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### Coventry Health and Well-being Board

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**Time and Date**

2.00 pm on Monday, 11th April, 2016

**Place**

Diamond Room 2 - Council House

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**Public Business**

1. **Welcome and Apologies for Absence**
2. **Declarations of Interest**
3. **Minutes of Previous Meeting** (Pages 3 - 8)
  - (a) To agree the minutes of the meeting held on 8th February, 2016
  - (b) Matters Arising
4. **Health and Wellbeing Strategy Overview** (Pages 9 - 16)

Report of Dr Jane Moore, Director of Public Health
5. **Health and Wellbeing Priority 1 - Health Inequalities Update**

Group Commander Ben Diamond, West Midlands Fire Service will provide an update at the meeting
6. **Health and Wellbeing Priority 2 - Multiple/Complex Needs Update**

Chief Superintendent Danny Long, West Midlands Police will provide an update at the meeting
7. **Health and Wellbeing Priority 3 - Accountable Health and Care System**

Gail Quinton, Executive Director of People and Rebecca Southall, Director of Corporate Affairs, University Hospitals Coventry and Warwickshire will provide an update at the meeting
8. **Coventry City Council Health in All Policies Visit January, 2016** (Pages 17 - 28)

Report of Gail Quinton, Executive Director of People
9. **Better Care Fund 2016/17** (Pages 29 - 30)

10. **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

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Chris West, Executive Director, Resources, Council House Coventry

Friday, 1 April 2016

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](mailto:liz.knight@coventry.gov.uk)

Membership: S Allen, S Banbury, S Brake, Councillor K Caan (Chair), A Canale-Parola (Deputy Chair), Councillor J Clifford, G Daly, B Diamond, S Gilby, A Hardy, S Kumar, R Light, D Long, Councillor A Lucas, J Mason, J Moore, G Quinton, M Reeves, Councillor E Ruane, Councillor K Taylor 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 if you would like this information in another format or language please contact us.

**Liz Knight**

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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, 8 February 2016**

Present:

Board Members: Councillor Caan (Chair)  
Councillor Lucas  
Councillor Ruane  
Councillor Taylor  
Stephen Banbury, Voluntary Action Coventry  
Sarah Baxter, Coventry University  
Simon Brake, Coventry and Rugby GP Federation  
Dr Adrian Canale-Parola, Coventry and Rugby CCG (Deputy Chair)  
Juliet Hancox, Coventry and Rugby CCG  
Simon Gilby, Coventry and Warwickshire Partnership Trust  
Andy Hardy, University Hospitals Coventry and Warwickshire  
Professor Sudesh Kumar, Warwick University  
Ruth Light, Coventry Healthwatch  
Danny Long, West Midlands Police  
John Mason, Coventry Healthwatch  
Dr Jane Moore, Director of Public Health  
Gail Quinton, Executive Director of People  
Martin Reeves, Coventry City Council  
David Smithson, West Midlands Fire Service

Other representatives: Sarah Billiald, Collaborate

Employees (by Directorate):

Resources: L Knight

Apologies: Councillor Clifford  
Professor Guy Daly, Coventry University  
Ben Diamond, West Midlands Fire Service  
David Williams, NHS Area Team

## **Public Business**

### **34. Declarations of Interest**

There were no declarations of interest.

### **35. Minutes of Previous Meeting**

The minutes of the meeting held on 7<sup>th</sup> December, 2015 were signed as a true record. There were no matters arising.

### **36. Children and Young People Plan and Children's Partnership Governance Arrangements**

The Board considered a report of Gail Quinton, Executive Director of Place which sought approval of the new Children and Young People Plan and the revised governance to oversee the implementation and delivery of the plan. A copy of the plan, which was articulated in the form of a 'plan on a page', was attached at an appendix to the report.

The report indicated that the new plan had been endorsed by all the partner organisations represented on the former Children's Joint Commissioning Board. It replaced the previous plan which covered 2011-2014. The Plan's vision was 'We want Coventry children and young people to have supportive families and communities, live safe from harm, their level of achievement, health and well-being improves and they have positive and fulfilling lives – conception to early adulthood'. The four priorities were early help; be healthy; stay safe; and education, training and employment.

The Board were informed that the Plan required partners to work differently together. To ensure effective implementation, revised governance arrangements to operate from January 2016 had been agreed by the partners. The Children's Joint Commissioning Board had become the new Children and Young People Partnership Board and it was proposed that the Board would report to this Board on a six monthly basis on performance and development. This recognised that the Health and Well-being Board was accountable for long term sustainable improvement. A copy of the terms of reference for the new Partnership Board was set out at a second appendix. In addition, the current Joint Commissioning Business Group would become the Children and Young People Joint Commissioning Group.

The formation of the new Partnership Board was pivotal in overseeing the new plan. The Board would be responsible for monitoring its implementation, provide partnership challenge, leadership and direction.

The Board discussed the monitoring arrangements including performance indicators and were informed that the new Board had met for the first time the previous week and an overview would be provided at each meeting. In relation to the Plan, clarification was sought regarding the variation in age ranges for the different indicators. Further discussion centred on the proposal to report into this Board on a six monthly basis.

**RESOLVED that:**

**(1) Approval be given to sign off the Children and Young People Plan that has been agreed by partners represented at the Children's Joint Commissioning Board.**

**(2) Approval be given for the new Children and Young People Partnership Board to be a formal sub-group of the Health and Well-being Board and to report performance and development on a six monthly basis.**

**37. Health and Well-Being Strategy**

Further to Minute 30/15, the Board received a presentation from Sarah Billiald, Collaborate which provided a summary of the work undertaken to date by the

Board for their development and for creating the framework for the next Health and Well-being Strategy.

The presentation provided a timeline of the work undertaken since November which would lead to finalising the Health and Well-being Strategy and refreshing the way the Board operates at their final meeting of the current municipal year in April. There was a recap of the current focus and operation of the Board along with the opportunities for improvement and change to move forward the work of the Board. The key barriers to better well-being for Coventry residents that the Board would like to tackle were highlighted along with the key issues in relation to these barriers.

The presentation set out the following proposed vision for the Board:  
'Local people live happier, healthier, longer lives and have improved health and well-being during their lives.'

