

Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 11.00
am on Wednesday, 28 February 2024

Present:

Members: Councillor C Miks (Chair)
Councillor S Agboola
Councillor J Gardiner
Councillor S Gray
Councillor L Harvard
Councillor A Hopkins
Councillor A Jobbar
Councillor B Mosterman

Other Members: Councillor L Bigham (Cabinet Member for Adult Services)
Councillor K Caan (Cabinet Member for Public Health, Sport
and Wellbeing)

Employees (by Directorate)

Adult Services P Fahy, A Staunton

Law and Governance G Holmes, C Taylor

Public Health A Duggal, L Makurah

Apologies: Councillor G Hayre

Public Business

35. Declarations of Interest

There were no disclosable pecuniary interests.

36. Minutes

The minutes of the meeting held on 17th January 2024 were agreed and signed as a true record.

There were no Matters Arising.

37. Measles, Mumps and Rubella (MMR) Immunisations in Coventry

The Board considered a briefing note, verbal report and presentation of the Director of Public Health which provided an update on the uptake of Measles, Mumps and Rubella (MMR) immunisation among children in Coventry and giving an overview of commissioning responsibilities and how partners were working together to build good immunisation rates and address areas of concern.

Measles was a preventable but highly contagious viral infection which, on rare occasions, could cause serious complications and could be fatal. Young babies,

the immunosuppressed and pregnant women were at higher risk of complications. The MMR vaccine was the best way of protecting individuals, preventing outbreaks and protecting the most vulnerable individuals in the community.

As part of the childhood vaccination schedule, the MMR vaccination was routinely offered twice – at 1 year of age and as a pre-school booster. Two doses of the vaccine provided the best protection.

The uptake of the MMR vaccine had declined over the years, including in Coventry and since 1st October 2023, there had been an increase in measles cases country wide.

Responsibility for immunisation was fragmented with both NHS England (NHSE) and Coventry Warwickshire Integrated Care Board (ICB) holding lead roles on NHS immunisations delivery.

The main provider of MMR immunisations in Coventry were GP practices and the School Age Immunisation Services. Uptake of the vaccine across all ages was lower in Coventry than the regional or national levels. There was greatest success at achieving one dose of MMR by the age of 5 years however, the requirement for herd immunity was measured based on achieving two doses of MMR.

Since summer 2023, an additional effort had been made to increase protection from measles and the levels of MMR vaccination. This work began before the first cases of measles were seen in Coventry. Work had been undertaken across all partners locally to ensure effective working to grow the rates of immunisation in all communities, including those less likely to routinely come forward. Some key actions included:

- Vaccinating Coventry Group – an established Coventry focused immunisation planning group whose aim was to bring all relevant parts of the system together to identify the best way of immunisations to the population of Coventry and reduce inequalities in accessibility.
- Coventry and Warwickshire Schools Immunisation Service
- Communications to increase public understanding

Councillor K Caan, Cabinet Member for Public Health and Wellbeing, congratulated the Public Health team for their report advising that the consequences of measles were very painful and the effects severe and he welcomed the work undertaken by the MMR immunisation teams across the city who were working proactively to roll out the vaccinations alongside schools. The pop-up immunisation project had been very successful especially with the travelling, moving and new to the city communities.

Members of the Scrutiny Board, having considered the content of the briefing note, verbal update and presentation, asked questions and received information from the Director of Public Health on the following matters:

- Single MMR vaccinations were not recommended. Two vaccinations provided the best coverage for measles, mumps and rubella.

- There was no proven link between the MMR vaccine and autism however, some individuals in the 18-25 year age group had not been given MMR vaccine as children.
- The vaccine offered in Coventry did not contain porcine or pork products.
- The MMR offer in schools included vaccination of teachers, parents and close siblings.
- Individuals born before 1970 would more than likely have had measles or taken part in the immunisation programme as children and therefore would not need a vaccine. People who had measles would have lifelong immunity.
- There was no evidence of whooping cough currently circulating however, there were a number of respiratory viruses circulating. Research shows immunity would wain following whooping cough vaccination.
- Babies were prioritised for the whooping cough vaccination and all pregnant women were offered it.
- Whooping cough was a notifiable disease and would be picked up by public health.
- Data captured by the NHS on MMR vaccination rates across the city could be seen by GP practice but not by ward.
- Covid and the attitude towards covid vaccinations was one of a number of reasons why the MMR vaccine rate has fallen.
- As of 1 October 2023, there were no cases of measles in the previous 12 months in the city.
- Every secondary school and 22 primary schools across the city were taking part in the MMR immunisation programme. Primary schools were being prioritised and grouped according to where the lowest MMR vaccine rates were being seen.
- University students were being encouraged to take up the MMR vaccine via the NHS app. If a low uptake was seen, the NHS may roll out pop up clinics.
- Home visits to vaccinate would be possible for children who were home educated.
- The reason the MMR vaccine was given in 2 doses was due to the fact that 1 in 10 recipients did not respond well to the first vaccination.
- Uptake of vaccinations in young babies was good however, it had been found boosters were not always given. The system for checking and to ensure vaccinations were undertaken was with GP's and health visitors.
- Vaccine take up was dependent upon a number of factors including news articles and covid.
- Most of the immunisation work was undertaken via the NHS however, the community work was carried out by Public Health and partnership working was key.
- The MMR vaccine was a live vaccine and could not be given to pregnant women or the immuno -suppressed.

