

**Coventry City Council**  
**Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 10.00**  
**am on Wednesday, 5 October 2016**

Present:

Members:

Councillor D Gannon (Chair)  
Councillor R Auluck  
Councillor J Clifford  
Councillor G Crookes  
Councillor L Kelly  
Councillor D Kershaw  
Councillor C Miks  
Councillor S Walsh

Co-Opted Member:

David Spurgeon

Other Member:

Councillor F Abbott

Other representatives:

Joan Beck, Independent Chair, Adult Safeguarding Board  
Barry Day, Coventry and Warwickshire Partnership Trust  
David Eltringham, University Hospitals Coventry and Warwickshire  
Andrea Green, Coventry and Rugby CCG  
Steven Jarman-Davies, Coventry and Rugby CCG

Employees (by Directorate)

V Castree, Resources Directorate  
P Fahy, People Directorate  
L Knight, Resources Directorate  
J Moore, People Directorate  
G Quinton, People Directorate

Apologies:

Councillor R Ali (Deputy Cabinet Member), A Andrews, K Caan (C Member) and K Taylor

## **Public Business**

### **21. Declarations of Interest**

There were no declarations of interest.

### **22. Minutes**

The minutes of the meeting held on 14<sup>th</sup> September, 2016 were signed as a true record. There were no matters arising.

### **23. Sustainability and Transformation Plan Update**

The Board received a presentation of Andy Hardy, University Hospitals Coventry and Warwickshire (UHCW), delivered by Andrea Green, Coventry and Rugby Clinical Commissioning Group (CCG) on the Sustainability and Transformation Plan (STP) Programme.

The Board were informed that the STP was a route map of how the NHS national strategy was to be delivered at a local level and information was provided on the development of this national strategy. The main questions to be addressed in the Plan were: How will you close the health and wellbeing gap? How will you drive transformation to close the care and quality gap? and How will you close the finance and efficiency gap?

The presentation included the timeline for the STP informing of the milestones to date and concluding with the financial template submission to close the financial gap having been submitted on 16<sup>th</sup> September and the detailed STP with implementation dates and updated financial details by 21<sup>st</sup> October. Information was provided on the Programme structure and workstreams including the Programme Board and Finance Group. There were five transformation workstreams: proactive and preventative; urgent and emergency care; planned care; maternity and paediatric; and productivity and efficiency. The Board noted that mental health linked into each of these workstreams. The supporting workstreams were also highlighted.

The design authority had been established with initial work facilitated by PricewaterhouseCooper. Objectives included acting as a sounding board for the emerging whole system vision proposed by the Transformation Board; providing whole system and clinical input into the design of the new system; and designing and agreeing the appropriate programme structure and remit of the workstreams for the next STP check point.

The presentation concluded with the next steps to be taken in respect of workstreams, programme delivery and finance, along with key risks associated with the Sustainability and Transformation Plan which included:

- No history or track record of delivering large scale transformation across the footprint
- Potential for reversion to silo approaches
- Individuals representing organisation against STP/footprint
- Continued misalignment of regulations, priorities, expectations, processes etc between the respective organisations
- Current operational and financial challenges against the need to prioritise STP work
- Funding and access to capital resource
- Sourcing appropriate capacity to implement the programme of work.

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

- How the Scrutiny Board could support the STP Programme Board and feed into the consultation process
- The costs associated with the involvement of PricewaterhouseCooper who were supporting the initial work of the design authority

- Clarification about how the cross boundary working would result in innovation
- Clarification as to whether there would be full public engagement on the STP
- A concern raised by the Healthwatch Steering Group that the STP was very acute orientated and there needed to be greater reference to social care, community care and the work of GPs
- A suggestion that the STP needed to have more emphasis on the employees who would deliver the new ways of working, also what support and care would be available for the workforce
- Was there a significant input from patients and staff in the development of the new national strategy
- How could the Board be provided with base line information which would allow them to be able to scrutinise how the STP would be delivered
- The suggestion that preventative care should be a cross cutting theme of the STP
- Reference to the West Midlands Combined Authority and their priority for mental health and how this linked to the cross cutting mental health theme of the STP
- Whether there was an opportunity to share the feedback to be given to NHS England
- The issue of having political accountability and oversight of the work of the Programme Board
- A request for detailed information concerning health and wellbeing and finance and quality of service in any future presentations about the STP
- Whether there was a role for the Board when considering the future.

**RESOLVED that the presentation be noted and additional information about the funding for the Sustainability and Transformation Plan for the next five years be circulated to members of the Board.**

#### 24. Readiness for Winter and Achieving the A and E Four Hour Wait

The Board received a joint presentation on the work of the System Resilience Group on the initiatives being put in place to deal with winter 2016/17 and to achieve the A and E four hour wait. Andrea Green and Steven Jarman-Davies, Coventry and Rugby Clinical Commissioning Group (CCG), Barry Day, Coventry and Warwickshire Partnership Trust (CWPT), and David Eltringham, University Hospitals Coventry and Warwickshire (UHCW) attended the meeting for the consideration of this item.

The presentation referred to both the NHS National A and E Plan and the Local A and E Delivery Plan. The national focus was on the following five priorities to be delivered locally: streamlining in A and E; NHS 111 calls transferred to clinician; Ambulance Response Programme; improved patient flow; and improved discharge.

