

Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 2.00 pm
on Monday, 10 April 2017

Present:

Board Members: Councillor Abbott
Councillor Caan (Chair)
Councillor Ruane
Councillor Taylor
Stephen Banbury, Voluntary Action Coventry
Dr Adrian Canale-Parola, Coventry and Rugby CCG (Deputy Chair)
Professor Guy Daly, Coventry University
Ben Diamond, West Midlands Fire Service
Liz Gaulton, Acting Director of Public Health
Simon Gilby, Coventry and Warwickshire Partnership Trust
Andrea Green, Coventry and Rugby CCG
Andy Hardy, University Hospitals Coventry and Warwickshire
Ruth Light, Coventry Healthwatch
Danny Long, West Midlands Police
Gail Quinton, Deputy Chief Executive (People)

Other Representatives:

Councillor Ali
Paula Deas, Coventry and Warwickshire Local Enterprise Partnership

Employees (by Directorate):

Place: L Knight
People: R Nawaz

Apologies: Councillor Duggins
John Mason, Coventry Healthwatch
Martin Reeves, Coventry City Council
Professor Caroline Meyer, Warwick University

Public Business

108. Declarations of Interest

There were no declarations of interest.

109. Minutes of Previous Meeting

The minutes of the meeting held on 6th February, 2017 were signed as a true record. There were no matters arising.

110. Employment , Economic Growth and Health - working with Coventry and Warwickshire Chamber of Commerce and Coventry and Warwickshire Local Enterprise Partnership

The Board considered a joint report and received a presentation from Paula Deas, Coventry and Warwickshire Local Enterprise Partnership (LEP) which informed how partners were working together with Coventry and Warwickshire Chamber of Commerce and the LEP to create good growth and reduce health inequalities in Coventry.

The report highlighted that ensuring that people were able to get into work would reduce health inequalities, but they must be good quality sustainable jobs which provided a reasonable wage, opportunities for development and safe working conditions. The unemployment rate in the city was currently 6% compared to the national rate of 5.1%.

The Marmot Steering Group provided an effective mechanism for the LEP and Chamber of Commerce to work with other key statutory and voluntary organisations to address health inequality issues linked with growing economic prosperity in the city and to recognise and build upon the links between a healthy population, good work and economic growth. The vital role of employers was emphasised. Reference was made to the Strategic Economic Plan produced by the LEP and the Marmot Strategy which were aligned in some of their overall goals. The LEP worked across Coventry and Warwickshire in alignment with the Health and Wellbeing concordat. The report indicated that the focus of the LEP upon economic growth and development, if successful, would result in an increase of over 50,000 new jobs by 2031, improving the skills of the workforce and increasing the productivity of the area, so reducing health inequalities.

The report provided an update on Marmot to date. Since Coventry became a Marmot City in 2013 there had been progress in outcomes across health and across society including improvements in school readiness at 5, health outcomes, life satisfaction, employment and reductions in crime in priority locations. Key areas of focus for the next three years were detailed. Reference was made to the effective partnership working between members of the Marmot Steering Committee. All partners had signed up to the three year Marmot Action Plan and the priorities were outlined.

The Chamber of Commerce was a committed member of the Marmot Steering Group who worked with employers to educate them about the benefits of recruiting locally and also increase the number of apprenticeships. The Chamber was also keen to explore ways to encourage employees to maximise their use of funds to support the employment of people with physical disabilities and mental health issues. The Board were informed that the LEP was not a member of the Marmot Steering Group. Inclusion of a representative from the LEP would be beneficial to all Marmot partners and would enable practical discussions around ways of working that would bring together the aims and objectives of the Strategic Economic Plan with those of Marmot and other statutory and voluntary organisations.

The presentation set out the background to the development of the LEP; provided information on its governance arrangements; informed of the LEP's achievements to date which included over £300m of government investment in local priorities and 2,928 jobs created; and drew attention to the assets of the area. Further information was provided on the benefits to the Coventry and Warwickshire area. The presentation concluded with the issues for the next five years including the

Local Growth Fund; more devolution of powers and finance; the mayoral influence; and the changing political landscape.