Information was provided on how the seven topics identified through the JSNA, Marmot and Board discussions had become the following three key priority areas:

- i) Developing an accountable care system through the necessary system infrastructure which will improve resilience and enable a genuine focus on prevention as well as treatment
- ii) Making sure that the health and well-being of those with complex and multiple needs (mental health, substance misuse and domestic abuse in particular) is improved
- iii) Maintaining the focus on health inequalities, particularly by ensuring an equal chance of success for all children/ young people and good jobs for all to support the growth of Coventry (Marmot).

Detailed feedback was provided from the three workshops held to consider the above priority areas including the vision for these priorities and how they could be delivered. The presentation concluded with the timetable for progress for the first 100 days.

The Board gave detailed consideration to a number of issues arising from the presentation including:

- A concern that national changes were required while the Board operated at a local level
- The role of the Board to work in partnership whilst holding one another to account to ensure delivery of the agreed priorities
- An acknowledgement of individual organisational issues, the need to work within constraints and the requirement for cultural change
- The importance of using Boards/Operational Groups already in existence to be able to move issues forward
- The importance of the Board's role in supporting the Council's aspiration for Coventry to be a Top Ten City
- In the light of reducing financial resources, the need to reorganise and work differently to be able to deliver outcomes for the people of Coventry
- A suggestion that it might be appropriate for a small number of members to form a Leadership Group to lead on the priorities rather than the whole Board moving issues forward

- A concern at the lack of pace and focus to move to one accountable organisation
- A concern that the Board were continually discussing the same issues rather than ensuring that issues were moving forward
- The need for partners to be risk averse and not get caught up with data protection issues
- An acknowledgement of the transformation work of the integrated neighbourhood teams which involved the sharing of patient records

**RESOLVED that:**

**(1) The three priorities of the Board outlined above be endorsed.**

**(2) The Director of Public Health to determine how to move forward at pace on each of the three priorities and to report back with detailed proposals at the next meeting of the Board in April.**

**(3) Approval be given for all Board Members to work together in partnership to manage change and to hold one another to account.**

**(4) The vision set out above be approved.**

**38. The Coventry and Warwickshire 'Transforming Children and Adolescents Mental Health and Emotional Well-being' Transformation Plan**

The Board noted a report of the Joint Commissioning Manager for Mental Health and Dementia which informed of the five year 'Transforming Children and Adolescents Mental Health and Emotional Wellbeing' Transformation Plan for 2015-2020 which had been developed by Coventry and Rugby CCG in collaboration with South Warwickshire CCG, Warwickshire North CCG, Coventry City Council and Warwickshire County Council. A copy of the Plan was set out at an appendix to the report.

The report indicated that guidance from NHS England had placed responsibility on all CCGs to submit a five year ambitious strategy detailing how local Child and Adolescent Mental Health Services (CAMHS) would be transformed to meet the recommendations set out in the 'Future in Mind' report 2015.

The Board were informed that the Plan had been approved by each Chair of the Health and Well-being Boards across Coventry and Warwickshire. It set out the vision for the service and would initially deliver the following 7 key local strategic priorities:

- (i) Strengthen mental health support to children and young people in school
- (ii) Further reduce waiting times for access to CAMHS services
- (iii) Reduce the number of young people awaiting an assessment for ASD
- (iv) Provide crisis support to young people presenting with self-harm
- (v) Dedicated mental health support for the most vulnerable including children who become Looked After, adopted or in supported accommodation
- (vi) Enhancing access to information and communication through technology
- (vii) Implementation of a newly developed community Eating Disorder Service.

The Board noted the recurrent financial allocations from NHS England which would support the delivery of the Plan for the five year period.

A concern was raised about the lack of promotion of CAMHS, in particular that it was currently Children's Mental Health Week and that Social Workers were not confident in recommending the service. There was an acknowledgement that communication was required and that training and development would support staff to ensure that they were able raise awareness of the service. Clarification was sought as to how partners would hold one another to account to ensure that waiting times were reduced and targets achieved.

**RESOLVED that the Coventry and Warwickshire Transforming Children and Adolescents Mental Health and Emotional Wellbeing Transformation Plan assured by NHS England in November 2015 be noted.**

39. **Living Well with Dementia Strategy Update**

The Board noted a report of the Joint Commissioning Manager for Mental Health and Dementia which detailed the progress made in implementing Coventry's Living Well with Dementia Strategy which was launched in 2014 following extensive consultation with people living with dementia and their families and carers.

The report indicated that the consultation had resulted in 12 statements that people with dementia, their families and carers wanted the City Council to help them achieve. They related to how people wanted to be supported. The progress and planned actions against each of these statements were detailed.

**RESOLVED that the progress made in implementing the Coventry Living Well with Dementia Strategy be noted.**

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

There were no additional items of business.

(Meeting closed at 4.00 pm)

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Coventry City Council

## Report

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**To: Coventry Health and Wellbeing Board**

**Date: 11 April 2016**

**From: Dr Jane Moore**

**Subject: Health and Wellbeing Strategy Overview**

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### **1 Purpose**

Following the discussion at last Health and Wellbeing Board on 8 February 2016, at which three priorities were agreed, work has begun to turn these into a Health and Wellbeing Strategy for 2016-2019.

The three priorities agreed are:

1. Reducing Health and Wellbeing Inequalities
2. Improving the Health and Wellbeing of Individuals with Multiple Complex Needs
3. Creating a place in which the health and wellbeing of our people drives everything we do, focusing on delivering a safe and efficient health and social care system

The outline strategy and initial work on the 100 days plans will be presented at the board for discussion and agreement. For each priority the outline strategy sets out a case for change, areas of focus and expected outcomes.

The outline document is appended to this report.

### **2 Recommendations**

The Coventry Health and Wellbeing Board is asked to endorse the direction of travel and the completion of the Health and Wellbeing Strategy. It is also asked to review the current and future actions in the 100 day plan (which will be tabled at the meeting).

#### **Report Author(s):**

**Name and Job Title:** Jane Moore, Director of Public Health

**Directorate:** Chief Executive's

#### **Telephone and E-mail Contact:**

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Jane.Moore@coventry.gov.uk

Enquiries should be directed to the above person.

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## **Health and Wellbeing Strategy 2016-2019 (First draft framework)**

### **What is this document?**

Coventry is aiming to be a top ten city. It is ready to re-invent itself and has the potential to become one of the most inventive, diverse, integrated and successful cities in modern Britain. If we are to achieve this, there need to be big changes in how we work together across the private, public and voluntary sectors. We need to work alongside local people to change the face of the city for the better and ensure that everyone can share in the benefits of economic growth, including our most vulnerable residents.

