

Health and Social Care Scrutiny Board (5)

Time and Date

10.00 am on Wednesday, 13th February, 2019

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 19th December, 2018

(b) Matters Arising

4. **NHS Prescription Ordering Direct Service - Response to Letter Dated 20th December, 2018** (Pages 9 - 14)

Joint report of Andrea Green, Sue Davies and Ataz Dhanani, Coventry and Rugby Clinical Commissioning Group (CCG), who have been invited to the meeting for the consideration of this item. Fiona Lowe, Chief Officer, Coventry Local Pharmaceutical Committee (LPC) has also been invited to attend

5. **Adult Social Care Digital Improvements** (Pages 15 - 16)

Briefing Note of Mark Greenwood, Head of Business Systems and Continuous Improvement

Danny Roberts, South Warwickshire Foundation Trust has been invited to the meeting for the consideration of this item

6. **Work Programme 2018-19 and Outstanding Issues** (Pages 17 - 22)

Report of the Scrutiny Co-ordinator

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

Nil

Tuesday, 5 February 2019

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 13th February, 2019 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), J Innes, D Kershaw, R Lakha, R Lancaster, T Mayer, C Miks, D Skinner and D Spurgeon (Co-opted Member)

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, 19 December 2018

Present:

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

Co-Opted Member: David Spurgeon

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

Other Representatives: Joan Beck, Coventry Safeguarding Adults Board
Sue Davies, Coventry and Rugby CCG
Altaz Dhanani, Coventry and Rugby CCG
Ruth Light, Coventry Healthwatch
Fiona Lowe, Coventry Local Pharmaceutical Committee

Employees:

V Castree, Place Directorate
R Eaves, People Directorate
A Errington, People Directorate
P Fahy, People Directorate
J Fowles, People Directorate
L Knight, Place Directorate

Apologies: Councillors T Mayer and D Skinner

Public Business

30. Declarations of Interest

There were no declarations of interest.

31. Minutes

The minutes of the meeting held on 21st November, 2018 were signed as a true record. There were no matters arising.

32. Exclusion of Press and Public

RESOLVED that the Board agrees to exclude the press and public under Sections 100(A)(4) of the Local Government Act 1972 relating to the private report in Minute 37 below headed “Safeguarding Adults Review” on the grounds that the report involves the likely disclosure of information as

defined in Paragraph 1 of Schedule 12A of the Act, as it contains information relating to individuals and in all circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information

33. NHS Prescription Ordering Direct Service

The Board considered a report Sue Davies, Coventry and Rugby Clinical Commissioning Group (CCG) which provided an update on the development of the NHS Prescription Ordering Direct (POD) service; an overview of patient feedback; and details of the actions taken by the service to address issues raised by patients and Healthwatch Coventry. Sue Davies, Altaz Dhanani, POD Service manager, Ruth Light, Healthwatch Coventry and Fiona Lowe, Coventry Local Pharmaceutical Committee attended the meeting for the consideration of this item. Councillor Abbott, Cabinet Member for Adult Services also attended.

The report indicated that the NHS POD was introduced in Coventry in June 2015 to support a reduction in medication waste. Additional benefits 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. The service was a telephone/ online service which took orders for repeat medication from patients registered with participating GP practices. The repeat orders were transmitted to the GP Practice for approval, electronically, and then sent on to a community pharmacist of the patient's choice for dispensing.

The Board were informed that the service operated 5 days a week managing an average of 1,800 calls a day from patients. The average wait time was currently 59 seconds. There had been some variability where the wait was longer. The service had been able to reduce stockpiling and waste of unneeded medications. The service currently covered 40 practices with 276,000 registered patients using the service. Additional practices were joining the service in January/ February 2019. The service currently employed 45 trained call handlers on a mix of full time and part time contracts.

The report highlighted the benefits for patients, the CCG and GP practices. There were potential financial savings of around 8% of the prescribing budget (when all practices were covered), approximately £6m. The financial savings for the first three years of operation were set out.

The Board noted that the Service had received both positive and negative feedback from patients, which was logged and used to inform improvements to the service. One of the themes received from callers was that they did not like having to ring every month for their medication. To address this the POD was trialling repeat dispensing for patients with medications that were taken regularly. The POD was also addressing concerns that medication requests were taking longer to be processed by community pharmacies following contact with the POD.

