



Health and Social Care Scrutiny Board (5)

Time and Date

10.00 am on Wednesday, 5th April, 2017

Place

Committee Room 3 - Council House

Public Business**1. Apologies and Substitutions****2. Declarations of Interest****3. Minutes** (Pages 3 - 10)

(a) To agree the minutes of the meeting held on 1st March, 2017

(b) Matters Arising

4. Exclusion of Press and Public

To consider whether to exclude the press and public for the item of business for the reasons shown in the report.

5. The Health Impact of Living Conditions (Pages 11 - 14)

Briefing Note of the Acting Director of Public Health

Simon Kimberley, Deputy Chief Executive and Richard Osborne, Director of Property Services, Whitefriars Housing have been invited to the meeting for the consideration of this item

6. Modernising Public Health Children's and Lifestyle Services (Pages 15 - 38)

Report and Presentation of the Acting Director of Public Health

7. Work Programme 2016-17 (Pages 39 - 46)

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

9. **Modernising Public Health Children's and Lifestyles Services** (Pages 47 - 72)

Report of the Acting Director of Public Health

10. **Any Other Items of Private Business**

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

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

Tuesday, 28 March 2017

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 5th April, 2017 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, C Miks, D Spurgeon, K Taylor and S Walsh

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 Health and Social Care Scrutiny Board (5) held at 10.00
am on Wednesday, 1 March 2017

Present:

Members: Councillor D Gannon (Chair)
Councillor A Andrews
Councillor J Clifford
Councillor L Kelly
Councillor C Miks
Councillor K Taylor
Councillor S Walsh

Co-Opted Members: David Spurgeon

Other Members: Councillors F Abbott, M Mutton and P Seaman

Employees (by Directorate)

I Bowering, People Directorate
A Butler, People Directorate
V Castree, Resources Directorate
L Gaulton, People Directorate
L Knight, Resources Directorate
G Quinton, Deputy Chief Executive (People)

Other representatives: Simon Brake, Coventry and Rugby GP Federation
Jed Francique, Coventry and Warwickshire Partnership Trust (CWPT)
Simon Gilby, CWPT
Matt Gilks, Coventry and Rugby Clinical Commissioning Group (CCG)
Steve Jarman-Davies, Coventry and Rugby CCG
Emma Livesley, University Hospitals Coventry and Warwickshire (UHCW)
Heather Moran, CWPT
Tracey Wrench, CWPT

Apologies: Councillor D Kershaw

Public Business

43. Declarations of Interest

There were no declarations of interest.

44. Minutes

The minutes of the meetings held on 23rd November and 7th December, 2016 were signed as true records. There were no matters arising.

45. **Urgent Care Performance Over Winter**

The Board received a joint presentation on the initial assessment of the urgent care performance over the winter period at University Hospitals Coventry and Warwickshire (UHCW) with particular reference to the delivery of the A and E 95% standard for the four hour wait target. Steven Jarman-Davies, Coventry and Rugby Clinical Commissioning Group (CCG), Emma Livesley, UHCW, Simon Gilby and Tracey Wrench Warwickshire Partnership Trust (CWPT), and Simon Brake, Coventry and Rugby GP Alliance attended the meeting for the consideration of this item.

The presentation drew attention to the wide scale reporting in the national media around the winter pressures facing the NHS this year and the ability of Health and Social Care systems to be able to cope with these pressures. Information was provided on the national and local A and E four hour performance over Christmas and New Year with UHCW delivering at around 82%. A comparison was provided with the A and E performance of Trusts within the West Midlands region.

The Board were informed about the pressures on A and E Departments nationally, with patient numbers being the highest levels ever recorded and the numbers of ambulances arriving at hospital and calls made to the ambulance service being the highest ever. Locally over the Christmas and New Year calls to the ambulance service were consistently 8-10% above contracted levels and the previous year. Further information was provided on the national trend for A and E attendances and the percentage of attendances which led to admission to hospital. The Board were informed that it was going to take a real change in behaviour by patients if A and E attendances were going to stop continuing to rise both locally and nationally. This year UHCW had seen a 3% growth in attendances.

The presentation referred to the national system of reporting levels which ranged from Opel 1 to Opel 4. Levels 3 and 4 required specific daily briefings on actions being taken, that were discussed on regional and national teleconferences as to the level of support and intervention to be given to systems. The Board were informed that although New Year A and E performance by Trusts in Coventry and Warwickshire was well below the 95% national standard, they were towards the top end of performance across the West Midlands. Opel level 3 was reached by the local system on 3rd January but returned to level 2 within 2 days.

Further information was provided on additional local pressures on A and E Departments which included the norovirus. All hospitals within Coventry and Warwickshire utilised planned escalation capacity to deal with demand which saw up to 62 extra beds being used at UHCW. This impacted on the Trust's ability to undertake elective work. As a system the hospital met the national requirement to clear beds as much as possible before Christmas to get to below 85% bed occupancy for 24th December. Bed occupancy then increased day by day across the system.

The presentation provided additional information on key issues at UHCW which were taken from daily national reporting system by Trusts in comparison to national trends.

Further information was provided on NHS 111 during the Christmas period. There had been a 35% increase in ambulance dispatches in the West Midlands through NHS 111 over the holiday week. This was equivalent to 12 ambulances per day at UHCW.

The Board questioned the representatives present on a number of issues and responses were provided, matters raised included:

- Clarification about the increase in ambulances at UHCW over Christmas and New Year period
- Clarification about the capacity being put in place to deal with escalation and the implications for other areas of the hospital of having additional beds
- Whether operations were cancelled at the very last minute because of a lack of intensive care beds/ beds
- The difficulties of finding a balance between the necessary levels of emergency and elective surgery
- Clarification about what comprised the four hour target at A and E, ie when the time commenced
- Further information about the guidance given by NHS 111 when advising patients to call an ambulance or attend A and E and how risk adverse was NHS 111
- Concerns about a recent patient experience at A and E and clarification about an A4 information sheet that was being placed at the end of patients beds/ trolleys
- Concerns about the capacity in the service to cope with the increasing numbers of elderly patients and how many attendances at A and E were alcohol related
- How was it determined to discharge patients before Christmas and details about the information sent to Trusts from NHS England recommending hospitals reduce their bed occupancy to 85% by Christmas
- Clarification about closed waiting lists and how this related to the 18 week waiting time target
- What were the NHS reasons for recent delayed transfers of care
- Concerns about the inclusion in the STP of reduced attendances at A and E, was this a realistic expectation in light of the current situation.

RESOLVED that:

(1) The presentation be noted

(2) The representatives from UHCW and Coventry and Rugby CCG be requested to provide additional information for members on:

- i) The numbers of operations cancelled because beds were not available, including details about emergency and elective surgeries**
- ii) Information about the numbers at A and E who had been advised to attend by NHS 111 including details about inappropriate referrals**
- iii) Further details about the introduction of the A4 sheet of information which was being placed at the end of patient's beds/trolleys**
- iv) Information regarding the number of services which have closed waiting lists and how this relates to the 18 week waiting time target.**

(3) A copy of the letter from NHS England requesting hospitals reduce their bed occupancy by 85% by Christmas be circulated to members.

46. Child and Adolescent Mental Health Services Transformation Update

Further to Minute 16/16, the Board considered a joint briefing note providing an update on the Child and Adolescent Mental Health (CAMHS) Transformation Agenda. Particular reference was made to the key information previously requested by the Board relating to transition pathways, training for professionals and prioritisation for child protection and children in need. An update was also given on the progress and challenges in delivering each of the 7 Transformation Plan priorities and on the milestones for delivery to be completed by November, 2017. Councillor Mal Mutton, Chair of the Education and Children's Services Scrutiny Board (2) and Councillor Pat Seaman, Deputy Cabinet Member for Children and Young People attended the meeting for the consideration of this item. Matt Gilks, Coventry and Rugby Clinical Commissioning Group (CCG) and Simon Gilby, Jed Francique, Heather Moran and Tracey Wrench, Coventry and Warwickshire Partnership Trust (CWPT) were also in attendance.

The briefing note reminded of the 4 tiers of CAMHS services accessed by children and young people and set out the background to the five year CAMHS Transformation Plan which commenced in October 2015 and was led by Coventry and Rugby CCG. The Plan was supported by a multi-agency Project Board, recognising the need for a joint partnership response.

The CCG provided £3.7m of CAMHS funding for Coventry and Rugby. NHS England had subsequently provided an additional £878,000 for 2016/17 on a recurring basis to support the transformation plan. The Board were informed that an additional £210,000 had recently been awarded for 2016/17 for the purpose of reducing waiting lists. It was planned to use this to address the waiting lists for ASD assessments.

The Board had previously asked to be updated on the proposals for working with patients during the transition period from childhood to adulthood. Appendix 1 to the note detailed the Transitions Pathway informing how there was a process for engaging young people and family members to confirm whether the young person or adults pathway was the most appropriate to meet needs. The Board had also asked for information on the early prevention work in schools. Appendix 2 to the note set out details of a training programme run by the Primary Mental Health Service which offered generic mental health training workshops for staff. Bespoke training sessions were also being offered for school staff.

The Board noted that in November 2016 NHS England reviewed all local transformation plan updates against the national standards for delivering transformation over the five year period. There were three levels of assurance that could be allocated and the Coventry and Warwickshire Plan was assured as being 'fully confident'.

