

**Coventry City Council**  
**Minutes of the Meeting of Coventry Health and Well-being Board held at 2.00 pm**  
**on Monday, 8 April 2019**

Present:

Board Members: Councillor Abbott  
Councillor Caan (Chair)  
Councillor Duggins  
Councillor Seaman  
Councillor Taylor  
Liz Gaulton, Director of Public Health and Wellbeing  
Simon Gilby, Coventry and Warwickshire Partnership Trust  
Andrea Green, Coventry and Rugby CCG  
Andy Hardy, University Hospitals Coventry and Warwickshire  
Ruth Light, Coventry Healthwatch  
Stuart Linnell, Coventry Healthwatch  
Sue Ogle, Voluntary Action Coventry  
Mike O'Hara, West Midlands Police  
Dr Sarah Raistrick, Coventry and Rugby CCG (Deputy Chair)

Other representatives: Rashid Bayat, Positive Youth Foundation  
Rachael Danter, Better Health, Better Care, Better Value  
Professor Sir Chris Ham, Better Health, Better Care, Better Value

Employees (by Directorate):

Place: L Knight

People: D Dawson  
P Fahy  
J Gregg  
S C Lam  
K Nelson

Apologies: Professor Guy Daly, Coventry University  
Gail Quinton, Deputy Chief Executive (Place)

## **Public Business**

### **40. Declarations of Interest**

There were no declarations of interest.

### **41. Minutes of Previous Meeting**

The minutes of the meeting held on 14<sup>th</sup> January, 2019 were signed as a true record. There were no matters arising.

**42. Stuart Linnell and Sue Ogle**

The Chair, Councillor Caan, welcomed Stuart Linnell, Chair of Healthwatch Coventry and Sue Ogle, Chief Executive of Voluntary Action Coventry who were attending their first formal meeting of the Board.

The Chair informed the Board that Rachael Danter had recently been appointed as the fulltime Transformation Director for the STP, so would no longer be representing NHS England on the Board. The Board would be working with Rachael in her new role.

**43. Chair's Update**

The Chair, Councillor Caan, informed of the successful Year of Wellbeing Community Leaders event held in St. Mary's Guildhall on 7<sup>th</sup> March for people from community and faith groups working to improve health and wellbeing outcomes in the city. There was the opportunity to meet service providers supporting the Year of Wellbeing. Reference was also made to the successful Kings Fund event held on 6<sup>th</sup> March, Minute 47 below also refers.

Councillor Caan reported on the busy start to the European City of Sport 2019 with involvement in over 30 events. Particular reference was made to just under 4,000 people taking part in the Coventry Half Marathon on 24<sup>th</sup> March which also included a new 5km race and a 2.5km wheelchair race. In addition, over 2,000 children from local schools took part in the Children's Mile at the War Memorial Park on 17<sup>th</sup> March. Takeover Games at Coventry Blaze, Wasps, Coventry City Football Club and Wasps Netball had also taken place. He informed the Board that over 60 applications had been made to the Sport and Culture Innovation Fund, which encouraged clubs to do things differently to get more people active in the city.

Councillor Caan informed of the launch of the Good Gym project which was launched on 19<sup>th</sup> March in partnership with the West Midlands Combined Authority and the City Council. This combined physical activity and fitness with helping people in need and social projects.

An update was provided on recent meetings of the West Midlands Combined Authority and the Chair informed how he was leading the work on Sports and Physical activity.

Dr Sarah Raistrick, Deputy Chair, reported on the values based care through the STP communities of value including an event held on 21<sup>st</sup> March. She also referred to the Cervical Screening Campaign launched on 6<sup>th</sup> April which had been supported by Healthy Lifestyles, MacMillan and STP representatives along with Wasps Netball. Opportunities were also taken to get people to sign pledges for the Year of Wellbeing.

**44. Young People and Violence**

The Board considered a report and presentation of Chief Superintendent Mike O'Hara, West Midlands Police concerning youth violence in the city and the

existing activity to address the problems. Rashid Bhayat, Chief Executive Officer, Positive Youth Foundation attended the meeting for the consideration of this item.

The report indicated that there was increasing concern and profile around youth violence in the city and, whilst lots of activity was already in place to address this, there was recognition that there was a need for a coordinated approach to tackling the issue. Coventry's senior leaders had acknowledged that violence in the city should be approached as a public health issue, in that it had root causes, it could be treated, but most importantly it could be prevented.