This document sets out how improving health and wellbeing will contribute to objective of being a top ten city. We will only succeed if we see improvement in health outcomes for everyone in the city, whilst reducing the inequality gap. Put simply, healthy people who feel good about themselves are crucial to the success of the city. To create good health and wellbeing we need to look wider than managing people's health problems. We know that people who have jobs, good housing and are connected to families and their communities feel and stay healthier.

A top ten city also needs to recognise the skills and capabilities that lie within communities and individuals to improve their health and wellbeing; there is a real power in individuals taking responsibilities for their own health.

New relationships will see local organisations working alongside communities to jointly develop and deliver actions to prevent poor health and intervene early to prevent individuals falling into situations that cause long-term, intractable health and care problems.

This document is an initial draft for discussion, which will be further developed through implementation of the 100 day plans (up to date plans will be made available at the meeting).

### **Health and Wellbeing Priorities**

We need to ensure that the Health and Wellbeing Strategy and the work of the Health and Wellbeing Board support the objectives outlined above. Therefore, the strategy from 2016-2019 will focus on a small number of priorities where the Health and Wellbeing Board believes it will make the biggest difference to lives of Coventry people.

Three priorities have been identified:

1. Reducing health and wellbeing inequalities (the health and wellbeing gap)
2. Improving the health and wellbeing of individuals with multiple complex needs
3. Create a place in which the health and wellbeing of our people drives everything that we do, by developing an integrated health and care system that meets the needs of the people of Coventry

The rest of this document considers each priority in turn and sets out a case for change (why it is a priority) the specific focus for actions and the expected outcomes (what we hope to achieve).

We want this strategy to be a practical document that delivers actions, therefore we include a first 100 days plan for developing these three priorities. We will continue to ensure progress against action is overseen by the Health and Wellbeing Board.

## Priority 1: Reducing Health and Wellbeing Inequalities

Tackling inequalities will improve the health, wellbeing and life chances of Coventry people. Where someone is born, where they live, whether they work or not and what they do all affect how long someone will live, how healthy they will be and their quality of life.

The better the conditions in which you are born, grow up and live, the more likely you are to enjoy better health and a longer life. Statistics from Public Health England show that on average men in the most affluent areas of Coventry will live 9.4 years longer than men in the most deprived areas. For women the difference is 8.7 years. The difference is even greater for people who are homeless or who suffer from a mental health condition.

### Case for Change

Besides the human costs, every year health inequalities costs the UK £31-£33 billion in lost productivity (estimated at £170 million in Coventry), £20-£32 billion in lost taxes and welfare payments, and an additional £5.5 billion for healthcare costs

Reducing health inequalities, targeting resources based on need and investing in prevention and early intervention can:

- Improve health outcomes, wellbeing, mental health and social relations
- Increase productivity and improve educational attainment - ensuring the city is attractive to employers and help develop the local economy
- Reduce the costs of welfare and healthcare
- Reduce future demand for council services including social care, child protection, housing, domestic and sexual violence and substance misuse

### Areas of Focus

Working as a Marmot City in partnership with Public Health England and the Institute of Health Equity to narrow the health inequality gap, by:

- Tackling health inequalities disproportionately affecting young people
- Ensuring that all Coventry people, including vulnerable residents can benefit from 'good growth', which will bring jobs, housing and other benefits to the city

### Expected Outcomes

**1 a) Better emotional resilience and improved mental health in young people** – resulting in fewer young people in Coventry self-harming; improvements in educational attainment, and less violence, drug and alcohol abuse in young people.

**1 b) Improved levels of education, employment and training in young people** – resulting in fewer teenage pregnancies, lower rates of offending in young people and fewer young people who are not in education, employment or training.

**1 c) Vulnerable people helped into work** – resulting in a greater proportion of people with mental health issues being in employment, more migrants securing employment, employment services aligned to specific needs and a narrowing of the earnings gap between residents and those work but do not live in the city.

**1 d) Better quality jobs** – resulting more Coventry citizens earning the living wage, less sickness absence in Coventry and improvements in productivity.

**1 e) Improve the role of workplaces** as health promoting environments, recognising the economic value of a health workforce.

## **Priority 2: Improving the Health and Wellbeing of Individuals with Multiple Complex Needs**

There are an estimated 60,000 people in England facing multiple/complex needs. People with multiple, complex needs are defined as those experiencing at least two of the following: substance misuse, mental ill health, physical ill health and domestic abuse. Recent Lankelly Chase Foundation research suggests that 58,000 people have contact with homelessness, substance misuse and criminal justice services each year, and a further 164,000 people are in contact with two of these service groups. Similarly, Making Every Adult Matter estimate the number of individuals in England with 'multiple needs and exclusions' was 56,000 in the prison and homeless populations alone.

### **Case for Change (why this is a priority)**

Individuals facing multiple/complex needs often rotate through various welfare and justice systems. This can deepen the problems in their lives at a cost to them and society; being affected by multiple issues means that this group often struggle to engage with everyday life and mainstream services. They can often feel on the margins of society. The Lankelly Chase research found that quality of life for those facing complex needs tends to be much poorer than that reported by other low income and vulnerable groups. Experiences of social isolation, trauma, exclusion and poverty in childhood and adulthood are all too common. Of those engaged with criminal justice, drug and alcohol treatment and homelessness services, 55% also have a diagnosed mental health problem.

In addition, there is a compelling financial case to improving outcomes and reducing the pressure put on public services. This group tend to pose a disproportionate cost to society because they repeatedly use public services in an unplanned way. The exact cost of the cohort is difficult to accurately define because their needs and service use vary significantly. Estimates range from £16,000 a year for the average rough sleeper, to £21,180 a year for the average client facing substance misuse, offending and homelessness problems. This is compared to average UK public expenditure of £4,600 per adult.

Research estimates that those accessing homelessness services in addition to criminal justice or substance misuse services, or all three, cost £4.3 billion a year. Accumulated individual 'lifetime career' averages are also stark – ranging from £250,000 to nearly £1 million in the most extreme cases for the most complex individuals.

Our services are set up to deal with single issues, such as drug or alcohol misuse, homelessness or mental health, rather than addressing the various needs of the individual, meaning that multiple professionals are often working with the same person. Services are also focused on expensive crisis care, rather than on coordinated and preventative support that would deliver better results as well as value for money. Savings cannot be made, and outcomes cannot be improved, unless action is taken to reform the services that vulnerable and disadvantaged people rely on.

