

Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 2.30 pm
on Monday, 23 February 2015

Present:

Board Members: Councillor Gingell (Chair)
Councillor Taylor
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
Juliet Hancox, Coventry and Rugby CCG
Andy Hardy, University Hospitals Coventry and
Warwickshire
Ruth Light, Coventry Healthwatch
John Mason, Coventry Healthwatch
Justine Richards, Coventry and Warwickshire
Partnership Trust

Employees (by Directorate):

Chief Executive's: H Kelly, R McHugh, T Richardson, R
Tennant

People: S Brake

Resources: L Knight

Apologies: Councillor Lucas
Councillor Ruane
Professor Guy Daly, Coventry University
Professor Sudesh Kumar, Warwick University
Rachel Newson, Coventry and Warwickshire
Partnership Trust
Sue Price, NHS Local Area Team
John Waterman, West Midlands Fire Service

Public Business

30. Welcome

The Chair, Councillor Gingell welcomed members to the fourth meeting of the Board in the current municipal year which was held at University Hospital Coventry and Warwickshire.

31. Declarations of Interest

There were no declarations of interest.

32. **Minutes of Previous Meeting**

The minutes of the meeting held on 10th November, 2014 were signed as a true record.

Further to Minute 21 headed 'Director of Public Health Annual Report' which referred to the NHS Five Year Forward View recently launched by Simon Stevens, Chief Executive of NHS, the Chair, Councillor Gingell informed of the intention to hold a briefing event with a facilitator for Board members to consider the five year plan.

With reference to Minute 22 headed 'Female Genital Mutilation' Councillor Gingell referred to the recent media coverage concerning FGM and to the national acknowledgement that Coventry was now being held up as a leader in this area of work. The West Midlands region had recently been recommended to adopt the best practice approach used by the city where a referral is made for any women giving birth to a baby girl. Reference was also made to the first legal case relating to FGM and the need to take into account the significant ruling from the case.

Further to Minute 23 headed 'Early Action Neighbourhood Fund' Councillor Gingell informed the Board that Coventry Law Centre and Grapevine had been awarded £1.53m of funding to support their project to combine legal advice with other support to help people sort out their problems at an early stage so saving money and reducing demand for public services.

33. **Active Citizens, Strong Communities Strategy**

The Board considered a report and presentation of Ruth Tennant, Deputy Director of Public Health which outlined a multi-agency approach to improving engagement and the involvement of local communities and encouraging 'asset based' working across the city. This approach was set out in the 'Active Citizens, Strong Communities Strategy', a copy of which was appended to the report. The delivery of this strategy would be supported by a detailed implementation plan to which all local agencies were invited to contribute and was set out at a second appendix.

Asset based working was an approach which sought to recognise and work actively with the skills, capabilities and resources that existed within communities. By working with local people it was possible to improve impacts and effectiveness.

Much of the innovative work that had been going on to promote and develop asset based working locally had been led by voluntary organisations including Grapevine, Coventry Law Centre and smaller organisations and community groups. In addition, Coventry University had been leading a number of initiatives to empower local communities through its City Initiative.

The strategy was built around the following six key areas:

- a) Building capacity and leadership to support asset based working
- b) Co-designing and co-delivering local services
- c) Supporting staff to work differently
- d) Working with local statutory and voluntary sector partners to access external funding
- e) Using technology to strengthen engagement with communities

f) Evaluation.

The presentation referred to the national policy drivers; gave details of a consultation exercise with Coventry residents; provided a comparison with the current situation in public services compared to the asset based approach; and set out the key steps in the process.

Members of the Board raised a number of issues including:

- How would this work engage in a meaningful way with local people
- An acknowledgment that there would be a level of risk involved with the new ways of working but this shouldn't be a barrier to progress
- The importance of the role of the individual in the process to be able to secure what they require
- The importance of capturing and sharing best practice
- The challenge to be able to let local people develop their ideas and support themselves.

RESOLVED that:

(1) The Active Citizens, Strong Communities Strategy be endorsed.

(2) The Board provide systems-level leadership for this work across Coventry.

(3) Members to propose additional contributions from their own organisations to the implementation plan.

(4) An update on the implementation of the Strategy be submitted to a future Board meeting in September, 2015.

