

**Coventry City Council**  
**Minutes of the Meeting of Coventry Health and Well-being Board held at 2.00 pm**  
**on Monday, 9 April 2018**

Present:

Board Members: Councillor Abbott  
Councillor Caan (Chair)  
Councillor Taylor  
Rob Allison, Voluntary Action Coventry  
Professor Guy Daly, Coventry University  
Rachael Danter, NHS England  
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  
John Mason, Coventry Healthwatch  
Mike O'Hara, West Midlands Police  
Dr Sarah Raistrick, Coventry and Rugby CCG

Employees (by Directorate):

Place: L Knight  
People: A Agbebiyi  
S Chun Lam  
P Fahy  
S Frossell  
R Nawaz  
T Wukics

Apologies: Councillors Duggins and Ruane  
Steve Banbury, Voluntary Action Coventry  
Ben Diamond, West Midlands Fire Service  
Professor Caroline Meyer, Warwick University  
Gail Quinton, Deputy Chief Executive (People)  
Martin Reeves, Chief Executive

## **Public Business**

### **43. Declarations of Interest**

There were no declarations of interest.

### **44. Minutes of Previous Meeting**

The minutes of the meeting held on 5<sup>th</sup> February, 2018 were signed as a true record. There were no matters arising.

45. **Dr Sarah Raistrick and Rachael Danster**

The Chair, Councillor Caan welcomed Dr Sarah Raistrick, Coventry and Rugby CCG and Rachel Danster, NHS England who were attending their first formal meeting of the Board.

46. **Ben Diamond and Adrian Stokes**

The Chair, Councillor Caan informed the Board that Ben Diamond, West Midlands Fire Service, was moving to a new role within the Fire Service in the Black Country and that Adrian Stokes NHS England had also moved to a new role. He placed on record his thanks to both members for all their work in support of the Board. In particular, he paid tribute to the work undertaken by Ben in his role of Co-Chair of the Marmot Steering Group.

47. **Chair's Update**

The Chair, Councillor Caan reported on Coventry's application to be awarded the European City of Sport for 2019. Sport had an important part to play in improving the health and wellbeing of local residents and the city had invested heavily in sports and physical activity facilities. He thanked Professor Guy Daly for all his support when hosting the delegation to the city and indicated that he was hopeful for a positive outcome which would tie in with the Year of Wellbeing and support the work in the lead up to Coventry 2021.

Councillor Caan informed that a Norwegian health delegation were due to visit Coventry the following day as part of a two day visit to the UK. The team of health professionals and policy makers wanted to look at practical examples of the Councils' work on social determinants of health and reducing health inequalities. Coventry was chosen being the only Marmot city in the UK. The Chair reminded Members that they were invited to the lunch to meet with the delegates.

48. **Towards a Place Based Approach for the Joint Strategic Needs Assessment**

The Board received a report of Liz Gaulton, Acting Director of Public Health, and a presentation from Si Chum Lam, Coventry Council, which set out a proposal for a place-based approach for refreshing the Coventry Joint Strategic Needs Assessment (JSNA).

The report indicated that the publication of a JSNA, along with a Joint Health and Wellbeing Strategy (JHWBS), was a statutory requirement placed on the Board under the Health and Social Care Act 2012. It was a means by which local leaders across health and care worked together to understand and agreed the needs of Coventry residents, and was owned by the Board. It brought together data, information and key health and social care issues and supported the planning and commissioning of health, wellbeing and social care services. The Coventry JSNA had been updated for 2018 with refreshed data; the addition of a colourful set of flash facts outlining data for each theme; and an accompanying set of slides.

The current JHWBS covered 2016-19 and was due for a refresh for the 2019-22 period, which would necessitate a further refresh of the JSNA. It was the intention to move towards a place-based approach for the JSNA to inform the development

of the next JHWBS. This reflected recent research evidence, developments and policy direction nationally which had seen a move towards recognising that health and care services based around natural geographies of populations between 30,000-50,000 people would offer populations a much more complete and less fragmented services.

