



Health and Social Care Scrutiny Board (5)

Time and Date

10.00 am on Wednesday, 10th July, 2019

Place

Committee Room 3 - Council House

Public Business**1. Apologies and Substitutions****2. Declarations of Interest****3. Minutes** (Pages 3 - 8)

(a) To agree the minutes of the meeting held on 10th April, 2019

(b) Matters Arising

4. NHS Long Term Plan (Pages 9 - 12)

Report by Rachael Danter, System Transformation Director, Better Health Better Care Better Value, who has been invited to the meeting for the consideration of this item

5. Response to NHS Long Term Plan in Respect of Streamlining Commissioning (Pages 13 - 16)

Report of Dr Sarah Raistrick, Chair, Coventry and Rugby Clinical Commissioning Group (CCG) who has been invited to the meeting for the consideration of this item

6. Work Programme 2019-20 and Outstanding Issues (Pages 17 - 20)

Report of the Scrutiny Co-ordinator

7. Any other items of Public Business

Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

Private Business

Nil

Martin Yardley, Deputy Chief Executive (Place), Council House Coventry

Tuesday, 2 July 2019

Notes: 1) The person to contact about the agenda and documents for this meeting is Liz Knight, Governance Services, Council House, Coventry, telephone 024 7697 2644, alternatively information about this meeting can be obtained from the following web link: <http://moderngov.coventry.gov.uk>

2) Council Members who are not able to attend the meeting should notify Liz Knight as soon as possible and no later than 9.00 am on Wednesday 10th July giving their reasons for absence and the name of the Council Member (if any) who will be attending the meeting as their substitute.

3) Scrutiny Board Members who have an interest in any report to this meeting, but who are not Members of this Scrutiny Board, have been invited to notify the Chair by 12 noon on the day before the meeting that they wish to speak on a particular item. The Member must indicate to the Chair their reason for wishing to speak and the issue(s) they wish to raise.

Membership: Councillors M Ali, J Blundell, J Clifford (Chair), L Harvard, J Innes, R Lancaster, E Ruane, D Skinner, D Spurgeon and H Sweet
Co-opted Member: D Spurgeon
By Invitation: Councillors R Ali, K Caan and M Mutton

Please note: a hearing loop is available in the committee rooms

If you require a British Sign Language interpreter for this meeting
OR if you would like this information in another format or
language please contact us.

Liz Knight

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e-mail: liz.knight@coventry.gov.uk

Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 10.00
am on Wednesday, 10 April 2019

Present:

Members: Councillor D Gannon (Chair)
Councillor J Clifford
Councillor J Innes
Councillor D Kershaw
Councillor R Lakha
Councillor R Lancaster
Councillor T Mayer
Councillor C Miks
Councillor D Skinner

Co-Opted Member: David Spurgeon

Other Member: Councillor F Abbott, Cabinet Member for Adult Services

Employees:
V Castree, Place Directorate
P Fahy, People Directorate
J Fowles, People Directorate
G Holmes, Place Directorate
L Knight, Place Directorate

Apology: Councillor R Ali, Deputy Cabinet Member for Public Health and Sport

Public Business

45. Declarations of Interest

There were no declarations of interest.

46. Minutes

The minutes of the meeting held on 13th February, 2019 were signed as a true record, subject to the inclusion of Councillors Lancaster and Skinner in the list of apologies for the meeting.

47. NHS Long Term Plan

RESOLVED that consideration of the item be deferred to a future meeting of the Board to allow for the attendance of Rachael Danter, System Transformation Director, Better Health Better Care Better Value.

48. **Task and Finish Group on Mental Health Support to University Students**

The Board considered a briefing note of Councillor Gannon, Chair of the Task and Finish Group on Mental Health Support to Students which detailed the outcomes and recommendations from the work of the Group.

The briefing note indicated the Task and Finish Group had been established following the Board's consideration of an item of Suicide Prevention last July. The purpose of the Group was to look at the mental health support available to students in the city. Membership of the Group comprised Councillors Gannon, Hetherington and Kershaw with support being provided from Public Health officers. Coventry had two major universities in the city with a combined population of over 58,000 students. In light of this number of students, Members had been concerned about a potential gap in mental health provision.

The briefing note referred to recent press articles concerning student mental health which indicated that there was a growing issue of student mental wellbeing.

