

Coventry Shadow Health and Well-being Board

11th March, 2013

City Council Board

Members Present: - Councillor Mrs Lucas
Councillor J Mutton
Councillor Noonan
Councillor O'Boyle (Chair)

External Organisations

Present:- Dr Steve Allen, Coventry and Rugby CCG
Rob Allison, Voluntary Action Coventry
Professor Jane Barlow, Warwick University
Dr Adrian Canale-Parola, Coventry and Rugby CCG
Professor Howard Davis, Coventry University
John Forde, Consultant in Public Health
Alison Gingell, Chair NHS Coventry
Ruth Light, Coventry LINK
Jane Moore, Director of Public Health
Sue Price, NHS Commissioning Board Area Team
Andrea Simmons, West Midlands Fire Service
David Spurgeon, Coventry LINK
Ruth Tennant, Consultant in Public Health

Employees Present:-

Simon Brake, Community Services Directorate
Colin Green, Director of Children, Learning and Young People
Peter Fahy, Community Services Directorate
Liz Knight, Customer and Workforce Services Directorate
Cat Parker, Community Services Directorate
Brian Walsh, Director of Community Services

Apologies:-

David Allcock, Coventry and Warwickshire Partnership Trust
Steve Banbury, Voluntary Action Coventry
Gill Boston, Voluntary Organisations Disability Group
Dawn Ford, Coventry Partnership
Andy Hardy, Chief Executive, University Hospital Coventry and Warwickshire
Professor Sudhesh Kumar, Warwick University
Steve Taylor, West Midlands Police

30. **Welcome**

The Chair, Councillor O'Boyle welcomed Members to the last meeting of the Shadow Health and Well-being Board.

31. **Minutes**

The minutes of the meeting of the Board held on 10th December, 2012 were agreed as a true record. In response to a question concerning the monitoring of GP performances, in particular instances of poor performance, it was acknowledged that the

Board would be kept informed of progress in this area. There were no additional matters arising.

32. **Members' Declaration of Interests**

There were no declarations of interest.

33. **Clinical Commissioning Group - 'Plan on a Page'**

The Board received a presentation from Dr Steve Allen, Accountable Officer, Coventry and Rugby Clinical Commissioning Group (CCG) on the CCG'S 'plan on a page' and the identification of local priorities as required by the 'Everyone Counts' Planning Framework guidance for 2013-14. The Board also considered a report of Dr Allen setting out the background to these issues and the next steps. Appendices to the report included the 'plan on a page' and detailed information on each of the priorities.

The CCG was required to make a formal submission to the NHS Commissioning Board on a number of areas including its 'plan on a page' and three local determined priorities. These priorities were to be aligned to local health and wellbeing strategies and have the support of the Health and Well-being Board. Discussions had taken place with public health officers from both Coventry and Warwickshire Councils. The Board were informed that the achievement of the priorities would influence payments made to the CCG under the Quality Premium.

The report set out the key messages from the guidance. The CCGs submission was required to be made to the NHS Commissioning Board Local Area Team (LAT) by 25th January, 2013. A representative for the LAT visited the CCG on 4th February and signed off the local priorities and related trajectories.

Reference was made to the review of the 2013-14 CCG Commissioning Plans which had been undertaken in February, 2013. One of the main findings was that there were insufficient outcomes articulated and an operating plan for 2013-14 was required. This work had already commenced. It was anticipated that the operating plan would be completed by 31st March. The review also identified the high priority areas to be included in the 'plan on a page'. The benefits of the 'plan on a page' were highlighted.

The Board was informed of the consultation with the CCG and public health colleagues from Coventry and Warwickshire which led to the determination of the following three priority areas:

- (i) Hospital admissions wholly attributable to alcohol and admissions due to alcohol related liver disease
- (ii) Cervical screening rates
- (iii) Maternal Smoking at time of delivery.

