



Coventry Health and Well-being Board

Time and Date

2.00 pm on Monday, 10th April, 2017

Place

Committee Room 3 - Council House

Public Business

1. **Welcome and Apologies for Absence**
2. **Declarations of Interest**
3. **Minutes of Previous Meeting** (Pages 5 - 12)
 - (a) To agree the minutes of the meeting held on 6th February, 2017
 - (b) Matters Arising
4. **Employment , Economic Growth and Health - working with Coventry and Warwickshire Chamber of Commerce and Coventry and Warwickshire Local Enterprise Partnership** (Pages 13 - 16)

Report of Martin Yardley, Deputy Chief Executive (Place)
5. **Coventry & Warwickshire Sustainability and Transformation Plan Update** (Pages 17 - 20)

Andy Hardy University Hospitals Coventry and Warwickshire (UHCW) will report at the meeting on:

 - (a) Urgent and Emergency Care
 - (b) Planned Care
 - (c) Maternity and Paediatrics
 - (d) Proactive and Preventative Care
 - (e) Productivity and Efficiency
6. **Engagement Strategy Update** (Pages 21 - 22)

Report of Andrea Green, Coventry and Rugby Clinical Commissioning Group (CCG)

7. **Coventry and Warwickshire System Wide Care and Health Peer Challenge Feedback** (Pages 23 - 34)

LGA Presentation. Liz Gaulton, Acting Director of Public Health will report at the meeting

8. **Health and Wellbeing Strategy Update - Improving the Health and Wellbeing of People with Multiple Complex Needs** (Pages 35 - 44)

Presentation by Chief Inspector Danny Long, West Midlands Police. A copy of the Project Initiation Document is attached

9. **Coventry Female Genital Mutilation (FGM) Programme** (Pages 45 - 54)

Report of the Acting Director of Public Health

10. **Joint Pharmaceutical Needs Assessment (PNA) and Applications for Pharmacies Update** (Pages 55 - 58)

Report of the Acting Director of Public Health

11. **Coventry, Warwickshire and Solihull's Transforming Care Partnership** (Pages 59 - 66)

The report of the Director of Adult Services, Coventry City Council and the Senior Lead Joint Commissioner, Coventry & Warwickshire is submitted for information

12. **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

Martin Yardley, Deputy Chief Executive (Place) Council House Coventry

Friday, 31 March 2017

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

Membership: Cllr F Abbott, S Banbury, S Brake, Cllr K Caan (Chair), A Canale-Parola (Deputy Chair), G Daly, B Diamond, Cllr G Duggins, L Gaulton, S Gilby, A Green, A Hardy, R Light, D Long, J Mason, C Meyer, G Quinton, M Reeves, Cllr E Ruane, Cllr 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.

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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, 6 February 2017

Present:

Board Members: Councillor Abbott
Councillor Caan (Chair)
Councillor Duggins
Councillor Ruane
Stephen Banbury, Voluntary Action Coventry
Simon Brake, Coventry and Rugby GP Federation
Dr Adrian Canale-Parola, Coventry and Rugby CCG (Deputy Chair)
Professor Guy Daly, Coventry University
Ben Diamond, West Midlands Fire Service
Liz Gaulton, Acting Director of Public Health
Ruth Light, Coventry Healthwatch
John Mason, Coventry Healthwatch
Professor Caroline Meyer, Warwick University
Gail Quinton, Executive Director of People
Josie Spencer, Coventry and Warwickshire Partnership Trust

Other Representatives:

Sharon Binyon, Coventry and Warwickshire Partnership Trust
David Peplow, Coventry Safeguarding Children's Board

Employees (by Directorate):

People: L Edwards
R Nawaz
Resources: L Knight

Apologies: Councillor Taylor
Simon Gilby, Coventry and Warwickshire Partnership Trust
Andrea Green, Coventry and Rugby CCG
Andy Hardy, University Hospitals Coventry and Warwickshire
Danny Long, West Midlands Police
Martin Reeves, Coventry City Council
David Williams, NHS England

Public Business

97. Welcome

The Chair, Councillor Caan welcomed Professor Caroline Meyer, Warwick University who was attending her first Board meeting following the resignation of Professor Sudesh Kumar. He placed on record his appreciation for all the work and support provided by Professor Kumar during his time as a Board member.

The Chair also welcomed Liz Gaulton, acknowledging her new appointment as Acting Director of Public Health.

RESOLVED that a letter be sent to Professor Kumar from the Chair, Councillor Caan, on behalf of the Board, thanking him for his valuable contribution to the work of the Board.

98. **Declarations of Interest**

There were no declarations of interest.

99. **Minutes of Previous Meeting**

The minutes of the meeting held on 28th November, 2016 were signed as a true record.

Further to Minute 89 headed 'Sustainability and Transformation Plan Engagement Workstream', clarification was requested on whether there was a new engagement strategy and when engagement was likely to commence. At the last Board meeting Members had been informed that the 'Big Conversation' phase on pre-consultation relating to maternity care was due to commence at the end of November. Gail Quinton, Executive Director of People reported that the engagement strategy had been considered at the joint Boards Development Day and that the issue would be considered at the next Board meeting. She clarified that it was the intention to consult on the individual proposals and this included reporting to the Health and Wellbeing Board.

RESOLVED that the STP engagement strategy be considered at the next Board meeting on 10th April, 2017.

100. **Update on Health and Care System Transformation Work Streams (STP)**

The Board received a brief update on the Health and Care System Transformation work streams.

Proactive and Preventative Care

Gail Quinton, Executive Director of People and the workstream lead, reported on the Proactive and Preventative Care workstream indicating that this had been the subject of detailed discussion at the Joint Boards Development Session on 16th January, 2017 to understand how the Boards could support delivery of this major area of work. The workstream was key to the work of the Board, as it centred on health and wellbeing, upgrading prevention work to deliver long term sustainability. Three strands had been identified: embedding proactive and preventative care across the work of all the partner organisations; building resilience and capabilities within communities; and providing out of hospital support closer to home.

Members expressed support for the partner organisations taking ownership of the proactive and preventative work. A request was made for written update reports from the workstream leads to be submitted to future meetings. Clarification was also requested about the recruitment and funding of the STP Director post. Dr Adrian Canale-Parola, Deputy Chair referred to the high level governance structure for the STP, highlighting the importance of ensuring that the Board had a pivotal role to play in bringing everyone together to ensure that the work streams were progressed.

Josie Spencer, Coventry and Warwickshire Partnership Trust (CWPT) reported on the following workstreams:

Urgent and Emergency Care

The Board were informed that the Urgent and Emergency Care (U & EC) workstream was being led by Glen Burley, South Warwickshire Foundation Trust. The workstream team had been meeting for 3-4 months and, aligned to the national U & EC review, were tasked with developing of an integrated and emergency care network and reviewing the sustainability of the current system.

Planned Care

The Planned Care workstream was being led by Debbie Pook, Warwickshire North CCG. Initial work involved pathway redesign starting with musculoskeletal (MSK), considering patients being able to manage their condition with support from their GP or the surgery route

Maternity and Paediatrics

Meghana Pandit was leading on the Maternity and Paediatrics workstream which was to look at future provision being delivered locally and complying with national strategy.

Productivity and Efficiency

The Board noted that the Productivity and Efficiency workstream was being led by Kim Li, South Warwickshire Foundation Trust which involved delivering services within resources whilst ensuring best value for money.

Members raised further concerns about the unavailability of reports.

RESOLVED that written progress reports from each of the individual STP workstream leads be submitted to future meetings of the Board.

101. **Mental Health Transformation Update**

The Board noted an update from Sharon Binyon, Coventry and Warwickshire Partnership Trust (CWPT) on the work undertaken to date to ensure that the Coventry and Warwickshire ambition to transform the provision of mental health and emotional wellbeing services, informed by the Mental Health five year forward view, was delivered through the Sustainability and Transformation Plan (STP).

The Board were informed that under the current STP structure there was no individual workstream for mental health however mental health ran through the four workstreams detailed in Minute 100 above.

Reference was made to the workshop held on 21st November, 2016 that brought together system leaders in mental health. The workshop aimed to answer the question 'What is our vision for mental health services in Coventry and Warwickshire in five years' time'. Structured discussions were held with key

stakeholders to determine what the group believed constituted the hall marks of high quality Mental Health services across four identified layers of response: Community Resilience, Primary Care, Specialist Care and Acute and Crisis Care. Further work was currently underway based on the outputs from the workshop.

The workshop recommended that in order to ensure appropriate focus on mental health in the STP workstreams, partners should continue to work together under the auspices of a Mental Health Steering Group and input to each workstream as appropriate.

102. **West Midlands Combined Authority Mental Health Commission Report**

The Board considered a report from Simon Gilby, CWPT which drew attention to the launch of the report 'Thrive West Midlands' of the Mental Health Commission established by the West Midlands Combined Authority (WMCA) on 31st January, 2017. A copy of this report was attached at an appendix to the report. The Board were asked to receive the report, considering its fit with local strategic priorities and any actions that Board would want to take.

The report indicated that the WMCA established the Mental Health Commission in late 2015. The WMCA had identified poor mental health and wellbeing as a significant issue for the region, not only in terms of the effects for individuals and families but more widely on the communities and the economy of the area. It identified the enormous distress for people, greater demand for public services and reduced productivity as key factors and identified improving mental wellbeing as a priority area where the WMCA could deliver public sector reform.

The Commission was made up of independent and respected experts drawn from the fields of mental health and was chaired by the Rt. Hon. Norman Lamb MP. To advise it, the Commission established a Citizens Jury comprising people with experience of mental ill health. Support was also provided by a Steering Group set up to ensure links with the broader stakeholder community. Senior representatives from local authorities, CCGs, health trusts and the police provided additional advice.

The Board were informed that, alongside taking submissions from stakeholders, a number of engagement events were held.

The report was described as an Action Plan for Change and set out how the region could reduce the impact of mental health, build happy thriving communities and supporting those who experienced mental ill health. The key themes covered supporting people into work and whilst at work; providing safe and stable places to live, mental health and criminal justice; developing approaches to health; and getting communities involved.

In advance of the public launch on 31st January, the Commission Chair had written to stakeholders asking for commitment to the proposed actions through signing up to a Concordat.

Members of the Board raised a number of issues in response to the report including:

- Support for the work undertaken by the WMCA
- Acknowledgement of how the issues in the report dovetailed to the three priorities of the Board
- The work undertaken at the Council to skill up staff to support employees with mental health issues
- Clarification about the thresholds included in the mental health assessments to be able to access support
- The role of the two universities in relation to mental health including preventative and proactive actions currently being undertaken to support students and the wider community
- Further information about the links to the STP and the future commissioning arrangements
- Clarification that once partners had signed up to the concordat then work would commence on the development of a detailed action plan
- Concerns about the issue of homelessness since this often compounded mental health issues
- The monitoring and scrutiny arrangements
- The importance of having an action plan to support people with mental health to secure employment

RESOLVED that the Board sign up to the Concordat and the Commission report 'Thrive West Midlands' be endorsed.

103. **Multiple Complex Needs Progress Update**

RESOLVED that, in the absence of Chief Inspector Danny Long, West Midlands Police and the lead Member, the presentation on the Multiple Complex Needs Progress Update be deferred to the next meeting of the Board on 10th April, 2017.

104. **Joint Coventry and Warwickshire Health and Wellbeing Board Development Day and Local Government Association Peer Challenge**

The Board considered a report of Liz Gaulton, Acting Director of Public Health which sought endorsement of the steer from the Joint Health and Wellbeing Board Session for the Board to participate in the Local Government Association (LGA) Peer Challenge with Warwickshire Health and Wellbeing Board, which was proposed to take place between 14th and 16th March, 2017. Agreement was also sought for the focus of the Peer Challenge.

The report referred to the Coventry and Warwickshire Health and Wellbeing Alliance Concordat which set out the principles for joint working between the two Boards, with an emphasis on delivery of the Sustainability and Transformation Plan (STP). Reference was also made to the two joint development sessions for the two Boards held in October, 2016 and January, 2017.