Members expressed support for the work of the LEP and the opportunities for partnership working. Further information was requested about the funding opportunities available for local businesses and whether funding had been made available to support the health economy. A request was made for assistance for an individual company and the officer undertook to investigate.

RESOLVED that:

(1) Approval be given for the LEP to become a member of the Marmot Steering Group and contribute to the Marmot Action Plan.

(2) Approval be given that the Chamber of Commerce continue to attend the Marmot Steering Group and contribute to the Marmot Action Plan.

(3) The Health and Wellbeing Board contribute to the LEP's Strategic Economic Plan.

111. Coventry & Warwickshire Sustainability and Transformation Plan Update

The Board considered a progress report from Andy Hardy, University Hospitals Coventry and Warwickshire (UHCW) which provided an update on progress with the Sustainability and Transformation Plan (STP), with particular reference to the content and progress with the individual work streams.

Urgent and Emergency Care

The current work stream priority was right sizing hospital urgent and emergency care systems in the context of changes driven through other work streams and the national Urgent and Emergency Care Plan. It was anticipated that the proposed model of Urgent and Emergency Care would be presented to the STP Design Authority for internal clinical agreement in the autumn of 2017.

The Board were informed that the Coventry and Warwickshire Stroke Programme was at the pre-consultation stage, with the pre-consultation Business Case within the NHS England assurance process. It was anticipated that this would go to an Assurance Panel in the early summer.

Planned Care

The report informed that the current work stream focus was on the first elective pathway review, muscular-skeletal, with emphasis being on hip and knee replacements with a view to start to change in practice during 2017. A Clinical Reference Group had been established and had met several times and a clinical workshop was planned for April/May. A revised MSK pathway was now in place in North Warwickshire and, subject to approval, was due to start in Coventry at the end of quarter 1 2017. The review/ revision of other elective pathways would follow in quarterly waves including General Surgery, ENT, Ophthalmology, Specialist Surgery and other smaller specialities. Following pathway redesign, policies would be revisited.

In relation to cancer care, work was underway to achieve the cancer 38 day target.

Maternity and Paediatrics

Work was underway to refocus the work stream's programme in line with the national 'Better Births' strategy. A work stream 'away day' had been arranged for April.

Proactive and Preventative Care

The Out of Hospital Programme was progressing to plan with proposals developed by providers currently undergoing commissioner moderation, prior to a decision on procurement. The scope of the programme beyond the Out of Hospital was much broader and was currently being developed. The Board noted that this offered the major interface with Health and Wellbeing Boards and Local Authority led services relating to the promotion of healthy lifestyles and the building of community capacity. These were also key features of Health and Wellbeing Strategies and emerging transformational plans for local authorities. Reference was made to the three steps to be undertaken to support prevention. To date efforts had focused on the first phase in terms of developing an understanding of the level and nature of work in the system. To succeed prevention needed to feature in every element of work and become 'everybody's business'.

Productivity and Efficiency

Progress in this area had been slow. Individual organisations had just received feedback from the National Benchmarking and this was currently being collated to give an STP wide picture, so organisational differences could be examined.

Andy Hardy informed the Board of the recent appointment of Brenda Howard as the Programme Director. She would be establishing a Programme Management Team and would establish systems and processes to oversee progress and delivery of the STP. The programme team would be supporting the work streams to deliver their priorities. The Board were also informed about the new guidance from NHS England concerning next steps on the Five Year Forward View and STPs.

Members of the Board raised a number of issues in response to the report including:

- How the Programme Director post was funded and the actual costs involved
- Clarification about the 'Big Conversation' phase on pre-consultation relating to maternity care that had been due to commence at the end of November (Minute 112 below refers)
- Further information about the latest position relating to the proposals for stroke services which was with NHS England for assurance
- Clarification about the timings and schedules of the individual work streams and whether there had been delays
- Whether the STP would work in isolation or whether there would be implications for the STP if other STPs from the surrounding areas had failings

- The links between the individual work streams
- Further information about the thresholds and proposals for hip and knee replacements
- Support for all the hard work involved with progressing the STP work streams
- The importance of ensuring successful communication with the public when progressing the work streams including consideration of the terminology to be used.

Professor Guy Daly informed the Board about the work of the STP Design Authority and suggested that a report including the terms of reference and membership be submitted to a future meeting. He recommended that members be provided with a copy of the update on the Five Year Forward View.