The drivers of violence were identified as poverty, deprivation, substance misuse, adverse childhood experiences, mental health issues, urban environments, organised crime, county lines and having a large population of young people. To make an impact on violence over the long term all these factors needed to be addressed by taking a systematic 'public health approach'. Data and intelligence was to be used to assess the scope of the problem, identifying who was at risk and what common risk factors they shared to inform evidence based approaches over the short, medium and long term.

A Violence Summit for city leaders was held at the end of January, focused around identifying root causes, key priorities and resources, and laying the foundations for follow-up work to further develop and operationalise these. The Board were informed that further events were planned to engage the voluntary sector and the local community.

The presentation provided information on the figures for national and West Midlands violent crime for 2010-2018, and regional and violent crime and knife crime for 2002 to 2019, which showed that violence was continuing to increase. The Board were informed that it was children and young people who were particularly at risk.

Attention was drawn to the ongoing good work currently being carried out to tackle violence, including violence prevention activity. The board noted that there was a good foundation in this area but it wasn't particularly clear, co-ordinated or focused. Reference was made to the police response and the broader developing partnership response.

The presentation concluded with the proposed partnership next steps which included the development of a City Strategy on Youth Violence with a public health approach throughout. It was proposed to establish a partnership governance structure and monitoring framework with the setting up of a Youth Violence Reduction Board.

Members raised a number of issues in response to the presentation, matters raised included:

- What would success look like
- The importance of having measurable goals
- An explanation as to the peaks and troughs in violent crime and the impact of austerity
- Support for the City Strategy on Youth Violence
- The importance of moving on with the here and now, not just waiting for a finalised strategy

- An acknowledgment of the strong supportive partnership approach committed to dealing with the issues concerning young people and violence
- The importance of ensuring the young people have aspirations and job opportunities allowing them to have positive choices to make about their futures
- What was being done to address the issue in collaboration with neighbouring forces and at a regional level
- An acknowledgement of the Board's role: that prevention and breaking the cycle of youth violence sits within the remit of the Board, particularly as solutions require a cross cutting approach, for example mental health, domestic abuse and parenting support

**RESOLVED that:**

**(1) The proposed approach to tackling young people and violence by developing a strategy, taking a public health approach and establishing a partnership, governance structure and monitoring framework be endorsed and supported.**

**(2) Officers be requested to give further consideration to the governance arrangements, with particular reference to the Youth Violence Reduction Board.**

**(3) Further reports be submitted to future meetings of the Board as appropriate.**

**45. Coventry Physical Activity Framework 2019 - 2024**

The Board considered a report of Liz Gaulton, Director of Public Health and Wellbeing which provided an overview of the Coventry Physical Activity Framework 2019 – 2024, the consultation findings and the proposed implementation. A copy of the framework was attached as an appendix to the report.

The report referred to the aim to make sure that Coventry was a far more active city by 2024 with everyone moving more and levels of inactivity reduced. Currently only just over half of the city's adult population undertook regular physical activity with almost two thirds classed as obese. Lifestyle indicators such as smoking, alcohol and healthy eating were also below the England comparators. Collective action was required to improve this. The draft Coventry on the Move framework 2019 – 2024 had been developed by stakeholders across the NHS, voluntary sector, Universities, WMCA, sports and culture organisations as well as City Council officers. It aimed to involve residents in a collective campaign to increase movement and physical activity and to support stakeholders in recognising their role in enabling and promoting this. The ambition was to ignite a social movement that made physical activity and getting involved in local communities a part of daily life in Coventry.

The Board were informed that the four key priorities in the strategy were defined by the stakeholders who were engaged between July and October last year to scope and test the priorities and objectives as they developed. Public consultation

during February and March 2019 had confirmed support for these priorities as the focus going forwards as follows:

- Enhance our places and spaces for all
- Improve how we communicate
- Movement for life
- Develop leadership and skills at all levels

The report detailed the areas highlighted for further development which has arisen during the public consultation.

The Board noted that feedback from Sport England was that the framework would benefit from setting out stronger leadership and advocacy for physical activity both within the sector and the wider (influencing) system. Community empowerment, social action and a clear call to action were also areas that Sport England felt could be strengthened. The background data and information were seen as one of the strongest elements of the framework and it was recommended that this be used further not only to 'paint the picture' of physical inactivity but to identify targeted action and then grow the momentum based on the first tranche of achievements.