The Board were updated with progress with the following 7 priority areas:

- Reduced Waiting Times
- Providing a Crises Response Service

- Autistic Spectrum Disorder (ASD)
- Looked After Children
- Support to Schools
- Eating Disorder Service
- Enhancing Access and Support through the Utilisation of Technology.

In relation to progress with ASD, it had previously been reported that Coventry ranked as the highest local authority for rates of children with autism known to schools in the West Midlands. This had led to significant waiting times for ASD assessments. There was a local plan to address the waiting lists with a new pathway that reduced waiting times for new referrals. A slide showing this pathway was shown to members.

The CAMHS Transformation Board had reviewed progress with the activity required during year 2 of the plan and to prepare for the milestones in year 3. The briefing note included an overview of the year 2 programme which included a challenging set of milestones that would require a significant contribution from the commissioning and delivery partners.

The Board questioned the representatives and officers present on a number of issues and responses were provided, matters raised included:

- A request for the new pathway slide to be made available to members
- Concerns about the significant number of children on the waiting list for an ASD assessment and what happened in cases where concerned families kept contacting the service
- How many children could be assessed using the additional £210,000 of funding
- How many schools would benefit from the enhanced provision offered by the Primary Mental Health Service to primary and secondary schools in the city
- The response from schools to the support being offered
- Clarification about the CAMHS to Adult Mental Health transitions process and the available support
- A request for more information about the new website/ app being developed to provide information and support to children, young people and their carers and a concern that people would use it to self-diagnose. Some parents want their children to have a statement which could mean more requests for assessments.
- Further information about the support for LAC, children on Child Protection Plans and vulnerable children.

RESOLVED that:

(1) The progress against the Plan be noted.

(2) The 2016/17 plan milestones for transforming services be noted.

(3) The issues impacting on the delivery of the plan be noted.

(4) An update on progress be submitted to the Board in six months including:

(i) Details of the support for LAC, children on Child Protection Plans and vulnerable children

(ii) Further information on the support needed for the 30% of children who follow the pathway but are not diagnosed with ASD.

(5) At the future Board meeting, Members to be given a viewing of the new website/app being developed to provide information to children, young people and their carers including self-help and online counselling.

(6) A copy of the new pathway slide be circulated to Members.

(7) Information on the support services that are available to patients at the transition stage from Child Services to Adult Services to be circulated to members.

47. Coventry and Warwickshire Partnership Trust (CWPT) Action Plan Update

Further to Minute 15/16, the Board received a report of Simon Gilby, Coventry and Warwickshire Partnership Trust (CWPT) which provided an update on progress with implementing the action plan produced in response to the Care Quality Commission (CQC) Inspection report published in July, 2016. Simon Gilby and Tracey Wrench, CWPT attended the meeting for the consideration of this item.

The report referred to the full inspection of the Trust's services which took place in April, 2016. The overall rating in the Inspection report was 'requires improvement' and in reaching this assessment the CQC set a number of 'must do' and 'should do' actions. The Trust subsequently developed an action plan to respond to the requirements to ensure that the areas requiring attention were rectified.

Monthly monitoring of the implementation was ongoing and undertaken by the Executive Performance Group who reported to the Board's Integrated Performance Committee. Monthly progress reports were submitted to NHS Improvement and the Clinical Commissioning Group.

A total of 210 actions were identified across CWPT services in response to the inspection. As at 14th February, 2017 a total of 163 actions had been completed or it had been confirmed that action was no longer required.

The Board were informed that the CQC had been notified that all action in relation to the Warning Notice issued for breaching Eliminating Mixed Sex Accommodation (EMSA) had been taken so the Trust was no longer in breach of this regulation. The action taken included reconfiguring the Acute Mental Health Inpatient Services to single sex wards and the Trust EMSA policy had been reviewed and updated to reflect the Mental Health Act code of practice.

Additional information was provided on completed actions in the following areas: ligature risks, safeguarding, medicines management, Mental Health Act processes and training, recruitment into vacant posts, risk management and infection control processes.

The Board were also informed that 44 actions were still to be completed. Of these actions, 19 had passed their completion date but it was anticipated that 13 of these would be completed by 31st March, 2017 with the remaining actions being completed by the end of September. The report contained an overview of the key actions still to be completed.

The Board noted that the CQC would be carrying out an inspection of the Trust's services at the end of June, 2107 with a view to signing off progress with completion of the plan. The Chair, Councillor Gannon asked for an update report on the outcome of this further inspection.

RESOLVED that:

(1) The update report be noted.

(2) A progress report on the outcome of the next CQC Inspection due in June be submitted to a future meeting of the Board.

48. Delivery of Public Health Services

The Board considered a briefing note of the Executive Director of People which provided an overview of the arrangements for the leadership and delivery of Public Health within Coventry Council during Dr Jane Moore's secondment to the West Midlands Combined Authority (WMCA).

The note indicated that Dr Jane Moore, Director of Public Health had been seconded to the WMCA from 6th February, 2017 for a period of six months to help lead key pieces of work across the region. Jane was acting as the regional co-ordinator for Directors of Public Health across the West Midlands to help create a really strong partnership between Public Health England and the WMCA. Jane's appointment would ensure that there would be a strong health and wellbeing focus in all WMCA work, putting prevention and public health at its heart.

The Board were informed that Liz Gaulton, Deputy Director of Public Health would be the Acting Director of Public Health during this time. Liz would hold the statutory responsibilities of the Director while Jane would continue to retain some responsibilities locally as act as the public health link between the Council and the WMCA. The existing responsibilities of the Deputy Director of Health had been split between across the wider public health team. Further information about the Director and Deputy Director duties was set out in the briefing note.

A concern was raised about the lack of information given to members over the secondment which had led to the consideration of the briefing note. It was clarified that the secondment was a management decision and that it had been taken in consultation with the Leader, Deputy Leader and Cabinet Member.

RESOLVED that the arrangements put in place to deliver Public Health Services be noted.

49. Work Programme 2016-17

The Board noted their work programme for the current municipal year.

50. **Any other items of Public Business**

There were no additional items of public business.

(Meeting closed at 12.05 pm)



Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5)

Date: 5th April 2017

From: Liz Gaulton, Acting Director of Public Health

Subject: The Health Impact of Living Conditions

1 Purpose

- 1.1 The purpose of this briefing note is to highlight how housing can impact on the health and wellbeing of Coventry residents, provide information on work undertaken to improve housing conditions to date and to suggest further areas of work to improve the quality of housing and therefore improve the health and wellbeing of Coventry residents.

2 Recommendations

- 2.1 Health and Social Care Scrutiny Board 5 is recommended to:

- 1) Endorse progress made to date on improving health outcomes through housing.
- 2) Agree that a Scrutiny Task and Finish Group be set up to consider areas of work to improve the quality of housing and the health and wellbeing of Coventry residents.

3 Introduction

- 3.1 The right home environment is essential to health and wellbeing, throughout life. Key features of a healthy home include:

- 1) Warm and affordable heat
- 2) Free from hazards, safe from harm
- 3) Enables movement around the home and is accessible
- 4) Promotes a sense of security and stability
- 5) Support available if needed
- 6) Healthy neighbourhood community

- 3.2 Disrepair and cold homes can cause immediate health issues to residents (such as respiratory conditions, hypothermia, risk of falls and death) and also negatively affect children's educational attainment, emotional wellbeing and resilience and put adolescents at five times more risk of suffering from multiple mental health problems.

- 3.3 17% of homes in England are socially rented and these are often the healthiest and most accessible type of homes.

- 3.4 19% of homes in England are privately rented. This type of tenure is expected to continue to grow and can have the highest prevalence of unhealthy homes.

4 Current Work to improve housing in Coventry

- 4.1 Public Health are contributing to the Selective Licensing proposal and are exploring the possibility for Housing Enforcement Officers to identify tenants who may benefit from a Safe and Well visit (a scheme run by West Midlands Fire Service that allows trained officers to promote and signpost citizens to services that can help improve their health, including consideration of the wider determinants of health).

- 4.2 Whitefriars has an extensive programme to improve energy efficiency of homes with external insulation and improvements to tower blocks. Since 2012, Whitefriars have improved 5,000 homes with external wall insulation and will be insulating a further 489 in 17/18. Whitefriars have also provided new heating systems to 4,500 homes since 2013 and continue to invest in their Coventry stock. In addition to this, Whitefriars provides energy advice to customers and is running fuel switching and Smart meter campaigns to further reduce resident energy costs. All of this work contributes towards tenants keeping their homes heated to a suitable temperature, therefore avoiding the health issues described in section 3.2

Whitefriars also undertakes home checks and employs a range of measures to support vulnerable customers in the home. This can have a positive impact on the health and wellbeing of the individual.

- 4.3 Midland Heart provides care and support services for tenants that need support at different times of their life. The support they provide includes help with finances, personal care and daily living tasks (although the type of support does vary dependent on the tenancy that the individual has). By providing this support, Midland Heart can have a positive impact on the health and wellbeing of the individual.

- 4.4 Orbit provide a Care & Repair service to people aged 60 and over and to those who have a disability (whether they are homeowners or rent). This service offers home repairs and adaptations, advice and information on paying for building work, home safety advice and information, support with hospital discharge, support with housing options, support for individuals who hoard and support with assisted technology. This early intervention to these vulnerable individuals can help to maximise their independence as well as their health and wellbeing. Orbit have also improved 294 homes with external wall insulation, allowing tenants to keep their homes heated to a suitable temperature, therefore avoiding the health issues described in section 2.2.

