



Health and Social Care Scrutiny Board (5)

Time and Date

11.00 am on Wednesday, 10th April, 2024

Place

Diamond Rooms 1 and 2 - 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 28th February 2024

(b) Matters Arising

4. Healthwatch Coventry - Update (Pages 9 - 12)

Briefing Note of the Chief Officer, Healthwatch Coventry

5. Improving Lives Programme across Health and Care (Pages 13 - 30)

Briefing Note of the Director of Adults and Housing

6. Work Programme and Outstanding Issues

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

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

Tuesday, 2 April 2024

Note: The person to contact about the agenda and documents for this meeting is Caroline Taylor, Governance Services caroline.taylor@coventry.gov.uk

Membership: Councillors S Agboola, J Gardiner, S Gray, L Harvard, A Hopkins, A Jobbar, C Miks (Chair), B Mosterman and A Tucker

By Invitation: Councillors L Bigham, K Caan, G Hayre and S Nazir

Public Access

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Caroline Taylor, Governance Services
caroline.taylor@coventry.gov.uk

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)

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Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5)

Date: 10th April 2024

Subject: HealthWatch Coventry Update

1 Purpose of the Note

- 1.1 To inform Members of Health and Social Care Scrutiny Board (5) of the item on HealthWatch Coventry Update
- 1.2 Representatives from HealthWatch Coventry will be sharing a presentation at the meeting.

2 Recommendations

- 2.1 The Health and Social Care Scrutiny Board is recommended to:
 - a) Note the update by HealthWatch Coventry at the meeting.
 - b) Identify ways in which Coventry City Council can work together with HealthWatch Coventry to improve care for Coventry residents.

3 Background and Information

- 3.1 This item provides the Board with an update on the work of HealthWatch Coventry, an independent health and social care champion.
- 3.2 The focus of the item will be:
 - The role of Healthwatch Coventry and what they do.
 - Themes and highlights from previous Care Home Enter and View project.
 - Update on hospital ward visits.
 - Cost of living impacts – to include: satisfaction of NHS services, access to GPs - cost of living impact on health services, etc.
 - Healthwatch promotional campaign - aimed at residents.
 - Healthwatch working in partnership.
 - Other work to include, an award for their work on maternity care for asylum seekers and refugees.
- 3.3 Members will have the opportunity to explore the above following a presentation at the meeting.
- 3.4 Find further information on HealthWatch Coventry in Appendix 1

Appendix 1 – Information about Healthwatch Coventry

Name of Author: Ruth Light

Job Title: Chief Officer

Organisation: HealthWatch Coventry

Contact details: r.light@vac Coventry.org.uk

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Information about Healthwatch Coventry

Healthwatch is the independent health and social care champion.

Our mission is to make sure people's experiences improve health and care; including barriers to access and health inequality.

We make sure NHS leaders and decision makers hear the experiences and voices of local people to improve delivery and to plan and commission services.

We also help individual people to find reliable and trustworthy information and advice.

Healthwatch Coventry is one of 153 local Healthwatch in England. Local Healthwatch were set up under legislation to provide the following functions:

1. Gather views and experiences of patients and the public about NHS and social care services
2. Make these views known to NHS and care leaders, Healthwatch England etc
3. Promote and support the involvement of people in commissioning of health services and how they are monitored
4. Provide information to people about access to services
5. Link people to the NHS Complaints Advocacy service
6. Make known the views and experiences of people to other local Healthwatch organisations and Healthwatch England and provide a steer to help it carry out its role as a national champion
7. Recommend investigation or special review of services via Healthwatch England or directly to the Care Quality Commission

Legislation enables Healthwatch to:

- Request and receive information from service providers and commissioners.

- Visit (enter and view) NHS and adult social care services to see how they are being delivered and talk to people using them.
- Make recommendations for improving services and get a response setting out what actions will be taken.
- Refer issues of concern to the Local Council Scrutiny Board of local councillors for further action.

We are independent of the delivery of NHS and social care services. Healthwatch decides and sets its programme of work based on information gathered from local people.

We involve local people through volunteer roles and in our Steering Group which oversees our priorities and work.

We also carry out community research, community outreach and projects to look at specific service areas for example by visiting services.

