

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

Present:

Board Members: Councillor Abbott  
Councillor Caan (Chair)  
Councillor Taylor  
Rob Allison, Voluntary Action Coventry  
Sarah Baxter, Coventry University  
Dr Adrian Canale-Parola, Coventry and Rugby CCG (Deputy Chair)  
Ben Diamond, West Midlands Fire Service  
Andrea Green, Coventry and Rugby CCG  
Ruth Light, Coventry Healthwatch  
John Mason, Coventry Healthwatch  
Gail Quinton, Deputy Chief Executive (People)  
Justine Richards, Coventry and Warwickshire Partnership Trust  
Rebecca Southall, University Hospitals Coventry and Warwickshire

Other Representatives:

Councillor Gannon  
Brenda Howard, University Hospitals Coventry and Warwickshire

Employees (by Directorate):

Place: L Knight  
People: P Fahy  
J Fowles  
R Nawaz

Apologies:

Councillor Duggins  
Guy Daly, Coventry University  
Liz Gaulton, Acting Director of Public Health  
Simon Gilby, Coventry and Warwickshire Partnership Trust  
Sharon Goosen, West Midlands Police  
Andy Hardy, University Hospitals Coventry and Warwickshire  
Danny Long, West Midlands Police  
David Williams, NHS Area Team

## **Public Business**

### **1. Declarations of Interest**

There were no declarations of interest.

### **2. Minutes of Previous Meeting**

The minutes of the meeting held on 10<sup>th</sup> April, 2017 were signed as a true record. Further to Minute 118 headed 'Any other items of public business – Social Care

Summit' it was reported that the Social Care Summit organised by Coventry and Warwick Universities had taken place on 26<sup>th</sup> June.

There were no other matters arising.

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

**RESOLVED that Dr Adrian Canale-Parola be appointed as Deputy Chair of the Health and Wellbeing Board for 2017/18.**

**4. Progress Update on Coventry's Marmot City Strategy 2016-2019**

The Board considered a report and received a presentation by Ben Diamond, West Midlands Fire Service and Co-Chair of the Marmot Steering Group which provided a progress update on the Coventry Health and Wellbeing Strategy priority 'Working together as a Marmot City to reduce health and wellbeing inequalities'.

The report set out the background to Coventry's position as a Marmot City from 2013 to 2015 and the involvement in the initial Marmot Programme to reduce health inequalities. In 2016 Sir Michael Marmot and his team committed to working with Coventry for a further three years to progress the health inequalities work. Partners were continuing to work together on a number of projects initiated in the first two years. In addition the Marmot City priorities now were to tackle inequalities disproportionately affecting young people and ensuring all Coventry people, including vulnerable residents, could benefit from good growth which would bring jobs, housing and other benefits to the city.

The Board were informed that there remained a strong commitment to the Marmot programme from all the partners on the Steering Group. The Marmot Action Plan set out ways in which partners and stakeholders would work to achieve the key priorities. Progress against the programme indicators included:

- 92% of children and young people reporting an increased awareness of the risks of sexual violence and support services available following the delivery of the sexual violence prevention programme.
- Employment and training support to over 500 young people not in education, training and employment as part of the Ambition Coventry programme.
- All key policy decisions taken by the City Council now consider the potential implications on inequalities across the city
- Voluntary Action Coventry and the West Midlands Fire Service had both signed up to the Workplace Wellbeing Charter.

Progress against the Action Plan and indicators was set out in an appendix attached to the report under the following two headings: young people and good growth. Indicators were split into programme indicators (output focused) and overarching indicators (outcome focused). The Marmot Steering Group met on a quarterly basis to receive updates from partners, discuss progress and identify areas for development and partnership working.

The presentation informed of the continuing national recognition of the work in Coventry and gave detailed information on the supporting young people and good

growth priorities highlighting achievements to date against targets. Comparisons of outcomes from 2015/16 to 2016/17 for both priorities clearly demonstrated positive progress. The presentation concluded with a summary of the next steps for the current year.

