

**Minutes of the meeting of the Coventry Health and Well-being Board held at 2.00 p.m. on 24<sup>th</sup> June, 2013**

Present:

Board Members: Councillor Gingell (Chair)  
Councillor Duggins  
Councillor Taylor (substitute for Councillor Noonan)  
Councillor Thomas  
Colin Green, Director of Children, Learning and Young People  
Jane Moore, Director of Public Health  
Brain Walsh, Director of Community Services  
Dr Steve Allen, Coventry and Rugby CCG  
Stephen Banbury, Voluntary Action Coventry  
Professor Howard Davis, Coventry University  
Ruth Light, Coventry Healthwatch  
Andy Nicholson, West Midlands Police  
Sue Price, NHS Commissioning  
David Spurgeon, Coventry Healthwatch  
Steve Taylor, West Midlands Fire Service

Employees (by Directorate):

Chief Executive's: R Tennant

Community Services: S Brake, C Parker

Customer & Workforce Services: L Knight

Apologies: Councillor Noonan  
Dr Adrian Canale-Parola, Coventry and Rugby CCG  
Professor Sudesh Kumar, Warwick University

## **Public business**

### **1. Welcome**

The Chair, Councillor Gingell, welcomed members to the first meeting of the Coventry Health and Well-being Board. She placed on record her thanks to members of the former Shadow Board and in particular to Councillor Jim O'Boyle, the Chair of the Shadow Board

### **2. Declarations of Interest**

There were no declarations of interest.

### **3. Minutes**

The minutes of the meeting of the Coventry Shadow Health and Well-being Board held on 11<sup>th</sup> March, 2013 were signed as a true record. In relation to Minute 33 headed 'Clinical Commissioning Group – Plan on a Page' it was clarified that the CCG Operating Plan for 2013-14 had been completed by 31<sup>st</sup> March, 2013. Further to Minute 34 headed 'Health and Well-being Strategy – Implementation and Monitoring' a request was made for a copy of the finalised strategy to be

circulated to all members.

**RESOLVED that copies of the CCG Operating Plan for 2013-14 and the Health and Well-being Strategy be circulated to all members of the Board.**

**4. Meeting the Challenges of the Francis Report: Quality in Local Health and Social Care Services**

Further to Minute 41/12 of the Shadow Health and Well-being Board, the Board noted reports from a number of local Health providers on their actions taken in response to the recommendations contained in the report by Robert Francis QC on the Failings at Mid Staffordshire Hospital. The Chair, Councillor Gingell informed that what action local providers take around quality would be monitored by the City Council's Health Overview and Scrutiny Committee.

**a) Coventry and Rugby Clinical Commissioning Group (CCG)**

The Francis report highlighted several recommendations that were applicable to CCGs as commissioners of health care. The report from the CCG listed the key actions being undertaken and also included a more detailed current position statement. The Board noted that a CCG Board development session had been arranged for Board Members and the Senior Management Team on 1<sup>st</sup> July to discuss the recommendations in more detail and produce an action plan of key gaps. Additionally an assurance framework that outlined CCG meetings with all commissioned services for the assessment of quality and safety of services was being developed.

Dr Allen drew attention to the emphasis that was placed on continually talking with both staff and patients to hear their views.

**b) National Health Service (NHS) England Local Area Team**

Sue Price, National Health Service Commissioning Board Area Team provided an update on the response from the Local Area Team to the recommendations of the Francis report.

She referred to the development of a new plan with the priority for putting patients first and to the introduction of an 11 point score card. The importance of working alongside the CCG was highlighted, there was a sharing of quality measuring and this was managed with as little duplication as possible.

An excellent quality assurance framework had been developed for local GPs and it was intended to use this to develop frameworks for other health services. Much activity was taking place and the Team were awaiting the appointment of the Chief Inspector of GPs who would also have responsibility for monitoring quality. Members questioned the cross cutting roles for measuring and monitoring quality and it was suggested that an annual report on quality be submitted to the Health and Well-being Board which would provide clarification and an overview of the whole system.