The Board were informed that Warwickshire County Council had developed a place based approach to their JSNA which had been positively received. This was a significant departure to the traditional whole population, thematic approach. Learning from Warwickshire, developing a place-based JSNA for Coventry would involve the following:

- identification of suitable geographies to be the local area building blocks. Warwickshire had 22 JSNA geographies which were profiled in stages over several years;
- each area to have an average population of 25,000, defined by geospatial software and stakeholder consultation;
- boundaries designed to meet stakeholder needs as far as possible with partners being committed to using these areas for strategic planning purposes;
- producing data at the local geography level through a profiling tool developed by the Insight team at Warwickshire; and
- creating locally focussed profiles each with a local champion or sponsor and lead officer. Work to be owned by a local stakeholder group and supported by an analyst.

This move would benefit the services that worked jointly with Coventry and Warwickshire, particularly the Place Forum, the Coventry and Rugby CCG and the acute hospital trusts. It would also create new opportunities including providing support towards increased joint working between the two public health teams.

The Board noted that the footprint of the eight recently formed Family Hubs in the City could possibly act as a suitable geography for Coventry. Based on Warwickshire's experience, a profiling tool could be made flexible enough to allow partners to access data and create statistical profiles to support multiple needs including commissioning decisions, family hubs, out of hospital localities, and the transformations of children's social care.

The presentation provided an explanation of what the JSNA was and how it related to the JHWBS; informed of the forthcoming refresh of the JSNA and JHWBS; and provided information on the key facts and figures from the latest JSNA on population and migration, housing, skills and education, economy and business, crime and violence, life expectancy, vulnerable children and young people, mental health and wellbeing, physical wellbeing, long-term conditions, demand for care, and infectious diseases.

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

- Support for the inclusion of community information and community assets within the JSNA
- Support for the place based approach to the JSNA with a request for clarity
- A concern that different organisations used different geographical areas when using the place based approach

- The importance of taking community opinions on board when determining geographical locations
- Further information about what was included in the data relating to quality of housing and the causes of poverty
- Clarification about how the design phase would determine the places which would also consider service delivery
- A concern that some of the statistics covered the period three years old
- Clarification that the approach to keeping the latest up to date information on the website would include relevant dates.

**RESOLVED that, having reviewed the updated JSNA with 2018 data:**

**(1) The work towards a place-based JSNA to inform the next refresh of the Joint Health and Wellbeing Strategy (JHWBS) be endorsed.**

**(2) Local sponsors and lead officers in each geographical area be identified so that areas for development identified through the JSNA can be developed into local priorities and action plans.**

49. **Coventry and Rugby Clinical Commissioning Group (CCG) Commissioning Intentions 2018/19**

The Board received a presentation from Andrea Green, Coventry and Rugby Clinical Commissioning Group (CCG) concerning the CCG's commissioning intentions for 2018/19. All CCGs were required to develop and publish commissioning intentions, setting out their priorities, on an annual basis.

The presentation set out the background to the CCG reminding that the CCG was responsible for planning, organising and buying NHS funded healthcare on behalf of 448,000 people across both Coventry and Rugby. They were a clinically led organisation consisting of 73 GP member practices across the two areas. The CCG were currently six months into a two year programme of work for 2017-19, and work had been undertaken to align to the other priorities across the local health economy.

The presentation detailed the challenges and pressures faced locally by the NHS along with the national drivers for the next two years. The Commissioning intentions for 2018/19 were set within the context of significant financial and workforce challenges across health and social care which would require new models of care characterised by:

- Putting patients' needs and system sustainability before organisations needs
- Commissioning of services that supported people to live independently for longer, stayed well and recovered quicker closer to home, where appropriate
- Commissioning services that encouraged and supported patients to be active participants in their own care
- Commissioning at the scale where this delivered improved outcomes and achieved best use of resources
- Commissioning in local community settings where it was safe, sustainable and achieved improved outcomes and patient experience

- Holistic care co-ordinated around the patient, delivered by interdisciplinary teams working around groups of GP practices.

The system integration priorities were the development of clinical networks across Coventry and Warwickshire; to support providers in working together to maximise outcomes for the population; and to develop a collaborative commissioning approach across Coventry and Warwickshire to deliver the Better Health, Better Care, Better Value initiative.

The presentation referred to the engagement with the local population and provided detailed information on the commissioning intentions for the following workstreams: preventative and proactive care - primary care and out of hospital; maternity and paediatrics; urgent and emergency care; planned care; mental health. Information was also provided on how the intentions aligned to the Coventry Health and Wellbeing key priorities. It was highlighted that engagement with the local population would continue in order to receive feedback against the proposals to check that the priorities will deliver the best health, best care and best value.