The Board were reminded of the purpose of the second session, to look at the STP and understand the governance arrangements in relation to it. The session had also focused on the Proactive and Preventative work stream of the STP to understand how the Boards could support the delivery of this. One of the recommendations from the day was the creation of a Joint Working Group to

identify and implement ways to improve joint working between the two Boards. From Coventry's perspective the following membership was suggested: Chair of the Board (or nominee), partner agency and officer lead for the Board.

The report drew attention to the Peer Challenge offer from the LGA. The new System Wide Care and Health Peer Challenge was in pilot phase and had been developed in consultation with national partners. The aim of the review would be to:

- i) Provide a constructive assessment of the current and potential value to the health and wellbeing system of the Coventry and Warwickshire Boards, independently and together
- ii) Understand the contribution individual organisations, as members of the Boards, can make in bringing the spirit and commitment to the Coventry and Warwickshire Alliance Concordat to life.

An appendix to the report set out detailed information on the proposed peer challenge.

RESOLVED that:

(1) The steer from the Joint Health and Wellbeing Board Development Session to participate in the joint LGA Peer Challenge be endorsed.

(2) The proposed focus on the joint LGA Peer Challenge be noted.

105. **Coventry Safeguarding Children's Board Annual Report (September 2015 to September 2016)**

The Board considered a joint report which presented the Coventry Safeguarding Children Board (CSCB) Annual Report for 2015-2016, a copy of which was set out at an appendix to the report. David Peplow, Independent Chair of the Safeguarding Board, attended the meeting for the consideration of this item.

The report indicated that the production of the annual report was a statutory requirement under the Children Act. The latest annual report covered the period September 2015 to September 2016. It outlined the achievements and challenges of the Board and assessed progress on outcomes for children and young people in respect of safeguarding. It evaluated the impact of Coventry's Safeguarding Services on outcomes for children and showed how the work of the Board had contributed to improving outcomes. Progress in implementing priorities was also highlighted.

The Board were informed that David Peplow had been appointed as the new Independent Chair from August, 2016 and the Board were now reviewing their priorities. It was the intention to publish a mid-year report in April 2017 to summarise progress since September and set out a new direction for the Board for 2017/18. From this date, future Annual reports would then tie in with the financial year.

The Board noted that, at their January 2017 meeting, the CSCB had agreed to the 'Signs of Safety' approach to child protection case work being the preferred model for Coventry. This was an innovative strength based safety organised approach

allowing different organisations to work collaboratively and in partnership with families and children.

Members raised a number of issues in response to the Annual report, matters raised included:

- The availability of safeguarding training for school governors
- Potential links with the work being undertaken by Warwick University
- Support for 'Signs of Safety' as the best practise preferred model for Coventry.

Gail Quinton, Executive Director of People, informed the Board that, at their meeting on 12th January, 2017, the Education and Children's Services Scrutiny Board (2) considered the Coventry Safeguarding Children's Board Annual Report. Part of the discussion included baby boxes and the work done to prevent baby deaths in Scotland. The Scrutiny Board had requested that the Health and Wellbeing Board be asked to investigate the possibility of Coventry providing baby boxes for all new born babies in the city.

The Executive Director reported that she had already raised the request with Andrea Green, Coventry and Rugby CCG who had lead responsibility for this area.

Members raised the issue of the financial implications if it was decided to provide the baby boxes. Attention was drawn to Sandwell Council who had started a pilot scheme in January, 2017.

RESOLVED that:

(1) The Annual Report for 2015/16, including the progress made and the areas for future development, be noted.

(2) The members be requested to encourage their organisations to embrace Signs of Safety and to promote this way of working.

(3) Officers from the CCG be requested to investigate the pilot baby boxes scheme introduced within Sandwell.

106. **Shaping Up Coventry - Director of Public Health Annual Report 2016**

The Board considered a report of Dr Jane Moore, Director of Public Health which presented her Annual report for 2016 'Shape Up Coventry', a copy of which was set out at an appendix to the report.

The Annual report was a statutory and independent report produced each year to inform local people about the health of the population as well as providing necessary information for decision makers in local health services and authorities on health gaps and priorities that needed to be addressed.

Excess weight among children was one of the most challenging and complex issues facing the UK with around a third of 10-11 year olds being overweight and obese. In Coventry, one in ten 4-5 year olds were in the more extreme 'obese'

weight category. The Annual Report recommended that the city adopted a whole systems approach to address childhood obesity.

The Board noted that a series of three workshops were held between September and November with a number of organisations to start to develop the whole systems approach to addressing childhood obesity. A number of priority themes were established which were detailed in the Annual report.

The report proposed that the Childhood Obesity Alliance continued to meet and develop an action plan to deliver change. It was intended that the Alliance operated to a whole systems approach, providing an emphasis on continually understanding the local system, building relationships between partners, building capacity and innovation, enabling feedback and continuous learning and delivering a range of actions in order to make the existing system operate more effectively.

Members expressed support for the user friendly report. The Chair, Councillor Caan drew attention to the reference to places for exercise in the Annual Report which indicated that Coventry had an abundance of open spaces with around 3 in 5 of families living within 250 metres of a green space at least the size of a football pitch. He expressed appreciation for all the work undertaken by Public Health to promote outdoor exercise.

RESOLVED that:

(1) The ambition of the Childhood Obesity Alliance be supported.

(2) A progress report be submitted to a future meeting of the Board in 12 months time.

107. **Any other items of public business - Board Membership**

The Deputy Chair, Dr Adrian Canale-Parola, raised concerns that West Midlands Ambulance Service were not represented on the Board. It was reported that the Ambulance Service had been a member of the initial Shadow Board however attendance had been an issue in light of the significant number of Health and Wellbeing Boards within their region. It was agreed that contact be made with the Ambulance Service to canvass their views on the issue of membership.

RESOLVED that officers re-visit the appointment of a representative from the West Midlands Ambulance Service to the Health and Wellbeing Board and report back to a future meeting.

(Meeting closed at 3.35 pm)



Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 10 April 2017

From: Paula Deas, Operations Director Coventry & Warwickshire LEP
Liz Gaulton, Acting Director of Public Health, Coventry City Council

Title: Employment, Economic Growth and Health – working with Coventry and Warwickshire Chamber of Commerce and Coventry and Warwickshire Local Enterprise Partnership

1 Purpose

- 1.1 The purpose of this paper is to update Coventry Health and Wellbeing Board on how partners are working together with the Coventry and Warwickshire Chamber of Commerce (Chamber of Commerce) and Coventry and Warwickshire Local Enterprise Partnership (LEP) to create good growth and reduce health inequalities in Coventry.

2 Recommendations

- 2.1 Coventry Health and Wellbeing Board is recommended to agree that:
- 1) The LEP to become members of the Marmot Steering Group and contribute to the Marmot action plan
 - 2) The Chamber of Commerce to continue to attend the Marmot Steering Group and contribute to the Marmot action plan
 - 3) The Health and Wellbeing Board to contribute to the LEP's Strategic Economic Plan
 - 4) The Health and Wellbeing Board to put forward any suggestions or recommendations for additional work to achieve good growth and reduce health inequalities.

3 Background / Context

- 3.1 Being in good employment is protective of health, and conversely, unemployment contributes to poor health. Ensuring that people are able to get into work will reduce health inequalities, but these must be good quality, sustainable jobs which provide a reasonable wage, opportunities for development and with safe working conditions. Inequalities in employment, pay below the living wage, the decline in intermediate occupations and rise of lower paid jobs are likely to lead to increases in health inequalities and poorer health and social outcomes for the people of Coventry.
- 3.2 The unemployment rate in Coventry is 6%, compared with a national rate of 5.1%. There are approximately 15,000 people claiming sickness related benefits, of whom just under 3,000 have been assessed as being able to undertake some work related activities, and a further 4,000 people claiming jobseekers allowance.

- 3.3 There is a direct correlation between areas of high deprivation in the city and levels of unemployment. The Marmot Steering Group provides an effective mechanism for the LEP and the Chamber of Commerce to work with other key statutory and voluntary organisations to address the health inequality issues linked with growing economic prosperity in the city, and to recognise and build upon the links between a healthy population, good work and economic growth.
- 3.4 The role of employers is vital to the achievement of a more equitable society, through the creation of good quality, sustainable jobs, employment of local people and growth of the local economy. In order to achieve these goals, employers are reliant on local organisations to ensure that there is a suitably qualified and trained, healthy workforce.
- 3.5 The Strategic Economic Plan produced by the LEP and the Marmot Strategy are aligned in some of their overall goals, although determined by different drivers. The LEP works across the footprint of the Coventry and Warwickshire areas, in alignment with the Health & Wellbeing Board concordat. The focus of the LEP upon economic growth and development across Coventry and Warwickshire will, if successful, result in an increase of over 50,000 new jobs by 2031, improve the skills and qualifications of the local workforce and increase the productivity of the area. With the appropriate investment and support, this growth is an opportunity to drive a reduction in health inequalities in Coventry, enabling unemployed people to develop new skills and take up the newly created jobs. A more prosperous city, if delivered across all areas, could lead to reduced deprivation.

4 Marmot Priorities and actions to date

- 4.1 The Marmot principles, from the Marmot Review, Fair Society, Healthy Lives which aim to reduce inequality and improve health outcomes for all, have been embedded into the core functions of the council and its partners.
- 4.2 Since Coventry became a Marmot City in 2013, there has been progress in outcomes across health and across society. There have been improvements in school readiness at age 5, health outcomes, life satisfaction, employment and reductions in crime in priority locations. Key areas of focus for Coventry as a Marmot City over the next three years are to help vulnerable people into work, to improve the quality of jobs, and to create health promoting workplaces, so that growth in Coventry benefits everyone and contributes to a reduction, rather than an increase, in inequalities.
- 4.3 There is effective partnership working between the members of the Marmot Steering Group (People, Place and Resources directorates, West Midlands Police, West Midlands Fire Service, Coventry and Rugby Clinical Commissioning Group, Voluntary Action Coventry, the Chamber of Commerce and the Department for Work and Pensions).
- 4.4 All members have agreed and signed up to a three year Marmot Action Plan, which sets out a range of clear indicators and targets which are regularly monitored and reported on. Work underway to achieve the priorities relating to good growth includes:
 - DWP working with primary care services to look at how to educate professionals and trial employment support services co-located in GP surgeries.
 - A review has been carried out of services for Employment Support Allowance (ESA) claimants in the city, and the role of the Job Shop in supporting claimants to improve employability skills and return to employment. In addition, an evidence review of around supported employment service models is being completed.

- Each of the Marmot City partners will act as exemplars of good employment practices in order to drive up standards across the city and demonstrate the associated economic benefits.
 - A social value toolkit has been developed by the Resources Directorate for use by organisations in the city.
 - Employment services in the Council, the voluntary sector and the Chamber of Commerce are working together to offer work experience placements to vulnerable people.
 - The Workplace Wellbeing Charter is being rolled out to all organisations who express an interest, with dedicated support available to help them achieve the standards. The Charter is also being adapted to meet the needs of small businesses.
- 4.5 There are also actions to tackle inequalities disproportionately affecting young people, and these actions (shown below) will contribute to the improvement in skill and qualification levels.
- Support young people who are not in education, employment and training through a range of ways, including the Ambition Coventry programme.
 - Support young people who are at risk of becoming not in education, employment or training (Ambition Coventry programme)
- 4.6 There are further actions around improving the education attainment of pupils at primary school level, which has the potential to produce more skilled and qualified young people entering the workforce by 2030.

