



Health and Social Care Scrutiny Board (5)

Time and Date

10.00 am on Wednesday, 19th December, 2018

Place

Committee Room 3 - Council House

Public Business**1. Apologies and Substitutions****2. Declarations of Interest****3. Minutes** (Pages 3 - 8)

(a) To agree the minutes of the meeting held on 21st November, 2018

(b) Matters Arising

4. NHS Prescription Ordering Direct Service (Pages 9 - 14)

Report of Sue Davies, Coventry and Rugby Clinical Commissioning Group (CCG)

Jenni Northcote, Coventry and Rugby CCG has been invited to the meeting for the consideration of this item

5. Work Programme 2018-19 and Outstanding Issues (Pages 15 - 20)

Report of the Scrutiny Co-ordinator

6. Safeguarding Adults Review (Pages 21 - 22)

Briefing Note of the Director of Adult Services

7. Any other items of Public Business

Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

Private Business**8. Safeguarding Adults Review** (Pages 23 - 72)

Briefing Note of the Director of Adults Services

Joan Beck, Independent Chair of the Safeguarding Adults Board, has been invited to the meeting for the consideration of this item

9. **Any Other Items of Private Business**

Any other items of private business which the Chair decides to take as a matter of urgency because of the special circumstances involved.

Martin Yardley, Executive Director, Place, Council House Coventry

Tuesday, 11 December 2018

Notes: 1) The person to contact about the agenda and documents for this meeting is Liz Knight, Governance Services, Council House, Coventry, telephone 7683 3073, alternatively information about this meeting can be obtained from the following web link: <http://moderngov.coventry.gov.uk>

2) Council Members who are not able to attend the meeting should notify Liz Knight as soon as possible and no later than 9.00 a.m. on Wednesday 19th December, 2018 giving their reasons for absence and the name of the Council Member (if any) who will be attending the meeting as their substitute.

3) Scrutiny Board Members who have an interest in any report to this meeting, but who are not Members of this Scrutiny Board, have been invited to notify the Chair by 12 noon on the day before the meeting that they wish to speak on a particular item. The Member must indicate to the Chair their reason for wishing to speak and the issue(s) they wish to raise.

Membership: Councillors J Clifford, D Gannon (Chair), D Kershaw, R Lakha, R Lancaster, T Mayer, C Miks, D Skinner and D Spurgeon

By Invitation: Councillors F Abbott, R Ali and K Caan

Please note: a hearing loop is available in the committee rooms

If you require a British Sign Language interpreter for this meeting OR if you would like this information in another format or language please contact us.

Liz Knight

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Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 10.00
am on Wednesday, 21 November 2018

Present:

Members: Councillor D Gannon (Chair)
Councillor J Clifford
Councillor P Hetherton
Councillor D Kershaw
Councillor R Lakha
Councillor R Lancaster
Councillor T Mayer
Councillor C Miks

Co-Opted Member: David Spurgeon

Other Member: Councillor F Abbott, Cabinet Member for Adult Services

Other Representatives: Andy Hardy, University Hospitals Coventry and Warwickshire (UHCW)
Steven Jarman Davies, Coventry and Rugby Clinical Commissioning Group (CCG)
Fiona McGruer, Coventry and Warwickshire Partnership Trust (CWPT)

Employees:

S Caren, People Directorate
V Castree, Place Directorate
P Fahy, People Directorate
L Knight, Place Directorate

Apologies: Councillor D Skinner

Public Business

24. Declarations of Interest

There were no declarations of interest.

25. Minutes

The minutes of the meeting held on 17th October, 2018 were signed as a true record. There were no matters arising.

26. A and E Four Hour Performance

With reference to Minute 27 below headed 'Winter Planning', the Board noted a report of Lisa Kelly, University Hospitals Coventry and Warwickshire (UHCW) which provided a summary of UHCW four hour performance including trend and

winter planning. Andy Hardy, University Hospitals Coventry and Warwickshire (UHCW) attended the meeting for the consideration of this item. Councillor Abbott, Cabinet Member for Adult Services was also in attendance.