We work to influence decision makers through relationships and involvement in strategic groups within the Integrated Care System.

Core funding for local Healthwatch is national funding via local authorities that is not ring fenced. Local Healthwatch or either voluntary organisation (eg a charity) or hosted by a third sector organisation. Healthwatch Coventry is currently hosted by Voluntary Action Coventry.

Healthwatch England

Healthwatch England provides good practice support and collates findings from across the network for work to influence national policy.

For more information about the work of Healthwatch England visit www.healthwatch.co.uk

Find out more or contact Healthwatch Coventry

Healthwatch Coventry

Admin: 024 7622 0381

Public helpline: 0300 0120315

Email: info@healthwatchcoventry.co.uk

Website: www.healthwatchcoventry.co.uk

Facebook: Healthwatch Coventry

X: @HealthwatchCov

Instagram: @HealthwatchCoventry



Briefing note

To: Health and Social Care Scrutiny Board (5)

Date: 10 April 2024

Subject: Improving Lives Programme across Health and Care

1 Purpose of the Note

- 1.1 To provide members of Health and Social Care Scrutiny Board with an outline of the Improving Lives programme of work, the impacts the programme has had to date and expected to have as it becomes fully implemented over 2024.

2 Recommendations

- 2.1 The Health and Social Care Scrutiny Board is recommended to:
 - a) Consider the outline of the Improving Lives programme of work.
 - b) Provide comment on the programme as described to support effective delivery.

3 Background and Information

- 3.1 In January 2021 the local health and social care system then embarked on a significant review of hospital admission and discharge arrangements to determine how improvements could be made that support reducing admissions, length of stay and improve discharge and in doing so reduce the volume of care and support required through enabling more people to be independent.
- 3.2 To progress this work Newton Europe was appointed following a tender process as a delivery partner working across the City Council, University Hospital Coventry and Warwickshire, Coventry and Warwickshire Partnership Trust and the Integrated Care Board.
- 3.3 The programme supported by Newton has comprised a number of phases including diagnostic, design and now implementation. The diagnostic phase demonstrated the scale of the opportunity to improve and the benefits that could be realised if this opportunity was realised.
- 3.4 The attached slides (Appendix 1) summarise the benefits identified through the diagnostic work, the work done so far to implement changes and the impacts realised both to date and expected once full roll-out is achieved during 2024. Impacts are expressed across: residents, our workforce, our organisations and our resources.
- 3.5 In summary the aims of the programme are to achieve:

- An improved and more responsive coordination and delivery of health and care within an individual's own home when urgent and emergency care is required – this will help prevent people making unnecessary visits to hospitals.
 - Where ongoing support (health or care or both) is required to enable people to continue to live independently, this will be reliable, sustainable, and responsive to change as people's requirements change.
 - Where people are required to visit hospital for treatment, this will be undertaken in a patient-centred and effective manner, with the focus on returning home as soon as possible.
 - Where people have had a change in their health as a result of deterioration or a specific episode in their life, they will be supported to recover and re-able to maximise their individual outcomes.
- 3.6 To get to the current point of progress significant system wide working has been required across community and acute provision. Various trials of new models of care were established inside the hospital and in community to test new ways of working and the scope of integration. These trails have been supported by staff and managers from across the system working across boundaries to design new systems, test them out in practice and to work in a multidisciplinary team less reliant on organisational boundaries to reduce duplication and delays and enable communication and shared decision making.
- 3.7 As the programme rolls out over 2024 the service offer to patients/residents in the City will be locality based with the City divided into 3 areas. The area teams (Local Integrated Teams) will support admission avoidance and urgent care requirements alongside hospital discharge pathways.
- 3.8 The development of the Locality Teams will impact positively on the health inequalities agenda for the health and care system. Teams are being organised based on those currently accessing emergency services with the expectation that they will serve local need and that they will be staffed accordingly.

