Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 10.00 am on Tuesday, 21 November 2017

Present:

Members:	Councillor D Gannon (Chair) Councillor J Clifford Councillor D Kershaw Councillor R Lancaster Councillor T Mayer Councillor C Miks Councillor M Mutton (substitute for Councillor Kelly) Councillor D Skinner (substitute for Councillor Lapsa)
Co-Opted Member:	David Spurgeon
Other Member:	Councillor F Abbott, Cabinet Member for Adult Services
Other Representatives:	Andrea Green, Coventry and Rugby Clinical Commissioning Group (CCG) Jenni Northcote, Coventry and Rugby CCG Justine Richards, Coventry and Warwickshire Partnership Trust (CWPT)
Employees:	V Castree, Place Directorate P Fahy, People Directorate L Gaulton, People Directorate L Knight, Place Directorate
Apologies:	Councillor L Kelly, M Lapsa and S Walsh

Public Business

28. **Declarations of Interest**

There were no declarations of interest.

29. **Minutes**

The minutes of the meetings held on 11th and 18th October, 2017 were signed as true records. There were no matters arising.

30. **Primary Care Sustainability and Planning**

The Board considered a report of Andrea Green, Coventry and Rugby Clinical Commissioning Group (CCG) which set out the current position of primary care within Coventry and outlined the future primary care planning arrangements. Andrea Green and Jenni Northcote, Coventry and Rugby CCG, and Justine Richards, Coventry and Warwickshire Partnership Trust (CWPT) attended the

meeting for the consideration of this item. Councillor Abbott, Cabinet Member for Adult Services was also in attendance.

The report set out the background to Coventry and Rugby CCG which was formed in 2013 and whose membership was derived from local General Practice provider contract holders. The CCG had 59 member practices located in Coventry. These made up the general practice provider market for providing primary care medical services for registered patients across Coventry. The practice membership included 9 single handed practices as well as practices with multiple partners. The Board were informed that the smallest practice, Anchor Centre, had a registered population of 582 patients with the largest being Engleton House Surgery with a population of 23,020, this included Coventry University branch. Providers of general practice services were independent contractors within the NHS family and their responsibilities included delivery of a nationally prescribed Core Contract for specified primary care services. The main challenges and top 5 workforce priorities were detailed.

The Board were provided with a definition of primary care noting that it encompassed a wide range of contractors and services included pharmacists, opticians, dentists and General Practice. It encompassed all health care taking place outside acute and mental health trusts.

The report informed that the CCG had been accepted on a national primary care development programme led by the National Association of Primary Care called Primary Care Home. The programme supported primary care collaboration and delivery around registered patients lists of around 30,000 to 50,000 to deliver 4 core objectives.

Reference was made to the quality and performance management of General Practice. There were two types of contracts for primary general medical services in Coventry: General Medical Service contracts (GMS) which were not time limited and Alternative Provider Medical Services contracts (APMS) which had a contract life cycle of typically 5 years. In Coventry there were 52 GMS contract holders, 6 APMS contracts and I practice with a PMS agreement. Details about the contract specifications were outlined. Under delegation the CCG was responsible for the overall performance management and quality assurance of general provider contracts. Individual GP Performance standards and clinical competence assurance was retained by NHSE. The CCG monitored a range of indicators to assure the quality of general practice which were outlined in the report. The CCG worked with practices on action plans to address any areas identified as requiring improvements.

The Board were informed that in Coventry 2 practices were rated overall outstanding; 49 practices were rate good; 3 practices had an overall requires improvement rating; 1 practice was rated overall inadequate; and 3 practices were still awaiting inspection.

Detailed information was included on the key pressures on General Practice, with the following local pressures reflecting the pressures recognised nationally in the General Practice Forward View:

- Workforce and work load

- Patient expectations and national requirements for improved access (including evenings and weekends).

Reference was made to the 2 GP surgeries in Longford and Hillfields that had closed in the current financial year. The Board noted that the register patient lists had been dispersed to other local practices and to the support that had been provided by the CCG.

The report provided an update on planning for the future of Primary Care highlighting that the CCG had submitted a local General Practice Forward View Plan to NHSE which had been fully assured and supported the delivery of the Primary Care Strategy. The CCG was also a key partner within the STP and was working with partners on the key workstreams including urgent care, out of hospital and proactive prevention. Reference was made to the estates strategy; the Local Estates Forum; engagement with the planning process; and workforce strategy.