It was felt that these indicators were issues where influences could make a difference in the short term. Appendices to the report detailed the justifications for these priorities; the actions to be taken; the associated risks of non delivery; the baseline data and forecast trajectory for the end of 2013-14; and the supporting analysis. Reference was made to the ongoing discussions to ensure delivery of the targets.

Dr Allen also gave an update on the current position of the CCG. Following the authorisation visit on 11th December, 2012, out of 119 competencies, eight were still to be achieved. This had now reduced to six and it had been hoped that these remaining competencies would be completed by mid March. The timescale for completion had now slipped to June.

The Board questioned Dr Allen on matters related to the three priorities.

RESOLVED that support be given to the three selected local priorities as set out above.

34. Health and Well-being Strategy – Implementation and Monitoring

Further to Minute 26/12, the Board considered a briefing note from Ruth Tennant, consultant in Public Health, outlining how the Health and Well-being Strategy would be implemented and monitored.

At the last meeting on 10th December, 2012, the Board ratified the Strategy for Coventry which set out the main health and well-being challenges in the city and outlined the action to be taken by the City Council and other partners in the NHS, voluntary sector and local communities to tackle these health challenges. The themes and priorities included in the strategy were detailed.

It was agreed that there should be a scorecard for each of the priorities, with one indicator selected from the national Public Health Outcomes Framework to monitor progress; that there should be trajectories for each indicator showing the progress needed to bring Coventry in line with the best in the country; and lead officers, organisations and partnerships be responsible for reporting back on each priority.

The briefing note included a table setting out the high level indicators for each of the 12 priority areas along with a summary of how Coventry was doing compared to the England average. Reference was made to the need to identify locally-available data for each outcome to show whether improvements were being made including using 'early warning indicators'. It was proposed that a designated lead officer group was established to review progress against each indicator.

Designated lead officers would be asked to complete templates once every four months which set out:

- (i) Progress against the priority indicator
- (ii) Progress against other relevant indicators that would give an 'early warning' about whether performance against each priority was improving
- (iii) A summary of what action was being taken to improve performance.

It was the intention that this would be summarised and reported back to the Board every four months. Each year the Board would receive an annual review of progress across all indicators.

A second table set out the lead organisation; lead partnership; and director-level reporting lead for each of the 12 priority areas. Responsibilities were highlighted. The Board recognised that these leads may change over the life of the strategy.

RESOLVED that:

(i) The process for monitoring the implementation of the Health and Well-being Strategy be noted.

(ii) Approval be given to the key implementation leads.

(iii) Approval be given to the timescales and processes for reporting back to the Health and Well-being Board.

(iv) A copy of the finalised signed strategy to be circulated to all members of the Board.

35. Joint Strategic Needs Assessment – Next Steps for 2013/14

Ruth Tennant, consultant in Public Health, introduced the briefing note, the purpose of which was to update the Board on the process for updating the Joint Strategic Needs Assessment (JSNA) in 2013.

The note indicated that the Local Government and Public Involvement in Health Act 2007 placed a requirement on Local Authorities and PCTs to carry out a Joint Strategic Needs Assessment, the aim of which was to set out the 'big picture' in terms of the health and well-being needs of local people and to describe health inequalities locally. It should be used to commission services that would meet these health needs and reduce health inequalities and to plan what services might be needed in the future.

In Coventry, the last JSNA was produced in June 2012 with the work being overseen by a Task and Finish Group. It was used to develop the city's first Health and Well-being Strategy.

The following areas were proposed as priorities for the 2013 JSNA:

(i) To expand the JSNA to include more information on factors such as air quality, pollution, education & employment all of which were known to have a significant impact on health and well-being

(ii) To model the impact of demographic change on demand for health and social care services

(iii) To develop a new web-based JSNA interface to allow members of the public and local partners to understand local health needs at a glance, to drill down into data for their own neighbourhood and to use video clips to see what action was being taken to tackle these health needs

(iv) To increase user and community feedback on local health needs, drawing on existing health services and council feedback mechanisms.

