

**Minutes of the meeting of the Coventry Health and Well-being Board held at 2.00
p.m. on 7th July, 2014**

Present:

Board Members: Councillor Caan
Councillor Gingell (Chair)
Councillor Ruane
Councillor Taylor
Jane Moore, Director of Public Health
Dr Steven Allen, Coventry and Rugby CCG
Claire Bell, West Midlands Police
Dr Adrian Canale-Parola, Coventry and Rugby CCG
Lisa Cummins, Coventry and Warwickshire Partnership Trust
Professor Guy Daly, Coventry University
Andy Hardy, University Hospitals Coventry and Warwickshire
Professor Sudesh Kumar, Warwick University
Ruth Light, Coventry Healthwatch
Harjeet Matharu, Voluntary Action Coventry
John Mason, Coventry Healthwatch
Sue Price, NHS Local Area Team
Andrea Simmonds, West Midlands Fire Service

Other representatives: Rebecca Elson, Coventry Partnership (Macmillan)
Vicky Hancock, Coventry and Warwickshire Partnership Trust
Juliet Hancox, Coventry and Rugby CCG

Employees (by Directorate):

Chief Executive's: R Tennant
People: C Parker, L Sanders
Resources: L Knight

Apologies: Stephen Banbury, Voluntary Action Coventry
Rachel Newson, Coventry and Warwickshire Partnership Trust
Brian Walsh, Executive Director, People
Jon Waterman, West Midlands Fire Service

Public business

1. Welcome

The Chair, Councillor Gingell, welcomed members to the first meeting of the Board in the current municipal year. She placed on record her thanks to two past members, Councillors Duggins and Noonan and welcomed the appointment of Councillors Ruane and Taylor.

2. Declarations of Interest

There were no declarations of interest.

3. Minutes of Previous Meeting

The minutes of the meeting held on 7th April, 2014 were agreed as a true record. There were no matters arising.

4. Update on Better Care

The Chair, Councillor Gingell introduced the report from the Better Care Programme Board and the presentation from Dr Steve Allen, Coventry and Rugby CCG and Jane Moore, Director of Public Health which highlighted the national objectives, key deliverables and outcomes of the Better Care Programme. The governance structure was set out and an update was provided on project development to date. The Chair reported that the initial submission for Coventry's Better Care Plan was the only plan in the region to satisfy all of the national conditions.

The Board were reminded of Coventry's Better Care Vision: 'Through integrated and improve working, people will receive personalised support that enables them to be as independent as possible for as long as possible'.

Progress to date included the establishment of the Better Care Board which had representation from all partner organisations and key performance indicators had been drafted and incorporated in the Fund deliverables. The following three Better Care Fund submission projects had been launched:

- Short Term Support to Maximise Independence
- Dementia
- Long Term Care

The presentation included detailed information on the scope, the overall aims and the progress with these submission projects. The communications enabler workstream had also been launched along with the integrated neighbourhood teams project. Attention was drawn to the success of the BT Hot House event which involved four mixed teams from all agencies competing to design the best integrated service model for older vulnerable people. The winning team had 90 days to instigate their plan which was due to go live on 11th July. A second hot house event looking at redesigning urgent care was held several weeks ago.

The next major actions included launching the remaining IT enabler workstream; finalising the IT strategy and the Better Care dashboard; finalising terms of reference and key performance indicators for each project; developing and agreeing the communications plan; and finalising resources management.

The presentation concluded with a summary of the issues and risks associated with the Better Care programme. These included the requirement for culture and behaviour change; the pooled budget of £46m for 2015/16; and NHS finances and the 15% transfer in the context of overall NHS overspend. The programme didn't address the financial challenges faced by the City Council and the CCG although the new models were designed to improve performance, drive efficiency gains and improve outcomes and people's experiences. There was a huge collaborative leadership challenge at every level.

The Board discussed a number of issues arising from the presentation including:

- Support for the new ways of working using the 'hot house' approach
- The potential to have to review the Better Care Plan if further guidance concerning

the financial position is received from the Department of Health

- Clarification that the Better Care programme was the right way forward and needed to be done at a pace, in particular to help reduce the number of individuals turning up at A and E and to reduce hospital admissions
- How the pooled budget arrangements could be very effective for change and joint working, and the importance of involving all partners as opportunities were developed
- Responsibility for monitoring the detailed key performance indicators was with the Better Care Programme Board
- The importance of having integrated patient records so that all partners were aware of all the appropriate issues
- An acknowledgement that 'Aging Well in Mind and Body' was key to the success of the initiative.

The Chair, Councillor Gingell, outlined her intention to ensure that all partners worked together for the benefit of patients.