5 Next Steps

- 5.1 The Chamber of Commerce is a committed member of the Marmot Steering Group, who are working with employers to educate them about the benefits of recruiting locally and supporting them to do so, as well as to provide ‘good quality’ jobs and increase the number of apprenticeship opportunities. The Chamber is also eager to explore ways in which they can encourage employers to maximise use of funds to support the employment of people with physical disabilities and mental health issues. It is therefore recommended that the Chamber of Commerce continue to attend the Marmot Steering Group and to contribute to the action plan.
- 5.2 The LEP are not currently a member of the Marmot Steering Group and therefore are not able to contribute to the ongoing development of the Action Plan and there is no direct mechanism for linking the work of the Marmot partners to the aims of the Strategic Economic Plan, which include economic growth in Coventry and Warwickshire, developing the Advanced Manufacturing and Engineering sector, growing small and medium-sized enterprises, skills development and investment in culture and tourism. Inclusion of a representative from the LEP would be beneficial to all Marmot partners and would enable practical discussions around ways of working that would bring together the aims and objectives of the Strategic Economic Plan with those of Marmot and other statutory and voluntary organisations.

Report Author(s):

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Enquiries should be directed to the above person.

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Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 10th April 2017

From: Prof. Andrew Hardy

Title: Coventry & Warwickshire Sustainability and Transformation Plan Update

1 Purpose

1.1 To provide an update on Sustainability and Transformation Plan (STP) progress

2 Recommendations

2.1 Health and Wellbeing Board note the report and support the direction of travel

3 Urgent and Emergency Care

3.1 Workstream content:

- Provision of services which meet the diverse needs of our communities and which contribute to improvements in morbidity and mortality, particularly in groups which traditionally have had poor access to NHS care.
- Ensuring that patients receive fast, effective urgent and emergency care and that prevention strategies reduce unscheduled demand.
- Ensuring that the services operate within tariff (or alternative cost and activity benchmarking) by addressing current and future workforce challenges, meeting likely increases in demand and ensuring that activity levels justify fixed costs.

3.2 Progress update:

The current workstream priority is right sizing hospital urgent and emergency care systems in the context of changes driven through other work streams and the national Urgent and Emergency Care Plan. It is anticipated that the proposed model of U&E Care will be presented to the STP Design Authority for internal clinical agreement in the autumn of 2017.

The Coventry & Warwickshire Stroke Programme, also part of this STP Workstream, is at the pre-consultation stage, with the pre-consultation Business Case within the NHS England assurance process. It is anticipated that this will go to an Assurance Panel in the early summer. Public Consultation cannot commence without NHS England Assurance being completed satisfactorily.

4 Planned Care

4.1 Workstream content:

- Review of Elective Clinical Pathways including follow up to curtail the growth in demand and improve patient satisfaction.

- Review policies for lower value procedures to bring consistency across the STP footprint (eliminate “post code lottery”) and review/revise policies as pathway redesign (as described above) progresses.
- Public education to ensure patients have chosen surgery, rather than other treatments/interventions taking into account lifestyle as well as clinical factors and that they are as fit as they can be prior to surgery, where this is the ultimate choice.
- Cancer Care development in line with national plans (revised strategy announcement due on 31st March) and in alignment with the WM Cancer Alliance work.

4.2 **Progress update:**

The current workstream focus is on the first elective pathway (Muscular-Skeletal) review with emphasis on Hip and Knee replacements with a view to start to change in practice during 2017.

In line with this aim, a Clinical Reference Group (CRG) is established and has met several times with a further clinical workshop being planned for April/May. Though there have been some delays due to sourcing appropriate programme management support, this work is underway as follows:

- Revised MSK pathway (Pre- surgery Physio and Occupational Therapy assessment stage) in place in North Warwickshire.
- Pilot of above due to start end of Q1 2017 in Coventry & Rugby and South Warwickshire (subject to CRG approval).
- Revised post-surgery/discharge pathway in place in South Warwickshire.
- Pilot of above due to start at end of Q1 2017 in North Warwickshire (subject to CRG approval).

Review/revision of other elective pathways will follow in quarterly waves from 2017 onwards, to include General Surgery, ENT, Ophthalmology, Specialist Surgery, other smaller specialties. A review of follow up activity is being conducted and a CRG specifically for this is to be set up to review a list of follow ups not required or delivered by alternative means that is being prepared. The aim is to change follow up procedures/practice during 2017.

C&W Commissioning Policy Group met in late 2016 to consider an appropriate approach to policy review and concluded that pathway redesign needed to come first and policies fall out of that, rather than simply revising existing policies, therefore, as pathway redesign work progresses, policies will be revisited.

Public education activity is closely linked and aligned to the Proactive and Preventative Care workstream and will be developed alongside these plans.

In Cancer Care the work is closely linked to the Cancer Alliance and a revised Cancer Network footprint has been in place since early 2017. NHS providers have refreshed the cancer services diagnostic tool and work is underway to achieve the cancer 38 day target. Identification of further work & priorities will follow the expected announcement from NHS England on 31st March.

5 **Maternity & Paediatrics (eventually will become part of Planned Care)**

Work is underway to refocus this workstream’s programme in line with the National “Better Births” Strategy.

A workstream “away day” is to be held in early April to begin this work and develop a strategic STP-wide approach to the national strategy.

6 Proactive & Preventative Care

6.1 Workstream content:

- Out of Hospital Programme -To deliver a new care model for out of hospital services.
- Public Health - Making early intervention and prevention everybody’s business and developing a shared understanding of what Public Health programmes can be targeted and ‘upscaled’.
- Community resilience and capability - To harness capability within individuals and communities to increase preventative behaviour and lifestyles.

With Underpinning themes of:

- Focus on mental & physical health
- Promoting proactive self-care and independence

6.2 Progress update:

The Out of Hospital Programme is progressing to plan with the solution proposals developed by providers currently undergoing commissioner moderation, prior to a decision on procurement. The new model has been formally assessed by the commissioners, leading a group of clinical and non-clinical Assessors from all parts of the economy. The STP Design Authority will give a view to the STP Board who will feedback their view to commissioners. The NHSE Assurance Process for new care models will be applied and support sought. A recommendation from the Assessors will be put to the 3 CCG Governing Bodies in April 2017, on suitability of the proposed model and mechanism for contracting.

The scope of the Programme beyond the Out of Hospital (OOHosp) is much broader and is currently being developed. It offers the major interface with HWBBs and Local Authority led services relating to the promotion of healthy lifestyles and the building of community capacity. These are also key features of the HWB Strategies and emerging transformational plans for local authorities.

The workstream seeks to build upon the principle of system-wide integration and engender a step change in system and public behaviour to support prevention through 3 steps:

- Understanding the degree and nature of preventative work already underway within the system in terms of core business, existing change activity and additional activities contained within the STP.
- Identifying the opportunities to accelerate or upscale existing preventative work and/or refocus activity to maximise reach and benefit.
- Developing, through the STP, new streams of work or enabling activity to support existing activity to maximise preventative impact.

Efforts to date have focused on the first phase in terms of developing an understanding of the level and nature of work underway in the system.

To succeed the workstream will need to engender a strategic system wide push – it is not a transactional programme and success would be prevention featuring in every element of our work and becoming ‘everybody’s business’.

7 Productivity & Efficiency

7.1 Workstream content:

- Review/consolidation of back-office functions
- Consolidation of Clinical Support functions

7.2 Progress update:

Progress has been slow. Individual organisations have just (March 2017) received feedback from the National Benchmarking and this is currently being collated to give an STP-wide picture, so organisations' differences can be examined. Collation of benchmarking requires programme support, as does the work required for the co-ordination of progress of individual projects within the workstream. Work is required on reaching agreement on which services/functions to collaborate on and this will be taken forward when the Programme Management support, now agreed in principle, becomes available.

8 General update

An Independent Programme Director is now in post, sourced through NHS Interim Management and Support Service (NHS IMAS). She will establish a programme management team and will establish systems and processes to oversee progress and delivery of the STP. The programme team will comprise individuals with specialist analytical and project skills to support the workstreams to deliver their priorities and the programme overall.

The Programme Management Office will directly support the STP Transformation Board in assuring progress, as well as providing necessary liaison with key oversight organisations such as NHS England, NHS Improvement, Health and Well-Being Boards and overview and scrutiny functions. NHS England has provided financial and manpower to support the implementation of this essential infrastructure.

The STP Design Authority, and subsequently the STP Transformation Board, in February, approved the formation of a Mental Health "Steering Group" to oversee the mental health elements within all the STP Transformation Workstreams and to provide appropriate support and guidance.

9 Next steps

At the point of preparing this paper, we understand that an announcement, accompanied by the publication of new STP guidance, will come from NHS England on Friday 31st March. It is anticipated that this will request additional focus on Cancer Care, Urgent & Emergency Care, Mental Health and General Practice 5 year Forward View implementation.

The STP and the work programmes within it will be reviewed and, where necessary, amended to reflect this new guidance.

Report Author(s): Janet White

Name and Job Title: STP Programme Manager

Directorate: N/A

Telephone and E-mail Contact: janet.white@uhcw.nhs.uk



To: Coventry Health and Wellbeing Board

Date: 10 April 2017

From: Andrea Green, Chief Officer, NHS Coventry and Rugby CCG

Title: Engagement Strategy Update

1 Purpose

- 1.1 To update Members on progress of the Engagement Strategy brought to the H&WBB in November 2016.

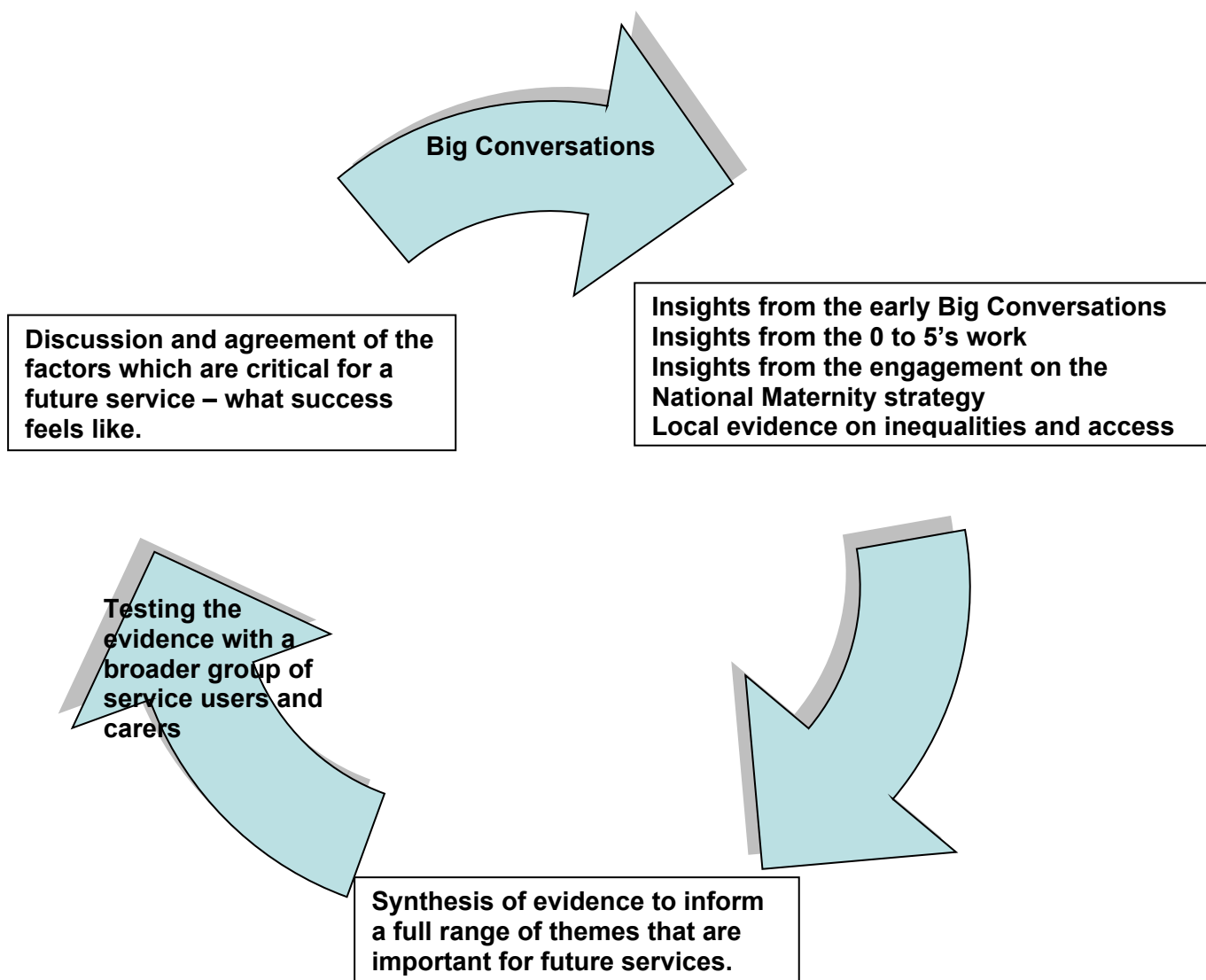
2 Recommendations

- 2.1 The Health and Well-being Board is asked to note the progress on the Engagement Strategy.

