

Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 2.00 pm
on Monday, 6 July 2015

Present:

Board Members: Councillor Caan
Councillor Gingell (Chair)
Councillor Lucas
Councillor Taylor
Mark Godfrey, Coventry City Council
Dr Jane Moore, Director of Public Health
Dr Steve Allen, Coventry and Rugby CCG
Stephen Banbury, Voluntary Action Coventry
Dr Adrian Canale-Parola, Coventry and Rugby CCG
Jane Hodge, Warwick University
Ruth Light, Coventry Healthwatch
Danny Long, West Midlands Police
John Mason, Coventry Healthwatch
Josie Spencer, Coventry and Warwickshire Partnership Trust
Rebecca Southall, University Hospitals Coventry and Warwickshire
David Williams, NHS Area Team

By Invitation: Simon Brake, Coventry and Rugby GP Federation

Other representative: Juliet Hancox, Coventry and Rugby CCG

Employees (by Directorate):

Chief Executive's: V De-Souza, R McHugh

People: M Godfrey

Resources: L Knight

Apologies: Councillor Ruane
Andy Hardy, University Hospitals Coventry and Warwickshire
Professor Kumar, Warwick University
Martin Reeves, Coventry City Council (by invitation)
Brian Walsh, Coventry City Council

Public Business

1. Welcome

The Chair, Councillor Gingell welcomed members to the first Board meeting in the new municipal year including Danny Long, West Midlands Police and David Williams, NHS Area Team who were attending their first meeting.

2. Declarations of Interest

There were no declarations of interest.

3. Minutes of Previous Meeting

The minutes of the meeting held on 20th April, 2015 were signed as a true record. There were no matters arising.

4. **Health and Well-being Strategy Progress Report**

The Board considered a report and received a presentation of the Director of Public Health, Dr Jane Moore which detailed the timetable for the development of the next Health and Well-being Strategy for 2016-2020. To support the development of priorities for this strategy, the Joint Strategic Needs Assessment (JSNA) process was to be repeated. A copy of the Review of the Joint Health and Well-being Strategy for Coventry 2012 was set out at an appendix to the report.

A Steering Group had been established to oversee the process of redeveloping the strategy through to March, 2016, with the first meeting scheduled for 17th July. Members would be expected to shape the process to ensure that the strategy reflected a fair balance of priorities across partners on the Board, building on the commitment made to the role as a Marmot city and acting further to reduce health inequalities within Coventry. Membership of the Group was detailed. Work was to be undertaken in four phases up until March 2016. The Strategy was to be submitted to the Health and Well-being Board for sign-off. The final phase included the development of an action plan to ensure that strategy priorities were addressed.

The presentation referred to the four key areas in the 2012 strategy which were developed prior to Marmot; highlighted the process for moving forward; and highlighted the following six key areas from Marmot which would underpin the strategy:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention.

Members of the Board raised a number of issues including:

- How the strategy would include actions for dealing with obesity
- If anything could be done to extend distances between schools and the nearest takeaways
- The importance of schools promoting healthy eating and being active
- Information on the work undertaken with local schools
- A suggestion that it would be appropriate for the Board to focus efforts on one or two key priorities rather than address all the work themes, which would enable significant differences to be made
- Further details about increasing levels of domestic violence and rape attacks and the work with the local universities to ensure that students were safe.

RESOLVED that a report be submitted to a future Board meeting setting out options for future key priorities from the new Health and Well-being Strategy for 2016-2020.

5. Health and Care in Coventry

The Board considered the 'Health and Care in Coventry' report from Healthwatch Coventry and received a presentation from Ruth Light, Healthwatch Chief Officer on this report which highlighted the top concerns from Coventry residents over the last 12 months; summarised the work which Healthwatch had done to raise concerns and influence action; summarised the work of other organisations to address these concerns; and highlighted further actions needed.

The central function of Healthwatch was to argue for the interests of patients, carers and the public in NHS and social care services. This report had been published as a sister report to the Healthwatch annual report.

The presentation set out the role of healthwatch and detailed how insight was obtained from local people. The following issues had been identified:

- The NHS complaints process
- Support for people with dual diagnosis of mental health and substance misuse
- Capacity within mental health services
- Putting in place good quality GP services
- Access to GP appointments
- Getting to the hospital
- Hospital discharge
- Good engagement practice.

The Steering Group of Healthwatch were recommending that the Health and Well-being Board in its strategic role, commissioners and providers of local NHS services must work to address these issues and add the specific calls for action highlighted into their priorities and work plans.

The Board were informed of the Steering Group's intention to produce these reports on a six monthly basis.

The Board discussed what were the most important issues for residents and the partner representatives informed how they were responding to calls for action. Particular issues discussed included actions to improve patient discharge and measures to ensure good quality GP services. Attention was drawn to the fact that the NHS belonged to the public who needed to respect the service and ensure it was used appropriately. This issue of the significant costs associated with missed GP and hospital appointments was highlighted as an area which required public support to remedy.

The Chair, Councillor Gingell thanked Ruth Light, John Mason and Healthwatch Coventry for all their work undertaken to support Coventry residents.

RESOLVED that, the report be noted and consideration be given to holding a seminar for all Board members before the end of the municipal year to

consider the progress made for ensuring good quality GP services for the city.

6. Next Steps for the Health and Well-being Board

The Board considered a report of Dr Jane Moore, Director of Public Health which sought approval for proposed changes to the Board's membership and to additional support arrangements.