The report highlighted that the current performance at Trust level (which comprised Adult Emergency Department (ED), Childrens ED, Emergency Gynaecology Unit, Eye Casualty, Rugby Urgent Care and the Walk-in Centre) was 89.1% year to date. In addition, recent performances had lifted the achievement with monthly recordings of 91% for September, 2018, 90.2% for October and 90.7% to date for November.

The Board noted that the Trust had achieved its four hour trajectory for each of the last six months. For the Adult ED, the four hour achievement had improved by 8.7% for the year to date, despite attendances being up by 4.9%. For October, 2018 the Trust treated or admitted 90.2% of patients within four hours of arrival at A and E compared to the target of 95%. The overall average for England was 89.1%, with performance for UHCW being benchmarked at 47 out of 130 general and acute trusts.

Information was provided on the UHCW winter plan which set out the operational delivery arrangements for winter 2018/19. Work was ongoing through a number of internal work streams which ensured UHCW understood the demand on all areas and their dependency on one another. Effective winter preparedness couldn't be achieved in isolation so UHCW was working in partnership at the Coventry and Warwickshire A and E Delivery Board to ensure plans were aligned and the system provided the necessary capacity to support delivery of the four hour standard. Detailed information was provided on the content of the winter plan.

RESOLVED that the UHCW four hour performance be noted.

27. **Winter Planning**

The board considered a briefing note and received a joint presentation which provided an update on the preparations for winter 2018/19 in order to manage pressures against health and social care including details on the key issues likely to impact on the system. Andy Hardy, University Hospitals Coventry and Warwickshire (UHCW), Steven Jarman Davies, Coventry and Rugby Clinical Commissioning Group (CCG) and Fiona McGruer, Coventry and Warwickshire Partnership Trust (CWPT) attended the meeting for the consideration of this item. Councillor Abbott, Cabinet Member for Adult Services was also in attendance.

The briefing note referred to the requirement for the Coventry and Warwickshire STP area to submit a winter assurance template to NHS England and the NHS Improvement Board to meet a number of objectives. The template was owned, monitored and managed by the Coventry and Warwickshire A and E Delivery Board. The Board oversaw an area covering over 900,000 residents, working across six NHS providers, two local authorities and three NHS CCGs. The template was submitted to NHS England on 26th October 2018.

The Board were informed that in many ways pressures experienced at winter continued to be felt beyond the winter period itself with parts of the system remaining under sustained pressure throughout the year. Details of A and E

attendances, admissions and walk-in centre attendances highlighted this fact. Demand for Adult Social Care measured in respect of referrals for support did not demonstrate any noticeable peaks over the winter period and nor did the number of people supported.

The objectives and measures put in place were very similar each year and focussed on:

- Ensure that there was enough capacity across health and social care to meet the pressures of winter
- Ensuring the system delivered care at the most appropriate level for the needs of patients and supporting more people within the community
- Ensuring the system was prepared for dealing with common expected winter illnesses and severe weather events
- Having an operational resilience network that enacted action plans at peak times through a robust escalation reporting and management process.

The briefing note set out the key activities to support winter resilience: profiling of elective work and reducing bed occupancy; primary care provision; Community Health Services; Local Authority; UHCW; seasonal flu, winter infections and cold weather; communication; and system escalation and co-ordination. The plans for each of these areas were detailed.

The Board were informed of the key issues which could have a detrimental impact on the ability to sustain a resilient system which included workforce capacity and weather and transport.

The presentation detailed the key priorities to be addressed in winter planning, highlighted the key areas of learning from 2017/18. Reference was made to the winter assurance template submitted to NHS England and NHS Improvement. No official feedback had been received to date.

