



To: Coventry Health and Wellbeing Board

Date: 8 July 2019

From: Liz Gaulton, Director of Public Health and Wellbeing

Title: Draft Coventry Joint Health and Wellbeing Strategy 2019-2023

1 Purpose

This paper reports on the outcomes of the public consultation on the Joint Health and Wellbeing Strategy proposals and presents an initial draft Health and Wellbeing Strategy for consideration and endorsement by the Board.

2 Recommendations

The Health and Wellbeing Board is asked to:

1. Note the Coventry Joint Strategic Needs Assessment Citywide Profile;
2. Consider the outcomes of the public consultation on the Joint Health and Wellbeing Strategy proposals;
3. Consider the comments on the consultation proposals from the Council's Scrutiny Coordination Committee;
4. Consider and endorse the draft Coventry Health and Wellbeing Strategy 2019-23; and
5. Note the process and timeline for finalising, approving and adopting the Health and Wellbeing Strategy.

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. A new Strategy for 2019-23 is being developed for approval and adoption in autumn 2019.

4 Coventry Joint Strategic Needs Assessment Citywide Profile

As reported to the Board previously, work has been underway since October 2018 to develop a new place-based Joint Strategic Needs Assessment for the city. The JSNA has been 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 to support programmes and strategies which are founded on community resilience and service delivery at locality level. The process has involved 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.

The full citywide profile has now been published, and was a key source of evidence to inform the draft Health and Wellbeing Strategy. It draws particularly on engagement evidence from communities of interest across the city, including those representing people who share protected characteristics. The citywide profile is attached at appendix 1 for noting.

Pilot place-based JSNAs have been undertaken in the Moat and Families for All (Foleshill) Family Hub areas, and these locality profiles will be shared with the Board when finalised.

Locality based profiles will be produced for each of the eight family hub areas using both data and engagement outputs. The timeline for the completion of the other six locality profiles will depend on the approach taken to local engagement going forward.

5 Developing a new Health and Wellbeing Strategy 2019-23

At its meeting on 8 April the Board endorsed the proposed approach to developing the new Health and Wellbeing Strategy. Following this meeting, evidence from key sources was triangulated by a core officer steering group and a further prioritisation event was held on 29 April for officers from partner organisations to review the evidence and emerging themes. This meeting agreed the proposed framework and priorities for the refreshed Strategy for public consultation.

The evidence that informed the proposals included:

- data and engagement evidence from the JSNA
- outcomes of a senior partner workshop facilitated by the King's Fund held in March 2019, (around 50 participants, including Health and Wellbeing Board members, overview and scrutiny committee (SB5) members, Public Health Consultants, and strategic leaders both from within the Council and the wider public and voluntary and community sector).
- learning from the stocktake of the current Health and Wellbeing Strategy (reported to Board 8 April 2019).

The consultation proposals included:

- a long-term vision for change: **3 strategic ambitions** for the next 4 years
- how we will do this – our **population health framework**
- making it real – **specific priorities / areas of focus** where together we can make a tangible difference in short-term and learn how to do things differently

The consultation leaflet summarising the proposals is attached at appendix 2 for reference.

6 Consultation process

6.1 Consultation activity

The consultation and engagement process for the refreshed Strategy was an extension of the JSNA engagement activity over the previous 6 months. Through the JSNA engagement we had talked to over 200 residents and 70 community organisations to understand the key issues facing local communities and identify community assets.

The consultation on the Strategy proposals was in part an opportunity to go back to those we had engaged with previously and test with them our understanding of the needs and assets in the city and start to work together to mobilise solutions. It was also an opportunity to test our proposed approach and priorities more widely and begin to galvanise energy and resource around the Strategy.

The public consultation period ran from 10 May to 3 June 2019 and was widely promoted. The communications and engagement process included opportunities for online and face-to-face consultation with stakeholders, as detailed below.

Activity	Audience	Details
Media release to promote survey	Residents	Generated interview on Free Radio and article in Coventry Evening Telegraph
Online survey promoted through: <ul style="list-style-type: none"> • CCC website • Coventry and Rugby CCG website • CCC Intranet • Social media • Insight Engagement residents contact list (3.5k) • Health and Wellbeing Board members • STP comms and engagement network • Direct invitation to identified stakeholders Paper version also made available	All stakeholders	133 survey responses received, plus several other emailed comments.
Community events: on the same day, same venue, 3-5pm and 6-8pm with networking buffet served between 5 and 6pm.	Community groups and organisations targeted for JSNA engagement Elected members	22 participants attended, predominantly from a range of community groups and organisations
3 lunchtime seminars – to provide information and encourage responses to survey.	Frontline staff (CCC and partners) Staff in identified service areas	17 participants in total, including a number of colleagues and frontline staff from partner organisations.

