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### Coventry Health and Well-being Board

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**Time and Date**

2.00 pm on Monday, 2nd July, 2018

**Place**

Committee Room 3 - Council House

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**Public Business**

1. **Welcome and Apologies for Absence**
2. **Declarations of Interest**
3. **Minutes of Previous Meeting** (Pages 5 - 16)
  - (a) To agree the minutes of the meeting held on 9th April, 2018
  - (b) Matters Arising
4. **Appointment of the Deputy Chair of the Health and Wellbeing Board**

To confirm the appointment of Dr Sarah Raistrick as Deputy Chair of the Coventry Health and Wellbeing Board for 2018/19

**Development Items**

5. **Chair's Update**

The Chair, Councillor Caan will report at the meeting
6. **Coventry City of Culture 2021: The Health and Wellbeing Board Contribution and Benefits to the Health and Wellbeing of Coventry Citizens** (Pages 17 - 20)

Report and presentation of Liz Gaulton, Director of Public Health and Wellbeing and David Nuttall, Head of Sports, Culture, Destination and Business Relationships
7. **Coventry and Warwickshire Place Forum** (Pages 21 - 32)

Joint report of Liz Gaulton, Director of Public Health and Wellbeing and Dr John Linnane, Director of Public Health and Strategic Commissioning at Warwickshire County Council.

8. **Health and Wellbeing Strategy Update: Coventry Multiple Complex Needs Programme Progress Update** (Pages 33 - 58)

Report and presentation of Chief Superintendent Mike O'Hara, West Midlands Police and Chair of the Coventry Multiple Complex Needs Board

9. **Coventry Joint Strategic Needs Assessment Progress Update** (Pages 59 - 72)

Report of Liz Gaulton, Director of Public Health and Wellbeing

**Governance Items**

10. **Better Health, Better Care and Better Value Programme Update** (Pages 73 - 78)

Report of Andy Hardy, Chief Executive, University Hospitals Coventry and Warwickshire (UHCW)

Andy Hardy and Rachael Danter, NHS England and Programme Director will report further on:

- (i) Integrated Care System Update
- (ii) Programme and Workstreams Update

11. **Care Quality Commission (CQC) Local System Review - Improved Plan Progress** (Pages 79 - 86)

Report of Pete Fahy, Director of Adult Services

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

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

**Private Business**

Nil

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Martin Yardley, Executive Director, Place, Council House Coventry

Friday, 22 June 2018

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

Membership: Cllr F Abbott, S Banbury, Cllr K Caan (Chair), G Daly, R Danter, Cllr G Duggins, L Gaulton, S Gilby, A Green, A Hardy, R Light, J Mason, C Meyer, M O'Hara, G Quinton, S Raistrick, M Reeves, Cllr P Seaman, R Stanton and Cllr K Taylor

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

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

**Liz Knight**

**Telephone: (024) 7683 3073**

**e-mail: [liz.knight@coventry.gov.uk](mailto:liz.knight@coventry.gov.uk)**

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**Coventry City Council**  
**Minutes of the Meeting of Coventry Health and Well-being Board held at 2.00 pm**  
**on Monday, 9 April 2018**

Present:

Board Members: Councillor Abbott  
Councillor Caan (Chair)  
Councillor Taylor  
Rob Allison, Voluntary Action Coventry  
Professor Guy Daly, Coventry University  
Rachael Danter, NHS England  
Liz Gaulton, Acting Director of Public Health  
Simon Gilby, Coventry and Warwickshire Partnership Trust  
Andrea Green, Coventry and Rugby CCG  
Andy Hardy, University Hospitals Coventry and Warwickshire  
Ruth Light, Coventry Healthwatch  
John Mason, Coventry Healthwatch  
Mike O'Hara, West Midlands Police  
Dr Sarah Raistrick, Coventry and Rugby CCG

Employees (by Directorate):

Place: L Knight  
People: A Agbebiyi  
S Chun Lam  
P Fahy  
S Frossell  
R Nawaz  
T Wukics

Apologies: Councillors Duggins and Ruane  
Steve Banbury, Voluntary Action Coventry  
Ben Diamond, West Midlands Fire Service  
Professor Caroline Meyer, Warwick University  
Gail Quinton, Deputy Chief Executive (People)  
Martin Reeves, Chief Executive

## **Public Business**

### **43. Declarations of Interest**

There were no declarations of interest.

### **44. Minutes of Previous Meeting**

The minutes of the meeting held on 5<sup>th</sup> February, 2018 were signed as a true record. There were no matters arising.

45. **Dr Sarah Raistrick and Rachael Danster**

The Chair, Councillor Caan welcomed Dr Sarah Raistrick, Coventry and Rugby CCG and Rachel Danster, NHS England who were attending their first formal meeting of the Board.

46. **Ben Diamond and Adrian Stokes**

The Chair, Councillor Caan informed the Board that Ben Diamond, West Midlands Fire Service, was moving to a new role within the Fire Service in the Black Country and that Adrian Stokes NHS England had also moved to a new role. He placed on record his thanks to both members for all their work in support of the Board. In particular, he paid tribute to the work undertaken by Ben in his role of Co-Chair of the Marmot Steering Group.

47. **Chair's Update**

The Chair, Councillor Caan reported on Coventry's application to be awarded the European City of Sport for 2019. Sport had an important part to play in improving the health and wellbeing of local residents and the city had invested heavily in sports and physical activity facilities. He thanked Professor Guy Daly for all his support when hosting the delegation to the city and indicated that he was hopeful for a positive outcome which would tie in with the Year of Wellbeing and support the work in the lead up to Coventry 2021.

Councillor Caan informed that a Norwegian health delegation were due to visit Coventry the following day as part of a two day visit to the UK. The team of health professionals and policy makers wanted to look at practical examples of the Councils' work on social determinants of health and reducing health inequalities. Coventry was chosen being the only Marmot city in the UK. The Chair reminded Members that they were invited to the lunch to meet with the delegates.

48. **Towards a Place Based Approach for the Joint Strategic Needs Assessment**

The Board received a report of Liz Gaulton, Acting Director of Public Health, and a presentation from Si Chum Lam, Coventry Council, which set out a proposal for a place-based approach for refreshing the Coventry Joint Strategic Needs Assessment (JSNA).

The report indicated that the publication of a JSNA, along with a Joint Health and Wellbeing Strategy (JHWBS), was a statutory requirement placed on the Board under the Health and Social Care Act 2012. It was a means by which local leaders across health and care worked together to understand and agreed the needs of Coventry residents, and was owned by the Board. It brought together data, information and key health and social care issues and supported the planning and commissioning of health, wellbeing and social care services. The Coventry JSNA had been updated for 2018 with refreshed data; the addition of a colourful set of flash facts outlining data for each theme; and an accompanying set of slides.

The current JHWBS covered 2016-19 and was due for a refresh for the 2019-22 period, which would necessitate a further refresh of the JSNA. It was the intention to move towards a place-based approach for the JSNA to inform the development

of the next JHWBS. This reflected recent research evidence, developments and policy direction nationally which had seen a move towards recognising that health and care services based around natural geographies of populations between 30,000-50,000 people would offer populations a much more complete and less fragmented services.

The Board were informed that Warwickshire County Council had developed a place based approach to their JSNA which had been positively received. This was a significant departure to the traditional whole population, thematic approach. Learning from Warwickshire, developing a place-based JSNA for Coventry would involve the following:

- identification of suitable geographies to be the local area building blocks. Warwickshire had 22 JSNA geographies which were profiled in stages over several years;
- each area to have an average population of 25,000, defined by geospatial software and stakeholder consultation;
- boundaries designed to meet stakeholder needs as far as possible with partners being committed to using these areas for strategic planning purposes;
- producing data at the local geography level through a profiling tool developed by the Insight team at Warwickshire; and
- creating locally focussed profiles each with a local champion or sponsor and lead officer. Work to be owned by a local stakeholder group and supported by an analyst.

This move would benefit the services that worked jointly with Coventry and Warwickshire, particularly the Place Forum, the Coventry and Rugby CCG and the acute hospital trusts. It would also create new opportunities including providing support towards increased joint working between the two public health teams.

The Board noted that the footprint of the eight recently formed Family Hubs in the City could possibly act as a suitable geography for Coventry. Based on Warwickshire's experience, a profiling tool could be made flexible enough to allow partners to access data and create statistical profiles to support multiple needs including commissioning decisions, family hubs, out of hospital localities, and the transformations of children's social care.

The presentation provided an explanation of what the JSNA was and how it related to the JHWBS; informed of the forthcoming refresh of the JSNA and JHWBS; and provided information on the key facts and figures from the latest JSNA on population and migration, housing, skills and education, economy and business, crime and violence, life expectancy, vulnerable children and young people, mental health and wellbeing, physical wellbeing, long-term conditions, demand for care, and infectious diseases.

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

- Support for the inclusion of community information and community assets within the JSNA
- Support for the place based approach to the JSNA with a request for clarity
- A concern that different organisations used different geographical areas when using the place based approach

- The importance of taking community opinions on board when determining geographical locations
- Further information about what was included in the data relating to quality of housing and the causes of poverty
- Clarification about how the design phase would determine the places which would also consider service delivery
- A concern that some of the statistics covered the period three years old
- Clarification that the approach to keeping the latest up to date information on the website would include relevant dates.

**RESOLVED that, having reviewed the updated JSNA with 2018 data:**

**(1) The work towards a place-based JSNA to inform the next refresh of the Joint Health and Wellbeing Strategy (JHWBS) be endorsed.**

**(2) Local sponsors and lead officers in each geographical area be identified so that areas for development identified through the JSNA can be developed into local priorities and action plans.**

49. **Coventry and Rugby Clinical Commissioning Group (CCG) Commissioning Intentions 2018/19**

The Board received a presentation from Andrea Green, Coventry and Rugby Clinical Commissioning Group (CCG) concerning the CCG's commissioning intentions for 2018/19. All CCGs were required to develop and publish commissioning intentions, setting out their priorities, on an annual basis.

The presentation set out the background to the CCG reminding that the CCG was responsible for planning, organising and buying NHS funded healthcare on behalf of 448,000 people across both Coventry and Rugby. They were a clinically led organisation consisting of 73 GP member practices across the two areas. The CCG were currently six months into a two year programme of work for 2017-19, and work had been undertaken to align to the other priorities across the local health economy.

The presentation detailed the challenges and pressures faced locally by the NHS along with the national drivers for the next two years. The Commissioning intentions for 2018/19 were set within the contest of significant financial and workforce challenges across health and social care which would require new models of care characterised by:

- Putting patients' needs and system sustainability before organisations needs
- Commissioning of services that supported people to live independently for longer, stayed well and recovered quicker closer to home, where appropriate
- Commissioning services that encouraged and supported patients to be active participants in their own care
- Commissioning at the scale where this delivered improved outcomes and achieved best use of resources
- Commissioning in local community settings where it was safe, sustainable and achieved improved outcomes and patient experience



- Holistic care co-ordinated around the patient, delivered by interdisciplinary teams working around groups of GP practices.

The system integration priorities were the development of clinical networks across Coventry and Warwickshire; to support providers in working together to maximise outcomes for the population; and to develop a collaborative commissioning approach across Coventry and Warwickshire to deliver the Better Health, Better Care, Better Value initiative.

The presentation referred to the engagement with the local population and provided detailed information on the commissioning intentions for the following workstreams: preventative and proactive care - primary care and out of hospital; maternity and paediatrics; urgent and emergency care; planned care; mental health. Information was also provided on how the intentions aligned to the Coventry Health and Wellbeing key priorities. It was highlighted that engagement with the local population would continue in order to receive feedback against the proposals to check that the priorities will deliver the best health, best care and best value.

Members expressed support for the work on mental health; enquired about staffing implications including the issue of Brexit; and raised the issue of the positive impact of new technology. Reference was made to the work of the universities who were responding to the challenges presented by Brexit while working closely with the health partner organisations.

**RESOLVED that:**

**(1) The content of the presentation be noted.**

**(2) Copies of the presentation slides be circulated to Board members.**

**50. Update from Place Forum**

The Board received a presentation from Liz Gaulton, Acting Director of Public Health, concerning the Coventry and Warwickshire Place Forum which took place on 7<sup>th</sup> March, 2018.

The Board were informed that there were over 40 attendees at the event which provided the opportunity to update on key changes in the system and inform a number of key products to strengthen place-based working. The actions agreed at the Forum were set out and these were to be added to the Place Plan. The presentation included an update on the rolling actions contained in the Place Plan.

The Forum agreed to update the Coventry and Warwickshire Health and Well-being Alliance Concordat to reflect the priorities for improved well-being and ways of working. The requirements from the discussion on the concordat were highlighted. The Board noted that the updated Concordat would be submitted to the next meeting of the Board in the new municipal year for ratification.

The presentation referred to the agreement reached to set out a holistic design for the health and care system which showed what everyone was working to and the

roles the partners played. The model provided a framework for working which was to be applied sensitively to each place.

The Forum agreed that 2019 was to be the Year of Wellbeing. It was to be a flagship activity of the Forum with all partners championing, investing in and prioritising this. Planning and engagement with partners would take place during 2018. The Board noted that the Wellbeing Deliver Manager had now been appointed and would manage and implement the Year of Wellbeing.

**RESOLVED that:**

**(1) The contents of the presentation be noted.**

**(2) The updated Coventry and Warwickshire Health and Wellbeing Alliance Concordat be submitted to the next meeting of the Board for ratification.**

**51. Better Health, Better Care and Better Value Programme Update**

The Board considered a report of Andy Hardy, University Hospitals Coventry and Warwickshire (UHCW) which provided an update on the Better Health, Better Care, Better Value programme and workstreams.

The report highlighted that the programmes of work would reflect the priorities of one strategic, place-based plan being developed across Coventry and Warwickshire by the Health and Wellbeing Alliance. A refreshed concordat had been drafted which had been discussed by the Place Forum earlier this month. The report highlighted that the Upscaling Prevention pilot was to be used as a catalyst for place-based care, putting prevention and self-help at the heart of all change programmes.

The report set out progress with the following transformational and enabling programmes of work:

Transformational

Upscaling Prevention  
Maternity and Paediatrics  
Mental Health and Emotional Wellbeing  
Planned Care  
Productivity and Efficiency  
Urgent and Emergency Care

Enabling

Estates  
Digital Transformation  
Workforce

Liz Gaulton, Acting Director of Public Health reported on the Upscaling Prevention workstream. This work programme was to focus on two core elements: (i) Local Government Association (LGA) Upscaling Prevention and (ii) Community Capacity. The Proactive and Preventative Programme position statement which outlined the revised role and purpose of the workstream was set out at an appendix to the report. The year 2019 was to be a Year of Wellbeing. Work

aligned to Upscaling Prevention included the NHS Diabetes Prevention Programme which was being rolled out across Coventry and Warwickshire from April. Targeted support for people identified as at high risk of developing Type 2 diabetes would include education on healthy lifestyle, help to lose weight and physical exercise programmes.

The report indicated that Coventry and Warwickshire had successfully bid to be one of eight areas to take part in three days of action learning organised by the National Council for Voluntary Organisations (NCVO) and the Kings Fund. The local partner groups who participated were detailed. The programme included overviews of system leadership and the behaviours required to work across a system; coaching skills; and presentations from all the areas represented at the event. Taking part in the programme confirmed the importance of making an impact at the operational level. The Board were informed that Voluntary Action Coventry (VAC) had been working with CWPT on a piece of co-design around anxiety and depression pathways within the mental health workstream. Reference was made to a very productive workshop which resulted in a better joint understanding of the reasons for blockages within referral pathways and the need for better cross-sector partnership workings to address the causes of poor mental health.

Andrea Green, Coventry and Rugby CCG, provided the Board with an update on the proposals for Improved Stroke Services. Local clinicians and commissioners had been working on proposals to improve stroke services locally. A proposal was shared with the public over six weeks from 15<sup>th</sup> June to 28<sup>th</sup> July, 2017. The feedback from this engagement had been fed back into the proposals and the commissioners would shortly be seeking assurance from NHS England as to whether the pre-consultation work was robust enough to progress to the next steps which would involve public consultation later in the year.

**RESOLVED that the content of the report and the updates provided at the meeting be noted.**

## 52. **Care Quality Commission Local System Review**

The Board considered a report of Pete Fahy, Director of Adult Services, which summarised the outcome of the Care Quality Commission (CQC) local system review and sought approval of the action plan arising from the identification of areas for improvement by the CQC as a result of the review. A copy of the action plan was set out at an appendix to the report.

The report indicated that the CQC required the review, its outcomes and resulting action plan, was owned and monitored by the Health and Well Being Board. The review took place between 4<sup>th</sup> December 2017 and 14<sup>th</sup> March 2018, with a whole system approach being taken focusing on how people moved between health and social care, with a focus on people over 65 years of age. The review was formally completed with a Health and Well-being Board summit which discussed the findings and commenced action planning for the next steps. The final report was published on 15<sup>th</sup> March 2018.

In summary, in the course of the review the CQC found that there was a system wide commitment to serving the people of Coventry well and that Coventry was at

the beginning of its journey in ensuring all services worked well in a 'joined up way'. However, the review also highlighted some areas where further work was needed to ensure all those responsible for providing health and care services worked effectively together. These areas were described in the Areas for Improvement section of the CQC report.

The action plan contained seven sections which group together the areas for improvement arising from the CQC review as follows:

- Vision and strategy
- Engagement and involvement
- Performance, pace and drive
- Flow and use of capacity
- Market development
- Workforce
- Information sharing and system navigation.
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The action plan had been developed in a manner that was intended to give clarity and focus to the existing work groups and programmes in place as opposed to creating a separate and standalone set of activities. Some of the work within the action plan was complex, required input from a range of stakeholders and could also require resources for implementation that would only become clear as the work progressed. Therefore, many of the dates for completion were uncertain and/or indicative at this stage.

The Board were informed that the action plan was required for submission by 10th April, 2018. The Director of Adult Services placed on record his thanks to members of the Board for their support during the course of the review.

Members expressed their thanks to all the officers/ representatives who took part in the review process and in particular to the lead officer Pete Fahy. Clarification was sought about the arrangements for reporting back on progress with the action plan since a number of Boards had responsibility for various elements of the action plan including what would be reported to this Board. The requirement to keep all Board members up to date with progress was highlighted.

**RESOLVED that:**

**(1) The submission of the action plan, set out at the appendix, which addresses the areas identifies for improvement in the review grouped into the seven themes agreed at the Health and Wellbeing Board summit held on 14<sup>th</sup> March, 2018 be approved.**

**(2) It be noted that as the action plan is not a standalone piece of work, and complements work already underway across the system, that updates and progress reports will be sought from the relevant existing body and brought to the Health and Wellbeing Board in a co-ordinated way.**

53. **The Year for Suicide Safer Coventry - One Year Update Report from the Suicide Prevention Strategy**

The Board received a report of Jane Fowles, Consultant in Public Health, and a presentation from Adeola Agbebiyi, Public Health Registrar, which provided an update on the progress of the Suicide Prevention Strategy previously endorsed by the Board at their meeting on 28<sup>th</sup> November, 2016; informed of the proposed year two implementation actions for the Coventry Suicide Prevention Multi-Agency Steering Group; and outlined the progress and proposals for NHS England funding for suicide prevention in the Coventry and Warwickshire STP footprint.

