

**Coventry City Council**  
**Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 10.00**  
**am on Wednesday, 1 March 2017**

Present:

Members: Councillor D Gannon (Chair)  
Councillor A Andrews  
Councillor J Clifford  
Councillor L Kelly  
Councillor C Miks  
Councillor K Taylor  
Councillor S Walsh

Co-Opted Members: David Spurgeon

Other Members: Councillors F Abbott, M Mutton and P Seaman

Employees (by Directorate)

I Bowering, People Directorate  
A Butler, People Directorate  
V Castree, Resources Directorate  
L Gaulton, People Directorate  
L Knight, Resources Directorate  
G Quinton, Deputy Chief Executive (People)

Other representatives:

Simon Brake, Coventry and Rugby GP Federation  
Jed Francique, Coventry and Warwickshire Partnership Trust (CWPT)  
Simon Gilby, CWPT  
Matt Gilks, Coventry and Rugby Clinical Commissioning Group (CCG)  
Steve Jarman-Davies, Coventry and Rugby CCG  
Emma Livesley, University Hospitals Coventry and Warwickshire (UHCW)  
Heather Moran, CWPT  
Tracey Wrench, CWPT

Apologies: Councillor D Kershaw

## **Public Business**

### **43. Declarations of Interest**

There were no declarations of interest.

### **44. Minutes**

The minutes of the meetings held on 23<sup>rd</sup> November and 7<sup>th</sup> December, 2016 were signed as true records. There were no matters arising.

### **45. Urgent Care Performance Over Winter**

The Board received a joint presentation on the initial assessment of the urgent care performance over the winter period at University Hospitals Coventry and Warwickshire (UHCW) with particular reference to the delivery of the A and E 95% standard for the four hour wait target. Steven Jarman-Davies, Coventry and Rugby Clinical Commissioning Group (CCG), Emma Livesley, UHCW, Simon Gilby and Tracey Wrench Warwickshire Partnership Trust (CWPT), and Simon Brake, Coventry and Rugby GP Alliance attended the meeting for the consideration of this item.

The presentation drew attention to the wide scale reporting in the national media around the winter pressures facing the NHS this year and the ability of Health and Social Care systems to be able to cope with these pressures. Information was provided on the national and local A and E four hour performance over Christmas and New Year with UHCW delivering at around 82%. A comparison was provided with the A and E performance of Trusts within the West Midlands region.

The Board were informed about the pressures on A and E Departments nationally, with patient numbers being the highest levels ever recorded and the numbers of ambulances arriving at hospital and calls made to the ambulance service being the highest ever. Locally over the Christmas and New Year calls to the ambulance service were consistently 8-10% above contracted levels and the previous year. Further information was provided on the national trend for A and E attendances and the percentage of attendances which led to admission to hospital. The Board were informed that it was going to take a real change in behaviour by patients if A and E attendances were going to stop continuing to rise both locally and nationally. This year UHCW had seen a 3% growth in attendances.

The presentation referred to the national system of reporting levels which ranged from Opel 1 to Opel 4. Levels 3 and 4 required specific daily briefings on actions being taken, that were discussed on regional and national teleconferences as to the level of support and intervention to be given to systems. The Board were informed that although New Year A and E performance by Trusts in Coventry and Warwickshire was well below the 95% national standard, they were towards the top end of performance across the West Midlands. Opel level 3 was reached by the local system on 3<sup>rd</sup> January but returned to level 2 within 2 days.

Further information was provided on additional local pressures on A and E Departments which included the norovirus. All hospitals within Coventry and Warwickshire utilised planned escalation capacity to deal with demand which saw up to 62 extra beds being used at UHCW. This impacted on the Trust's ability to undertake elective work. As a system the hospital met the national requirement to clear beds as much as possible before Christmas to get to below 85% bed occupancy for 24<sup>th</sup> December. Bed occupancy then increased day by day across the system.

The presentation provided additional information on key issues at UHCW which were taken from daily national reporting system by Trusts in comparison to national trends.

Further information was provided on NHS 111 during the Christmas period. There had been a 35% increase in ambulance dispatches in the West Midlands through

NHS 111 over the holiday week. This was equivalent to 12 ambulances per day at UHCW.

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

- Clarification about the increase in ambulances at UHCW over Christmas and New Year period
- Clarification about the capacity being put in place to deal with escalation and the implications for other areas of the hospital of having additional beds
- Whether operations were cancelled at the very last minute because of a lack of intensive care beds/ beds
- The difficulties of finding a balance between the necessary levels of emergency and elective surgery
- Clarification about what comprised the four hour target at A and E, ie when the time commenced
- Further information about the guidance given by NHS 111 when advising patients to call an ambulance or attend A and E and how risk adverse was NHS 111
- Concerns about a recent patient experience at A and E and clarification about an A4 information sheet that was being placed at the end of patients beds/ trolleys
- Concerns about the capacity in the service to cope with the increasing numbers of elderly patients and how many attendances at A and E were alcohol related
- How was it determined to discharge patients before Christmas and details about the information sent to Trusts from NHS England recommending hospitals reduce their bed occupancy to 85% by Christmas
- Clarification about closed waiting lists and how this related to the 18 week waiting time target
- What were the NHS reasons for recent delayed transfers of care
- Concerns about the inclusion in the STP of reduced attendances at A and E, was this a realistic expectation in light of the current situation.

