors including improvements in public health, nutrition and medicine. Vaccinations and antibiotics greatly reduced deaths in childhood, health and safety in manual workplaces improved and fewer people smoked.

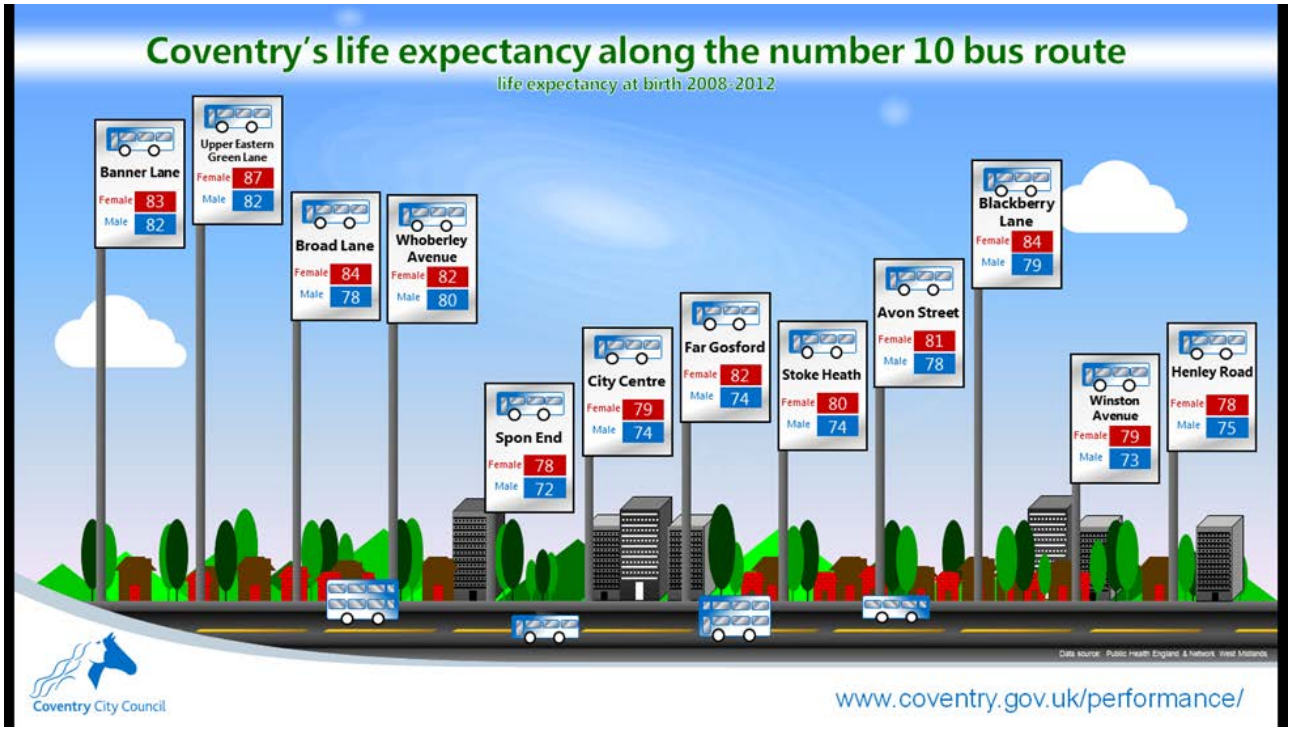
In Coventry since 2000, this effect has continued to raise life expectancy at age 65 for both men and women.

- In 2000/02 a 65 year old Male could expect to live another 15.8 years = 80.8 years
- In 2011/13 a 65 year old Male could expect to live another 18.2 years = 83.2 years
- In 2000/02 a 65 year old Female could expect to live another 19.3 years = 84.3 years
- In 2011/13 a 65 year old Female could expect to live another 20.8 years = 85.8 years



HEALTH INEQUALITIES IMPACT ON LIFE EXPECTANCY ACROSS THE CITY

While there have been improvements in the overall life expectancy for men and women in Coventry as whole, considerable differences appear when we look at where people live. In parts of the City where deprivation is lowest, we see longer life expectancy than in places where deprivation is high. This has been illustrated (overleaf) using a cross-City bus route as an illustration showing the variation in life expectancy as it travels through areas with higher and lower deprivation



The variation is even more apparent if we consider areas with the highest and lowest life expectancy across the City.

- Lowest Male Life Expectancy at birth by MSOA (Willenhall) 70.9 years
- Lowest Female Expectancy at birth by MSOA (Radford and Canal Basin) 77.7years
- Highest Male Life Expectancy at birth by MSOA (Finham, South Cheylesmore) 84.8 years
- Highest Female Life Expectancy at birth by MSOA (Hipswell Highway and Ansty Road) 86.7 years

ADDING LIFE TO ADDED YEARS

As well as the variation in life expectancy across the City, we are able to gain further insights into the headline figures by considering Disability-free Life Expectancy. This indicator shows us how many of the years we are adding to life are lived without significant disability. These are of course different for men and women. The latest figures for this data from before the launch of the Health and Wellbeing Strategy and whilst life expectancy had been increasing for males across this period, Disability-free life expectancy had been decreasing, increasing the number of years and proportion of life lived with disability. A similar but less extreme effect for women in Coventry was evident. It will be important moving forward to monitor whether this widening gap continues to widen.

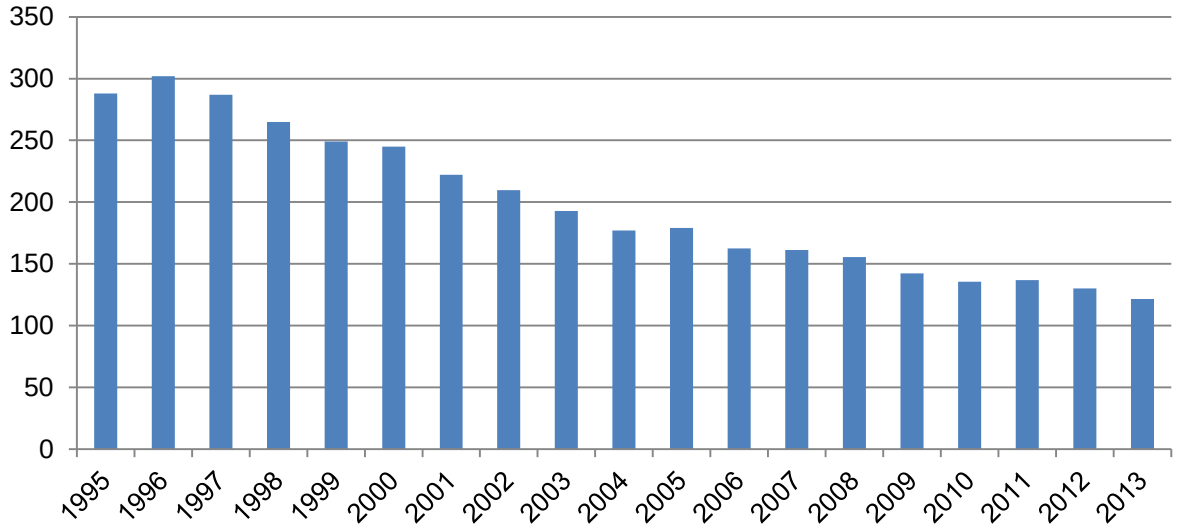
Males in Coventry	2006-08	2007-09	2008-10	2009-11
Life expectancy	76.3	76.7	77.1	77.6
Disability-free life expectancy	62.6	63.1	61.0	59.4
DFLE lower 95 % confidence interval	61.0	61.6	59.4	57.7
DFLE upper 95 % confidence interval	64.2	64.6	62.6	61.1
Expected years with a disability	13.7	13.5	16.0	18.2
Proportion of life disability-free %	82.1	82.3	79.2	76.6
Proportion of life with a disability %	17.9	17.7	20.8	23.4
Females in Coventry	**2006-08**	**2007-09**	**2008-10**	**2009-11**
Life expectancy	80.9	81.2	81.4	81.9
Disability-free life expectancy	62.1	61.8	63.4	61.0
DFLE lower 95 % confidence interval	60.4	60.1	61.8	59.2
DFLE upper 95 % confidence interval	63.9	63.5	65.1	62.8
Expected years with a disability	18.8	19.4	18.0	20.9
Proportion of life disability-free %	76.8	76.1	77.9	74.5
Proportion of life with a disability %	23.2	23.9	22.1	25.5

AVOIDABLE MORTALITY

Mortality from causes considered amenable to health care is an internationally accepted indicator of the overall quality of healthcare in a particular place and is now part of the Public Health Outcome Framework here in the UK.

The data below shows that the numbers of Coventrians dying from conditions they shouldn't normally die from is reducing year-on-year and is now half the than in 1995 having fallen to 121 deaths per 100,000 population in 2013.

Mortality from causes considered amenable to health care: directly standardised rate/100,000



POPULATION PROJECTION

The Office for National Statistics calculates projections of population for Coventry and this clearly shows that by 2022 the overall population, and the population of over 65s and over 85s continues to increase.

Population Projection (Count)	2012	2022
All Persons	323,100	365,200
65-84 year olds	40,500	44,300
85+	6,800	8,200

Population Estimate and Projection	1981	2013	2037
Over 65's	43,100	48,200	71,300
Over 85's	2,700	6,900	14,300

Taking a broader view over a longer period and by combining population estimates from 1981 and projections to 2037, in 1981 there were 43,100 people aged over 65 in Coventry. This had risen to 48,200 by 2013. ONS project that this number will have risen to 71,300 by 2037 an increase of 28,200 or 65% over this period.

For over 85's the baseline figure is 2,700 in 1981, rising to 6,900 by 2013 and reaching 14,300 in 2037. This is an increase of 11,600 or 429% over this period.

OLDER PEOPLE FEELING SAFE AT HOME

Coventry's Household Survey asks respondents how safe they feel at home – and we can examine how older people specifically feel. The data shows an encouraging increase in the percentage of older people who feel safe – from 69% in 2010 to 79% in 2013

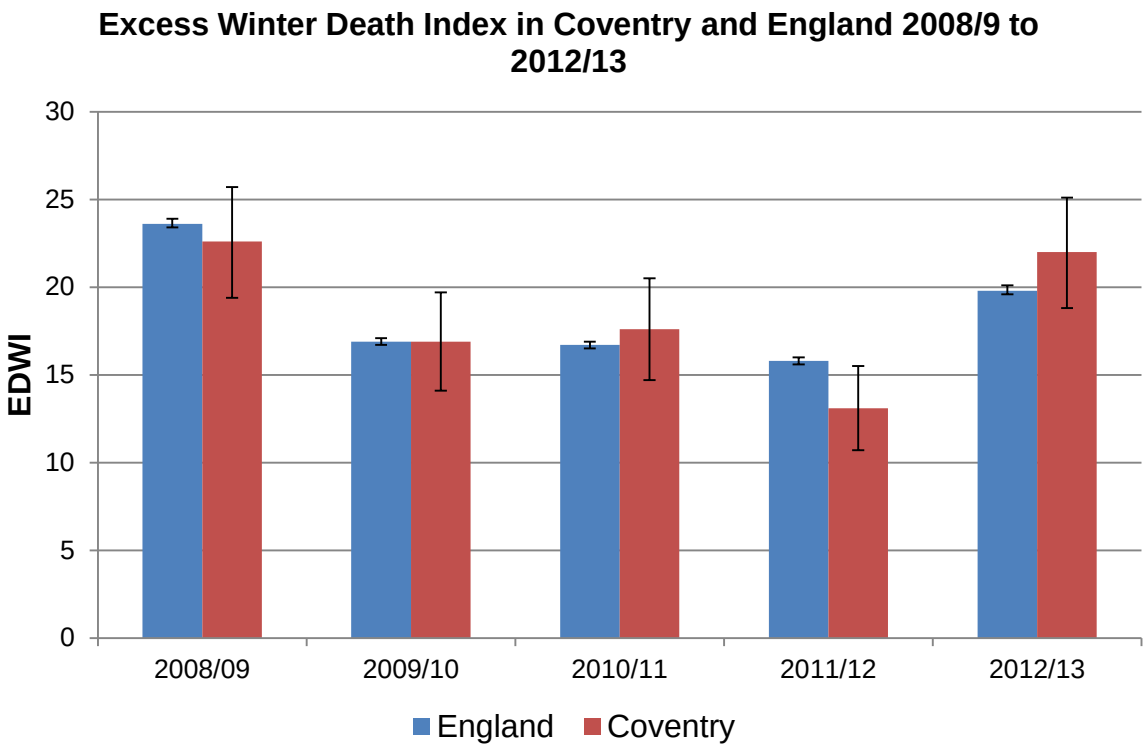
Coventry Household Survey Feel Safe or Very Safe at Night - Over 65's				
	2010	**2011**	**2012**	**2013**
%	69%	72%	78%	79%

SUCCESSFUL HOSPITAL DISCHARGE FOR OLDER PEOPLE

Supporting older people to live independently for as long as possible and increasing the proportion of older people successfully supported to remain at home following hospital stay are key elements of the Health and Wellbeing Strategy 2012. This is measured through the calculation of the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. In the 3 years from 2011/12 until 2013/14, this has improved from 70% to 81%.

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services			
	11/12	**12/13**	**13/14**
%	70%	76%	81%

EXCESS WINTER DEATHS



The graph above shows the pattern of Excess Winter Deaths over time using the ONS Excess Winter Deaths Index. This takes the excess of deaths in winter compared with non-winter expressed as a percentage. The graph shows that in 2012/13 22% more people (190 persons) in Coventry died in winter compared to those who die in summer. In 2011/2012 the index was 13.1% showing a statistically significant increase for Coventry between 2011/12 and 2012/13.

However the 2012/13 figure is not statistically any better or worse than the figure for England as a whole.

HEALTH RELATED QUALITY OF LIFE FOR OLDER PEOPLE

The Public Health Outcome Framework contains an indicator of overall health-related quality of life for older people. This is an average health status score for adults aged 65 and over as measured using the EQ-5D scale in the range zero to one.

Two years of figures are available and these show an increase from 0.69 in 2011/12 to 0.71 in 2012/13. However, as this is derived from survey data there is sampling error in these numbers and they are not statistically significant for Coventry.

Theme Two - Healthy Communities

Obesity (maternal and childhood)

PRIORITIES IDENTIFIED IN 2012

- Reduce numbers becoming overweight
- Targeting Pregnant Women
- Encourage breast feeding and give dietary advice on weaning
- Help families to encourage children to eat healthily
- Encourage Schools to offer healthy meals and promote healthy eating and physical activity
- Train people in how to raise the issue of healthy weight and how to support those wanting to change
- Improve access to healthy food options
- Promotion of sustainable travel
- Promotion of physical exercise in Communities

TARGETS

- Increase the % who are a healthy weight
- Increase the % who maintain a healthy diet
- Increase the % who participate in physical activity
- Reduce count of children obese at age 6
- Reduce count of children obese at age 11

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

JUST4MUMS

Just4mums is a unique six week free ante- natal healthy lifestyle programme. It helps mums-to-be to safely manage their weight during their pregnancy. Each session includes a healthy eating workshop and some gentle ante-natal exercise to finish. During the course we also help mums to set realistic goals for during and post pregnancy. Classes take place at Coventry Sports Centre and Sidney Stringer School

ONE BODY ONE LIFE (OBOL)

One Body One Life (OBOL) is a community based weight management programme for families and individuals who want to lead a healthier lifestyle. The programme meets the NICE recommendations. It's a FREE 8 - 10 week programme across Coventry aimed at helping people to make real changes to their lives by looking at their eating and exercise habits.

Specialist psychological support has been introduced to the OBOL team to ensure staff have the skills and knowledge to deal with the complex issues presented by clients.