- 4.5 Public Health work with the Affordable Warmth team, who give advice and information to residents on how to stay warm and well, and save money on energy bills. Public Health commission groundwork to deliver the Keeping Coventry Warm community engagement programme to target vulnerable groups and signpost to advice and support. Public Health

are undertaking an Affordable Warmth on Prescription pilot working through the GP practices and writing to patients registered with COPD (a chronic health condition that can be exacerbated by living in a cold home). Eligible participants will be assessed for a range of heating and insulation measures, including new boilers and this will be fully evaluated to assess the impacts and potential health and social care savings realised by moving people out of fuel poverty.

- 4.6 There is a Memorandum of Understanding to support joint action on improving health through the home from 2014 which sets out the shared commitment to joint action across government, health, social care and Housing sectors in England. The MoU recognises that the home environment is crucial to creating a good quality and healthy life. This provides local authorities and other organisations with an additional lever to work collaboratively to produce a plan to improve health through the home.
- 4.7 Coventry City Council works with organisations to empower communities to become and stay connected, using and growing the strengths and assets in the communities. Examples of this work include developing sustainable, modern and comprehensive libraries as community hubs. By building a healthy, well connected community, residents are less likely to become socially isolated and they will therefore avoid the associated negative impacts on both physical and mental health.
- 4.8 Coventry City Council is a member of the West Midlands Housing Officer Group, which aims to achieve a long term preventative strategy for health through strategic housing. It covers cross boundary strategic housing issues and has allowed targeted work programmes to be carried out which, amongst other results, has led to improving existing housing stock (which can improve the health and wellbeing of the residents).
- 4.9 Coventry City Council is also a member of the West Midlands Best Use of Stock Group (WMBUS), which is a partnership of West Midland Local Authorities, West Midlands Local Housing Authorities and Housing Associations. The WMBUS partnership works together to explore innovative ways of making best use of stock to maximise the opportunity for people to move when they need to. The work carried out by WMBUS contributes towards the aim of everyone having a home that maximises their health and wellbeing.

5 Future Work

- 5.1 To build on the actions above and further improve the health and wellbeing of local residents via living conditions, it is proposed that:
 - 1) A Scrutiny Task and Finish Group is established to:
 - Identify and map work programmes already being carried out by housing associations in Coventry
 - Identify and map current work programmes already being carried out for tenants of privately rented properties in Coventry
 - Identify future areas for improvement and actions for housing associations and other partners.

2) Public Health undertake activities to improve housing conditions, health and wellbeing, including:

- Sharing information and best practice with the Coventry City Council representatives for WMBUS and the West Midlands Housing Officer Group.
- Work with the commissioning department to identify funded schemes underway and investigate what health outcomes these schemes are meeting, and what further outcomes could be included
- Continue to contribute to the Selective Licensing proposal to ensure that access to the relevant privately renting households is maximised

AUTHOR'S NAME, DIRECTORATE AND TELEPHONE NUMBER

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Richard Osborne, Director – Property Services (Whitefriars). Tel: 024 76767132

A separate report is submitted in the private part of the agenda in respect of this item, as it contains details of financial information required to be kept private in accordance with Schedule 12A of the Local Government Act 1972. The grounds for privacy are that it refers to the identity, financial and business affairs of an organisation and the amount of expenditure proposed to be incurred by the Council under a particular contract for the supply of goods or services.

Health and Social Care Scrutiny Board (5)
Cabinet

5 April 2017
11 April 2017

Name of Cabinet Member:

Cabinet Member for Public Health and Sport – Councillor K Caan

Director Approving Submission of the report:

Director of Public Health

Ward(s) affected:

All

Title:

Modernising Public Health Children's and Lifestyles Services

Is this a key decision?

Yes – this relates to financial matters in excess of £1,000,000 in a financial year and will have an impact on city-wide services.

Executive Summary:

Coventry City Council commissions a range of services that aim to prevent poor health by improving childhood health and supporting behaviour change among at risk groups. We are proposing that these individual services are integrated to provide:

1. A Family Health and Lifestyle Service: supporting children, young people and their families. This service will include Health Visiting and School Nursing and will be an integral element of the developing family hub model. Through this service we want to systematically reduce health inequalities including supporting the reduction of childhood obesity, families to be more physically active, improving childhood development and readiness for school and reducing infant mortality.
2. An Integrated Adult Lifestyles Service: supporting adults at greatest risk of poor health including those who display multiple lifestyle behaviours like obesity, low levels of physical activity and poor diet, smoking as well as other at risk groups like people with mental health conditions.

The proposal to integrate the services is based on what local Coventry people want from our services, following consultation with the general public, service users and wider stakeholders and the latest evidence about what works to improve quality and outcomes

In order to properly develop an integrated approach for the Family Health and Lifestyle Service a significant amount of re-design is required. It is therefore recommended that the contract will run for five years with two 24 month extensions available. It is also proposed that the service is procured via a competitive tender with dialogue (an approach where tenderers work in partnership with the contracting authority to develop a suitable solution to the service specification and requirement – at the point where the contracting authority is confident that one or more of the solutions presented are sufficiently developed to meet its needs and requirements, tenderers are then invited to submit competitive bids). This procurement approach is innovative and, while it is planned for the proposed contract to be operational during Summer 2018, permission is being sought to extend existing contracts for up to 6 months until 30 September 2018 to allow for robust process.

The proposed contract for the Integrated Adult Lifestyle Service would be operational by 1 April 2018 and will be procured through a standard competitive tender. The contract will run for five years with two 24 month extensions available.

Recommendations:

Health and Social Care Scrutiny Board (5) is recommended to:

- (i) Endorse the recommendations set out below to Cabinet
- (ii) Identify any further comments or recommendations for Cabinet to consider

Cabinet is recommended to:

- (i) Consider any additional recommendations or comments from Health and Social Care Scrutiny Board (5)
- (ii) Approve the proposal to extend current contracts which will be integrated into the new family health and lifestyle service for up to six months,
- (iii) Approve the proposal to commission a family health and lifestyle service and authorises the commencement of a procurement process via a competitive process with dialogue in line with the proposed model and timescale
- (iv) Delegate authority to the Director of Public Health and the Section 151 Officer following the procurement process to award to the successful bidder and implement the contract for a family health and lifestyle service
- (v) Approve the proposal to commission an integrated adult lifestyle service and authorise the commencement of a tender process to procure in line with the proposed model and timescale
- (vi) Delegate authority to the Director of Public Health and the Section 151 Officer following the procurement process to award to the successful bidder and implement the contract for an integrated adult lifestyle service

List of Appendices included:

Appendix 1: Appendix 1: Family Health and Lifestyle Service – summary health needs and evidence base

Appendix 2: Integrated Adult Lifestyle Service - summary health needs and evidence base

Background papers:

None

Has it been or will it be considered by Scrutiny?

Yes – Health and Social Care Scrutiny Board (5) - 5 April 2017

Has it been or will it be considered by any other Council Committee, Advisory Panel or other body?

Yes – The matter has been considered by the Council's Procurement Board at their meeting on 16 February 2017

Will this report go to Council?

No

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Report title: Modernising Public Health children’s and lifestyles services

1. Context (or background)

- 1.1 Local Authorities are responsible for improving the health of their local population and coordinating local efforts to protect the public’s health and wellbeing. The health and wellbeing of a person is heavily shaped by experiences during childhood and lifestyle choices made in adulthood. Public Health interventions targeting families and promoting healthy lifestyles improve health outcomes, reduce health inequalities and have a significant role in the wider range of City Council priorities including educational attainment, identifying early signs of abuse/neglect and reducing social care demand.
- 1.2 The period from conception, pregnancy, and the first two years of a child’s life is the most important period in brain development. What happens in the first two years shapes a child’s intellectual, social and emotional health and wellbeing. For example, a child’s development score at just 22 months can serve as an accurate predictor of educational outcomes when they are 26. Problems that occur in the first two years can be extremely hard to undo later and at a significant cost to the public sector.
- 1.3 It is estimated that 40% of premature deaths are attributed to lifestyle behaviours – primarily, whether a person smokes, eats healthily, does enough physical activity or drinks alcohol below recommended limits. The largest proportion of Disability Adjusted Life Years result from tobacco smoking, high blood pressure, high body mass index, physical inactivity and alcohol use above the recommended limits.
- 1.4 The responsibility for Public Health services from birth to 19 years rests with the local authority and includes a range of mandated provision, such as health reviews at birth, 6 months, 1 year and 2 – 2½ years. These checks enable early problems to be detected. Height and weight measurement at ages 4-5 years and 10-11 years are also mandated.
- 1.5 Further, Local Authorities are mandated to provide the NHS Health Check programme, aimed at delivering Health Checks to people aged 40-74 years once every 5 years.
- 1.6 Currently, the City Council commissions a range of services supporting child health and promoting lifestyle behaviour change. The City Council also directly delivers some services, including family weight management and infant feeding support. These services are outlined below.

	Service	Provider	Description
1	Health visiting	Coventry and Warwickshire Partnership Trust (CWPT)	Health Visitors help to empower parents to make decisions that affect their family’s health and wellbeing through the provision of parenting support, expert information and advice, health assessments and interventions for babies, children and families. Health visitors also have a significant role in safeguarding children.
2	Family Nurse Partnership	CWPT	FNP is an intensive nurse-led prevention and early intervention programme for vulnerable first time young mothers, 19 years and under.

