



Coventry Health and Well-being Board

Time and Date

2.00 pm on Monday, 8th April, 2019

Place

Committee Room 3 - Council House

Public Business

1. **Welcome and Apologies for Absence**
2. **Declarations of Interest**
3. **Minutes of Previous Meeting** (Pages 5 - 18)
 - (a) To agree the minutes of the meeting held on 14th January, 2019
 - (b) Matters Arising
4. **Chair's Update**

The Chair, Councillor Caan will report at the meeting

Development Items

5. **Young People and Violence** (Pages 19 - 20)

Report and presentation by Chief Superintendent Mike O'Hara, West Midlands Police
6. **Coventry Physical Activity Framework 2019 - 2024** (Pages 21 - 40)

Report of Liz Gaulton, Director of Public Health and Wellbeing

Delivery Items

7. **Joint Strategic Needs Assessment (JSNA) Update** (Pages 41 - 44)

Report and presentation of Liz Gaulton, Director of Public Health and Wellbeing
8. **Coventry Joint Health and Wellbeing Strategy Refresh Update** (Pages 45 - 78)

Report of Liz Gaulton, Director of Public Health and Wellbeing

9. **Better Health, Better Care, Better Value Programme Update** (Pages 79 - 88)

Report of Rachael Danter, Programme Director, Better Health Better Care Better Value

10. **Coventry and Warwickshire Place Forum** (Pages 89 - 96)

Report of Liz Gaulton, Director of Public Health and Wellbeing

Governance Items

11. **Housing and Homelessness Strategy** (Pages 97 - 98)

Report of David Ashmore, Director of Housing and Transformation

12. **'I' Statements for Health and Social Care** (Pages 99 - 108)

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

13. **Care Quality Commission (CQC) Local System Review - Improvement Plan Completion** (Pages 109 - 152)

Report of Pete Fahy, Director of Adult Services

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

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

Private Business

Nil

Martin Yardley, Executive Director, Place, Council House Coventry

Friday, 29 March 2019

Note: The person to contact about the agenda and documents for this meeting is Liz Knight Tel: 024 7697 2644 Email: liz.knight@coventry.gov.uk

Membership: Cllr F Abbott, Cllr K Caan (Chair), G Daly, Cllr G Duggins, L Gaulton, S Gilby, A Green, A Hardy, R Light, S Linnell, C Meyer, M O'Hara, S Ogle, 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.

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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, 14 January 2019

Present:

Board Members: Councillor Caan (Chair)
Councillor Seaman
Councillor Taylor
Professor Guy Daly, Coventry University
Liz Gaulton, Director of Public Health and Wellbeing
Simon Gilby, Coventry and Warwickshire Partnership Trust
Andrea Green, Coventry and Rugby CCG
Andy Hardy, University Hospitals Coventry and Warwickshire
Ruth Light, Coventry Healthwatch
Professor Caroline Meyer, Warwick University
Gail Quinton, Deputy Chief Executive (People)
Dr Sarah Raistrick, Coventry and Rugby CCG

Other representatives: Matt Gilks, Coventry and Rugby CCG
Professor Sir Chris Ham, Better Health, Better Care, Better Value

Employees (by Directorate):

Place: L Knight

People: D Dawson
R Eaves
P Fahy
J Fowles
J Gregg
R Limb

Apologies: Councillor Abbott
Councillor Duggins
Steve Banbury, Voluntary Action Coventry
Rachael Danter, NHS England
Mike O'Hara, West Midlands Police
Martin Reeves, Coventry City Council
Richard Stanton, West Midlands Fire Service

Public Business

26. Professor Sir Chris Ham

The Chair, Councillor Caan, welcomed Professor Sir Chris Ham, the recently appointed Independent Chair for Better Health Better Care Better Value who was attending the meeting as an invited guest.

27. **John Mason**

Ruth Light informed the Board that John Mason's five year term of office as Chair of Coventry Healthwatch had now expired and the organisation was in the process of recruiting a new Chair. It was the intention that the new Chair would attend the next Board meeting.

The Chair, Councillor Caan, placed on record his appreciation of all the work undertaken by John during his time on the Board and for the support he has provided to the health economy of the city.

28. **Declarations of Interest**

There were no declarations of interest.

29. **Minutes of Previous Meeting**

The minutes of the meeting held on 8th October, 2018 were signed as a true record. There were no matters arising.

30. **Chair's Update**

The Chair, Councillor Caan, referred to the Coventry and Warwickshire Year of Wellbeing 2019 and to the fantastic opportunities that this presented. He encouraged members to find an opportunity to launch the Year within their own organisations.

Cllr Caan referred to the European City of Sport 2019 informing that on 9th December he had the privilege of officially receiving the European City of Sport nomination in the European Parliament on behalf of the Lord Mayor and Leader of the Council. The city had also secured the Europe Corporate Games 2019, Europe's largest corporate multi-sports festival. The Games were expected to generate more than £5 m for the local economy. He referred to the event the previous evening with Coventry Blaze which ended with over 250 people on the ice rink.

Reference was made to the successful Poverty Summit held on 12th November which was attended by Sir Michael Marmot and also included a presentation from the King's Fund. He also referred to his attendance at the West Midlands Wellbeing Board on 31st October. The agenda included WMCA plans to address childhood obesity in the West Midlands, 5G Health and Digital and updates on West Midlands on the Move and the Thrive programme.

Councillor Caan informed that Professor Chris Whitty, Chief Scientific Adviser for the Department of Health and Social Care, was visiting Coventry on 18th January 2019. A full day of briefings and visits had been planned for him to learn about how public health was being embedded across services and activities in the city, including meeting with a number of Board members.

The Deputy Chair, Dr Sarah Raistrick, informed of the Coventry and Warwickshire Clinical Transformation Programme, in particular her attendance at the Muir Gray event which concerned what population based healthcare would mean for the local

health organisations. She reported on the LGA Place Based Leadership for Health and Wellbeing in the West Midlands development network, on 14th December, on Integrated Care. She was given the opportunity to speak about integrated care and cross boundary working in Coventry and Warwickshire. Dr Raistrick also referred to the NHS long term plan published the previous week. Reference was made to the £4.5 b new service model where health bodies would come together to provide better, joined up care in partnership with local government.

31. **Joint Strategic Needs Assessment Update and Health and Wellbeing Strategy Refresh**

The Board considered a report of Liz Gaulton, Director of Public Health and Wellbeing, which provided an update on progress with the place-based Joint Strategic Needs Assessment (JSNA) and informed about the process for development of a refreshed Joint Health and Wellbeing Strategy.

The report indicated that a new place-based JSNA was being developed in Coventry for the period 2019 to 2022 to help partners understand needs and assets at a local level. The refreshed Health and Wellbeing Strategy would translate the emerging JSNA findings into priorities for what the Board – through its members and wider partners - wanted to achieve over the next three years. It was being developed in the context of an emerging Integrated Care System for Coventry and Warwickshire and with reference to the Health and Wellbeing Concordat and system design.

The Board had previously agreed to take a place-based approach to the JSNA, based around the 8 family hub geographies, reflecting national policy direction and a sub-regional move in Warwickshire towards a place-based approach. The Board were informed that work was now underway to develop:

- a data profiler tool and citywide intelligence hub;
- a citywide JSNA profile; and
- two place-based profiles, initially Families for All (Foleshill); and The Moat (Moat House).

The two areas were selected because of existing activity and emergent place-based partnership working in the localities, where JSNA engagement would add value and help cement new ways of working across a range of initiatives. Reference was made to the successful engagement workshop held at the end of October with a wide range of partners and stakeholders interested in supporting the development of the JSNA, including representatives from the Foleshill and Moat House areas.

JSNA profiles for the remaining family hub areas of the city would be developed on a staged basis over two years, drawing on the learning from the initial place-based JSNA profiles.

The report informed that work was underway to refresh the Coventry Health and Wellbeing Strategy (HWBS). An officer steering group had been established, including representatives from the JSNA officer group, and the group met for the first time in December, 2018. The outline process and timeline for this work was detailed in the report.

The starting point in developing the revised HWBS would be to look at the impact of the three priorities in the existing Health and Wellbeing Strategy 2016-19:

- Working together as a Marmot City: reducing health and wellbeing inequalities
- Improving the health and wellbeing of individuals with multiple complex needs; and
- Developing an integrated health and care system that provides the right help and support to enable people to live their lives well

The King's Fund had recently published 'A vision for population health: Towards a healthier future', which outlined a framework for population health centred on four pillars. Their proposition was that an effective population health system needed to recognise and maximise the activity in the overlaps between the pillars, as well as develop activity in, and rebalance activity between, the four pillars themselves. The Board were informed that this could provide a helpful framework for exploring the potential future health and care priorities for Coventry. A workshop for Health and Wellbeing Board members and other senior partners was being planned for early March to test out the model and its relevance for Coventry as a way of reviewing the value of existing activity and identifying gaps and priorities.

It was intended that the consultation and engagement process for the HWBS would be an extension of the engagement activity that was integral to the JSNA approach.

An update on progress with the JSNA and the HWBS was to be submitted to the next Board meeting in April.

Members discussed how the household survey information would feed into the process and how the place based JSNA would help identify emerging issues for the city such as a rise in violence. This would help to provide opportunities for effective partnership preventative work. There was an acknowledgement of the importance of feeding back to communities/ organisations following engagement.

RESOLVED that:

(1) The progress made in the development of a place-based Joint Strategic Needs Assessment for Coventry be noted.

(2) The proposed approach to developing a refreshed Joint Health and Wellbeing Strategy be endorsed.

(3) Arrangements be put in place for a workshop for Health and Wellbeing Board members and other partners, potentially on the morning of 6th March, to consider the Kings Fund population health model as a framework for informing the Health and Wellbeing Strategy priorities.

32. Coventry and Warwickshire Place Forum and Year of Wellbeing

The Board considered a report of Liz Gaulton, Director of Public Health and Wellbeing which set out the outcomes of the Place Forum meeting on 7th November, 2018 and informed of the plan for the next meeting on 6th March, 2019. The report also provided an update on the programme for the Coventry and Warwickshire Year of Wellbeing 2019.

The report indicated that at the November meeting the Forum had:

- Endorsed the vision and high-level plan for the Year of Wellbeing and supported the principle of making the branding freely available for use as widely as possible. Agreement had been given to circulate details and indicative costs of specific proposed activities to secure further commitment of resources from partners.
- Supported the high level approach outlined in the draft outcome framework and identified where further development was needed
- Recognised the value of sharing updates and learning in a system-wide approach, and the need for a greater focus on prevention and early prevention

A number of actions were also agreed as part of the Place Plan, a copy of which was set out at Appendix 1.

The outline agenda for the meeting on 6th March included Thrive at Work briefing, focusing on workforce wellbeing; an overview of community development and engagement programmes, including JSNA; the revised outcomes framework; and updates and briefings on key developments impacting on the Forum including the 10 year plan for the NHS.

The Year of Wellbeing 2019 was a key deliverable for the Place Forum and the current focus of proactive and preventative work in Coventry and Warwickshire. It was intended as the first year of a new approach, working collaboratively to raise the profile of prevention, early intervention and self-care. At the last Place Forum, work to date and proposals for the year were outlined and consideration was given to increasing the impact of the Year. Additional resource had been secured from partners, both staff support and finance, to enable the recruitment of project officer support on a fixed-term secondment basis to enhance capacity.

RESOLVED that:

(1) The outcomes of the Place Forum meeting held on 7th November, 2018 be noted.

(2) The outline agenda for the Place Forum on 6th March, 2019 be noted.

(3) The progress in delivering the Coventry and Warwickshire Year of Wellbeing 2019 be noted.

33. **Health and Wellbeing Strategy Update: Multiple Complex Needs Programme Progress Update**

The Board considered a report of Chief Superintendent Mike O'Hara, Chair of the Coventry Multiple Complex Needs Board, which provided an update on the progress made against the priority of the Coventry Health and Wellbeing Strategy (2016-2019) on Improving the health and wellbeing of individuals with multiple complex needs.

The Coventry Multiple Complex Needs Programme intended to respond to the Joint Health and Wellbeing Strategy priority to improve the health and wellbeing of

individuals with multiple complex needs by looking at ways services could be co-ordinated to deliver better results as well as value for money by reducing demand pressures on services. In particular the programme aimed to pilot new interventions and help bring about system change.

The programme currently consisted of six projects, which, with the exception of the evaluation, would be used to shape future work. The projects were likely to continue post April 2019, notwithstanding the outcome of the Health and Wellbeing Strategy refresh, as in the past 3 years the Multiple Complex Needs programme had made progress and the environment in which it was operating had changed. This provided the opportunity to mainstream the work the programme had delivered and offered the Housing First scheme, in particular, potentially an initial cohort. STEPS for Change provided the opportunity for the foundations of a partnership approach to supporting street homeless in the City Centre.

The report detailed the progress with the following projects:

Housing First
Steps for Change
Experts by Experience
Case Management Forum
Making Every Adult Matter
Evaluation.

The report also referred to the sustainability of the multiple complex needs work. Since 2016, when the issue was chosen as one of the Board's three priorities, there had been a significant increase in the number of people who were homeless, many of whom had increasingly complex needs. The City Council was currently in the process of refreshing their Housing and Homeless strategy. This revised strategy incorporated the need to provide better outcomes for those who were homeless and to provide more cost effective solutions. The Housing First pilot, funded by the West Midlands Combined Authority had also come online and the first amount of funding allocated to Coventry was to be drawn down in early 2019.

There was now the opportunity to embed the work and learning from the Multiple Complex Needs programme into these new structures and programmes, especially as there was strong correlation between those with Multiple Complex Needs and the Housing First cohort. The reporting structure for Multiple Complex Needs and Housing First into the City Council's housing governance structure was still under development to ensure partners, who were integral to this work, continued to have an opportunity to shape and deliver in this area of work.

The Board discussed the details of the Steps for Change programme, which provided a multi-agency weekly drop in advice and information shop to address problems of homelessness, begging and drug/ alcohol addiction in the city centre. The drop in was currently located in Hertford Street but a relocation to the City Arcade was likely to take place early in 2019. Work was underway to extend the service to three days a week. Concerns were raised about the increasing numbers of homeless in the city centre. The link between homelessness and mental health was highlighted.

It was agreed to circulate the housing strategy consultation paper to Board Members for their information.

With regard to 'Making Every Adult Matter, in November, 2017 Coventry had become one of 27 MEAM approach areas in the country. The approach helped local areas design and deliver better co-ordinated services for people with multiple needs. Coventry now had access to hands-on support from the MEAM partners and the network of other local areas. It was suggested that providing some detailed feedback to Board members would help to give assurance as to the approach that was being taken

RESOLVED that:

(1) The progress made to date to improve the health and wellbeing of individuals with Multiple Complex Needs be endorsed.

(2) Agreement be given in principle to mainstream support for Multiple Complex Needs, linking it with Housing First, through the City Council's Housing Governance Structure.

(3) An item on the partner approach to housing and homelessness in the city be considered at a future Board meeting.

34. Better Health, Better Care, Better Value Programme Update

Andy Hardy, University Hospitals Coventry and Warwickshire, introduced an update report on the Better Health, Better Care, Better Value programme and workstreams.

The report referred to the recent appointment of Sir Chris Ham as the Independent Chair for Better Health, Better Care, Better Value, who had just started in his new role.

The Board were informed that good progress had been made with the Integrated Care System roadmap and the latest stocktake with NHS England had taken place on 14th December. The Better Health, Better Care, Better Value Board had agreed to work towards 14 strategic objectives that would help drive change in Coventry and Warwickshire. One of those objectives was the development of a Provider Alliance operating model. The four NHS providers were currently working together to implement this.

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

Transformational
Proactive and Preventative
Maternity and Paediatrics
Mental Health and Emotional Wellbeing
Planned Care
Productivity and Efficiency
Urgent and Emergency Care

Enabling
Estates

Digital Transformation Workforce

In respect of the Cancer work programme, the report informed that the West Midlands Cancer Alliance had awarded £688,144 transformation funding to Coventry and Warwickshire STP to ensure that best practice was followed with four key tumour sites (lung, colorectal, prostate and upper gastrointestinal) and for living with and beyond cancer.

The Alliance was funding £15.2m across the West Midlands, including Coventry and Warwickshire, for transforming cancer care. One of the largest programmes was the digitalisation of pathology, which had been allocated approximately £8m. This would involve pathologists capturing digital images of slides of tissue sections, which could then be shared immediately with experts across the region meaning faster diagnosis for patients and better information and collaboration for clinicians.

The Better Health, Better Care, Better Value partners were working together to improve take-up of cervical screening.

Regarding the proposals for the review of Stroke Services in Coventry and Warwickshire, residents from the area attended an options appraisal event on bedded rehabilitation last month. More than 40 people attended, including staff members who would be involved in delivering a future improved service. Feedback from the event would be utilised as part of an ongoing process to confirm the options for bedded rehabilitation before going out to public consultation.

Professor Daly, Coventry University, informed about the development of the system wide clinical strategy. A framework had been developed to support the delivery of the Better Health, Better Care, Better Value Plan. The strategy set out the current issues being faced across Coventry and Warwickshire's health and care system and identified priority areas where services could be improved. Three priority areas identified were frailty, mental health and musculoskeletal services.

Dr Sarah Raistrick reported back on the successful event held at Coventry Rugby Club on World Mental Health Day on 10th October. More than 100 service users, partners and other stakeholders were updated on the mental health and emotional wellbeing work programme, the progress made to date and the ways in which they could get involved. The event featured a market place showcasing local services and had breakout sessions to discuss specific elements such as crisis cafes and a Psychiatric Decision Unit.

Simon Gilby, Coventry and Warwickshire Partnership Trust, drew attention to the expansion of the Coventry Street Triage Service, where mental health nurses accompanied police officers to incidents where police thought people needed immediate mental health support. The service was to be piloted in Warwickshire.

Members also discussed dementia training for GPs.

RESOLVED that the content of the report be noted.

35. **Prevention Concordat for Better Mental Health**

The Board considered a report of Liz Gaulton, Director of Public Health and Wellbeing, which sought approval to take forward a local Prevention Concordat for Better Mental Health in support of the national programme.

The report indicated that the Five Year Forward View for Mental Health recommended that Public Health England (PHE) established a national Prevention Concordat for Better Mental Health programme to support local Health and Wellbeing Boards. The aims of the national programme were to facilitate national and local actions around preventing mental health problems. The national programme had been established and was responsible for supporting the establishment of local prevention concordats. A Consensus Statement described the shared commitment of the organisations that had endorsed the Concordat, a copy of which was set out at Appendix 1 to the report.

There were four qualifying criteria required to declare a local Prevention Concordat for Better Mental Health:

- An Elected Member (or Senior Officer) signed up as a Mental Health Champion
- A current suicide prevention action plan, supported by a multi-agency partnership
- An established Joint Strategic Needs Assessment (JSNA) describing local system mental health need (or commitment to start one within 3 months of declaring a concordat).
- Sector wide commitment to sign up to a shared concordat statement, usually signed off by the local Health and Wellbeing Board.

Public Health England (PHE) were asking that organisations interested in signing up to the Concordat complete and submit a short commitment action plan template, capturing key areas of work ongoing, a commitment pledge for the future year and a named signatory. A proposed template was set out at a second appendix to the report. Submission of the template was required by 1st March, 2019. The Board were informed that Warwickshire Health and Wellbeing Board and County Council had already signed up to the Prevention Concordat.

Coventry's current position against the four qualifying criteria was positive. The city had a current Suicide Prevention Strategy action plan and multiagency partnership. The JSNA included mental health indicators and the Place Based JSNA approach was currently being implemented and would feature Mental Health and Wellbeing as a central theme. Dedicated CAMHS Needs Assessments had been completed and there was a range of resources describing mental health needs supporting the work of the BHBCBV Mental Health workstream.

The report requested Members nominated a Mental Health Champion who would be asked to support the ongoing campaign and engagement work and maintain links with the Board.

The report set out the key options to be considered when deciding to declare a concordat and how the concordat could be used to support ongoing work around mental wellbeing. It was recommended that the Prevention Concordat for Better

Mental Health was progressed as a development and engagement campaign/project that amplified and added value to existing programmes of work including local Mental Health transformation and the Year of Wellbeing. A local Prevention Concordat for Better Mental Health would support population wide approaches to the promotion of public mental health and wellbeing, for children, young people, adults and communities across Coventry.

The Board discussed the added value to be gained by declaring the Concordat and the officer resource to support the work. Professors Meyer and Daly offered the support of both local universities to assist by drawing on research evidence to inform the focus of activity. The importance of using plain English to help the public's understanding was highlighted. Councillor Caan was put forward as the Mental Health Champion.

RESOLVED that:

(1) The plans to take forward the National Prevention Concordat for Better Mental Health programme be endorsed and agreement be given to supporting the Consensus Statement set out at Appendix 1.

(2) Councillor Caan be nominated as the Health and Wellbeing Board level Mental Health Champion.

(3) Agreement be given to declaring a local Prevention Concordat for Better Mental Health for Coventry and over overseeing local delivery.

(4) The proposed wording for a Coventry Health and Wellbeing Board commitment pledge be endorsed.

36. CAMHS Local Transformation Plan: Year 3 Refresh

The Board considered a report of Matt Gilks, Coventry and Rugby CCG which sought endorsement for the refreshed Child and Adolescent Mental Health Services (CAMHS) Transformation Plan. John Gregg, Director of Children's Services, attended the meeting for the consideration of this item. A copy of the updated plan was set out at an appendix to the report.

The report indicated that there was a requirement from NHS England (NHSE) for Clinical Commissioning Groups (CCGs) to develop a CAMHS Transformation Plan, working with their local partners to set out a strategic vision for delivering improvements in children and young people's mental health, and wellbeing over a five-year period from 2015 to 2020. The CAMHS Transformation Plan was submitted to NHSE in 2015, and CCGs were required to refresh the plan annually, to demonstrate progress and outline priorities for the forthcoming year.

This was the third year of the CAMHS Transformation Plan refresh, highlighting progress against the priorities for 2017/18, and further progress planned for 2018/19. The refresh process was led by Coventry and Rugby CCG, and refreshed plans were signed off by NHSE. Final sign off was now awaited from NHSE. The refresh process was managed through the multi-agency CAMHS Transformation Board.

An additional appendix to the report outlined the key progress against the Transformation Plan for 2017/18, and identified priorities for 2018/19. The CAMHS Transformation Board had rolled forward the priorities from 2017/18, on the basis that there was further progress to be made against these. Accompanying the priorities for 2018/19 was an action plan. The action plan set out the strategic work required alongside deadlines and named individuals to ensure accountability. The plan would be monitored monthly by the Transformation Operational Group. The key priorities were:

- Mapping tiers of provision with funding associated within each tier
- Review the early intervention offer including remodelling tier 2 provision
- Tier 3.5 service – CRISIS / Ward 14
- Strengthening governance structures
- Data analysis
- Digital solutions (such as Dimensions Tool)
- ASD Pathway / Transforming Care

The report detailed the governance structure to provide accountability to ensure the delivery of the actions to meet the priorities.

John Gregg reported on the Children and Young People's Partnership Board's consideration of the CAMHS Local Transformation Plan. The challenge from the Board was to understand the impact of the Plan on outcomes for individual children. There was a willingness amongst partners to come together to address challenges in the system and a view that the potential of early help hubs to intervene at an earlier stage should be maximised.

Members discussed the barriers to making improvements in the system, with workforce and funding identified as key barriers.

There were a high number of children escalating to specialist services in Coventry and Warwickshire and the reasons for this were being actively investigated as part of the clinical risk review. Professor Meyer offered support from Warwick University in relation to research undertaken around early intervention and predictors of emotional wellbeing issues in young people.

RESOLVED that the Coventry and Warwickshire Children and Adolescent Mental Health Services Local Transformation Plan refresh for year three be endorsed.

37. 2017/18 Annual Reports of the Coventry Safeguarding Children and Adults Boards

The Board received reports of Rebekah Eaves, Safeguarding Boards Business Manager, concerning the 2017/18 Annual Reports of the Coventry Safeguarding Children and Adults Boards, copies of which were set out at appendices to the two reports. Areas of overlap with the work of the Health and Wellbeing Board were noted.

The report concerning the Adults Board Annual Report highlighted the priorities and progress set out in the report. Much had been done in the last year to improve awareness of safeguarding issues, particularly those which were more complex.

Many agencies had introduced new measures to ensure that staff were not just trained but were able to access ongoing support to improve their safeguarding knowledge and skills. However, not enough of our staff had up to date safeguarding awareness training and the Board remained committed to challenging and supporting agencies to improve this.

Much progress had been made in respect of community and engagement but there was still more to do. It was the intention to work more closely with the community to more fully understand the needs of people with care and support needs in Coventry and ensure that their views influenced strategic decision making. Regarding making safeguarding personal, the Board were now confident that professionals understood and could apply the appropriate principles. There were times when this was difficult and the introduction of initiatives such as Risk Enablement Panels and Family Group Conferencing would be key to ongoing success in this area.

The Board noted that over the last year, huge progress had been made in respect of learning and development, with the Workforce Development Strategy setting the direction and standard for all future training.