Information was provided on the key lines of enquiry. Representatives from the partner agencies including both universities, the two student unions, Coventry and Rugby CCG, Coventry and Warwickshire Partnership Trust (CWPT), GP provision at Warwick University and Public Health were invited to participate. The key lines of enquiry identified by the Task and Finish Group which guided discussions with witnesses were set out.

The Task and Finish Group met with a group of five students from Warwick University arranged through the Student Union. A summary of the main issues raised by the group was set out at an appendix to the briefing note. There was no response to the invitation sent to Coventry University.

The current provider of mental health services in the city was CWPT who were commissioned by the CCG. There was no service specifically commissioned for students, who had the same access to services as all Coventry residents. The services provided by the CCG were detailed. The Board noted that there was a Health Centre on Warwick campus with two practices which students were encouraged to register with. Coventry University had a Medical Centre in the city centre at The Hub, as well as access to another surgery in Radford. Both universities also offered wellbeing and mental health support services for their students.

Following consideration of all the evidence, the Group identified the following themes:

- There were no specific mental health services for students from commissioners and providers. Within a generic 18-25 NHS cohort it was difficult to identify students. Students did have specific needs, often being away from home, their support networks and being under stress to perform well on their course.
- Individual universities provided support, but this was not necessarily joined up with mainstream provision
- Pathways were not clear and a seamless service was needed to help people access the right service faster

- The need for better co-ordination of stakeholders - an app to signpost or a one stop shop for example.
- There was no data set specifically for students. There needed to be an agreement by organisations that student presentations to services were collected. Public Health analysis of this data could be offered to support a future needs assessment and develop the evidence base.
- Crisis intervention generally and definitions of crisis by different partners. Also use of crisis when other services were full, put additional pressure on these services.
- Issues of continuity of service between home and Coventry, where treatment had started before coming to university.

The evidence from the students as users of the service supported these key themes. Additional themes from the students were:

- Lack of “student voice” in mental health services
- Pastoral support was inconsistent, patchy and not always appropriate
- Waiting times for all services were too long.

The Board noted that both universities were in the process of developing Mental Health and Wellbeing Strategies, with support from officers in Public Health. It was recommended that the findings and recommendations from the Task and Finish Group should be considered as part of the development of these strategies.

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

- Clarification as to how there would be an assurance that the recommendations would be implemented and the requirement for monitoring
- Clarification about the spend per student on mental health at Warwick University and why there wasn't a corresponding figure for the amount spent by Coventry University
- The requirement for university employees to be aware of the warning signs which highlight that a student could be starting to struggle with mental health issues
- The need for better support for students
- The opportunities to share the findings with other universities around the country, putting forward the work as best practice
- The problems facing students when moving between home and university and obtaining repeat prescriptions
- The need for the CCG to be able to break down their 18-25 cohort so identifying who were students

The Board placed on record their appreciation for the work of officers from Public Health and Scrutiny Co-ordination who had supported the Task and Finish Group and whose work had led to the production the excellent report.

RESOLVED that the following recommendations for the organisations indicated be approved:

To all partners:

(1) That a local mechanism for co-ordination is established between NHS mental health services, universities, voluntary organisations and student unions who are providing different levels of support and care for students which would also include sharing and collection of data.

To the CCG and CWPT:

(2) That services commissioned should be better tailored to student's needs. This could include ideas such as identifying a link consultant to lead on the work with the universities, GPs, Improving Access to Psychological Therapies (IAPT) and other mental health services. Students should be invited contribute to the design and development of the services.

To Coventry University and the University of Warwick:

(3) That university services are commissioned with reference to other mental health services across the City to enable pathways to be identified and transition between services smoother.

(4) That more training is given to academic and pastoral staff at the universities to recognise mental health issues and provide support and signposting to students. This should include a focus on accommodation staff, for example – wardens, life tutors and security staff who are available outside of office hours. This training should also be offered to private accommodation providers.

(5) That admissions policies should enable the identification of existing mental health issues specifically as part of the admissions process to enable the university to provide any learning, pastoral and health support required. Assurances should be provided that this information will not prejudice the application.

(6) That there should be additional focus on international students' mental health and wellbeing. There should be a cultural emersion scheme which should reflect different cultural attitudes to mental health and how to access health services.

(7) That the findings of the task and finish group be reflected in the Mental Health and Wellbeing Strategies as part of their development, especially with reference to student voice and working alongside students.

