



Health and Social Care Scrutiny Board (5)

Time and Date

10.00 am on Wednesday, 20th July, 2016

Place

Committee Rooms 2 and 3 - Council House

Public Business**1. Apologies and Substitutions****2. Declarations of Interest****3. Minutes** (Pages 3 - 6)

(a) To agree the minutes of the meeting held on 29th June, 2016

(b) Matters Arising

4. Sustainability and Transformation Plan - Coventry and Warwickshire
(Pages 7 - 14)

Briefing Note of the Executive Director of People

Andy Hardy, Chief Executive of University Hospitals Coventry and Warwickshire has been invited to the meeting for the consideration of this item

5. Coventry Health and Well-being Strategy 2016-2019 (Pages 15 - 32)

Briefing Note and Presentation of the Director of Public Health

6. Outstanding Issues Report (Pages 33 - 34)

Report of the Scrutiny Co-ordinator

7. Work Programme 2016-17 (Pages 35 - 38)

Report of the Scrutiny Co-ordinator

8. Any other items of Public Business

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

Private Business

Nil

Tuesday, 12 July 2016

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

2) Council Members who are not able to attend the meeting should notify Liz Knight as soon as possible and no later than 9.00 a.m. on 20th July, 2016 giving their reasons for absence and the name of the Council Member (if any) who will be attending the meeting as their substitute.

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

Membership: Councillors F Abbott (By Invitation), R Ali (By Invitation), A Andrews, R Auluck, K Caan (By Invitation), J Clifford, D Gannon (Chair), L Kelly, D Kershaw, D Spurgeon, K Taylor, S Walsh and G Williams

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

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

Liz Knight

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Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 11.00
am on Wednesday, 29 June 2016

Present:

Members: Councillor D Gannon (Chair)
Councillor R Auluck
Councillor J Clifford
Councillor L Kelly
Councillor D Kershaw
Councillor K Taylor
Councillor G Williams

Co-Opted Member: David Spurgeon

Other Member: Councillor F Abbott

Employees:

V Castree, Resources Directorate
P Fahy, People Directorate
L Knight, Resources Directorate
J Moore, People Directorate

Apologies: Councillors R Ali (Deputy Cabinet Member), A Andrews and S Walsh

Public Business

1. Declarations of Interest

There were no declarations of interest.

2. Minutes

The minutes of the meeting held on 2nd March, 2016 were signed as a true record. There were no matters arising.

3. Adult Social Care Peer Challenge

The Scrutiny Board considered a briefing note of the Director of Adult Services which informed of the recommendations arising from the Adult Social Care Peer Challenge which took place from 23rd to 25th February, 2016 and detailed the actions to be progressed to address the issues raised. A copy of the feedback letter from Keith Skerman, who led the Peer team; their feedback presentation; and the Adult Social Care Action Plan in response were set out at appendices to the briefing note. Councillor Abbott, Cabinet Member for Adult Services attended the meeting for the consideration of this item.

The briefing note indicated that the Peer Challenge was part of the sector led improvement approach across Adult Social Care and provided an opportunity to have an objective assessment of how well a service was performing in a specified area, highlighting any areas for improvement.

Prior to the review, a case file audit of 20 social work cases was undertaken by two principal social workers. The overarching question which formed the basis of the challenge was: 'How equipped is Coventry City Council to enable people who come into contact with Adult Social Care to make active choices about how outcomes are met.' In examining this question the Peer Challenge focused on four key lines of enquiry: the approach to both new and existing customers; the approach to workforce development; and commissioning and financial management processes.

The Peer Challenge summary highlighted that performance was being maintained despite significant financial reductions. Examples of innovative service delivery were identified and these along with a 'can-do' attitude within the directorate leadership and workforce and positive relationships with health partners and other stakeholders was seen as a good foundation for further improvement.

As anticipated the team identified that progress had not been made in an evidential way when delivering personalised support for Coventry residents. There was an acknowledgement that the Coventry and Rugby CCG had continued to use the Better Care Fund to protect Adult Social Care which had increased in 2016/17 but that the lack of a single plan for the health and social care system could be a barrier to progress.

The findings focused significant effort on the workforce, the processes used to support Adult Social Care, and the way the market was engaged to support the delivery of the changes required to make the delivery of personalisation more of a reality for Coventry residents.

The briefing note highlighted the seven recommendations from the Peer Review Team along with responses from the Directorate. In relation to Safeguarding and to ensure that a personalised approach was being taken in this area, a separate action plan was in place. It was intended that this work would include an independent evaluation of progress in this area later in 2016. All actions set out in the briefing note were included in the action plan which would be used by Adult Social Care as a basis for delivering and measuring progress. The action plan covered the following five areas in which progress would be made: vision and strategy; embedding personalisation in practice; improving the experience of the customer; embedding personalisation in process; and robust financial planning and programme management.

The Board questioned the officer on a number of issues and responses were provided. Matters raised included:

- Details of the Peer Review Team and any financial implications for the City Council
- Following the challenge, what would be the benefits for Coventry residents
- Whether officers had been provided with any further details other than what was set out in the feedback presentation

- A concern that in the feedback weaknesses were highlighted as strengths which undermined the report, potentially meaning the review was not as robust as it could have been
- A concern that no feedback had been given to the key focus groups including Health watch
- A concern about the quality of the evaluative comments including a lack of detail/ evidence
- A request for the Board to have the opportunity to consider the independent evaluation of the progress being made in safeguarding
- Whether the observations and findings would be relevant to all local authorities across the country
- Further details about proposals for the use of new technology and an acknowledgement of the need for employees to be receptive to new ways of working
- A comparison of the safeguarding figures with neighbouring local authorities
- The involvement of Adult Social Care with the Sustainability and Transformation Plan and the current position of the Better Care Fund
- In relation to safeguarding, a concern about the welfare of carers
- Clarification that the concerns of the Board regarding the findings of the Peer Review Challenge would be reported back to the Peer Review Team and to the West Midlands Association of Directors of Adult Social Care.

