

Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 2.00 pm
on Monday, 5 September 2016

Present:

Board Members: Councillor Abbott
Councillor Caan (Chair)
Councillor Duggins
Councillor Ruane
Councillor Taylor
Stephen Banbury, Voluntary Action Coventry
Simon Brake, Coventry and Rugby GP Federation
Dr Adrian Canale-Parola, Coventry and Rugby CCG (Deputy Chair)
Professor Guy Daly, Coventry University
Simon Gilby, Coventry and Warwickshire Partnership Trust
Andrea Green, Coventry and Rugby CCG
Andy Hardy, University Hospitals Coventry and Warwickshire
Marc Hudson, West Midlands Fire Service
John Mason, Coventry Healthwatch
Dr Jane Moore, Director of Public Health
Gail Quinton, Executive Director of People

Employees (by Directorate):

People: P Fahy
L Gaulton

Resources: L Knight

Apologies: Ben Diamond, West Midlands Fire Service
Professor Kumar, Warwick University
Ruth Light, Coventry Healthwatch
Martin Reeves, Coventry City Council
David Williams, NHS England

Public Business

61. Welcome

The Chair, Councillor Caan welcomed Andrea Green, Coventry and Rugby CCG who was attending her first meeting of the Board.

62. Declarations of Interest

There were no declarations of interest.

63. Minutes of Previous Meeting

The minutes of the meeting held 27th June, 2016 were signed as a true record.

Further to Minute 54 concerning 'Health Select Committee Visit to Coventry', the Chair, Councillor Caan informed that the first report referring to the Health Select Committee visit to the city on 23rd May, 2016 was now available and was very positive for Coventry. There was an acknowledgement of all the good work going on around the city, the strong partnership work and the positive results from projects contributing to improvements in people's health and wellbeing.

64. **Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy**

The Board considered a report of Dr Jane Moore, Director of Public Health concerning the Coventry Joint Strategic Needs Assessment (JSNA) 2016 and the Coventry Health and Wellbeing Strategy for 2016-2019, copies of which were attached as appendices to the report.

The report indicated that, in accordance with national guidance, work had been undertaken to refresh both the JSNA and the Health and Well-being Strategy during 2015. The JSNA looked at the current and future health care needs of the local population to inform and guide the planning and commissioning of health, well-being and social care services. A wide range of data and information resources had been reviewed to identify the key issues affecting Coventry residents. A Stakeholder Call for Evidence was undertaken and 53 responses were received which were incorporated in the JSNA as appropriate.

Key messages from the JSNA were highlighted which included an increasing population due to net international immigration and the number of births; that Coventry has a younger population than the average for England; and that the city was ethnically diverse. Quality of life indicators included 18.5% of residents living in neighbourhoods which were amongst the 10% most deprived in England; a 6.2% unemployment rate for the economically active working age residents; male life expectancy at birth was 79.4 with female life expectancy being 82.3 years; and that there was much inequality in life expectancy within Coventry.

The Health and Wellbeing Strategy provided a picture of what the Board needed to deliver over the next 3 years and how partners would work together to achieve this. Attention was drawn to the Board's decision to focus on the three new priority areas where the Board felt that a difference could be made, Minutes 65, 66 and 68 below refer. Work had been taken forward by a number of sub-groups. Progress against the priorities was detailed in a further appendix to the report. The Board were reminded of the vision for Coventry for local people to live happier, healthier, longer lives and have improved health and wellbeing.

The Board discussed the quality of life indicators and it was emphasised that Coventry compared well when comparing against comparable local authorities. They noted that education outcomes were improving. Further information was provided on what was being done to deal with and reduce the high levels of residents with TB in the city.

RESOLVED that the Joint Strategic Needs Assessment 2016 and the Health and Wellbeing Strategy 2016-19 be agreed and endorsed.

65. **Reducing Health and Wellbeing Inequalities (the Health and Wellbeing Gap)**

Further to Minute 64 above, the Board received an update from Marc Hudson, West Midlands Fire Service, on progress with the Health and Wellbeing Strategy priority 'Working together as a Marmot City to reduce Health and Wellbeing Inequalities'.

Coventry's Marmot City partners had worked together to produce a suggested action plan for the next three years which was based on the priority areas identified during the development of the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy. Some of the aims of the proposed action plan included:

- Develop an integrated model for primary school children building on the acting early model for 0-5 year olds
- Support young people not in employment, education and training (NEET) through the Ambition Coventry Programme including young people who are at risk of NEET
- Support young people and build resilience and self-esteem at an earlier age through extending the scope of the Early Intervention Service to primary school age children
- Work with primary care professionals to encourage and support people to enter into or stay in employment
- Promote good employment practices among Marmot City partner organisations to drive up standards across the city and demonstrate economic benefits
- Provide employers with information, skills and support to promote good quality jobs in Coventry
- Developing a mechanism for assessing the impacts on health and health inequalities when decisions are made by the Council and other Marmot City partners.

