

Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 2.00 pm on Wednesday, 18 March 2015

Present:

Members: Councillor S Thomas (Chair)
Councillor J Clifford
Councillor P Hetherton
Councillor D Howells
Councillor J Mutton
Councillor J O'Boyle

Co-Opted Members: David Spurgeon

Other Member: Councillor A Gingell

Other Representatives: Dr Jamie Macpherson, Local Medical Committee
Dr Peter O'Brien, Coventry and Rugby Clinical
Commissioning Group (CCG)
Sue Price, NHS Area Team
Nikkie Taylor, Coventry and Rugby CCG
Dr Nishan Wiratunga, Coventry GP Alliance

Employees:

S Brake, People Directorate
N Brook, Chief Executive's Directorate
V Castree, Resources Directorate
P Fahy, People Directorate
P Hargrave, People Directorate
L Knight, Resources Directorate
J Moore, Chief Executive's Directorate
T Richardson, Chief Executives Directorate

Apologies: Councillors M Ali, D Skinner and K Taylor

Public Business

58. Declarations of Interest

There were no disclosable pecuniary interests declared.

59. Minutes

The minutes of the meeting held on 11th February, 2015 were signed as a true record. There were no matters arising.

60. Developing a Primary Care System Fit for the Future

The Scrutiny Board considered a report of the Director of Public Health which provided an update on the progress made against the recommendations contained in her Annual Report for 2014 concerning the development and improvement of primary care in Coventry, to ensure that the service could adapt to the challenges of the future. Dr Jamie Macpherson, Local Medical Committee, Dr Peter O'Brien and Nikkie Taylor, Coventry and Rugby Clinical Commissioning Group (CCG), Sue Price, NHS Area Team, and Dr Nishan Wiratunga, Coventry GP Alliance attended the meeting for the consideration of this issue. Councillor Gingell, Cabinet Member for Health and Adult Services also attended.

The report referred to the Council's partnership working with Coventry and Rugby CCG, NHS England, Coventry Local Medical Committee, Healthwatch Coventry, Coventry Local Pharmaceutical Committee, local GPs and patient representatives to build a shared vision of primary care in Coventry to ensure the model of care was fit for the future.

Considerable progress had been made across a number of areas. Public Health had continued to work with primary care to deliver lifestyle services and had developed an online directory to provide an overview of community initiatives and lifestyle services within Coventry. A hard copy of this directory was tabled at the meeting. The Primary Care Quality Group were exploring asset based development approaches to encourage and empower people to have a greater role in managing their own health. Public Health had also completed a pharmaceutical needs assessment to ensure pharmacy provision was adequate in the city.

The Coventry GP Alliance was established in 2014 by local GPs with the vision of protecting, improving and enhancing primary care in the city. Reference was made to a workshop held in February 2015 which was attended by representatives from across the primary care system to start building a shared vision.

The Board were informed that future work would continue to build upon these areas with innovative practice being celebrated at a GP award evening planned to take place in June. The Primary Care Quality Group would also work to address the challenges primary care faced, undertaking projects to improve GP recruitment and retention in the city and empowering and enabling people to access community, lifestyle and pharmacy services as well as looking after themselves.

The medical representatives present informed of their involvement with the development of primary care in the city. Attention was drawn to the bid made by the GP Alliance to the Prime Minister's Challenge Fund 'Best Care, Anywhere: Integrated Primary Care in Coventry'. The bid put forward the following three high impact schemes which would link to existing services:

- (i) An extended hours hub which offered weekday urgent appointments between 4.00 pm and 8.00 pm and weekend routine appointments
- (ii) A Primary Care Frailty Team determining discharge and care planning for frail patients and managing them in proactive community based primary care
- (iii) A GP Primary Care Team in the Emergency Department treating patients with minor issues.

The Board questioned the officers and representatives on a number of issues and responses were provided. Matters raised included:

- Further information on the bid to Prime Minister's Challenge Fund including timescales and plans to move the initiatives forward if the bid was not successful
- Implementing the announcement made that day concerning pharmacists working from GP surgeries, the potential for triaging and making best use of their expert knowledge
- The future role of single and small GP practices with particular reference to performance outcomes and the need for gender balance
- The benefits of GP networks to share knowledge and expertise
- Partnership working with Whitefriars
- The problems for residents who have had benefit reductions imposed on them and the GP advocate support role
- The additional problems that can arise for patients and their families when patients with mental health problems have to wait for assessments and treatment and how improvements to primary care could help such cases
- The support available for GPs if more patients with mental health issues are discharged to their care
- Support for the healthy lifestyle services directory which would be used by both the public and professionals working in primary care
- Concerns about the low morale of some GPs which was causing them to look for employment outside of the NHS and the need for positivity
- The potential to further develop relationships with Warwick University Medical School
- What patients would want and expect the Primary Care system to deliver and the importance of being able to provide continuity of care
- The importance of data sharing, in particular the walk in centre and any out of hours service being able to access to patient records.