3	Stop smoking in pregnancy	CWPT	This service reduces the risks of poor pregnancy outcomes like miscarriage, premature birth, low birth weight and infant mortality, by supporting women to stop smoking and maintain smoke free homes.
4	School nursing	South Warwickshire Foundation Trust	School nurses offer preventative health care for children, young people and families, reducing inequalities, improving children's health and wellbeing and maximising the educational attainment of children with existing health conditions. School Nurses also have a significant role in safeguarding children.
5	One Body One Life family weight management	Coventry City Council	This service reduces the risk of childhood excess weight by promoting family-based sustainable behaviour change around diet and physical activity.
6	Infant feeding team	Coventry City Council	This service provides breastfeeding support to increase the breastfeeding rate in Coventry, ensuring mothers and babies benefit from the significant health and social benefits of breastfeeding.
7	Mamta	Foleshill Women's Training	Mamta provides information and advice to women who are new to this Country or are from a black and minority ethnic group, around healthy pregnancies and how to look after the health of a baby. Support is delivered in a culturally sensitive way.
8	NHS Health Checks	CWPT	NHS Health Checks is a mandated service, delivering cardiovascular risk assessment to people aged 40-74 years every 5 years. It is a key opportunity to address lifestyles risks and identify and treat a range of long term conditions.
9	Stop Smoking Contracts (Framework / Harm Reduction / Data Systems / Smoking Medications)	CWPT, Ice Creates, University Hospital Coventry and Warwickshire, Coventry and Warwickshire MIND, North 51, Exec Lounge,	<p>These services delivering evidence-based stop smoking interventions, including psycho social support and access to medications. Evidence demonstrates smokers who access these services are 4-5 times more likely to quit than those who quit by themselves.</p> <p>The harm reduction service supports people with severe and enduring mental health conditions to cut down levels of smoking, with a view to supporting an eventual quit.</p> <p>Providers North51 (QuitManager) and Exec</p>

			Lounge (Pharmperform) deliver performance management and payment systems, including supporting the dispensing of Nicotine Replacement Therapy by community pharmacies. Stop Smoking Services commonly use medications – NRT and Varenicline.
10	Lifestyle Advisors	Coventry City Council	Lifestyle advisors (previously known as health trainers) deliver a range of one to one lifestyle behaviour change interventions targeted at adults in greater deprivation.

1.7 Current contracts delivering these services are due to expire in March 2018.

1.8 Through analysing current need in Coventry, reviewing the evidence base and engaging with service users, stakeholders and the general public, Coventry City Council has developed the following guiding principles for reshaping and modernising these services in order to improve health and reduce health inequalities:

- Services supporting children’s health and wellbeing should
 - focus on family-centred service delivery and provide parenting support
 - be integrated with the developing model of family hubs
 - have a robust safeguarding approach including spotting the early signs of poor health and wellbeing, abuse and neglect
- More generally, services should be integrated to provide a more seamless delivery to:
 - reduce service users having to unnecessarily repeat information
 - provide more timely support (e.g. removing the need for multiple referrals to different services)
 - have greater focus on empowering local communities to do more for themselves and have clear parent or community leadership
 - demonstrate a culture of continuous improvement and commitment to staff wellbeing and development
 - better harness technology to deliver interventions and support coordination of care

2. Options considered and recommended proposal

2.1 Coventry is a rapidly growing city with an estimated population of 345,400; it is a comparatively young city with over 86,000 0-19 year olds, making up 26% of the population. It is also relatively deprived, with a higher proportion of children in low income families (23%), a higher proportion of residents living in neighbourhoods amongst the 10% most deprived in England (19%) and a higher rate of unemployment than when compared nationally (6.3%). In 2015, there were 4,517 births in Coventry and it is projected that the population will increase considerably in the coming years, with over an extra 1,000 births a year expected by 2021.

2.2 Coventry performs well in some health indicators during pregnancy and across the life of an infant, child and young person, for example, there is a high rate of mothers who start breastfeeding, low numbers of hospital admissions for tooth decay and high numbers of children receiving relevant vaccinations. There are however a large number of outcomes locally that are not as good as those seen nationally:

- Lifestyle choices of women prior to and during pregnancy – particularly smoking and levels of obesity – which can seriously impact on the health of a child and their development into adulthood, as well as impacting on the mothers' own health.
- While an above-average number of women start to breastfeed immediately after giving birth, the number who keep breastfeeding falls dramatically.
- A higher numbers of children attend Accident and Emergency and are hospitalised for injuries.
- Rates of childhood obesity at age 10-11 years are considerably higher than seen nationally
- School readiness and educational attainment (Key Stage 2 and GCSE attainment) are worse than seen nationally.

2.3 The 2016 Household Survey found 82% of adults interviewed either did too little exercise, ate too few portions of fruit or vegetables, smoked tobacco, or drank above recommended levels. People displaying multiple lifestyle risks are at the greatest risk and the survey identified that 29% had two unhealthy lifestyle behaviours and 6% had three. While there is evidence of improvement of lifestyle behaviours of people in Coventry in comparison to the national average, the health outcomes for many conditions most closely associated with lifestyle-related deaths remain worse than the national average, including:

- Mortality rates from cardiovascular disease (commonly related to poor diet, physical inactivity, smoking and alcohol)
- Respiratory disease (smoking)
- Preventable cancers (obesity, diet, alcohol and smoking)

2.4 Lifestyle choices are responsible for a considerable proportion of the burden of ill-health and prevention services can delay or reduce demand on a range of health and social care services. Further, the prevalence of unhealthy lifestyle choices is variable across the population, for example, evidence demonstrates that smoking prevalence among people with mental health conditions is considerably higher than among the overall population and that carers often report that caring for others leaves little time to focus on their own health.

2.5 The recommended proposal is to reshape the services listed in section 1.6 and commission two new services:

- a Family Health and Lifestyle Service (focussing on outcomes currently delivered via services 1-7 in the table at 1.6) which will be an integral element of family hubs. It is proposed that due to the complexity of the services to be delivered, that the Family Health and Lifestyle service is procured through a competitive process with dialogue; and
- an Integrated Adult Lifestyle Service (focussing on outcomes currently delivered via services 8-10 in the table at 1.6). The service model will strengthen links with adult social care and long term conditions pathways. This contract will be procured through a standard competitive tender process.

2.6 The issues caused by childhood health and lifestyle factors are complex and wide ranging, and impact on several City Council priorities and services. The Director of Public Health's 2016 Annual Report focuses on Childhood Obesity and the 2015 report looked at the city's future aspirations for its children and young people. These services directly contribute to the Council plan objectives through:

- Giving our children the best start in life
- Improving health and wellbeing

- Reducing health inequalities
 - Protecting our most vulnerable people
 - Delivering our priorities with fewer resources through making the most of our assets and empowering our citizens
 - Improving the quality of life for Coventry people and helping meet service needs across the Council and its stakeholders and partners.
- 2.7 Alternative arrangements were considered, such as maintaining separate services. However, early consultation indicates that integration of services is a priority for the people of Coventry. Separate services also reduces options to achieve financial savings.
- 2.8 Successful Early Intervention programmes have been shown to bring savings to many different agencies. Social Return on Investment studies show returns of between £1.37 and £9.20 for every £1 invested in the early years.
- 2.9 The National Institute for Health and Care Excellence (NICE) conclude that evidence-based lifestyle interventions are cost-effective. For example, a cost effectiveness study in Bury showed that over a lifetime a return of £9.35 is delivered for every £1 investment in smoking cessation services.
- 2.10 The range of services included in this procurement has been considered carefully. Service alignment (both strategic and operational) has determined which existing services will be brought together. Integrating child health services provides the opportunity to embed family-based approaches and mirrors the proposed arrangements with family hubs and maintaining frontline service capacity. Integrating adult lifestyle services provides the opportunity to make best use of mandated interventions like NHS Health Checks and gives better access to a broader range of provision more consistently. This integrated model will strengthen links with adult social care and long term conditions pathways. The viability of including other services, such as the young people's substance misuse service, within this procurement have been considered but is not preferred because of the specialist nature of these services and the limited market of potential providers.
- 2.11 A range of procurement approaches have been considered. A competitive process with dialogue is considered to be the best way of developing a service model for the Family Health and Lifestyle Service. The process to be followed will include a competitive 'shortlisting' of bidding providers who are then invited to take part in a number of waves of dialogue with the Council to inform the development of their proposals. All bidding organisations are provided with the same level and scope of dialogue to ensure fairness. Following dialogue, shortlisted bidders submit their proposals which are then evaluated. This process enables commissioners and potential bidders to explore and co-design a range of potential solutions to the service requirements before deciding on a preferred model and awarding the contract. This approach will also enable us to better explore how the service can become integrated in the emerging family hub model. While this procurement process is innovative for health and care contracts, it is more common within regeneration procurements in which the Council has expertise. Due to the timeframe for this process, it is proposed that the new service will come into effect during Summer 2018 and that existing relevant contracts are extended by up to 6 months with relevant break clauses as required to accommodate any slippage in the project.
- 2.12 The service model for the Integrated Adult Lifestyle Service can be more clearly specified and is considered appropriate for a standard competitive procurement process.
- 2.13 In order to understand the market interest and capacity for these procurements, significant efforts have been made to engage with the market. These have included 1-2-1 discussions

with approximately 15 providers interested in the Family Health and Lifestyles Service and 20 providers interested in the Adult Lifestyles Service. There has been good attendance at the two workshops for Family Health and Lifestyles and at the one workshop for Adult Lifestyles, with a range of service providers participating in the sessions. This engagement has helped establish a good common understanding of expectations and priorities and identified the existence of a marketplace for services of these types as well as highlighting various factors which will encourage organisations to bid for contracts (eg. contract length) which can be built into the procurement process.

