

**Coventry City Council**  
**Minutes of the Meeting of Coventry Health and Well-being Board held at 2.00 pm**  
**on Monday, 27 June 2016**

Present:

Board Members: Councillor Abbott  
Councillor Caan (Chair)  
Councillor Duggins  
Councillor Taylor  
Stephen Banbury, Voluntary Action Coventry  
Simon Brake, Coventry and Rugby GP Federation  
Ben Diamond, West Midlands Fire Service  
Simon Gilby, Coventry and Warwickshire Partnership Trust  
Juliet Hancox, Coventry and Rugby CCG  
Andy Hardy, University Hospitals Coventry and Warwickshire  
Professor Sudesh Kumar, Warwick University  
Ruth Light, Coventry Healthwatch  
Danny Long, West Midlands Police  
Dr Jane Moore, Director of Public Health  
Gail Quinton, Executive Director of People  
Martin Reeves, Coventry City Council  
David Williams, NHS Area Team

Other representative: Rob Allison, Voluntary Action Coventry

Employees (by Directorate):

People: P Fahy  
L Gaulton

Resources: L Knight

Apologies: Councillor Ruane  
Dr Steve Allen, Coventry and Rugby CCG  
Dr Adrian Canale-Parola, Coventry and Rugby CCG (Deputy Chair)  
Professor Guy Daly, Coventry University  
John Mason, Coventry Healthwatch

## **Public Business**

### **52. Welcome**

The Chair, Councillor Caan welcomed Councillors Abbott and Duggins who were attending their first meeting of the Board.

### **53. Declarations of Interest**

There were no declarations of interest.

### **54. Minutes of Previous Meeting**

The minutes of the meeting held on 11<sup>th</sup> April, 2016 were signed as a true record.

Further to Minute 52 headed 'Health Select Committee Visit to Coventry', the Chair Councillor Caan reported that a party of MPs on the Health Select Committee visited Coventry on 23<sup>rd</sup> May to take a closer look at the city's efforts to reduce health inequalities and see how the policy objectives of the Marmot report on health inequalities had been implemented. Dr Jane Moore, Director of Public Health informed that the Committee had met a range of partners and public health practitioners and were particularly impressed with the strong partnership work and the enthusiasm for making improvements to people's health and wellbeing, quoting Coventry as 'inspirational'.

55. **Appointment of Deputy Chair of the Health and Wellbeing Board**

The Chair, Councillor Caan reported that the Board were required to confirm the re-appointment of Dr Adrian Canale-Parola as Deputy Chair of the Board for the new municipal year 2016/17.

**RESOLVED that Dr Adrian Canale-Parola, Coventry and Rugby CCG be appointed as the Deputy Chair of the Health and Well-being Board for 2016/17.**

56. **Transforming Care Partnership**

The Board received a briefing note of Pete Fahy, Director of Adult Services, which sought the support of the Board for the programme of work that was underway across Coventry, Warwickshire and Solihull to deliver the Transforming Care Programme (TCP). The note summarised the background to the TCP, the implementation and achievements to date and highlighted the requirement for submission of a delivery plan to NHS England by 1st July, 2016. Key risks associated with the programme were also identified. The draft plan for submission to NHS England was set out at an appendix to the note.

The briefing note indicated that Transforming Care was an NHS led programme with cross sector support which aimed to improve the care and support for people with learning disabilities and/or autism and mental health problems or behaviour that challenged.

In September 2015 Coventry and Warwickshire with Hereford and Worcestershire submitted a joint fast track plan to NHS England and Coventry and Warwickshire subsequently received £825,000 from NHS England to deliver against this plan.

In December 2015 the programme was varied by NHS England introducing a new requirement where all areas of England were to confirm new partnerships, develop a new plan including bidding for a share of an additional £30m of funding. The new partnership included Coventry, Warwickshire and Solihull and required a revised and combined plan to be submitted by 1<sup>st</sup> July, 2016. Consequently Coventry was now part of the fast track programme and a Transforming Care Partnership.

The fast track plan set out three phases of implementation and work had focussed on the delivery of the first phase which required the establishment of an intensive support team to create community resilience in order for the nine bedded

assessment and treatment ward at the Caludon Centre to be decommissioned. To test the robustness of this team, the beds admissions were suspended on 31<sup>st</sup> March, 2016. Key achievements were highlighted and the Board were informed that the fast track plan and the progress made were considered a national exemplar.

The Transformation Care Plan submission required by 1<sup>st</sup> July needed to demonstrate how the partnership planned to fully implement the national service model by 31<sup>st</sup> March, 2019. This model set out how people with learning disability and/or autism who display behaviour that challenges are to be supported in community settings so reducing the need for long term in-patient facilities. The delivery of the model required whole system response and partnership working to deliver so was to be endorsed by the Board. The plan focussed on the second and third phases which extended the model to children and young people and people with autism who do not have a learning disability along with people with forensic needs.

