



Health and Social Care Scrutiny Board (5)

Time and Date

2.00 pm on Wednesday, 2nd March, 2016

Place

Committee Rooms - Council House

Public Business

1. **Apologies and Substitutions**
2. **Declarations of Interest**
3. **Minutes** (Pages 3 - 8)
 - (a) To agree the minutes of the meeting held on 3rd February, 2016
 - (b) Matters Arising
4. **Winter Resilience** (Pages 9 - 12)

Briefing Note of Coventry and Rugby System Resilience Group

The following representatives have been invited to the meeting for the consideration of this item:

Sue Davies, Coventry and Rugby Clinical Commissioning Group
David Eltringham, University Hospitals Coventry and Warwickshire
Veronica Ford, Coventry and Warwickshire Partnership Trust
5. **Improving Health and Well-being Through the Environment - Joint Working between Public Health and Place Directorate** (Pages 13 - 20)

Report of the Director of Public Health
6. **Outstanding Issues Report**

All outstanding issues have been picked up in the Work Programme
7. **Work Programme 2015-16** (Pages 21 - 24)

Report of the Scrutiny Co-ordinator
8. **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

Tuesday, 23 February 2016

Notes: 1) The person to contact about the agenda and documents for this meeting is Liz Knight, Governance Services, Council House, Coventry, telephone 7683 3073, alternatively information about this meeting can be obtained from the following web link: <http://moderngov.coventry.gov.uk>

2) Council Members who are not able to attend the meeting should notify Liz Knight as soon as possible and no later than 1.00 p.m. on 2nd March, 2016 giving their reasons for absence and the name of the Council Member (if any) who will be attending the meeting as their substitute.

3) Scrutiny Board Members who have an interest in any report to this meeting, but who are not Members of this Scrutiny Board, have been invited to notify the Chair by 12 noon on the day before the meeting that they wish to speak on a particular item. The Member must indicate to the Chair their reason for wishing to speak and the issue(s) they wish to raise.

Membership: Councillors M Ali, K Caan (By Invitation), J Clifford (By Invitation), D Galliers, J Innes, T Khan, J O'Boyle, D Skinner, D Spurgeon, K Taylor, S Walsh and D Welsh (Chair)

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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e-mail: liz.knight@coventry.gov.uk

Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 2.00
pm on Wednesday, 3 February 2016

Present:

Members: Councillor D Welsh (Chair)
Councillor M Ali
Councillor L Bigham (substitute for Councillor Innes)
Councillor D Galliers
Councillor T Khan
Councillor J O'Boyle
Councillor K Taylor
Councillor S Walsh

Co-Opted Members: David Spurgeon

Other Members: Councillors S Bains, S Hanson (Co-opted) , D Kershaw,
J Lepoidevin, C Miks and E Ruane

Employees:

A Baker, People Directorate
A Butler, People Directorate
V Castree, Resources Directorate
L Knight, Resources Directorate
G Quinton, People Directorate
H Sohal, People Directorate

Other Representatives: Jacqueline Barnes, Coventry and Rugby CCG
Dr Alex Cooper-Bastien, Coventry and Warwickshire
Partnership Trust (CWPT)
Jed Francique, CWPT
Matthew Gilkes, Coventry and Rugby CCG
Justine Richards, CWPT

Apologies: Councillor N Akhtar, J Innes, M Mutton, P Seaman, D Skinner
and S Thomas

Public Business

51. Declarations of Interest

There were no declarations of interest.

52. Minutes

The minutes of the meeting held on 6th January, 2016 were signed as a true record. There were no matters arising.

53. **Transforming Child and Adolescent Mental Health Services (CAMHS)**

The Scrutiny Board considered a joint briefing note which provided a comprehensive update on the Child and Adolescent Mental Health Services (CAMHS) provision in Coventry and informed of the Transforming Children and Adolescents Mental Health and Emotional Well-being Transformation Plan 2015-2020, a copy of which was set out at an appendix to the note. Members of the Education and Children's Services Scrutiny Board (2) attended the meeting for the consideration of this item along with Councillor Ruane, Cabinet Member for Children and Young People and Councillor Kershaw, Cabinet Member for Education. Jacqueline Barnes and Matthew Gilkes, Coventry and Rugby Clinical Commissioning Group (CCG), Dr Alex Cooper-Bastien, Jed Francique, and Justine Richards, Coventry and Warwickshire Partnership Trust (CWPT) also attended for the consideration of this item.

The briefing note set out the CAMHS service commissioned in Coventry which was in line with a nationally adopted tiered model, including the costs per annum, as follows:

- The Primary Mental Health Service (tier 1) delivered by CWPT, Mind and Relate providing practical support to professionals including teachers and social workers to assist in the early identification of mental health and well-being needs through training, consultation and guidance.
- The Reach Service (tier 2) provided by Mind and Relate to work directly with children and young people with mild to moderate mental health and emotional well-being needs, to increase resilience.
- The Journeys Service for Looked After Children (LAC) (tier 2) provided by Mind to support vulnerable young people who are looked after or adopted aged 0-18 and their carers, with mild to moderate mental health and emotional well-being needs.
- The Specialist CAMHS Service (tier 3) delivered by CWPT providing therapeutic support to children and young people with moderate to severe mental health and emotional well-being needs.

The Board were informed of the key challenges and risks facing the mental health system which had been recognised nationally. Locally, Commissioners and CWPT identified a range of key challenges and risks facing the Specialist CAMHS system which included:

- A 20% year on year increase in specialist CAMHS referrals, leading to an increase in referral to assessment and follow up appointment waiting times
- Increase in self-harm presentations at accident and emergency wards
- Increase in demand for Autistic Spectrum Disorder (ASD) assessments.

Reference was made to the detailed peer review of the service by The West Midlands Quality Review Service in July 2014. The good practice and achievements were detailed along with the following areas identified as at risk or requiring improvement:

- Crisis Response – unclear pathways and timescales for the specialist CAMHS service were deemed too long

- Triage Criteria and Process – unclear criteria and process for referral to other services and recording of information and data required improvement
- Looked After Children – it was not clear that pathways to specialist CAMHS were functioning effectively for LAC
- Intensive Home Support – no intensive home support was commissioned.

