

Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 2.00 pm
on Monday, 10 November 2014

Present:

Board Members: Councillor Caan
Councillor Gingell (Chair)
Councillor Mrs Lucas OBE
Dr Jane Moore, Director of Public Health
Brian Walsh, Executive Director, People
Stephen Banbury, Voluntary Action Coventry
Claire Bell, West Midlands Police
Dr Adrian Canale-Parola, Coventry and Rugby CCG
Professor Guy Daly, Coventry University
Professor Sudhesh Kumar, Warwick University
Ruth Light, Coventry Healthwatch
John Mason, Coventry Healthwatch
Rachel Newson, Coventry and Warwickshire Partnership Trust
Sue Price, NHS Local Area Team
Andrea Simmonds, West Midlands Fire Service

Other representatives: Dr Madh Bardhan, Public Health England
Lorna Bass, University Hospitals Coventry and Warwickshire (UHCW)
Sue Bent, Coventry Law Centre
Juliet Hancox, Coventry and Rugby CCG
Dr Jamie Mcpherson, Coventry Local Medical Committee
Lisa Maycock, UHCW
Gill Squires, West Midlands Police

Public Business

18. Welcome

The Chair, Councillor Gingell welcomed members and partner representatives to the third meeting of the Board in the current municipal year.

19. Declarations of Interest

There were no declarations of interest.

20. Minutes of Previous Meeting

The minutes of the meeting held on 22nd September, 2014 were signed as a true record.

Further to Minute 14 headed 'Better Care Fund Update', the Chair, Councillor Gingell informed that Coventry's Better Care Fund resubmission had been 'approved with support' and the Better Care Fund programme was to be a priority issue in the New Year.

With reference to Minute 16 headed 'The Annual Reports of the Coventry Safeguarding Adults Board and the Coventry Safeguarding Children Board', Brian Walsh, Executive Director, People reiterated the intention to invite both Joan Beck and Janet Mokades, the new independent chairs, to either a future meeting of the Board or to a meeting of one of the Groups.

21. **Director of Public Health Annual Report**

The Board received a presentation from Dr Jane Moore, Director of Public Health concerning her Annual Report 'Primary Care at the Heart of our Health'. The Board also considered a report of the Director which detailed the recommendations contained in her Annual Report. Both the summary and full reports were set out at appendices. The Annual Report focused on the primary care system and its role in addressing health inequalities, with a particular emphasis on general practice. The report was also to be considered by the Health and Social Care Scrutiny Board (5) at their meeting on 19th November, 2014 and then Cabinet at their meeting on 2nd December, 2014. Dr Peter O'Brien, Clinical Locality Lead, and Juliet Hancox, Chief Operating Officer, Coventry and Rugby CCG and Dr Jamie Macpherson, Coventry Local Medical Committee attended the meeting for the consideration of this item.

The presentation highlighted the recent improvements for keeping people healthy and improving care and quality; detailed the persisting challenges which included the management of long term conditions, the structure of GP practices and patient experience; and detailed future new models of care.

The report put forward the following recommendations:

Keeping People Healthy

- 1) Public Health should work with GPs and communications to continue to promote healthy lifestyles to ensure people stay healthier for longer
- 2) Public Health and GPs should work together to enable practices to better understand the population in their local areas

Making the Right Choice

- 3) Patients should have a more active role in managing their health
- 4) Patients should choose the most appropriate service for their needs
- 5) Patients should be involved in co-designing services

Collaborative and innovative primary care

- 6) General practice should be open and accessible
- 7) Practices should collaborate and share learning

A health and social care system that supports primary care

- 8) A workshop should be organised to consider the future configuration of general practice in the city to ensure that services are fit for purpose in the future
- 9) Mechanisms to celebrate and share success should be continued
- 10) Communication materials should be developed to engage with and inform the public
- 11) Commissioners should continue to provide feedback and support to practices that are the most challenged.

Members expressed support for the Annual Report and discussed a number of issues arising from the presentation including:

- The importance of GPs working with all partners and being able to sign post patients to the most appropriate service to meet their needs
- An acknowledgment of the complex and high volume workload GPs now have
- The difficulties of achieving active healthy lifestyles across the whole city especially as some residents would require significant support to change their behaviours
- The mentoring role that GPs provide to other GPs and a willingness for partnership working
- The importance of patient engagement and the role that patients could play by in providing feedback about GPs
- The opportunities to cut down boundaries, being opportunistic and more radical
- Reference to NHS Five Year Forward View launched by Simon Stevens, Chief Executive, NHS England
- The impact of the public sector funding cuts and likely impact on premises across the city.

RESOLVED that:

(1) The Board endorse the Director of Public Health's Annual Report and the recommendations set out above.