The Board were informed that it was an ambitious programme required to progress at pace with a lack of clarity in some areas. There was a risk management plan in place and there were two key risks associated with delivery of the plan: delivering the trajectories and financial sustainability.

Members raised a number of issues arising from the briefing note including:

- further information about the risks and challenges to the programme
- what the Board could do in support the programme
- clarification about the numbers of individuals that the plan would support.

Councillor Abbott, Cabinet Member for Adult Services expressed her support for all the successful partnership work.

**RESOLVED that:**

**(1) The Coventry, Warwickshire and Solihull Transforming Care Partnership Transformation Plan which delivers the values and priorities of the TCP programme be supported, whilst recognising that plans cannot have final sign off until greater clarity exists on the funding arrangements.**

**(2) Briefings on progress be submitted to future meetings of the Board to include the management of the financial implications and trajectory delivery risk across the health and social care economy associated with the delivery of the Transforming Care Partnership.**

**57. Sustainability and Transformation Plan**

The Board received an update from Andy Hardy, University Hospitals Coventry and Warwickshire on the latest position regarding the Coventry and Warwickshire Sustainability and Transformation Plan Submission. The Board also noted a report from Stephen Banbury and Rob Allison, Voluntary Action Coventry on harnessing voluntary sector resources in system transformation.

Andy Hardy, Chair of the Sustainability and Transformation Programme Board, set out the background to the development of the Sustainability and Transformation

plan referring to NHS Five Year Forward View from Simon Stevens, Chief Executive of NHS England published in October 2014 which highlighted a potential funding gap of £30b. In response to a commitment to provide an additional £8b to support services, savings of £22b would be required from efficiencies and new ways of working. Responses were sought from local health providers as to what services were needed to support their local populations. In December, 2015 NHS England announced that each area was required to develop a Sustainability and Transformation Plan. These plans aimed to bring together NHS Clinical Commissioning Groups and providers, such as hospital trusts, as well as local authorities and social care to develop footprints to improve the health and wellbeing of the population; the quality of care provided; and the NHS finance and efficiency of services.

Reference was made to natural footprint for Coventry and Warwickshire where over 95% of care was provided within the locality. A Programme Board was established and membership was highlighted. The following four priorities were identified:

- Paediatrics and Maternity
- Mental Health
- Musculoskeletal services
- Frail elderly

To drive the work forward, these were split between in and out of hospital programmes.

The Board were informed that the initial deadline for the submission of the plan was June 2016 however this had now changed and the final submission date was September, 2016.

Attention was drawn to all the partnership work that had already taken place and to the importance of ensuring that the prevention agenda was a key theme.

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

- The links with the West Midlands area
- An acknowledgement of all the work to be undertaken and difficult decisions to be made
- The risks and challenges associated with the plan
- The opportunities for patient public involvement
- The opportunity for partnership working with the two local universities to provide appropriately skilled and trained staff
- The importance of wider organisations working together to protect Coventry residents against mental health problems and to improve social care in the city
- The financial resource to support the prevention agenda.

The Board noted a report from Stephen Banbury and Rob Allison which informed how the Voluntary Sector could support sustainability and transformation emphasising the importance of ensuring that the voluntary sector was engaged in having the right conversations at the right time with the right organisations within the right footprint. This would mean better outcomes for both patients and carers.

Voluntary Action Coventry had moved from a bridging to a catalyst role in harnessing resources across the public and voluntary sectors using multi-sector problem solving workshops. The Board noted the success of the recent adult mental health workshop which involved 15 Charities, the CCG, the City Council, UHCW and West Midlands Police who engaged in building awareness of preventative services and agreed quick win actions to promote collaborative working. Detailed information was also provided on the frailty workshop held in March 2016 including successful actions.

Reference was made to an event held in May, 2016 which enabled sectors to consider system transformation, the Sustainability and Transformation Plan, Connecting Communities and integrated place-based working.

The next steps for Voluntary Action Coventry included working on a joint voluntary sector briefing on the Sustainability and Transformation Plan to continue to prepare the voluntary sector providers for more targeted involvement and also liaising with the City Council and the CCG prioritise issues for future workshops.

Members of the Board raised a number of issues arising from the report including the opportunities for interacting with the different faith communities; how to utilise the best services provided by volunteers; and the intention to engage with the voluntary sector in the near future on the Sustainability and Transformation Plan.

**RESOLVED that the update on the Sustainability and Transformation Plan and the report on the role of the Voluntary Sector be noted.**

**58. Coventry and Warwickshire Health and Wellbeing Alliance Concordat**

The Board received a report of Gail Quinton, Executive Director of People which set out the background and an overview of the proposed Coventry and Warwickshire Health and Wellbeing Board Concordat and the opportunities that this provided for Coventry to work in alignment with Warwickshire to deliver the Coventry and Warwickshire Sustainability and Transformation Plan. A copy of the draft concordat was attached at an appendix to the report.

