

Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 2.00 pm on Wednesday, 11 February 2015

Present:

Members: Councillor S Thomas (Chair)
Councillor M Ali
Councillor J Clifford
Councillor P Hetherton
Councillor D Howells
Councillor J Mutton
Councillor J O'Boyle
Councillor D Skinner

Co-Opted Member: Ms R Light

Other Member: Councillor A Gingell

Other Representatives: Sue Davies, Coventry and Rugby Clinical Commissioning Group (CCG)
David Eltringham, University Hospital Coventry and Warwickshire (UHCW)
Dr Colin Gelder, UHCW
Clare Hollingworth, Coventry and Rugby CCG
Michelle Horn, Coventry and Rugby CCG
Dr Paul O'Hare, UHCW
Councillor Maggie O'Rourke, Warwickshire County Council
Josie Spencer, Coventry and Warwickshire Partnership Trust
Nikkie Taylor, Coventry and Rugby CCG

Employees:

V De-Souza, Chief Executives Directorate
P Fahy, People Directorate
G Holmes, Resources Directorate
L Knight, Resources Directorate
J Moore, Chief Executive's Directorate
A West, Resources Directorate

Apologies: Councillor K Taylor

Public Business

51. Declarations of Interest

There were no disclosable pecuniary interests declared.

52. Minutes

The minutes of the meeting held on 7th January, 2015 were signed as a true record subject to the inclusion of Josie Spencer, Coventry and Warwickshire Partnership Trust in the attendance for the meeting.

Further to Minute 47 headed 'Towards Children and Young People's Emotional Health and Well-being – West Midlands Quality Review Service (WMQRS) Peer Review', the Board were informed that at their meeting on 12th February, 2015 the Education and Children's Services Scrutiny Board (2) would be considering a report on the Child and Adolescent Mental Health Service and would consider referrals from the Board concerning:

- (i) The reduction in school based support to children and young people and their families at an early stage and
- (ii) Emotional Health and Well-being Services for looked after children and other vulnerable groups.

53. **Winter Pressures in Coventry**

The Scrutiny Board considered briefing notes of the Scrutiny Co-ordinator and the Executive Director of People on the social care responses to winter pressures during 2014/15. The Board also received a presentation from David Eltringham, University Hospitals Coventry and Warwickshire (UHCW). The Board had also been provided with background information from the Local Medical Committee concerning winter pressures on General Practice. Councillor Maggie O'Rourke, Chair of the Adult Social Care and Health Overview and Scrutiny Committee, Warwickshire County Council, Sue Davies, Coventry and Rugby CCG and Josie Spencer, Coventry and Warwickshire Partnership Trust (CWPT), attended the meeting for the consideration of this issue. Councillor Gingell, Cabinet Member for Health and Adult Services also attended.

The presentation detailed the winter challenge for the hospital providing performance data on the four hour target for A and E; weekly and monthly A and E attendances; and details on monthly hospital discharges including performance information on delayed transfer of care patients. An analysis of the data revealed:

- An increase in attendances to A and E to March 2014 and sustained at this level
- An associated rise in admissions
- An increase in ambulance conveyances and a recent increase of over 65s to A and E and admissions implying an increase in frailty dependency, complexity and acuity
- A steady decline in discharges over time
- A significant rise in delayed transfer of care
- A significant rise in patients outlying their base ward.

The Board were informed that there had been no twelve hour trolley waits and no major incidents declared. Further information was provided on the actions being taken to reduce the attendance to admission rate and to increase the number of patients being discharged so reducing the delayed transfer of care cases.

The briefing note of the Executive Director of People set out the plans to address the local challenges which had been jointly developed across the partner agencies. Not all of the schemes would have an immediate impact. The Board

noted that the City Council had been awarded a grant allocation of £325,000 to implement actions to reduce delayed transfers of care.

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

- Clarification and further information about the performance statistics provided in the presentation
- The importance of partnership working between local authorities and the health organisations supporting both Coventry and Warwickshire
- The room in the system to be able to cope with a growing and aging population
- The importance of being proactive rather than reactive
- The patient capacity at the hospital and the potential for expansion
- Were the partner organisations managing as well as possible to get patients out of hospital and back into the community and were there any boundary issues which caused problems
- The importance of liaising with families prior to the discharge of patients with complex care packages
- The impact of 111 referrals and the inability to get GP appointments on the number of patients attending A and E
- Measures to address preventable health issues
- Details behind the newspaper headlines concerning bed blocking at the hospital
- Concerns about the ability to be able to cope with increasing numbers of elderly patients in future years in light of the large number of delayed transfers of care
- Concerns that the delayed discharges were a result of the Government reductions in local authority finance
- A concern about inappropriate referrals from the Walk-in Centre to A and E
- Further details about the care packages available in light of reduced resources and proposals to work with the voluntary sector including the issue of sustainability
- The need for partnership working and new models of community support

RESOLVED that:

(1) The presentation be noted.

