

## **Health and Wellbeing Strategy 2016-2019 (First draft framework)**

### **What is this document?**

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

This document sets out how improving health and wellbeing will contribute to objective of being a top ten city. We will only succeed if we see improvement in health outcomes for everyone in the city, whilst reducing the inequality gap. Put simply, healthy people who feel good about themselves are crucial to the success of the city. To create good health and wellbeing we need to look wider than managing people's health problems. We know that people who have jobs, good housing and are connected to families and their communities feel and stay healthier.

A top ten city also needs to recognise the skills and capabilities that lie within communities and individuals to improve their health and wellbeing; there is a real power in individuals taking responsibilities for their own health.

New relationships will see local organisations working alongside communities to jointly develop and deliver actions to prevent poor health and intervene early to prevent individuals falling into situations that cause long-term, intractable health and care problems.

This document is an initial draft for discussion, which will be further developed through implementation of the 100 day plans (up to date plans will be made available at the meeting).

### **Health and Wellbeing Priorities**

We need to ensure that the Health and Wellbeing Strategy and the work of the Health and Wellbeing Board support the objectives outlined above. Therefore, the strategy from 2016-2019 will focus on a small number of priorities where the Health and Wellbeing Board believes it will make the biggest difference to lives of Coventry people.

Three priorities have been identified:

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

The rest of this document considers each priority in turn and sets out a case for change (why it is a priority) the specific focus for actions and the expected outcomes (what we hope to achieve).

We want this strategy to be a practical document that delivers actions, therefore we include a first 100 days plan for developing these three priorities. We will continue to ensure progress against action is overseen by the Health and Wellbeing Board.

## Priority 1: Reducing Health and Wellbeing Inequalities

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

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

### Case for Change

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

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

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

### Areas of Focus

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

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

### Expected Outcomes

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

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

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

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

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

## **Priority 2: Improving the Health and Wellbeing of Individuals with Multiple Complex Needs**

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

### **Case for Change (why this is a priority)**

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

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

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

Our services are set up to deal with single issues, such as drug or alcohol misuse, homelessness or mental health, rather than addressing the various needs of the individual, meaning that multiple professionals are often working with the same person. Services are also focused on expensive crisis care, rather than on coordinated and preventative support that would deliver better results as well as value for money. Savings cannot be made, and outcomes cannot be improved, unless action is taken to reform the services that vulnerable and disadvantaged people rely on.

### **Areas of Focus**

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

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

## **Expected Outcomes (what we hope to achieve)**

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

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

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

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

## **Priority 3: Create a place in which the health and wellbeing of our people drives everything that we do, by developing an integrated health and care system that meets the needs of the people of Coventry**

This section will be further developed following discussion at the board meeting on 11.04.16. as part of developing a Coventry health and care approach to system change and produce a sustainable transformation plan

### **Case for Change (why this is a priority)**

#### **Areas of Focus**

- An integrated health and social care system

### **Expected Outcomes (what we hope to achieve)**

Outcomes to be determined as part of the ongoing work

## Appendix 1: Health and Wellbeing Strategy Operational 100 days Plan

