

Health and Wellbeing Board

Health and Wellbeing Board

11 April 2016

Name of Cabinet Member:

Chair of Health and Wellbeing Board & Cabinet Member for Health and Adult Services
Councillor Kamran Caan

Director Approving Submission of the report:

Executive Director – People
Director of Public Health

Ward(s) affected: All

Title:

Coventry City Council Health in all Policies Visit January 2016 - Report

Background

The Local Government Association, Association of Directors of Public Health and Public Health England are currently piloting a peer review process to assist Councils to establish how they can accelerate the good progress made to date on addressing the wider determinants of health and the extent to which they are maximising the impact of all policies and services in keeping people healthy and tackling health inequalities.

Coventry City Council requested to be one of the pilot sites for the 2 day peer review process which focussed on the following headline questions:

1. Does the Council have a clear vision and ambition for health and wellbeing?
2. How well does the Council enable others to improve health?
3. Is the Council making a sustainable impact on health outcomes?
4. Is the Council using its resources to best effect to improve health?

Peer Review Process

A two day visit was held on 5th and 6th January 2016 involving 22 interviews/workshops and 107 individuals including elected members, staff and partners. Prior to the visit, the peer review team had reviewed a number of background documents and also had undertaken a questionnaire of key individuals/partners to ascertain the Coventry position in relation to the Health in All Policies agenda.

A copy of the letter received providing feedback from the visit and a number of recommendations to take forward the agenda is attached as Appendix 1.

Peer Review Recommendations

The peer review team have made a number of recommendations for Coventry to consider in relation to taking forward the Health in All Policies agenda.

The recommendations from the visit are outlined below:

1. **Capitalise on the renewed energy in the Health and Wellbeing Board to work with partners to:**
 - a. **ensure the revised Health and Wellbeing Strategy is the vehicle that pulls together into one place coherently the outcomes required for Coventry to be a Marmot Exemplar and Top Ten City**
 - b. **clarify how the role and purpose of boards and the relationship between them can best achieve the priorities in the strategy**
 - c. **to ensure a space is being created for partners to have ongoing and difficult discussions including those relating to their role in investment in upstream prevention**
2. **Ensure that Council strategies and plans all have a clear link to the ambition for the city with a consistency of language to help mainstream and embed public health considerations throughout all aspects of the Council's work**
3. **Ensure health needs are taken into account when decisions are being made and that approaches are adopted to reconcile situations where priorities are directly competing**
4. **Embed the Marmot principles explicitly into service planning processes ensuring there is a focus on prevention and keeping people well, and wherever possible demonstrate where services are offering a positive return on investment in prevention**
5. **Provide all councillors with regular data and insight on health outcomes in their area to enhance their leadership role within communities, supporting them to become health champions so they can play their part in reducing health inequalities**
6. **Maximise the benefit of voluntary sector commissioning by providing mechanisms that enable services to signpost to each other e.g. by hosting networking sessions and facilitating workshops on the services provided**

Members are asked to consider the recommendations and consider how we incorporate them into the current work of the Health and Wellbeing Board.

Members will be aware that the Health and Wellbeing Strategy is currently being refreshed and it is proposed that it will bring together the strands of the Council's ambition to be a Top Ten City and also the Marmot agenda. Work is also being undertaken to reframe the role of the Health and Wellbeing Board and other strategic groups to take forward the Strategy. It is proposed that the Health and Wellbeing Board development sessions are used to provide the opportunity for partners to have ongoing discussions regarding the prevention agenda.

In addition, the Council is committed to ensuring that as strategies and plans are developed and refreshed they will be linked to the new Health and Wellbeing Strategy to ensure that a clear and consistent narrative is developed across all areas of work.

The Insight team have developed ward profiles for all of the City Council Councillors to provide information regarding the health and wellbeing of constituents. Further work is planned with Members regarding developing their role as health champions within communities.

Recommendations

Members of the Health and Wellbeing Board are asked to consider the recommendations following the Health in All Policies Peer Review visit and to agree the actions that need to be taken to support their implementation.

Report author(s):

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Contributor/approver name	Title	Directorate or organisation	Date doc sent out	Date response received or approved
Contributors:				
Jane Moore	Director of Public Health	People	25/02/16	26/02/16
Names of approvers for submission: (officers and members)				
Gail Quinton	Executive Director People	People	26/02/16	29/02/16
Cllr Caan	Cabinet Member			

Appendix 1



Cllr Ann Lucas OBE, Leader of the Council
Martin Reeves, Chief Executive
Coventry City Council
Council House
Earl Street
Coventry
CV1 5RR

January 2016

Dear Ann and Martin,

Coventry City Council Health in All Policies (HiAP) Peer Support 5 & 6 January 2016

On behalf of the peer team, I would like to say what a pleasure and privilege it was to be invited into Coventry City Council to deliver Health in All Policies peer support and to thank you for participating in the pilot programme and contributing to its evaluation. The offer is based on the principles of sector led improvement and delivered by elected member and officer peers.