A consultation exercise with young children was planned for September and a workshop with voluntary sector partners was planned for 9th September to provide an opportunity for further discussion and input.

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

- A request for members to have a copy of the draft action plan
- A suggestion that Board members seek the support of their organisations to offer vulnerable, out of work residents the opportunity for work placements
- Information about the plans to ensure that children and young people have mental and emotional resilience
- The importance of the involvement of the Chamber of Commerce to engage with businesses to offer employment opportunities
- The importance of supporting people with physical needs to fulfil their potential
- How to ensure that opportunities were available to meet people's rising aspirations
- The need to provide more support to homeless people in the city.

RESOLVED that:

(1) The update be noted and a copy of the draft action plan for reducing health and wellbeing inequalities be submitted to the next meeting of the Board.

(2) Proposals for a strategy for getting Board Members involved in a programme offering work experience opportunities to vulnerable and out of work residents be considered at the next meeting of the Board.

66. Improving the Health and Wellbeing of Individuals with Multiple Complex Needs

Further to Minute 64 above, the Board received an update from Dr Jane Moore, Director of Public Health on progress with the Health and Wellbeing Strategy priority 'Improving the Health and Wellbeing of individuals with Multiple Complex Needs (MCN)'.

The Coventry Multiple Complex Needs Board had been established from the partner organisations. The Board was committed to developing a strategy to:

- Develop a service offer that addressed the needs of the individual rather than a single issue (service reform that is preventative, co-ordinated and person centred)
- Reduce the risk of adverse childhood experiences within the family setting
- Deliver better health outcomes for the individual
- Support demand management/ reduction for public sector services
- Identify cost savings to the system

The Board was holding a workshop on 5th October to define the strategy and agree the key performance indicators for the project. Workstreams would be identified following this meeting and working groups would undertake the development and delivery of the objectives identified.

Public Health England were providing research support for the work and representatives from the City Council, the Police and Fire Services, Whitefriars Housing and Coventry Law Centre were included and the group would undertake the following four main strands of work:

- Describing the characteristics of individuals with complex needs in Coventry
- A deep dive analysis of individuals with MCN
- Describing the lived experience of individuals with MCN
- Experience of frontline professionals working with individuals with MCN.

The Board were informed that this workstream was linking into and informing the West Midlands Combined Authority work on multi complex needs and public sector reform.

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

- What was going to be done in terms of improving education and job opportunities for NEETS, especially for those with multi complex needs and no qualifications
- The opportunities for linking with the Local Enterprise Partnership to help to engage local businesses

- Further information about the work with schools
- The importance of the Board taking a lead to encourage companies to employ people with MCN
- A suggestion that a representative from the private business sector be invited to become a representative on the Health and Wellbeing Board.

RESOLVED that:

(1) The update be noted and representatives from the Local Enterprise Partnership and the Coventry Chamber of Commerce be invited to attend a future meeting of the Board to discuss engaging with local businesses to provide jobs opportunities and work placements for individuals with multiple complex needs.

(2) Consideration to be given to appointing a representative from the private business sector as a member of the Health and Well-being Board.

67. Developing an Integrated Health and Care System that Provides the Right Help and Support to Enable People to Live their Lives Well

Consideration of this item took place under Minute 69 below.

68. Update on Coventry and Rugby Clinical Commissioning Group - Actions Following Assurance Rating 'Inadequate'

Andrea Green, Coventry and Rugby CCG informed the Board of the actions that had been put in place following the recent inadequate assurance rating of the CCG by NHS England which had placed the CCG in special measures. She had been appointed as Chief Officer from 16th July, 2016.

Work had been undertaken on the development of an improvement plan to address the areas of inadequacies. The main concern was the financial overspend on services and the plan included measures to reduce this deficit. Commissioning as a whole had been looked at and there would be a more robust infrastructure going forward. Consideration was being given to partnership working between CCGs to enable improvements to be made.

The improvement plan was to be submitted to NHS England the following week and an indication could be given as to when the CCG could expect to come out of its inadequate rating.