**c) Monitoring and Improving Quality in Adult Social Care**

The report of Brain Walsh, Director of Community Services, indicated that Adult Social Care currently supported approximately 8500 residents in Coventry with a range of services. The service was committed to the delivery of personalisation where care and support was tailored around individuals specific support requirements and the outcomes they wanted to achieve. In relation to commissioning services, quality standards were defined through the commissioning service and set out within contracts. There was a move towards outcome based contracts to help meet individuals' requirements and the importance of monitoring contracts and the use of action plans were highlighted. Reference was made to the roles of the Coventry Safeguarding Adults Board, the Council's Health and Social Care Scrutiny Board (5), the Care Quality Commission and Healthwatch Coventry and to arrangements for reporting performance.

#### **d) Monitoring and Improving Quality in Children's Services**

The report of Colin Green, Director of Children, Learning and Young People indicated that the Children, Learning and People's Service delivered services directly to families and children through a range of services. The Directorate also commissioned services for children and their families. Arising from the Francis report, in March 2013 there was a peer review of all agencies involved in Safeguarding in the city and this review and the auditing of casework prompted a refresh of the approach to planning and auditing of cases to ensure that cases were being progressed promptly and that outcomes were being identified and achieved. Reference was made to Ofsted inspections and to the role of the Children and Young People Scrutiny Board (2). There was a strong thread of multi-agency support for quality which included the work of the Local Safeguarding Board and the Joint Commissioning Board. The arrangements for reporting performance and monitoring quality in casework were set out.

#### **e) Monitoring and Improving Quality in Health and Social Care: Public Health Services**

The report of Jane Moore, Director of Public Health indicated that Public Health had two key areas of responsibility around quality, ensuring that public health commissioned services were safe and high quality and providing leadership for the public health system within their local area.

The public health commissioned services were set out and the processes in place to monitor the quality of public health services were detailed. Although the Francis report did not explicitly refer to public health services, many of the findings and its recommendations were applicable. These included the need to share data about quality organisations, the importance of having an open culture and being open to criticism, the need to put in place fundamental, enhanced and developmental standards to drive up quality and putting patient and service users' experience at the heart of services. Reference was made to the mechanisms being developed for reporting and escalating quality issues in public health and related Council services and to the key priorities for the next twelve months.

The Board questioned the officer on the issue of adequate resources and how to capture data from people's individual experiences.

**RESOLVED that:**

**(i) Following the consideration of what the Francis report and quality means to local trusts by the Health and Social Care Scrutiny Board (5) at their meeting on 25<sup>th</sup> September, any findings be circulate to all members of the Health and Well-being Board.**

**(ii) An annual report on Quality be submitted to a future Board meeting.**

**5. New Governance and Delivery Arrangements for the Health and Well-being Board**

The Board considered a report of Ruth Tennant, Deputy Director of Public Health which provided an update on changes to membership and outlined new delivery arrangements for the Board's work. From 1<sup>st</sup> April, 2013 the Health and Well-being Board had become a statutory Committee of the City Council.

Membership of the new Board and the meeting schedule of three meetings a year were agreed at the Annual Meeting of the City Council on 16<sup>th</sup> May, 2013. Membership details were set out in the report. It was the intention that other organisations including NHS providers would be invited to meetings as required.

In view of the wide remit of the Board and the need to maintain good working relations with a range of other key stakeholder Boards, a strong delivery structure was required. It was proposed to establish a new Delivery Board to oversee the delivery of the Health and Well-being Board's programme and to consider development sessions on specific topics. Membership was set out. It was intended that the Delivery Board would meet as required. An officer support group had also been set up to provide cross-agency support for both the Board and Delivery Group. It was intended that Task and Finish or Steering Groups be set up for specific areas of work. Reference was made to the work of the Marmot Steering Group. Structures would be reviewed after a year to ensure that they were fit for purpose. Further information was provided on future relationships with other key partners and the Council's Health Overview and Scrutiny Committee.