Specialist sessions for young children and parents include

- Family OBOL
- OBOL for 2-4's
- OBOL for 0-2's

BUGGY WORKOUTS

The buggy workout is a fitness class for new mums wanting to get back in shape after their new arrival. It is a fun and enjoyable post natal outdoor circuit class where mum and baby can enjoy the fresh air. A small fee is charged for this service.

FOOD DUDES

Food Dudes is an evidence-based programme designed to improve children's consumption of fruit and vegetables. It has been shown to be consistently effective at changing the eating habits of 4- to 11-year-olds. The programme comprises three key elements:

- DVD adventures featuring hero figures, "Food Dudes", who like fruit/vegetables and provide social models for children to imitate
- Small rewards to ensure children begin to taste new foods
- Repeated tasting of fruit and vegetables so that children develop a liking for these foods

Food Dudes letters and home packs provide on-going home support to ensure the behaviour change transfers from school to family and is maintained over time.

EATING OUT COVENTRY

One in six meals are eaten out of the home – making it more difficult for people to control their food intake. Eating Out Coventry is a new Public Health project being run by Coventry University to work with independent takeaways in the city and introduce either healthier options or change cooking practices to make meals more healthy. The project will also introduce tools to help businesses provide nutritional information to staff and demonstrate the commercial advantage of providing healthier foods.

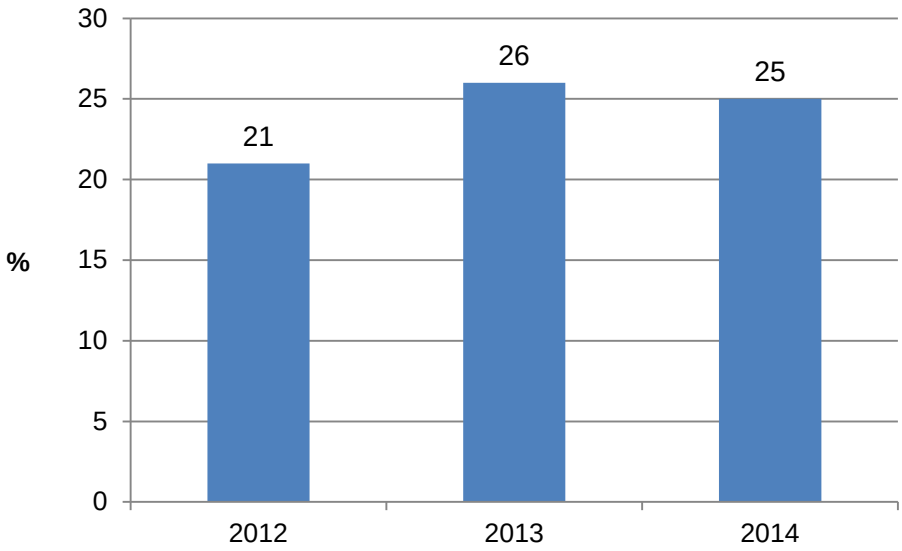
WORKFORCE DEVELOPMENT

Eating habits are established at a young age, so we have been training Acting Early site (combined teams of midwives, health visitors and childrens' centre staff) in core obesity messages to ensure parents are given consistent advice right from the birth of their child.

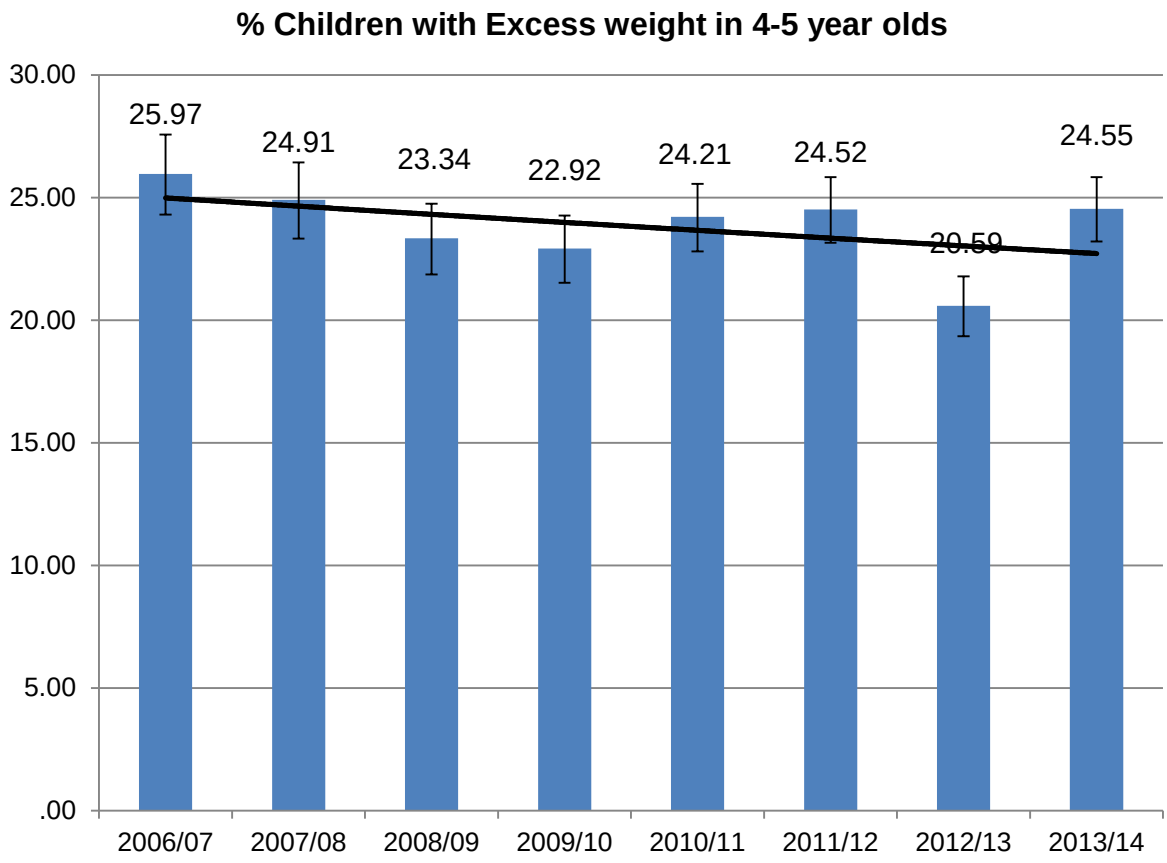
DATA AND STATISTICS

INCREASE THE % WHO PARTICIPATE IN PHYSICAL ACTIVITY

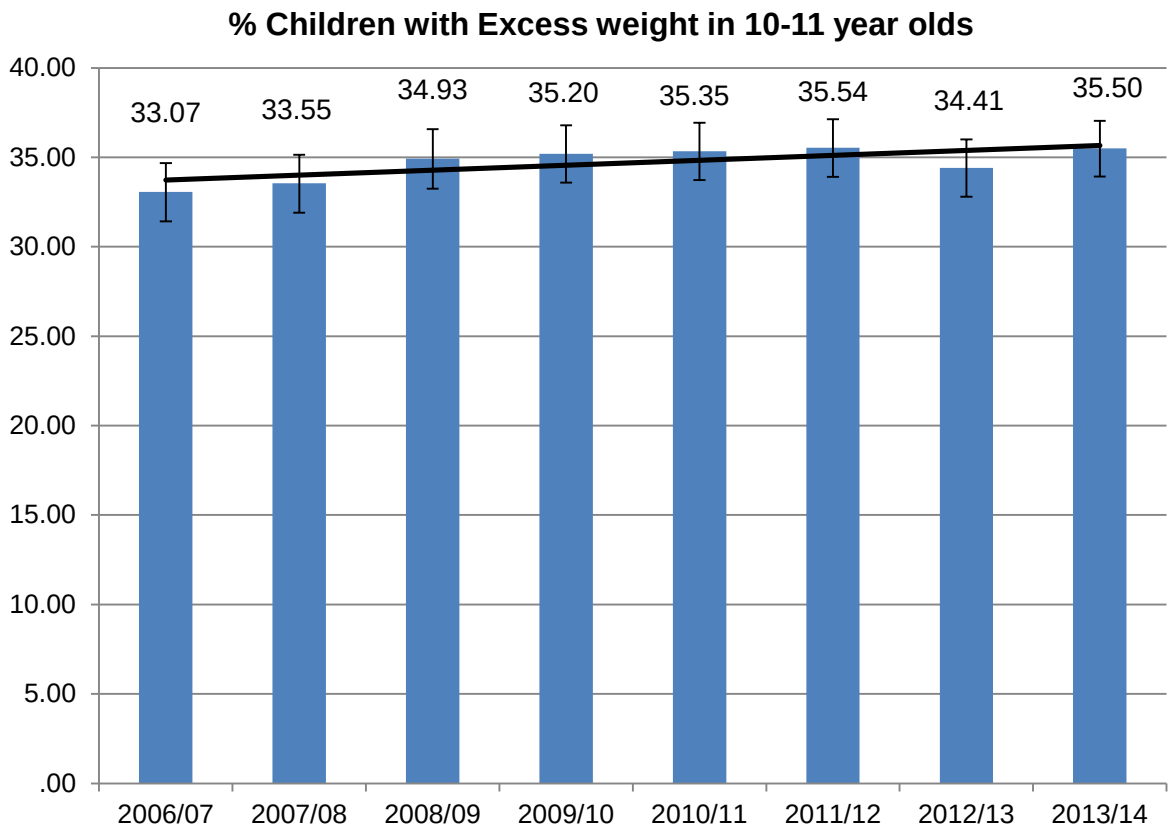
% Persons aged 16+ in Coventry participating in Sport and active recreation Three (or more) times a week



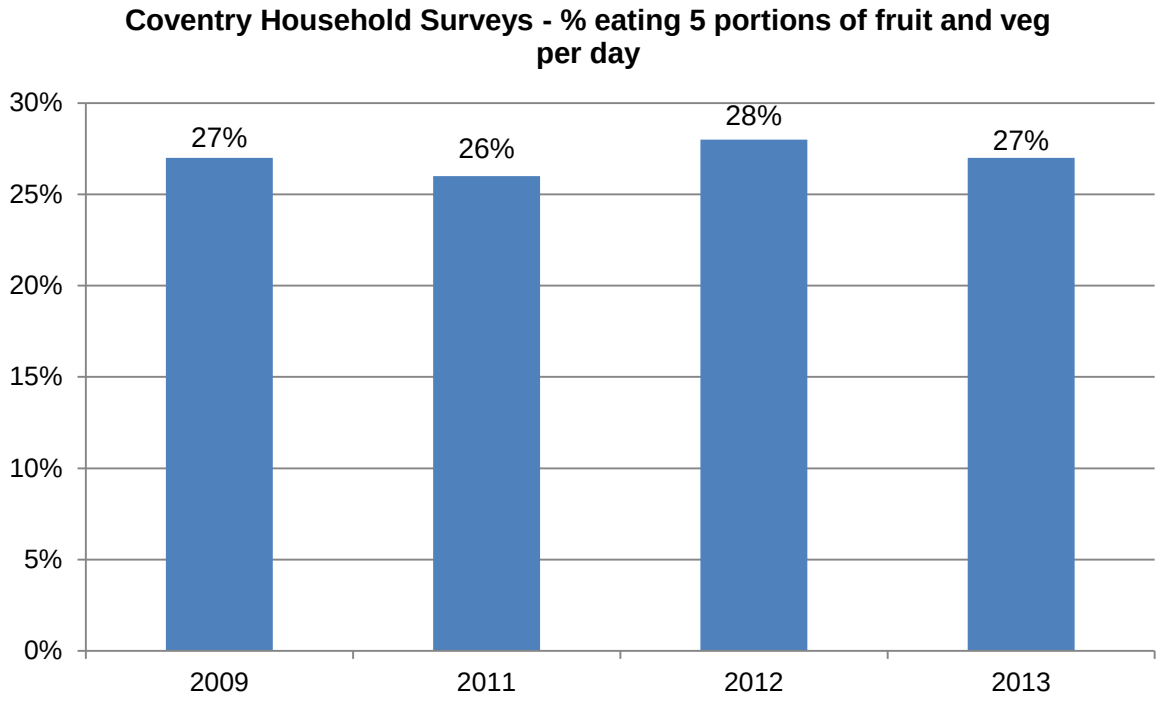
REDUCE COUNT OF CHILDREN OBESE AT AGE 6



REDUCE COUNT OF CHILDREN OBESE AT AGE 11



The preceding two charts illustrate how progress in being made reducing obesity in younger children – but less in older children. However the confidence limits set for this data are very wide and these trends could be due to statistical anomaly.



The chart above uses Coventry Household Survey data and shows a consistent pattern over time of the proportion of persons eating 5 or more portions of fruit and veg per day.

INCREASE THE % WHO ARE A HEALTHY WEIGHT

The Public Health Outcome Framework shows no data across the years covered by the Health and Wellbeing Strategy – only a single figure excess weight in adults for 2012. 56.5% of Coventrians were considered of excess weight compared to 63.8% for England – a statistically valid difference.

Mental Wellbeing

TARGETS

- Improvements in Wellbeing

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

ASSET BASED WORKING

Coventry's Asset Based Working Strategy for 2015-16 sets out ways to improve health and quality of life for local citizens, while making the city globally connected and attractive to businesses and investors. It recognises the limitations of public services that encourage dependency, and promotes a working culture that supports and enables people to find solutions to their problems.

In communities, there is a focus on promoting social engagement and cohesion, celebrating diverse achievements and successes, and improving wellbeing and resilience. In services, the emphasis is on reducing demand through implementing real change, supporting prevention and early intervention, and co-producing services with local people. Examples of current initiatives to improve wellbeing and promote asset based working are described below.

10 WAYS TO WELLBEING

The Wellbeing Project in Coventry identified '10 Ways to Wellbeing' based on the two themes of feeling good (i.e. happiness and life satisfaction) and functioning well. These expand on the New Economics Foundation's Five Ways to Wellbeing by suggesting ways that individuals can improve their wellbeing.

The 10 Ways to Wellbeing are as follows:

1. Connect with family, friends, colleagues and neighbours
2. Be active
3. Take notice - be aware of the world around you and what you are feeling
4. Keep learning
5. Give. Try something new
6. Have rewarding work
7. Feel safe and good about where I live
8. Feel good physically
9. Eat and drink healthily
10. Sleep well

THE WARWICK-EDINBURGH MENTAL WELLBEING SCALE (WEMWBS)

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is a validated tool for measuring self-reported mental wellbeing that focuses on the positive aspects of mental health and wellbeing.

Coventry City Council has commissioned the University of Warwick to provide training for local professionals and practitioners on the use of WEMWBS to evaluate interventions which might have an impact on wellbeing. The training was delivered as workshops that included a mix of presentations and group work, and were accompanied by a workbook containing examples and exercises.

WORKPLACE WELLBEING CHARTER

NICE guidelines have been set out to promote mental wellbeing through productive and healthy working conditions. The Workplace Well-being Charter is a framework of standards that define healthy business practice.

The Charter covers a broad range of dimensions relating to workplace health and well-being, including a distinct Mental Health and Wellbeing standard which asks employers to provide information to reduce stigma around mental health, and raise awareness of mental health, including work-related stress.

At present, 14 local organisations have been awarded Charter status with an additional organisation working towards an award.

BUILDING A BETTER WORKFORCE

Mental Health First Aid is a nationally recognised training programme, providing a first aid approach to mental illness. A programme of training has been commissioned for front line staff across the council, equipping them with the knowledge and confidence to recognise signs of mental health problems, encourage someone to seek the right help and reduce the stigma around mental illness. Following MHFA training with staff from the Job Shop, a mental health professional was embedded into the team to mentor staff – helping them put their training into practice – while also reviewing how working practices could be adapted to make the Job Shop more welcoming for people experiencing mental health issues.

COVENTRY ON THE MOVE!

