

**Coventry City Council**  
**Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 10.00**  
**am on Wednesday, 30 October 2019**

Present:

Members: Councillor J Clifford (Chair)  
Councillor J Birdi  
Councillor L Harvard  
Councillor E Ruane  
Councillor D Skinner  
Councillor H Sweet

Co-Opted Member: David Spurgeon

Other Members: Councillor M Mutton, Cabinet Member for Adult Services

Employees:

V Castree, Place Directorate  
P Fahy, People Directorate  
L Gaulton, People Directorate  
L Knight, Place Directorate

Other representatives: Rachael Danter, Coventry and Warwickshire Health and Care Partnership  
Andy Hardy, University Hospitals Coventry and Warwickshire  
Jenni Northcote, Coventry and Rugby CCG  
Rose Uwins, Coventry and Rugby CCG

Apologies: Councillors M Ali and R Lancaster

## **Public Business**

### **13. Declarations of Interest**

There were no declarations of interest.

### **14. Minutes**

The minutes of the meeting held on 11<sup>th</sup> September, 2019 were agreed and signed as a true record.

Further to Minute 11/19 concerning the realignment of liver and pancreatic services at University Hospitals Coventry and Warwickshire (UHCW), Andy Hardy, UHCW, reported that there were no plans to transfer any of these services away from UHCW to Birmingham Queen Elizabeth Hospital.

15. **Coventry and Warwickshire Strategic Five Year Health and Care Plan 2019-20 - 2023-24**

The Board considered a joint briefing note and received a presentation on the draft Coventry and Warwickshire Strategic Five Year Health and Care Plan 2019/20 - 2023/24, a copy of which was set out at the appendix to the briefing note. The draft Plan was submitted to the Board as part of the current consultation process. The draft Plan had recently been considered by the Coventry and Warwickshire Joint Health and Overview Scrutiny Committee at their meeting on 14<sup>th</sup> October 2019. Andy Hardy, University Hospitals Coventry and Warwickshire (UHCW) and Rachel Danter, Coventry and Warwickshire Health and Care Partnership attended the meeting for the consideration of this item.

The briefing note indicated that Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) were required to create five-year strategic plans covering the period 2019/20 – 2023/24, setting out how systems would deliver the commitments in the NHS Long Term Plan. The NHS Long Term Plan Implementation Framework sets out an expectation that STPs/ICSs would bring together member organisations and wider partners as they developed and delivered the plans. A key principle was that the plans should be locally owned. Local systems were required to share a draft of their plans with NHS England / NHS Improvement regional teams by 27 September 2019. The regional team had since provided feedback on this submission. There was now the opportunity for local engagement prior to submission of the final plan, by 15<sup>th</sup> November 2019.

The draft plan was informed by a focused engagement exercise undertaken with staff groups across the system (an on-line staff survey), as well as targeted engagement with patients and carers undertaken by Healthwatch. It also drew on engagement activity with a range of public and community groups conducted by the CCGs and local authorities. The understanding of population needs outlined in the draft plan was drawn directly from the local joint strategic needs assessments. The plan had been developed by the senior responsible officers for each of the workstreams, with involvement from stakeholders across the system. Clinicians had been fully engaged in developing the plan and the supporting clinical planning templates.

The briefing note referred to the current period of engagement on the draft Plan from 27 September to 15 November and set out details of the engagement plan in place, which included opportunities for the plan to be considered and approved through formal governance arrangements within the NHS; formal and informal engagement with local authorities; and informal opportunities for awareness-raising and engagement on the content of the plan with key stakeholders, such as Healthwatch Coventry.

The Board noted the summary of the draft plan priorities as follows:

Prevention – Through a strategic and targeted approach to earlier intervention, we will make it easier for people to lead healthy lives and stay well for longer.  
Population health – Focus on education, affordable and appropriate housing, stable employment, leisure opportunities and a healthy environment.

Primary care networks – Building on our ‘Out of Hospital’ programme by focussing on preventing ill health, supporting people to stay well and providing high quality care and treatment in the home.

