### <u>Coventry City Council</u> <u>Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 10.00</u> <u>am on Wednesday, 19 July 2017</u>

Present:	
Members:	Councillor D Gannon (Chair) Councillor J Clifford Councillor D Kershaw Councillor R Lancaster Councillor M Lapsa Councillor J Lepoidevin Councillor C Miks Councillor S Walsh
Co-Opted Member:	David Spurgeon
Other Member:	Councillor F Abbott, Cabinet Member for Adult Services
Other Representatives:	Simon Gilby, Coventry and Warwickshire Partnership Trust (CWPT) Brenda Howard, University Hospitals Coventry and Warwickshire (UHCW)
Employees (by Directorate)	
	V Castree, Place Directorate L Gaulton, People Directorate L Knight, Place Directorate J Newman, Place Directorate A West, Place Directorate
Apologies:	Councillor L Kelly and T Mayer, substitute Councillor J Lepoidevin

# Public Business

# 1. **Declarations of Interest**

There were no declarations of interest.

### 2. Minutes

The minutes of the meeting held on 15<sup>th</sup> April, 2017 were signed as a true record. There were no matters arising.

# 3. Better Health, Better Care and Better Value Programme

The Board considered a report of Brenda Howard, Programme Director for the STP, which provided an update on the Better Health, Better Care, Better Value

programme. Brenda Howard and Simon Gilby, Coventry and Warwickshire Partnership Trust (CWPT) attended the meeting for the consideration of this item. Councillor Abbott, Cabinet Member for Adult Services was also in attendance.

The report informed that the Sustainability and Transformation Plan (STP) programme had recently been re-named 'Better Health, Better Care, Better Value' which reflected the triple challenges facing health and social care, as originally set out in the 'Five Year Forward View' report. Also, it expressed more clearly the shared ambition for the aspired outcomes.

The Board had agreed its support structure to enable the transformational and enabling work streams to deliver their priorities and objectives and recruitment was underway. The governance arrangements for the programme had been reinforced and further information was set out in an appendix to the report. The work of the Clinical Design Authority had been reframed and a Programme Delivery Group had been established to support the Board. The Board were informed that it had recently been decided that mental health services should be designated as a transformational work stream and arrangements were now progressing to establish this. In addition it had also been decided to establish a cancer work stream as part of the approach to planned care.

The report provided detailed information on progress, including individual priorities, with the following transformation work streams: maternity and paediatrics; urgent and emergency care; mental health; proactive and preventative; productivity and efficiency; planned care and cancer.

The report also referred to the enabling work streams. Work force challenges would be an issue for all work streams and the workforce group had established three key areas of focus: career pathways, leadership, and new roles and new ways of working.

In relation to Estates, the Estates Group had established three key areas of focus: premises stocktake, resources required to deliver the future model and the efficiency delivery of infrastructure functions. The group was progressing discussions on a Health and Wellbeing Campus model for George Elliot Hospital and a workshop for partners across the system was hosted on 11<sup>th</sup> July. An updated briefing on the Estates Strategy was set out at a second appendix and included background information on the Naylor Report and referred to local plans and key priorities.

The report also highlighted the recent communication and engagement sessions which had taken place.

The Board questioned the representatives present on a number of issues and responses were provided, matters raised included:

- Clarification about the engagement on improving stroke services in Coventry and Warwickshire, in particular that views from the event meetings would all be taken into account despite several of the meetings happening after the end of the engagement period on 16th July
- Concerns about the letter sent to all residents in the city explaining how their medical data would be shared and giving them the option to opt out

via their GP at any time – incorrect contact telephone number, certain properties not receiving the letter and the over complicated content of the letter

- How would the views of the less heard groups in the city be obtained during future engagement/ consultation exercises
- Further details about the current position on delayed discharges from hospital
- Details about the good relationship between partners working together to reduce the numbers of delayed discharges
- Concerns at the expectations that the transformational work streams would be delivered by existing staff who were already struggling to meet demanding workloads
- With reference to the governance structure chart, how did the Health and Wellbeing Board and the Joint Health and Overview Scrutiny Committee have oversight of what was happening at all the various Board/Groups/Forums, how would outcomes be recorded and how would the public get information and feed into the process
- Clarification about the roles of the Health and Wellbeing Board and Scrutiny, especially in light of the powers of the Health and Overview Scrutiny Committee to hold the health service to account
- The suggestion to have a City Council representative on the STP Board
- Clarification about the acronyms in the report and the request for a glossary for future reports
- Further information on the plans to share medical data across the health system, how this would be achieved and details about data collection
- Concerns about a pod system now being used at a local GP practise for patients when ordering their prescriptions
- An understanding of the reasoning behind the change of name for the programme and how would the focus of the programme remain on health and quality rather than finance
- The inclusion of clinicians in the development of plans/proposals
- The importance of informing the Board of timelines for engagement/ consultation on any new proposals which can then be built into the Board's work programme.