West Midlands Combined Authority had echoed their support for a clear leadership and governance structure and the need to particularly focus on the levels of physical inactivity and inequalities in those who take part. A recommendation was that Coventry sought to develop the data and information report to understand residents and their barriers and motivations to take part.

The framework was not intended to be a standalone programme, it was developed to provide an overarching set of priorities that brought together existing work on sports, culture and destination that would support Coventry in becoming a more active City by 2024. Through the development of the framework a number of gaps and areas for development had emerged. It was proposed that a delivery plan would be drawn up during 2019 that identified where existing programmes were being implemented and owned, and that a task and finish approach was taken to developing actions with partners to address key gaps. The oversight of the delivery plan was to sit within destination management and the Health and Wellbeing Board governance structures. The public health team would provide the organisational support.

**RESOLVED that:**

**(1) The Coventry Physical Activity Framework 2019-2024 be approved.**

**(2) The implementation approach be approved as follows:**

**(i) To align governance, reporting and delivery of the objectives with planning already underway around sports, culture and destination, infrastructure, travel and greenspace.**

**(ii) To establish an overarching work programme that combines existing delivery with new requirements identified in the framework.**

#### 46. **Joint Strategic Needs Assessment (JSNA) Update**

Further to Minute 31/18, the Board considered a report of Liz Gaulton, Director of Public Health and Wellbeing, which provided an update on progress with the development of the place-based Joint Strategic Needs Assessment (JSNA). The Board also received a corresponding presentation from Si Chun Lam, Coventry Council, highlighting the approach to the JSNA; setting out the key messages; and informing of further information and resources.

The report indicated that the new place-based JSNA was being developed for the period 2019 to 2022 to help partners understand needs and assets at a local level. The refreshed Health and Wellbeing Strategy would translate the emerging JSNA findings into priorities for what the Board wanted to achieve over the next three to four years. The Board had previously agreed to take a place-based approach to the JSNA, based around the 8 family hub geographies.

The Board noted that the JSNA is being used as a vehicle for engaging and involving local partners and stakeholders, to give more in-depth understanding of the assets and needs of geographical areas within the City and support programmes and strategies which are founded on community resilience and service delivery at locality level. The process involved the collection of 'hard' evidence from data sources, as well as consultation with local stakeholders - organisations and individuals - to understand the key issues facing local communities.

Since the previous update, recent progress included:

(i) The final content of the data profiling tool had now been agreed and look and usability of the tool was being tested by Coventry City Council insight team and with partners. This tool would include data about Coventry under four themes: Demographics and Communities, Health and Wellbeing, Prospects and Environment.

(ii) A range of engagement activity has taken place including place-based engagement with residents in two family hub-based localities (Moat and Foleshill); engagement with a large range of community and voluntary sectors organisations both working across the city and within specific localities; and engagement with communities of interest, particularly those representing individuals with protected characteristics.

(iii) A city-wide profile was being designed which would incorporate analysis of data via the data profiling tool and analysis of outputs from the engagement work. This profile would highlight key issues in the city, using both data and the reflections captured through engagement with residents and communities. The profile would also identify assets which were currently addressing some of these issues and how these assets might be supported and grown to do more. Finally, there were recommendations for further action and gaps which required more support. These findings would be used to shape the new Health and Wellbeing Strategy.

The report referred to the next steps in the process which included the continued development of the data profiler tool, which was expected to be available for

general use by June. The first phase of engagement, as set out above, was currently being analysed and results would be shared with partners once this analysis was complete. The Board were informed that following analysis and dissemination of outputs, this first phase of engagement would be reviewed and a decision made whether further specific engagement events were to be held in each of the other family hub areas, or if outputs from existing engagement forums were used to inform locality-based profiles. As with the City-wide profile, locality based profiles would be produced for each of the eight family hub areas using both data and engagement outputs. It was anticipated that a final draft of the City-wide profile would be available by mid-May, with profiles for Foleshill and Moat following shortly after. The timeline for the completion of the other six locality profiles would depend on the approach taken to local engagement going forward.

The Board would continue to receive updates as the place-based profiles emerged and would play an important role in ensuring that the local health and care economy was being shaped by the outputs and recommendations of these profiles.

The presentation provided additional data on the four main themes: Demographics and Community, Prospects, Environment and Health and Wellbeing.

Members were offered the option of a training session to provide partners with an understanding the data profiling tool so allowing them to include their data on the system.