### **Areas of Focus**

This work will aim to improve the health and well-being of those individuals experiencing two or more of the following:

- Mental ill health
- Substance misuse
- Violence and sexual abuse
- Reducing the risk of people developing complex multiple needs (focus on adverse childhood experiences)

## **Expected Outcomes (what we hope to achieve)**

**2 a) People with multiple and complex needs will be enabled to manage their lives better through access to services that are more person-centred and co-ordinated.** Services will be built on the strengths of individuals - presuming that people can improve their own circumstances and life chances with the right support

**2 b) Services will be more tailored and better connected and will empower users to take part fully in effective service design.** Services will take a whole person approach and address the combination of factors that affect the individual in a way that is simple and straightforward for individuals to navigate

**2 c) Agencies work together to deliver and commission services for groups of people with complex needs across the city.** Better co-ordination of service provision between those delivering and commissioning services.

**2 d) Reduction in offending, anti-social behaviour and frequent users of services**

### **Priority 3: Create a place in which the health and wellbeing of our people drives everything that we do, by developing an integrated health and care system that meets the needs of the people of Coventry**

This section will be further developed following discussion at the board meeting on 11.04.16. as part of developing a Coventry health and care approach to system change and produce a sustainable transformation plan

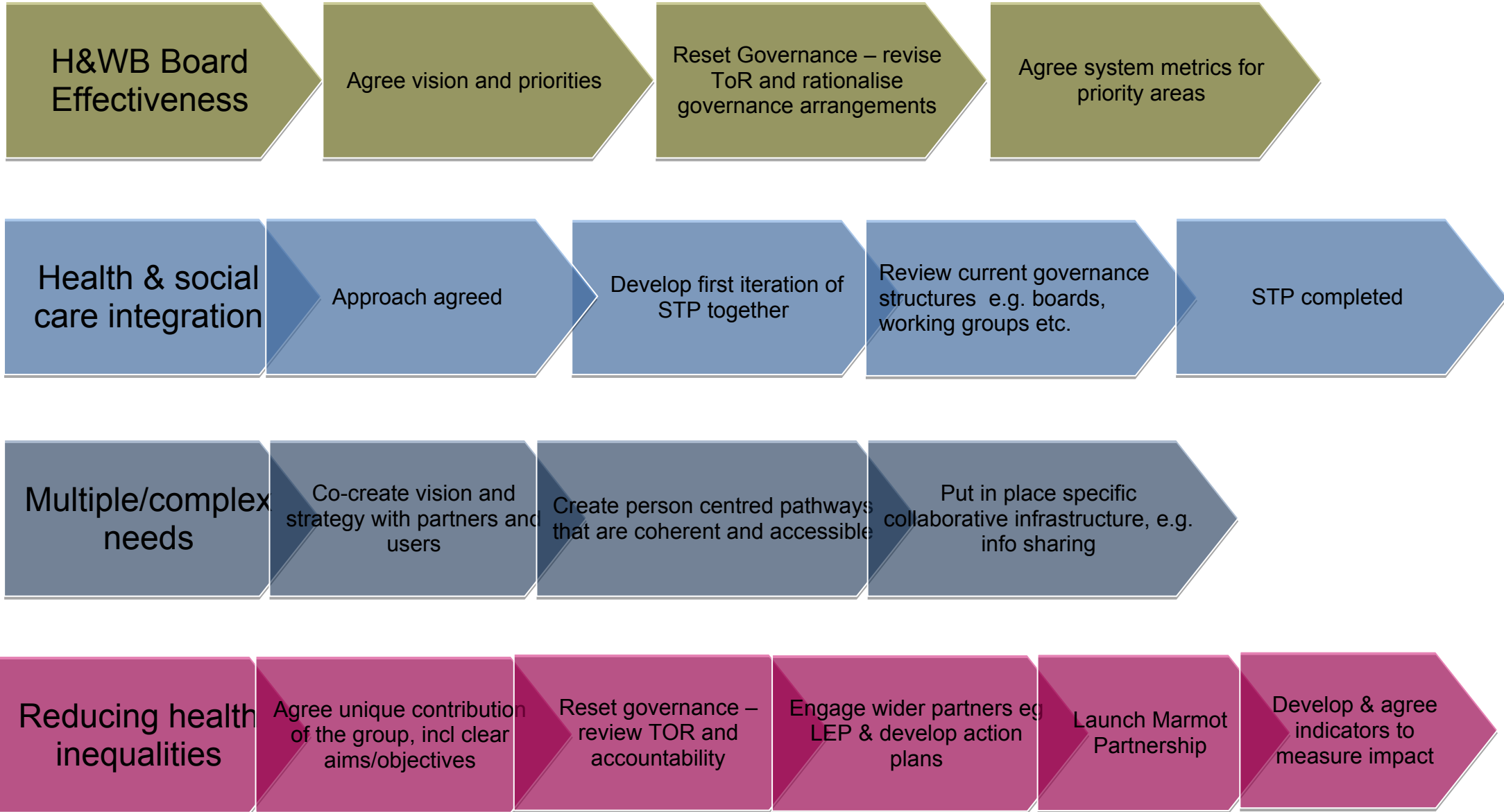
#### **Case for Change (why this is a priority)**

##### **Areas of Focus**

- An integrated health and social care system

#### **Expected Outcomes (what we hope to achieve)**

Outcomes to be determined as part of the ongoing work







## Report

### Health and Wellbeing Board

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Health and Wellbeing Board

11 April 2016

**Name of Cabinet Member:**

Chair of Health and Wellbeing Board & Cabinet Member for Health and Adult Services  
Councillor Kamran Caan

**Director Approving Submission of the report:**

Executive Director – People  
Director of Public Health

**Ward(s) affected: All**

**Title:**

Coventry City Council Health in all Policies Visit January 2016 - Report

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#### Background

The Local Government Association, Association of Directors of Public Health and Public Health England are currently piloting a peer review process to assist Councils to establish how they can accelerate the good progress made to date on addressing the wider determinants of health and the extent to which they are maximising the impact of all policies and services in keeping people healthy and tackling health inequalities.

Coventry City Council requested to be one of the pilot sites for the 2 day peer review process which focussed on the following headline questions:

1. Does the Council have a clear vision and ambition for health and wellbeing?
2. How well does the Council enable others to improve health?
3. Is the Council making a sustainable impact on health outcomes?
4. Is the Council using its resources to best effect to improve health?