The service had been working with Healthwatch Coventry to develop additional materials which would support patients to understand and get the most out of using the POD. Healthwatch had reviewed the service in 2016/17 and identified the following themes of improvement:

i) Opening hours for phone calls to the POD

- ii) Information provision for users of the service and future users
 - iii) Ensuring that users and future users of the service with hearing impairment and or memory issues could use an alternative means of reordering medication via their pharmacy or GP practice since the POD was not appropriate for them.
- The responses from the service to these concerns were detailed.

Since June 2018 there had been a 16% increase in the number of calls to the POD service which had resulted in an average wait time of 3.46 minutes and an abandoned call rate of 35%. Complaints had been made to the CCG. To address these concerns, improvements had been made to the call back service and an additional 14 staff had joined the service since August. In September the average wait time had reduced to 59 seconds and the abandoned call rate was down to 8.72%.

The next steps for the service were to continue to expand to cover as many GP practices under the Coventry and Rugby CCG as possible; to increase the uptake of electronic repeat dispensing; and to continue to work with community pharmacies to provide timely reminders to patients to order their repeat prescriptions.

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

- The percentage of patients who were eligible to use the POD service
- Why weren't all the GP practices signed up to the service
- Information about the option of electronic requests rather than patients having to rely on making telephone calls to the service
- Additional information on the trial for repeat dispensing for patients with medications that were taken regularly
- Clarification about how communications about the service were being improved
- Concerns about the lack of a response to issues raised by Healthwatch including the draft patient information
- A request for information about the costs of providing the service and the cost savings for GP surgeries
- How could the service be improved to be 'outstanding'
- Information about the lessons learnt from the experiences of the service over the summer
- Where were the savings from existing users compared to those when new patients joined the service
- Concerns about language barriers which could result in patients not getting their correct medication
- Concerns that the response time was longer than the average wait time of 59 seconds
- Concerns about the lack of information about the POD service provided to patients by their GP surgeries
- Details of the implications for the local pharmacists
- Concerns that patients prefer to use their GP surgery for prescriptions as this was a quicker service
- The potential option for hospital consultants to be able to prescribe to the service

- Concerns about the closure of community pharmacies.

RESOLVED that:

(1) The progress to date and the action to address patient feedback be noted.

(2) A further report be submitted to a future meeting of the Board in the New Year, with Andrea Green, Chief Officer, Coventry and Rugby CCG and representatives from the local GPs being invited to attend.

34. Work Programme 2018-19 and Outstanding Issues

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 meeting as detailed in the recommendations to Minute 33 above headed 'NHS Prescription Ordering Direct Service'.

35. Safeguarding Adults Review

The Board considered a briefing note of the Director of Adult Services concerning a recently completed Safeguarding Adults Review, Minute 37 below also refers.

The briefing note indicated that the primary aim of a Safeguarding Adult Review was to identify lessons to be learnt from the adult's case and to apply those lessons to future cases. Following a referral to the Independent Chair of Coventry Local Safeguarding Adult Board it was agreed that a case should be subject of a Safeguarding Adult Review in January 2017. As part of the process each agency could make recommendations to support improvements in practice within their organisation. The on-going implementation and monitoring of these actions was the responsibility of the individual agency and evidence of progress was regularly provided for the Safeguarding Adult Board.

RESOLVED that the completion of the Safeguarding Adults Review be noted, with consideration in full being given in the private part of the meeting for reasons of confidentiality and anonymity (Minute 37 below refers).

36. Any other items of Public Business - UHCW and CWPT Quality Account Task Groups

The Board were informed that, following the appointment of Councillor Hetherington as the Cabinet Member for City Services, there was a vacancy to serve on the University Hospitals Coventry and Warwickshire (UHCW) and Coventry and Warwickshire Partnership Trust (CWPT) Quality Account Task Groups.

RESOLVED that Members to consider if they are interested in serving on the UHCW and CWPT Quality Account Task Groups and to report their interest to the Scrutiny Co-ordinator.

Private Business

37. Safeguarding Adults Review

Further to Minute 35 above, the Board considered a briefing note of the Director of Adult Services which presented the findings of a Coventry Safeguarding Adults Board Safeguarding Adults Review and reported on the progress against the Action Plan which had been developed in response to the recommendations of the review. Joan Beck, Independent Chair of the Safeguarding Adults Board, attended the meeting for the consideration of this item.

Members questioned the representative and officers in response to the briefing note and responses were provided.