The report indicated the following approval of the Suicide Prevention Strategy for 2016-19 titled 'Not One More/One is Enough', the key highlights for year one strategic priorities were the establishment of an active multi-agency steering group; hosting two workshops to share best practice, local data and local excellence; supporting an event at a Wasps Home match for World Suicide prevention day; and facilitating the training of 50 champions and volunteers in level one suicide prevention.

The multi-agency steering group operated through priority workstream Task and Finish Groups. There were currently six Task and Finish groups covering the following year 2 priorities: Training, Higher Education, Children and Young People; Acute Health Provider Liaison; Communications and Data and Evaluation.

The Board were informed that suicide was now the biggest killer of men aged 15-55, higher than road traffic accidents. It was also the biggest killer of women aged 15-35 and was preventable. Coventry and Warwickshire NHS Trust and local CCGs were contacted by NHS England to bid for funding to reduce suicide among middle aged men and to improve the suicide prevention service quality in the Coventry and Warwickshire STP footprint. The bid was submitted at the end of February and was currently being updated in the light of feedback and questions from Public Health England and NHS England. The bid proposals sought to:

- i) Increase the activity and strength of It Takes Balls to Talk, a community interest group which trained volunteers to engage men at sporting events in meaningful conversations about mental health and suicide. They also carried out training in suicide awareness and level one prevention among male culture occupations.
- ii) Additional training was proposed to increase the depth of skill on frontline for gatekeeper and sentinel roles especially in primary and secondary care.
- iii) Support for community initiatives for middle aged men and supporting organisations with delivery and evaluation.

The presentation set out why suicide mattered; informed of the strategic vision which included 'zero suicide goal in a suicide safer city'; highlighted the priority actions; provided local data statistics for the city; and informed of how Coventry was doing including activities and successes.

Members discussed a number of issues in response to the report and presentation including the support provided by the Police; how the issue impacts on higher education institutions and an offer of support from the two universities; the importance of challenging stigma; the important role played by front line staff; how to have important conversations with people; and the inclusion of the suicide prevention work as an action for the Year of Wellbeing. It was suggested that mental health training would be useful for elected Members.

**RESOLVED that:**

**(1) The progress update for the Suicide Prevention Strategy endorsed in November 2016 be noted and the Board continue to support ongoing delivery of the Suicide Prevention Strategy.**

**(2) The proposed priority actions for year two of the strategy be endorsed.**

**(3) The proposals outlined for the NHSE bid funding for suicide prevention among middle aged men in Coventry and Warwickshire be noted and supported.**

**(4) Arrangements be put in place for mental health training to be offered to the elected members.**

#### **54. Coventry Parenting Strategy 2018 - 2023**

The Board considered a report of Sue Frossell, Consultant in Public Health, concerning the Coventry Parenting Strategy 2018-2023, a copy of which was set out at an appendix to the report. The progress made to strengthen parenting provision in the city was also detailed.

The report indicated that there was clear evidence that supporting parents and carers to develop effective parenting skills was an important part of maximising their children's potential. Coventry's vision for parenting was to have 'more Coventry children and young people grow up within supportive families and communities'. In order to achieve this, a multiagency steering group had been established to develop a new Parenting Strategy for the city. There was to be a Coventry-wide approach to supporting parenting, where everyone working within this area understood where their support fitted into the overall parenting support system.

The report set out the consultation process used to develop the strategy. Through the Coventry Parenting Steering Committee, a review of the current parenting provision in the city was completed. 21 agencies responded highlighting 55 different parenting projects in the city. A consultation with parents confirmed that access to parenting support needed to be strengthened. Consultation was also undertaken with young people.

The Board were informed that areas for improvement and key recommendations had been identified bringing together the views of parents and stakeholders and the evidence. The key recommendations of the strategy were:

- i) Strengthen availability and accessibility of general information and advice to parents
- ii) Harness technology and the developing digital systems across agencies to strengthen the parenting offer
- iii) Ensure there is a systematic approach to ensuring the quality and effectiveness of the parenting offer across the whole system
- iv) Ensure that this system wide parenting offer is delivered in a way which progressively provides more support across the social gradient and level of need
- v) Ensure there is a clear focus on early help and prevention
- vi) Improve cohesiveness of parenting support across Coventry
- vii) Building parenting capacity in specific areas where gaps have been identified.

The multi-agency task and finish group had been set up to take forward the first four recommendations with the remaining recommendations acting as cross-cutting themes. Detailed delivery plans for each of the work streams were to be developed through the multi-agency Task and Finish groups. Parenting would also be strengthened in the future through the Family Hubs.

The Parenting Strategy would be owned and monitored by the multi-agency Coventry Parenting Steering Group and driven by the Task and Finish Sub-Groups.

Members discussed a number of issues arising from the report including support for the strategy; the financial implications and whether there was adequate resource to deliver these aspirations; the importance of destigmatising the need for help ensuring Coventry residents could ask for help at an early stage; the support provided by health workers and the family hub workers to families with young children experiencing problems; and the inclusion of the parenting strategy work as an action for the Year of Wellbeing.

**RESOLVED that the Parenting Strategy recommendations be supported.**

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

There were no additional items of public business.

(Meeting closed at 3.50 pm)

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**To: Coventry Health and Wellbeing Board**

**Date: 02.07.18**

**From: Liz Gaulton, Director of Public Health and Wellbeing**

**Title: Coventry City of Culture 2021: The Health and Wellbeing Board contribution & benefits to the health and wellbeing of Coventry citizens**

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### **1 Purpose**

This briefing note provides a summary of an accompanying presentation: Coventry City of Culture 2021: The Health and Wellbeing Boards role.

### **2 Recommendations**

The Health and Wellbeing Board is asked to:

- 2.1 Note the report and its content;
- 2.2 Acknowledge the opportunities and challenges the City of Culture presents to health and wellbeing of Coventry citizens;
- 2.3 Acknowledge and consider the opportunities and challenges the City of Culture presents to organisations within Coventry's health and wellbeing economy;
- 2.4 Endorse the role of the Board in providing strategic leadership around the health and wellbeing agenda of the City of Culture.

### **3 Information/Background**

#### **3.1 City of Culture and Health and Wellbeing**

Alongside the European City of Sport (2019) and the Year of Wellbeing (2019) the City of Culture represents an opportunity to improve health and wellbeing outcomes for the City and accelerate efforts to address the wider determinants of health e.g. jobs and economic growth, community cohesions and a sense of place and raised aspirations and school attainment.

The City of Culture is part of a wider Coventry's Cultural Strategy (2017-2027) which outlines **cultural aspirations for the city for the next ten years**. The strategy outlines five goals, one of which is to improve health and wellbeing. Key commitments made as part of the City of Culture bid include reducing obesity and improving mental health.

### 3.2 Health and Wellbeing Board leadership

The collective leadership of those represented on the Health and Wellbeing Boards will be invaluable in order to maximise the opportunities associated with the City of Culture and to minimise potential risks.

#### **Maximising existing opportunities**

With opportunities across the health and wellbeing economy such as Year of Wellbeing (2019) and European City of Sport (2019) we have an opportunity to:

- Work as a board to ensure these act as an accelerant to the City of Culture and;
- Begin to develop a sense of place and participation amongst Coventry citizens and Coventry's workforce.

The Board is key to providing leadership around the Marmot agenda ensuring that the health inequalities agenda is at the centre of the health and wellbeing offer. Key learning from Hull (City of Culture 2017) tells us that more needs to be done to ensure the opportunities of City of Culture as accessible to all.

#### **Workforce engagement**

The evidence base between culture and improved health outcomes is growing. There will be a clear need to build understanding and recognition amongst the collective Coventry workforce ahead of 2021. A key aim of the City of Culture year will be to ensure that the health and wellbeing workforce acknowledge, value and support the delivery of cultural opportunities as a means of improving health and wellbeing. Likewise working with the culture workforce to recognise their role in improving health and wellbeing.

As employers of a significant proportion of Coventry citizens, engaging staff in the design and development of a City of Culture offer will contribute towards enhanced pride in the city. The role of staff in supporting the engagement of communities will also be critical.

#### **Understanding the health impact**

In order to maximise opportunities and minimise harm it will be essential to understand the health impact of the City of Culture activities. Public Health will commit capacity and expertise in order to complete a formal Health Impact Assessment. This will enable those on the Health and Wellbeing Board to consider the key risks and prepare an organisational response.

#### **Minimising risk**

Whilst the City of Culture brings with it significant opportunities there are some considerable risks that need to be managed and minimised. For example, increased alcohol consumption associated with large scale cultural events may lead to increased accident and emergency admissions. Likewise significant planning will be necessary from the Police in order to reduce risks associated with large scale events. Proactive identification of, and planning for these across the partnership will be vital to minimise risk.

#### **Sustainability beyond 2021**

The cultural strategy and sports strategy outline a ten year vision for the City, moving beyond 2021. Significant momentum will be built through the European City of Sport, the Year of Wellbeing and the City of Culture year. Maintaining the momentum and ensuring that pride in the city and raised aspirations etc continue to grow will be a key challenge.

**Report Author(s): Christina Walding, Liz Gaulton, David Nuttall**

**Name and Job Title:** Liz Gaulton (Director of Public Health and Wellbeing), Christina Walding (Programme Manager Public Health), David Nuttall (Head of Service – Sports, Culture, Destination and Business Relationships)

**Directorate: People/Place**

**Telephone and E-mail Contact:** Liz.gaulton@coventry.gov.uk

Enquiries should be directed to the above person.

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Coventry City Council

## Report

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**To: Coventry and Warwickshire Health and Wellbeing Boards**      **Date: 2 July 2018**

**From: Liz Gaulton, Director of Public Health and Wellbeing, Coventry City Council**  
**Dr John Linnane, Director of Public Health and Head of Strategic Commissioning,**  
**Warwickshire County Council**

**Title: Coventry and Warwickshire Place Forum**

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### **1 Purpose**

This paper informs the Boards about the forthcoming meeting of the Coventry and Warwickshire Place Forum, and provides an opportunity for Board members to consider key documents to be shared at the Place Forum for approval.

The joint paper will be received by Coventry Health and Wellbeing Board at their meeting on 2 July 2018 and is to be shared virtually with members of the Warwickshire Health and Wellbeing Board for information.

### **2 Recommendations**

Coventry and Warwickshire Health and Wellbeing Boards are asked to:

1. Note the proposed agenda items for the Place Forum on 16 July
2. Consider the revised Concordat and Place Design to be presented to the Place Forum on 16 July for endorsement; and
3. Give feedback on the Coventry and Warwickshire Place Forum Update that has been developed to improve information and communication between meetings.

Warwickshire Health and Wellbeing Board members are asked to send any feedback to Rachel Barnes (email address below).

### **3 Information/Background**

Following the first formal meeting of Coventry and Warwickshire's Health and Wellbeing Boards on 7 March 2018 as the Coventry and Warwickshire Place Forum, a further meeting is to be held on 16 July 2018.

At the meeting in March a revised Concordat and draft Place Design were shared and it was agreed that these would be further developed taking on board the feedback from members on the day, and with input from partners, with a view to signing them off at the 16 July meeting.

#### **4 Place Forum 16 July 2018**

The Place Forum meeting on 16 July 2018 will again be facilitated by John Bewick from the Local Government Association (LGA), who is supporting work on Upscaling Prevention.

The proposed agenda includes an opportunity to understand more about the developing Integrated Care Systems and the implications for the local health and care system, as well as an update on progress across the Better Health, Better Care, Better Value (BHBCBV) programme. It is also intended to share the Concordat and Place Design (high level system model) for endorsement and to provide an opportunity for partners to learn more about and pledge their support towards the plan for delivery of the Year of Wellbeing.

#### **5 Concordat and Place Design**

The Concordat and Place Design are key products of the ‘translatable vision’ priority of the Place Plan.

The joint Concordat was first agreed in 2016. The 2018 update to the Concordat is intended to capture the shared priorities of improving health, wellbeing and care and improving ways of working. It aims to translate the commitment that has been made by partners across the health system into real and coordinated action.

Alongside this, the Health and Wellbeing Boards jointly agreed to set out a holistic design for the health and care system in Coventry and Warwickshire, showing the role of everyone involved in the system and providing a framework for how we work.

Drafts of these documents were shared with the Place Forum in March and feedback received was incorporated into further drafts. Since then, drafts have been shared with colleagues through the Proactive and Preventative workstream of the BHBCBV programme, at Programme Board and with members of the Collaborative Commissioning Board. Social Engine (an LGA supplier supporting our work on upscaling prevention) have also reviewed the model to ensure alignment with the branding and messaging around upscaling prevention and the Year of Wellbeing, so there is a clear golden thread through all products.

The latest versions of the documents are attached as appendices. The attached version of the Concordat is text only, and design work is underway to produce a format similar to the original 2016 version. This will be prepared for formal signing at the Place Forum.

#### **6. Place Forum Bulletin**

At the March Place Forum meeting it was agreed that we would look at how members could keep each other informed and involved between meetings.

The Coventry and Warwickshire Place Forum Update that has been circulated to members by email aims to address this point. A copy is shared as an appendix to this paper and comments and feedback are welcomed.

**Report Author(s):****Name and Job Title:**

Debbie Dawson, Policy and Partnerships Transformation Officer, Coventry City Council  
Rachel Barnes, Health and Wellbeing Delivery Manager, Warwickshire County Council

**Telephone and E-mail Contact:**

[debbie.dawson@coventry.gov.uk](mailto:debbie.dawson@coventry.gov.uk)

02476 833585

[rachelbarnes@warwickshire.gov.uk](mailto:rachelbarnes@warwickshire.gov.uk)

07767 006075

Enquiries should be directed to the above people.

**Appendices**

1. Draft Alliance Concordat
2. Draft Place Design
3. Coventry and Warwickshire Place Forum Update

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## COVENTRY & WARWICKSHIRE HEALTH & WELLBEING CONCORDAT v0.6 JUNE 2018

### OUR VISION

We will do everything in our power to enable people across Coventry and Warwickshire to pursue happy, healthy lives and put people and communities at the heart of everything we do.

We will share responsibility to transform our services, improve health outcomes for people and be more efficient in the way we use our resources.

### WHAT DOES THIS MEAN FOR RESIDENTS IN COVENTRY & WARWICKSHIRE?

People living in Coventry and Warwickshire will be healthier, supported by services which emphasise the importance of preventing poor health.

Communities will become stronger, with local people developing their own support networks and having a role in planning the services they need.

Care for those in need will be delivered by teams of staff working seamlessly across different sectors, so that support can be provided as effectively and efficiently as possible.

### OUR PRINCIPLES

**Prioritising prevention:** We will tackle the causes of health-related problems to reduce the impact of ill-health on people's lives, their families and communities. We will seek to address the root causes of problems, listening to local people's priorities and acting on their concerns.

**Strengthening communities:** We will support strong and stable communities. We will listen to residents to understand what they want from the services we provide and encourage them to lead change themselves where possible.

**Co-ordinating services:** We will work together to design services which take account of the complexity of people's lives and their over-lapping health and social needs. We will focus on the best way to achieve good outcomes for people, reducing the number of interactions people have with our services and avoiding multiple interventions from different providers.

**Sharing responsibility:** We value the distinct contributions made by all the organisations that are part of this Concordat. We will maintain partnerships between the public sector, voluntary and community sector, local businesses and residents, recognising that we share a responsibility to transform the health and well-being of our communities. We will pool resources, budgets and accountabilities where it will improve services for the public.

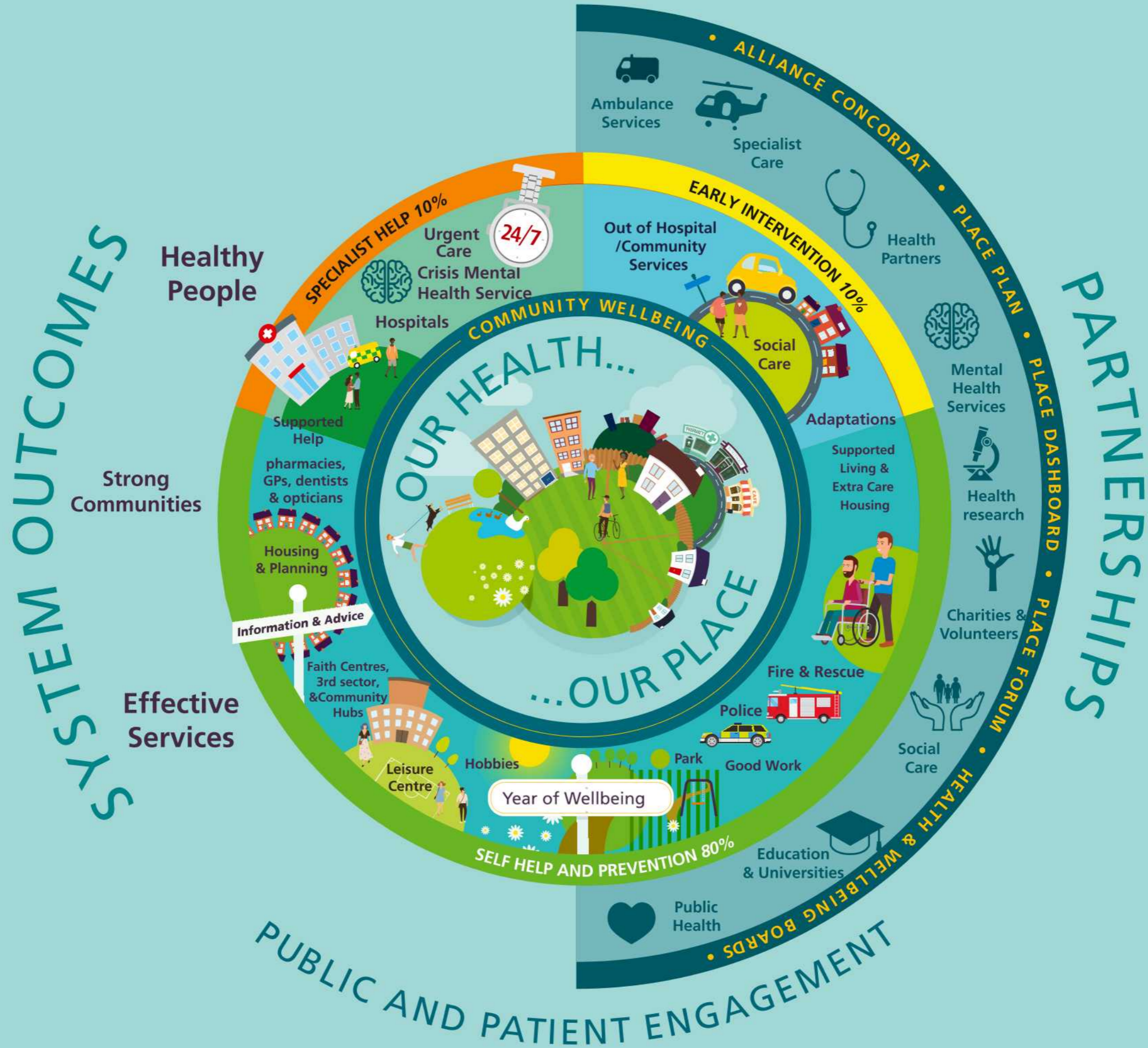
### OUR WAYS OF WORKING

Working in partnership we will:

- Design systems which are easy for everyone to understand and use.
- Agree a common set of outcomes to be delivered.
- Streamline system governance to enable decisions to be taken at scale and pace.
- Make evidence-based commissioning decisions focused on the best way to achieve good results.
- Learn from others and from our own experiences.