(2) Officers be requested to give further consideration of funding transfer to social care settings and primary care to discourage hospital admissions and to encourage patient discharge from hospital.

(3) Further detailed information to be sent to all Board members on the following:

(i) The total annual patient capacity at University Hospital Coventry

(ii) The number of patients currently in hospital who are fit for discharge including the local authority area they live in.

(iii) The number of monthly calls to NHS111 including the number of referrals to A and E and the ambulance service.

54. **Clinical Management of Large Scale Chronic Diseases**

The Scrutiny Board considered a briefing note and received a presentation of the Director of Public Health concerning the clinical management of large scale chronic diseases. Councillor Maggie O'Rourke, Chair of the Adult Social Care and Health Overview and Scrutiny Committee, Warwickshire County Council, Dr Colin Gelder and Dr Paul O'Hare, University Hospital Coventry and Warwickshire (UHCW), Michelle Horn, Clare Hollingworth and Nikkie Taylor, Coventry and Rugby CCG and Josie Spencer Coventry and Warwickshire Partnership Trust (CWPT) attended the meeting for the consideration of this item. Councillor Gingell, Cabinet Member for Health and Adult Services also attended.

The presentation informed of how pathways were being managed in primary care for a range of challenges. An explanation was provided about long term conditions which generally couldn't be cured so the focus was on slowing or stopping progression; preventing complications; minimising the impact on quality of life and supporting patients to lead fulfilling lives. Information was provided on national policy along with local initiatives. Local prevention included health training and weight management services; stop smoking service; NHS health checks; lifestyle services directory; and a single point of access. There were individual disease pathways for diabetes, chronic obstructive pulmonary disease, heart failure, dementia and strokes. The presentation concluded with information on proposals for future work.

The briefing note described the services being delivered in primary care to prevent the onset or progression of long term conditions currently commissioned by Public Health; explained the existing pathways designed to prevent progression and manage specific long-term conditions; detailed plans to transform existing long-term conditions pathways, focusing on areas where a move towards delivery of care in primary care setting was planned; and highlighted plans to provide more integrated, holistic care for patients with multiple long term conditions or frailty rather than focussing on individual conditions.

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

- The difficulties of treating patients with complex needs in their own homes
- Feedback from pilot project developed at the hot house workshop involving a three tiered model of care to support the frail elderly funded by the Better Care Fund.
- The importance of the role of the voluntary sector
- The support available for patients and their families when they have been diagnosed with dementia
- An understanding of the financial implications in the local health economy, particularly in light of the cuts to local authority budgets
- The importance of being able to provide holistic support to patients with long term conditions enabling them to lead fulfilling lives
- What was being done to educate the public to prevent large scale chronic diseases developing
- Concerns that behavioural changes could lead to other problems developing, for example smoking cessation could lead to an increase in weight and subsequently the onset of diabetes

- The proposals for the support to be provided in the community
- The support available for GPs and nurses to enable them to support their patients with large scale chronic diseases including sharing good practice
- What was being done to improve the city's environment so reducing health problems
- Concerns about patients struggling to get GP appointments so their conditions get worse before they receive treatment
- The potential to triage patients in GP surgeries to determine who actually needs to see the GP and who can be seen by the practice nurse.

RESOLVED that:

(1) The presentation be noted.

(2) The services commissioned by both Public Health and the Coventry and Rugby CCG and delivered in primary care settings designed to prevent onset or progression of a number of different long term health conditions be noted, especially the planned changes to treatment pathways.

(3) The plans to provide more holistic, integrated care to those with multiple conditions and frailty be noted.

(4) Councillor Gingell, Cabinet Member for Health and Adult Services be requested to recommend future progress reports on the pilot projects for consideration by the Scrutiny Board as and when appropriate.

55. Outstanding Issues Report

The Scrutiny Board noted that all outstanding issues had been included in the Work Programme for the current year.

56. Work Programme 2014-15

The Scrutiny Board noted the Work Programme for 2014-15

57. Any other items of Public Business

There were no additional items of public business.

(Meeting closed at 4.50 pm)