

**Coventry City Council**  
**Minutes of the Meeting of Coventry Health and Well-being Board held at 2.00 pm**  
**on Monday, 19 October 2015**

Present:

Board Members: Councillor Caan (Deputy Chair)  
Councillor Lucas  
Councillor Ruane  
Councillor Taylor  
Dr Steve Allen, Coventry and Rugby CCG  
Stephen Banbury, Voluntary Action Coventry  
Simon Brake, Coventry and Rugby GP Federation  
Professor Guy Daly, Coventry University  
Simon Gilby, Coventry and Warwickshire Partnership Trust  
Juliet Hancox, Coventry and Rugby CCG  
Ruth Light, Coventry Healthwatch  
Danny Long, West Midlands Police  
John Mason, Coventry Healthwatch  
Dr Jane Moore, Director of Public Health  
Martin Reeves, Chief Executive  
Gail Quinton, Executive Director of People  
David Waterman, West Midlands Fire Service

Other representatives: Sarah Billiald, Collaborate  
Phil Evans, Coventry and Rugby CCG  
Jane Foukes, Coventry and Rugby CCG

Employees (by Directorate):

People: A Baker  
K Drury  
P Fahy  
S Chun Lam  
H Nagra  
R Nawaz  
S Shantikumar

Resources: L Knight

Apologies: Councillor Clifford  
Dr Adrian Canale-Parola, Coventry and Rugby CCG  
Andy Hardy, University Hospitals Coventry and Warwickshire  
Professor Kumar, Warwick University  
Becky Southall, University Hospitals Coventry and Warwickshire

## **Public Business**

### **18. Welcome**

The Chair, Councillor Caan welcomed members to the third Board meeting in the current municipal year including Martin Reeves, Chief Executive and Gail Quinton, Executive Director of People who were attending their first Board meeting.

## **Councillor Phil Townshend**

Councillor Caan referred to the sad and untimely death of the Deputy Leader of the City Council, Councillor Phil Townshend. He referred to the recent support that Councillor Townshend had given him as he aimed to drive forward the work of this Board. Councillor Lucas referred to all the individual messages of support that members had sent to her over the past couple of days and informed that these had been passed to Councillor Townshend's daughter Kirstie. Members stood in silence as a mark of respect.

### **19. Declarations of Interest**

There were no declarations of interest.

### **20. Minutes of Previous Meeting**

The minutes of the meeting held on 7<sup>th</sup> September, 2015 were signed as a true record, subject to the inclusion of Ruth Light, Coventry Healthwatch in the attendance for the meeting. There were no matters arising.

### **21. Update on Joint Strategic Needs Assessment and Development of the Health and Well-being Board**

The Board considered a report of Dr Jane Moore, Director of Public Health which provided an update on the Joint Strategic Needs Assessment (JSNA) process and the development of the new Health and Well-being Strategy for Coventry.

The JSNA looked at the current and future health and care needs of the local population to inform and guide the planning and commissioning of health, well-being and social care services within a local authority area. The refresh of the JSNA was a process that ran alongside and was linked to the development of the Health and Well-being Strategy. This process commenced in April, 2015 with a review of 2012 Strategy to understand what outcomes had been delivered. A copy of the review report was set out in an appendix. Between August and September, a Stakeholder Call for Evidence was also undertaken.

The report highlighted the key messages from the JSNA so far which included an increasing population due to net international immigration; Coventry having a younger population than the average for England, 34 years compared to 40; overall life expectancy increasing, 78.2 for males and 82.4 for females; and inequality in life expectancy within the city.

The Board were informed of emerging key priorities which had been developed and discussed by both the Marmot Steering Group and the Health and Wellbeing Strategy Steering Group. A prioritisation matrix had also been used when determining these priorities and the prioritisation framework was set out at a second appendix. These key priorities were as follows:

Children and Young People 5-19 – teenage pregnancy and NEETS  
Substance Misuse – Alcohol  
Resilience of Health and Social Care System  
Economic Growth  
Violence and Abuse  
Diabetes  
Mental Health – cross-cutting theme

The following cross-cutting principles were also highlighted:

Embracing the city's diversity and improving outcomes  
Active citizens and strong communities.

Members of the Board split into four breakout groups and discussed whether these themes reflected the priorities of the Board; what outcomes were wanted to be achieved by 2020; and what should the Board be doing to deliver on priorities over and above the work that was already happening across the partner organisations. Each group facilitator provided feedback for the Board.

The report referred to Collaborate, an independent policy and practice hub, who had been commissioned by the City Council to support the Board to develop a place-based approach to health which aimed to put place, people and outcomes above institutions, sectors and silos. Collaborate had proposed to hold a full day workshop with Board members to look at the Board's vision, principles and priority outcomes. The outcomes from the workshop would be used to develop the new Health and Well-being Strategy. Details of Collaborate's offer of support was set out at a third appendix.