The peers who delivered the peer support in Coventry were:

- Nigel Pearson, Chief Executive, East Riding of Yorkshire Council
- Councillor David Shields, Cabinet Member for Health and Adult Social Care, Southampton City Council
- Janet Atherton – Associate, Local Government Association
- Richard Chidwick - Programme Manager, Public Health England
- John Tench - Advisor, Local Government Association
- Kay Burkett – Programme Manager, Local Government Association

Background and Introduction to the HiAP peer support offer

The Health in All Policies peer support has been developed by the Local Government Association, the Association of Directors in Public Health and Public Health England to help councils work out how they can accelerate the good progress made to date on addressing the wider determinants of health and the extent to which they are maximising the impact of all policies and services in keeping people healthy and tackling health inequalities. Getting the best return on investment from ever tighter local authority budgets will become increasingly important in the coming years. Adopting healthy policies, investing in effective prevention programmes, strengthening early intervention and building on community assets will be critical for councils and their partners.

The focus of the peer support is primarily on the role of the council and as part of that will consider how the council is acting as a leader for public health in the wider system. The headline questions used during the visit were:

5. Does the Council have a clear vision and ambition for health and wellbeing?
6. How well does the Council enable others to improve health?
7. Is the Council making a sustainable impact on health outcomes?
8. Is the Council using its resources to best effect to improve health?

Prior to the two day on-site visit background reading was undertaken by the peer team, including key documents, an online questionnaire and self-assessment in the form of a Position Statement. The Council drew up a timetable of on-site activity with interviews and workshops.

The peer team were made to feel welcome and were impressed with the level of engagement from within the Council and from partners that resulted in 22 sessions, 1 visit and discussions with 107 people including elected members, staff and partners. Our thanks is extended to them and the Public Health Team who co-ordinated the process with efficiency and helpfulness.

Headline messages

There is a high level of ambition for Coventry for improving the health and wellbeing of citizens. This ambition was clearly articulated by senior leadership of the Council and has translated into a clear drive for Coventry to become a 'Top Ten City' and a Marmot Exemplar. Enthusiasm and energy amongst the council leadership is evidence in working towards these ambitions and these were easily quoted by elected members and staff across the council, as well as by people working in services that the council has commissioned.

Coventry City Council is in an exciting position. Being a Marmot City presents an opportunity to re-shape policy across the organisation to tackle health inequity and there are a number of exemplary initiatives on the horizon such as Connecting Communities and the wider embedding of commissioning for social value. The Public Health Team has worked hard across directorates to achieve some good outcomes from these and other initiatives.

Current collaborative endeavours in Coventry are having a visible impact on health outcomes for example more people are active than ever before. The life expectancy gap between the most affluent and most deprived areas has narrowed (from 11.2 years to 9.8 years for men and from 8.6 years to 8.5 years for women), and there have been improvements in educational development, health outcomes, life satisfaction, employment and reductions in crime in priority locations.

Keeping the council and all partners prioritised and aligned to reduce health inequalities is a challenging imperative, particularly where multiple, complex, and often conflicting, national and local drivers are in play. Focusing on shared health challenges with a common clear vision across organisational divides will need continued effort to ensure that it is sustained and embedded effectively.

There are established and purposeful partnerships in Coventry and many new key partners in these joint endeavours need to be part of refreshed conversations to help clarify intentions and expectations, enhancing cross organisational engagement and collaboration. From what the peer team saw in Coventry we feel confident the leadership of the Council will continue to give time, energy, persistence and leadership to this endeavour.

The Public Health Team and colleagues across the Council collaborate well on a wide range of strategic and bottom-up initiatives to ensure a health benefit can be incorporated into many aspects of the Council's work. This strategic influence can be seen most notably in the Local Plan which, unlike many other areas, has a specific acknowledgement of the impact of health and wellbeing. The peer team felt that having this specific section shows an organisational recognition that health and wellbeing is influenced by a range of economic, social and environmental factors.