- 2.14 These sessions have also highlighted a significant number of smaller organisations - often voluntary/third sector organisations and SMEs which offer specialist provision – which could form part of consortia bids. These organisations commonly report difficulties in engaging with ‘lead’ providers and as such, additional engagement with the market has included a workshop for interested organisations including opportunities for networking and support. In the next few weeks a series of sessions will be held for organisations interested in delivering all or part of these contracts to support partnership development and improved use of recognised tools for innovation.
- 2.15 Given the value of the contract, it is intended that it will be subject to robust monthly management meetings to review performance, provide oversight of costs and ensure clinical governance and safety. A performance management framework will be developed, to include monitoring and management of:
- Child/family and lifestyle outcome measures
 - Delivery of mandatory elements of the contract
 - Service quality
 - Service satisfaction from key partners (including schools and service user / public involvement)
 - Service development
- 2.16 Benchmarking and consultation carried out to date has identified Coventry’s key relevant public health outcomes measures, performance of existing providers and their current trends providing core data to underpin performance monitoring. The proposed dialogue process for the procurement of the family Health and Lifestyle service will further enable commissioners to test and develop a robust performance management framework.
- 2.17 Due to the length of contracts, it is proposed that the services – and the accompanying performance management framework - will be developed over time. The provider will be required to an agreed annual action plan to demonstrate how it develops the service and continuously seek service improvement. It is proposed that key stakeholders will be involved in the development of these action plans to ensure they are subject to robust challenge. The successful delivery of annual action plans will be rewarded through an incentive scheme valued at a minimum of 10% of the contract value.

3. Results of consultation undertaken

- 3.1 Consultation has been held in various stages. In the first phase, views were gathered from service providers and service users about current provision and possible improvements. More in-depth work was held during the second co-production phase with a series of workshops and focus groups with stakeholders and service users. This included sessions with people with mental health conditions, looked after children, Black and Minority Ethnic parents and young people - to explore how services could be delivered differently. A period of formal consultation for the proposed commissioning of a family health and lifestyle service took place in January and February 2017 and included an online survey and

stakeholder and service user workshops. Similarly, formal consultation into the proposed commissioning of an integrated adult lifestyle service was held in March 2017.

- 3.2 In addition to the formal consultation workshops six additional sessions have been held for existing frontline employees working within the services included in the Family Health and Lifestyles procurement.
- 3.3 During the first two phases of consultation, issues which were felt to be most important to the general public and users of services included having a workforce which is knowledgeable and trusted, services which are non-judgemental, discrete and confidential and an approach which considers the health of the whole family. People stated closer integration of care, a greater identification and understanding of the root cause of problems, the ability to overcome language barriers, flexibility in the plan for the child and timely access to support, as important.
- 3.4 A formal consultation in relation to the Family Health and Lifestyle Service was held in February 2017 and included a survey and series of workshops. A total of 230 survey responses were received and 45 people attended the workshops. Overall, 76% of survey respondents felt the changes would have a positive impact on children and families in Coventry. Only four respondents (out of the 230) felt it would have a negative or no impact. The remainder said they didn't know or stated other. Respondents, when presented with the areas that the proposed service will focus on, felt they were very important. For example, respondents agreed that it was important that:
 - families are supported – where possible - by a small number of professionals who they can get to know well and who can support them through important transitions e.g. children starting school or moving from primary school to secondary (85% of respondents stated this was important)
 - all staff are able to spot the early warning signs of children who need or would benefit from support with their health and wellbeing (85%)
 - staff should be multi-skilled to support on a variety of issues including lifestyles (83%)

Similarly, when presented with the principles that will underpin the proposed service, the vast majority of responses felt they were very important.

- 3.5 Focus groups were held with professionals, parents and those from BME communities to look at how the principles could be applied to inform the specification. Users highlighted the need for culturally sensitive services when considering newly arrived communities, understanding the needs of the wider family providing support for all family members and ensuring services provide continuity of care. Attendees highlighted the importance of using apps to support the delivery of services and providing community focused services, enhancing health promotion and peer-to-peer work. Further workshops with frontline staff took place in March 2017.
- 3.6 Briefing sessions have been held with other stakeholders and professional groups, including Coventry and Rugby Clinical Commissioning Group, primary and secondary school headteachers, the Local Medical Council and paediatricians in relation to both procurements.
- 3.7 Formal consultation in relation to the Integrated Adult Lifestyle Service also took place in March 2017. This included an online survey promoted through the Council, partner agencies and providers and a consultation workshop attended by around 50 stakeholders. This consultation focussed on identifying key target populations who would receive the

most intense support under the new model of delivery. It also sought to identify the impact of key principles on which it is proposed the new model of delivery will be based, including

- integration
- continuous improvement
- addressing the root causes and providing access to wider support to overcome barriers to change (including, money and housing advice, etc)
- enabling self help
- better use of technology

3.8 The consultation period closed on 31 March and details of findings will be provided verbally at the meeting.

4. Timetable for implementing this decision

- The new contract for the Integrated Adult Lifestyle Service will commence 1 April 2018.
- It is anticipated that the new contract for the Family Health and Lifestyle Service will commence in Summer 2018.

5. Comments from the Director of Finance and Corporate Services

5.1 Financial implications

The funding for the revised services will come from existing Public Health grant.

5.2 Legal implications

The Council's statutory responsibilities for Public Health services are set out in the Health and Social Care Act which conferred new duties on local authorities to improve public health and to take such steps as they consider appropriate for improving the health of the people in their areas. Part 2 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (made pursuant to the Secretary of State's powers under Section 6C of the National Health Service Act 2006) makes provision for the steps to be taken by local authorities in exercising their public health functions.

The Council also has an obligation as a best value authority under section 3 of the Local Government Act 1999 to "make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness." Compliance by the Council with its own Contract Procedures and complying with the requirements of the Procurement Regulations in tendering for the services should assist to satisfy these requirements. However, the Council would also need to be satisfied that entering into the Contracts and the engagement of any successful bidder will also provide best value.

When considering its approach to contracting, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who do not (the public sector equality duty). Officers are expected to continuously consider, at every stage, the way in which procurements

conducted and contracts awarded satisfy the requirements of the public sector equality duty. This includes, where appropriate, completing an equality impact assessment which should be proportionate to the function in question and its potential impacts.

This report makes it clear that any procurement exercise undertaken and Contracts awarded in relation to these services will be undertaken pursuant to the Council's internal Rules for Contract, the Public Contracts Regulations 2015 as well as any associated legal requirements.

6. Other implications

6.1 How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Local Area Agreement (or Coventry Sustainable Community Strategy)?

Commissioning children's and lifestyle services will help local citizens live longer, healthier independent lives. It also contributes to the Council plan objectives through:

- Giving our children the best start in life
- Improving health and wellbeing
- Reducing health inequalities
- Protecting our most vulnerable people
- Delivering our priorities with fewer resources through making the most of our assets and empowering our citizens
- Improving the quality of life for Coventry people

6.2 How is risk being managed?

There are a number of risks associated with re-commissioning a service of this size.

A risk register is maintained for each procurement and risks are proactively managed by the project group and programme board.

6.3 What is the impact on the organisation?

A number of staff engaged in services to be procured are employed by the City Council and it is intended that these roles will be subject to Transfer of Undertakings (Protection of Employment) regulations.

Currently there are 19 staff members (approx 14.6wte) employed within the City Council's People Directorate delivering family weight management interventions and infant feeding support. It is proposed these staff transfer to the new provider of the Family Health and Lifestyle Service.

The Council also employs 10 staff (approx. 8.1wte) who deliver Adult Lifestyle Services. These staff will be expected to transfer to the new provider of the Adult Lifestyle service. These staff were transferred into the Council in 2013 from an NHS provider; the agreement to in-source these staff was gained on the proviso that it was a temporary arrangement and that they would be re-commissioned to an external provider within 2-3 years.

Affected Council staff have been encouraged to take part in the consultation. Workshops are being held specifically for frontline staff to understand how the current services operate

opportunities for development. Take-up of places at these staff workshops has, to date, been high and the sessions have been welcomed.

As corporate parents the Council has a responsibility to support children in care so that they go on to lead successful lives. The proposals to bring together these services will ensure there is better continuity for looked after children, and integration with the family hubs will ensure there is a robust early help offer in place. Through the universal elements of this service all families with children aged 5 and under should be seen in their own home, this enables them to identify early signs of abuse and neglect, and significantly contribute to the Councils safeguarding responsibility.

6.4 Equalities / EIA

Overall, it is anticipated that the proposed services will have a positive impact on the protected groups, where applicable, and on health inequalities in Coventry. The Family Health and Lifestyle service will deliver universal provision while targeting the more vulnerable and those at greater risk of poor outcomes. The Integrated Adult Lifestyle service will provide holistic, person-centred support for people with multiple needs. Both services will look at the root causes of health concerns and support people to make the changes they need to improve their health outcomes. Following the completion of formal consultation, an Equalities and Consultation Assessment will be completed for each of the two procurements to analyse the impact on populations with protected characteristics.