To NHS England:

(8) To recognise that there is an issue where students move between CCG areas throughout the year, often mirroring the academic terms and that if they are receiving treatment or attending appointments this can be a specific issue. There should be more opportunities for sharing information between CCG areas more effectively.

For Warwick University GP services:

(9) That those who commission the service should consider the findings in this report when recommissioning in the future. The current set up is complicated, the building is not fit for purpose, and there are long waiting times to access a service.

49. Work Programme 2018-19 and Outstanding Issues

The Board considered their final work programme for the current municipal year.

RESOLVED that the work programme be noted.

50. Any other items of Public Business - West Midlands Ambulance Service Quality Account

The Scrutiny Co-ordinator reported that a copy of the West Midlands Ambulance Service Quality Account had been e-mailed to members and their comments/questions on the document had been requested.

RESOLVED that members forward any comments/ questions on the West Midlands Ambulance Service Quality Account to Vicky Castree, Scrutiny Co-ordinator.

51. Any other items of Public Business - Councillor Damian Gannon

Members placed on record their thanks to Councillor Damian Gannon who wasn't standing for re-election at the forthcoming City Council elections. They thanked him for his time and work while Chair of the Board over the past three years and wished him well for the future.

(Meeting closed at 10.30 am)

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The NHS Long Term Plan – a summary

Health and care leaders have come together to develop a Long-Term Plan to make the NHS fit for the future, and to get the most value for patients out of every pound of taxpayers' investment.

The plan has been drawn up by those who know the NHS best, including frontline health and care staff, patient groups and other experts. And they have benefited from hearing a wide range of views, whether through the 200 events that took place, and or the 2,500 submissions that were received from individuals and groups representing the opinions and interests of 3.5 million people.

This summary sets out the key things local NHS organisations will be working on with their partners to turn the ambitions in the plan into improvements in services in Coventry and Warwickshire.

What the NHS Long Term Plan will deliver for patients

These are just some of the ways that we want to improve care for patients over the next ten years:

<p>Making sure everyone gets the best start in life</p>	<ul style="list-style-type: none"> • reducing stillbirths and mother and child deaths during birth by 50% • ensuring most women can benefit from continuity of carer through and beyond their pregnancy, particularly targeted towards those who will benefit most • providing extra support for expectant mothers at risk of premature birth expanding support for perinatal mental health conditions • taking further action on childhood obesity • increasing funding for children and young people's mental health • bringing down waiting times for autism assessments • providing the right care for children with a learning disability • delivering the best treatments available for children with cancer, including CAR-T and proton beam therapy
<p>Delivering world-class care for major health problems</p>	<ul style="list-style-type: none"> • preventing 150,000 heart attacks, strokes and dementia cases • providing education and exercise programmes to tens of thousands more patients with heart problems, preventing up to 14,000 premature deaths • saving 55,000 more lives a year by diagnosing more cancers early • investing in spotting and treating lung conditions early to prevent 80,000 stays in hospital

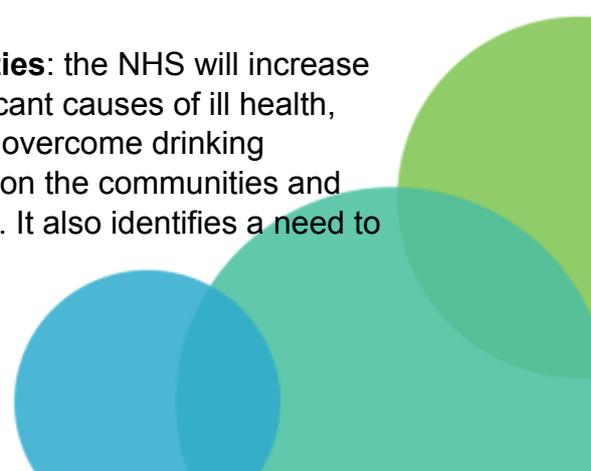


	<ul style="list-style-type: none">• spending at least £2.3bn more a year on mental health care• helping 380,000 more people get therapy for depression and anxiety by 2023/24• delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24
Supporting people to age well	<ul style="list-style-type: none">• increasing funding for primary and community care by at least £4.5bn• bringing together different professionals to better coordinate care• helping more people to live independently at home for longer• developing more rapid community response teams to prevent unnecessary hospital visits, and speed up discharges back to home• upgrading NHS staff support for people living in care homes• improving the recognition of carers and support they receive• making further progress on care for people with dementia• giving more people more say about the care they receive and where they receive it, particularly towards the end of their lives