The Board were informed about the current performance and system demand around A and E. Performance was below the constitutional standard of 95% of patients having a maximum four hour wait. Local system pressures had been recognised nationally and a more realistic target of 92% had been agreed by the Trust. The Board were informed that following agreement of the local A and E Plan, performance had improved.

Recent demands on the system showed that A and E attendances had risen, short stay emergency admissions were also up, long term emergency admissions were stable while delayed transfer of care (DTOC) remained too high, well above the 3.5% target.

The presentation informed of the system vision and provided a summary of the local A and E delivery plan, which set out the following priorities:

- Home first – no-one goes to hospital who should be managed elsewhere in the community
- Avoid – No-one is admitted to hospital that doesn't have an acute hospital need
- Pace – Admission through to discharge is effectively co-ordinated and managed to ensure no-one waits more than 24 hours to leave hospital once medically fit for discharge
- Targeted – On-going care and support resources are targeted at those patients whose needs cannot be met in other ways.

Further information was provided on how these priorities were being delivered along with some examples of the actions in place from the Plan.

The presentation concluded with the governance arrangements. The A and E Delivery Board for Coventry and Rugby was chaired by Andy Hardy, UHCW and included Chief Officer/Director representatives from the partner organisations. The key responsibilities of the Board were detailed.

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

- Support for the initiatives introduced at A and E
- Additional information about the reasons behind delayed transfers of care
- Proposals to improve record keeping to allow better tracking of patients
- Further information about the improvements for dealing with frail patients
- Proposals for the use of new technology to stream line procedures connected with the patient's journey through the hospital
- Proposals for improving the situation relating to the hospital pharmacy and patients' prescriptions
- Was the level of resource sufficient to be able to deliver the rehabilitation packages for dementia patients
- Further information about the constraints around patient discharge when additional support/ care packages were required
- Additional information about the new Medical Decisions Unit.

**RESOLVED that the presentation be noted.**

## 25. **Coventry Safeguarding Adults Board Annual Report 2015/16**

The Board considered a briefing note and received a presentation from Joan Beck, Independent Chair of the Coventry Safeguarding Adults Board on the Annual Report of the Coventry Safeguarding Board for 2015/16. A copy of the report was

set out at an appendix to the report. Joan Beck and Councillor Abbott, Cabinet Member for Adult Services attended the meeting for the consideration of this item.

The Coventry Safeguarding Adults Board was a multi-agency partnership made up of a range of organisations that contributing towards safeguarding in Coventry. The Board was required to publish an annual report and business plan. The report summarised the key messages for the year and included the business plan which enabled the Board to plan upcoming work. The annual report also included performance data for the year which was monitored on a quarterly basis by the Board. The annual report was a key way of raising awareness of the issue of safeguarding adults.

Joan Beck informed that during the year there had been the introduction of changes from the Care Act and the monitoring of the impact of the Deprivation of Liberty Safeguards. The Care Act had introduced additional safeguarding categories of self-neglect, modern slavery and domestic abuse. Arising from the three reviews undertaken by the Board, a learning event was held in January to share the key learning from all three reports. Over the last year the Board had focused on improving awareness with professionals. In the current year the focus was to build awareness of safeguarding in communities, empowering communities to be safe places for all.

The Board questioned the representative and officer present on several issues and responses were provided, matters raised included the awareness and reporting of pressure ulcers and the issue of non-attendance at meetings.

**RESOLVED that the content of the Coventry Safeguarding Adults Board Annual Report 2015/16 be noted.**

## 26. **Adult Social Care Annual Report (Local Account) 2015/16**

The Board considered a report of the Executive Director of People concerning the Adult Social Care Annual Report 2015/16 (Local Account) which detailed the performance of Adult Social Care and the progress made against the priorities for the year, in particular the impact of the Care Act 2014 on operational activities to support service users and carers. A copy of the report was attached at an appendix to the report. The report was due to be considered by the Cabinet Member for Adult Services at her meeting on 17<sup>th</sup> October and Councillor Abbott attended the meeting for the consideration of this item.

The report indicated that it was considered good practice to produce an annual report as it provided the opportunity to be open and transparent about the success and challenges facing Adult Social Care and to highlight what was being done to improve outcomes for those who came into contact with Adult Social Care.

The production of the report had drawn on information obtained during the year from a ranges of sources including Healthwatch Coventry, Partnership Boards, providers and people that had been in contact with Adult Social Care. Attention was drawn to the case studies and direct quotes in the report which demonstrated the impact that Adult Social Care and its partner agencies had on individuals and their families.

The primary focus in 2015/16 had been to embed the changes required by the Care Act into practice. These included improvements around when people first made contact with Adult Social Care and improvements in how people were assessed and their support plan. The focus was on promoting wellbeing and independence to prevent, reduce or delay the need for long term support.

The Board questioned the officer on several issues and responses were provided, matters raised included the monitoring of care homes and the financial implications associated with costs of implementing the changes required by the Care Act.

**RESOLVED that the Adult Social Care Annual Report for 2015/16 be noted.**

**27. Outstanding Issues Report**

The Board noted a report of the Scrutiny Co-ordinator which detailed the approach being taken on the progress, outcomes and responses to recommendations and substantial actions made by the Board at their previous Scrutiny meetings.

**28. Work Programme 2016-17**

The Board noted their Work Programme for the current municipal year.

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

There were no additional items of public business.

(Meeting closed at 12.35 pm)