The Board also considered that appointment of a member to sit on the Personalisation Reference Group.

RESOLVED that:

(1) The outcome of the Adult Social Care Peer Challenge undertaken between 23rd and 25th February, 2016 and the actions being progressed as a result be noted.

(2) Councillor Clifford be appointed to serve on the Personalisation Reference Group which will include voluntary sector and user representatives.

(3) The Chair, Councillor Gannon to liaise with Councillor Abbott, Cabinet Member for Adult Services and Pete Fahy, Director of Adult Services to provide feedback from the Scrutiny Board on the Peer Review report for the Peer Review Team and the West Midlands Association of Director of Adult Social Services (ADASS).

(4) A further report on progress with implementing the action plan be submitted to a future meeting of the Board following Keith Skerman's visit in October.

(5) A report on the independent evaluation of the progress being made in respect of safeguarding ensuring that a personalised approach is being taken in this area be submitted to a future meeting of the Board.

4. Any other items of Public Business - Healthwatch Coventry

For the benefit of new Members, the Board received an update from David Spurgeon, Co-opted Member about the purpose and work of Coventry Healthwatch, which was the independent champion for health and social care in the city.

Healthwatch undertook the following:

- (i) Asked people what they thought about services to see what worked well and what should be improved
- (ii) Influenced the planning and delivery of NHS and social care services based on what local people told them
- (iii) Provided information to the public about local health and social care services
- (iv) Provided information and support for people making an NHS complaint.

Healthwatch had legal powers to enable them to gather information, visit services and to get a response to their recommendations.

The Board were informed that Ruth Light, Chief Officer and John Mason, Chair, were both members of Coventry's Health and Wellbeing Board. Members were invited to attend Healthwatch's Annual General Meeting which was taking place on Tuesday, 19th July, 2016.

5. **Any other items of Public Business - Health Select Committee Visit to Coventry**

Jane Moore, Director of Public Health reported that a party of MPs on the Health Select Committee visited Coventry on 23rd May to take a closer look at the city's efforts to reduce health inequalities and how the policy objectives of the Marmot report on health inequalities had been implemented. The Committee met a range of partners and public health practitioners and were particularly impressed with the strong partnership work and all the enthusiasm for making improvements to peoples' health and wellbeing, quoting Coventry as 'inspirational'.

(Meeting closed at 12.20 pm)



Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5)

Date: 20 July 2016

Subject: Sustainability and Transformation Plan – Coventry & Warwickshire

1 Purpose of the Note

- 1.1 To inform Health and Social Care Scrutiny Board on the development of the Sustainability and Transformation Plan.

2 Recommendations

- 2.1 That Health and Social Care Scrutiny Board note the progress on the Sustainability and Transformation Plan.
- 2.2 That Health and Social Care Scrutiny Board receive updates as appropriate at key stages in the process.

3 Information/Background

3.1 Sustainability and Transformation Plan – Coventry & Warwickshire

3.1.1 NHS England has asked every health and care system to work together to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years and ultimately delivering the Five Year Forward View vision.

3.1.2 The STP footprint is a non statutory body but brings together health and care leaders to support delivery of improved care based on the needs of the local population. It has been locally defined, based on a natural community, existing working relationships and patient flows but taking into account the scale needed to deliver services, transformation and public health programmes

3.1.3 The Coventry and Warwickshire footprint involves the following organisations:

- South Warwickshire Clinical Commissioning Group
- Warwickshire North Clinical Commissioning Group
- Coventry and Rugby Clinical Commissioning Group
- George Eliot Hospital NHS Trust
- University Hospitals Coventry and Warwickshire NHS Trust
- Coventry and Warwickshire Partnership Trust
- South Warwickshire NHS Partnership Trust
- Coventry City Council
- Warwickshire County Council

3.1.4 There is a programme board which meets monthly and is chaired by Andy Hardy, CEO of UHCW NHS Trust and its programme director is David Moon, Chief Finance and Strategy Officer at UHCW. Although not formal members, the Healthwatch groups from Coventry and Warwickshire are also included on the Programme Board.

3.1.5 The STP submission for Coventry & Warwickshire is at this stage an internal working version for NHS England. Local priorities and transformation programmes have been defined as:

- In Hospital Programme
 - Stroke
 - Maternity & Paediatrics
 - Musculoskeletal (MSK)
- Out of Hospital Programme (OoH)
- Specialist Mental Health Programme

3.1.6 Prevention and public health will run as an important underpinning theme and throughout the priorities.

3.1.7 The current work underway is to produce a final, formal version for submission in September 2016.

3.2 Coventry and Warwickshire Health & Wellbeing Alliance Concordat

3.2.6 The development of the Sustainability and Transformation Plan in Coventry and Warwickshire provides an opportunity to tackle the challenges of rising demand and reducing resources across both Coventry and Warwickshire. In addition as The West Midlands Combined Authority gathers momentum there are both opportunities and expectation that organisations will become more aligned and increasing work on a systems approach rather than being constrained by organisational and geographical boundaries.