This group would be led by a task-and finish group, led by Public Health, and would include input from Children, Learning and Young People, Community Services and City Services and Development Directorates, Coventry and Rugby Clinical Commissioning Group and voluntary sector representation. The JSNA would be presented to the Health and Well-being Board in September.

Members of the Board raised a number of issues including the proposals to

evaluate the implications of the Welfare Reforms on Coventry residents; the importance of partnership working; the intentions for effective consultation with all citizens; and the potential for engagement with Patient Panels.

RESOLVED that:

(i) The key areas for development in the 2013 JSNA be noted

(ii) Further reports be submitted to future Board meetings as appropriate.

36. The Future of the Health and Well-being Board

The Board received a presentation from Pete Fahy, Community Services Directorate, on the future of the Coventry Health and Well-being Board from 1st April, 2013. The Board also considered a draft report of the Director of Finance and Legal Services and the Director of Public Health on the future membership and governance of the Board.

The presentation highlighted the progress made by the Shadow Board. From 1st April, 2013 the Board would become a formal Section 102 Committee (1972 Local Government Act, with some amendments) of the Council. The Board's functions, as set out in Sections 195 and 196 of the Health and Social Care Act 2012 were as follows:

- To encourage integrated working for the purpose of advancing the health and wellbeing of people in its area
- To exercise the functions of the local authority and partner bodies in producing the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy
- Exercise any functions of the local authority that are given to it by the authority.

Reference was made to the main issues to be considered before the inaugural meeting of the Board which included membership (the roles of both statutory and non-statutory members); engagement; Sub-Committees; terms of reference; decision making (voting rights); and frequency of meetings. Changes in the Board support structure were also outlined with Public Health taking the lead from Community Services Directorate.

The draft report indicated that the Council was required to take some formal decisions about future membership, operation and the terms of reference of the Board and that changes needed to be made to the Council's constitution. The Shadow Board's views were requested to be reported to the Cabinet Member (Policy, Leadership and Governance) at his meeting on 12th March, 2013 and to the meeting of the City Council on 19th March, 2013.

Issues for consideration were as follows:

- (i) The membership of the Board with effect from 1st April, 2013;
- (ii) Whether the Council should give a direction removing voting rights from all or some of the non-elected members of the Board including members of any sub-committees and substitute members of the Board;
- (iii) Whether the Board should be politically balanced;
- (iv) The question of whether the Council should give a direction to the Board that it may not: (a) appoint sub-committees to discharge any of its functions (other than functions under Section 196(2) of the Health and Social Care Act 2012; and

- (b) appoint sub-committees or an officer to discharge any of its functions under Section 196(2) of the 2012 Act; and
- (v) The terms of reference of the Board when it becomes operational.

The Board discussed issues raised in the report. Reference was made to the role of the Cabinet Members for Children and Young People and Health and Community Services and their importance to the Board. There was an acknowledgement of wanting to maintain the experience built up over the past two years from the membership of the current Shadow Board. The Chair, Councillor O'Boyle referred to the additional requests that had been received asking to become members of the Board. The members felt that they wanted to spend more time considering their future role and governance arrangements including terms of reference and membership and that this item should be discussed again at the June meeting.

RESOLVED that, the following recommendations be reported to the Cabinet Member (Policy, Leadership and Governance) and Council:

(i) The Health and Well-being Board should have the same terms of reference as the Shadow Board until such time as it is in a position to review those terms of reference and make recommendations.

(ii) The membership of the Health and Well-being Board should for the time being be the same as the membership of the Shadow Board until such time as it reaches a view on whether the membership needs to change.

37. Teenage Pregnancy Update

Colin Green, Director of Children, Learning and Young People, informed the Board that at the last meeting of the Children and Young People's Commissioning Board on 4th February, 2013 the Board had considered a report on the low level access to contraception from the Integrated Sexual Health Service (ISHS), by the under 18 population. The provision of accessible contraception was integral to the reduction in teenage pregnancy.