The presentation provided a focus on whether the system was better placed than the previous year highlighting that at UHCW the position was far better with A and E performance sustaining at around 91% which was in line with the agreed system improvement trajectory. In addition the level of patients occupying a hospital bed with a delayed transfer of care had fallen by over 50% at UHCW. The current standard of 3.5% was being met. The level of patients still in hospital over 21 days had also fallen and was below the target for the Trust. The overall average length of fallen from 7.5 days in 2017/18 to 7.2 days for the same period in the current year.

The measures put in place by UHCW to deal with winter preparedness were detailed. The presentation concluded with an update on the media campaign associated with seasonal pressures and on system escalation and co-ordination.

Members raised a number of issues in response to the presentation and responses were provided, matters raised included:

- Was account taken of best practice from other hospital trusts who managed to achieve above the 95% target for the four hour wait at A and E
- A request for examples of new actions that had contributed to make the system more secure this year

- In light of the fact that the average length of stay for hospital admissions had reduced, was this having an impact on re-admissions and was it impacting on the quality of care received by patients
- As improvements had been achieved in respect of the early discharge of patients, was this causing pressures elsewhere in the system
- Concerns about the difficulties for patients to get a GP appointment which was impacting on A and E attendances
- Concerns about the problems for mental health patients in getting urgent medical support, particularly at weekends, and the problems for patients who had been assessed by the Crises Team and then still had to wait in A and E for a number of hours
- A concern about the significant numbers of young people in the city who were suffering with mental health issues
- The difficulties encountered by mental health patients in getting prescriptions for their medication
- In the light of insufficient funding for mental health, what were the difficult decisions that had to be made and how were priorities determined
- Which recent actions implemented across the system had had the biggest impact on the improvements
- The responsibility for alternative pathways of care
- Support for the successful partnership working
- Concerns about patients being kept on trolleys in A and E at night times
- Further information patients waiting for their prescriptions which could result in bed blocking
- A concern about the expectations and pressures put on family members to make immediate decisions about care homes to free up hospital beds
- Concerns about the level of reporting required to be made by the hospital in respect of performance and system pressures
- Details about the cessation of patient transport by West Midlands Fire Service
- The impact of the night time economy on A and E

RESOLVED that:

(1) The update on the preparations for winter be noted

(2) The Chair, Councillor Gannon, to write a letter to The Right Honourable Matt Hancock, MP, Secretary of State for Health and Social Care informing him of the Board's concerns regarding the significant level of daily reporting required by hospital trusts, including UHCW, on performance and system pressures. This relates to daily correspondence with NHS Improvement and NHS England on levels of risk along with the daily regional and national calls to discuss operational issues and concerns.

(3) A detailed report on the issues and pressures relating to patients with mental health issues and their impact on the health system to be considered at a future meeting of the Board.

(4) Officers to investigate the opportunities for Licensing and Regulatory Committee and the health economy to work closely together to understand

the impact and possible mitigations of the night time economy on the health system.

(5) The Board's appreciation and thanks for all the work undertaken by UHCW and the health partner organisations to ensure that A and E performance is in a far better position now than in the previous year, despite increases in A and E attendances and emergency admissions, be conveyed to all those concerned.

28. Work Programme and Outstanding Issues 2018-19

The Board noted their work programme for the current municipal year, noting that the programme would be updated to take account of the request for an additional report as detailed in the recommendation to Minute 27 above headed 'Winter Planning'.

29. Any other items of Public Business

There were no additional items of public business.

(Meeting closed at 11.20 am)

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To: Health and Social Care Scrutiny Board

19th December 2018

Subject: NHS Prescription Ordering Direct Service

1 Purpose of the Report

1.1 To provide a briefing on the NHS Prescription Ordering Direct (POD) service that is available to 276,000 Coventry residents, registered with 40 GP Practices. This includes: -

- An update to members of the Health and Social Care Scrutiny Committee on the development of the NHS POD service
- An overview of patient feedback received and
- Outlines the actions taken by the service to address issues raised by patients and/or Healthwatch Coventry.