Appendix 1 – SB5 10 April 2024 – Improving Lives

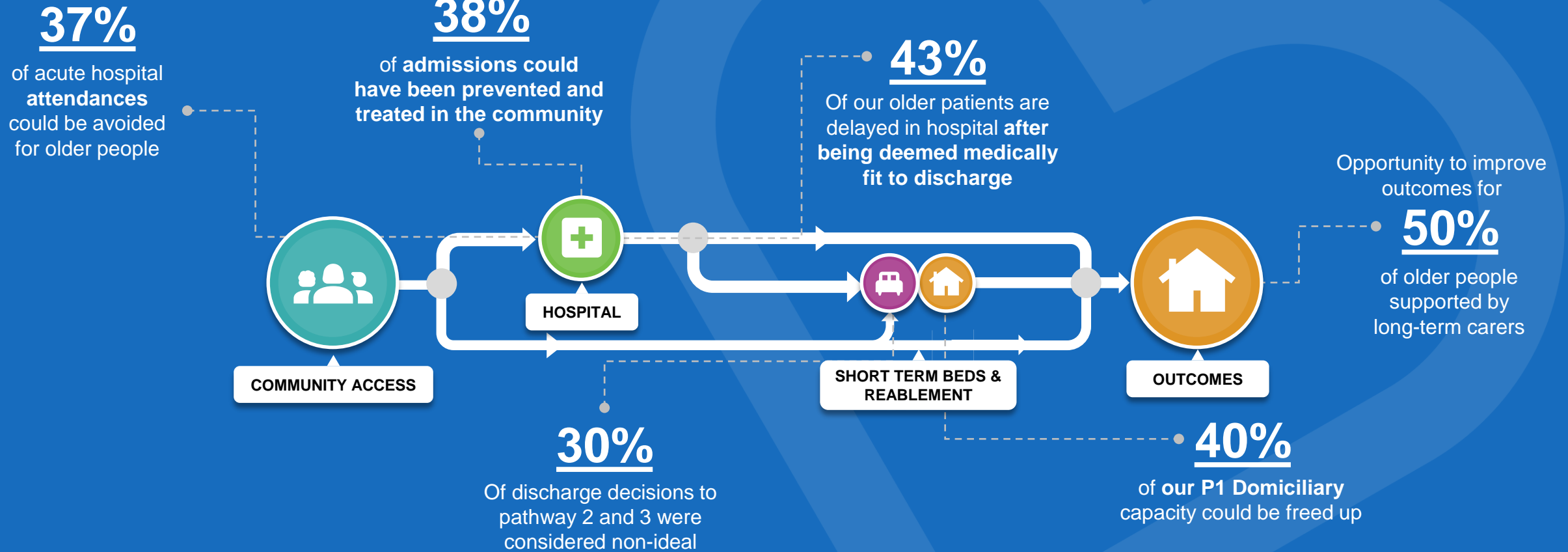
Name of Authors: Sally Caren Head of Adult Social Care and Support CCC and Lesley Terry Head of Integration Strategy UHCW