6.5 Implications for (or impact on) the environment

N/A

6.6 Implications for partner organisations?

Poor health and development of children and poor health of adults due to lifestyle behaviours impacts on a wide range of statutory and non-statutory organisations including schools, the health service, welfare providers and local employers. The provider(s) of future services will need to integrate into the Coventry health, social care and education systems and work with partners to develop relationships, share data and co-work with clients.

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This report is published on the Council's website: www.coventry.gov.uk/meetings

Appendix 1: Family Health and Lifestyle Service – summary health needs and evidence base

Coventry is a rapidly growing city with an estimated population of 345,400; it is a comparatively young city with over 86,000 0-19 year olds, making up 26% of the population. It is also relatively deprived, with a higher proportion of children in low income families (23%), a higher proportion of residents living in neighbourhoods amongst the 10% most deprived in England (19%) and a higher rate of unemployment than when compared nationally (6.3%). In 2015, there were 4,517 births in Coventry and it is projected that the population will increase considerably in the coming years, with over an extra 1,000 births a year expected by 2021.

The importance of the health of children and young people

The health and wellbeing of a person is heavily shaped by experiences during childhood. This period of growth from pregnancy through to later teenage years is a critical time for development and it is therefore a key aim of the city of Coventry that every child should be given the best start in life.

The responsibility for public health services from birth to 19+ years now rests with the local authority. This therefore offers the opportunity to align and integrate these services to improve ways of working, achieve efficiency and ultimately result in better health outcomes for the city.

What are the health needs of children and young people in Coventry

To help decide how best to arrange these services, we can assess measures of health for Coventry and compare to what is seen across England. This helps us to decide how well we are doing during the different stages of a child and young person’s life and if there are areas we need to concentrate on.

<p><u>Pre-conception and pregnancy</u></p> <ul style="list-style-type: none"> • The number of women classified as obese during pregnancy and the number smoking at the time of delivery which can increase the risk of a baby dying or being born with complications. • The number of women breastfeeding at the 6-8 week check. 	<p><u>11-16 year olds</u></p> <ul style="list-style-type: none"> • Self-harm are higher in Coventry than seen nationally. • Admissions to hospital for alcohol and more sexually transmitted infection diagnoses. • Children attending accident and emergency and being hospitalised for injuries. • Attainment at GCSE level
<p><u>0-4 year olds</u></p> <ul style="list-style-type: none"> • School readiness and the uptake of early learning places 	<p><u>16-19 year olds</u></p> <ul style="list-style-type: none"> • Mothers who are teenagers • 16-18 year olds not in education, employment or training
<p><u>5-11 year olds</u></p> <ul style="list-style-type: none"> • Attainment levels at Key Stage 2 in reading, writing and maths • Overweight and obese children 	

The evidence base for integration

There is a clear national policy direction towards integration of services¹. However, how this is done and what is most effective is still emerging. By looking at what evidence is available and what others are doing we are able to identify key areas of focus/principles that are important.

Having systems in place to identify families who would benefit from additional support and to coordinate support from a range of agencies is a key requirement to maximise the utility of available services. Most areas are looking to continue to build on the Health Visiting/School Nursing approach of a progressive universal model, with provision of universal and targeted services. This involves interventions available to all but with a scale and intensity proportionate to the level of disadvantage². While the effect of interventions on socioeconomic inequalities is difficult to demonstrate, a recent modelling study suggested an impact on school readiness³.

In the early years, modelling work demonstrated that progressive universal interventions to improve 'school readiness' for the home to school transition could raise population levels of educational achievement by 5% and reduce absolute socioeconomic inequalities in poor academic attainment between the least and most disadvantaged groups by 15%.

Modelled estimated using data from the Avon Longitudinal Study of Parents and Children

Integration of services

Within Coventry, 0-19 youth services, early help and children's centres are currently being re-organised into "Family hubs" alongside other partners. Co-locating the public health services within the same locations may help facilitate access and bring professionals together, as demonstrated by an evaluation of Islington's Integrated Early Childhood Services⁴.

"Co-location helped professionals to work together to provide a more streamlined service for the end user"

Islington's Integrated Early Childhood Service evaluation

As outlined by the Royal College of Nursing⁵, effective integration of care during the early years will be achieved by ensuring that health visitors work closely with school nurses, social services, community groups, integrated teams and other specialist nurses who support children's mental and physical health in the community. Later on in the child's life, integration is also needed at the transition between children's and adults' health services, particularly for those population groups with specific needs.

Whole family support with an assessment focussing on family assessment

Rather than focussing on individuals, a whole family support approach can be taken. This has been proposed in Greater Manchester to build on the Healthy Child Programme and ensure all agencies can track progress and meet the needs of families⁶.

¹https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/198748/DEFINITIVE_FINAL_VERSION_Integrated_Care_and_Support_-_Our_Shared_Commitment_2013-05-13.pdf

²<https://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-executive-summary.pdf>

³<http://onlinelibrary.wiley.com/doi/10.1111/cdev.12309/full>

⁴http://www.natcen.ac.uk/media/1201975/if21m-formative-evaluation_natcen-260216.pdf

⁵https://www2.rcn.org.uk/_data/assets/pdf_file/0004/391837/004125.pdf

⁶http://www.local.gov.uk/c/document_library/get_file?uuid=2a49df73-c17e-426c-8b38-f3634f82e58a&groupId=10180

“The partnership is bringing the best evidence on interventions into infant development to create a people-based model, rather than a building-based model, with regular screening of all children through a multi-agency eight stage assessment process”

Local Government Association – good practice in children’s centres (Greater Manchester)

This is reiterated by the Royal College of Nursing⁷, who state health visitors must work across multi-agency and multi-disciplinary teams and local health organisations must pay sufficient attention to the support a family-centred team approach. However, to be able to be responsive to the full scope of a family’s health needs, all community nursing teams must have access to and be aware of the full range of services available locally. This was also mentioned in Islington’s Integrated Early childhood evaluation:

“A centralised system to collate information about available specialist services was believed to be important to strengthening referral pathways”.

Islington’s Integrated Early Childhood Service evaluation

Consistent professionals

The 2004 Children Act introduced a new statutory role of ‘lead professional’ to be the easily accessible contact for families where a child has extra needs for support. This builds on from evidence in primary care for continuity of care documented in a European overview of Child Health systems:

“Continuity of care with the same general practitioner was one of the strongest predictors of lower total health care costs continuity of care may be highly valued by patients and be cost- effective”

European Observatory on Health Systems and Policies – European Child Health Services and Systems

Health practitioners in Islington indicated that allocating a named link health practitioner to each of their early years setting, has enabled and encouraged practitioners to become more proactive in contacting each other.

Traditional handover points removed for most vulnerable

While there is traditionally a handover from the health visitor to the school nurse, an alternative would be to keep the same named healthcare practitioner to support an improved transition between services.

There are some examples of it being considered.

- In Wirral and Salford, as a result of the limited capacity of school nurses to work in primary schools, 0-19 locality based teams became established, with all new referrals being triaged, and allocation being based on the capacity and skills of the practitioner, and their knowledge and engagement with the family. For some families it has been considered more appropriate for the health visiting team to continue to support the family, even if the child has commenced compulsory education. This has been focussed mostly on SEND children.

⁷https://www2.rcn.org.uk/_data/assets/pdf_file/0004/391837/004125.pdf

- Solent: “We have a specialist Health Visitor team in Solent (Portsmouth and Southampton cities) that continue to be the lead professional until children with complex disabilities are aged 6. This is following feedback from families that all services seem to disappear at school entry just at the time they are needed most. Our specialist Health Visitor use the same records and public health (School Nurses) so it is easy to see who is working with them and feedback from families now is good. We just don’t have capacity in the Health Visitor workforce at the moment to deliver this universally.”

What Coventry people are telling us they want

We have worked with Coventry people and professionals to look at how the services are currently working, how they could be improved, and what people think would help them to stay healthy. Some of the things you told us were important where:

- Knowledge and trust
- Non judgemental services
- Listening to the user
- Discretion and confidentiality
- Considering the whole families health
- Learning and education for staff
- Partnership working

When thinking about how services can best support family’s people told us they wanted the following to be taken into consideration:

- Involving the whole family
- Integration of care (bring services together)
- Understanding the root cause of problems
- Addressing language barriers
- Flexibility in the plan for the child
- Timely care

We were also told that use of technology (online, social media) was important and that family members and teachers would be the most likely people you would approach for help or advice. As well as what Coventry people and professionals have told us, we have also looked at what the evidence tells us will work, in terms of helping families stay healthy.

With all of the information we have collected, we have identified the ways of working, and really important areas we want this new service to focus on (in order to make a positive difference to the lives of Coventry families). Over the next few months we will work with organisations interested in delivering this service, to understand their precise ideas for how they would make a difference.

Appendix 2: Integrated Adult Lifestyle Service - summary health needs and evidence base









Adult lifestyle behaviours

40% of premature deaths are attributed to behavioural patterns. When considering the burden of disease for leading risk factors, the largest proportion of Disability Adjusted Life Years result from tobacco smoking, high blood pressure, high body mass index, physical inactivity, poor diet and alcohol use.

Population

Coventry is a rapidly growing city with an estimated population of 345,400 and comparatively young, with an average age of 33. It is also relatively deprived, with a higher proportion of children in low income families (23%), a higher proportion of residents living in neighbourhoods amongst the 10% most deprived in England (19%) and a higher rate of unemployment than when compared nationally (6.3%).