**RESOLVED that:**

**(1) The progress made to date on the Joint Strategic Needs Assessment be noted.**

**(2) Having considered the list of topics identified through the review of evidence, the prioritisation matrix and feedback from the Marmot Steering Group, the feedback from the facilitators arising from the breakout session be noted.**

**(3) Approval be given to Collaborate's proposal to support the further development of the Board.**

## 22. Continuing as a Marmot City

The Board considered a report of the Director of Public Health concerning the commitment from both the Institute of Health Equality and Public Health England to work with Coventry as a Marmot City for a further period of three years, so raising the city's profile as an exemplar city for reducing health inequalities. The report was also to be considered by Cabinet at their meeting on 24<sup>th</sup> November and Council on 8<sup>th</sup> December.

The report indicated that Coventry was one of seven cities in the UK chosen in 2013 to participate in the UK Marmot Network and become a Marmot City and develop a 'Marmot' approach to tackling health inequalities. In March 2015, Professor Sir Michael Marmot from University College London's Institute of Health Equity and key leaders from Public Health England recognised the progress Coventry had made over the last two years and achievements to date, and committed to working in partnership for a further three years, with Coventry acting as an exemplar City for its approach to reducing health inequalities.

This partnership would enable Coventry to accelerate the progress that had been made in reducing health inequalities over the last two years and to develop a more focused, multi-agency approach to ensure that resources and efforts were concentrated where they could make the biggest difference. As an exemplar City, Coventry would share learning with the wider system and disseminate findings to other areas. Public Health England and University College London would provide expertise and knowledge to support Coventry, and to develop Coventry's capability to measure the impact of the Marmot City programme.

As part of this, partners were working together to develop a Marmot strategy, which would form part of Coventry's overall Health and Wellbeing strategy and be overseen by this Board. The strategy would consider the conditions which determine health, including: housing, employment, income, environment, and community, as well as access to health services and the overall health of the population, with a particular focus on young people, jobs and the economy, and improving outcomes for people from diverse backgrounds.

The Board noted that a stakeholder workshop was planned for November to further enable partners to contribute to the progression of the strategy and action plan. A launch event was provisionally planned for 27<sup>th</sup> January, 2016. Once developed the Marmot Strategy would run from April 2016 to March 2019. The Marmot Steering Group, directly accountable to the Board, would provide strategic leadership to oversee the further development and implementation of the strategy, progressing the action plan in collaboration with wider stakeholders.

The Chair, Councillor Caan placed on record his thanks to the Leader, Councillor Lucas, the previous Chair, Councillor Gingell and to Dr Jane Moore, Director of Public Health for all their hard work and to the partnership working which had led to the city's achievements as a Marmot city.

**RESOLVED that the proposed partnership arrangement and approach for Coventry continuing at a Marmot City be approved and Cabinet and Council be informed accordingly.**

## 23. **Joint Health and Social Care Action Plan 2014 / 2015**

The Board received a report of Pete Fahy, Director of Adult Services and Sue Davies, Head of Partnerships, Coventry Council which outlined the results of the Learning Disability Joint Health and Social Care Self-Assessment for 2013/14 and sought endorsement of the Action Plan for 2014/15. A copy of the Action Plan was set out at an appendix to the report.

The report indicated that the joint assessment, introduced from 2013, had become an important guide for the NHS and local authorities to recognise the overall needs, experiences and wishes of young people and adults with learning disabilities and their carers within their local partnership board areas. The questionnaire collated views and demographic data and was used to help determine local commissioning priorities and monitoring of services. The return required significant data collection from a number of agencies. The primary purpose was to identify areas for improvement which would then be measured on an annual basis.

The self-assessment was divided into two sections, the first focused on demographic data with the second focusing on staying healthy, being safe and living well. The assessment was completed by a review panel with representatives from the partner organisations who considered the evidence from each measure and allocated a rating of either red, amber or green. The report highlighted the key progress that had been made since 2013/14 along with the main areas for improvement.

The Board were informed that at the West Midlands Learning Disability Peer Review event examples of good practice, the major challenges and the barriers to change were discussed. Consistent issues across Local Authorities were data sharing/collection and collation and included access to GP data and electronic flagging in systems between primary and secondary health care. The Board discussed how these issues could be resolved and it was acknowledged that information sharing across organisations required a national solution.

