



To: Health and Social Care Scrutiny Board (5)

Date: 20 July 2016

From: Jane Moore, Director of Public Health

Subject: Coventry Health and Wellbeing Strategy, 2016-2019

1. Purpose

The purpose of this report is to provide Health and Social Care Scrutiny Board with the background, purpose and membership of the Health and Wellbeing Board, and an overview of the priorities for the Health and Wellbeing Strategy for 2016-2019 and progress to date.

2. Recommendations

It is recommended that the Scrutiny Board 5:

- (i) Endorse the proposed priorities for the Coventry Health and Wellbeing Strategy
- (ii) Contribute comments and suggestions to the approach and work undertaken

3. Background and context

Health and Wellbeing Boards were established on a statutory footing as part of the 2012 Health and Social Care Act. The requirement was for every upper tier local authority to create a Health and Wellbeing Board.

The purpose of the Board is to build and deliver strong and effective partnerships which improve the commissioning and delivery of services across the NHS and Local Government, leading to improved health and wellbeing for local people.

The Board brings together key health and social care commissioners along with Health Watch. The Health and Social Care Act prescribes core membership of the Board which must be at least one elected member nominated by the leader of the Council, a representative of the CCG, the Director of Adult Social Care, the Director of Public Health and the Director of Children's' services along with Health Watch. Locally Boards have the flexibility to bring in additional board members, for example in Coventry we have additional cabinet and shadow cabinet members and senior representation from the police and fire service, acute and community health providers.

Initially Health and Social Care legislation stipulated that the Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy should be agreed and owned by the Health and Wellbeing Board. Over time the expectation from NHS England has become that local health and social care plans will be owned by the Health and Wellbeing Board, for example 'Transforming Care' transformation plans and 'Better Care Fund' Plans. Although the development of Sustainability and Transformation plans is led through a governance arrangement set by the NHS, it is expected that HWBs will support the aims, aspirations and delivery.

Coventry has the potential to become one of the most inventive, diverse, integrated and successful cities in modern Britain. 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.

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. We also need to recognise the skills and capabilities that lie within communities and individuals to improve their health and wellbeing.

In order to ensure that the Health and Wellbeing Strategy and the work of the Health and Wellbeing Board supports these objectives, 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 the lives of Coventry people.

Three priorities have been identified:

1. Reduce health and wellbeing inequalities (Marmot)
2. Improve 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

4. 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.

4.1 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

4.2 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

4.3 Expected Outcomes

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.

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.

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.

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

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

4.4 Progress to date

In March 2016, Professor Sir Michael Marmot and his team from University College London (UCL) and Public Health England (PHE) committed to work with Coventry for a further three years. UCL, PHE and Coventry City Council signed a memorandum of understanding which states that UCL and PHE will provide expertise to develop Coventry's capability to reduce health inequalities, provide Coventry with access to learning from other areas, raise the profile of Coventry as an exemplar city for reducing health inequalities and enable Coventry to measure progress against local and national indicators.

On 23 March, Coventry City Council held an event to launch the partnership with UCL and PHE for a further three years, and senior leaders from across Coventry including representatives from Coventry City Council's People, Place and Resources directorates, West Midlands Police, West Midlands Fire Service, Coventry and Rugby CCG, Voluntary Action Coventry and Coventry and Warwickshire Chamber of Commerce committed to work together as part of the Marmot partnership to reduce health inequalities for the next three years. A short film which summarises this event can be accessed via the following link: http://www.coventry.gov.uk/info/176/policy/2457/coventry_a_marmot_city

Over the next three years, partners will continue to work together on projects initiated as part of the first two years of Coventry's Marmot City programme, while working towards the two additional priorities that have been identified for the next three years:

- 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

Partners will also work together to ensure health, social value and asset based approaches are reflected in policies and decision making, ensure prevention and early intervention are prioritised and ensure resources are targeted based on need. A copy of the Marmot Strategy summary for 2016-2019 can be accessed here:

http://www.coventry.gov.uk/downloads/file/20345/marmot_strategy_summary_2016-2019

The membership of the over-arching Marmot Steering Group which has been accountable for the delivery of the Marmot City programme to date has been widened to reflect the priorities for the next three years. It now includes representation from Coventry and Warwickshire Chamber of Commerce, the Department of Work and Pensions and the Coventry and Warwickshire Local Enterprise Partnership. The group will now have a broader strategic role around overseeing the overall strategy and embedding the Marmot agenda into wider policies, programmes and decision making. The action plans behind the main priorities will be overseen and implemented by existing delivery groups within Coventry, and work is currently underway with the employment, skills and financial inclusion group and children and young people's partnership board to determine where existing governance structures can be responsible for implementing the priorities for the next three years.