RESOLVED that:

(1) The suggested approach for continuing to develop and improve primary care in Coventry be endorsed.

(2) A summary of the discussions concerning the vision for primary care in Coventry be circulated to all the representatives present.

(3) Members to be informed of the outcome of the bid to the Prime Minister's Challenge Fund for three high impact primary care schemes aimed at improving access and ensuring continuity of care.

61. **Coventry's Smokefree Strategy 2015-2020**

The Scrutiny Board considered a briefing note and received a presentation of the Director of Public Health introducing the proposed Smokefree strategy for Coventry. A copy of the draft strategy which covered 2015-2020 was set out at an appendix to the briefing note. The issue was introduced by Councillor Clifford, Chair of Coventry's Smokefree Alliance. Councillor Gingell, Cabinet Member for Health and Adult Services attended for the consideration of this item.

Results from the household data survey indicated that 22% of adults in the city smoked. Smoking was still the biggest cause of preventable death in the country and was directly responsible for approximately 400 deaths in Coventry each year. It was also the biggest cause of inequalities in death rates between rich and poor.

Coventry's Smokefree Alliance was set up to provide a partnership forum to initiate, co-ordinate and develop a coherent approach for Coventry. The Forum met on a quarterly basis and representation was outlined. The previous Smokefree Strategy ran from 2010 to 2013 and produced many achievements including increased numbers of people stopping smoking with the help of commissioned services; high levels of compliance with regulations governing the sale of tobacco products and smoking in enclosed public areas; improved awareness of shisha as a tobacco product; the creation of smokefree areas at schoolgates, playgrounds, early years settings and University Hospital Coventry and Warwickshire; and a reduction in the numbers of pregnant mothers who smoked.

The main aim of the new strategy was to reduce smoking prevalence to 14% by 2020 and less than 5% by 2035, which was in line with national goals. The key priorities were:

- i) Promote non-smoking as the social norm in Coventry
- ii) Help more tobacco users to quit
- iii) Protect priority groups from smoking related harm – pregnant women, children, people with mental health conditions and people with long term conditions
- iv) Effectively respond to smoking related behaviours such as vaping and using shisha
- v) Providing leadership and developing a workforce competent to help reduce the harms of smoking.

The Board were informed that the Smokefree Alliance was developing an action plan to deliver the strategy and would be accountable to the Health and Well-being Board. The draft strategy was to be considered by Cabinet and the Health and Well-being Board as well as the partner organisations.

The Board questioned the officers on a number of issues and responses were provided. Matters raised included:

- Clarification about the accuracy of the statistics which stated that smoking was the largest cause of preventable premature death, particularly in light of people having a number of linked conditions eg smoking and obesity
- Further information about the introduction of the no smoking policy at the hospital including the implications for mental health and vulnerable patients who smoke
- The importance of school outreach work to help achieve the vision of a smokefree generation
- What legislation and additional actions could help to reduce smoking prevalence across the city.

RESOLVED that:

(1) Councillor Lucas, in her capacity as Chair of the Local Government Association Safer and Stronger Communities Board, be asked to raise the following issues at national level:

a) Who will have responsibility for enforcing the smokefree legislation due to come into force on 1st October, 2015 when drivers will be banned from smoking in private vehicles when children are present

b) The introduction of smokefree areas at school gates, playgrounds and parks which will be more beneficial if introduced on a national basis.

(2) Councillor Kershaw, Cabinet Member for Education, be requested to work with School Governing Bodies to promote smokefree environments both inside and outside of school premises.

(3) Additional information on the leading causes of preventable death be circulated to members of the Board.

62. Outstanding Issues Report

The Scrutiny Board noted that all outstanding issues had been included in the Work Programme for the current year.

63. Work Programme 2014-15

The Scrutiny Board noted the Work Programme for 2014-15.

64. Any other items of Public Business

There were no additional items of public business.

(Meeting closed at 4.10 pm)