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# COVENTRY & WARWICKSHIRE



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# Coventry & Warwickshire Place Forum Update



## **Vision of the Coventry and Warwickshire Place Forum (Joint Health & Wellbeing Boards):**

**We will** do everything in our power to enable people across Coventry and Warwickshire to pursue happy, healthy lives and put people and communities at the heart of everything we do.

**We will** share responsibility to transform our services whilst making efficiencies across Coventry and Warwickshire over the next 5 years.



## **Draft Refreshed Concordat**

The Concordat was developed in October 2016 and has provided a good platform for joint working. Over the last 18 months a lot has changed, and the Concordat needs to be refreshed to ensure it remains fit for



## **Year of Wellbeing**

Thanks go out to all Board members and their senior colleagues for

purpose moving towards 2020 and beyond.

We have considered the feedback from the Place Forum and updated the Concordat, for discussion at the next Forum on 16th July.

Key areas highlighted include:

- Keep the Vision Statement
- Use plain English
- Convey partnership working
- State our commitments as a partnership
- Include a set of 'I' statements
- Include wider determinants
- Make specific changes to the wording in place

promoting and prioritising the Year of Wellbeing to staff.

To date 56 staff from across Coventry and Warwickshire have been identified to discuss, shape, and action the Upscaling Prevention programme including the Year of Wellbeing. Alongside nominations from HR, training and Occupational Health are colleagues from Housing, parks and leisure, strategy, communications and library services and the Third Sector to name just a few.

Social Engine delivered their first workshop with some of the above people on 10 May at Coventry Council House. Attendees learnt about behaviour insights – why people do what they do – and some of the interventions we can use to encourage behaviour change.

We are grateful for your continued support as we begin to gather evidence of good practice. Doing something well? We want to know!



## System Design

The model has been updated with the feedback from the March Place Forum and will be shared at the next Place Forum on 16 July.

- Make prevention message bigger and bolder, 'Our Health, Our Place'
- Make sure it represents Coventry and Warwickshire
- Include wider public and community sector partners e.g. Police, Housing, Education, employment, faith groups
- Show pathways in and out and make it clear what it means
- Reflect communities and assets they bring with them
- Ensure genuine partnership working and collaboration with residents, third sector and public sector partners

## Draft Commissioning Intentions

The CCGs across Coventry and Warwickshire have shared their draft commissioning intentions for 2018-19. The CCGs have engaged with patients, public and other key stakeholders on developing priorities.

[Warwickshire North](#)

[South Warwickshire](#)

[Coventry & Rugby](#)

## Other Health and Wellbeing News



We say farewell to Adrian Stokes from NHS England and welcome to Rachael Danter, Locality Manager NHSE.

Also new to the Warwickshire Health and Wellbeing Board is Sarah Raistrick who follows on from Adrian Canale-Parola as Chair of Coventry and Rugby CCG. Also new to Warwickshire HWBB is Prem Singh who takes over from

Chris Spencer as Chair of George Eliot Hospital.

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To: **Coventry Health and Wellbeing Board**

Date: **2 July 2018**

From: **Coventry Police Commander – West Midlands Police  
(Chair, Coventry Multiple Complex Needs Board)**

Title: **Coventry Multiple Complex Needs Programme Progress Update**

---

### 1 Purpose

This report sets out the progress that has been made by the Coventry Multiple Complex Needs Programme to improve the outcomes of people experiencing multiple complex needs in Coventry. In the past year, the programme has become one of twenty-five *Making Every Adult Matter* approach areas across the country; established a working relationship with people with lived experiences of homelessness, substance misuse and offending behaviour as *experts by experience* to co-design service transformation; and began case-managing a small cohort of people experiencing severe and multiple disadvantage in co-ordination with the city's Harm Reduction and Vulnerable Persons Forum. There is buy-in to the programme from partners across the public and voluntary sector in the city, as well as co-ordination and support with the West Midlands Combined Authority public sector reform programme.

### 2 Recommendations

Coventry Health and Well-being Board is asked to:

1. celebrate the significant progress made on the Coventry Multiple Complex Needs programme;
2. consider how approaches being tested and piloted in the Multiple Complex Needs programme may be adopted in other public health programmes;
3. embed and mainstream the Making Every Adult Matter approach across all partners – a priority for the Health and Wellbeing Board; and
4. ensure Multiple Complex Needs continues to be a Health and Wellbeing Strategy priority post-2019, in line with the city's agreement as a Making Every Adult Matter approach area from 2018-2022.

### 3 Information/Background

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

The LankellyChase Foundation report *Hard Edges* found that Coventry has a higher than average prevalence of adults experiencing severe and multiple disadvantage (SMD) given the relative levels of poverty seen in the city. Coventry's rate per 1,000 population is 28.9 compared

to an England average of 17.4. Coventry has the 19<sup>th</sup> highest rate out of all upper tier local authorities. People with SMD are mainly male and most age groups have some people experiencing SMD, although numbers are very low in the over 65 age category. Within Coventry, SMD is most prevalent amongst 25-44 year olds. The research also demonstrates that quality of life for those individuals with complex needs tends to be much poorer than that reported by other low income and vulnerable groups.

In 2016, Coventry's Health and Wellbeing Board (HWBB) selected 'improving health and well-being of individuals with multiple complex needs' as one of its three priorities. This is set out in the Coventry Joint Health and Wellbeing Strategy (JHWBS) for 2016-19. The Board recognises the significant challenges that this vulnerable group of the city's population faces and is keen to stimulate thought and action on whether single issue systems and services are any longer the most effective response, and to shift the focus of policies and plans from organisations to places.

"Individuals with multiple complex needs" have also been selected as one of the strands of work under the West Midlands Combined Authority (WMCA) public sector reform programme.

The Coventry multiple complex needs programme intends to respond to the Coventry JHWBS priority to improve the health and wellbeing of individuals with multiple complex needs by looking at ways in which services can be coordinated to deliver better results as well as value for money by reducing demand pressures on services. In particular, the programme aims to:

**pilot new interventions for people facing MCN** – test and evaluate new co-ordinated services, approaches or interventions for individuals, informed by research evidence and information sharing; and

**help bring about systems change** – improve understanding of how the range of organisations and services supporting people facing homelessness, substance misuse, offending behaviour, mental health difficulties and worklessness in Coventry can be redesigned and better co-ordinated around helping people facing multiple complex needs manage their lives better to reduce future demand.

An individual facing MCN are people who experience several problems at the same time, often face ineffective contact with services, and live chaotic lives. They are likely to be experiencing two or more factors such as, but not exclusively: homelessness; substance misuse; offending behaviour; mental health difficulties; and worklessness.

The successful delivery of the MCN programme will help bring about systems change and pilot new interventions for people facing MCN that will result in: improvements to the life chances and outcomes of people facing multiple complex needs so that they feel more resilient and connected; are empowered to lead productive lives, free from harm; and reduce their dependency on intensive public services; enable people facing MCN to manage their lives better through access to more person centred and co-ordinated services; and reduce the intensity of demand on public services.

The Coventry Multiple Complex Needs programme is in line with the Council's priority to improving the quality of life for Coventry people by working with local communities, in particular, making communities safer together with the police, to reduce crime and anti-social behaviour; protecting our most vulnerable people by providing early intervention for families who need it, enabling people to exercise choice and control in their daily lives and preventing homelessness and helping people who do become homeless.

In particular it is doing so in an enabling approach: by empowering citizens to uncover and use their own assets to achieve their ambitions; share and improve local services; and design and implement solutions that meet local priorities.

The programme has the potential to improve the quality of life for the city’s most vulnerable and difficult to reach population. In particular, the programme recognises the gendered dimension of multiple complex needs and seeks not only to work with “rough sleepers” who tend to be predominantly male, but also vulnerable females facing multiple complex needs, in particular, sex workers.

The full programme initiation document sets out a timetable of the implementation of the programme. However, as a Making Every Adult Matter approach area, some of the timescales extend beyond 2018, until January 2022. This extends beyond the scope of the current Coventry Health and Wellbeing Strategy and therefore there is a requirement for Multiple Complex Needs to continue to be recognised as a Health and Wellbeing Strategy priority post-2019.

#### 4 Options considered and recommended proposal

Following the previous update in October 2017 when the Multiple Complex Needs Board informed the Health and Well-being Board that the programme initiation document was going to be refreshed, the Coventry Multiple Complex Needs Programme has now revised its programme initiation document. The changes between the previous (version 2) and current (version 3) of the programme is set out below:

|            | <b>PID version 2</b>   | <b>PID version 3</b>   |
|------------|--|--|
| Summary    | The PID sets out a proposal for a traditional delivery of a new service. It sets out an evaluation of the existing service to the design, implementation and evaluation of a new model of working. | Recognising that it wasn’t feasible nor desirable to be creating a new service, the PID have been substantially revised. The primary objective is to <b>pilot and evaluate new interventions</b> that will lead to cultural and systemic change. |
| Stages     | There were five stages:<br>1. data gathering and baseline;<br>2. service vision and outcomes;<br>3. model design;<br>4. implementation plan; and<br>5. evaluation.                                 | There are now three stages:<br>1. determine current needs and service provision;<br>2. pilot new interventions for people facing mcn; and<br>3. evaluate interventions and make recommendations for systems change.                              |
| Projects   | None specified   | Case management forum<br>Experts by experience (co-production)<br>Making every adult matter<br>Steps for Change<br>Housing First (proposed)<br>Evaluation  |
| Evaluation | Not specified  | Evaluation framework developed   |

To “help bring about systems change” and “pilot new interventions for people facing MCN”, the deliverables have been divided into a number of stages of activity. These are set out in the following table:

| <b>Stage description</b>                      | <b>Stage reference</b> | <b>Timescales</b>    |
|---|------------------------|----------------------|
| Determine current needs and service provision | 1                      | Apr 2016 to Mar 2017 |

| Stage description  | Stage reference | Timescales           |
|--|-----------------|----------------------|
| Pilot new interventions for people facing MCN                      | 2               | Apr 2017 to Mar 2019 |
| Evaluate interventions and make recommendations for systems change | 3               | Apr 2018 to Mar 2019 |

In the past year, the Multiple Complex Needs programme has made significant progress. In November 2017, the city became one of twenty-five *Making Every Adult Matter* approach areas across the country; in February 2018, the programme began case-managing a small cohort of people experiencing severe and multiple disadvantage in co-ordination with the city's Harm Reduction and Vulnerable Persons Forum; and in April 2018, the programme established a working relationship with people with lived experiences of homelessness, substance misuse and offending behaviour as *experts by experience* to co-design service transformation. There continues to be buy-in to the programme from partners across the public and voluntary sector in the city, as well as co-ordination and support with the West Midlands Combined Authority public sector reform programme.

**Making Every Adult Matter** – people experiencing multiple needs often have ineffective contact with services, as in most cases they are designed to deal with one problem at a time and to support people with single, severe conditions. This can mean that people experiencing multiple needs are more likely to access emergency, rather than planned services, such as going to accident and emergency rather than the local GP. This group tend to be known to everyone, but often are served by no one as they are perceived to be 'hard to reach' or 'not my responsibility.' This can make services seem unhelpful and uncaring to someone experiencing multiple needs who is seeking help. In July 2017, Coventry signed up to become a Making Every Adult Matter (MEAM) approach area, and in November 2017, we were informed that we have been successful in becoming one of twenty-five MEAM approach areas in the country. The MEAM Approach helps local areas design and deliver better coordinated services for people with multiple needs. MEAM Approach areas consider seven principles, which have been adapted to local needs and circumstances. It is a cross-sector approach that aims to ensure adults with complex needs receive co-ordinated support, helping individuals to reach their full potential and to contribute positively to their communities. Becoming a MEAM approach area has given Coventry access to hands-on support from the MEAM partners – as well as access to a network of other local areas implementing MEAM, as part of the MEAM network.

**Case Management Forum** – at present, four individuals experiencing multiple complex needs, known to everyone, but often are served by no one, have been identified for support by the case management forum, and identified to receive intensive support. The cases are being discussed at the monthly operational group meeting, and where required, individuals are flagged up for discussion at the Harm Reduction and Vulnerable Persons Forum. The programme is looking at implementing a person-centred and asset-based approach to our case work – and experts-by-experience are now part of the Operational Group.

**Experts by Experience** – a group made up of people with lived experiences of homelessness, substance misuse and offending behaviour, including representatives from Coventry Recovery Community, as well as Birmingham Changing Futures and ExpertLink, a national organisation, met in April 2018 alongside professionals from West Midlands Police, Coventry City Council, the Salvation Army and Grapevine Coventry and Warwickshire, to look at the most appropriate way for professionals and people with lived experiences to work as experts by experience, together, to co-design improvements to the Coventry system. An informal Multiple Complex Needs Board meeting is being proposed to ensure that professionals and experts by experience meet in an informal context to ensure that each person is clear about the expectations of what this work will entail. The programme intends to use a co-production approach, working closely with people with lived experiences as experts by experience – hence the Experts by Experience project is a

critical part of the delivery of the programme.

**Steps for Change** – a multi-agency weekly drop in advice & information shop to address problems of homelessness, begging & drug/alcohol addiction in Coventry city centre has been established. The objectives of this are to provide easy access to help, support & advice; quicker access to health services; support individuals into finding suitable accommodation; reducing the amount of begging, drug and substance abuse across the city centre. The Coventry Multiple Complex Needs Programme has adopted Steps for Change as one of the projects of the programme.

**Housing First** (proposed) – the Multiple Complex Needs Programme will be supporting the pilot implementation of Housing First in Coventry. Housing First is an evidence-based approach, which uses independent, stable housing as a platform to enable individuals with multiple and complex needs to begin recovery and move away from homelessness. Unlike other supported housing models, individuals do not need to prove they are ready for independent housing, or progress through a series of accommodation and treatment services. There are no conditions placed on them, other than a willingness to maintain a tenancy agreement, and Housing First is designed to provide long-term, open-ended support for their on-going needs.

**Evaluation** (in development) – an evaluation framework is being developed to determine the extent to which the programme improved outcomes from an individual, organisation and system perspective, looking at metrics, attitudes and behaviours and predictive modelling. It is proposed that this work takes place in consultation with experts from Coventry University.

**Report author(s):**

**Names and job title:**

**Si Chun Lam**

Insight Development Manager (Place and Public Sector Transformation)

19 June 2018

**Directorate:**

People

**Telephone and email contact:**

+44 24 7683 3910

[SiChun.Lam@coventry.gov.uk](mailto:SiChun.Lam@coventry.gov.uk)

Enquiries should be directed to the above person.

This report is published on the Council's website: [www.coventry.gov.uk/meetings/](http://www.coventry.gov.uk/meetings/)

**Appendices**

Appendix I – Coventry Multiple Complex Needs Programme plan-on-a-page

Appendix II – Coventry Multiple Complex Needs Programme project initiation document

Appendix III – Coventry Multiple Complex Needs Programme Evaluation Framework

Appendix IV – Making Every Adult Matter First Quarter Progress Report (Y1Q4)

**Other useful documents**

Coventry Health and Wellbeing Strategy 2016-2019 [www.coventry.gov.uk/jhwbs/](http://www.coventry.gov.uk/jhwbs/)

Coventry Joint Strategic Needs Assessment (updated 2018) [www.coventry.gov.uk/jsna/](http://www.coventry.gov.uk/jsna/)

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# Coventry Multiple Complex Needs Programme

## PLAN-ON-A-PAGE

One of the three priorities in the Coventry health and wellbeing strategy 2016-19 is improving the health and wellbeing of individuals with multiple complex needs (severe and multiple disadvantage). In Coventry, it is defined as two or more of: homelessness, offending behaviour, substance misuse, mental ill health, worklessness. A Coventry Multiple Complex Needs (MCN) programme has been established to begin to make a step change to the lives of people facing or at risk of multiple complex needs.

### MCN Board

Chaired by the police commander; sets strategic direction and reports to the Health and Wellbeing Board. Linked to WMCA public sector reform programme.

### MCN Operational Group

Ensures delivery of the project and identifies, manages and flags up project risks.

#### Case Management Forum

Using a person-centred, asset-based approach; currently by the existing Harm Reduction and Vulnerable Persons Forum.

#### Experts by Experience

Developing an approach to meaningfully working with people with lived experiences with stakeholders including the Coventry Recovery Community, Crisis, MEAM and ExpertLink.

#### Making Every Adult Matter

A cross-sector approach that aims to ensure people receive co-ordinated support, helping individuals to reach their full potential and to contribute positively to their communities.

#### Steps for Change

A multi-agency weekly drop in advice & information shop to address problems of homelessness, begging & drug/alcohol addiction in the city centre.

#### Housing First (proposed)

Using an independent, stable housing as a platform to enable individuals with multiple complex needs to begin recovery and move away from homelessness.

#### Evaluation (in development)

To establish the extent to which the programme improved outcomes from an individual, organisation and system perspective, looking at metrics, attitudes and behaviours and predictive modelling.

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Programme Initiation Document

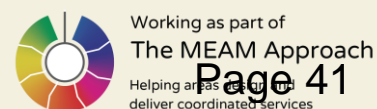
**Coventry**

**Multiple Complex Needs**

**Programme**

6 June 2018

Version 3.3



# Coventry Multiple Complex Needs Programme

## PLAN-ON-A-PAGE

One of the three priorities in the Coventry health and wellbeing strategy 2016-19 is improving the health and wellbeing of individuals with multiple complex needs (severe and multiple disadvantage). In Coventry, it is defined as two or more of: homelessness, offending behaviour, substance misuse, mental ill health, worklessness. A Coventry Multiple Complex Needs (MCN) programme has been established to begin to make a step change to the lives of people facing or at risk of multiple complex needs.

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Working as part of  
**The MEAM Approach**

Helping areas design and deliver coordinated services

## Document Location

C:\Users\cvsla230\Coventry City Council\Multiple Complex Needs - Documents\Core\MCN PID.docx

## Revision History

| Revision date | Summary of Changes   |
|---------------|--|
| 17/03/2018    | 3.0 Third version of the PID   |
| 17/05/2018    | 3.1 Added plan on a page and review of contacts  |
| 23/05/2018    | 3.2 Rename from “project” to “programme” – as the PID describes a programme with a number of projects and work streams. Updated reference to WMCA in line with revised WMCA public sector reform programme plan. |
| 06/06/2018    | 3.3 Revisions following Stella’s comments to better capture learning. Also revisions to reference the LankellyChase report on women and girls to better recognise gendered experiences of MCN.                   |
|               |  |

## Distribution

This document has been distributed to

| Name   | Date of Issue | Version |
|--|---------------|---------|
| MCN Board  | 30/04/2018    | 3.0     |
| MCN Board, MCN Ops Group                             | 17/05/2018    | 3.1     |
| Health and Wellbeing Board, MCN Board, MCN Ops Group | 02/07/2018    | 3.3     |

|   |    |
|---|----|
| Plan on a Page .....  | 2  |
| 1 Purpose .....   | 4  |
| 2 Background and context .....  | 4  |
| 3 Purpose, scope, approach and outcomes.....                                      | 5  |
| 3.1 Purpose.....  | 5  |
| 3.2 Scope.....  | 5  |
| 3.3 Approach .....  | 5  |
| 3.4 Outcomes .....  | 5  |
| 4 Governance .....  | 6  |
| 5 Deliverables .....  | 6  |
| Stage 1: determine current needs and service provision.....                       | 7  |
| Stage 2: pilot new interventions for people facing MCN .....                      | 8  |
| Stage 3: evaluate interventions and make recommendations for systems change ..... | 9  |
| 6 Resources.....  | 9  |
| 7 Risks .....   | 10 |
| 8 Representation .....  | 10 |
| 9 Further information .....   | 11 |

## 1 Purpose

### 1.1. This document:

- sets out the aims, objectives and deliverables of the programme;
- defines the scope;
- sets out the activities, resources and responsibilities;
- defines the management structure and controls;
- details the business justification;
- acts as an updated specification for the review and provide a baseline from which the relevant governance can assess progress and apply change control;
- ensures that all parties share a common understanding of the above issues; and
- acts as formal agreement with respect to the commitment of resources, the effort that is required to complete the programme and achieve its outputs.