3.2.7 Whilst acknowledging that the demographics and health needs of Coventry and Warwickshire differ it is intended that the principles and broad themes which are informing the Sustainability and Transformation Plans are aligned to both Health & Wellbeing Boards. Therefore there is one concordat that can be used to deliver the STP which has been agreed by both Coventry and Warwickshire Health and Well Being Boards.

3.2.8 The concordat is an agreement relating to an area of mutual interest, it is a statement of principle and has no legal powers or any particular form of governance. It is likely to inform our working together on areas of mutual interest and delivery of the STP.

Appendix 1 - Sustainability & Transformation 2021: Delivering Success in the West Midlands briefing note from NHS England

Appendix 2 – Coventry and Warwickshire STP Governance arrangements

Gail Quinton
Director of People

Sustainability & Transformation 2021: Delivering Success in the West Midlands

The NHS Five Year Forward View sets out a compelling and challenging vision for the NHS. Its aim - to bring local health and care partners together to set out clear plans to pursue the Forward View's 'triple aim' to improve:

- the health and wellbeing of the population;
- the quality of care that is provided; and
- NHS finance and efficiency of services.

Called 'Delivering the Forward View, the NHS planning guidance for 2016/17', the planning guidance outlines a new approach to help ensure that health and care services are planned by place rather than around individual organisations.

Six national organisations are working together to help support this programme - to improve everyone's lives - with prevention at the heart of everything we do. These organisations are:

- NHS England
- Public Health England
- NHS Improvements
- Care Quality Commission
- The National Institute for Health and Care Excellence (NICE)
- Health Education England

What are Sustainability and Transformation Plans?

Sustainability and Transformation Plans (STPs) are about strategic partnerships for NHS clinical commissioning groups and providers, such as hospital trusts, as well as local authorities and social care, coming together to agree the local geographical areas, or footprints, to meet the triple aim as outlined above and close those gaps between now and 2020/21. Working together to make more effective and better services that are delivered through a network of providers across a wider footprint and sharing the best approaches to integrated working in each community.

STPs are not about organisations losing their individual identity. They're about bringing together all aspects of health and social care and using that knowledge and experience to find new and better ways to meet the health and care needs of the communities.

What does this mean?

Aimed at a wider geography than is currently in place within local clinical commissioning groups (CCGs) the STP will not affect the CCGs' transformation plans. The STP will plan to transform services around certain patients' pathways such as:

- emergency care;
- specialised care;
- cancer;
- diabetes;
- Maternity and children's services.

For example, if a local hospital is developing plans to make improvements to care for people with diabetes, it makes sense for them to work together with local GPs and local councils on plans to help prevent people from developing diabetes in the first place. Planning by place - rather than the individual organisation - will help to transform care for communities and local populations as a whole.

The STPs will be used as a way of building on and strengthening local partnership working so that we can understand and share where we are now and where we want to be in 2020, and put in place the steps needed to get us there.

What are the benefits?

Neighbouring hospitals, CCGs, GPs and other health and care services can come together to form defined 'footprints': geographic areas in which people and organisations can work together to develop Sustainability and Transformation Plans. Plans that will ensure that these services:

- have the right staff in place to deliver these services,
- that the services are good quality, and
- meet the criteria set out in the national strategies so that we have services that are safe, effective and accessible as well as affordable and sustainable in the future.

The STP will identify those services that should be planned on this bigger footprint and also address any issues that may arise – to improve quality, patient outcomes and value for money.

How is this different?

The introduction of a new dedicated Sustainability and Transformation programme will require a different type of planning process. It requires the NHS, at both a local and national level to work beyond the boundaries of individual organisations and sectors. By working together and with the additional investment that has been made available we will be able to help hospitals get back on their feet, support the delivery of the Five Year Forward View, and enable new investment for services such as specialised care and cancer services.

Sustainability and Transformation Plans Footprints

As well as ensuring a West Midlands-wide approach to planning and supporting this work, the West Midlands is likely to have four STP footprints:

- *The Black Country;*
- *Birmingham & Solihull;*

- *Herefordshire and Worcestershire*
- *Coventry and Warwickshire*

The new West Midlands Combined Authority is a major partner in this work and is taking part in this important planning which will contribute to the proposed health and wider public sector reforms.

How will it work?

A West Midlands Planning Group is being established. Its membership includes local government, with representatives from Adult Social Services, Children's Services and Public Health, as well as from the key NHS organisations include hospital trusts and CCGs.

Each of the STP systems will have a governance structure that includes local government, health and social care partners. Effective accountability will be through the strong local governance processes, particularly important will be Health and Wellbeing Boards, as key leaders from the local health and care systems

Next steps

The STP process commenced in January and will complete the national sign off of the plans by July. Each month throughout this period will include checkpoints that focus on building success for the West Midlands and the adoption of these new care models – which will be good for our patients and local communities and which clinicians and other health professionals support.