# **RESOLVED** that:

# (1) The update report be noted and the direction of travel be supported.

(2) Simon Gilby, Coventry and Warwickshire Partnership Trust to investigate the concerns raised about the circulation of the letter from the partner organisations concerning the sharing of medical data sent out to all Coventry homes including the incorrect contact telephone number, the numbers of properties who hadn't received the letter and the over complicated content of the letter.

(3) Reports/ presentations on the individual work streams of the Better Health, Better Care, Better Value Programme be submitted to future meetings of the Board as appropriate.

(4) The Chair, Councillor Gannon to discuss with Andy Hardy, University Hospitals Coventry and Warwickshire, the possible appointment of a Councillor representative on the STP Transformation Board.

### 4. Joint Health Overview and Scrutiny Committee

The Board gave further consideration to a report of the Deputy Chief Executive (People) on proposals to establish a Joint Health Overview and Scrutiny Committee (JHOSC) with Warwickshire County Council in line with the provisions set out in legislation and guidance. The recommendations in the report had already been approved by Council at their meeting on 11<sup>th</sup> July, 2017. Consideration of the report provided the opportunity for the Board to consider in more detail the development of the JHOSC including the relationship between the JHOSC and the Board.

The Board were reminded that legislation provided for local authorities to appoint a discretionary Joint Health Overview and Scrutiny Committee to carry out all or specified health scrutiny functions, for example health scrutiny in relation to health issues that cross local authority boundaries. Establishing a joint committee of this kind would not prevent the appointing local authorities from separately scrutinising health issues. However, there were likely to be occasions on which a discretionary joint committee would be the best way of considering how the needs of a local population, which happened to cross council boundaries, were being met.

Legislation also required that local authorities to appoint joint committees where a relevant NHS body or health service provider consulted more than one local authority's health scrutiny function about proposals for substantial development or variation of services. In such circumstances:

- only the joint committee may respond to the consultation (i.e. rather than each individual local authority responding separately).
- only the joint committee may exercise the power to require the provision of information by the relevant NHS body or health service provider about the proposal.
- only the joint committee may exercise the power to require members or employees of the relevant NHS body or health service provider to attend before it to answer questions in connection with the consultation.

Increasingly, proposals from the National Health Services (NHS) were affecting larger geographical areas, particularly for local residents in Coventry and Warwickshire.

An appendix to the report detailed the terms of reference for the agreed JHOSC which had also been approved by Warwickshire County Council at their meeting the previous evening. Key points from the terms of reference were:

 Each authority will appoint five members from their own Health and Overview Scrutiny Committees reflecting the political balance of each authority – The Council's representatives were Councillors Clifford, Gannon, Kershaw, Mayer and Miks

- The host authority will alternate with each meeting. The Chair of the JHOSC from the host authority will chair that meeting and the support for the meeting will also come from the host authority
- Responses to consultations from the JHOSC must be signed by the Chairs of both authorities.

Mr Spurgeon, Co-opted Member informed of the concerns of Healthwatch that they did not have a co-opted representative on the JHOSC.

### RESOLVED that:

(1) The update on the new Joint Health Overview and Scrutiny Committee be noted.

(2) The Chair, Councillor Gannon to discuss with Councillor Wallace Redford, the Chair of Warwickshire Health Overview and Scrutiny Committee, the appointment of representatives from Healthwatch to the Joint Health Overview and Scrutiny Committee.

### 5. Establishment of Task and Finish Groups on Improving the Quality of Housing and the Health and Wellbeing of Coventry Residents and Quality Accounts

The Board considered a briefing note of the Scrutiny Co-ordinator which requested consideration of the establishment of Task and Finish Groups on i) Improving the Quality of Housing and the Health and Wellbeing on Coventry Residents and ii) Quality Accounts – University Hospitals Coventry and Warwickshire and Coventry and Warwickshire Partnership Trust.

The Board were reminded that the Health Impact of Living Conditions was discussed at the previous meeting of the Board on 5<sup>th</sup> April when it had been suggested that a Task and Finish Group be set up to consider the issue of improving the quality of housing in the city. The Quality Accounts were the reports about the quality of services offered by an NHS healthcare provider. They were published annually and scrutiny and Healthwatch were encouraged to provide a commentary. One option was for meetings to be held jointly with Warwickshire County Council Scrutiny members as well as Coventry and Warwickshire Healthwatches.

Terms of reference would be developed and agreed at initial meeting of the Task and Finish Group on Improving the Quality of Housing.

### **RESOLVED** that:

1) Councillors Clifford, Gannon, Lancaster, Miks and Walsh be appointed to serve on the Task and Finish Group on Improving the Quality of Housing and the Health and Wellbeing of Coventry residents. 2) Councillors Gannon, Lancaster and Miks to participate in meetings on the Quality Accounts for University Hospitals Coventry and Warwickshire and Coventry and Warwickshire Partnership Trust.

# 6. Work Programme 2017-18

The Board considered their work programme for the new municipal year.

### **RESOLVED** that:

(1) The work programme for 2017-18 be approved.

# (2) Childhood obesity be included as an item on the work programme.

### 7. Any other items of Public Business

There were no additional items of public business.

(Meeting closed at 11.40 am)