RESOLVED that:

(1) The contents of the briefing note and the progress in relation to the Safeguarding Adults Review Action Plan be noted.

(2) The Chair, Councillor Gannon, to convey the Board's thanks and appreciation to Robert Lake, Independent Author, and Michelle McGinty, Coventry Council, for all the work they had undertaken in connection with the Safeguarding Adults Review.

(3) Joan Beck, Independent Chair of the Safeguarding Adults Board, to investigate the involvement of Scrutiny in Safeguarding Adult Reviews at other Local Authorities.

38. Any Other Items of Private Business

There were no additional items of private business.

(Meeting closed at 11.50 am)

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Briefing note

Date 13 February 2019

To: Health and Social Care Scrutiny Board

From: Andrea Green – Accountable Officer, CRCCG

Sue Davies – Director of Operations, CRCCG

Ataz Dhanani – Head of Medicines Optimisation, CRCCG

Subject: CRCCG NHS Prescription Ordering Direct Service response to letter dated 20th December 2018

1 Purpose of the Note

- 1.1 To provide a response to the letter dated 20th December 2018 requesting further information in relation to the NHS Prescription Ordering Direct (POD) service in Coventry on the following: -
- The cost of the Prescribing Ordering Direct service.
 - The business case and rationale for the POD.
 - Why the business case and rationale were removed from the report received by HOSC on 19th December 2019.
 - The number of users each quarter since the service started.
 - Whether there have been an increase in the number of NHS 111 calls as a result of POD.
 - Whether pharmacies have had to increase the number of emergency prescriptions
 - Lessons learnt from the summer.

2 Recommendations

- 2.1 Health and Social Care Scrutiny Board (5) is asked to consider the content of this report in response to the request for further information in relation to the NHS POD Service.

3 Background

- 3.1 A briefing was presented to the Health and Social care scrutiny Board on 19th December on the NHS POD Service updating members on the service development, providing an overview of patient feedback received and also outlined the actions taken by the service to address issues raised by patients and/or Healthwatch Coventry.
- 3.2 This report is to address the specific further questions in the letter of the 20th December 2018.

3.3 Qu. The cost of the NHS POD service

During 2017/18 the cost of the POD service for each patient who could access the service was an annual cost of £7.14 per patient.

The savings achieved exceeded the investment by £1.4million. These savings attribute wholly to reduction in wasted medication as measured using nationally produced prescribing data.

3.4 Qu. The rationale for developing the NHS POD Service

The CCG held a Prescribing Waste Summit in July 2012, which identified the need to target prescribing waste from repeat medications. The Summit was attended by representatives of key stakeholders in Coventry, and an action from the Summit was to ask a Prescribing Waste Working Group made up of representatives of General Practice, community pharmacy, medicines optimisation and patient groups, to consider options to address the concerns about waste. The principle of the POD approach came from this group and the group became the reference group for the POD project which was first tested as a "proof of concept" with 2 GP Practices.

Following a positive proof of concept, the scheme was worked up into a full pilot service working with the original 2 and an extra 10 practices in Coventry. In evaluating the pilot scheme, the following information was obtained,

- further confirmation of the extent of prescribing waste in the system and the potential savings available to the CCG,
- positive satisfaction from the majority of patients using the service and the opportunity to improve medicine optimisation reviews, a recognised quality indicator
- benefits from reduced practice administration.

Table 1 shows a comparison that was used in the evaluation which shows a comparison between a two six month periods in the 2014/15 before the POD and in 2015/16 with the POD in place. It shows a change in the volume of items prescribed and the percentage cost change for England, for the West Midlands, for Practices' using the POD, and for Practices' who were not using the POD.

Table1: POD vs. Comparators

POD vs Comparators - July 15 - Jan 16 vs July 14 - Jan 15		
	Items	Cost
Pod Practices	Reduction of 8.6%	Reduction of 8.4%
Non-POD CCG Practices	Reduction of 0.9%	Reduction of 0.4%
West Midlands	Reduction of 0.1%	Increase 1.6%
England	0.0%	Increase 2.6%

Source: ePACT data

From a patient quality perspective, the rationale for developing the NHS POD was also based on patient feedback from a patient survey. The survey indicated that 77% of patients who responded rated the service as excellent. Other quality benefits identified as part of the evaluation included: -

- An assessment of actual patient need.
- The highlighting of medication adherence issues.
- The promotion of medication reviews (and later conducting a review by a clinical pharmacist).