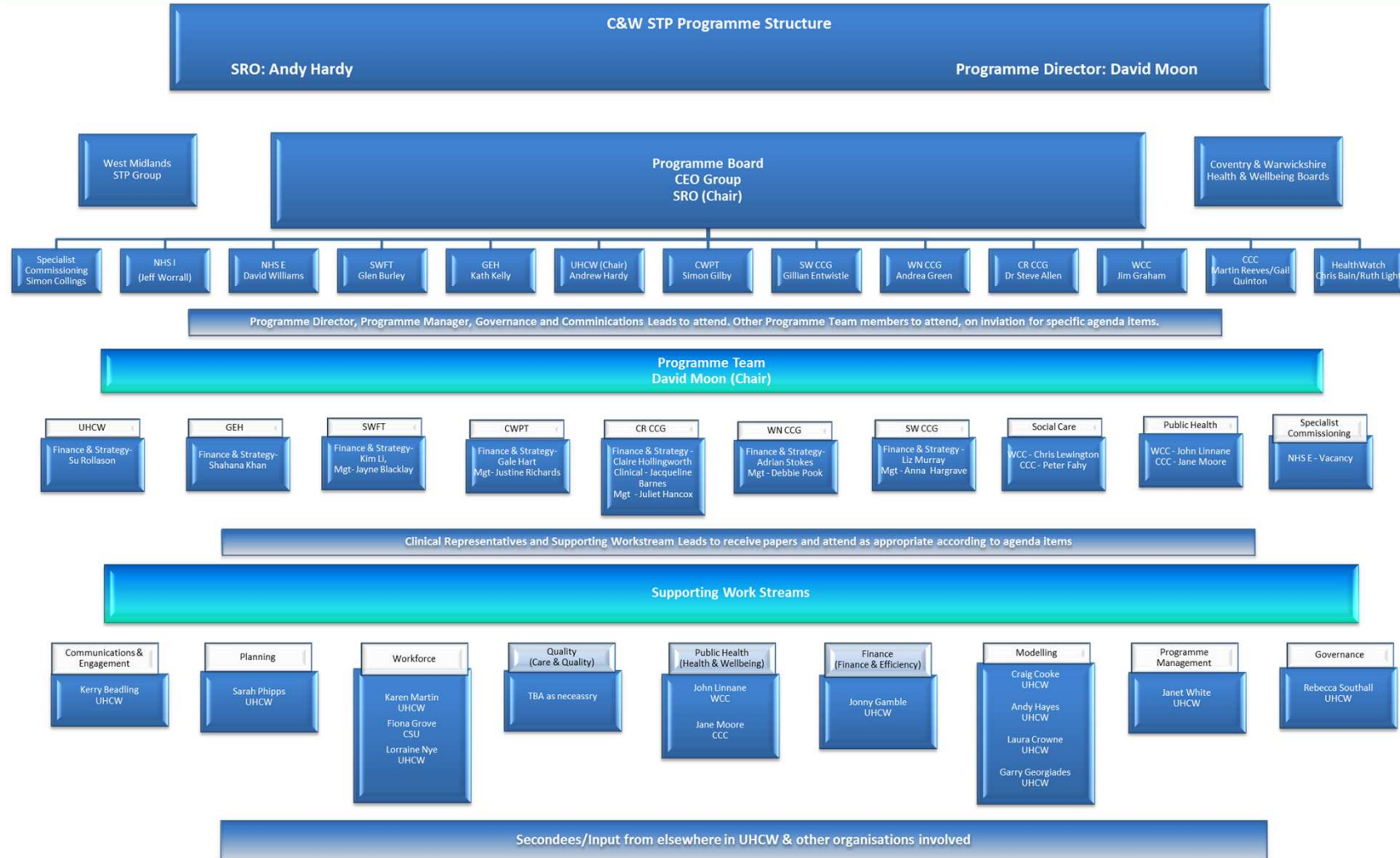
We already have strong partnerships across the West Midlands which offer the opportunity to influence the STP programme. Its development, alongside the work that local NHS leaders are already planning to meet the health needs of their populations, will help ensure the NHS has solid foundations to build on from next year as well as help to transform how care is delivered up to 2021.

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Annex A: Governance arrangements

Leadership & Structure



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Coventry City Council

Report

To: Health and Social Care Scrutiny Board (5)

Date: 20 July 2016

From: Jane Moore, Director of Public Health

Subject: Coventry Health and Wellbeing Strategy, 2016-2019

1. Purpose

The purpose of this report is to provide Health and Social Care Scrutiny Board with the background, purpose and membership of the Health and Wellbeing Board, and an overview of the priorities for the Health and Wellbeing Strategy for 2016-2019 and progress to date.

2. Recommendations

It is recommended that the Scrutiny Board 5:

- (i) Endorse the proposed priorities for the Coventry Health and Wellbeing Strategy
- (ii) Contribute comments and suggestions to the approach and work undertaken

3. Background and context

Health and Wellbeing Boards were established on a statutory footing as part of the 2012 Health and Social Care Act. The requirement was for every upper tier local authority to create a Health and Wellbeing Board.

The purpose of the Board is to build and deliver strong and effective partnerships which improve the commissioning and delivery of services across the NHS and Local Government, leading to improved health and wellbeing for local people.

The Board brings together key health and social care commissioners along with Health Watch. The Health and Social Care Act prescribes core membership of the Board which must be at least one elected member nominated by the leader of the Council, a representative of the CCG, the Director of Adult Social Care, the Director of Public Health and the Director of Children's' services along with Health Watch. Locally Boards have the flexibility to bring in additional board members, for example in Coventry we have additional cabinet and shadow cabinet members and senior representation from the police and fire service, acute and community health providers.

Initially Health and Social Care legislation stipulated that the Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy should be agreed and owned by the Health and Wellbeing Board. Over time the expectation from NHS England has become that local health and social care plans will be owned by the Health and Wellbeing Board, for example 'Transforming Care' transformation plans and 'Better Care Fund' Plans. Although the development of Sustainability and Transformation plans is led through a governance arrangement set by the NHS, it is expected that HWBs will support the aims, aspirations and delivery.