3 Information/Background

- 3.1 The 3 local CCGs, Coventry City Council and Warwickshire County Council formed a collaborative Engagement team who developed the Engagement Strategy with the Health and Wellbeing Board in November.
- 3.2 The first activity agreed, was to start to hold some “Big Conversations” with local Mothers and Carers, to find out what was important to them in respect of Maternity services, as a new national strategy on Better Births had been released by NHS England, and local leaders were considering the sustainability and transformation of the service, as part of the local long term direction of travel for healthcare, the STP.
- 3.3 Big Conversations were held with Mothers and their Carers at the venues they were attending to receive their antenatal and postnatal care. This first phase of engagement included completing 57 conversations, at venues, mainly Children’s Centres across Coventry and Warwickshire. The participants included people who already had children, those who had past miscarriages and/or, traumatic births as well as those who were first time Mothers.
- 3.4 The outcome of this phase of discussions found that all those asked had very similar expectations of maternity services, but these were not always met. The key themes in the discussions were around consistency of care; being listened to; personalised care; family friendly care; professional attitude of staff; feeling reassured; support with aspects of caring for a new baby; access to information, antenatal and postnatal support.
- 3.5 The engagement identified some inequalities in the services available in antenatal and postnatal groups; breastfeeding support and continuity of care.

3.6 Next steps - These views and themes will be brought together with information from the 0 to 5s work undertaken by Coventry City and Warwickshire County Council; data on local inequalities and access; and the national engagement work on maternity care currently underway, to inform the next stages of co-design which will produce a set of local view of critical success factors that the future services will need to address.



4 Options Considered and Recommended Proposal

4.1 Members are asked to review progress and suggest any further action.

Report Author(s): Andrea Green

Name and Job Title: Chief Officer, NHS Coventry and Rugby CCG

Directorate: NHS Coventry and Rugby CCG

Telephone and E-mail Contact: c/o samatha.checklin@warwickshirenorthccg.nhs.uk

Enquiries should be directed to the above person.

Coventry & Warwickshire System Wide Care and Health Peer Challenge

Feedback presentation

Peer Challenge Purpose and Aims

- Sector Led Improvement Peer Challenge process
 - Invited in as ‘critical friends’ with ‘no surprises’
 - Focus of review:
 - To provide a constructive assessment of the current and potential value to the HWB system of the HWBBs of Coventry and Warwickshire, independently and together. And to consider how the boards can bring the spirit and commitment of the Coventry & Warwickshire Alliance Concordat to life**
- Non-attributable information collection
- People have been open and honest
- Recommendations based on the triangulation of what we’ve read, heard and seen

The brief

The products

Reflect back to us where we are doing well

Key messages to Coventry
Key message to Warwickshire

Show where we can add value by aligning our effort

Bringing the Alliance Concordat to life

Are we saying the same thing

Identify what our next steps could be

Highlight where we have different views/perspectives & definitions

Barriers & Enablers for action plan

Show us any areas of potential tension or conflict

Assess our levels of commitment to joint working

Peer Challenge Team

- **Martin Smith (lead peer)** – Ex Chief Executive LB Ealing, Non-Executive Director of Homerton University Hospital NHS Foundation Trust
- **Cllr Jonathan McShane** – Cabinet Member for Health, Social Care and Culture and Health and Wellbeing Board Chair, LB Hackney
- **Cllr Sue Woolley** – Portfolio Holder for NHS Liaison & Community Engagement, Health and Wellbeing Board Chair, Lincolnshire and Chairman of East Midlands Health & Wellbeing Board
- **Cathy Winfield** - Chief Officer, Berkshire West Federation of CCGs
- **Carole Burgoyne** - Strategic Director for People, Plymouth City Council
- **John Wilderspin** – LGA Associate and Co-chair Systems Leadership Steering Group
- **Alyson Morley**, Senior Advisor (Policy) LGA
- **Kay Burkett**, Challenge Manager & Programme Manager, Care & Health Improvement, LGA

The process

- Survey
- Data pack
- 35 key documents
- Timetable - 83 people over 2 days
- Feedback
 - Coventry
 - Warwickshire
 - Joint
- Evaluation
- Follow up support

Key messages for Coventry

- The JSNA and the Health & Well-being Strategy are clear and essential for joint working
- Positive strengths identified around the H&WB Board:
 - Three clear areas of focus with good partnership buy-in
 - An energetic political leader who wants to get things done
- You have a good brand with ‘Marmot City’, and there is potential for us to build on to further to develop a health and well-being approach
- It is not clear whether the H&WB Board robustly monitors progress on delivery against the H&WB Strategy. Members of the Board are not clear whether work streams are having an impact. This is important to ensure ongoing commitment and ownership
- A place based approach works for Coventry H&WB Board, but there is an appetite to work jointly with Warwickshire.
- There are early signs of joint working between the H&WB Boards, and this needs to continue and mature, however Coventry does not want to lose its identity

Key messages for Coventry

- Working beyond boundaries is essential and Coventry is pragmatic in its approach to working across different boundaries: Coventry and Warwickshire, West Midlands Combined Authority
- A lot of joint working between the local authority and Health, but no formal structures and there is limited pooled budgets
- STP has not 'landed well', but there now needs to be a line drawn under it. Coventry needs to progress the Alliance Concordat and develop a coherent health and social care plan for Coventry and Warwickshire.
- Develop from a public health agenda to people improving their own health through proactive and preventative work stream
- Out of Hospital project is now part of the Proactive and Preventative work stream and is really progressing well, which is important for Coventry. Plans for primary care need to be developed as part of this now the CCG has delegated commissioning
- You want to do things that are right for the citizens of Coventry and community development and the voice of the community is important to you

Next Steps for Coventry

- Build on the Marmot City brand
- Develop a robust performance managements framework for the Board to demonstrate progress and impact
- Continue to develop joint working with Warwickshire on key areas
- Health and Care Transformation
 1. Scale up prevention within the proactive/preventative work stream
 2. Plans for primary care to be developed alongside OOH
 3. Ensure that the perceptions of local communities is reflected in transformation plan

Key messages for Coventry and Warwickshire

- Concordat is a huge asset – bring it to life
- Strong desire to get things done
- Fundamentally strong and honest relationships
- Solid strategic framework e.g. JSNA, Health & Wellbeing Strategies, recognition of ‘place’
- The STP is a moment in time
- The geography for the STP is right
- Address ‘wicked issues’ e.g. George Eliot Hospital as a system
 - You will regularly have to face difficult decisions, but can use the different styles of leadership available to you as a system to address this
- ‘Red lines’ need to be precise and transparent

Key messages for Coventry and Warwickshire

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- Transformation is a shared imperative
- Proactive and Preventative work is vital to sustainability for all organisations
- To get collective leadership you need collective results
- Continue to build relationships
- There is an appetite for an Accountable Care System (ACS).....
- Develop governance fit to deliver the shared programme of work
- Provide clarity about reporting and accountability, so that each body in the system is clear what its purpose is
- Deploy the differential leadership qualities
- Do communities know what we are trying to achieve?
- The perceptions of communities is lost in transformation documents

Barriers	Enablers
Confused and over bureaucratic governance	Political will and leadership
Proliferation of plans creating confusion	Respected officer leadership
Lack of road map and delivery plan to progress these	Concordat – bring it alive and build on it – this is your foundation and will enable delivery
Not clear yet what you should do separately and what you do together	Some examples of excellent joint working, commissioning and relationships e.g. Proactive and Preventative Care work stream, CAMHs, hubs
Under developed approach to integrated commissioning	Clarity about priorities – many shared
Suspicion about what will happen about key services e.g. George Eliot	Identified need to focus on transformation of system and making the system financially sustainable
No clear narrative and communication and engagement strategy to explain transformation of the system to local people	Recognition of the importance of place across Coventry and Warwickshire
Doubts about capacity across the system	Collaborative Commissioning Board

Next Steps for Coventry & Warwickshire

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- Understand commonalities between Coventry and Warwickshire and identify how they could inform our joint work programme
 - JSNA
 - H&W Strategies
- Board representatives to scope a joint work programme for consideration by both boards
- Collaborative reference group to be established to oversee a joint action plan
- Joint senior staff session to raise awareness of joint working and Concordat, the Proactive and Preventative work stream, and common areas of working
- These proposed next steps will be discussed by Warwickshire H&WB Board after May 2017, so may be subject to change

Project Initiation Document Multiple/Complex Needs

1. Purpose of Document

1.1. The purpose of this document is to:

- Set out the aims, objectives and deliverables of the Project;
- Define the scope;
- Set out the activities, resources and responsibilities;
- Define the management structure and controls;
- Detail the business justification;
- Act as an updated specification for the review and provide a baseline from which the relevant Governance can assess progress and apply change control;
- Ensure that all parties share a common understanding of the above issues; and
- Act as formal agreement with respect to the commitment of resources, the effort that is required to complete the project and achieve its outputs.

2. Background and Context

2.1. There is growing awareness that populations experiencing the sharp end of problems such as homelessness, drug and alcohol misuse, poor mental health, and offending behaviours overlap considerably. There is also concern that these vulnerable individuals may 'fall between the gaps' in policy and services altogether, or be viewed through a succession of separate and uncoordinated 'professional lenses'.

2.2. The Lankelly Chase report *Hard Edges* found that Coventry has a higher than average prevalence of adults at Severe and Multiple Disadvantage (SMD) given the relative levels of poverty seen in the city. Coventry's rate per 1,000 population is 28.9 compared to an England average of 17.4. Coventry has the 19th highest rate out of all upper tier local authorities. People with SMD are mainly male and most age groups have some people experiencing SMD, although numbers are very low in the over 65 age category. Within Coventry, SMD is most prevalent amongst 25-44 year olds. The research also demonstrates that quality of life for those individuals with complex needs tends to be much poorer than that reported by other low income and vulnerable groups.

2.3. Coventry's Health and Well-being Board identified as one of its key priorities as 'improving health and well-being of individuals with multiple complex needs'. The Board recognises the significant challenges that this vulnerable group of the city's population faces and is keen to stimulate thought and action on whether single issue systems and services are any longer the most effective response, and to shift the focus of policies and plans from organisations to places.

3. Project purpose, scope, and outcomes

3.1. Purpose

3.1.1. The purpose of this project is to both improve services for people facing multiple complex needs and make savings whilst reducing demands on the public sector. In particular, this project aims to:

- implement system change in order to design services which are more accessible, person-centred, and better co-ordinated in order to help people manage their lives better;
- Improve the way in which we deliver and commission services;
- encourage people who are using existing services to share their experiences so that future processes can be designed and delivered sustainably and learning can be shared amongst service providers;
- model cost and savings; and
- Improve the way we share data and information between agencies.

3.2. **Project Scope**

3.2.1. An individual with MCN is likely to be experiencing two of more factors such as, but not exclusively:

- homelessness;
- offending behaviour;
- mental ill health;
- substance misuse; and
- worklessness.

3.2.2. This project will be split into two phases:

- Phase one will focus on system change in order to improve outcomes for those who are already affected by multiple/complex needs
- Phase two will look at developing and implementing early intervention and prevention approaches towards multiple/complex needs whilst working with a range of partners and existing bodies, such as the Early Help Board. This second phase is closely aligned to the approach and work undertaken by West Midlands combined Authority in relation to MCN.