## 2 Background and context

- 2.1. There is growing awareness that populations experiencing the sharp end of problems such as homelessness, drug and alcohol misuse, poor mental health, and offending behaviours overlap considerably. There is also concern that these vulnerable individuals may ‘fall between the gaps’ in policy and services altogether or be viewed through a succession of separate and uncoordinated ‘professional lenses’.
- 2.2. The LankellyChase Foundation report *Hard Edges* found that Coventry has a higher than average prevalence of adults experiencing severe and multiple disadvantage (SMD) given the relative levels of poverty seen in the city. Coventry’s rate per 1,000 population is 28.9 compared to an England average of 17.4. Coventry has the 19<sup>th</sup> highest rate out of all upper tier local authorities. This report suggested that people facing SMD are mainly male and most age groups have some people facing SMD, although numbers are very low in the over 65 age category. Within Coventry, SMD is most prevalent amongst 25-44 year olds. The research also demonstrates that quality of life for those individuals with complex needs tends to be much poorer than that reported by other low income and vulnerable groups. A subsequent report by LankellyChase Foundation, *Women and girls facing severe and multiple disadvantage* (October 2016) found that women, also, faced SMD but that there were gendered differences which mean that “women and girls are more likely to become visible as clients of mental health, violence and abuse and children’s services, than visible in the criminal justice system or as clients of drug and alcohol services”.
- 2.3. In 2016, Coventry’s Health and Wellbeing Board (HWBB) selected ‘improving health and well-being of individuals with multiple complex needs’ as one of its three priorities. This is set out in the Coventry Joint Health and Wellbeing Strategy (JHWBS) for 2016-19. The Board recognises the significant challenges that this vulnerable group of the city’s population faces and is keen to stimulate thought and action on whether single issue systems and services are any longer the most effective response, and to shift the focus of policies and plans from organisations to places.

- 2.4. “Individuals with multiple complex needs” have also been selected as one of the strands of work under the West Midlands Combined Authority (WMCA) public sector reform programme.

### 3 Purpose, scope, approach and outcomes

#### 3.1 Purpose

The multiple complex needs programme intends to respond to the Coventry JHWBS priority to improve the health and wellbeing of individuals with multiple complex needs by looking at ways in which services can be coordinated to deliver better results as well as value for money by reducing demand pressures on services. In particular, the programme will contribute to this emerging agenda by sharing knowledge of experiences gained through its innovative approach by:

- **contributing to the emerging understanding of the challenges for people facing multiple complex needs** and how these challenges can be alleviated;
- **piloting new interventions for people facing MCN** – test and evaluate new co-ordinated services, approaches or interventions for individuals, informed by research evidence and information sharing; and
- **help bring about systems change** – improve understanding of how the range of organisations and services supporting people facing homelessness, substance misuse, offending behaviour, mental health difficulties and worklessness in Coventry can be redesigned and better co-ordinated around helping people facing multiple complex needs manage their lives better to reduce future demand.

#### 3.2 Scope

An individual facing MCN are people who experience several problems at the same time, often face ineffective contact with services, and live chaotic lives. They are likely to be experiencing two or more factors such as, but not exclusively: homelessness; substance misuse; offending behaviour; mental health difficulties; and worklessness.

#### 3.3 Approach

The MCN programme is underpinned by the following approach:

- **iterative** (findings feed into work as we go along);
- **use of visual outputs** (reporting only what is required to do the job);
- **data-driven** (informed by but not constrained by data);
- **hub-and-spoke** (partners undertake/lead different aspects of work, so that organisations have the opportunity to be more aligned and work on a systems approach rather than being constrained by organisational and geographical boundaries); and
- **capturing and sharing of experiences** (learning and sharing findings with key stakeholders – e.g. people with lived experiences, professionals representing commissioning and delivery partners, and sponsors).

#### 3.4 Outcomes

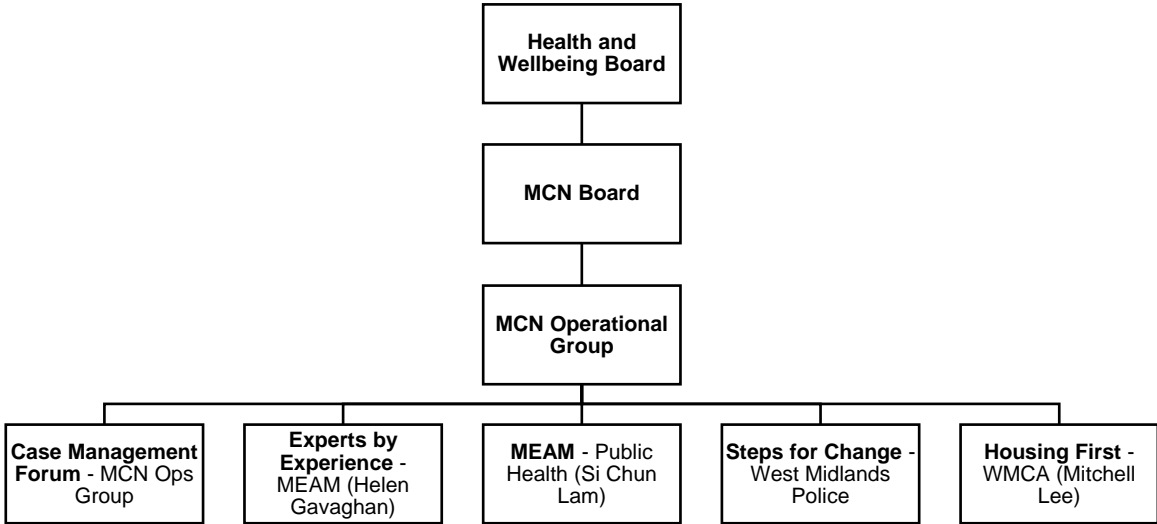
The Health and Wellbeing Board’s ambition is to improve the health and wellbeing of people facing multiple complex needs, to make it as easy as possible for them to access the support they need, as early as possible. The successful delivery of the MCN programme will help bring about improved knowledge and understanding;

progress towards systems change; and successful pilots of new interventions / ways of working for people facing MCN that will result in:

- improvements to the life chances and outcomes of people facing multiple complex needs so that they feel more resilient and connected; are empowered to lead productive lives, free from harm; and reduce their dependency on intensive public services;
- enable people facing MCN to manage their lives better through access to more person centred and co-ordinated services; and
- reduce the intensity of demand on public services.

**4 Governance**

4.1. The MCN programme will be managed, structured and reported as follows:



4.2. **Coventry Multiple Complex Needs Board (MCN Board)**  
 The MCN Board will be tasked with overall strategic governance of the programme. It will provide overall strategic direction. The MCN Board will provide regular progress updates to the Coventry Health and Wellbeing Board (HWBB).

4.3. **MCN Operational Group (MCN Ops Group)**  
 The Ops Group will provide operational governance of the programme. This include identifying, managing and flagging up risks; and ensures delivery. The Ops Group reports to the MCN Board.

4.4. Lead partners in both the Board and Ops Group are West Midlands Police and Coventry City Council; and partners signed up will take forward specific areas of work, and report at agreed intervals.

**5 Deliverables**

To “help bring about systems change” and “pilot new interventions for people facing MCN”, the deliverables have been divided into a number of stages of activity. These are set out in the following table:

| Stage description  | Stage reference | Timescales           |
|--|-----------------|----------------------|
| <b>Determine current needs and service provision</b>   | 1               | Apr 2016 to Mar 2017 |
| <b>Pilot new interventions for people facing MCN</b>   | 2               | Apr 2017 to Mar 2019 |
| <b>Evaluate interventions, capture learning, and make recommendations for systems change</b> | 3               | Apr 2018 to Mar 2019 |

### **Stage 1: determine current needs and service provision**

**Description:** undertaking qualitative and quantitative research to identify the extent and nature of multiple complex needs in Coventry; and undertaking a scoping exercise to understand existing the scope and costs of services (statutory services, commissioned services plus other groups ‘out there’).

**Purpose:** to enable the team to understand current service provision and inform the baseline.

**Key activities:** the baseline will establish: who are the people facing multiple complex needs; what services are being provided, how much and for whom and at what level; what the reasons for service demand are; what are the blockages preventing people from accessing or achieving the outcomes desired; what efficiencies can be gained (for instance from reducing fragmentation and duplication) at service and partnership level.

**Dependencies and inputs:** information governance, external research evidence, co-operation from partner agencies, data gathering and analysis.

**Owner:** Stella Botchway, Sarah Tambling.

**Leads:** Robina Nawaz, Si Chun Lam.

#### **Progress update (Mar 2018)**

**Data analysis and research** – significant work undertaken to collate data from partnership organisations and begin to understand the extent and nature of multiple complex needs in Coventry. This is published as a poster, [identifying the extent and nature of multiple complex needs in Coventry](#), and presented externally, for example, at the Local Area Research and Intelligence Association (Laria) annual conference 2017, as a workshop, [“connecting stories to data to improve the lives of people facing multiple complex needs”](#).

With the completion of this baseline work, the research arm to the MCN Board will be able to support future decision making in terms of identifying areas, groups, services and/or individuals in order to help the board begin to focus on where to prioritise the next steps.

**Service scoping** – Board members, connected organisations and city wide partnerships have been consulted to understand a scope of services across the city. Responses highlight gaps in provision around housing young adults.

Both of the above were presented to the MCN Board in January 2017 and an executive summary was provided to the Health and Wellbeing Board in February 2017.

## **Stage 2: pilot new interventions for people facing MCN**

**Description:** to identify, test, and pilot new interventions, in particular, MEAM approach and Steps for change.

**Purpose:** to pilot new interventions to provide evidence that demonstrate how new ways of delivering services for people facing multiple complex needs can help improve the outcomes for this group of people.

**Key activities:** understand statutory responsibilities and good practice elsewhere; gather local aspirations of key stakeholders (experts by experience, elected members, front line workers, providers and commissioners); identify gaps in service provision and pilot new interventions.

**Dependencies and inputs:** understanding of the baseline; knowledge of good practice elsewhere; Making Every Adult Matter (MEAM) approach; culture change: use of a strengths-based, and trauma-informed approach to working with people.

**Owner:** MCN Board.

**Leads:** MCN Ops Group.

### **Progress update (Mar 2018)**

A number of opportunities have presented themselves which the programme is progressing:

**Making Every Adult Matter (MEAM)** – in November 2017, Coventry was successful in becoming one of 25 MEAM approach areas. MEAM is a national approach to supporting people facing MCN. It is a cross-sector approach that aims to ensure adults with complex needs receive co-ordinated support, helping individuals to reach their full potential and to contribute positively to their communities.

**Case Management Forum** – we are currently working with the Harm Reduction and Vulnerable Persons Forum, an existing forum, to look at how we can jointly case manage individuals with MCN. We will be looking at implementing a person-centred and asset-based approach to our case work, with support from MEAM.

**Experts by Experience** – we are working with key stakeholders to develop an approach to how we work with service users and those who have experienced MCN previously. The purpose of this is to ensure that we are able to undertake genuine collaboration in developing, designing and implementing any interventions.

**Steps for Change** – a multi-agency weekly drop in advice & information shop to address problems of homelessness, begging & drug/alcohol addiction in Coventry city centre. The objectives of this are to: provide easy access to help, support & advice; quicker access to health services; support individuals into finding suitable accommodation; reducing the amount of begging, drug and substance abuse across the city centre.

**Housing First** – we are exploring whether Coventry can become a Housing First pilot area, as part of the WMCA bid to government. Housing First is an evidence-



based approach, which uses independent, stable housing as a platform to enable individuals with multiple and complex needs to begin recovery and move away from homelessness. Unlike other supported housing models, individuals do not need to prove they are ready for independent housing, or progress through a series of accommodation and treatment services. There are no conditions placed on them, other than a willingness to maintain a tenancy agreement, and Housing First is designed to provide long-term, open-ended support for their on-going needs.

### **Stage 3: evaluate interventions, capture learning and make recommendations for systems change**

**Description:** to evaluate the pilot interventions, capture and share the learning generated by this programme and make recommendations for how the Coventry 'system' can work better to improve outcomes for people facing multiple complex needs.

**Purpose:** evaluation will provide the Health and Wellbeing Board (HWBB) with a direction for how changes to the way services are delivered can improve efficiency in the system, reduce demand for acute services, and improve outcomes for people facing multiple complex needs.

**Key activities:** create an evaluation framework and plan, undertake evaluation and report on outcomes; making recommendations for any changes, including contributing to and learning from concurrent activities happening elsewhere for instance, other MEAM partners; and to document new insights to contribute to the emerging body of evidence supporting work on MCN.

**Dependencies and inputs:** MCN national evaluation.

**Owner:** MCN Board.

**Leads:** Si Chun Lam, Robina Nawaz.

#### **Progress update (Mar 2018)**

A draft evaluation framework has been developed and circulated to the MCN Ops Group for initial comment.

The draft evaluation will need to be aligned to any reporting requirements from MEAM, and we will need to ensure that we are collecting relevant data for the national MEAM evaluation, of which we are a part.

The draft evaluation will be brought to a future MCN Board meeting for discussion/agreement.

Coventry has contributed to the development of the national MEAM evaluation.

We have also drafted a local MCN Evaluation framework.

## **6 Resources**

There is no dedicated budget for the programme. Leadership and management capacity will be jointly resourced by West Midlands Police and Coventry City Council. All partners will be involved in establishing and implementing the programme. Consideration will be given to bidding for external resource as and when opportunities arise.

## 7 Risks

The following table provides a high-level risk assessment of the programme:

| Ref | Description   | Likelihood Rating (1-5 with 5 high) | Consequence Rating (1-5 with 5 high) | Control measures  |
|-----|---|-------------------------------------|--------------------------------------|---|
| 1   | Partners do not share information/data  | 1                                   | 2                                    | Difficulties in identifying issues within existing service provision and therefore opportunities for improved joint working |
| 2   | Failure to engage stakeholders, including front line staff and users – there is a risk that the programme fails to engage stakeholders. There will therefore be a lack of awareness of the programme and benefits   | 1                                   | 2                                    | Developing experts by experience approach. Engaging key organisations through Board and Ops group.                          |
| 3   | Cross agency culture change not achieved. There is a risk that the programme will face difficulties around building trust, shared responsibilities, joint decision-making given the intrinsic and cultural differences of the agencies and professions involved | 2                                   | 3                                    | Regular communications, developing agreed protocols, guidance and facilitation  |
| 4   | Risk associated with multiple complex adaptive systems  | ?                                   | ?                                    |   |

## 8 Representation

Partners represented on the MCN Board are as follows:

- Coventry and Rugby Clinical Commissioning Group
- Coventry and Warwickshire Partnership Trust
- Coventry City Council (adult social care/public health/insight/community safety/housing/planning)
- Coventry University
- Coventry and Warwickshire Mind
- Crisis
- Department for Work and Pensions (DWP)
- Grapevine (a third sector organisation helping people facing poverty, isolation and disadvantage to build better lives)
- Ignite (Coventry Law Centre and Grapevine-led programme building capability and resilience in vulnerable people)

- National Probation Service Coventry Solihull and Warwickshire and Staffordshire and West Midlands Community Rehabilitation Company (Probation)
- West Midlands Fire Service
- West Midlands Police
- Whitefriars Housing

**9 Further information**

Coventry Multiple Complex Needs Board website  
<https://www.coventry.gov.uk/info/190/0/1383/0/3>.

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# Development of an assessment and evaluation framework for the Coventry multiple complex needs programme

## Introduction

### Background

Improving the health and wellbeing of individuals with multiple complex needs is one of three priorities in the Coventry Health and Wellbeing Strategy 2016-2019. Organisations across Coventry have set up a MCN board, chaired by the police, to lead the work and strategic thinking around multiple complex needs. An operational group has also been set up, tasked with case-managing a cohort of people facing multiple complex needs, and taking forward ideas and actions to begin to make a step improvement to the lives of people facing or at risk of multiple complex needs.

The MCN board reports to the Coventry Health and Wellbeing Board (HWBB), and also works closely with the West Midlands Combined Authority (WMCA) public sector reform programme on the MCN work stream.

In November 2017, Coventry also became one of 25 national Making Every Adult Matter (MEAM) approach areas working to develop coordinated, effective support for people experiencing multiple needs, supported by the Big Lottery Fund.

### Purpose

As part of the Coventry MCN programme, the HWBB and MCN Board need a way to measure and evaluate this programme of work.

This document sets out an approach for the development of a local assessment and evaluation framework for the Coventry MCN programme.

### Dependencies

In addition the local assessment and evaluation framework, there are also:

- a national evaluation of the MEAM approach areas (MEAM Coalition with Cordis Bright – <http://meam.org.uk/a-coordinated-response-to-multiple-needs/>); and
- the regional evaluation of the West Midlands Combined Authority MCN work stream through the WMCA programme board (<https://www.wmca.org.uk/what-we-do/public-service-reform>).

## Approach

The intended assessment and evaluation approach involves understanding the extent to which the MCN programme improved the outcomes for people experiencing multiple complex needs (homelessness, substance misuse, offending behaviour, mental ill-health, worklessness) from:

1. an individual perspective;
2. an organisational perspective;
3. a system perspective.

### Individual perspective

This will strive to discover the extent to which has the MCN programme has improved the outcomes for an individual person experiencing MCN.

The intention is to focus upon a cohort of people currently experiencing MCN – the group identified for the MEAM approach – and use a small number of quantitative metrics, plus qualitative measures to assess and evaluate their outcomes.

Suggested quantitative metrics at the individual level include monitoring the following over time at a quarterly (or other relevant) interval:

- housing status (rough sleeping? hostel? rented accommodation? etc.);
- alcohol/substance misuse status and/or access/utilisation of alcohol/substance misuse help;
- reduction in/elimination of offending/anti-social behaviour/access to support networks;
- mental wellbeing scale (WENWBS?)/access to/utilisation of mental health support; and
- education/employment/training status.

Suggested qualitative measures include a case study / “pen portrait” approach to understand an individual’s experience of services, around:

- what was your experience with the professionals that supported you – friendliness; concern for your wellbeing; etc.
- overall experience

The intention is to work with a group of people with lived experiences – as “experts by experience” – to help develop the assessment and evaluation framework. A programme of work around experts by experience is being planned and initially led by a core steering group (Sarah Tambling, Nene Ajibade, Robina Nawaz, Si Chun Lam, Rob Allison, Ruth Wallbank).

### Organisational and system perspective

This will seek to discover to which the MCN programme is working to influence attitudes and behaviours of staff in stakeholder organisations.

This includes looking at:

- attitudes and behaviours; and
- predictive modelling.

#### **Attitudes and behaviours**

Identifying the extent to which the MCN programme has influenced attitudes and behaviours of staff in stakeholder organisations to work together around an individual to address multiple complex needs.