2 Recommendations

2.1 It is recommended that the Health and Social Care Scrutiny Board:

Receives the report noting progress to date and action to address patient feedback.

3 Information / Background

3.1 NHS POD service in Coventry

3.1.1 NHS POD was introduced in Coventry in June 2015. It was initially developed to support a reduction in medication waste, which was estimated to be over £6 million every year. In this case waste are those medications that are prescribed and dispensed but not taken by patients and so consequently must be destroyed. What became clear during the early phases of operating the service in 2015/16 were the additional benefits of the service which included convenience for patients from reduced visits or telephone calls to their GP surgery and the reduced demand on GP reception staff and GP time.

3.1.2 The NHS POD service is a telephone/online service that takes orders for repeat medication from patients registered with participating GP practices. The repeat orders are transmitted to the GP Practice for approval electronically, and then sent on to a community pharmacist of the patient's choice for dispensing.

3.1.3 NHS POD operates 5 days a week and manages an average of 1,800 calls a day from patients in Coventry. The current service is operating at an average wait time of 59 seconds and an abandoned call rate of 8.72%. Unfortunately there has been some variability where the wait has been longer and therefore below the standard required.

3.1.4 When contacting NHS POD patients are advised of the ordering process and asked about their current stock of medications at home. As a result the service has been able to reduce stockpiling and waste of unneeded medications.

3.1.5 The service currently covers 40 practices, and 276,000 registered patients with those GP Practices using the service. Additional practices are still being added to the NHS POD service with a practice currently preparing to join in January/February 2019 that represents a patient list size of 13,500.

3.1.6 The service currently employs 45 trained call handlers on a mix of full time and part time contracts. These staff take orders for repeat medication from patients and liaise with GP Practices.

3.1.7 There are a number of benefits of the services to patients, GP practices and the CCG which include:

- **Benefits for patients**

- Provides patients with an alternative route for conveniently ordering their medication by telephone – over 95% of patients found the process easy to use (highlighted in the last patient survey of the CRCCG service).
- Empowerment of patients to take control of their own medication needs.
- Ability to order their medication from their own home or at their convenience via the telephone.
- Dedicated time and communication with a trained call handler to discuss their prescription requirements (this is a non-clinical person).
- Pharmacy nomination can be amended at each prescription request if necessary.
- Reduces stockpiling of medication (medication going out of date or safety concerns with excess medication stored in the home).

- **Benefits for the CCG**

- Potential financial savings of around 8% of the prescribing budget (when all practices are covered) equating to circa £6M.
- Improve prescribing quality through controlled adherence to medicines optimisation principles. There are potentially 270,000 prescription items dispensed to patients each year that are not required, these waste patient, carer and primary care staff time.

- **Benefits for GP practices**

- Reduced GP practice administration time of repeat prescription requests, thereby reducing overall practice workload.
- Medication review reminders given to patients whilst they are on the telephone.
- A GP has reported that they have more confidence in signing off prescription requests as the patient has been asked questions regarding what they actually need at that time.
- Reduced reception burden with community pharmacies collecting multiple paper prescriptions as POD utilises EPS.
- Increased uptake of Electronic Prescription Service (EPS).

3.1.8 Since the introduction of NHS POD the savings have been significant, as shown in the table below.

	2015/16	2016/17	2017/18	2018/19 to Nov 18
GP Practices using NHS POD	8	19 (11 full year and others joined between December and March 16/17)	30 (19 full year and rest joined throughout the year)	40
Patients eligible to use NHS POD (list size)	50,000	120,000	230,000	276,000
Number of call handlers at end of year	6	13	27	37
Total savings for the year	£67,000	£408,000	£1,400,000	£789,000 (data for Apr-Sept 18)

Note: Savings are based on the yearly reduction in the repeat prescribing costs from GP Practices who have signed up to use the NHS POD service.

