

**Coventry City Council**  
**Minutes of the Meeting of Coventry Health and Well-being Board held at 2.00 pm**  
**on Monday, 11 April 2016**

Present:

Board Members: Councillor Caan (Chair)  
Councillor Clifford  
Councillor Lucas  
Councillor Taylor  
Stephen Banbury, Voluntary Action Coventry  
Simon Brake, Coventry and Rugby GP Federation  
Dr Adrian Canale-Parola, Coventry and Rugby CCG (Deputy Chair)  
Professor Guy Daly, Coventry University  
Ben Diamond, West Midlands Fire Service  
Juliet Hancox, Coventry and Rugby CCG  
Professor Sudesh Kumar, Warwick University  
Ruth Light, Coventry Healthwatch  
John Mason, Coventry Healthwatch  
Dr Jane Moore, Director of Public Health  
Gail Quinton, Executive Director of People  
Rebecca Southall, University Hospitals Coventry and Warwickshire

Employees (by Directorate):

Resources: L Knight

People: S Frossell, L Gaulton, M Greenwood and R Nawaz

Apologies: Dr Steve Allen, Coventry and Rugby CCG  
Simon Gilby, Coventry and Warwickshire Partnership Trust  
Andy Hardy, University Hospitals Coventry and Warwickshire  
Danny Long, West Midlands Police  
Martin Reeves, Coventry City Council  
David Williams, NHS Area Team

## **Public Business**

### **41. Welcome**

The Chair, Councillor Caan welcomed Ben Diamond, West Midlands Fire Service who was attending his first formal meeting of the Board. He also welcomed Liz Gaulton, Deputy Director of Public Health and Sue Frossell, consultant in Public Health who had recently commenced employment with the City Council.

### **42. Declarations of Interest**

There were no declarations of interest.

### **43. Minutes of Previous Meeting**

The minutes of the meeting held on 8<sup>th</sup> February, 2016 were signed as a true record. There were no matters arising.

#### **44. Health and Wellbeing Strategy Overview**

Further to Minute 37/15, the Board considered a report of Dr Jane Moore, Director of Public Health which referred to the three priorities previously agreed by the Board and informed of the work that had begun to turn the priorities into a Health and Well Strategy for 2016-19. A copy of draft framework for the Strategy was set out at an appendix attached to the report and a draft strategy document was tabled at the meeting.

The Board also received a presentation on the progress to date with the 100 day plan. The Board reviewed the current and future actions contained in the plan.

Both the draft framework and the draft strategy provided concise information on the three priorities highlighting the case for change; areas to focus; and expected outcomes. A copy of the two page information sheet 'Coventry: A Marmot City' was also circulated as an example of how to present brief informative information on how an issue was being progressed.

The Board raised a number of issues including:

- Who was involved in the review of the governance arrangements
- The importance of having the right people in the right meetings to enable decisions to be taken which could progress the priorities
- The importance of including the word 'prevention' in the strategy
- What were the measures to be used to ensure delivery.

Further detailed information on progress to date with the three priorities was set out in Minutes 45, 46 and 47 below.

**RESOLVED that, the direction of travel and the work undertaken on the Health and Wellbeing Strategy be endorsed.**

#### **45. Health and Wellbeing Priority 1 - Health Inequalities Update**

Ben Diamond, West Midlands Fire Service, provided an update on the priority to reduce health and wellbeing inequalities. Further details were set out in the draft Health and Well-being Strategy document, Minute 44 above refers.

The Board were reminded of the statistics from Public Health England that showed that on average men in the most affluent area of Coventry would live 9.4 years longer than men in the most deprived areas and for women the difference was 8.7 years.

The areas of focus were working as a Marmot City in partnership with Public Health England and the Institute of Health Equality to narrow the health inequalities gap by:

- (i) Tackling health inequalities disproportionately affecting young people
- (ii) Ensuring that all Coventry people including vulnerable residents can benefit from 'good growth' which will bring jobs, housing and other benefits to the city.

Expected outcomes were as follows:

- Better emotional resilience and improved mental health in young people
- Improved levels of education, employment and training in young people
- Vulnerable people helped into work
- Better quality jobs.

Reference was made to progress with the 100 day operational plan and the current work to develop and agree indicators to measure impact. The Board's views were sought as to issues to factor in. Matters discussed included:

- The need to offer valuable apprenticeships and work place experiences to support and inspire young people
- The importance of Board Members networking and using their contacts to encourage other organisations to offer apprenticeships/ work place experiences
- An acknowledgement of the very broad agenda of this priority and how Board Members could contribute to moving the priority forward
- An acknowledgement that some outcomes were very much long term which made it difficult to measure immediate impacts
- The intention to build on existing work and successes and to undertake specific work in a small number of areas where big changes could be made
- The resource implications and whether there was sufficient support for the programme lead
- The importance of the work to review the governance arrangements – the terms of reference and accountability
- The barriers to progress and the need for Board Members to hold one another to account

**RESOLVED that the progress to date be noted and an update report be submitted to the next meeting of the Board.**

#### 46. **Health and Wellbeing Priority 2 - Multiple/Complex Needs Update**

Dr Jane Moore, Director of Public Health, provided an update on the priority to improve the health and wellbeing of individuals facing multiple complex needs. Further details were set out in the draft Health and Well-being Strategy document, Minute 44 above refers.

