

Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 2.00 pm
on Monday, 5 February 2018

Present:

Board Members: Councillor Abbott
Councillor Caan (Chair)
Councillor Duggins
Councillor Taylor
Stephen Banbury, Voluntary Action Coventry
Professor Guy Daly, Coventry University
Ben Diamond, West Midlands Fire Service
Simon Gilby, Coventry and Warwickshire Partnership
Andrea Green, Coventry and Rugby CCG
Andy Hardy, University Hospitals Coventry and Warwickshire
Ruth Light, Coventry Healthwatch
John Mason, Coventry Healthwatch
Professor Caroline Meyer, Warwick University
Mike O'Hara, West Midlands Police
Martin Reeves, Chief Executive

Employees (by Directorate):

Place: L Knight
People: P Fahy
J Fowles
C Hickin
C Ryder
T Wukics

Apologies: Dr Adrian Canale-Parola, Coventry and Rugby CCG
Liz Gaulton, Acting Director of Public Health
Gail Quinton, Deputy Chief Executive (People)

Public Business

31. Dr Adrian Canale-Parola

The Chair, Councillor Caan informed the Board that this was the last formal meeting of the Board for the Deputy Chair, Dr Adrian Canale-Parola, Coventry and Rugby CCG, whose term of office as Chair of the CCG was due to expire on 31st March. He placed on record his thanks for all the work and support of Dr Canale-Parola during his time as a member of the Board including his significant contribution to the work of the joint Boards, wishing him well for the future.

32. Chief Superintendent Mike O'Hara

The Chair, Councillor Caan welcomed Chief Superintendent Mike O'Hara, West Midlands Police who was attending his first meeting of the Board.

33. **Declarations of Interest**

There were no declarations of interest.

34. **Minutes of Previous Meeting**

The minutes of the meeting held on 27th November, 2017 were signed as a true record. There were no matters arising.

35. **Chair's Update**

The Chair, Councillor Caan reported on the successful opening of the new state of the art Health and Science building at Coventry University by the Duke and Duchess of Cambridge on 16th January, 2018. The new facility included a hospital ward and ambulance simulation, along with rehabilitation, occupational health and other health disciplines for use by students, researchers and the community. The new laboratories and teaching spaces were part of the University's work to help bring new talent to the city which could only enhance the support for the future health and wellbeing of Coventry residents.

Councillor Caan also referred to the launch of Coventry on the Move in Parks on 19th January at Morris Common. This was a city wide initiative to encourage more people to get active in their park or green space. The initiative would cover 44 walking and running routes and among the first to be developed was Stoke Heath Sports Ground (Morris Common). Each route had a series of distance markers so people could check how far they had been travelling. Councillor Caan indicated that he was hoping that local GPs would encourage patients to become involved in the initiative.

Councillor Caan drew attention to the next Coventry and Warwickshire Health and Wellbeing Development session which was due to take place on 7th March. Calendar invites were being circulated. Moving forward it was the intention that the joint sessions be held on a quarterly basis.

36. **Better Health, Better Care and Better Value Programme Update**

The Board considered a report of Andy Hardy, University Hospitals Coventry and Warwickshire (UHCW) which provided an update on the Better Health, Better Care, Better Value programme and workstreams.

The report highlighted that the Programme Management Office was now in place and this would strengthen the governance processes and provide assurance of delivery to the Better Health, Better Care, Better Value Board and NHS England. Following the recent Health and Wellbeing summit 'Bringing our Concordat to Life', it was the intention to use the Upscaling pilot as a catalyst for place-based care, putting prevention at the heart of all change programmes.

The report set out progress with the following transformational and enabling workstreams:

Transformational
Upscaling Prevention

Planned Care
Urgent and Emergency Care
Maternity and Paediatrics
Mental Health and Emotional Wellbeing
Productivity and Efficiency

Enabling
Estates
Digital Health
Workforce

The Board noted that the 'Proactive and Preventative Care' workstream had now been renamed 'Upscaling Prevention' to reflect putting prevention and self-help at the centre of all programmes of work, with a focus on place-based outcomes of care. The year 2021 was to be a Year of Wellbeing for Coventry and Warwickshire, to run alongside the UK City of Culture. In relation to Urgent and Emergency Care, the report highlighted the work being undertaken and the measures being implemented to address winter pressures. Concerning the Maternity and Paediatrics workstream, the Maternity Transformation Plan was being refreshed prior to its submission to the Better Health, Better Care, Better Value Board and then the regional Maternity Transformation Board in February.

