

**Coventry City Council**  
**Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 10.00**  
**am on Wednesday, 14 July 2021**

**Note: This meeting was not held as a public meeting in accordance with the Local Government Act 1972**

Present:

Members: Councillor J Clifford (Chair)  
Councillor M Ali (substitute for Councillor T Khan)  
Councillor J Birdi  
Councillor R Lancaster  
Councillor G Lloyd  
Councillor A Lucas  
Councillor A Masih  
Councillor G Ridley (substitute for Councillor D Skinner)  
Councillor E Ruane

Co-Opted Members: David Spurgeon

Other Members: Councillors N Akhtar, Chair, Scrutiny Co-ordination Committee, K Caan and M Mutton, Cabinet Members for Public Health and Sport and Adult Services

Employees:

V Castree, Law and Governance  
L Knight, Law and Governance

Other Representatives: C Hollingworth, Coventry and Warwickshire Partnership Trust  
R Light, Coventry Healthwatch  
Dr S Raistrick, Coventry and Warwickshire CCGs  
A Stokes, Coventry and Warwickshire CCGs  
R Uwins, Coventry and Warwickshire CCGs

Apologies: Councillors G Hayre (Deputy Cabinet Member for Public Health and Sport), T Khan and D Skinner

## **Public Business**

### **7. Declarations of Interest**

There were no declarations of interest.

### **8. Minutes**

The minutes of the meeting held on 23<sup>rd</sup> June, 2021 were agreed as a true record. There were no matters arising.

### **9. Restoration of Non-Covid Services in Coventry**

The Board considered a report of Phil Johns, Coventry and Warwickshire CCGs and received a presentation from Adrian Stokes, Coventry and Warwickshire CCGs on the restoration of non-Covid services in Coventry. Dr Sarah Raistrick and Rose Uwins, Coventry and Warwickshire CCGs also attended the meeting for the consideration of this item along with Clare Hollingworth, Coventry and Warwickshire Partnership Trust.

The report indicated that in the first half of 2021 there have been two events which had had a significant impact on our restoration of services, firstly, the second wave of Covid cases over December to February, and, secondly, the increasing Covid cases in the last few weeks in June related to the Delta variant.

The system had been selected as a pilot site for NHS England's "Accelerator" programme which aimed to accelerate the restoration of elective care services. The expectation of this programme was for pilot sites to undertake additional activity and transformation of services so that by the end of July 2021, elective care activity, as measured by value, reached 120% of what it was in July 2019.

To support this pilot, the system had received £10m to support the expansion of capacity to deliver elective care. This was supported by the national Elective Care Recovery Fund (ERF) which provided additional revenue to systems who achieved delivering over 85% of activity levels seen in 2019-20. Associated with this, the system had developed expansion plans for increasing diagnostic activity through community diagnostic hubs.

The Board were informed of the key areas of activity/focus as follows:

- i) Recover the maximum elective activity including increasing electives including outpatients to at least 120% of 2019-20 levels by the end of July 2021.
- ii) Cancer delivery to restore cancer services including immediate management of 104+ day waits, reducing 62 day and 31 day waits.
- iii) Restoration of service delivery in primary care and community services, including backlog of childhood immunisations and cervical screening, programme of structured care home reviews, and all GPs to continue to offer face to face appointments as well as remote triage and video.
- iv) Expanding and improving MH/LD services including increasing investment in line with the Mental Health Investment Standard; allocation of funding to core Long Term Plan (LTP) priorities.
- v) Preparation for management of any Covid resurgence and preparedness for general increase in emergency activity. In addition, preparing for winter, with activities being detailed in the report.
- vi) Reflecting on Covid lessons-learnt and embedding positive change and continuing to support staff, and continued action on inequalities and prevention: a People Plan 2020/21 had been published with some specific objectives to address inequalities.

The report provided an overview of the restoration of services indicating that services were recovering well, and, as of week of 21st June 2021, the majority of services were at or above the levels from the same period in 2019-20, which was well above the activity seen last year during the first Covid surge. Examples highlighted included almost 1.1million Covid vaccinations being given across Coventry and Warwickshire by the end of June 2021; levels of diagnostic activity were back at or exceeding levels normally expected for this time of year, and referrals had returned to previous pre-Covid levels; all outpatients services and elective planned surgery had been restarted and were increasing in line with

provider operational plans to support the elective accelerator programme; and GP appointment levels were back at and exceeding levels seen in 2019-20.