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

To create good health and wellbeing we need to look wider than managing people's health problems. We know that people who have jobs, good housing and are connected to families and their communities feel and stay healthier. We also need to recognise the skills and capabilities that lie within communities and individuals to improve their health and wellbeing.

In order to ensure that the Health and Wellbeing Strategy and the work of the Health and Wellbeing Board supports these objectives, the strategy from 2016-2019 will focus on a small number of priorities where the Health and Wellbeing Board believes it will make the biggest difference to the lives of Coventry people.

Three priorities have been identified:

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

4. Reducing Health and Wellbeing Inequalities

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

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

4.1 Case for Change

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

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

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

4.2 Areas of Focus

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

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

4.3 Expected Outcomes

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

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

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

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

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

4.4 Progress to date

In March 2016, Professor Sir Michael Marmot and his team from University College London (UCL) and Public Health England (PHE) committed to work with Coventry for a further three years. UCL, PHE and Coventry City Council signed a memorandum of understanding which states that UCL and PHE will provide expertise to develop Coventry's capability to reduce health inequalities, provide Coventry with access to learning from other areas, raise the profile of Coventry as an exemplar city for reducing health inequalities and enable Coventry to measure progress against local and national indicators.

On 23 March, Coventry City Council held an event to launch the partnership with UCL and PHE for a further three years, and senior leaders from across Coventry including representatives from Coventry City Council's People, Place and Resources directorates, West Midlands Police, West Midlands Fire Service, Coventry and Rugby CCG, Voluntary Action Coventry and Coventry and Warwickshire Chamber of Commerce committed to work together as part of the Marmot partnership to reduce health inequalities for the next three years. A short film which summarises this event can be accessed via the following link: http://www.coventry.gov.uk/info/176/policy/2457/coventry_a_marmot_city

Over the next three years, partners will continue to work together on projects initiated as part of the first two years of Coventry's Marmot City programme, while working towards the two additional priorities that have been identified for the next three years:

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

Partners will also work together to ensure health, social value and asset based approaches are reflected in policies and decision making, ensure prevention and early intervention are prioritised and ensure resources are targeted based on need. A copy of the Marmot Strategy summary for 2016-2019 can be accessed here:

http://www.coventry.gov.uk/downloads/file/20345/marmot_strategy_summary_2016-2019

The membership of the over-arching Marmot Steering Group which has been accountable for the delivery of the Marmot City programme to date has been widened to reflect the priorities for the next three years. It now includes representation from Coventry and Warwickshire Chamber of Commerce, the Department of Work and Pensions and the Coventry and Warwickshire Local Enterprise Partnership. The group will now have a broader strategic role around overseeing the overall strategy and embedding the Marmot agenda into wider policies, programmes and decision making. The action plans behind the main priorities will be overseen and implemented by existing delivery groups within Coventry, and work is currently underway with the employment, skills and financial inclusion group and children and young people's partnership board to determine where existing governance structures can be responsible for implementing the priorities for the next three years.

Indicators are currently being developed alongside the action plan for the next three years, with support from Public Health England.

5. Improving the health and wellbeing of individuals with multiple complex needs

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

5.1 Case for Change

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

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

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

Our services are set up to deal with single issues, such as drug or alcohol misuse, homelessness or mental health, rather than addressing the various needs of the individual, meaning that multiple professionals are often working with the same person.

Services are also focused on expensive crisis care, rather than on coordinated and preventative support that would deliver better results as well as value for money. Savings cannot be made, and outcomes cannot be improved, unless action is taken to reform the services that vulnerable and disadvantaged people rely on.

5.2 Areas of Focus

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

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

5.3 Expected Outcomes (what we hope to achieve)

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

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

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

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

5.4 Progress to date

A Multiple Complex Needs Board (MCNB) has been established in Coventry to provide a re-designed, integrated and co-ordinated service for those experiencing multiple complex needs in Coventry (those experiencing two or more of the following: substance misuse, mental ill health, violence, sexual abuse).

The MCNB is chaired by Commander Danny Long from West Midlands Police and will include representation from Public Health, Insight, Coventry and Rugby CCG, Children's services, probation, education and Whitefriars housing. The analytical component of the MCNB is being supported by two specialist Public Health registrars from the National Team at Public Health England, to identify best practice, to maximise opportunities for improving outcomes through providing effective management of data, assessment methodology, standardised outcome and valuation tools.

The approach of the MCNB is evidence based and work is being undertaken at present to map local provisions of service (Mental Health Triage, Priority Families, Mentoring West Midlands, Ignite etc) as well as linking in with national initiatives, eg: Troubled Lives, the Mental Health Commission and Pathfinder Programme (headed by Sir Norman Lamb).

The Coventry MCNB aims to ensure that the city will be given the necessary powers, responsibility and accountability to improve the lives of the most excluded through multiple complex needs in order to:

- help individuals who face substantial challenges in relation to multiple complex needs, creating a pathway which is 'person centred' whereby they can live a healthier life free from addiction, substance dependency and fear of harm.
- facilitate and promote interagency collaboration so as to bring together the best levels of expertise, knowledge and resources, creating productive networks, a community of purpose, well defined methodologies and common standards.
- provide the best opportunities for individuals with multiple complex needs to retain a sense of independence, self-worth and self-esteem, taking personal responsibility for their futures.
- encourage individuals with multiple complex needs to share their experiences so that future processes can be designed and delivered on a sustainable basis and learning may be shared amongst service providers
- achieve financial savings to the local authority and public services through cost effective service delivery

A Multiple Complex Needs Network will also be established with a wider membership to collaborate, share best practice and promote and enhance service delivery, while the MCNB will manage the long term strategic priorities to support the convergence of services to support individuals with Multiple Complex Needs.