#### Peer Review Process

A two day visit was held on 5<sup>th</sup> and 6<sup>th</sup> January 2016 involving 22 interviews/workshops and 107 individuals including elected members, staff and partners. Prior to the visit, the peer review team had reviewed a number of background documents and also had undertaken a questionnaire of key individuals/partners to ascertain the Coventry position in relation to the Health in All Policies agenda.

A copy of the letter received providing feedback from the visit and a number of recommendations to take forward the agenda is attached as Appendix 1.

## Peer Review Recommendations

The peer review team have made a number of recommendations for Coventry to consider in relation to taking forward the Health in All Policies agenda.

The recommendations from the visit are outlined below:

1. **Capitalise on the renewed energy in the Health and Wellbeing Board to work with partners to:**
  - a. **ensure the revised Health and Wellbeing Strategy is the vehicle that pulls together into one place coherently the outcomes required for Coventry to be a Marmot Exemplar and Top Ten City**
  - b. **clarify how the role and purpose of boards and the relationship between them can best achieve the priorities in the strategy**
  - c. **to ensure a space is being created for partners to have ongoing and difficult discussions including those relating to their role in investment in upstream prevention**
2. **Ensure that Council strategies and plans all have a clear link to the ambition for the city with a consistency of language to help mainstream and embed public health considerations throughout all aspects of the Council's work**
3. **Ensure health needs are taken into account when decisions are being made and that approaches are adopted to reconcile situations where priorities are directly competing**
4. **Embed the Marmot principles explicitly into service planning processes ensuring there is a focus on prevention and keeping people well, and wherever possible demonstrate where services are offering a positive return on investment in prevention**
5. **Provide all councillors with regular data and insight on health outcomes in their area to enhance their leadership role within communities, supporting them to become health champions so they can play their part in reducing health inequalities**
6. **Maximise the benefit of voluntary sector commissioning by providing mechanisms that enable services to signpost to each other e.g. by hosting networking sessions and facilitating workshops on the services provided**

Members are asked to consider the recommendations and consider how we incorporate them into the current work of the Health and Wellbeing Board.

Members will be aware that the Health and Wellbeing Strategy is currently being refreshed and it is proposed that it will bring together the strands of the Council's ambition to be a Top Ten City and also the Marmot agenda. Work is also being undertaken to reframe the role of the Health and Wellbeing Board and other strategic groups to take forward the Strategy. It is proposed that the Health and Wellbeing Board development sessions are used to provide the opportunity for partners to have ongoing discussions regarding the prevention agenda.

In addition, the Council is committed to ensuring that as strategies and plans are developed and refreshed they will be linked to the new Health and Wellbeing Strategy to ensure that a clear and consistent narrative is developed across all areas of work.

The Insight team have developed ward profiles for all of the City Council Councillors to provide information regarding the health and wellbeing of constituents. Further work is planned with Members regarding developing their role as health champions within communities.

## Recommendations

Members of the Health and Wellbeing Board are asked to consider the recommendations following the Health in All Policies Peer Review visit and to agree the actions that need to be taken to support their implementation.

### Report author(s):

**Name and job title:** Heather Thornton, Head of Strategic Support

**Directorate:** People

**Tel and email contact:** 024 7683 2884 heather.thornton@coventry.gov.uk

Enquiries should be directed to the above person.

<b>Contributor/approver name</b>	<b>Title</b>	<b>Directorate or organisation</b>	<b>Date doc sent out</b>	<b>Date response received or approved</b>
<b>Contributors:</b>				
Jane Moore	Director of Public Health	People	25/02/16	26/02/16
<b>Names of approvers for submission: (officers and members)</b>				
Gail Quinton	Executive Director People	People	26/02/16	29/02/16
Cllr Caan	Cabinet Member			

## Appendix 1



Cllr Ann Lucas OBE, Leader of the Council  
Martin Reeves, Chief Executive  
Coventry City Council  
Council House  
Earl Street  
Coventry  
CV1 5RR

January 2016

Dear Ann and Martin,

### **Coventry City Council Health in All Policies (HiAP) Peer Support 5 & 6 January 2016**

On behalf of the peer team, I would like to say what a pleasure and privilege it was to be invited into Coventry City Council to deliver Health in All Policies peer support and to thank you for participating in the pilot programme and contributing to its evaluation. The offer is based on the principles of sector led improvement and delivered by elected member and officer peers.

The peers who delivered the peer support in Coventry were:

- Nigel Pearson, Chief Executive, East Riding of Yorkshire Council
- Councillor David Shields, Cabinet Member for Health and Adult Social Care, Southampton City Council
- Janet Atherton – Associate, Local Government Association
- Richard Chidwick - Programme Manager, Public Health England
- John Tench - Advisor, Local Government Association
- Kay Burkett – Programme Manager, Local Government Association

### **Background and Introduction to the HiAP peer support offer**

The Health in All Policies peer support has been developed by the Local Government Association, the Association of Directors in Public Health and Public Health England to help councils work out how they can accelerate the good progress made to date on addressing the wider determinants of health and the extent to which they are maximising the impact of all policies and services in keeping people healthy and tackling health inequalities. Getting the best return on investment from ever tighter local authority budgets will become increasingly important in the coming years. Adopting healthy policies, investing in effective prevention programmes, strengthening early intervention and building on community assets will be critical for councils and their partners.

The focus of the peer support is primarily on the role of the council and as part of that will consider how the council is acting as a leader for public health in the wider system. The headline questions used during the visit were:

5. Does the Council have a clear vision and ambition for health and wellbeing?
6. How well does the Council enable others to improve health?
7. Is the Council making a sustainable impact on health outcomes?
8. Is the Council using its resources to best effect to improve health?

Prior to the two day on-site visit background reading was undertaken by the peer team, including key documents, an online questionnaire and self-assessment in the form of a Position Statement. The Council drew up a timetable of on-site activity with interviews and workshops.

The peer team were made to feel welcome and were impressed with the level of engagement from within the Council and from partners that resulted in 22 sessions, 1 visit and discussions with 107 people including elected members, staff and partners. Our thanks is extended to them and the Public Health Team who co-ordinated the process with efficiency and helpfulness.

### **Headline messages**

There is a high level of ambition for Coventry for improving the health and wellbeing of citizens. This ambition was clearly articulated by senior leadership of the Council and has translated into a clear drive for Coventry to become a 'Top Ten City' and a Marmot Exemplar. Enthusiasm and energy amongst the council leadership is evidence in working towards these ambitions and these were easily quoted by elected members and staff across the council, as well as by people working in services that the council has commissioned.