#### **Predictive modelling**

Using the individuals chosen for the MEAM cohort to identify key **trigger points** which may lead to differential outcomes or consequences for individuals, and differential costs for the organisations and the system as a whole.

Using the trigger points to develop a **risk stratification framework** which will allow the MCN programme to:

- identify the effectiveness of each intervention (or doing nothing) at each trigger points; and
- identify the costs and consequences of shifting an individual (or population) from one trajectory to another.

### Next steps

To share approach with:

- MCN operational group and MCN Board – identify evaluation leads;
- experts by experience;
- regional networks (via WMCA public sector reform programme); and
- national MEAM evaluation (via Cordis Bright).

### Version control

| Date       | Version | Author      |
|------------|---------|-------------|
| 09/02/2018 | 1.0     | Si Chun Lam |
|            |         |             |

## Coventry: Y1Q4

|   |          |
|---|----------|
| <b>Status:</b>                              | Planning |
| <b>Average fidelity score:</b>              | 2.71     |
| <b>Overall RAG status for this quarter:</b> |          |

### Summary: (200 words)

The lead partners at Coventry are committed to the MEAM Approach work. They have developed a good working relationship with Crisis who are now invested in the work and are taking an active role in the coproduction work and the identification of an appropriate casework forum. Conversations with Salvation Army and Mind, who were identified as key to the work but missing from the partnership, have gone well and their continued involvement with the partnership has been agreed. Although other key partners have agreed in principle to the work, there seems to be a hesitation to take joint ownership of the work operationally. The recent meeting of the strategic group has confirmed their continued commitment and should help to move the work along operationally. Coventry are committed to coproducing their work from as early a stage as possible, and this will be an area of focus for Helen (MEAM's Involvement Coordinator). A coproduction sub group has been formed to explore options for involvement, including potential for working with Expert Link.

### Fidelity statements:

| Section                                       | Fidelity statement  | 1-10 rating |
|---|---|-------------|
| Partnership and coproduction                  | <ul style="list-style-type: none"> <li>My local area has a cross-sector strategic partnership of statutory and voluntary providers, people with lived experience, and decision makers who can influence at a strategic level. All relevant agencies that need to be involved attend regularly and commit to actions agreed as a partnership.</li> <li>In my local area there is a clear plan for enhancing coproduction, meaning that people with lived experience have the necessary skills and support required to play a central role in the partnership and decision making.</li> </ul>   | 5           |
| Audit and consistency                         | <ul style="list-style-type: none"> <li>Our partnership has worked together to build a shared understanding of what multiple disadvantage looks like in our area, built on evidence provided from a range of key stakeholders. We also understand that those most in need of support may be furthest away from services and have built this consideration into our understanding of the local problem.</li> <li>Our partners understand that some people face additional vulnerability and barriers to support that may need additional consideration, such as gender, sexuality, disability or ethnicity. We have procedures in place to ensure equality of access to our coordinated support.</li> <li>Our partnership has developed a clear process for referring clients, for agreeing who will be supported through our coordination model and for providing advice for those referred who we don't end up working with.</li> </ul> | 3           |
| Coordination for clients and services         | <ul style="list-style-type: none"> <li>Our local area has a well-resourced coordination model, meaning that clients have a single point of contact to coordinate and deliver support and advocacy.</li> <li>My local area has an operational group of cross sector voluntary and statutory frontline workers who regularly meet to explore flexible approaches for individuals. Barriers and blockages are regularly resolved through this group.</li> <li>Support is person-centred, led by and built around the client's aspirations and strengths. There is a good understanding of the impact of trauma and this shapes our approach to support.</li> </ul>   | 3           |
| Flexible responses from services              | <ul style="list-style-type: none"> <li>An increase in effective, meaningful engagement with services has been seen in my local area through providing a flexible response to clients who previously struggled to engage.</li> <li>Frontline workers in my area understand the need for a flexible response and actively look for ways to create flexibility.</li> </ul>   | 2           |
| Workforce development and service improvement | <ul style="list-style-type: none"> <li>Continual improvement of existing services</li> <li>Identifying and filling gaps in services</li> </ul>  | 2           |
| Measurement of success                        | <ul style="list-style-type: none"> <li>Our partnership has developed and implemented effective information sharing agreements and client consent, allowing for information to be shared safely and adequately to achieve a coordinated response that can be measured.</li> <li>Our partnership participates fully with the MEAM Approach evaluation, providing outcomes data and participating in qualitative data collection activities.</li> </ul>  | 2           |
| Sustainability and systems change             | <ul style="list-style-type: none"> <li>My partnership has developed a systems change strategy, based on an agreed set of values chosen by the partnership, prioritising key opportunities for change with shared responsibility and accountability across the partnership.</li> <li>My local area is able to evidence sustainable changes to the system achieved through a coordinated approach</li> </ul>  | 2           |

### Vision and aims for Q4: Coventry

| Section                               | 12-month vision   | Aims for the quarter  | Comments   | Qtr RAG |
|---------------------------------------|---|---|--|---------|
| Partnership and coproduction          | <p>The partnership will include relevant agencies at both strategic and operational level, with senior leadership buy in to enable actions to be agreed and carried out. There is an understanding of and clear links to other relevant partnership work to avoid duplication. There is a clear timetable of regular meetings with consistent and regular attendance. There is an understanding of gaps in the partnership and plans are in place to address these gaps.</p> <p>A designated lead for coproduction will have been identified. They will ensure that individuals from all sectors involved with people with multiple needs are represented; and that equalities issues are considered. There are clear strategies in place for selection, training and development of lived experience volunteers.</p> | <ul style="list-style-type: none"> <li>• RW to visit Coventry Night Shelter to increase understanding of local context, look at overlaps in cohort and possible MEAM cohort. for RW for next meeting:</li> <li>• RW to present to Strategic group on MEAM work – focussing on:               <ul style="list-style-type: none"> <li>o Intro to MEAM</li> <li>o Evaluation</li> <li>o Role of strategic group in MEAM</li> </ul> </li> <li>• Operational group to form coproduction sub group and link with Birmingham Fulfilling Lives.</li> <li>• RW and Sarah Tambling to meet with Salvation Army and discuss involvement in the partnership</li> <li>• RW to meet with Coventry and Warwickshire local Mind and discuss involvement in the partnership</li> </ul> | <p>Coventry have attendance from relevant partners strategically and operationally, however membership at both forums is inconsistent. There has been a recent meeting between the core strategic group members who have agreed to support with improving operational attendance. The group is linked to the Health and Wellbeing Board which demonstrates high level strategic commitment</p> <p>Meetings with partners Salvation Army and Coventry and Warwickshire Mind have gone well and both will be involved in the partnership operationally and strategically going forward.</p> <p>Coproduction sub group has been formed and the group are keen to develop this area of work. a workshop with local experts MEAM and expert link is planned for the next quarter.</p> |         |
| Audit and consistency                 | <p>There is a recognised method in place for identifying and prioritising the MEAM cohort; there is a clear pathway for practitioners to refer to the service and be involved in the partnership. We are proactively working to engage communities that typically do not access mainstream services and we draw on good practice from specialist services locally and in other areas to support this work.</p>  | <p>no actions agreed this quarter</p>   | <p>Coventry did some initial scoping work around cohort identification before coming onto the MEAM cohort and agreed two test clients to take to the harm reduction forum. However, cohort identification has not been a priority this quarter as the group focusses in on developing and strengthening the partnership.</p>   |         |
| Coordination for clients and services | <p>We have a model in place for coordination, that provides the clients on the cohort with a lead contact who acts as a coordinator between services. This may be a different contact for every individual. The development of this model has helped us to definitively identify whether we need a coordinator or whether the coordination can take place through the operational partnership. The operational group has consistent attendance, which feeds into the</p>  | <ul style="list-style-type: none"> <li>• RW to attend Harm Reduction Forum to assess suitability for group to use this forum to discuss MEAM casework and feedback to lead partners.</li> <li>• RW to present introduction to MEAM and facilitate mapping the partnership exercise with operational group</li> </ul>  | <ul style="list-style-type: none"> <li>• Coventry's work in this area is complicated by the fact that they do not have a dedicated coordinator; this means that work between operational meetings is limited. They have done some work to identify which local forum MEAM casework would fit best within; it was agreed that this would be the Harm Reduction Forum and there appears to be an appetite for a change to the culture and working practices of this group that would align it more closely with MEAM. The group requires further strategic buy in, in order to be able to offer flexibility.</li> </ul>  |         |



|   |   |   |   |  |
|---|---|---|---|--|
|   | Harm Reduction Forum where case work takes place; this case work is always informed by the clients ambitions and aspirations.   |   |   |  |
| Flexible responses from services              | We are able to identify inflexibility in the system through individual case work. () Frontline workers across the city have an understanding of multiple needs and the MEAM work and have formed a network which takes joint responsibility for clients on the MEAM case load and are involved in joint training, networking and relationship building.   | no actions agreed this quarter  | no actions agreed this quarter  |  |
| Workforce development and service improvement | () Improvements have been made to services locally as a result of learning from the MEAM caseload. () All partner agencies have a clear understanding of the work () We have a shared understanding of the gaps in provision in current services; and are beginning to form plans to address these gaps in the long term.   | No actions this quarter   | No actions this quarter   |  |
| Measurement of success                        | () We have a comprehensive overview of existing data on the cohort that we can access; as well as an understanding of how sharing this information between our partnership fits with current data protection practices () There is a Service Level Agreement/ Memorandum of Understanding between providers to share information between agencies for specific individuals receiving an intervention () We provide anonymised data and case studies about individuals, engaging parts of the local authority and/or organisations not typically engaged with individuals with multiple needs. () We have agreed measures by which we measure success across organisations and services. | <ul style="list-style-type: none"> <li>• Lead partners to take part in evaluation workshop with evaluation partner Cordis Bright</li> <li>• Robina Nawaz to review Coventry's PID document, RW offer comments.</li> </ul> | <ul style="list-style-type: none"> <li>• Coventry have a strong commitment to evaluation, which is evidenced by the presence of the council's insight team on both the strategic and operational boards. This quarter has helped this team to examine their own role in the work and re-visit the aims of their initial scoping documents around multiple needs documents to align more with MEAM principles and values.</li> </ul> |  |
| Sustainability and systems change             | <ul style="list-style-type: none"> <li>• We understand the barriers to individuals accessing services in our area and recognise the good practice that keeps people engaged with services and supports them to lead a more fulfilled life.</li> </ul>   | no actions agreed this quarter  | no actions agreed this quarter  |  |

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Coventry City Council

## Briefing Note

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To: **Coventry Health and Wellbeing Board**

Date: **2 July 2018**

From: **Liz Gaulton, Director of Public Health and Wellbeing**

Title: **Joint Strategic Needs Assessment Progress Update**

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### 1 Purpose

This briefing note sets out the progress that has been made towards the refresh of the Joint Strategic Needs Assessment following the April briefing note, "*Towards a place-based approach for the Joint Strategic Needs Assessment*".

### 2 Recommendations

Coventry Health and Well-being Board is asked to note the progress made, including the development of a plan-on-a-page, project initiation document, call for membership of the executive strategic group and working group and progress in identifying suitable boundaries.

### 3 Information/Background

The Joint Strategic Needs Assessment (JSNA) is a means by which local leaders across health and care work together to understand and agree the needs of all people in Coventry. It is owned by the Coventry Health and Wellbeing Board (HWBB), and helps the board set its priorities and strategy. The production of a JSNA, along with a Joint Health and Wellbeing Strategy (JHWBS) is a statutory requirement placed upon the HWBB under the Health and Social Care Act 2012.

At the April meeting, the HWBB accepted the recommendations to work towards a place-based JSNA to inform the next refresh of the Joint Health and Wellbeing Strategy (JHWBS); and identify local sponsors and lead officers in each geographical area so that areas for development identified through the JSNA can be developed into local priorities and action plans.

The current JHWBS covers 2016-19 and is due for a refresh for the 2019-22 period. The move towards a place-based approach reflects recent research evidence, developments and policy direction nationally which has seen a move towards recognising that health and care (including community-based, mental health, social care) services based around natural geographies of populations between 30,000-50,000 people would offer populations a much more complete and less fragmented services.

### 4 Progress

Following the meeting in April, the following work has taken place:

- **stakeholder engagement:** a JSNA roadshow presentation setting out the latest 2018 refresh of the JSNA was held with all services that requested one – and services were given the opportunity to be involved with the production of the new JSNA. Presentation

slides from the roadshow are also available online at [www.coventry.gov.uk/jsna/](http://www.coventry.gov.uk/jsna/);

- **development of a project plan and plan-on-a-page:** an initial working group has been set up to develop a project plan and a plan-on-a-page;
- **call for membership:** HWBB members have been invited to join, or to nominate a director-level colleague to attend the executive steering group and make decisions on behalf of the HWBB and to nominate an analyst/officer to represent them on the working group; and
- **identification of boundaries:** initial scoping work has taken place to determine the boundaries for each of the place-based JSNA and this will be shared at the first meeting of the executive steering group due to be held immediately after the HWBB meeting.

**Report author(s):**

**Names and job title:**

**Si Chun Lam**

Insight Development Manager (Place and Public Sector Transformation)

**Directorate:**

People

**Telephone and email contact:**

+44 24 7683 3910

[SiChun.Lam@coventry.gov.uk](mailto:SiChun.Lam@coventry.gov.uk)

Enquiries should be directed to the above person.

This report is published on the Council's website: [www.coventry.gov.uk/meetings/](http://www.coventry.gov.uk/meetings/)

**Appendices**

Joint Strategic Needs Assessment 2019 plan-on-a-page

Joint Strategic Needs Assessment 2019 Project Initiation Document (PID)

**Other useful documents**

Coventry Health and Wellbeing Strategy 2016-2019 [www.coventry.gov.uk/jhwbs/](http://www.coventry.gov.uk/jhwbs/)

Coventry Joint Strategic Needs Assessment (updated 2018) [www.coventry.gov.uk/jsna/](http://www.coventry.gov.uk/jsna/)

# A place-based Joint Strategic Needs Assessment (JSNA) for Coventry

## PURPOSE AND OBJECTIVE

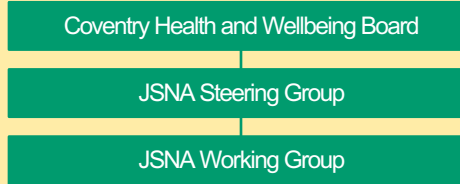
The JSNA is a means by which local leaders across health and care work together to understand the assets and needs of all people in Coventry. This plan sets out how we will develop a place-based JSNA for Coventry to provide a story of the place to help partners understand local assets and needs.

## PLAN-ON-A-PAGE



## GOVERNANCE & STRUCTURE

Chaired by the Director of Public Health, the steering group, made up of director-level representatives, will make decisions about the project on behalf of the HWBB



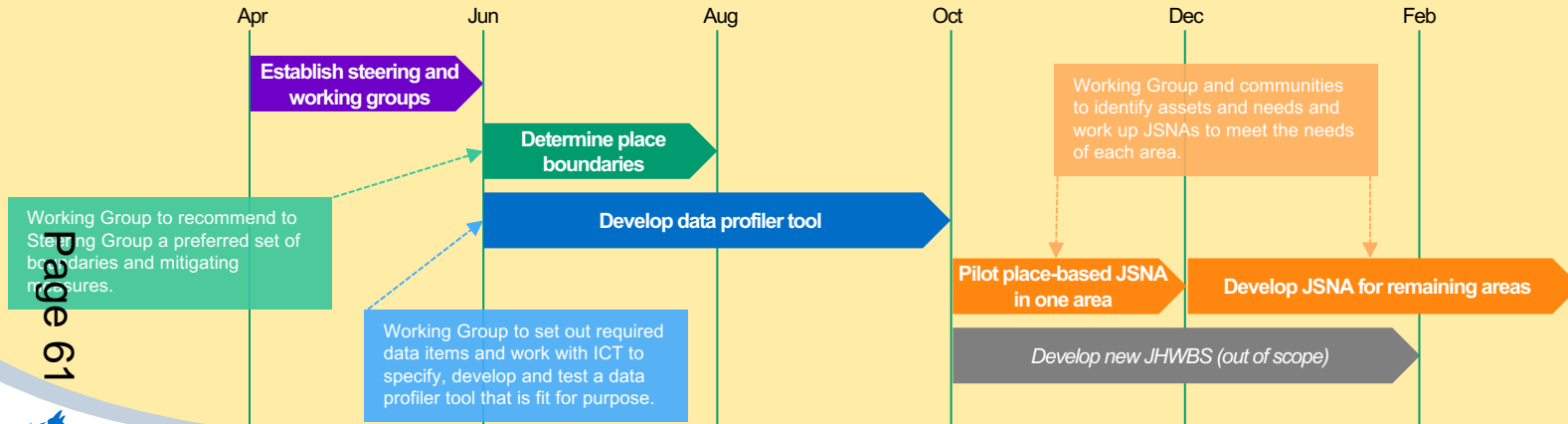
## SCOPE & APPROACH

This plan covers the development of a place-based JSNA. The refresh of the Health and Wellbeing Strategy – which is subject to a separate strategy. We propose a minimal, practical PRINCE2 'waterfall' process mixed with agile – that is, minimal documentation and an iterative development process.

← Holds overall statutory responsibility for the JSNA

← Chaired by the Insight Manager (Intelligence), the working group will take forward the work. The working group membership will be officer/analyst level and membership will flex based on need.