RESOLVED that:

(1) The report be noted and the direction of travel for the STP be supported.

(2) A report on the STP Design Authority be submitted to a future meeting.

(3) The update on the Five Year Forward View be circulated to Members.

112. Engagement Strategy Update

Further to Minute 89/16, the Board considered a report of Andrea Green, Coventry and Rugby Clinical Commissioning Group (CCG) which detailed progress on the Sustainability and Transformation Plan (STP) Engagement Strategy.

The report indicated that the three local Clinical Commissioning Groups, the City Council and Warwickshire County Council had formed a collaborative Engagement Team who developed the Engagement Strategy.

The initial activity was to start to hold some “Big Conversations” with local Mothers and Carers, to find out what was important to them in respect of Maternity services, as a new national strategy on Better Births had been released by NHS England, and local leaders were considering the sustainability and transformation of the service, as part of the local long term direction of travel for healthcare, the STP. Conversations were held with Mothers and their Carers at the venues they were attending to receive their antenatal and postnatal care. This first phase of engagement included completing 57 conversations, at venues, mainly Children’s Centres across Coventry and Warwickshire. The participants included people who already had children, those who had past miscarriages and/or, traumatic births as well as those who were first time Mothers.

The Board were informed that the outcome of this phase of discussions found that all those asked had very similar expectations of maternity services, but these were not always met. The key themes in the discussions were around consistency of care; being listened to; personalised care; family friendly care; professional attitude of staff; feeling reassured; support with aspects of caring for a new baby; access to information, antenatal and postnatal support.

The engagement identified some inequalities in the services available in antenatal and postnatal groups; breastfeeding support and continuity of care.

Andrea Green emphasised that this was the start of the process. The Board noted that the views and themes would be brought together with information from the 0 to 5s work undertaken by Coventry and Warwickshire Councils; data on local inequalities and access; and the national engagement work on maternity care currently underway, to inform the next stages of co-design which would produce a set of local views of critical success factors that the future services would need to address.

Members raised a number of questions about the work to date including:

- Did the 57 contacts reflect the diverse population of Coventry
- Whether 57 conversations was a sufficient number considering the size of the locality and the potential for significant service change
- A concern about the implications of Strep B infections in babies and if this was an issue for the city.

RESOLVED that:

(1) The progress to date on the Engagement Strategy be noted.

(2) Details about the arrangements for screening for Strep B be circulated.

113. Coventry and Warwickshire System Wide Care and Health Peer Challenge Feedback

Further to Minute 104, Liz Gaulton, Acting Director of Public Health introduced the Coventry and Warwickshire System Wide Care and Health Peer Challenge feedback presentation following on from the review which took place between 14th to 16th March, 2017. The focus of the review had been:

‘To provide a constructive assessment of the current and potential value to the HWB system of the HWBBs of Coventry and Warwickshire, independently and together. To consider how the Boards can bring the spirit and commitment of the Coventry and Warwickshire Alliance Concordat to life’.

The presentation set out the brief and the products of the challenge. Membership of the Peer Challenge Team was detailed along with the process that was followed. The key messages for Coventry were highlighted which including the positive strengths of the Board; ‘Marmot City’ being a good brand with further potential; the development for joint working between the Boards without Coventry losing its identity; and the importance of working beyond different boundaries including the West Midlands Combined Authority. There was an acknowledgement that the STP had not ‘landed well’ but a line needed to be drawn under it and a coherent health and social care plan for Coventry and Warwickshire needed to be developed. The suggested next steps for Coventry were set out.

The presentation also referred to the key messages for both Coventry and Warwickshire with the Concordat being viewed as a huge asset. Members noted

both the barriers and enablers for implementing the next steps in Coventry and Warwickshire.

It was clarified that, from the feedback provided, the Board was operating well and areas for development were clear. The Board acknowledged the success of their joint working with Warwickshire.

RESOLVED that:

(1) The feedback from the Peer Challenge be noted.

(2) Approval be given to progress the proposed next steps, continuing the joint working with Warwickshire.

