

**Coventry City Council**  
**Minutes of the Meeting of Coventry Health and Well-being Board held at 2.00 pm**  
**on Monday, 8 July 2019**

Present:

Board Members: Councillor Blundell  
Councillor Caan (Chair)  
Councillor Duggins  
Councillor M Mutton  
Councillor Seaman  
Chris Dempsey, NHS England  
Pete Fahy, Director of Adult Services  
Liz Gaulton, Director of Public Health and Wellbeing  
Simon Gilby, Coventry and Warwickshire Partnership Trust  
Andrea Green, Coventry and Rugby CCG  
John Gregg, Director of Children's Services  
Ruth Light, Coventry Healthwatch  
Stuart Linnell, Coventry Healthwatch  
Sue Ogle, Voluntary Action Coventry  
Gail Quinton, Deputy Chief Executive (People)

Other representatives: Rachael Danter, Coventry and Warwickshire Health and Care Partnership  
Professor Sir Chris Ham, Coventry and Warwickshire Health and Care Partnership

Employees (by Directorate):

Place: L Knight

People: J Crawshaw  
D Dawson  
V De Souza  
H Green  
R Nawaz

Apologies: Professor Guy Daly, Coventry University  
Andy Hardy, University Hospitals Coventry and Warwickshire  
Professor Caroline Meyer, Warwick University  
Chief Superintendent Mike O'Hara, West Midlands Police  
Dr Sarah Raistrick, Coventry and Rugby CCG

**Public Business**

**1. Declarations of Interest**

There were no declarations of interest.

**2. Minutes of Previous Meeting**

The minutes of the meeting held on 8<sup>th</sup> April, 2019 were agreed and signed as a true record. There were no matters arising.

3. **Appointment of the Deputy Chair of the Health and Wellbeing Board**

**RESOLVED that Dr Sarah Raistrick, Coventry and Rugby CCG, be appointed as Deputy Chair of the Health and Wellbeing Board for 2019/20.**

4. **Membership Changes**

The Chair, Councillor Caan, welcomed Councillors Mal Mutton and John Blundell to their first Board meeting. He also welcomed Chris Dempsey who was attending for the first time on behalf of Julie Grant, the new NHS England representative on the Board.

Councillor Caan reported on other changes to the Board membership that had been agreed at the annual Council meeting: Martin Reeves, Chief Executive, had stepped down and from the Board and was replaced by Gail Quinton, the Deputy Chief Executive (People). He also welcomed Pete Fahy and John Gregg who are joining the Board as statutory appointees as Directors of Adult Services and Children's Services respectively.

The Board placed on record their thanks to Martin Reeves, Councillor Faye Abbott and former Councillor Ken Taylor for their contribution to the work of Board over recent years.

5. **Chair's Update**

The Chair, Councillor Caan, referred to the Year of Wellbeing, the impact it was already having, and the importance of now considering an appropriate legacy. He made reference to Councillor Marcus Lapsa who had committed to losing 3 stone at the Year of Wellbeing Member briefing event in December and as of last week was 3lbs away from his target.

Councillor Caan also referred to the European City of Sport 2019 and to all the activities which were taking place which included the Europe Corporate Games from 1<sup>st</sup> to 4<sup>th</sup> August in Coventry, with more than 100 colleagues from the Council having signed up to take part. He informed of his attendance at the excellent Inclusive Sport Festival for children on 21<sup>st</sup> June at Howes Community Primary School, which involved over 350 disabled young people taking part in a huge range of sporting activities, including wheelchair basketball, dance, sitting volleyball and wheelchair rugby.

This week the Public Health team were supporting the Public Health England (PHE) regional Measles Elimination Plan workshop and were working with PHE to promote vaccination uptake through a range of means. In due course, the support of Board members would be requested as the work progressed.

Councillor Caan reported that Coventry had been working with the Activity Alliance at WMCA to develop access to sport opportunities for disabled people. This has led to a piece of work with Midland Mencap whereby they were offering inclusive bike rides in public parks, with bikes to suit a wide range of physical abilities.

These were happening on selected Sundays in the War Memorial Park in the first instance but there was interest to risk assess other parks with suitable path infrastructures to run the bikes on.

The Board noted that that West Midlands Wellbeing Board has not met since the last Health and Wellbeing Board meeting. The next meeting scheduled for 19th July.