3.2 Public engagement and patient feedback on the service provided.

3.2.1 The NHS POD service receives both positive and negative feedback from patients. This feedback is logged and used to inform improvements to the service.

3.2.2 One of the themes received from callers is that they do not like the fact they have to ring NHS POD every month for their medication. To address this NHS POD is trialling repeat dispensing. This is where patients can have a batch prescription authorised for a number of months, which saves them having to call NHS POD every month and they can just go to their chosen pharmacy to collect their medication. This service is only suitable for medications which are taken regularly and not for those which are “as needed” use, such as painkillers or emollient creams.

3.2.3 NHS POD has also addressed concerns that medication requests are taking longer to be processed by community pharmacies following contact with NHS POD. The service has worked closely with the Local Pharmaceutical Committee (LPC) to improve communication with local pharmacies and to ensure that they have received prescriptions in a timely manner e.g. for multi compartment dosage systems

(dosette boxes). The service also now messages to inform community pharmacies of the number of items issued in a prescription to ensure that patients do not receive a delivery of only part of their prescription when there is a delay in authorisation of other items.

3.2.5 Additional to the daily patient feedback the service has been working with Healthwatch Coventry to develop additional materials which would support patients to understand and get the most out of using NHS POD.

Healthwatch reviewed the service in 2016/17 and identified the following themes of improvement from their review

- a) Opening hours for phone calls to POD
- b) Information provision to users of the service and those who become users of the service in the future
- c) Ensuring that both current and future users of POD who have hearing impairment/issues and memory issues are able to use an alternative means of re-ordering medication via their pharmacy or GP practice as POD is not appropriate for them

The service took account of these issues as set out below

Response to a) Opening hours for phone calls to POD

In November 2016 NHS POD extended its opening hours and is now open from 8am to 5pm Monday to Friday. We had conducted our own patient satisfaction survey which highlighted that all patients are not yet aware of the new hours despite call handlers informing patients on a regular basis and new information leaflets / posters were being produced. We are continuing to promote these times to patients.

Response to b) Information provision to users of the service and those who become users of the service in the future

- Patient information leaflet sent to HW for information.
- When a GP practice joins the NHS POD patients are informed of the service in various ways e.g. patient leaflets, posters in the GP surgery, GP practice sending text message to patients informing them of the new service, information on paper prescription repeat slip, information on the GP practice website, verbal communication from the GP practice, television screen in GP practice.
- In some circumstances when patient's prescriptions are managed solely by the community pharmacy, patients do not have any regular contact with the GP practice. Therefore the pharmacy will inform the patient of the change when the patient collects their repeat prescription.
- Coventry and Rugby CCG now have a section on their website about NHS POD

Response to c) Ensuring that both current and future users of POD who have hearing impairment issues and memory issues are able to use an alternative means of re-ordering medication via their pharmacy or GP practice as POD is not appropriate for them.

- NHS POD is not the only method of ordering
- Once a patient has consented to NHS POD having access to their patient records and this is recorded, a family member / carer can call up on the patient's behalf to order the prescription. This representative should have full knowledge of the patient's current medication requirements.
- If a patient needs pharmacy input to ensure that the repeat prescription is ordered then an agreement can be made with the GP practice. The pharmacy should fill in the appropriate form highlighting the reason for their input.
- Electronic repeat dispensing is a service where the GP authorises a number of prescriptions (batch) which is then available for the pharmacy to download at regular intervals. This reduces the need to reorder medication every single month. NHS POD is currently working with the Local Pharmaceutical Committee to pilot a service with one GP practice to enable NHS POD to facilitate the processing of electronic repeat dispensing prescriptions for appropriate patients. These patients should be stable on their current medication regime, stable in their medical conditions and be up to date with tests and reviews. Medication that a patient should take every day can then be issued this way.