RESOLVED that:

(1) The Better Care Fund content; the three main projects; the Integrated Neighbourhood Team delivery model and deliverables for Coventry be supported.

(2) The establishment of the pooled budget arrangements for the £45.843m identified for 2015/16 be endorsed.

(3) Further update reports to be submitted to each meeting with a detailed themed presentation on each workstream in turn.

5. Coventry and Rugby Clinical Commissioning Group Five Year Strategy 2014 to 2019

The Board received a report of Juliet Hancox, Coventry and Rugby CCG and a presentation by Dr Steve Allen, Coventry and Rugby CCG which provided an update on the content of the five year strategy across the Clinical Commissioning Groups in Coventry and Warwickshire with a focus on the work programme for Coventry.

The presentation highlighted the challenges, the vision, the delivery plan and the approach to engagement as detailed in the five year plan. The major challenges to be faced included the expected population growth over the next few years along with the current pressures on financial resources. The challenges associated with hospitals, integrated community care and primary care were set out.

Attention was drawn to a diagram which described the key changes to the system over the next 5 years which included having a person centred approach ensuring individuals managed their own care as much as they could, maintaining their independence and letting communities and individuals taking responsibilities for the health and wellbeing of local population. It was intended that Primary Care would expand its expertise with Community Services being centred around Primary Care.

The ambitions for the Plan included reducing potential years of life lost from causes considered amenable to Healthcare; reducing the amount of time people unnecessarily

spent in hospital; and increasing the proportion of people having a positive experience of hospital care and care outside hospital, in general practice and the community.

The presentation concluded with details about the dates for the implementation of the delivery plan and potential engagement with the public, key stakeholders and working in partnership with Health and Well-being Boards.

The Board discussed a number of issues arising from the presentation including:

- Ensuring care homes provided the right services to meet local demand to avoid out of area placements
- How potential disagreements about who would provide acute services would be resolved
- Joint working with Warwickshire CCGs and the building of successful long term relationships. There was an acknowledgement of the co-operation that was much in evidence during the development of the five year strategy.
- The support and leadership role of the Health and Well-being Board which was particularly important in light of the challenging financial climate
- Reference to the five year strategy for primary care and commissioning and the national steer for CCGs to take on co-commissioning, joining with the Area Team
- Who takes responsibility to ensure partnership working and compliance amongst the different organisation
- The requirement to plan for population and resources, looking at operational plans which should be delivered against the strategic plan, drawing attention to the requirement for the Board to keep monitoring and asking questions.

RESOLVED that the content of the strategy be noted and the approach to engagement be supported.

6. Macmillan and Coventry City Council Partnership

The Board received a presentation from Rebecca Elson, Macmillan Project Manager, on the first year of operation of the partnership between Macmillan and the City Council which aimed to improve the co-ordination and accessibility of services for people affected by cancer outside of the more traditional healthcare environments. A copy of the annual report was tabled at the meeting.

The focus for the first year had been an audit of cancer information and advice across the city and supporting people who wished to remain, or return to, work after a cancer diagnosis.

Key achievements included more than half of Boots' pharmacists across the city had volunteered to become Boots Macmillan Information Pharmacists and had been trained to offer support; an information package was being developed for other pharmacists in the city; and closer working with the library services to develop an information and advice service. Other successes included bringing together people from the voluntary sector and other organisations to discuss how they could support the implementation of Working through Cancer Programme across the Council; a training model was in development; and engaging Coventry University to undertake research to identify employee experience of support in the workplace and any barriers.

The Board were also informed of the proposals for the second year of the

partnership along with the baseline findings and early recommendations.

Members raised a number of issues arising from the presentation including:

- Confirmation that efforts would be made to engage a Macmillan GP to support the project
- Liaison with the cancer centre at University Hospitals Coventry and Warwickshire
- Links with Healthwatch
- How to support cancer patients who were reluctant to engage.

7. **Age Friendly City**

The Chair, Councillor Gingell introduced the report of Jane Moore, Director of Public Health which informed of the work undertaken to date regarding Coventry as a potential World Health Organisation (WHO) 'Age Friendly City'. Details about the Age Friendly Cities Programme were set out at an appendix attached to the report.

The Age Friendly Cities Programme was an international effort to help cities prepare for two demographic trends: (i) the rapid ageing of populations and (ii) increasing urbanisation. It targeted the environmental, social and economic factors that influenced the health and well-being of older adults. WHO had established a global network of Age Friendly cities which linked participating cities and facilitated the exchange of information and best practices. The initiative aimed for cities to consider older people as an asset whilst ensuring they had a good quality of life.