Members expressed support for the work on mental health; enquired about staffing implications including the issue of Brexit; and raised the issue of the positive impact of new technology. Reference was made to the work of the universities who were responding to the challenges presented by Brexit while working closely with the health partner organisations.

**RESOLVED that:**

**(1) The content of the presentation be noted.**

**(2) Copies of the presentation slides be circulated to Board members.**

**50. Update from Place Forum**

The Board received a presentation from Liz Gaulton, Acting Director of Public Health, concerning the Coventry and Warwickshire Place Forum which took place on 7<sup>th</sup> March, 2018.

The Board were informed that there were over 40 attendees at the event which provided the opportunity to update on key changes in the system and inform a number of key products to strengthen place-based working. The actions agreed at the Forum were set out and these were to be added to the Place Plan. The presentation included an update on the rolling actions contained in the Place Plan.

The Forum agreed to update the Coventry and Warwickshire Health and Well-being Alliance Concordat to reflect the priorities for improved well-being and ways of working. The requirements from the discussion on the concordat were highlighted. The Board noted that the updated Concordat would be submitted to the next meeting of the Board in the new municipal year for ratification.

The presentation referred to the agreement reached to set out a holistic design for the health and care system which showed what everyone was working to and the

roles the partners played. The model provided a framework for working which was to be applied sensitively to each place.

The Forum agreed that 2019 was to be the Year of Wellbeing. It was to be a flagship activity of the Forum with all partners championing, investing in and prioritising this. Planning and engagement with partners would take place during 2018. The Board noted that the Wellbeing Deliver Manager had now been appointed and would manage and implement the Year of Wellbeing.

**RESOLVED that:**

**(1) The contents of the presentation be noted.**

**(2) The updated Coventry and Warwickshire Health and Wellbeing Alliance Concordat be submitted to the next meeting of the Board for ratification.**

**51. 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 programmes of work would reflect the priorities of one strategic, place-based plan being developed across Coventry and Warwickshire by the Health and Wellbeing Alliance. A refreshed concordat had been drafted which had been discussed by the Place Forum earlier this month. The report highlighted that the Upscaling Prevention pilot was to be used as a catalyst for place-based care, putting prevention and self-help at the heart of all change programmes.

The report set out progress with the following transformational and enabling programmes of work:

Transformational

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

Enabling

Estates  
Digital Transformation  
Workforce

Liz Gaulton, Acting Director of Public Health reported on the Upscaling Prevention workstream. This work programme was to focus on two core elements: (i) Local Government Association (LGA) Upscaling Prevention and (ii) Community Capacity. The Proactive and Preventative Programme position statement which outlined the revised role and purpose of the workstream was set out at an appendix to the report. The year 2019 was to be a Year of Wellbeing. Work

aligned to Upscaling Prevention included the NHS Diabetes Prevention Programme which was being rolled out across Coventry and Warwickshire from April. Targeted support for people identified as at high risk of developing Type 2 diabetes would include education on healthy lifestyle, help to lose weight and physical exercise programmes.

The report indicated that Coventry and Warwickshire had successfully bid to be one of eight areas to take part in three days of action learning organised by the National Council for Voluntary Organisations (NCVO) and the Kings Fund. The local partner groups who participated were detailed. The programme included overviews of system leadership and the behaviours required to work across a system; coaching skills; and presentations from all the areas represented at the event. Taking part in the programme confirmed the importance of making an impact at the operational level. The Board were informed that Voluntary Action Coventry (VAC) had been working with CWPT on a piece of co-design around anxiety and depression pathways within the mental health workstream. Reference was made to a very productive workshop which resulted in a better joint understanding of the reasons for blockages within referral pathways and the need for better cross-sector partnership workings to address the causes of poor mental health.

Andrea Green, Coventry and Rugby CCG, provided the Board with an update on the proposals for Improved Stroke Services. Local clinicians and commissioners had been working on proposals to improve stroke services locally. A proposal was shared with the public over six weeks from 15<sup>th</sup> June to 28<sup>th</sup> July, 2017. The feedback from this engagement had been fed back into the proposals and the commissioners would shortly be seeking assurance from NHS England as to whether the pre-consultation work was robust enough to progress to the next steps which would involve public consultation later in the year.