**RESOLVED that:**

**(1) The performance detailed in the self-assessment be noted.**

**(2) The action plan set out at an appendix to the report be endorsed.**

**(3) Opportunities be taken to lobby through the Local Government Association regarding the issue of information sharing across organisations.**

**24. System Wide Transformation Programme Progress Report**

The Board considered a report of Phil Evans, Coventry and Rugby Clinical Commissioning Group which provided an update on progress for the System Wide Transformation Programme detailing the transformation that would be used to deliver the planned and urgent care programme.

The report indicated that in light of all the current pressures on the health service including reduced financial budgets and increasing demands for services, there was the need for health and social care organisations to address the challenges collectively and in more integrated ways. A system wide transformational programme had been conceived and was tasked with designing and delivering fundamental changes across the local health and social care economy. The programme encompassed existing change programmes already being delivered including the Better Care Coventry programme and the urgent care programme.

Chief Officers from the five health and social care organisations had signed up to this approach.

The report set out the vision for the programme and detailed how this vision would be achieved. The main ambitions of the programme were:

- No-one comes to hospital who can be managed elsewhere
- No-one is admitted to hospital without an acute hospital need
- No-one waits more than 24 hours to leave hospital once they are medically fit for discharge
- No-one receives on-going care and support when they don't need it and when care and support is required it promotes independence, choice and control.

To ensure that the Programme did not solely deliver business as usual changes, the following three priority projects had been agreed:

- (i) Establishment of a trusted geriatric assessment process
- (ii) Creation of an integrated community therapeutic based pull model
- (iii) Establishment of step up community response and crisis reduction capacity.

The next steps for the programme were highlighted.

**RESOLVED that:**

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

**(2) The Board to provide strategic direction going forward.**

## 25. **Deprivation of Liberty Safeguards**

The Board considered a report and received a presentation by Kaye Drury, Coventry Council, which set out the background to the current Deprivation of Liberty Safeguards (DoLS) scheme; highlighted the challenges presented to Coventry; and provided an overview of the proposed changes to the scheme.

DoLS were introduced in 2009 to provide a legal process for authorising a deprivation of liberty for people who lacked capacity to make decisions about their care and accommodation arrangements. Until March 2014 they applied to people in residential care homes or hospital settings. Local authorities were known as 'supervisory bodies' and had responsibility for assessing and authorisations. Hospitals and Care Homes were known as 'managing authorities' and were responsible for not depriving someone of their liberty without an authorisation. Timescales were set out for responding to requests for authorisation. The process involved six separate assessments to establish that any deprivation of liberty was in a person's best interest. The lengthiest assessments were the best interests and the capacity assessments which were undertaken by specially trained social workers.

Following the Cheshire West Court Ruling in March 2014 which redefined what constituted a deprivation of liberty, the volume of applications increased dramatically. In Coventry applications increased from around 120 a year to 681 in 2014/15, an increase of 458%. The upsurge in applications had meant that the required timescales for assessing and authorising deprivations were not being met. Delays meant an individual's Article 5 human rights were being breached. The risks to the Council were increased by a further growth in the rate of DoLS applications in 2015/16 and the need to review existing deprivations within a twelve month period.

To manage this situation the Council had created a small team to focus on the work; commissioned an external organisation to undertake assessments and trained a number of existing staff. Further information was provided on the challenges presented by DoLS going forward. The Board were informed about future proposals to replace DoLS by a system of 'protective care', although there were no specific dates or timescales associated with these proposals.

Members raised concerns regarding the substantial resource implications for the Council; the closure of the College of Social Work which meant that new training courses couldn't be accredited and a lack of training opportunities; and the challenge of dealing with statutory duties and mitigating risks in a climate of reducing resources.

**RESOLVED that:**

**(1) The contents of the report and the issues raised in the presentation be noted.**

**(2) Opportunities be taken to lobby through the Local Government Association the Board's concerns relating to the significant financial implications for local authorities across the country.**

**(3) A progress report, including any actions which the Board could support, be submitted to a future meeting of the Board.**

**26. Joint Meeting with Warwickshire Health & Well-being Board**

The Chair, Councillor Caan informed that Councillor Izzi Seccombe, Chair of the Warwickshire Health and Well-being Board had requested a joint meeting of the two Boards to discuss potential cross-cutting priorities and the benefits of joint working. Juliet Hancox, Coventry and Rugby CCG informed of the priorities of the Warwickshire Board indicating that there were health and well-being issues for both Boards and joint working would provide more effective measures. It was acknowledged that it would be appropriate for the Board to determine their priorities before agreeing to hold a joint meeting. Priorities were due to be discussed at the forthcoming development day at the end of November.

**RESOLVED that consideration of the request for a joint meeting with the Warwickshire Health and Well-being Board be considered following the determination of the Board's priorities.**

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

There were no additional items of public business.

(Meeting closed at 4.00 pm)