The report concerning the Children's Board Annual Report also detailed the priorities and progress. A key priority was that looked after children and young people had equal opportunities to other children and young people. The Board now had a much better understanding of the outcomes for looked after children. Over the coming year there were plans in place to develop improved opportunities, particularly through the provision of apprenticeships. There was also ongoing work to further improve the health of looked after children.

Regarding early help services, including mental health support, being available to children and young people, these were resulting in positive outcomes. The redesign of the delivery of Early Help was encouraging, as it would allow for a more seamless provision of support to families, across the continuum of need.

Good work had continued in respect of missing children and young people, and those at risk of child sexual exploitation, being protected by effective multi-agency arrangements. Professionals were increasingly aware of and responding to CSE risk. However, more needed to be done to consider the needs of victims as they transitioned into requiring adult support services.

Significant steps had been taken in raising the profile of understanding of emotional abuse and neglect, including domestic abuse and that abuse was identified as early as possible, and that appropriate interventions were provided to prevent further abuse and harm. This included setting the direction for effective partnership working with the launch of strategies in relation to both neglect and domestic abuse and the roll out of Signs of Safety.

RESOLVED that:

(1) The contents of the Coventry Safeguarding Adults Board Annual Report 2017/18 be noted.

(2) The contents of the Coventry Safeguarding Children Board Annual Report 2017/18 be noted.

38. Care Quality Commission (CQC) Local System Review - Improvement Plan Progress

The Board considered a report of Pete Fahy, Director of Adult Services which summarised progress against the improvement plan arising from the Care Quality Commission System Review undertaken between December 2017 and March 2018. The improvement plan was owned by the Board hence the submission of routine monitoring reports on progress against the plan until its completion in March 2019. A copy of plan was set out at an appendix to the report.

The report indicated that on 10th October, local system leaders were advised by the Care Quality Commission that – at the request of the Secretaries of State for Health and Social Care and Housing, Communities and Local Government – they would be monitoring the improvement made in the local area since the local system review. This was not a further review and did not involve a site visit to the area. All of the 12 systems subject to a review in the first phase of the review programme were subject to this follow up action. Three systems received an on-site visit and the remaining nine, of which Coventry was one, were subject to a light touch review.

Reviewers advised that they would assess progress against the action plan, and hold telephone interviews with key people responsible for overseeing progress, as well as looking at the most recent available performance data for a number of indicators.

The Coventry call took place on 10th December involving Pete Fahy, Coventry Council, Andrea Green, Coventry and Rugby CCG and Councillor Faye Abbott, Cabinet Member for Adult Services. Subsequently, a draft slide deck summarising key areas of progress since the local system review had been received. This feedback highlighted the achievements and progress since the review in January, 2018 and reflected positively on the direction of travel, whilst acknowledging the further work required in particular around clinical pathways and local workforce strategy.

Once finalised, the CQC had advised that they would share their findings with local system leaders and report them to the Department of Health and Social Care. However, the finalised slide deck would not be published.

The report informed that progress against each of the actions had been reviewed, and a progress update was provided in the plan set out in the appendix. The Board noted that good progress continued to be made on many of the actions, however some actions had slipped in order to ensure effective stakeholder engagement. By March 2019, however, the work should be mainly complete and embedded into system improvements in programmes and activities thereafter.

The report set out a brief summary of progress and achievements to date against the following themes: vision and strategy; engagement and involvement; performance, pace and drive; flow and use of capacity; market development; workforce; and information sharing and system navigation.

Discussion centred on whether it had been an appreciative approach as opposed to inspection and there was an acknowledgement that the indicators identified by the CQC to review progress had a hospital bias rather than a whole system approach.

RESOLVED that:

(1) The progress made and areas still to be addressed against the actions in the improvement plan arising from the CQC local system review be noted.

(2) The Board continues to maintain oversight of progress against the improvement plan at future meetings.

39. Any other items of public business

There were no additional items of public business.

(Meeting closed at 3.50 pm)



Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 8 April 2019

From: Chief Superintendent Mike O'Hara, West Midlands Police

Title: Young People and Violence

1 Purpose

This paper provides background information about the Young People and Violence agenda item.

2 Recommendations

The Health and Wellbeing Board is asked to:

1. Consider its role in response to issues around young people and violence in the city; and
2. Endorse and support the proposed approach to tackling this issue.

3 Background

There is increasing concern and profile around youth violence in the city and, whilst lots of activity is already in place to address this, there is recognition that there is a need for a coordinated approach. Coventry's senior leaders have acknowledged that violence in the city should be approached as a public health issue, in that it has root causes, it can be treated, but most importantly it can be prevented.

The drivers of violence are identified as poverty, deprivation, substance misuse, adverse childhood experiences, mental health issues, urban environments, organised crime, county lines and having a large population of young people. To make an impact on violence over the long term we must address all these factors by taking a systematic 'public health approach'. We need to use data and intelligence to assess the scope of the problem, identifying who is at risk and what common risk factors they share to inform evidence based approaches over the short, medium and long term.

A Violence Summit for city leaders was held at the end of January, focused around identifying root causes, key priorities and resources, and laying the foundations for follow-up work to further develop and operationalise these. Further events are planned to engage the voluntary sector and the local community.

This agenda item will build on the outcomes from that event. It is intended to seek strategic ownership of the issue of youth violence by the Board and engage members in determining the partnership and governance structure that is needed to take this work forward.

4 Recommended Proposal

The item will include a presentation about what we know about the issue of youth violence in the city and existing activity to address it, and seek support and commitment from Board members for an outline approach to tackling youth violence with partners. The Chair has agreed to give substantial time for discussion of this item at the Board meeting.

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Appendices

To: Coventry Health and Wellbeing Board

Date: 8 April 2019

From: Liz Gaulton, Director of Public Health and Wellbeing

Title: Coventry Physical Activity Framework 2019-2024

1 Purpose

To provide the Board with an overview of the Coventry on the Move physical activity framework 2019 - 2024, the consultation findings and proposed implementation

2 Recommendations

- 2.1 That the Board approve the framework
- 2.2 That the Board approve the implementation approach following approval of the framework;
 - To align governance, reporting and delivery of the objectives with planning already underway around sports, culture, and destination; infrastructure, travel and greenspace.
 - To establish an overarching work programme that combines existing delivery with new requirements identified in the framework.

3 Information/Background

- 3.1 We want to make sure that Coventry is a far more active city by 2024 with everyone moving more and levels of inactivity reduced. Currently only just over half of the city's adult population undertake regular physical activity with almost two thirds classed as obese. Lifestyle indicators such as smoking, alcohol and healthy eating are also below the England comparators. We need to take collective action to improve this.
- 3.2 The draft Coventry on the Move framework 2019 – 2024, included as an appendix, has been developed by stakeholders across the NHS, voluntary sector, Universities, WMCA, sports and culture organisations as well as officers across People and Place Directorates. It aims to involve residents in a collective campaign to increase movement and physical activity and to support stakeholders in recognising their role in enabling and promoting this. To do this, our ambition is to ignite a social movement that makes physical activity and getting involved in local communities a part of daily life in Coventry.

3.3 The four key priorities in the strategy were defined by the stakeholders who were engaged between July – October last year to scope and test the priorities and objectives as they developed. Public consultation during February and March 2019 has confirmed support for these priorities as our focus going forwards.

- Enhance our places and spaces for all,
- Improve how we communicate,
- Movement for life
- Develop leadership and skills at all levels

3.4 Areas highlighted for further development as part of the public consultation were:

- Improving safety in parks and around walking and cycling routes, as well as increasing signage and the number of routes and off road tracks available in the city.
- Offering guided walks and growing these through volunteering.
- Discounts, free activities and incentives
- More timely information in community venues, face to face, free newspapers and radio ads as well as digitally.
- More activities organised with and by communities with less red tape and more (Council) help with funding and governance to enable local groups and clubs to set up.
- Facilities e.g. changing rooms, toilets, equipment etc. provided in local communities (not all focused in the North) to reduce the need to travel.
- Reducing age restrictions in leisure facilities and a better social scene for young people; offer more dance venues and activities etc.
- More adult and older adult only activities were also asked for and better leisure venue opening hours to allow for people who work during the day.
- Inclusive planning that allows disabled people more opportunities to access events and facilities.
- Getting businesses and schools involved in improving inactivity by giving them reduced rates for activities for employees and families.
- Health and social care responses to tackling inactivity were seen as a gap in the framework.

3.5 WMCA and Sport England feedback

3.5.1 Feedback from Sport England is that the framework would benefit from setting out stronger leadership and advocacy for physical activity both within the sector and the wider (influencing) system. Community empowerment, social action and a clear call to action were also areas that Sport England felt could be strengthened. The asset of the background data and information was seen as one of the strongest elements of the framework and it was recommended that this be used further not only to ‘paint the picture’ of physical inactivity but to identify targeted action and then grow the momentum based on the first tranche of achievements.

3.5.2 West Midlands Combined Authority have echoed their support for a clear leadership and governance structure and the need to particularly focus on the levels of physical inactivity and inequalities in those who take part. A recommendation was that Coventry seek to develop the data and information report to understand residents and their barriers and motivations to take part. Some of this information has been collected as a result of the public consultation, the headlines of which are set out in section 3.4.

4 Options Considered and Recommended Proposal

- 4.1 The Framework is not intended to be a standalone programme, it was developed to provide an overarching set of priorities that bring together existing work on sports, culture and destination that will support Coventry in becoming a more active City by 2024.
- 4.2 Through the development of the framework a number of gaps and areas for development emerged. It is proposed that a delivery plan is drawn up during 2019 that identifies where existing programmes are being implemented and owned, and that a task and finish approach is taken to developing actions with partners to address key gaps. The oversight of the delivery plan should sit within destination management and health and wellbeing board governance structures. The public health team will provide the organisational support.

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Appendices

Coventry on the Move Framework 2019 - 2024

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Coventry on the Move framework

2019 - 2024





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INTRODUCTION

Councillor Kamran Caan

Cabinet Member Public Health and Sport and
Chair of Coventry Health and Wellbeing Board



It is anticipated that the framework will be 'owned' by everyone that has an interest in physical activity in the city.

We must all do what we can to involve, encourage and enable all our communities to take action to improve their chances of living a fit and active life. The Council, West Midlands Combined Authority and our partners are working together to involve and communicate the opportunities and the benefits of being more active to all our residents. The aim is to improve health and wellbeing, reduce health inequalities and increase access to physical activity, leisure and interactive cultural activities.

The current economic climate means that future investment in physical activity, public leisure, and culture will only be achieved through strong partnership working – within and outside of the city. Such partnerships need to be founded on a collaborative, coherent and joined up vision going forward which is set out in the framework.

The development of this framework has involved a number of partners, agencies and individuals. It is anticipated that the framework will be 'owned' by everyone that has an

interest in physical activity in our city as well as our regional and national partners. It is important that through this framework and our collective approach to physical activity we can uplift people in our society and communities.

We launch the framework at a time when the spotlight is on Coventry. We are European City of Sport 2019, City of Culture 2021 and working with Warwickshire to deliver a Year of Wellbeing across the city in 2019.

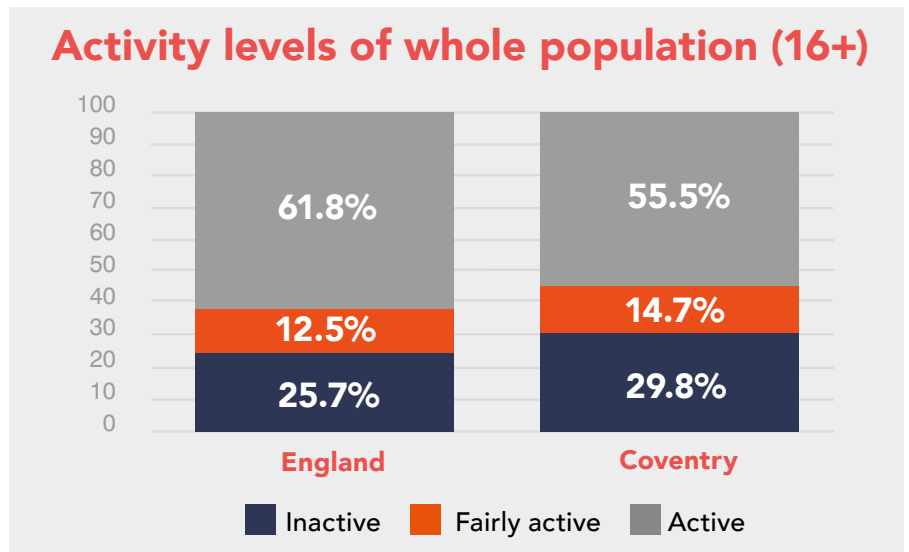


BACKGROUND

We want to make sure that Coventry is a far more active city by 2024 with everyone moving more and levels of inactivity reduced. Currently only just over half of the city's adult population undertake regular physical activity with significantly lower rates than the England comparators for women, those with long-term limiting illness or disability and groups in semi-professional and technical occupations. We need to take collective action to improve this.

This framework – developed by stakeholders and supported by Coventry City Council and West Midlands Combined Authority - aims to involve residents in a collective campaign to increase movement and physical activity and to support stakeholders in recognising their role in enabling and promoting change. To do this, we must ignite a social movement that makes physical activity and getting actively involved in local communities a part of daily life in Coventry.

There is no single solution to getting more people taking part in physical activity – particularly for those who have an inactive lifestyle or face challenges around disability or ill health. We need to have a framework that encourages stakeholders and communities to work as a whole system and create a city on the move where physical activity and health improvement are placed at the forefront of all relevant strategies, policies



and practice. To succeed, the framework needs to resonate with all partners and be reflected within health, physical and cultural activities and the planning and design of public realm.

We need to have a framework that encourages stakeholders and communities.

Based on existing local and regional plans, Coventry has considerable infrastructure and plans¹ already in place to support the 2024 vision;

- 'Whole-of-school' programmes - Coventry Sports Network, a multi-agency partnership hosted by the City Council, and Coventry Headteachers have been working to develop local priorities around education, school sport, PE, participation and wellbeing. This is supported by the County Sports Partnership,

Coventry, Solihull and Warwickshire Sport, who provide resources and advice to schools.

- Transport policies and systems that prioritise walking, cycling and public transport; in Coventry there are a number of plans in place that set out how active travel, cycling and walking opportunities are being developed and these are linked to plans across the region via the West Midlands Combined Authority (WMCA).
- Urban design regulations and infrastructure that provide for equitable and safe access for recreational and transport-related walking and cycling across the life course – again plans are managed by the Council and are also aligned to the WMCA's Spatial Investment and Delivery Plan Wellbeing Principles.

- Physical activity and prevention of non-communicable diseases linked to lifestyles and health behaviours integrated into health care systems; programmes around out of hospital care, social prescribing and community navigation
- Public education and behaviour change, including mass media to raise awareness and change social norms on physical activity
- Community-wide programmes that mobilise and integrate community engagement and resources. Coventry already has a

significant head start here in terms of the opportunities that the Year of Wellbeing and European City of Sport 2019 provide as well as plans for the City of Culture 2021

- Sports systems and programmes that promote inclusivity - 'sport for all' promoting inclusivity and addressing inequalities and encouraging participation across the life span are developed within the Coventry Sports Strategy 2014- 2024¹

Through strong partnership working at local, regional and national levels, the opportunities for local organisations, communities and local people to engage and mobilise to become healthier and achieve higher levels of participation in regular physical activity can be developed. To help local people become more active, this framework outlines the information and ability to be active, and highlights the plans for the facilities and spaces to enable this to happen.

The framework has been developed with partners and has four main priorities, each with a number of objectives.



1 PRIORITY ONE: ENHANCE OUR PLACES AND SPACES FOR ALL

OBJECTIVES

- Promote, provide and develop Coventry's leisure, cultural and sporting facilities and increase outdoor access to equipment and leisure and cultural opportunities
- Support communities to lead on the use of their spaces and to be active in ways that work for them
- Increase and enable local people's movement via active travel planning, air quality improvement sites, walking and cycling, green space, city parks, the canal and rivers

WHY?

The best way to achieve the substantial health-enhancing potential of physical activity on a population level is if people can incorporate physical activity into their daily livesⁱⁱ. For example by replacing time spent commuting by car with physically active forms of travel such as walking and cycling, physical activity becomes embedded in participants' daily routines. Moderate-intensity, high-frequency activity like physically active commuting can improve health related fitness. Active Travel may also reduce stress levels for those swapping from their car to their bicycle to commute. Moderate aerobic physical activity, like walking to work, can have an anti-depressant effect.

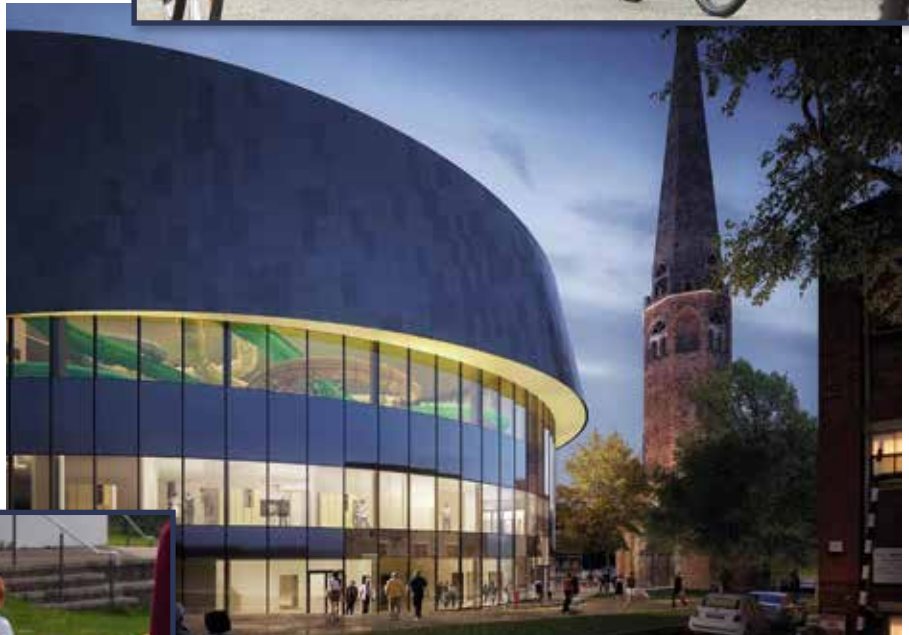
Those with close access to green space also live longer than those without it, even adjusting for social class, employment and smokingⁱⁱⁱ. The impact is most significant amongst groups who are affected by deprivation. The health of older people increases where there is more space for walking near home, with parks and tree-lined streets nearby. Children become more active when they live closer to parks, playgrounds, and recreation areas.



HOW?

By designing in environments and public realm improvements that encourage physical activity, implementing our active transport policies, clean air initiatives and encouraging green space utilisation. We have a number of strategies, plans, awards and schemes already in place or in the development stage that will support this priority, these include:

- Coventry Sport Strategy 2014 – 2024
- The Cultural Strategy
- European City of Sport 2019
- City of Culture 2021
- Year of Wellbeing 2019
- Connecting Coventry
- Education Sport, Participation and Wellbeing Strategy
- West Midlands on the Move
- Walking and Cycling Improvement Schemes
- Review of the use of the canal and canal basin area
- Destination Management Plan for business and leisure tourism



WHAT DOES SUCCESS LOOK LIKE?

There will be improvements in visitor numbers at leisure and tourism sites. The amount of greenspace used for leisure activities and the number of people choosing active travel – walking and cycling - will increase.

2 PRIORITY TWO: IMPROVE HOW WE COMMUNICATE



OBJECTIVES:

- Work together to promote existing good practice with new and innovative opportunities for movement
- Develop the role of digital media and use this to create new opportunities
- Establish a clear brand and consistent messaging using a range of appropriate methods to engage with the diverse audiences in the city

WHY?

Media campaigns can lead to change, especially when they are linked to specific community programmes. Changing technology means campaigns can be directed like

never before and informing, encouraging and empowering individuals using a variety of tools and the latest technologies are proving effective. Measuring individual behavioural change is difficult, but national evaluation, for example the Change4Life movement, has shown that over 2.7 million people signed up, and purchase data showed an 8.6% reduction in purchasing of carbonated sugary drinks during the 2014 Smart Swaps campaign.

Positive emerging practice also highlights the use of short informational, instructional, and motivational messages about physical activity at key community sites. Point-of-decision prompts; single-component interventions designed to remind and motivate people to move more such as using stairs in buildings instead of the lift or escalator to get to another floor is also supported by sufficient evidence and has been successful when population-specific signage has been used in various settings.

HOW?

Each of the programmes outlined in priority one has a communications plan highlighting how we will share information about the programmes and how people can get involved. We are also working on Digital Coventry which will make sure we have the infrastructure we need to share and collect information digitally.

We will work with our partners and communities to share information in the way people want to access it – and we have seen significant impact where we build trust in our communities in order to make transformational change.

WHAT DOES SUCCESS LOOK LIKE?

People know about local and citywide opportunities to be active, our community programmes have communication plans which are monitored and evaluated and the results used to develop further opportunities for getting active.



3 PRIORITY THREE: MOVEMENT FOR LIFE

OBJECTIVES:

- To improve activity rates across the whole population – taking a life course approach
- To ensure that opportunities for movement are available in our most deprived wards and that they reflect the interests of all our communities and cultures
- To ensure that we target the populations where inequalities in physical activity are prevalent e.g. inactive females (particularly young females) and inactive people with a long term limiting illness or disability

WHY?

We know that an active life is essential for good health at every age. National guidelines for physical activity range from three hours per day for under-fives, an hour a day between the ages of 5-18 years, and 150 minutes per week for adults and older adults.

The ukactive National Summit 2017 also introduced the concept of physical activity as the golden thread capable of solving many of our major national challenges from

an ageing population to disconnected communities; a social solution that has the power to bring people together regardless of background, age, gender, ethnicity or religion. The growth of group exercise in the UK shows that people are increasingly turning to physical activity as a means to provide the much needed social connections and feelings of togetherness important in reducing loneliness.

Taking a life course approach, physical development experiences and activities are crucial in the early years and are cited as one of the three prime areas of learning and development in the Early Years Statutory Framework (EYFS). Physical activity in childhood is important in developing motor skills. Movements related to large muscles such as legs and arms are vital for children's growth and independence and also helps with their cognitive development.

As we move into adulthood being physically active reduces the risk of preventable diseases such as cancer and diabetes and conditions such as obesity and depression. Being active also increases our chances of staying independent in later life. Falls are the number one reason older people are taken to the emergency department in a hospital, however doing simple activities regularly to improve strength and balance can significantly reduce the risk.



HOW?

We have developed a partnership approach to promoting physical activity and reducing obesity across the region and there are working groups being developed around stages in the life course.

There are also a number of local initiatives being developed, including:

- The Year of Wellbeing daily mile campaign, including work with primary schools to target children
- As a priority place for Sport England we will pilot ways of getting people active in an innovative environment where the community tests, learns and explores new ways of working with us
- Discount schemes for leisure facilities for Coventry people
- Learning from a pilot approach used in the Go Swim initiative that is led by what the participants needs are
- Online tools and tips such as the Best You and Choose How You Move campaign
- Working with GPs to develop targeted initiatives
- The WMCA Include Me campaign for disabled people
- Piloting a campaign around active travel and workforce training



WHAT DOES SUCCESS LOOK LIKE?

A sustained increase in the number of people of all ages engaging in physical activity and an improvement in the Coventry inequality gap, i.e. the difference between inactivity rates for women compared to men, those

with long-term limiting illness or disability and those without, and groups in semi-professional and technical occupations as oppose to manual and higher managerial groups where rates of activity are higher.

4 PRIORITY FOUR: DEVELOP LEADERSHIP AND SKILLS AT ALL LEVELS

OBJECTIVES:

- The Council and its partners will lead by example by developing the City's partnerships and priorities to incorporate movement within and around the city to increase levels of physical activity
- To develop the skills, capability and confidence of a workforce that reflects our diverse city
- Communities are supported and empowered to create opportunities for movement in their own neighbourhoods

WHY?

We will adopt a systems leadership approach^{iv}. This approach lead across boundaries – departmental, organisational or sector. Coventry faces some large, complex, and difficult issues. No one person or organisation can find or organise the solution to increasing physical activity on their own, and everyone is grappling with how to make resources meet demand. The way forward therefore lies in involving as many people's energies, ideas, talents and expertise as possible from senior leaders, via workforce engagement and development and from within communities themselves.

HOW?

The Health and Wellbeing Board will lead the oversight of the framework as a Partnership Board. Governance around developing the city's infrastructure as a place and destination is currently being led by Coventry City Council. Implementation of the framework will include further exploration of where these agendas will align and report.

Work is already being done by the voluntary and community sector to mobilise communities. Initiatives such as the Wave Rave and Slow Roll are good examples of how informal opportunities brought people together through activity. Skills and awareness development are part of the programmes within Year of Wellbeing and Sport 2019 and Sport England and West Midlands Combined Authority have specific workforce development plans underpinned by the County Sports Partnership (CSW in Coventry).

A programme of engaging communities via local clubs, community and cultural organisations and families will be initiated through European City of Sport 2019 and innovation funding is available to help generate local creative projects across the city.

WHAT DOES SUCCESS LOOK LIKE?

Physical activity is reflected as a key priority in the Council and its partner's plans.