The briefing note informed of the £587,000 invested by Coventry and Rugby CCG to support the local improvements required. NHS England also allocated additional funding to support the transformation of CAMHS, placing responsibility on CCGs to submit a CAMHS Transformation Plan by November 2015. Coventry and Rugby CCG would receive £878,000 annually for the next five years to embed system wide CAMHS transformation from December, 2015. A CAMHS Transformation Delivery Board had been established to ensure successful implementation of this local plan.

Detailed information was provided on the CAMHS improvement journey under the following areas including improvements to date and the further work required:

Crisis Response

Triage criteria and process

Waiting Times

Patient Pathway

Support to Looked After Children

Intensive Home Support

ASD Assessments

Primary Mental Health Service – Support to Schools and Other Professionals

Improving Transitions.

Further reference was made to the CAMHS Transformation Plan which set out the vision for the service and had been informed by significant stakeholder involvement. The Plan 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 members questioned the officers and representatives present on a number of issues and responses were provided, matters raised included:

- The importance of early intervention, including maternal mental health and work in early years and primary schools. Members asked about work being done in schools to support early intervention including the cascading of training in schools and which method of training best meets schools requirements.

- The transformation plan had been circulated to schools and Members requested that the document also be circulated to school governors as well as head teachers.
- Concerns about excessive waiting times. Despite a drop in waiting times there had been a rise in December, especially for ASD assessments. Members also sought clarification on the waiting time between assessment and treatment. Officers assured members that although a child was on a waiting list, their situation was continually reviewed and appropriate support was provided.
- Clarification about sustainable funding levels to maintain improvements in waiting times and that the money was additional funding from NHS England and not from savings elsewhere.
- The high levels of referrals for ASD, which didn't reflect the expected level of ASD diagnosis at a national level. Members and officers discussed ASD referral pathways and the importance of ensuring children were placed on the right pathway. Officers suggested that referral might not always be appropriate and that more work was required to find out the causes.
- The importance of determining the root causes of emotional ill health in children as there had been a significant increase in diagnosis. Reference was made to the Director of Public Health's Annual Report which had a focus on children.
- Monitoring arrangements for the transformation plan and targets for future years.
- The re-referrals process and how this was managed. Officers explained that a re-referral was not always an indicator of failure of intervention and that a child could be referred with a new issue and previous history was taken into account.
- The hours of crisis support and whether it was sufficient for the levels of demand. Officers responded that the service was being evaluated to find out. Members also asked how many children and young people were already known to CAMHS before they were admitted as a crisis. Officers were currently looking at these cases.
- The position with Looked After Children and levels of service. Officers were looking at a wraparound service and getting support to the child as soon as possible. Members raised the issue of social workers identifying children's mental health and appropriate referral pathways. It was acknowledged that social workers needed to have awareness of the appropriate referral pathways and to have confidence in CAMHS.
- CAMHS support for victims of child sexual exploitation (CSE). Members were informed that there was a specific member of staff working in the MASH for CSE cases. Members asked whether victims of CSE's mental health issues were supported and were assured that referrals were made to CAMHS in a streamlined way.

RESOLVED that:

(1) The current CAMHS support available and the improvements made over the the last 12 months be noted.

(2) The Transforming Children and Adolescents Mental Health and Emotional Well-being Transformation Plan 2015-2020 be noted.

(3) A progress report on the Transformation Plan be submitted to a future meeting of the Education and Children's Services Scrutiny Board (2) in six months to include:

(i) The measures being implemented to reduce the waiting times for children and young people awaiting an assessment for an Autism Spectrum Disorder (ASD) including any prevention work which is being undertaken

(ii) The work being undertaken in early years to help all staff to be able to improve the mental health and emotional well-being of children, including how training is being delivered.

(4) The Education and Children's Services Scrutiny Board (2) be requested to set up a Task and Finish Group to investigate why there are significantly high numbers of referrals through CAMHS on the ASD pathway.

(5) Officers be requested to ensure that the Transformation Plan is sent to all School Governors.

54. Development of Coventry's Health and Well-being Strategy

The Board considered a briefing note and received a presentation detailing the progress so far on developing Coventry's new Health and Well-being Strategy, with particular emphasis on the emerging themes and priorities. A copy of the 'Joint Health and Well-being Strategy for Coventry 2012 Review' report was set out at an appendix to the briefing note.

The briefing note highlighted that national guidance recommended that the refresh of the Joint Strategic Needs Assessment (JSNA) should be a process that ran alongside and was linked to the development of the Health and Well-being Strategy. The JSNA process had been co-ordinated through a multi-agency steering group and a wide range of data and information resources had been reviewed to identify the key health and social care issues affecting Coventry residents. Reference was made to the Stakeholder Call for Evidence undertaken between August and September, 2015.

The Board were informed that a prioritisation matrix which had been used to prioritise a number of suggested topics under the following themes: mental health and well-being; long-term conditions; physical wellbeing; infectious diseases; resilience of health and social care system; children and young people; economy and health; and housing and health. These areas were subsequently shared with the Health and Well-being Board along with the Marmot Group and the Health and Social Care Transformation Group. The Health and Well-being Board then held two Workshops in January on the following priorities:

- Health and social care integration – the development of an accountable care system which will improve resilience and enable a focus on prevention as well as treatment
- People affected by multiple/complex needs, specifically mental health, domestic/ sexual violence and substance misuse
- Marmot agenda.

These priorities would be considered by the Health and Well-being Board at their meeting on 8th February prior to the Health and Well-being strategy being signed off by this Board at their meeting on 11th April, 2016.

The presentation provided feedback on the discussions which led to the determination of the three key priority areas and detailed the findings from the Workshops. The key barriers to better well-being for Coventry residents were also highlighted.

Members discussed several issues arising from the presentation which included the successful partnership working of the Health and Well-being Board; and how feedback was obtained from Coventry residents to allow for their input into the strategy including engagement with service users.

