Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 2.00 pm on Monday, 7 September 2015

Present:

Board Members:	Councillor Caan (Deputy Chair) Councillor Lucas Dr Steve Allen, Coventry and Rugby CCG Stephen Banbury, Voluntary Action Coventry Simon Brake, Coventry and Rugby GP Federation Dr Adrian Canale-Parola, Coventry and Rugby CCG Simon Gilby, Coventry and Warwickshire Partnership Trust Juliet Hancox, Coventry and Rugby CCG Andy Hardy, University Hospitals Coventry and Warwickshire Professor Sudhesh Kumar, Warwick University Jane Hodge, Warwick University Danny Long, West Midlands Police John Mason, Coventry Healthwatch Dr Jane Moore, Director of Public Health Brian Walsh, Executive Director of People David Williams, NHS Area Team
By Invitation:	Councillor Clifford
Other representatives:	Phil Evans, Coventry and Rugby CCG Kevin O'Leary, Coventry and Warwickshire Partnership Trust Alec Price-Forbes, University Hospitals Coventry and Warwickshire

Employees (by Directorate):

Chief Executive's:	V De-Souza
People:	M Greenwood
Resources:	L Knight
Apologies:	Councillor Ruane Councillor Taylor Professor Guy Daly, Coventry University Martin Reeves, Coventry City Council

Public Business

10. **Welcome and Apologies for Absence**

The Deputy Chair, Councillor Caan welcomed members to the second Board meeting in the current municipal year including Simon Gilby, Coventry and Warwickshire Partnership Trust, who was attending his first Board meeting. He referred to Brain Walsh, Executive Director of People, who was attending his last Board meeting prior to retiring from the City Council. Councillor Caan thanked Brian for all his hard work and support since the Board had been established.

Councillor Alison Gingell

Councillor Caan informed that Councillor Gingell had resigned from her position as Chair and member of the Board. He placed on record his thanks for all her experience and dedication that she had committed to the Board whilst serving as Chair.

Dr Jane Moore, Director of Public Health informed of Councillor Gingell's long and distinguished career working within the city's health service which included being an advocate for sex education in the 1970s and being responsible for Coventry appointing the first HIV prevention worker outside of London. Reference was made to her service on many of the city's Health Boards including being Chair of the Primary Care Trust. Dr Moore referred to the crucial role she played during the development of this Board and, in particular her recent influential work to support Coventry being a leading Marmot City and leading on the prevention work for Female Genital Mutilation.

Juliet Hancox, Coventry and Rugby CCG, referred to Councillor Gingell's amazing influence across the health economy of the city, including mentoring junior managers, which had resulted in a lasting legacy for the city. Councillor Lucas drew attention to her clear vision for moving the health economy forward and how the Board would continue to drive forward her good works.

11. **Declarations of Interest**

There were no declarations of interest.

12. **Minutes of Previous Meeting**

The minutes of the meeting held on 6th July, 2015 were sign as a true record. There were no matters arising.

13. **Electronic Patient Record Systems**

The Board considered a report of Juliet Hancox, Coventry and Rugby CCG on behalf of the Information Sharing Board which informed of the activities undertaken by the Information Sharing Board and demonstrated the opportunities that would arise from the new electronic patient record systems that were being put in place by University Hospital Coventry and Warwickshire (UHCW) and Coventry and Warwickshire Partnership Trust (CWPT). The Board also received presentations from Alec Price-Forbes, UHCW and Kevin O'Leary, CWPT.

The report indicated that Coventry and Rugby CCG, the City Council, UHCW and CWPT had developed a programme with the key aim to facilitate the sharing of information between partner organisations to improve the level of service to the patient/ client. The sharing of this patient information between health and social care organisations was seen as a key enabler to improve their care and support. Key benefits included improving patient experience as the patient doesn't have to keep repeating their story; reducing duplication; reducing medication errors; and enabling true integrated working.

The Board were informed of the national requirements, with a number of publications from national bodies having set out the aspiration to use electronic records to support improved patient care.

The report set out the governance structure for the programme. Across the four partner organisations there were hundreds of patient or client electronic record systems which created a major challenge for the project. A vision had been agreed to underpin the partnership work going forward which included 'To deliver a system that enables us to become the healthiest community in the UK'.