Clarification was sought as to the opportunities to use the data to see trends over time and to undertake comparisons with other similar areas across the country.

**RESOLVED that:**

**(1) The progress in the development of a place-based Joint Strategic Needs Assessment for Coventry be noted.**

**(2) The structure and content of the City wide and eight locality profiles be agreed.**

**(3) The emerging outputs from the JSNA be noted, including how these were shaping the new Health and Wellbeing Strategy.**

**47. Coventry Joint Health and Wellbeing Strategy Refresh Update**

The Board considered a report of Liz Gaulton, Director of Public Health and Wellbeing, which detailed a stock-take of progress against the 2016 Joint Health and Wellbeing Strategy; summarised the outcomes of a senior partner workshop held in March on the new strategy; and outlined the plan for the development of the new Joint Health and Wellbeing Strategy including the Consultation Plan. Copies of the stocktake of progress at March 2019 and the Consultation Plan were set out at appendices to the report.

The report indicated that the current Health and Wellbeing Strategy covered the period 2016-19 and work was underway to produce a revised Strategy for approval and publication in autumn 2019.

The existing Health and Wellbeing Strategy 2016-19 identified three priorities:

- (i) Working together as a Marmot City: reducing health and wellbeing inequalities
- (ii) Improving the health and wellbeing of individuals with multiple complex needs
- (iii) Developing an integrated health and care system that provides the right help and support to enable people to live their lives well

Both the Marmot and Multiple Complex Needs programmes were being evaluated formally and comprehensively. However, both the impact and learning were required to inform the refreshed Health and Wellbeing Strategy and so a light touch stocktake of key outcomes and learning from the current Strategy had been undertaken, the details of which were set out in an appendix to the report. The report referred to the successful work undertaken by both the Marmot Steering Group and the Multiple Complex Needs (MCN) Board. Reference was also made to the integration of health and care which had continued to evolve at pace in a context of a policy shift towards even closer collaboration through Integrated Care Systems.

Key learning from the current Strategy to inform the refresh included:

- i) Inclusion of priorities had raised their profile and galvanised commitment around addressing health inequalities and supporting individuals with multiple complex needs
- ii) Partnerships had been brought together to address the priorities and the benefits of stronger partnership working had been realised
- iii) There remained a need for more active engagement of wider partners, and this was needed at an early stage in Strategy development
- iv) A lack of dedicated resource to support the Strategy priorities had restricted impact in some areas
- v) Opportunities had been lost as a result of the three priorities being implemented and monitored separately, so that links and synergies had not been identified and exploited
- vi) There was no overarching performance framework to monitor progress of the Strategy and there was a need to find more tangible ways of measuring and demonstrating impact.

The report referred to a workshop for senior leaders from across the system held on 6 March, facilitated by the King's Fund, which provided an early opportunity to engage senior partners in shaping the new Health and Wellbeing Strategy. The purpose was to test the King's Fund's population health model as a framework for reviewing current activity and developing the Strategy, and to hear from senior leaders about their ideas for future health and wellbeing priorities.

Key themes and messages arising from the workshop were:

- There were already strong partnerships to build on in the city
- The new Strategy should form part of the Year of Wellbeing legacy and reflect the opportunities arising from the UK City of Culture 2021 programme, which falls within the timeframe of the new Strategy
- The system needed to facilitate community leadership – through investment in communities and having a flexible offer that empowers and enables community leadership, but also by engaging in more meaningful dialogue with communities



- Outcomes and impact – an evidence base was needed, especially around stronger communities and wider determinants, and to develop capacity to research, evaluate, demonstrate and grow good practice and draw on learning from elsewhere
- Communication – the power of personal stories in demonstrating impact and building trust in services, and the need for more effective messaging about self-care, and potential digital opportunities around signposting
- Interconnectedness (“job, house, friend”) – wider determinants and where I live / my community impact on lifestyle choices / healthy behaviours. We need to recognise the contribution of all services and consider the health and wellbeing impact of all policies
- Concern about gaps in services – and people falling through gaps – and a need to be more joined up and strategic
- Facilities – issues around access to services and availability of facilities locally; opportunities to bring community assets (eg. schools) into use
- Focus on prevention – need to take bold decisions to move resources upstream.

There was a strong view that as a system there needed to be a clear focus on two or three priorities where we could make a difference by channelling resource and energy over the next few years, and a number of potential priorities were proposed. At the same time there was recognition that there were some key enablers (such as empowering community leaders or building stronger partnerships around wider determinants) where investment and change was also needed.