How we will deliver the ambitions of the NHS Long Term Plan

To ensure that the NHS can achieve the ambitious improvements we want to see for our patients, the NHS Long Term Plan also sets out how we will overcome some of the challenges that the NHS faces, such as staff shortages and growing demand for services, by:

1. **Doing things differently:** we will give people more control over their own health and the care they receive and encourage closer working between GPs, their teams and community services. This will increase the services they can provide together so that people can get the help they need more easily and closer to home. This will also increase the focus on NHS organisations working with their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities.
2. **Preventing illness and tackling health inequalities:** the NHS will increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a focus on the communities and groups of people most affected by these problems. It also identifies a need to





ensure people's health is not affected because of where they live, the services and treatments available to them and the amount of money they have.

3. **Backing our workforce:** we will continue to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships. We will also make the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients.
4. **Making better use of data and digital technology:** we will provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.
5. **Getting the most out of taxpayers' investment in the NHS:** we will continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS' combined buying power to get commonly-used products for cheaper, and reduce spend on administration.

What happens next

Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs), are now asked to develop and implement their own strategies for the next five years.

Our strategy needs to set out how we intend to take the ambitions that the NHS Long Term Plan details, and work together to turn them into local action to improve services and the health and wellbeing of the communities we serve – building on the work we have already been doing.

This means that over the next few months, whether you are NHS staff, a patient or a member of the public, you will have the opportunity to help shape what the NHS Long Term Plan means for your area, and how the services you use or work in need to change and improve.

To help with this, local Healthwatch groups have been supporting NHS teams in ensuring that the views of patients and the public are heard, and Age UK have been leading work with other charities to provide extra opportunities to hear from people with specific needs or concerns. From March to April 2019, Healthwatch Coventry and Healthwatch Warwickshire undertook a programme of engagement activity (online surveys, face to face meetings and focus groups) to seek the views of 795 local people about what they think about the services/care we provide. The output of



Better Health, Better Care, Better Value

COVENTRY AND WARWICKSHIRE

this work along with other engagement activity undertaken by the Local Authorities and the CCGs will be used to inform the production of our response to the NHS Long Term Plan, the next Coventry and Warwickshire five-year Plan.

The timescale for this activity is detailed below:

**January
2019**
Publication
of the NHS
Long Term

**Summer
2019**
Production
of system
5-year plan

Sept 2019
Engagement
on draft
system 5-year
plan

**November
2019**
Publication of
the system
5-year plan

Find out more

More information is available at www.longtermplan.nhs.uk



Briefing note

Date 10 July 2019

To: Health and Social Care Scrutiny Board

From: Dr Sarah Raistrick – Chair, CRCCG

Subject: Response to NHS Long Term Plan in Respect of Streamlining Commissioning

1. Purpose of the Note

To provide Members with information regarding the implementation of the NHS Long Term Plan in relation to the commissioning function of the Clinical Commissioning Groups (CCGs) within Coventry & Warwickshire.

2. Recommendations

Members are asked to receive the report for information and assurance, and note the requirements for engagement of stakeholders during the developmental phase.

3. Information / Background

3.1. The NHS Long Term Plan¹ (LTP) published in January 2019 by NHS England (NHS E) was developed with input from patients' groups, professional bodies and frontline NHS leaders who since July 2018 shaped it through over 200 separate events, over 2,500 separate responses, through insights offered by 85,000 members of the public and from organisations representing over 3.5 million people.

3.2. The LTP sets out how the NHS will move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting. It sets out:

- how the NHS will strengthen its contribution to prevention and health inequalities;
- the NHS's priorities for care quality and outcomes improvement for the decade ahead;
- how current workforce pressures will be tackled, and staff supported;
- a wide-ranging programme to upgrade technology and digitally enabled care across the NHS; and
- how to return the NHS onto a sustainable financial path.

3.3. The LTP states that local NHS organisations will increasingly focus on population health, moving everywhere to Integrated Care Systems (ICSs) each covering a population of c1m by April 2021 growing out of the current network of Sustainability and Transformation Partnerships (STPs). These will have a key role in working with Local Authorities at 'place' level, and through them commissioners will make shared decisions with providers on how to use resources, design services and improve population health (other than for a limited number of decisions that commissioners

will need to continue to make independently, for example in relation to procurement and contract award).