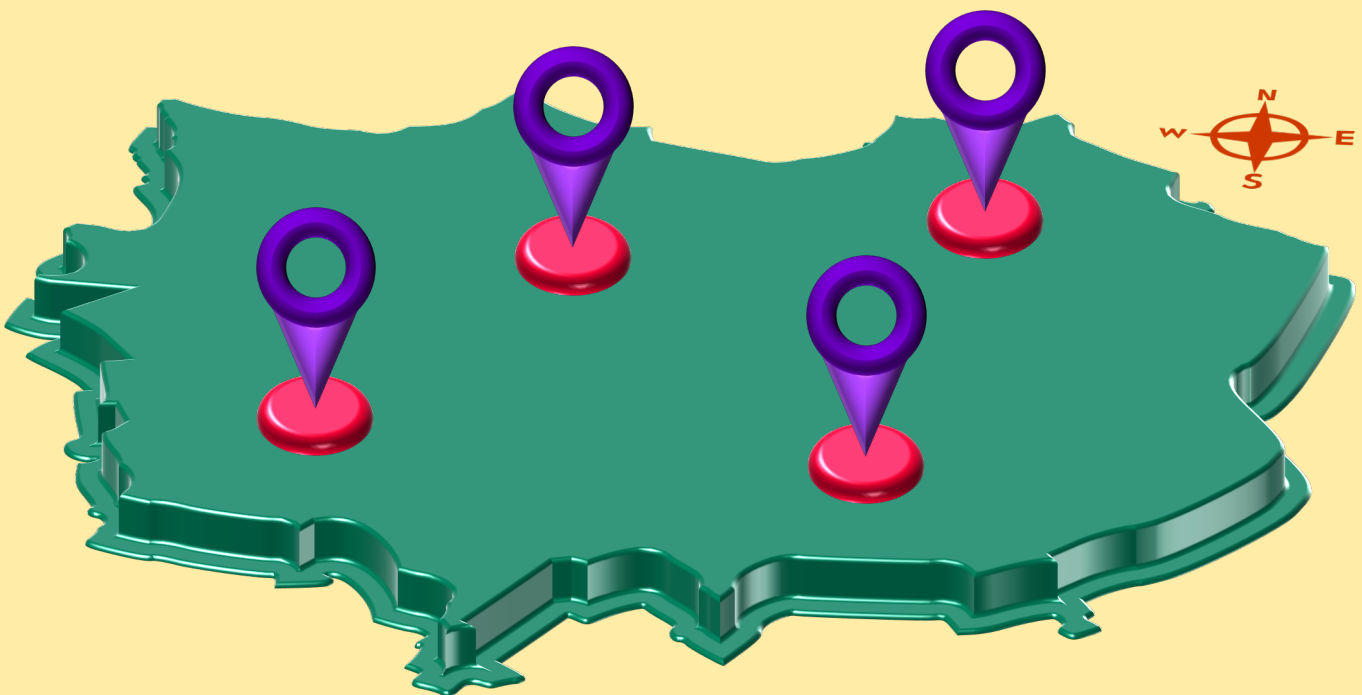
## DELIVERABLES



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# A place-based Joint Strategic Needs Assessment for Coventry

Project Initiation Document (PID)



16 May 2018 (v1.4)

**Si Chun Lam**  
Insight Development Manager (Place and Public Sector Transformation)

## Document Location

<https://coventrycc.sharepoint.com/teams/ChiefExec/PublicHealth/Insight/Documents/JSNA 2019 PID.docx>

## Revision History

| Revision date | Summary of Changes  |
|---------------|---|
| 11/04/2018    | 1.0 First draft   |
| 12/04/2018    | 1.1 Revised following feedback from Liz Gaulton   |
| 16/04/2018    | 1.2 Revisions to the steering group and working group   |
| 19/04/2018    | 1.3 Clarification to deliverables and governance following Public Health Senior Management Team |
| 16/05/2018    | 1.4 Refreshed for clarity following internal planning discussion; added plan-on-a-page          |

## Distribution

This document has been distributed to

| Name  | Date of Issue | Version |
|---|---------------|---------|
| Stella Botchway, Liz Deakin, Liz Gaulton, Si Chun Lam, Robina Nawaz, Tina Wukics  | 11/04/2018    | 1.0     |
| Stella Botchway, Liz Deakin, Liz Gaulton, Si Chun Lam, Robina Nawaz, Tina Wukics  | 12/04/2018    | 1.1     |
| Stella Botchway, Liz Deakin, Jane Fowles, Sue Frossell, Liz Gaulton, Si Chun Lam, Robina Nawaz, Tina Wukics                                 | 16/04/2018    | 1.2     |
| Stella Botchway, Liz Deakin, Jane Fowles, Sue Frossell, Liz Gaulton, Si Chun Lam, Robina Nawaz, Tina Wukics                                 | 19/04/2018    | 1.3     |
| Helen Shankster   | 16/05/2018    | 1.3     |
| Stella Botchway, Debbie Dawson, Liz Deakin, Jane Fowles, Sue Frossell, Liz Gaulton, Si Chun Lam, Harbir Nagra, Helen Shankster, Tina Wukics | 16/05/2018    | 1.4     |

## Table of contents

|   |    |
|---|----|
| A place-based Joint Strategic Needs Assessment for Coventry ..... | 1  |
| Project Initiation Document (PID) .....                           | 1  |
| Table of contents .....   | 2  |
| Plan-on-a-page .....  | 3  |
| Background .....  | 4  |
| Context .....   | 4  |
| Case for change .....   | 4  |
| Project definition .....  | 5  |
| Objective .....   | 5  |
| Approach .....  | 5  |
| Scope .....   | 5  |
| Dependencies .....  | 5  |
| Deliverables .....  | 6  |
| Initial project plan .....  | 6  |
| Management and organisation .....                                 | 8  |
| Governance .....  | 8  |
| Resources and representation .....                                | 8  |
| Communications .....  | 9  |
| Stakeholders .....  | 9  |
| Risk register .....   | 10 |
| Resources .....   | 10 |
| Further information .....   | 10 |
| Contact .....   | 10 |



## A place-based Joint Strategic Needs Assessment (JSNA) for Coventry

### PURPOSE AND OBJECTIVE

The JSNA is a means by which local leaders across health and care work together to understand the assets and needs of all people in Coventry. This plan sets out how we will develop a place-based JSNA for Coventry to provide a story of the place to help partners understand local assets and needs.

### PLAN-ON-A-PAGE

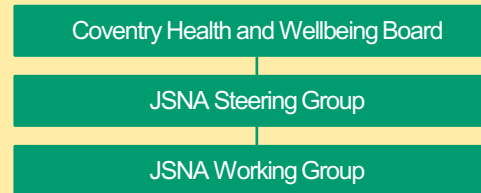


### SCOPE & APPROACH

This plan covers the development of a place-based JSNA. The refresh of the Health and Wellbeing Strategy – which is subject to a separate strategy. We propose a minimal, practical PRINCE2 'waterfall' process mixed with agile – that is, minimal documentation and an iterative development process.

### GOVERNANCE & STRUCTURE

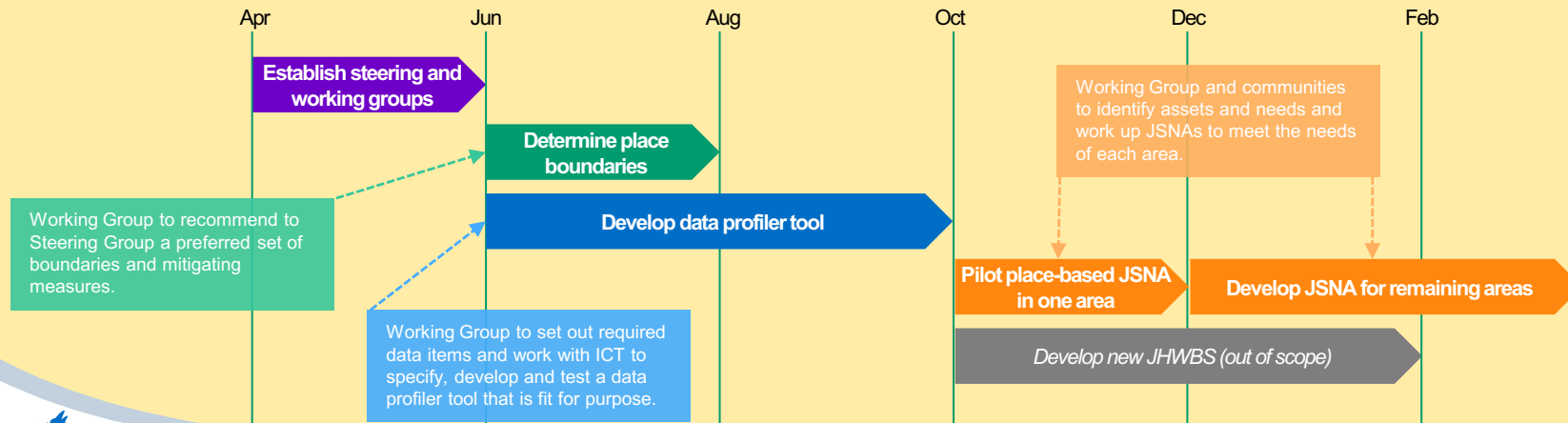
Chaired by the Director of Public Health, the steering group, made up of director-level representatives, will make decisions about the project on behalf of the HWBB



← Holds overall statutory responsibility for the JSNA

← Chaired by the Insight Manager (Intelligence), the working group will take forward the work. The working group membership will be officer/analyst level and membership will flex based on need.

### DELIVERABLES



# Background

## Context

The Joint Strategic Needs Assessment (JSNA) is a means by which local leaders across health and care work together to understand and agree the assets and needs of all people in Coventry. It is owned by the Coventry Health and Wellbeing Board (HWBB). The production of a JSNA, along with a Joint Health and Wellbeing Strategy (JHWBS) is a statutory requirement placed upon the HWBB under the Health and Social Care Act 2012.

The JSNA brings together, in one place, data, information and resources about key health and social care issues affecting Coventry residents, and supports the planning and commissioning of health, wellbeing and social care services. An effective JSNA helps the HWBB set its priorities and strategy and helps inform strategic commissioning across the health and care system.

The JSNA is more than just a document; it is a process that involves the collection of 'hard' evidence from data sources, as well as consultation with local stakeholders and partners to understand the key issues facing local communities.

## Case for change

The current JSNA process was completed in 2016. The data was recently updated in January 2018 with:

- refreshed data – the latest data available as of January 2018;
- the addition of a colourful set of flash facts outlining data for each theme; and
- an accompanying set of slides being delivered by the Insight Team to HWBB partners who would like to know more about the production and content of the JSNA.

There is a will across Health and Wellbeing Board partners to move towards more place-based working. In addition, the current JHWBS covers 2016-19 and is due for a refresh for the 2019-22 period. These factors necessitate a fresh approach to the JSNA. The intention is to move towards a place-based approach for the JSNA to give a more in depth understanding of geographical areas within the City and inform the development of the next JHWBS. This reflects recent research evidence, developments and policy direction nationally which has seen a move towards recognising that health and care (including community-based, mental health, social care) services based around natural geographies of populations between 30,000-50,000 people would offer populations a much more complete and less fragmented services.

In addition, regionally, there has been a move towards a place-based approach to health and care. Across Warwickshire, Warwickshire County Council have developed a place-based approach to their JSNA, which has been positively received. This is a significant departure to the traditional whole population, thematic approach. The drivers for this change include:

- the requirement to support significant transformation programmes and strategies which are founded on community resilience and service delivery at locality level;
- use of the JSNA as a vehicle for engaging and involving local partners and stakeholders; and
- combining local intelligence and issues to tailor needs assessments to local needs, which ensures that the JSNA process feeds into local action plans.

Learning from Warwickshire, developing a place-based JSNA for Coventry will involve the following:

- identification of suitable geographies to be the local area building blocks. Warwickshire has 22 JSNA geographies which are profiled in stages over several years;
- each area has an average population of 25,000, defined by geospatial software and stakeholder consultation;
- boundaries designed to meet stakeholder needs as far as possible and partners are committed to using these areas for strategic planning purposes;
- producing data at the local geography level through a profiling tool developed by the Insight team at Warwickshire; and

- creating locally focussed profiles each with a local champion or sponsor and lead officer. Work is owned by a local stakeholder group and supported by an analyst. This will require significant input and commitment from partners and will have a large resource implication for the Insight and Public Health team.

The strengths of a place-based approach to the JSNA is that it is likely to bring similar benefits of locally focussed profiles and partnership involvement through local sponsors. In addition, this move will benefit services that work jointly with Coventry and Warwickshire, in particular, the Place Forum, the Coventry and Rugby Clinical Commissioning Group (CCG) and acute and community hospital trusts.

Such a move will also create new opportunities including providing support towards increased joint working between the two public health teams as resources from national government continue to become more constrained.

Potential weaknesses of a place-based approach for Coventry, is that Coventry is one city, unlike Warwickshire, where each town or locality has a clearly unique population profile. However, the footprint of the eight recently-formed Family Hubs in Coventry acts as evidence that this is possible, and indeed the Family Hubs may act as a suitable geography for Coventry. Based on Warwickshire's experience, a profiling tool can be made flexible enough to allow partners to access data and create statistical profiles to support multiple needs including commissioning decisions, Family Hubs, out of hospital localities, and the transformation of children's social care. As part of the JSNA process, it will also be essential to ensure that chosen geographies make sense to local communities.

The threats of not moving towards a place-based approach would be fragmentation and inconsistency between the approaches taken in Coventry and Warwickshire, and the failure to maximise the potential of local partnerships with community groups and the voluntary sector which is essential for delivering the NHS five year forward view and the Council Plan priority to deliver our priorities with fewer resources.

## Project definition

### Objective

To develop a place-based Joint Strategic Needs Assessment (JSNA) for Coventry, to provide a story of the place to help partners understand local assets and needs.

### Approach

The JSNA is a large, multi-stakeholder project involving lots of external partners and therefore a commonly-understood methodology like PRINCE2 would be suitable to ensure common understanding between partner organisations. However, as there are a lot of unknowns from a place-based approach to developing a JSNA, this necessitates flexibility. Therefore, we propose using a minimal, practical PRINCE2 'waterfall' process mixed with agile – this means, this PID will set out the initial plan, requirements and infrastructure – but as the JSNA develops, they can and will change.

The overall approach will be divided into stages, as set out under deliverables, below.

### Scope

The scope for this work is the Coventry health and care system. The production of the JSNA is in-scope. The production of the JHWBS for 2019-22, while both an outcome and a dependency of the JSNA, will be the scope of a separate project.

A list of stakeholders is set out under management and organisation, below.

### Dependencies

The development of the JSNA is closely linked to the development of a refreshed Coventry JHWBS for 2019-22. It is expected that the two will be interdependent: the development and piloting of an initial JSNA for

one geography will help steer the development of the JHWBS; which will, in turn, steer the development of the JSNA for the rest of the city.

Other dependencies include:

- the continued development of a place-based JSNA in Warwickshire, particularly in the Coventry and Rugby Clinical Commissioning Group (CCG) area;
- the capacity to develop the JSNA across the agreed areas;
- agreement of the appropriate geographies for Coventry; and
- the successful identification and involvement of area sponsors.

## Deliverables

### Initial project plan

| Stage | Description                                | Timescales   |
|-------|--|--------------|
| 1     | Establish steering group and working group | Apr-Jun 2018 |
| 2     | Determine place boundaries                 | Jul-Aug 2018 |
| 3     | Develop data profiler tool                 | Jul-Oct 2018 |
| 4     | Pilot place-based JSNA in one area         | Oct-Dec 2018 |
| 5     | Develop JSNA for remaining areas           | 2019-        |

### Stage 1: establish steering group and working group

|                                |   |
|--------------------------------|---|
| <b>Purpose</b>                 | Establish a steering group of senior leaders (at director level) to decide on a course of action and to agree on the work on behalf of the Board, and a working group (at officer/analyst level) to take forward the work.  |
| <b>Key activities</b>          | <ol style="list-style-type: none"> <li>1. Identify key stakeholders</li> <li>2. Identify a senior leader from stakeholder groups to be represented on the steering group and analyst from stakeholder groups on the working group</li> <li>3. Agree meeting dates, times and venues</li> <li>4. Scope out the work such as the data and intelligence required, parameters, as well as initial work towards identifying geographies</li> </ol> |
| <b>Dependencies and inputs</b> | Require participation and engagement from stakeholders of the Coventry Health and Wellbeing Board   |
| <b>Owner</b>                   | Si Chun Lam   |
| <b>Leads</b>                   | Tina Wukics   |

### Stage 2: determine place boundaries

|                                |  |
|--------------------------------|--|
| <b>Purpose</b>                 | Determine the boundaries for each of the place-based JSNA.   |
| <b>Key activities</b>          | <ol style="list-style-type: none"> <li>1. Define what we mean by a “place” – what actually makes sense to a community and what is actually feasible</li> <li>2. Identify existing boundaries and their purposes e.g. Ward boundaries, Family Hub areas, out of hospital areas, GP clusters</li> <li>3. JSNA working group to set out a case for the most suitable set of “places” to use, consulting with all stakeholders and communities</li> <li>4. JSNA steering group to agree on a set of places</li> <li>5. JSNA steering group to identify potential community lead and professional lead to take overall responsibility for each place</li> </ol> |
| <b>Dependencies and inputs</b> | Dependent on the completion of Stage 1<br>Requires input from the JSNA Steering Group and JSNA Steering Group<br>Requires participation from stakeholders including politicians and the community  |
| <b>Owner</b>                   | Liz Gaulton  |
| <b>Leads</b>                   | Si Chun Lam  |

### Stage 3: develop data profiler tool

|                                |   |
|--------------------------------|---|
| <b>Purpose</b>                 | Collect 'hard' data for the JSNA and design a data profiler tool for the easy storage and retrieval of the data at any bespoke geography.   |
| <b>Key activities</b>          | <ol style="list-style-type: none"> <li>1. Scope out requirements for the procurement or design of a database and retrieval mechanism for combining and storing of indicators at different levels (e.g. *SOA, Ward, parliamentary constituency, local authority, CCG, local policing areas) that can be combined, sliced and diced in different ways for any bespoke geographies</li> <li>2. Collect hard indicators on the above data – a desk-based study</li> <li>3. Input place boundaries into the data profiler tool</li> <li>4. Pilot data profiler tool</li> </ol> |
| <b>Dependencies and inputs</b> | <p>Dependent on the completion of Stage 1. While the data profiler tool and the collection of data can take place without Stage 2; full delivery of the data profiler tool will require completion of Stage 2.</p> <p>Requires input from the Insight Team at Coventry City Council, and engagement of partners and stakeholders in addition to the JSNA Working Group</p>  |
| <b>Owner</b>                   | Stella Botchway   |
| <b>Leads</b>                   | Si Chun Lam   |

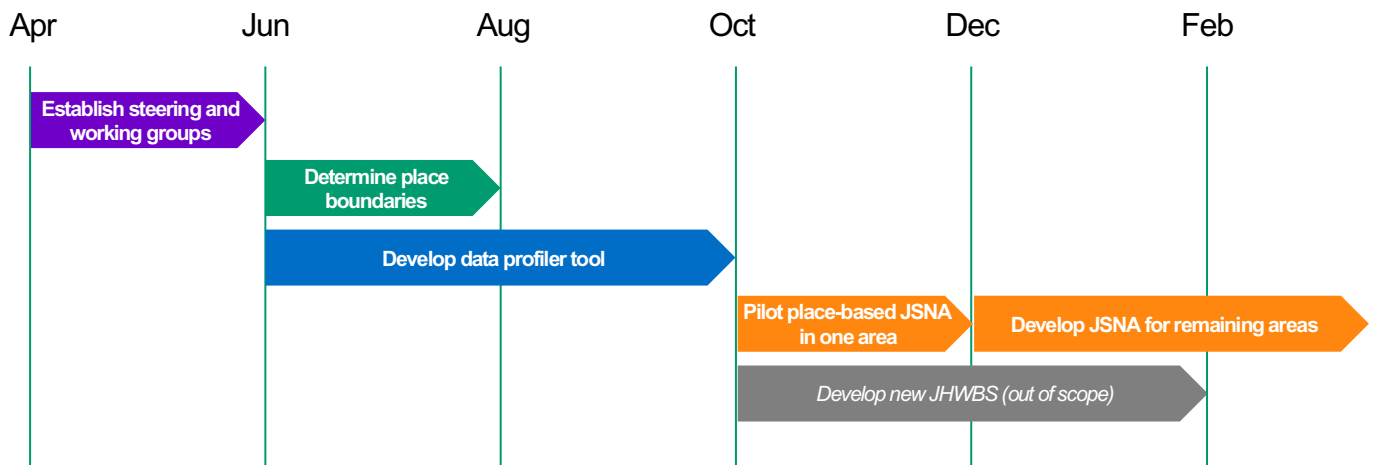
### Stage 4: pilot place-based JSNA in one area

|                                |   |
|--------------------------------|---|
| <b>Purpose</b>                 | To develop a place-based JSNA in one area of the city.  |
| <b>Key activities</b>          | <ol style="list-style-type: none"> <li>1. Shortlist a number of areas to pilot the development of a place-based JSNA in consultation with the community lead and professional lead</li> <li>2. Identify one area to test the place-based JSNA</li> <li>3. Develop the JSNA – in consultation with stakeholders including communities of interest and communities of place in that place</li> <li>4. Identify assets and needs to shape the (1.) planning of services and (2.) the delivery of services</li> <li>5. Use experience to influence the development of the JHWBS</li> <li>6. Complete the pilot JSNA for one area of the city</li> </ol> |
| <b>Dependencies and inputs</b> | <p>Completion of all above stages.</p> <p>Engagement of stakeholders in the area.</p> <p>Influence of JSNA Steering Group to shape JHWBS around health inequalities, demand reduction, and communities/wellbeing.</p>   |
| <b>Owner</b>                   | tbc   |
| <b>Leads</b>                   | tbc   |

### Stage 5: develop JSNA for remaining areas

|                                |  |
|--------------------------------|--|
| <b>Purpose</b>                 | To develop a place-based JSNA in all areas of the city.  |
| <b>Key activities</b>          | <ol style="list-style-type: none"> <li>1. To be determined, based on learning from Stage 4.</li> </ol>   |
| <b>Dependencies and inputs</b> | <p>Successful pilot of the JSNA for one area of the city in Stage 4.</p> <p>Completion of the JHWBS.</p> |
| <b>Owner</b>                   | tbc  |
| <b>Leads</b>                   | tbc  |

### Timescales

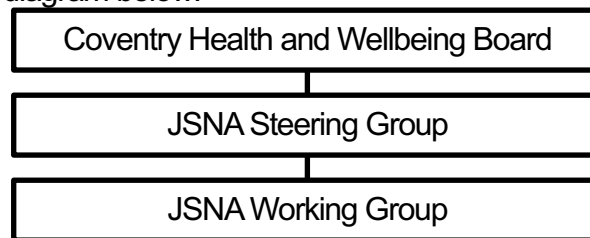


## Management and organisation

### Governance

The Coventry Health and Wellbeing Board (HWBB) holds overall responsibility for the JSNA. Its delivery will be overseen by a steering group chaired by Liz Gaulton, Director of Public Health, and a working group chaired by Liz Deakin, Insight Manager (Intelligence).