(2) Arrangements be put in place for a seminar to discuss the implications for Coventry of the NHS Five Year Forward View.

22. Female Genital Mutilation

The Board considered a report of Councillor Gingell, Cabinet Member (Health and Adult Services) on the issue of Female Genital Mutilation (FGM) in Coventry. The report had also been considered by the City Council's Scrutiny Co-ordination Committee at their meeting on 8th October, 2014. A briefing note informing of the Committee's discussions and recommendations for the Board was attached at Appendix 5 to the report.

Lisa Maycock, Modern Matron for Community Midwifery and Outpatients and Lorna Bass, Maternity Risk Manager, University Hospitals Coventry and Warwickshire attended the meeting for the consideration of this item and informed of the work undertaken by UHCW concerning FGM. DC Gill Squires, Public Protection Sentinel Team, West Midlands Police also attended and informed of her work to raise awareness and prevent FGM being carried out.

The report provided an outline of what Female Genital Mutilation was; the legislation in relation to FMG; the implications of the practice on women and the outcomes for survivors; the prevalence of FMG and details of local actions so far. It also informed of the national recommendations to eliminate the practice of FMG and set out local recommendations. Detailed information was included in appendices attached to the report.

The report set out the following proposals for action:

- a. A multi-faceted awareness campaign targeting health, education, social care, voluntary sector, practising communities and other relevant professionals.
- b. Further partnership work between the Council, Coventry University and the Voluntary Sector to effectively engage with communities to ensure the Female Genital Mutilation campaign is successful
- c. The implementation of training programmes across Coventry for professionals and communities.
- d. Coventry should strive to prevent Female Genital Mutilation through Law Enforcement. Professionals and Communities need to continue to support the Police to enforce the law against parents / guardians who permit Female Genital Mutilation and the practitioners who carry it out and prevent women and girls being taken out of UK legal jurisdiction with the intention of carrying out Female Genital Mutilation.
- e. All suspected cases should continue to be referred as part of existing child safeguarding processes. Information and support should be given to families to protect girls at risk. Better awareness of Female Genital Mutilation and the law amongst professionals should be implemented as part of a specialised training programme.
- f. If a child has already undergone Female Genital Mutilation she should be offered medical help, psychological support and counselling. Action should be taken to protect any female relatives who are at risk and to investigate possible risk to other children in the practicing community
- g. Key stakeholders support UHCW in their work to offer women access to a specialist Female Genital Mutilation midwife or consultant through the provision of dedicated clinic time.
- h. Community based clinics and primary and secondary care professionals should ask individuals if they have undergone Female Genital Mutilation or if they or members of their families are at risk.
- i. Data gathered should be shared across all agencies to ensure Coventry has a clear as possible picture of the prevalence of Female Genital Mutilation in Coventry. Share that information systematically: Develop protocols for sharing information about girls at risk of – or girls who have already undergone Female Genital Mutilation with other health and social care agencies, education and the police.
- j. Implementation of a Project Manager.

The Board were informed that, at their meeting on 8th October, Scrutiny Co-ordination Committee had supported the proposals for action detailed in the report and recommended that the Health and Wellbeing Board also accept these proposals. The Committee also requested that consideration to be given to alternative educational approaches for dealing with the issue of Female Genital Mutilation which would encourage local schools to engage in raising pupils' awareness of FMG.

The Board noted that progress reports would be submitted to future Board meetings as part of the overall ownership of this initiative.

Members of the Board raised a number of issues including:

- The potential for Voluntary organisations to raise the subject of FGM with their community contacts and support for 'men only' sessions
- The potential for prosecutions and convictions
- Any other actions that the Safeguarding Boards could undertake
- The importance of the Multi-Agency Safeguarding Hub passing appropriate information to the Sentinel Team
- Additional information about the work with schools.

The Board were informed about the major City Conference to tackle FGM which was taking place on 13th November, 2014. More than 300 delegates from Coventry and the West Midlands had signed up to attend.

RESOLVED that the recommendations set out above be approved.

23. **Early Action Neighbourhood Fund**

The Board considered a joint report of Coventry Law Centre and Grapevine informing of a bid by the Law Centre to the Early Action Neighbourhood Fund for the project Ignite. The report sought the Board's support for the bid and its approval to act as part of the project's governance. Sue Bent, Chief Executive of the Law Centre attended the meeting for the consideration of this item.

Coventry Law Centre was one of twelve organisations nationally who had been invited to submit a bid to the fund. £6m was available to support three projects for five years with the potential for a further five years' funding dependent on results. The overarching objective was to prevent need and build readiness in communities. The Board were informed that the Law Centre had recently been selected for the second stage of the process and was one of five projects competing for the three places.

