

Minutes of the meeting of the Coventry Health and Well-being Board held at 2.00 p.m. on 21st October, 2013

Present:

Board Members: Councillor Gingell (Chair)
Councillor Duggins
Councillor Mrs Lucas
Councillor Noonan
Councillor Thomas
Jane Moore, Director of Public Health
Brian Walsh, Executive Director, People
Dr Adrian Canale-Parola, Coventry and Rugby CCG
Professor Guy Daly, Coventry University
Juliet Hancox, Coventry and Rugby CCG
Professor Sudesh Kumar, Warwick University
Ruth Light, Coventry Healthwatch
Andy Nicholson, West Midlands Police
Sue Price, NHS Local Area Team
David Spurgeon, Coventry Healthwatch
Steve Taylor, West Midlands Fire Service

Employees (by Directorate):

Chief Executive's: R Tennant
People: S Brake, P Barnett, M Godfrey and C Parker
Resources: L Knight
Apology: Dr Steve Allen, Coventry and Rugby CCG

Public business

12. Welcome

The Chair, Councillor Gingell, welcomed members to the meeting of the Coventry Health and Well-being Board, and, in particular, to Professor Guy Daly, Coventry University, who was attending his first Board meeting. She also welcomed the Peer Review Team who were observing the meeting to provide the Board with an objective view of how they were operating.

13. Declarations of Interest

There were no declarations of interest.

14. Minutes

The minutes of the meeting held on 24th June, 2013 were signed as a true record, subject to the deletion of the word 'Brain' and replacement with the word 'Brian' in the attendance for the meeting and in the first paragraph of Minute 4c headed 'Monitoring and Improving Quality in Adult Social Care'. There were no matters arising.

15. Dementia Development Session Follow-up: Feedback and the Health and

Well-being Board Commitment

The Chair, Councillor Gingell, reported on the success of the Dementia Development Session held on 3rd October, 2013 which was the first of a number of proposed sessions. She placed on record her thanks to Ken Howard, a member of the public who attended and shared his experiences of suffering from early dementia. She drew attention to the Dementia Strategy Group and her intention to act as Chair and to invite senior representatives from other organisations to participate.

The key issues from the day were highlighted and the Board were informed that actions would be incorporated in the draft dementia strategy which was to be revisited. Proposals would be put forward for how Coventry could develop as an age friendly city.

Members of the Board expressed their support for the informative development session. It was suggested that it would have helpful to have been provided with experiences of dementia from the point of view of a carer, and what support they would like to receive. The Chair clarified that carers' views would be included in the draft strategy.

16. Health and Social Care Integration: Update and Next Steps

Brian Walsh, Executive Director, People, introduced the briefing note which reported on the progress of the integration work stream for health and social care and sought approval of the reporting mechanisms to the Health and Wellbeing Board, who would have an overseeing role in the process.

The integration of health and social care was a key priority for the city. An Integration Leaders' Group had been established, chaired by Councillor Gingell and comprising Chief Officer representatives from Coventry City Council, Coventry and Rugby CCG, Coventry and Warwickshire Partnership NHS Trust and University Hospitals Coventry and Warwickshire NHS Trust. Representatives from West Midlands Ambulance were also to be invited. A Working Group had also been established to progress the plans.

The Working Group had explored possible areas for integration where the work of the Health and Well-being Board could add value. The Leaders' Group had agreed that older people, including long term conditions, and safeguarding children would be areas for focus. An event was to be held in December, 2013 with representatives from across health and social care to formulate plans for integration and to develop an overarching vision. Progress was to be reported to the Board at their next meeting on 24th February, 2013.

Reference was made to the Integrated Transformation Fund, announced in June, 2013 which was a single pooled budget to support the integration of health and social care. Work was being undertaken to progress plans for the fund which needed to be agreed by March, 2014. Approval by the Board would be sought at their next meeting. In response to a question, it was acknowledged that the report would also be submitted to Scrutiny as well as Cabinet and Council. The requirements for proposed plans were detailed.

The Board were informed that the creation of the new People Directorate would assist the Council with the integration work.

RESOLVED that:

(i) The membership of the Integration Leaders' Group and the Working group be approved.

(ii) The approach taken by the Working Group be endorsed.

(iii) The method of reporting to the Health and Well-being Board be approved.

17. NHS Coventry and Rugby CCG Commissioning Intentions

The Board received a presentation from Juliet Hancox, Coventry and Rugby Clinical Commissioning Group (CCG) on the progress and outcomes of the 2013/14 commissioning intentions process. The Board also considered the CCG's draft 'Commissioning Intentions 2014-16' report.

The commissioning intentions process enabled the CCG to identify how they could make the most significant contribution to improving health outcomes over their strategic priority areas which were as follows:

- Best practice in acute hospital care
- Wellbeing of people with mental health needs
- Health of (frail) older people
- Healthy living and lifestyle choices
- High quality, safe GP practices.

Through an on-going process of engagement over 1,000 local people identified their priorities for action. During August 2013, the process was repeated at three separate workshops involving representatives from GPs and practice representatives from Coventry and Rugby, CCG staff, and representatives from the two local authorities. These workshops resulted in the six priority work programmes: diabetes; end of life; dementia; 24/7 urgent care; stroke care and children 0-5 years. Further information on these work programmes was set out in the draft report.