RESOLVED that the progress made to date on the development of the Health and Well-being Strategy and the JSNA process supporting this be noted.

55. Outstanding Issues Report

The Scrutiny Board noted that all outstanding issues had been included in the Board's Work Programme for 2015-16, Minute 56 below refers.

56. Work Programme 2015-16

The Scrutiny Board noted their Work Programme for the current year.

57. Any other items of Public Business

There were no additional items of business.

(Meeting closed at 3.30 pm)



Coventry City Council

Briefing note

To Health and Social Care Scrutiny Board (5)	Date 2 March 2016
From Coventry and Rugby System Resilience Group (SRG)	Subject Winter Resilience

1. Purpose of briefing note

To provide Health and Social Care Scrutiny Board (5) with an update on the current challenges faced within the health economy and the management of these. Specifically, this briefing note covers:

1. Delivery of the winter resilience plan and available resources
2. Recent system challenges and contribution of winter pressures plan to managing these (including Delayed Transfers of Care)
3. Next steps in relation to Emergency Care Improvement Partnership (ECIP) and transformation programme

This briefing note will be accompanied by a presentation to the Board.

2. Recommendations

Health and Social Care Scrutiny Board (5) to note the update provided and provide any comments and feedback in relation to the current Winter Resilience Plan and other system issues covered.

3. Information/Background

A number of health and social care systems have faced increasing challenges in relation to managing pressures that create demand particularly in acute hospital settings.

Recognising that winter provides additional challenges relating to demands in health services, each year a winter resilience plan is developed in order to ensure there are actions taken to address the challenges that may present over the winter period. The System Resilience Group brings together senior executives from the main health and social care partners and is the forum in which the winter resilience plan is signed off, performance monitored and remedial action agreed.

The Winter Resilience Plan for 2015/16 included a number of areas of activity aimed at supporting improved performance and resilience. These areas included:

- Communication, education and engagement
- Infection control
- Primary care access, prevention and self-management
- Providing alternatives to hospital
- Hospital flow
- Supporting discharge

More specifically, the plan included the continuation of a range of existing initiatives where they were demonstrating success plus some additional new investments including:

- Communication Prevention Campaign
- Social Worker in Accident and Emergency
- Wrap around Domiciliary Care possibly to include night sits to prevent hospital admission
- Additional NHS Continuing Health Care assessment capacity
- Step down beds and housing with care
- Integrated Neighbourhood Teams
- Extended GP Hours
- GP in Accident and Emergency

The total financial resource available for winter resilience for 2015/16 was £2.859m. This is reduction from £3.6m in 2014/15.

4. System Challenges – Winter 2015/16

During mid to late January a significant increase in demand was seen culminating in significant pressure in University Hospital Coventry and Warwickshire (UHCW) during week commencing 25 January 2016. This led to the trust being unable to admit significant numbers of patients from the Emergency Department and required significant escalation activity from across the health and social care system in order to free up beds for people requiring admission. Intelligence from NHS England is that there was significant pressure across the whole region at this time.

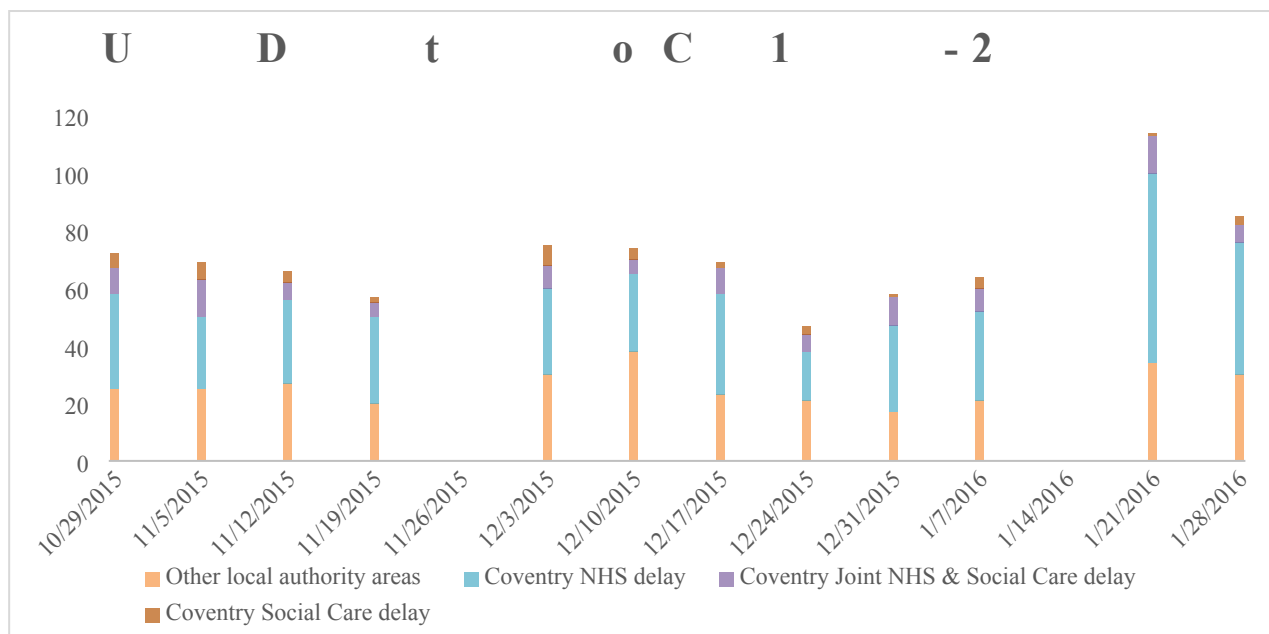
Although much of this additional pressure was not predicted more could be done to reduce the probability of this type of spike, for example: improving support to keep people at home and prevent them from coming to hospital in the first place, creating clearer connections into

services which allow prevention of admission, and increased ability to discharge patients from hospital as soon as they no longer require an acute hospital bed.