**RESOLVED that the content of the report and the updates provided at the meeting be noted.**

## 52. **Care Quality Commission Local System Review**

The Board considered a report of Pete Fahy, Director of Adult Services, which summarised the outcome of the Care Quality Commission (CQC) local system review and sought approval of the action plan arising from the identification of areas for improvement by the CQC as a result of the review. A copy of the action plan was set out at an appendix to the report.

The report indicated that the CQC required the review, its outcomes and resulting action plan, was owned and monitored by the Health and Well Being Board. The review took place between 4<sup>th</sup> December 2017 and 14<sup>th</sup> March 2018, with a whole system approach being taken focusing on how people moved between health and social care, with a focus on people over 65 years of age. The review was formally completed with a Health and Well-being Board summit which discussed the findings and commenced action planning for the next steps. The final report was published on 15<sup>th</sup> March 2018.

In summary, in the course of the review the CQC found that there was a system wide commitment to serving the people of Coventry well and that Coventry was at

the beginning of its journey in ensuring all services worked well in a 'joined up way'. However, the review also highlighted some areas where further work was needed to ensure all those responsible for providing health and care services worked effectively together. These areas were described in the Areas for Improvement section of the CQC report.

The action plan contained seven sections which group together the areas for improvement arising from the CQC review as follows:

- Vision and strategy
- Engagement and involvement
- Performance, pace and drive
- Flow and use of capacity
- Market development
- Workforce
- Information sharing and system navigation.
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The action plan had been developed in a manner that was intended to give clarity and focus to the existing work groups and programmes in place as opposed to creating a separate and standalone set of activities. Some of the work within the action plan was complex, required input from a range of stakeholders and could also require resources for implementation that would only become clear as the work progressed. Therefore, many of the dates for completion were uncertain and/or indicative at this stage.

The Board were informed that the action plan was required for submission by 10th April, 2018. The Director of Adult Services placed on record his thanks to members of the Board for their support during the course of the review.

Members expressed their thanks to all the officers/ representatives who took part in the review process and in particular to the lead officer Pete Fahy. Clarification was sought about the arrangements for reporting back on progress with the action plan since a number of Boards had responsibility for various elements of the action plan including what would be reported to this Board. The requirement to keep all Board members up to date with progress was highlighted.

**RESOLVED that:**

**(1) The submission of the action plan, set out at the appendix, which addresses the areas identifies for improvement in the review grouped into the seven themes agreed at the Health and Wellbeing Board summit held on 14<sup>th</sup> March, 2018 be approved.**

**(2) It be noted that as the action plan is not a standalone piece of work, and complements work already underway across the system, that updates and progress reports will be sought from the relevant existing body and brought to the Health and Wellbeing Board in a co-ordinated way.**

53. **The Year for Suicide Safer Coventry - One Year Update Report from the Suicide Prevention Strategy**



The Board received a report of Jane Fowles, Consultant in Public Health, and a presentation from Adeola Agbebiyi, Public Health Registrar, which provided an update on the progress of the Suicide Prevention Strategy previously endorsed by the Board at their meeting on 28<sup>th</sup> November, 2016; informed of the proposed year two implementation actions for the Coventry Suicide Prevention Multi-Agency Steering Group; and outlined the progress and proposals for NHS England funding for suicide prevention in the Coventry and Warwickshire STP footprint.

The report indicated the following approval of the Suicide Prevention Strategy for 2016-19 titled 'Not One More/One is Enough', the key highlights for year one strategic priorities were the establishment of an active multi-agency steering group; hosting two workshops to share best practice, local data and local excellence; supporting an event at a Wasps Home match for World Suicide prevention day; and facilitating the training of 50 champions and volunteers in level one suicide prevention.

The multi-agency steering group operated through priority workstream Task and Finish Groups. There were currently six Task and Finish groups covering the following year 2 priorities: Training, Higher Education, Children and Young People; Acute Health Provider Liaison; Communications and Data and Evaluation.