The Board were informed that A and E attendances were lower than this time last year but there were high numbers of attendances at the main casualty sites, and there was an increase in admissions above numbers experienced pre-Covid. In relation to cancer, the 2 week wait referral was at 170% of the level reported in the same week in June 2019-20 pre-Covid and the 62 day week pathway referrals were at 100% of pre-Covid levels.

The report set out further details of outpatient, day-case and electives activity. Nationally there had been a significant increase in patients waiting for over 52 weeks for treatment. Across Coventry and Warwickshire at the end of March 2021 7,280 patients were waited over 52 weeks. This number had reduced by 30% to around 5,100 by the end of June 2021.

The report also included an update on restoring and supporting access to GP services including setting out how the primary care model was rapidly adapted, in line with national guidance, to safely deliver services to patients in Coventry and Warwickshire. Further information was provided on the current situation, Minute 10 below refers.

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

- Support for all the work undertaken by NHS staff during the most difficult period in its history
- The importance of maintaining communication with patients on waiting lists
- Further details about the People Plan, which included objectives to address inequalities
- Concerns about the wellbeing of medical staff following all the work they had been involved with during the Covid pandemic
- Support for the additional funding to enable the acceleration of the restoration of elective care services
- The options for the two local universities to be able to help address the skills gaps in the health sector
- Further information about the waiting times for cancer diagnosis and treatment and actions to reduce waiting times
- The importance of partnership work to help reduce waiting times
- The implications of delayed GP appointments.

**RESOLVED that:**

**(1) Contents of the report and presentation noted.**

**(2) The issue of the skills gap within the health sector and how this can be addressed to be discussed at a future meeting with involvement from the two universities and local colleges**

**(3) Further information on the People Plan 2020/21, which concerns addressing inequalities, to be circulated to the Board.**

## 10. **Access to GP Services**

Further to Minute 9 above, the Board received a presentation from Dr Sarah Raistrick, Coventry and Warwickshire CCGs on the restoration of GP services. Ruth Light, Coventry Healthwatch attended the meeting for the consideration of this item.

The presentation set out how general practice had responded to the Covid pandemic with a rapid implementation of new ways of working and pathways to support safe care for patients and staff. There had been a wholesale move to 'total triage' model across all practices offering patients telephone and video consultations, online consultations and face to face appointments. Practices had worked together with other practices and with other organisations e.g. local hospitals, care homes and the ambulance service and NHS111. There had been an accelerated adoption of technology and the implementation of electronic prescribing. High risk patients who needed to shield were identified and provided with home visiting and prescription deliveries. In addition, core hours were extended, for example GP practices remained open through bank holidays.

The Board were informed about the current position with all practices being open across Coventry offering face to face, telephone and digital appointments. The demand for appointments was back or exceeding pre-Covid levels. The Board noted that 63% of patients were seen on the day or the day after, with 50% of appointments being face to face.

Practices also continued to deliver the vaccination programme, with 78% of all doses being delivered by General Practice.

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

- Clarification about who was responsible for GP services
- A suggestion that there should be more opportunities to make on-line GP appointments
- Concerns about patients being directed to A and E or the walk-in centre due to the unavailability of GP appointments
- Details about the complaint's procedures at surgeries
- Concerns about what happen when a patient doesn't pick up the call for their telephone appointment
- Concerns about the availability of GP appointments and the benefits of face to face appointments to enable diagnosis
- How can Councillors/ residents direct their concerns to Healthwatch
- Concerns about limited access to patient data
- Concerns about access to GP services for patients being discharged from hospital
- What could be done about an under-performing GP practice.

**RESOLVED that:**

**(1) Content of the presentation noted**

**(2) Step down care for patients when moving from the hospital back to their home environment to be considered at a future meeting**

**(3) The report from Healthwatch Coventry on GP access to be circulated to Board members when available.**

**(4) Details about how to report issues to Healthwatch to be circulated to Board members.**

**11. Work Programme 2021-22 and Outstanding Issues**

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

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

The Board were informed of the recent sad death of Edna Eaves. Edna had been an active member of the Patient Panel which was part of the Primary Care Trust. There were no other items of public business.

(Meeting closed at 11.45 am)