The Board noted the intention to bring a final draft of the Strategy in June/July for consideration and endorsement, with approval and publication taking place in the autumn.

The Board discussed the public health approach to issues including knife crime and suicide prevention along with the importance of the inclusion of tackling inequalities within the strategy. The importance of engagement with young people and their families and communities to understand their concerns was highlighted.

Discussion also centred on how the locality data obtained for the Joint Strategic Needs Assessment would be used to inform a city-wide strategy, rather than a number of different strategies for different communities. It was acknowledged that a better impact was achieved by having just one strategy.

Members questioned whether the two face to face public consultation sessions held in one location were sufficient to obtain feedback from a variety of communities. All of the groups and organisations involved in the JSNA would be invited to contribute to the consultation.

**RESOLVED that, having considered the outcomes and learning from the current Health and Wellbeing Strategy to inform the Strategy refresh:**

**(1) The outcomes of the Health and Wellbeing Strategy workshop held on 6<sup>th</sup> March 2019 be noted.**

**(2) The proposed approach to the Health and Wellbeing Strategy refresh, including the Consultation Plan and timeline, be endorsed.**

#### 48. **Better Health, Better Care, Better Value Programme Update**

The Board considered a report of Rachael Danter, Programme Director, which provided an update on progress with the Better Health, Better Care, Better Value (BHBCBV) programme.

The report referred to the Integrated Care System. Following the publication of the NHS Long Term Plan, along with a 5 year investment schedule to support delivery, work was underway to respond. Systems were asked to develop a 5 year plan (5 year refresh) which would highlight what activities would be delivered over the next 5 years in what timescales, in order to meet the LTP requirements. This plan would need to be underpinned by a 5-year system-wide financial strategy and a capacity and resource plan. The Board were informed that this 5 year Plan would be a refresh of the previous BHBCBV plan and provided the opportunity to identify what part that the BHBCBV programme would play over the next five years in supporting successful delivery of 'the Vision for Population Health' as well as detailing how the Coventry and Warwickshire NHS system, working with partner organisations would deliver the NHS LTP requirements.

The Board were informed that the Transformation Plan needed to be developed and owned by the system leaders, the clinicians, staff, partners and patients and the public. The Plan would need to identify all the activities that would be undertaken at Place, System and Network in order to maximise the opportunities as a system. The report highlighted the key work-streams that would need to work with the wider system to identify opportunities and reflect these in their individual work-stream plans.

Reference was made to the Place Based planning for 2019/20. The NHS Long Term Plan described 2019/20 as a transition year for the NHS moving from traditional, competitive ways of working towards a more collaborative and integrated approach. During this period, the Coventry and Warwickshire health and social care system, would focus on three key priorities; continue to deliver great care for patients; to develop, test and embed the building blocks which would allow transformation of the way commissioning takes place and provide services in the future; and to refresh the system Health and Well Being Strategy and develop an associated five year Transformational Delivery Plan that ensured the delivery of the best quality and outcomes for residents, within the resources available. The report detailed the three priorities.

Additional information was provided on progress with the three priorities under the Clinical Strategy: frailty, mental health and emotional wellbeing and musculoskeletal.

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

Transformational  
Proactive and Preventative  
Maternity and Paediatrics  
Mental Health and Emotional Wellbeing  
Planned Care

Productivity and Efficiency  
Urgent and Emergency Care

Enabling  
Estates and Digital Health  
Workforce

Related programmes of work concerned both cancer and stroke. The report highlighted the key priorities for cancer within the NHS Long Term Plan. Transformation funding for 2018/19 for this area of £8.8m capital and £6.5m revenue had been secured and the Cancer Alliance would also receive an additional £2.04m. Additional information was provided on proposals for living with and beyond cancer.

The report set out progress and the current status of the pre-consultation business case for stroke. Once the proposed rehabilitation workforce had been considered by the expert stroke clinical network, then final costings of proposals could be concluded and the financial option appraisal completed. The pre-consultation case would then be presented for sign off and would then be ready for submission to NHS England for assurance testing.

A question was asked about the plans for obtaining the views of residents to feed into the Transformation Plan, including 'fit and healthy' people along with residents with health issues.