Recruitment to the physical activity sector increased. Professionals feel competent to advise, signpost and refer individuals they work with into leisure, arts, physical activity and sports programme.

There are leaders in communities promoting local and citywide opportunities. Workplaces have opportunities for physical activity.





FIND OUT MORE - USEFUL WEBSITES

<http://www.coventry.gov.uk/healthandwellbeing>

<https://www.coventryrugbyccg.nhs.uk/Be-Healthy/Your-Health>

<https://www.bettercarecovwarks.org.uk/year-of-wellbeing-2019/>

http://www.coventry.gov.uk/info/276/coventry_-_european_city_of_sport_2019/3174/coventry_-_european_city_of_sport_2019

<https://coventry2021.co.uk/>

<http://covsport.org.uk/>

<https://cid.coventry.gov.uk/kb5/coventry/directory/home.page>

<https://www.wmca.org.uk/what-we-do/public-service-reform/west-midlands-on-the-move/>

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¹ http://www.coventry.gov.uk/info/111/planning_policy/2310/local_plan

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¹ <https://coventry2021.co.uk/>

¹ <http://covsport.org.uk/about-us/downloads/css-summary-brochure>

ⁱⁱ <https://www.sustrans.org.uk/sites/default/files/images/files/Summary%20of%20active%20travel%20projects%282%29.pdf>

ⁱⁱⁱ Maas J, Verheij RA, de Vries S, Spreeuwenberg P, Schellevis FG and Groenewegen PP (2009) Morbidity is related to a green living environment. *Journal of Epidemiology and Community Health* 63: 967–97 37

Davidson K and Lawson C (2006) Do attributes of the physical environment influence children's level of physical activity? *International Journal of Behavioural Nutrition and Physical Activity* 3 (19): 1-17.

^{iv} <https://www.leadershipcentre.org.uk/systemsleadership/insight/item/systems-leadership-for-beginners-what-it-is-how-it-works-and-why-it-helps/>

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To: Coventry Health and Wellbeing Board

Date: 8th April, 2019

From: Liz Gaulton, Director of Public Health and Wellbeing

Title: Joint Strategic Needs Assessment Update

1 Purpose

This paper updates the Board on progress with the place-based Joint Strategic Needs Assessment.

2 Recommendations

The Health and Wellbeing Board is asked to:

1. Note progress in the development of a place-based JSNA for Coventry
2. Agree structure and content of City-wide and eight locality profiles
3. Consider emerging outputs from the JSNA and how these should shape the new Health and Wellbeing Strategy

3 Background

The production of a Joint Strategic Needs Assessment (JSNA), along with a Joint Health and Wellbeing Strategy (HWBS), is a statutory requirement placed upon the Health and Wellbeing Board (HWBB) under the Health and Social Care Act 2012.

Government guidance states that the core aim of the JSNA and HWBS is to develop local evidence-based priorities for commissioning local services which will improve the health of residents and reduce inequalities. The HWBS translates the JSNA findings into clear priority outcomes which help to determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing. CCGs' and local authorities' plans for commissioning services are expected to be informed by the JSNA and HWBS.

A new place-based JSNA is being developed in Coventry for the period 2019 to 2022 to help partners understand needs and assets at a local level. The refreshed Health and Wellbeing Strategy will translate the emerging JSNA findings into priorities for what the Board – through its members and wider partners - wants to achieve over the next three to four years.

4 JSNA Update

4.1 Approach

The Health and Wellbeing Board agreed to take a place-based approach to the JSNA, based around the 8 family hub geographies. This reflects both national policy direction towards population-based health and care systems (based on populations of 30-50k) and a sub-regional move in Warwickshire towards a place-based approach.

The JSNA is being used as a vehicle for engaging and involving local partners and stakeholders, to give more in-depth understanding of the assets and needs of geographical areas within the City and support programmes and strategies which are founded on community resilience and service delivery at locality level. The process involves the collection of 'hard' evidence from data sources, as well as consultation with local stakeholders - organisations and individuals - to understand the key issues facing local communities.

4.2 Progress

Since the last JSNA update came to the board (Jan, 2019):

- Final content of the data profiling tool has now been agreed and look and usability of the tool is being tested by Coventry City Council insight team and with partners. This tool will include data about Coventry under four themes: Demographics and Communities, Health and Wellbeing, Prospects and Environment. The tool is designed to facilitate analysis of a range of data across these themes by different demographics and geographies. The data profiling tool will be accessible through a user-friendly website so that all partners and stakeholders can make better use of data to both shape services and monitor their impact.
- A range of engagement activity has taken place including:
 - Place-based engagement with residents in two family hub-based localities (Moat and Foleshill)
 - Engagement with a large range of community and voluntary sectors organisations both working across the city and within specific localities
 - Engagement with communities of interest, particularly those representing individuals with protected characteristics
- A city-wide profile is being designed which will incorporate analysis of data via the data profiling tool and analysis of outputs from the engagement work. This profile will highlight key issues in the city, using both data and the reflections captured through engagement with residents and communities. The profile will also identify assets which are currently addressing some of these issues and how these assets might be supported and grown to do more. Finally, there are recommendations for further action and gaps which require more support, these might be either areas in which there are real barriers to solving issues or opportunities to do things differently that are not currently being realised. High level findings from this profile are being presented to this Board and these findings will be used to shape the new Health and Wellbeing Strategy.

4.3 Next steps

Data profiler tool will continue to be developed with partner input and the tool is expected to be available for general use by June. The first phase of engagement (activity described above) is

currently being analysed and results will be shared with partners once this analysis is complete. Following analysis and dissemination of outputs, this first phase of engagement will be reviewed and a decision made whether further specific engagement events are held in each of the other family hub areas, or if outputs from existing engagement forums are used to inform locality-based profiles. As with the City-wide profile, locality based profiles will be produced for each of the eight family hub areas using both data and engagement outputs. Provided the Board agree with the proposed structure and content, a final draft of the City-wide profile should be available by mid-May, with profiles for Foleshill and Moat following shortly after. Timeline for the completion of the other six locality profiles will depend on the approach taken to local engagement going forward.

5 Conclusion

The production of a Joint Strategic Needs Assessment (JSNA), along with a Joint Health and Wellbeing Strategy (HWBS), are key activities for the Health and Wellbeing Board as it seeks to shape local health and wellbeing and exercise strategic influence over local commissioning decisions. It is important that all members of the Board are engaged with this process and able to contribute to the outcomes. The board will continue to receive updates as the place-based profiles emerge and will play an important role in ensuring that the local health and care economy is being shaped by the outputs and recommendations of these profiles.

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Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 8 April 2019

From: Liz Gaulton, Director of Public Health and Wellbeing

Title: Coventry Joint Health and Wellbeing Strategy refresh update

1 Purpose

This paper provides a stock-take of progress against the 2016-19 Joint Health and Wellbeing Strategy; summarises the outcomes of a senior partner workshop held in March on the new strategy; and outlines the plan for the development of the new Joint Health and Wellbeing Strategy, including the Consultation Plan.

2 Recommendations

The Health and Wellbeing Board is asked to:

1. Consider the outcomes and learning from the current Health and Wellbeing Strategy to inform the Strategy refresh;
2. Note the outcomes of the Health and Wellbeing Strategy workshop held on 6 March 2019; and
3. Endorse the proposed approach to the Health and Wellbeing Strategy refresh, including the Consultation Plan and timeline.

3 Background

The Council and the Clinical Commissioning Group have a statutory duty, through the Health and Wellbeing Board, to develop a Joint Strategic Needs Assessment (JSNA) for the city and a Health and Wellbeing Strategy that translates these findings into clear outcomes the Board wants to achieve

The core aim of the JSNA and Health and Wellbeing Strategy is to develop local, evidence-based priorities for commissioning local services which will improve the public's health and reduce inequalities. The outcomes of this work will help to determine what actions the Council, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing

The current Health and Wellbeing Strategy covers the period 2016-19. Work is underway to produce a revised Strategy for approval and publication in autumn 2019.

4. Coventry Health and Wellbeing Strategy 2016-19

The existing Health and Wellbeing Strategy 2016-19 identified three priorities:

- Working together as a Marmot City: reducing health and wellbeing inequalities
- Improving the health and wellbeing of individuals with multiple complex needs; and
- Developing an integrated health and care system that provides the right help and support to enable people to live their lives well

Both the Marmot and Multiple Complex Needs programmes are being evaluated formally and comprehensively. However, it is important to capture impact and learning to inform the refreshed Health and Wellbeing Strategy and so a light touch stocktake of key outcomes and learning from the current Strategy has been undertaken. This is included as appendix 1 to this report, and is summarised below.

4.1 Key outcomes

- **Marmot City**

The Marmot Steering Group monitors the impact of a range of partnership projects related to the two key priorities of improving resilience in young people and encouraging good growth in the city. This includes employer support for good quality jobs through the Chamber of Commerce and Workforce Wellbeing Charter and a range of youth programmes and support for families. Poverty has been added as a third priority, kick-started by a Poverty Summit in November 2012

- **Multiple Complex Needs**

The Multiple Complex Needs (MCN) Board was established to oversee activity to improve coordination of services to meet the needs of individuals with multiple complex needs. This included piloting new approaches and helping to bring about systems change.

Key outcomes include:

- Funding for the Housing First pilot, capitalising on the MCN partnerships and approach
- Steps for Change successful multi-agency advice & information shop in city centre
- Experts by Experience group, creating opportunities for co-production
- Commitment to Making Every Adult Matter approach until 2022 (help to design and deliver better coordinated services for people with MCN)
- Evaluation framework to understand outcomes of programme

- **Integrated health and care**

Integration of health and care has continued to evolve at pace in a context of a policy shift towards even closer collaboration through Integrated Care Systems. Coventry and Warwickshire Place Forum (the joint Health and Wellbeing boards) is now well established and delivering a Year of Wellbeing in 2019 to upscale prevention across health and care system. A refreshed Health and Wellbeing Concordat and Health and Care System Model have been agreed and will form the basis of a strategic framework for the Integrated Care System. Progress of the Better Health Better Care Better Value plan is reported regularly to the Health and Wellbeing Board.

4.2 Lessons learnt

Key learning from the current Strategy to inform the refresh includes:

- Inclusion of priorities has raised their profile and galvanised commitment around addressing health inequalities and supporting individuals with multiple complex needs
- Partnerships have been brought together to address the priorities and the benefits of stronger partnership working have been realised
- There remains a need for more active engagement of wider partners, and this is needed at an early stage in Strategy development
- A lack of dedicated resource to support the Strategy priorities has restricted impact in some areas
- Opportunities have been lost as a result of the three priorities being implemented and monitored separately, so that links and synergies have not been identified and exploited
- There was no overarching performance framework to monitor progress of the Strategy and there is a need to find more tangible ways of measuring and demonstrating impact.

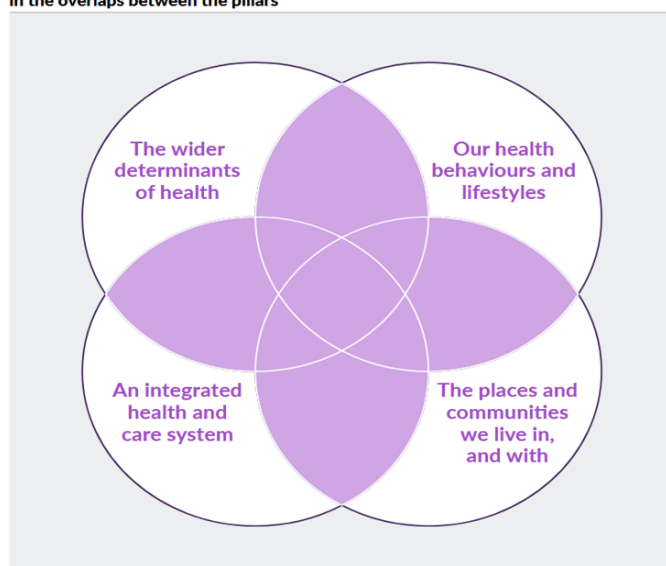
5. Health and Wellbeing Strategy Refresh

5.1 Health and Wellbeing Strategy workshop, 6 March 2019

A workshop for senior leaders from across the system was held on 6 March, facilitated by the King's Fund. This was an early opportunity to engage senior partners in shaping the new Health and Wellbeing Strategy. The purpose was to test the King's Fund's population health model (<https://www.kingsfund.org.uk/publications/vision-population-health>) as a framework for reviewing current activity and developing the Strategy, and hear from senior leaders about their ideas for future health and wellbeing priorities. Around 50 people attended, including Health and Wellbeing Board members, overview and scrutiny committee members, Public Health Consultants, and strategic leaders both from within the Council and the wider public, private and voluntary and community sector.

Table discussions were structured around the King's Fund population health model (below), with each table focusing on a 'pillar' from the model and discussing strengths and challenges for the system and the contributions between this and other pillars.

Figure 11 A population health system that recognises and maximises the activity in the overlaps between the pillars



Taken from *A vision for population health: Towards a healthier future*, The King's Fund, November 2018

By structuring the conversations around these pillars, attention was drawn to the importance of each of these elements in improving health outcomes and reducing health inequalities, and towards what needs to happen to ensure a more balanced approach that distributes effort across all four pillars and makes the connections between them

Key themes and messages arising from the workshop were:

- There are already strong partnerships to build on in the city
- The new Strategy should form part of the Year of Wellbeing legacy and reflect the opportunities arising from the UK City of Culture 2021 programme, which falls within the timeframe of the new Strategy
- The system needs to facilitate community leadership – through investment in communities and having a flexible offer that empowers and enables community leadership, but also by engaging in more meaningful dialogue with communities
- Outcomes and impact – we need to build an evidence base, especially around stronger communities and wider determinants, and develop capacity to research, evaluate, demonstrate and grow good practice and draw on learning from elsewhere
- Communication – the power of personal stories in demonstrating impact and building trust in services, and the need for more effective messaging about self-care, and potential digital opportunities around signposting
- Interconnectedness (“job, house, friend”) – wider determinants and where I live / my community impact on lifestyle choices / healthy behaviours. We need to recognise the contribution of all services and consider the health and wellbeing impact of all policies
- Concern about gaps in services – and people falling through gaps – and a need to be more joined up and strategic
- Facilities – issues around access to services and availability of facilities locally; opportunities to bring community assets (eg. schools) into use
- Focus on prevention – need to take bold decisions to move resources upstream.

There was a strong view that as a system there needs to be a clear focus on two or three priorities where we could make a difference by channelling resource and energy over the next few years, and a number of potential priorities were proposed. At the same time there was recognition that there are some key enablers (such as empowering community leaders or building stronger partnerships around wider determinants) where investment and change is also needed.

5.2 Timeline and proposed approach

The Health and Wellbeing Strategy refresh will be informed by evidence from the JSNA, the senior partner workshop and the learning from the current Strategy. This evidence will be triangulated by a core officer steering group.



A smaller prioritisation event has been arranged for the end of April for officers from partner organisations to review the evidence and emerging themes and agree the framework and priorities for the refreshed Strategy for public consultation. This event is likely to explore both identification of a small number of specific priority areas for

action, and the potential to take these forward within the broad framework of the King’s Fund population health model.

5.3 Consultation Plan

It is intended that the consultation and engagement process for the refreshed Strategy will be an extension of the JSNA engagement activity. As agreed by the Board in January, public consultation is planned, including opportunities for online and face-to-face consultation with stakeholders, as well as engagement with overview and scrutiny.

The purpose of the consultation is to test both the approach the proposed priorities, build consensus and galvanise energy and resource around the Strategy. As well as sense checking the priorities, the consultation is also an opportunity to bring partners and communities on board and identify capacity and opportunities to help make a difference to identified needs.

The consultation plan is attached at appendix 2 for endorsement by the Board.

6. Next steps

It is now intended to bring a final draft of the Strategy to the Board in June / July for consideration and endorsement, enabling further development of plans for implementation over the summer and the approval and publication of the final Strategy in the autumn. This will be agreed by the Health and Wellbeing Board before going to the Council's Cabinet and Coventry and Rugby CCG's Governing Board for approval and adoption.

The next steps in the development of the Strategy are summarised in the table below.

When	Action
April 2019	Triangulation of data
29 April 2019 2-5pm	Prioritisation workshop
May – June 2019	Consultation on draft priorities
June / July 2019	Draft Health and Wellbeing Strategy considered by Health and Wellbeing Board
October 2019	Final Health and Wellbeing Strategy approved and published

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Appendices

Appendix 1: Coventry Health and Wellbeing Strategy 2016-2019, Stocktake of progress March 2019

Appendix 2: Coventry Health and Wellbeing Strategy 2019, Consultation Plan

Coventry Health and Wellbeing Strategy 2016-2019

Stocktake of progress, March 2019

1. Background

The Coventry Health and Wellbeing Strategy is the city's overarching plan for reducing health inequalities and improving health and wellbeing outcomes for Coventry residents. The existing Health and Wellbeing Strategy 2016-19 identified three priorities:

- Working together as a Marmot City: reducing health and wellbeing inequalities
- Improving the health and wellbeing of individuals with multiple complex needs; and
- Developing an integrated health and care system that provides the right help and support to enable people to live their lives well

Both the Marmot and Multiple Complex Needs programmes are being evaluated formally and comprehensively. This paper provides a light touch stocktake of key outcomes for each of the three priorities, as well as wider lessons learnt about the format and implementation of the Strategy within an evolving health and social care context. It aims to capture impact and learning to inform the refreshed Health and Wellbeing Strategy.

2. Working together as a Marmot City: reducing health and wellbeing inequalities

2.1 Background

Coventry became a Marmot City in 2013, adopting the recommendations of Sir Michael Marmot's 2010 report Fair Society, Healthy Lives. As one of seven Marmot cities originally, Coventry has worked to reduce health inequalities by taking a life-course approach to addressing the social determinants of health. In 2016, Professor Sir Michael Marmot and his team at University College London and Public Health England committed to working with Coventry for a further three years to enable Coventry to build on progress made in tackling health inequalities.

2.2 Progress to date

Work is continuing to monitor projects and progress against the two key priorities of improving resilience in young people and encouraging good growth in the city. Two new organisations have joined the Marmot Steering Group - Positive Youth Foundation and Foleshill Women's Training - and the action plan continues to be monitored and revised to ensure that it is relevant to current workstreams. Recent inclusions on the action plan are around family hubs, the family health & lifestyle service, social value and the development of additional indicators around poverty.

Poverty has emerged as a third priority for the Marmot Steering Group, with the aim of looking at ways organisations across the city can work together in order to help prevent and mitigate the impacts of poverty on residents. A Poverty Summit was held on 12 November 2019, which was attended by senior figures from a range of local organisations, and included presentations from Sir Michael Marmot, and David Buck of The Kings Fund. A short video summary from the day is available at:

<https://www.youtube.com/watch?v=A0yVodwBd0o>

The Marmot Steering Group has committed to taking forward the outcomes from the Summit and, to achieve this, are in the process of setting up four task and finish groups to cover the following areas:

- Poverty and employment
- Benefits and Entitlements
- Lifelong learning
- Health

A copy of the 2018/19 Quarter 3 action plan is attached.

2.3 Key Outcomes

In the period of the latest action plan (2016-19), the projects that have been identified and monitored include:

- Employability projects such as Ambition Coventry, Routes to Ambition, Connect Me and Exceed in Coventry
- Youth programmes run by Positive Youth Foundation such as Raising Aspirations, Healthy Futures and Positive Futures
- The workplace wellbeing charter
- Development of the family hubs and the Family Health and Lifestyles Service
- Year of Wellbeing
- Employer support through the Chamber of Commerce
- Sexual violence prevention programme in schools
- Substance misuse support for young people

Outcomes demonstrated through annual indicators show that at the same time:

- Percentage of children achieving a good level of development at age 5 has increased from 63.9% (2015/16) to 66.1% (2017/18)
- The percentage of children achieving expected level of progress (national standard) in reading, writing and mathematics at the end of primary school has increased from 49% (2016/17) to 58% (2017/18)
- Hospital admissions as a result of self-harm (10-24 years) reduced from 552 per 100,000 (2015/16) to 438 per 100,000 (2017/18)
- Percentage of 16-18 year olds not in education, employment or training is better than the national average at 5% (national average 5.6%)
- Gap in earnings between those living in the city and those working in the city has closed slightly, from 94.8% (2015/16) to 95.4% (2017/18)
- Between 2011 and 2017 Coventry has seen a slight increase in healthy life expectancy 0.7 years for men and 0.4 years for women. This compares to a slight decrease across the West Midlands average and a static data across the England average.

The establishment of the Poverty & Employment Task and Finish group has led to the identification of a number of actions that can be taken forward, some of which can be

immediately implemented and others which may require more structural change in the ways the Council and partners deal with certain issues, and which are currently being explored.

Coventry was coming to the end of a formal three-year commitment to joint working with the Institute of Health Equity and Public Health England. On-going commitment has now been made by all three organisations to continue with the Marmot agenda and for Coventry to continue to be called a 'Marmot City'.

Case study: Exceed in Coventry

Employability projects are making a real difference to individual lives. There are many examples of how taking the Marmot approach within the universal service of the job shop, tailored to meet the needs of those facing additional barriers - is helping people achieve their goals. Here is just one example of someone supported through the Exceed in Coventry project, a partnership between WATCH (Working Actively to Change Hillfields charity), The Job Shop, and Coventry University's Fab Lab.

A arrived in the UK as a refugee in 2015 and relocated to Coventry from Bristol in November 2017. He had gained brief work experience within catering in Bristol and registered with WATCH in December 2017 to seek advice on accessing courses to improve English language skills with a view to gaining local employment in the near future. A was initially referred to English classes with Coventry Adult Education and then to informal 'Conversational English' sessions facilitated by WATCH and the Hillfields library to supplement his learning. A also received support with creating a CV, devising cover letters, understanding the job market, searching and applying for suitable employment and accessing a basic IT skills course.

A's main job goal was to gain work in the supply & distribution industry as he was aware that opportunities are more abundant in this sector. He also opted for catering as a second choice of employment in case he was not successful with his first work preference. Unfortunately, A sustained a shoulder injury that meant that he was unable to consider a role where heavy lifting would be involved and so he decided to pursue opportunities in the catering industry instead.

The Building Bridges Employment Adviser emailed A's CV to the manager of a popular restaurant in FarGo Village, on the back of recruitment support the manager had received from WATCH in the past. A was subsequently invited to attend a paid work trial during a busy weekend period to check his suitability for the position of 'Full-Time Kitchen Worker'. He has since started permanent work with the restaurant.

A's attendance and activities improved his outlook and general confidence in self-capability and he felt settled enough to bring his wife to live with him in the Coventry area; she is now receiving support via the Exceed in Coventry programme from A's recommendation.

2.4 Formal Evaluation

Six years into the programme, Public Health are working with the UCL Institute of Health Equity and Public Health England to evaluate the Marmot city programme and consider the next steps for Coventry. The evaluation is taking a mixed-methods approach which is both quantitative and qualitative, using data, interviews, documentary analysis and focus groups. It will examine how Coventry came to be a Marmot city, what has been done to adopt the recommendations of the 2010 report, and what the outputs and outcomes are to date. As part of this, the research will look at whether there are context-specific factors, such as political will in Coventry, that made it possible for Coventry to remain a Marmot city when the other six cities dropped the title in 2016. The outcomes that will be reported include the agreed programme and outcome indicators, but also less measurable indicators such as whether health inequalities are now considered in council decisions. Findings from the evaluation will be shared with the Health and Wellbeing Board at a future meeting.

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

3.1 Background

In 2016, Coventry's Health and Wellbeing Board selected '*improving the health and well-being of individuals with multiple complex needs*' as one of its three priorities. It was chosen as a priority due to growing awareness that individuals that experience a complex problem such as homelessness, drug and alcohol misuse, poor mental health, and offending often do not experience them in isolation. They can experience several problems at the same time and they are considered to be a vulnerable population group as they often also face ineffective contact with services and lead chaotic lives. People with multiple and complex needs are a significant source of repeat demand for public services and also considered amongst the 'hardest to help'. There was also concern these vulnerable individuals may 'fall between the gaps' in policy and services altogether.

3.2 Programme

The Multiple Complex Needs (MCN) Board was established to oversee the programme to address this priority and look at ways in which services can be better coordinated to meet the needs of these individuals. This included piloting new co-ordinated approaches and helping to bring about systems change.

The projects underpinning the programme and how they have evolved during the programme are summarised below:

Case Management Forum – Case management of individuals with MCN has recently moved from an Operational Group to a refreshed Harm Reduction and Vulnerable Persons forum. This has helped to streamline processes and will help to reduce case management duplication.

Experts by Experience – Coventry's programme includes an Experts by Experience group and the co-production approach it offers. This has been embraced, with representatives of the group now members of the MCN Board. The Group have been involved in responding to the Draft Housing and Homelessness Strategy, both directly with officers and presenting to

Elected Members at Scrutiny Co-ordination Committee. Work is on-going to engage more Experts by Experience and to find more opportunities for co-production across the partnership.

Steps for Change – The multi-agency weekly drop in advice & information shop STEPS has been established to address problems of homelessness, begging & drug/alcohol addiction in Coventry city centre. Due to its success, it is moving to bigger premises from Spring 2019 to enable STEPS to offer more services to individuals with MCN through its wide-reaching partnerships across the City.