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

- Clarification regarding some of the indicator statistics in the report
- Further information about the reasons for the positive increase in the number of new young clients accessing the CRASAC Counselling Service
- A request for further updates on progress with the indicators in due course
- What Members could do to support organisations to sign up to the Workplace Wellbeing Charter and the need to market the Charter to employers
- The suggestion that contact be made with the Welfare Reform Group and the Group supporting the Feeding Coventry Initiative to provide access for good guidance concerning health inequalities
- An acknowledgement of the links to the Better Health, Better Care, Better Value programme
- The role of the Voluntary Sector in supporting young people into work
- A suggestion that contact be made with individual trade unions to gain their support for the Workplace Wellbeing Charter

Ben Diamond indicated that he would make contact with the links suggested by Members.

**RESOLVED that:**

**(1) The progress made to date against the Marmot Action Plan be endorsed.**

**(2) Further progress updates from the Marmot Steering Group be submitted to future meetings of the Board every six months.**

## **5. Coventry and Warwickshire Sustainability and Transformation Plan Update**

The Board considered a report of Professor Andy Hardy, University Hospitals Coventry and Warwickshire (UHCW) and received a presentation from Brenda Howard, UHCW which provided an update on the Better Health, Better Care, Better Value programme and work streams.

The report highlighted that the Sustainability and Transformation Plan had recently been renamed 'Better Health, Better Care, Better Value' reflecting the triple challenges facing health and social care as set out in the 'Five Year Forward View' report.

On 25<sup>th</sup> May, 2017 Board Members met NHS England and NHS Improvement for a quarter one review of progress. The meeting was positive with the strength of the collaboration being commended. The well-defined governance and executive leadership structures were acknowledged. A copy of the formal response received was set out at an appendix to the report.

The Board had agreed its support structure to enable the transformational and enabling work streams to deliver their priorities and objectives. Recruitment was underway and the aim was, as far as possible, to attract internal partner organisation applicants as secondments. It was intended to establish a 'System Leadership Academy' enabling participants to experience working in the different organisations within the system.

A second appendix set out the reinforced governance arrangements for the programme. The Design Authority had been reframed with greater representation from local clinical leaders and a Programme Delivery Group had been established. The Board were informed that it had recently been decided that mental health services should be designated as a transformational work stream and arrangements were now progressing to establish this. In addition it had also been decided to establish a cancer work stream as part of the approach to planned care.

The report provided detailed information on progress, including individual priorities, with the following transformation work streams: maternity and paediatrics; urgent and emergency care; mental health; proactive and preventative; productivity and efficiency; planned care and cancer.

The report also referred to the enabling work streams. Work force challenges would be an issue for all work streams and the workforce group had established three key areas of focus: career pathways, leadership, and new roles and new ways of working.

In relation to Estates, the Estates Group provided a report to the Board outlining its key priorities relating to a premises stocktake, resources required to deliver the future model and the efficiency delivery of infrastructure functions. The group was progressing discussions on a Health and Wellbeing Campus model for George Elliot Hospital and a workshop for partners across the system was planned for 11<sup>th</sup> July. An updated briefing on the Estates Strategy was tabled at the meeting which included background information on the Naylor Report and referred to local plans and key priorities

The report also highlighted the communication and engagement sessions which had taken place since the last report to the Health and Wellbeing Board.

The presentation highlighted the programme governance, structure and work streams; reviewed progress with the regulators; referred to the estates strategy; and concluded with the next steps.

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

- Clarification about the estate premises under consideration and whether it included buildings owned by other organisations
- The complexities associated with the mental health work stream community capacity and resilience
- Examples of how voluntary organisations can support and help people suffering from mental health issues and the importance of using these community assets
- The importance of including patients and the public in the structures and ensuring their views are taken into account as work progresses on the work streams

- The importance of using Elected Members who can engage with local residents helping to get the right messages out
- An acknowledgement of the need for organisations to continue to work together putting patients at heart of any new system.