The communication materials for patients have been improved and now include an updated patient leaflet and a series of Frequently Asked Questions targeted at patients. These documents are being finalised and will be issued in the New Year. These materials will be made available in: -

- All GP Practices who offer the NHS POD service
- Local community pharmacies
- On the CCG website
- Circulated to community groups and voluntary sector organisations who work with local residents.

A promotional campaign is planned for early 2019 to demonstrate the benefits for patients of using NHS POD.

3.3 Improvement of services since June 2018

In June 2018 there was a significant increase in the number of calls to the NHS POD service, receiving 52,118 (a 16% increase) calls. This resulted in an average wait time of 3:46 minutes and an abandoned call rate of 35%.

The CCG received complaints about the service both via email and verbally to service team leaders. The main theme of the complaints was the length of time it was taking for patients to get through to the service.

3.3.1 To address this, the CCG asked the service lead to make improvements to address the longer waits. One aspect of which was an immediate request to improve the call back service. The call back facility was improved by adding additional dedicated lines

and staff priorities for call backs as well as a new script to make it easier for patients to understand and use. The call back facility now activates after the patient has been in the queue for 3 minutes. Therefore the stats show that less people are using this facility due to not having to wait as long during September. We have also added an on-line call back request facility.

3.3.2 NHS POD also recruited additional staff to manage the increased demand and an additional 14 staff have joined the service since August 2018.

3.3.3 The average wait time and abandoned calls have reduced month on month since the implementation of the call back service and the additional staffing. In September NHS POD had an abandoned call rate of 8.72% and an average wait time of 59 seconds.

3.4 Next steps for the NHS POD service

3.4.1 The service continues to expand to cover as many GP practices in Coventry and Rugby CCG as possible.

3.4.2 There is a focus on increasing the uptake of electronic repeat dispensing for those patients who choose the service and are suitable for this service.

3.4.3 Continue working with community pharmacies to provide timely reminders to patients to order their monthly repeat prescriptions.

Name: Sue Davies

Job Title: Director of Operations

Contact Details: sue.davies@warwickshirenorthccg.nhs.uk

Please see page 2 onwards for background to items

25th July 2018
- Suicide Prevention
12th September 2018
- Better Care, Better Health, Better Value Programme update
- University Hospitals Coventry and Warwickshire (UHCW) Care Quality Commission (CQC) Inspection Report
19th September 2018
- An overview of Adult Social Care performance, achievements and challenges including the Adult Social Care Annual Report 2017-18 (Local Account)
- Adult Safeguarding Annual Report 2017/18
17th October 2018
- CQC Action Plan update
- Director of Public Health and Wellbeing Annual Report
- Update on Report back from the Task and Finish Group on improving the quality of Housing and the Health and Wellbeing of Coventry Residents
21st November 2018
- A&E Performance
- Seasonal Pressures
- Maternity, children and young people's services
19th December 2018
- Prescription Ordering Direct Service (POD)
- Serious Adult Review (Private Item)
30th January 2019 1.30pm to 4pm
- UHCW Visit
6th March 2019
- Social Prescribing
10th April 2019
- Outcome of the Task and Finish Group on Mental Health Support to University Students
2018/19
- Integrated Care Systems
- Child and Adolescent Mental Health Services
- Primary Care
- Female Genital Mutilation
- Employment and Mental Health
- Improving Support – enablement approach for adults with disabilities
- Digital Strategy - Improved Customer Service – reviewing the customer journey and expanding use of digital technologies including Primary Care Digital Strategy
- Outcome of the CQC Local System Review Light Touch inspection
Joint Health Overview and Scrutiny Committee
- Stroke Services