3.2.3. This project will work with partner agencies involved in commissioning and delivering services for the above client groups. This project provides the opportunity for organisations to become more aligned and work on a systems approach rather than being constrained by organisational and geographical boundaries.

3.3. **Project outcomes**

3.3.1. The Health and Well-being Board's ambition is to improve the health and well-being of people facing multiple complex needs, to make it as easy as possible for them to access the support they need, as early as possible. This project will seek to:

- Improve the life chances and outcomes of people facing multiple complex needs so that they:
 - a. Feel more resilient and connected
 - b. Are empowered to lead productive lives, free from harm
 - c. Reduce their dependency on intensive public services
- Enable people with MCN to manage their lives better through access to more person centred and co-ordinated services;
- Reduce the demand placed on public services.

4. Project Governance Structure

4.1. The management structure and reporting channels are as follows:

- Strategic governance of the project will take place through the Health and Well-being Board, which can take an overview of the project and provide strategic direction.
- The operational governance of the project will be through the Multiple Complex Needs Board, which will identify and manage risks, ensure delivery of the project and report to the Health and Well-being Board. The Board will be jointly supported by WM Police and Coventry City Council
- Task and finish groups will be established to take forward specific elements of the project. These will report to the Multiple Complex Needs Board at agreed intervals.

5. Project Deliverables

5.1. The deliverables have been sub-divided into a number of stages of activity. In summary these are:

- Determine current needs and service provision
- Describe future service model and identify the gaps
- Define changes needed
- Plan, organise and implement the change
- Carry out evaluation of the changes

Stage one – Determination of Current Needs and Service Provision

This stage involves data gathering, data analysis and establishment of the service baseline.

Deliverable	1. Data Gathering and Baseline
Deliverable Description	<ul style="list-style-type: none"> • Undertaking research into the nature and extent of multiple/complex needs within the city, including both qualitative and quantitative research • Collecting information on the existing scope of the service and costs. • Baseline report/ presentation
Purpose	To enable the project team to understand current service provision and inform the baseline.
Key Activities	<p>The baseline will establish the following:</p> <p>Customer needs</p> <ul style="list-style-type: none"> • To define the customers of the service • Determine current and future needs for the service • Present findings from current access arrangements <p>Scope</p> <ul style="list-style-type: none"> • List of services provided • Level of service provided <p>Cost of existing services</p> <p>Fragmentation and duplication</p> <ul style="list-style-type: none"> • Identify any duplication across services/partnership forums
Progress January 2017	<ul style="list-style-type: none"> • Data analysis and research – significant work

	<p>undertaken to collate data from partnership organisations and begin to understand the impact of MCN on our City.</p> <ul style="list-style-type: none"> • With the completion of this baseline work, the research arm to the MCN Board will be able to support future decision making in terms of identifying areas, groups, services and/or individuals in order to help the board begin to focus on where to prioritise the next steps. • Service scoping - Board members, connected organisations and city wide partnerships have been consulted to begin a scope of services across the city • A number of responses to date already begins to highlight gaps in provision around housing young adults • This is a huge piece of work and will continue over some months, running alongside the remaining project scope. <p>Both of the above were presented to the MCN Board in January 2017 and an executive summary will be provided to the Health and Wellbeing Board in February 2017.</p>
Dependencies / Inputs	- Data gathering and analysis
Owner	- Andy Baker/Sarah Tambling
Assistance provided by	- Si Chun Lam - Robina Nawaz

Stage two - Description of the Future High Level Model

This stage takes on board the future vision and:

- identifies gaps in service provision
- identifies options for joining up existing services
- develops a model for future working, including identifying interventions

Deliverable	2. Service vision and outcomes
Deliverable Description	A document that sets out options for future provision. The model will support the delivery of the vision and outcomes
Purpose	To provide a basis for the consideration of alternative ways of achieving the desired vision and outcomes.
Key Activities	<ul style="list-style-type: none"> • Understand statutory responsibilities • Gather local aspirations of the service from service users/experts by experience, elected members, front line workers, providers and commissioners • Understand good practice elsewhere • Identify options for joining up existing services • Identify gaps in service provisions • Develop a high level model for future working, including identifying interventions that could be piloted in specific areas/services within the city
January 2017 Update	A number of opportunities have presented themselves which the board are keen to progress:

	<ul style="list-style-type: none"> • MHCC – opportunities to develop nationally funded pilots in Coventry with the support of the mental health commission • MEAM – we have learned about national approach to a system to support people with MCN – MEAM are willing to support Coventry and provide feedback and guidance as we progress • Fulfilling Lives – annual report back on the progress of 12 Big Lottery funded pilots – with recommendations on how we could adopt some of the learning from locations such as Birmingham and the WM Combined Authority. • Future Options – as a result of discussions during the January MCN board a number of high level options are emerging on how to take this project forward. • These options are being drawn up into an action plan, which will provide further focus for the group around what we have learned so far. • An operational group will be set up in early 2017 to begin to carry out activity against these options and demonstrate tangible outcomes. • As a result a timeline of opportunities will emerge and we will have clearly defined goals
Dependencies / Inputs	<ul style="list-style-type: none"> – Baseline – External good practice
Owner	– Project leads
Assistance provided by	– All stakeholders

Stage three – Define Changes Needed

This stage involves the detailed implications of the agreed future way of working/model.

Deliverable	3. Model Design
Deliverable Description	A detailed definition of the future model. This will include high level processes, what role requirements are needed, and what system requirements are
Purpose	To provide sufficient detail and clarity of how the service will operate in the future. This definition will enable the team to plan the implementation more accurately and provide stakeholders with sufficient clarity on the future way of working.
Key Activities	<ul style="list-style-type: none"> – High level process and service design – mapped "to be" processes – Detailed role design – set out what roles are required to deliver the model – Cost benefits of new model and compare against baseline costs
Dependencies / Inputs	– Model agreed
Owner	– Project Leads
Assistance provided by	

Stage four – Plan and Organise the Changes Needed

This stage describes the range of work streams which are required for the implementation of the new model, together with the implementation plan

Deliverable	4. Implementation Plan
Deliverable Description	Detailed implementation plan, which includes activities, resources, interdependencies and timeframes.
Purpose	The implementation plan will provide the Board with a clear view of timescales and resource requirements.
Key Activities	<ul style="list-style-type: none"> - Define activities for each of the work packages - Define resource requirements for each work package - Identify the interdependencies within the project and external dependencies. - Circulate the plan to key stakeholders and refine based on their feedback - Agree plan with all key stakeholders
Dependencies / Inputs	
Owner	- Project leaders
Assistance provided by	

Stage five – Evaluate the changes

This stage involves evaluating the impact of any changes made as a result of the project.

Deliverable	5. Evaluation
Deliverable Description	Evaluation plan and evaluation of the changes
Purpose	The evaluation will provide the Board with a clear view of the impact the interventions/changes in services has had on service users, front line staff and other key stakeholders
Key Activities	<ul style="list-style-type: none"> - Create an evaluation framework and plan - Undertake evaluation and report on outcomes, making recommendations for any changes
Dependencies / Inputs	
Owner	- Project leaders
Assistance provided by	

6. Resourcing the Project

- 6.1. There is no dedicated budget for the project
- 6.2. Project leadership and management capacity will be jointly resourced by WM Police and Coventry City Council. All partners will be involved in establishing and implementing the project.
- 6.3. Consideration will be given to bidding for external resource as and when opportunities arise

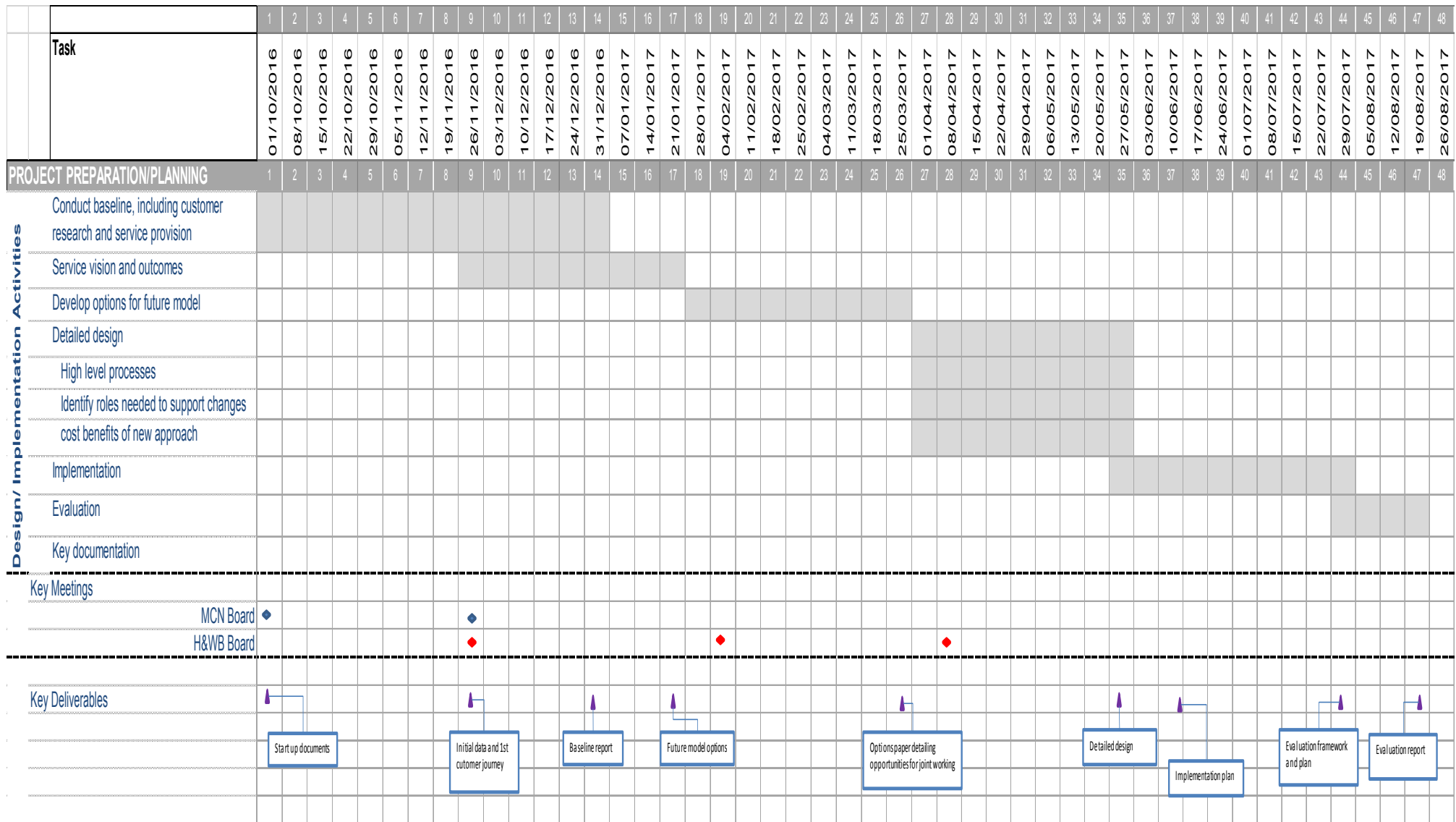
7. Risk and Issue Management

7.1. Risk and Issue register

Following table provides a high-level risk assessment of the project:

Risk Ref No.	Risk Description	Likelihood Rating (1-5 with 5 high)	Consequence Rating (1-5 with 5 high)	Control measures
1	Partners do not share information/data	2	4	Difficulties in identifying issues within existing service provision and therefore opportunities for improved joint working
2	Failure to engage stakeholders, incl front line staff and users – there is a risk that the project fails to engage stakeholders. There will therefore be a lack of awareness of the project and benefits	2	3	Produce a stakeholder analysis and communication and engagement strategy/plan
3	Cross agency culture change not achieved. There is a risk that the project will face difficulties around building trust, shared responsibilities, joint decision-making given the intrinsic and cultural differences of the agencies and professions involved	2	3	Regular communications, developing agreed protocols, guidance and facilitation

8. Plan on a Page



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To: Coventry Health and Wellbeing Board

Date: 10 April 2017

From: Liz Gaulton, Director of Public Health

Subject: Female Genital Mutilation

1 Purpose

- 1.1 The purpose of this paper is to update Coventry Health and Wellbeing Board on progress made to tackle Female Genital Mutilation (FGM) in Coventry. The paper also provides an update on the prevalence of FGM in Coventry and progress against the recommendations endorsed by Scrutiny Coordination Committee in 2015.