## 6. **Housing and Homelessness One Coventry Approach**

Further to Minute 50/18, the Board considered a report and presentation of Jim Crawshaw, Head of Housing, concerning the Housing and Homeless Strategy 2019-2024 which was adopted by the City Council on 19th March, 2019 following a period of consultation with partners and service users.

The report and presentation indicated that the current strategy and action plan largely related to Council activity with all actions being assigned to internal Council departments. The Housing and Homeless Strategy 2019-2024 had been adopted on 19<sup>th</sup> March, 2019. There were opportunities to take a more overt One Coventry approach to the strategy which already required partnership working between the Council, other public sector organisations, registered providers and the voluntary/ community sector. There was a commitment to develop the strategy further with partners throughout 2019. There was also a need to develop a Rough Sleeping strategy by winter 2019 which would provide the opportunity to work with partners on this key issue facing the city.

The Board were informed of the current priorities which were:

- Recommissioning of support services
- Improve operational performance and business processes
- Better use of data and preventative effort
- Review of Coventry Homefinder
- Improved temporary and permanent accommodation
- Budget pressure, especially related to temporary accommodation.

The presentation provided details of the existing partnership working network. Partners were now being asked to:

Support to develop city-wide 'One Coventry' Housing and Homelessness Strategy in 2019;

Support to develop city-wide Rough Sleeping Strategy in 2019 and commitments from across the city;

Specifically consider joining up and expanding the following:

Integrated systems, such as hospital discharge and social care

Multiple Complex Needs and Rough Sleeping cohort

Older people demographic growth and accommodation needs

Wider determinants, environmental health, living conditions and fuel poverty.

**RESOLVED that support be given to the development of the city-wide 'One Coventry' Housing and Homeless Strategy and city-wide Rough Sleeping Strategy in 2019.**

## 7. **Draft Coventry Joint Health and Wellbeing Strategy 2019-23**

Further to Minute 47/18, the Board considered a report and received a presentation of Liz Gaulton, Director of Public Health and Wellbeing which reported on the outcomes of the public consultation on the Joint Health and Wellbeing Strategy proposals and presented an initial draft Health and Wellbeing Strategy for consideration and endorsement.

The report indicated that the current Health and Wellbeing Strategy covered the period 2016-19 so a new Strategy for 2019-23 was being developed for approval and adoption in autumn 2019. Work had been underway since October 2018 to develop the new place-based Joint Strategic Needs Assessment for the city. The process had involved the collection of 'hard' evidence from data sources, as well as consultation with local stakeholders - organisations and individuals - to understand the key issues facing local communities. The full citywide profile had been published and was a key source of evidence to inform the draft Health and Wellbeing Strategy. A copy of the citywide profile was set out at Appendix 1 to the report.

Pilot place-based JSNAs had been undertaken in the Moat and Families for All (Foleshill) Family Hub areas, and these locality profiles would be shared with the Board when finalised. Locality based profiles were to be produced for each of the eight family hub areas using both data and engagement outputs.

At the last Board meeting on 8 April, the Board had endorsed the proposed approach to developing the new Health and Wellbeing Strategy. Since then, public consultation had been undertaken on the proposed framework and priorities for the refreshed Strategy which were informed by data evidence from the JSNA; the outcomes of the senior partner workshop facilitated by the King's Fund held in March 2019; and learning from a stocktake of the current Health and Wellbeing Strategy. The consultation proposals included:

- i) a long-term vision for change: 3 strategic ambitions for the next 4 years
- ii) how we will do this – our population health framework
- iii) making it real – specific priorities / areas of focus where together we can make a tangible difference in short-term and learn how to do things differently.

A copy of the consultation leaflet summarising the proposals was set out at a second appendix to the report.

The report referred to the consultation and engagement process for the refreshed strategy which was an extension of the JSNA engagement activity over the previous six months. The widely promoted public consultation period ran from 10<sup>th</sup> May to 3<sup>rd</sup> June 2019. Opportunities were provided for both online and face to face consultation with stakeholders, further details of which were set out in the report.

The consultation feedback demonstrated broad support for each of the three proposed strategic ambitions along with support for the proposed population health framework. Participants were asked to identify 3 initial priorities that partners should focus on in the short term and young people's mental health and social isolation were the two options that received the greatest response. Some key themes and messages emerging from the consultation were:

- Communication – a demand for better communication between public sector and communities and more accessible information

- Networks – there was a need for networks to facilitate connections between small community and voluntary sector groups and organisations and a forum for engagement between the third sector and public sector leads.
- Making it happen – a challenge to demonstrate how the Strategy would be delivered and the impact measured.