34. Coventry Drugs Strategy 1st April 2015 - 31st March 2017

The Board considered a report and received a presentation from Dr Tanya Richardson, Public Health Consultant and Heather Kelly, Strategic Commissioner for Public Health concerning the Coventry Drug Strategy for 2015-2017 which aimed to guide the partnership work currently being undertaken to tackle and address drug misuse in the city. A copy of the strategy was set out at an appendix to the report.

The report indicated that the strategy was not a statutory requirement however partners felt that a partnership strategy was the best way to steer the multi-agency response that was needed to deal with this cross-cutting issue. As the commissioners and funders of local treatment services, the City Council had taken the lead in producing the strategy. The two year strategy was relevant to both young people and adults and covered a wide range of issues including prevention, education, housing, social care, treatment, crime and rehabilitation.

The Board were informed that the drug strategy sat alongside the local alcohol strategy which was established in 2013. Reference was made to the consultation exercise undertaken with partners whose views, along with the views of service users, had been incorporated into the strategy. It would be reviewed on an annual

basis and an annual Implementation Plan would detail specific actions detailing responsibilities and target times.

The three key themes of the strategy were:

- (i) Providing effective prevention and recovery-focused treatment
- (ii) Changing and challenging attitudes and behaviour
- (iii) Controlling the supply of drugs and promoting drug-free environments.

The strategy would be owned and driven by the multi-agency Drug and Alcohol Steering Group which reported to the Board.

The presentation referred to the national drug strategy, provided details about the numbers of adult and younger drug users in the city and referred to the links with other local partner strategies.

Members discussed a number of issues arising from the report and presentation including:

- The reasons behind the reduction in the numbers of young people taking drugs
- The links to the local alcohol strategy
- A concern that the definitions for drugs was limited
- The problems for the hospital concerning the treatment of drug users
- The support provided with the multi-agency safeguarding hub and their work with troubled families
- The sharing of data between the partner agencies
- Patients with a dual diagnosis of both mental health and drug issues.

RESOLVED that, having reviewed the strategy, especially its vision for Coventry and the three recommended priority themes, the strategy be approved.

35. **Coventry Pharmaceutical Needs Assessment 2015 - 2019**

The Board considered a report and presentation of Ruth Tennant, Deputy Director of Public Health concerning Coventry's Pharmaceutical Needs Assessment (PNA) 2015 – 2019. A copy of the assessment was set out at an appendix to the report. The PNA was a statutory requirement and must be updated at least every three years.

The report indicated that as a result of the Health and Social Care Act 2012 the responsibility to develop and update PNAs had passed to local Health and Well-being Boards with the Department of Health having the power to make regulations.

The PNA would be used to inform NHS England in its determination as to whether to approve applications to join the pharmaceutical list. It also considered whether the number of pharmacies would still be adequate in the next four years. The PNA was also a tool used to inform commissioners of the current provision of pharmaceutical services and identify any gaps in relation to local health needs.

The report looked at where pharmacies and dispensing practices were, when they were open and what services they offered. The main findings were that the 91

community pharmacies offered a good provision of pharmaceutical services across the city and there were sufficient contractors to meet the needs of patients and the public. There were no gaps in current provision and the city had slightly better or similar coverage than the England and West Midlands averages.

The report and presentation detailed the following recommendations for commissioning arising from the PNA:

- To raise awareness around opening times particularly evenings and weekends
- To work with pharmacies to increase awareness of pharmacy services
- To increase uptake of enhanced services including the Not Dispensed service, the TB medication supervision service and the minor ailments scheme by Pharmacy contractors
- Focus on managing the interface between community, hospital and tertiary care to reduce the risks associated with medicines
- Develop services to support specific diseases appropriate to the needs of Coventry patients eg NHS health checks for cardiovascular disease.

The presentation highlighted the PNA process; set out the key roles for community pharmacy contractual framework; detailed the access to essential services for Coventry residents; referred to the provision of advanced services; and set out current service provision.

It was recommended that the Primary Care Quality Group be responsible for providing an overview of the strategy and recommendations.