Coventry on the Move! is a local initiative that encourages people to take the first steps towards a more active lifestyle, focusing on activities that are enjoyable and easily incorporated into daily routines. The Coventry on the Move! team has been present at a number of local events including the Godiva Homecoming parade in August 2013, where passers-by were encouraged to try hula-hooping, skipping and hopscotch, and the Godiva Festival in July 2014, where over 1,500 people took part in skipping, hula-hooping or frisbee-ing. Participants were able to take their kit away with them so they could continue their activities at home.

The recently established Magic Mile event, held on the third Sunday of every month at Longford Park, is a 1-mile route where people of all ages and abilities are invited to get around the course in any way they can – walking, jogging, running, cycling or even on mobility scooters. The emphasis is on being outdoors and having fun with friends and family. Over 60 people took part in the first event. To encourage local residents to do more walking, route maps in printed and electronic formats have been produced for the city centre, Foleshill, Tile Hill & Canley, and Willenhall.

Employees in Coventry are being encouraged to be more active at work through Coventry Workplaces on the Move, which has included promoting active travel through the Rush Hour Challenge and encouraging people to compete against other local organisations by signing up to the Workplace Challenge.

COVENTRY TIME UNION

Coventry Time Union is a ‘time bank’ initiative that enables local people to support each other by exchanging time and skills. Members can offer one hour of whatever they wish to share with other members, and gain an hour of something in return. For example, a person could offer an hour of gardening and gain one Time Credit, which could then be used to get an hour of music tuition from another member. It is not an alternative to professional services, so personal care and childcare are not accepted, and participating does not affect taxes or benefits. Instead, it offers Coventry residents the opportunity to develop their existing skills, learn new ones and build social networks.

COMMUNITY WELLBEING PROJECT

Public Health commissions Valley House to deliver a project promoting wellbeing. In particular, this project works with grassroots community groups to encourage activity which promotes and uses the '10 Ways to Wellbeing' and to facilitate connections between them. To achieve this, the project helps grassroots groups understand the 10 ways to wellbeing and supports the development of new ideas to promote their use among the community; to help make this happen, Valley House also offer small 'seed' funding grants.

- #### CANLEY DADS KITCHEN GARDEN

  This is a new group involving Malaysian Muslim men who were meeting informally for coffee and a chat before the project but, with funding and support, now meet 2-3 times a week on a theme of growing food and cooking. The Dads have set up a WhatsApp group called ‘The Farmers’ to talk about the project and share photos of their progress.

- #### KNITTING NEEDLES

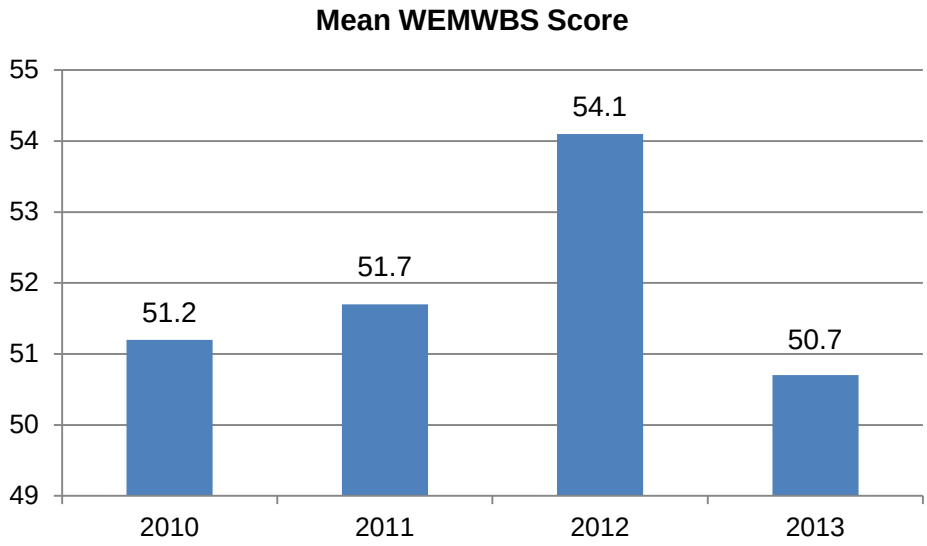
  This was an existing community based craft group which receiving funding for a lockable cupboard, patterns and wool, which has enabled the group to expand and take on new members unable to afford the equipment and have also run sessions on wellbeing. The sessions have led to 2 members joining a slimming class, one

member volunteering at a older people's home and improved wellbeing / informal care among themselves.

- TILE HILL YOUTH CAFÉ

  This is a new project which received support in initiating and shaping the group around wellbeing themes and also receiving funding for basic sports equipment and a juicer. The group has expanded to be running two sessions weekly for local children.

DATA AND STATISTICS



The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) is a 14-question, validated scale used to measure levels of mental wellbeing and the Coventry Household Survey has measured this in its last 4 surveys. The average WEMWBS score in 2013 (50.7) indicates worse mental wellbeing compared to 2010 (51.2), 2011 (51.9) and 2012 (54). However the academics from Warwick University who analyse and interpret the survey data suggest that the result in 2012 is presumed to be higher due to "a systematic measurement bias" rather than being a "real" change in mental wellbeing.

WEMWBS item	*Proportion of respondents (%)*			Mean item score
	None of the time/ rarely	Some of the time	All of the time/ often	
I've been feeling optimistic about the future	21	41	38	3.2
I've been feeling useful	12	30	57	3.6
I've been feeling relaxed	18	38	44	3.3
I've been feeling interested in other people	16	33	51	3.5
I've had energy to spare	33	38	29	3.0
I've been dealing with problems well	8	33	59	3.7
I've been thinking clearly	5	23	72	3.9
I've been feeling good about myself	8	29	63	3.8
I've been feeling close to other people	9	27	64	3.8
I've been feeling confident	8	26	67	3.8
I've been able to make up my own mind about things	4	19	77	4.1
I've been feeling loved	7	21	72	4.0
I've been interested in new things	13	31	56	3.6
I've been feeling cheerful	6	28	66	3.8

The table above shows how Coventry residents responded to individual items on the WEMWBS scale in the 2013 Household Survey. Overall a relatively high proportion responded positively to most items, and a relatively low proportion responded negatively. However, there was less of a clear divide on some of the items. There was a more even mix of responses regarding feelings of energy and optimism, and items that described feeling relaxed, useful and interested in other people or new things also had a higher proportion of negative responses than other items. While this may indicate a tendency towards positive or neutral wellbeing states among the Coventry population, it also highlights possible areas of concern where additional support may be needed.

Sexual Violence

PRIORITIES IDENTIFIED IN 2012

- Improve quality of data collected
- Share aggregate data across partner organisations

TARGETS

- Reduce the number of sexual crimes

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

COVENTRY SEXUAL VIOLENCE NEEDS ASSESSMENT 2014

Coventry is experiencing significant sexual violence issues which results in longer term issues on child protection, mental health and vulnerable adults. A detailed health needs assessment was conducted in 2014 to examine the issue of sexual violence in Coventry and the effects on victims, determine what the gaps in service provision are and make recommendations to improve services through any future commissioning processes and to make recommendations to improve support and reduce sexual violence.

SEXUAL VIOLENCE SUPPORT SERVICE

The Sexual Violence Needs Assessment undertaken in 2014 informed the commissioning of the Sexual Violence Support service in 2015. The service is delivered by a specialist third sector organisations and provides a range of interventions to support victims of sexual violence, including:

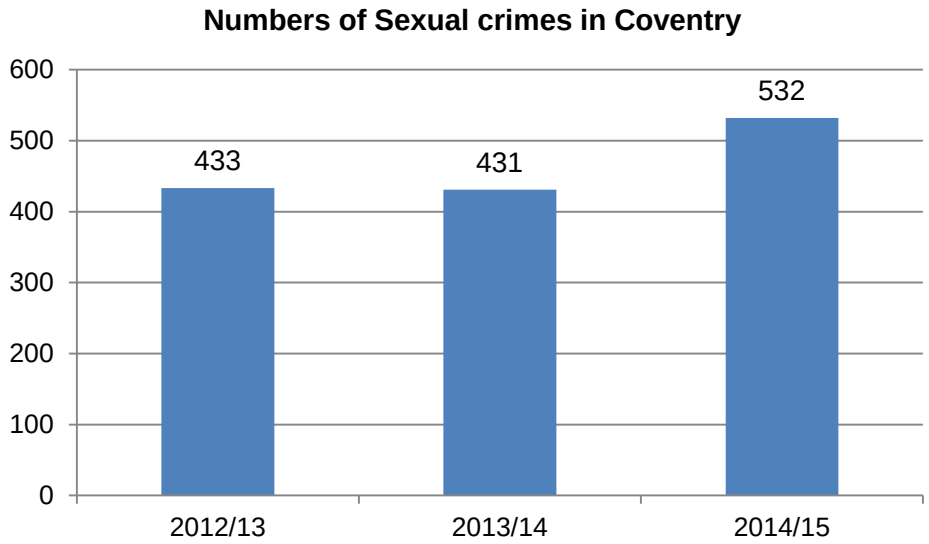
- Telephone helpline
- Website
- Counselling
- Therapy including Creative art therapy & play therapy
- Separate provision for Male support
- Specialist children's support
- Family support
- Independent Sexual Violence Advisors (ISVAs)
- Specialist support for vulnerable people including those with a Learning Disability and Mental Health condition
- Awareness raising of Sexual Violence & how to get support
- Sexual Violence prevention through education
- Targeted awareness raising at specific populations / communities such as non-English speaking and Black and Minority Ethnic and Refugees (BAMER)
- Support and signposting to other key agencies for additional, on-going, long term support such as mental health, substance misuse & therapy

Specific outcomes from this service include:

- Improved mental health outcomes for victims of sexual violence due to the provision and access of timely, appropriate long term support
- Prevention of sexual violence through education and awareness raising amongst young people and vulnerable people as to what is sexual violence and what is acceptable behaviour

DATA AND STATISTICS

REDUCE THE NUMBER OF SEXUAL CRIMES



The chart above shows an increase in reported and recorded sexual crimes. This is due to a range of potential factors, including the younger age profile of Coventry residents, as national evidence shows that younger people are at the greatest risk of sexual violence. In Coventry, 58.3% of people are under 40 compared to 50.1% in the West Midlands, which is partly due to the presence of two local Universities.

In addition, rising reports of sexual offences may be partly due to the 'Jimmy Saville' effect, with the revelations about high profile figures encouraging victims to come forward with crimes that previously went unreported.

Current provider data shows that there has been an increase in disclosures of historic abuse and this continued significant increase in calls to their helpline and counselling service as being correlated with post-Saville and the Police Operation Yewtree investigation.

Consequently, an increase in numbers can be seen as an improving situation and, it is not appropriate to conclude that actual abuse is increasing because the reported numbers are increasing.

Domestic Violence and Abuse

PRIORITIES IDENTIFIED IN 2012

- Raising awareness of domestic violence and abuse
- Providing services to support victims and children
- Supporting those who leave an abusive relationship
- Working with perpetrators to change behaviour
- One call to connect to all services

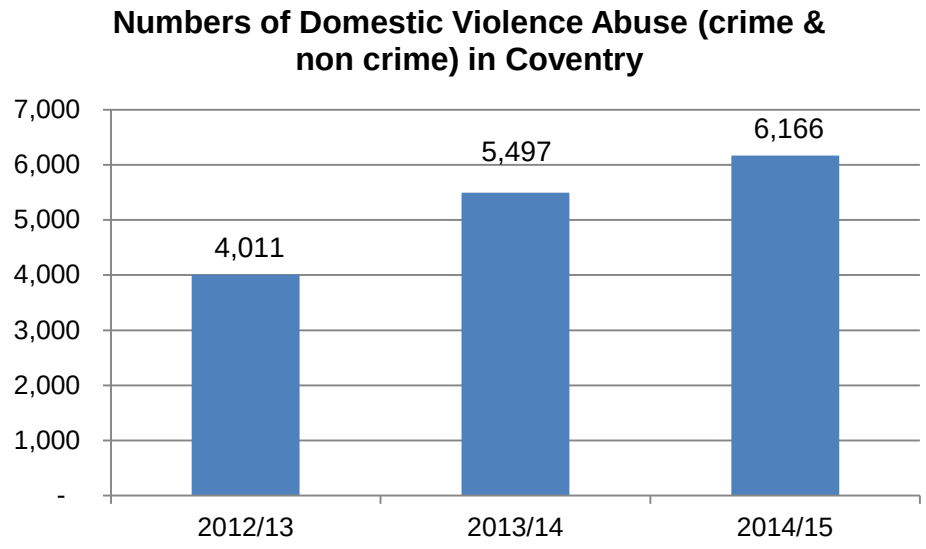
TARGETS

- Reductions in domestic abuse
- Improving child readiness for school

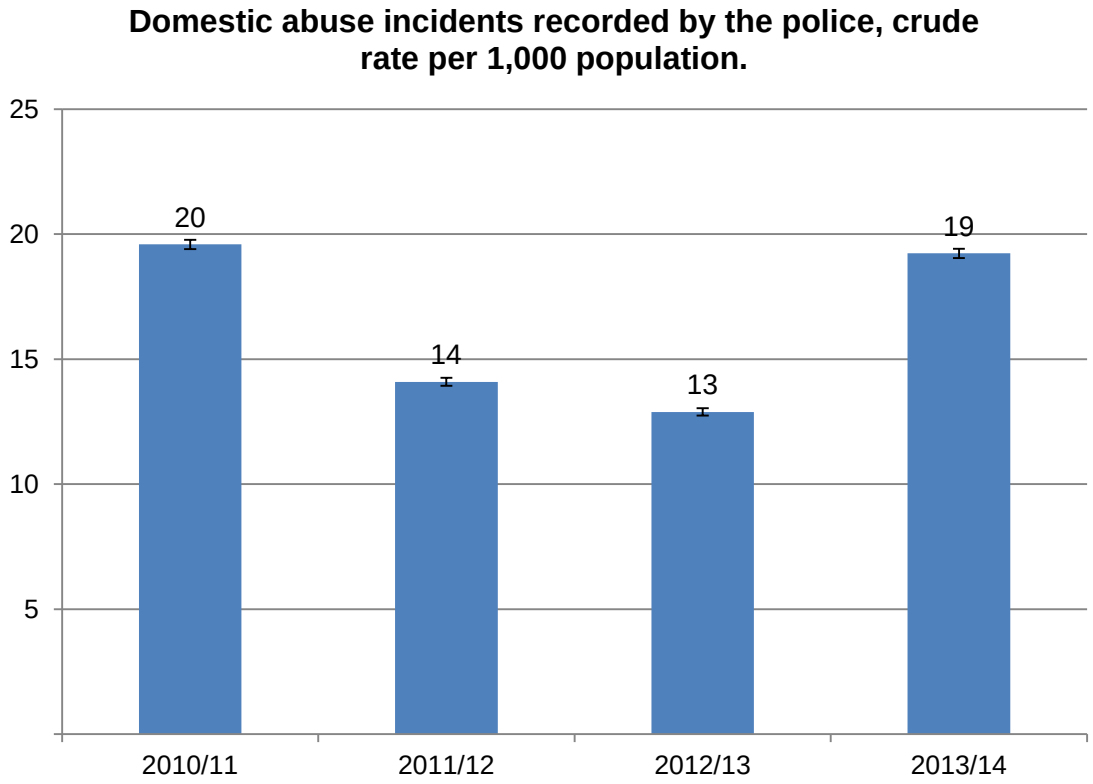
WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

- Helpline, single point of access and victim community based support
- Victim supported accommodation
- Perpetrator services
- Children's services

DATA AND STATISTICS



The chart above shows a year on year increase in domestic violence abuse incidents (crime & non-crime) reported to Coventry Police. Increases are a result of improvements in identification and recording of incidents logs as well as a drive to encourage victims to report domestic violence abuse to the Police. It is acknowledged that domestic violence abuse is greatly under reported therefore increases are considered positive. Domestic violence abuse is a priority for the Police & Crime Board.