Coventry City Council is in an exciting position. Being a Marmot City presents an opportunity to re-shape policy across the organisation to tackle health inequity and there are a number of exemplary initiatives on the horizon such as Connecting Communities and the wider embedding of commissioning for social value. The Public Health Team has worked hard across directorates to achieve some good outcomes from these and other initiatives.

Current collaborative endeavours in Coventry are having a visible impact on health outcomes for example more people are active than ever before. The life expectancy gap between the most affluent and most deprived areas has narrowed (from 11.2 years to 9.8 years for men and from 8.6 years to 8.5 years for women), and there have been improvements in educational development, health outcomes, life satisfaction, employment and reductions in crime in priority locations.

Keeping the council and all partners prioritised and aligned to reduce health inequalities is a challenging imperative, particularly where multiple, complex, and often conflicting, national and local drivers are in play. Focusing on shared health challenges with a common clear vision across organisational divides will need continued effort to ensure that it is sustained and embedded effectively.

There are established and purposeful partnerships in Coventry and many new key partners in these joint endeavours need to be part of refreshed conversations to help clarify intentions and expectations, enhancing cross organisational engagement and collaboration. From what the peer team saw in Coventry we feel confident the leadership of the Council will continue to give time, energy, persistence and leadership to this endeavour.

The Public Health Team and colleagues across the Council collaborate well on a wide range of strategic and bottom-up initiatives to ensure a health benefit can be incorporated into many aspects of the Council's work. This strategic influence can be seen most notably in the Local Plan which, unlike many other areas, has a specific acknowledgement of the impact of health and wellbeing. The peer team felt that having this specific section shows an organisational recognition that health and wellbeing is influenced by a range of economic, social and environmental factors.

If the Council wants to strengthen its position as a public health authority policies need to support all directorates to use their budgets and services to contribute to better health outcomes in the city. Use of consistent language to provide clear and aligned outcome based priorities within strategic plans would allow directorates to translate the vision into meaningful priorities and be taken right through to frontline services. It will be important to embed and sustain a health focus in the longer term, beyond short term funded projects and initiatives, by ensuring all services are supported through service planning processes to develop and deliver 'health of the public' through their own ideas, with the Public Health Team offering advice and tools.

### **Does the Council have a clear vision and ambition for health and wellbeing?**

There is a strong and shared vision by the Council and partners for Coventry to become a "Top Ten City". This is underpinned by the Marmot framework for actions on routine inequalities that is reflected in major planning documents such as the Local Plan. There is also wide recognition that the blueprint and vision and to help re-establish Coventry at the centre of the Warwickshire sub-region and contribute towards the West Midlands 'engine for growth' will have a fundamental impact on the health and wellbeing of the City's population. The Council has been proactive in West Midlands' discussions and is helping to shape the mental health commission chaired by Norman Lamb. These are key factors in the Council's rationale for supporting work towards a combined authority and reflects the very strong drive by political and managerial leadership within the Council for economic growth to achieve social justice.

The clear drive and vision is demonstrated on a wider geographical footprint with the Council endorsing a commitment to work across a geography consisting of the Black Country, Coventry & Warwickshire and Greater Birmingham & Solihull Local Enterprise Partnerships in the development of an agreement for a West Midlands Combined Authority. This will support an £8bn ten year investment plan to get the West Midlands moving and drive local growth.

The Council has clearly used the Marmot Principles to influence key strategies. This is evident within the Local Plan and the Council Plan with an emphasis on prevention and reducing health inequalities alongside a recognition of the wider-determinants of health such as housing, economic prosperity and the built environment. However, different versions of priorities were articulated to the peer team. Some of the key strategies for the Council, such as the current Health and Wellbeing Strategy, Housing and Homelessness Plan, the Green Space strategy, the Sports Strategy and the Equalities Strategy make reference to health in their objectives but with a different iteration of priorities. Therefore the peer team did not feel that the vision translated into clear priorities across all Council services. The refresh of the Joint Health and Wellbeing Strategy provides an opportunity for the Council to ensure its strategic oversight, vision and targeted priorities are more consistent across all directorates in relation to health and wellbeing, and in turn ensure that it is influencing commissioning and delivery.

There is potential for the Health and Wellbeing Board (HWB) to make a further important contribution to improving the health and wellbeing of the city's population by bringing together all the key local players and public services to take a preventative, place based approach. This would be helped by being clear what the role and purpose for the Coventry HWB is in relation to how it works with other partnerships such as the Public Service Board, Children's Board and Adults Commissioning Board. It would help the Council and partners if these links and the governance for areas of work were clarified and communicated. This should include the Marmot Group, as from the evidence the peer gathered the clarity about this sub group of the HWB was not apparent across and between organisations. In going forward the HWB needs to ensure priorities across the city are aligned with the vision for a Top 10 City and Marmot principles so there is coherence in delivery of the priorities, including space being created for partners to have difficult discussions e.g. the role of key partners in relation to investment in upstream prevention.

## **How well does the Council enable others to improve health?**

The Council is capitalising on its good partnerships to enable partner organisations to contribute to health improvement. The Marmot Group is providing a useful forum for open discussion between key partners on how to make a difference bringing together senior representatives from across the Council, Voluntary Action Coventry, Coventry and Rugby Clinical Commissioning Group, West Midlands Fire and Rescue Service and West Midlands Police. The group is promoting an asset based approach to working with the community and there are examples of joint working such as boot camps for young offenders and targeting the work of fire fighters to identify and signpost vulnerable and high risk householders. In moving to the next stage it is important there is capacity and commitment to follow up more challenging areas for development such as data sharing and joint commissioning with a focus on action planning and delivery.

There are some excellent examples in Coventry where services that impact on people's health and wellbeing had been co-designed with communities, such as IGNITE and the Early Action Project. There was general recognition that the council makes a concerted effort to engage with local communities in designing and delivering services. The second phase of the Connecting Communities initiative is well publicised and eagerly awaited, as it is seen that this new model will change the way the Council works with communities and will result in much more co-production. However, some feel that current engagement efforts do not go far enough into communities who are seldom heard such as young people, people with learning disabilities and minority ethnic groups. There was a concern from the voluntary community that online consultations from the council can often alienate those who do not speak English as a first language, who are also more likely to live in the wards with high health inequality. The Council will need to ensure itself that the new approach includes ward level targeting for engagement in areas of highest need to reduce inequity.