Further information was requested on the reasons for the failings and whether there were concerns about the quality of care and it was clarified that key issues were financial and leadership. It was suggested that the inadequate rating reflected the strain on the whole health and care system, there was a growing demand for services with finite capacity and resource. The importance of partners working collectively was highlighted.

69. Sustainability and Transformation Plan - Governance, Structure and Engagement

The Board received a presentation from Andy Hardy, University Hospitals Coventry and Warwickshire and Chair of the Programme Board on the Coventry and Warwickshire Sustainability and Transformation Plan (STP) Programme.

The Board were reminded of the guidance from NHS England was that draft plans were unable to be shared. The main questions to be addressed in the Plan were: How will you close the health and wellbeing gap? How will you drive transformation to close the care and quality gap? and How will you close the finance and efficiency gap?

The presentation included the timeline for the STP informing of the milestones to date and concluding with the financial template submission to close the financial gap on 16th September and the detailed STP with implementation dates and updated financial details by 21st October. Information was provided on the Programme Board and Finance Group along with the main workstreams which had been identified. The Board noted that mental health linked into each of these workstreams.

The design authority had been established with initial work facilitated by Price Waterhouse Cooper. Objectives included acting as a sounding board for the emerging whole system vision proposed by the Transformation Board; providing whole system and clinical input into the design of the new system; and designing and agreeing the appropriate programme structure and remit of the workstreams for the next STP check point.

The Board were given an update with progress with the following individual workstreams: proactive and prevention; urgent and emergency care; planned care; maternity and paediatrics; and productivity and efficiency. Lead officers were highlighted along with the key actions required by 16th September submission date.

The presentation concluded with the next steps to be taken in respect of workstreams, programme delivery and finance, along with key risks associated with the Sustainability and Transformation Plan which included:

- No history or track record of delivering large scale transformation across the footprint
- Potential for reversion to silo approaches
- Individuals representing organisation against STP/footprint
- Continued misalignment of regulations, priorities, expectations, processes etc between the respective organisations
- Current operational and financial challenges against the need to prioritise STP work
- Funding and access to capital resource
- Sourcing appropriate capacity to implement the programme of work.

Members raised number of issues arising from the presentation including how to ensure the silo approach didn't happen; the costs of using Price Waterhouse Cooper; whether the STP would allow for public expectations to be met; and how to educate the public as regards to having realistic expectations.

70. **Strategic Commissioning Vision**

The Board noted a report of Andrea Green, Coventry and Rugby CCG which informed of the development of a strategic vision for Coventry and Warwickshire.

The report indicated that the senior leaders from the Peoples Directorates at Coventry and Warwickshire local authorities, Public Health and the Clinical Commissioners had been working together as part of the collaborative working set out in the Health and Wellbeing Alliance Concordat to produce a vision for the future.

The early vision was for a future sustainable system of wellbeing and care, in which people were enabled to stay well, supported to manage their health and care as independently as possible, reducing the pressure on health and social care. The aim was to develop a future system of 'accountable care' with the following key characteristics:

- All services (health, social care, community, mental health) are commissioned for long term outcomes on population budgets;
- All services designed within three domains; proactive and preventative, urgent and emergency, and planned care, to reflect a simpler patient focussed view;
- At the core of the new system, there will be a focus on proactive and preventative care, delivered across approximately 15-18 integrated teams/communities (covering around 50k population each);
- The new system will actively engage, develop, and use the community assets, and empower our local population to stay well;
- Services will be commissioned and delivered at the scale most appropriate for supporting the health of our communities and clinical and financial sustainability, (e.g. specialised services at a West Midlands level);
- Hospitals will be an active part in managing population demand; and
- The future system will be enabled by integrated IT systems and the use of data.

The report informed about the role of commissioning in the future and the intention to have a consistency across the footprint to enable service providers to operate effectively. Commissioners would work collaboratively with providers and other stakeholders to determine what the 'must do's' were alongside elements that could evolve within the agreed parameters. Service delivery would be equitable across the population.

The Board were informed that the Commissioners had shared the vision to inform the Sustainability and Transformation Planning and were working together to develop a road map on what needed to be done over the coming years to better shape commissioning to fit the vision.

The Board discussed the merits of the consideration of international evidence and best practice when developing new systems.

71. **Coventry and Warwickshire Concordat and Health and Wellbeing Board Alignment**

Further to Minute 58/16, the Board noted a report of the Executive Director of People which sought final approval of the Coventry and Warwickshire Health and Wellbeing Concordat and informed of work undertaken to date on the opportunities for Coventry and Warwickshire Health and Wellbeing Boards to work in alignment to deliver the Sustainability and Transformation Plan.