The Board requested vaccination rates for other vaccines.

RESOLVED that the Health and Social Care Scrutiny Board (5):

- 1) Note that the Coventry's MMR childhood immunisation rates for 2022/23 are below the national and regional averages.**

- 2) **Note the work that partners are working together to improve MMR uptake across Coventry and increase protection from the spread of measles and other vaccine preventable diseases.**
- 3) **Agree that our ultimate goal in Coventry is to achieve high MMR immunisation uptake, building each success into the wider childhood immunisations programme to develop system resilience and outbreak prevention.**

38. **Managing Adult Social Care Referrals and Assessments**

The Board considered a briefing note and presentation of the Director of Adults and Housing, on the progress made over the last 12 months to manage increasing demand in Adult Social Care and to advise how risk was monitored across all service areas.

Managing risk within a high volume and dynamic environment was part of the daily business of Adult Social Care. Although the numbers of people waiting for an assessment across the services had reduced, additional risk management approaches were in place to support and enable people waiting for an update on their situation.

Some people waited longer than others for interventions and the average days waiting for assessment was not on target. To mitigate risk and ensure those with the greatest need had an assessment completed in a timely manner, robust risk assessments and escalations were in place and a process had recently been introduced to monitor the risk which involved proactively contacting people to update on their situation and review risks.

Over the past year, improvements had been seen in many areas and a reduction seen in those waiting for further assessment as well as an increased number of positive change in a number of key Adult Social Care Outcomes Framework (ASCOF) indicators.

Increased casework complexity impacted on capacity and throughput of cases although cases deemed lower risk would wait longer for an assessment or review.

Overall levels of risk are monitored by Heads of Service. Escalation processes were in place to monitor level of risks and response times to ensure cases were appropriately risk assessed and allocated accordingly. Managers reviewed the priority cases on the list for allocation to a worker weekly. Handover meetings were in place to support the handover between shifts for AMHP. Heads of Service would also take action to mitigate risk by moving staffing resource to meet demand and reallocation of cases.

There were approximately 3600 people in receipt of ongoing care and support in Coventry, 2700 of which were in long term support for 12 months or more. Overall referrals into intake Teams were 210 referrals per week (900 per month), 46% of which were Safeguarding referrals, significant numbers of which were resolved at source with only 40% requiring intervention from a Social Worker or Occupational Therapist.

The hospital social work team received an average of 700 referrals per month, all of which were allocated on the same day due to the timely nature of hospital discharges.

Increased demand on ASC meant waiting times are longer for some and were likely to be an issue of challenge in the forthcoming CQC Inspections. Following the introduction of 2 new staff in January 2024, a positive impact was being seen.

Members of the Scrutiny Board, having considered the content of the briefing note, verbal update and presentation, asked questions and received information from the officers on the following matters:

- Year on year increases were being seen in DoLS cases.
- Referrals to ASC was a staged process. A good proportion of patients did not go on to require an assessment however, some patients went on to long term support.
- General referrals had seen a 17% increase.
- Colleagues were responsive to training requirements however, the budget was limited. Expertise within the directorate was utilised for training purposes.
- A 24/7 emergency team to support all crisis cases and a 24 hour AMPH rota was in place.
- Tools for managing risk included a workload waiting tool which was being trialled in some areas and sometimes a video call was used however, in many cases visits were necessary due to patients mental health ability.

Members requested information on the Disabled Facilities Grant levels.

RESOLVED that the Health and Social Care Scrutiny Board (5) review the work of Adult Social Care, to understand the approaches and mechanism that are in place to manage demand on Adult Social Care.

39. **Work Programme and Outstanding Issues**

The Health and Social Care Scrutiny Board (5) noted the work programme.

RESOLVED that the Health and Social Care Scrutiny Board (5) notes the Work Programme.

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

There were no other items of public business.

(Meeting closed at 12:55pm)