Housing First – The MCN programme supported and will continue to support preparation for the implementation of the Housing First pilot in Coventry through the partnership links it has established and knowledge of local eligible individuals. The work done will be crucial when the pilot commences in June 2019 through the identification of an initial cohort through its case management work and engagement with groups such as STEPS.

Making Every Adult Matter (MEAM) – In November 2017, Coventry became one of twenty-seven MEAM approach areas in the country. The MEAM approach helps local areas design and deliver better coordinated services for people with multiple needs. Following agreement that the approach has been beneficial, Coventry has signed up to be a MEAM area until January 2022 which extends beyond the scope of the current Coventry Health and Wellbeing Strategy.

Evaluation

The final project was focused on evaluation of the MCN programme. A framework has been developed to determine the extent to which the programme improved outcomes from an individual, organisation and system-level perspective. Quantitative and qualitative data has been collected and the analysis is being undertaken by Coventry University and due to be completed by the end of April 2019. Initial findings indicate that the profile of MCN has been raised across partners in the City due to this work and strong partnerships have been developed as a result of the Board and Operational group. However, the priority of MCN was never given any specific funding which was seen as a missed opportunity; organisations struggled to find resources within existing budgets and posts to prioritise the work required to maximise the outcome of work around MCN.

3.3 Future plans

Since 2016, the operating environment has changed and the profile of individuals with MCN has been raised. There has been an increase in the number of people who are homeless in Coventry, many of whom have increasingly complex needs. Coventry City Council and partners are in the process of refreshing their Housing Offer and Governance Arrangements and preparations for the Housing First pilot in Coventry, funded by the West Midlands Combined Authority and due to commence in June 2019, are also currently underway.

As previously mentioned, the work done by the MCN programme will crucially feed into Housing First and the wider work done by the Council around homelessness, both through building relationships with the range of services available in the city and the identification and engagement with eligible individuals. While there will not be a complete overlap, there will be a strong correlation between identified individuals with MCN and the Housing First cohort.

This reviewed work around homelessness provides an opportunity to embed the work, and learning, from the MCN programme into these new structures and programmes. At the MCN Board in December 2018, it was agreed that elements of the MCN programme should be used to form the base of the Housing First pilot, capitalising on the partnerships which have been developed through the MCN programme. These reporting and governance arrangements, which will also include responsibility for MEAM, are currently under development to ensure integral partners continue to have an opportunity to shape and deliver on this agenda.

Case study: The Arc

This case study shows how MCN partners have used the MEAM approach to make a real difference to an individual life.

We first engaged with B during a lengthy period of homelessness in Coventry City Centre, where he had set up home in the doorway of a now closed down shop.

This period of homelessness lasted approximately 16 months, during which time we gained his trust and gave him a point in which to express how he had not only had enough of living on the streets but had also to some extent given up on life. He would regularly state that his time was done, he would die on the streets.

We noticed a rapid decline in his mental health during this period and also an increase in his alcohol and drug use. This ultimately left him with little options with housing, leading to him being offered unsuitable housing from a private landlord.

Once in accommodation, he found it very difficult to leave the life he had created on the streets behind him and the drug and alcohol use continued and escalated, to the point he weighed just 7 ½ stone.

He had been asking for the chance of rehab for some time, but the treatment service did not feel he was suitable. We took on his case feeling that everyone deserves a chance and we supported him and worked closely with CGL and MCN Board members to help flex the system via the MEAM approach.

He was granted funding and we supported him to prepare for rehab and escorted him on his journey there. After a couple of rocky weeks during his initial detox, where we still offered him daily telephone support, he has come through the other side fully detoxed, weighing 10 ½ stone and discussing the prospect of relocation.

4. Developing an integrated health and care system

4.1 Background

The 2016-2019 Health and Wellbeing Strategy was written at a time when the Sustainability and Transformation Partnership was being developed in Coventry and Warwickshire – branded locally as Better Health Better Care Better Value. There was recognition that

integration of health and care to improve outcomes for local people and manage demand would necessitate closer working across organisational and geographical boundaries. Coventry and Warwickshire Health and Wellbeing Boards needed to work together and harness resources right across the health and care system to focus on early help, proactive and preventative care and building resilience.

4.2 Progress and impact

National policy around the structure of integrated health and care system has evolved considerably during the period of the Strategy and it is in this context that progress has been made.

Coventry and Warwickshire Place Forum

In 2016 the two Health and Wellbeing Boards in Coventry and Warwickshire took the bold step to work together as a joint Place Forum to drive improvement in health outcomes and the reduction of health inequalities. The Boards committed to meeting together and working collaboratively to create the necessary system conditions and leadership for an uplift in prevention.

The Place Forum has now met formally on a quarterly basis for over a year and the collaboration has matured to the extent that the joint development sessions have become part of the routine business of the Health and Wellbeing Boards.

A key achievement of the Place Forum has been the commitment to delivering a Year of Wellbeing in Coventry and Warwickshire in 2019 (see case study below). The national LGA upscaling prevention pilot programme in 2018 provided valuable support, challenge and resource to help build momentum and commitment around delivery of the Year of Wellbeing.

As part of our upscaling prevention activity, we have also been piloting new approaches to building community capacity and resilience. Two iBCF-funded pilot projects in Coventry have been independently evaluated, and the report will be shared with the Board. Alongside this, new place-based and asset-based JSNAs are being rolled out across Coventry and Warwickshire, informed by engagement intelligence from communities as well as formal data sources.

Health and Wellbeing Concordat and Health and Care System Model

In July 2018 the partners in the Place Forum articulated a shared vision and principles for place-based systems leadership in a refreshed joint Concordat, which underpins commitment to a programme of work around wellbeing. Partners also agreed a model for the local health and social care system which includes integrated services, embraces the wider determinants of health and has a strong prevention and community resilience message at its heart. These documents have been adopted by the BHBCBV Board and are beginning to set the framework and context for the way we work across the system.

A high level outcomes framework has also been developed for the Place Forum to monitor the direction of travel of the system, demonstrate impact and help sustain change. This is structured around the desired system outcomes articulated in the Concordat and System Design: healthy people, strong communities and effective services. The Concordat and

System Model will form the basis of the strategic framework for the emerging Integrated Care System in Coventry and Warwickshire.

Better Health Better Care Better Value plan

Progress in delivery of the Better Health Better Care Better Value plan (STP) and the emerging ICS is reported regularly to the Coventry Health and Wellbeing Board, and more informally through the Place Forum.

The plan has a clear focus on prevention being at the centre of everything we do and, through early intervention, making it easier for everyone to lead healthy lives and stay well for longer.

Integrated Care System

The NHS Long Term Plan, published January 2019, articulates a clear expectation that all areas will move towards Integrated Care Systems by April 2021. ICSs are a new form of even closer collaboration through which NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. In Coventry and Warwickshire we are on a journey towards becoming a shadow ICS, with roadmaps in place around six key work streams, including development of a single Strategic Commissioning function and Provider Alliance.

Case Study: Coventry and Warwickshire Year of Wellbeing 2019

The Year of Wellbeing aims to promote population and community health and wellbeing and is being used as a catalyst for change, to galvanise effort and celebrate and extend existing work on prevention and early intervention. It is being delivered through pledges of financial and in-kind support from Place Forum partners.

The Year of Wellbeing is structured around key areas of activity, which include:

- a branding and communications campaign to raise awareness of wellbeing and self-help services already available across Coventry and Warwickshire;
- supporting primary schools and workplaces to adopt a daily mile;
- evolving good practice in workforce wellbeing; and
- upscaling opportunities to engage with people in communities and encourage social connectivity to help address social isolation and loneliness.

Through the Coventry and Warwickshire Health and Wellbeing Concordat, Place Forum members have made a commitment to work collaboratively as a whole health and wellbeing system to prioritise prevention, strengthen communities and make better use of available resources. The Year of Wellbeing brings this to life and exemplifies the new way of working partners are seeking to deliver.

5. Wider learning

There are a number of overarching lessons and conclusions that can be drawn from the reflections on the outcomes and impact of the three priorities in the current Strategy detailed above:

- **Profile and commitment:** Including specific priorities within the Strategy as a focus for the Health and Wellbeing Board partners has raised their profile and galvanised commitment to work in partnership specifically to address health inequalities and support individuals with multiple complex needs.
- **Stronger partnership working:** Across the three priorities, clear benefits have been realised through new partnership governance structures that have been created to oversee implementation. New collaborations have evolved with organisations that may not historically have recognised their role in contributing to health and wellbeing outcomes.
- **Resource:** In some cases, a lack of identified and dedicated resource to support the Strategy priorities has delayed progress and meant that the full potential impact and benefits of new ways of working may have not been realised.
- **Wider partners:** Whilst there has been some strong partnership working and new partners have supported delivery of the Strategy, there is still some frustration that the right people are not always around the table. More could be done to encourage more active engagement of partners by galvanising support and commitment to shared Health and Wellbeing Strategy priorities at an early stage.
- **Making connections:** The three priorities in the current Strategy have been delivered in isolation from each other, with the Health and Wellbeing Board receiving separate monitoring reports on each priority – generally at different meetings. As a result connections have not been made between the different workstreams. By overseeing and monitoring the priorities in a more cohesive way, it is possible that synergies and complementary activity could have been identified and value maximised.
- **Demonstrating impact:** with the exception of the Marmot priority, the Strategy was not specific about the measurable outcomes it aimed to deliver and there was no overarching performance framework to monitor progress. There is a recognised challenge around attributing system interventions to health and wellbeing outcomes, but in order to build trust and support within the system and with our communities there is a need to find tangible ways of measuring progress and demonstrating impact.

This learning should be the starting point for developing the refreshed Strategy.

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**Marmot City Progress Report
Q3 2018-2019 and Annual Outcome Indicators**

Tackling inequalities disproportionately affecting young people

Inequalities in educational attainment, high numbers of 16-18 year olds not in education, employment and training and poor mental health in young people can lead to increases in health inequalities and poorer health and social outcomes for the people of Coventry. In addition, high rates of teenage pregnancy can lead to poorer outcomes for both teen parents and their children, creating a cyclical affect which promotes further inequalities.

Tackling these issues involves building resilience in young people, so that they are able to cope with the pressures they face and develop the skills that will help them to flourish. The key areas of focus for the next three years are to build resilience, aspiration and mental health in young people and improve levels of education, employment and training so that young people are supported to live happy, healthy lives, whatever their background.

Action Plan: Tackling inequalities disproportionately affecting young people

Aim	Actions	Lead	Progress / barriers
1. Support young people who are not in education, employment or training through a range of programmes	<ul style="list-style-type: none"> Ambition works with anyone aged between 16 and 29 that lives in Coventry and is not in any form of employment, education or training (NEET). 	Economy and Jobs Team, Coventry City Council, in partnership with other partners	<p>Ambition Coventry The programme is at the end of its third year. After being extended to December 2020 from August 2018 onwards this is the first full quarter of phase two. Six of the original partners remain in the extension, offering a broad range of employment and skills support to participants on the programme. Partners have been refining their delivery, using the new phase as an opportunity to review services offered, the quality of recording and methods for better engagement and retention of participants. The project has engaged 49 young people who identify as having a disability, mental health problems or a long term health condition, and 20 with particular disadvantages such as homelessness, drug and alcohol dependency, coming from a looked after background or financial problems.</p> <p>Routes to Ambition The programme is picking up momentum following the delayed start</p>

	<ul style="list-style-type: none"> Routes to Ambition works with young people in Coventry aged 15 - 24 who are either disengaged, at risk of exclusion, or facing major barriers to employment such as health and disability. This programme will ensure seamless referral routes into Ambition Coventry and other programmes once young people become eligible. 		(due to national government delays). Although one of the partners decided to leave the programme, this has not had a negative effect on success so far. Moving forwards we will see an increase in the number of participants being engaged and should start to see a number of outcomes claimed for the next quarter period with many young people moving out of provision and into positive outcomes such as apprenticeships, continued education and jobs.
2. Integrated Early Help Services for 0-19 year olds, with multi-agency family hubs offering universal and targeted support to children, young people and families	<ul style="list-style-type: none"> A fit for purpose new Early Help model will be created which designs multi-agency and multidisciplinary teams who will be coordinated across a 0 – 19 age range, across Coventry, reaching the most vulnerable families whilst ensuring a robust universal offer remains in place. The outcomes of the integration of care for 0-19 services will be measured 	Public Health	<p>In October a workshop was held to consider outcomes for family health and lifestyles and family hubs.</p> <p>Work has been completed by Warwick University to consider integration of family hubs and partner agencies involved.</p> <p>To develop the early help model further a workshop was held in November to consider how partners are contributing to early help. A new early help strategy is currently being developed through the early help sub group.</p>
3. Supporting families through the Family Health and Lifestyles service	<ul style="list-style-type: none"> The service will deliver universal support to all families and offer a service that progressively increases in intensity, depending on need and level of deprivation 	Public Health	Workshop took place in November to consider the outcomes for family health and lifestyles services this information is currently being refined further by SWFT.
4. Positive Youth Foundation work with children who are at risk of exclusion (Raising Aspirations programme)	<ul style="list-style-type: none"> The Raising Aspirations Programme (RAP) supports young people to reach their fullest potential. This is achieved through an intensive timetable of provision which includes supporting those experiencing challenges within mainstream education, or those out of education, training or employment. 	Positive Youth Foundation	The Raising Aspirations Programme provides support provision for young people either excluded or on the verge of exclusion from education settings.

Programme Indicators: Tackling inequalities disproportionately affecting young people

Indicator & Definition		Organisation / Directorate Contact	Baseline data (15/16)	Actual 16/17	Actual 17/18	Target 18/19	Actual Q3 18/19	Year to date 18/19
PI1: Number of young people supported through different projects into employment, education or training	Ambition	Coventry City Council		558	254	91	71	144
	Routes	Place Directorate Kim Mawby				31	6	36
PI2: Number of people engaged on Programme	Ambition	Coventry City Council		806	607	325	129	207
	Routes	Place Directorate Kim Mawby				99	83	109
PI3: Implementation of system or tool to measure mental wellbeing in schools Further indicator to follow around mental wellbeing once tool is implemented		Coventry City Council Public Health Sue Frossell	Indicators to be agreed once system is in place	System in development	Target to be agreed once system is in place	Target to be agreed once system is in place	Currently waiting for the software being used to collect the measurement to be hosted onto the University of Warwick secure servers. All GDPR aspects have been approved, privacy notices completed and a Data Protection Impact Assessment conducted with the DPO for Coventry City Council Schools	

PI4: Number of young people participating in the PYF Raising Aspirations programme who have improve academic attendance levels

Positive Youth Foundation

31

43

45

80

49

160

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Programme Indicators: Tackling inequalities disproportionately affecting young people

Indicator & Definition	Organisation / Directorate Contact	Baseline data (15/16)	Actual 16/17	Actual 17/18	Target 18/19	Actual Q3 18/19	Year to date 18/19
<i>PI5: Indicator around family hubs to be developed following workshop in October</i>							
<i>PI6: Indicator around family, health and lifestyle service to be developed following workshop in November</i>							

Ensuring that all Coventry people, including vulnerable residents, can benefit from ‘good growth’, which will bring jobs, housing and other benefits to the city

Inequalities in employment, pay below the living wage, the decline in intermediate occupations and the rise of lower paid jobs are likely to lead to increases in health and social outcomes for the people of Coventry. There are economic as well as social benefits to addressing these issues. Investing in the workforce through paying employees a competitive wage, recruiting locally, providing attractive benefits, career progression, a good working environment and looking after the health of employees will increase recruitment and retention and improve productivity for businesses in Coventry.

Tackling these issues requires a broadening of the Marmot agenda to the private sector and businesses. Working with organisations such as the Local Enterprise Partnership, the Chamber of Commerce and businesses across the city is essential in order to nurture ‘good growth’ in Coventry. The key areas of focus for the next three years are to help vulnerable people into work, to improve the quality of jobs, and to create health promoting workplaces, so that growth in Coventry benefits everyone and contributes to a reduction, rather than an increase, in inequalities.

Action Plan: Ensuring that all Coventry people, including vulnerable residents, can benefit from ‘good growth’, which will bring jobs, housing and other benefits to the city

Aim	Actions	Lead	Progress
5. Support people into employment	<ul style="list-style-type: none"> ConnectMe supports unemployed and economically inactive Coventry people to address barriers from participating in the labour market, through flexible support, tailored to individual need Exceed in Coventry provides provision to over 1,300 Coventry residents by providing personalised programmes of support aimed at supporting individuals on their journey to sustainable employment 	Economy and Jobs Team, Coventry City Council, in partnership with other partners	<p>ConnectMe</p> <p>Partners are starting to pick up following the delayed start to the programme (due to national government delays) and are interacting with each other well. We are continuing to engage with the most disadvantaged groups such as those declaring a long term health condition or disability and customers with poor mental health and from a range of age groups, some customers have been in their 70’s and 80’s looking to engage with services locally. Evaluation of the programme is being implemented across the programme with the help of Coventry University, with a plan to measure both quantitative and qualitative data. Initial findings from a small scale evaluation is that customers engaging on the Fab Lab programme are doing so to tackle their feelings of social isolation over any other</p>

			<p>reason, once engaged we are able to get them thinking about engaging other services.</p> <p>Exceed in Coventry</p> <p>The programme continues to engage with a large number of participants with a focus on finding people employment. The programme is doing very well and currently on profile to achieve all targets set. As with ConnectMe the evaluation of the programme is being implemented by Coventry University and partners have been involved in this process.</p>
6. Provide employers with information, skills and support to provide and promote good quality jobs in Coventry	<ul style="list-style-type: none"> • Create more supportive and productive work environments • Understand the benefits (including economic) of recruiting locally • Provide good quality jobs • Increase opportunities for people with disabilities and maximise take-up of Access to Work fund • Work with employers to increase the number of apprenticeship opportunities 	Coventry and Warwickshire Chamber of Commerce	Renewed links with Chamber of Commerce. Agreed on-going membership of Marmot Steering Group and identified a number of potential joint working opportunities.
7. Continue to develop the reach and effectiveness of the Workplace Wellbeing Charter	<ul style="list-style-type: none"> • Roll out the charter to all organisations who express an interest • Adapt the evidence requirements of the charter to meet the needs of small businesses 	Economy and Jobs Team, Coventry City Council	Work to support Employers to achieve the Charter has moved into the wider Employment and Wellbeing Team, and future ways of working are currently under consideration.
8. Effective use of social value in procurement	<ul style="list-style-type: none"> • Development of a system to enable an objective evaluation of social value, based around the national TOMS tool, utilising locally agreed weightings. • Processes in place to capture and monitor social value KPIs 	Procurement	No further progress on development
9. Year of Wellbeing 2019 – raise awareness and opportunities to improve health	<ul style="list-style-type: none"> • Embed prevention for statutory organisations, local employers and community organisations, ensuring information for workers is accessible and appropriate • Support the development of skills in-house to enable health & wellbeing support to be sustainable 	Public Health	<ul style="list-style-type: none"> • C&W third sector resource pledging and sharing event took place in November. Attended by 36 separate organisations. 43 pledges of resources (such as time, expertise, and training) made to support wellbeing and prevention activity. 42

& wellbeing through places of work

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- Embed a preventative health & wellbeing culture in Coventry workplaces

offers of resource sharing made between organisations to maximise the reach of prevention work and make best use of resources.

- C&W Growth Hub working with us to communicate information and opportunities to extend workplace wellbeing opportunities into private businesses to promote wellbeing at work.
- Group of child physical activity providers have drafted a resource and information pack to share with primary schools to encourage integration of good behaviors into classrooms. A focus group of head teachers is being drawn together (February) to help shape the pack and make sure it is accessible for schools.
- Planning underway for national Time to Talk day 7.2.19 to significantly increase participation in local conversations to tackle mental health stigma. This is reaching across all sectors - measurement of participation will be through self-reporting and local case studies.

Programme Indicators: Ensuring that all Coventry people, including vulnerable residents, can benefit from 'good growth', which will bring jobs, housing and other benefits to the city

Indicator & Definition		Organisation / Directorate Contact	Baseline data (15/16)	Actual 16/17	Actual 17/18	Target 18/19	Actual Q3 18/19	Year to date 18/19
PI7: Number of people supported through different projects into employment or training	ConnectMe	Coventry City Council				29	22	43
	Exceed in Coventry	Place Directorate Kim Mawby				91	38	155
PI8: Number of people engaged on employment support programmes	ConnectMe	Coventry City Council				80	34	40
	Exceed in Coventry	Place Directorate Kim Mawby				252	138	175
PI79: see below – ESA claimants included in UC claimants as UC is rolled out		DWP Iona Old	6.8% (15,010)	6.5% <i>Target: 6.5%</i>	6.4% <i>Target: 6.1%</i>	n/a	n/a	n/a
PI10: 2018 revised – percentage of resident claiming out of work benefits. Under universal credit, a broader span of claimants are required to look for work than under jobseekers allowance. As UC is rolled out, numbers of people recorded is therefore likely to rise		DWP Iona Old	1.9%	1.7% <i>Target: 1.8%</i>	1.3% <i>Target: 1.1%</i>	2.2% (better than or equal to national average)	2.0%	1.9%
PI11: Number of people supported into employment by the Coventry Job Shop		Coventry City Council	1,844	1,641 <i>Target: 1,420</i>	982 <i>Target: 1,200</i>	1,000		895

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 10</p>	Place Directorate Kim Mawby						
PI12: Number of workplaces signed up to workplace wellbeing charter	Coventry City Council Place Directorate Sharon Lindop	25	13 <i>Target: 25</i>	14 <i>Target: 25</i>	10		16
<i>PI13: An improved measure from Chamber of Commerce about the ways in which they work with local businesses - tbc</i>	Chamber of Commerce Martyne Manning						

Reducing poverty in Coventry

Having enough money to lead a healthy life is central to reducing health inequalities. The Commission on Social Determinants of Health (CSDH) showed that poverty and low living standards are powerful determinants of ill health and health inequity (Fair Society, Healthy Lives 2010). Poverty may be defined in different ways and there is no single, universally accepted definition.

Poverty is an issue which cannot be addressed by any one organisation or sector. We are planning to work with partners across the city to develop a strategic approach to both break the cycle of poverty and mitigate against the harm caused by poverty.

This is an emerging theme which has been added to the Marmot Action Plan from 2018/19, and actions will be developed from the Poverty Summit to be held in November 2018.

Action Plan: To work strategically to reduce levels of poverty in Coventry, including actions to address child poverty			
Aim	Actions	Lead	Progress
10. PYF projects to engage with socially isolated young people in two most deprived wards (Healthy Futures) and to provide highly targeted work with young people who require additional holistic support to keep active, tackle anti-social behaviour and build resilience (Positive Futures)	<ul style="list-style-type: none"> Healthy Futures looks to improve the physical and mental health of young people aged 8-25 in the most deprived areas of Coventry, and to direct young people towards positive, healthy, well informed life choices. Positive Futures provides a safe and accessible timetable of after-school, evening and weekend provision for young people across Coventry. 	PYF	<p>Healthy Futures programmes are designed to reduce health inequalities in targeted wards of the city, utilising sport and physical activity to promote active lifestyles and positive social action.</p> <p>Positive Futures provision supports young people who are affected by criminal exploitation and risky behaviours. The bulk of the work in Q3 has been around youth violence and knife crime support work.</p>
11. Delivery of a Coventry Poverty Summit	<ul style="list-style-type: none"> To deliver a multi-agency summit to explore the city's response to the issue of poverty and commit to action to prevent and mitigate the effects of poverty. 	Public Health	Outcomes of the Poverty Summit are being considered to identify key priorities and establish ways forward.
12. Creation of a working group to explore issues of in-work poverty and worklessness	<ul style="list-style-type: none"> To bring together stakeholders to consider current provision, as well as looking at potential service development to promote good quality of jobs and employability support 	Economy & Jobs	Working group has held several meetings and established key areas of work to develop




<p>13. Work of the Welfare Reform Working Together Group to support people in the city affected by the changes to welfare benefits, including the roll-out of universal credit</p>	<ul style="list-style-type: none"> Formed in 2013, the Group brings partners together to develop clear and consistent messages around welfare reforms, help to ensure local people are made aware of the changes and that those directly impacted understand how they will be affected. 	<p>Coventry Independent Advice Service</p>	
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Programme Indicators: To work strategically to reduce levels of poverty in Coventry


Indicator & Definition	Organisation / Directorate Contact	Baseline data (15/16)	Actual 16/17	Actual 17/18	Target 18/19	Actual Q3 18/19	Year to date 18/19
PI14: Number of young people accessing health/physical activity-based provision provided through the Healthy Futures project with PYF	Positive Youth Foundation	n/a	n/a	177	1000	248	1198
PI15: Young People accessing community support provision via the Positive Futures programme	Positive Youth Foundation	411	478	350	350	206	238


Outcome Indicators

Annual outcome indicators are in place to enable analysis of the longer term impacts of the work being carried out in Coventry and to track the direction of movement in a number of key areas.