Urgent and emergency care – Simplify our offer and deliver a fully integrated response so that the most appropriate care can be given as quickly as possible.

Mental health – Deliver a step change by focussing on prevention, early intervention, self-care, wellbeing and recovery. Services for children and young people are a particular priority.

Cancer – Identify more people at risk of cancer earlier and undertake more community-based screening. Treat patients more quickly.

Maternity and Children – Respond to the changing needs of women, babies, children and young people. Consider how to most effectively deliver better health outcomes, quality, and patient experience in the context of existing health inequalities.

Stroke – Implement a new agreed model of stroke care, ensuring best possible outcomes and patient experience.

Service improvement – Implement a number of system-wide schemes to remove waste and avoid duplication.

The presentation detailed the learning since 2016 and set out the main issues from the last three years which included a reduction in overall system costs of £300m and a strengthening of partnerships and relationships. Reference was made to the strategic objectives of healthy people, strong communities and effective services. The presentation highlighted how these objectives would be achieved through actions in the following areas: clinical leadership; prevention; integrated care; urgent and emergency care; mental health; cancer; maternity, children and young people’s services; stroke; efficiency; and workforce. The presentation concluded with the benefits to patients as a result of the plan.

The Board questioned the representatives on a number of issues and responses were provided. Matters raised included:

- A request for a breakdown of the £300m system saving made over the past three years
- Further details about the use and funding of consultants to produce the Sustainability and Transformation Plan (STP)
- Further information about the savings to be delivered and how this would result in improved targets, particularly when the 95% target for patients being seen at A and E wasn’t currently being met and the number of days lost due to delayed transfers of care was increasing
- Clarification about the reductions in face to face consultations and the implications of this decision
- Was the hospital able to cope with the ever-increasing demands from additional patients and more elderly patients
- Privacy issues when patients had consultations via the use of new technology
- Concerns about implications of the difficulties in recruiting and retaining drs and nurses and current workforce vacancy rates
- Details about emergency response times

- Concerns about the waiting time for blood tests and the need for patients to attend the hospital twice, once for an appointment and then for a second time for blood tests
- Further information about the outcome benefits for patients of the targets contained within the draft Plan, particularly in light of the required savings and no increase in workforce numbers.

**RESOLVED that:**

**(1) The process for developing and engaging on the draft Plan be noted.**

**(2) Support be given to the draft plan.**

**(3) A briefing note be provided for members setting out the breakdown of the £300m system saving made over the past three years across NHS organisations in Coventry and Warwickshire along with details of the outcome benefits for patients.**

**16. 2019 Director of Public Health's Annual Report**

The Board considered a briefing note and received a presentation of the Director of Public Health and Wellbeing concerning her Annual Report for 2019 'Bridging the Gap: Tackling Health Inequalities in Coventry, a Marmot City', a copy of which was set out at an appendix to the report. The report included recommendations for health and wellbeing partners across Coventry. This year the report focused on health inequalities in Coventry; the determinants that contributed to these inequalities and the work being carried out to address them.

The briefing note indicated that health inequalities were important because they had a significant impact on how long a person would live and the number of years they would live in good health. People in more affluent areas would live a longer life, with more years of good health, than people living in more deprived areas. In Coventry, this gap between groups could result in men in some areas of the city living on average 10.9 years less than people in better off areas. For women, the gap was 10 years. The gap in the number of years lived in good health was even bigger, with men in the most affluent areas experiencing 17 more years in good health than men in less affluent areas, and for women, the gap was 18 years. The Annual Report set out the reasons that these differences existed and how Coventry was working in a partnership approach, bringing together individuals, communities, organisations, businesses and universities, to reduce inequalities and improve health and wellbeing for all citizens.

The briefing note provided an update on progress with the recommendations contained in the Director of Public Health's Annual Report 2017/18 'Healthier for Longer' which explored securing healthier futures for the City's communities. Much work had been done since the publication of the report and key achievements were detailed.