Reference was made to how services today were set up to deal with single issues such as drug or alcohol misuse, homelessness or mental health rather than addressing the various needs of the individual meaning that multiple professionals were working with the same person. This priority was about bringing key stakeholders together to be able to make a difference for these individuals.

The areas of focus were to improve the health and wellbeing of those individuals experiencing two or more of the following: mental ill health; substance misuse; violence and sexual abuse; and reducing the risk of people developing complex multiple needs.

Expected outcomes were:

- People facing multiple and complex needs will be enabled to manage their lives better through access to services that are more person-centred and co-ordinated
- Services will be more tailored and better connected and will empower users to take part fully in effective service design, with services taking a whole person approach
- Agencies work together to deliver and commission services for groups of people facing complex needs across the city
- Reduction in offending, anti-social behaviour and frequent users of services.

The Board were informed of the commitment from the police who had already committed resources for the initial scoping work with stakeholders.

Members discussed a number of issues including:

- The importance of including the Probation Service and the Faith Groups in the stakeholder consultation work
- An acknowledgement of the potential contribution from the two local universities
- A suggestion that work could be undertaken to make improvements to end of life care
- The financial implications and linking mental health with the work of the Combined Authority on this issue
- The need for all Members to commit to attending Board meetings to enable decisions to be taken.

**RESOLVED that:**

**(1) The progress to date be noted and an update report be submitted to the next meeting of the Board.**

**(2) Members to ensure that they attend meetings so that decisions can be made when necessary.**

#### **47. Health and Wellbeing Priority 3 - Accountable Health and Care System**

Rebecca Southall, University Hospitals Coventry and Warwickshire, and Gail Quinton, Executive Director of People, provided an update on the priority to develop an integrated health and care system that meets the needs of the people of Coventry.

The Board were informed that a Sustainability and Transformation Board had been established and was meeting on a fortnightly basis. Four work streams had been agreed with the intention of creating an ambitious proposal which could unlock funding for 2016/17. The final submission was due by the end of June. The Board noted the intention for the development to align with the Health and Wellbeing strategy.

The Board discussed the Sustainability and Transformation Plan which covered both Coventry and Warwickshire and noted the potential for joint working between the two Health and Wellbeing Boards to avoid duplication and conflicts. Further

issues raised included the financial resources in light of the current financial climate and the need to get the maximum benefits for the people of Coventry.

**RESOLVED that:**

**(1) The progress to date be noted and an update report be submitted to the next meeting of the Board.**

**(2) Andy Hardy, University Hospitals Coventry and Warwickshire, to liaise with the Chairs and Deputy Chairs of the Coventry and Warwickshire Health and Wellbeing Boards regarding the development of the priority.**

**48. Coventry City Council Health in All Policies Visit January, 2016**

The Board considered a report of Gail Quinton, Executive Director of People concerning the two day visit by the peer review team held on 5<sup>th</sup> and 6<sup>th</sup> January, 2016, to deliver the Health in All Policies peer support pilot programme. The main purpose of this programme was assist the Council to accelerate the good progress made to date on addressing the wider determinants of health and to maximise the impact of all policies and services in keeping people healthy and tackling health inequalities. A copy of the letter sent to Martin Reeves and Councillor Lucas outlining the findings and recommendations of the peer review team was set out at an appendix to the report.

The headline questions used during the visit were:

- Does the Council have a clear vision and ambition for health and Wellbeing?
- How well does the Council enable others to improve health?
- Is the Council making a sustainable impact on health outcomes?
- Is the Council using its resources to best effect to improve health?

Background documents and questionnaire responses were reviewed prior to the visit, with a number of interviews and workshops being held with elected members, employees and representatives of the partner organisations during the two day period.