6.2 Consultation outcomes

In total we received over 130 survey responses from both individuals and groups / organisations – including 77 members of the public – and engaged with around 40 individuals at community and staff events, many of whom were also representing groups and organisations. The proposals were also considered by a number of formal partner boards.

The consultation feedback demonstrated broad support for each of the 3 proposed strategic ambitions. There were some common views about some of the terminology used – for example, the terms ‘successful’ and ‘sustainable’ were felt to be too ambiguous, and ‘independent’ could imply lack of support.

There was also support for the proposed population health framework, with 88% of those responding to the survey agreeing that we need to change the way we work together as set out in the proposed framework. 90% of survey respondents agreed that public sector organisations should work differently with communities.

The majority who responded thought the proposals would have a positive impact on people who share protected characteristics, by ‘providing an opportunity to engage populations that are normally hard to engage with’.

Participants in both the survey and community events were asked to identify 3 initial priorities that partners should focus on in the short-term. From the options presented, two priorities stood out as having greatest resonance across the consultation responses: Young People’s Mental Health & Loneliness and Social Isolation. There was a strong view that many of the proposed priorities impacted on each other, and that these two areas of focus would have the potential to impact positively on some of the other areas suggested.

Some of the key themes and messages emerging from the consultation included:

- Communication: demand for better communication between public sector and communities and more accessible information about available support and activities
- Networks: there is a need for networks to facilitate connections between small community and voluntary sector groups and organisations and a forum for engagement between the third sector and public sector leads.
- Making it happen: a challenge to demonstrate how the Strategy will be delivered and impact measured

A full report on the outcomes of the consultation is attached at appendix 3. The feedback received has informed the draft Strategy that is now being presented to the Board. There will be opportunity to reflect further on the detailed feedback and specific suggestions and ideas as the implementation and action plans are further developed.

7 Comments from Scrutiny Coordination Committee

The Scrutiny Coordination Committee considered the consultation proposals on 19 June 2019. As well as receiving details of the consultation process, at that stage headline messages from the consultation feedback were also presented to the Committee. A working draft of the high level ‘plan on a page’ for the new Health and Wellbeing Strategy was also shared.

The Committee requested that their comments in relation to the following be taken on board:-

- a) Embedding climate change issues in the Strategy
- b) Consultation and, in particular, engaging directly with Councillors in relation to any future consultations
- c) Encompassing Licensing and Planning issues as a way of tackling health inequalities

8 Proposed Health and Wellbeing Strategy

A draft Health and Wellbeing Strategy 2019-23 has been developed, building on the consultation proposals and informed by the consultation feedback. The draft is attached at appendix 4 for consideration and endorsement by the Board.

The table below outlines some of the key points of feedback from the consultation and how these have been reflected in the draft Strategy, and what has changed from the consultation proposals as a result of the feedback received.

Consultation feedback	How is this reflected in the draft Strategy?
Strategic ambitions: ‘people will be healthy and independent for longer’ – the term ‘healthy’ is unrealistic as this is not the case for everyone, and ‘independent’ could imply lack of support.	Changed to ‘healthier’ as a more realistic relative ambition, and draft Strategy clarifies that independence includes provision of effective, timely and appropriate support where it is needed.
Strategic ambitions: ‘children and young people will lead successful lives’ – the term successful is ambiguous and difficult to measure. More inclusive terminology suggested.	Changed to ‘children and young people fulfil their potential’.
Strategic ambitions: ‘people will live in connected, safe and sustainable communities’ – the term sustainable is ambiguous, need to clarify what is meant by this.	The draft Strategy articulates what is meant by this ambition, with the word ‘sustainable’ encompassing social, economic and environmental sustainability.
Strategic ambitions: the word ‘will’ has a directive tone which is not appropriate	This word has been removed, with each of the ambitions now articulated as outcomes we aspire to.
Short-term priorities – 2 clearly resonated (loneliness and social isolation and young people’s mental health), with more even spread of support for others. Clear linkages between priorities and potential for these 2 to impact on others.	The draft Strategy proposes 3 ‘areas of focus’ to include loneliness and social isolation, young people’s mental health and a specific focus on working differently with our communities.
Need for more detail about what we’re going to do to deliver change and measure impact.	Section in the draft Strategy on ‘making it happen’ with details of leadership and accountability. A performance framework will be developed for the Strategy, with potential ‘direction of travel’ indicators for each of the strategic ambitions identified. Further detail of implementation plans to be developed.
Strong support for public sector organisations working differently with communities and rich feedback in terms of suggestions about what needs to change.	Draft Strategy includes ‘working differently with our communities’ as a specific area of focus, with opportunity to take forward suggestions from consultation feedback as part of implementation planning.
Importance of embedding climate change into the Strategy.	This is articulated within the ‘people live in safe, connected and sustainable communities’ ambition, with the intention to include air quality

