



Health and Social Care Scrutiny Board (5)

Time and Date

10.00 am on Wednesday, 16th December, 2020

Place

This meeting will be held remotely. The meeting can be viewed live by pasting this link into your browser: <https://youtu.be/TN-iqYhIiv0>

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 11th November 2020

(b) Matters Arising

4. **Restoration of Non-Covid Services in Coventry** (Pages 9 - 14)

Report and presentation of Andrew Harkness, Chief Transformation Officer and Rose Uwins, Senior Communications and Engagement Manager, NHS Coventry and Rugby and Warwickshire North Clinical Commissioning Groups (CCGs)

The following representatives from the Health partner organisations have been invited to the meeting for the consideration of this item:

Simon Gilby, Coventry and Warwickshire Partnership Trust (CWPT)
Andy Hardy, University Hospitals Coventry and Warwickshire (UHCW)
Andrew Harkness and Rose Uwins, Coventry and Rugby CCG
Rachael Danter, Coventry and Warwickshire Health and Care Partnership

5. **Work Programme 2020-21 and Outstanding Issues** (Pages 15 - 18)

Report of the Scrutiny Co-ordinator

6. **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

Julie Newman, Director of Law and Governance, Council House Coventry

Tuesday, 8 December 2020

Notes: 1) The person to contact about the agenda and documents for this meeting is Liz Knight Tel: 024 7697 2644 Email: liz.knight@coventry.gov.uk, 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, 16th December, 2020 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 M Ali, J Birdi, J Clifford (Chair), L Harvard, J Innes, R Lancaster, E Ruane, D Skinner and Mr D Spurgeon (Co-opted Member)

By Invitation: Councillors K Caan and M Mutton

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

Tel: 024 7697 2644 Email: liz.knight@coventry.gov.uk

Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 10.00
am on Wednesday, 11 November 2020
This meeting was held remotely

Present:

Members: Councillor J Clifford (Chair)
Councillor J Birdi
Councillor L Harvard
Councillor J Innes
Councillor R Lancaster
Councillor E Ruane
Councillor D Skinner

Co-Opted Members: David Spurgeon

Other Representatives: South Warwickshire NHS Foundation Trust:
Carman Baskerville
John Dewsbury
Ann Marie Kennedy

Employees:

S Caren, Adult Services
V Castree, Law and Governance
P Fahy, Director of Adult Services
J Fowles, Public Health
L Gaulton, Director of Public Health and Wellbeing
Juliet Grainger, Public Health
L Knight, Law and Governance
Yeng Yeng Shang, Public Health

Apologies: Councillor M Mutton

Public Business

13. Declarations of Interest

There were no declarations of interest.

14. Minutes

The minutes of the meeting held on 23rd September were agreed as a true record.

Further to Minute 10/20 headed 'Neuron-rehabilitation Level 2b Bed Relocation', the Director of Adult Services provided an update on Blue Beds in Coventry. Blue beds were used for Covid-19 positive care home residents who were discharged from hospital, having tested positive but no longer required medical care.

The Board noted that the covid-19 blue beds were located at Hawthorne House, Tile Hill and had been available since April. There were no issues and the arrangements would remain in place until the end of March, 2021, when the

situation would be reviewed. There were vacancies and the system was well managed. A concern was raised about care home residents being sent straight back from the hospital to the care home setting without any communication with families. It was clarified that all care home providers were providing weekly bulletins to their residents' families to keep them informed about the covid-19 situation. There was no legal obligation on the Local Authority to inform families of any positive covid-19 test results in care homes where a family member was living. It was good practice for the care homes to engage with their residents' families.

15. **Director of Public Health and Wellbeing Annual Report 2019-2020**

The Board considered a report and received a presentation of the Director of Public Health and Wellbeing concerning her Annual Report for 2019-2020 'Resetting our Wellbeing'. The report was a statutory report produced each year.

This year the report recorded Coventry's state of wellbeing in 2019/20 and offered a reflection on the city's system-wide approach to improving wellbeing last year and in the early Covid-19 response. The report's findings were informed by statistical figures, performance reports and evaluations from the Council and partners, and interviews with over 20 colleagues across teams and organisations.