Through the Coventry Household Survey, information on levels of lifestyle behaviour can be obtained and longitudinal data is available to assess the level of impact. While the proportion of adults smoking appears to be decreasing and an increase in physical activity, the indicator measuring a healthy diet appears to be showing signs of getting worse.

Indicator		2013		2016 data
		Value	Trend	
	Proportion of adults smoking	22%		19%
	Eating less than three portions of fruit and veg per day	33%		36%
	Exceeding daily alcohol unit recommendations 4+ days a week	6%		(1%) ¹
	Taking part in physical activity less than three times a week	31%		N/A ²

¹Daily units differed by gender for the 2016 survey.

²Information was available on the duration of physical activity rather than frequency in the 2016 survey.

CMO lifestyle criteria

The recent lifestyle survey in 2016 found, when assessing against CMO criteria (see table at end of document for criteria), 82% of adults interviewed had at least one lifestyle factor with potential to impact on health. 47% had just one, 29% had two and 6% had three.

High risk lifestyle criteria (see table at end of document for criteria)

When using criteria to identify those with lifestyle behaviours putting them at higher risk (see table at end of document for criteria), 57% of adults had at least one high risk lifestyle factor, with a higher proportion of adults with just one high risk factor (39%). When compared to CMO criteria, while diet was still the most common single risk factor, this dropped to only 63% of those with a high lifestyle risk, with 33% smoking and 33% low levels of physical activity. When considering combination of high risk factors, the highest combination was split between smoking and diet and low levels of physical activity and diet (11%), with 3% just smoking and low levels of physical activity. Again very few had alcohol consumption as a risk.

The evidence base for integration

While the available interventions and services have a considerable evidence base, there is flexibility around how adult lifestyle services like Stop Smoking Services, NHS Health Checks and Health Trainers are organised. By integrating the services, there is the opportunity to provide a linked up family-centred approach to improve efficiency and target multiple lifestyle risks.

This evidence review looked at what evidence was available with respect to integration of targeted adult lifestyle services.

How to do outreach

It is key to reach people who wouldn't otherwise access health services. Individuals with the most to gain from lifestyle services are those who are less likely to engage with healthcare in general including registering with a GP. In contrast, they are more likely to engage with services relating to housing, employment and debt management (reflected in Local Authority services and databases)⁸. This should be considered when developing routes of access to the service, with particular consideration of deprived areas as socio-economic status is a strong and consistent predictor of risk clusters. As well as clustering of behaviours, there will also be clustering within households; those living with a smoker, drinker or drug user are more likely to report those negative health behaviours themselves.

Engaging with other services

A study found that while deprivation was associated with difficulties in promoting, providing and accessing self-management support in the elderly, at the same time, in areas with high levels of social and ethnic diversity there was often a wide range of small scale services available. This implies that coordination between services is needed. General Practice may be particularly pertinent to include in developing this coordination, particularly for older people as they are considered to be key to their care and self-management⁹.

Use of online tools

Public Health England have a One You¹⁰ online campaign, following on from the family focused Change4Life campaign. It targets adults in mid-life following ethnographic research highlighting adults do not often realise that many of the behaviours considered "normal" can impact on health. The online platform follows research showing 80% of the target audience own a smart phone and 40% use Facebook daily. There is the possibility of tailoring this to focus on a local approach as seen in Hounslow¹¹.

Making Every Contact Count

Making Every Contact Count is an initiative to encourage conversations based on behaviour change methodologies and to empower healthier lifestyle choices, exploring the wider social determinants that influence all of our health. A series of case studies of how it has been implemented is available on their website¹².

Health Checks

⁸https://www.birminghambeheard.org.uk/people-1/the-commissioning-of-birmingham-lifestyles-service/supporting_documents/Lifestyles%20Needs%20Assessment.pdf

⁹http://www.netscc.ac.uk/hsdr/files/project/SDO_FR_08-1715-161_V01.pdf

¹⁰<https://publichealthmatters.blog.gov.uk/2016/03/14/the-one-you-campaign-a-week-in-review/>

¹¹<https://oneyouhounslow.org.uk/>

¹²<http://www.makingeverycontactcount.com/MECC%20In%20Action/Implementing%20MECC/CaseStudies.html>

The mandated NHS Health Check also provides an opportunity to identify and refer at-risk people into locally commissioned health improvement and treatment programmes¹³. Many local authorities are using the NHS Health Check to target individuals or communities at increased risk by focusing efforts among socio-economically disadvantaged communities and using proactive outreach programmes to get into those communities who are less likely to attend their general practice.

Introduction of health checks for people with learning disabilities¹⁴ typically leads to: (1) the detection of unmet, unrecognised and potentially treatable health conditions (including serious and life threatening conditions such as cancer, heart disease and dementia); and (2) targeted actions to address health needs. Few studies have investigated the extent to which the provision of Health Checks leads to short, medium or long term changes in health status in this population group. Regardless of this, identification opens up the possibility of people with learning disabilities and experiencing the level of health gain available to the general population from whatever health procedure is instigated.

Citizens Advice Bureau

The Citizens Advice Bureau is utilised in some areas. It has been found that by connecting patients to professional advice on benefits, health services professionals contribute to addressing one factor that may cause psychological stress in their patients and improve the context in which they live¹⁵. Such activity may reduce the number of consultations with and prescriptions from GPs. In the Wirral¹⁶, the Citizens Advice Bureau are commissioned to provide low level help and support for mild to moderate mental health problems. Referral of this type is particularly successful where the services are readily accessible – for example, Citizens Advice Bureaux situated in GP surgeries¹⁷. However, challenges were reported in implementing the approach around lack of support from local GPs¹⁸. Furthermore, as acknowledged by Birmingham¹⁹, to ensure appropriate access to all, there should be a reduced reliance upon healthcare based referrals across all services as this creates a natural bias in those accessing and will not help address inequalities.

Workplace

In Coventry, the PHE endorsed Workplace wellbeing scheme is in operation in some organisations²⁰. This is a voluntary self-assessment scheme to support the wellbeing of the workforce which will ultimately result in reduced sickness absence, improved productivity and reduced staff turnover. An example of this is offering of Health Checks in the workplace in Coventry and Warwickshire Partnership Trust.

How best to integrate services

There is limited evidence around the effectiveness of integration of lifestyle services. A systematic review found combined diet and physical activity promotion programs are effective at decreasing diabetes incidence and improving cardiometabolic risk factors in persons at increased risk²¹, however wide variation in diet and physical activity promotion programs limited

¹³http://www.local.gov.uk/documents/10180/6869714/L15-28+Health+check_10.pdf/d35d76ca-ec50-4ee0-8e32-b051f6eb9bf1

¹⁴https://www.improvinghealthandlives.org.uk/uploads/doc/vid_7646_IHAL2010-04HealthChecksSystemicReview.pdf

¹⁵ UCL Institute of Health Equity. Working for Health Equity: The Role of Health Professionals.

¹⁶<http://bmjopen.bmj.com/content/6/1/e009887.full>

¹⁷<http://onlinelibrary.wiley.com/doi/10.1046/j.1365-2524.2000.00249.x/abstract>

¹⁸http://www.turning-point.co.uk/media/23685/citizen_advisors_final_report.pdf

¹⁹https://www.birminghambeheard.org.uk/people-1/the-commissioning-of-birmingham-lifestyles-service/supporting_documents/Lifestyles%20Needs%20Assessment.pdf

²⁰<http://www.local.gov.uk/documents/10180/7632544/16-37+Health,%20work+and+health+related+worklessness+-+a+guide+for+local+authorities/4fa4645d-461c-4ac5-8fa9-322269285557>

²¹<http://dx.doi.org/10.7326/M15-0452>

identification of features most relevant to effectiveness and evidence on clinical outcomes and in children was sparse.

A smoking reduction intervention for economically disadvantaged smokers which involved personal support to increase physical activity appears to be more effective than usual care in achieving reduction and may promote cessation. The effect does not appear to be influenced by an increase in physical activity²². Smokers who report starting a quit attempt in the last week also report lower alcohol consumption, including less frequent binge drinking, and appear more likely to report currently attempting to reduce their alcohol consumption compared with smokers who do not report a quit attempt in the last week²³.

General model structure

One of the key recommendations in the 2013 Coventry DPH report was to develop a 'single point of access' for lifestyle services which is integrated with council customer contact points, including the call centre. This is similar to seen in other areas²⁴. In Derby, the integrated lifestyle service is comprised of a generic "hub" where referrals are received and clients and their families offered the support of a health champion/trainer who is skilled in working with them to maximise motivation and develop an individualised change plan, referring then to specialist services as required through a modular programme of interventions. Similarly in Nottingham a single point of access hub provides a referral point for patients aged 18 years and over with one or more lifestyle risk factors, and a pathway into other commissioned services and community-based support to help clients change behaviour.

The other approach taken is development of wellness service²⁵ to consider the wider determinants of health and wellbeing in addition to healthy lifestyles. This often still has a single point of access hub but then provides a holistic assessment of individuals to then triage them to services in areas such as healthy lifestyles, wellbeing, employment and welfare. A key review²⁶ of Wellness Services produced in 2010 argued services considering the socioeconomic determinants of health will be the most effective way to reduce inequalities. The majority of services reviewed, that considered costs, were found to be cost-effective and have shown the potential to bring a return on investment and to save on future costs of ill-health through early intervention.