- Improved access and dedicated time to discuss medicines.
- Patient safety through the reduction in stockpiled medication at a patient's home.

In March 2016 there was a waiting list of practices wanting to join the POD as the additional benefits of the service became apparent from the Practices in the pilot. The benefits included: -.

- A reduction in practice administration time thereby freeing up administration time in the surgery, to dedicate to other practice tasks.
- Greater patient involvement in the repeat ordering process.
- Greater scrutiny of other indicators of good medicine optimisation such as regular medication reviews.

3.5 **Qu.The number of users each quarter since the service started in 2015**

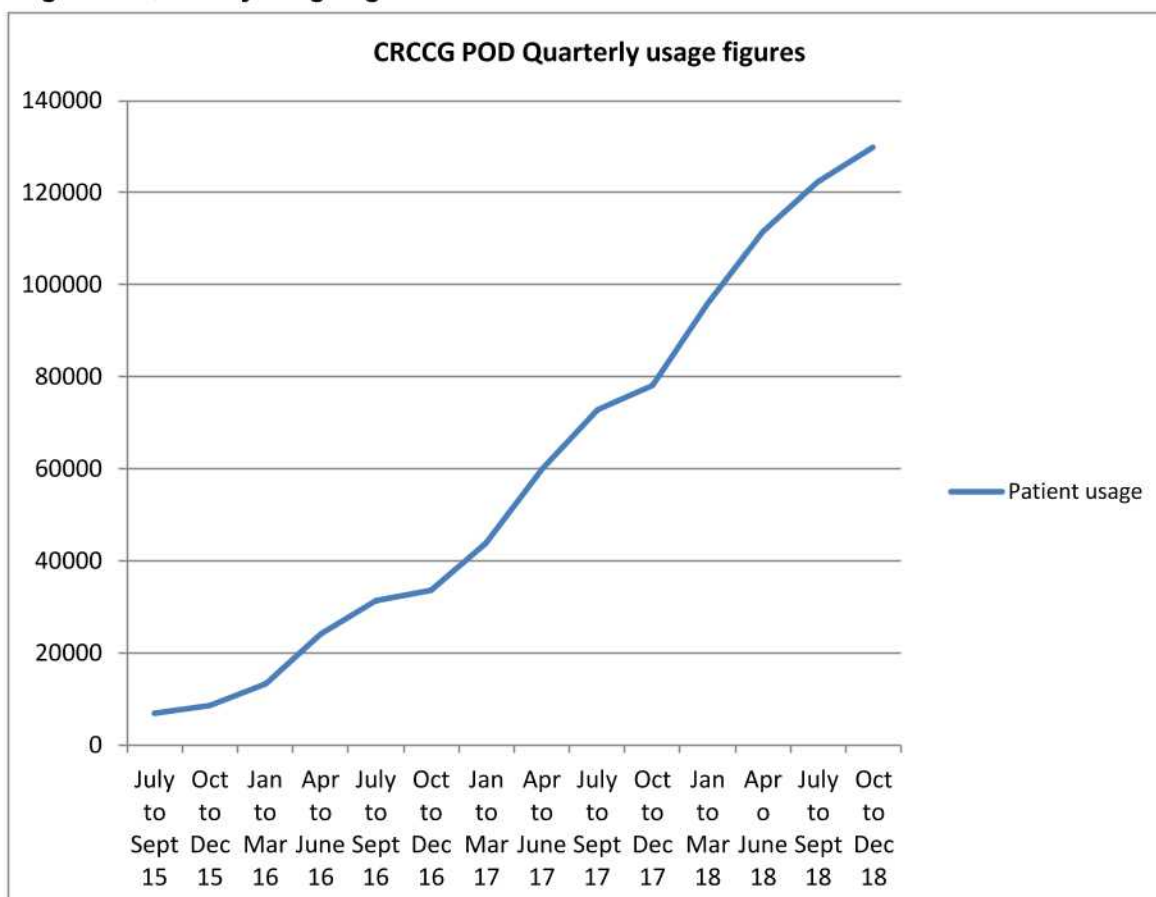
Table 2 sets out the utilisation of the service for each quarter since the start of the service.

There has been a steady increase in the number of people accessing the service, as the service, the working hours and the number of Practices' participating in the service have increased. The service in 2017/18 managed c1,800 calls per day.