The Board were informed that suicide was now the biggest killer of men aged 15-55, higher than road traffic accidents. It was also the biggest killer of women aged 15-35 and was preventable. Coventry and Warwickshire NHS Trust and local CCGs were contacted by NHS England to bid for funding to reduce suicide among middle aged men and to improve the suicide prevention service quality in the Coventry and Warwickshire STP footprint. The bid was submitted at the end of February and was currently being updated in the light of feedback and questions from Public Health England and NHS England. The bid proposals sought to:

- i) Increase the activity and strength of It Takes Balls to Talk, a community interest group which trained volunteers to engage men at sporting events in meaningful conversations about mental health and suicide. They also carried out training in suicide awareness and level one prevention among male culture occupations.
- ii) Additional training was proposed to increase the depth of skill on frontline for gatekeeper and sentinel roles especially in primary and secondary care.
- iii) Support for community initiatives for middle aged men and supporting organisations with delivery and evaluation.

The presentation set out why suicide mattered; informed of the strategic vision which included 'zero suicide goal in a suicide safer city'; highlighted the priority actions; provided local data statistics for the city; and informed of how Coventry was doing including activities and successes.

Members discussed a number of issues in response to the report and presentation including the support provided by the Police; how the issue impacts on higher education institutions and an offer of support from the two universities; the importance of challenging stigma; the important role played by front line staff; how to have important conversations with people; and the inclusion of the suicide prevention work as an action for the Year of Wellbeing. It was suggested that mental health training would be useful for elected Members.

**RESOLVED that:**

**(1) The progress update for the Suicide Prevention Strategy endorsed in November 2016 be noted and the Board continue to support ongoing delivery of the Suicide Prevention Strategy.**

**(2) The proposed priority actions for year two of the strategy be endorsed.**

**(3) The proposals outlined for the NHSE bid funding for suicide prevention among middle aged men in Coventry and Warwickshire be noted and supported.**

**(4) Arrangements be put in place for mental health training to be offered to the elected members.**

#### **54. Coventry Parenting Strategy 2018 - 2023**

The Board considered a report of Sue Frossell, Consultant in Public Health, concerning the Coventry Parenting Strategy 2018-2023, a copy of which was set out at an appendix to the report. The progress made to strengthen parenting provision in the city was also detailed.

The report indicated that there was clear evidence that supporting parents and carers to develop effective parenting skills was an important part of maximising their children's potential. Coventry's vision for parenting was to have 'more Coventry children and young people grow up within supportive families and communities'. In order to achieve this, a multiagency steering group had been established to develop a new Parenting Strategy for the city. There was to be a Coventry-wide approach to supporting parenting, where everyone working within this area understood where their support fitted into the overall parenting support system.

The report set out the consultation process used to develop the strategy. Through the Coventry Parenting Steering Committee, a review of the current parenting provision in the city was completed. 21 agencies responded highlighting 55 different parenting projects in the city. A consultation with parents confirmed that access to parenting support needed to be strengthened. Consultation was also undertaken with young people.

The Board were informed that areas for improvement and key recommendations had been identified bringing together the views of parents and stakeholders and the evidence. The key recommendations of the strategy were:

- i) Strengthen availability and accessibility of general information and advice to parents
- ii) Harness technology and the developing digital systems across agencies to strengthen the parenting offer
- iii) Ensure there is a systematic approach to ensuring the quality and effectiveness of the parenting offer across the whole system
- iv) Ensure that this system wide parenting offer is delivered in a way which progressively provides more support across the social gradient and level of need
- v) Ensure there is a clear focus on early help and prevention
- vi) Improve cohesiveness of parenting support across Coventry
- vii) Building parenting capacity in specific areas where gaps have been identified.

The multi-agency task and finish group had been set up to take forward the first four recommendations with the remaining recommendations acting as cross-cutting themes. Detailed delivery plans for each of the work streams were to be developed through the multi-agency Task and Finish groups. Parenting would also be strengthened in the future through the Family Hubs.

The Parenting Strategy would be owned and monitored by the multi-agency Coventry Parenting Steering Group and driven by the Task and Finish Sub-Groups.

Members discussed a number of issues arising from the report including support for the strategy; the financial implications and whether there was adequate resource to deliver these aspirations; the importance of destigmatising the need for help ensuring Coventry residents could ask for help at an early stage; the support provided by health workers and the family hub workers to families with young children experiencing problems; and the inclusion of the parenting strategy work as an action for the Year of Wellbeing.

**RESOLVED that the Parenting Strategy recommendations be supported.**

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

There were no additional items of public business.

(Meeting closed at 3.50 pm)