Learning from recent feedback from City of York Council's consultation²⁷ on their integrated wellness service may apply to model development in Coventry and includes clearly describing clear objectives and target groups, appropriate budgets and timeframes for establishing the service and full acknowledgement of existing work within the community and voluntary sector in the city.

Integration with 0-19 family lifestyle services

There is a wealth of studies showing a relationship between parents' lifestyles²⁸ and that of their children in terms of what they eat, how they eat it and their activity levels. This provides a good rationale for encouraging parents to model healthy behaviours. In Hammersmith and Fulham²⁹, family healthy weight care pathways have been developed for 0-4 and 5-19 year olds. While the pathway follows up identification of children above a healthy weight, the focus is on the family. In

²²<http://ntr.oxfordjournals.org/content/18/3/289>

²³<http://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-016-3223-6>

²⁴<http://www.nottinghamshire.gov.uk/dmsadmin/Document.ashx>

²⁵<http://www.kingsfund.org.uk/sites/files/kf/chris-mcbrien-elspeth-anwar-knowsley-poster-mar13.pdf>

²⁶Liverpool Public Health Observatory. Wellness Services – Evidence based review and examples of good practice.

²⁷https://www.york.gov.uk/downloads/file/8911/integrated_wellness_service_-_consultation_report_26_january_2016pdf

²⁸http://www.noo.org.uk/uploads/doc/vid_4865_rudolf_TacklingObesity1_210110.pdf

²⁹<https://www.lbhf.gov.uk/health-and-care/public-health/family-healthy-weight-care-pathways-and-toolkit>

Chester West and Cheshire council³⁰, feedback from the consultation on their integrated wellness service mentioned allowing young people access to the same services as adults allow them to prevent them developing risky lifestyle choices which would continue into adulthood.

An option to consider how adult targeted lifestyles links in with the family lifestyle services is by integrating into one access point. A recent consultation in Walsall³¹ on their lifestyle service highlighted that they plan to address support for families within a single access point for lifestyle services, focusing on families as a high priority group where there is need.

Staff qualifications

A review on lifestyle advisors found insufficient evidence to either support or refute the use of lifestyle advisors to promote health and improve quality of life, and thus uncertainty about the interventions' cost-effectiveness³². However levels of acceptability appeared to be high, with lifestyle advisors acting as translational agents, sometimes removing barriers to prescribed behaviour or helping to create facilitative social environments. Interventions that used moderate or no technical training of lifestyle advisors tended to be the most successful.

³⁰<https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=we>

³¹http://cms.walsall.gov.uk/index/health_and_social_care/public_health/public_health-consultation.htm

³²http://www.journalslibrary.nihr.ac.uk/_data/assets/pdf_file/0009/64755/FullReport-hta15090.pdf

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

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 Adult Mental Health Services Outcome of CWPT CQC Report
5 October 2016
Sustainability and Transformation Plan Update Readiness for Winter and achieving the A&E 4 hour wait Safeguarding Adults Board Annual Report Adult Social Care Annual Report (Local Account) 2015/16
23 November 2016
Update on the implementation of action plan following the Adult Social Care Peer Review Learning and Improvements arising from Adults Safeguarding Reviews Overview and Improvements expected from the procurement for the provision of Home Services
7 December 2016
Sustainability and Transformation Plan Sustainability and Transformation Plan Engagement Strategy
4 January 2017 - Cancelled
13 February 2017 – combined with March meeting
1 March 2017
CWPT Action Plan Update Child and Adolescent Mental Health Services Transformation Agenda Update System Performance, Winter 2016/17 Delivery of Public Health Services
5 April 2017
Modernising Public Health Childrens lifestyles services Health impact of living conditions
2017/18
Child and Adolescent Mental Health Services (CAMHS) Transformation Update – September Coventry and Warwickshire Partnership Trust (CWPT) CQC Re-Inspection Outcome Sustainability and Transformation Plan Adult Serious Incident Reviews The 0-19 Childrens Services Agenda – Health Perspective CCG financial and performance deficit Safeguarding and personalisation Multiple Complex Needs Adults ASD service Stroke Services Improving the Environment UHCW Transformation Plan

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	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
14 September 2016	Adult Mental Health Services	To look at where the pressures points are in Adult Mental Health Services.	CCG/ Simon Gilby
14 September 2016	Outcome of CWPT CQC Report	To look at the outcome of the CWPT CQC inspection which took place in April. The report, published July 2016, indicates that the organisation requires improvement.	Simon Gilby
5 October 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.	Elizabeth Edwards
5 October 2016	Readiness for Winter and achieving the A&E 4 hour wait	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	This is the annual report of the Council related to services provided to Adult Social Care clients. The report summarises performance, provides	Pete Fahy/ Gemma Tate

Date	Title	Detail	Cabinet Member/ Lead Officer
	(Local Account) 2015/16	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.	
23 November 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
23 November 2016	Learning and Improvements arising from Adults Safeguarding Reviews	To feedback on the learning and improvements which have resulted from the Adult Safeguarding Reviews which have taken place in the City.	Joan Beck / Elizabeth Edwards
23 November 2016	Overview and Improvements expected from the procurement for the provision of Home Services	To look at the role that home support plays in the delivery of effective social care. To get an overview of the service changes expected as a result of the forthcoming tender as agreed by Cabinet on 1 November 2016.	Pete Fahy
7 December 2016	Sustainability and Transformation Plan	The Board will have the opportunity to scrutinise the full STP document.	Andy Hardy
7 December 2016	STP Engagement Strategy	To scrutinise and comment on the STP Engagement Plan.	Andrea Green
1 March 2017	System Performance, Winter 2016/17	To look at system wide performance against targets over the winter period and mitigating actions being taken where performance targets are not being met.	David Eltringham
1 March 2017	CWPT CQC Action Plan Update	Following on from the meeting in September, the Board will receive an update from CWPT regarding the action plan put in place following the CQC inspection.	Simon Gilby
1 March 2017	Child and	An update on progress following the meeting in September.	Matt Gilks/ Alan Butler

Date	Title	Detail	Cabinet Member/ Lead Officer
	Adolescent Mental Health Services Transformation Agenda Update		
1 March 2017	Delivery of Public Health Services	Members requested information on how delivery of Public Health Services will be maintained following the secondment of the Director of Public Health to the West Midlands Combined Authority	Gail Quinton/ Liz Gaulton
5 April 2017	Modernising Public Health childrens lifestyles services	To comment on the proposals prior to the Cabinet Meeting.	Paul Hargrave
5 April 2017			
21 November 2016	Visit to Warwick University	To find out about the research currently being undertaken by the university.	Professor Sudhesh Kumar
Stroke Services	There is a proposal to change the way stroke services are provided across Coventry and Warwickshire. The Board will receive information on the proposals at the meeting and have the opportunity to feed into the consultation on the changes.	Sue Carvill, NHS Arden and Greater East Midlands Commissioning Support Unit	
TBC	Adults ASD service.	To receive information on the new Adults Autistic Spectrum Disorder service.	Matt Gilks
TBC	Safeguarding and personalisation	Outcome of the independent evaluation of the progress being made in respect of safeguarding ensuring that a personalised approach is being taken in this	Pete Fahy

Date	Title	Detail	Cabinet Member/ Lead Officer
		area.	
TBC	Sustainability and Transformation Plan	To scrutinise the STP at appropriate points.	TBC
TBC	The 0-19 Childrens Services Agenda – Health Perspective	Early help and prevention services for 0-19.	Public Health/ CCG/ CWPT
TBC	Adult Serious Incident Reviews	For the Board to look at Adult Serious Incident Reviews as they are published.	Elizabeth Edwards
TBC	CCG performance	To examine the performance of the CCG including their finances.	CCG
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
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	Public Health Key Priorities and	For the Board to discuss, and influence, Public Health’s key priorities and monitor their progress.	Jane Moore

Date	Title	Detail	Cabinet Member/ Lead Officer
	Progress		
TBC	Multiple Complex Needs	To look into the work being done, but the Council and Partners, to assist those with Multiple Complex Needs.	Liz Gaulton
TBC	Improving the environment	To look at work being undertaken to improve the environment in the city, including Climate Change and Air Quality, which in turn, improves the quality of life of citizens in Coventry as Public Health are coordinating a number of schemes.	Jane Moore
TBC	UHCW Transformation Plan	To discuss the UHCW Transformation Plan including the work being done with the Virginia Mason Institute to improve patient experience. The Virginia Mason 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 and possible see, the benefits of the programme.	Andy Hardy/ David Eltringham
2017/18			
September 2017	Child and Adolescent Mental Health Services (CAMHS) Transformation Update	An update on progress be submitted to a future meeting of the Board in six months including: (i) details of the support for LAC, children on Child Protection Plans and vulnerable children (ii) Further information on the support needed for the 30% of children who follow the pathway but are not diagnosed with ASD (iii) Members to be given a viewing of the new website/ app being developed to provide information to children, young people and their carers including self-help and online counselling Identified at 1 st March 2017 Meeting.	Jak Lynch/ Alan Butler/ Matt Gilks
September 2017	Coventry and Warwickshire Partnership Trust (CWPT) CQC Re-Inspection	A progress report on the outcome of the next CQC Inspection due in June be submitted to a future meeting of the Board. Identified at 1 st March 2017 Meeting.	Simon Gilby

Date	Title	Detail	Cabinet Member/ Lead Officer
	Outcome		

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

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