The City Council had been working closely with Coventry University and Age UK to explore the potential for Coventry to become an Age Friendly City. A three way funding agreement had been agreed, initially for two years, which would support the Age Friendly CITY process and implementation. The university had also agreed to provide funding for a Programme Manager who would work across all partners.

The report provided factual information about the city's growing population of older people, with particular mention being given to the inequalities which existed across the city. There was an acknowledgement that Coventry hadn't tapped into the depth of knowledge, experience and skills that older people had to offer. The required four stage process for continually assessing and improving age friendliness was detailed.

Becoming an Age Friendly city would enable the alignment of a number of strands of work across the whole of the Council and city including the Health and Well-being strategy, the dementia strategy, the Marmot work programme and Kickstart. It would also provide the opportunity to engage with the whole City, across the public, private and voluntary sector to support the initiative.

The Board were informed that it was proposed to establish a high level strategic Ageing Well in Mind and Body Board to oversee the programme. This Board was to be a sub group of and directly accountable to the Health and Well-being Board.

Board Members outlined their support for the initiative.

RESOLVED that:

(1) The Board agree and commit to a work programme that will lead to

Coventry being awarded WHO 'Age Friendly City' status.

(2) The establishment of a high level strategic Ageing Well in Mind and Body Board tasked with providing strategic leadership for older people and tasked with overseeing the implementation of the Age Friendly City programme and the delivery of the Coventry Dementia strategy be supported.

8. Criminal Justice Liaison System

Vicky Hancock, Service Manager/Clinical Lead, Coventry and Warwickshire Partnership introduced this report which provided an update on the implementation of the Coventry Criminal Justice Liaison and Diversion Service and informed about strategic and operational actions relating to the trial scheme. The scheme aimed to improve individual's wellbeing.

The report indicated that the overlap between mental health and criminal justice was a national priority. The Coventry Criminal Justice Liaison and Diversion Trial scheme was commissioned in April 2014 from NHS England. Coventry was one of ten national trial sites and the only site operating to the national service specification in the West Midlands. The service had built on the success of established multi agency partnerships between West Midlands Police, West Midlands Ambulance Service and University Hospitals Coventry and Warwickshire.

A multi-agency strategic Programme Board had been established to oversee the implementation of the trial scheme. Reporting arrangements had been agreed with other strategic Boards in the city including the Health and Well-being Board. A Multi-Agency Operational Group had also been developed to support service roll-out and daily practice.

Expected outcomes included early identification and diversion into mental health treatment for people presenting in the Criminal Justice System; a reduction of time spent in the system; clear pathways for mental health and learning disabilities in the system; and staff across all agencies to have enhanced skills to identify mental health and learning disabilities in order to refer appropriately.

The Board discussed a number of issues arising from the report including the importance of partnership working; whether there was any evidence of the effectiveness of the trial scheme; if there was access to people in prison; and the extent to which drugs and alcohol issues featured in the pilot. Members expressed support for the trial scheme.

RESOLVED that:

(1) The progress to date on the implementation of the Coventry Criminal Justice Liaison and Diversion Trial Scheme be noted.

(2) A report providing a further update on progress and outcomes be submitted to a future meeting of the Board.

9. 2014/15 Quality Premium Indicators

The Board noted a report of Juliet Hancox, Chief Operating Officer, Coventry and Rugby Clinical Commissioning Group which provided an overview of the Quality Premium Indicators and the associated ambitions which the CCG were aiming to achieve during

2014/15. Details of the indicators and ambitions were set out at appendices attached to the report.

The Quality Premium was an incentive scheme administered by NHS England to award CCGs for improving the quality of those services that they commissioned which would lead to improvements in health outcomes and reductions in health inequalities. It was expressed as £5.00 per head of the CCG population which equated to £2.4m for Coventry and Rugby CCG. The 2014/15 Quality Premium was based on five national measures and one local priority, which was to reduce admissions linked to excessive consumption of alcohol. These continued to be significantly worse for the CCG patients than for England. It had been agreed that the CCG would continue to work with GP practices and the Alcohol Liaison Service at the hospital to share information on frequent attendees in order to provide support and preventative action for this group of patients.

Linda Sanders, People Directorate drew the Board's attention to the breaking news regarding the introduction of new measures to tackle loneliness. For the first time Local Authorities were to be judged on how well they tackled social isolation. It came amid the growing evidence of the links between loneliness and poor health.

10. Any Other Items of Public Business – Visit by Sir Andrew Dillon

The Chair, Councillor Gingell informed the Board that Sir Andrew Dillon, Chief Executive of the National Institute for Health and Care Excellence (NICE) had asked to visit Coventry to look at the City Council's Public Health work across the city.

(Meeting closed at: 4.10 a.m.)