The chart above expresses this increase as a rate per 1,000 adult population sourced from the Public Health Outcome Framework.

Theme Three - Reduce variation

Smoking

PRIORITIES IDENTIFIED IN 2012

- Enforcement of tobacco control legislation
- Work with pregnant women and parents of young children who smoke
- Reduce the number of children who start smoking
- Identify smokers, make them aware of dangers, offer support in stopping
- Work with communities to identify opportunities to stop smoking

TARGETS

- Reduce smoking prevalence in 15 year olds
- Reduce smoking prevalence in over 18 year olds
- Increase numbers of 4 week quitters
- Increase numbers of 12 week quitters

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

COVENTRY SMOKEFREE STRATEGY

Coventry's Smokefree Alliance, a partnership of public, voluntary and private organisations, has produced a Smokefree strategy for the city with a renewed vision, a clear direction and the mandate to move forward ensure the people of Coventry make informed 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

STOP SMOKING SERVICES

Stop Smoking services for the general population are widely available across the city, and can be accessed at more than 100 delivery points, including GPs, pharmacists and other settings.

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. Our current providers are:

- Coventry and Warwickshire Partnership NHS Trust – provides a stop smoking service for the general population mainly via GPs and community pharmacists
- Stop4Life – provides a stop smoking service for the general population which predominantly delivers via workplaces and community outreach
- University Hospitals Coventry and Warwickshire NHS Trust – provides a stop smoking services for the general population and predominantly delivers within the hospital
- Coventry and Warwickshire Partnership NHS Trust – provides a specialist stop smoking service for pregnant women
- A pilot scheme providing a harm reduction and stop smoking service for people with mental health conditions is currently being developed by Coventry and Warwickshire Mind
- To further support BME communities in the city to access these services, Foleshill Women's Training were commissioned to run a project from September 2012 – March 2013. The Health Support Workers raised awareness of the dangers of smoking (Paan and Shisha) and passive smoking during their outreach and reinforced key health messages. The providers also developed a BME-specific stop smoking resource booklet which includes information on all these tobacco related behaviours.

A new approach to target parents who smoke by working closely with primary schools and other services had recently been commissioned. The service will design and pilot approaches in a minimum of 10 schools to effectively engage with parents, deliver key smoking messages and support parents who smoke to access a cessation service. This service will:

- Promote smokefree parenting
- Identify effective ways of engaging with parents who smoke via schools to promote smoking cessation via effective self-help or connecting parents with stop smoking services
- Inform parents of the smoking-related messages provided in school to children

Services in Coventry are among the most effective in the country – in 2013/14, one in 16 smokers kicked the habit with the help of local services, compared to a national average of one in 28 smokers.

ILLICIT TOBACCO AND SMOKEFREE ENFORCEMENT

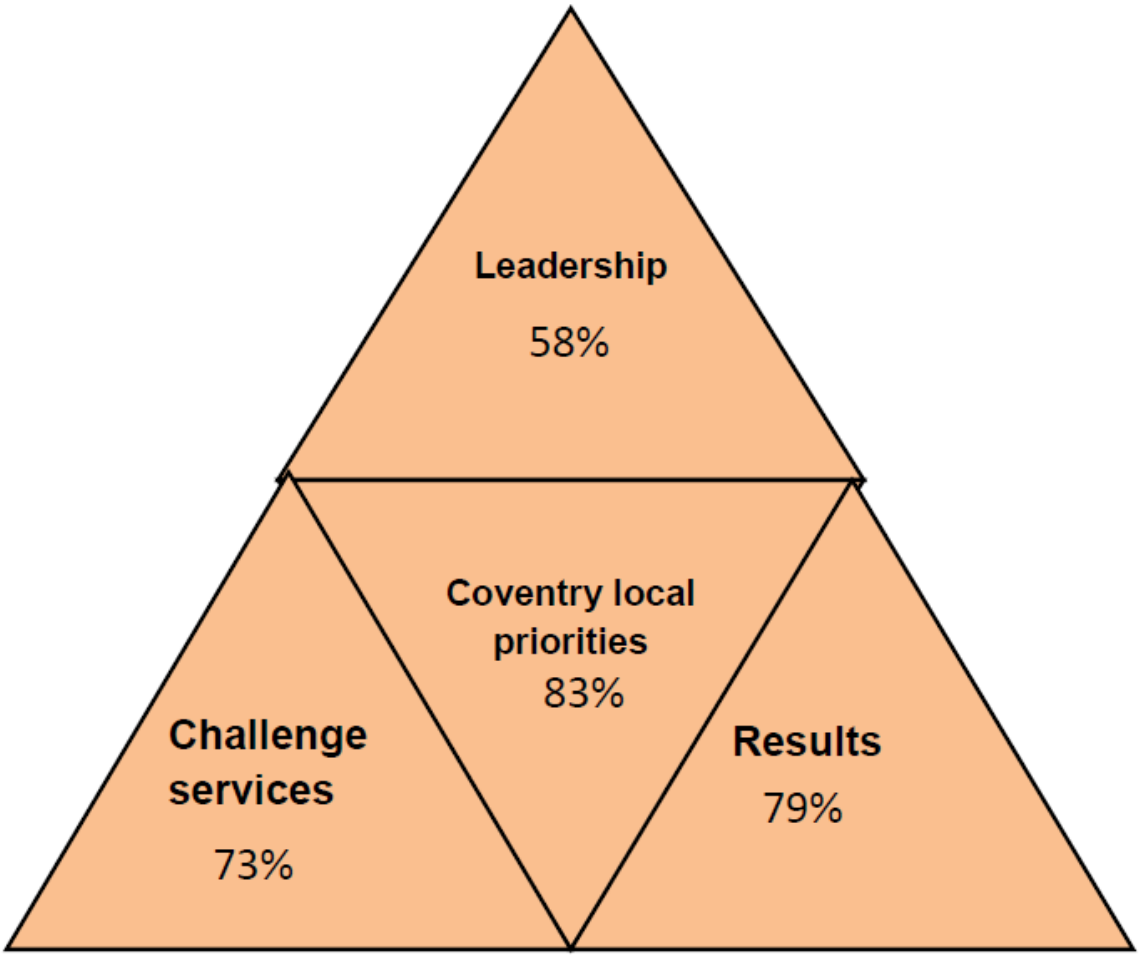
The Council's regulatory service is active in enforcement action against traders selling illicit tobacco, often smuggled into the UK without duty being paid, and maintains a high level of compliance of the indoor smoking ban across the city. Several traders selling illicit tobacco have been prosecuted and hundreds of thousands of pounds of smoking products have been seized.

More areas are becoming 'smokefree' - all city primary schools have signed up to the Alliance's smokefree school gates scheme and UHCW went smokefree in 2015, with CWPT scheduled to adopt a similar smokefree policy in summer 2015.

PEER ASSESSMENT FOR EXCELLENCE IN LOCAL TOBACCO CONTROL

A CLeaR peer assessment is an improvement tool which provides local government and its partners with a structured, evidence-based approach to achieving excellence in local tobacco control.

The model comprises a self-assessment questionnaire, backed by challenge and assessment process from a team of expert and peer assessors. The purpose of the assessment is to provide objective feedback on performance and local strategies and suggest ways for further improvement.



Coventry scored well in 3 of the 4 areas of the evaluation. In the area of leadership the evaluation noted

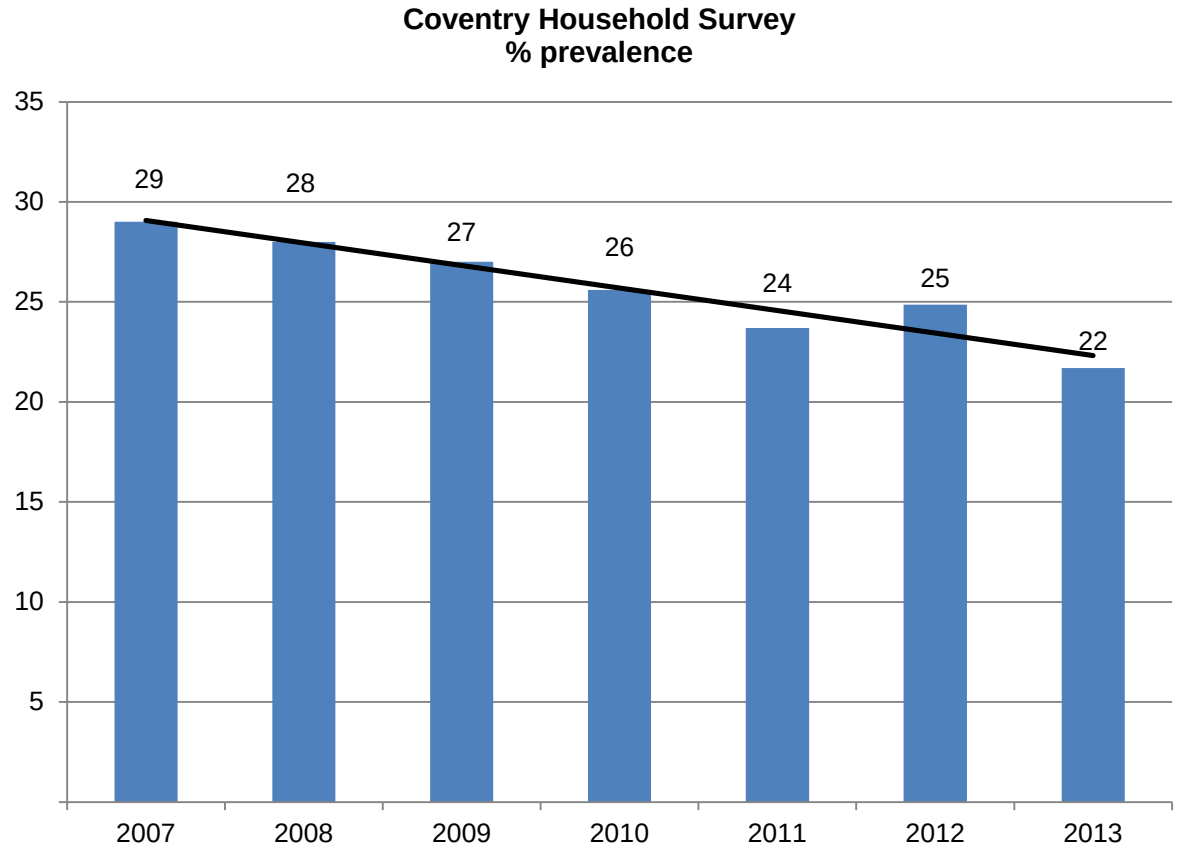
- The reduction in the hours of the Tobacco Control Co-ordinator from full-time to part-time
- The former Tobacco Control Strategy had now expired
- No formal Tobacco Control Communications Plan for Coventry
- Smoking prevalence in Coventry has fallen substantially over the last decade; however smoking 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
- A stronger relationship could be developed with clinical leaders in Coventry, including the CCG including the identification of Smokefree Clinical Champions
- It is evident that there is some excellent work being done across a variety of areas. However, it is difficult to assess the quality and impact of some of the work due to a lack of evaluation

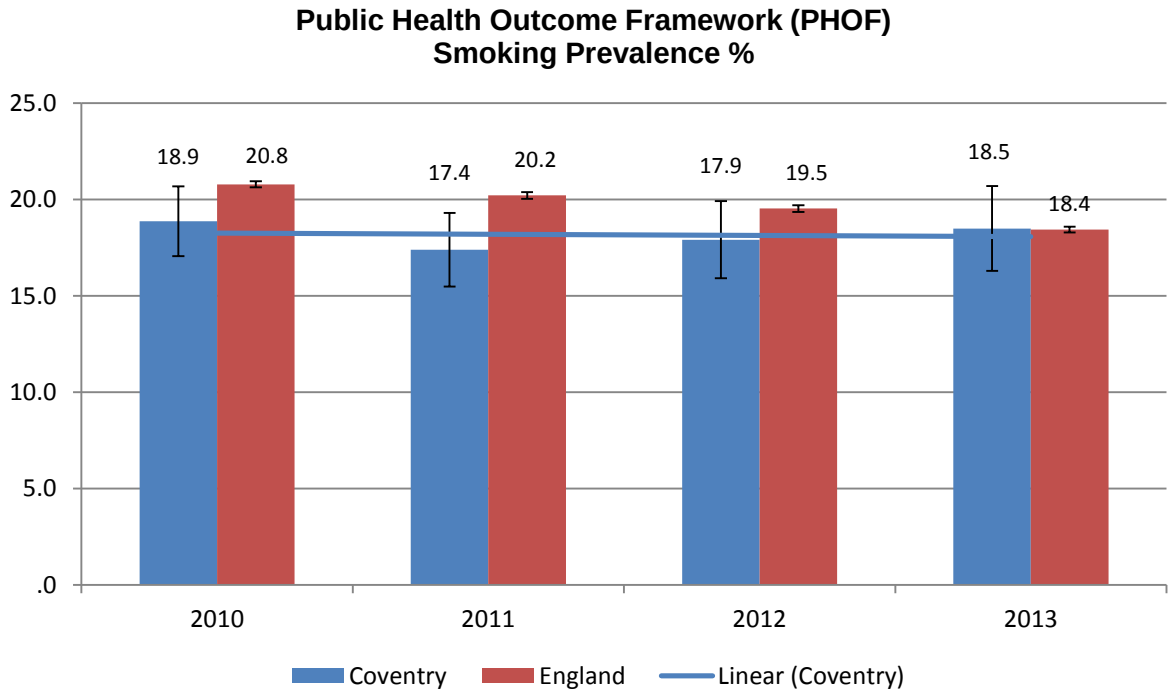
DATA AND STATISTICS

REDUCE SMOKING PREVALENCE IN 15 YEAR OLDS

Coventry Children and Young People's Survey	% Ever smoked a cigarette	% Smoke Regularly
2013	19	1
2008	25	3

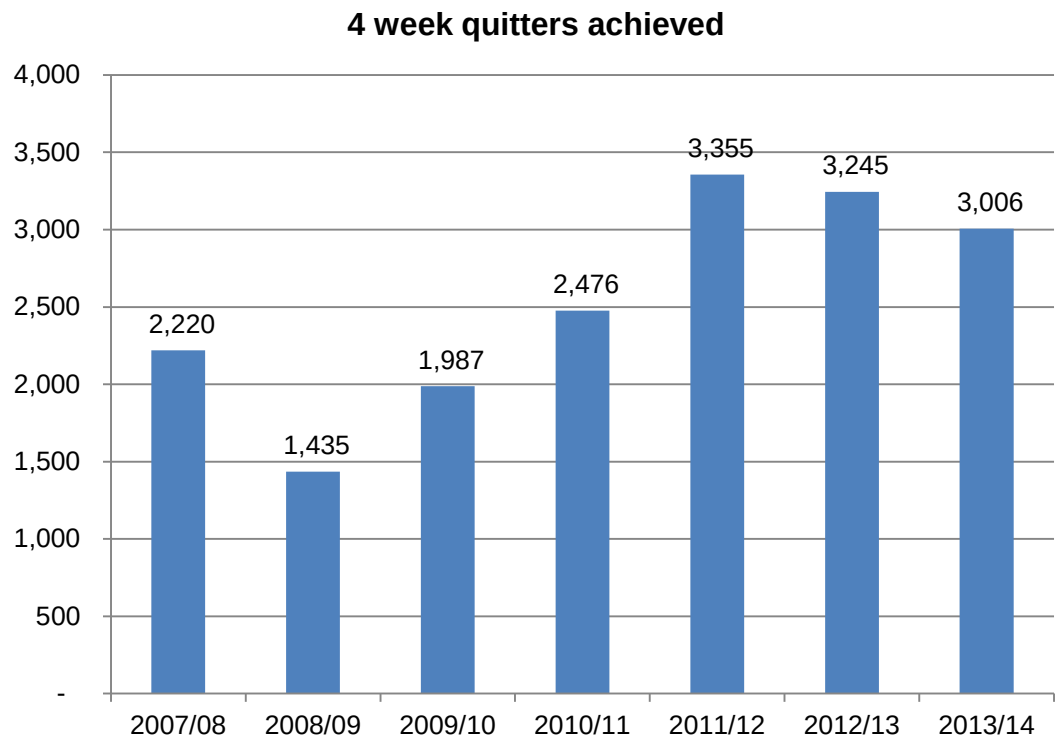
REDUCE SMOKING PREVALENCE IN OVER 18 YEAR OLDS





The two charts above show differing pictures of smoking prevalence in Coventry. The Coventry Household Survey (HSS) shows higher overall reported prevalence than that from the Public Health Outcomes Framework (PHOF) – but it is thought that all surveys of smoking behaviour underestimate smoking prevalence – so possibly the Coventry HHS is more accurate. The HHS data shows a decrease in prevalence over time – although this is right at the edge of being statistically significant from 2012 to 2013. This means that while the probability of this **not** being a real decrease is high, it might still be a statistical error. The PHOF data shows no significant decrease either – but the probability of it not being real is greater.