The report indicated that when considering the draft concordat in June/July both Boards endorsed the overall intention and identified further work on two particular areas prior to formal publication. Firstly, the inclusion of the financial gap figure of £500m. Detailed calculation of this total had now been incorporated within the STP development process and the same figure was to be used for both the STP and the Concordat. Secondly, further discussion had taken place on the wording of principle 4 and Warwickshire had put forward 'We will only take decisions that we know will impact on other parts of the system, only after we have talked to each other'.

In support of the Concordat and the STP, there was an expressed commitment to seek greater alignment of interest and approach across the two Health and Wellbeing Boards. The Board were informed of the intention for the two Boards to participate in two development sessions in the current municipal year. Arrangements had been put in place for the first session to be held on 13th October and would be focussed on the STP. It was anticipated that both sessions would shape the work programmes and direction of the Boards in 2017/18. It was also proposed that two further development sessions be held in 2017/18.

The Board discussed the proposed change to the wording of principle 4 and there was an acknowledgment that this provided the positive commitment to start conversations, engagement and partnership working between the Boards.

RESOLVED that:

(1) The proposed revisions to the Concordat and its formal publication in September, 2016 be approved.

(2) The approach to greater alignment between Coventry and Warwickshire Health and Wellbeing Boards as set out in the report be approved.

(3) Agreement be given to a joint development session for both Health and Wellbeing Boards on 13th October, 2016 which will focus on the Coventry and Warwickshire Sustainability and Transformation Plan.

72. Coventry Safeguarding Adults Board Annual Report 2015/16

The Board considered a report of the Executive Director of People concerning the Coventry Safeguarding Adults Board Annual Report for 2015/16, a copy of which was set out at an appendix to the report.

The Coventry Safeguarding Adults Board was a multi-agency partnership made up of a range of organisations that contributing towards safeguarding in Coventry. The Board was required to publish an annual report and business plan. The report summarised the key messages for the year and included the business plan which

enabled the Board to plan upcoming work. The annual report also included performance data for the year which was monitored on a quarterly basis by the Board. The annual report was a key way of raising awareness of the issue of safeguarding adults.

Members raised several issues arising from the report including the successes that had been achieved and a concern about levels of abuse in different locations. It was clarified that higher levels of reporting was a positive as this meant increased levels of awareness of safeguarding issues.

RESOLVED that, having considered the content of the Coventry Safeguarding Adults Board Annual Report, the report be noted.

73. **Reshaping Drug and Alcohol Services in Coventry**

The Board considered a report of Dr Jane Moore, Director of Public Health, concerning the new model for adult drug and alcohol recovery services in Coventry. The current contract expired in November 2017 and work had recently been undertaken to develop a potential future treatment model based on the needs of the Coventry population, evidence of what worked and findings from engagement and consultation undertaken with service users, wider stakeholders and the general public. Details of the proposed recovery model/ system with objectives and the priority groups were set out in the appendices to the report.

The Coventry vision was to reduce the harms caused by alcohol and drug misuse and make the city a healthier, wealthier and happier place to live, where less alcohol and fewer drugs were consumed and where professionals were confident and well-equipped to challenge behaviour and support change.

The future model for Coventry was a key component of Coventry's Health and Wellbeing Strategy and linked to the three priorities.

The future services for adults would take a whole system approach, would be outcome based and recovery focused. It would be characterised by its ability to motivate and support people to achieve both short and long term goals through innovative approaches.

For some individuals, their family would be key to recovery. Families had a role in both supporting individuals through recovery and also required support themselves to promote resilience and reduce the likelihood of future problematic drug or alcohol use.

Young people's substance misuse was complex and children of a younger age were requiring support for substance misuse which linked to other risky behaviours and vulnerability. Aligning the young person's substance misuse service to the children and young people's early intervention service was an effective way of delivering services to young people.

The Board noted that the proposed model was out for consultation until the end of September. The treatment model would then be finalised and the necessary approvals sought through the Council's decision making process.

Members discussed the family support to be provided.

RESOLVED that, having reviewed the proposed future treatment model and supporting documentation, the proposed approach to drug and alcohol treatment in Coventry be endorsed.

74. Any other items of public business - Joint Coventry and Warwickshire Health and Wellbeing Boards Development Session

Members were reminded that arrangements had been put in place to hold a joint Coventry and Warwickshire Health and Well-being Boards Development Session at 9.30 a.m. on Thursday, 13th October at Warwick University. The purpose of the session was to review the emerging Sustainability and Transformation Plan, Minute 71 above also refers.

(Meeting closed at 3.55 pm)