Outcome Indicators: Tackling inequalities disproportionately affecting young people						
Indicator	Definition	Baseline data (15/16)	2016/17 Actual	17/18 Actual	17/18 Target	18/19 Target
OI1: Percentage of children achieving a good level of development at age 5	http://www.phoutcomes.info/search/development	63.9%	65.4%	66.1%  Improving	Better than or equal to national average: 70.7%	Better or equal to national average
				The percentage of children achieving a good level of development at age 5 has been steadily improving in Coventry since 2012/13. We are falling slightly short of both the England and the West Midlands average.		
OI2: Percentage of children achieving expected level of progress (national standard) in reading, writing and mathematics at the end of primary school	https://www.gov.uk/government/statistics/national-curriculum-assessments-key-stage-2-2017-revised	78%	49% (new assessment)	58%  Improving	Better than or equal to national average: 61%	Better or equal to national average
				Increase on last year, still falling slightly short of national average. Only one point off West average (59%).		
OI3: Percentage gap between the lowest achieving 20% children and the average child in the same area in the early years (age 5)	http://standards.esd.org.uk/?uri=metricType%2F3657&tab=details	36%	35.1%	37.3%  Getting worse	Better than or equal to national average: 35.4%	Better or equal to national average
				Moving closer to the national average (less than two points difference, compared with four points difference last year), however the gap has increased slightly, showing a move in the wrong direction		

O14: Hospital admissions as a result of self-harm (10-24 years) Page 74	http://www.phoutcomes.info/search/self%20harm	552 per 100,000	525 per 100,000	438 per 100,000  Improving	450	Better or equal to national average
		Considerable decrease over past two years. Still slightly above national average of 404 per 100,000, but Coventry has shown a decrease in past 4 years, whilst national average has plateaued or increased slightly over that time.				
O15: Percentage of 16-18 year olds not in education, employment or training	http://www.phoutcomes.info/search/NET#pat/6/ati/102/par/E12000005	4.7%	3.0%	5.0%  New assessment	Better than or equal to national average: 5.6%	Better or equal to national average
		Method of data collection has changed from last year, resulting in a significantly different figure. Coventry is lower (better than) the national average and the regional average of 5.4%				

Outcome Indicators: Ensuring that all Coventry people, including vulnerable residents, can benefit from 'good growth', which will bring jobs, housing and other benefits to the city						
Indicator	Definition	Baseline data (15/16)	2016/17 Actual	17/18 Actual	17/18 Target	18/19 Target
O16: Gap in the employment rate between those with a long-term health condition and the overall employment rate	http://www.phoutcomes.info/search/employment#page/3/gid/1/pat/6/par/E12000005/ati/102/are/E08000026/iid/90282/age/204/sex/4	30.5%	24%	Data unavailable	28.9% (Target may change if national average changes)	Better or equal to national average
Publication of health and disability variable from the Annual Population Survey have been suspended from the October 2016 to September 2017 period onwards, whilst further quality assurance of the estimates takes place						
O17: Gap in the JSA claimant rate between the most affluent and most disadvantaged areas.	Gap in the JSA claimant rate between wards with the highest and lowest employment rates in Coventry	3.2%	3.2%	3.1%  Improving	3.0%	2.9%
In March 2018 the ward with the highest rate was Foleshill with a rate of 2.5% and the ward with the lowest rate was Wainbody with a rate of 0.4%. For the last two years, the claimant						

			count in Coventry overall and the gap in the count rate between wards with the highest and lowest rates has been static			
OI8: Gap in earnings between those living and working in the city	Average earnings of those living in the city compared with average earnings of those working in the city	£506.20 average earning of residents / 94.8% of city workers	£539 average earnings of residents / 96.5% of city workers	£535.70 average earnings of residents / 95.4% of city workers  Improving	£526.20 / 95.8%	£536.20 / 96.3%
In recent years, average pay for Coventry residents has been increasing, closing the gap on average pay at Coventry workplaces. However, pay growth for Coventry residents has been low in 2017, and the gap is slightly larger than reported in 2016/17, and slightly below target.						
OI9: Investment in training across organisations in Coventry	Average investment in staff training. Number of staff trained as a % of total staff and training days per year	62.8% of staff trained as a percentage of total staff / 5.46 average training days per year	Not available	Not available	64.8% / 6.46	65.8% / 6.96
			Not available			

Outcome Indicators: To work strategically to reduce levels of poverty in Coventry, including actions to address child poverty

Indicator	Definition	Baseline data (2017)	2016/17 Actual	17/18 Actual	17/18 Target	18/19 Target
OI10: Proportion of children living in poverty (after housing costs)	Households are living in poverty if their household income (adjusted to account for household size,) is less than 60% of the average. All poverty rates are calculated on an after housing costs basis	32.77%	-	32.77%	Better or equal to national average (28%)	Better or equal to national average
Coventry has big differences between the least and the most deprived wards. Earlsdon has 12% of children living in poverty (equating to 314 children), and St Michael's ward has 53% (equating to 2,431 children) - over 7 times as many children affected.						

OI11: Number of households with dependent children accepted as homeless and in priority need	Detailed local authority level homelessness figures by quarter and financial year. https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness#homelessness-summary-local-authority-level-tables	421		421	tbc	tbc
OI12: Annual increase in gross disposable household income	Gross disposable household income at current basic prices (NOMIS)	£14,175 (2016)	-	0.36% decrease (£14,226 to £14,175)	Annual increase equal to or exceeding national average increase 0.6% increase to 19,878	Better or equal to national average
			In Coventry, gross disposable household income dropped from 2015 to 2016, from £14,226 per annum to £14,175% per annum. The national average increased by 0.6% from 2015 to 2016.			
OI13: Percentage of Coventry households in fuel poverty	https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000041/pat/6/par/E12000005/ati/102/are/E08000026	14.4%	-	15.3%	Better or equal to national average 11%	Better or equal to national average
OI14: Percentage of Coventry households that are workless	Workless households in Coventry (NOMIS)	18.8%	-	18.8%	Better or equal to national average 15.1%	Better or equal to national average
OI15: Households in temporary accommodation	Households in temporary accommodation per 1,000 households		-	2.0%	Better or equal to national average 3.4%	Better or equal to national average

Coventry Health and Wellbeing Strategy 2019

Consultation Plan

1. Purpose

The Health and Wellbeing Strategy is a high level plan for reducing health inequalities and improving health and wellbeing for Coventry residents. The refreshed Strategy for 2019-2022 will translate the emerging findings from the city's place-based Joint Strategic Needs Assessment into clear priorities for what the Health and Wellbeing Board – through its members and wider partners - wants to achieve over the next 3-4 years.

The Health and Wellbeing Strategy will be used by the Council and local health commissioners to inform and influence their plans for commissioning services and will help to determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs and to address the wider determinants that impact on health and wellbeing.

Over the past 6 months we have been building our understanding of assets and needs in the city, through analysis of evidence from data sources and by talking to residents and organisations about the key issues facing local communities. We will use this information, alongside learning from our current Health and Wellbeing Strategy and outcomes of discussions with senior leaders at a workshop on 6 March 2019, to identify a number of clear priorities for action and to develop a proposed strategic approach for addressing these.

The purpose of this consultation is to test both the approach and the proposed priorities, build consensus and galvanise energy and resource around the city's strategy for improving health and wellbeing. As well as sense checking our analysis of the key priorities for the next few years, the consultation is an opportunity to bring partners and residents on board, building on our existing engagement with local communities to identify capacity and opportunities to help make a difference to identified needs.

2. Stakeholders

The stakeholders that we would like to consult with are detailed below:

Core stakeholders /delivery partners	Potential delivery partners (examples)	Impacted groups
Coventry City Council (including elected members) CRCCG CWPT UHCW STP (Better Health Better Care Better Value) South Warwickshire Foundation Trust Universities Healthwatch Voluntary sector City of Culture Trust WM Police WM Fire and Rescue Police and Crime Partnership People Partnership Board	Frontline workers Community organisations Businesses (representatives) CWLEP Pharmacists GPs Dentists WM Ambulance Service Out of Hospital Care Navigators Health Visitors School nurses Care Homes Other public health commissioned services	Residents: – Protected characteristics – Carers – Children and young people – Older people – Students – Looked after children Health and care sector staff

3. Action Plan

Activity	Audience	Date	Resources
Equality and Consultation Analysis	n/a	By 8 May	Support from Equalities Officer
Online survey (surveymonkey) promoted through website, intranet, social media, Insight Engagement residents contact list (3.5k), HWBB members, BHBCBV contacts and direct invitation to identified stakeholders	All stakeholders (respondents to be asked about capacity in which they are responding and equality questions)	9 – 30 May 2019	Surveymonkey Communications support Partner networks
Community consultation events: on the same day, same venue, to run 3-5pm and 6-8pm with food served between 5 and 6pm.	Community groups and organisations targeted for JSNA engagement Elected members	w/c 13 or 20 May	Budget for venue hire (St Peter's) and food (£500) Facilitator(s) and scribes
Lunchtime seminar(s) – opportunity to share information and respond to survey live.	Frontline staff Staff in identified service areas	w/c 13 or 20 May	Room Facilitator(s) and scribes
Report to Scrutiny Coordination Committee: Share consultation document and verbally present outcomes of consultation	Elected members (overview and scrutiny) (consider how to involve SB5 members)	Mid-June 2019	None
Final draft strategy to Health and Wellbeing Board	Health and Wellbeing Board	End June / early July 2019	None



Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 8 April 2019

From: Rachael Danter, Programme Director

Title: Better Health, Better Care, Better Value programme update

1.0 Purpose

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

2.0 Recommendations

The Health & Wellbeing Board is asked to note this report and its contents.

3.0 Information/Background

3.1 Integrated Care System Update

Following the publication of the NHS Long Term Plan, along with a 5 year investment schedule to support delivery, work is underway to respond to this. Systems are asked to develop a 5 year plan (5 year refresh) which should highlight what activities will be delivered over the next 5 years in what timescales, in order to meet the LTP requirements. This plan will need to be underpinned by a 5-year system-wide financial strategy and a capacity and resource plan.

This 5 year Plan will be a refresh of the previous BHBCBV plan and provides us with an opportunity to identify what part that the BHBCBV programme will play over the next five years in supporting successful delivery of 'the Vision for Population Health' as well as detailing how the Coventry and Warwickshire NHS system, working with partner organisations will deliver the NHS LTP requirements.

The Transformation Plan will need to describe how and what we will deliver over the next 5 years. It will also need to show where investment will be placed and the impact of that investment in terms of improved outcomes and increased capacity and performance. Recognising our financial position, a significant part of the Plan will need to articulate how we will take costs out of our system. Finally, the Plan needs to be developed and owned by our system leaders, our clinicians, our staff, our partners and our patients and the public.

The Plan will need to identify all the activities that will be undertaken at Place, System and Network in order to maximise our opportunities as a system. It will need to highlight

how we will deliver our Constitutional targets and the milestones identified in the LTP as well as a number of system-wide transformation programmes.

There are currently a number of key work-streams within our architecture that will need to work with the wider system to identify opportunities and reflect these in their individual work-stream plans. These work-streams are identified below:

**NATIONAL PROGRAMMES
SYSTEM PROGRAMMES**

ENABLING PROGRAMMES



These work-streams have already identified their plan for 2019/20, which represents the first year of the 5 year Plan. Once the work-streams have identified the activities that need to be undertaken over the remaining four years the plans will be updated and the system then needs to map the activities into system and Place to be clear where the activities will occur.

Underpinning the Transformation Strategy needs to be a Financial Recovery plan which identifies where new investment will be placed but also where costs will be removed from the system to allow us to move towards a financially sustainable position.

3.2 Place Based Planning - 2019/2020

The NHS Long Term Plan (LTP) describes 2019/20 as a transition year for the NHS as we move from our traditional, competitive ways of working towards a more collaborative and integrated approach. During this period, the Coventry and Warwickshire health and social care system, will focus on three key priorities; continue to deliver great care for our patients; to develop, test and embed the building blocks which allow us to transform the way we commission and provide services in the future; and to refresh our system Health and Well Being Strategy and develop an associated five year Transformational Delivery Plan that ensures we deliver the best quality and outcomes for our population, within the resources available. The priorities are outlined below.

3.2.1 Priority One

Throughout 2019/20, the BHBCBV programme will maintain over-arching responsibility for driving system-wide achievement of all national deliverables including the NHS Constitutional Standards and the targets/milestones identified in the LTP. Each programme workstream has already identified the national deliverables for 2019/20 underpinned by a project plan. Where appropriate, these plans are mirrored at organisation and Place level to ensure system alignment.

3.2.2 Priority Two

Significant transformational change is expected over the next five years. As such, in 2019/20 we will have all the necessary foundations in place to commence this transformational change at three levels; System, Place and Network. At system level, the BHBCBV programme will be redesigned to better support system-wide transformational projects and performance such as our 'single shared-care' record project, system-wide estates and digital strategies and a system-wide performance framework.

3.3.3 Priority Three

In response to the NHS LTP we will take the opportunity throughout the spring and summer of 2019/20 to work with our Health and Well Being Boards, our Local Authority colleagues, other partners, our staff and the patients and populations of Coventry and Warwickshire to refresh our system-wide Health and Well Being Strategy. This will be underpinned by a revised system Transformation Delivery Plan that outlines the programmes of work we will undertake over the next five years to deliver the best quality and outcomes for our patients and population within the resources available.

3.4 Clinical Strategy – Update on identified priorities

The clinical strategy sets out the current issues being faced across Coventry and Warwickshire's health and care system and identifies priority areas where services could be improved and transformed to deliver better outcomes for local people.

Following on from the last update around the key priorities, please see an update below.

3.4.1 Frailty

The overall aim is to support every individual to stay as independent as they can for as long as possible by supporting them to increase their resources/ resilience and ability to bounce back from setbacks. The Initial focus on areas where there may be low value interventions:

- Care Homes
- Polypharmacy
- Acute front door
- Procedures in last year of life
- Falls

Some areas may require pump priming investment to enable change but should release resource/ or minimise growth over the short to medium term. This will allow investment in other areas where we think there is currently unmet need. Objectives,

criteria and standards for each area are being developed with different members of the group supporting each area of focus.

3.4.2 Mental Health and Emotional Wellbeing

The key focus of this group is to reduce MH in-patient demand to reduce related out of area placements (Low value intervention). Next steps include:

- Producing logic models of several developing schemes (PCDU, HIU, Suicide Prevention HIU, physical checks for SMI, Street Triage, Safe Havens) to understand their potential impact and timescales
- Qualitative review of case notes of people admitted to MH in-patient unit to understand pathway, opportunities for intervention and whether proposed interventions could have made a difference.

3.4.3 Musculoskeletal (MSK)

The overarching aim is to de-medicalisation of the MSK pathways. The short-term objectives include:

- Understand the current MSK pathways in each place, the plans that have been developed and the progress with these plans.
- Challenge to what extent these plans align with best practice pathways and will release the indicative opportunities (RightCare and Model Hospital)
- Release resources for investment in other programmes where there is unmet and/or growing need.

3.5 Transformational Programmes of Work

3.5.1 Proactive and Preventative

The P&P workstream is focused on creating the system conditions for an uplift in prevention across health and social care. Standards and KPIs related to prevention form part of the business as usual of the Public Health team but are not overseen by this workstream. The P&P Executive met on 21 March to approve the future role, purpose and governance of the workstream, with a proposed refocusing in the context of the NHS Long Term Plan and refresh of the STP plan to include additional work themes that align with the development of a 'Vision for Population Health Management. This will include consideration of how work to embed prevention across other STP workstreams could be further progressed. In the meantime, performance against the current Programme Mandate is strong.

The Place Forum met on 6 March - it has now agreed an outcomes framework to enable oversight of direction of travel against the agreed system outcomes (Concordat) and is overseeing the delivery of the Year of Wellbeing 2019 which is galvanising energy and resources to upscale prevention across the system. The P&P workstream has a key role in providing intelligence to other workstreams through place-based JSNAs to ensure all workstreams are informed about health and care needs and assets at a local level. These are well underway in Warwickshire, with wave one (6 areas) completed, wave 2 under way (another 6 areas) and a further 8 by April

2020. Results are being widely shared, so commissioners can use them in their plan. In Coventry engagement activity on the pilot JSNAs has completed and a first citywide assessment will be reported to Health and Wellbeing Board on 8 April, to inform the refreshed Health and Wellbeing Strategy, and 2 initial place-based assessments are being finalised.

3.5.2 Maternity and Paediatrics

Work is progressing well in Maternity to deliver the recommendations of Better Births. All assurance checkpoints with NHSE have been met. The Maternity Voice Partnerships (MVP) model has been agreed and recruitment to the paid chair role was undertaken on 19th March 2019. The post was successfully appointed, and the SRO will work with the incoming chair to develop a final work programme for the MVP. This will be signed off by LMS Board in May 2019. A detailed financial plan has been requested by the regional NHS E team, this is in development by senior finance leads and Heads of Midwifery, with support from the PMO. The aim is to submit this ahead of the next local NHS England deep dive in May 2019.

The Paediatrics and Neonatal Clinical Steering Group (PCSG) are developing a paper for the provider alliance outlining pre-modelling work that has been undertaken by the relevant clinical and managerial leads. This paper will be received by the Provider Alliance Group (PAG) in April 2019.

3.5.3 Mental Health and Emotional Wellbeing

Training sessions for GPs continue to take place to improve the dementia diagnosis rate in Coventry and Warwickshire. Feedback continues to be positive.

The 6-month pilot of the Psychiatric Decision Unit went live on 11th February with all 6 of the proposed chairs now operational. This model aims to divert mental health patients away from the Emergency Department whilst they are being assessed so should start to help to improve flow in the acute trusts.

3.5.4 Planned Care

The Better Health, Better Care, Better Value partners have continued to align work to both the national and local objectives. The STP is making good progress against all seven of NHS England's national milestones.

The First Contact Practitioner went live week commencing 25th February with a pilot in place in Stratford, initially for 2 sessions per week with a plan to increase as patient demand across Network increases.

The system wide capacity and demand model was approved at the STP Board for implementation for Trauma and Orthopedics, mobilisation plans will now be developed.

Strategic commissioners are looking to collect opinions from a range of people including staff, patients and other stakeholders around their experiences of Planned Care and about what good care looks like. The feedback from this engagement will be

used to develop a set of “desirable criteria” and a draft outcomes framework for planned care.

3.5.6 Productivity and Efficiency

Work is underway to procure and embed a shared finance system across the four NHS Trusts in Coventry and Warwickshire. The ambition is to have a system-wide finance solution hosted by one lead provider.

Work continues to develop the programme plan to implement the system. Upgrade and migration to Integra 2 is underway at UHCW, WVT and CWPT. Implementation plans for SWFT and GEH, who are not currently on any version of Integra, are being developed. It is currently anticipated that SWFT and GEH will not go live on Integra until March 2020.

Successful deployment and implementation of the same finance system across the health economy will improve effectiveness and efficiency in procurement, payment and debt recovery processes, as well as improve financial control. This has the potential to reduce the cost of back office functions through consolidating functions, standardisation and adopting best practice.

3.5.7 Urgent and Emergency Care

3.5.7.1 Demand and Capacity System

All three acute providers now have real-time UEC capacity and demand systems in place and as such the work-stream will be on target to deliver the national requirement.

3.6 Enabling Programmes of Work

3.6.1 Estates and Digital Health

As we move towards the spring-summer planning for the five-year refresh, these two Workstreams will become integral to the development and implementation of our 5-year plan.

Over the coming weeks, the Estates and Digital Health workstreams will be working with the clinical workstreams to identify their estates and digital health requirements and priorities.

Following this, there will be the distilling of this information to support the development of a joined-up strategy for Digital Health and Estates to address the enabling priorities of the workstreams and secure future capital funding. This work will feed into the refresh of the 5-year plan.

3.6.2 Workforce

A refresh of the infrastructure to support the workforce transformation agenda and the delivery of the workforce priorities has been undertaken. This has involved reviewing the membership of the Local Workforce Action Board and putting in place the underpinning sub-groups that will drive forward the priorities. These subgroups are:

- Workforce planning;
- Recruitment and Retention

- Leadership and Organisational Development
- Education and Development (a group that spans Coventry and Warwickshire and Herefordshire & Worcestershire)

The following priorities have been identified for 2019/20:

- Recruitment & Retention
- Developing & embedding 'new roles'
- Skills development for the existing workforce
- Development of career pathways

Investment plan for workforce development priorities for 2019-2020 will be considered at the next LWAB meeting in April

3.7 Related Programmes of Work

3.7.1 Cancer

NHS Long Term Plan and priorities for Cancer Alliances Published in January 2019, the NHS Long Term Plan outlines several commitments to building and developing work already underway because of the Cancer Taskforce recommendations, including the programmes being delivered by the Cancer Alliances. The key priorities are:

- Diagnose 75% of cancers at stage 1 or 2 by 2028, including lowering the age for bowel screening, rolling out HPV primary screening and extending lung health checks.
- Roll out new Rapid Diagnostic Centres across the country so patients displaying symptoms of cancer can be assessed and diagnosed in as little as a day.
- Introduce a new, faster diagnosis standard which will ensure that patients receive a definitive diagnosis or ruling out of cancer within 28 days.
- Deliver personalised cancer care for all, giving patients more say over the care they receive.
- Secure our place at the cutting edge of research, offering genomic testing to all cancer patients who would benefit, and speeding up the adoption of new, effective tests and treatments.

There is an acknowledgement that as the LTP is implemented; Cancer Alliances will continue to be the driving force for change locally, building on the extensive transformation work already underway across the country. The 2019/2020 Planning Guidance re-affirms the central role of Cancer Alliances as system leaders, working with and on behalf of their Sustainability and Transformation Partnerships and Integrated Care Systems.

3.7.2 Cancer: Transformation programmes update

Transformation funding for 2018/2019 of £8.8m capital and £6.5m revenue has been secured and in September 2018, the national cancer team advised that the Alliance

would receive an additional £2.04m. The latter will be targeted at improving urological pathways.

In November 2018 WMCA requested some changes be made with regards to funding to allow for the next steps of the digital pathology project to be delivered. This has been agreed.

Allocation of funding in Phase 1 has now been distributed via a series of Accountability Frameworks developed with STPs outlining the specific transformation priorities and objectives to be achieved by each of the six STPs in the Alliance's region.

The Alliance is required to report quarterly on progress against delivery plans linked to NHS England Planning Guidance 2018/2019. Reporting includes financial plans; actuals; forecast outturn; risks and mitigations. To assist with reporting requirements, transformation funded posts are being advertised within STPs and delivery managers are being appointed to work for the West Midlands Combined Authority(WMCA).

3.7.3 Living with and beyond cancer (LWBC)

The 2018/2019 planning guidance requires clinically agreed protocols for stratifying breast cancer patients from 1 April 2019. In December 2018 the Board agreed the WMCA personalised follow-up model for breast cancer. STPs are required to develop mechanisms to record and report on progress towards implementation, including detailed data on the specific elements of the Recovery package. Post treatment, patients will move to a follow-up pathway that suits their needs and ensures they can get rapid access to clinical support where they are worried that their cancer may have recurred.

This approach will be followed for colorectal cancers in 2020 and other cancers by 2023. So long as it is robust and ensures that no patient is 'lost to follow-up', remote monitoring can be paper based. The Alliance is currently reviewing the available technical solutions for remote monitoring and will be holding an event in late February 2019 to explore a region-wide solution with industry partners, Somerset and Infoflex.

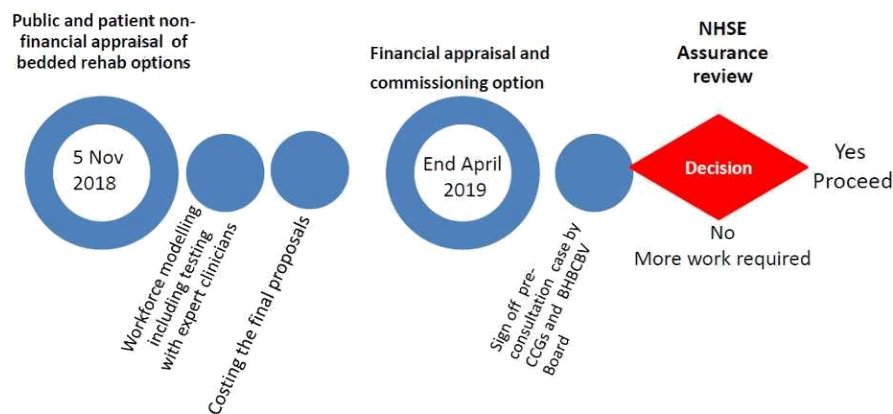
A lead for LWBC from each STP will be appointed and they will form a steering group to deliver this programme across the Alliance footprint. STP digital roadmaps should include LWBC remote monitoring implementation plans.

3.8 Stroke - Progress and current status of the pre-consultation business case

- Over 200 people were invited to participate in a non-financial option appraisal for the location of stroke rehabilitation beds. These beds would be required by the small percentage of people who were not able to receive their rehabilitation at home. Over 40 people attended the event held on 5 November, and participants included representatives of the public, patients and professionals.

- On conclusion of this event, the workforce planning was completed, and we are currently awaiting advice from the expert stroke clinical network as to the adequacy of the proposed rehabilitation workforce.
- Once we have confirmed the workforce, the final costings of proposals can be concluded, and the financial option appraisal completed. The pre-consultation case will then be presented for signing off with the health commissioners and Better Health Better Care Better Value Board, as ready for presentation to NHSE for assurance testing. At this stage we will know whether the case is suitable for public consultation.