2 Recommendations

- 2.1 Coventry Health and Wellbeing Board is recommended to:
- 1) Consider the progress update contained in section 5 of the report
 - 2) Identify any further areas for discussion or consideration

3 Information and Background

- 3.1 Female genital mutilation (FGM), also known as female circumcision or female genital cutting, is defined by the World Health Organisation (WHO) as "all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons".
- 3.2 The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths. Procedures are mostly carried out on young girls sometime between infancy and aged 15, and occasionally on adult women.
- 3.3 Immediate complications can include severe pain, shock, haemorrhage, tetanus, gangrene or sepsis, urine retention, open sores in the genital region and injury to nearby genital tissue, wound infections, as well as blood-borne viruses such as HIV, hepatitis B and hepatitis C and in some cases death. Long-term consequences can include recurrent bladder and urinary tract infections, abnormal periods, cysts, infertility, an increased risk of childbirth complications and new-born deaths, chronic vaginal and pelvic infections, kidney impairment and possible kidney failure and the need for later surgeries. Psychological and mental health problems include depression and anxiety, and flashbacks during pregnancy and childbirth.
- 3.4 FGM predates Christianity, Islam and Judaism, and the Bible, Koran, Torah and other religious texts do not advocate or justify FGM. In some societies, FGM is considered a

cultural tradition, which is often used as an argument for its continuation. Religious leaders take varying positions with regard to FGM: some promote it, some consider it irrelevant to religion, and others oppose it and contribute to its elimination. Local structures of power and authority, such as community leaders, religious leaders, circumcisers, and even some medical personnel can contribute to upholding the practice.

3.5 Reasons given for practising FGM:

- It brings status and respect to the girl
- It preserves a girl's virginity/chastity
- It is part of being a woman
- It is a rite of passage
- It gives a girl social acceptance, especially for marriage
- It upholds the family honour
- It cleanses and purifies the girl
- It gives the girl and her family a sense of belonging to the community
- It fulfils a religious requirement believed to exist
- It perpetuates a custom/tradition
- It helps girls and women to be clean and hygienic
- It is cosmetically desirable
- It is mistakenly believed to make childbirth safer for the infant

3.6 The issue of FGM in Coventry was raised by Councillor Gingell at Council in December 2013 where a motion to condemn the practice was supported. Coventry City Council was the first Council to support such a motion, and a number of other councils have now taken a motion through to end FGM. Public Health were asked to establish a FGM Task & Finish Group to gather knowledge and intelligence on the extent of FGM in Coventry, how it is being addressed by various partners and the barriers in dealing with FGM.

3.7 An in depth report was developed in 2015 that identified prevalence of FGM in Coventry and included recommendations to eradicate the practice. Recommendations included:

- Preventing FGM from taking place by raising awareness and engaging with communities
- Supporting professionals to identify and support girls and women at risk of or affected by FGM by delivering specialist training programmes, empowering professionals and encouraging them to refer them via safeguarding procedures
- Supporting victims of FGM throughout their lives by offering women access to a specialist FGM midwife at UHCW and providing specialist support services
- Building knowledge and intelligence by collecting and sharing data between agencies where appropriate

4 The Current Position

4.1 It is important to note that data for FGM is limited, both locally and nationally. Much of the data available is based on the 2011 census. This issue is being tackled nationally with the introduction of mandatory requirements for Healthcare Professionals to record FGM.

4.2 It is estimated that 125 million women and girls worldwide have undergone FGM, and that 3 million girls are subjected to FGM every year. It is estimated that 137,000 women and girls are living with FGM in the UK and that 60,000 girls aged 13 and under are at risk of FGM.²

4.3 A recent report by City University London and Equality Now¹ looked at prevalence of FGM in England and Wales and developed estimates of the numbers of women with FGM living in England and Wales, the numbers of women with FGM giving birth and the numbers of girls born to women with FGM. To derive these estimates the report used the results of household interview surveys in the countries in which FGM is practised, demographic data about women born in these countries and girls born to them was derived from the 2011 census and from birth registration. The survey found that;

- London as a whole has the highest prevalence rates, with 21 women per 1,000 affected by FGM. The 10 highest prevalence rates are located in local authorities within the capital.
- Manchester, Slough, Bristol, Leicester and Birmingham have high prevalence rates, ranging from 12 to 16 per 1,000,
- Milton Keynes, Cardiff, Coventry, Sheffield, Reading, Thurrock, Northampton and Oxford had rates of more than seven per 1,000.
- Rural areas show prevalence's of well below one per 1,000, but cases were found in all local authorities in England and Wales.

4.4 Since 1 April 2014 Acute NHS Trusts (Foundation and non-Foundation) must provide returns to the Department of Health on a monthly basis of the prevalence of FGM within their treated population. Between April 2015 and March 2016 there have been 65 women accessing UHCW midwifery services that have been affected by FGM. Evidence suggests that for these women there may be an increased risk of childbirth complications and new-born deaths. For those mothers who have undergone FGM there is also the potential risk that their female children will also undergo the procedure.

4.5 Police data for the West Midlands shows FGM referrals to West Midlands Police (WMP):

Year	Total referrals to WMP	Coventry Referrals	Percentage
April 2014 – March 2015	119	62	52%
April 2015 – March 2016	126	57	45%
April 2016 to date	146	20	14%

4.6 The high percentage of Coventry referrals during 2014-2016 may be due to the well-established referral processes and reporting procedures in Coventry. Historically it has been UHCW policy to refer all females affected by FGM who give birth to a girl to West Midlands Police for a joint visit with social care.

¹ City University London and Equality Now. Prevalence of Female Genital Mutilation in England and Wales: National and local estimates, July 2015

- 4.7 More recently it has been noted by professionals that a home visit by police in uniform is not always appropriate and can sometimes alienate community members. As a result the Department of Health developed the FGM risk assessment tool to clarify referral processes dependant on risk to the child, this risk assessment tool has been implemented at UHCW to ensure that appropriate referrals are made. This has resulted in a drop in the proportion of Coventry referrals to West Midlands Police, but ensures that only appropriate referrals are made.
- 4.8 According to the 2011 Census data 3% (868) children aged 0-15 and 7% (5,422) women aged 16-49 living in Coventry were born in regions likely to be affected by FGM.

Country of birth of the Female population aged 0-15 and 16-49 in Coventry. Census 2011				
	Age 0 to 15		Age 16-49	
Country of Birth	Number	%	Number	%
Total Numbers of women in Coventry	31,065		78,219	
Africa: North Africa e.g. Egypt	68	0.2	247	0.3
Africa: Central and Western Africa e.g. Mali, Sierra Leone, Guinea	228	0.7	1651	2.1
Africa: South and Eastern Africa e.g. Northern Sudan, Eritrea, Somalia, Djibouti, Ethiopia	454	1.5	2854	3.6
Africa: Africa not otherwise specified	4	0.0	58	0.1
Middle East and Asia: Middle East e.g. Yemen	114	0.4	612	0.8
Total	868	3%	5,422	7%

*The age range has been split to capture the numbers of potential victims of FGM (aged 0-15 years) and those who may have already had the procedure.

5 Local progress to date

- 5.1 In June 2015, Coventry City Council's Public Health team commissioned Coventry Haven (in partnership with CRASAC and Birmingham and Solihull Women's Aid) to provide a specialist FGM service to tackle FGM in Coventry. This service is the main vehicle through which partners are working to eliminate FGM in Coventry, and through which the recommendations made by Scrutiny Co-ordination Committee in 2015 are being delivered.
- 5.2 **Recommendation 1: Preventing FGM from taking place by raising awareness and engaging with communities**
1. Coventry Haven, in partnership with CRASAC and Birmingham and Solihull Women's Aid, has engaged with communities in a number of ways to raise awareness about FGM, change attitudes towards FGM, and ultimately prevent FGM from taking place. From 1 June 2015 to 31 November 2016, the service attended 116 different community groups in targeted locations, to raise awareness and recruit community champions to end FGM. Some examples of the groups attended include:
- Coventry Refugee and Migrant Centre Women's Group
 - Willenhall Community Forum
 - Women's Networking Group at Sidney Stringer Academy

- Foleshill Women's Training Centre
 - Coventry Refugee and Migrant Men Group
 - Allesley Park Muslim Women's Group
 - Turkish Mosque Women's Group, Foleshill
 - Multi-faith Forum and New Muslim Women's Group, Muslim Resource Centre
 - Cheylesmore Somali Community Association Women's Group
 - Friendship Group Meeting, Central Library
 - Woodend Youth Club
2. By raising awareness and engaging with communities, the service have managed to recruit 32 community champions to date. These are individuals from countries of origin or communities known to practice FGM who have volunteered to undertake engagement activities within communities to raise awareness about FGM, change attitudes and behaviour and prevent FGM from taking place. The community champions come from 15 different countries of origin, including Somalia, Ethiopia, Sudan, Tanzania and Kenya, where it is estimated that over 70% of the female population are estimated to have undergone FGM. The service is working with these community champions to ensure that they are skilled to tackle FGM and built assets and engagement within their communities.
3. Public Health and the voluntary sector have worked in partnership to develop two films on FGM. One is an educational film featuring influential local leaders from the council, voluntary sector and faith based organisations including the chairs of the British Arab Federation and Coventry's Muslim Forum. This film educates viewers about the practice, the law in regards to FGM, the harmful consequences of FGM and the need for communities to oppose it. A second film entitled 'It Stops with Me' was developed starring local people who are committed to ending FGM. It was designed to raise awareness of the dangers of FGM and encourage practising communities to oppose it; links to the films are below. The films have been viewed approximately 1,300 times.

FGM Interviews - https://youtu.be/ak_g8woS4Zc (11 minutes 56 seconds)

FGM It Stops With Me - <https://youtu.be/Q16OmOp26bk> (2 minutes 30 seconds)

4. Public Health have supported Coventry University in their development of a webapp for young people. Researchers at Coventry University have created the new app, endorsed by the National Society for the Prevention of Cruelty to Children ([NSPCC](#)), to help protect young girls and women from female genital mutilation (FGM). The webapp, developed jointly by experts at Coventry University's Centre for Communities and Social Justice (CCSJ) the Centre for Excellence in Learning Enhancement (CELE) at Coventry University and in partnership with Coventry City Council, is proving to be a valuable resource in the fight against FGM. The app, which works across most mobile devices such as smartphones, tablets and lap tops via an internet browser, is aimed primarily at young girls living in affected communities and at risk from FGM. In the last six months of 2016, there were between 3,072 and 4,812 users of the webapp. Users were referred from a number of local and national locations, including the Coventry University website, Facebook, the Telegraph, as well as other local authority websites. The visits come from a number of locations, but as the webapp is designed to be lightweight, single page and untraceable as far as possible, it is difficult to

obtain accurate data on exactly how and where the webapp is being used. A link to the webapp is included here: <http://petals.coventry.ac.uk/>

5. West Midlands Police have produced a poster campaign for International Day of Zero Tolerance (IDZT) for FGM. The posters include child and adult examples with a cross range of communities, and uses the hashtag #FGMletstalk.
6. West Midlands police have also worked with Birmingham airport and the airport policing unit on an FGM campaign. A training package on FGM has been developed for all new staff, and this is now part of basic training, and stickers have been placed in toilets in departures as well as arrivals encouraging people to call police if they are worried about any of the issues.