With reference to the Digital Health workstream, in November it was announced that STP would receive a share of £3.5b funding to provide an integrated information system between primary care and trusts linked to the Out of Hospital programme. UHCW Trust had gone out to tender for the procurement of an Electronic Patient Record.

Andy Hardy informed the Board that STPs were now to be referred to as integrated care systems. There was to be a move away from accountable care organisations since these meant different things to different people. At an event the previous week Simon Stevens, Chief Executive of NHS England had highlighted that place based planning was to be the way forward. Coventry and Warwickshire were well positioned with all patients' acute needs being met within the footprint. The Board were informed of the intention to hold a Joint Coventry and Warwickshire Health Overview Scrutiny Committee meeting on 27th February to consider the proposals for Stroke Services.

Members raised a number of issues including how to move forward from the current position and the plans for engagement with the wider system. Discussion centred around the rebranding of the STP.

RESOLVED that the content of the report be noted.

37. Health and Wellbeing Strategy Update - Progress Update on Coventry's Marmot City Strategy 2016-2019

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

Following on from the last report to the Board in July 2017, the update report covered the progress made against the programme indicators for the first two quarters of 2017/18. The Marmot Steering Group had continued to meet once a quarter receiving updates from partners, discussing progress and identifying areas for development and partnership working. Reference was made to the continuing strong commitment to the Marmot programme from the City Council and its partners on the Steering Groups.

The Marmot Action Plan set out ways in which partners and other stakeholders would work to achieve the key priorities of tackling inequalities disproportionately affecting young people and driving good growth in Coventry. A copy of the Action Plan was set out at an appendix to the report. Progress against the indicators in the first six months could be seen through a range of projects including:

- 148 young people with disabilities or health problems accessing Ambition Coventry work coaches against an annual target of 170
- 485 16-24 year olds not in education, employment or training who were supported by the Ambition Coventry programme against an annual target of 777
- 127 new clients accessing CRASAC's counselling service and helpline, aged 25 and under (annual target 183)
- 590 people supported into employment by the Coventry Job Shop (annual target 1200)
- Coventry and Warwickshire Chamber of Commerce working with local businesses to address issues around domestic violence and its impact on the workplace
- A successful pilot project run by DWP to co-locate a job coach in a GP surgery.

The report highlighted the next steps for the Marmot Group as follows:

- Review apprenticeships across the city to work with partners such as the Employment Team, Education and the Chamber to explore potential ways of working to increase the number of people accessing apprenticeships
- Review the membership of the Marmot Steering Group to ensure it is fit for purpose and that relevant representatives are included
- Review and refresh the Marmot Action Plan
- Work with Public Health England and University College London to undertake a wide ranging evaluation of the impact of the Marmot work.

The presentation provided detailed information on the Supporting Young People priorities and achievements and the Good Growth priorities and achievements. The presentation concluded with the next steps to be undertaken.

RESOLVED that:

(1) The progress made to date against the Marmot Action Plan to reduce inequalities in Coventry be endorsed.

(2) Approval be given to receive progress updates from the Marmot Steering Group every six months.

38. **Coventry Domestic Abuse Strategy 2018 - 2021**

The Board considered a report of Liz Gaulton, Acting Director of Public Health and Craig Hickin, Head of Environmental Services which sought approval for the draft Coventry Domestic Abuse Strategy for 2018-2021, a copy of which was set out at an appendix to the report.

The report highlighted that the annual cost of domestic abuse in Coventry was estimated to be £34.8m.

The strategy had been drafted by a multi-agency working group and it was anticipated that the strategy and a wider needs analysis would inform recommissioning of the domestic abuse services. An action plan would support implementation of the strategy. The action plan and further data was set out at appendices to the strategy.

The strategy covered domestic abuse including honour based violence and forced marriage which were both defined as forms of domestic violence and abuse. The strategy acknowledged that while anyone could experience domestic abuse, there were certain characteristics that could increase a person's risk, its effects, and/or create barriers to accessing help and support. The strategy acknowledged that while anyone could experience domestic abuse, there were certain characteristics which could increase a person's risk, its effects, and/or create barriers to accessing help and support. The following groups were identified as falling within these categories: children; older people; adults with care and support needs, including disabled people; men; lesbian, gay, bisexual and transgender; black, Asian minority ethnic and refugees; and people with mental illness and /or substance misuse problems.