The community leadership role of elected members is not being used to its full potential in engaging communities in health and there is scope for a greater understanding amongst service managers on the key role of elected members in engaging with communities. This is elaborated on further in the section on resources.

Housing is recognised within the Council as a critical factor in providing the conditions for people to maintain their health as outlined in the housing and homelessness strategy and the working relationship is positive with the housing provider, Whitefriars. There is work taking place currently with strong links into the people's directorate which includes Public Health. However, it was expressed by staff across the directorates and Whitefriars that there are further opportunities to do more to maximise the contribution that housing can make to health improvement.

## **Is the council making a sustainable impact on health outcomes?**

The Insight Team within Public Health act as a single source of information for the Council which has many benefits. Staff and leadership across the Council can articulate some key achievements such as the narrowed life expectancy gap and educational development that has been achieved over the past few years. The Council understands health inequalities at a local level in Coventry and can show improvements in the health outcomes attributed to these inequalities well. Information on the wider determinants of health is overlaid on to the health outcomes data to get a better understanding of the causes of health inequalities within the very diverse populations across the city. However, not all managers across directorates are clear on where progress has been made, and what is working well. Council services would be able to plan with more of a health focus by knowing what effect their individual and collective efforts are having on health inequalities. The new senior managers' forum Corporate Leadership Team could offer the dedicated space for them to do this.

The Council recognises that building a business case for upstream prevention is a challenge as using data to prove that initiatives are having long-term impacts can be slow and difficult to attribute to a single initiative. The Public Health Team can support non-public health staff and ward councillors by providing opportunities to understand key public health tools, such as concepts like prevalence and incidence and the use of evidence for evaluation. This will help them to better understand need and understand what the health benefits might be for intervention and understand what the barriers and blocks are. These tools will help all directorates across the Council build a convincing business case for upstream prevention through their area and have a shared understanding about how to measure the impact of their work.

There are many positive examples of where the Public Health Team and colleagues across the Place, People and Resources directorates have worked well together on sustainable change initiatives such as; schemes to enhance walkability of the city centre, Making Every Contact Count training for some frontline staff and the social values framework for commissioning. The Acting Early Programme to reconfigure the delivery of community midwifery, health visiting and children's centre services to improve the capability of parents in the health and development of their children is an excellent example of work targeted within neighbourhoods. The initiative was piloted in two of the more deprived areas, and through its success has been expanded to cover all 17 of the city's local areas. In going forward the Public Health Team should continue to safely reduce their input to these types of initiatives and move on to new issues brought forward by services that would benefit from their pooled resources, advice, information and tools.

### **Is the Council using its resources to best effect to improve health?**

The Council's financial plan has a clear rationale for the emphasis on economic growth to achieve social justice and the leadership of the Council has shown tenacity in maintaining this focus during the recent economic downturn, spending cuts and effects of welfare reforms. There are outline plans for savings to meet the forecasted £28m budget gap and transformation work is progressing to achieve these savings, there is also provision for investment in services for the most vulnerable people in the city.

It is positive that there is a requirement for an Equality Impact Assessment to be completed for key Council decisions, and it contains has a specific question relating to health. The challenge will be to make sure that the benefits for population health and wellbeing are interpreted within all of the decisions that are being made within the Council, for example, to maximize the consideration of health in new housing and regeneration developments across the city. The Council needs to consider how it will balance the health impacts with the legal framework, planning policy and housing pressures, with issues such as limited land in order for an informed choice to be made.

There is recognition that the Council cannot tackle health inequalities alone, with political and managerial leadership clearly stating it that it will become increasingly challenging to put the Marmot principles into action with fewer resources. This is becoming a key driver for making the most of everything the Council does in the way it works internally, across the city and sub regionally. Focusing on health inequalities is becoming a tangible part of the culture of the work of the Council with many examples of good work with businesses, the voluntary sector and emergency services that are testament to this commitment. For example, all West Midlands Fire Service operational personnel and Vulnerable Persons Officers have received Make Every Contact Count training to support them to engage in conversations and provide healthier lifestyle advice. However, it is important the Council seeks to be assured that it is using its resources to the best effect at the right time and in the right place for maximum impact. The Council will also need to continue to use its influence to ensure that the 'Coventry pound' is spent to best effect.



There are some good examples of the Council using its financial resources innovatively to improve health, such as using seed funding for an initiative with Sky Blues in the Community providing physical activity for women which have now received funding from Sport England to deliver the programme across Coventry. The Council has also helped to secure £1.8m of Big Lottery funding for the IGNITE project with Coventry Law Centre and Grapevine. This is a good example of a partnership approach that brings together Children's Services in Willenhall and Housing Management in Bell Green to offer practical advice and support for problems like isolation, debt, benefits and housing all in one place.

Social value as a key element of the Council's procurement framework is an important development to enable the Council to achieve better value for residents from the financial resource available. It is also seen as a positive development by the services that the Council commissions. Specific examples of this approach can be seen in the Costain contract designed to support local people to secure jobs in construction and the mental health training given to Job Shop staff in the Job Centre to enable them to provide enhanced support to get people into training and employment. Building in a specific requirement of Making Every Contact Count into the social values procurement framework could add further value to what providers can offer.

Work to address the wider determinants of health is recognised within Directorates as part of their role. There are parts of the Council where there is still potential to capitalise on existing work to help sustain an impact on health outcomes. Whilst on-site the peer team met with senior managers from across the Council who demonstrated considerable support for the Marmot approach and articulated many exciting ideas for where their work and that of their teams could further provide a health related benefit. Having plans at all levels with a more explicit emphasis on health and wellbeing related outcomes and upstream investment in prevention would help the ideas take root across the Council and facilitate more cross-council collaboration. This could be enhanced by identifying where a pooled budgeting approach, bringing together service and public health resources, may provide a more sustained outcome than public health grant allocations alone, and also ensure there is no overlap with community provision.

The Council is committed to building resilience and social capital in communities using an asset-based approach to help people remain economically secure and empower them to do more for themselves. If this is going to be successful then managers have to be committed to working on that basis and part of this will be working with elected members to understand communities better. As well as understanding Coventry's ambition, it is important for all councillors to understand what, as a community leader, they can be doing to reverse the trend of health inequity and further support the involvement of citizens in co-design of services.