Over the coming months the CCG would engage with a wide range of stakeholders to develop ideas as to what changes should be made to existing services within each of the work programmes in order to improve the health outcomes secured. These ideas would then be reviewed with the resultant prioritised set of actions being detailed in the CCG's Operational Plan 2014-16.

The Board raised a number of issues on the commissioning intentions including how safeguarding was being prioritised in respect of children 0-5 years; details of joined up collaborative working around 24 hour urgent care; what was being done differently to encourage innovation; what assurances could be given about improving the quality of GP practices including premises improvements and access to greater opening hours; how would the six priority areas be monitoring for improvements; and the expectations for supporting people with mental health problems including community support to assist the police, the Probation Service and troubled families.

RESOLVED that a further progress report be submitted to the Board at the end of the commissioning process with particular reference being made to the work to support people with mental health problems.

18. **Director of Public Health Annual Reports 2012 and 2013**

The Board received a presentation from Jane Moore, Director of Public Health on public health in the city which highlighted significant changes since 1970, identified current issues and detailed the key challenges for the future. The Board also considered the two Annual Reports of the Director. The first looked back to when public health was last in local government in 1974 and considered how health had changed since then and the second looked forward to the major challenges that needed to be tackled to improve health in the 21st century. These reports were also to be considered by the Health and Social Care Scrutiny Board (5) at their meeting on 6th November, 2013 and then Cabinet at their meeting on 19th November, 2013.

The findings of the reports were to be used by the City Council and other key partners in the NHS and voluntary sector to focus action on the particular health needs of Coventry and the groups in the city with the lowest life expectancy. They showed the need for continued effort to improve issues that affect people's health including education and employment which were being tackled through the city's status as a Marmot City. They also highlighted the need to focus on lifestyle issues such as smoking, alcohol, poor diet and physical activity which were the biggest health challenges for the 21st century. Information from these reports would be shared with local people through the Neighbourhood Forums and would also be shared more widely with partner agencies and the voluntary sector.

The presentation put forward the following five key challenges:

- Focus on closing the health gap
- Target the areas of the city and the people where we have seen the least improvement
- Work with local communities to empower them to make a change (asset-based working)
- Use social marketing, social media and technology to support behaviour change
- Make it easier for people to change.

Ten key actions had been developed to address these challenges. The long term outcomes of these were to increase healthy life expectancy; to reduce differences in life expectancy and healthy life expectancy between communities; and to improve population well-being.

There was an acknowledgement of the partnership working required from all the organisations represented on the Board to be able to move forward with the key challenges.

RESOLVED that the findings of the reports be endorsed and progress in implementing its findings across local partners be reviewed.

19. **Reducing Health Inequalities: Marmot DVD**

The Board viewed the Reducing Health Inequalities 'Coventry and Marmot City' dvd which provided viewers with an understanding of what being a Marmot city meant to all of the partner organisations who had signed up to move the Marmot agenda forward. It provided the opportunity to hear about what each organisation was doing in support as well as reflecting the senior level commitment to the project. The dvd had already been

used in a variety of settings and positive feedback had been received.

20. **Signing of the Local Government Declaration on Tobacco Control**

The Chair, Councillor Gingell introduced the briefing note of the Tobacco Control Co-ordinator concerning the Local Government Declaration on Tobacco Control, a copy of which was attached as an appendix, and detailing why Coventry should be one of the early signatories.

The declaration was initially developed by Newcastle City Council in early 2013 as a way of securing high level local authority commitment to the importance of tackling issues relating to smoking. It had the endorsement of the Health Minister, the Chief Executive of Public Health England and the Chief Medical Officer. The declaration included a number of specific commitments which would enable Councils to take a strong leadership approach and champion the importance of tackling smoking right across local communities.

Reference was made to progress with reducing smoking rates across the city. Coventry's smoking prevalence had fallen from 29 per cent to 22 per cent over the last six years. There was a new delivery model for smoking cessation services and as part of the Olympics Smokefree legacy, in July this year, Coventry made all its children's playgrounds completely smokefree. Attention was drawn to well-established 'Smokefree Alliance, chaired by Councillor Clifford, which brought together a range of public, private and voluntary partners to tackle issues relating to tobacco at a local level. The significant and growing role of the local authority to reduce tobacco use was also highlighted.

RESOLVED that the contents of the background paper be noted and approval be given to the signing of the Tobacco Control Declaration.

21. **Any Other Items of Public Business – Additional Development Session**

Ruth Tennant, Deputy Director of Public Health informed of the intention to hold a Development Session before the end of the year to look at the workplan for 2014 and to discuss the findings of the Peer Review Challenge. This would provide the opportunity to agree priorities for the Board.

22. **Any Other Items of Public Business – Winterbourne Report**

Mark Godfrey, Deputy Director, Early Intervention and Social Care, reported on the joint improvement programme arising from the 'Transforming Care' report, the national response to the Winterbourne View Hospital. Recently the Local Government Association and NHS England had published the 'Stocktake on Progress Report' which enabled local areas to assess their progress against the commitment in the Winterbourne Concordat. Attention was drawn to two areas for development: to fully understand the financial issues and for further engagement with carers and partners. Coventry was well prepared and a progress report would be submitted to the Board in due course.

(Meeting closed at: 4.00 p.m.)