The escalation activity that took place facilitated the discharge over 300 people over a two day period at UHCW. The fact that the escalation activity facilitated over 300 discharges in two days demonstrated the ability to respond to the issue in hand and use resources flexibly to manage the situation. A proportion of the winter resilience fund was also used to secure additional social care capacity where required to help facilitate discharge where a care service was required.

The three main performance indicators that act as a barometer for the performance of the local health economy are 4 hour waiting targets for Emergency Departments, the 18 week Referral to Treatment Target and the numbers of Delayed Transfers of Care.

The Delayed transfers of care (DTC) are measured at 12:00AM on Thursday with only the last Thursday of every month being required to be reported nationally. DTC had stabilised throughout December but had risen during January with a peak in pressure on the snapshot days of 21 and 28 January. (Data is missing for 26/11/2015 and 14/01/2016).



Whilst the number of DTC is the performance figure that attracts the most attention which most attention is placed in, the total number of days lost is a critical figure. For the period 22 to 28 January 416 days were last across 55 patients. The two most prominent reasons based on bed days lost appear to be NHS assessments and further non acute NHS care.

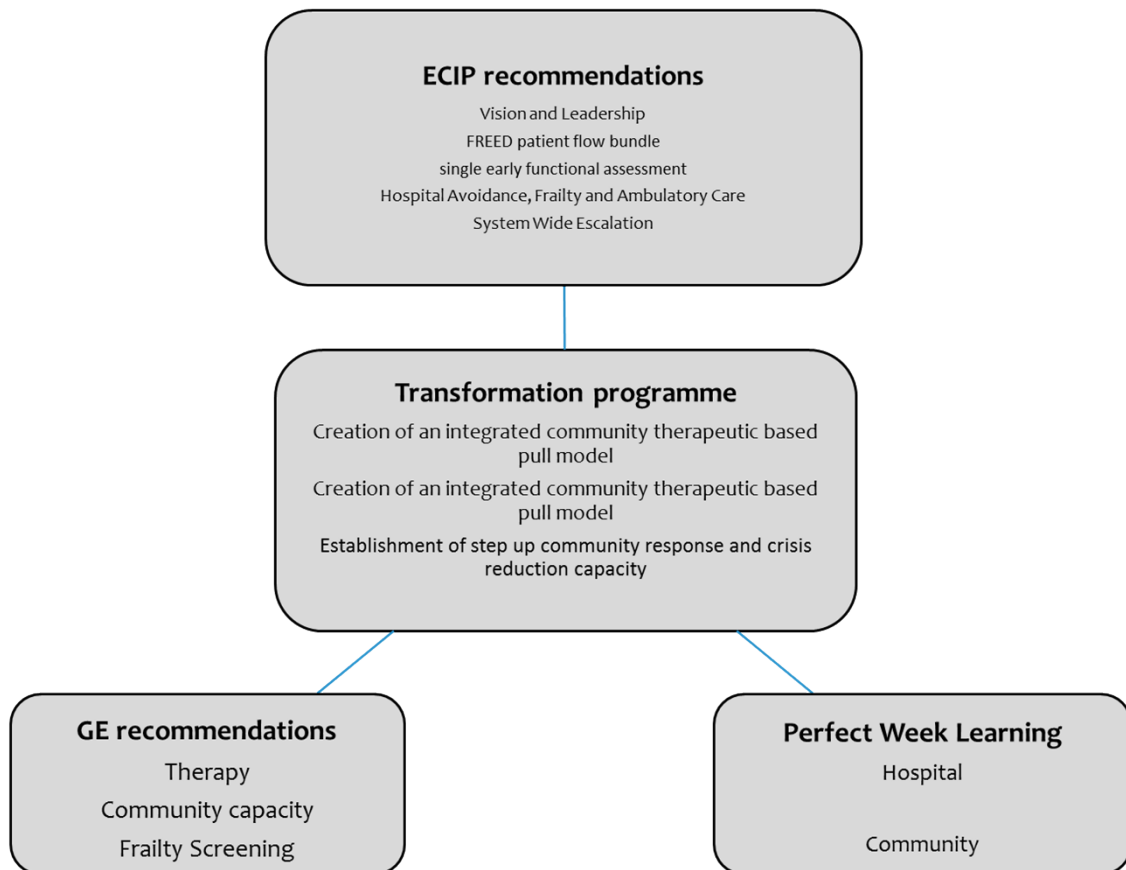
5. System Improvements – Emergency Care Improvement Partnerships (ECIP) and Transformation Programme

The local health and social care is working to deliver sustainable improvement. The challenge is to incorporate all of the learning from the ECIP review, the capacity planning work from GE Finnermore completed in 2015, our experiences and learning from perfect week and our existing transformation programme into one coherent improvement plan, the different dimensions of which are shown diagrammatically below.

The relationship between these different improvement streams and the management of this activity was considered by SRG at its January meeting which will continue to be the key forum for managing improvement progress.

In terms of identified next steps to support sustainable improvement the following actions are being pursued:

- Piloting an Ambulance Service Accredited Urgent Care Centre taking up to 25 ambulances per day away from UHCW
- Creating a single point of access to community services for secondary care
- Running INT's at scale, alignment with Frailty and Urgent Primary Care Assessment Centre Pathways to ensure a more seamless step up/crisis community intervention pathway
- Developing frailty services across the system so that they work seamlessly and effectively



Pete Fahy
 Director of Adult Services
 18 February 2016



Coventry City Council

Report

To: Health and Social Care Scrutiny Board (5)

Date: 2 March 2016

From: Jane Moore, Director of Public Health

Subject: Improving health and wellbeing through the environment - Joint working between Public Health and Place Directorate

1. Purpose

The purpose of this report is to provide Health and Social Care Scrutiny Board with an overview of how the Public Health department is working in partnership with colleagues across the Place Directorate to reduce health inequalities linked to the environment in Coventry, and to invite Health and Social Care Scrutiny Board to comment on the proposed approach for continuing to reduce health inequalities in Coventry.