The report referred to the national policy affecting health and care which included a greater focus on achieving integration between health and social care, ensuring services from multiple agencies were co-ordinated around the needs and expectations of individuals. Consequently, there was a need for increased capacity to support the expanding work of the Health and Well-being Board.

An existing post in the City Council's Insight team had been re-designated to provide additional capacity to drive the work of the Board including improving accountability; ensuring that delivery of the Health and Well-being Strategy was monitored; and considering emerging national policy with implications for the Board.

The report also set out the proposed new membership of the Board which including the addition of Martin Reeves, Chief Executive of the City Council and Simon Brake, Chair of the Coventry and Rugby GP Federation.

Following the recent Local Elections, the post of Chair of the Board had been separated from the post of Cabinet Member for Health and Adult Services. Councillor K Caan, the Cabinet Member was now taking on the new role of Deputy Chair of the Board.

It was suggested that, in light of the joint working and pooled budgets, it would be appropriate for one of the representatives of the partner health organisations to be considered for the position of Deputy Chair of the Board.

RESOLVED that:

(1) Approval be given to the revisions to the Board's membership and new support arrangements to reflect feedback from the Health and Social Care Scrutiny Board (5), recent local election changes and national policy direction.

(2) Further considerations be given to the position of Deputy Chair of the Board and the issue be discussed at the next Board meeting on 7th September, 2015.

7. NHS Quality Premium Incentive Scheme 2015/16 Measures

Juliet Hancock, Coventry and Rugby Clinical Commissioning Group (CCG) introduced this report of Chris Wood, Head of Corporate Delivery, which provided a summary of the NHS 2015/16 Quality Premium Incentive Scheme measures chosen for Coventry and Rugby CCG.

The financial incentive to the CCG for achieving these quality premium measures was £2.4m. The measures, which covered a combination of national and local priorities, were:

- Reducing potential years of lives lost through causes considered amenable to healthcare – 10% of the Quality Premium
- Urgent and emergency care: (i) reducing avoidable emergency admissions – 20% and (ii) reducing NHS delayed transfers of care – 10%
- Mental health measures – reduction in the number of people with severe mental illness who smoke – 30%
- Prescribing measures – improving antibiotic prescribing – 10%
- Two local measures: (i) reduction in residential and nursing home non elective admissions – 10% and (ii) reduction in end of life hospital admissions in the last three months of life – 10%.

The report set out the individual financial incentives for achieving the above measures and highlighted the penalties for not achieving NHS constitution performance measures. Reference was made to the monitoring arrangements.

The Board discussed the challenges associated with meeting the measures and the reasons behind the need to reduce the number of antibiotics prescribed in both primary and secondary care.

RESOLVED that the Quality Premium measures chosen by Coventry and Rugby CCG for 2015/16 and the factors that will directly affect the financial incentive should the measures be achieved be noted.

8. **Better Care Fund Update**

The Board considered joint report of Mark Godfrey, Coventry Council and Juliet Hancox, Coventry and Rugby Clinical Commissioning Group (CCG) which provided an update on progress towards delivering the Better Care Coventry Programme. The report referred to the development of three specific elements of the programme: (i) social prescribing/ social navigation (ii) integrated neighbourhood teams and (iii) information sharing. The Board also viewed a video which highlighted a successful case where a patient with multi-complex needs was supported by a team from the different partner agencies.

The report set out the background to the introduction of the Better Care Fund which was a single pooled budget for health and social care services to work more closely together in local areas based on a plan agreed between the NHS and Local Authorities. The current value of the fund was £5.3m.

The purpose of social prescribing/ social navigation was to improve the health and well-being of people who were in contact with their GP, who didn't require medical intervention but required support to minimise their social isolation. A social navigator would work with individuals assisting them to maximise their independence through accessing support from the voluntary and community sectors. The service was commissioned by the CCG and Public Health were providing 'pump prime' to support the first two years. It was proposed to establish a 'hub' to act as a link between GP practices and social navigators. The report detailed how the hub would operate. The procurement process was to take place

in August 2015 with initial implementation between September and December 2015 and a full roll out to all GP practices in January 2016.

Integrated Neighbourhood Teams (INTs) comprised of staff from across health and social care organisations, working in a multi-disciplinary way to support people with multi complex needs to maximise their independence and prevent avoidable admissions to hospital. Pilots had been operating at the Forum and Jubilee GP practices since July 2014. The report set out the positive impacts that the INTs were having on people and services. It was proposed that three INTs be established across the city with every GP practice being allocated to one of these teams. All referrals would be sent to the Hub who would undertake an assessment as to whether the patient required INT support, social navigation or both.

The sharing of information between health and social care staff across the city was a key enabler to deliver integrated arrangements to improve outcomes for Coventry people. The positive benefits of this approach were detailed. An Information Sharing Board had been set up to oversee this project and all partner organisations had agreed and signed an Information Sharing Protocol.

Members questioned how it would be possible to have senior employee input into each individual patient assessment for the INTs when the project was expanded across the city and there would be a significant increase in patient numbers. The use of best practice for the social prescribing model involving a single point of access was welcomed. Discussion centred on whether the procurement process would involve a formal tender or a financial grant and the importance of ensuring the best use of financial resources.

RESOLVED that a further update report on progress towards delivering the Better Care Coventry Programme be submitted to the next Board meeting on 7th September, 2015.

9. **Any other items of public business**

There were no additional items of public business.

(Meeting closed at 3.55 pm)