



Coventry Partnership Board Meeting

Minutes of the Meeting held on Thursday 6th November, 2008
5.00 pm – 7.00 pm St. Peter's Community Centre

Present:	Organisation	Representing
Cllr Ken Taylor (Chair)	Coventry City Council, Leader	Public Sector
Jos Parry	Coventry City Council	Public Sector
Colin Green	Coventry City Council	Public Sector
Janice Nichols	Coventry City Council	Public Sector
Professor Donald Pennington	Coventry University	Public Sector
Ric Richards	Federation of Small Businesses	Private Sector
Peter Shearing	Learning and Skills Council	Public Sector
Steve Stewart	ConneXions	Public Sector
Sandy Taylor	C&W Partnership Trust	Public Sector
Michael Vincent	Age Concern	Voluntary Sector
Dianne Williams	Chamber of Commerce	Private Sector
Simon Shilton	West Midlands Fire Service	Public Sector
Les Ratcliffe	Jaguar Cars	Private Sector
Roger Lewis	PSA Peugeot Citroen	Private Sector
Richard Monk	Whitefriars Housing Group	Public Sector
Jon Baldwin	University of Warwick	Public Sector
Jane Beaver	Job Centre Plus	Public Sector
Steve Banbury	Voluntary Action Coventry	Voluntary Sector
Steve Glover	West Midlands Police	Public Sector
Afzal Hussain	Coventry NDC	Public Sector
Sheila Bates	Community Empowerment Network	Community Sector
Cllr Ram Lakha	Coventry City Council	Public Sector
Mike Attwood	Coventry PCT	Public sector
Caron Grainger	Coventry PCT	Public Sector
Rob Allison	Voluntary Action Coventry	Voluntary Sector
John McGuigan	Coventry City Council	Public Sector
Manhor Janijhua	Children and Young People's Partnership	Public Sector
Rianne Hayman	Children and Young People's Partnership	Public Sector
Rajay Naik	Children and Young People's Partnership	Public Sector

Apologies:		In Attendance:	
Martin Clark	West Midlands Fire Service	Dawn Ford	Coventry Partnership
Mark Tovey	Government Office West Midlands	Tim Coleman	Coventry Partnership
Yvonne Carter	University of Warwick	Nigel Wain	Coventry Partnership
Cllr John Mutton	Coventry City Council	Helen Shankster	Coventry City Council
Jim Titley	West Midlands Police	Anna Walker	Coventry City Council
Ray Goy	Henley College	Andy Vaughan	Coventry City Council
Eric Shakespeare	CEN	Dr. Melody Stokes	Coventry City Council
Cllr Kevin Foster	Coventry City Council		
Louise Bennett	Chamber of Commerce		
Cllr McNicolas	Coventry City Council		
Cllr J. Mutton	Coventry City Council		
Cllr G. Ridley	Coventry City Council		
Deborah Harrod	West Midlands Police		

Minutes of the Meeting

No.	Agenda Item	Action
1.	<p>Welcome and Apologies</p> <p>1.1. The Chair welcomed everybody to the meeting. Apologies were noted.</p> <p>1.2. The Chair noted that item 6 would be brought forward on the agenda and items 4 and 5 would be taken together.</p>	
2.	<p>Minutes of the last meeting and Matters Arising</p> <p>The minutes of the 9th September were accepted as a true and correct record.</p> <p>2.1 Matters Arising – None</p> <p>2.2 Sustainable Community Strategy – Executive Summary – DF informed the board that a copy of the draft Executive Summary had been placed on the tables for reference. An electronic copy will be sent to all board members for comments to be made by the end of November. DF thanked Anna Walker – Graduate Trainee for her work on producing this document.</p> <p>2.3 Partnership Forward Plan – The Chair reminded the board of this important self-assessment event for the partnership taking place at Connexions on 26th November 2008.</p> <p>2.4 Beacon Application – JP informed the board that the partnership had been unsuccessful in its application for Beacon Status.</p>	<p>Copy to be sent DF</p>
3.	<p>Young People and Health - Representatives from the Children and Young People’s Partnership where invited to talk to the board about young people’s health issues – these representatives were Manhor Janjhua, Rianne Hayman and Rajay Naik. Rajay gave an overview of the importance of engagement and empowerment of young people in decision-making to ensure the reduction of health inequalities, to ensure young people’s voices are heard and that messages are targeted according to different audiences and emphasised what people ‘will hear’ will depend on who is relaying those messages.</p> <p>Discussion: A Hot Air Balloon exercise was posed to the board around questions covering the Improving Health and Reducing Health Inequalities priority of the revised Health Strategy. Each representative and Sheila Bates facilitated a discussion group.</p> <p>The questions were:</p>	<p>Partners to note approach</p>