This is outlined in the structure diagram below:



### Resources and representation

#### Key people

| Title                   | Role  | Lead  |
|-------------------------|---|---|
| <b>Project sponsor</b>  | Chair the steering group and act as liaison between the HWBB and the JSNA steering group    | Coventry Health and Wellbeing Board represented by Liz Gaulton – Director of Public Health              |
| <b>Senior lead</b>      | Chair the working group and act as liaison between the working group and the steering group | Liz Deakin – Insight Manager (Intelligence)   |
| <b>Project manager</b>  | Co-ordinate people and meetings   | Tina Wukics – Partnership Support Officer, Coventry City Council  |
| <b>Delivery manager</b> | Overall responsibility for delivering the JSNA  | Si Chun Lam – Insight Development Manager (Place & Public Sector Transformation), Coventry City Council |

#### JSNA Steering Group

- Liz Gaulton – Director of Public Health, Coventry City Council (Chair)
- Stella Botchway – Consultant in Public Health Intelligence
- Liz Deakin – Insight Manager (Intelligence)
- Si Chun Lam – Insight Development Manager (Place and Public Sector Transformation), Insight Team, Coventry City Council (Project manager)
- Tina Wukics – Partnership Support Officer, Insight Team, Coventry City Council

- Engagement lead from Coventry City Council
- Decision-maker from primary care – via Coventry and Rugby CCG?
- Representation from West Midlands Police
- Representation from Healthwatch Coventry

## JSNA Working Group

*It is anticipated that the membership of the working group will flex based on need, for instance, at the outset, the working group may only consist of analysts from the Insight Team; while in the delivery of the place-based JSNA, the working group membership as each place-based JSNA is developed will change in line with the stakeholders, including community and voluntary sector leads, of each area.*

- Liz Deakin – Insight Manager (Intelligence) (Chair)
- Si Chun Lam – Insight Development Manager (Place and Public Sector Transformation), Insight Team, Coventry City Council (Project manager)
- Tina Wukics – Partnership Support Officer, Insight Team, Coventry City Council
- Analyst from Coventry and Rugby CCG
- Analyst from University Hospital Coventry and Warwickshire (UHCW)
- Analyst from Coventry and Warwickshire Partnership Trust (CWPT)
- Analyst from West Midlands Police
- Representative / involvement from public health (Coventry City Council)
- Representative / involvement from adult social care (Coventry City Council)
- Representative / involvement from commissioning (Coventry City Council)
- Representative / involvement from children’s social care (Coventry City Council)
- Representative / involvement from education (Coventry City Council)

## Communications

Within the working group:

- Communication via SharePoint project site and by email from the project manager and through regular working group meetings

To the steering group:

- Regular communication of progress, items requiring decisions to the steering group via the chair
- Communication by exception, as circumstances demand, usually immediately, to the steering group chair

Within the steering group:

- Communication via SharePoint project site and by email from the project manager on behalf of the chair and through regular steering group meetings

To the Health and Wellbeing Board:

- Regular communication of progress to the Board, at each Board meetings

## Stakeholders

### Public sector

- Coventry City Council – local councillors
- Coventry City Council – including:
  - Adult social care (including older people, learning disabilities, mental health, etc.)
  - Children’s social care
  - Commissioning
  - Education
  - Housing and homelessness
  - Public health

- Coventry and Rugby Clinical Commissioning Group
- Coventry and Warwickshire Partnership Trust
- Coventry and Warwickshire Place Forum
- Coventry Health and Wellbeing Board
- Coventry Local Public Service Board
- West Midlands Police
- Warwickshire County Council

### Voluntary and community sector

- Healthwatch Coventry
- Partnership for Coventry
- *Communities of interest*
- *Communities of place*

### Risk register

| Reference | Description  | Likelihood Rating<br>(1-5 with 5 high) | Consequence Rating<br>(1-5 with 5 high) | Control measures  |
|-----------|--|--|---|---|
| 1.1       | Failure to get sufficient representation from across the health and care system        | 2                                      | 3                                       | Health and Wellbeing Board tasked to identify members     |
| 2.1       | Failure to agree on boundaries resulting in delays/failure to develop place-based JSNA | 4                                      | 5                                       | Use multiple overlapping geographies                      |
| 3.1       | Insufficient skillset to develop profiler tool   | 3                                      | 5                                       | Borrow from Warwickshire and/or seek external ICT support |

## Resources

### Further information

- Coventry Joint Strategic Needs Assessment: <https://www.coventry.gov.uk/jsna/>
- Towards a place-based approach for the Joint Strategic Needs Assessment (briefing note to the Coventry Health and Wellbeing Board, 9 April 2018): <http://democraticservices.coventry.gov.uk/documents/s37658/Coventry%20Joint%20Strategic%20Needs%20Assessment.pdf>
- Coventry JSNA presentation slides (presentation to the Coventry Health and Wellbeing Board, 9 April 2018): <http://democraticservices.coventry.gov.uk/documents/s37667/Coventry%20Joint%20Strategic%20Needs%20Assessment%20-%20presentation.pdf>

### Contact

Si Chun Lam – [SiChun.Lam@coventry.gov.uk](mailto:SiChun.Lam@coventry.gov.uk)





Coventry City Council

## Report

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**To: Coventry Health and Wellbeing Board**

**Date: 2 July 2018**

**From: Andy Hardy, Chief Executive, University Hospitals Coventry and Warwickshire**

**Title: Better Health, Better Care, Better Value Programme Update**

---

### **1 Purpose**

The purpose of this report is to provide Coventry Health and Wellbeing Board with an update on the Better Health, Better Care, Better Value programme, highlighting any key points as necessary.

### **2 Recommendations**

The board is asked to note this report and its contents.

### **3 Information/Background**

#### **3.1 Integrated Care System update**

The STP and NHS England recognise that additional support is required to deliver the transformation of the Coventry and Warwickshire system to a Shadow Integrated Care System by 2019. In order to support this, NHS England has invested in a large system-wide capabilities development programme for senior leaders and their teams across the next 15 months. This will help these leaders develop the skills and expertise they need to manage today's challenges whilst being equipped and ready for tomorrow's issues across the whole care system.

The 12-week programme aims to develop the leadership capability of senior teams across the following learning streams:

- Building a whole system strategy and plan
- System level financial planning
- Integrated governance

- Executing and implementation

Following the intensive 12-week development programme, a plan will be produced which will highlight what actions are required, in what timescales to reach Shadow ICS by April 2019.

STP members have already undertaken Action Learning Sets (ALS) and group workshops associated with the first two topics. These have been well received and actions are being collated as the programme is delivered.

### **3.2 Programme Management**

NHS England are fully committed to supporting the development of the Better Health, Better Value, Better Care programme to allow them to successfully transform care and deliver sustainable quality and access standards within their system budget.

In order to ensure this is achieved NHS England have agreed to offer a range of support, which has been formalised through a Support Agreement. As part of this support, Rachael Danter, Coventry and Warwickshire NHSE Locality Director for NHS England, has now taken up the role of Programme Director for Better Health, Better Care, Better Value. Rachael has already started to bring together the PMO team with members of the wider NHSE enabling team to create a larger resource pool to support the STP Board to succeed.

An update on our work programmes follows below.

### **3.3 Transformational Programmes of Work**

#### **Proactive and Preventative**

The vision of the Proactive and Preventative programme is: ‘to galvanise effort, expertise and resource to stimulate a step change in commitment to prevention across the health and wellbeing system’.

People are living longer on average but are spending more years in ill health. The aim of the programme is to have a greater focus on keeping people healthy (prevention), combined with proactive early intervention to reduce the impact of health and wellbeing risks.

Success depends on influencing behaviour within the wider Better Health, Better Care, Better Value programme and across the wider health, care and public service system. The partners aim to achieve this by:

- Taking a ‘place-based’ approach to system change, working with local communities and partners to improve local people’s health and wellbeing
- Coordinating the work of the Coventry and Warwickshire Place Forum to create conditions for a system-wide commitment to prevention
- Embedding prevention across the wider programme and other projects/services
- Building on existing good practice and assets, with a ‘Year of Wellbeing’ in 2019 across Coventry and Warwickshire.

Work is continuing to prepare for the Year of Wellbeing. This includes gathering existing policies, protocols and practices from partners that promote staff wellbeing, and assessing opportunities for upscaling these across all organisations.

All Better Health, Better Care, Better Value work programmes will include an element of prevention.

### **Maternity and Paediatrics**

The National Maternity Transformation Board has awarded the partnership £202,000 for funding to help implement new Continuity of Carer models for maternity. Engagement sessions are planned with midwives at George Eliot Hospital NHS Trust and University Hospitals Coventry and Warwickshire NHS Trust about new ways of working, which would enable 20 per cent of women to have continuity of carer throughout their pregnancy by March 2019. These follow previous sessions at South Warwickshire NHS Foundation Trust.

### **Mental Health and Emotional Wellbeing**

Coventry and Warwickshire have received £350,000 from the Department for Health and Social Care, Public Health England (PHE) and NHS England to support the work on eliminating suicide prevention. The funding will help to target men in their local communities, tackling stigma and isolation, improving support around employment and housing, and ensuring there are safe drop-in places. Work will include developing the existing suicide prevention campaign '[It Takes Balls to Talk](#)', and expanding this to additional community locations such as barbers and workplaces.

The partners will work closely with the third sector to develop a social prescribing offer for men who are socially isolated or experiencing difficult life events. There are also plans to deliver new evidence-based mental health awareness and suicide prevention training for non-mental health professionals including social care, primary care, A&E, Job Centre and Citizens Advice Bureau staff. This will run alongside developing a network of champions and 'train the trainers' within healthcare settings and in specialist mental health services to promote awareness and develop a compassionate culture, driving the ambition of zero suicide. A suicide prevention stakeholder workshop is planned for later this month.

### **Planned Care**

The purpose of this work programme is to deliver better patient care and reduce demand in planned care through seven main initiatives:

- Demand Management
- Musculoskeletal
- Pathway Redesign
- Performance
- Planned Care Contracts
- Policy Development
- Resource Utilisation

The Planned Care Contracts workstream is in the scoping stage. Public engagement has started to find out patients' views on their experiences, from seeing their GP to going into hospital for treatment.

### **Productivity and Efficiency**

Nine areas of focus have been identified for the programme:

- Estates
- Finance
- Governance/Legal

- HR
- Information Technology
- Informatics
- Payroll
- Procurement
- Risk

As part of this work, Directors of Finance across the four NHS Trusts have agreed that these organisations should have standard finance processes and a single finance system.

### **Urgent and Emergency Care**

The work programme's priorities are being realigned according to national milestones. This means work will focus mainly on the following areas:

- NHS111
- Ambulance response times and handovers
- Hospitals – improving patient flow and developing an ambulatory emergency care service and an acute frailty service
- Designated Urgent Treatment Centres
- Mental health and urgent and emergency care
- Urgent and emergency care technology

The Urgent and Emergency Care programme is aligning with the work of the Mental Health and Emotional Wellbeing programme on the Arden Mental Health Acute Team (AMHAT) review. A workshop was recently held for all partner organisations to focus on the current challenges within the system and help develop the case for change. A number of actions were identified and these are now being followed up.

All Better Health, Better Care, Better Value partner organisations are working together to implement an all-year communications and engagement campaign to help reduce demand on A&E by focusing on prevention and staying well.

## **3.4 Enabling Programmes of Work**

### **Estates**

An estates strategy is being drafted, following a stocktake of the assets owned by all partner organisations excluding local authorities. The Productivity and Efficiency programme of this transformation partnership has identified opportunities for potential savings in estates. Both programme leads are working together to assess how the Estates programme can best make this happen.

### **Digital Transformation**

The Productivity and Efficiency programme has identified from NHS Improvement's analysis of Coventry and Warwickshire that significant savings could be made through Information Technology and informatics. Both programme leads are working together to identify where and how to make these savings.

A workshop was held with all partner organisations to refresh the Local Digital Roadmap and to agree objectives in terms of digital solutions over the next two years.

## **Workforce**

The implementation of this programme is being led by the Coventry and Warwickshire Local Workforce Action Board, which meets bimonthly. Work is underway to recruit a dedicated programme lead.

### **3.5 Related Programmes of Work**

#### **Review of Stroke Services in Coventry and Warwickshire**

A Regional Assurance Panel of the 'Pre Consultation Business Case' (PCBC) took place on 24th May. The case was well received, given the strength of the evidence base supporting the case for change within the system. However, the panel identified a number of areas where further evidence was required to ensure all the NHS requirements for service reconfiguration had been met. Work is now underway, with Arden and GEM CSU working closely with NHSE to address all the points raised and gather the required information prior to submission to a Formal Review Panel.

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

**Name and Job Title:** Rachael Danter, Programme Director

**On behalf of:** Better Health, Better Care, Better Value Board

**Telephone and E-mail Contact:** rachael.danter@nhs.net

Enquiries should be directed to the above person.

#### **Appendices**

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Coventry City Council

## Report

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**To: Coventry Health and Wellbeing Board**

**Date: 2 July 2018**

**From: Pete Fahy – Director of Adult Services**

**Debbie Dawson – Policy and Partnerships Transformation Officer, Insight**

**Title: Care Quality Commission (CQC) Local System Review – Improvement Plan Progress**

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### **1 Purpose**

This report summarises progress against the improvement plan arising from the Care Quality Commission System Review as agreed by the Coventry Health and Well-Being Board (HWBB) on 9 April 2018.

### **2 Recommendations**

The following recommendations are made to Coventry Health and Well-Being Board:

- a. That HWBB note the progress made and support an ambition to conclude the work on the action plan by March 2019
- b. That HWBB invite the Department of Health and Social Care (DHSC) to provide a follow up seminar in Autumn 2018 to summarise progress and challenges and support in understanding the linkages of different policy initiatives and programmes
- c. That HWBB receive monitoring reports on progress against the improvement plan at future meetings

### **3 Background**

The CQC undertook a system wide review of health and care for people aged 65 and over in Coventry between December 2017 and March 2018. As a result of this review the Coventry HWBB agreed an improvement plan which was closely linked to work already underway across the system. This plan was approved by the HWBB on 9 April 2018 and submitted to CQC and the DHSC on 10 April 2018.

Progress against the plan is monitored by the DHSC through monthly telephone calls with the Director of Adult Services, Accountable Officer for Coventry and Rugby Clinical Commissioning Group and the Deputy Chief Executive (People) where available.

As the improvement plan is owned by the Coventry Health and Well-Being Board this report provides an update on progress to date.

#### **4 The Coventry Action Plan**

The action plan contains seven sections which group together the areas for improvement arising from the CQC review. The key progress against each of the sections is as follows:

##### **Section 1: Vision and strategy**

A Place Design (high level system model) and revised Concordat, are to be shared with the Coventry and Warwickshire Place Forum for approval on 16 July 2018. This will mark an important step in embedding a consistent vision and strategy across the health and social care system.

Work on delivering the Out of Hospital Care continues through the relevant forums as a key element of delivering improved and consistent support.

##### **Section 2: Engagement and involvement**

An engagement session has been held, led by Coventry Older Voices (COV) and supported by Healthwatch, the City Council and CRCCG, to share the headline findings from the review and engage members of COV in the development of 'i-statements' through asking what good health and social care looks like from a user perspective. Issues surrounding how we might engage with the diverse range of communities in Coventry were also discussed.

The output from this session will be subject to a de-brief and next steps planning session on 21 June 2018

##### **Section 3: Performance, pace and drive**

A draft Urgent and Emergency Care dashboard has been developed by the Coventry and Rugby Accident and Emergency Delivery Group which is included at Appendix One. This contains data on key elements of activity and flow across the system and will be used by the A&E delivery group to monitor and manage performance.

Although largely for operational management purposes the dashboard could be used to provide information to HWBB in respect of activity and flow. The dashboard will also be shared with the Health Overview and Scrutiny Committee (HOSC), as this is a request made by HOSC at its April meeting.

Note that once the system strategy and vision, as required under section one, is approved by the Place Forum on 16 July, a set of performance indicators to evidence delivery of this can be developed.

##### **Section 4: Flow and use of capacity**

A choice policy has been finalised for which training and implementation is now being planned. A review of what is required to move to seven day services is underway within UHCW and City Council to understand the resource implications, options and benefits of providing greater capacity at weekends. A review of the Discharge Hub is to commence to ensure this continues to be an effective means through which to facilitate discharge and the Red Bag scheme is on target to be implemented by the anticipated date of September 2018.



### **Section 5: Market development**

Progress is on track to update the Market Position Statement by September 2018 and the review of Discharge to Assess pathways is also progressing with leads identified for each pathway. Step-up capacity to support people in the community is in place and its effectiveness in supporting the management of demand is being evaluated.

### **Section 6: Workforce**

The Local Workforce Action Board remains in place and its work is progressing. Developing a system wide workforce strategy is an action that will be subsequent to concluding the work on overall vision and strategy. Developing a system wide workforce strategy will be a challenging area with few examples existing of where this has been completed and effectual.

### **Section 7: Information sharing and system navigation**

A review of customer journeys is underway within the City Council. The exercise seeks to identify areas of interaction the public have had with the local authority that could have been avoided by improved access to information and advice. Subsequent to this being completed, improvements will be planned over the coming months.

An interoperability workshop was held in May and action plans to improve this area are being developed by health and social care technology leads. A system wide Assistive Technology workshop was also held in May, the output of which is leading to the development of targeted areas of work that will test out the use of assistive technology to reduce demand on traditional models of care.