The report provides information about the impact of the physical and socioeconomic environment on health inequalities, the way we have collectively worked to reduce inequalities, the projects and initiatives that aim to make a difference and planned next steps.

2. Recommendations

It is recommended that the Scrutiny Board:

- (i) Endorse the suggested approach for continuing to reduce health inequalities in Coventry
- (ii) Contribute comments and suggestions to the approach and work undertaken

3. Introduction to health inequalities

Reducing health inequalities is a key priority in the Council Plan¹. Tackling health inequalities will improve the health, wellbeing and life chances of the people of Coventry. 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 the quality of life they will experience. Inequalities affect everyone. People in lower socio-economic groups are more likely to experience chronic ill health and die earlier than those who are more advantaged. There is a social gradient to health: 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^{2 3}. Statistics from Public Health England show that health inequalities are reducing in Coventry. Men in the most affluent areas of Coventry will live, on average, 9.8 years longer than men in the most deprived areas (last year's figure was 11.2 years) while for women the difference is 8.5 years (last year's figure was 8.6 years). The difference is even greater for those who are homeless or who suffer from a mental health condition.

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

¹ Council Plan, Coventry City Council, 2014, http://www.coventry.gov.uk/info/11/strategies_plans_and_policies/2089/council_plan

² Acheson, *Independent inquiry into inequalities in health report*, London: The Stationery Office, 1998

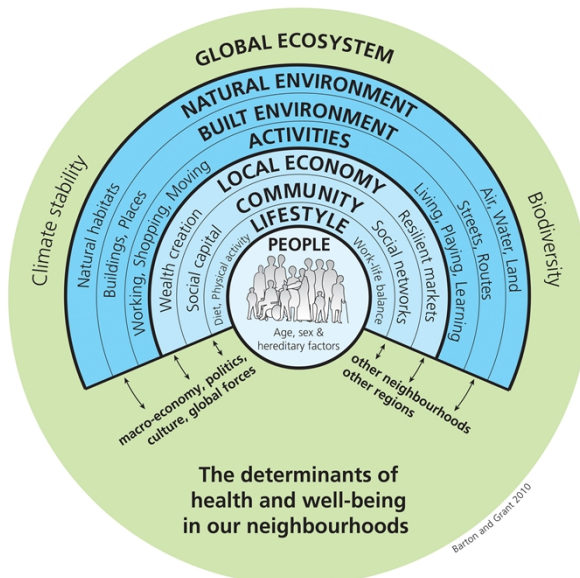
³ Dahlgren, Whitehead, *Policies and strategies to promote social equity in health*, Stockholm: Institute of Futures Studies, 1991

- Improve health outcomes, wellbeing, mental health and community and social relations
- Increase productivity and improve educational attainment, which will ensure the area is attractive to employers, develop the local economy and promote good growth
- Reduce the costs of welfare and healthcare
- Reduce future demand for council services and associated costs including social care, child protection, housing, domestic and sexual violence and substance misuse.

4. Impact of environment on health inequalities

Communities and the environment are important to an individual's physical and mental health and wellbeing, and the actions an individual takes to improve their lifestyle or health status are likely to be influenced by the physical and socioeconomic environment in which they take place. This includes the built environment of physical structures and buildings, along with the connections between spaces, such as transport infrastructure, parks and green spaces. The built environment includes several material determinants of health, such as housing, transport and neighbourhoods.

The different influences on health and wellbeing are demonstrated in the diagram below ⁴



The socioeconomic environment refers to the influences of education, income and, most importantly, employment.

Unemployment is associated with a range of health risks and health inequalities caused both by the event of becoming unemployed as well as the reduced income, deprivation and poverty due to being out of work. The risk of ill health increases as the duration of unemployment increases⁵.

Coventry faces a number of challenges in employment for residents, with no significant improvement in the number of residents in employment or the number of people unemployed since the end of the recession in 2009⁶. The Jobs and Growth Strategy for Coventry 2014-17 has highlighted that whilst creating high value jobs is a key priority for the city, creating jobs that are accessible to groups of residents who are unable to compete at this level, for example those

⁴ Barton H, Grant M. A health map for the local human habitat. Journal of the Royal Society for the Promotion of Public Health 2006

⁵ Chief Medical Officer's Report 2011

⁶ A Jobs and Growth Strategy for Coventry 2014 - 2017

with lower level skills is also important to ensure that they too have access to employment opportunities. It is also key that jobs in the city are 'good jobs' which support the physical and mental health and wellbeing of employees, are inclusive, sustainable, offer fair pay, have good working conditions and provide opportunities for employees to advance.

5. What are we doing?

Public Health is working with colleagues in the Place Directorate to address key issues which impact on health inequalities. These are described below.

Local Plan

Planning ensures that the right development happens in the right place at the right time, benefitting communities and the economy. It plays a critical role in identifying what development is needed and where, what areas need to be protected or enhanced and in assessing whether proposed development is suitable.

A Local Plan is a statutory document which sets out planning policies in a local authority's area. The main legislation that sets out the process for the preparation of Local Plans can be found in Part 2 of the Planning and Compulsory Purchase Act 2004 as amended and The Town and Country Planning (Local Planning) (England) Regulations 2012 as amended. Every area in the country has to produce a local plan following a detailed process of drafting and consulting. It contains strategic policies which will guide the future development of the city. All other documents within the Local Development Scheme must be consistent with it. In turn, the Local Plan has to be consistent with national policy and must be applied when considering proposals for development.

Coventry City Council are preparing a local plan to guide how the city grows and develops so, once again, we can become a top ten city. The plan covers the whole city and sets out how and where new homes, jobs, services and infrastructure could be developed and the kind of places and environments that will be created. A good local plan means we have the ability to protect Coventry for decades to come.

In Coventry we have a public health practitioner working alongside the planning policy team, leading on embedding health and wellbeing across all aspects of the planning process, including public health input into the local plan. This has supported development of the local plan, individual policy development, and has resulted in a Coventry Local Plan that contains specific policy guidance on health and wellbeing for the first time since the 1950s. It promotes active travel, access to healthy food, improved housing quality, and adequate provision of green spaces and improvements to air quality. Together these factors will help reduce health inequalities and improve life expectancy.