A timeline of key events is shown below.



- Further work has been concluded on ensuring that at times of peak and surge demand, the hospital services can accommodate the additional stroke patients ensuring adequate access to diagnostic and specialist bedded services.
- The Integrated Impact Assessment of the proposals has been updated following the non-financial option appraisal. The detailed report and a summary are shortly to be made available as evidence of our consideration of assessment of the equality, travel, and health impacts of proposals prior to any decision to go to public consultation.
- Each NHS provider trust, is being asked to sign off the final proposals as deliverable and sustainable, prior to the final pre-consultation business case being tested for assurance by NHS England. As NHS organisations are currently going through the final phases of contracting and operational planning for 2019/20, and NHSE and NHS Improvement are reforming under the leadership of Simon Stevens as the new single Chief Executive, it is not possible to forecast with certainty a timescale for the NHSE assurance review.

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Name and Job Title: Head of STP PMO

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

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Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 8 April 2019

From: Liz Gaulton, Director of Public Health and Wellbeing, Coventry City Council

Title: Coventry and Warwickshire Place Forum Update

1 Purpose

This paper updates the Health and Wellbeing Board on the outcomes of the Place Forum meeting on 6 March 2019 and informs Board members about initial plans for the 11 June meeting. It shares the Outcomes Framework which has now been adopted by the Place Forum.

2 Recommendations

The Health and Wellbeing Board is asked to:

1. Note the outcomes of the Place Forum meeting held on 6 March;
2. Endorse use of the Place Forum Outcomes Framework for oversight of performance across the system and to mobilise action by partners to address identified challenges; and
3. Note the outline agenda items for the Place Forum on 11 June.

3 Background

Coventry and Warwickshire's Health and Wellbeing Boards met as the Place Forum on 6 March 2019 in Northgate House, Warwick. This was the fifth joint meeting, again with good attendance by over 40 members of the Health and Wellbeing Boards.

The main aims of this session were to:

- review the impact to date of the Coventry and Warwickshire Year of Wellbeing;
- galvanise commitment and action by partners around the Thrive to Work programme as part of the workforce wellbeing theme of the Year of Wellbeing;
- adopt the revised Place Forum outcome framework for oversight of direction of travel against agreed system outcomes;
- engage members in development of plans around an Integrated Care System for Coventry and Warwickshire and local implementation of the NHS Long Term Plan; and
- update each other on progress with the place-based needs assessments (JSNAs) and opportunities to promote wellbeing as part of Carers Week 2019.

4. Outcomes of March Place Forum

It was acknowledged at the meeting that the collaboration between the Health and Wellbeing Boards has reached a level of maturity, with some key products now in place, and it was suggested that it has reached a watershed in its development. There is a real opportunity for the Place Forum to play a key role in the future and review its position in light of the NHS Long Term Plan and refresh of the STP Plan by autumn 2019.

At the meeting, the Place Forum:

- Received an update on the Year of Wellbeing and encouraged members to increase its impact through promoting on websites, encouraging staff to make a pledge using #onething or onething.warwickshire.gov.uk, and displaying banners and flags (which were provided at the meeting). A Year of Wellbeing Logic Model, to form the basis of measuring the impact of the Year, was also shared with members.
- Supported the approach taken in the updated outcome framework (appendix 1) and the application to the four 'places' (Coventry, Rugby, North Warwickshire and South Warwickshire), and agreed that the indicators around 'effective services' were heavily focused on hospitals and should include a measure about people supported to live at home.
- Received a presentation from Sean Russell from West Midlands Combined Authority about the Thrive at Work workplace wellbeing programme and undertook a table exercise to encourage further actions and commitment. Members recognised the importance of workplace wellbeing and the opportunities in this area, particularly around mental health.
- Received interactive updates on the place-based JSNA, Carers Week 2019, Integrated Care System (ICS) and NHS Long Term Plan. The feedback will be taken forward in future plans and the Forum recognised the value of sharing updates and gathering feedback in a system-wide approach, and the need for a greater focus on prevention and early intervention in future plans.

The following actions were agreed as part of the Place Plan (see appendix 1):

- Continue to lead and support the Year of Wellbeing (for further information see www.yearofwellbeing.org.uk)
- Further develop the outcome framework for oversight of performance across the system and to mobilise action by partners to address identified challenges
- Consider the opportunities to further improve workplace wellbeing, including applying the Thrive at Work framework
- Form a sub-group to explore synergies between Thrive at Work and the STP mental health and community resilience strategy
- Health and Wellbeing Board Chairs to meet the new independent chair of the STP (Better Health Better Care Better Value) to explore the future role of the Place Forum
- Continue to update each other on changes which impact on the work of the Place Forum, including ICS and the STP refresh.

5. Place Forum 11 June 2019

The focus of partner activity up to the next Place Forum meeting is on the following areas:

- Promoting workforce wellbeing within our organisations
- Continuing to support and deliver the Year of Wellbeing and monitor impact

- Further refine the outcome framework and use it to monitor direction of travel against the system outcomes
- Carrying out qualitative evaluation of the impact of the Place Forum to complement the outcome framework and Year of Wellbeing Logic Model
- Exploring the role of the Place Forum in the future

At present, it is intended that the meeting on 11 June will include:

- A session on the social isolation theme of the Year of Wellbeing, to include lessons from the evaluation of community capacity pilots in Coventry
- Integrated Care System governance
- Engagement on ICS strategic framework development
- Updates and briefings on other key developments impacting on the Place Forum.

Report Author(s):

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Appendices

Appendix 1 – Place Forum Outcomes Framework

Appendix 2 – Place Plan Rolling Actions as at March 2019

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Place Forum Outcomes Framework



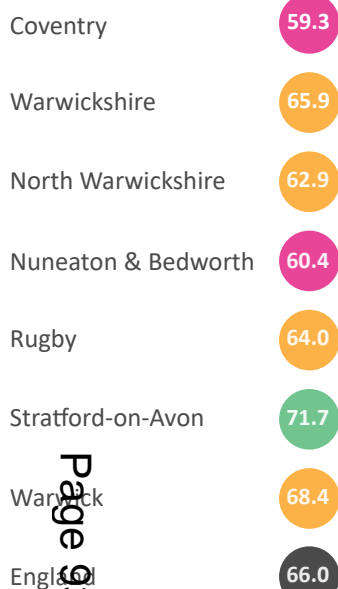
Healthy People

Physical Activity



Physically active adults (%)

Compared to England: **2016/17**
 ● Better ● Similar ● Worse



Source: Public Health England



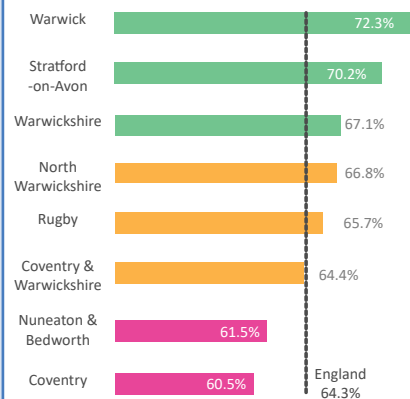
Obesity



Healthy weight (Year 6)

Compared to England: **2017/18**
 ● Better ● Similar ● Worse

Prevalence of Healthy Weight Children in Year 6 (aged 10-11 years old)

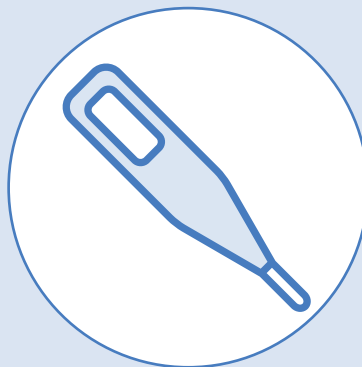


There is **significant variation** across Coventry & Warwickshire in terms of the proportion of children recorded as healthy weight aged 10-11 years old in 2017/18.

Source: National Child Measurement Programme



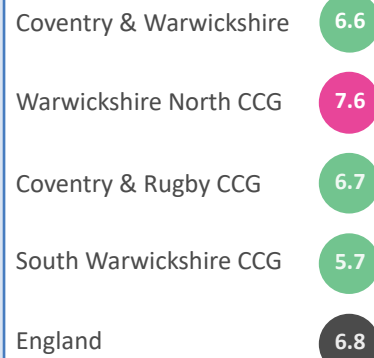
Diabetes



Diabetes Prevalence* (%)

Compared to England: **2017/18**
 ● Better ● Similar ● Worse

Percentage of patients with diabetes (as recorded on practice registers)



*Data is released at CCG level, 2017/18 figures are not yet available for Coventry and Warwickshire as individual local authorities.

Source: NHS Quality & Outcomes Framework



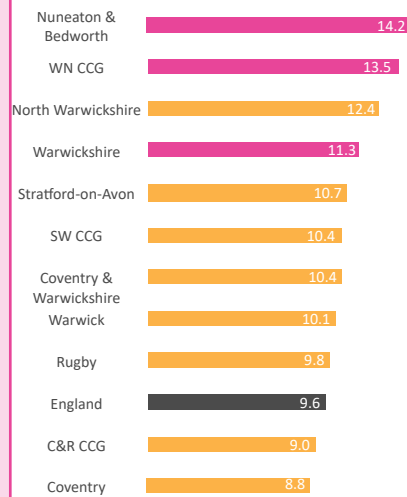
Strong Communities

Suicide



Suicide rate*

Compared to England: **2015-17**
 ● Better ● Similar ● Worse



*rate per 100,000

Source: Public Health England



Loneliness



Self-reported wellbeing

Compared to England: **2017/18**
 ● Better ● Similar ● Worse

Self-reported wellbeing - people with a low happiness score



Wellbeing is a key issue and ONS are leading a programme of work to develop **new measures of national wellbeing**. People with higher wellbeing have lower rates of illness, recover more quickly and for longer, and generally have better physical & mental health. Local data on wellbeing is likely to be a key component of local JSNAs and form an important part of the work of local HWBBs.

Source: Office for National Statistics



Place Forum Outcomes Framework



Effective Services

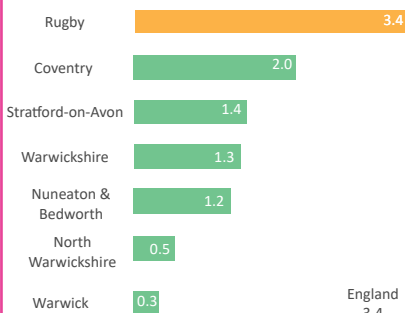
Homelessness



Statutory homelessness

Compared to England: **2017/18**
 ● Better ● Similar ● Worse

Households in temporary accommodation
 (crude rate per 1,000)



Homelessness is associated with adverse health, education and social outcomes, particularly for children. Rugby Borough has the highest rate of households in temporary accommodation, although this is in line with the national benchmark.

Source: Department for Communities & Local Government



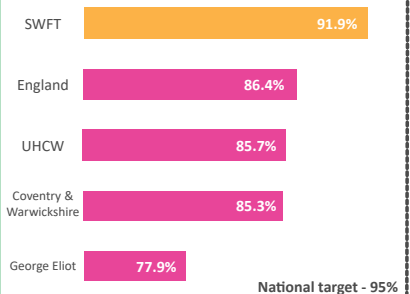
A&E Attendances



A&E Attendances

Compared to National target: **Dec 2018**
 ● Better ● Similar ● Worse

Percentage (%) of all A&E attendances where the patient spends less than four hours in A&E from arrival to transfer



Source: NHS England



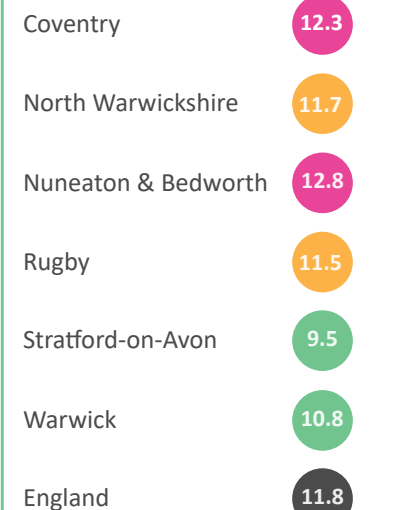
Readmissions



Readmissions

Compared to England: **2018**
 ● Better ● Similar ● Worse

Emergency readmissions (%) to hospital within 30 days of discharge from hospital



Source: Hospital Episode Statistics



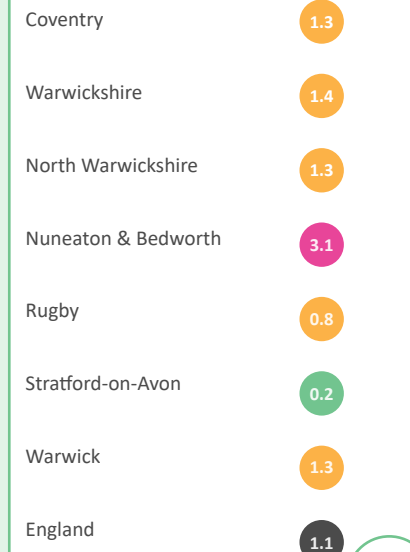
Staff sickness



Staff sickness

Compared to England: **2015-17**
 ● Better ● Similar ● Worse

Percentage (%) of working days lost due to sickness absence



Source: Labour Force Survey



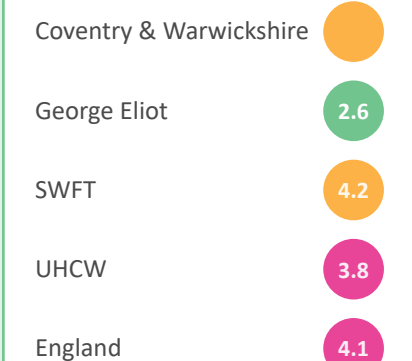
DTOC



DTOC

Compared to National target: **Nov 2018**
 ● Better ● Similar ● Worse

Delayed Transfers of Care by provider*



* Delayed patients per month as a percentage of occupied beds. The national target for DToC is less than 3.5% at November 2018.

Data is only available at provider level. The Coventry & Warwickshire STP RAG rating is derived from CCG ratings.

Source: Warwickshire County Council



Place Plan – rolling actions March 2019

Trust and Behaviours	Products
Meet as a Place Forum to build trust; create a place wide model of care and outcomes; and hold each other to account	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Place Forum established <input checked="" type="checkbox"/> HWBB and BHBCBV Chairs to explore future role of Place Forum
Develop an update process which covers all Forum members	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Forum-wide updates
Refresh the Concordat and use it to capture priorities for improving health & wellbeing and ways of working together	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Concordat v2
Translatable vision	Products
Create a health and care system design for our Place	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Place System Design
Develop a common narrative	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Common narrative
Rollout a place-based approach to Joint Strategic Needs Assessments to inform services at a local level	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Place-based JSNA



Complete



Draft to be endorsed
at Place Forum



In Progress

Place Plan – rolling actions March 2019

Getting it done	Products
Build one strategic, place based plan that is owned by all and uses the means we have at our disposal (STP, BCF etc.)	<input checked="" type="checkbox"/> Place Plan
Develop a Year of Wellbeing to promote wellbeing and healthy lives, and make prevention/self help the 1 st chapter of all change programmes	<input checked="" type="checkbox"/> Year of Wellbeing Plan <input checked="" type="checkbox"/> Year of Wellbeing Logic Model <input checked="" type="checkbox"/> Thrive at work sub-group
Holding to account	Products
Strengthen the place based governance and working arrangements to deliver against our Concordat	<input checked="" type="checkbox"/> Outcome framework <input checked="" type="checkbox"/> Qualitative evaluation of Place Forum
Take collective ownership (coordinated through the Proactive & Preventative Executive) to ensure actions happen	<input checked="" type="checkbox"/> P&P Exec & Delivery groups
Strengthen communication and engagement between Forums to keep people updated	<input checked="" type="checkbox"/> Forum-wide updates

Complete

Draft to be endorsed by Place Forum

To be further developed



Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 8 April 2019

From: David Ashmore, Director of Housing and Transformation, Coventry City Council

Title: Housing and Homelessness Strategy

1 Purpose

1.1 This paper informs the Board about the City Council's Housing and Homelessness Strategy.

2 Recommendations

The Health and Wellbeing Board is asked to:

1. Support a partnership approach to further developing the city's response to Housing and Homelessness; and
2. Consider the overlap and synergies between Housing and Homelessness priorities and the work of the Health and Wellbeing Board at a future board meeting.

3 Context

3.1 In March 2019 the Council approved a new Housing and Homelessness Strategy and Action Plan covering the period 2019-2024. The strategy can be read [online](#).

3.2 The Strategy is divided into 4 themes:

- Preventing Homelessness and Supporting Homeless Households
- Housing Development
- Improving the use of existing homes
- Supporting people and communities

3.3 The Housing Strategy and Homelessness Strategy have been combined into one document, which reflects the fact that activities to prevent homelessness are dependent on the availability of additional housing, an improvement in the management and quality of existing housing, and the advice and support available to people who need it to successfully maintain their home.

3.4 The Strategy was informed by a period of consultation in November and December 2018.

4 Proposal

- 4.1 The Council wishes to work with partners to further develop the Strategy and Action Plan, with joint ownership across public, private, voluntary and community organisations in the city.
- 4.2 The Council is also required to create and agree a Rough Sleeping Strategy by Winter 2019, presenting a further opportunity to work and develop this in partnership.

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Directorate: People Directorate

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Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 8th April 2019

From: Andrea J Green, Chief Officer NHS Warwickshire North and NHS Coventry and Rugby Clinical Commissioning Groups

Title: I Statements for Health and Social Care

1 Purpose

This paper updates the Board on the development of a suite of 'I' statements with people aged 65+ who use Health and Social Care to form a benchmark against which improvement can be measured. The I statement development was inclusive of all groups within the city

2 Recommendations

The Health and Wellbeing Board is asked to:

1. Endorse the adoption of the "I Statements" by health and social care partners to form a benchmark for improvement when commissioning or recommissioning health and social services for older people

3 Information/Background

In January 2018, the Care Quality Commission (CQC) conducted a local system review to understand how well people aged 65+ move through the health and social care system, with a focus on the interfaces between services.

To launch the process, an event was co-designed with the COV Steering Group and the Director of Adult Services, Coventry City Council and was co-delivered on 30th May, with support from Insight and Adult Social Care teams at the Council, the CCG and STP Programme Office. The purpose was to involve representatives of older people in exploring the feedback from the CQC on the quality of services for older people and in generating suggestions that will support improvements and promote collaboration.

Participants' views about what good health and social care looks like and how we would know if things are improving were turned into aspirational statements that will be used to test future service changes against the expectations that people want us to live up to.

4 Engagement Undertaken

The draft statements were then tested and validated through engagement sessions with groups aimed at those aged 65+ across Coventry.

Sessions were held with specific BAME groups, Dosti South Asian Group, Hope in Unity Afro-Caribbean Group and Milan Carers South Asian carers group.

Coventry Vision, a visually impaired group and D Group, a hearing-impaired group were engaged with.

A breakdown by gender and ethnicity is shown in the table in Appendix 1

The following I statements were produced:

- *I want to be able to access support when I need it.*
- *I want carers and people in my support network to be supported, too.*
- *I want to be able to find out information about what services are available in the community.*
- *I want to be listened to and treated as an expert regarding my condition.*
- *I want to manage my condition, at home, where possible.*
- *I want to be able to speak to people in a social place, so we can share our experiences and learn from each other.*
- *I want to be able to choose what works for me.*

In addition, a survey was sent to Healthwatch Coventry members, 32 responses were received (see Appendix 3)

5 Feedback

All attendees at the events and respondents from the survey helped to shape the final suite of I Statements.

Being able to access support when they need it was the statement that had the strongest agreement. The idea of extended access was welcomed as well as the option of seeing another health professional instead of a GP. Some frustration about being able to get a GP appointment was raised.

Key feedback was that support would be needed to access information online and in the use of digital technology. Although several respondents stated they would not want to access

information online. Leaflets and face to face were the methods most respondents would prefer to receive information.

All feedback received from the groups that were attended, highlighted the value of attending social groups to share experiences, learn from each other and avoid being socially isolated. Although the issue of transport was raised as a barrier to attending groups as well as finding affordable venues.

Afro-Caribbean members were less likely to welcome an element of choice, they felt quite strongly that if a professional gave them advice then they need to respect it.

The survey findings highlighted different points of view from the face to face sessions as there was not any scope for discussion around the meaning behind the statements.

Being able to access support when needed received the highest level of agreement with 9 out of 10 respondents stating that they strongly agreed with the statement. Interestingly the statement that received the lowest strength of agreement was about having the opportunity to speak to people and share experiences in a social place whereas at all the face to face sessions this was highlighted as extremely important for their wellbeing.

Collaborative care plans were suggested as a way forward that can be accessed by all the health and care professionals which would be a way of reducing the need to repeat their story time and time again. Accessing information was raised as an issue and the fact that not everybody could access information online and that this needs to be taken into account. Holding surgeries or information sessions in libraries or community centres was suggested as a way of ensuring people could access information.

6 Conclusion

Members of the Board are asked to endorse the I statements and adopt them across their organisations so that future service changes can be tested against the expectations that older people want us to live up to.

It is important that members of the Board ensure that the views of older people are reflected in shaping improvements in health and social care and local commissioning decisions.

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Appendices

Appendix 1

Groups Engaged with:

Group	Date arranged	Attendees	
Allesley Park Library group	Tuesday 5 th February 2019	40	35 females 5 males
Earlsdon Library	February 11 th 2019	8	6 females 2 males
Royal Warks Club Friendship Group	Wednesday 13 th February 2019	7	4 females 3 males 1 BAME
Arena Park Friendship group	Thursday 21 st February 2019	10	7 females 3 males
Milan Carers Group – Asian Carers Group	Friday 22 nd February 2019	35	33 BAME 2 White British 28 females 7 males
DOSTI (lunch club for older south Asian members)	Wednesday 27 th February 2019	48	40 females 8 males 48 BAME
Coventry Vision (blind / visually impaired group)	Friday 1 st March 2019	15	6 females 9 males
Hope in Unity Session Afro-Caribbean Elders	March 6 th	16	15 females 1 male 16 BAME
D Group – deaf hearing impaired	13 th March 2019	6	3 females 3 males

Appendix 2

Feedback from Face to Face Sessions

Allesley Park

All agreed with the I Statements

No gaps were mentioned.

Information was key people don't know where to go to find information from, need someone to help coordinate and find out information for them. The idea of a "care navigator" was viewed positively.

Most agreed that they wouldn't be able to look online to find out information

Several people mentioned the security bracelets giving them a feeling of safety and the fact they put your mind at rest as there will be someone at the end of the phone.

Transport was raised as an issue to access activities and the fears around using companies such as Uber because you had to register your card details and so might be open to fraud. Community Transport is available but not as much as it used to be.

Exercise classes are great to attend but they can be quite expensive

The new POD service was mentioned, and a few people said they had found it very hard to use.

Moving services closer to home was viewed as a positive step as people has trusted relationships in their communities.

Earlsdon Library Group

All agreed with the I statements

No gaps were mentioned.

They all said how positive going out to social groups was for their own wellbeing, and that it helped feelings of being isolated.

Libraries were mentioned as essential for finding out information about what was going on.

They were keen to feel useful and where possible liked the idea of being able to volunteer and help other people and felt that improved their health and wellbeing.

They tended to find out information via word of mouth or leaflets and preferred finding out things on a face to face basis.

They agreed that moving services out of hospital was a good idea and that often they were happy to see the practice nurse instead of the GP.

Royal Warwickshire Group

All agreed with the statements

All felt that socialising was very important for their health and wellbeing. They were very sad about the numbers that attended this group declining. Transport was felt to be a key issue and when the weather was colder that affected the numbers that attended.

Several of the attendees here also attended the COV/Healthwatch event in May 2018 so were pleased that they could see the outcome of that event.

Examples of ridiculous bureaucracy and wasted resources were given in the case of receiving three letters in one day cancelling and rearranging and then cancelling appointments.

Are GP surgeries used to advertise the friendship groups? Could Working Men's Clubs noticeboards be used more to advertise NHS services.

Social groups very important that people who attend feel safe in the setting and free to talk to other people. Sometimes people are reluctant to tell their whole story, so they might be making several GP appointments to tell the issue bit by bit, so it would be good to have a care navigator to speak to.

A couple of attendees complained about the move to POD and would prefer to be able to speak to their chemist as before.

All agreed that they wouldn't use computers to find out information and the issue of the libraries moving all papers to online versions was highlighted as an issue for older people trying to find out information.

Arena Park Friendship group

All agreed with the statements.

Issues with GPs not necessarily knowing what services available and inappropriate signposting are were mentioned.

Most attendees do not have access to a computer and look to family members for support for searching for information.

All find the group important as a place to come and chat to people and the friendship that has fallen out of it, sometimes this is the only place that they speak to people over a week period. Having a support network is important and knowing that it's there when you need it. Someone suggested that people need a support plan who to talk to where to go etc
Somethings that happen to people are predictable. e.g.: Grief after losing somebody – people sometimes self-medicate, and self-care and they aren't always the best options. Predictors should be flagged, and support should be already identified. Important to address emotional well-being and mental health.

Milan Carers Group – Asian Carers Gp

All agreed with the statements.