6. Create a place in which the health and wellbeing of our people drives everything that we do, by developing an integrated health and care system that meets the needs of the people of Coventry

6.1 The case for change

The health and care system locally and nationally is operating in an increasingly challenging context. Rising patient expectations, an aging population, the rising prevalence of chronic disease, combined with shrinking resources is putting real pressure on the health and care system. Organisations need to consider how they can take a systems approach to reducing demand and delivering care that is fit for the future in this challenging environment.

6.2 Areas of Focus

The development of the Sustainability and Transformation Plan in Coventry and Warwickshire provides an opportunity for collaboration to tackle these challenges, through shifting the focus of policies and plans from organisations to places.

Integration of health and care to improve outcomes for local people and manage demand at a time of reducing public sector resource will necessitate working more closely across organisational and geographical boundaries.

6.3 Expected Outcomes

- a) **Engage patients, staff and communities from the start** and develop services that reflect the needs of patients and improve outcomes
- b) **Mobilise energy and enthusiasm around place-based systems of health and care**
- c) **Deliver the Five Year Forward view vision** of better health, better patient care and improved efficiency with prevention at the heart

6.4 Progress to date

The Sustainability and Transformation Plan for Coventry and Warwickshire was submitted to NHS England on the 30th November. At this stage it remains a work in progress and is not a formal, detailed submission or public document. Local priorities are mental health, with maternity and paediatrics, frailty and musculoskeletal considered under two broader categories of 'in patient' and 'out of hospital' care. Prevention and public health run as important underpinning theme and throughout the priorities. In addition there are clear links to social care and wider Council services.

At the Health & Wellbeing Board on 27 June, Coventry Health and Wellbeing Board endorsed the Coventry and Warwickshire Health and Wellbeing Alliance Concordat which sets out principles for joint working between Coventry and Warwickshire's Health and Wellbeing Boards in relation to the Sustainable and Transformation Plan.

Report Author(s):

Name and Job Title:

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Enquiries should be directed to the above person

Coventry Health and Wellbeing Strategy Overview 2016 – 2019

Health and Social Care Scrutiny Board (5)

20th July 2016



Coventry Health and Wellbeing Board

Statutory board established as part of the 2012 Health and Social Care Act

Delivers strong and effective partnerships to improve health and wellbeing of local people

Members include:

- Elected member nominated by the leader of the Council
- Representative from Coventry and Rugby CCG
- Director of Public Health
- Director of People
- Healthwatch
- West Midlands Police
- West Midlands Fire Service
- Acute and community health providers
- Coventry and Warwick Universities

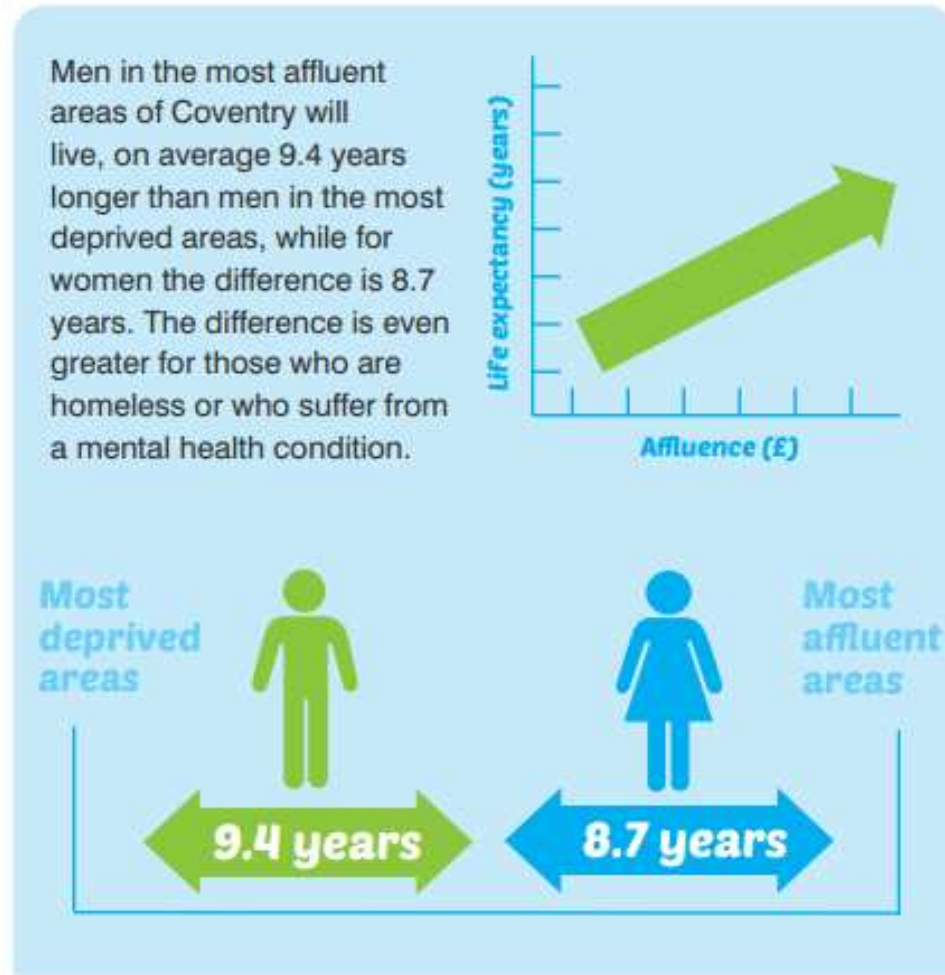
Coventry Health and Wellbeing Strategy

- Looking wider than managing people's health problems
- Recognises that people who have jobs, good housing and are connected to families and communities stay healthier
- Uses the skills and capabilities that lie within communities and individuals to improve their health and wellbeing
- Focuses on a small number of priorities that will make the biggest difference