The project used a radical reworking of legal services methods, blended with community development approaches to:

- (i) Grow legal capability in people who impact on services most - those with entrenched need and recurring crises - increasing their knowledge, confidence and skills to deal effectively with everyday law-related issues
- (ii) Build the web of individual, family and community relationships they need to move forward into stable futures, costing less and contributing more.

Ignite would be active in two of Coventry's most disadvantaged neighbourhoods, Bell Green and Willenhall. 'Igniters' would immerse themselves in the neighbourhood encouraging people to come to them before public services. In this way, existing patterns of behaviour would be disrupted, so changing how people and services responded to a problem. Reference was made to the two 'Pathfinder service changes' working in partnership with the People Directorate and Whitefriars Housing.

The report detailed the governance arrangements which included reports and recommendations from Ignite being submitted to the Health and Well-being Board. The involvement of the Board would support the strategic change to structures,

services and cultures to be adopted and hold Directorate heads and service leaders to account.

The Board noted that funders were to carry out a visit to Coventry on 12th November as part of their assessment of the project and it was proposed that the Chair, Councillor Gingell was to be involved on the day. Details of the visit were set out in an appendix attached to the report.

Brian Walsh, Executive Director, People emphasised that the project had the full support of all Directorates across the Council as well as support from the Council's partner organisations.

RESOLVED that:

(1) The bid being made to the Early Action Neighbourhood Fund be supported.

(2) The proposal for project governance, including the role of the Health and Wellbeing Board be approved.

(3) The proposed involvement of the Chair, Councillor Gingell in the assessment visit by the funders be supported.

24. Ebola Virus - International, National and Local Situation and Response Update

The Board considered a joint report which provided an update on the current international, national and local situation concerning the Ebola Virus and the response arrangements that had been put in place. Dr Madhu Bardhan, Consultant in Communicable Disease Control, Public Health England attended the meeting for the consideration of this item and updated the Board on the local position.

The report indicated that to date there had been over 10,000 cases and almost 5,000 deaths associated with the Ebola outbreak in West Africa which continued in three countries: Sierra Leone, Guinea and Liberia. A small number of cases had also been reported elsewhere. Reference was made to the current international response to support the three main affected countries and the UK was leading on the response to Sierra Leone.

The Board were informed that the UK had a well-established and tested system to deal with any known or suspected imported case of the disease so an outbreak was very unlikely and the threat to the Coventry population was low. In relation to the UK preparations, the most notable was the screening of passengers at airports returning from the affected countries which had recently been extended to include Birmingham airport.

The local health system was on alert for any cases which could emerge and GPs, hospitals and the ambulance service were all ensuring that plans were in place to manage any cases if they arose.

A system response had been mounted to an incident which occurred on 11th October at the Coventry Health Centre which turned out not to be related to Ebola. Lessons were being taken forward from this. On 29th October a desktop exercise was held led by Public Health England and NHS England which involved testing the health system arrangements in Coventry and Warwickshire for the response to suspected cases of Ebola. A number of issues were being followed up.

Appendices to the report set out the local Memorandum of Understanding for emergency preparedness and service delivery in the event of a public health incident or outbreak and the West Midlands guidance for the health sector response to the Ebola virus.

Members asked for assurance that private providers were aware of all the relevant issues and clarification was provided about protocols being used by local police when flight passengers were taken into custody.

RESOLVED that:

1) Board Members support Public Health England and NHS England when they are requested to ensure that front-line staff are aware of and able to follow current Public Health national guidance in response to suspected Ebola cases.

2) Board Members to actively promote opportunities for front-line/other staff to support the international response.

25. Discharging Responsibilities for Winterbourne View

The Board considered a report of the Executive Director, People which provided an overview of action taken within Coventry and Warwickshire as a response to Winterbourne and sought endorsement of the sub-regional work programme for 2014-2016.

Following the events that took place at Winterbourne View Hospital; *Transforming Care* and the *Winterbourne Concordat* placed a number of requirements on local areas including the development of a joint plan for high quality care and support services. The report described progress to date in respect of national requirements and outlined the responsibilities held by different agencies with regard to Winterbourne, along with how assurance was provided that these responsibilities were both understood and were being complied with.

Key components of the Concordat included: the requirement to establish, by April 2013, a local register of patients living in Assessment and Treatment units; a duty on local areas to review all hospital placements by 30th June, 2013 and move everyone inappropriately placed to community based support by 1st June, 2014. In addition, every area was to develop a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour by 1st April, 2014. The tightening of regulation and inspection by the Care Quality Commission was also a requirement.