**RESOLVED that:**

**(1) The presentation be noted**

**(2) The representatives from UHCW and Coventry and Rugby CCG be requested to provide additional information for members on:**

- i) The numbers of operations cancelled because beds were not available, including details about emergency and elective surgeries**
- ii) Information about the numbers at A and E who had been advised to attend by NHS 111 including details about inappropriate referrals**
- iii) Further details about the introduction of the A4 sheet of information which was being placed at the end of patient's beds/trolleys**
- iv) Information regarding the number of services which have closed waiting lists and how this relates to the 18 week waiting time target.**

**(3) A copy of the letter from NHS England requesting hospitals reduce their bed occupancy by 85% by Christmas be circulated to members.**

**46. Child and Adolescent Mental Health Services Transformation Update**

Further to Minute 16/16, the Board considered a joint briefing note providing an update on the Child and Adolescent Mental Health (CAMHS) Transformation Agenda. Particular reference was made to the key information previously requested by the Board relating to transition pathways, training for professionals and prioritisation for child protection and children in need. An update was also given on the progress and challenges in delivering each of the 7 Transformation Plan priorities and on the milestones for delivery to be completed by November, 2017. Councillor Mal Mutton, Chair of the Education and Children's Services Scrutiny Board (2) and Councillor Pat Seaman, Deputy Cabinet Member for Children and Young People attended the meeting for the consideration of this item. Matt Gilks, Coventry and Rugby Clinical Commissioning Group (CCG) and Simon Gilby, Jed Francique, Heather Moran and Tracey Wrench, Coventry and Warwickshire Partnership Trust (CWPT) were also in attendance.

The briefing note reminded of the 4 tiers of CAMHS services accessed by children and young people and set out the background to the five year CAMHS Transformation Plan which commenced in October 2015 and was led by Coventry and Rugby CCG. The Plan was supported by a multi-agency Project Board, recognising the need for a joint partnership response.

The CCG provided £3.7m of CAMHS funding for Coventry and Rugby. NHS England had subsequently provided an additional £878,000 for 2016/17 on a recurring basis to support the transformation plan. The Board were informed that an additional £210,000 had recently been awarded for 2016/17 for the purpose of reducing waiting lists. It was planned to use this to address the waiting lists for ASD assessments.

The Board had previously asked to be updated on the proposals for working with patients during the transition period from childhood to adulthood. Appendix 1 to the note detailed the Transitions Pathway informing how there was a process for engaging young people and family members to confirm whether the young person or adults pathway was the most appropriate to meet needs. The Board had also asked for information on the early prevention work in schools. Appendix 2 to the note set out details of a training programme run by the Primary Mental Health Service which offered generic mental health training workshops for staff. Bespoke training sessions were also being offered for school staff.

The Board noted that in November 2016 NHS England reviewed all local transformation plan updates against the national standards for delivering transformation over the five year period. There were three levels of assurance that could be allocated and the Coventry and Warwickshire Plan was assured as being 'fully confident'.

The Board were updated with progress with the following 7 priority areas:

- Reduced Waiting Times
- Providing a Crises Response Service
- Autistic Spectrum Disorder (ASD)

- Looked After Children
- Support to Schools
- Eating Disorder Service
- Enhancing Access and Support through the Utilisation of Technology.

In relation to progress with ASD, it had previously been reported that Coventry ranked as the highest local authority for rates of children with autism known to schools in the West Midlands. This had led to significant waiting times for ASD assessments. There was a local plan to address the waiting lists with a new pathway that reduced waiting times for new referrals. A slide showing this pathway was shown to members.

The CAMHS Transformation Board had reviewed progress with the activity required during year 2 of the plan and to prepare for the milestones in year 3. The briefing note included an overview of the year 2 programme which included a challenging set of milestones that would require a significant contribution from the commissioning and delivery partners.

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

- A request for the new pathway slide to be made available to members
- Concerns about the significant number of children on the waiting list for an ASD assessment and what happened in cases where concerned families kept contacting the service
- How many children could be assessed using the additional £210,000 of funding
- How many schools would benefit from the enhanced provision offered by the Primary Mental Health Service to primary and secondary schools in the city
- The response from schools to the support being offered
- Clarification about the CAMHS to Adult Mental Health transitions process and the available support
- A request for more information about the new website/ app being developed to provide information and support to children, young people and their carers and a concern that people would use it to self-diagnose. Some parents want their children to have a statement which could mean more requests for assessments.
- Further information about the support for LAC, children on Child Protection Plans and vulnerable children.