Members of the Board raised a number of issues including:

- Further details about the minor ailments scheme
- The benefits of sending hospital patients to local pharmacies rather than waiting for medication from the hospital pharmacy
- The importance of building on examples of best practice across the city
- An appreciation of the successful working arrangements where local pharmacies are lined to GP practices.

RESOLVED that:

(1) The content of the Pharmaceutical Needs Assessment (PNA) be approved, to allow for publication before 1st April, 2015.

(2) The Board is satisfied with the governance arrangements relating to future use of the PNA in determining whether applications to join the pharmaceutical list are approved.

(3) The Primary Care Quality Group to be responsible for taking forward the recommendations for commissioning that have been developed through the PNA process.

36. **Coventry's Response to the Mental Health Crisis Care Concordat**

The Board considered a report of Juliet Hancox, Chief Operating Officer, Coventry and Rugby Clinical Commissioning Group (CCG) detailing progress with the Mental Health Crisis Care Concordat and the associated requirements for the Health and Well-being Board member organisations. A copy of Coventry's position statement and action plan were set out at appendices attached to the report.

The Crisis Care Concordat was published in February, 2014 and was underpinned by 'Closing the Gap: priorities for essential change in Mental Health' which outlined a programme to deliver essential services for people who experienced Mental Health Crisis and came into contact with emergency and acute services. It had been developed in partnership with the Department of Health and the charity MIND. The concordat aimed to ensure that people in mental health crisis received the appropriate response from services regardless of access routes. It was concerned with recovery, early intervention and prevention in line with the principles of the Care Act 2014. It was a joint statement between over 20 senior representatives from key national organisations.

Reference was made to the significant work undertaken at national level to progress the concordat.

At a local level the local Crisis Concordat Declaration was published in November, 2014 which confirmed the key agencies commitment to work together to deliver an improved response to people in mental health crisis. During January 2015 a review was undertaken of current provision and the best practice in the concordat, and a position statement and action plan developed. The Department of Health had acknowledged that detailed plans would not be available at this stage but expected local plans to be published on their website by 31st March, 2015 demonstrating commitment and progress.

The action plan was still very high level and would require detailed consultation with partners over the coming months to develop the appropriate level of detail. In summary there were four areas where improvements were needed as follows:

- i) Access to support before crisis point
- ii) Urgent and emergency access to crisis care
- iii) Quality of treatment and care when in crisis
- iv) Recovery and staying well / prevention.

In light of Coventry and Warwickshire Partnership Trust and the West Midlands Ambulance Service operating across both Coventry and Warwickshire, it had been decided to work sub-regionally with colleagues from Warwickshire County Council.

Members of the Board raised a number of issues including:

- The intention for mental health to be considered at a future Board meeting later in 2015
- A concern about the lack of involvement of Healthwatch
- The importance of data sharing across the partner organisations
- The requirement to have respite care in place for dementia sufferers to provide support for their carers

RESOLVED that:

(1) The draft multi-agency action plan be supported ahead of 31st March, 2015 when the plan is required to be uploaded onto the Department of Health website.

(2) The future activity in respect of the Crisis Care Action Plan for Warwickshire and the implementation of the plan be endorsed and supported.

(3) Mental Health and Information Sharing to be agenda items at future Board meetings during 2015.

37. Primary Care Co-Commissioning

Juliet Hancox, Coventry and Rugby Clinical Commissioning Group (CCG), provided an update on the latest position concerning primary care co-commissioning whereby CCGs were being given the opportunity to assume greater powers to directly commission primary medical services and performance manage practices.

Arising from the CCG expressing an interest in taking forward co-commissioning of primary care with NHS England, a number of discussions had taken place on the following three options:

- (i) Delegated commissioning authority
- (ii) Joint commissioning with area teams
- (iii) Greater involvement in commissioning decisions.

At this stage the CCG had decided to pursue the third option of having greater involvement in commissioning decisions from April, 2015 which would build on the good work of the Primary Care Quality Group. The importance of partnership working was highlighted.

Members raised queries about the level of local aspiration. It was explained that in light of the considerable number of small practices in the city, and the need to improve quality and have consistency, the focus for the current year needed to be on sustainability.

38. Any other items of public business

There were no additional items of public business.

(Meeting closed at 4.10 pm)