5.3 **Recommendation 2: Supporting professionals to identify and support girls and women at risk of or affected by FGM**

1. Coventry Haven, in partnership with CRASAC and Birmingham and Solihull Women's Aid, is providing training to professionals community members and schools to enable them to understand FGM, the risks and signs to look out for, what to do if a girl or woman is thought to be at risk of FGM and how to support a girl or woman who has been affected by FGM. The service has delivered over 50 training sessions since June 2015. Training has been delivered to over 750 individuals, including:
 - Teachers – primary and secondary
 - Other school and college professionals
 - Nurses
 - Social care workers
 - Midwives
 - Children / family support workers
 - Children's centre staff
 - Voluntary sector staff
 - GPs
 - Youth workers
 - Health visitors
 - Police officers

Of those who received training, 87% reported an increase in their knowledge of FGM, 94% reported an increase in their knowledge of the consequences of FGM, 96% reported an increase in their knowledge of FGM and the law, 82% reported increased confidence in discussing FGM, and 99% reported a change in their perception of FGM.

2. In addition, in 2016, Coventry City Council commissioned Coventry University to launch a new FGM webapp, building on 'Petals', tailored for professionals. The new FGM webapp, 'Petals for Professionals' was launched in October 2016. The webapp includes information on the signs that someone may be at risk of FGM, information about how to have appropriate conversations about FGM, how to fulfil mandatory reporting requirements and contains specific sections for social workers, teachers and healthcare professionals to explain their

responsibilities and actions to take. Over 50 people attended the launch event back in October, and the webapp is currently being disseminated to social workers, teachers, healthcare professionals and others both locally and nationally. A link to the webapp is included here: <http://petals.coventry.ac.uk/professionals/>

3. The Local Children's Safeguarding Board (LSCB) has been working partnership to address FGM locally since 2009 and offers training, has developed a safeguarding procedure and website. The Coventry Safeguarding Board's policies and procedures have been updated to include FGM. All suspected cases continue to be referred as part of existing child safeguarding obligations, and information and support is given to families to protect girls at risk.
4. In June 2016, letters were sent by West Midlands Police to all safeguarding boards and headteachers in relation to the vulnerability of young people in the summer holidays who may be taken abroad for FGM. In February 2017, West Midlands Police sent letters to all headteachers and GPs across Coventry to remind them of their mandatory reporting duties under the Serious Crime Act.
5. Secondary Schools have been provided with lesson plans and are encouraged to deliver a whole school approach to FGM. Anecdotal feedback has shown that a number of schools have delivered FGM sessions to pupils and a number of students are currently leading their own projects to raise awareness of FGM. A group of students recently piloted the new FGM app developed by Coventry University and presented this work at a national and local launch.

5.4 **Recommendation 3: Supporting victims of FGM throughout their lives**

1. The Ending FGM in Coventry service, commissioned by Coventry City Council, provides specialist one-to-one emotional support to survivors of FGM. To date, the service has provided one-to-one emotional support to 45 women, and has had an average of 6 contacts with each woman (including telephone support, drop in sessions and one-to-one appointments). Most women have referred themselves for one-to-one support, following training or community engagement sessions, but other referrals have come from the voluntary sector, social care, schools and word of mouth. The numbers of self-referrals and disclosures is evidence that the service is reaching and engaging with communities effectively, as women feel safe to come forward and receive support. In some cases, those who have received support have been signposted to GPs and other healthcare professionals, the police and to CRASAC, who offer specialist counselling for victims of FGM. As a result of their support from the Ending FGM in Coventry service, 59% reported a reduction in stress, 75% reported feeling less alone, 57% reported feeling more in control of their lives, 67% reported increased self-confidence, 53% reported improved physical health, 9% reported that they were able to gain or retain employment when they might not have done otherwise, and 10% reported they were able to start or continue to volunteer, which they may not have otherwise been able to. In addition, through the one-to-one support provided, the service estimates that it has managed to prevent 81 cases of FGM since June 2015.
2. The service has also been liaising with GPs and with UHCW to ensure that any child or woman who has undergone FGM is offered medical help, as well as psychological support

or counselling. UHCW continues to offer women access to a specialist midwife or consultant through the provision of dedicated clinic time, and the Ending FGM service ensures that those who have undergone FGM receive the medical help that they need.

5.5 Recommendation 4: Building knowledge and intelligence

Progress in the collection of FGM data continues to improve both locally and nationally. Locally, Public Health continue to work with key stakeholders such as the MASH, UHCW and West Midlands Police to gather data and share intelligence to ensure that knowledge of the extent of FGM improves. The Ending FGM Service has also helped to gather intelligence in regard to practicing communities, and this will help shape services in future and ensure that all initiatives can be monitored in terms of success.

6. Next Steps

- 6.1 A significant amount of work to tackle FGM has been undertaken by the 'Ending FGM in Coventry Service', commissioned by Coventry City Council and provided by Coventry Haven, in partnership with CRASAC and Birmingham and Solihull Women's Aid (BSWA) over the last 18 months. The contract with Coventry Haven, CRASAC and BSWA comes to an end on 31 May 2017 and there are no resources available to extend the contract beyond that date. However, the service was designed to be self-sustaining through the recruitment of community champions.
- 6.2 Coventry's work to tackle FGM has been highlighted regionally and nationally as an example of good practice, and the evidence from the work that Coventry has undertaken is being incorporated into national policy. This will help to ensure that community engagement and development work continues to tackle FGM, for example through the national FGM centre developed by Barnado's and the LGA which is aiming to work with all local authorities to end FGM within 15 years.
- 6.2 A number of measures will be implemented over the coming months to ensure the service's work to engage with communities, train professionals and support women who have undergone FGM can be sustained beyond 31 May 2017:
- Enhanced training and support for community champions to develop their resilience and ensure they are able to continue to work within communities to raise awareness, change attitudes and ultimately prevent FGM.
 - Further dissemination and promotion of the webapp 'Petals for Professionals' to enable professionals to support those who have undergone FGM, spot the signs of those at risk and report concerns appropriately.
 - Development and communication of clear referral pathways for survivors of FGM to access therapeutic counselling and emotional support provided by Coventry Haven and CRASAC, and community engagement to enable and encourage self-referrals to continue
 - A refresh of the multiagency FGM Steering Group to bring professionals from a variety of organisations together (UHCW, West Midlands Police, Coventry City Council, the voluntary sector, Coventry and Rugby CCG) to consider further measures for partnership working and next steps to tackle FGM.

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Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 10th April 2017

From: Liz Gaulton, Director of Public Health

Title: Joint Pharmaceutical Needs Assessment (PNA) and Applications for Pharmacies Update

1 Purpose

- 1.1 As a result of the Health and Social Care Act 2012 the responsibility to develop and update Pharmaceutical Needs Assessments (PNAs) has passed on to the local Health and Wellbeing Boards.
- 1.2 Coventry's first PNA was published in February 2015. This needs assessment was produced by evaluating the health need of the local population with consideration of the existing services that are provided by pharmacies. PNA's as a statutory requirement must be updated at least every 3 years, which means that a revised PNA should be published no later than February 2018. This report outlines plans for producing a revised PNA for 2018.

2 Recommendations

- 2.1 The Health and Well-being Board is asked to:
 - note the update and progress on the PNA
 - agree for Coventry to conduct its revised PNA in partnership with Warwickshire County Council

3 Information/Background

- 3.1 As a result of the Health and Social Care Act 2012 the responsibility to develop and update Pharmaceutical Needs Assessments (PNAs) has passed on to the local Health and Wellbeing Board.
- 3.2 The PNA will be used to inform NHS England in its determination as to whether to approve applications to join the pharmaceutical list. It also considers whether the number of pharmacies will still be adequate in the next four years. The PNA is also a tool used to inform commissioners of the current provision of pharmaceutical services and identify any gaps in relation to local health needs. These gaps can therefore be addressed by improving services or even access to those services in those local areas.
- 3.3 Coventry's first assessment was published in February 2015. This needs assessment was produced by evaluating the health need of the local population with consideration of the existing services that are provided by pharmacies. PNA's as a statutory requirement must be updated at least every 3 years, which means that a revised PNA should be published no later than February 2018.

4 Purpose of the Pharmaceutical Needs Assessment

- 4.1 The PNA looks specifically at the current provision of pharmaceutical services in Coventry. It determines whether these pharmaceutical services meet the needs of the population. The purpose of the PNA is summarised below:
- The PNA will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractors, or applications from existing pharmaceutical providers to change their regulatory requirements.
 - The PNA will help work with providers to target services to the areas where they are needed.
 - The PNA will inform interested parties of the PNA and enable collaborative work to plan, develop, and deliver pharmaceutical service for the residents of Coventry.
 - The PNA will help inform commissioning decisions by local commissioning bodies
- 4.3 NHS pharmaceutical services include:
- Essential services which all community pharmacies must provide dispensing of medicines and appliances, promotion of healthy lifestyles, disposal of unwanted medicines, support for self care.
 - Advanced services which community pharmacies can choose to provide and require extra accreditation.
 - Enhanced services which are commissioned by NHS England area teams to meet local need. These include flu vaccination, minor ailment services, support to residents and staff in care homes.
- 4.4 Public health services may be commissioned by local authorities from pharmacies including emergency hormonal contraception, chlamydia screening, supervised consumption of methadone and needle exchange services.
- 4.5 Clinical Commissioning Groups may also commission pharmacies to support local delivery of services, including the monitoring of long term conditions.

5 Arrangements for producing the next Coventry PNA

- 5.1 The process of producing a PNA takes around 12 months and involves a period of consultation, concluding with board level sign off.
- 5.2 Initial scoping work is underway to undertake the PNA and NHS England, West Midlands Pharmacy Team, have confirmed their commitment to support this work through the provision of local data.
- 5.3 To maximise the resources available and align with local planning footprints, we are exploring a Coventry and Warwickshire PNA for 2018. This also aligns with the Coventry and Warwickshire Alliance Concordat, where both Health and Well-being Boards have agreed to work together on areas that will improve outcomes for the public.
- 5.4 The work will be led by the Directors of Public health and their teams from both Coventry and Warwickshire, a small steering group will be established.

6 Timescales

- 6.1 An update will be brought to a future Health and Well-being Board meeting with a final draft for approval by the February 2018.

Report Author(s):

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Appendices

None

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Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 10th April 2017

From: Pete Fahy, Director of Adult Services, Coventry City Council
Becky Hale, Senior Lead Joint Commissioner, Coventry & Warwickshire

Title: Coventry, Warwickshire and Solihull's Transforming Care Partnership

1. Purpose

- 1.1. This report provides an update to Coventry Health and Well-being Board's regarding the Transforming Care programme.
- 1.2. At its meeting in June 2016 Coventry Health and Well-Board received a briefing on the Transforming Care Partnership and agreed to:
 - 1.2.1. Support the Coventry, Warwickshire and Solihull Transforming Care Partnership (TCP) Transformation Plan which delivers the values and principles of the TCP programme, recognising that plans cannot have final sign off until greater clarity exists on funding arrangements.
 - 1.2.2. Receive future briefings on progress to include the management of financial implications and trajectory delivery risks across the health and social care economy associated with the delivery of the Transforming Care Partnership.
- 1.3. This report is in respect of recommendation two to provide board members with an update and identify risks.

2. Recommendations

- 2.1. Coventry Health and Wellbeing Board is asked to note the content of the update report, which is attached as Appendix 1 to this report, and the key points below relating to progress and issues locally, and continue to receive periodic briefings on progress relating to the delivery of the Transforming Care programme.

3. Summary of Progress

3.1. Model of Care

Partners have worked collaboratively to develop and implement a new model of care for adults to support delivery of the Transforming Care programme locally. Work is currently taking place to ensure this effectively meets the needs of adults with autistic

spectrum disorders. Work is also taking place with stakeholders to develop a new model of care to support children and young people in the community preventing admissions to hospital and residential education settings where appropriate.