The briefing note also highlighted Coventry's commitment to being a Marmot City since 2013. The Marmot City approach had recently been evaluated and the key findings of this evaluation were set out. The Marmot Steering Group members would be reviewing progress to date and agreeing the future of the membership

and how to progress action on the Marmot Review recommendations in October 2019.

The recommendations of the Director of Public Health's Annual report were to:

1 - Review and revise the Marmot Action Plan taking account of the findings in the evaluation and considering how a One Coventry approach can help to embed partnership working and promote ownership of initiatives throughout organisations and community groups, and how using a place-based strategy as set out by Public Health England can facilitate effective action through civic, service and community interventions.

2 - Improve partnership-working with Place Directorate within Coventry City Council to ensure that public realm works and developments in the city take account of their potential impacts on health inequalities and use initiatives in a proactive way to reduce inequalities.

3 - Utilise community asset based approaches to improve health and wellbeing, maximising the legacy of City of Culture 2021.

4 - Ensure there are strong links with the Skills Board and Local Enterprise Partnership to promote skills development to enable Coventry citizens gain the necessary qualifications and skills to fill local jobs.

5 - Recognise and respond to barriers and challenges which may prevent people in some groups within Coventry from engaging with services which promote healthy lifestyles such as the 'Coventry on the Move' programme.

6 - Council and partners to embed an integrated early help offer which improves life chances for more vulnerable families.

7 - Evaluate the impact of the Year of Wellbeing and examine ways in which the Health and Wellbeing partnerships have raised the profile of health and wellbeing and maximise the legacy that can be achieved.

8 - Maximise the opportunities available with the NHS as a key partner, through implementation of the NHS Plan around prevention and health inequalities and the Coventry and Warwickshire Health and Care partnership.

9 - Mobilise the 2019-2023 Health and Wellbeing Strategy to ensure that the priorities are addressed, utilising the population health framework to underpin change.

The briefing note highlighted that there was a range of work currently underway which would support the achievement of these recommendations with various examples were provided.

The presentation provided an overview of the report highlighting how the report had looked at the impact of a range of environmental, societal, and life style factors, and explored what Coventry was doing to tackle health inequalities, looking at current and future opportunities. An update was provided on progress with the recommendations from the previous year's annual report. The presentation concluded with the recommendations, from this year's report.

The Board questioned the officer on a number of issues and responses were provided. Matters raised included:

- A concern that there had not been a reduction in the gap in life expectancies and healthy life expectancies across the different areas of the

city, so were people expecting too much from the Marmot work or was it too soon to see progress

- Further information about the legacy of the City of Culture
- A recommendation that the providers of leisure services in the city did not sell sugary drinks and snacks at leisure venues in the city
- Further information about the public health agenda around housing
- What was being done to ensure that the message about the benefits of exercise and not smoking was reaching all Coventry residents
- The link between physical exercise and reducing the risk of dementia
- The opportunities to take the game of Kabaddi into schools and communities.

**RESOLVED that:**

**(1) The content and recommendations of the 2019 Director of Public Health's Annual Report be noted.**

**(2) The key achievements of the last Director of Public Health's Annual Report be noted.**

**(3) The dissemination of the report be supported.**

**(4) The actions proposed be endorsed.**

**(5) The Cabinet Member for Public Health and Sport be recommended to request that the providers of leisure services in the city do not sell sugary drinks and snacks at leisure venues in the city, particularly those providers in receipt of Council grant funding.**

**17. Update on Alternative Provider Medical Services (APMS) Contracts**

The Board considered a briefing note of Jenni Northcote, Coventry and Rugby Clinical Commissioning Group (CCG), which outlined the processes in place and approach taken by NHS Coventry and Rugby CCG in relation to the four APMS (Alternative Provider of Medical Services) contracts in Coventry which were due to expire on 31st March 2020. The briefing note also provided assurance that the CCG was seeking to commission appropriate service provision to meet the needs of registered patients along with assurance that the CCG had appropriately discharged its duties in respect to commissioning primary medical services and undertaken appropriate engagement with patients and key stakeholders. Jenni Northcote and Rose Uwins, Coventry and Rugby CCG attended the meeting for the consideration of this item.