The report highlighted the issue of voting rights. The 2013 Regulations provided that all members of the Board, whether co-opted or elected members had voting rights unless the Council directed otherwise having first consulted with the Board. Members of the Board would be subject to the Standard provisions of the Localism Act 2011 if they had voting rights.

Members discussed the relationship between the Board and the new Delivery Board; the problems associated with the potential amount of business for this Board; and the role of voluntary sector representatives in the new structure. A question was asked about how national reports would feed into the Board giving the example of a recent article on the estimated numbers of women affected by perinatal mental illnesses in England each year. It was clarified that the arrangements would be monitored and reviewed and that it might be necessary to circulate reports to Board members in between the scheduled meetings. It was suggested that the Delivery Board be referred to as the Deliver Group rather than a Board. It was felt appropriate for all members to be able to exercise a vote at meetings, although it was not anticipated that this situation would occur very often. A request was made for new members to be given some initial support to help

them with their understanding of the work of the Board.

**RESOLVED that:**

**(i) The changes to membership be noted and the new delivery arrangements be endorsed.**

**(ii) Agreement be given to review membership and delivery arrangements in a year's time to ensure that they continue to be fit for purpose.**

**(iii) All members of the Board to have voting rights.**

6. **Measuring Progress Against the Health and Well-being Board and Marmot Priorities**

The Board considered a report of Jane Moore, Director of Public Health which provided an overview of the indicator set and work programme that had been developed to monitor and improve progress against both the Health and Well-being Board priorities as well as the Marmot work programme.

The report referred to the Marmot Steering Group formed in March, 2013 to act as the central vehicle for ensuring that Coventry maximised the life opportunities for the residents of Coventry.

Appendices to the report set out an inequality key indicator set for the Health and Well-being Board along with the national marmot indicators which compared Coventry's performance with that of the West Midlands and England.

During the development of the Marmot indicators, Directorates across the City Council had been reviewing their contributions to improve life chances for the people of Coventry. The indicators had all been assigned a lead organisation or Directorate. The report detailed the key areas of work and the ownership of indicators across the Council and the Coventry and Rugby CCG.

Reference was made to the support for the Marmot agenda from Voluntary Action Coventry.

The next steps included the National Marmot Team reviewing Coventry's contribution to the Marmot agenda and providing expertise around measuring inequalities in the city over the next two years. Further work was to be done to establish a reporting structure and a way in which performance against the indicators could be presented.

**RESOLVED that the approach that has been taken so far in identifying indicators to measure progress against the Health and Well-being Board and Marmot priorities be endorsed.**

7. **Physical Inactivity and Sedentary Lifestyles: The Coventry System Leadership Challenge**

The Board considered a joint report of Jane Moore, Director of Public Health and Sarah Smith, Specialist Registrar in Public Health which provided an update on work that was taking place to reduce physical inactivity and sedentary lifestyles.

Funding had recently been secured from The Department of Health for a Coventry Systems Leadership Exemplar Project. Physical Activity and Sedentary Lifestyles was chosen as the return of public health to local government meant that there was renewed opportunity to develop a systemic approach to this issue, rather than leaving the focus on the responsibility of the individual. Information was provided on the levels of physical inactivity in the city from information taken from the Coventry Household Survey, 2012.

Reference was made to the work undertaken to identify new approaches to bring about population change in levels of physical inactivity and sedentary behaviour in the city. There was a consensus of the need to establish a new social norm in the city around regular health – enhancing physical activity for everyone regardless of age and body weight. It was the intention to have an early focus on major summer events in the city (Godiva Festival and Godiva Returns). The objectives of the project were set out along with the following five complimentary work streams:

- (i) A social movement for change by building leadership and capacity with agencies and citizens to achieve change
- (ii) Understanding and targeting high risk populations with the most to gain (using the household survey data)
- (iii) Partnering with local GPs to develop a physical activity offer initially for patients included on primary care hypertension registers with a view to this being offered to all patients on the practice list.
- (iv) A workplace ‘responsibility deal’ around physical inactivity and sedentary behaviour building on the Coventry and Warwickshire Workplace Charter. The aim was to start with the major employers in the city but to encourage all employers to pursue the charter commitment to physical activity.
- (v) Encouraging the development of social enterprise to support and sustain behaviour change in terms of physical activity and sedentary lifestyles in workplaces and in communities.