As a result of the low numbers accessing contraception, the Board had agreed three recommendations to improve this situation. This included that all young people accessing the ISHS service for sexually transmitted infection reasons, should automatically be given a contraceptive assessment and contraception be provided where relevant. The ISHS service was also to examine how it promoted the service to 13-17 year olds and should seek to improve the number of young people aware of the service and its role.

38. Learning Disability Health Self-Assessment

Pete Fahy, Community Services Directorate, introduced the briefing note which informed of the outcome of the Learning Disability Self-Assessment and the resulting action as submitted to the Strategic Health Authority (SHA) in February, 2013.

Every two years Health was required by the SHA to lead on the completion of a Learning Disability Self-Assessment in conjunction with the Local Authority. The purpose of the self-assessment was to provide an assessment of how local and regional

organisations were working to improve the health of people with a learning disability. The self-assessment required the completion of 121 questions across 14 areas which included Access to Health Services, Being Safe and Governance and Quality. Completion of the self-assessment required input from a range of health and social care organisations within the City.

Following completion of the Self-Assessment, a validation visit was conducted by a team led by the SHA and included family carers and people with Learning Disabilities. Following the visit feedback was provided and an action plan completed. The completion of the action plan was to be monitored by the Coventry Learning Disability Partnership Board (LDPB). The feedback from the validation visit and the action plan were required to be shared with the Shadow Health and Well-Being Board.

The briefing note detailed the areas of good practice identified in Coventry along with a number of areas for improvement. These improvement areas were considered in the development of the action plan, a copy of which was attached at an Appendix to the briefing note. The plan was agreed between the City Council and the CCG. Progress against the action plan would be monitored through the Coventry Learning Disability Partnership Board.

RESOLVED that the findings of the Learning Disability Health Self-Assessment and resulting action plan be noted.

39. Marmot City Update

The Board received a presentation from Councillor Lucas, Cabinet Member (Health and Community Services) which provided an update on Coventry's involvement in the UK Marmot Network. Coventry would be working with the Marmot Team to increase life expectancy and reduce the significant variation in health outcomes that existed across the city.

Marmot work streams currently underway included:

- (i) A model to support community asset based working in Coventry
- (ii) Establishing the impact of the economic downturn on health inequalities in Coventry and how to mitigate the effects in a cost neutral way
- (iii) Enabling the Council to consider the impact on health to ensure that any decision taken maximises health gain to reduce inequalities
- (iv) Developing a more effective JSNA process
- (v) Undertaking a Migrant Health Needs Assessment.

The Board's attention was drawn to the City Council Marmot Meeting being held the following day (12th March). Senior officers from all Directorates would be attending to identify how they would work to drive change to improve health and reduce inequalities. Portfolio holders were due to meet on 19th April. Further workshops were planned on specific work streams to which partner organisations would be invited.

Dr Steve Allen, Coventry and Rugby CCG, clarified that the CCG would be supporting initiatives to reduce health inequalities.

40. Provisional Dates for Meetings of the Health and Well-being Board

The Board noted the potential dates for meetings of the Health and Well-being Board for the municipal year 2013/2014 as 24th June, 16th September and 9th December, 2013 and 10th March, 2014. Meeting dates would be agreed at the Annual Meeting of the City Council on 16th May, 2013.

41. Any Other Business – The Francis Report

Alison Gingell, NHS Coventry referred to the recommendations contained in the Francis report and to the implications relevant to the health economy of the city. She suggested that it would be appropriate for an update outlining what action local health providers were taking in response to these recommendations to come to the next Board meeting. The Board supported this suggestion.

RESOLVED that reports on the actions taken in response to the Francis Report be submitted to the first meeting of the Health and Well-being Board to cover the following health providers:

**Coventry and Rugby CCG
Coventry and Warwickshire Partnership Trust
University Hospitals Coventry and Warwickshire
George Eliot Hospital
Community Services Directorate
Public Health
NHS Commissioning Board**

Meeting closed: 3.45 p.m.