The Board noted that the strategy had been informed by engagement with a wide number of stakeholders. A co-design event had been held with professional stakeholders to discuss priorities, identify any gaps and suggest how the strategy could address them. The key issues raised were detailed. Targeted engagement with young people aged 15-18 had taken place through the Positive Youth Foundation by convening a focus group, while the adults with care and support needs were surveyed through Grapevine.

The following priorities areas were to be taken forward through the strategy and had been developed using the Government's Contest model:

- Prepare – the development of a strong governance and service commission structure to provide high quality, equitable services that were shaped around the needs of victims, ensuring that their voices were heard and responded to
- Prevent – a long term approach to improve awareness, understanding and early identification of abuse at all levels of society. Victims would be empowered to report and staff would be given the skills and confidence. Interventions tailored to victims at all levels of risk with a range of needs would help to break the intergenerational cycle of abuse and minimise repeat victimisation
- Protect – there would be effective information sharing and referral pathways between key agencies, breaking down organisational barriers

to ensure victims of abuse were identified and protected. The safety of victims, and that of their children (where relevant) would be paramount. Victims would be supported to access safe and appropriate accommodation and safeguarding procedures would be robustly implemented to ensure that children and vulnerable adults were protected, and that the voice of the child was always heard

- Pursue – an approach centred on achieving justice and positive outcomes for victims, including reductions in offending. There would be better understanding of perpetrator risk to support the use of court and out of court disposals so that they were held accountable for their actions and appropriately supported to understand and change their offending behaviour.

The report set out the outcomes for each of the four priority areas including how the outcomes would be achieved.

The Board noted the membership of the Domestic Abuse Working Group. It was proposed that the Working Group would become a Steering Group to support the recommissioning of the Domestic Abuse Service in 2018 and to implement the Strategy's action plan. The Board also noted the dates of meetings of other local Boards where the strategy was to be submitted for approval. It was anticipated that the strategy would be launched in April.

Members discussed the issues raised by the report including the scale of the problem in Coventry. The Chair, Councillor Caan asked members to share the strategy within their organisations.

RESOLVED that:

(1) The Coventry Domestic Abuse Strategy 2018-2021 be endorsed.

(2) Members be requested to share the strategy within their organisations.

39. Coventry Pharmaceutical Needs Assessment (PNA) Update

The Board considered a report and received a presentation of Jane Fowles, Consultant in Public Health Medicine and Co-Chair of the Pharmaceutical Needs Assessment Steering Group which provided a progress update on the draft Pharmaceutical Needs Assessment (PNA) for Coventry. Information was provided on the key findings from the draft PNA and the statutory consultation. The PNA was undertaken by NHS Midlands and Lancashire Commissioning Support Unit who were jointly commissioned by Coventry and Warwickshire Councils and overseen by a Steering Group of partners.

The report highlighted that local Health and Wellbeing Boards had statutory responsibility for the publications of PNAs every three years. The next Coventry PNA was due for publication by April 2018. The Coventry PNA considered current and future provision of services from community pharmacy in relation to local health needs. It aimed to assess if there were enough pharmacies throughout the city, located in areas of need and offering a range of suitable services tailored to local need and wider service provision. The PNA was used by NHS England when deciding if new pharmacies or dispensing GPs were needed.

The draft PNA was informed by a range of activities including a survey of local pharmacies, a recent Healthwatch report, a bespoke public consultation survey and local commissioning intelligence. There was a statutory requirement for a 60 day consultation which was currently underway.

The report set out the key finding from the draft PNA relating to access to pharmacy services; essential services; advanced services; locally commissioned services; and healthy living pharmacies. In summary the findings were:

- There were currently adequate pharmaceutical service provision (locations, opening hours and wider access) across Coventry and no need for additional providers was identified in the PNA
- Awareness of pharmacy opening hours and services offered could be improved
- Public survey results showed that there was high satisfaction with pharmacy access and an appetite for more services to be provided from community pharmacy
- Advanced services offered from community pharmacy could be more actively embedded into local pathways to support better outcomes for patients and best use of commissioned services
- The HLP (Healthy Living Pharmacies) framework offered a platform for Coventry to more effectively embed community pharmacy into local pathways and enhance the role of community pharmacies to support prevention and better outcomes for patients.

The Board noted that the PNA was due to be published by 1st April, 2018.