The priorities

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

Reducing health and wellbeing inequalities



Reducing health and wellbeing inequalities

- **Better emotional resilience, aspiration and improved mental health in young people** - fewer young people in Coventry self-harming; improvements in educational attainment, and less violence, drug and alcohol abuse in young people.
- **Improved levels of education, employment and training in young people** - fewer teenage pregnancies, lower rates of offending in young people and fewer young people who are not in education, employment or training.
- **Vulnerable people are helped into work** – a greater proportion of people with mental health issues being in employment, more migrants securing employment, employment services aligned to specific needs and a narrowing of the earnings gap between residents and those work but do not live in the city.
- **Better quality of jobs** - more Coventry citizens earning the living wage, less sickness absence in Coventry and improvements in productivity

Reducing health and wellbeing inequalities

Across everything we do:



Ensure health, social value and asset based approaches are reflected in policies and decision making



Ensure prevention and early intervention are prioritised



Ensure resources are targeted based on need and that interventions are targeted in the right places

Individuals with multiple complex needs

Quality of life for those facing complex needs tends to be much poorer than that reported by other low income and vulnerable groups.

Services are set up to deal with single issues, such as drug or alcohol misuse, homelessness or mental health, rather than addressing the needs of the individual.

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

- Mental ill health
- Substance misuse
- Violence and sexual abuse

Individuals with multiple complex needs

- **People with multiple and complex needs will be enabled to manage their lives better**, through access to services that are more person centred and co-ordinated
- **Services will be more tailored and better connected and will empower users to take part fully in effective service design** – services will take a whole person approach and address the combination of factors that affect the individual in a way that is simple and straightforward for individuals to navigate
- **Agencies work together to deliver and commission services for groups of people with complex needs across the city** – better co-ordination of service provision between those delivering and commissioning services
- **Reduction in offending, anti-social behaviour and frequent users of services**

An integrated health and care system

- Manage demand on health and care services by focusing on prevention and early intervention and enable people to live longer healthier lives.
- Development and delivery of the Sustainability and Transformation Plan – shifting the focus from policies, plans and organisations to places

Outstanding Issues - Health and Social Care Scrutiny Board (5)

20th July, 2016

| Meeting Date | Agenda Item | Cabinet Member/ Responsible Officer | Rec', Action or Information | Recommendations/ Actions | Officer contact | Response/ Status |
|--------------|----------------------------------|-------------------------------------|-----------------------------|---|------------------|--|
| 29 June 2016 | Adult Social Care Peer Challenge | N/A | A | Councillor Clifford be appointed to serve on the Personalisation Reference Group which will include voluntary sector and user representatives. | Pete Fahy | Councillor Clifford has been added to the membership of the Personalisation Reference Group. COMPLETE |
| 29 June 2016 | Adult Social Care Peer Challenge | Pete Fahy | A | The Chair, Councillor Gannon to liaise with Councillor Abbott, Cabinet Member for Adult Services and Pete Fahy, Director of Adult Services to provide feedback from the Scrutiny Board on the Peer Review report for the Peer Review Team and the West Midlands Association of Director of Adult Social Services (ADASS). | Pete Fahy | Cllr Gannon emailed Pete Fahy with feedback to pass on to the Peer Review Team. Pete to feedback if comments received. |
| 29 June 2016 | Adult Social Care Peer Challenge | N/A | I | A further report on progress with implementing the action plan be submitted to a future meeting of the Board following Keith Skerman's visit in October. | Victoria Castree | Added onto work programme. COMPLETE. |
| 29 June 2016 | Adult Social Care Peer Challenge | N/A | I | A report on the independent evaluation of the progress being made in respect of safeguarding ensuring that a personalised approach is being taken in this area be submitted to a future meeting of the Board. | Victoria Castree | Added onto work programme. COMPLETE. |

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Health and Social Care Scrutiny Board (5) Work Programme 2016/17

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|--|
| 29 June 2016 |
| Informal - Introduction to Health Scrutiny Formal - Adult Social Care Peer Review |
| 20 July 2016 |
| Sustainability and Transformation Plan (STP) Health and Wellbeing Strategy Overview |
| 14 September 2016 |
| Child and Adolescent Mental Health Services Transformation Agenda Winter Resilience Safeguarding Adults Board Annual Report |
| 5 October 2016 |
| Sustainability and Transformation Plan Update |
| 23 November 2016 |
| |
| 4 January 2017 |
| |
| 1 February 2017 |
| |
| 1 March 2017 |
| |
| 5 April 2017 |
| |
| 2016/17 – Dates to be confirmed |
| Sustainability and Transformation Plan – Out of Hospital Sustainability and Transformation Plan – In Hospital UHCW Transformation Plan UHCW Virginia Mason Adult Mental Health Services Public Health Key Priorities and Progress Adult Serious Incident Reviews Health impact of living conditions – The role of Social Housing Providers Health impact of living conditions – the impact of the physical environment outside the home The 0-19 Childrens Services Agenda – Health Perspective CCG financial and performance deficit Outcome of CWPT CQC Report Update on the implementation of action plan following the Adult Social Care Peer Review (Late 2016) Safeguarding and personalisation |

