

Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 11.30
am on Wednesday, 7 March 2018

Present:

Members: Councillor D Gannon (Chair)
Councillor J Clifford
Councillor L Kelly
Councillor D Kershaw
Councillor R Lancaster
Councillor M Lapsa
Councillor C Miks

Co-Opted Member: David Spurgeon

Other Member: Councillor F Abbott

Other Representatives: Rachael Danter, NHS England
Andrea Green, Coventry and Rugby CCG
Adrian Stokes, NHS England

Employees (by Directorate)

V Castree, Place Directorate
P Fahy, People Directorate
J Fowles, People Directorate
L Gaulton, People Directorate
L Knight, Place Directorate

Apologies: Councillors T Mayer and S Walsh, Councillors Caan and Ali,
Cabinet Member and Deputy Cabinet Member for Public
Health and Sport

Public Business

43. Declarations of Interest

There were no declarations of interest.

44. Minutes

The minutes of the meeting held on 31st January, 2018 were signed as a true record. There were no matters arising.

45. Integrated Care Systems

The Board received a presentation from Andrea Green, Coventry and Rugby CCG and Adrian Stokes, NHS England on the development of Integrated Care Systems in the West Midlands, and in particular for Coventry and Warwickshire. Andrea Green, Adrian Stokes and Rachael Danter, NHS England, attended the meeting for the consideration of this item. The issue had been discussed at length at the

Board's workshop which had taken place earlier in the day. Councillor Abbott, Cabinet Member for Adult Services attended the meeting for the consideration of this issue.

The presentation provided an explanation of why Integrated Care was the way forward, referring to the Five Year Forward View which set out the vision for future of the health and care system having the triple aim of improving the health and wellbeing of the population and care quality while living within the budget. The next steps for the Five Year Forward View set out the vision to 'make the greatest move to an Integrated Health System in the western world'. Integration needed to happen at all levels of the system to meet the triple aims and deliver the best care for patients.

The presentation highlighted what Integrated Care meant for the STPs in the West Midlands. The West Midlands wanted to create local integrated care systems in which NHS organisations worked together to take on devolved responsibilities, working closely in partnership with Local Authorities and Voluntary Care Services to meet the needs of their local populations. STPs were working towards being designated as 'shadow' integrated care systems meaning that national and regional support to work more closely together would be secured. To be designated as a shadow integrated care system, STPs would need to demonstrate baseline capabilities to take on additional responsibilities and freedoms of an integrated care system. Work was beginning with the national programme team to pilot the national integrated care system development programme to develop these capabilities.

The Board were provided with a potential roadmap to become an Integrated Care System, which included the option of participating in the aspirant ICS development programme.

Working with the System Transformation Group from NHS England, a local development offer had been set up which was open to all health and care systems in the West Midlands. It would be based on

- Effective leadership and relationships, capacity and capability
- Track record of delivery
- Strong financial management
- Coherent and defined population
- Focused on care redesign

The programme would be overseen by a Programme Steering Group. A project plan was now being developed in close relationship with the national Commissioning Capability Programme (CCP). It was the intention to run a twin track programme so the STP would benefit from both the national CCP offer and the aspirant integrated care development programme.

RESOLVED that:

(1) The content of the presentation on developing integrated care systems in the West Midlands be noted.

(2) The Board accept and support the introduction of an Integrated Care System, Members being encouraged by the work undertaken to date.

(3) The Board's concerns relating to integration and responsiveness for the Coventry and Warwickshire footprint to be taken into account by the partners leading the new system.

(4) The Board noted that work was still required to determine the vision and timescale for the introduction and implementation of the Integrated Care System in Coventry and Warwickshire.

(5) The Board supported the suggestion of having two or three main priorities to commence the introduction of the Integrated Care System, with members being given the opportunity to influence these proposals via this Board, the Joint HOSC or the Health and Wellbeing Board.

(6) It is recommended that attention be paid to the style of leadership fronting the local Integrated Care System which should be consensual.