The Board were informed that the local register for Coventry and Warwickshire was in place prior to the deadline. A table indicating the position of each patient in

the local cohort at September, 2014 was set out at an appendix to the report. The document "Coventry and Warwickshire's Local Response to Winterbourne: A Work Programme for 2014-16" was attached at a second appendix. This described the activities that were being undertaken alongside the review of people currently living in hospital, to prevent the need for admissions, and where people were admitted, to reduce the length of hospital stay. The Winterbourne Review had focused on people with challenging behaviour, however, the plan also included people with learning disabilities and autism.

The Board raised a number of issues including a request for information about placements for Coventry residents and how testing was carried out to ensure that placements were appropriate.

RESOLVED that:

(1) The arrangements in place to ensure the requirements of Winterbourne are being appropriately discharged be endorsed.

(2) Coventry and Warwickshire's Local Winterbourne Plan be endorsed.

(3) A briefing note be circulated to members providing a breakdown of the figures for Coventry residents in the cohort.

26. Children's Commissioning Board Terms of Reference

The Board considered a report of the Executive Director, People which set out the rationale for the Children's Joint Commissioning Board and sought approval for the revised terms of reference for the Board. A copy of revised terms of reference was set out at an appendix to the report.

The report indicated that the Joint Commissioning Board was one of three Boards that oversaw Children's Services, the other two being the Improvement Board and the Local Safeguarding Children's Board. Each Board contributed to delivering improved outcomes for children and young people and had specific agendas and terms of reference to deliver against.

The terms of reference and membership of the Joint Commissioning Board had recently been reviewed to ensure it remained suitably focussed on the key strategic issues and areas greatest significance whilst not duplicating the work of the other Boards. As a result, membership had been increased to include University Hospital Coventry and Warwickshire and Coventry and Warwickshire Partnership Trust.

In response to a concern about having the appropriate representatives attending meetings to enable decisions to be made, Brian Walsh, Executive Director, People, clarified that in his role as Chair, he would write to any organisation if he felt that the right people were not attending.

RESOLVED that the revised terms of reference for the Children's Joint Commissioning Board be approved.

27. **Referral from the Health and Social Care Scrutiny Board (5) - Progress of Public Health Programme from 1st April 2013**

The Board considered a briefing note of the Members and Elections Team Leader informing of the outcome of consideration by the Health and Social Care Scrutiny Board (5) of progress with the Public Health Programme from 1st April, 2013.

At the meeting of Scrutiny Board (5) on 15th October, 2014 the Board considered a briefing note and report on the progress of the Public Health Programme since the transfer of responsibilities to local authorities in April 2013. The briefing note set out the questions asked by Members to both the Cabinet Member (Health and Adult Services) and the Director of Public Health on a range of issues in the report.

In particular the Board raised specific questions about the impact of housing quality on health, raising concerns about the extent of engagement with the private sector landlords when there were cases of poor quality housing. They also asked questions about the impact of poor mental health on wider health and well-being outcomes. They felt that mental health should be addressed more explicitly in future reports.

The Scrutiny Board recommended that in progressing the Public Health agenda, the Health and Well-being Board, together with the Cabinet Member (Health and Adult Services):

- i) Consider how they could work with private sector landlords to address health inequalities
- ii) Consider how they could work with the providers of mental health services to help address health inequalities, including life expectancy, for people experiencing poor mental health.

Dr Jane Moore, Director of Public Health clarified that work was on-going in these areas and the Board's recommendations would be taken on board.

28. **Any Other Items of Public Business - New Contract for Integrated Sexual Health Services**

Dr Jane Moore, Director of Public Health reported that the new contract for an Integrated Sexual Health service for Coventry had been awarded to Coventry and Warwickshire Partnership Trust (CWPT).

CWPT who were the current providers of the service would begin the new five year contract from 1st April, 2015. The new service would continue to provide contraception, screening and treatment for sexual health and had been jointly contracted with NHS England who were responsible for HIV treatment. The new service would include improved use of technology to make it easier for people to access services.

Rachel Newson, CWPT, reported that staff were delighted with the decision.

29. **Any Other Item of Public Business - Coventry a Marmot City**

Dr Jane Moore, Director of Public Health referred to Coventry's status as a Marmot City and reported on the receipt of a letter from Dr Jessica Allen at the

Institute of Health Equality which congratulated the City Council on its work to tackle health inequalities by embedding actions to address the wider determinants of health across council services.

The letter praised the Council and its partners for their whole hearted commitment to the Marmot agenda. Reference was made to recent data which demonstrated improvements in life expectancy. There was an acknowledgement that Coventry was leading the way in its approach to the Marmot agenda and tackling health inequalities. Dr Moore drew attention to a conference which was being organised by the City Council in March 2015 which would showcase the progress made so far and highlight the impact that being a Marmot City has had on the people of Coventry.

(Meeting closed at 4.10 pm)