INCREASE NUMBERS OF 4 WEEK QUITTERS



The main reason for the falling numbers of 4 week quitters is that the marketplace has significantly changed in the last few years with the emergence of e-cigarettes; nationally there is also a reduction of smokers engaging with stop smoking services for the same reason.

INCREASE NUMBERS OF 12 WEEK QUITTERS

The numbers for 12 week quitters are not published in the Public Health Outcome Framework. This is because they have been seen to largely duplicate the pattern of 4 week quitters. There are fewer 12 week quitters than 4 week quitters but when used to compare place to place and compare over time as above, the overall pattern remains the same.

Alcohol

PRIORITIES IDENTIFIED IN 2012

- Develop an alcohol harm reduction strategy and supporting action plan
- Raise awareness of the harms of alcohol, help people know safe limits and stick to them
- Work with licensees and the alcohol industry to promote a culture of safe drinking

TARGETS

- Reduce alcohol related crime and anti-social behaviour
- Reductions in alcohol related admissions to hospital
- Reductions in mortality from liver disease
- Reductions in crime and domestic abuse

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

COVENTRY ALCOHOL STRATEGY 2013

The Coventry Drug and Alcohol Steering Group is responsible for the development of the Coventry Alcohol Strategy 2013 which brings together the activity which seeks to deliver the priorities for alcohol set by both the Health and Wellbeing Board and the Police and Crime Board.

Activities commissioned under the strategy include

- Alcohol Liaison Nurse Service at University Hospital Coventry and Warwickshire (UHCW)
- Creation of alternatives to structured treatment, including self-help and computer assisted therapies, e.g. Breaking Free, and access to mutual aid
- Review pathways between mental health and alcohol treatment services and other alcohol-support services
- Develop linkages between treatment services, criminal justice services and others with the aim of improving Coventry's response to domestic abuse and violence
- Late night, city centre Alcohol Triage Service to prevent ambulance call outs and A&E attendances for minor injuries on a Friday and Saturday night
- Involvement and Advocacy Service for service users, ex-service users and recovery champions so they can continue to work with clients, staff and the public in changing attitudes and behaviour
- Promote the use of Identification and Brief Advice (IBA) in a range of primary care settings, e.g. by working with the Police, Fire Service, nurses, healthcare assistants, pharmacists
- Targeted work with pregnant females to promote message of abstinence or low risk drinking during pregnancy

- Work with street drinkers and homeless people to try and motivate them to engage with treatment and support services
- Review the number and type of alcohol licences in key locations to identify if further licencing control is needed in line with the licensing objectives
- Trading Standards to undertake intelligence led, underage test purchasing exercises for alcohol and take appropriate action where necessary

TREATMENT SERVICES

Public Health also commission a number of evidence based services that deliver prevention, advice, treatment, support, advocacy, training, communications / marketing and service user involvement, including:

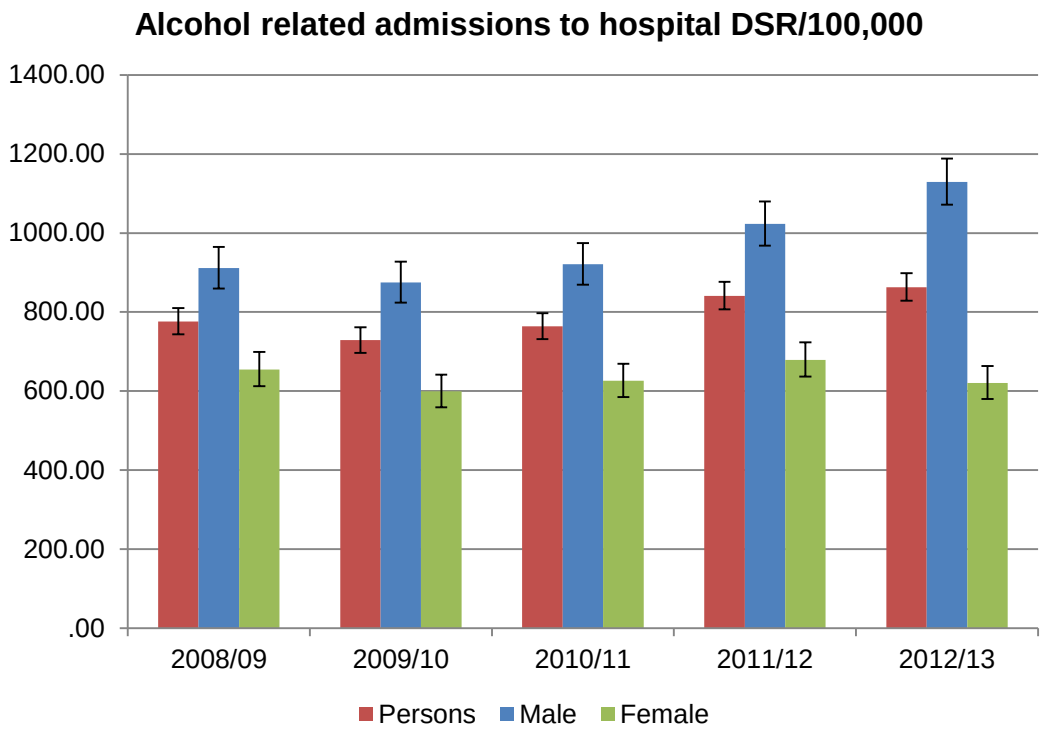
- Drug and alcohol treatment service commissioned with Warwickshire County Council
- Independent living service
- Service user involvement scheme
- Late night triage service
- Identification and brief advice in primary care
- Residential rehabilitation placements

DATA AND STATISTICS

REDUCTIONS IN DRINKING IN COVENTRY

- Coventry Household Survey - all persons drinking 5+ days down from 8.4% in 2009 to 4.7% 2013
- Coventry Household Survey - all persons drinking more than recommended amounts on 4+ days down from 7.4% in 2009 to 5.6% in 2013

ALCOHOL RELATED ADMISSIONS TO HOSPITAL



The chart above shows that in Coventry whilst the rate of alcohol related hospital admissions for women has remained constant since 2008/09, the position for men and a result for persons is significantly worse in 2012/13 than it was in 2010/11 – latest available figures.

MORTALITY FROM LIVER DISEASE

Mortality from liver disease overall and from liver disease considered preventable show an absolute reduction for men from the period 2010-2012 to 2011-2013 for women the position is reversed showing a small increase. However, the small numbers of actual cases in Coventry and the statistical methods of compiling these numbers mean that this pattern is not statistically significant and may be due to statistical error.

DOMESTIC VIOLENCE

This is a cross-cutting theme and has been considered in its own section above.

ALCOHOL RELATED CRIME AND ANTI-SOCIAL BEHAVIOUR

The British Crime Survey (2013/14) states that 53% of violent incidents involving adults were alcohol-related. However, local recording of whether Police Officers consider alcohol to have been involved in a reported crime is inconsistent and thought to be under-reported – locally as few as 8% are recorded as such. Consequently, while this indicator is recorded locally it is not felt to be a reliable reflection of the amount of crimes where alcohol has been involved.

Infectious Diseases

PRIORITIES IDENTIFIED IN 2012

- Flu – Vaccination each year is successful in reducing deaths from flu and the aim is to increase this for those at risk of complications from flu and those who work with them
- Tuberculosis – increase awareness of TB in communities most at risk and offer early screening to detect illness and reduce infection
- HIV – promote safe sex through education and easy access to services. Increase early detection through increasing HIV testing in the general population.

TARGETS

- Fewer deaths caused by flu through increased immunisation
- Earlier detection of TB, HIV and other infectious diseases, leading to improved health for those who live with the disease
- Reduced number of new cases of HIV and TB through reducing transmission

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

LOCAL SEASONAL FLU CAMPAIGNS

Local seasonal flu campaigns have been run every year, making a wide range of promotional resources available to partners across Coventry and Warwickshire. A detailed review and evaluation of the campaign run in 2013/14 was conducted by Coventry University (commissioned by Public Health) which included interviewing practice managers and GPs from practices with both highest uptake and lowest uptake, as well as midwives and heads of midwifery across Coventry and Warwickshire. Recommendations from this are being implemented.

A Coventry University PhD student will be working with Public Health to examine interventions seeking to increase uptake of seasonal flu vaccination in pregnant women.

TUBERCULOSIS

A multi-agency local TB programme board has been established, in line with the national TB strategy published in January 2015, which is focusing on 10 evidence-based areas for action identified in the national strategy. As part of this, a rolling programme of TB awareness-raising (related specifically to the recognition of symptoms of active TB) is being put together.

Coventry Rugby CCG has been identified as an area of high incidence of TB and eligible for new NHS England funding to establish a new entrant latent TB screening programme from 2015/16 onwards.

HIV

A point of care HIV testing pilot in primary care started on 1st May 2015 (to run for a year), involving 10 GP practice sites in high prevalence areas in Coventry

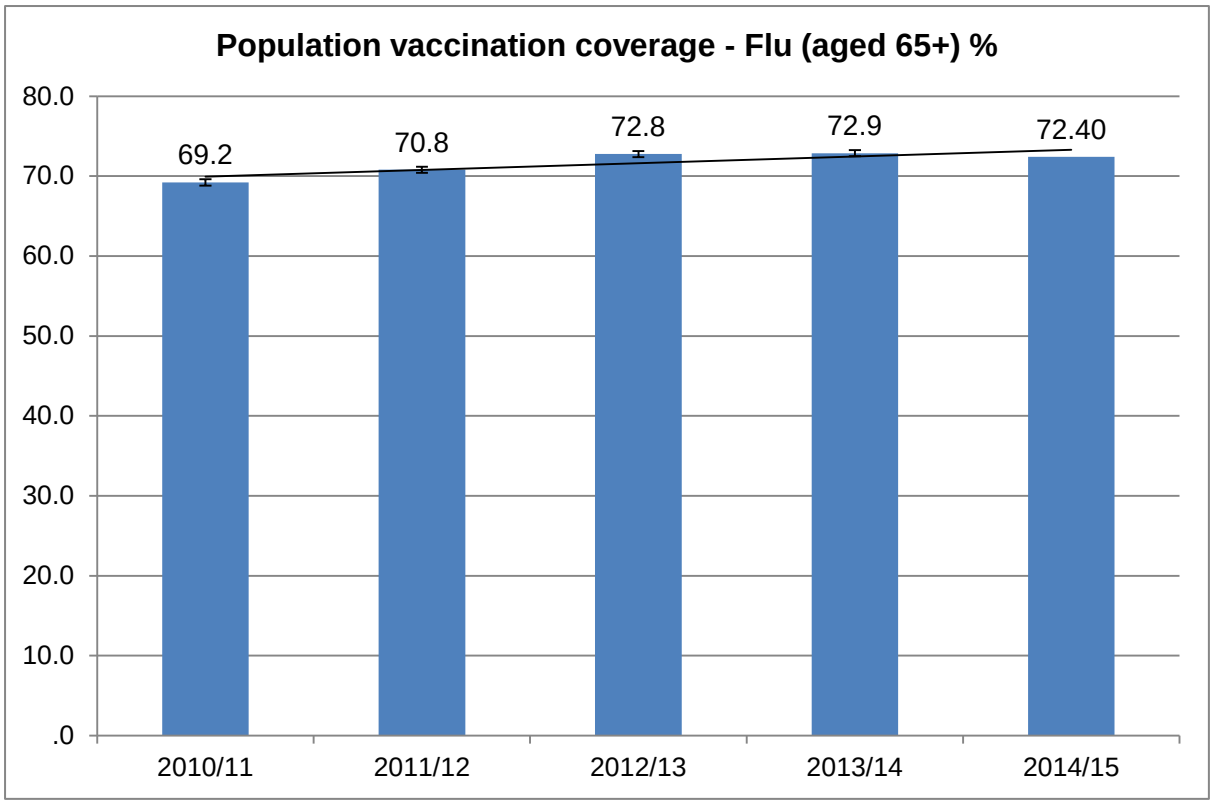
A community organisation grant scheme was established in 2014/15, which involved raising awareness, busting myths and reducing the stigma associated with HIV and the facilitation of access to HIV testing.

91 volunteers were recruited as part of this grant programme and 9 condom distribution schemes were set up in African Barber shop settings, where on-going promotional work is taking place.

A new sexual health programme board has been convened to oversee the above work as part of the wider sexual health agenda.