As the city continued to live with, and through, Covid-19, the aim was to minimise the harm of the pandemic and make use of the benefits gained from the city's projects and partnerships last year and in the early Covid-19 response. As a result, the report offered two sets of recommendations: one for individuals and one for organisations and Coventry's health and wellbeing system.

The Director's report provided an update on progress with implementing the nine recommendations from the 2018-19 Annual Report 'Bridging the Gap: Tackling Health Inequalities in Coventry, a Marmot City'. This report had focused on health inequalities in Coventry; the determinants that contributed to these inequalities and the work being carried out to address them. There was an acknowledgement that responding to covid-19 had created a shift in priorities across the resources and capacity of the Council and their partners.

For the 2019-20 report, individuals were recommended to improve their wellbeing and build their resilience by: having vaccinations; having the flu vaccination; eating healthily; travelling by walking or cycling; doing physical activities; and practising the five ways to wellbeing. These recommendations tied in with the Coventry Health Challenge and the Government's Better Health campaign. Together, they encouraged Coventry's residents to take action for their wellbeing, which would help to reduce the harm of Covid-19.

The following recommendations for organisations and the city's health and wellbeing system fell under the four quadrants of Coventry's population health framework and were in line with the Council's reset and recovery exercise:

Recommendation 1 – Wider determinants of health

Covid-19 had shone a light on inequalities within our communities. Coventry City Council and partners should continue to build on this increased awareness, and consider the findings from Covid-19-related research and surveys, to mitigate the health and wellbeing impact of inequalities in Coventry.

Recommendation 2 – Our health, behaviours, and lifestyles

Coventry City Council's approach to public health communications and engagement should be guided by lessons learnt and new relationships formed, especially as we continue to live with, and through, covid-19.

Recommendation 3 – Our health, behaviours, and lifestyles

Coventry City Council and partners should continue to encourage local employers, and lifestyle and wellbeing services, to commit to improving workplace wellbeing.

Recommendation 4 – Integration of actions from the community, public sector, and voluntary sector

Building on existing health and wellbeing infrastructure, a collaborative partnership approach, which brings together residents' experience and partners' skills and assets, should be taken to strengthen health and wellbeing in communities.

Recommendation 5 – The places and communities we live in and with

Coventry City Council and partners should set up spaces and channels to meet with residents, with the aim of inspiring them to imagine the change they wish to see in their communities, and enabling residents to lead the change.

The Board were informed that work was currently underway to support the achievement of the five recommendations with reference being made to the ongoing Coventry Health Challenge, the local campaign to tackle obesity. Following last year's Year of Wellbeing campaign, there was still momentum for promoting workplace wellbeing. During the current pandemic, existing and new partnerships had established closer communications, more effective resource sharing and better alignment of work. The partnerships continued to progress.

Members questioned the officers on a number of issues and responses were provided, matters raised included:

- Clarification about the difference in life expectancy for males and females
- The reaction to date to the physical activity communications being sent out to residents
- A request for key performance indicator data for Public Health
- What framework/ system was being provided for employers to encourage them to promote a healthy workplace environment looking after the physical and mental health of their employees
- In light of the Covid-19 pandemic, what measures were being put in place to address inequalities, particularly in the BAME communities.

RESOLVED that:

(1) The progress on recommendations from the 2018-2019 Director of Public Health's Annual Report be noted.

(2) The findings from the 2019-2020 Director of Public Health's Annual Report be noted.

(3) The recommendations from the 2019-2020 Director of Public Health's Annual Report be endorsed.

(4) A summary of the Council's key performance indicator data for Public Health be circulated to the Board.

(5) The report 'Health Inequalities' considered by Scrutiny Co-ordination Committee at their meeting on 7th October, 2020 be circulated to the Board.

16. Coventry's Response to Obesity in Light of National Concerns Around Covid-19

The Board considered a briefing note of the Director of Public Health and Wellbeing which provided information on Coventry's response to obesity in light of national concerns around Covid-19. The briefing note covered why obesity was an important issue; the current local and national figures; factors affecting obesity; the national, regional and local direction; and current work to support the population of Coventry in achieving a healthy weight. The impact of Covid-19 restrictions and lockdown had the potential to increase population risk of obesity and it was now known that obesity increased the risk of adverse outcomes of Covid-19. The paper provided information on the Coventry Health Challenge, which was targeting those at highest risk of adverse outcomes from Covid-19, and described some of the work supporting healthy weight across the city with a focus on children and families.