Contact details Sally.caren@coventry.gov.uk Lesley.Terry@uhcw.nhs.uk

Improving Lives Programme

Scrutiny Board 5
10 April 2024

The opportunity



A new model for the system

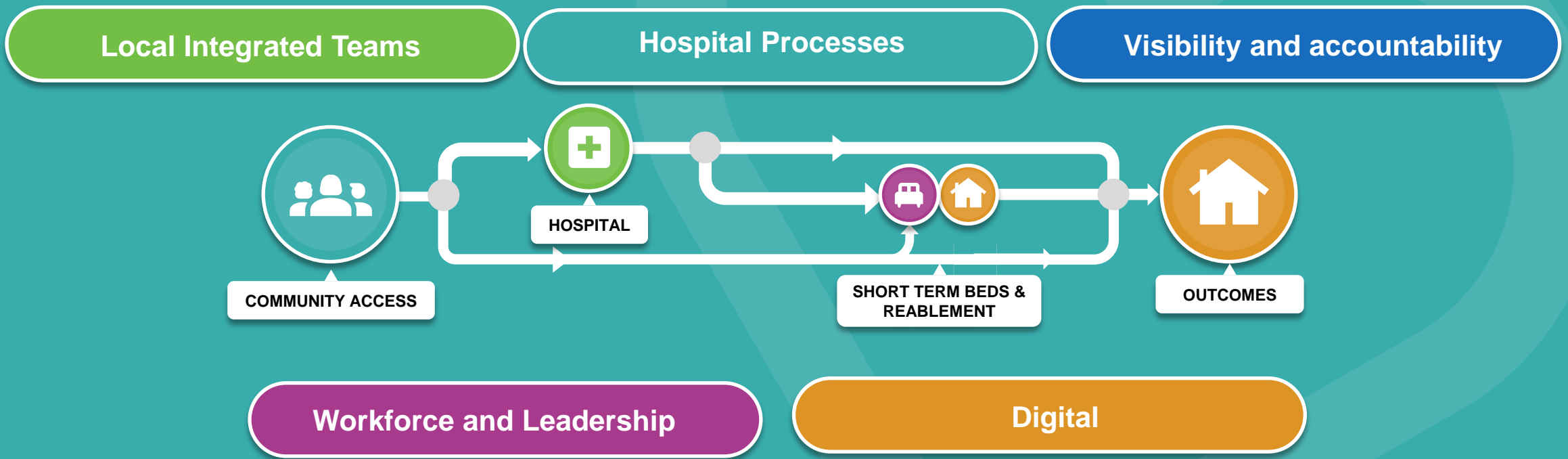
Local Integrated Teams built around localities coordinate an urgent response tailored to the needs of that patient, responding to urgent need in community and supporting discharge from hospital.

When patients attend the ED or are admitted to hospital, hospital processes support proactive discharge planning, and the Local Integrated Teams coordinate discharge/step down back into community-based services to provide ongoing support.

Personalised, goal focussed reablement to promote independent outcomes.

One Coventry Integrated Team responding in a coordinated way to urgent health and care needs

Designing the new model



Local Integrated Teams

Combines staff working from **9 existing services** across community services, adult social care and UHCW **to deliver urgent services** in locality integrated teams across Coventry Place.

Fundamental principles of **caseload visibility** and management, **responsive and coordinated care**, **reducing duplication** and meeting a **person's needs holistically**.

Using resource more effectively through better trust whilst minimising duplication and enables best use of skillsets

Pull Model

Planning discharge as soon as someone is admitted

Local Integrated Teams lead discharge, ensuring decisions are made by staff who have knowledge of community capabilities

Discharge activity moving out of the acute and shortened length of stay means we're able to move staff into the LITs

Workforce and Leadership

One trial team in place since September 2023 to achieve proof of concept.

Integrating three organisations into Local Integrated Teams for go live in **June** - significant change for 150+ staff.

Engagement with UHCW staff across the Front Door and multiple inpatient wards- embedding new processes.

Matrix leadership and governance model between UHCW, CWPT and CCC

How will we know it's working?



Coventry residents

Improved experience and outcomes

Coventry workforce

'this is the job I trained to do'



Operational Benefits

Front Door pressure
Ambulance turnaround
Acute flow
Right-sizing the emergency bed base
Adult Social Care capacity



Financial benefits

Bed day efficiencies
Adult Social Care home care and bedded spend reductions

Impacts on residents

Currently:

Over 350 residents have now been through our 'trial' model.

The majority of people are achieving more independent outcomes at the end of the trial

Feedback from residents and their families and carers is positive- people feel that services are focussed on what matters to them.

“the team were a lifeline to me- I feel like I got my family back” *Resident's daughter*

When rolled out

When adults in Coventry have an urgent health or care need they will be supported in a responsive manner by one coordinated team:

- Telling my story once / reduce the need to repeat the same information
- Getting me the help I need, when I need it
- Focussing on supporting me in the place I call home
- Supported by a team who work together around *me*
- Working with me to support my independence
- Working with me on *what matters to me*
- Working together to get me back home as quickly as possible

Resident story

Kanchan speaks on behalf of her husband about the support they received from the OCIT trial team



: <https://youtu.be/yY1orHzdPz8> (2min44sec)

Impacts on our workforce

Currently:

Social care staff, NHS community and hospital staff have been working together in a trial integrated team serving 30% of the city since March 2023.

Staff are co-located in the Opal Centre and work together around a shared caseload of patients.