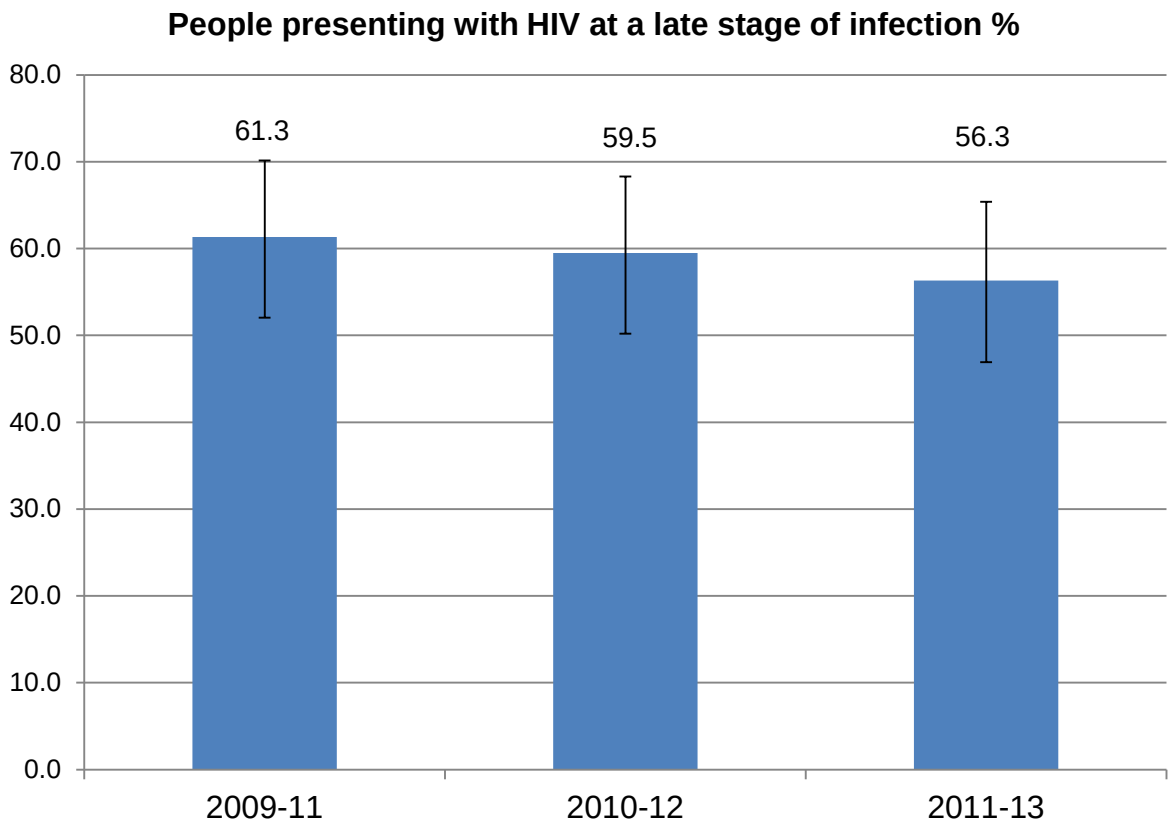
DATA AND STATISTICS

FLU VACCINATION



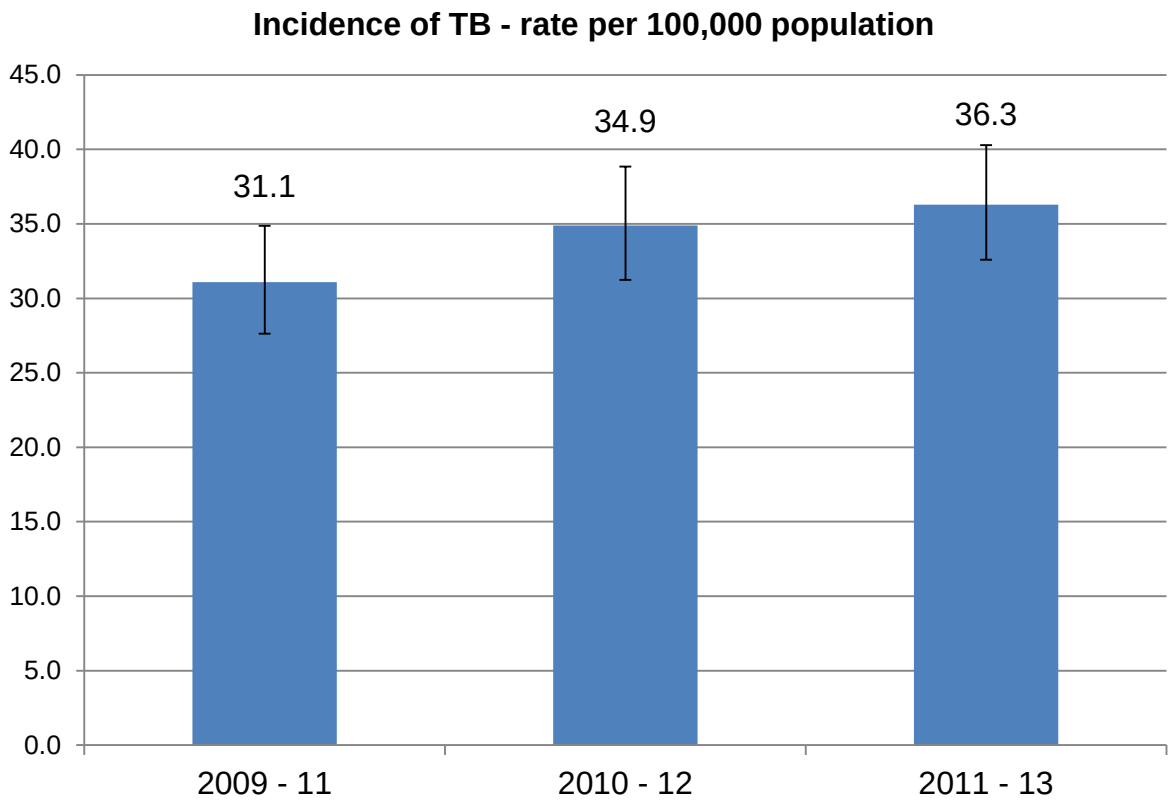
Although there have been increases in vaccination uptake in people aged 65 and over, this has now plateaued. In 2014/15 54% of GP registered patients in clinical risk groups under the age of 65 were vaccinated compared to 57% in the same period in 2013/14. For pregnant women, 47.5% were vaccinated in 2014/15 compared to 44.2% in the same period in 2013/14 in the CCG area.

EARLY DETECTION OF HIV



Despite showing a downward trend, which is encouraging, the change over time in late presentation of HIV cannot be said to be statistically significant due to relatively small numbers of cases. Coventry remains to have the highest prevalence of HIV in the West Midlands.

INCIDENCE OF TB



Despite showing an upward trend over time this cannot be said to be statistically significant due to relatively small numbers of cases. Coventry has the 3rd highest incidence of TB in the West Midlands behind Birmingham and Sandwell.

Theme Four - Improve Outcomes

Cancer (for year 1)

PRIORITIES IDENTIFIED IN 2012

- Help people to understand the causes of cancer –particularly those which can be altered such as smoking, alcohol and bad diet – and help them to find support to change their lifestyle.
- Help people to recognise early signs and symptoms of common cancers
- Faster access to cancer screening, diagnosis, referral and treatment
- Change services to make sure they meet the needs of the patient
- Targeting communities where cancer outcomes or the use of screening services are particularly poor.

TARGETS

- Increase 1 year survival rate for all Cancers over the next 3 years to the level of the best in England
- Reduce variation in uptake of all cancer screening programmes across the City and ensure uptake matches the best in England
- Reduce prevalence of smoking in the City to no more than the England average

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

COVENTRY CITY COUNCIL/MACMILLAN PARTNERSHIP

The Partnership agreed 4 aims at the outset:

- To improve the accessibility and coordination of services
- To remove barriers between services
- To fill in gaps in provision
- To inspire and empower people

In order to achieve these aims a range of activities have been set in train.

- City-wide audit of information and advice provision
- Boots Macmillan Information Pharmacists (BMIP) - volunteer Pharmacists who undertake bespoke Macmillan training to help support and signpost customers affected by cancer. Now 12 BMIPs across the City with the ambition being to have one in every Boots store.
- Library Information - work within the Library service to develop 4 information access points within the city's libraries. Macmillan is funding a temporary (18 months) project manager to develop this service.

CITY COUNCIL SUPPORT TO EMPLOYEES AFFECTED BY CANCER

- Macmillan learning and development activities for line managers, Occupational Health, Human Resources and Trade Union representatives
- Re-branding and re-launching the Cancer Buddy Scheme
- Bite-size e-learning for line managers
- Research into employee experience in the workplace funded my Macmillan

LEARNING AND NETWORKING EVENTS

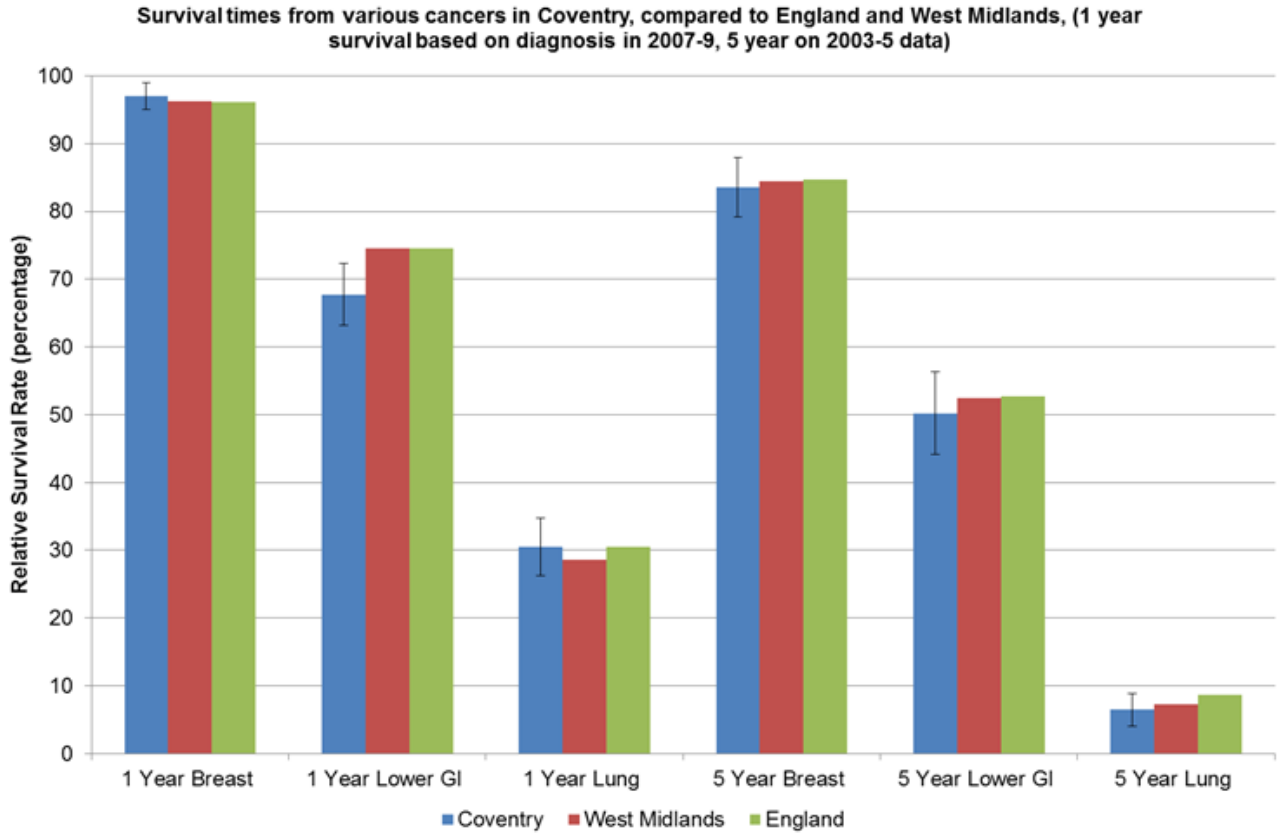
Macmillan has delivered a rolling programme of learning and networking events across the NHS, Social Care and third sector to improve individual and organisational understanding of roles, remits and referral pathways.

DATA AND STATISTICS

SURVIVAL RATES FOR CANCER

Data for survival at 1 year and 5 year post diagnosis for Cancer has not been updated since 2012 so it is not possible to determine progress on this target. The table and chart below show the latest data to 2012.

		One-year relative survival			Five-year relative survival		
		Diagnosed 2007-2011, followed up to end 2012			Diagnosed 2003-2007, followed up to end 2012		
		Rate	LCI	UCI	Rate	LCI	UCI
Males	Colorectal	72%	68%	76%	48%	43%	53%
	Lung	29%	25%	33%	5%	3%	7%
	Prostate	97%	96%	99%	90%	86%	93%
Females	Colorectal	71%	67%	76%	55%	49%	61%
	Lung	31%	26%	35%	9%	6%	13%
	Breast	97%	95%	98%	83%	80%	86%



REDUCE SMOKING PREVALENCE IN OVER 18 YEAR OLDS

As this is a cross cutting issue the topic of smoking reduction is covered in the smoking section above.

CERVICAL CANCER SCREENING

The percentage of women in the target age group who have been screened in the last five years has increased from 71.5% in 2012/13 to 76.6% in 2013/14

Variation in Primary Care

PRIORITIES IDENTIFIED IN 2012

- Setting and monitoring Primary Care Standards
- Establishing robust medical appraisal systems
- Informing patients about practice performance
- Managing long –term conditions more at home and with self-management

TARGETS

- Reduce unnecessary A&E Visits, inpatient admissions and hospital based outpatient appointments
- Increase uptake of specialist care and activity in the community and support patient self-management through promoting access to disease-specific education and exercise programmes
- Increase uptake of Primary Care based screening and immunisation programmes
- Reduce deaths at an early age where prevention, early detection and treatment can be effective.

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

PRIMARY CARE QUALITY GROUP

The Primary Care Quality Group was established in 2014 at the request of the Health and Wellbeing Board to work in partnership to develop and implement an action plan to improve the quality of primary care and reduce inequalities in primary care. Members of the Primary Care Quality Group include Public Health, Coventry and Rugby Clinical Commissioning Group, the NHS England Area Team, Healthwatch Coventry, the Local Medical Committee, the GP Alliance and the Local Pharmaceutical Committee. The work of the group and its wider partners to date has included:

- The collaborative production of the 2014 Director of Public Health's Annual Report 'Primary care at the heart of our health', which aimed to celebrate the progress and achievements of primary care in Coventry, as well as to ensure that primary care can adapt to the challenges of the future.
- The development of an NHS England Area Team dashboard to set and monitor primary care standards, provide feedback to GP practices, to identify and manage performance, to learn from others and identify good practice.
- The development of a Coventry and Rugby CCG dashboard to show where practices sit on a range of indicators relative to others. This will be available for both practices and the public to view, to enable patients to make informed choices about the practice they belong to and to encourage improvement in practices.

- The development of an online directory to provide an overview of community initiatives and lifestyle services within Coventry.
- Organisation of workshops and development of a Coventry and Rugby CCG primary care strategy to ensure the primary care system that is fit for the future.
- Support to the Coventry GP Alliance to protect, improve and enhance primary care in the city. In 2015, the GP Alliance was successful in securing funding from the Prime Minister's Challenge Fund for their bid 'Best Care, Anywhere: Integrating Primary care in Coventry'.
- Engagement with patients and recording of patient views to influence the future vision of primary care in Coventry and to help define a bench mark for good quality GP services in the city.
- The exploration of asset-based development approaches to encourage and empower people to have a greater role in managing their own health.
- Taking forward the recommendations from the Pharmaceutical Needs Assessment as approved by the Health and Wellbeing Board in February 2015. To ensure pharmacy provision is adequate in the city and to ensure people are enabled to access the appropriate service for their needs.
- Research into the issues affecting recruitment and retention in general practice and recommendations for further action.

URGENT CARE BOARD

The Urgent Care Board (which reports to the Health and Wellbeing Board) has placed a focus on unnecessary A&E Visits, inpatient admissions and hospital based outpatient appointments. To this, the NHS Coventry and Rugby CCG produce and distribute a detailed weekly monitoring dashboard and the Board has been analysing data on frequent attenders at Accident and Emergency Departments who are self-referrals who are subsequently discharged with GP follow up treatment or no follow up treatment.

IMMUNISATION

In 2008/2009 Coventry Primary Care Trust was one of the poorest performing PCTs for the uptake of childhood immunisations outside of London. A shared vision was embedded with NHS Coventry's Primary Care Strategy to improve immunisation uptake rates. A number of initiatives were undertaken in partnership with key stakeholders, including:

- commissioning a data cleansing exercise with GP practices and the Child Health Information System,
- workshops for practice nurses highlighting best practice,
- the development of a 'Top Tips' sheet for all practices with information on what works in improving immunisation uptake,
- a review of the needs of the workforce in relation to capacity, roles, responsibility and training, and
- the development of a database system.

Coventry GPs are now amongst the best performing in the country for immunisation uptake. The immunisation rates have continued to improve since December 2009 and should be sustainable given the development work that has been undertaken and embedded.

DATA AND STATISTICS

In 2014, the Primary Care Quality Group contributed to and commented on the Director of Public Health's 2014 Annual Report, Primary Care at the heart of our health. The recommendations from the report have effectively superseded the targets and objectives set by the Health and Wellbeing Strategy 2012.

- supported approximately 3,000 smokers to quit within 4 weeks in 2014/15
- In 2014/15, approximately 11,000 people completed a health check and of these, 5.5% were subsequently placed on disease risk registers and 16% referred to an appropriate lifestyle service.
- This was an increase of 15% compared to 13/14, which in itself was an increase of 100% compared to 12/13.
- 91 community pharmacies offer a good level of provision of pharmaceutical services across Coventry
- Cervical screening: the percentage of women in the target age group who have been screened in the last five years has increased from 71.5% (2012/13) to 76.6% in 2013/14
- MMR: the percentage of children receiving their second dose by age 5 has increased from 74% (2012/13) to 93% (2014/15)
- DPT (diphtheria, pertussis (whooping cough), and tetanus) The percentage of children receiving DPT booster aged 5 has increased from 76% (2008/9) to 95% (2014/15).