The Coventry Local Plan 2016 alongside the city centre area action plan is out for consultation until Monday 29th February.

Cycle Coventry

Coventry City Council has also improved facilities for cyclists and pedestrians in the city, focusing on areas of deprivation in the southwest and northeast of the city covering the residential areas of Canley, Tile Hill, Henley, Foleshill and the city centre, and has provided cycle training, route planning and travel planning to adults and children. The Cycle Coventry project is a three year project which aims to reduce health inequalities by improving facilities for cyclists and pedestrians. Additional funding from Public Health has enabled over 1,100 children and adults to access cycle training and bike maintenance sessions. These include free Bikeability courses in areas of higher deprivation and greatest health need. For some of these participants, these sessions have been the first time they have ridden a bike. Public Health has

worked with the Cycle Coventry team to promote cycling and greater use of new cycle routes by funding volunteer-led Sky Ride Local events in areas of greater deprivation and other mass cycling events.

A personal travel planning project has targeted over 12,000 households in the most deprived area of Coventry to promote cycle training, bus rides and offer other information and support to encourage cycling, walking and bus use. This method proves effective at reaching those most in need of improving their lifestyle. These initiatives are enabling more people to get to work, education and training using the 32km of new and improved cycle routes that have been created as part of the project.

Environmental Enhancements

Green spaces offer a unique range of opportunities to improve health and reduce health inequalities. The use of open space for recreational purposes has a profound impact on both an individual's physical and mental health.

The Public Health team is working with Place Directorate on a range of initiatives to increase the use of open spaces by people experiencing greater deprivation including:

- Investment in outdoor gym equipment as part of the wider redevelopment and improvement of Swanswell Park in Hillfields. This has led to a range of equipment being installed and work with local schools, businesses and health providers in the local area to encourage its use.
- Work with Warwickshire Wildlife Trust to operate a series of green gyms along the city's river corridors in Spon End, Wood End / Bell Green and Stoke Aldermoor / Stoke Floods. Green gyms deliver a physical activity programme by 'stealth' through outdoor environmental work. The programme is specifically working with inactive people living in areas of greater deprivation or with mental health conditions. These projects also leave a legacy through improved open space facilities for the wider community.

Sports

Physical inactivity is linked to a range of adverse health and wellbeing outcomes. While levels of physical activity have improved, local rates are still lower than the England average and significant inequalities remain. The Public Health team is supporting the Place Directorate sports development function on a range of initiatives to improve uptake of physical activity and sporting opportunities across the city. One example is 'In it Together', a school based project delivered by Sky Blues in the Community, targeting young women aged 14-18 years living in areas of high deprivation. The project builds on a pilot and aims to promote and engage participants in regular physical activity through a series of weekly after school group activities. The project aims to shift attitudes towards physical activity amongst participants and build groups and networks to identify opportunities to continue outside of the intervention.

Eating Out Coventry

The health implications of excess weight are widely documented, ranging from diabetes, respiratory problems, stroke, high blood pressure, coronary heart disease, psychological and emotional problems, musculoskeletal problems, liver disease, and cancer.

Excess weight is commonplace among adults, with between 51.6% and 61.5% of Coventry's adult population, and 20.6% of the city's reception-age children (4-5 years of age), being overweight or obese.

Poor eating habits and insufficient physical activity drive obesity. Local research indicates that only 27% of adults eat 5 portions of fruit or vegetables a day. A survey in 2013 found that 40% of local primary school children eat at least 4 portions of fruit or vegetables a day, falling to only 19% of secondary school pupil eating at least 4 portions per day⁷.

The last few decades has seen an increase in the amount of food being eaten out of the home, with restaurants, cafés, work canteens and other food outlets providing one in six meals. As a nation, we are spending almost 30% of household expenditure on eating out, snacks and soft drinks. The growth in consumption of takeaway foods poses significant challenges and can make healthy choices more difficult for consumers. Coventry University, in collaboration with the City Council (predominantly Public Health and Regulatory Services) and individual business involved in the production and / or retailing of food are working to develop and deliver a range of interventions to contribute to healthier eating through:

- Improving the nutritional content of food sold to local people by caterers, restaurants and takeaways.
- Improving labelling to better enable the local population to make healthy choices.
- Demonstrating the competitive advantage of adopting healthier food production and retailing to local businesses

Fuel Poverty

A household is said to be in fuel poverty if they have required fuel costs that are above average (the national median level) and were they to spend that amount they would be left with a residual income below the official poverty line. National fuel poverty statistics show that 15.9% (20,579) of all Coventry households were in fuel poverty in 2013, compared to 10.4% of all households in England. Coventry has the 6th highest level of fuel poverty of all 326 local authorities in England. Living in cold, damp homes can exacerbate a range of health conditions, particularly cardiovascular and respiratory diseases, as well as being linked with poor mental health. Furthermore an estimated 10 - 30% of all excess winter deaths are due to people living in cold homes.

Between mid-January and the end of April 2015, 450 vulnerable households were provided with advice through Keeping Coventry Warm services, commissioned by Public Health alongside Place Directorate colleagues, and over 50 households were identified for support with boiler replacements/repairs, loft and cavity wall insulation etc. An “Affordable Warmth on Prescription” pilot is currently underway in Coventry, based on a successful scheme run in Sunderland, providing heating and insulation measures to households dependent on benefits and in which at least one individual has a long term condition. Public Health and the Sustainability and Low Carbon team are working with two GP practices in the City to deliver this pilot.

36% of households in Coventry where at least one resident has a disability are in fuel poverty. These residents can’t afford to keep their homes warm enough, and their health and wellbeing can be adversely affected by the cold and damp. The City Council’s Sustainability and Low Carbon Team won funding from the Department of Energy and Climate Change and from British Gas to provide insulation and heating improvements for disabled householders likely to be fuel poor. Over 80 homes have now had insulation and heating improvements carried out, saving householders £460 each year on fuel bills, keeping them warmer and healthier.

