

**Coventry City Council**  
**Minutes of the Meeting of Coventry Health and Well-being Board held at 2.00 pm**  
**on Monday, 20 April 2015**

Present:

Board Members: Councillor Caan  
Councillor Gingell (Chair)  
Councillor Taylor  
Dr Jane Moore, Director of Public Health  
Brian Walsh, Executive Director, People  
Dr Steve Allen, Coventry and Rugby CCG  
Stephen Banbury, Voluntary Action Coventry  
Claire Bell, West Midlands Police  
Dr Adrian Canale-Parola, Coventry and Rugby CCG  
Professor Guy Daly, Coventry University  
Jane Hodge, Warwick University  
Ruth Light, Coventry Healthwatch  
John Mason, Coventry Healthwatch  
Rachel Newson, Coventry and Warwickshire Partnership Trust  
Rebecca Southall, University Hospitals Coventry and Warwickshire  
Jon Waterman, West Midlands Fire Service

Other representative: Juliet Hancox, Coventry and Rugby CCG

Employees (by Directorate):

Chief Executive's: J Forde, R McHugh, R Tennant

People: M Godfrey

Resources: L Knight

Apologies: Councillor Lucas  
Andy Hardy, University Hospitals Coventry and Warwickshire  
Professor Kumar, Warwick University  
Sue Price, NHS Area Team

## **Public Business**

### **39. Welcome**

The Chair, Councillor Gingell welcomed members to the final meeting of the Board in the current municipal year.

### **40. Declarations of Interest**

There were no declarations of interest.

### **41. Minutes**

The minutes of the meeting held on 23<sup>rd</sup> February, 2015 were signed as a true record. There were no matters arising.

## 42. **Mental Health / Mental Well-being Needs and Assets Review - Progress Update**

The Board considered a report and received a presentation of John Forde, Consultant in Public Health which provided a summary and overview of the work undertaken to date and the findings underpinning the Mental Health and Well-being Assets and Needs Assessment. Information was provided on the background to the review; the policy context for the review; an overview of data; stakeholder engagement; and the next steps.

The last in depth Mental Health Needs Assessment in Coventry was published in 2008 and Mental Health was now being recognised as a priority in a number of areas. There was a recognised need to get a better understanding of current population needs, available assets and an overview of the current Mental Health services commissioned by the Local Authority and the Coventry and Rugby CCG. Following the receipt of information, a set of recommendations would be agreed which would inform the future commissioning of mental health services.

The review had been undertaken in the context of national policies and strategies, with the process being overseen by a Steering Group chaired by Councillor Hetherton, the City Council's Mental Health champion. Membership details were set out in an appendix attached to the report. There had been a detailed analysis of relevant data alongside a comprehensive approach to stakeholder engagement. Data had been collated from a number of publicly available sources as well from local data reflecting service use. Attention was drawn to the monitoring of a General Practice over a two month period which included the full range of mental health related consultations.

Key findings included:

- a) Factors associated with an increased risk of poor mental health and well-being were higher in Coventry than the national average.
- b) Recent estimates suggested that approximately 67,028 people in Coventry aged 16-74 had a common mental health disorder e.g. anxiety, depression, phobias etc.
- c) Rates of severe mental illness were broadly similar to or lower than the national average with the exception of emergency admissions for self-harming
- d) The suicide rate in Coventry was 10 deaths per 100,000 population, slightly higher than the national average.
- e) Mental Health Services commissioned by Coventry and Rugby CCG and the City Council from the NHS and voluntary sector providers cost £44.7m in 2014/15.
- f) The numbers of both outpatients and patients admitted to hospital because of their mental illness had decreased over the past 3 years.
- g) There was an emerging consensus that from a client's first presentation the overall model of care should be more integrated across primary care, social care, specialist care and the third sector.
- h) Mental Health Services needed to change to be well-being and recovery focussed promoting control and achieving outcomes.

The Board were informed that a draft report detailing the review findings and provisional recommendations would be made available to commissioners at the

Adult Joint Commissioning Board providing them with the opportunity to comment on priorities for action.