**RESOLVED that:**

**(1) The progress against the Plan be noted.**

**(2) The 2016/17 plan milestones for transforming services be noted.**

**(3) The issues impacting on the delivery of the plan be noted.**

**(4) An update on progress be submitted to the Board in six months including:**

**(i) Details of the support for LAC, children on Child Protection Plans and vulnerable children**

**(ii) Further information on the support needed for the 30% of children who follow the pathway but are not diagnosed with ASD.**

**(5) At the future Board meeting, Members to be given a viewing of the new website/app being developed to provide information to children, young people and their carers including self-help and online counselling.**

**(6) A copy of the new pathway slide be circulated to Members.**

**(7) Information on the support services that are available to patients at the transition stage from Child Services to Adult Services to be circulated to members.**

#### **47. Coventry and Warwickshire Partnership Trust (CWPT) Action Plan Update**

Further to Minute 15/16, the Board received a report of Simon Gilby, Coventry and Warwickshire Partnership Trust (CWPT) which provided an update on progress with implementing the action plan produced in response to the Care Quality Commission (CQC) Inspection report published in July, 2016. Simon Gilby and Tracey Wrench, CWPT attended the meeting for the consideration of this item.

The report referred to the full inspection of the Trust's services which took place in April, 2016. The overall rating in the Inspection report was 'requires improvement' and in reaching this assessment the CQC set a number of 'must do' and 'should do' actions. The Trust subsequently developed an action plan to respond to the requirements to ensure that the areas requiring attention were rectified.

Monthly monitoring of the implementation was ongoing and undertaken by the Executive Performance Group who reported to the Board's Integrated Performance Committee. Monthly progress reports were submitted to NHS Improvement and the Clinical Commissioning Group.

A total of 210 actions were identified across CWPT services in response to the inspection. As at 14<sup>th</sup> February, 2017 a total of 163 actions had been completed or it had been confirmed that action was no longer required.

The Board were informed that the CQC had been notified that all action in relation to the Warning Notice issued for breaching Eliminating Mixed Sex Accommodation (EMSA) had been taken so the Trust was no longer in breach of this regulation. The action taken included reconfiguring the Acute Mental Health Inpatient Services to single sex wards and the Trust EMSA policy had been reviewed and updated to reflect the Mental Health Act code of practice.

Additional information was provided on completed actions in the following areas: ligature risks, safeguarding, medicines management, Mental Health Act processes and training, recruitment into vacant posts, risk management and infection control processes.

The Board were also informed that 44 actions were still to be completed. Of these actions, 19 had passed their completion date but it was anticipated that 13 of

these would be completed by 31<sup>st</sup> March, 2017 with the remaining actions being completed by the end of September. The report contained an overview of the key actions still to be completed.

The Board noted that the CQC would be carrying out an inspection of the Trust's services at the end of June, 2107 with a view to signing off progress with completion of the plan. The Chair, Councillor Gannon asked for an update report on the outcome of this further inspection.

**RESOLVED that:**

**(1) The update report be noted.**

**(2) A progress report on the outcome of the next CQC Inspection due in June be submitted to a future meeting of the Board.**

**48. Delivery of Public Health Services**

The Board considered a briefing note of the Executive Director of People which provided an overview of the arrangements for the leadership and delivery of Public Health within Coventry Council during Dr Jane Moore's secondment to the West Midlands Combined Authority (WMCA).

The note indicated that Dr Jane Moore, Director of Public Health had been seconded to the WMCA from 6<sup>th</sup> February, 2017 for a period of six months to help lead key pieces of work across the region. Jane was acting as the regional co-ordinator for Directors of Public Health across the West Midlands to help create a really strong partnership between Public Health England and the WMCA. Jane's appointment would ensure that there would be a strong health and wellbeing focus in all WMCA work, putting prevention and public health at its heart.

The Board were informed that Liz Gaulton, Deputy Director of Public Health would be the Acting Director of Public Health during this time. Liz would hold the statutory responsibilities of the Director while Jane would continue to retain some responsibilities locally as act as the public health link between the Council and the WMCA. The existing responsibilities of the Deputy Director of Health had been split between across the wider public health team. Further information about the Director and Deputy Director duties was set out in the briefing note.

A concern was raised about the lack of information given to members over the secondment which had led to the consideration of the briefing note. It was clarified that the secondment was a management decision and that it had been taken in consultation with the Leader, Deputy Leader and Cabinet Member.

**RESOLVED that the arrangements put in place to deliver Public Health Services be noted.**

**49. Work Programme 2016-17**

The Board noted their work programme for the current municipal year.

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

There were no additional items of public business.

(Meeting closed at 12.05 pm)