**RESOLVED that the contents of the report and presentation be noted.**

**6. Proactive and Preventative Work Stream - Public Health Preventative Framework**

The Board received a presentation from Gail Quinton, Deputy Chief Executive (People) on the Proactive and Preventative work stream of the Better Health, Better Care, Better Value programme. Jane Fowles, Public Health Consultant, also attended for the consideration of this item.

The presentation set out the benefits of a targeted proactive and preventative approach. It was important for this to be undertaken at the current time as there was a greater level of need, conditions for success were stronger and the work stream enabled partners to build on the work already underway. The presentation set out the foundation already in place and highlighted the partnership principles to drive change.

Prevention was to be being integrated into all aspects of the health and care model with agreed prevention priorities being smoking prevention; obesity; falls prevention; and the Thrive Mental Health Commission report. Reference was made to the work programme in a three stage model:

- 80% - community based self-help for the general population
- 10% - at risk or early intervention
- 10% - specialist care

Additional information including the links to the partner organisations and the features for each of these stages were provided.

The presentation concluded with attention being drawn to the need for partner organisations to adopt the model and partnership principles and to provide a clear statement of commitment to be a public organisation which prioritises prevention and supports people to help themselves.

Jane Fowles detailed the support to be provided by Public Health to the Proactive and Preventative programme and the Chair, Councillor Caan expressed support for the Public Health initiatives including fitness in the parks and the recent event in Broadgate. Dr Canale-Parola, Deputy Chair highlighted the importance of the role of the community.

**RESOLVED that the progress with the Proactive and Preventative work stream be noted.**

**7. Redesign and Improvement of Stroke Services**

The Board received a report from Andrea Green, Coventry and Rugby Clinical Commissioning Group (CCG) on the proposals for the redesign and improvement of stroke services.

The report referred to the establishment of a project in April, 2014 by Coventry and Warwickshire CCGs to improve local stroke services for those who have had a stroke or a transient ischemic attack (mini stroke). In due course the proposals were expanded to include improvements to acute services, specialist rehabilitation and primary prevention of strokes. Reference was made to the project governance structure including the Project Stakeholder Board and an expert Patient and Public Advisory Group.

The report set out the case for change as follows:

Access to Service is time critical both to saving lives and reducing disability

Local gaps in timelines for people who stroke

Local TIA (mini stroke) service variation

Workforce gaps – Stroke Specialist Consultants

Unwarranted variation and inequality in stroke specialist rehabilitation services.

The Board were informed of the engagement with patients, carers and key stakeholders. A pre-consultation engagement programme was undertaken in the initial stage of the project to understand the views of key stakeholders and local people about the potential scenarios for a new stroke pathway in order to shape the future of stroke services in Coventry and Warwickshire. The aims of the discussions were to ensure everyone had a clear understanding of the services delivered currently, the evidence base and rationale for change and what scenarios were being discussed. Four possible scenarios for the future of acute stroke care were put forward. Key themes received from the early engagement with stroke survivors, carers and the public were related to transport issues, communication difficulties, compassion and dignity, staffing and discharge support. Following engagement, the following proposals were developed:

- Having one specialist stroke team based at UHCW, made up of experts in stroke services. They will treat people in the important first few days after a stroke
- A community support service for people who are recovering at home
- Closure of the specialist stroke services at Warwick Hospital and George Eliot Hospital
- The provision of hospital beds for people who need to be in hospital while they recover at Leamington Hospital and George Eliot Hospital.

Following treatment at Hyper Acute and the Acute Stroke Unit on the UHCW site, patients would be referred to one of five settings to meet their rehabilitation or ongoing needs:

- Home with Early Supported Discharge Service
- Cared for in a nurse led stroke 'bedded' rehabilitation service at a local hospital
- Home with the Stroke Community Rehabilitation Service
- Home with a package of care
- Nursing or residential care for those with more complex needs.