Reference was made to the long timescale to be able to move from all the different electronic record systems to the goal of having a single shared patient record. The Programme Board had agreed that work would be undertaken in phases over time. Key work streams for initial development were:

- Federated GP Practices
- Discharge from hospital
- Integrated Neighbourhood Teams
- Urgent Care

Early implementation of the work streams had been part funded by the Better Care Fund. There were some interim solutions which allowed some of the existing systems to share information and information governance and patient consent to share data were now key considerations. Both UHCW and CWPT had progressed with renewing their electronic patient record systems which would give the opportunity to move towards more sharing of patient information and the use of patient portals.

Kevin O'Leary, CWPT, gave a presentation 'It's not about the system, its about interoperability' which highlighted the difficulties of finding a system to interact with all the health and social care services in the area. Attention was drawn to the Interoperability Toolkit which included having a system with the capacity for different computer systems to 'talk to each other' having a common language; reducing NHS expenditure through standardisation; and reduction in time to delivery by reducing the complexities of integration. The Trust had taken the decision to purchase a new clinical system now as from 6th July, 2016 iPM would no longer be supported and Trusts were to be responsible for providing their own clinical information systems. The benefits of having a single electronic patient record system were set out. CWPT had joined the NHS London Procurement Partnership Framework. Following a formal mini competition with three suppliers, the preferred system supplier was chosen. The Board were informed of the benefits to both CWPT teams and service users. The presentation concluded with the main timescales for the project, with had a go live date of April, 2016 for Community and Children Services and October 2016 for Mental Health Services.

Alex Price-Forbes, UHCW gave a presentation on 'Electronic Patient Records (EPR) Overview – enabling transformation and population health management'. The presentation referred to the current position and what was wrong with the current over complicated system; highlighted the global/ national drivers for change; and informed of what could be done to enable the procurement of a fully integrated electronic patient record system. There was a triple aim to improve patient experience of care, including quality and satisfaction; improving the health

of the population; and reducing the per capita cost of health care. Attention was drawn to the need to focus on citizen/patient experience; the need to have a more holistic view of the patient; and the need to focus on health and wellbeing, leading on ill health prevention. The transformation was not just IT. Reference was made to the role of the Health and Well-being Board.

Members raised a number of issues arising from the presentations including:

- Support for the vision for Coventry 'to be the healthiest community in the UK'
- Concerns about the legislative barriers relating to data protection, particularly in relation to safeguarding
- The importance of the Board working together to overcome potential barriers
- How to engage with all the necessary stakeholders to get people on board
- The requirement for an action plan for moving forward
- The importance of pooling funds to move the project forward
- The issue of patient health data belonging to the individual and the need to ensure people take responsibility for their own health
- The potential to secure support and funding from the city's universities
- The importance of deciding how the information was to be used
- Clarification about the role of the patient.

RESOLVED that:

(1) It be noted that there is a national requirement to develop digital records to support patient centred care.

(2) The Health and Well-being Board support the on-going work and vision of the Information Sharing Board.

(3) Consideration be given to the involvement of both Coventry and Warwick universities in the project.

(4) Consideration be given to the development of a protocol around how to work with the public to ensure their involvement with the project.

14. **System Wide Transformation - Progress Report**

The Board considered a report of Phil Evans, Coventry and Rugby CCG which provided an update on progress for the System Wide Transformation Programme, the purpose of which was to provide an overarching, high-level description of the transformation method and the governance arrangements that would be used to deliver the planned and urgent care programme.

The report indicated that the 'Five Year Forward View' described the position that without transformative system change, the local health and social care economy would not be able to address the key challenges to be faced which including reduced financial resource, increased demand for services and more pressure on community and mental health services. The system wide transformation programme was tasked with designing and delivering fundamental changes across the local health and social care economy. The programme would encompass

existing change programmes including the local Better Care Coventry programme and the Urgent Care programme.