**RESOLVED that the content of the report be noted.**

#### 49. **Coventry and Warwickshire Place Forum**

The Board considered a report of Liz Gaulton, Director of Public Health and Wellbeing concerning the outcomes of the Place Forum meeting held on 6<sup>th</sup> March and the initial plans for the next Forum meeting on 11<sup>th</sup> June. Endorsement was also sought for the Outcomes Framework which had been adopted by the Place Forum, a copy of which was set out at an appendix to the report.

The report set out the aims of the March meeting and highlighted the acknowledgement that collaboration between the Boards had reached a level of maturity and there was a real opportunity for the Forum to play a key role in the future, reviewing its position in light of the NHS Long Term Plan and the refresh of the STP Plan by autumn 2019.

At the meeting the Place Forum:

- Received an update on the Year of Wellbeing and encouraged members to increase its impact within their own organisations.
- Supported the approach taken in the updated outcome framework and the application to the four 'places' (Coventry, Rugby, North Warwickshire and South Warwickshire), and agreed that the indicators around 'effective services' were heavily focused on hospitals and should include a measure about people supported to live at home.

- Received a presentation from Sean Russell, West Midlands Combined Authority, about the Thrive at Work workplace wellbeing programme and undertook a table exercise to encourage further actions and commitment.
- Received interactive updates on the place-based JSNA, Carers Week 2019, Integrated Care System (ICS) and NHS Long Term Plan.

The following actions were agreed as part of the Place Plan, a copy of which was set out at a second appendix to the report:

- Continue to lead and support the Year of Wellbeing
- Further develop the outcome framework for oversight of performance across the system and to mobilise action by partners to address identified challenges
- Consider the opportunities to further improve workplace wellbeing, including applying the Thrive at Work framework
- Form a sub-group to explore synergies between Thrive at Work and the STP mental health and community resilience strategy
- Health and Wellbeing Board Chairs to meet the new independent chair of the STP (Better Health Better Care Better Value) to explore the future role of the Place Forum
- Continue to update each other on changes which impact on the work of the Place Forum, including ICS and the STP refresh.

The Board noted the anticipated items for the next Place Forum on 11<sup>th</sup> June which included a session on the social isolation theme of the Year of Wellbeing; Integrated Care System governance; engagement on ICS strategic framework development; and updates and briefings on other key developments impacting on the Place Forum.

The Board discussed potential changes to the indicators contained within the Outcomes Framework. Several suggested changes had been requested by the Place Forum and these were being reviewed.

**RESOLVED that:**

**(1) The outcomes on the Place Forum meeting held on 6<sup>th</sup> March be noted.**

**(2) The use of the Place Forum Outcomes Framework for oversight of performance across the system and to mobilise action by partners to address identified challenges be endorsed, noting the intention to review the indicators.**

**(3) The outline agenda items for the Place Forum on 11<sup>th</sup> June be noted.**

**50. Housing and Homelessness Strategy**

The Board considered a brief report concerning the City Council's new Housing and Homelessness Strategy that was adopted at the Council meeting on 19<sup>th</sup> March 2019, along with the corresponding action plan.

The report indicated that the new Housing and Homelessness Strategy covered the period 2019-2024 and was divided into four themes:

- (i) Preventing Homelessness and Supporting Homeless Households
- (ii) Housing Development
- (iii) Improving the Use of Existing Homes
- (iv) Supporting People and Communities

The Housing Strategy and the Homelessness Strategy had been combined into one document, which reflected the fact that activities to prevent homelessness were dependent on the availability of additional housing, an improvement in the management and quality of existing housing, and the advice and support available to people who needed it to successfully maintain their home. The Strategy had been informed by a period of consultation in November and December 2018.

The Board were informed that the Council wanted to work with partners to further develop the Strategy and Action Plan, with joint ownership across public, private, voluntary and community organisations in the city. The Council was also required to create a Rough Sleeping Strategy by Winter 2019, providing a further opportunity for partnership working.

Members expressed support for the strategy and acknowledged the work already taking place in connection with rough sleepers and the winter night shelters. It was requested that when the Board give future consideration to the Housing and Homelessness priorities, members be provided with a steer as to where the Board could add value to the work that is already taking place.

**RESOLVED that:**

**(1) The partnership approach to further developing the city's response to Housing and Homelessness be supported.**

**(2) The overlap and synergies between Housing and Homelessness priorities and the work of the Board be considered at a future Board meeting.**

**51. 'I' Statements for Health and Social Care**

The Board considered a report of Andrea Green, Coventry and Rugby CCG which provided an update on the development of a suite of I Statements with people aged 65+ who used health and social care services, to form a benchmark against which improvement could be measured. The 'I' Statement development was inclusive of all groups within the city.