Need to know where to find information from, won't know about resources unless informed by a professional. GP is the first point of contact and all information should be given by them.

The group was keen to have easy access to translation/interpretation when using telephone services/ professional services.

Social groups/day centres are valuable and there needs to be more available for BAME users
Accessing information online is difficult and the group would need support to access information online/forms

The issue of providing personal information was raised and that a lot of people did not feel comfortable sharing this information.

DOSTI (lunch club for older south Asian members)

All agreed with the statements.

To be supported to stay well the suggestions were provide information on healthy foods and how to live a healthy lifestyle, introduce a health MOT/ Health check for over 60's.

Exercise classes are good introduction of chair yoga for those not able to leave the house, walking routes. Jointly motivate and encourage each other with exercise.

Access to social services can sometimes be difficult due to change of roles, offices and contact details etc. Growing need for a list of local services on offer from local health and social care services especially for those not able to access information online.

Communication between primary and secondary care needs to be better (e.g. of discharge from A&E and no discharge information sent to GP for follow up medication)

The issue of not being able to get a GP appointment on the day when ringing practice first thing in the morning was raised. Online access to appointments not suitable for this group.

The group discussed about how older people are less likely to DNA and should be given priority when booking morning / on the day appointments for Primary care

Going online is not simple or straight forward some users are not confident of asking for help/ support via a telephone let alone online! Technology is ever changing and fast paced, so by the time service users get use to one way; it changes again!

This group raised the issue of language barrier – If the users were to access information online it would be useful in other languages as well.

POD service only want patients to call when your medication is due to run out, but it takes 4-5 days to get the items from pharmacy.

A presentation from services about how to access NHS information online would be useful
System access – Different patient system at UHCW and GEH, why is this? Why don't they 'speak' to each other. Also, a sense of a lot of 'passing the buck' between primary and secondary care – lack of communication between the two.

Coventry Vision (blind / visually impaired group)

Being visually impaired brings specific problems in terms of accessing health and social care, assumptions are made that people can see. It is very difficult to read body language and facial expressions, so a lot of non-verbal signs are missed.

Communication is key often people are not greeted, or some practices use electronic screens to signal the next appointment and the receptionists don't always call out their name so often patients miss out on appointments.

Face to face meetings are essential as attendees stated that they often forget what was discussed over the phone and they struggle to read emails or letters.

This group is really important for people who attend, they can share experiences and help each other make informed choices about services that are available.

It is much harder to remain independent when you are visually impaired.

The issue of being in hospital was raised and a way that can signal to the staff that they are visually impaired without alerting everyone as that then becomes a security risk for their property.

Also examples of medication being left without any instructions.

UHCW was raised as a good practice example of asking people what accessible format they would like to receive information in.

Hope in Unity Session - Black Asian and Minority Elders

All agreed with the statements however some did express the view that they would accept whatever the GP told them and did not want to be offered an element of choice. Although there were examples of people not being treated sympathetically from GPs and being asked what they expect the GP to do there is no cure for getting old.

The group were happy to see other healthcare professionals not just GPs and were interested in the idea of Advanced Healthcare Practitioners. The groups was also interested in receiving more information about the Extended Access Service.

In terms of receiving information they were keen on face to face information from GP surgeries, pharmacies, libraries most of the group agreed they did not go online to find out information.

D Group – Deaf and Hearing-Impaired Friendship Group

All agreed that there was a need for more groups that specialised for hearing impaired members. It was recognised that funding is an issue.

A couple of members of the group live in Earlsdon Retirement Village and believe this is excellent in supporting them to stay well.

SMS text messaging is viewed as a preferred method of communication.

Smaller, local age appropriate nursing "hubs" was suggested as a solution to making health and social care in the community be made better.

Appendix 3

Findings from Healthwatch Member's Survey

	STRONGLY AGREE	AGREE	NEITHER AGREE/DISAGREE	DISAGREE	STRONGLY DISAGREE	TOTAL
I want to be able to access support when I need it.	90.63% 29	9.38% 3	0.00% 0	0.00% 0	0.00% 0	32
I want carers and people in my support network to be supported, too.	68.75% 22	31.25% 10	0.00% 0	0.00% 0	0.00% 0	32
I want to be able to find out information about what services are available in the community.	78.13% 25	21.88% 7	0.00% 0	0.00% 0	0.00% 0	32
I want to be listened to and treated as an expert regarding my condition.	75.00% 24	18.75% 6	6.25% 2	0.00% 0	0.00% 0	32
I want to manage my condition, at home, where possible.	68.75% 22	25.00% 8	3.13% 1	3.13% 1	0.00% 0	32
I want to be able to speak to people in a social place, so we can share our experiences and learn from each other.	40.63% 13	37.50% 12	21.88% 7	0.00% 0	0.00% 0	32
I want to be able to choose what works for me.	75.00% 24	25.00% 8	0.00% 0	0.00% 0	0.00% 0	32

Do you have any comments to make on any of the statements above?

Special arrangements/measures for the Old people's, children's, vulnerable and LGBT please
I want the ethnic and cultural factors to considered when choosing service providers.
You have to make sure all the time you are acting on facts and not on some hearsay
The phrase 'receiving care' means so many different things to different people, so this is generic and does not allow for specifics or individual situations
I have had four ops to replace shoulder, hip and knee joints. I really cannot complain because I found all the above and more from the professionals dealing with me.
if i am newly diagnosed with any condition i need expert help to allow me to manage my condition and then become my own expert.
Not sure what is meant by sharing with other. .? Carers involved with me. Or family members care or just join group to talk about and that would depend on a variety of criteria
Who would disagree with the above, we all want decent care.?
Not really clear what a social place might be or who I'd be talking to?
I think most will tick Strongly agree for ALL statements so a question about ranking the list, most important first or pick the three top ones?
Sadly, I cannot see how what I would like to see can possibly be provided within the current financial precarious situation of Local Authorities and the NHS.
I want my Carers to be consistent and the same from day to day. I want care to be flexible, so Carers do not HAVE to finish a round and visit after midnight to complete their shift. I want to maintain my independence as much as possible.
Good collaborative care plans are really important.
We had some reasonably good services some years ago that have been devastated by the cuts.
All statements are valid and important.
In an ideal world, all that should be feasible, but when one is ill or under stress to be able to discuss what is best and what is available is vital. To be treated as an individual with needs is paramount not a tick box on a PC
To be fair you would strongly agree with everything
I think the people who look after me get paid suitably for the work they do and be on minimum wage

Do you think there is anything missing, if so please give suggestions?

Special arrangements/measures for the Old people's, children's, vulnerable and LGBT please
Need to be given options and what their end results are
I want to be able to access medication and services with ease. e.g. get a quick and efficient response by receptionist at GP surgery. Not have to telephone at 8am and hope for the best! Better health can be influenced by the individual's choices, so better Public Health support services would be appreciated. e.g. Campaigns on slips, trips for the elderly.
No.
I want to be offered some free counselling sessions for my condition, if applicable. I want to be able to take an informed decision about the treatment modalities on offer and expect experts to help me with taking the right treatment decision, appropriate for my case I would like to be made aware of the latest/new advances in medicine (for e.g. personalised medicine)
I would want my decision to be respected and listened. To

I believe the UK should form an NHS health trust funded through means tested taxation if it is to meet future demands--it has become a political football subject to political bias for far too long.
I want clear pathways and named individuals who I can access that have information about my health/care needs - I don't want to be assessed and reassessed by multiple agencies.
About consistency in care received, particularly at home, I.e. the same carer so a rapport can be gained
I think you should be asking how people these services should be funded, for example by increasing council tax, increasing income tax, new taxes on wealth and global internet companies, the abolition of off shore tax havens or through personal payments from savings or from assets such as their homes on death. Otherwise asking what people want without having a plan on how they want to pay for it is fairly worthless.
Would you like/are you aware of/would like to access an impartial advocate/advocacy service
The minimum wage and benefit cuts have put thousands into poverty whether they have work or not. So, demand for services is out of control. We need to get away from the them and us mentality and bring back the community spirit.
I want to be provided with information in a way that is easily understood. So, I can make informed decisions about my health.
To know That the available care and Carers are qualified fully in the care, that I need
The care agencies should be included in the whole process and should have an input into my care
Developing communal links with professionals to increase communication in a bid to make services more effective would be good, such as hold a regular surgery in strategic community places such as the Community Centres or Libraries etc

Any other comments

Special arrangements/measures for the Old people's, children's, vulnerable and LGBT please
New care providers must get support to form its legal requirements.
No
I don't want to have to keep different people the same things over and over again
Politicians seem to think technology-on line consultations etc, will solve the demands on the NHS and this could be true for the future, but it will not help the present elderly generation unfamiliar with technology.
Survey seemed to be engineered to produce strongly or agree answers.
Care agencies are monitored and registered for professional standards.
Communication is key to having a patient/client understand options and support networks...I think there are large gaps in some areas. Particularly for those that are home based and are unable to access information, workshops and courses etc easily.



Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 8 April 2019

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 Completion

1 Purpose

This report summarises progress against the improvement plan arising from the Care Quality Commission System Review. The improvement plan is owned by the HWBB and, further to routine monitoring reports over the past year, is now presented for approval of completion, with outstanding actions to be taken forward and monitored through other mechanisms.

2 Recommendations

The following recommendations are made to Coventry Health and Wellbeing Board:

- a. That HWBB note the progress made and areas still to be addressed against the actions in the improvement plan arising from the CQC local system review;
- b. That HWBB note the CQC progress monitoring report produced further to their light touch follow up in autumn 2018; and
- c. That HWBB approves the completion of the improvement plan and the outlined arrangements for taking forward outstanding actions.

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 Department of Health and Social Care (DHSC) on 10 April 2018.

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

4. Monitoring and follow up

The improvement plan is owned by the Coventry Health and Wellbeing Board and the Board has maintained oversight of the plan through routine progress reports at its meetings over the past year.

Progress against the plan was expected to be 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. However, many of these calls have been cancelled due to DHSC availability.

CQC carried out a light touch follow up process in autumn 2018 and the outcomes were reported to DHSC in January 2019. Their progress monitoring report is attached at appendix 1. The report highlights the achievements and progress since the review in January 2018 and reflects positively on the direction of travel, whilst acknowledging further work required in particular around clinical pathways and local workforce strategy.

5 Local Health and Social Care System Coventry – Improvement Plan 2018

Progress against each of the actions has been reviewed, and a progress update is provided in the attached plan (appendix 2). Good progress has been made in many areas and some key achievements are highlighted.

Inevitably there are actions that have slipped for reasons of capacity and in order to ensure effective stakeholder engagement. For these actions the progress update indicates how they will be embedded into system improvements in programmes and activities going forward.

A summary of progress and achievements against each theme is given below.

Section 1: Vision and strategy

In Coventry and Warwickshire we are on a journey towards becoming a shadow Integrated Care System (ICS), with roadmaps in place around six key work streams, including development of a single Strategic Commissioning function and Provider Alliance. The endorsed Place Design (high level system model) and revised Coventry and Warwickshire Health and Wellbeing Concordat have brought consistency to vision and strategy across the system and will form the basis of the strategic framework for the emerging ICS in Coventry and Warwickshire. System governance is flexing to reflect the emerging ICS and refresh of the STP.

Progress has also been made on joint strategic planning and delivery, with Primary Care Networks and locality delivery models now established, the out of hospital delivery model being implemented, and work towards a place-based JSNA progressing well – with the data profiling tool to be launched and first JSNA profiles due for publication in April / May. From 1 July 2019 all GP practices will be registered within a Primary Care Network and delivering nationally mandated requirements which support new models of care and the Out of Hospital programme

Section 2: Engagement and involvement

A specific section in the CCG Commissioning Intentions on primary care priorities reflects engagement with members and stakeholders with an interest in primary care. An engagement programme on the 'I statements' for people who use Health and Social Care services has been undertaken with Coventry Older Voices (COV) and Healthwatch Coventry, and they are being presented to the Board for formal endorsement at this meeting.

There is not yet a single risk management framework in place but identified learning and development needs arising from exploration of the approach to risk by the Coventry placed based teams will be addressed as part of the Out of Hospital programme.

Section 3: Performance, pace and drive

Coventry and Warwickshire A&E Delivery Board are using a system-wide urgent care dashboard on flow and capacity to monitor activity and inform action.

Coventry and Warwickshire Place Forum has agreed an outcome framework and performance dashboard to enable oversight of performance against agreed system outcomes. This is expected to evolve further as a Strategic Framework for the ICS is developed and will become a tool to mobilise action by partners to address identified challenges.

Section 4: Flow and use of capacity

Progress continues to be made in measures to reduce unavoidable admissions to hospital and ensure people are discharged promptly with appropriate support. There have been some notable practical achievements under this theme:

- **Care Home Enhanced Service (CHES)** commenced in April 2018 to ensure equitable and effective GP and primary care for residential and nursing provision. Providers are now working with one GP practice and a named GP (unless an individual resident or family do not wish to be registered with that Practice), which offers direct contact number within hours, a weekly visit, registration for all new residents and a review of working practices in care homes. The scheme aims to reduce A&E attendances, hospital admissions and improve outcomes for people living in care homes. Current metrics demonstrate that during April - Dec 2018 there was a 31% reduction in hospital admissions from care homes for those supported by the CHES scheme. For providers not supported by CHES there appears to have been an 18% reduction in hospital admissions overall. A survey completed with the care homes demonstrates there have been numerous positives working with one GP practice for both the provider and improved outcomes for residents.
- **The 'Red Bag' scheme** went live on 1 July 2018 and is a joint approach between CRCCG, WMAS and Coventry City Council. The scheme is designed to support care homes, paramedics and hospitals to ensure a seamless transition between inpatient hospital setting and care homes, improve communication and reduce duplication. To date there are 18 providers fully accredited to the Red Bag and actively using the bags and 30 providers are actively engaged in the process and working towards accreditation.

Section 5: Market development

A Market Position Statement was signed off on 11 October and work on a market development plan is underway, with market development and engagement activities in train for care homes, housing with care, Supported Living and Day Opportunities.

Social Prescribing continues to be delivered through a GP Cluster configuration, with the service continuing to develop and evolve and the CCG will be undertaking a review over the coming

months to develop a future model for Social Prescribing within Coventry in line with national government policy.

Some Discharge to Assess pathways have been evaluated, though the timescales for completion have been extended due to capacity; a strategy group for D2A pathways has been established to steer this work.

Section 6: Workforce

NHS organisations have shared their strategies and this will support the development of a system wide workforce strategy which will be aligned to the STP Plan. Current work to identify the 2019/20 workforce development priorities provides an opportunity to consider the scope and breadth of a training programme required to address the issues identified.

Section 7: Information sharing and system navigation

There has been good progress against the actions in the CQC local system review action plan. Aside from this, work is being taken forward by the STP Board to develop a strategy for delivering an integrated health and care record across Coventry and Warwickshire.

7 Conclusion

As the CQC follow up report summarises, the Local System Review in January 2018 offered clarity, focus and reassurance that the areas, acknowledged locally as needing to develop and improve, were the right areas of focus. This enabled the system to move forward with renewed purpose to address those issues that are impacting on people receiving consistently good health and care services.

There is good evidence to support system progress since the local system review was completed, with improvement in delayed transfers of care being a key measureable outcome and many other achievements detailed in this report.

The overall impact of these actions will, in many cases, take longer than the time elapsed to take effect and the key challenge for the health and care system remains turning the progress made into greater, and then sustained, improvement.

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Appendices

Appendix 1: CQC Local System Reviews Progress Monitoring: Coventry

Appendix 2: CQC review, Local Health and Social Care System Coventry Improvement Plan 2018 – Completed Plan March 2019

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Care Quality Commission (CQC) Review
Local Health and Social Care System – Coventry
Improvement Plan 2018

Final Version - April 2018; completed March 2019

Background

On 4th December 2017, the Care Quality Commission commenced a local review of the Coventry health and social care system. The main review week took place between 22nd and 26th January 2018, with the Health and Wellbeing Board feedback summit taking place on 14th March 2018.

The Coventry Health and Well Being Board welcomes the opportunities provided by the review to improve the way Coventry supports people that come into contact with the health and care system. This Action Plan has been developed in response to the issues highlighted within the report following its publication of the Coventry on 15 March 2017 recognising that the improvement journey was underway before the review and will continue beyond it.

The issues highlighted within the report have been reviewed and themed under the following headings:-

1. Vision and strategy
2. Engagement and involvement
3. Performance, pace and drive
4. Flow and use of capacity
5. Market development
6. Workforce
7. Information sharing and system navigation

The development of this Action Plan has been led by Pete Fahy, Director of Adult Services, Coventry City Council with support from the following individuals identified in the HWBB summit on 14 March 2018:

- Coventry and Rugby Clinical Commissioning Group (CRCCG)
 - Jo Galloway, Director of Nursing
- Coventry City Council Council
 - Gail Quinton, Deputy Chief Executive
 - Ian Bowering, Head of Social Work Service (Prevention and Health)
 - Jon Reading, Head of Commissioning and Provision
- University Hospital Coventry and Warwickshire (UHCW)
 - Lisa Kelly, Chief Operating Officer
- Coventry and Warwickshire Partnership Trust (CWPT)
 - Tracey Wrench, Chief Nurse and Interim Chief Operating Officer

- Coventry University
 - Professor Guy Daly, Pro Vice Chancellor (Health and Life Sciences)

In addition to the above, Andrea Green – Accountable Officer (CRCCG) has input to the production of the action plan and is the Health and Well-Being Board lead for its production.

The Group has been supported in its development by Richard Humphries, Senior Associate from the Social Care Institute for Excellence.

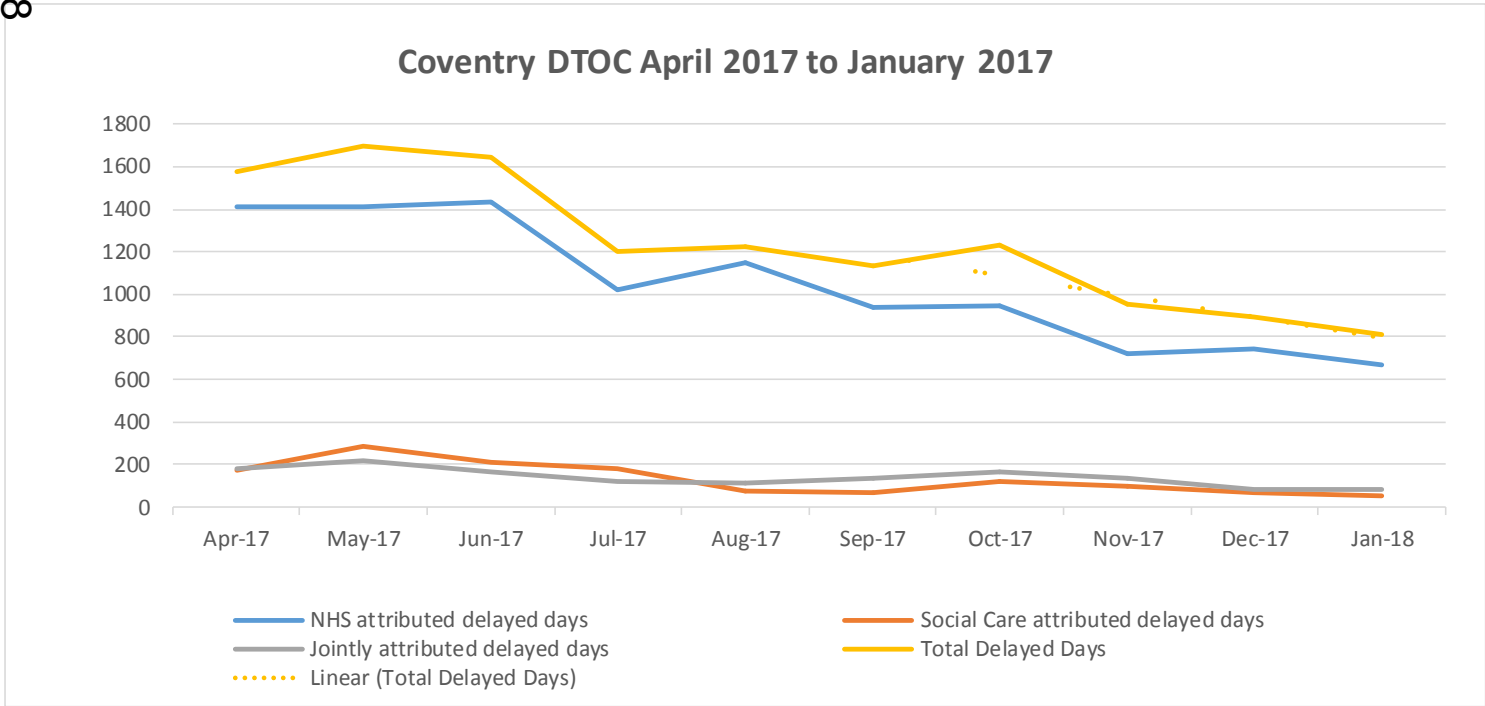
This action plan has been developed to support focus and drive on areas of activity and improvement already in progress across the system, it is therefore very much interlinked with existing plans as opposed to creating a separate and standalone action plan. As required by the CQC review the action plan will be owned through Coventry's Health and Wellbeing Board with responsibility for delivery through the relevant identified body.

Overall progress and current position:

Prior to review of the Coventry system being announced, during the review period and beyond we have continued to work as a system to address the issues that are impacting on people receiving consistently good health and care services. The review has provided a welcome opportunity for an external view on the issues we are dealing with and how we are responding.

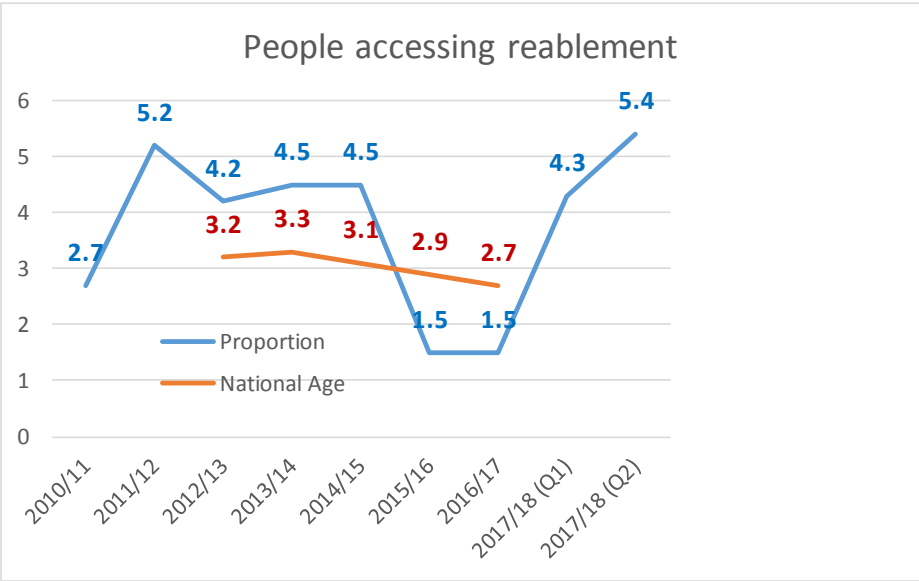
One particular measure we are proud of is our improvement in respect of Delayed Transfers of Care which has been achieved through taking a system approach as opposed to looking at the issue from a number of single agency perspectives. In the period between the announcement of the review and its commencement the position improved, the most recent data published for January 2018 shows continued improvement which is shown in Figure One (below).

Figure One: Delayed Transfer of Care to January 2017



Although improving further from this position remains a key system objective much of our effort is placed into improving the system to prevent admissions in the first place and, where they occur, avoiding readmissions. The improvement in access to reablement (Figure Two and based on provisional data for 2017/18 pending completion of the Short and Long Term Statutory Return (SALT)) demonstrates this improvement.

Figure Two: Access to Reablement



Despite the progress on Delayed Transfers of Care and Access to Reablement the Coventry system remains close to full capacity with A&E attendances, emergency hospital admissions and bed occupancy rates remaining high. This indicates that a focus on what happens when preparing for and achieving discharge is only part of the issue and is why many of the actions contained within this plan complement and add focus to the wider work taking place across the system to achieve our broader system aim of improving population health and reducing system demand across the board.

Specific examples of how we are progressing this include our Upscaling Prevention programme and our 'year of well-being' which will provide some of the strategic impetus required to make a long term and sustainable difference in Coventry. These strategic approaches will be complemented by addressing a number of performance management, flow, market and workforce issues that the review identified and are contained within this plan.

We would of course welcome further feedback from CQC and/or Department of Health regarding how our plan could be further strengthened in order to achieve our ambitions at a faster rate.

Theme 1 – Vision and strategy**Lead responsibility – Coventry and Warwickshire Place Forum****Lead individual – Liz Gaulton, Director of Public Health, Coventry City Council**

Outcomes we will achieve: Ensure a consistent vision and strategy across the Health and Social Care system with links to how it's delivered.

CQC Recommendations:

- Ensure there is effective joint strategic planning and delivery for the people of Coventry based on the current and predicted needs of the local older population, to include BAME and hard to reach groups, and which harnesses all the local assets available in the wider system.
- While acknowledging that there is a concordat between Coventry HWB and Warwickshire HWB, the system leaders in Coventry need to build on the concordat and become more engaged with the development of the STP's Better Care, Better Health, Better Value programme.