(7) Further update reports on progress be submitted to future meetings of the Board as appropriate.

46. Community Pharmacies and the Coventry Pharmaceutical Needs Assessment (PNA) Update

The Board considered a briefing note and received a presentation by Jane Fowles, Consultant in Public Health Medicine and Co-Chair of the Pharmaceutical Needs Assessment Steering Group which presented the draft Pharmaceutical Needs Assessment (PNA) 2018 for Coventry. A copy of the Assessment was attached at an appendix to the briefing note. Information was provided on the key findings from the draft PNA and the statutory consultation. The PNA was undertaken by NHS Midlands and Lancashire Commissioning Support Unit who were jointly commissioned by Coventry and Warwickshire Councils and overseen by a Steering Group of partners.

The report highlighted that local Health and Wellbeing Boards had statutory responsibility for the publications of PNAs every three years. The next Coventry PNA was due for publication by April 2018. The Coventry PNA considered current and future provision of services from community pharmacy in relation to local health needs. It aimed to assess if there were enough pharmacies throughout the city, located in areas of need and offering a range of suitable services tailored to local need and wider service provision. The PNA was used by NHS England when deciding if new pharmacies or dispensing GPs were needed.

The draft PNA was informed by a range of activities including a survey of local pharmacies, a recent Healthwatch report, a bespoke public consultation survey and local commissioning intelligence. There was a statutory requirement for a 60 day consultation which was currently underway.

The report set out the key finding from the draft PNA relating to access to pharmacy services; essential services; advanced services; locally commissioned services; and healthy living pharmacies. In summary the findings were:

- There were currently adequate pharmaceutical service provision (locations, opening hours and wider access) across Coventry and no need for additional providers was identified in the PNA

- Awareness of pharmacy opening hours and services offered could be improved
- Public survey results showed that there was high satisfaction with pharmacy access and an appetite for more services to be provided from community pharmacy
- Advanced services offered from community pharmacy could be more actively embedded into local pathways to support better outcomes for patients and best use of commissioned services
- The HLP (Healthy Living Pharmacies) framework offered a platform for Coventry to more effectively embed community pharmacy into local pathways and enhance the role of community pharmacies to support prevention and better outcomes for patients.

The Board noted that the PNA was due to be published by 1st April, 2018.

The presentation set out the purpose of the PNA; explained how the PNA was informed; highlighted the key findings and recommendations, informed of the statutory consultation; and concluded with the recommendations for the Board.

Members raised a number of issues in response to the report and presentation and responses were provided, matters raised included:

- A concern about the low levels of alcohol screening, in particular that this wasn't being provided for St Michael's Ward which included the City Centre
- Details about the new contract for the provision of the drug and alcohol service provided by pharmacies included the financial implications
- Further information about the level of consultation and the responses received
- The options and implications for pharmacists to undertake home visits
- Support for the work undertaken by Healthwatch
- Concerns that some areas of the city didn't have easy access to a pharmacy or late night pharmacy services
- The importance of promoting the of pharmacies to Coventry residents to help alleviate the pressures on GP s and A and E

RESOLVED that:

(1) Having considered the headline findings of the draft PNA, it be noted that the draft PNA has been approved by the Health and Wellbeing Board following the statutory consultation period and is being finalised in March for publication by April 2018.

(2) It be noted that the Health and Wellbeing Board have agreed that Councillor Caan, Chair of the Health and Wellbeing Board and Liz Gaulton, Acting Director of Public Health, will sign off the final PNA prior to publication by April 2018.

(3) It be noted that the Health and Wellbeing Board have agreed the recommendation that the PNA Steering Group becomes a Community Pharmacy Steering Group:

- a) supporting delivery of recommendations within the PNA
- b) holding delegated responsibility for determining the need for supplementary statements and revisions to the PNA.

47. **Work Programme 2017-18**

The Board noted their work programme for the current municipal year.

48. **Any other items of Public Business**

There were no additional items of public business.

(Meeting closed at 12.15 pm)