The report indicated that the health and care system locally and nationally was operating in an increasingly challenging context in light of rising patient expectations; an aging population; the increasing prevalence of chronic disease; and reducing resources. The development of the Sustainability and Transformation Plan in Coventry and Warwickshire provided an opportunity for collaboration to tackle these challenges.

As the West Midlands Combined Authority gathered momentum there were both opportunities and expectation that organisations would become more aligned, increasingly working on a systems approach. Consequently there were advantages for Coventry and Warwickshire Health and Wellbeing becoming more closely aligned, so the proposed concordat had been developed.

The draft concordat set out the principles for joint working between the two Health and Wellbeing Boards with an emphasis on delivery of the Sustainability and Transformation Plan. It had the dual purpose of enabling people to pursue happy,

healthy lives putting people and communities at the heart of everything, whilst transforming services and making significant savings.

The Board were informed that once they had agreed to the concordat, it was proposed to hold a joint event to formally launch and sign the concordat. A programme of more aligned working would also be developed but with both Boards operating within their existing governance arrangements.

The Board discussed the wording and the principles of the concordat, in particular whether the wording of the draft principle 'We will only take decisions that impact on other parts of the system after consultation' best reflected the desired aim of inclusivity and agreement between partners. It was suggested it would be more appropriate to use 'We will consider the impact of our decisions on other parts of the system after consultation'.

Members expressed support for the joint concordat and the potential for sharing ideas and learning from best practice. There was also an acknowledgement of the differences between the two localities. The Board discussed the decision to include reference to the £500m of savings to be made across Coventry and Warwickshire over the next five years. There was also a concern as to whether all the wording was appropriate if the document was to be shared with members of the public.

**RESOLVED that:**

**(1) The Coventry and Warwickshire Health and Wellbeing Concordat be agreed.**

**(2) Having considered the wording and the principles of the concordat, the fourth principle be amended to read: 'We will consider the impact of our decisions on other parts of the system after consultation'.**

**(3) Agreement be given to work in alliance with Warwickshire Health and Wellbeing Board to implement the principles of the Health and Wellbeing Concordat.**

**(4) Agreement be given to a meeting with Warwickshire Health and Wellbeing Board partners to formally sign off and progress the Concordat.**

**59. Coventry Health and Wellbeing Strategy 2016 - 2019**

The Board considered a report of Dr Jane Moore, Director of Public Health which provided an update on progress on the development of Coventry's Health and Well-being Strategy for 2016-19.

Ben Diamond, West Midlands Fire Service, referred to the priority to reduce health and wellbeing inequalities and to the commitment of Sir Michael Marmot and Public Health England to continue to work with Coventry for a further three years. It was the intention to raise Coventry's profile as an exemplar city for reducing health inequalities, measuring progress against local and national indicators. A launch event was held on 23<sup>rd</sup> March, 2016 with all partners in attendance.

Partners would continue to work on existing projects along with the following two additional priorities:

- (i) Tackling health inequalities disproportionately affecting young
- (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.

The membership of the over-arching Marmot Steering Group has been increased to reflect these new priorities and now includes representatives from Coventry and Warwickshire Chamber of Commerce, the Department of Work and Pensions and the Local Enterprise Partnership.

Indicators were currently being developed alongside the action plan for the next three years.

The Board received an update from Danny Long, West Midlands Police on progress with the priority 'to improve the health and wellbeing of individuals with multi complex needs'. A Multiple Complex Needs Board had been established, chaired by Danny Long, to provide a re-designed, integrated and co-ordinated service for those experiencing two or more of the following: substance misuse, mental ill health, violence and sexual abuse.

The approach of the Board was evidenced based and work was being undertaken to map provisions of services as well as linking in with national initiatives. The Board aimed to ensure that the city would be given the necessary powers, responsibility and accountability to improve the lives of those most excluded due to their needs.

A Multiple Complex Needs Network was also to be established with a wider membership to collaborate, share best practice and promote and enhance service delivery.

Danny Long reported that the first meeting of the Board was scheduled for 15<sup>th</sup> July. He referred to the intention to consider the issue of prevention and to the outcome of allowing individuals to retain a sense of independence, self-worth and self-esteem, taking personal responsibility for their futures. It was the intention that individuals would share their experiences so service users would help to shape services.

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

- Support for the work of the Multiple Complex Needs Board
- How the data collection would link to the data that was collected by West Midlands Police
- How would the issue of homelessness be covered by the programme
- Concerns about the intention to make financial savings when the scope of the review might determine that early investment was required to take pressure away from services
- If there was the potential to analyse significant data to be able to predict issues such as incidents of violence and sexual abuse.

**RESOLVED that the direction of travel and the completion of the Health and Wellbeing Strategy be endorsed.**

60. **Any other items of public business**

There were no additional items of public business.

(Meeting closed at 3.40 pm)