The recommendations from the Peer Review Team were:

1) Capitalise on the renewed energy in the Health and Wellbeing Board to work with partners to:

- a) ensure the revised Health and Wellbeing Strategy is the vehicle that pulls together into one place coherently the outcomes required for Coventry to be a Marmot Exemplar and Top Ten City
- b) clarify how the role and purpose of boards and the relationship between them can best achieve the priorities in the strategy
- c) to ensure a space is being created for partners to have ongoing and difficult discussions including those relating to their role in investment in upstream prevention

2) Ensure that Council strategies and plans all have a clear link to the ambition for the city with a consistency of language to help mainstream and embed public health considerations throughout all aspects of the Council's work

3) Ensure health needs are taken into account when decisions are being made and that approaches are adopted to reconcile situations where priorities are directly competing

4) Embed the Marmot principles explicitly into service planning processes ensuring there is a focus on prevention and keeping people well, and wherever possible demonstrate where services are offering a positive return on investment in prevention

5) Provide all Councillors with regular data and insight on health outcomes in their area to enhance their leadership role within communities, supporting them to become health champions so they can play their part in reducing health inequalities

6) Maximise the benefit of voluntary sector commissioning by providing mechanisms that enable services to signpost to each other e.g. by hosting networking sessions and facilitating workshops on the services provided.

The report referred to current update of the strategy that was taking on board the Council's ambition to be a Top Ten City and the Marmot agenda and the work to reframe the role of the Board to take forward the strategy. In addition the Council was committed to ensuring that as strategies and plans were developed and refreshed these would be linked to the new Health and Well-being strategy. Also the Insight Team had developed ward profiles for all Councillors to provide information on the health and well-being of constituents.

**RESOLVED that, having considered the recommendations arising from the Health in All Policies Peer Review visit, the actions that need to be taken to support their implementation be approved.**

#### 49. **Better Care Fund 2016/17**

The Board considered a report of Marc Greenwood, Head of Business Systems, Coventry Council indicating that the Better Care Fund programme required sign-off by the City Council, Coventry and Warwickshire Partnership Trust, University Hospitals Coventry and Warwickshire and Coventry and Rugby CCG. The programme pooled together £53m of funding and the sign off process for 2016/17 required final plans to be submitted by 3<sup>rd</sup> May, 2016.

The report indicated that the Better Care Fund was to be incorporated into the Sustainability and Transformation Plans (STP) that NHS England were co-ordinating across all local health and care economies. There was an expectation that funds for 2016/17 would not see a reduction in agreed pooled budgets from the previous year and Coventry had agreed the same budget allocation.

Information was provided on the range of improvements that had made to the local health and care system during 2015/16. Priorities for 2016/17 included work to address the on-going challenges faced within the system relating to non-elective admissions and delayed transfers of care. In support of this the System Wide Transformation programme was to report progress on delivery through Better Care and included the following developments:

- i) A community support model to prevent people needing to be admitted to hospital
- ii) A frailty assessment pathway
- iii) A therapeutic model that provides enabling support both in hospital and the community.

The System Wide Transformation programme would continue to be supported by the development and wider rollout of the multi-agency Integrated Neighbourhood Teams. Information sharing also remained a priority for the programme. The work started in the first year to support the return to Coventry of adults with learning disabilities and mental health issues placed out of the city was also to continue. There would also be a work stream on workforce which would identify opportunities for collaborative working and tackle issues relating to skill and capacity shortages. The Board noted that plans on the work stream would be submitted to a future meeting.

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

- Further details about the expansion of the integrated neighbourhood teams
- Clarification about the funding ie that it was existing funding to be used to support new ways of working
- Information about targets, indicators and measuring outcomes.

**RESOLVED that:**

**(1) The 2016/17 priorities of the Better Care Fund be approved.**

**(2) The inclusion of a workforce work stream in the 2016/17 plans be supported. This work stream will be further scoped in line with the Sustainability and Transformation Plan (STP) and plans will be brought back to a future board once further scoped.**

**(3) Responsibility to approve the final Better Care Fund plan on behalf of the Health and Wellbeing Board before submission on 3<sup>rd</sup> May, 2016 be delegated to the Chair, Councillor Caan.**

**50. Any Other Item of Public Business - LGC Award for Work on Reducing Health Inequalities**

Dr Jane Moore, Director of Public Health informed that the City Council's Public Health Team had been awarded the Public Health Award at the recent LGC Awards for their work on reducing health inequalities. She referred to the submission which centred on Coventry's work with the Marmot City programme since 2013 which had seen improvements in schools readiness for children age five, health outcomes, life satisfaction, employment and reductions in crime in priority locations. Particular reference had been made to the strong partnership work and the commitment from all partners to reducing health inequalities in the city. It was an award for all.

**51. Any Other Item of Public Business - Health Select Committee Visit to Coventry**

Dr Jane Moore, Director of Public Health reported that members had recently been sent a letter informing that, following the Health in All Policies Peer Review in January 2016, the Government's Health Committee was to visit Coventry on 3<sup>rd</sup> May. The purpose for this visit was for the Committee to learn more about Coventry's Health in All Policies agenda and to meet the services and people that were delivering these plans. The date for the visit had now been put back and it was anticipated that it would be held towards the end of May on a date still to be determined.

(Meeting closed at 3.50 pm)