Attention was drawn to the support from the West Midlands Clinical Senate of national experts on Stroke Care for the model.

It was anticipated that improvements would be a reduced number of people who stroke; a reduction in deaths from stroke; a reduced disability from those who suffer a stroke; and improved cognitive function for people after a stroke.

Further information was provided on the four week public and patient engagement on the proposals. Appendices to the report detailed the consultation questionnaire and the four engagement events to be held during July. NHS England would then need to complete their assurance process before any consultation commenced.

Members raised a number of questions in response to the report, matters raised included:

- The anticipated average length of stay at Leamington or George Eliot hospitals
- The importance of providing the public with a consistent message being clear on the benefits of the proposals during the engagement and consultation stages
- The requirement to tighten up on communications ensuring the message was all about better patient outcomes as oppose to saving money
- The importance of all the partners supporting the redesigned and improved stroke services.

**RESOLVED that, having reviewed the proposals to improve stroke services, it be noted that the CCGs are:**

- a) Completing a further phase of engagement as the scenarios for improvement have now been translated from the feedback from patients, the public and clinicians into proposals attached at Appendix A**
- b) Have commissioned another integrated impact assessment of the proposals**
- c) About to enter the final stage of assurance with NHS England.**

## **8. Improved Better Care Fund**

The Board considered a report of the Deputy Chief Executive (People) which sought approval for the use of additional Better Care Fund resource to support three intended purposes. The report was also to be considered by Cabinet on 1<sup>st</sup> August and Council at their meeting on 5<sup>th</sup> September.

The report indicated that whilst the Sustainability and Transformation Programme (STP) was the primary planning tool for health and care, the Better Care Fund was the only mandatory policy to facilitate integration of health and care. The programme spanned both the NHS and local government and sought to join up health and care services so that people could manage their own health and wellbeing, and live independently in their communities for as long as possible.

In March 2017 a new policy framework for the Better Care Fund covering the period 2017 to 2019 was issued at the same time as significant additional funding being made available to Councils in order to protect adult social care. These sums came from the 2015 spending review and the 2017 spring budget and taken together comprised the Improved Better Care Fund. The additional funding element over and above the budget for Coventry was £18.6m as follows: 2017/18 - £7.1m, 2018/19 - £4.4m and 2019/20 - £7.1m (although the 2019/20 figure was

outside the scope of the current planning). This additional funding was provided direct to Councils for the following three purposes:

- To meet adult social care need
- To provide support to the NHS – especially through the application of 8 high impact changes
- To sustain the social care provider market

The Board were informed that plans for the use of the grant needed to be approved by the City Council, Coventry and Rugby CCG and the Health and Wellbeing Board. Resources could then start to be spent through a pooled budget arrangement.

The Board noted that a new Better Care Plan was being developed for the period up to 31st March, 2019 with a supporting section 75 partnership agreement identifying how the additional resources were to be used.

An appendix to the report set out the programme plan which contained a series of project areas which would deliver against the three purposes of the funding.

Members raised a number of issues including transparency of the funding and proposals; the positive aspects of receiving additional resource; and clarification about the current reasons for delayed discharges from hospital.

**RESOLVED that:**

**(1) The programme plan for the resources made available through the improved Better Care Fund against the areas identified be supported.**

**(2) A further report on the Better Care Fund plan be submitted to a future meeting once the planning tools have been provided and completed.**

**9. Coventry Drug and Alcohol Strategy 2017 - 2020**

The Board considered a report of Liz Gaulton, Acting Director of Public Health on the Coventry Drug and Alcohol Strategy 2017-2020, a copy of which was set out at an appendix to the report. An update was provided on the progress to address alcohol and drug misuse against the previous strategies was detailed in a further appendix.