If the Council wants to strengthen its position as a public health authority policies need to support all directorates to use their budgets and services to contribute to better health outcomes in the city. Use of consistent language to provide clear and aligned outcome based priorities within strategic plans would allow directorates to translate the vision into meaningful priorities and be taken right through to frontline services. It will be important to embed and sustain a health focus in the longer term, beyond short term funded projects and initiatives, by ensuring all services are supported through service planning processes to develop and deliver 'health of the public' through their own ideas, with the Public Health Team offering advice and tools.

Does the Council have a clear vision and ambition for health and wellbeing?

There is a strong and shared vision by the Council and partners for Coventry to become a "Top Ten City". This is underpinned by the Marmot framework for actions on routine inequalities that is reflected in major planning documents such as the Local Plan. There is also wide recognition that the blueprint and vision and to help re-establish Coventry at the centre of the Warwickshire sub-region and contribute towards the West Midlands 'engine for growth' will have a fundamental impact on the health and wellbeing of the City's population. The Council has been proactive in West Midlands' discussions and is helping to shape the mental health commission chaired by Norman Lamb. These are key factors in the Council's rationale for supporting work towards a combined authority and reflects the very strong drive by political and managerial leadership within the Council for economic growth to achieve social justice.

The clear drive and vision is demonstrated on a wider geographical footprint with the Council endorsing a commitment to work across a geography consisting of the Black Country, Coventry & Warwickshire and Greater Birmingham & Solihull Local Enterprise Partnerships in the development of an agreement for a West Midlands Combined Authority. This will support an £8bn ten year investment plan to get the West Midlands moving and drive local growth.

The Council has clearly used the Marmot Principles to influence key strategies. This is evident within the Local Plan and the Council Plan with an emphasis on prevention and reducing health inequalities alongside a recognition of the wider-determinants of health such as housing, economic prosperity and the built environment. However, different versions of priorities were articulated to the peer team. Some of the key strategies for the Council, such as the current Health and Wellbeing Strategy, Housing and Homelessness Plan, the Green Space strategy, the Sports Strategy and the Equalities Strategy make reference to health in their objectives but with a different iteration of priorities. Therefore the peer team did not feel that the vision translated into clear priorities across all Council services. The refresh of the Joint Health and Wellbeing Strategy provides an opportunity for the Council to ensure its strategic oversight, vision and targeted priorities are more consistent across all directorates in relation to health and wellbeing, and in turn ensure that it is influencing commissioning and delivery.

There is potential for the Health and Wellbeing Board (HWB) to make a further important contribution to improving the health and wellbeing of the city's population by bringing together all the key local players and public services to take a preventative, place based approach. This would be helped by being clear what the role and purpose for the Coventry HWB is in relation to how it works with other partnerships such as the Public Service Board, Children's Board and Adults Commissioning Board. It would help the Council and partners if these links and the governance for areas of work were clarified and communicated. This should include the Marmot Group, as from the evidence the peer gathered the clarity about this sub group of the HWB was not apparent across and between organisations. In going forward the HWB needs to ensure priorities across the city are aligned with the vision for a Top 10 City and Marmot principles so there is coherence in delivery of the priorities, including space being created for partners to have difficult discussions e.g. the role of key partners in relation to investment in upstream prevention.

How well does the Council enable others to improve health?

The Council is capitalising on its good partnerships to enable partner organisations to contribute to health improvement. The Marmot Group is providing a useful forum for open discussion between key partners on how to make a difference bringing together senior representatives from across the Council, Voluntary Action Coventry, Coventry and Rugby Clinical Commissioning Group, West Midlands Fire and Rescue Service and West Midlands Police. The group is promoting an asset based approach to working with the community and there are examples of joint working such as boot camps for young offenders and targeting the work of fire fighters to identify and signpost vulnerable and high risk householders. In moving to the next stage it is important there is capacity and commitment to follow up more challenging areas for development such as data sharing and joint commissioning with a focus on action planning and delivery.

There are some excellent examples in Coventry where services that impact on people's health and wellbeing had been co-designed with communities, such as IGNITE and the Early Action Project. There was general recognition that the council makes a concerted effort to engage with local communities in designing and delivering services. The second phase of the Connecting Communities initiative is well publicised and eagerly awaited, as it is seen that this new model will change the way the Council works with communities and will result in much more co-production. However, some feel that current engagement efforts do not go far enough into communities who are seldom heard such as young people, people with learning disabilities and minority ethnic groups. There was a concern from the voluntary community that online consultations from the council can often alienate those who do not speak English as a first language, who are also more likely to live in the wards with high health inequality. The Council will need to ensure itself that the new approach includes ward level targeting for engagement in areas of highest need to reduce inequity.