Table 2: No. of calls to POD each quarter since July 2015

	No. of calls
July to Sept 15	6827
Oct to Dec 15	8651
Jan to Mar 16	13401
Apr to June 16	24143
July to Sept 16	31467
Oct to Dec 16	33661
Jan to Mar 17	44022
Apr to June 17	59981
July to Sept 17	72958
Oct to Dec 17	78076
Jan to Mar 18	96010
Apr to June 18	111631
July to Sept 18	122401
Oct to Dec 18	129856

Figure 1: Quarterly usage figures



3.6 Qu. Has there been an increase in the number of NHS 111 calls as a result of POD

At the stage of writing, we have not been able to ascertain whether any increases relate to the POD as data is not this specific, but we are completing further analysis.

3.7 Qu. Have pharmacies had to increase the number of emergency prescriptions

The CCG has not received any information to indicate an increase in the number emergency prescriptions issued by community pharmacies. The service does produce monitoring information on the number of requests for urgent prescriptions and the reasons for urgency. Table 3 sets the data out for July to Nov 2018, implementation of some of the measures from lessons learned have reduced the urgent demand from patients not being able to get through in the summer, but there is more to do on patients not aware of the new system.

Table 3: No. of urgent requests received by POD and reason for urgency

Reason for urgency	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Patient couldn't get through to POD	13	7	2	0	0
Patient not aware of the new system	54	83	81	53	35
Patient Mislaidd / Lost medication	22	26	19	8	8
Patient had forgotten to order	329	271	316	255	268
TOTAL OF URGENT REQUESTS	418	387	418	316	311
PERCENTAGE OF URGENT REQUESTS	1.1%	1.0%	1.1%	0.7%	0.7%

3.8 Qu. Lessons learnt from the summer.

The POD service needed to improve the prediction of call volumes when adding new Practices' as the pace of take up of the service when a Practice joins the scheme, has increased. When the POD was initially set up the call volumes increased relatively slowly but since the service has been expanded, the call volumes have increased at a much quicker pace when a practice joins.

In response to this and the feedback from service users who experienced longer waits, the service has made a number of changes and these are as follows: -

Increased pace of recruitment – in the short term to respond within a short timeframe to call volume changes, we are working with an agency who source suitable staff within a very short time-frame so giving flexibility to help meet the call demand. The staff have the same training and induction period as those staff recruited on a permanent basis. The service also ensures there is coverage of trained call handlers to ensure sufficient staff are available to cover sickness and holiday periods. The service have been asked to submit a workforce plan that can be assessed for resilience and ability to flex with the demands of the service.

Patients advised of busiest time and alternatives – Call statistics are provided and analysed on a regular basis so that the number of staff required matches the busiest times. Monday is the busiest day of the week where on average 33% of the whole week's calls are received. Patients are advised of this when they call and/or the service is explained and reminded that there are alternatives (as below), but should they choose to call on a Monday they are may be in a queue.

Improved access – to enable more patients to get through on the telephone when they choose to call, the service is implementing an on-line form that the patient can complete on the CCG website to request the POD service to call them back to take the prescription request. Patients are informed of this if they are held in the queue. We are also investigating the use of a mobile application for prescription requests which enables two way conversations and reminders. Also the ability to text a number to request a call back from POD.

Implementing Repeat dispensing - The CCG fully supports the roll out of Electronic Repeat Dispensing (eRD) and is working with GP clinical leads and the Local Pharmaceutical Committee (LPC) to develop the process for implementing this across the CCG area to ensure the process is clinically safe and appropriately offered to suitable patients. Recruiting patients and processing eRD prescriptions can be effectively managed through the POD service which will in turn reduce the need for applicable patients to call up each month to order their monthly repeat.

Reminders - In response to feedback the service is looking into ways that patients ordering can be supported to result in less urgent calls. In addition to repeat dispensing, from January 2019, appropriate patients will receive the calendar date they need to order their next prescription so that they can put it in their diary as a reminder. In the event of an urgent request, POD service staff will offer to contact the GP practice on behalf of the patient to ensure that the prescription is signed off more quickly. As POD is processing the prescription while the patient is still on the telephone, the prescription may often be signed off by the GP much quicker than if they were ordering by any other method.