The briefing note set out the background to the introduction of APMS contracts. In 2014/15 NHS England invited CCGs to take on greater responsibility for general practice commissioning through one of three models. In 2015 Coventry and Rugby CCG took on delegated commissioning responsibility operating under the terms of a Delegated Agreement with NHS England. This agreement set out the terms and conditions on how delegated primary medical care functions were to be exercised. CCGs were subject to an annual audit in this area. The report detailed the responsibilities of the CCGs under a delegated agreement. The Board were

informed that primary medical services were delivered to registered patients through two types of contracts:

General Medical Services Contracts (GMS) – these contracts covered core medical services and were held by a gp or gp partnership and were in perpetuity (not time limited).

Alternative Provider Medical Services Contracts (APMS) – these contracts were provided under directions of the Secretary of State for Health and provided the opportunity for locally negotiated contracts. Primary Care Organisations (PCOs) could contract with non-NHS bodies to supply enhanced and additional medical services. PCOs could enter into contracts with any individual or organisation to meet local needs, as long as core NHS values were fully protected and secured. APMS contracts were time limited, usually 5 years.

The CCG currently had 4 practices in Coventry and 1 practice in Rugby operating under time limited APMS contracts. The Coventry practice contracts were due to expire on 31st March 2020. The practices concerned were Stoke Aldermoor Surgery; Foleshill Surgery; Broad Lane Surgery and City of Coventry Centre Practice.

The Board were informed that the CCG had followed a due diligence process to consider the most appropriate commissioning response in respect of each of these contracts, within the existing legislative and procurement framework, taking account of existing service provision, future demand for primary medical care including demographic growth, housing growth projections and the anticipated increase in student population.

There were two options available to the CCG which were considered by the CCG's Primary Care Committee in June: list dispersal (allowing the existing contracts to expire and supporting patients to register at existing local practices) or to undertake market engagement to explore provider interest in securing APMS contracts for the registered patient lists associated with the 4 practices.

The briefing note set out the decision making and patient engagement processes undertaken by the CCG to determine the most appropriate commissioning and contracting response. Appendices to the briefing note detailed the patient and stakeholder engagement and the market engagement with 12 providers who had expressed an interest in one or more of the contracts. Liaison was also carried out with local practices to understand the impact on neighbouring practices within a one to two mile radius. Having considered all the evidence, it was decided to go out to market engagement. The CCG also took the decision to procure contracts for five years plus a two years extension.

Attention was drawn to the timetable which highlighted the next steps and timelines for taking forward the CCG commissioning and contracting obligations. Patient engagement would continue throughout the procurement process.

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

- Whether it was possible to extend the existing contracts
- Concerns at the overall position, particularly since patients could be faced with having a new doctor when patients valued continuity of care

- Concerns about gp patient numbers being below the 3,500 practice threshold and who determines this number
- An acknowledgement that some doctors preferred the option of having a salaried position rather than becoming a part owner in a gp practice
- Clarification that with the different types of contracts, the tax payer was getting value for money, particularly in light of the funding incentives with the APMS contracts
- A request for members to be provided with information about the value of the contracts and was it difficult for other providers to put in a bid
- Further information about the consultation undertaken with patients at the four practices
- Further information about the questions on the questionnaire since all the issues set out would be important to patients
- What were the views of patients, were they accepting of the situation or resisting potential change
- In light of the low level of feedback received to the consultation, a suggestion to use citivision to get information out to patients.

**RESOLVED that:**

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

**(2) The link to the tender documents be circulated to members when the documents are made available to the public.**

**18. Work Programme 2019-20 and Outstanding Issues**

The Board received the work programme. The Chair, Councillor Clifford, informed that, in light of the forthcoming General Election which was likely to be held on 12<sup>th</sup> December, it might be necessary to rearrange the meeting scheduled for 11<sup>th</sup> December.

**RESOLVED that the work programme be noted.**

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

There were no additional items of public business.

(Meeting closed at 12.35 pm)