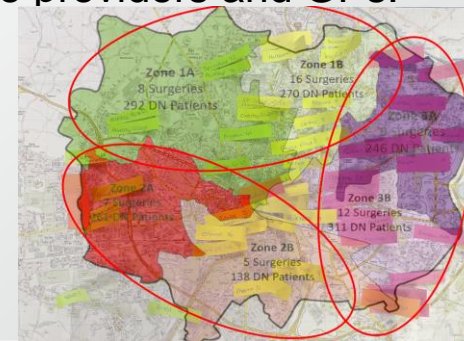
A local care provider has joined the trial team to try out a new approach that raises the profile of carers in supporting residents reach their goals.

Staff involved in the trial report the benefits of working in an integrated team- improved communication, sharing skills and knowledge, a shared approach with residents in the centre.

When rolled out

There will be three Local Integrated Teams across the city. Teams will comprise social care professionals, nurses, occupational therapists, physiotherapists and admin and support staff. This will be a change for 150+ staff and a multi agency leadership model

Teams will work together to support the residents in their locality and will have a close working relationship with local care providers and GPs.



Impacts on our operational effectiveness

Currently:

- Currently the hospital is **above baseline occupancy** and is requiring **64 escalation beds**, and is **over 99% occupancy**.
- Hospital front door trial demonstrated a 10% reduction in admission avoidances.
- The different community services mean that residents **regularly stay in hospital longer than they need** to until the right provision is sourced, **approx. 4 days**. Our trial reduced this by over 50% in the acute.
- People going through the trial team generally experience a reduced volume of ongoing care and support

When rolled out

- Through admission avoidance, and reduced length of stay, we are aiming to **reduce occupancy** by almost 90 beds, improving flow through the hospital and better patient experience.
- Our locally integrated teams will reduce the length of stay in the acute for all discharges.
- Our multidisciplinary teams will allow us to support more people at home with a wider range of needs.

Impacts on our resources/finances

Currently in the trial team

- We are currently seeing a **reduction of almost 5 Long Term Weekly hours started per week**. Over the length of the average Long-Term package **this equates to almost 400 hours Long Term hours saved per week** which is **over £415k saved per year**
- We are currently seeing a **reduction of almost 2 short term beds** in use per week – this equates to **over £70k saved per annum**
- We are currently seeing a **reduction of almost 250 long term beds per year** – this equates to **almost £200k saved per year**

When rolled out

- **Overall system benefit £13.6m** (part cashable, part non-cashable)
- **Over 2000 long term care hours** could be saved each week
- **Over 16 short term beds** could be saved each week
- **Over 51 long term beds** could be saved each week
- **Releasing 90+ beds** in hospital

Impacts on our resources/finances

Alongside potentially releasing 90+ beds in hospital, the pilots are demonstrating reductions in short term residential bed days, long-term residential bed days and long-term home support packages.

Whilst the pilots impacting beds have been of a smaller scale to that of home care (and work is being done to scale that further to improve the evidence base) if the success seen to date across the programme does scale up in line with the roll-out then the financial impacts that could be realised are shown in the table below.

Roll out 1 st July	Short Term Beds Saving £000	Long Term Beds Saving £000	Long Term Home Support Saving £000	Total In Year Saving potential £000
2024/25	444	511	1,006	1,961
2025/26	641	1,342	2,130	4,113
2026/27	641	1,724	2,423	4,788

Feedback

“With an aligned workforce and collaborative leadership, we can unblock things that have previously been unfathomable. This programme has a voice and allows us to do things that the workforce have been wanting to do for years”

- Integration lead, Coventry and Warwickshire Partnership Trust



“The benefit for me is that we’re working off one patient referral, one overall assessment and I don’t feel like I am repeating things that have been asked already”

- Physiotherapist, University Hospital Coventry and Warwickshire



"I was really impressed; I honestly had no idea how quickly everything happens. They recognised she would require a PoC upon discharge even before she was MFFD, and they got the ball rolling. Literally everything was immediately put in place, PoC and equipment, it all just happened, we weren't waiting for things, she was discharged and then it all just happened. She was impressed herself; she didn't want to be in Hospital, she wanted to be in her own home. She came out on 4 calls a day, and now is on 2, and you probably reduced her LoS by at least 7 days based on all the complexities she had"