114. Health and Wellbeing Strategy Update - Improving the Health and Wellbeing of People with Multiple Complex Needs

The Board received a presentation from Chief Inspector Danny Long, West Midlands Police which provided an update on the Health and Wellbeing strategy priority 'Improving the Health and Wellbeing of People with Multiple Complex Needs'. A copy of the Project Initiation Document had been circulated as background information.

The Board were reminded of the purpose of the project, to improve the health and wellbeing of people facing Multiple Complex Needs (MCN), to make it as easy as possible so that they:

- Feel more resilient and connected
- Are empowered to lead productive lives, free from harm
- Reduce their dependency on intensive public services.

It aimed to enable people with MCN to manage their lives better through access to more person centred and co-ordinated services.

The project involved a five stage plan as follows:

- i) Baseline data – characteristics of people facing MCN and service provision
- ii) Future mode – identifying options for improving services
- iii) Define changes needed – detailed definition of what changes were needed
- iv) Plan and organise – implementation plan
- v) Evaluation framework – understand the impact of proposed interventions.

Detailed information was provided on the research programme which had been split into two phases:

Phase I – to identify the extent and nature of MCN within the city

Phase II – to demonstrate how transforming the experience of people facing MCN could improve outcomes and reduce costs to the system.

The Board were informed of the various partner organisations used to gather baseline data and the key factors obtained. Findings taken from the baseline data, lived experiences and frontline professionals were outlined with detailed statistics from the Probation Service, Staffordshire and West Midlands Community Rehabilitation Company and West Midlands Police. In addition, individual case studies had been provided by West Midlands Fire Service, Aquarius, Citizens Advice Bureau, Ignite, Troubled Families, Swanswell and Whitefriars Housing.

The Board's attention was drawn to the combination maps which allowed comparing and contrasting different data sets. As expected most deprived areas saw more problems.

The Board were informed that there was now lots of data including evidence of local services and contract spend and much detailed local intelligence providing a comprehensive understanding of what it meant to experience MCN in Coventry and how factors related to one another. Examples of service scoping were also highlighted.

The presentation concluded with the next stage in the process, stage 3, and to become involved with:

- The opportunity to work with West Midlands Mental Health Commission and develop nationally funded pilots in Coventry
- Trial the MEAM approach by identifying a cohort of users who could be supported using a whole system
- An Operational Group being set up to develop these opportunities and implement.

The Board asked about 'wet' houses in the city and where people could access support to help them 'dry out'. It was determined that further work was required in this area.

RESOLVED that:

(1) The work to date on the strategy to improve the health and wellbeing of people with multiple complex needs be noted.

(2) The Multiple Complex Needs Board, as part of their existing work, to look at those affected by alcohol misuses and to make suggestions as to how they can be supported.

115. Coventry Female Genital Mutilation (FGM) Programme

The Board considered a report of Liz Gaulton, Acting Director of Public Health which provided an update on the progress made to tackle Female Genital Mutilation (FGM) in Coventry. The report also provided an update on the prevalence of FGM in the city and detailed progress against the recommendations endorsed by the City Council's Scrutiny Co-ordination Committee at their meeting on 9th September, 2015.

The report provided an explanation of FGM, detailed the reasons given for practising FGM and set out the background to the work being undertaken in Coventry to eradicate the practice.

Information was provided on the current position. The Board noted that data for FGM was limited both locally and nationally but the issue was being tackled nationally with the introduction of mandatory requirements for Healthcare Professionals to record FGM. It was estimated that 137,000 women and girls were living with FGM in the UK and that 60,000 girls aged 13 and under were at risk of FGM. A recent report by City University London and Equity now concerning FGM

in England and Wales estimated Coventry had a rate of more than seven per 1,000. Between April 2015 and March 2016 there had been 65 women accessing UHCW midwifery services who had been affected by FGM.

The report provided police data showing FGM referrals for West Midlands which showed a high percentage of referrals for Coventry during 2014-16 which was probably due to the well-established referral processes and reporting procedures in the city.

The Board noted that in June 2015 the City Council's Public Health team commissioned Coventry Haven (in partnership with CRASAC and Birmingham and Solihull Women's Aid (BSWA)) to provide a specialist FGM service to tackle FGM in Coventry. This service was the main vehicle through which the Scrutiny Co-ordination Committee's recommendations were being delivered. The report provided a progress report on the actions undertaken in respect of these recommendations:

- Preventing FGM from taking place by raising awareness and engaging with communities
- Supporting professionals to identify and support girls and women at risk of or affected by FGM
- Supporting victims of FGM throughout their lives
- Building knowledge and intelligence.