The report concluded with detailed information on the financial position of primary care and financial trends over time. The Board were informed that hospital funding had been growing at twice the rate of the investment in local doctors' services. Details of the indicative budget allocations for the CCG'S primary care medical services to 2020/21 were set out. Additional information was provided on the current interface between primary care and other partners.

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

- How was best practice from the 2 outstanding General Practices shared with other practices
- The measures being put in place to improve the General Practice rated as inadequate
- Was it possible to introduce the required changes needed to address workforce issues
- An explanation of what the General Practice ratings actually meant, particularly 'inadequate'
- Concerns about the issues relating to GP recruitment, in particular the current shortage of GPs
- A comparison of the levels of primary care in Coventry with primary care in other areas of the country
- Further information about the 9 single handed practices; the availability of support ensuring they didn't operate in isolation; and what happened when these GPs decided to retire
- An explanation about the GP Alliance/ Federation
- The implications for GPs of increasing hospital waiting lists
- Further information about the use of digital technology to free up GP time
- Further details about what was included in the GMS and APMS contracts
- Additional information about plans for future GP recruitment

RESOLVED that:

(1) The content of the report setting out the current position of primary care within Coventry and the future primary care planning arrangements be noted.

(2) Further reports on the following be submitted to appropriate future meetings of the Board:
(i) Workforce issues including GP recruitment
(ii) Primary Care Digital Strategy
(iii) Supporting self-care.

(3) Members be provided with a dash board informing of the availability and quality of GP Practices across the city, to be updated on a regular basis.

(4) Members to be provided with a map detailing the GP Practices not signed up to improved access (including evenings and weekends and access to same day urgent appointments).

31. **Proactive and Preventative Workstream Update - Out of Hospital**

The Board considered a report of Andrea Green, Coventry and Rugby Clinical Commissioning Group (CCG) which informed of the current status of the Out of Hospital project, key areas for development and the anticipated progress to March, 2019. Andrea Green and Jenni Northcote, Coventry and Rugby CCG, and Justine Richards, Coventry and Warwickshire Partnership Trust (CWPT) attended the meeting for the consideration of this item. Councillor Abbott, Cabinet Member for Adult Services was also in attendance.

The report indicated that the Out of Hospital (OoH) programme represented a significant component of the Health strategy for the CCG and the Better Health, Better Care, Better Value partnership plan. It was an ambitious programme which aimed to achieve integrated community services capable of meeting population needs through using an outcome based commissioning approach. Commissioners had jointly undertaken a process which aimed to transform the commissioning and delivery of the service across Coventry and Warwickshire. Underpinned by extensive public, patient and stakeholder engagement the programme sought to address the structural, cultural and professional barriers to delivering person centred care.

The Board were informed that Coventry and Warwickshire Partnership Trust and South Warwickshire Foundation had collaborated to develop a new operating model to support the future delivery of the OoH services across Coventry and Warwickshire. The Coventry and Rugby CCG Governing Body subsequently adopted this clinical model. In July the Governing Body gave approval to progress the Coventry element by developing a lead provider contract with CWPT. The report detailed the CWPT contracted services included in the scope of the model.

The report set out the following objectives required to be delivered by the project:

- To reduce health and wellbeing inequalities
- To address the care and quality gap by ensuring more services use evidence based best practice

- Identify those in most need and co-ordinate their care more effectively by commissioning and ensuring interdisciplinary working
- To work within tight financial parameters by developing and delivering services around the needs of patients and carers, and reduce duplication and waste of resources.

Further information was provided on the City Wide Hub which co-ordinated the delivery of the Coventry and Rugby wide services. The Hub would support active case management for planned care and deploy resource responsively across the care system. It would co-ordinate access for urgent community and hospital services which had extended operating hours and was universally accessible for all healthcare professionals. The hub would hold information and be the central contact for the local hubs supported by access to shared care plans. In addition, placed based teams would be set up, built around populations of 50,000 based on groups of GP practices who would work together to co-ordinate and lead the local placed base system i.e. primary care homes. There would be multi-disciplinary teams with primary care at the centre.
The report detailed what the first year of the three year implementation period would look like including anticipated improvements and the impact for Coventry residents. This included people experiencing more person-centred and co-ordinated care and support in their community due to increased collaboration between partners. The total value of the model for Coventry and Warwickshire was £57.4m with Coventry's element being £21.7m. The governance arrangements for the programme were set out. The Board were informed how the project would further integration between health and social care.