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Coventry City Council

Briefing note

Date: 13th February 2019

To: Health and Social Care Scrutiny Board (SB5)

Subject: Adult Social Care Digital Improvements

From: Marc Greenwood, Head of Business Systems and Continuous Improvement

1 Purpose of the Note

- 1.1 This note outlines the digital improvements underway across the adult social care service. The note also highlights the digital work being delivered, in collaboration with health partners, to support improvements in integration and efficiency across the Coventry and Warwickshire health and care system.

2 Recommendations

- 2.1 It is recommended that Scrutiny Board 5:
- 2.2 Notes the progress on use of technology to support Adult Social Care and further developments planned.

3 Information/Background

- 3.1 Adult social care provides personal support that helps people live their lives as independently as possible. Over the past 2 years the adult social care service has been seeking ways to improve the support provided through the implementation of digital improvements. These improvements have included:
- The introduction of self-assessment tools and an information directory
 - Social Worker and Occupational Therapists appointment booking system
 - Digital customer feedback methods
 - Assistive technology opportunities including Brain in Hand and Just Checking
 - Enabling access to the adult social care case management system for NHS staff working at UHCW. Access to which supports staff when making discharge decisions, improving efficiency and patient support.
- 3.2 The latter is an example of the work underway across Coventry and Warwickshire to enhance patient support. As part of the Better Health, Better Care, Better Value programme partners from across health and social care are exploring ways to improve services through the introduction of digital innovations. This work is being overseen by the Digital Transformation Board, a group of practitioners and technology leads.

3.3 The work of the Digital Transformation Board includes:

- The introduction of Voice Recognition (VR) to support clinicians improve the time it takes to record case notes
- Rollout of remote consultation technology to improve opportunities for patient and clinician interaction
- Promotion of the wider use of the information sharing software, known as Docman
- Development of a shared care record across Coventry and Warwickshire

3.4 The shared care record will introduce a number of improvements that will support patient flow. This includes interoperability of systems across organisations, increased opportunity for the public to access information held about them and greater mobile flexibility for our workforce.

3.5 In addition to the health and care improvements, adult social care is continuing to identify digital changes that will improve customer experiences and workforce efficiencies. These include:

- Improvements to our customer front door by exploring the use of automation, self-service and enhanced connection with third sector agencies
- Introduction of pre-paid cards
- Financial assessment self service
- Supported self-assessment and self-reviews
- Housing with care and primary care remote consultations
- Voice Recognition for social workers

3.6 We are also starting to explore the opportunities to use digital applications to support the delivery of adult social care. Particularly how use of technology can support the prevention of social care needs arising and enable people to achieve improved health and wellbeing.

3.7 Whilst existing access channels, such as telephony and email, will continue we recognise that many people who contact adult social care want to have a wider variety of contact methods. In addition, our workforce is changing and we need to provide the flexibility and creativity to support changing working arrangements and ensure we use our resources in the most effective way.

Report Author:

Name and Job Title:

Marc Greenwood, Head of Business Systems and Continuous Improvement

Directorate:

People

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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
13th February 2019
- Prescription Ordering Direct Service (POD)
- Digital Strategy - Improved Customer Service – reviewing the customer journey and expanding use of digital technologies including Primary Care Digital Strategy
9.30am 6th March 2019
- Board Members have been invited to participate in the Coventry Health and Wellbeing Strategy event
10th April 2019
- Outcome of the Task and Finish Group on Mental Health Support to University Students
- Social Prescribing
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
- Outcome of the CQC Local System Review Light Touch inspection
- Mental Health Issues and their impact on the health system
- HousingFirst
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 Northcoate	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
13th February 2019	- Prescription Ordering Direct Service (POD)		Andrea Green	
	- 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

Health and Social Care Scrutiny Board Work Programme 2018/19

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
9.30am 6th March 2019	- Board Members have been invited to participate in the Coventry Health and Wellbeing Strategy event			
10th April 2019	- Outcome of the Task and Finish Group on Mental Health Support to University Students	Cllrs Gannon, Hetherston 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
	- 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
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 treatment, services for Looked After Children and transition between children's and Adults Services.	Matt Gilks/ Alan Butler	Supports the Better Health, Better 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	Simon Gilby	Supports the Better Health, Better

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		City to enable them to gain/maintain employment. This links to the work being undertaken by the WMCA Mental Health Commission.		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
	- 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 undertake 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
	- Mental Health Issues and their impact on the health system	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.		Meeting on 21/11/18
	- HousingFirst	To consider support element of Housing First in detail.	Liz Gaulton/ Alan Quinlan	SCRUCO 12/12/18
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