Coventry and Warwickshire Air Quality Alliance

A Coventry and Warwickshire Air Quality Alliance is in the process of being established. The proposal is to form a partnership between relevant colleagues from Coventry City Council, Warwickshire County Council, as well as District and Borough Councils in Warwickshire, including representation from planning, transport, environmental health and public health, as well as Public Health England.

⁷ Coventry Children and Young People’s Survey 2013

The purpose of the Air Quality Alliance will be to:

- Provide a multi-professional partnership forum for the sharing of ideas and evidence-based practice related to reducing the negative health and environmental impacts of poor air quality, and to identify opportunities for collaboration.
- Agree an overarching set of areas for action, identifying all relevant and planned work in these areas as well as gaps.
- Raise the profile of air quality in appropriate professional and political fora, and the health, environmental and financial benefits associated with addressing the problems associated with poor air quality.
- Co-ordinate collective actions required to address poor air quality, including acting as a vehicle for national, regional and local campaigns.

Licensing

Coventry City Council has a duty under the Licensing Act 2003 to carry out its functions with a view to promoting the licensing objectives and operate in line with the Council's Statement of Licensing Policy. Under the terms of the Act, the Council's Statement of Licensing Policy has to be renewed every five years. The Statement of Licensing Policy has recently been updated for 2016-2021.

The Licensing Act 2003 allows the scrutiny of licence applications by people working or living in the vicinity of licensed premises, interested parties and a number of public bodies. Directors of Public Health are the most recent addition to the list of responsible authorities and in Coventry, a public health practitioner represents the DPH to act as the public health lead for all alcohol licensing matters. All responsible authorities, including public health, meet regularly to review applications and share intelligence, which is used, for example, to trigger operations to seize illegal alcohol or identify premises selling alcohol to under-18s.

A number of new paragraphs have been added to Coventry's Statement of Licensing Policy acknowledging that the Director of Public Health is now a Responsible Authority, strengthening the inclusion of public health principles in licensing decisions.

Job Shop

To reduce health inequalities, getting people into work is vital, but it is also important for jobs to be high quality and sustainable. Coventry City Council's Job Shop along with its partners have worked with businesses to improve employment opportunities for Coventry people and get people into work.

Coventry City Council's Employment Team based at the Job Shop offers a bespoke service to help each customer to get a high quality, sustainable job. Public Health have worked with the City Council's Place Directorate to base a mental health worker in the Job Shop for six months. This has enabled existing staff to extend their knowledge and develop new skills to help those with mental health difficulties to find suitable work. Three workshops were delivered: **Mental Health Awareness, Employment and Mental Health and Frames of Reference**, with 40 staff attending in total. This provision also reviewed working practices within the Job Shop and made a series of recommendations about how to improve support for people with mental health conditions.

The Council is also working with the Job Shop to attract people looking for employment to the council's vacancies. Through open days at the Job Shop and in-house events, 30 relief supervisors, 12 cleaners and 63 general assistants have been appointed to roles within the council.

Workplace Wellbeing Charter

Coventry City Council is also working with employers to ensure jobs are of a high quality and take account of the health and wellbeing needs of employees, through the use of the Workplace Wellbeing Charter. Coventry City Council's Business Investment Team provide support and guidance to businesses that want to achieve the Charter accreditation. The Charter requires employers to achieve a set of standards, developed by Public Health England, which take account of elements of the organisation's Leadership, Communication and Culture.

In the first half of 2015/16, 90 Coventry organisations were engaged with the Business Investment Team regarding completion of the Charter. These include major local employers such as Jaguar Land Rover and Ikea. Support for achievement of the Charter is provided free to Coventry employers, and is available at a cost to sites outside of the city.

The Team also facilitate a Workplace Health Champion Network and run specialist training workshops covering areas such as Stress and Wellbeing in the Workplace and Physical Activity in the Workplace.

6. Next steps

The development of the Marmot Strategy, focussing on good growth in the city, will be a key area of work for Public Health and the Place Directorate. Another priority will focus on the concept of 'Health in All Policies'. The Public Health team recently hosted a two day peer review visit as part of a sector led improvement programme developed by the LGA, Associate of Directors of Public Health and Public Health England to examine how effectively health impacts are considered in council policies. The recommendations from the visit will inform some of the future areas of work.

The Public Health Team has created a new Project Officer role specifically to work with the Place Directorate around issues of health inequalities. This will enable a number of projects to be undertaken, such as supporting the Kickstart Team to develop active travel plans for the new Friargate building and working with the Parks Team to produce a number of parks management plans.

Senior leads within Public Health and the Place Directorate maintain links between teams, enabling colleagues to identify shared priorities and potential for future joint working informing on-going work plans.

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Health and Social Care Scrutiny Board (5) Work Programme 2015/16

1 July 2015
Addressing Health Inequalities across Coventry
9 September 2015
Serious Case Reviews
7 October 2015
Emergency Dentistry Winter pressures including delayed discharge Adult Social Care Annual Report (Local Account) 14/15 *Nominations for Members to sit on Quality Account Groups to be taken*
Tuesday 3 November 2015
Improving Accommodation for Older People Director of Public Health Annual Report Deprivation of Liberty Implications
1.30pm 18 November 2015
Serious Case Reviews Adult Safeguarding Annual Report
25 November 2015 – Joint meeting with SB2
Child and Adolescent Mental Health Services
6 January 2016
Progress on developing the Primary Care agenda and update on the Prime Ministers Challenge Fund
3 February 2016
Child and Adolescent Mental Health Services Development of Coventry's Health & Wellbeing Strategy
2 March 2016
Review of Winter Pressure Performance Improving health and wellbeing through the environment
2016/17
GP Performance – July 2016 GP Alliance Update – July 2016 Serious Case Review – Mrs E – Update on Implementation of Action Plan – July '16 System Wide Review- Mrs F - Update on Implementation of Action Plan – July '16 Serious Incident Review – Miss G - Update on Implementation of Action Plan
Date to be Determined
Patient Transport PALS Service at UHCW Adults' Homes Performance Review