Carmen Baskerville, John Dewsbury and Ann Marie Kennedy, South Warwickshire NHS Foundation Trust attended the meeting for the consideration of this item.

The briefing note indicated that living with obesity reduced life expectancy by an average 9 years and increased the chance of serious diseases. In relation to Covid, there was an increased risk of hospitalisation, severe symptoms and death. In Coventry, 62.9% of adults were classified as overweight or obese in 2018/19, with 38% of Year 6 pupils being overweight or obese. Factors affecting obesity included deprivation; familial; ethnic background; gender; work stress; and effects of lockdown.

The Board were informed of the Government strategy published in July 2020 'Tackling Obesity: empowering adults and children to live healthier lives'. This acknowledged what needed to be done to tackle obesity and set out a number of plans to deliver the Better Health campaign. As part of the WMCA Wellbeing Board, Coventry shared the ambition to promote healthy weight and wellbeing as the norm and make it easier for people to choose healthier diets and active lifestyles, regardless of age, gender, ethnicity, culture or socio-economic group. The board had three main outcome areas: healthy weight, physical activity, and mental health and wellbeing.

In Coventry the focus was on a system-wide effort to support the local population in achieving a healthier weight. Reference was made to The Director of Public Health's Annual Report 2017, 'Shape Up Coventry'. The Coventry Childhood Obesity Alliance was established to support the recommendations of the report. The Coventry and Warwickshire Place Forum designated 2019 as the Year of Wellbeing to significantly raise the profile of health and wellbeing opportunities for everyone in the locality.

The Coventry Health Challenge was a current community health campaign supported by the Public Health team, focussing on disseminating simple, clear, actionable health messages to key target groups: people who were overweight, over 55s, people with pre-existing health conditions, smokers and BAME groups.

The Challenge was based on the Government's Better Health campaign, the focus being diet and nutrition, physical activity, smoking cessation and immunisations. New toolkits were available each month with a different area of focus within these key themes, including links to resources to support residents in improving their health. The briefing note set out the communication channels with the toolkit being disseminated to a range of local health champions or messengers. The campaign calendar which included the monthly themes was detailed.

The briefing notes set out other actions being undertaken to respond to obesity which included promoting active travel (walking and cycling); promoting sport with over £100m being invested in new sports and leisure facilities in Coventry in 2019, including new facilities at The Alan Higgs Centre and a new waterpark and fitness destination, The Wave. Also, the launch of the Go CV scheme set up to offer discounts to local residents for the city's art and sports venues. Planning was also being used to encourage healthier lifestyle choices by limiting and applying restrictions on new hot food takeaways. The work of the school nurses who promote children's health and wellbeing was outlined. Other initiatives included the work of the Family Health and Lifestyles Service for the city.

The Board noted that Personal, Social, Health and Economic (PSHE) education had become compulsory for all schools from September 2020.

Members questioned the officers on a number of issues and responses were provided, matters raised included:

- A concern that the Council was promoting the use of vending machines selling sugary drinks and snacks in Council buildings and Leisure Centres which went against the healthy lifestyle messages
- A concern about the food and drinks industry, who profit from unhealthy behaviours, being involved with the development of national Public Health policies
- Was their less physical activity in schools these days and, if so, was this due to competing curriculum demands
- What were schools doing to communicate the messages of the dangers associated with obesity
- Further information about the Council's work with the local foodbanks to promote the benefits of healthy eating to disadvantaged families
- The importance of obesity being dealt with by national Public Health, not just being left to be dealt with at a local level
- The support being given to disabled residents to prevent obesity
- The importance of people having a decent wage to be able to make healthy food choices.

RESOLVED that:

(1) The paper's findings be noted.

(2) All Scrutiny members and Cabinet members to consider how they can identify and strengthen their portfolio contribution to reducing obesity in the city.

(3) The Coventry Health Challenge be supported and Board Members to act as Member Champions within the council and wider community.

(4) Following the concern raised about the selling of sugary drinks and snacks from vending machines in Council buildings and Leisure Centres, the Board be informed about the income received from this venture.

(5) Further consideration be given to supporting families and individuals using the city's food banks with any measures that will encourage healthy living.

(6) Support be given to any lobbying for future national Public Health initiatives to reduce obesity levels.