- 3.4. Every ICS will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level. This will typically involve a single CCG for each ICS area. CCGs will become leaner, more strategic organisations that support providers to partner with local government and other community organisations on population health, service redesign and LTP implementation.
- 3.5. In Coventry and Warwickshire we are on a journey towards becoming an ICS by 2021 as required in the LTP. The Clinical Commissioning Groups (CCGs) have set out to determine their response to achieving 'streamlined commissioning', and the requirement to deliver during 2020, a 20% administrative cost reduction in the CCG. In this context the Governing Bodies asked that a transitional case for change be developed, with the facts known so far, and potential options for the strategic direction of the CCGs. In our CCGs, determining the strategic direction of the CCG is a matter reserved for GP Members.
- 3.6. To shape and inform the transitional case for change, there have been briefings and engagement events for staff, GP Members and Governing Body Members since December 2018. Other events were held with key stakeholders between March and May 2019. The purpose of this engagement activity was to bring together a wide range of stakeholder views from across Coventry and Warwickshire, including colleagues working in health and social care, voluntary and community organisations, councillors, carers and patients and their representatives with the aim of:
 - providing clarity that this piece of engagement was specifically around the future of health commissioning as it pertains to meeting the needs of a future integrated care system for Coventry and Warwickshire.
 - giving attendees background information and putting things in context to help them understand why we are considering changing health commissioning.
 - capturing their initial thoughts and reactions to this information to input into the a high level case for change document which was presented to the Coventry and Rugby CCG Governing Body in May.
- 3.7. The CCG considered the transitional case for change at their meeting in May. In their discussions, they were clear that, with the development of a single strategic commissioner, about 80% of the current CCG work will be aligned with "Place", and that we have 4 "Places" defined namely Coventry, Warwickshire North, South Warwickshire and Rugby. 20% of the current CCG activity will align with strategic commissioning at a Coventry and Warwickshire level. The Governing Body agreed that they would make a recommendation to GP Members that to create streamlined commissioning, the strategic direction would be a merger of the 3 local CCGs but that this was subject to development of a full case for change that described benefits/ disbenefits, risks and mitigations. They asked that the future arrangements at each Place be clearly set out, that a detailed timeline for how and when such a merger or any change might occur, and an appropriate due diligence assessment.

3.8. In line with the CCGs' constitutions, GP Members were asked to vote on the way forward, initially using the document the CCG Governing Body had used to make their recommendation. The Local Medical Committee Officers, in Coventry, Rugby and Warwickshire North asked for greater clarification, stating that the transitional case for change had insufficient information about impact at Place for the GP Membership to use to vote. An additional briefing was developed and issued and GP Members have voted on this. The result was that the majority of members voted for the CCG to explore two options, which were a) a single management team working for each of the 3 CCG's b) a merger of the 3 CCG's with a single management team. Should any members wish to review the full transition case for change this can be found in the papers of the Governing Body held on the 22nd May on the CCG website.

4. Next steps

4.1. A considerable amount of work will be required with colleagues and stakeholders to co-design:

- what commissioning at Place entails, and what strategic commissioning entails;
- the staff and skills required in the Places and in the strategic commissioner.

We are committed to working closely with stakeholders from across the system throughout this process of development.

4.2. The CCGs will also need to ensure they can meet all the other requirements in relation to merger set out in April 2019 guidance from NHSE of the CCGs and prior to making any application for change in their legal status to NHSE. This includes very clear requirements in relation to stakeholder and Member engagement.

4.3. Members are asked to agree how the Health and Social Care Overview and Scrutiny Board want to be engaged in future work to inform any application for change.

ⁱ <https://www.longtermplan.nhs.uk/online-version/> NHS England

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Please see page 2 onwards for background to items