Members raised a number of issues arising from the report and responses were provided, matters raised included:

- The potential links with the existing family hubs
- The opportunities to put health centres in local schools
- Further information about the options to connect fragmented services
- Request for a detailed explanation of the city wide hub and where it would be based
- Clarification about the funding arrangements
- How the success and quality of the Out of Hospital programme would be measured
- The commissioning arrangements for the primary care homes
- Whether each primary care home would provide different services to meet the differing needs of the populations
- What the future provision would look following the full implementation of the programme
- Details about the partnership working with Adult Services
- The potential to have just one organisation to be responsible for health care.

RESOLVED that:

(1) The content of the report detailing the current status of the Out of Hospital Project, key areas for development and the progress expected to be made up until March 2019 be noted.

(2) A further report on how the Out of Hospital model is working be submitted to a future Board meeting in approximately 6 to 12 months.

32. **Proactive and Preventative Workstream Update - Upscaling Prevention**

The Board considered a report of the Acting Director of Public Health which provided an update on the prevention element of the Better Health, Better Care Better Value Proactive and Prevention workstream.

The report referred to the Coventry and Warwickshire Better Health, Better Care and Better Value vision and priorities. The vision had been developed in agreement with both Coventry and Warwickshire Health and wellbeing Boards and was 'To work together to deliver high quality care which supports our communities to live well, stay independent and enjoy life.' It was based around a number of transformational work streams, one of which was 'Proactive and Prevention – helping people to live healthier lifestyles and fulfil their potential so that they avoid or reduce the need for medical and social care.'

The Board were informed that improving health required a strong focus on prevention and early intervention. It required a refocusing away from services designed to deal with the consequences of severe health and care problems and/or services that rescued people in crisis situations. Instead the NHS and partners needed to ensure that strategies, service models and workforce development had a greater focus on keeping people healthy (prevention) and proactive early intervention to reduce the impact of health and wellbeing risks.

The Proactive and Preventative programme vision was 'To galvanise effort, expertise and resource to stimulate a step change in commitment to prevention across the Health and wellbeing system'. This workstream had the biggest direct connection to the Council. The programme was governed by an Executive Group, chaired by the Deputy Chief Executive (People), consisting of representatives from the partner agencies.

The upscaling prevention programme aimed to manage individual health risks by focusing on early prevention to prevent health risks turning into ill health and, where people had health problems, to stop them escalating to where they required significant, complex and specialist health and care interventions. The project would be aimed at individuals 'at risk' and would take an early intervention/prevention. The Board noted that the Council's Public Health team were leading on this area to develop a joint approach to prevention.

The report highlighted that the upscaling prevention work would be split into two phases:
Phase 1 would create service and organisational ownership of the prevention agenda
Phase 2 would look at key areas of focus, for example staff health and wellbeing, making every contact count training and consistent community messages.

The Board noted that 20 days support from the Local Government Association had been secured for the project and would be used to deliver phase 1. This work included a series of workshops/events for leaders and champions; film/record

stories; establish a cohort/network of champions; and develop a prevention toolkit. Further information was provided on the delivery of the key areas of phase 2.
The approach to upscaling prevention was currently being discussed at both the STP Board and the Health and Wellbeing Board. It was anticipated that the Upscaling Prevention work would be launched at the Joint Coventry and Warwickshire Health and Wellbeing Boards Development Day on 13th December, 2017.

Members raised a number of issues in response to the report and responses were provided, matters raised included:

- How could Scrutiny become involved/ feed into series of events and workshops to be set up as part of phase 1
- The use of patients' data to target those who would benefit from healthy lifestyles choices
- Concerns about the reduction in funding to support local authority public health preventative initiatives
- Further information about the financial implications of finding the workstream.

RESOLVED that:

(1) The progress against the prevention element of the Proactive and Prevention workstream be noted.

(2) Further update reports on Upscaling Prevention be submitted to future meetings of the Board as appropriate.

(3) A briefing note detailing the Board's concerns that prevention work is not funded by the STP be submitted to a future meeting of the Coventry Health and Wellbeing Board.

33. **Outstanding Issues Report**

The Board noted that all outstanding issues had been picked up in the work programme.

34. **Work Programme 2017-18**

The Board noted their Work Programme for the current municipal year.

35. **Any other items of Public Business**

There were no additional items of public business.

(Meeting closed at 12.15 pm)