17. Work Programme 2020-21 and Outstanding Issues

The Board considered their work programme for the current municipal year, noting the proposal for a report on Adult Social Care performance to be submitted to their February meeting.

Requests were made for the report on Child and Adolescent Mental Health to be considered in the current year and for an update on Test and Trace to be submitted to the next meeting.

RESOLVED that:

(1) Adult Social Care Performance be included on the work programme for the meeting on 3rd February.

(2) Child and Adolescent Mental Health to be considered at a Board meeting during the current municipal year.

(3) Consideration to be given to the inclusion of an update on Test and Trace at the Board's next meeting

(4) The work programme for 2020-21 be approved

18. Any other items of Public Business - Electric Ambulance

The Chair, Councillor Clifford reported that West Midlands Ambulance Service had launched their first 100% electric ambulance, the first in the country. He hoped to see them on the roads in Coventry in the near future to help support the climate change agenda. Members expressed support for this initiative.

RESOLVED that a letter be sent to the West Midlands Ambulance Service congratulating them on their launch of the first electric ambulance.

(Meeting closed at 11.35 am)

Briefing Note – Restoration of non-COVID services in Coventry

Requested by – Coventry Health and Social Care Scrutiny Board Overview

Prepared by – NHS Coventry and Rugby Clinical Commissioning Group

Date – 7 December 2020

1. Purpose of the briefing note

- 1.1. This briefing note is to provide an overview of the monitoring, recovery and restoration plans for non-COVID services in Coventry
- 1.2. The committee are asked to note the content of the report.

2. Background

2.1. On July 31, 2020, NHS England wrote to trusts and clinical commissioning groups to indicate the start of “Phase 3” of our response to COVID and the need to restore services following the first wave of the pandemic. Within the Phase 3 letter, they outlined the following national expectations for the restoration of services within the NHS:

2.2. A - Accelerating return to “normal”:

- 2.2.1. A1 - Cancer delivery plans for Sept 2020-March 2021 to be developed aiming to fully restore cancer services including immediate management of 104+ day waits, reducing 62 day and 31 day waits.
- 2.2.2. A2 - Recover the maximum elective activity including increasing electives to at least 80% of the preceding year’s activity; and OP attendances to 100% of preceding year’s activity by Sept 2020.
- 2.2.3. A3 - Restore service delivery in primary care and community services, including backlog of childhood immunisations and cervical screening, programme of structured care home reviews, and all GP’s to offer face to face appointments as well as remote triage and video.
- 2.2.4. A4 - Expand and improve MHLN services including increasing investment in line with the Mental Health Investment Standard; allocation of funding to core Long Term Plan (LTP) priorities.

2.3. B - Preparation for winter alongside possible Covid resurgence:

- 2.3.1. B1 - Continue to follow good Covid-related practice;
- 2.3.2. B2 - Prepare for winter including utilising independent sector and Nightingale hospital capacity, expanding seasonal flu vaccination programme, expanding the 111 First offer, maximising the use of ‘Hear and Treat’ and ‘See and Treat’ pathways for 999 demands. Continuing to work collaboratively with local stakeholders including voluntary sector and local authorities.

- 2.4. **C - Reflecting on Covid lessons-learnt and embedding positive change**; continuing to support staff, and continued action on inequalities and prevention: a People Plan 20/21 has been published with some specific objectives to address inequalities.

3. Overview of restoration of services

- 3.1. As a system, we are recovering our services well and, as of week of 25th November, the majority of our services are now coming close to or even exceeding the levels from the same period last year.
- Community mental health services – a restoration plan is in place with CWPT working towards the Phase 3 letter ask.
 - Levels of diagnostic activity are back at or exceeding levels normally expected for this time of year, and referrals have returned to previous pre-COVID levels.
 - Outpatients - all services have been restarted and are open in line with the Phase 3 letter
 - Planned surgery (Elective) - all services have been restarted and are open in line with the Phase 3 letter
 - GP Services: All services are being restored in line with national guidance.
 - A&E attendances are lower than the same period last year. This is in part as a result of new local pathways including the use of NHS 111 First, Same Day Emergency Care, and Hot Clinics which direct people away from the Emergency Department. The percentage of non-elective admissions is running at about the same as it was last year, showing that the patients directed away from ED are patients who previously wouldn't have been admitted.
 - Dental services are being restored in line with national guidance.