Theme 1 – Vision and strategy								
Action No.	Action required	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
1.1	Develop a clear system strategy with a single supporting narrative for the whole system	Place Forum – Cov and Warks	Health and Wellbeing Board	ongoing	Sept 2018	All stakeholders are clear on the system strategy	System model agreed at Place Forum in July 2019 and supported by the STP Board. This has been reinforced by the DPH Annual Report (published October 2018), <i>Healthier for Longer: Securing healthier futures for our</i>	

Theme 1 – Vision and strategy

Action No.	Action required	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
							<i>communities</i> , which has a specific focus on our older population and asset-based system working to help people age well – ACTION COMPLETE	
1.2	Define the governance arrangements that exist between STP, HWBB and ICS so that reporting arrangements and decision making remits are clear	Place Forum – Cov and Warks	Health and Wellbeing Board	ongoing	March 2019	Written and agreed system governance protocols in place	The leadership by Coventry and Warwickshire Health and Wellbeing Place Forum remains consistent. System governance is flexing to reflect the emerging ICS and refresh of the STP. Arrangements are considered through the Place Forum.	
1.3	Define the model for local integration of services within ICS policy framework	STP (Preventative and Proactive workstream)	STP Board	ongoing	June 2019	Clarity on what integrated health and care means for Coventry	This is progressing through ICS development work.	
Page 121	Develop the Coventry operating model for locality delivery so that all stakeholders are clear how	STP (Proactive and Preventative workstream)			March 2019 BAU from	Clarity on how the locality model will	Through Primary Care Networks (PCNs) we are engaging with OOH	

Theme 1 – Vision and strategy

Action No.	Action required	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
	the locality model will work operationally		STP Board	ongoing	1 July 2019 when all practices will be registered within a PCN	deliver on the ground following pilot work and review	Place Based Teams (PBTs) to support delivery of a new locality operating model of care. We have established Multi Disciplinary Teams (MDTs) in PCNs and are engaging PCN leads and their practices in discussions about future development of ICS and the role of PCNs and general practice in a future ICS and new models of care within an ICS and under the OOH programme. We are also utilising CCG transformation funds to support primary care transformation, which supports new models of care,	

Theme 1 – Vision and strategy								
Action No.	Action required	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
							resilience in general practice, early intervention and prevention and self care. We are now working with PCNs to register them as required by the new GP 5 year framework contract. The contract will provide funding to support expansion of primary care workforce across PCNS, extend delivery of extended hours with a minimum offer to all patients across each PCN, and the future delivery of 7 mandated enhanced service specifications which will support proactive	

Theme 1 – Vision and strategy

Action No.	Action required	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
							care and care co-ordination with a focus on priorities aligned to the NHS Long Term Plan ambitions – which fit with our OOH programme. See also 1.5	
1.5	Clearly identify the geography for locality based services for populations of 30k-50k) as the vehicle through which to drive improvement and equitable in community based health and care	CRCCG	STP (Proactive and Preventative workstream)	ongoing	March 2019	Clear locations and geography in place for 30-50k	This is now business as usual the Cluster leads are meeting regularly with the Place Based Teams to co-ordinate care and take forward MDTs in each cluster. We have reviewed cluster development against the maturity matrix proposed by NHSE for PCNs and have identified that we have made good progress against the	

Theme 1 – Vision and strategy

Action No.	Action required	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
							<p>framework and have identified the actions / next steps to further progress through the PCN phases of maturity. (We will now call our clusters PCN to reflect the national NHSE language going forward.)</p> <p>We have a schedule of meetings in place for all our PCN in Coventry and are in the process of identifying CCG staffing resource to be aligned to further support PCN going forward in addition to the existing support / investment offer the CCG already has in place for PCNs</p> <p>We will be undertaking an</p>	

Theme 1 – Vision and strategy

Action No.	Action required	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
							engagement exercise with our PCN's to ensure they are briefed on ICS developments and to ensure they and their practices inform the development of PLACE and Integrated care going forward ACTION COMPLETED	
1.6	Development of Joint Strategic Needs Assessment on locality basis so the population needs being served by each locality are clearly understood	Coventry City Council	Health and Wellbeing Board	July 2018	March 2019	Locality based JSNA signed off by HWBB	Work is underway to develop new place-based JSNA for 8 localities (plus one citywide). High level findings from the citywide JSNA profile will be presented to HWBB on 8 April. Evidence gathering for JSNAs for two localities has been completed and these will be published in May /	

Theme 1 – Vision and strategy								
Action No.	Action required	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
							June 2019. A data profiler tool is expected to be available for general use by June 2019. Timeline for the completion of the other six locality profiles will depend on the approach taken to local engagement going forward. This will continue to be reported and monitored through HWBB.	
1.7	Develop the clinical strategy for the city including frailty so there is clarity on how clinical needs will be met	Coventry and Rugby CCG	Health and Wellbeing Board	ongoing	Sept 2018	Clinical strategy signed off by BHBCBV Board	The Clinical Strategy has been signed off by BHBCBV Board. ACTION COMPLETED	

Theme 2 – Engagement and Involvement**Lead Responsibility – Engagement workstream of Better Care, Better Health, Better Value programme**

Lead individual(s) – Lorraine Laing, Head of Programme Management Office, Coventry and Warwickshire STP and Jenni Northcote, Chief Strategy Officer, Coventry and Rugby and Warwickshire North CCGs (see specific actions below)

Outcomes we will achieve: Clear mechanisms in place for engagement with professionals and people who either use or may use services

CQC Recommendations:

- Create and deliver a joint public engagement strategy which includes how the system will reach seldom heard groups.
- Improve the working relationships between the CCG and GP providers.
- Develop a shared view of risk across health and social care by identifying forums where staff groups can come together, build relationships and identify ways to establish a consistent approach to the process of risk assessment and positive risk taking.

Theme 2 – Engagement and Involvement

Action no.	Action required	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
2.1	Develop a set of 'I' statements with people who use Health and Social Care to form a benchmark for improvement, which are inclusive of all groups within the	STP (Communication and Engagement workstream) Lorraine Laing	STP	ongoing	Sept 2018	Set of 'I' statements agreed through co-production	'I statements' drafted following session with Coventry Older Voices and Healthwatch on 30 May. These continue to be tested with other	

Theme 2 – Engagement and Involvement

Action no.	Action required	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
	city						forums with a view to taking to HWBB for endorsement in April 2019. ACTION COMPLETED with further work underway to ensure full adoption and use by partners.	
2.2	Engage with GPs through locality and membership forums to understand the issues impacting on effective partnerships with GPs.	CRCCG Jenni Northcote	CRCCG	ongoing	Sep 2018	Understanding of issues and agreed actions to address where appropriate	There is a nominated GP clinical lead and a co-ordinator for each of the new GP clusters, which come together as groups of practices to work on specific joint priorities and resilience issues. Each Cluster Lead has a nominated Governing Body Clinical lead link – so issues can be	

Theme 2 – Engagement and Involvement

Action no.	Action required	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
							raised through the CCG governance at our clinical executive group. Cluster Leads are also members of the CCG Primary Care Development Group which is a forum for raising issues / concerns and feeding back views from local GPs. ACTION COMPLETE	
2.2.1	Following completion of action 2.2 to develop a set of measures to understand if the relationship is improving	CRCCG Jenni Northcote	CRCCG	ongoing	September 2018	GP and CRCCG both able to evidence improvements in relationship	The CCG have reviewed stakeholder engagement plans and are utilising the cluster arrangements, Protected Learning Time and specific	

Theme 2 – Engagement and Involvement

Action no.	Action required	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
							<p>forums where Cluster Leads represent their constituent practices to improve communication and build primary care engagement. They have established regular meetings with LMC as the representation for general practice delivery of primary care contracts.</p> <p>There is a specific section in the new Commissioning Intentions on primary care priorities which reflect engagement with</p>	

Theme 2 – Engagement and Involvement

Action no.	Action required	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
							members and stakeholders with an interest in primary care. ACTION COMPLETE	
2.3	Engaging Health & Social Care professionals in developing consistent approach to management of risk and embed this in practice	Local Workforce Groups Lorraine Laing	Local Workforce Action Board	Ongoing	March 2019	A single risk management framework and evidence of this in multi-disciplinary settings/place based teams	Exploration of the approach to risk by the Coventry Out of Hospital placed based teams is required to identify the shared framework within which health and social care professionals operate. Identified system-wide learning and development needs to feed into the LWAB through organisational leads.	

Theme 3 – Performance, pace and drive**Lead Responsibility – as described in actions**

Lead individual(s) - Pete Fahy, Director of Adult Social Care and Liz Gaulton, Director of Public Health and Wellbeing, Coventry City Council

Outcomes we will achieve: Delivery of agreed change programmes in a timely way.

CQC Recommendations:

- Ensure system wide performance data is used to drive improvements, implementing solutions and setting targets in which all parts of the system have a shared responsibility, and providing opportunities for collaborative reflection and learning

Theme 3 – Performance, Pace and Drive

Action no.	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
3.1	Establish system-wide data set / dashboard on flow into and out of hospital and capacity of services supporting step up and discharge	A&E Delivery Group Pete Fahy	STP (Urgent and Emergency Care)	ongoing	Sept 2018	Fully operational dashboard of key indicators of flow and capacity to monitor activity / inform action	Dashboard in place and being used – ACTION COMPLETE	
3.2	Establish a system-wide Performance dashboard to monitor progress in the delivery of	CRCCG linking with partners	Health and Wellbeing Board	Not yet commenced	Dec 2018	System wide focus on key areas of strategic delivery enabling pace and drive to be maintained	Coventry and Warwickshire Place Forum now has an outcome framework and performance dashboard in place	

	agreed vision and strategy	Liz Gaulton					to enable oversight of performance across the system against agreed system outcomes. This is likely to evolve further as a Strategic Framework for the ICS is developed and will become a tool to mobilise action by partners to address identified challenges. ACTION COMPLETE	
3.3	CQC Local System Review Action Plan to be monitored, on an ongoing basis, by the HWBB.	Health and Wellbeing Board Liz Gaulton	Health and Wellbeing Board	ongoing	June 2018	Delivery of action plan delivered with appropriate escalation to unblock areas of non-delivery	Update provided to each HWBB with the aim for full sign off in March 2019 - ACTION COMPLETE	

Theme 4 – Flow and use of capacity

Lead Responsibility – Coventry Accident and Emergency Delivery Group

Lead individual(s) – Lisa Kelly, Chief Operating Officer, UHCW and Pete Fahy, Director of Adult Social Care, Coventry City Council

Outcomes we will achieve: Reducing unavoidable admissions to hospital. For those who need to be admitted to ensure that people only stay in hospital for as long as they need to and, when ready to leave, are discharged promptly with appropriate support.

CQC Recommendations:

- Reduce numbers of avoidable admissions from care homes by extending successful initiatives such as the React to Red scheme, introducing pharmacist led medication reviews and increasing coverage of GP input into care homes.
- Ensure discharge planning is started at the beginning of a person’s journey through hospital and remains a key focus during their stay. ‘Red and green bed days’ to be implemented and embedded across all wards. Care home and home with care providers to be involved in discharge planning at an early stage of the person’s stay in hospital.
- Improve the processes around medicines on discharge to reduce delays and improve the safety of those who have been discharged to care homes.
- Improve the ability to discharge patients from hospital at weekends by increasing senior clinical decision makers and ensuring the presence of the discharge teams at weekends.
- Increase the utilisation of trusted assessors in each D2A pathway to improve the speed of transfers from hospital by increasing provider’s confidence. Include in any jointly developed protocol for assessments and the review process, a clear feedback mechanism for learning and improvement.

Theme 4 – Flow and use of capacity

Action no.	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
4.1	<p>Support to care homes</p> <p>Increase coverage of dedicated GP support into care homes through implementation of the Care Home Enhanced Support (CHES) scheme</p>	CRCCG	STP (Urgent and Emergency Care)	Complete	Complete	<p>Increase coverage above current level of 66% of care homes</p> <p>Reduction in avoidable admissions, readmissions and improved DTOC</p>	<p>Commissioned service with GPs to commence 1 April 2018. 90% of homes supported within the scheme. Evidence of reduced admissions from care homes.– ACTION COMPLETE</p>	
4.2	<p>Support to care homes</p> <p>Care home and housing with care providers to be involved in discharge planning at an early stage of the person's stay in hospital</p>	CRCCG	STP (Urgent and Emergency Care)	Ongoing	Ongoing	<p>Evidence of early involvement by care providers in discharge planning working with IDT in UHCW</p> <p>Improved weekend discharges to care homes including new residents</p>	<p>IDT, Social care, Commissioners and providers undertook a joint workshop to outline areas of improvement. IDT are working with commissioners / providers through an action plan, following the workshop. This work is ongoing and not yet rolled out across all units.</p> <p>CHES scheme in place and being</p>	

Theme 4 – Flow and use of capacity

Action no.	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
							extended, which enhances support to care homes to avoid unnecessary admissions and facilitate timely discharges. Incentive scheme for weekend and same day discharges being trialled over winter with providers.	
4.3	Support to care homes Implement Red Bag scheme	AJCB	STP (Urgent and Emergency Care)	Ongoing	September 2018	Red Bag scheme in place for identified cohort Reduction in avoidable admissions, readmissions and improved DTOC	Red Bag scheme launched on 7 August 2018 and to be further developed based on learning – ACTION COMPLETE	
4	Increase coverage and effectiveness of 'Red to Green' 'Red to Green bed days' to be implemented and embedded across all wards and into D2A	A&E Delivery Group - Coventry	STP (Urgent and Emergency Care)	Ongoing	October 2018	Increase coverage within wards at University Hospital Overall reduction in lengths of stay / improvement in DToC	"Red to Green" in place across all adult inpatient wards. Patient status at a glance board monitored via central data programme and "Red to Green" data being used to support innovations across the	

Theme 4 – Flow and use of capacity

Action	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
	community settings						Trust. "Red to green" tested in community reablement settings but weekly MDTs evaluated as more appropriate in those settings in reviewing progress being made by individuals and ensuring the service is focused and productive. ACTION COMPLETED	
4.5	<p>Increase coverage of Trusted Assessor</p> <p>Increase care home provider's confidence in assessments completed e.g. by reviewing trusted assessment approach and evaluating need for Care Home Assessor post</p>	CRCCG and CCC via A&E Delivery Group - Coventry	STP (Urgent and Emergency Care)	Ongoing	<p>November 2018</p> <p>Now revised to March 2019</p>	Understanding factors to improve care home confidence leading to reduced number of refusals and delays attributable to care homes	<p>In place for some providers in P2 and for 2 care homes Pathway 3. P3 implemented pilot scheme of Trusted Assessor where IDT assessed on behalf of CCG.</p> <p>Recruitment to Trusted Assessor for Care Homes (called Liaison) in progress.</p>	
4.6	<p>Improving Discharge</p> <p>Review role of</p>	A&E Delivery Group - Coventry	STP (Urgent and Emergency Care)	June 2018	August 2018	Review complete with proposals for future development	Review complete, which demonstrated efficacy of approach, contributed to	

Theme 4 – Flow and use of capacity

Action no.	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
	Community Discharge Hub to ensure continued effectiveness and clear mechanisms in place for learning and improvement					Overall reduction in lengths of stay / improvement in DToC	sustained improvement in DToC and will continue. ACTION COMPLETE	
4.7	<p>Improving Discharge</p> <p>Review what is required to deliver 7 day services to impact on weekend discharges e.g.</p> <p>Increase senior clinical decision makers at weekends</p> <p>Presence of the discharge teams at weekends</p>	A&E Delivery Group - Coventry	STP (Urgent and Emergency Care)	May 2018	March 2019	Resourced plan implemented to deliver 7 day discharges leading to increased discharge activity at weekends without impacting on Mon-Fri activity	Local Authority undertook review of the costs, benefits and impacts of moving to 7day services which concluded, at this time, to continue to operate 6 day a week service pending additional resource and alignment with 7 day service across the system. For weekend discharges to be improved significantly, all areas need to contribute.	
Page 139							UHCW continues to make good progress towards 7DS	

Theme 4 – Flow and use of capacity

Action	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
							<p>provision along many paths, including the 10 Clinical Standards.</p> <p>This action will be taken forward through the Better Care Plan 2019/2020 to be produced in the next few months. This is likely to involve consideration of the cost/benefit of moving forward on this initiative versus others that also contribute to improving discharge.</p>	
4.8	<p>Prevention, Ambulatory Care, Zero length of stay</p> <p>Review of ambulatory care pathways redirecting / supporting patients with alternative sources of support i.e. falls prevention and</p>	A&E Delivery Group - Coventry	STP (Urgent and Emergency Care)	Ongoing	April 2019	Overall reduction in number of admissions	<p>Ambulatory Emergency Care (AEC) and Surgical Ambulatory Emergency Care (SAEC) pathways now in place, and activity is monitored through the Integrated Urgent Care Recovery Plan and reviewed at 2-weekly Emergency Care Improvement</p>	

Theme 4 – Flow and use of capacity

Action no.	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
	Back Home Safe and Well						Board. Pathways communicated through the GP Gateway. Monitoring against the agreed metric is in place and on track for fully embedding the pathways by April 2019. ACTION COMPLETED	

Theme 5 – Market development**Lead Responsibility – Adult Joint Commissioning Board****Lead individual – Jon Reading, Head of Commissioning and Provision, Coventry City Council**

Outcomes we will achieve: Ensuring the right level of market capacity and optimising its utilisation.

CQC Recommendations:

- Roll out and evaluate a programme of social prescribing.
- Identify and supply the necessary support needed for care homes to accept weekend discharges for new residents – *see actions under flow and use of capacity.*

Theme 5 – Market development								
Action no.	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
5.1	Refresh Market Position Statement and utilise with support and care service providers	Adult Joint Commissioning Board	Collaborative Commissioning Board	Ongoing	Sept 2018	Market position statement published with associated provider engagement	Market Position Statement signed off on 11 October 2018 and provider engagement planned. ACTION COMPLETE	
5.2	Produce a market development plan for support and care service providers in consultation with providers	Adult Joint Commissioning Board	Collaborative Commissioning Board	Ongoing	Dec 2018	Market development plan in place and shared	Action underway but delayed as it was dependant on completion of 5.1 above. Learning disability and autism module completed. Although overall plan production has slipped, several market development and engagement activities are in train for care	

Theme 5 – Market development

Action no.	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
							homes, housing with care, Supported Living and Day Opportunities.	
5.3	Evaluate programme of social prescribing and then rollout. (dependent on outcome of evaluation)	Adult Joint Commissioning Board	Collaborative Commissioning Board	Ongoing	Mar 2019	Evaluation complete and optimum social prescribing capacity in place	<p>Social Prescribing continues to be delivered through a GP Cluster configuration, with the service continuing to develop and evolve.</p> <p>Recent guidance issued on the new GP Contract has outlined intentions for making available national funding for the appointment of Social Prescribing Link Workers within Primary Care.</p> <p>The impact of these roles, together with learning from the current service and implementation of the Out of Hospital model will form part of a review the CCG will be undertaking over the coming months to develop a future model for Social Prescribing within Coventry.</p>	
133	Evaluate D2A pathway provision to ensure it	Adult Joint Commissioning	Collaborative Commissioning Board	Ongoing	July	Optimum and sustainable D2A provision in place	Pathway 1 reviewed and incorporates extended Promoting Independence Service.	

Theme 5 – Market development

Action	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
	remains fit for purpose	Board			2018		<p>Evaluation of Pathway 2 reported to Adult Joint Commissioning Board in December 2018 and re-commissioning of beds in train. A more detailed review of therapy input to pathways is nearing completion with initial proposal to Adult Joint Commissioning Board 20th March.</p> <p>Pathway 3 review underway. Strategy group for D2A pathways established to steer this work</p>	
5.5	Develop step-up capacity to support people more effectively in the community	Adult Joint Commissioning Board	Collaborative Commissioning Board	Ongoing	Mar 2018	Increased step up capacity in place to assist with management of system demand	Capacity in place. Will be extended to people with change in needs – ACTION COMPLETE	

Theme 6 – Workforce

Lead Responsibility – Local Workforce Action Board

Lead individual – Lorraine Laing, Head of Programme Management Office, Coventry and Warwickshire STP

Outcomes we will achieve: A clear approach to ensuring how the local workforce will be developed to meet population needs for health and care

CQC Recommendations:

- Develop a strategic plan for the health and social care workforce in Coventry linked to the STP's wider Better Care, Better Health, Better Value programme that takes account of the national health and social care workforce strategy (once developed)

Theme 6 - Workforce								
Action no.	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
6.1	Develop system wide workforce strategy to support delivery of strategy and vision	Local Workforce Action Board	STP Board	Ongoing	Mar 2019 Revised to Aug 2019	Clear and resourced workforce strategy in place	NHS organisations have shared their strategies and this will support the development of a system wide workforce strategy which will be aligned to the STP Plan. Work in progress.	
Page 145	System wide training and development plan to cover issues including: Risk	Local Workforce Action Board	STP Board	Ongoing	Mar 2019 Revised to Aug 2019	Training programme developed, delivered with evidence of impact	This has not been delivered but currently identifying the 2019/20 workforce development priorities and this provides an opportunity to consider the scope and breadth of a training	

Theme 6 - Workforce								
Action	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
	management Shared assessment Care support provider skills						programme required to address the issues identified. Work in progress	

Theme 7 – Information sharing and system navigation

Lead Responsibility – Digital Transformation Board

Lead Individual(s) – Marc Greenwood, Head of Business Systems, Coventry City Council

Outcomes we will achieve: Improved accessibility of information for people accessing care and support and professionals

CQC Recommendations:

- Accelerate the delivery of the Digital Transformation Board to provide digital interoperability and shared care records across the system.
- Provide a single point of access health and social care navigation system for people and carers to easily find the support and advice they need.

Theme 7 – Information sharing and system navigation

Action no.	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
7.1	Improve Adult Social Care “front door” to enhance accessibility of information and advice	CCC	Digital Transformation Board	Underway	Ongoing	Reported improvement in accessibility of information and advice (ASCOF)	The prototype for testing the new model of initial contact at the ASC front door went live on the 25th Feb. The prototype runs for 4 weeks. Upon completion a full evaluation will be undertaken and plans developed	

Theme 7 – Information sharing and system navigation

Action no.	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
							for longer term implementation based on the results of the prototype.	
7.2	Consolidate CWPT access points into Integrated Single Point of Access (ISPA)	Out of Hospital Design Board	Proactive and Preventative workstream of STP	Underway	September 2018	Health ISPA implemented	CWPT have implemented their ISPA. Work is ongoing to establish closer links between the CWPT ISPA and the Council front door with the objective of providing a more co-ordinated response to people requiring support. ACTION COMPLETE but further work to do.	
7.4	Undertake interoperability scoping workshop across Coventry and Warwickshire system	Digital Transformation Board	STP Board	underway	Sept 2018	Clear plan agreed by partners on how to improve with timescale for delivery	An interoperability workshop was held in May and action plans to improve this area are being	

Theme 7 – Information sharing and system navigation

Action no.	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
	partners to identify ideas and opportunities for improving system flow.						<p>developed by health and social care technology leads.</p> <p>A refresh of the Local Digital Roadmap has taken place and will be available by early October. The roadmap covers ideas for standardising the ICT capability of health and care partners whilst introducing opportunities for system interoperability.</p> <p>ACTION COMPLETED</p>	
Page 149	Hold Assistive Technology workshop to develop shared Coventry and Warwickshire strategy	Coventry City Council	Digital Transformation Board	underway	Sept 2018	Wider use of technology to support health and care	A system wide Assistive Technology workshop was held in May, the output of which is leading	

Theme 7 – Information sharing and system navigation

Action no.	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
	that supports delivery of health and social care priorities.						<p>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.</p> <p>After the successful delivery of the AT workshop the CCC team have been designing an AT strategy that will encompass the full adult social care customer journey. This will be shared with partners involved at different parts of the journey to ensure opportunities for joint working are capitalised.</p> <p>ACTION COMPLETED</p>	

Theme 7 – Information sharing and system navigation

Action no.	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
7.6	Undertake review of existing Information Governance support and guidance arrangements to ensure processes are simplified.	Sub regional Information Governance group	Digital Transformation Board	underway	Sept 2018	Clear information governance arrangements in place	The review of processes relating to informing IG responsibilities and requirements for health and care projects has been undertaken. The changes are being monitored to ensure processes effectively support system wide projects. ACTION COMPLETED and work ongoing to ensure changes are embedded.	

Abbreviations:

- CRCCG Coventry and Rugby Clinical Commissioning Group
- CCC Coventry City Council
- UHCW University Hospital Coventry and Warwickshire

P	Coventry and Warwickshire Partnership Trust
CVPT	
AJCB	Adult Joint Commissioning Board
DTB	Digital Transformation Board
LWAB	Local Workforce Action Board
STP	Sustainability and Transformation Programme
BCBVBH	Better Care, Better Value, Better Health (the local STP programme)
ECIP	Emergency Care Improvement Partnership
MDT	Multi-Disciplinary Team
CHES	Care Home Enhanced Support
ISPA	Integrated Single Point of Access
JSNA	Joint Strategic Needs Assessment