A report on the outcomes of the consultation was set out at Appendix 3 to the report.

Scrutiny Co-ordination Committee had considered the consultation proposals on 19<sup>th</sup> June, 2019 and had requested:

- i) Embedding climate change issues in the strategy
- ii) Consultation and engaging directly with Councillors in relation to any future consultations
- iii) Encompassing Licensing and Planning issues as a way of tackling health inequalities.

A draft Health and Wellbeing Strategy 2019-23 had been developed building on the consultation proposals and informed by the consultation feedback, a copy of which was set out at appendix 4 to the report. The report highlighted some key points of feedback, how these had been reflected in the draft strategy and what had changed from the consultation proposals as a result of the feedback received.

Part 1 of the Equality and Consultation Analysis was completed prior to consultation and was set out at Appendix 5 to the report. It was concluded that the approach outlined in the consultation proposals was anticipated to have a positive equalities impact and lead to a much better understanding of the needs of people with protected characteristics. Further work on engagement would be undertaken as part of the specific focus on 'working differently with our communities'. Part 2 of the analysis would be completed when the final strategy was to be presented to the Board in October for final approval.

The report detailed the next steps in the development of the Strategy.

Members raised a number of issues in response to the presentation, matters raised included:

- Support for the draft strategy
- An acknowledgement of the need to align strategies across the Coventry and Warwickshire health and care system
- Clarification about the links to the current work on domestic violence, which also had a new strategy
- Support for the strong measures about working differently with communities
- The need for engagement with young people to frame the area of focus on young people's mental health
- Consideration to be given to the use of deficit language in the strategy, so avoiding stigmas
- Whether there should be focus by the Board on climate change, in particular the role of the NHS in reducing carbon emissions, and links with the Council's emerging climate change strategy

- The inclusion of long-term goals arising from the strategic ambitions – for 5 to 10 years and 20 years rather than just the four-year period covered by the strategy
- The broad strategic ambitions and areas of focus needing clear and specific definitions, with measurable outcomes so that impact could be monitored and evidenced.

**RESOLVED that:**

**(1) The Coventry Joint Strategic Needs Assessment Citywide Profile be noted.**

**(2) Having considered the outcomes of the public consultation on the Joint Health and Wellbeing Strategy proposals; the comments on the consultation proposals from the Council's Scrutiny Co-ordination Committee; and the draft strategy, the draft Coventry Health and Wellbeing Strategy 2019-23 be endorsed.**

**(3) The process and timeline for finalising, approving and adopting the Health and Wellbeing Strategy be noted.**

**(4) Consideration be given to making reference to climate change within the strategy along with long term goals in support of the strategic ambitions.**

**(5) The role that all partners can play to reduce climate change to be the subject of a report to a future Board or Place Forum meeting.**

**8. Governance Arrangements for the Coventry and Warwickshire Health and Care Partnership**

The Board considered a report of Professor, Sir Chris Ham, Independent Chair of the Coventry and Warwickshire Health and Care Partnership, on the review of the governance arrangements in the Coventry and Warwickshire Health and Care Partnership. The review had been carried out in preparation for becoming an accredited Integrated Care System. The objective of the review was to ensure that any future architecture would enable efficient and effective decision making and that there was alignment across the system with regard to the agreed vision and purpose.

The report detailed the membership of the Task and Finish Group set up to undertake the review along with their agreed principles to inform and steer discussions. The Group held 4 formal meetings supplemented by informal conversations between the Chair and various leaders across the system to ensure that a wide range of views and experiences were fed into the discussions.

The report referred to the building of existing arrangements to develop new, collaborative relationships. Reference was made to the 19 neighbourhoods/primary care networks where GP practices worked with community and social care services to offer integrated health and care services. These services sat within the four local Places (Coventry, Rugby, South Warwickshire and Warwickshire North). These were the primary units for partnerships between NHS services, local authorities, charities and community groups who worked together to improve

people's health and the quality of their health and care services. The focus of these partnerships would be to move away from simply treating ill health to preventing it and to tackling the wider determinants of health such as housing, employment, social inclusion and the physical environment. The Board were informed that the Place-based partnerships were key to achieving these ambitious improvements.