4. Outpatient, Day-case, Electives activity

- 4.1. **Outpatient:** As a System, Coventry and Warwickshire undertook approx. 26,000 first Outpatient attendances prior to COVID. The lowest point was approximately 12,000 attendances in May 2020, which was at 40% of the same period in the preceding year.

As of November 2020 the position has improved considerably with first Outpatient appointments at around **70%** of that at the same time in 2019. This is in line with the position being reported at a regional level.

4.2. **Day-case:** Approximately 11,000 day-case procedures took place in March 2020. In the immediate aftermath of COVID this reduced with the lowest point being in June with approx. 3,800 procedures.

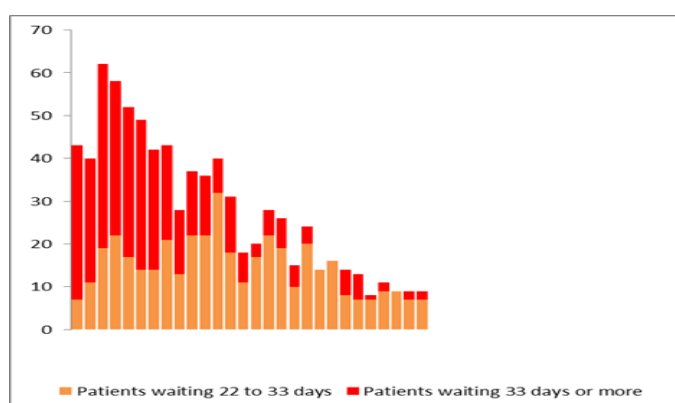
As of November 2020 the position has improved considerably with activity at **85%** of the same period in the preceding year.

4.3. **Inpatient Elective:** In March 2020, 1,400 elective procedures took place. This reduced to its lowest position in June 2020 of just under 400 operations.

As of November 2020 this has recovered to **99%** of the same period in the preceding year.

5. Coventry and Warwickshire Cancer Services Restoration

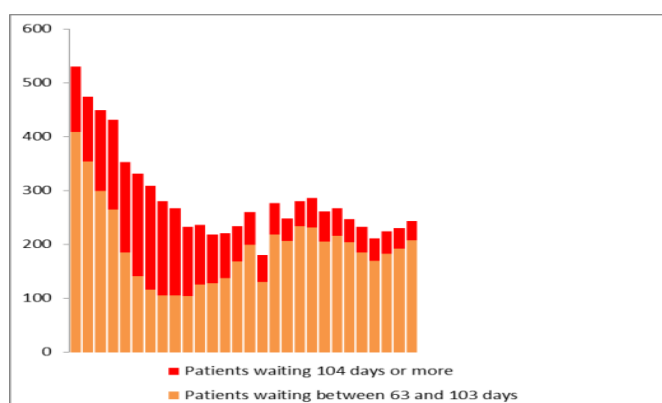
5.1. **Two Week Wait pathways** - With regards to patients on a two week wait suspected cancer pathway, we have seen the numbers being referred and waiting return to pre-COVID levels. The proportion of patients waiting over 14 days is reducing week on week, especially the number waiting over 33 days.



This graph shows the weekly percentage of patients waiting between 22 to 33 days and over 33 days, as compared to the same week last year, stretching from the week of 17 May to week of 22 November, and clearly demonstrates the recovery progress.

5.2. **Sixty-two day wait pathways** – After an initial fall when COVID-19 started, the number of patients with cancer on a 62-day pathway has increased, reflecting the increase in referrals back to normal levels.

The proportion of patients waiting more than 62 days, and especially for over 104 day for treatment has fallen considerably and continues to improve.



This graph shows the weekly percentage of patients waiting between 63 to 103 days and over 104 days, as compared to the same week last year, stretching from the week of 17 May to week of 22 November, and clearly demonstrates the recovery progress.

5.3. It is important to note that a lot of patients chose to defer treatment in the first COVID wave, thus extending the period of time before treatment. This position is also improving.

6. Restoring and supporting access to GP Services

6.1. The COVID-19 Pandemic has resulted in significant necessary changes to how Primary Care is delivered in Coventry.

6.2. As part of the NHS COVID-19 Phase 1 response, and in line with many areas across the country, a number of General Practice services were either fully or partially stopped in order to prioritise resources appropriately to respond to the national Level 4 Incident. The way in which other General Practice services were delivered needed to be radically changed in order to protect the health and wellbeing of both patients and staff.