The report indicated that a significant amount of the work to tackle FGM had been provided by Coventry Haven in partnership. The contract for this work was due to end on 31st May, 2017 and there was no resource available to extend the contract beyond this date. However the service was designed to be self-sustaining through the recruitment of community champions.

Coventry's work to tackle FGM had been highlighted regionally and nationally as an example of good practice and the evidence from the work was being incorporated into national policy.

The report detailed the measures to be implemented over the coming months to ensure the service's work to engage with communities, train professionals and support women who have undergone FGM could be sustained beyond May 2017.

Members asked if there had been any convictions for FGM and expressed support for the new webapp 'Petals' developed by researchers at Coventry University to help protect young girls and women from FGM and their subsequent webapp 'Petals for Professionals'.

RESOLVED that the progress update set out in section 5 of the report be noted.

116. Joint Pharmaceutical Needs Assessment (PNA) and Applications for Pharmacies Update

The Board considered a report of Liz Gaulton, Acting Director of Public Health which sought approval for the plans to produce a revised Pharmaceutical Needs Assessment (PNA) for 2018.

The report indicated that as a result of the Health and Social Care Act 2012 the responsibility to develop and update PNAs passed to local Health and Wellbeing Boards. 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 considers whether the number of pharmacies would still be adequate in the next four years.

Coventry's first assessment was published in 2015. It was produced by evaluating the health needs of the local population with consideration of the existing services provided by pharmacies. It was a statutory requirement that the PNA be updated every 3 years.

The report provided detailed information on the purpose of the PNA along with information about what NHS Pharmaceutical services include.

The process of producing a PNA took around 12 months and involved a period of consultation concluding with the Board sign off. The Board were informed that to maximise the resources available and align with local planning footprints, officers were exploring a Coventry and Warwickshire PNA for 2018. This would also align with the Coventry and Warwickshire Alliance Concordat. The work was to be led by the Directors of Public Health and their teams from Coventry and Warwickshire. A small Steering Group was to be established. It was the intention to submit an update report to a future Board meeting with final approval being sought by February 2018.

Ruth Light informed of the recent work undertaken by Coventry Healthwatch about the public's use of pharmacies. Healthwatch has produced 9 recommendations arising from discussions with residents. The importance of publicising pharmacies to the Coventry public was emphasised.

RESOLVED that:

(1) The update and progress on the Pharmaceutical Needs Assessment be noted.

(2) Approval be given for Coventry to conduct its revised PNA in partnership with Warwickshire County Council.

117. Coventry, Warwickshire and Solihull's Transforming Care Partnership

Further to Minute 56/16, the Board noted a joint report, submitted to Members for information, which provided an update on Coventry, Warwickshire and Solihull's Transforming Care Programme. Details of progress made was set out in an appendix to the report.

The report indicated that partners had worked collaboratively to develop and implement a new model of care for adults to support the delivery of the Transforming Care programme locally. Work was currently taking place to ensure this effectively met the needs of adults with autistic spectrum disorders. Work was also taking place with stakeholders to develop a new model of care to support children and young people in the community preventing admissions to hospital and residential settings where appropriate.

Progress had been made regarding the financial arrangements to deliver the programme and work was ongoing to clarify the amount and mechanism for funds to be distributed to local areas from NHS England.

During 2016/17 the Transforming Care Programme had not met planned trajectories. It was anticipated that the programme would be back on track with trajectories in quarter two of 2017/18.

RESOLVED that the content of the update report set out at the appendix and the key points relating to progress and local issues be noted and the Board continue to receive periodic briefings on progress relating to the delivery of the Transforming Care programme.

118. Any other items of public business - Social Care Summit

Professor Guy Daly, Coventry University informed of the intention to hold a Social Care Summit, organised by Coventry and Warwick Universities. A provision date of 26th June had been agreed and a number of early invitations had been circulated. It was the intention to invite members of the Health and Wellbeing Board once more details had been finalised.

(Meeting closed at 3.55 pm)