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
25th July 2018	- Suicide Prevention	Scrutiny have asked to look at Suicide Prevention and understand how services are provided across the City to support those who are vulnerable. They would like to focus on how information about the services gets out, particularly to young men.	Liz Gaulton/ Jane Fowles	Request from Scrutiny
12th September 2018	- Better Care, Better Health, Better Value Programme update	To consider the work programme for the next 12 months and challenges and risks in achieving this.	Andy Hardy	Supports the Better Health, Better Care, Better Value Programme
	- University Hospitals Coventry and Warwickshire (UHCW) Care Quality Commission (CQC) Inspection Report	The CQC report was published on 31 st August. UHCW have been asked to present the summary findings.	Andy Hardy	Request from Scrutiny
19th September 2018	- An overview of Adult Social Care performance, achievements and challenges including the Adult Social Care Annual Report 2017-18 (Local Account)	An annual item to consider this report. To include feedback on new supervision regime as discussed at the meeting on 18 th October during the item on Workforce Development Strategy.	Pete Fahy	Organisational requirements - CCC
	- Adult Safeguarding Annual Report 2017/18	Annual Report received by the Board. In 2017/18, the Board requested the next report included information on the engagement strategy and contribution to the Board's work	Joan Beck/ Eira Hale	Organisational requirements - CCC

Health and Social Care Scrutiny Board Work Programme 2018/19

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
		from Partners, for example probation and housing associations.		
17th October 2018	- CQC Action Plan update	To include presenting the performance dashboard.	Pete Fahy	Request from Scrutiny @ meeting on 26.04.18
	- Director of Public Health and Wellbeing Annual Report	To present information on the annual report for and feedback on progress from previous reports.	Liz Gaulton	Organisational requirements - CCC
	- Update on Report back from the Task and Finish Group on improving the quality of Housing and the Health and Wellbeing of Coventry Residents	To look at progress on the recommendations approved at the meeting on 31 st January 2018. Going to Cabinet 6 th March 2018 and review 6 months after that.	Liz Gaulton/ Karen Lees	Request from Scrutiny @ meeting on 31.01.18
21st November 2018	- A&E Performance	The Board would like an update on A&E performance figures, including feedback on how robust plans to improve performance over winter proved to be.		Request from Scrutiny @ meeting on 26.04.18
	- Seasonal Pressures	To look at the approach being taken by relevant partners across the Coventry system to plan for seasonal pressures including the NHS Winter Plan.	CCC/UHCW/ CCG/ CWPT	Request from Scrutiny
	- Maternity, children and young people's services	The Coventry & Warwickshire CCGs with colleagues from public health and the people groups in both Coventry & Warwickshire have undertaken some initial engagement with our populations to understand how people experience maternity, children and young	CCG	Request from CCG

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
		people's services. The key findings of the engagement, alongside the data produced as part of the smart start programme and JSNA highlight the key issues to collectively address to give children the best start in life.		
19th December 2018	- Prescription Ordering Direct Service (POD)	To consider the POD which has been rolled out across the City, following feedback from Members and Healthwatch as to patient concerns.	Jenni Northcote	Request from Scrutiny
	- Serious Adult Review (Private Item)	To consider the outcome of a recent Serious Adult Review	Pete Fahy/ Rebekah Eaves	Request from Scrutiny
30th January 2019 1.30pm to 4pm	- UHCW Visit	To visit UHCW for a tour and talk from the clinical staff who run some of the outstanding services and an overview of the innovative work being undertaken at UHCW.	Andy Hardy	Request from Scrutiny
6th March 2019	- Social Prescribing	This item will explore the concept of social prescribing and feedback on the evaluation of the pilot which has taken place in the City.	Liz Gaulton	Request from Scrutiny
10th April 2019	- Outcome of the Task and Finish Group on Mental Health Support to University Students	Cllrs Gannon, Hetherton and Kershaw have been working with University and Health Partners to consider this issue. This report will feed back their findings and recommendations.	Jane Fowles/ Juliet Grainger/ Victoria Castree	Request from Scrutiny
2018/19	- Integrated Care Systems	To follow up on the item on Integrated Care Systems as discussed at the meeting on 7 th March 2018 at an appropriate time.	Gail Quinton/ Andrea Green	Request from Scrutiny @ meeting on 07.03.18
	- Child and Adolescent Mental Health Services	To receive an update on the transformation plan including waiting times for assessment and	Matt Gilks/ Alan Butler	Supports the Better Health, Better