- Daughter of patient



Programme plan to roll-out

Go live July 2024

	Feb	March	April	May	June	July	Aug	Sept
OCIT care record		Development and testing, accounts, care provider access						
OCIT workforce	Management of change, leadership structure, set up of teams, infrastructure, training							
Hospital processes	Board rounds, CLD, ESD, FD redirection				Pull model into OCIT			

Thank you and Questions

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Agenda Item 6

Health and Social Care Scrutiny Board Work Programme 2023/24

Last updated 2nd April 2024

Please see page 2 onwards for background to items

19th July 2023
- West Midlands Ambulance Service
13th September 2023
- Adult Social Care a) Annual Report 22/23 b) Performance Outturn 22/23
18th October 2023
- End of Life Strategy - Director of Public Health Annual Report
29th November 2023
- A&E Waiting Times
17th January 2024
- Changes to the POD Service - Coventry & Warwickshire Integrated Health & Care Delivery Plan - Adult Safeguarding Annual Report 2022/23
28th February 2024
- Managing ASC demand and levels of risk - Measles, Mumps and Rubella (MMR) Immunisations in Coventry
14th March – joint with Education and Children’s Services Scrutiny Board (2)
- CAMHS - Children’s Safeguarding Partnership Annual Report
10th April 2024
- Health Sector Skills Development - Improving Lives
2023/24
- Virtual Beds - Preparing for Adult Social Care CQC Assurance - Health Protection - ICB efficiency savings - Immunisations and screenings - GP/Primary Care Access - Health and Wellbeing in Schools – joint with SB2 - Access to Dentistry
2024-25
- Pharmaceutical Commissioning - Changes to the POD Service - Suicide Prevention Strategy - Digital Access to Health - All Age Autism Strategy 2021-2026 Implementation Update (June/July) - Community Mental Health Transformation (July) - A& E Waiting Times

Health and Social Care Scrutiny Board Work Programme 2023/24

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
19th July 2023	- West Midlands Ambulance Service	WMAS have been invited to the meeting to discuss performance times.	WMAS
13th September 2023	- Adult Social Care a) Annual Report 22/23 b) Performance Outturn 22/23	To consider the ASC Annual Report and performance. This item can be used to identify areas for further scrutiny at future meetings.	Cllr Bigham Pete Fahy/ Andrew Errington
18th October 2023	- End of Life Strategy	To consider the End-of-Life Strategy.	Pete Fahy Jon Reading ICB – Kate Butler
	- Director of Public Health Annual Report	For Members to consider the DPH Annual Report 2023	Allison Duggal
29th November 2023	- A&E Waiting Times	Identified at the meeting on 15.02.23 to discuss what progress has been made to reduce A&E waiting times. To include the plans for seasonal pressures as we head into the winter season.	UHCW
17th January 2024	- Changes to the POD Service	Proposals to change the POD service are open for consultation on the 31 st October	ICB - Rose Uwins Angela Brady
	- Coventry & Warwickshire Integrated Health & Care Delivery Plan	To receive an annual update on the Integrated Care Joint Forward Plan	ICB Rachael Danter
	- Adult Safeguarding Annual Report 2022/23	To receive and comment on the Adult Annual Safeguarding Board Annual Report.	Cllr Bigham / Pete Fahy/ Rebekah Eaves
28th February 2024	- Managing ASC demand and levels of risk	To scrutinise how ASC demand is managed and levels of risk are determined.	Pete Fahy/Sally Caren/Jon Reading Cllr Bigham

Health and Social Care Scrutiny Board Work Programme 2023/24

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	- Measles, Mumps and Rubella (MMR) Immunisations in Coventry	To look at the take up of the vaccine in Coventry and steps being taken to increase in the context of rising cases in the West Midlands	Allison Duggall Cllr Caan
14th March – joint with Education and Children’s Services Scrutiny Board (2)	- CAMHS	To include referral pathways, wait times, support whilst waiting for diagnosis and the impact of diagnosis on families and educators. To include wider children’s mental health support.	Integrated Care System – Matt Gilks Richard Limb Cllr Seaman
	- Children’s Safeguarding Partnership Annual Report		
10th April 2024	- Improving Lives	About shortening hospital stays, getting people home and stopping people going into hospital.	Cllr Bigham Pete Fahy and Sally Caren UHCW – Kuldip Manota and Justine Richards CWPT
	- HealthWatch Coventry	Update on the work of HealthWatch Coventry	Ruth Light
2023/24	- Virtual Beds	Identified at the meeting on 15.02.23 – to consider how Virtual Beds work and the technology required for them to be successful. This item could be included as part of the item on Improving Lives	UHCW CWPT ICB