Indicators are currently being developed alongside the action plan for the next three years, with support from Public Health England.

5. 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.

5.1 Case for Change

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.

5.2 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)

5.3 Expected Outcomes (what we hope to achieve)

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

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

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.

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

5.4 Progress to date

A Multiple Complex Needs Board (MCNB) has been established in Coventry to provide a re-designed, integrated and co-ordinated service for those experiencing multiple complex needs in Coventry (those experiencing two or more of the following: substance misuse, mental ill health, violence, sexual abuse).

The MCNB is chaired by Commander Danny Long from West Midlands Police and will include representation from Public Health, Insight, Coventry and Rugby CCG, Children's services, probation, education and Whitefriars housing. The analytical component of the MCNB is being supported by two specialist Public Health registrars from the National Team at Public Health England, to identify best practice, to maximise opportunities for improving outcomes through providing effective management of data, assessment methodology, standardised outcome and valuation tools.

The approach of the MCNB is evidence based and work is being undertaken at present to map local provisions of service (Mental Health Triage, Priority Families, Mentoring West Midlands, Ignite etc) as well as linking in with national initiatives, eg: Troubled Lives, the Mental Health Commission and Pathfinder Programme (headed by Sir Norman Lamb).

The Coventry MCNB aims to ensure that the city will be given the necessary powers, responsibility and accountability to improve the lives of the most excluded through multiple complex needs in order to:

- help individuals who face substantial challenges in relation to multiple complex needs, creating a pathway which is 'person centred' whereby they can live a healthier life free from addiction, substance dependency and fear of harm.
- facilitate and promote interagency collaboration so as to bring together the best levels of expertise, knowledge and resources, creating productive networks, a community of purpose, well defined methodologies and common standards.
- provide the best opportunities for individuals with multiple complex needs to retain a sense of independence, self-worth and self-esteem, taking personal responsibility for their futures.
- encourage individuals with multiple complex needs to share their experiences so that future processes can be designed and delivered on a sustainable basis and learning may be shared amongst service providers
- achieve financial savings to the local authority and public services through cost effective service delivery

A Multiple Complex Needs Network will also be established with a wider membership to collaborate, share best practice and promote and enhance service delivery, while the MCNB will manage the long term strategic priorities to support the convergence of services to support individuals with Multiple Complex Needs.

6. 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

6.1 The case for change

The health and care system locally and nationally is operating in an increasingly challenging context. Rising patient expectations, an aging population, the rising prevalence of chronic disease, combined with shrinking resources is putting real pressure on the health and care system. Organisations need to consider how they can take a systems approach to reducing demand and delivering care that is fit for the future in this challenging environment.

6.2 Areas of Focus

The development of the Sustainability and Transformation Plan in Coventry and Warwickshire provides an opportunity for collaboration to tackle these challenges, through shifting the focus of policies and plans from organisations to places.

Integration of health and care to improve outcomes for local people and manage demand at a time of reducing public sector resource will necessitate working more closely across organisational and geographical boundaries.

6.3 Expected Outcomes

- a) **Engage patients, staff and communities from the start** and develop services that reflect the needs of patients and improve outcomes
- b) **Mobilise energy and enthusiasm around place-based systems of health and care**
- c) **Deliver the Five Year Forward view vision** of better health, better patient care and improved efficiency with prevention at the heart

6.4 Progress to date

The Sustainability and Transformation Plan for Coventry and Warwickshire was submitted to NHS England on the 30th November. At this stage it remains a work in progress and is not a formal, detailed submission or public document. Local priorities are mental health, with maternity and paediatrics, frailty and musculoskeletal considered under two broader categories of 'in patient' and 'out of hospital' care. Prevention and public health run as important underpinning theme and throughout the priorities. In addition there are clear links to social care and wider Council services.

At the Health & Wellbeing Board on 27 June, Coventry Health and Wellbeing Board endorsed the Coventry and Warwickshire Health and Wellbeing Alliance Concordat which sets out principles for joint working between Coventry and Warwickshire's Health and Wellbeing Boards in relation to the Sustainable and Transformation Plan.

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