The approach to voluntary sector commissioning needs to be more coherent across the Council in order to align resources to specific required health and wellbeing outcomes. Currently some voluntary and community organisations have several contracts with different parts of the Council and there are missed opportunities for alliances to be built between providers because they do not know who is commissioned to do what. Services are struggling to understand the resources available across and within localities and how they inter-relate which limits their ability to signpost people to support and advice. The Council would benefit from considering how to enable a clear understanding of the relationships to the services they offer and how they can refer between each other to improve the health and wellbeing of the individuals they serve.

## Recommendations

1. Capitalise on the renewed energy in the Health and Wellbeing Board to work with partners to:
  - ensure the revised Health and Wellbeing Strategy is the vehicle that pulls together into one place coherently the outcomes required for Coventry to be a Marmot Exemplar and Top Ten City
  - clarify how the role and purpose of boards and the relationship between them can best achieve the priorities in the strategy
  - to ensure a space is being created for partners to have ongoing and difficult discussions including those relating to their role in investment in upstream prevention
2. Ensure that Council strategies and plans all have a clear link to the ambition for the city with a consistency of language to help mainstream and embed public health considerations throughout all aspects of the Council's work
3. Ensure health needs are taken into account when decisions are being made and that approaches are adopted to reconcile situations where priorities are directly competing
4. Embed the Marmot principles explicitly into service planning processes ensuring there is a focus on prevention and keeping people well, and wherever possible demonstrate where services are offering a positive return on investment in prevention
5. Provide all councillors with regular data and insight on health outcomes in their area to enhance their leadership role within communities, supporting them to become health champions so they can play their part in reducing health inequalities
6. Maximise the benefit of voluntary sector commissioning by providing mechanisms that enable services to signpost to each other e.g. by hosting networking sessions and facilitating workshops on the services provided

## Next steps

The Council's political leadership and senior management will undoubtedly wish to reflect on these findings and suggestions before determining how to take things forward. In the meantime we are keen to continue the relationship we have formed with you and colleagues through the peer support to date. For example you may benefit by increasing member awareness of the role they play in delivering on your ambitions for tackling health inequalities and embedding health across the council. We can offer a facilitated workshop with your elected members to explore this as part of the follow-up offer of this pilot process.

Helen Murray, Principal Adviser (West Midlands) is the main contact between your authority and the Local Government Association. Helen can be contacted at [helen.murray@local.gov.uk](mailto:helen.murray@local.gov.uk) (or telephone 07884312235) and can provide access to our resources and any further support.

In the meantime, all of us connected with the peer support would like to wish Coventry City Council every success going forward. Once again, many thanks for inviting the peer challenge and to everyone involved for their participation.

Yours sincerely,

Kay Burkett  
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**To: Coventry Health and Wellbeing Board**

**Date: 11<sup>th</sup> April 2016**

**From: Marc Greenwood**

**Subject: Better Care Fund 2016/17**

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### **1 Purpose**

- 1.1** The Better Care Fund programme requires sign-off by Coventry City Council, Coventry and Warwickshire Partnership Trust (CWPT), University Hospital Coventry and Warwickshire (UHCW) and Coventry and Rugby Clinical Commissioning Group (CRCCG). The programme pools together £53m worth of funding. This is set against a total spend within the health and care economy of approximately £800m. The sign off process for 2016/17 requires final plans to be submitted by 25<sup>th</sup> April 2016.
- 1.2** This report briefly outlines the content of the BCF submission and the sign off process for the 2016/17 Better Care Fund.

### **2 Recommendations**

**2.1** The Health and Wellbeing Board are asked to:

1. Agree the 2016/17 priorities of the BCF Plan
2. Support the inclusion of a workforce work stream in the 2016/17 plans. This work stream will be further scoped in line with the Sustainability and Transformation Plan (STP). Plans will be brought back to a future board once further scoped.
3. Provide the Chair, Councillor Caan, with delegated responsibility to approve the final Better Care Fund plan on behalf of the Health and Wellbeing Board, before submission on the 25<sup>th</sup> April.

### **3 Information/Background**

- 3.1** The continuation of the Better Care Fund was announced in 2015. The Department of Health, Department for Communities and Local Government and NHS England have committed support to the on-going delivery of the programme. The Better Care Fund will be incorporated into the STP's that NHS England are coordinating across all local health and care economies.

- 3.2** There is an expectation Better Care Funds in 2016/17 will not see a reduction in the agreed pooled budget from the 2015/16 allocations. Within Coventry we have continued to commit the £53m agreed for 2015/16.
- 3.3** Through using the Better Care Fund as a programme for change a range of improvements have been made across the local health and care system in 2015//16. These include:
- Introduction of the multi-agency Integrated Neighbourhood Teams;
  - Creation of joint assessment protocols for social care and Continuing Health Care;
  - Development of a shared care record to be used across health and social care partners to support the delivery of initiatives, including Urgent Primary Care Assessment and Integrated Neighbourhood Teams;
  - Rollout of the telecare responder service in partnership with West Midlands Fire Service;
  - Implementation of the Discharge to Assess model for dementia patients, delivered through Crossroads care.

#### **4 2016/17 priorities**

- 4.1** Better Care Fund programme priorities for 2016/17 include work to address the on-going challenges faced within the system relating to non-elective admissions and delayed transfers of care. In support of this the System Wide Transformation programme will report progress on delivery through Better Care with the aim of bringing both programmes closer together. The System Wide Transformation Programme includes the following developments:
1. A community support model to prevent people needing to be admitted to hospital
  2. A frailty assessment pathway
  3. A therapeutic model that provides enabling support both in hospital and the community
- 4.2** The System Wide Transformation programme will continue to be supported by the development and wider rollout of the Integrated Neighbourhood Teams model.
- 4.3** Information sharing remains a priority for the programme. The existing Information Sharing group will lead on issues relating to shared patient records and digital innovations.
- 4.4** Work commenced in 2015/16 to support the return to Coventry of adults with Learning Disabilities and Mental Health issues, placed out of city. This will continue in 2016/17. The changes will offer opportunities to improve outcomes for service users and their carers whilst reducing expenditure on high cost packages of support. There will also be consideration given to opportunities to further join up commissioning arrangements across health and social care.
- 4.5** An addition to the 2016/17 plan will be a work stream on workforce. This work stream will identify opportunities for working collaboratively across health, social care and our partners to tackle workforce issues relating to skill and capacity shortages. This work stream is still to be scoped and will be developed in line with the STP. It is proposed that plans are brought back to a future meeting once further scoped.

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