Health and Social Care Scrutiny Board Work Programme 2018/19

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
		treatment, services for Looked After Children and transition between children's and Adults Services.		Care, Better Value Programme
	- Primary Care	An item to look at Primary Care, including the recruitment and retention of GPs and Supporting Self Care	Andrea Green	Request from Scrutiny 21.11.17
	- Female Genital Mutilation	To receive an update at the appropriate time, on the partnership work being undertaken to address FGM.	Liz Gaulton Cllr Caan	Organisational requirements – CCC
	- Employment and Mental Health	To consider the work being undertaken to improve the mental health of those living in the City to enable them to gain/maintain employment. This links to the work being undertaken by the WMCA Mental Health Commission.	Simon Gilby	Supports the Better Health, Better Care, Better Value Programme
	- Improving Support – enablement approach for adults with disabilities	Following discussion on the Adult Social Care Annual Report 2016-17 (Local Account) at the meeting on 13.09.17, this item was identified as a topic for scrutiny.		Request from Scrutiny @ meeting on 13.09.17
	- Digital Strategy - Improved Customer Service – reviewing the customer journey and expanding use of digital technologies including Primary Care Digital Strategy	Following discussion on the Adult Social Care Annual Report 2016-17 (Local Account) at the meeting on 13.09.17, this item was identified as a topic for scrutiny. To include opportunities to use digital platforms from across the health service and social care. Primary Care Digital Strategy identified 21.11.17	Marc Greenwood/ Health partners	Request from Scrutiny @ meeting on 13.09.17 & 21.11.17

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
	- Outcome of the CQC Local System Review Light Touch inspection	Following the CQC Local System Review, which has been discussed on 26.04.18 and the associated action plan on 17.10.18, the CQC have announced they will be undertaking a light touch review to look at the progress which has been made on their recommendations.	Pete Fahy	Supports the Better Health, Better Care, Better Value Programme
Joint Health Overview and Scrutiny Committee	- Stroke Services	There is a proposal to change the way stroke services are provided across Coventry and Warwickshire. The Board will receive information on the proposals at the meeting and have the opportunity to feed into the consultation on the changes.	Andrea Green	Better Health, Better Care, Better Value Programme



Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board **Date:** 19th December 2018

Subject: Safeguarding Adults Review

1 Purpose of the Note

- 1.1 The purpose of this note is to inform Scrutiny Board of a recently completed Safeguarding Adults Review (SAR).

2 Recommendations

- 2.1 Scrutiny Board are asked to note the completion of the SAR and consider fully in the private part of the agenda for reasons of confidentiality and anonymity.

3 Information/Background

- 3.1 The primary aim of a Safeguarding Adult Review is to identify lessons to be learnt from the adult's case and to apply those lessons to future cases.
- 3.2 Following referral to the Independent Chair of Coventry Local Safeguarding Adult Board (CSAB) it was agreed that a case should be subject of a Safeguarding Adult Review in January 2017.
- 3.3 As part of the SAR process each agency may make recommendations to support improvements in practice within their organisation. The on-going implementation and monitoring of these actions is the responsibility of the individual agency and evidence of progress is regularly provided for the CSAB. This process enables the CSAB to fulfil its responsibility for monitoring progress, and to be assured that these recommendations have been delivered in practice.
- 3.4 Due to the nature of the case that resulted in the SAR being undertaken it is probable that, even with the best efforts to retain anonymity and confidentiality that should the detail of the SAR be discussed in a public forum the individuals could be identified. For this reason the matter is to be considered by Scrutiny Board 5 in private.

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