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	- Preparing for Adult Social Care CQC Assurance	To scrutinise the work being done in preparation for the reintroduction of CQC inspections of Adult Social Care from April 2023.	Pete Fahy
	- Health Protection	To look at the Health Protection arrangements at Coventry City Council including lessons learnt from Covid	Cllr K Caan Allison Duggal
	- ICB efficiency savings	An item requested at the meeting on 17 th January to look in more detail at the proposed actions to make significant efficiency savings at the ICB	Rose Uwins
	- Immunisations and screenings	To understand the opportunities to improve the uptake of immunisations and screenings.	
	- GP/Primary Care Access	To cover access to GP's and other primary care, particularly in relation to reducing pressure on A&E / Include Pharmacy First	
	- Health and Wellbeing in Schools – joint with SB2	To look at what is being done to promote health and well-being in schools and universities	
	- Access to Dentistry	To consider access to dentistry services.	
2024-25	- Pharmaceutical Commissioning		LPS ICB
	- Changes to the POD Service	A progress on implementation following the item on 17 th January 2024 Clarity and patient safety issues regarding 6 monthly repeat prescriptions. Pack of Assets to be sent to be circulated (including how to use the NHS App and if ID is required to register)	ICB - Rose Uwins Angela Brady
	- Suicide Prevention Strategy	A progress on implementation	
	- Digital Access to Health		

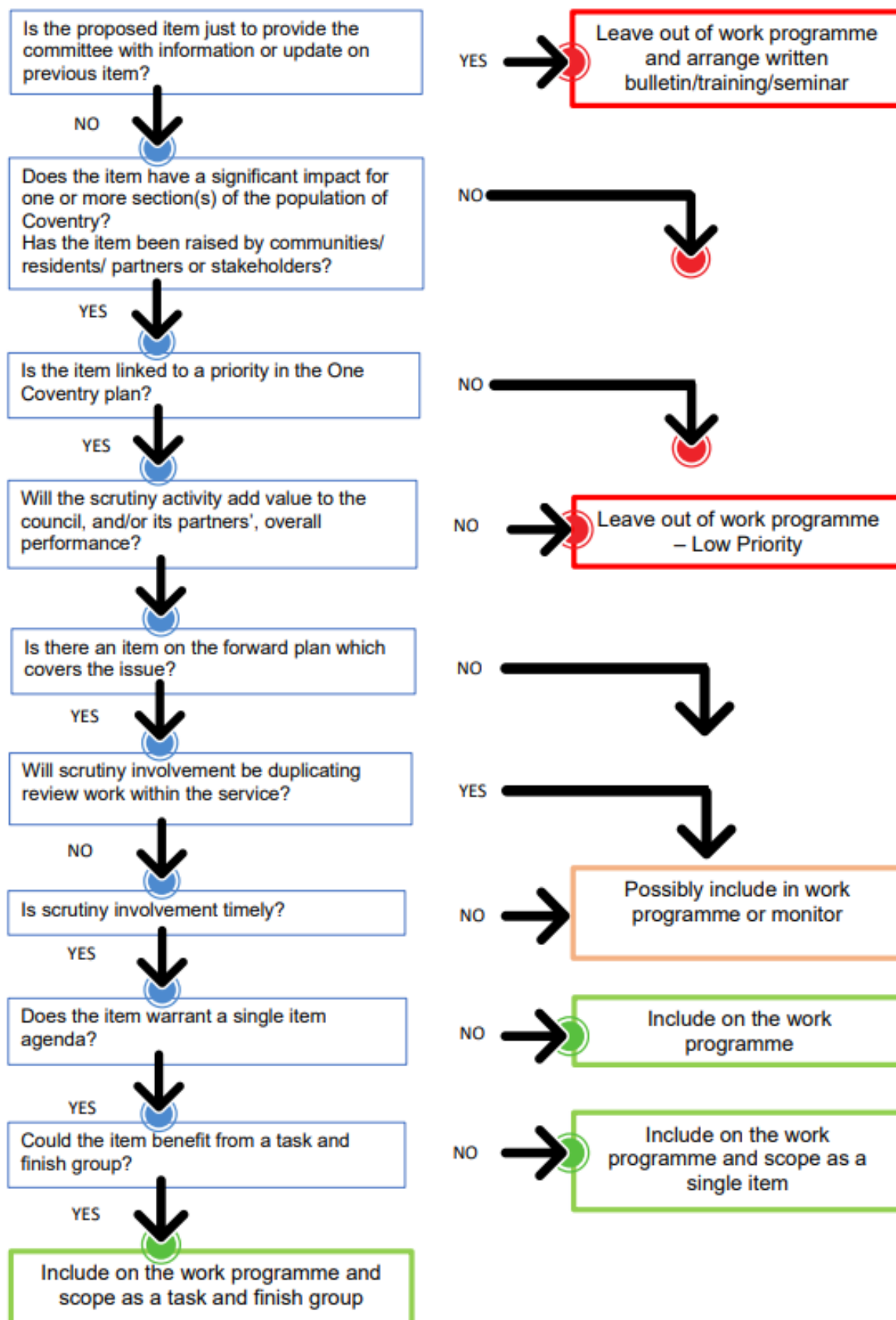
Health and Social Care Scrutiny Board Work Programme 2023/24