Members of the Board expressed support for the project.

**RESOLVED that:**

**(i) The objectives and key workstreams of the project be noted**

**(ii) A review of progress with the project be submitted to the next Board meeting in October.**

**8. Coventry and Rugby Clinical Group Prospectus**

The Board noted the Coventry and Rugby Clinical Commissioning Group (CCG) Prospectus for 2013-14 which aimed to explain the role of the CCG and how the Group was working on behalf of the local residents to improve local health services. The document had been produced in a user friendly manner for the benefit of local people.

The CCG's vision and values were set out along with challenges and priorities for improving the health and well-being of the community. How the CCG would ensure value for money and high quality care and provide the best possible patient experience were also outlined. Opportunities for patient involvement and becoming a health champion were detailed.

Members of the Board expressed support for the prospectus.

9. **Joint Social Care and Health (Section 256) Grant Proposal for 2013-14**

The Board noted a joint report of the Coventry and Rugby CCG, the NHS Commissioning Board Area Team and Coventry City Council informing the Board how the City Council was planning to use the monies transferred under joint social care and health monies for 2013/14. A copy of the letter advising of the arrangements from Shaun Gallagher, Department of Health Director General, Social Care, Local Government and Care Partnerships was set out at an appendix to the report.

Coventry was to receive £5,551,509 for 2013/14. The Department of Health had specified that this funding must be used to support adult social care services in each local authority, which also had a health benefit and considered that Health and Well-being Boards were the natural place for discussions between the Boards, CCGs and local authorities on how funding should be spent. The role of the NHS Commissioning Board was also outlined in the report.

It was proposed that the monies for Coventry was transferred to the local authority under an NHS Act (2006) S 256 agreement and that expenditure was committed in line with existing priorities, those outlined in the Joint Strategic Needs Assessment of the Board and the Health and Well-being Strategy and was monitored by the Adult Commissioning Board. This Board would monitor expenditure regularly in order to ensure that it demonstrated an improvement in the support to adult social care services in Coventry and that it would make a positive difference to social care services and outcomes for service users across the city. The Board were informed that they would receive an annual report from the Adult Commissioning Board describing the expenditure and outcomes. This report would also be submitted to the CCG Board, the City Council and the NHS England Area Team. The S256 agreement would be the subject of audit by the relevant organisational Audit Committees.

10. **Disabled Children's Charter**

The Board gave consideration to signing up to the Disabled Children's Charter produced for Health and Well-being Boards to show their commitment and support to disabled children, young people and their families. It encouraged Boards to work in partnership with these children, young people and their families to improve universal and specialised services, ensuring they received the support they needed, when they needed it and were supported to fulfil their potential.

**RESOLVED that:**

**(i) The Board give approval for the Chair, Councillor Gingell to sign the Charter on behalf of the Board.**

**(ii) A progress report be submitted to the Board in twelve months.**

**11. Any Other Public Business – Letter to Chairs of Health and Well-being Boards**

Sue Price, National Health Service Commissioning Board Area Team drew attention to a letter that had been sent to the Chairs of Health and Well-being Boards from Norman Lamb MP, Minister of State for Care and Support, which highlighted the pivotal local leadership role that Health and Well-being Boards could play in delivering the commitments made in the Winterbourne View Concordat. This represented a commitment from over 50 organisations to reform how care was provided to people with learning disabilities or autism who also had mental health conditions or behaviours viewed as challenging.

(Meeting closed at: 3.55 p.m.)