The community leadership role of elected members is not being used to its full potential in engaging communities in health and there is scope for a greater understanding amongst service managers on the key role of elected members in engaging with communities. This is elaborated on further in the section on resources.

Housing is recognised within the Council as a critical factor in providing the conditions for people to maintain their health as outlined in the housing and homelessness strategy and the working relationship is positive with the housing provider, Whitefriars. There is work taking place currently with strong links into the people's directorate which includes Public Health. However, it was expressed by staff across the directorates and Whitefriars that there are further opportunities to do more to maximise the contribution that housing can make to health improvement.

Is the council making a sustainable impact on health outcomes?

The Insight Team within Public Health act as a single source of information for the Council which has many benefits. Staff and leadership across the Council can articulate some key achievements such as the narrowed life expectancy gap and educational development that has been achieved over the past few years. The Council understands health inequalities at a local level in Coventry and can show improvements in the health outcomes attributed to these inequalities well. Information on the wider determinants of health is overlaid on to the health outcomes data to get a better understanding of the causes of health inequalities within the very diverse populations across the city. However, not all managers across directorates are clear on where progress has been made, and what is working well. Council services would be able to plan with more of a health focus by knowing what effect their individual and collective efforts are having on health inequalities. The new senior managers' forum Corporate Leadership Team could offer the dedicated space for them to do this.

The Council recognises that building a business case for upstream prevention is a challenge as using data to prove that initiatives are having long-term impacts can be slow and difficult to attribute to a single initiative. The Public Health Team can support non-public health staff and ward councillors by providing opportunities to understand key public health tools, such as concepts like prevalence and incidence and the use of evidence for evaluation. This will help them to better understand need and understand what the health benefits might be for intervention and understand what the barriers and blocks are. These tools will help all directorates across the Council build a convincing business case for upstream prevention through their area and have a shared understanding about how to measure the impact of their work.

There are many positive examples of where the Public Health Team and colleagues across the Place, People and Resources directorates have worked well together on sustainable change initiatives such as; schemes to enhance walkability of the city centre, Making Every Contact Count training for some frontline staff and the social values framework for commissioning. The Acting Early Programme to reconfigure the delivery of community midwifery, health visiting and children's centre services to improve the capability of parents in the health and development of their children is an excellent example of work targeted within neighbourhoods. The initiative was piloted in two of the more deprived areas, and through its success has been expanded to cover all 17 of the city's local areas. In going forward the Public Health Team should continue to safely reduce their input to these types of initiatives and move on to new issues brought forward by services that would benefit from their pooled resources, advice, information and tools.

Is the Council using its resources to best effect to improve health?

The Council's financial plan has a clear rationale for the emphasis on economic growth to achieve social justice and the leadership of the Council has shown tenacity in maintaining this focus during the recent economic downturn, spending cuts and effects of welfare reforms. There are outline plans for savings to meet the forecasted £28m budget gap and transformation work is progressing to achieve these savings, there is also provision for investment in services for the most vulnerable people in the city.

It is positive that there is a requirement for an Equality Impact Assessment to be completed for key Council decisions, and it contains has a specific question relating to health. The challenge will be to make sure that the benefits for population health and wellbeing are interpreted within all of the decisions that are being made within the Council, for example, to maximize the consideration of health in new housing and regeneration developments across the city. The Council needs to consider how it will balance the health impacts with the legal framework, planning policy and housing pressures, with issues such as limited land in order for an informed choice to be made.

There is recognition that the Council cannot tackle health inequalities alone, with political and managerial leadership clearly stating it that it will become increasingly challenging to put the Marmot principles into action with fewer resources. This is becoming a key driver for making the most of everything the Council does in the way it works internally, across the city and sub regionally. Focusing on health inequalities is becoming a tangible part of the culture of the work of the Council with many examples of good work with businesses, the voluntary sector and emergency services that are testament to this commitment. For example, all West Midlands Fire Service operational personnel and Vulnerable Persons Officers have received Make Every Contact Count training to support them to engage in conversations and provide healthier lifestyle advice. However, it is important the Council seeks to be assured that it is using its resources to the best effect at the right time and in the right place for maximum impact. The Council will also need to continue to use its influence to ensure that the 'Coventry pound' is spent to best effect.