	<ul style="list-style-type: none"> • Be more frank, hard hitting and explicit to the community. • Compulsory screening for Chlamydia • Young People delivering health education to their peers in PSHE lessons • Subsidising school meals to ensure 5 a day <p>Some of the key learning points from group discussions were:</p> <ul style="list-style-type: none"> • Partners need to think about how they sell messages to target audiences and involve young people in design of messages. • Make consultation relevant. • Powerful messages should be delivered appropriately; they need to be acceptable and credible. • Real life experience would add value. • Balance between involving young people to engage and recognising the added influential youngsters can give. • Ensure the views of young people are heard and not their parents e.g. political correctness. • Ensure young people design consultation processes. • Understand the language of young people. <p>The Chair thanked the representatives for providing an exercise that was interesting and fun and which highlighted how partners can think about how in future they can engage more effectively with young people when they are looking at shaping the services they provide.</p>	
<p>4 & 5</p> <p>4</p>	<p>Health, Well-being and Independence and The Revised Health Strategy</p> <p>Priorities - Karen Grainger, Director of Public Health, gave an overview to the group of the eight key priorities chosen for the Health Strategy and the context behind those choices. The key priorities being:</p> <ul style="list-style-type: none"> • UNDER 18 CONCEPTION RATE – worst 10% nationally; existing priority • INFANTS BREASTFED – worst 10% - 25% nationally – links to weight, disease prevention and mortality • SMOKING DURING PREGNANCY – 29% smoke – 3% above West Midlands – baby growth; illness; life chances • PROPORTION OF CHILDREN WHO COMPLETE MMR IMMUNISATION BY AGE 5 – Double the national incidence, • measles kills and disables • PERCENTAGE OF PEOPLE ADMITTED WITH A STROKE WHO HAVE A PHYSIOTHERAPY ASSESSMENT WITHI 72 HOURS – worst 10% mortality, major death cause; shift in service model • CARDIOVASCULAR DISEASE MORTALITY – biggest cause of death and inequality • PERCENTAGE OF DEATHS OCCURING OUTSIDE HOSPITAL – highest tariff cost in West Midlands – 59% of deaths in hospital (52% West Midlands) • BLOOD PRESSURE CONTROL IN DIABETES – 1 in 5 GPs achieve this for less than 70% of patients, worse than West Midlands 	

4.1	<p>The vision of Coventry NHS is “<i>To improve the Health and Well-being of the People of Coventry through focused action on health inequalities and by re-shaping services to meet people’s needs.</i>” By working together effectively in partnership we can hopefully make a real difference to the current statistics by adhering to two principles, these being:</p> <ul style="list-style-type: none"> • Right care, right place, right time and • As local as possible, as specialist at necessary. <p>A copy of the NHS Coventry Health Strategy 2008 – 2013 Executive Summary had been circulated with the agenda.</p>	
5	<p>Revised Health Strategy - Mike Attwood, Joint Chief Executive, NHS Coventry explained that partners have a real opportunity to help deliver the new strategy. Through partnership working the strategy can be stronger and ensure the £11 targeted additional investments is delivered more effectively to meet the future needs of the city and</p>	
5.1	<p>Four Goals exist to promote more integrated services and this will really on team work and joined up services and a big push to expand community services to be more responsive.</p> <p>Goals:</p> <ul style="list-style-type: none"> • Improving Health and tackling inequalities • More integrated care closer to home • Faster and more responsive service • Patient centred, quality health services <p>Making it happen – apart from progress through the Coventry partnership the strategy will be delivered via:</p> <ul style="list-style-type: none"> • The Strategy board within the PCT • Skills and Capacity • Good programme management • Proper Risk Management and above all • Partnership <p>The board broke into table discussion to discuss one of the following questions on each table:</p> <ol style="list-style-type: none"> 1. Suggest how we can improve engagement with the third sector to address health and social priorities. 2. Suggest how we can improve engagement with the business sector to address health and social priorities. 3. We know the Health Strategy alone cannot reduce Health Inequalities, but, what key contributions do you think partners can make to implement the new Health Strategy? What support do they need to maximise their contribution? 	

<p>5.2</p>	<p>4. From your experience of need in the city do you think the Health Strategy captures the key priorities for improvement and development? What would you take out of the priorities to accommodate any new priorities?</p> <p>5. How can your organisation be better involved in improving general health outcomes/inequalities?</p> <p>Feedback from group discussion will be forwarded to PCT to formulate part of the consultation process on the review of the strategy. (Appendix 1) The revised strategy will be presented in November but there are opportunities until January to make amendments. Issues will be discussed in more depth within the New Year at Turning the curve activities and there will be more opportunities for partners to contribute.</p>	
<p>6</p>	<p>The Environment Theme Group – Proposed New Chair</p> <p>This report was to update the board on the progress of the Environmental Theme Group following its recent re-launch on 12th September at the Coventry Motor Museum and proposed way forward, following the Coventry Partnership at its meeting on 8th May agreeing to the groups reconstitution.</p> <p>This theme of the Sustainable Community Strategy will now have an Executive Group who will adopt a city-wide strategic overview of environmental matters and will maintain a high profile agenda and meet around 4 times a year. Two further sub-groups will be set up.</p> <p>Climate Change Sub-Group – will focus specifically on climate change challenges and the Cleaner, Greener Sub-Group will look at physical environmental quality and key concerns to local people.</p> <p>The board were asked to note the progress made on restructuring and re-launching the Environmental Theme Group and approve the appointment of Peter Woodward as the interim Chair Executive Group and note that the Climate change Sub-Group will be chaired by Dr. Melody Stoker, Sustainability and Campaigns Manager at Coventry City Council and the Cleaner, Greener Sub-Group will be chaired by Mark Nichols, Head of City Centre Management at CVOne</p>	<p>New Chairs Agreed</p>
<p>7</p>	<p>Forward Planner – The following items on the planner were noted:</p> <ul style="list-style-type: none"> • Priorities from the forward planning meeting (TBC) • Coventry Partnership Communications Update (January) • NDC Succession (January) • Coventry Data Sharing Protocol Revision (TBD) • LAA Indicator Planning (TBD) • Communities that Care Survey (TBD - 09.07.08) 	<p>Noted</p>
<p>8</p> <p>8.1</p>	<p>Any Other Business</p> <p>Economic Recession – A briefing paper had been circulated with the agenda. Diane gave a quick overview of the current situation within Coventry</p>	<p>Agreed DF</p>