10th July 2019
<ul style="list-style-type: none"> - NHS Long Term Plan - Response to NHS Long Term Plan in Respect of Streamlining Commissioning
11th September 2019
<ul style="list-style-type: none"> - An overview of Adult Social Care performance, achievements and challenges including the Adult Social Care Annual Report 2018-19 (Local Account) - Adult Safeguarding Annual Report 2018/19 - Update from Coventry and Rugby CCG on APMS Contracts
30th October 2019
<ul style="list-style-type: none"> - Director of Public Health and Wellbeing Annual Report - Managing Seasonal Pressures - Health and Wellbeing Strategy Priorities
11th December 2019
<ul style="list-style-type: none"> - Year of Wellbeing
29th January 2020
<ul style="list-style-type: none"> - Adult Social Care Peer Review
11th March 2020
-
8th April 2020
-
Date to be Determined
<ul style="list-style-type: none"> - Social Prescribing - Community Pharmacies - Primary Care - Employment and Mental Health - Mental Health Issues and their impact on the health system - Child and Adolescent Mental Health Services (Joint with SB2)
Joint Health Overview and Scrutiny Committee
<ul style="list-style-type: none"> - Stroke Services
2020/21

Date	Title	Detail	Cabinet Member/ Lead Officer
10th July 2019	- NHS Long Term Plan	Racheal Danter will present an overview of the NHS Long Term Plan to the Board.	Rachael Danter
	- Response to NHS Long Term Plan in Respect of Streamlining Commissioning	To receive an update on information regarding the implementation of the NHS Long Term Plan in relation to the commissioning function of the CCG's within Coventry and Warwickshire.	Sarah Raistrick
11th September 2019	- An overview of Adult Social Care performance, achievements and challenges including the Adult Social Care Annual Report 2018-19 (Local Account)	An annual item to consider this report. To include feedback on new supervision regime as discussed at the meeting on 18 th October during an item on Workforce Development Strategy.	Pete Fahy
	- Adult Safeguarding Annual Report 2018/19	Annual Report received by the Board. In 2017/18, the Board requested the next report included information on the engagement strategy and contribution to the Board's work from Partners, for example probation and housing associations. The new Chair will be invited and asked for their view of Coventry Safeguarding Board and priorities.	Rebekah Eaves
	- Update from Coventry and Rugby CCG on APMS Contracts	To receive an update on Alternative Provider Medical Services contracts in the City.	Andrea Green
30th October 2019	- Director of Public Health and Wellbeing Annual Report	To present information on the annual report for and feedback on progress from previous reports.	Liz Gaulton
	- Managing Seasonal Pressures	To look at the approach being taken by relevant partners across the Coventry system to plan for seasonal pressures including the NHS Winter Plan.	CCC/UHCW/ CCG/ CWPT

Health and Social Care Scrutiny Board Work Programme 2019/20

Date	Title	Detail	Cabinet Member/ Lead Officer
	- Health and Wellbeing Strategy Priorities	To look at the updated Health and Wellbeing Strategy and the actions to progress the three priorities.	Liz Gaulton
11th December 2019	- Year of Wellbeing	To look at the delivery and benefits to the City of the Year of Wellbeing and it's legacy.	Liz Gaulton
29th January 2020	- Adult Social Care Peer Review	To assist Social Care with their preparation for the Adult Social Care Peer Review.	Pete Fahy
11th March 2020	-		
8th April 2020	-		
Date to be Determined	- Social Prescribing	This item will explore the concept of social prescribing and feedback on the evaluation of the pilot which has taken place in the City.	Liz Gaulton
	- Community Pharmacies	Fiona Lowe, from the Chief Officer Coventry , Warwickshire and Herefordshire & Worcestershire LPCs, following on from work on POD in 18/19, has requested the Board consider a report on the potential of Community Pharmacies.	Fiona Lowe
	- Primary Care	An item to look at Primary Care, including the recruitment and retention of GPs and Supporting Self Care	Andrea Green
	- Employment and Mental Health	To consider the work being undertaken to improve the mental health of those living in the City to enable them to gain/maintain employment. This links to the work being undertaken by the WMCA Mental Health Commission.	Simon Gilby
	- Mental Health Issues and their impact on the health system	A detailed report on the issues and pressures relating to patients with mental health issues and their impact on the health system to be considered at a future meeting of the Board.	

Date	Title	Detail	Cabinet Member/ Lead Officer
	- Child and Adolescent Mental Health Services (Joint with SB2)	To receive an update on the transformation plan including waiting times for assessment and treatment, services for Looked After Children and transition between children's and Adults Services.	Matt Gilks/ Alan Butler
Joint Health Overview and Scrutiny Committee	- Stroke Services	There is a proposal to change the way stroke services are provided across Coventry and Warwickshire. The Board will receive information on the proposals at the meeting and have the opportunity to feed into the consultation on the changes.	Andrea Green
2020/21			

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