6.3. The primary care operating model was rapidly adapted, in line with national guidance, to safely deliver primary care services to patients in Coventry and Warwickshire

6.4. All practices in Coventry and Warwickshire undertook a wholesale move to a 'total triage' model with initial telephone triage of all patient contacts. Essential services are delivered in a tiered approach with a 'digital first' approach being implemented by practices for essential 'cold' consultations, this approach includes the use of telephone, video and online consultations.

- 6.5. For those patients who need to be seen face to face and are not potential COVID-19 positive or confirmed positive, face to face appointments are available at all practices in Coventry, following the initial telephone triage.
- 6.6. The Clinical Commissioning Group has undertaken a campaign to help support the public in all demographics to understand that GP services are available to them, including media campaigns. This has included working closely with local community and voluntary sector organisations/contacts who were instrumental in keeping local faith groups, networks and forums updated about how to access GP services.
- 6.7. This information was translated into a number of different languages and shared via various communication channels, such as; social media, radio stations, flyers included in food parcels to those who were shielding, information was shared across a number of local charities and faith groups who set up WhatsApp groups at the time to keep in touch with people.
- 6.8. We are also working closely with our local practices to ensure that there is an appropriate service for potential COVID-19 positive or confirmed positive patients who require a face to face consultation following clinical triage / consultation in an appropriate, safe Primary Care setting. These are known as “Hot Hubs”
- 6.9. This ensures that they are able to seek the treatment required / referred onward if urgent treatment is required.
- 6.10. Transport for those unable to make their own way to the Hub is also in place. We have surge and escalation plans in place to ensure appropriate capacity and capability in order to respond to the current pandemic demands.

7. Dental Services

- 7.1. The responsibility for commissioning dental services lies with NHS England, who have provided the following update.
- 7.2. Most dental practices are providing face to face care and 90% can offer aerosol-generating (AGP) procedures (some treatments involving the use of powered instruments like drills or scalers) through the use of enhanced infection control measures and PPE.
- 7.3. There are also currently 93 Urgent Dental Care Centres across the Midlands providing urgent care for those patients who do not have access to a regular dentist or whose dentist is not yet offering the full range of services.
- 7.4. Due to the infection control and social distancing measures in place, necessary to ensure everyone’s safety, the capacity for dental practices to see patients is currently still very restricted. Current enhanced infection control measures include the requirement for each surgery to be left for up to

30 minutes between patients prior to deep cleaning following an AGP procedure.

7.5. For this reason, the management of urgent patients and those in vulnerable groups is still the priority for many practices, who may be prioritising the most vulnerable patients and asking that routine appointments wait.

7.6. Most dentists will require patients to be clinical assessed by phone or video consultation prior to them being seen in the dental surgery if this is needed. Dental practices can prescribe antibiotics or painkillers and this can be done by phone.

	Name	Contact Information
Report Author	Rose Uwins, Senior Communications and Engagement Manager, NHS Coventry and Rugby Clinical Commissioning Group and NHS Warwickshire North Clinical Commissioning Group	rose.uwins@coventryrugbyccg.nhs.uk
CCG Lead	Andrew Harkness, Chief Transformation Officer NHS Coventry and Rugby Clinical Commissioning Group and NHS Warwickshire North Clinical Commissioning Group	

Agenda Item 5

Health and Social Care Scrutiny Board Work Programme 2020/21 16 December 2020

Please see page 2 onwards for background to items

22nd July 2020
<ul style="list-style-type: none">- NHS Restoration- Streamlining Commissioning
23rd September 2020
<ul style="list-style-type: none">- Adult Social Care; Annual Report (Local Account) 2019/20, ADASS Peer Review, March 2020 and Improvement Plans.- COVID-19 Service Changes – Neurorehabilitation Beds at Central England Rehabilitation Unit (CERU)
11th November 2020
<ul style="list-style-type: none">- Director of Public Health and Wellbeing Annual Report- Coventry's response to obesity in light of national concerns around COVID-19
16th December 2020
<ul style="list-style-type: none">- The delivery of NHS services during the pandemic and health concerns of non-COVID patients.
3rd February 2021
<ul style="list-style-type: none">- Adult Social Care Performance
24th March 2021
-
2020/2021
<ul style="list-style-type: none">- NHS Long Term Plan- Primary Care- Health and Wellbeing Strategy Priorities- Adult Safeguarding Annual Report 2019/20- Drug and Alcohol Strategy- Social Prescribing- Coventry and Warwickshire Maternity, Children and Young People Programme (MCYP) (Joint with SB2)- Child and Adolescent Mental Health (Joint with SB2)- Mental Health Issues and their impact on the health system
2021/22
-