Date	Title	Detail	Cabinet Member/ Lead Officer
1 July 2015	Addressing Health inequalities across Coventry	To identify the work taking place, and impact of that work, to address the health inequalities across Coventry, as highlighted by the 'Coventry's Life Expectancy along the number 10 bus route' diagram in the Director of Public Health's Annual Report 2014.	Jane Moore
9 September 2015	Serious Case Reviews	To consider the outcome of serious case review	Joan Beck (Independent Chair)
7 October 2015	Emergency Dentistry	For the Board to review the provision of out of hours emergency dentistry across the City including how other NHS services can assist with dental issues out of hours.	David Williams (NHS England)
7 October 2015	Winter pressures including delayed discharge	To include review of effectiveness of 2014/15 winter arrangements and preparations for 2015/16. To include CCG, provider organisations and social care. To include A&E targets and performance. The Chair will meet with UHCW to decide whether this needs a full review by the Board To look at the challenges around delayed discharge across health and social care. The Chair will meet with UHCW and Social Care to decide whether this needs a full review by the Board.	UHCW/ Cllr Caan/ David Watts
7 October 2015	Adult Social Care Annual Report (Local Account) 14/15 – Report to be circulated	This is the annual report of the Council related to services provided to Adult Social Care clients. The report summarises performance, provides commentaries from key partners and representatives of users and sets strategic service objectives for the future. The report will be circulated with the agenda and Members given the opportunity to ask questions briefly on it at the end of the meeting.	Pete Fahy/ David Watts/ Gemma Tate
7 October 2015	*Nominations for Members to sit on Quality Account Groups to be taken*	Looking for nominations by Members to sit on Quality Account task and Finish with WCC and Coventry and Warwickshire Health Watch colleagues. There are two groups; UHCW CWPT There is also a task and finish group due to run to look at West Midlands Ambulance Service, jointly with Warwickshire.	Ruth Light –Coventry Healthwatch
Tuesday 3 November 2015	Improving Accommodation for Older People	The Council are looking at changing the housing options for Older People to bring the accommodation offered up to a higher standard. SB5 will have an opportunity to feed their views into the consultation at this meeting.	Pete Fahy
Tuesday 3	Director of Public	The DPH has a statutory opportunity to issue Annual Reports which provide	Dr Jane Moore

Date	Title	Detail	Cabinet Member/ Lead Officer
November 2015	Health's Annual Report – Children and Young People	a commentary of local public health profiles and priorities.	
Tuesday 3 November 2015	Deprivation of Liberty Implications	To inform the Board of the current position with regards to Deprivation of Liberty assessments.	David Watts
18 November 2015	Serious Case Review	To consider the SCR for Mrs F.	Joan Beck (Independent Chair)/ Cat Parker
18 November 2015	Adult Safeguarding Annual Report	The Board are responsible for co-ordinating arrangements to safeguard vulnerable adults in the City. The Annual Report sets out progress over the 2014/15 municipal year and provides members with some data to monitor activity. Representatives of the Safeguarding Board to be invited.	Joan Beck (Independent Chair)/ Cat Parker
25 November 2015	CAMHS – Joint with SB2	To look at the improvement plan for the service which is being implemented as well as the forthcoming service redesign.	Matt Gilks (CCG)/ Harpal Sohal/ Alan Butler
6 January 2016	Progress on developing the Primary Care agenda and update on the Prime Ministers Challenge Fund	Review of what good primary care looks like and whether different models of provision produce better outcomes. Invite 2 or 3 GP practices and patient panel representatives and Healthwatch in relation to patient engagement. Needs to include information on the recruitment and retention of GPs, access and out of hours provision. (Needs to link with any Health and Well-being Board work)	Simon Brake
3 February 2016	Child and Adolescent Mental Health Services	To follow up from the previous meeting. SB2 to be invited.	Dr Jane Moore
3 February 2016	Development of Coventry's Health & Wellbeing Strategy	To look at the developing Health and Wellbeing Strategy and to feed up any comments on the proposed priorities to the Health and Wellbeing Board.	Andy Baker
2 March 2016	Review of Winter Pressure Performance	To review performance by the health economy in dealing with winter pressures. To include A&E 4 Hour Wait Performance.	UHCW/ Pete Fahy
2 March 2016	Improving Health and Wellbeing through the Environment	To look at the work being done to influence the environment, particularly through licensing and planning, by Public Health. This is to include how progress can be made to influence surroundings, for example, the locations/concentration of fast food restaurants.	Jane Fowles

Date	Title	Detail	Cabinet Member/ Lead Officer
		2016/17	
TBC	Serious Incident Review – Miss G - Update on Implementation of Action Plan	The Board have requested that the action plan is reviewed to ensure progress have been made on the implementation of the recommendations.	Joan Beck/ Cat Parker
TBC	Serious Case Review – Mrs E – Update on Implementation of Action Plan	This case was scrutinised by SB5 on 18.11.15. The Board asked for and update in 6 months' time on progress- June 16.	Joan Beck/ Cat Parker
TBC	System Wide Review- Mrs F - Update on Implementation of Action Plan	This case was scrutinised by SB5 on 18.11.15. The Board asked for and update in 6 months' time on progress – June 16.	Joan Beck/ Cat Parker
July 2016	GP Performance	Invite NHS England.	
July 2016	Update on GP Alliance and GP Access Fund	Following meeting 6.1.16, to invite the Alliance back to discuss the performance of the three workstreams.	
		Date to be Determined	
TBC	Patient Transport	To look at the patient transport service, with specific reference to renal dialysis, and how well the new contract is serving Coventry residents visiting UHCW. Healthwatch have undertaken a piece of work on this and will provide data and user satisfaction information.	CCG/ Healthwatch
TBC	PALS Service at UHCW	To look at the PALS Service at UHCW following feedback from the Quality Accounts meeting	
TBC	Adults' Homes Performance Review	To review performance of Adults' Homes that Coventry adults are placed in and procedures for what happens if a home is judged inadequate by Ofsted.	Pete Fahy