	as a 'direction of travel' indicator. The 'Marmot' component of the public health framework will include the role of public sector organisations as anchor institutions and the contribution they can make to sustainability agenda.
The consultation was not inclusive enough of under-represented groups.	The way we engage with our diverse communities will be addressed through the focus on 'working differently with our communities'. Task groups will also seek to will engage with partners and communities on their specific area of focus as implementation plans are developed.
The Strategy should build on existing networks and activity in the city to support health and wellbeing.	Task groups will engage with partners and communities on their specific area of focus and explore further any related ideas and suggestions put forward through the Health and Wellbeing Strategy consultation. The population health approach seeks to identify and maximise the connections and contribution of all partners within the health and wellbeing system.
Poverty, and the legacy of austerity, is a key cause of health inequalities in the city and should be explicitly addressed in the Strategy.	The wider determinants component of the population health framework articulates an aim to break the link between poverty and poor health through embedding the Marmot approach.
The language needs to be simplified, it is difficult to see what the Strategy will mean to people living in Coventry.	The draft Strategy attempts to bring the population health framework to life with specific examples of how it could be applied to each of the areas of focus.

9 Equalities

Part 1 of the Equality and Consultation Analysis was completed prior to consultation and is attached at appendix 5. Part 2 will be completed when the final strategy is presented to Board in October.

In summary, part 1 concluded that the approach outlined in the consultation proposals was expected to have a positive equalities impact and lead to a much better understanding of the needs of people with protected characteristics. A population health approach means we will be concerned to improve outcomes for everyone, and will lead to a particular focus on health inequalities and tackling the causes of these. A renewed focus on working with our communities to mobilise solutions will cause us to talk to, and work more closely with, representative groups and organisations.

During the consultation, participants were specifically asked about how the proposed approach would affect people who share protected characteristics or belong to our local priority groups. Of those who responded to this question, 61% agreed that it would have a positive impact as it "provides an opportunity to engage populations that are normally hard to engage with" which would empower the most marginalised people in Coventry. Discussions in the community events

centred around the need to ensure the Strategy is accessible to all and in clear, simple language, and that it should be fair and inclusive, as one size does not necessarily fit all.

Equalities data was requested from those completing the survey as individuals, to enable an understanding of the representativeness of responses. It was clear from this that, despite efforts to target our consultation communications and invitations to under-represented groups, the most prevalent characteristics of respondents were White British, Women and ages 45 to 64.

There is more to be done to engage more effectively with people who share protected characteristics and were under-represented in our consultation and we will be addressing this as part of our specific focus on 'working differently with our communities'. It is also intended that the task groups that will develop action plans on the areas of focus will consider the needs of and seek to engage with these groups.

10 Next steps

The draft Strategy is now presented to the Board 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
8 July	Draft Health and Wellbeing Strategy considered and endorsed by Health and Wellbeing Board
July - September	Mobilisation, action planning and design of final Strategy
October - December	Final Health and Wellbeing Strategy approved by HWBB and adopted by CCC Cabinet and Coventry and Rugby CCG

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Appendices

Appendix 1: Coventry Joint Strategic Needs Assessment Citywide Profile

Appendix 2: Coventry Health and Wellbeing Strategy 2019-23 - Have your say leaflet

Appendix 3: Coventry Health and Wellbeing Strategy 2019-23 Consultation Report

Appendix 4: Draft Coventry Health and Wellbeing Strategy 2019-23

Appendix 5: Equality and Consultation Analysis, Part 1