	<p>from a business perspective. It was agreed that due to the current climate that the Economy should be the main topic of discussion at the next Coventry Partnership Board meeting. .Carl Pearson has offered to speak on the Economic Situation and other guest speakers to be invited e.g. Manager, Coventry Building Society.</p> <p>New Third Sector Skills body and New Third Sector Research Centre Launch – Stephen informed the board that the Government have announced plans to create a new Third Sector skills body which will identify and address skills gaps and shortages, for charities, voluntary groups, social enterprises etc. It will open up learning opportunities for the third sector paid and voluntary staff. It will ensure the sector’s needs are considered. Also, for the board’s information a new research centre has been opened in Birmingham – this will look at analysing third sector impact. Further details will be given to the board as more information emerges.</p> <p>Coventry Age Concern – A flyer was distributed to the tables by Michael Vincent. Age Concern is looking for three new members to the Board of Trustees. They are looking for people with experience in Business Development, Marketing, Fund raising, leadership, management etc. and there is no upper age limit. Anyone interest should contact Michael direct. Please put the flyer on your notice boards.</p>	<p>All to promote</p>
	<p><i>The next meeting is on Thursday 8th January, 2009 at St. Peters Community Centre from 17.00 p.m. until 19.00 p.m.</i></p>	

Meeting ended 7.15 p.m.

**Feedback from Table Discussion
Coventry Partnership – 6th November, 2008**

Question 1 - Suggest how we can improve engagement with the third sector to address health and social priorities.

- Identifying market of third sector
- Capacity within sector
- Some work to identify how it could provide.
- Unlocking innovation - more targeted approach
- Improved communications between NHS and Third Sector - focused targets with messages.
- Helping to define what third sector is e.g. voluntary, NGO's community Organisations

Question 2 - Suggest how we can improve engagement with the business sector to address health and social priorities.

Business forum have advised Chlamydia screening

- Ok for big organisations with occupational health units, but not for SME's
- Target organisation with at least 500 employees or those with Occupational Health Units

Do businesses understand the advantages to contributing to this?

- Big business do
- Is it measurable? Is there evidence of benefits to business? Case studies?
- Business presumption that the state will provide the service

Businesses need to understand what is available already e.g. free cholesterol testing.

PCT could go into workplaces more e.g. free check-ups or spreading awareness of the results of unhealthy lifestyles.

Health campaign services on business sites like the blood transfusion service do.

- Health checks
- Blood pressure
- Cholesterol
- Chest screening

Question 3 – We know the Health Strategy alone cannot reduce Health Inequalities, but, what key contributions do you think partners can make to implement the new Health Strategy? What support do they need to maximise their contribution?

- Many people who work still smoke – employer responsibility.
- Small business funding issues for occupational health
- Large and small businesses have issues with sickness absence
- Role of GP practice operating hours extra services?
- Sometimes seen as individual's issues.

Question 4 - From your experience of need in the city do you think the Health Strategy captures the key priorities for improvement and development? What would you take out of the priorities to accommodate any new priorities?

- Obesity not covered in strategy, but Caron explained that although in the LAA there are no evidence based interventions.
- Older People not being specifically mentioned, but many of the diseases involve older people.

Question 5 - How can your organisation be better involved in improving general health outcomes/inequalities?

- Happy to promote, but needs to be new, flexible services.
- Needs to be more consultation with employers and partners about service re-design.
- Whitefriars unique access to deprived communities – so easy to target with messages
- Health messages in calendar provided
- Warwick University - application of research and Health and Social Studies.
- Peugeot - sponsor walking buses – encouraging people to walk more to work.
- Fire and Rescue – Encourage healthy lifestyles and fitness. Use local assets.
- Encourage staff to quit smoking.
- Provide access to staff and service users

- NDC – Co-fund priorities, co-design and co-delivery of initiatives.
- LSC
 - a. National office employees 300 – 400 people who can receive on-site services.
 - b. Can help access people studying e.g. at colleges
- Well-being clinics £25 each at George Elliot personalised health advice
- Speak to organisations about taking time off