The report indicated that Coventry's vision was to reduce the harms caused by alcohol and drug misuse making Coventry a healthier, wealthier and happier place to live, where less alcohol and fewer drugs were consumed and where professionals were confident and well-equipped to challenge behaviour and support change. This linked to all three of the priorities in the 2016-2019 Health and Wellbeing Strategy. Reference was made to the finding in the 2016 Coventry Drug and Alcohol Needs Assessment which indicated that drug use was falling and that Coventry had a considerably larger alcohol abstinent population than many other areas although there were still sections of the population drinking at harmful levels with approximately 14,000 people in the city being high risk drinkers.



The development of the new Drug and Alcohol Strategy coincided with the re-commissioning of drug and alcohol recovery services in the city. As drug and alcohol misuse was a cross-cutting issue, it required a multi-agency response. The strategy involved partners and covered a wide range of issues such as multiple complex needs, prevention, early intervention, education, training, employment, housing, finance, crime, recovery and support.

The strategy had been developed by, and was being implemented by, a wide range of partners including the City Council, Coventry and Rugby CCG, West Midlands Police, Probation, Youth Offending Service, drug and alcohol treatment providers and the Coventry Recovery Community. It was a three year citywide strategy for both drug and alcohol use covering both young people and adults.

The three strategic priorities were to:

(i) Prevent people from taking drugs or drinking harmful levels of alcohol and intervene early to minimise harm

(ii) Support those with drug and/or alcohol problems and those with multiple complex needs

(iii) Promote sustainable recovery and enable people to live healthy, safe and meaningful lives.

The report highlighted the main actions to be undertaken in the first twelve months.

The strategy was to be reviewed on a quarterly basis by the Drug and Alcohol Strategy Steering Group and would have an action plan detailing the specific actions. The Steering Group reported to this Board and to the Police and Crime Board.

**RESOLVED that:**

**(1) The report summarising actions to date on the current Coventry Drug Strategy and Coventry Alcohol Strategy be noted.**

**(2) The Coventry Drug and Alcohol Strategy 2017-2020 be endorsed.**

**10. Forward Plan Agenda Items and Health and Wellbeing Board Development Day**

The Chair, Councillor Caan informed the Board that arrangements were being put in place for a half day development session prior to the Board's next formal meeting on 4<sup>th</sup> September, 2017.

**11. Re-inspection of Services for Children in Need of Help and Protection, Children Looked After and Care Leavers**

The Board considered a report of John Gregg, Director of Children's Services which informed of the re-inspection of services for children in need of help and protection, children looked after and care leavers specifically in relation to partners by Ofsted between 6<sup>th</sup> and 30<sup>th</sup> March, 2017. A copy of the Inspection Report was set out at an appendix to the report.

The report indicated that the Ofsted re-inspection of services report published on 13<sup>th</sup> June, 2017 judged overall Children's Services in Coventry 'requires improvement to be good'. Services were no longer inadequate which marked a key point in the improvement journey and demonstrated the improvements made. The Ofsted judgements were:

Children who need help and protection – requires improvement

Children looked after and achieving permanence – requires improvement

- Adoption performance – requires improvement

- Experience and progress of care leavers – good

Leadership, management and governance – requires improvement.

The Department for Education removed Children's Services from intervention on 13<sup>th</sup> June, 2017 and the service was no longer subject to an improvement notice.

The inspection report identified nine recommendations, two of which specifically related two partners:

Recommendation 2 – Ensure that the Local Safeguarding Children Board supports partners to understand and consistently apply appropriate thresholds to levels of need at every stage of the child's journey, including the early help pathway.

Recommendation 3 – Ensure that the introduction of risk management methodology across the authority includes partners and the authority at all stages.

The report highlighted the areas of partnership strength detailed in the Ofsted report.

A Children's Services Improvement Plan had been developed in response to the Ofsted recommendations and areas for development. Information was provided on the areas for partners which included a risk averse approach across partners.

**RESOLVED that, having considered the recommendations highlighted in the inspection report, the agreed approach of multi-agency engagement and support to improve outcomes for children be endorsed.**

## 12. **Any other items of public business**

There were no additional items of public business.

(Meeting closed at 3.55 pm)