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	- All Age Autism Strategy 2021-2026 Implementation Update (June/July)	This report was scrutinised by the Board prior to it being approved by Cabinet in February 2022. The Board welcomed the ambitious plans and requested an update on its delivery.	Pete Fahy
	- Community Mental Health Transformation (July)	To scrutinise community based mental health and emotional well-being services for the adult population of Coventry with an emphasis on restoration and recovery from Covid-19. To bring in the summer.	Coventry and Warwickshire Partnership Trust – (Beth Osbourne), Eleanor Cappell Cllr Bigham Pete Fahy/ Sally Caren/Aideen Staunton/
	- A& E Waiting Times	discuss what progress has been made to reduce A&E waiting times. To include Clinical Assessment Units / Minor Injuries Unit	UHCW
	- ICB Efficiency Savings		ICB Rose Uwins
	- Integrated Health and Care Delivery Plan	To identify which of the 3 areas of focus the board would like to look at. Including work with newly arrived communities.	ICB Rose Uwins
	- Health Sector Skills Development	Identified by Members to scrutinise work in the City by partners, including Warwick and Coventry Universities to train and retain health professionals in Coventry. People Board.	Integrated Care System – Rose Uwins Theresa Nelson – Chief People Officer

Frequently Used Health and Social Care Acronyms

- ASC – Adult Social Care
- C&WCCG – Coventry and Warwickshire Clinical Commissioning Group
- CQC – Care Quality Commission
- CWPT – Coventry and Warwickshire Partnership Trust
- CWS – Coventry Warwickshire Solihull
- DFG – Disabled Facilities Grant
- DPH – Director of Public Health
- ENAS – Extended non-attendance at school
- EOL – End of Life
- GEH – George Elliott Hospital
- JHOSC – Joint Health Overview and Scrutiny Committee
- H&WB – Health and Wellbeing
- H&WBB – Health and Wellbeing Board
- HOSC – Health Overview and Scrutiny
- ICB – Integrated Care Board
- ICP – Integrated Care Partnership
- ICS - Integrated Care System
- LMC – Local Medical Council
- MAT – Multi Academy Trust
- MSP – Making Safeguarding Personal
- PCN – Primary Care Network
- SAB – Safeguarding Adults Board
- SAR – Safeguarding Adults Reviews
- SWFT – South Warwickshire Foundation Trust
- UHCW – University Hospitals Coventry and Warwickshire
- WMAS – West Midlands Ambulance Service

Work Programme Decision Flow Chart



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