The place-based partnerships needed to be complemented with a common vision and shared plan for Coventry and Warwickshire as a whole system. The benefits of system working were highlighted.

The Board noted the proposed Partnership governance arrangements which would build on existing system arrangements, particularly the work undertaken by the Coventry and Warwickshire Place Forum. A new Partnership Board would be established to provide the formal leadership for the Health and Care Partnership. This would be strongly aligned to and heavily influenced by the Health and Wellbeing Boards, their Concordat and the Place Forum. The Board would meet in public at least four times a year and would be responsible for setting strategic direction. It would provide oversight of all partnership business, a forum to debate issues and make recommendations as partners on collaborative action.

The Board were informed that the new Board would work alongside the Place Forum. It would oversee the emergence of the Coventry and Warwickshire Integrated Care System and would be chaired by the independent chair of the partnership. The report detailed the membership of the new Board. In addition, the current Better Health, Better Care, Better Value Board was to be replaced by a new Partnership Executive Group whose members would be drawn from NHS organisations and both Warwickshire and Coventry Councils. This Group would report to the Partnership Board and members would be expected to recommend that their organisations supported agreements and decisions made.

The report provided an update on the Place based partnerships highlighting that the extent and scope of these arrangements were a matter for local determination. Arrangements built on existing partnerships working by bringing commissioning and providing services into even stronger alignment with each other and with a wide range of partners. The four places were where most of the ambitions of the Coventry and Warwickshire Health and Care Partnership would be delivered. They would report to the Partnership Board and over time would be expected to meet in public.

The Board noted that a Clinical Forum would supersede the Clinical Design Authority, reporting to the Partnership Group and the Partnership Executive Group. The purpose of this Forum was to be the primary forum for clinical leadership, advice and challenge for the work of the partnership in the Triple Aim: improving health and wellbeing; improving care and the quality of services; and ensuring that services were financially sustainable. The Forum ensured that the voice of clinicians drove the development of new clinical models and proposals for the transformation of services.

The report also informed of other governance arrangements between partners.

The Board welcomed the transparency in the new governance arrangements.

**RESOLVED that:**

**(1) Approval be given to the new governance arrangements for the Coventry and Warwickshire Health and Care Partnership to be adopted from September 2019.**

**(2) The intention to review the new arrangements after 12 months to ensure that they are fit for purpose be noted.**

**9. Coventry and Warwickshire Place Forum and Year of Wellbeing 2019 Update**

The Board considered a report of Liz Gaulton, Director of Public Health and Wellbeing which provided an update on the outcomes of the Place Forum meeting on 11<sup>th</sup> June, 2019 and the Year of Wellbeing activities and plans.

The report indicated that at the last Place Forum meeting members had received an update from Professor Sir Chris Ham on progress being made in the STP (now to be called the Coventry and Warwickshire Health and Care Partnership) and members had supported in principle the proposal to establish a System Partnership Board, Minute 8 above refers. The Forum had also discussed proposals to develop a shared vision for population health based on the ambitions and outcomes in the Health and Wellbeing Concordat. Members had endorsed the need for a strategic framework and supported the population health model. They received presentations from Moat House Community Trust and Grapevine on the different approaches they had been piloting of engaging with and mobilising communities, using an asset-based approach, Minute 10 below refers. The Forum had also been updated on the progress and impact to date of the Year of Wellbeing and considered ways of securing the legacy for the year.

The report detailed the actions that had been agreed by the Forum as part of the Place Plan, a copy of which was set out in an appendix to the report. The next Forum meeting had been arranged for 5<sup>th</sup> November and the report detailed the proposed focus of partner activity.

The update on the Year of Wellbeing reported that activity to increase the visibility of the Year of Wellbeing campaign in Coventry was progressing well, with the social media presence expanding. There was a reliance on local teams developing and sharing content to assist with the measurement and understanding of activity throughout the year. All activity would be collated towards the end of 2019 to determine the size and visibility of participation in the campaign and all partners would be asked to contribute towards this.

There had been a slow-down in sign-ups for the Year of Wellbeing newsletter and members were requested to encourage their staff and customers to sign up. There had also been a slow-down in pledging activity, which could mean the target of 1,000 pledges would not be achieved.

Consideration was currently being given as to how the evaluation of activity would be undertaken.