## **5 Monitoring progress**

One monitoring phone call has taken place with the Department of Health and Social Care (DHSC) on progress since the review and it is clear that there remains ministerial interest in the ongoing impact of the reviews. The DHSC have offered to undertake a follow up summit in Autumn 2018 as an opportunity for the Coventry HWBB to showcase progress and for the DHSC to discuss policy and the connectivity of different initiatives with the Coventry HWBB.

The improvement plan is owned and monitored by the HWBB and the HWBB support officer will take the lead role in monitoring and reporting on improvement against the action plan to the HWBB at future meetings.

The improvement plan is intended to give focus and drive to areas of activity and improvement already in progress across the system. As such, the aim is to complete work on the improvement plan by March 2019 and ensure that this focus is embedded in programmes and activities across the system beyond that date.

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

#### **Name and Job Title:**

Pete Fahy – Director of Adult Services  
Debbie Dawson – Policy and Partnerships Transformation Officer

#### **Directorate:**

People

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

024 7683 3555




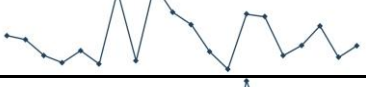
































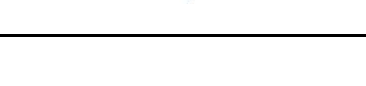

[Peter.Fahy@coventry.gov.uk](mailto:Peter.Fahy@coventry.gov.uk)

Enquiries should be directed to the above person.

### **Appendices**

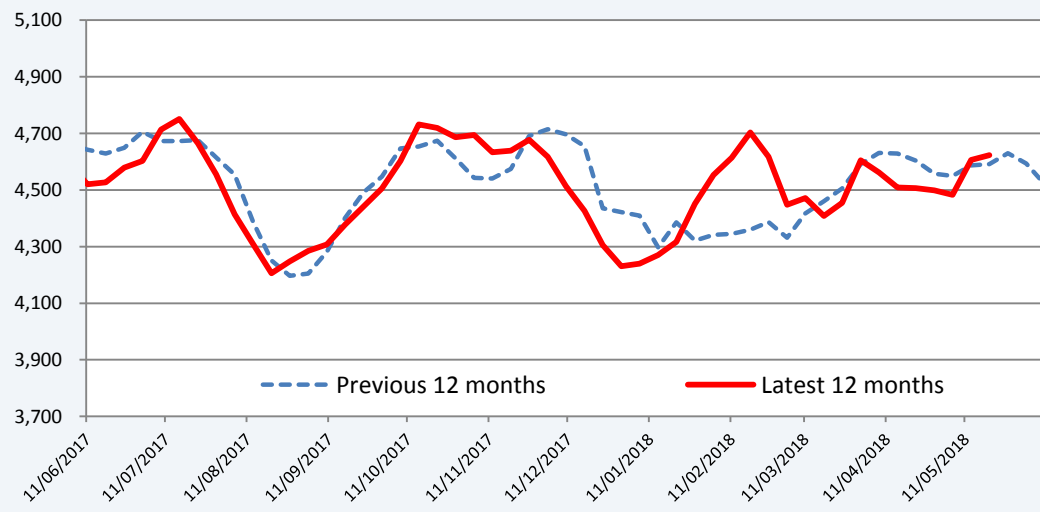
Appendix One: Urgent and Emergency Care Dashboard

# Coventry and Warwickshire A & E Delivery Board Urgent Care Dashboard - UHCW (W/E 20th May 2018)

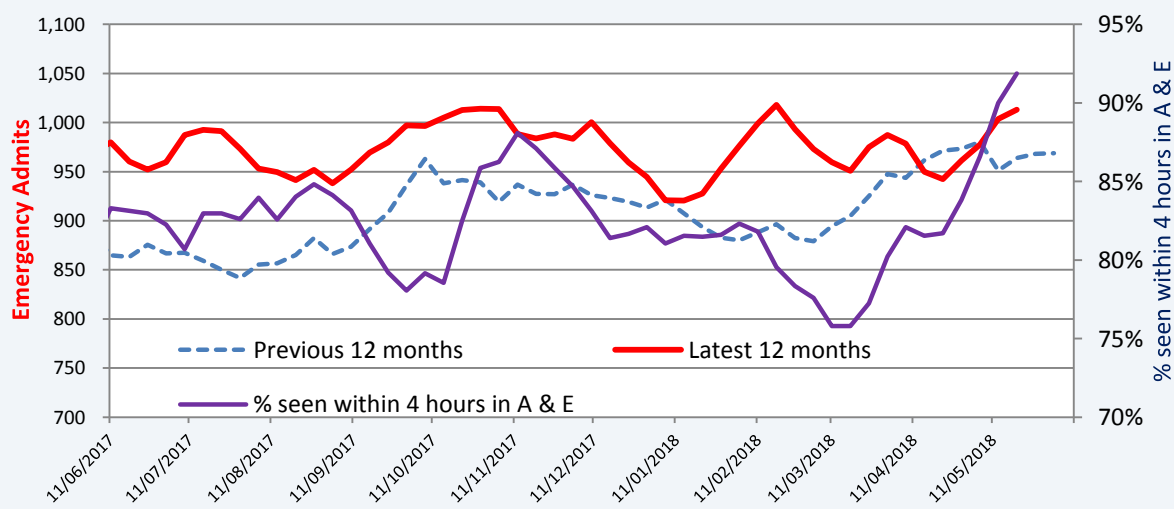
| Category                                     | Indicator   | Latest week's gauge  | Threshold  | 11th Feb | 18th Feb | 25th Feb | 4th Mar | 11th Mar | 18th Mar | 25th Mar | 1st Apr | 8th Apr | 15th Apr | 22nd Apr | 29th Apr | 6th May | 13th May | 20th May  | Trend since Jan 2018  | Desired Trend   | Six week trend |   |
|--|---|--|--|----------|----------|----------|---------|----------|----------|----------|---------|---------|----------|----------|----------|---------|----------|---|---|---|----------------|---|
| <b>Ambulance</b>                             | <b>Patients Arriving by Ambulance</b>                   |    | 1050   | 1037     | 1029     | 1018     | 1028    | 1033     | 1003     | 982      | 957     | 994     | 973      | 940      | 954      | 959     | 966      | 950   |    | ↓   | ↓              |   |
|  | <b>Ambulance Handover Delays 30-60 Mins</b>             |    | 0  | 154      | 319      | 161      | 333     | 271      | 243      | 182      | 142     | 267     | 261      | 173      | 196      | 240     | 169      | 195   |    | ↓   | ↓              |   |
|  | Ambulance Handover Delays Over 60 Mins                  |    | 0  | 18       | 25       | 11       | 39      | 37       | 42       | 13       | 6       | 66      | 30       | 19       | 7        | 12      | 9        | 3   |    | ↓   | ↓              |   |
| <b>WIC</b>                                   | <b>WIC attendances</b>                                  |    |  | 986      | 1002     | 929      | 771     | 928      | 851      | 856      | 1045    | 999     | 840      | 939      | 877      | 831     | 967      | 885   |    | ↑   | ↓              |   |
| <b>A &amp; E</b>                             | <b>A &amp; E attendances (Including WIC)</b>            |    |  | 4632     | 4761     | 4390     | 4008    | 4729     | 4507     | 4575     | 4611    | 4553    | 4296     | 4567     | 4581     | 4486    | 4789     | 4637  |    | ↓   | ↑              |   |
|  | <b>% seen within 4 hours in A &amp; E</b>               |    | 95%  | 81.8%    | 79.6%    | 78.4%    | 77.6%   | 75.8%    | 75.8%    | 83.9%    | 87.5%   | 79.6%   | 75.2%    | 84.5%    | 96.0%    | 90.7%   | 88.8%    | 92.0%   |    | ↑   | ↑              |   |
|  | <b>4 to 12 hour trolley waits</b>                       |    |  | 247      | 231      | 239      | 248     | 328      | 270      | 169      | 89      | 186     | 231      | 110      | 16       | 18      | 51       | 49  |    | ↓   | ↓              |   |
|  | <b>Patients Streamed To Primary Care from A &amp; E</b> |   |  | 178      | 173      | 167      | 151     | 190      | 159      | 178      | 180     | 174     | 145      | 147      | 164      | 155     | 155      | 156   |   | ↑   | ↓              |   |
|  | <b>% of Patients Streamed To Primary Care</b>           |  |  | 3.8%     | 3.6%     | 3.8%     | 3.8%    | 4.0%     | 3.5%     | 3.9%     | 3.9%    | 3.8%    | 3.4%     | 3.2%     | 3.6%     | 3.5%    | 3.2%     | 3.4%  |  | ↑   | ↓              |   |
|  | <b>All Emergency Admissions</b>                         |  |  | 1120     | 1167     | 1151     | 1055    | 1083     | 1096     | 1114     | 1144    | 1160    | 1093     | 994      | 1056     | 1131    | 1118     | 1095  | 1141  |  | ↓              | ↑ |
| <b>Emergency Admissions &amp; Discharges</b> | Emergency Admissions via A & E                          |  |  | 1024     | 1038     | 906      | 924     | 970      | 1004     | 1002     | 973     | 935     | 889      | 972      | 1049     | 1001    | 993      | 1009  |  | ↑   | ↑              |   |
|  | <b>Emergency Discharges</b>                             |  |  | 1056     | 1121     | 1036     | 998     | 1063     | 1063     | 1104     | 1046    | 937     | 1052     | 1056     | 1081     | 1150    | 924      | 1068  |  | ↑   | ↑              |   |
|  | Admit:Discharge Balance                                 |  |  | 111      | 30       | 19       | 85      | 33       | 51       | 40       | 114     | 156     | -58      | 0        | 50       | -32     | 171      | 73  |  | ↑   | ↑              |   |
|  | Of Total G&A Beds Open, Number Occupied                 |  |  | 1104     | 1109     | 1091     | 1097    | 1109     | 1112     | 1094     | 1069    | 1075    | 1109     | 1079     | 1056     | 1038    | 1040     | 1049  |  | ↑   | ↑              |   |
|  | Total G&A Beds Open                                     |  |  | 1130     | 1133     | 1128     | 1126    | 1128     | 1130     | 1124     | 1115    | 1109    | 1129     | 1121     | 1107     | 1106    | 1107     | 1106  |  | ↓   | ↓              |   |
|  | <b>Bed Occupancy</b>                                    |  | 95%  | 97.6%    | 97.9%    | 96.7%    | 97.4%   | 98.3%    | 98.4%    | 97.3%    | 95.9%   | 96.9%   | 98.2%    | 96.3%    | 95.4%    | 93.9%   | 93.9%    | 94.8%   |  | ↓   | ↓              |   |
|  | <b>Number of Stranded Patients (Daily average)</b>      |  |  | 520      | 525      | 517      | 522     | 529      | 527      | 585      | 576     | 549     | 595      | 561      | 553      | 465     | 473      | 495   | 445   |  | ↓              | ↓ |
|  | <b>Extended Patients 21 Days (Daily average)</b>        |  |  | 179      | 174      | 178      | 177     | 182      | 195      | 201      | 242     | 212     | 205      | 177      | 169      | 190     | 198      | 182   |  | ↓   | ↑              |   |
|  | <b>Elective Operations Cancelled</b>                    |  |  | 4        | 28       | 24       | 29      | 17       | 34       | 15       | 14      | 15      | 39       | 26       | 34       | 13      | 19       | 20  |  | ↓   | ↑              |   |
|  | <b>Delayed Transfers of Care (DTOC)</b>                 | <b>DTOC as a percentage of occupied beds</b>   |  | 3.5%     | 3.8%     | 3.2%     | 3.1%    | 3.5%     | 3.1%     | 2.7%     | 4.8%    | 3.9%    | 3.5%     | 4.4%     | 4.3%     | 3.4%    | 3.7%     | 3.0%  | 3.9%  |  | ↓              | ↑ |
| Completion of assessment                     |   |  |  | 5        | 2        | 2        | 3       | 2        | 8        | 3        | 3       | 4       | 6        | 4        | 2        | 2       | 1        | 1   |  | ↓   | ↑              |   |
| Further non acute NHS care                   |   |  |  | 14       | 0        | 7        | 14      | 9        | 7        | 10       | 16      | 13      | 14       | 12       | 10       | 10      | 12       | 12  |  | ↓   | ↑              |   |
| Care Home Placement - Residential            |   |  |  | 9        | 12       | 9        | 2       | 10       | 6        | 6        | 15      | 9       | 10       | 15       | 9        | 8       | 8        | 11  |  | ↓   | ↑              |   |
| Care Home Placement - Nursing Home           |   |  |  | 1        | 0        | 2        | 2       | 5        | 2        | 0        | 5       | 2       | 2        | 6        | 5        | 4       | 1        | 2   |  | ↓   | ↑              |   |
| Care Package in own home                     |   |  |  | 18       | 18       | 12       | 11      | 10       | 9        | 8        | 8       | 5       | 12       | 6        | 3        | 8       | 5        | 5   |  | ↓   | ↑              |   |
| Other  |   |  | 4  | 10       | 3        | 2        | 3       | 2        | 3        | 6        | 7       | 1       | 4        | 6        | 7        | 4       | 6        |  | ↓   | ↑   |                |   |

# UHCW Weekly Urgent Care Tracker - 4 week rolling average

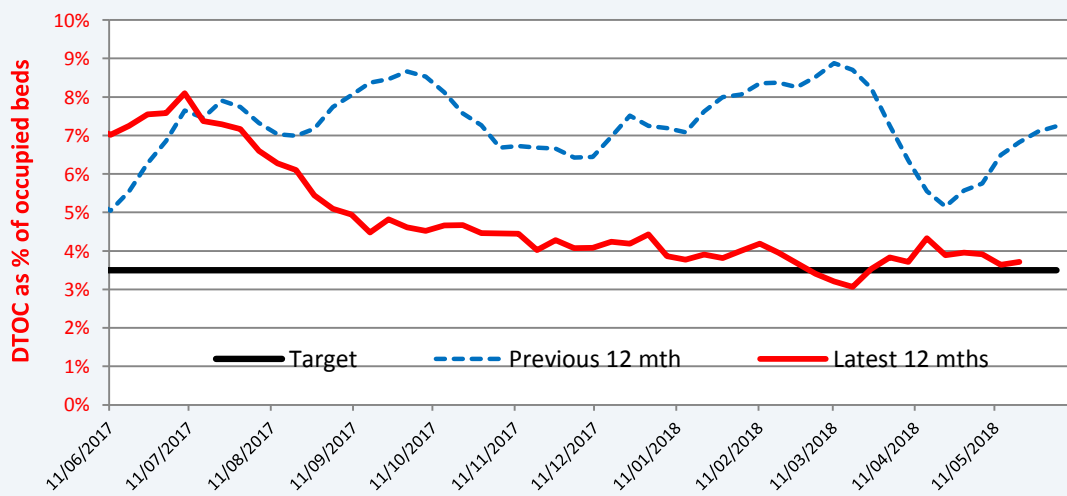
## A & E Attendances (Including WIC)



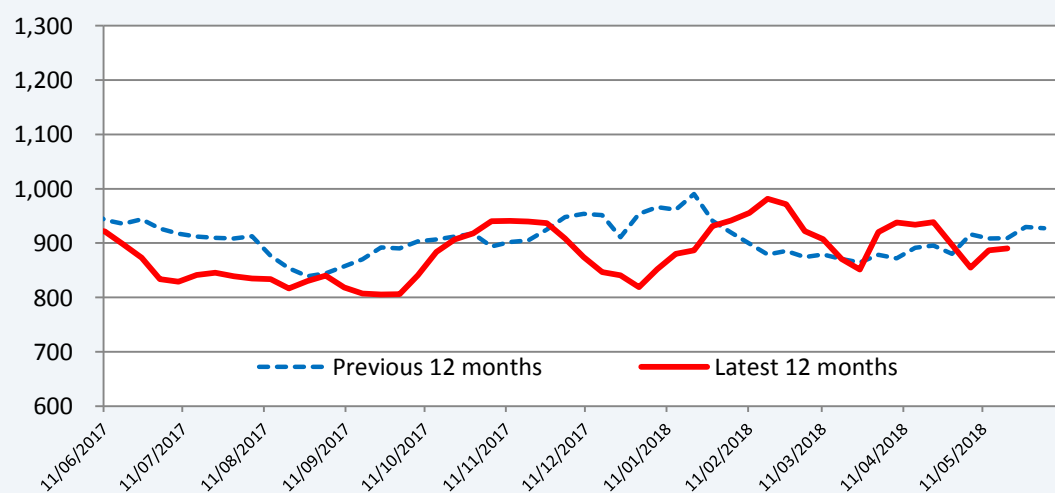
## Emergency Admissions via A & E



## Delayed Transfers of Care



## Walk-In Centre Attendances



# CRCCG Urgent Care Dashboard

|   |   |              |  |                  |   |  |   |   |
|---|---|--------------|--|------------------|---|--|---|---|
| <b>NHS 111</b><br><br><b>W/E 11/02/18</b>                           |   |              |  |                  | <p><b>CRCCG 111 Triaged Cases per 1000 people</b></p> |  |   |   |
|   |   | <b>CRCCG</b> | <b>WM average</b>  |                  |   |  |   |   |
|   | Triaged Cases per 1000                      | 5.3          | 4.5  |                  |   |  |   |   |
|   | Ambulances dispatched                       | 12.4%        | 13.8%  |                  |   |  |   |   |
|   | Recommend attend A & E                      | 7.8%         | 8.3%   |                  |   |  |   |   |
|   | Contact Primary Care                        | 46.8%        | 45.2%  |                  |   |  |   |   |
|   | Speak to Primary Care                       | 10.4%        | 10.2%  |                  |   |  |   |   |
|   | Health Info/ Home Care                      | 11.0%        | 9.0%   |                  |   |  |   |   |
| Other   | 11.6%                                       | 13.5%        |  |                  |   |  |   |   |
| <b>Ambulance 999</b><br><br><b>April 18</b>                         |   |              |  |                  | <p><b>CRCCG Ambulance Calls</b></p>                   |  |   |   |
|   | Calls                                       | <b>6,655</b> |  |                  |   |  |   |   |
|   | Hear & Treat                                | 3.0%         |  |                  |   |  |   |   |
|   | See & Treat                                 | 34.3%        |  |                  |   |  |   |   |
|   | See & Convey                                | 62.7%        |  |                  |   |  |   |   |
|   | Handover within 15 minutes (UHCW)           | 41.6%        |  |                  |   |  |   |   |
|   | Handover over 1 hour (UHCW)                 | 2.8%         |  |                  |   |  |   |   |
| <b>Discharge Pathways (Coventry)</b><br><br><b>W/E 20/05/18</b>     | <b>Pathway 1 - Reablement support hours</b> |              | <b>Pathway 2 - short term reablement beds</b>                      |                  | <b>Residential</b>                                    |  |   |   |
|   |   | Plan         | Actual   |                  | Plan  | Actual   |   |   |
|   | Pathway 1 hours utilised %                  | >90%         | 76%  | HWC - % utilised | >90%  | 60%  |   |   |
|   | Referrals                                   | 20           | 30   | Referrals        | 4   | 5  |   |   |
|   | Discharges                                  | 20           | 22   | Discharges       | 4   | 2  |   |   |
| Number of people waiting without a discharge date (within 48 hours) | 0   | 7            | Number of people waiting without a discharge date (within 48hours) | 0                | 4   | Number of people waiting without a discharge date (within 48hours) | 0 | 3 |

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