| Date | Title | Detail | Cabinet Member/ Lead Officer |
|-------------------|---|---|---|
| | | 2016/17 | |
| 29 June 2016 | Adult Social Care Peer Review | Outcome of the Adult Social Care Peer Review | Pete Fahy/ Cllr Abbott |
| 20 July 2016 | Sustainability and Transformation Plan | Provide information on the NHS System Transformation Plan which is being developed for Coventry and Warwickshire at the request of NHS England. | Andy Hardy/ Gail Quinton |
| 20 July 2016 | Health and Wellbeing Strategy Overview | To receive an overview from Public Health of the Health and Wellbeing Strategy Overview. | Jane Moore |
| 14 September 2016 | Safeguarding Adults Board Annual Report | To look at the Safeguarding Adults Board Annual Report, which is a report written by the independent Chair of the Board. | Cat Parker/ Lillian Ferraro |
| 14 September 2016 | Winter Resilience | That the System Resilience Group bring a report on winter resilience and planning the initiatives being put in place to deal with winter 2016/17. | Pete Fahy/ Sue Davies (CCG)/ David Eltringham/ Simon Gilby |
| 5 October 2016 | Sustainability and Transformation Plan | To receive an update on the STP. | Andy Hardy/ Gail Quinton |
| 5 October 2016 | Adult Social Care Annual Report (Local Account) 2015/16 | This is the annual report of the Council related to services provided to Adult Social Care clients. The report summarises performance, provides commentaries from key partners and representatives of users and sets strategic service objectives for the future. The report will be circulated with the agenda and Members given the opportunity to ask questions at the end of the meeting. | Pete Fahy/ Gemma Tate |
| Late 2016 | Update on the implementation of action plan following the Adult Social Care Peer Review | A further report on progress with implementing the action following the report authors visit in October. to include details of the independent evaluation of the progress being made in respect of safeguarding ensuring that a personalised approach is being taken in this area. | Pete Fahy |
| TBC | Safeguarding and | Outcome of the independent evaluation of the progress being made in respect | Pete Fahy |

| Date | Title | Detail | Cabinet Member/ Lead Officer |
|------|---|---|--|
| | personalisation | of safeguarding ensuring that a personalised approach is being taken in this area. | |
| TBC | Sustainability and Transformation Plan – Out of hospital | Includes frailty. To scrutinise the work being done on the out of hospital pathway identified as part of the STP. | TBC |
| TBC | Sustainability and Transformation Plan – In hospital | To scrutinise the work being done on the in hospital pathway identified as part of the STP. | TBC |
| TBC | UHCW Transformation Plan | To pick up with UHCW their performance, particularly around the key indicators of A&E 4 hour wait, 18 week referral to treatment and delayed discharge and progress on dealing with their financial deficit. | Andy Hardy/ David Eltringham |
| TBC | UHCW Virginia Mason | This programme, sees the USA's 'Hospital of the Decade', Virginia, forming a unique partnership with NHS Improvement and five NHS Trusts, of which UHCW is one, over five years to support improvements in patient care. Virginia Mason Institute, known for helping health care organisations around the world create and sustain a 'lean' culture of continuous improvement. This will be an opportunity to hear about the benefits of the programme and potentially meet at the hospital. Input from Virginia Mason reps via video link will be requested. | David Eltringham |
| TBC | Child and Adolescent Mental Health Services Transformation Agenda | The CAMHS transformation agenda is underway and to look for ways that the service can be improved for children and young people. Concerns about waiting times and ensuring access to crisis support at all times. | Jacqueline Barnes/ Simon Gilby/ John Gregg |
| TBC | Adult Mental Health Services | To look at where the pressures points are in Adult Mental Health Services. | CCG/ Simon Gilby |

| Date | Title | Detail | Cabinet Member/ Lead Officer |
|-------------|--|---|---|
| TBC | Health impact of living conditions - the role of social housing providers | To invite in key social housing providers from across the City to look at how they work to provide social housing which maximises positive health impacts of tenants. Include role of community. | Whitefriars/ Public Health |
| TBC | Health impact of living conditions – the impact of the physical environment outside the home | To consider how physical environments in residential areas can improve the health and wellbeing of citizens. Include how these factors will be considered as developments come forward as part of the local plan. | Public Health/ Planning/ Environmental Health |
| TBC | The 0-19 Childrens Services Agenda – Health Perspective | Early help and prevention services for 0-19. | Public Health/ CCG/ CWPT |
| TBC | Public Health Key Priorities and Progress | For the Board to discuss, and influence, Public Health’s key priorities and monitor their progress. | Jane Moore |
| TBC | Adult Serious Incident Reviews | For the Board to look at Adult Serious Incident Reviews as they are published. | Cat Parker |
| TBC | CCG performance | To examine the performance of the CCG including their finances. | CCG |
| TBC | Outcome of CWPT CQC Report | To look at the outcome of the CWPT CQC inspection which took place in April. As of 27.06.16 the report has not been published. | Simon Gilby |
| TBC | Workforce | To look at how non-clinical opportunities in the NHS can be promoted, particularly through the use of apprenticeships and links with the two Universities. | UHCW/ Warwick University/ Coventry University/ Local Colleges |
| Visit - TBC | Frailty Unit - UHCW | Visit to UHCW to see new frailty pathway once established | Andy Hardy |