In relation to increasing child physical activity in primary schools, the capacity to get into primary school had been increased by working with the Schools Games Organisers who supported PE premiums and school games activity. It was anticipated that the challenging target of increasing activity in 100 schools was achievable. The report also reported on the success of the approach to review loneliness and social isolation activity in the city by shining a spotlight on innovative and successful ventures.

Members were encouraged to:

Link Year of Wellbeing social media content to corporate Twitter feeds and ask relevant staff to tweet/retweet content;

Pursue opportunities to promote the Year of Wellbeing and prevention services in public-facing media materials;

Encourage newsletter sign-up and individual pledges;

Register for the Thrive at Work workplace wellbeing accreditation programme;

Request Year of Wellbeing materials for market stalls at local events.

Members expressed their support for the Year of Wellbeing activities and acknowledged the importance of having a lasting legacy, building on the energy and enthusiasm generated by the Year. It was suggested that there could be an opportunity to pick up issues such as housing and homelessness and climate change, that had been raised elsewhere in the meeting, through the Place Forum and the emerging system strategy.

**RESOLVED that:**

**(1) The outcomes of the Place Forum meeting held on 11<sup>th</sup> June, 2019 be noted.**

**(2) The ongoing activity as part of the Coventry and Warwickshire Year of Wellbeing 2019 be noted.**

**(3) The recommended actions for Health and Wellbeing Board partners (detailed in Section 5.2 of the report) to further promote and progress the Year of Wellbeing 2019 be supported.**

**10. Multiple Complex Needs Evaluation and Future Governance**

The Board considered a report of Chief Superintendent Mike O'Hara, West Midlands Police and Chair of the Coventry Multiple Complex Needs Board, which provided an update on the evaluation of the Multiple Complex Needs programme within Coventry and informed of the plans for future governance. A copy of the evaluation report was set out at an appendix to the report.

The report indicated that the purpose of the Board was to set the strategic direction and report to the Health and Wellbeing Board, on one of the priorities in Coventry's 2016-19 health and wellbeing strategy, to improve the health and wellbeing of individuals with multiple complex needs. The Board had also been responsible for work around rough sleepers.

Reference was made to the work of the Multiple Complex Needs Operational Group who ensured delivery of projects, identifying, managing and flagging risks. The projects covered included:

Case Management Forum – where individuals were discussed using a person-centred asset-based approach.

Experts by Experience – developing an approach to meaningfully working with people with lived experiences and establishing a co-production approach in Coventry

Making Every Adult Matter (MEAM) – cross-sector approach that aimed to ensure people received co-ordinated support, helping individuals to reach their full potential and to contribute positively to their communities by flexing the system and undertaking systems change

Steps for Change – a multi-agency weekly drop in advice & information shop to address problems of homelessness, begging & drug/alcohol addiction in the city centre

Evaluation – a project to establish the extent to which the programme improved outcomes from an individual, organisational and system perspective

Housing First – a pilot with support for up to 109 individuals who were rough sleepers with multiple needs.

An evaluation of the Multiple Complex Needs project was carried out in late 2018/early 2019 and was largely positive, with respondents in agreement it had influenced the way organisations worked with the bringing together of experts and professionals leading to better working relationships and outcomes. The success of both STEPS and Experts by Experience had been highlighted. Challenges noted included difficulties of improving outcomes through available resources, referencing both the lack of funding and lack of a MEAM coordinator.

Issues highlighted for consideration included engaging with other organisations, in particular expanding out from the voluntary sector to include involvement from mental health and social care; more explicit consideration of housing; sustaining Steps for Change; embedding multiple complex needs thinking in more Panels and Council strategies; and refreshing the Vulnerable Persons Forum.

The Board were informed that since the evaluation was carried out, there had been a number of strategic and operational changes which had addressed some of the points raised by the evaluation. This included a review of the Vulnerable Persons Forum and additional funding secured to support homelessness. The Strategic Housing Board was chaired by the Chief Executive, where Housing and Homelessness was considered from a City Council perspective and the strategy was set and supported by the Housing and Homelessness Operational Group. Delivery of Housing First was now being overseen by the Housing Commissioner and Head of Housing, with support as required provided by Public Health and reporting into the Strategic Housing Board.

Moving forward it was proposed to integrate and mainstream multiple complex needs work across programmes and initiatives in the Council. New housing contracts were currently being revised and it was envisaged that a Complex Needs Panel would be established, addressing the work currently overseen by the Operational Group and Board.