3.2. **Finance**

While progress has been made regarding financial arrangements to deliver this programme work continues to clarify the amount and mechanism for funds to flow to local areas from NHS England. More progress has been made to date regarding financial modelling and agreements for adults as opposed to children and young people. The TCP is working together to limit and manage any potential impact the financial position of the programme may have on individuals who are ready for discharge to the community under Section 117.

3.3. **Trajectories**

During 2016/17 the TCP has not met planned trajectories. There have been discharges of children and young people and adults during this time but overall the numbers of individuals in hospital settings has risen. Key factors contributing to this include:

- Individuals being identified as belonging to our TCP during the year by NHSE Specialised Commissioning who should have been included in our baseline.
- An increase in admissions of children and young people.
- New diagnoses of individuals while in hospital meaning they meet the TCP criteria.
- Discharges of individuals from secure to locked rehabilitation services – these individuals still count in trajectories as part of the CCG commissioned cohort.

It is anticipated that the TCP should be back on track with trajectories in quarter 2 of 2017/18.

3.4. The full update report is attached as Appendix 1 to this report.

Report Author(s):

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Appendices

Appendix 1: Coventry, Warwickshire and Solihull's Transforming Care Partnership Update Report

Appendix 1:

Health and Wellbeing Board

10 April 2017

Coventry, Warwickshire and Solihull's Transforming Care Partnership

1. Introduction

- 1.1 This paper provides Health and Well-Being Boards with a further update on the programme of work underway across Coventry, Warwickshire and Solihull to transform care and support for people with a learning disability and/or autism with mental health needs or behaviours that challenge.
- 1.2 Health and Well-being Boards received a paper on the programme in September 2016 where they supported progress and plans while endorsing the local decision not to sign off the revised TCP plan until greater clarity exists on funding arrangements.
- 1.3 The paper provides a further update on the current position of the programme including progress, achievements and current challenges.

2. Background

- 2.1 Transforming Care is an NHS led national programme with cross sector support from the Local Government Association (LGA), Association of Directors of Adult Social Services (ADASS) and the voluntary sector. The programme is aimed at improving care and support for people with learning disabilities and/or autism with mental health problems or behaviour that challenges.
- 2.2 Coventry and Warwickshire were initially identified as a fast track site for transforming care and in October 2015 were awarded £825k non recurrent funding from NHS England to deliver against the locally developed fast track plan during 2015/16. Following the publication of the national plan and service model, *Building the Right Support* (October 2015), Coventry and Warwickshire formed a new Transforming Care Partnership (TCP) with Solihull. The formation of the new partnership required a revised and combined plan to be submitted to NHS England by 1 July 2016. This submission was required to demonstrate how the partnership intends to fully implement the national service model by 31st March 2019. Summary information about the plan was presented to respective Health and Well-being Boards in September 2016.
- 2.3 The Senior Responsible Officer (SRO) for our local TCP is Glynis Washington, Interim Chief Nursing Officer, Coventry and Rugby CCG with John Dixon, Strategic Director, Warwickshire County Council, as Deputy SRO.

Current Achievements and Plans

- 3.1 Our TCP has achieved a great deal to date:

- A new personalised model of care has been co-produced with adults with a learning disability and/or autism, carers and wider stakeholders. An accessible DVD articulating our model of care through individual stories has been developed in partnership with a local community support provider; Gettalife.
- The £1.4m previously invested in operating Gosford Ward (a local assessment and treatment unit now closed) has been reinvested in community support and is specifically funding the new Intensive Support Service, including the admission avoidance accommodation provided by CWPT. This service is currently subject to review to ensure early learning informs future commissioning intentions.
- The TCP has worked collaboratively with NHSE Specialised Commissioning to understand the needs and future community support requirements of our current in patient population.
- The TCP has undertaken a market testing exercise and as a result of this are now obtaining approval to tender for a new framework of support providers to work with us to deliver personalised care and support packages for our transforming care population.
- We have agreed the standard operating procedure to support development of our live 'at risk of admission' register for people 14 years and over.
- We are undertaking Care and Treatment Reviews and are currently developing a local policy to inform our approach and ensure the effective use of resources.
- The work of the TCP was highly commended at the HSJ Awards in November 2016 in the Service Re-design Category.

3.2 Coventry, Warwickshire and Solihull's current plan focusses on improving our revised model of care for adults as well as developing and implementing our new model of care for children and young people. Specific attention is being given to developing community support for people with autism who do not have a learning disability and people with forensic needs. Another intention of the plan is to drive integrated commissioning and pooled budgets for people with learning disabilities and/or autism.

3.3 The plan contains specific inpatient trajectories we need to deliver locally to meet the requirements of *Building the Right Support*. It is important to note that there are a number of risks and issues in relation to inpatient trajectories; not least that predictions and forecasts can be challenging to realise as the people concerned have a range of complexities that are subject to change.

In-patient Trajectories

4.1 The latest milestone report for the TCP identifies the following performance in relation to individuals with a learning disability and/or autism with mental health issues or behaviours that challenge in hospital provision. Please note; NHSE numbers include young people (11) and adults (30) while the CCG numbers are all adults:

Trajectory progress	31/03/2016 Baseline	Q2 target	Q2 actual	Q3 target	Q3 actual	Q4 to date	Q4 target
NHS E	41	41	38	38	43	43	34
CCG	15	17	18	17	18	18	17
Total	56	58	56	55	61	61	51

- 4.2 While rated green by NHSE up to Q2 the TCP was informed in December 2016 that they had moved to amber rating as the Q3 target was not going to be met (it subsequently was not). In response, the TCP was required to prepare and submit an amber escalation plan. The plan outlined a number of mitigating actions to enable us to meet trajectories in future including route cause analysis, further work on financial modelling, reviewing the model of care, populating the At Risk of Admission Register and collaborative working with CCGs and LAs to address discharge issues. This was submitted on 3rd January 2017 and has been accepted by the NHSE regional team as satisfactory.
- 4.3 The TCP took the opportunity in December 2016 to adjust our trajectories over the course of the programme following additional information received about the number of people in Specialised Commissioning placements at the beginning of the programme. The changes made are highlighted in pink below:

	Year 0 (2015/ 16) as at 31/03/ 16	Year 1 (2016/17)				Year 2 (2017/18)				Year 3 (2018/19)			
	as at 30/06/ 16	as at 30/09/ 16	as at 31/12/ 16	as at 31/03/ 17	as at 30/06/ 17	as at 30/09/ 17	as at 31/12/ 17	as at 31/03/ 18	as at 30/06/ 18	as at 30/09/ 18	as at 31/12/ 18	as at 31/03/ 19	
NHS England commissioned inpatients	41	41	41	41	37	36	35	34	28	27	27	26	23
CCG commissioned inpatients	15	17	17	19	19	19	19	18	18	16	16	16	14
Total No. of Inpatients with learning disabilities and/or autism* (TCP level; and by TCP of origin)**	56	58	58	60	56	55	54	52	46	43	43	42	37

Key Issues and Risks

- 5.1 There are a number of key risks associated with delivery of the plan. These risks are being actively managed through the TCP Board and associated workstreams.

Financial

- 5.2 With the inclusion of children and adults with autism and mental health needs or behaviours that challenge, with no learning disability, in the TCP programme there is increased need for community support (and associated funding) for this cohort of individuals. This is a recognised commissioning gap locally that will need to be effectively and appropriately managed. It is anticipated that additional resources will

be required to support those at risk of admission and to develop intensive community support for this cohort of individuals.

- 5.3 Key to the delivery of this programme is our ability to move people out of NHSE Specialised Commissioning secure services to community based services. This will increase the number of community support packages that will need to be commissioned and funded locally. The nature of the presentation of this group of people invariably requires specialist bespoke packages that are complex and expensive.
- 5.4 An initial review of the potential cost of the increased number of patients across the TCP stepping down from Specialised Commissioning to locally funded care estimates that over the next 2 ¼ years the funding increase will be:
- £1,222,797** for CCGs:
- Coventry – £638,077
 - Warwickshire – £551,473
 - Solihull – £33,247
- £886,095** for Local Authorities
- Coventry – £495,930
 - Warwickshire – £356,918
 - Solihull – £33,247
- 5.5 This does not include the costs of packages of care representing the natural flow/normal churn of customers absorbed by the CCGs and local authorities, i.e. those that would be expected to be discharged within any given year without the impact of the Transforming Care Programme. This is estimated at £2,251K across the TCP (approximately 4 people per year over the course of the programme).
- 5.6 While work continues nationally and regionally to agree funding flows there is no current agreement on the exact funding arrangements to meet the increased cost associated with this accelerated discharge programme; thus presenting a potential cost pressure to all local commissioning organisations. There is agreement in principle that CCG allocations will be increased in line with the closure of specialised inpatient provision and we are actively working with NHSE Specialised Commissioning to model and understand this. As a consequence, we have recently devised a new financial plan for our TCP and a bid for transformational funding. These were submitted to NHSE on 24th February 2017.
- 5.7 The local authorities within the TCP have taken the position to date that the additional costs of this programme must be met or guaranteed in full by NHS Specialised Commissioning to enable discharges to take place. The CCGs understand this position, and are working to support discharges on the basis that they expect appropriate funds to flow from NHS Specialised Commissioning as anticipated.
- 5.8 The issue of funding is expected to be resolved imminently and as stated in 5.6 we have recently revised and submitted our financial plan and are awaiting feedback. The latest update from NHS England (18/01/2017) contained the following:

One of the outstanding issues to resolve was the mechanism for transferring resources to Local Authorities/Clinical Commissioning Groups (CCGs) from NHS England, when NHSE-funded beds are closed, and where a pooled budget is not in place. It was agreed to transfer funds by adjusting CCG allocations – to cover community support for both dowry and non-dowry-eligible patients.

Resource

- 5.9 The demands on CCGs and LAs to support all of the TCP related activity has continued to increase. In addition to programme management, supporting the various governance meetings and both planned and ad hoc reporting expectations, CCGs have a statutory requirement to attend all Specialised Commissioning Care and Treatment Reviews (CTRs), which occur at least every 6 months for all 43 children and adults currently in hospital. In relation to CCG funded inpatients (currently 18) the requirement is to organise and chair all CTR's which include post admission CTRs shortly after admission and again every 6 months or following a significant change after that. Each of the inpatient CTRs is expected to last a full day to ensure all aspects of the person's presentation and care needs are considered. There is then time required writing up the CTR using the agreed national paperwork. There is also an expectation that social care attend and contribute to CTRs.
- 5.10 From a community perspective all individuals considered to be an immediate risk of admission must also have what is known as a blue light CTR. This must be held within 24-36 hours of a concern being raised. The demand for these CTRs, which again the CCG is required to organise and chair at short notice, has significantly increased with the inclusion of children and those with challenging behaviour and autism but no LD. The TCP has initiated some work to quantify the extent of this impact currently and any anticipated further increases in the short to medium term.

Quality and Patient Experience

- 5.11 In relation to quality, the key issue currently is the potential impact of funding issues for those stepping down from Specialised Commissioning. This may lead to people who are ready to be supported in a less restrictive environment closer to home being held in placements that no longer appropriately support their needs. This patient care and experience issue has been recognised by the TCP and governance steps have been agreed to ensure any such patient care issues are highlighted through the governance process and escalated to NHS England regionally.
- 5.12 It is also important to note that this programme creates clear expectations as to how we will deliver support for individuals across our TCP footprint now. As we work to together to create our new community service infrastructure and preventative offer, within a complex TCP structure, there continues to be a challenge regarding the pace of transformation and the ability of our local health and social care systems to deliver expectations.

Market

- 5.13 Working collaboratively with NHS England Specialised Commissioning it has become clear that many individuals who will be supported to leave secure services as part of

this programme over the next few years do not have a learning disability but have an autistic spectrum disorder instead.

5.14 Across the TCP our health and social care markets are not developed enough to meet the specific needs of these individuals. In response to this, work has taken place to test and develop the market across the TCP to support the development of local solutions to enable individuals to step down in to the least restrictive community setting able to meet their needs. The TCP is currently seeking approval to undertake a specific tender for community support services to facilitate delivery of this programme.

Background Papers

None

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