

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.