The report highlighted options for the future governance for Multiple Complex Needs. It was proposed that the Multiple Complex Needs Board be dissolved with the Operational Group being retained in a transitional state whilst housing contracts were being revised and the Complex Needs Panel set up. The Group would continue to oversee the remaining projects, Case Management Forum, Experts by Experience, Making Every Adult Matter and Steps for Change, being accountable to Public Health and Insight. In due course the work would be overseen by Housing with support from Public Health when required.

The Board acknowledged all the work that had been undertaken with very little additional financial resource.

**RESOLVED that:**

**(1) The findings of the evaluation be noted.**

**(2) It be noted that the context around the work has changed significantly since the inception of the Multiple Complex Needs Board in 2016.**

**(3) The proposal for future governance of Multiple Complex Needs, including consideration of both the Operational Group and the Multiple Complex Needs Board, be noted.**

**11. Community Projects Proof of Concept Evaluations**

The Board considered a report of Valerie de Souza which provided an update on the Grapevine Community Capacity and Resilience project and the Moathouse Community Development Trust-Community Navigator project, which were co-funded by the Better Care Fund and Public Health and Insight. A copy of the independent evaluation of the project was set out at an appendix to the report.

The report indicated that since 2017 the two community organisations had been funded to work with individuals in a non-programmatic way with the aim of learning what worked to mobilise community assets to improve health and wellbeing and reduce demand. The work was taking place in the context of the Upscaling Prevention Programme.

The Grapevine Community Capacity and Resilience project sought to take practical steps to strengthen community-based action focussing on prevention and building stronger, self-sufficient communities. The project aimed to ensure that those who were vulnerable to ill-health or health inequalities were better supported to develop resilience and reduce the need for crisis-level services. Funding was committed until March 2020. Approximately two hundred individuals a year had been reached through Grapevine activity through this project, all of whom either had long term health conditions or cared for those with long term health conditions.

The Moathouse Community Development Trust-Community Navigator aimed to develop a deep understanding of the local environment and community in order to gather intelligence and build connections from the ground up. It aimed to proactively reach out to vulnerable older people and identify system failures and opportunities to support positive outcomes for individuals. The report detailed the level of funding secured. To date support has been provided to 180 senior,

vulnerable community residents (the cohort which the project focussed on) by providing holistic, whole-family support to these individuals. Moathouse had also engaged with over 600 children.

The report indicated that evaluation had shown that the community approaches taken by the two organisations were contributing to a number of deliverables of the Better Care Fund programmes, although measuring the scale of this contribution was challenging. These included improved joint working between health, social care and the community sector so health and resilience activities were more tailored to the local area, resulting in a greater co-ordination of activities and more efficient and effective use of resources; reduced hospital admissions and prevention or delay of re-entry to the health and social care system; reduced social isolation of people; connecting isolated and vulnerable individuals to activities that would increase their resilience; and improved quality and patient/service user satisfaction.

The report highlighted the key components demonstrated by the projects which would be needed to mobilise community assets and re-orientate formal services to produce better health and wellbeing outcomes for communities which included established and trusted infrastructure; skilled and experienced staff; building relationships which created meaningful connections, trust and a deep understanding of the community to develop sustainable networks; a holistic and asset-based approach; and equality of power, devolved decision making and mutual accountability.

Members outlined their support for the successful projects and the evidence that they had provided. There was an acknowledgement of the need to work differently with grass root voluntary and community groups in the city, to continue to develop a bigger network and build a stronger evidence base, taking account of how other organisations work in a variety of different ways.

**RESOLVED that:**

**(1) That the work and the findings so far be endorsed and the development of a systemwide approach to mobilising community assets to improve health and wellbeing and reduce demand be supported.**

**(2) Board members consider their organisation's current relationship with the community and voluntary sector and how this might become more collaborative to unlock the support required to meaningfully embed prevention at scale.**

**12. Any other items of public business - Hepatobiliary Services (HPB) at UHCW**

Councillor Blundell raised the issue of the Hepatobiliary (HPB) Service and a potential transfer to the Birmingham Queen Elizabeth Hospital. Chris Dempsey, NHS England reported that no decisions had been taken but Coventry and Birmingham hospital trusts had been in discussion about improving patient pathways and closer working arrangements.

(Meeting closed at 3.35 pm)