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
22nd July 2020	- NHS Restoration	Changes were made to NHS services to enable the management of the pandemic. This item will outline the process by which services will be restored across the sub-region.	Anna Hargrave (CCG)
	- Streamlining Commissioning	To consider developments to streamline commissioning across Coventry and Warwickshire, as the sub-region moves from three Clinical Commissioning Groups to one.	Rose Uwins (CCG)
23rd September 2020	- Adult Social Care; Annual Report (Local Account) 2019/20, ADASS Peer Review, March 2020 and Improvement Plans.	To scrutinise the Adult Social Care Local Account 2019/20. To review the outcome of the Association of Directors of Adult Social Services (ADASS) Peer Review in March 2020 and associated Improvement Plans.	Cllr M Mutton/ Pete Fahy (CCC)
	- COVID-19 Service Changes – Neurorehabilitation Beds at Central England Rehabilitation Unit (CERU)	A representative from Coventry and Rugby Clinical Commissioning Group will present on proposed changes to the Neurorehabilitation Beds at Central England Rehabilitation Unit (CERU) as part of the NHS reset and recovery work. Should the proposals progress, they Health Overview and Scrutiny Committee would be formally consulted on the changes at an appropriate point.	Anna Hargrave, Rose Uwins (CCG)
11th November 2020	- 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
	- Coventry's response to obesity in light of national concerns around COVID-19	In light of the publication of the Government Policy Paper 'Tackling obesity: empowering adults and children to live healthier lives' and the National Audit Office report into Childhood Obesity, Members have requested an item to	Liz Gaulton

Health and Social Care Scrutiny Board Work Programme 2020/21

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
		scrutinise the work being done in the city to reduce levels of obesity.	
16th December 2020	- The delivery of NHS services during the pandemic and health concerns of non-COVID patients.	An opportunity to scrutinise the provision of non-COVID health services. Representatives from the Clinical Commissioning Group, Coventry and Warwickshire Partnership Trust and the UHCW will be present.	Coventry and Rugby Clinical Commissioning Group
3rd February 2021	- Adult Social Care Performance	To include progress since the last local account	
24th March 2021	-		
2020/2021	- NHS Long Term Plan	A further report on the NHS Long Term Plan be submitted to a future meeting of the Board with particular reference to the £139m of savings already achieved including how these had been secured; the impact on current services; any services that had been discontinued; details of anything that had been outsourced and staffing levels	Sir Chris Ham
	- Primary Care	An item to look at Primary Care, including the recruitment and retention of GPs, Supporting Self Care and changes to service delivery post Covid-19.	Adrian Stokes
	- Health and Wellbeing Strategy Priorities	To look at the updated Health and Wellbeing Strategy and the actions to progress the three priorities.	Liz Gaulton
	- Adult Safeguarding Annual Report 2019/20	Annual Report received by the Board.	Rebekah Eaves
	- Drug and Alcohol Strategy	The Drug and Alcohol Strategy is due to end in 2020. Following the outcome of the CLear Assessment, the strategy will be revised and Members will feed into the revised strategy.	Sue Frossell, Karen Lees

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
		Outcome of CLear Assessment and service user feedbacks (May/ June 2020).	
	- 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
	- Coventry and Warwickshire Maternity, Children and Young People Programme (MCYP) (Joint with SB2)	Looking scrutinise plans to develop and deliver joined-up services commissioned for babies, children, young people and their families being developed as part of the Coventry and Warwickshire Health and Care Partnership work programme.	Anna Hargrave, South Warwickshire CCG
	- Child and Adolescent Mental Health (Joint with SB2)	To include referral pathways, wait times, support whilst waiting for diagnosis and the impact of diagnosis on families and educators.	Sally Giles
	- 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.	
2021/22	-		