The report indicated that in January 2018, the Care Quality Commission (CQC) conducted a local system review to understand how well people aged 65+ moved through the health and social care system, with a focus on the interfaces between services. To launch the process, an event involving partners was held on 30th May, the purpose was to involve representatives of older people in exploring the feedback from the CQC on the quality of services for older people and in generating suggestions that would support improvements and promote collaboration. Participants' views about what good health and social care looked like and how improvements would be known about were turned into aspirational statements that would be used to test future service changes against the expectations of residents.

The draft statements were then tested and validated through engagement sessions with groups aimed at those aged 65+ across Coventry. Details of the gender and ethnicity of those groups involved in the sessions and details of the views from the face to face sessions were set out in appendices to the report. In addition, a survey was sent to Healthwatch Coventry members and 32 responses were received. The details were set out in a further appendix. The report set out the 'I' statements that were subsequently produced.

The Board were informed that all attendees at the events and respondents from the survey had helped to shape the final suite of 'I' Statements. Further information was provided on the views that had been received that had led to the development of these 'I' statements. It was important that members of the Board ensured that the views of older people were reflected in shaping improvements in health and social care and local commissioning decisions.

Members expressed support for the opportunity to hear the 'voices' of local people at the Board meeting.

**RESOLVED that the adoption of the 'I' Statements by Health and Social Care partners to form a benchmark for improvement when commissioning or recommissioning health and social services for older people be endorsed.**

52. **Care Quality Commission (CQC) Local System Review - Improvement Plan Completion**

The Board considered a report of Pete Fahy, Director of Adult Services, which summarised progress against the improvement plan arising from the Care Quality Commission (CQC) System Review. Further to the routine monitoring reports, this was the final report which sought approval of completion, with outstanding actions to be taken forward and monitored through other mechanisms.

Further to Minute 38, the report indicated that the improvement plan, resulting from the CQC system wide review of health and care for people aged 65 and over in Coventry, was intended to give focus and drive to areas of activity and improvement already in progress across the system. The intention had been to complete work on the plan by March 2019 and ensure that this focus was embedded in programmes and activities across the system beyond that date. The plan was owned by the Board, who had maintained oversight through routine progress reports over the past year.

The CQC had carried out a light touch follow up process in autumn 2018. Their progress monitoring report was set out at an appendix to the report. This report highlighted the achievements and progress since the review in January 2018 and reflected positively on the direction of travel, whilst acknowledging further work was required, in particular around clinical pathways and local workforce strategy.

The report indicated that progress against each of the actions had been reviewed and a progress update was provided in the plan set out at a second appendix. The Board were informed that good progress had been made in many areas and some key achievements were highlighted. Inevitably there were actions that had slipped for reasons of capacity and in order to ensure effective stakeholder engagement.

For these actions the progress update indicated how they would be embedded into system improvements in programmes and activities going forward.

The report set out a brief summary of progress and achievements to date against the following themes: vision and strategy; engagement and involvement; performance, pace and drive; flow and use of capacity; market development; workforce; and information sharing and system navigation.

The Board noted that the Local System Review in January 2018 had offered clarity, focus and reassurance that the areas, acknowledged locally as needing to develop and improve, were the right areas of focus. This enabled the system to move forward with renewed purpose to address those issues that were impacting on people receiving consistently good health and care services. There was good evidence to support system progress since the local system review was completed, with improvement in delayed transfers of care being a key measureable outcome and many other achievements detailed in the report. The overall impact of these actions would, in many cases, take longer than the time elapsed to take effect and the key challenge for the health and care system remained turning the progress made into greater, and then sustained, improvement.

The Board sought clarification that the remaining incomplete actions were being considered within the correct work streams/plans. There was an acknowledgement that there shouldn't be any new governance set up for monitoring purposes.

**RESOLVED that:**

**(1) The progress made and the areas still to be addressed against the actions in the improvement plan arising from the CQC local system review be noted.**

**(2) The CQC progress monitoring report produced further to their light touch follow up in autumn 2018 be noted.**

**(3) The completion of the improvement plan and the outlined arrangements for taking forward outstanding actions be approved.**

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

There were no additional items of public business.

(Meeting closed at 4.00 pm)