There are some good examples of the Council using its financial resources innovatively to improve health, such as using seed funding for an initiative with Sky Blues in the Community providing physical activity for women which have now received funding from Sport England to deliver the programme across Coventry. The Council has also helped to secure £1.8m of Big Lottery funding for the IGNITE project with Coventry Law Centre and Grapevine. This is a good example of a partnership approach that brings together Children's Services in Willenhall and Housing Management in Bell Green to offer practical advice and support for problems like isolation, debt, benefits and housing all in one place.

Social value as a key element of the Council's procurement framework is an important development to enable the Council to achieve better value for residents from the financial resource available. It is also seen as a positive development by the services that the Council commissions. Specific examples of this approach can be seen in the Costain contract designed to support local people to secure jobs in construction and the mental health training given to Job Shop staff in the Job Centre to enable them to provide enhanced support to get people into training and employment. Building in a specific requirement of Making Every Contact Count into the social values procurement framework could add further value to what providers can offer.

Work to address the wider determinants of health is recognised within Directorates as part of their role. There are parts of the Council where there is still potential to capitalise on existing work to help sustain an impact on health outcomes. Whilst on-site the peer team met with senior managers from across the Council who demonstrated considerable support for the Marmot approach and articulated many exciting ideas for where their work and that of their teams could further provide a health related benefit. Having plans at all levels with a more explicit emphasis on health and wellbeing related outcomes and upstream investment in prevention would help the ideas take root across the Council and facilitate more cross-council collaboration. This could be enhanced by identifying where a pooled budgeting approach, bringing together service and public health resources, may provide a more sustained outcome than public health grant allocations alone, and also ensure there is no overlap with community provision.

The Council is committed to building resilience and social capital in communities using an asset-based approach to help people remain economically secure and empower them to do more for themselves. If this is going to be successful then managers have to be committed to working on that basis and part of this will be working with elected members to understand communities better. As well as understanding Coventry's ambition, it is important for all councillors to understand what, as a community leader, they can be doing to reverse the trend of health inequity and further support the involvement of citizens in co-design of services.

The approach to voluntary sector commissioning needs to be more coherent across the Council in order to align resources to specific required health and wellbeing outcomes. Currently some voluntary and community organisations have several contracts with different parts of the Council and there are missed opportunities for alliances to be built between providers because they do not know who is commissioned to do what. Services are struggling to understand the resources available across and within localities and how they inter-relate which limits their ability to signpost people to support and advice. The Council would benefit from considering how to enable a clear understanding of the relationships to the services they offer and how they can refer between each other to improve the health and wellbeing of the individuals they serve.

Recommendations

1. Capitalise on the renewed energy in the Health and Wellbeing Board to work with partners to:
 - ensure the revised Health and Wellbeing Strategy is the vehicle that pulls together into one place coherently the outcomes required for Coventry to be a Marmot Exemplar and Top Ten City
 - clarify how the role and purpose of boards and the relationship between them can best achieve the priorities in the strategy
 - to ensure a space is being created for partners to have ongoing and difficult discussions including those relating to their role in investment in upstream prevention
2. Ensure that Council strategies and plans all have a clear link to the ambition for the city with a consistency of language to help mainstream and embed public health considerations throughout all aspects of the Council's work
3. Ensure health needs are taken into account when decisions are being made and that approaches are adopted to reconcile situations where priorities are directly competing
4. Embed the Marmot principles explicitly into service planning processes ensuring there is a focus on prevention and keeping people well, and wherever possible demonstrate where services are offering a positive return on investment in prevention
5. Provide all councillors with regular data and insight on health outcomes in their area to enhance their leadership role within communities, supporting them to become health champions so they can play their part in reducing health inequalities
6. Maximise the benefit of voluntary sector commissioning by providing mechanisms that enable services to signpost to each other e.g. by hosting networking sessions and facilitating workshops on the services provided

Next steps

The Council's political leadership and senior management will undoubtedly wish to reflect on these findings and suggestions before determining how to take things forward. In the meantime we are keen to continue the relationship we have formed with you and colleagues through the peer support to date. For example you may benefit by increasing member awareness of the role they play in delivering on your ambitions for tackling health inequalities and embedding health across the council. We can offer a facilitated workshop with your elected members to explore this as part of the follow-up offer of this pilot process.

Helen Murray, Principal Adviser (West Midlands) is the main contact between your authority and the Local Government Association. Helen can be contacted at helen.murray@local.gov.uk (or telephone 07884312235) and can provide access to our resources and any further support.

In the meantime, all of us connected with the peer support would like to wish Coventry City Council every success going forward. Once again, many thanks for inviting the peer challenge and to everyone involved for their participation.

Yours sincerely,

Kay Burkett

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