Members of the Board raised a number of issues including:

- A request for additional information on the data provided including gender, a breakdown of ages, and ethnicity
- The links between self-harm and suicide
- An offer of assistance and support from the Police who were not represented on the Adult Joint Commissioning Board
- The importance of involving all partners when determining future Mental Health Services and models of care
- How the outcomes of the review would link to CAMHS (Child and Adolescent Mental Health Services)
- The importance of information sharing to achieve better outcomes for patients
- How to ensure a smooth transition into Adult Mental Health services
- How to support GPs to enable them to support their patients with mental health issues
- The importance of received the views of Healthwatch to ensure that patient voices were heard.

**RESOLVED that:**

**(1) The responsibility for moving the work forward be delegated to the Adult Joint Commissioning Board and that the Board ensure that all partners are involved in determining the way forward.**

**(2) The Adult Joint Commissioning Board be requested to develop a joint response to be presented to the Health and Wellbeing Board in June 2015, or as soon as possible after this date, outlining a proposed way forward for Mental Health in the city.**

#### 43. **Coventry Smokefree Strategy**

The Board considered a report of Dr Jane Moore, Director of Public Health which detailed the progress with implementing the current Smokefree strategy for Coventry and set out the key issues covered by the 2015-2020 strategy. A copy of this draft strategy was set out at an appendix to the report.

Results from the household data survey indicated that 22% of adults in the city smoked. Smoking was still the biggest cause of preventable death in the country and was directly responsible for approximately 400 deaths in Coventry each year.

Coventry's Smokefree Alliance was set up in 2010 to provide a partnership forum to initiate, co-ordinate and develop a coherent approach for Coventry. The many achievements including increased numbers of people stopping smoking with the help of commissioned services; high levels of compliance with regulations governing the sale of tobacco products and smoking in enclosed public areas; improved awareness of shisha as a tobacco product; the creation of smokefree areas at school gates, playgrounds, early years settings and University Hospital

Coventry and Warwickshire; and a reduction in the numbers of pregnant mothers who smoked.

The main aim of the new strategy was to reduce smoking prevalence to 14% by 2020 and less than 5% by 2035, which was in line with national goals. The key next steps included:

- i) Reducing the high levels of people with mental health issues who smoked, building on CWPT's proposal to go Smoke-free
- ii) Targeting services and health messages at hard to reach groups including families and communities where smoking is the norm
- iii) Supporting key influential people such as health visitors and midwives to signpost or give a brief intervention
- iv) Using contractual and other levers to embed stopping smoking support in key care pathways
- v) Encouraging all organisations locally to sign up to the local NHS declaration on Tobacco Control
- vi) Continue to gain a understanding of the consequences of e-cigarettes.

Discussion centred on how the hospital dealt with people who continued to smoke on their premises.

The Chair, Councillor Gingell placed on record her appreciation of the work of all partners who were working to reduce smoking prevalence and, in particular to Councillor Joe Clifford, Chair of Coventry's Smokefree Alliance.

**RESOLVED that:**

**(1) The progress in implementing the 2010-2013 Smokefree Strategy be noted.**

**(2) Coventry's Smokefree Strategy for 2015-2020 be endorsed.**

**44. Marmot Update**

The Chair, Councillor Gingell, referred to the successful Marmot City Conference 'Making a Difference in Tough Times' held on 26<sup>th</sup> March, 2015 which marked two years since Coventry was selected as a Marmot City. She informed that Professor Sir Michael Marmot was very impressed by all the work undertaken by the city to reduce health inequalities and improve health outcomes for all. He was now holding up Coventry as an example of best practice for adopting the Marmot principles when speaking at international events.

Dr Jane Moore, Director of Public Health informed that Coventry had been chosen to continue to work with partners on the Marmot programme for a further three years. She highlighted the intention to promote Coventry as an exemplary city for the steps being taken to embed Marmot principles within the services being delivered. Coventry was the only area who had managed to include inequalities in their procurement processes.

Discussion centred on the need to identify vulnerability at an early stage particularly in relation to housing and fuel poverty.

**RESOLVED that the Board be kept informed of progress with the Marmot initiatives.**

**45. Female Genital Mutilation Pledge**

The Chair, Councillor Gingell reported on the current work undertaken in the city to raise awareness of Female Genital Mutilation (FGM). She referred to the 'pledge' recently signed by all the partner organisations to commit to working towards ending FGM and to the strong partnership work that was being carried out. Coventry was still the only local authority to agree a motion condemning FGM.