The Transformation Programme was made up of the following four key workstreams, the aims of which were detailed:

- People, Presentation and Planning – No-one comes to hospital who can be managed elsewhere
- Urgent Care Urgent Need – No-one is admitted to hospital without an acute hospital need
- Home First – No-one waits more than 24 hours to leave hospital once they are medically fit for discharge
- Resilience and Support – Reduce the number of people requiring long term care

The Board were informed of the senior responsible officer for each workstream.

The programme placed the patient at the centre of what was being done and ensured that there would be a single view of the patient throughout their health and social care journey. It was anticipated that there would be an improvement in health and well-being, demonstrated through increased life expectancy, improved clinical indicators and increased disability free life years.

Each workstream was supported by a programme management office which fed into the programme director. The Board were informed of their responsibility to provide strategic direction. The next steps for the programme were highlighted.

Members raised a number of issues including:

- how the workstreams were linked
- clarification about how the Board were to fulfil their role of providing strategic direction.
- details about the intentions to ensure the involvement of the public
- concerns about the potential for decisions to be taken in isolation by individual partner organisations in the current challenging financial climate.

RESOLVED that:

(1) The strategic aims of the System Wide Transformation Programme be approved.

(2) Agreement be given for the Board to provide strategic direction going forward.

15. **Appointments of the City Council - Coventry Health and Well-being Board**

Further to Minute 6/15 and following the resignation of Councillor Alison Gingell from the Health and Well-being Board, the Board considered a report of the Executive Director of Resources which sought approval for a nomination from one of the partner organisations to serve as Deputy Chair of the Board for the remainder of the current municipal year. The report was also to be considered by

Council at their meeting the following day when the appointment would be approved.

Arising from Councillor Gingell's resignation, it was necessary to seek a new Chair for the Board and to seek a replacement Council Member, on the nomination of the Leader of the Council, Councillor Lucas. At the Council meeting on 8th September, the City Council would be recommended to appoint Councillor Kamran Caan, the Cabinet Member for Health and Adult Services and current Deputy Chair, as Chair of the Board for the remainder of the year. Council would also be recommended to appoint Councillor Joseph Clifford as a member of the Board. The nomination of a representative from the partner organisations to serve as Deputy Chair was to be reported orally to the Council meeting.

RESOLVED that Dr Adrian Canale-Parola, the Chair of the Coventry and Rugby CCG Governing Body, be nominated as the Deputy Chair of the Health and Well-being Board for the remainder of the current municipal year and Council be informed accordingly.

16. **Quarter 1 2015-16 Better Care Fund Submission**

The Board considered a report of Mark Greenwood, Coventry Council on behalf of the Better Care Programme Board, which provided an overview of the quarter 1 2015/16 Better Care Fund submission as required by the Department of Health and NHS England. A copy of the submission which had been submitted by the required deadline of 28th August was set out at an appendix to the report.

The submission covered the following six key areas:

- Budget arrangements
- National conditions
- Non-elective admissions and payment for performance calculations
- Income and expenditure profile
- Performance against local metrics
- Understanding support needs.

The primary aims of this submission was to provide assurance to the Department of Health, Local Government Association and NHS England that local areas had arrangements for managing joint budgets and improvements, as measured against the national conditions, and that they were beginning to be delivered.

The eight national conditions were set at the beginning of the Better Care Fund process. The Board were informed that good progress had been made in delivering against these in Coventry. Five were now in place and the following three were currently being developed:

- Delivery of 7 day services to support discharge and prevent unnecessary admission
- Use of the NHS number as the primary identifier across all partner organisations
- The development of a joint assessment and care planning approach with a lead accountable professional.

It was anticipated that these conditions would be met by the end of the calendar year.

The Board noted that overall the submission demonstrated positive progress locally towards delivery of the Better Care Fund priorities.

Members raised several issues including that the actual submission document was quite difficult to read; further clarification about the progress that Coventry was making; and information about the local defined patient experience metric where it was proposed to use family and friends scores for A and E and inpatients until a new system had been developed. It was clarified that Coventry was moving ahead quite quickly compared to some areas, where plans were still being signed off.

RESOLVED that the current status of the Better Care Coventry Programme be noted.

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

There were no additional items of public business.

(Meeting closed at 3.50 pm)