The presentation set out the purpose of the PNA; explained how the PNA was informed; highlighted the key findings and recommendations, informed of the statutory consultation; and concluded with the recommendations for the Board.

Members raised a number of issues in response to the presentation including expressing support for the draft PNA; the positive experience of being a representative on the Steering Group; an assurance that there was not any duplication of services; the potential for pharmacists to be able to access patient records; the options for clinical pharmacists to be sited in GP surgeries; further details about the level of engagement with the draft PNA; and details about Coventry University winning the tender to develop and train pharmacy technicians.

RESOLVED that:

(1) The headline findings of the draft PNA be noted.

(2) It be noted that the draft PNA is under consultation and will be finalised following collation of feedback and discussion by the PNA Steering Group.

(3) Approval be given for Councillor Caan, Chair of the Health and Wellbeing Board and Liz Gaulton, Acting Director of Public Health to sign off the final PNA prior to publication by April 2018.

(4) Support be given to the recommendation that the PNA Steering Group becomes a Community Pharmacy Steering Group:

- a) Supporting delivery of recommendations within the PNA**
- b) Holding delegated responsibility for determining the need for supplementary statements and revisions to the PNA.**

40. Update from Coventry Health and Wellbeing Board Development Sessions

The Board considered a report of Liz Gaulton, Acting Director of Public Health which set out the outcomes of the Board's Development Session held in November, 2017 and the Joint Development Session with Warwickshire Health and Well-being Board in December, 2017 and highlighted the associated next steps arising from these sessions.

The report indicated that in November the Board considered both system and place-based working, focusing on what worked well with the Board and identifying areas for improvement. At the joint session in December members reviewed the Alliance Concordat. They considered common themes across health and wellbeing; Accountable Care Partnership the Better Health, Better Care, Better Value programme; place-based JSNA; and the Upscaling Prevention pilot.

The key messages from the November session were:

- Review board meeting frequency
- Engage Residents and the public in what we do
- Develop a set of outcomes and headline targets /dashboard.

The Board noted that they currently meet on a formal basis 6 times a year, it was now proposed that, for the new municipal year, this be reduced to 4 formal meetings with two additional informal meetings of the Board being held.

The outputs from the joint development session were:

- Refresh the Alliance Concordat for 2018 onwards
- 2019 – The year of wellbeing
- Develop a Place Plan
- Invest in leadership – the two Health and Wellbeing Boards to meet every 3-4 months to keep the strategic direction. The first forum to be held in the spring with subsequent dates being based around the formal/informal meetings.

The actions from the Coventry development session were to be developed by the Council's Public Health and Insight team and would be reported to a future meeting of the Board. A nominated group, covering representatives from both Boards would take forward the work from the joint development session.

RESOLVED that:

(1) The key messages from the autumn development sessions be noted and the next steps be agreed.

(2) The proposed changes to the Board meeting frequency be approved.

(3) The proposal to hold four joint development sessions with Warwickshire over the next year be endorsed.

41. **Care Quality Commission Local System Review**

The Board considered a report of Pete Fahy, Director of Adult Services which provided an update on the current status and next steps in respect of the Care Quality Commission (CQC) local system review of health and social care.

The report indicated that the CQC would take a whole system approach and focus on how people moved between health and social care, with a focus on people over the age of 65. The City Council was required to co-ordinate the review and the Director of Adult Services had taken lead responsibility for this on behalf of the Board working with the Accident and Emergency local delivery group. The Board were reminded that the CQC required that the Board was where the review, its outcomes and resulting action plan is owned.

The report set out the timetable of stages comprising the review which included a Board summit on 14th March and the issuing of the final report, anticipated to be in the week commencing 17th March. As the review moved towards completion the Board was required to assure that there were appropriate arrangements in place to prepare for the summit and to progress required action arising from recommendations that would be made in the final report. As the Council had been leading the review, the leadership arrangement could continue through the Director of Adult Services with the Board identifying a Board sponsor and lead contributors from the organisations involved.

RESOLVED that:

(1) The current state of progress regarding the CQC system review and the remaining process stages to complete the review be noted.

(2) Approval be given for Pete Fahy, the Director of Adult Service to continue to have lead responsibility for progressing the review in preparation for the summit on 14th March, with support from Andrea Green, Coventry and Rugby CCG.

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

There were no additional items public business.

(Meeting closed at 3.05 pm)