Dr Jane Moore, Director of Public Health, referred to the work with community organisations and school pupils to ensure that the correct messages were being delivered. Their views were being sought as to how to move the agenda forward.

**46. Better Care Coventry Progress Report**

The Board considered a joint report providing an update on progress towards delivering the Better Care Coventry Programme. The Board also viewed a video of a patient discussing her assessments and treatment following a fall as she followed the new Falls Pathway which enabled her to remain in her home avoiding being taken to A and E.

The report indicated that Coventry's revised Better Care Plan was fully approved by NHS England on 22<sup>nd</sup> December, 2014 and the city's Better Care fund totalled £52m for 2015/16. The City Council was the host for this pooled budget. The Coventry Programme supported the delivery of integrated models of care, so improving outcomes for people across the health and social care economy. The four core projects which formed the structure of the programme were detailed.

Information was provided on the governance arrangements. The Better Care Programme Board provided the operational oversight for the delivery of the programme while the Joint Adult Commissioning Board were responsible for commissioning decisions ensuring the pooled budget was managed in line with the partnership agreement. The Board were reminded of their role to hold the Joint Adult Commissioning Board to account for the delivery of Better Care Coventry and provide strategic direction.

Further information was provided on progress with the New Falls Pathway and the Mental Health Street Triage Service, both of which commenced in December, 2014 and had resulted in a significant reduction in attendances at A and E. Reference was also made to the success of the recent bid to the Prime Minister's Challenge Fund which had secured an additional £4m to be used over the next two years to support the following three services: (i) the extension of opening hours at the GP hub at the city Health Centre; (ii) a Primary Care Frailty Team helping elderly patients at home when discharged from hospital; and (iii) a GP based within the Emergency Department at UHCW treating minor illnesses.

The Home First Project had led to a number of changes within the hospital including access to all community based services for both hospital and social care staff to use when planning patient discharge. There had been an increase in capacity across a number of short term services including Housing with Care Short

Term Tenancies. The practitioner team was now in place and joint reviews of people placed out of the city in care homes had commenced.

Positive work continued with the delivery of the 'dementia discharge to assess' pilot. Two GP practices had been piloting Integrated Neighbourhood Teams since July 2014 which involved the establishment of multi-disciplinary teams who had worked with around 30 patients. Initial feedback showed significant benefits from working this way and work was being undertaken on how to implement the INTs across the city. Information was also provided on the work currently underway to introduce an integrated care record system.

Members of the Board raised a number of issues including:

- The support which could be provided by the Fire Service who carried out safety checks on patients' home
- Further details about the numbers of referrals to the Falls Pathway from NHS 111 and the Ambulance Service
- Reference to the very successful partnership work
- An acknowledgement of the considerable work that remained to be undertaken to improve the hospital flow to enable the city to hit the national targets relating to A and E
- Further details about information sharing of patient details and the long term intention to have an integrated system for patient records for the partner organisations.

**RESOLVED that:**

**(1) The progress made to date on the Better Care Coventry Programme be noted.**

**(2) Further progress updates be submitted to future meetings over the coming months to ensure the momentum of the programme is maintained as it moves forward, and to provide strategic direction.**

**(3) A Development Session be held later in the year for Board members to look in detail at the progress made with Better Care Coventry Programme.**

**47. Any other item of public business - Healthwatch Report**

Ruth Light, Coventry Healthwatch reported on the production of an Annual Issues report by Healthwatch which highlighted a number of issues and actions. The report included a number of proposals as to what should happen now and it was hoped that these would be taken into consideration by commissioners. It was the intention to produce this report on a more frequent basis, in addition to the organisation's Annual Report.

**RESOLVED that the above report be included as an agenda item for the next meeting of the Board.**

**48. Any other item of public business - Ruth Tennant**

The Chair, Councillor Gingell, reported that Ruth Tennant, Deputy Director of Public Health was attending her last meeting of the Board prior to leaving the City Council to take up a new post as Director of Public Health for Leicester City Council. She thanked Ruth for all her hard work whilst supporting the Board and wished her well in her new appointment.

(Meeting closed at 3.55 pm)