Lifestyle Risk Management (Making every contact count)

PRIORITIES IDENTIFIED IN 2012

- Large number of staff in a range of areas having received MECC - starting with NHS, CC and V&CS

TARGETS

- Increase in persons accessing services which support lifestyle change

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

MAKING EVERY CONTACT COUNT (MECC)

The aim of MECC training is to provide all frontline staff with the skills and relevant information to raise the discussion around a healthy lifestyle, signposting towards information to change behaviour or referring to services when required.

The training encourages staff to have a short conversation about healthy lifestyles which should

- Take 30 seconds or longer
- Follow a simple structure
- Be supportive
- be encouraging
- Provide information including signposting to other services when appropriate

The focus is on help with

- stopping smoking
- alcohol intake
- being active and
- eating well

In addition the programme has been adjusted to include The 10 Ways to Wellbeing

The programme has been delivered to a wide range of partners in the City including

- Coventry and Warwickshire Partnership Trust – with a focus on Mental Health and Learning Disabilities – and rolled out to other providers
- University Hospitals Coventry and Warwickshire NHS Trust
- MECC in the Community – training champions to cascade
- Coventry City Council – working with front line services e.g. contact centre, job shop, park wardens
- Other public services – PCSO's, HA's Fire Services

SINGLE POINT OF ACCESS

A new website www.coventry.gov.uk/healthylifestyles has been developed to provide easy access to the resources which can support the delivery of MECC – and putting all of the information anyone needs who might wish to make a difference to their own health. It provides links to

- A Healthy Lifestyle Checker
- Heart Age Checker
- A directory of Healthy Lifestyle services
- A list of NHS recommended mobile apps

The site also links to a range of information about specific services such as

- Alcohol, drugs and substance misuse
- Health advice, screening and vaccinations.
- Healthy weight
- Physical activity
- Local activities you can take part in.
- Mental wellbeing
- NHS Health Checks
- Stop smoking
- Sexual health and contraception and
- Pregnancy

DATA AND STATISTICS

MAKING EVERY CONTACT COUNT (MECC)

Face-to-face training					
Year	**NHS**	**City Council**	**Other Public Services**	**Voluntary Sector/Other**	**TOTAL**
2012/13	536	82	210	975	**1,803**
2013/14	1,749	242	17	33	**2,041**
2014/15	8,137	341	33	88	**8,599**
TOTALS	10,422	665	260	1,096	**12,443**
Online training					
2010 to date	65	97	0	1	**163**

healthwatch Coventry

Health and care in Coventry

A summary of issues for local people identified by Healthwatch Coventry

March 2015

1. Introduction

Healthwatch is the consumer champion for health and social care in Coventry.

We work to influence the planning and delivery of NHS and social care services based on what local people tell us.

We are independent of services (such as hospitals and GPs) and decide our own programme of work. We have a statutory role and legal powers including the right to request information and to get a response to our reports and recommendations.

Healthwatch runs an information service for the public through a phone line and supporting Information Access Points in community settings. Healthwatch Coventry also provides the Independent Complaints Advocacy Service (ICAS) to support people making a complaint through the NHS complaints system.

2. Purpose of this report

The Healthwatch Coventry Steering Group has decided to publish this report as a sister report to the Healthwatch Coventry annual report, in order to:

1. Highlight the top concerns we have been hearing from people in Coventry over the last 12 months
2. Summarise work which Healthwatch has been doing to raise these concerns and influence action
3. Summarise the work of other organisations to address these concerns
4. Flag up further actions which are needed and by which organisations

The central function of Healthwatch is to argue for the interests of patients, carers and the public in NHS and social care services.

3. Where insight has come from

Healthwatch Coventry has set up and uses a number of different channels to gather feedback and views on local NHS and social care services:

- Recruitment of Community Connectors in voluntary, community and self help groups who can pass on information to Healthwatch about issues, service gaps, positive experiences etc

- Monitoring the topics of information enquiries to the Healthwatch Information Line and Information Access Points and topics of complaints supported by our Independence Complaints Advocacy Service (ICAS)

- Maintaining a Healthwatch membership of individual local people and voluntary/community organisations in order to spread the reach of the network

- Carrying out visits to see how NHS and care service run (Enter and View Visits undertaken by trained Authorised Representatives)

- Community outreach to promote Healthwatch and gather feedback eg in supermarkets

- In order to ensure that we reach different communities within Coventry we carry out outreach focusing on reaching those who are less heard, disadvantaged or more difficult to reach; our engagement priorities have been:

  - Homeless/vulnerably housed people with addiction problems
  - People from black and ethnic minorities – especially newly settled communities
  - People with long term conditions, including their carers
  - Children

- Conversations with professionals delivering and managing services

Through these methods we can build a picture of where there are or may be issues with how NHS or care services are being provided; identify gaps in provision, or barriers to using services.

4. Issues for local people we have identified

4.1 The NHS complaints process

The issues:

We have been gathering information about people's experiences of using the NHS complaints process and following up on work we completed in 2013 to look at awareness of how to raise a concern at University Hospital Coventry[1].

Common concerns local people have about making a complaint are:

- Not knowing how to go about raising their complaint or concern

[1] Investigation into routes for patients and carers to raise concerns with UHCW Coventry: Recommendations for action (December 2013)

- Complicated NHS structures – it is not clear to local people which organisation is responsible for which services and complaints that cross organisations are hard to raise
- Fearing that raising a complaint will impact on their treatment or care or lead them to be removed from a GP list
- Feeling intimidated by the process
- Not believing that any changes will be made
- Thinking that making a complaint requires a lot of time and energy

The solutions:

- Improvements to information for patients and the public about how to complain and about Patient Advice and Liaison Services in Trusts
- Services should think about things from the perspective of a lay person
- Services should make it clear that patients will not receive a lesser service or loose services because they raise a complaint or an issue
- People need to know their concerns will be taken seriously
- Adopting 'you said we did' approaches to let people know what organisations have done as a result
- Putting in place processes that are easy to use

Local Healthwatch Coventry work:

- Followed up with UHCW regarding their plans to develop Patient Advice and Liaison Services (PALS) and complaint handling
- Ensured that joint Coventry and Warwickshire Task Group looking at the quality of NHS Trust services held a session focusing on NHS complaints processes in Trusts
- Worked with Coventry and Rugby CCG on their information about the NHS complaints process and their role in this
- We recommend in our report on GP Quality that GP practices adopt a more customer service focused approach which would have a positive impact on complaints handling; and that there were more ways for patients to feedback on services
- Started to talk to Coventry and Warwickshire Partnership Trust to feed into their complaints review

What needs to happen now?

There has been some positive progress but there is much more to do to make raising a complaint easier, improve how satisfied people feel about the outcome and to demonstrate the organisations have learnt from the things that have been raised.

The ongoing drive for more integration of the services people receive across organisation boundaries in order for care to be more joined up has implications for complaints processes. The current complaints approaches will not be able to respond to these new ways of working.

4.2 Support for people with dual diagnosis of mental health and substance misuse issues

The issue:

We have gathered significant feedback regarding a service gap/catch 22 in the treatment of people who have both mental health issues and substance misuse issues. Service users are finding it difficult to access services to address both mental health and substance misuse needs because there is a lack of clarity about provision and services are not joined up enough.

Some examples of the problems are:

- Lack of access to IAPT service for those with substance use issues
- Issues regarding referrals between mental health and substance misuse services
- When people who are well into recovery from their dependency mental health service do not consider them recovered enough to work with
- The delivery model of key organisations is different in Warwickshire and Coventry
- Example of a woman who was encouraged to give up her tenancy as she was alcohol dependent being admitted into the Caludon Centre as there was no other provision available

It would be helpful if GPs gave a dual diagnosis. Often the mental health issues are the primary issue that has led to self medicating with alcohol but the mental health issues are not being treated until a patient is not using alcohol.

Local Healthwatch Coventry work:

- Healthwatch sought information from Addaction regarding their services and from Coventry and Warwickshire Partnership Trust (CWPT) regarding the interface between mental health and substance misuse services. We have seen joint working protocols, which were in the process of being agreed
- Healthwatch fed this concern to Coventry and Rugby CCG and fed into the Mental Health Needs Assessment being undertaken by Public Health Coventry

- Healthwatch continues to identify individuals whose experiences indicate a lack of a joined up approach to dealing with mental health and substance misuse issues

What needs to happen now:

Commissioners (the CCG, City Council, Public Health) need to ensure that more work is done to both join up services and ensure that the right model for supporting people with mental health and substance misuse issues is in place in Coventry. Providers need to show commitment to joining up services.

4.3 Capacity within mental health services for adults and children

The issues:

- The capacity of the Crisis Resolution Home Treatment Team, its responsiveness and the understanding of its role by patients and other agencies:

  Service users and support agencies feel that the Team are supporting less people. Issues are being reported regarding making contact out of hours and that some patients receive only support over the phone. Service Managers report that they are supporting more people than the service is designed to support

- Concerns about the availability of community mental health support

- Capacity of Child and Adolescent Mental Health Services - this is both a national and local issue. We hear about long waits to access services and young people being cared for in UHCW and on adult wards at the Caludon Centre

- GPs have an increasing role in the treatment of people with mental ill health, with more mental health patients being discharged into GP care

under new models of care. Some GPs are very knowledgeable and understanding regarding mental health issues/treatment, however others are not, leading to variation in the quality of support

- Pressure on inpatient beds: mental health in-patients have to 'sleep out' on other wards; there can be reallocation of beds occupied by patients who are on home leave to other patients; and patients being transferred between units because of lack of beds

Local Healthwatch Coventry work:

- We have made a number of information requests
- We fed into the Mental Health Needs Assessment being undertaken by Public Health Coventry
- We called on the local Health and Wellbeing Board to look at mental health service commissioning in Coventry

What needs to happen now:

Coventry and Rugby CCG, the City Council and Public Health should undertake a review of what mental health services are needed locally and of mental health service funding.

The local Health and Wellbeing Board should lead on ensuring that a joined up approach is taken to the provision of mental health services and that local commissioners are addressing local need. They should also ensure that other work which benefits mental wellbeing is taken forward locally.

GPs should be supported by the NHS England Area Team, CCG and Local Medical Committee to ensure they have up to date understanding of treatment of mental ill health.

4.4 Putting in place good quality GP services

The issues:

- People see GP receptionists as very important to their experience of their practice and some report concerns about how they have been dealt with by receptionists
- Patients value knowledgeable; listening; and compassionate/reassuring GPs and practice nurses, but not all think that their practice offers this

- Patients don't necessarily know how to give their feedback on services and may be fearful of doing this
- GP complaints processes are not user friendly and some practices do not respond to complaints quickly
- Patient/practice information varies in quality and accessibility

Local Healthwatch Coventry work:

- We undertook two surveys, visits to the Walk in Centre, 4 focus groups in specific communities and conversations with a sample of GP practice managers to gather views of 277 people on what makes good quality GP services
- Healthwatch has produced the report and recommendations GP quality in Coventry: what is important to local people and recommendations for action (see: www.healthwatchcoventry.co.uk/wesay)
- We sit on the Primary Care Sub Group of the local Health and Wellbeing Board to represent the interest of patients and have fed our findings through this group as well as to the Local Area Team and CCG.

What needs to happen now?

Healthwatch Coventry's recommendations should be put into action and the voices of local people should be heard in the planning and development of GP services.

As there is no publically recognisable statement of good quality GP care, GP Services and commissioners in Coventry should adopt a statement of what a good quality GP service is. Healthwatch had drafted content for this based on what local people have told us[2].

4.5 Access to GP appointments

The issues

In common with other parts of the country Healthwatch is picking up concerns about access to GP appointments:

- Waiting times for appointments vary between practices however we have seen more people talking to us about longer waits of up to two weeks and some of even longer. There were also comments gathered through our GP quality piece of work.

[2] GP quality in Coventry: what is important to local people and recommendations for action (January 2015)

- In our survey completed at the Walk in Centre in 2014 some people said they used the service because they could not access an appointment at their local practice quickly enough

What needs to happen now?

GPs, the Area Team of NHS England, the Coventry and Rugby CCG, and other bodies which support local GPs need to consider how additional capacity can be developed within local GP services and how capacity can be developed in the areas of most need.

Local and national work needs to take place to understand work force issues and how these can be addressed.

4.6 Getting to the hospital

4.6.1 Patient transport

Healthwatch Coventry has been gathering peoples' experiences of using patient transport service in Coventry.

The issues:

- Delays in collection for inbound or home bound journeys
- People being late for outpatient appointments due to transport delay
- Long journey times
- Communication issues
- Patients discharged from hospital needing to be found a bed as they had not been collected
- Poor quality service for renal dialysis patients

Local Healthwatch Coventry work:

- Asked the Scrutiny Board of the local council to review the work of the CCG in re-commissioning the service
- We have reviewed draft specifications for the re-tendering of the patient transport service and argued for quality standards regarding waiting times and journey times
- We have also argued for greater patient engagement

- We have taken part in discussions regarding the eligibility criteria for public transport

What needs to happen now:

A new contract has been awarded and the service starts from 1 April 2015. The CCG needs to ensure that this is properly quality monitored and the provider West Midlands Ambulance Service needs to be committed to providing a quality service and ensuring that past problems do not continue.

4.6.2 Getting to hospital appointment elsewhere

The issue:

Choice of location for hospital outpatient and other care has been promoted and increasingly regional specialist centres of excellence are being created. This leads to problems for people on low incomes who need to/want to access services outside of Coventry, as they struggle to meet the cost.

What needs to happen now:

Consideration needs to be given to this by national and local commissioners to ensure that some people are not disadvantaged in accessing the service they need and arrangements exist to meet transport costs, sometimes this need to be by upfront payments.

4.7 Hospital discharge

The issues:

- Effective hospital discharge is vital for maintaining patient flow into the hospital as well as out of the hospital
- Straight-forward hospital discharges ie where no continuing health care or social care input is required can be delayed by factors such as waiting for medication and ineffective discharge planning
- There can be a lack of communication with relatives and carers regarding discharge plans and on the day of discharge
- Delays can also be caused by blockages in access to other healthcare services needed after discharge or social care assessments and social care services being put in place to support patients
- Patients admitted for regional specialist services eg trauma are not going back to their local services when they are well enough
- Practice across different wards is not consistent

- Organisations tend to blame other organisations for the issues

What needs to happen now:

There must be a continued focus on how to improve hospital discharge and ensure good quality patient experiences. This is not just the responsibility of the hospital and NHS commissioners but requires improved ways of joint working.

Local organisation need to work together to ensure that support is put in place to facilitate discharge.

4.8 Good engagement practice

The issues:

- Not enough time is allowed to carry out a process for gathering feedback or views from patients or the public
- Patients and the public are encouraged to give their views and feedback even when there is no clear route for this to have a direct influence on what will be done
- Some organisations carry out tick box consultations or feedback gathering exercises
- There is a lack of feedback to those who took part about what happens next
- There is not enough emphasis on "you said we did" types of approaches

Local Healthwatch Coventry work:

Healthwatch Coventry and Healthwatch Warwickshire have been promoting the Good Engagement Charter and supporting Toolkit aimed at those in NHS and other organisations who work to gather feedback, or views on local services.

What needs to happen now:

Some organisations have made good progress in taking on board what local people have said would make them want to give their views or get involved. This work should continue and other organisations should review their practice. GP practices should consider how to gather meaningful feedback on their services eg how to make the friends and family test survey worthwhile.

5 Recommendations

The Steering Group of Healthwatch Coventry recommends that:

4.1 The Health and Wellbeing Board in its strategic role, commissioners services and providers of local NHS services must work to address the issues highlighted in this report and add the specific calls for action we have highlighted into their priorities and work plans.

4.2 Commissioners of service should report back to Healthwatch on actions taken the plans they are making and actions they are taking in response by September 2015.

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Coventry City Council

Report

To: **Health and Wellbeing Board**

From: **Dr Jane Moore, Director of Public Health**

Date: **6th July 2015**

Subject: Next steps for the Health and Well-being Board.

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1 Purpose of the Report

1.1 The aim of this report is to update members of the Health and Well-being Board on proposed changes to the Board's membership and support arrangements.

2 Recommendations

2.1 To agree revisions to the Board's membership and new support arrangements to reflect feedback from Health and Social Care Scrutiny Board 5, recent local election changes and national policy direction.

3 Background

3.1.1 The national policy context affecting health and care includes a greater focus on achieving integration between health and social care, as outlined in the NHS England Five Year Forward View and the Care Act 2014, ensuring services from multiple agencies are co-ordinated around the needs and expectations of individual. This provides an opportunity to review the membership of the Board and to understand what changes are required to strengthen its system leadership role in shaping the local health and social care system and in driving transformation.

3.1.2 The growing requirements on Health and Well-being Boards, benchmarking against a recent regional review of Health and Well-being Board and feedback from Health and Social Care Scrutiny Board demonstrates the need for increased capacity to support the work of the Health and Well-being Board, providing more effective support to drive the work of the board.

4 Proposed changes

4.1 Additional resource has been identified to support the work of the board. In additional to the Secretariat role carried out by the City Council's Governance Services team, an existing post in the City Council's Insight team has been re-designated to provide additional capability to drive the work of the Health and Well-being Board. This is aiming to improve the board's accountability, ensure that delivery of the Health and Wellbeing Strategy is

effectively monitored and to support the implementation of emerging national policy and any local changes to the Health and Well-being Board that this will require.

4.2 The table below sets out revisions to membership for the Board. This is consistent with statutory requirements, as set out in the 2012 Act. The key changes are as follows:

4.2.1 Following local government elections, the post of Chair of the Health and Well-being Board will be separated from the post of Cabinet Member, Health and Adult Services. The current Chair, Cllr Alison Gingell, will continue to act as Chair of the Health and Well-being Board, with the new Cabinet Member for Health and Adult Services, Cllr Kamran Caan taking over the new role of Deputy-Chair.

4.2.2 In the light of national and local drivers for health and social care integration and the need for radical redesign of the health and social care interface, the Chief Executive of the City Council will also be a member of the Health and Well-being Board. This will align all the senior executives of organisations with responsibility for the commissioning and delivery of health and social care into one board.

4.2.3 Plans to develop new ways of delivering primary care in the city and the establishment of Coventry and Rugby GP Federation which will lead the development of this work, mean that the GP Federation are also crucial players in the delivery of improved health outcomes in the city and as such, have an important role to play on the Health and Well-being Board.

Summary of board representatives and changes to board representation

Position / Organisation	**Representation**	**Proposed change**
Health and Well-being Board Chair		Chair to be a separate role from the Cabinet Member – Health and Adult Services
Leader of the Council		No change
Cabinet Member – Health and Social Care		Post-holder to be the Deputy Chair of the Health and Well-being Board
Cabinet Member - Children and Young People		No change
Opposition Councillor representative		No change
Chief Executive, Coventry City Council		New
Director of People		No change
Director of Public Health		No change
Local Healthwatch	2 representatives	No change
Coventry and Rugby Clinical Commissioning Group	2 representatives	No change
Coventry and Rugby GP Federation	1 representative	New
Voluntary Action Coventry	1 representative	No change

Coventry University	Vice-Chancellor (or rep)	No change
Warwick University	Vice-Chancellor (or rep)	No change
NHS England	1 representative	Change to reflect new NHS England Structures
West Midlands Police	1 representative	No change
West Midlands Fire Service	Operations Commander Coventry	No change
University Hospital Coventry & Warwickshire	1 representative	No change
Coventry & Warwickshire Partnership Trust	1 representative	No change

The frequency of meetings will continue to be a maximum of six meetings a year, with additional development sessions to be scheduled in between formal board meetings.

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Coventry City Council

Report

To: Coventry Health and Wellbeing Board **Date: 6 July 2015**

From: Chris Wood, Head of Corporate Delivery, Coventry and Rugby CCG

Subject: NHS Quality Premium Incentive Scheme 2015/16 measures

1 Purpose

To provide a summary of the NHS 2015/16 Quality Premium Incentive Scheme measures chosen for Coventry and Rugby CCG.

2 Recommendations

The Health and Wellbeing Board **note** the Quality Premium measures chosen by Coventry and Rugby CCG for 2015/16 and the factors that will directly affect the financial incentive should the measures be achieved.

3 Information/Background

The 2015/16 Quality Premium Incentive Scheme guidance has been released, and the financial incentive to Coventry and Rugby CCG achieving these measures is c£2.4M. The CCG Quality Premium measures were submitted to NHS England on 27 May 2015.

The quality premium paid to CCGs in 2016/17, to reflect the quality of the health services commissioned in 2015/16, will be based on the following measures that cover a combination of national and local priorities:

1) **Reducing potential years of lives lost (PYLL) through causes considered amenable to healthcare** – mandatory target (10% of the Quality Premium)

2) **Urgent and Emergency care** measures – the CCG has chosen 2 measures from the mandatory menu, totalling 30% of the Quality Premium:
- Reducing avoidable emergency admissions (20%)
- Reducing Delayed Transfers of Care (DTOCs) which are an NHS responsibility (10%)

3) **Mental Health Measures** – the CCG has chosen one measure from the menu, totalling 30% of the Quality Premium:
- Reduction in the number of people with severe mental illness who are currently smokers

4) **Prescribing measures** - Improving antibiotic prescribing in primary and secondary care measures. These are mandatory targets (10% of the Quality Premium) split into 3.

5) Two **local measures** were chosen based on local priorities identified in joint health and wellbeing strategies (20%of quality premium – 10% for each measure).

- Reduction in residential and nursing home non elective admissions
- Reduction in End of Life hospital admissions in last 3 months of life

The table below highlights the estimated financial incentive to the CCG in achieving its Quality Premium metrics (based on CCG population of 483,305):

Measure	Description	% of Quality Premium	£ incentive to CCG
Reducing potential years of lives lost (PYLL) through causes considered amenable to healthcare		10%	£241,653
Urgent and Emergency care	Reducing avoidable emergency admissions	20%	£483,305
	Reducing Delayed Transfers of Care (DTOCs) which are an NHS responsibility	10%	£241,653
Mental Health Measures	Reduction in the number of people with severe mental illness who are currently smokers	30%	£724,958
Prescribing measures	Reduction in the number of antibiotics prescribed in primary care	5%	£120,826
	Reduction in the proportion of broad spectrum antibiotics prescribed in primary care	3%	£72,496
	Secondary care providers validating their total antibiotic prescription data	2%	£48,331
Local measures	Reduction in residential and nursing home non elective admissions	10%	£241,653
	Reduction in End of Life hospital admissions in last 3 months of life	10%	£241,653
TOTAL		**100%**	£2,416,525

Penalties to achieving the Quality Premium:

The CCG will not receive a Quality Premium payment if it does not achieve its statutory financial obligations. It will also be penalised if it does not achieve the following NHS constitution performance measures:

NHS Constitution requirement	Threshold	Adjustment to funding
RTT Admitted	90%	-10%
RTT Non Admitted	95%	-10%
RTT Incompletes	92%	-10%
A&E waits	95%	-30%
Cancer waits - 2 weeks	93%	-20%
Ambulance - CAT A Red 1	75%	-20%
TOTAL		**-100%**

Quality premium 2015/16 metric will be monitored on a monthly basis and reported to the CCG Performance Committee for assurance and discussion.

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Coventry City Council

Report

To: Coventry Health and Wellbeing Board **Date: 6 July 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 is asked to:

Note the progress made to date in relation to the following aspects of the Better Care Coventry Programme:

- Social Prescribing/Social Navigation
- Integrated Neighbourhood Teams
- Information Sharing

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) which is then used to promote the integration and improvement of existing services.

The Health and Wellbeing Board approved Coventry's first Better Care Plan which 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 be 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.

A report was presented to the Health and Wellbeing Board on 20 April 2015, providing an initial update on progress. A further report was to be presented in July outlining three aspects of the implementation of the Better Care Programme, specifically Social Prescribing/Social Navigation, Integrated Neighbourhood Teams and Sharing Information.

4 Progress made on implementation

Prior to 1 April 2015, work had commenced on a number of approaches that could improve health and social care within Coventry. An update in relation to three specific elements is detailed below.

Social Prescribing/Social Navigation

The purpose of social prescribing/social navigation is to improve the health and wellbeing of people who are in contact with their GP, who do not require medical intervention but do require support to minimise their social isolation.

The role of a social navigator is to work with individuals and assist them to maximise their independence through accessing support from the voluntary and community sector. Supporting people through this preventative approach can result in better outcomes for people, a more cost-efficient and effective use of NHS and social care resources and a wider, more diverse and responsive local voluntary and community sector base.

There is evidence that social prescribing/social navigation has a positive impact on the health service, including reducing the number of GP visits, A&E attendances and unplanned admissions to hospital. However, much of the existing evidence base has involved significantly larger scale proposals.

It is proposed that the social prescribing/social navigation service will be commissioned on a recurrent basis (for three years in the first instance) by Coventry and Rugby Clinical Commissioning Group. In recognition of the local health impact, Public Health will be providing 'pump prime' funding to support the first two years of the service.

The evidence from a number of different social prescribing models has been evaluated to develop the service for Coventry. Options have been presented to GP locality meetings in Coventry, and a model with a single point of access to a social navigator was the preferred option. It was also considered that links to statutory services as well as the voluntary and community sector should be included.

It is proposed that a 'hub' be established to act as a link between GP practices and social navigators. Following a referral to the hub, contact will be made with the person to determine the level and type of support required. The hub will include a mix of employed and volunteer navigators and buddies to provide appropriate support to those referred. The hub will be responsible for identifying and training volunteers and engaging with GP practices to ensure that the number of appropriate referrals are maximised. The hub will also have a function to identify

different types of support requirements through engagement with individuals, health and social care staff and other stakeholders and develop this support through the voluntary and community sector.

Following involvement of a social navigator, the outcome will be reported back to the referring GP practice so that they are kept fully informed of what has happened.

An engagement event with the voluntary sector took place on 15 June to gauge the feasibility of the model, understand any capacity issues and to undertake some market engagement. Subsequently, a business case was presented to the Coventry and Rugby Clinical Commissioning Clinical Development Group on 23 June 2015.

It is planned that a procurement process would take place in August 2015 with initial implementation between September and December 2015 and to fully roll out to all GP practices in January 2016. An interim evaluation of the service will take place in March 2016.

The development of Social Prescribing/Social Navigation is closely aligned with the work being undertaken for the scaling up across the city of the Integrated Neighbourhood Team pilots.

Integrated Neighbourhood Teams

Integrated Neighbourhood Teams (INTs) comprise of staff from across health and social care organisations, working in a multi-disciplinary way to support people with multi-complex needs to maximise their independence and prevent avoidable admissions to hospital.

Pilots have been operating with two Coventry GP Practices (The Forum and Jubilee) since July 2014. Both practices have a well-established INT which meet on a fortnightly basis. These meetings are chaired by a GP and supported by a Community Matron, District Nurse, Social Worker, Occupational Therapist, Mental Health Worker and Physiotherapist. There has also been input from the Council's Community Development Team, University Hospital Coventry and Warwickshire and other specialist areas. In addition, Age UK has been working with both practices as a Social Navigator. Since the pilots have been running there have been approximately 35 people referred from both practices.

There is evidence that INTs are having a positive impact on people and services 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 as work is undertaken by the INT, they have made less home visits to this group of people

Public Health is leading on a comprehensive evaluation of the pilot and this is informing the scale up of the model.

It is proposed that three INTs be established across Coventry, with every GP practice allocated to one of these teams. Each INT will comprise of the following dedicated staff: Community Nurse,

Community Matron, Social Worker, OT Team Leader, Mental Health Worker, Social Navigator and UHCW Link Nurse. It is anticipated that each of the INTs will be chaired by a GP.

It is considered that a centralised dedicated point of contact is needed to receive referrals from GPs. The feedback from engagement with GPs identified that, in order for both Social Prescribing/Social Navigation and INTs to be successful, the method for referral needs to be simple, with a common referral into both services being the preferred option.

It is therefore proposed that there will be a single hub, as described above that will take referrals from GP practices, and undertake an assessment as to whether the person requires INT support, social navigation or both.

If referred into the INT a Clinical Care Co-ordinator will be the key contact point for that person, and will arrange for the referring practice to be advised on what actions and plans have been put in place. The INT teams will also include a social navigator to link individuals to relevant voluntary and community activities where appropriate.

The INT will also link with the Frailty Unit being established at University Hospital Coventry and Warwickshire to ensure that where people receiving INT support are admitted to hospital they can be quickly assessed and where possible discharged back into INT care.

Presentations have been made to GPs to seek their support for the scaling up of this model and a business case was presented to the Better Care Coventry Programme Board in April and approved in principle.

The scaling up of INTs across the city is supported by the work being undertaken on information sharing.

Information Sharing

This programme of work is to facilitate the sharing of information between health and social care staff across the city.

The sharing of information between health and social care organisations is a key enabler to deliver integrated arrangements in Coventry to improve outcomes for people. The key strategic drivers are:

- Improving people's access to their own information, providing greater control and enabling people to make the right choices about their care and support
- Improving the person's experience of the health and care system by reducing the requirement to repeat their story to multiple agencies
- Providing suitable and scalable infrastructure to support integrated working across health and social care
- Consolidating on the range of care plans created for individuals across the system
- Improving the depth and breadth of informatics available to commissioners through the development of population health management capability
- Improving business efficiency across the health and care system and reducing duplicated administrative effort

- Embedding the NHS number as the single unique identifier across health and social care

An Information Sharing Programme Board provides a robust assurance mechanism to develop this work. There is a joint commitment to explore the opportunity for the consolidation of health and social care systems across the city. The Board provides support to and oversight of programmes that require data sharing including:

- Prime Ministers Challenge Fund e.g. GP in the Emergency Department at University Hospital Coventry and Warwickshire and extended GP hours to support the demand for primary care services

- Development of a medium-term ICT solution to support Integrated Neighbourhood Teams, Urgent Care services and End of Life services.

- Development of a longer term ICT solution for the health and social care system

- Development of population health management across Coventry and Rugby

All partner organisations have agreed and signed an Information Sharing Protocol (ISP). In addition, with involvement of the Local Medical Committee, a separate ISP has been developed for GP practices.

5 Next steps

The business cases in relation to the three specific areas outlined above are now being considered by the Adult Joint Commissioning Board and the Governing Body of the Coventry and Rugby Clinical Commissioning Group.

The delivery of Better Care Coventry will continue to be led through the Adult Joint Commissioning Board and Better Care Programme Board as a distinct programme of work.

Health and Social Care organisations in Coventry are working closely together to meet the challenges faced in the health and social care economy of increasing demand and limited resources which are resulting in on-going pressures to deliver against key targets.

In order to respond to the broader challenges of system wide transformation and integration, a Transformation Programme Board across health and social care has been established and a Programme Director has been appointed. The establishment of this system wide Transformation Programme Board has been communicated to NHS England and the Trust Development Agency through the System Resilience Group. A further report will be presented to next meeting of the Health and Wellbeing Board to describe in detail the scope of this programme, deliverables and timescales and the relationship with the Better Care Coventry Programme.

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