



Health and Social Care Scrutiny Board (5)

Time and Date

11.00 am on Wednesday, 11th December, 2024

Place

Clinical Sciences Building (CSB), UHCW, Clifford Bridge Road, Binley, Coventry, CV2 2DX

Public Business**1. Apologies and Substitutions****2. Declarations of Interest****3. Minutes**

(a) To agree the minutes of the meeting held on 13th November 2024
(Pages 3 - 8)

(b) Matters Arising

4. UHCW - A&E Waiting Times (Pages 9 - 14)

Report of the Chief Executive Officer, UHCW

5. Virtual Beds (Pages 15 - 16)

Report of the Chief Executive Officer, UHCW

6. Work Programme and Outstanding Issues (Pages 17 - 26)

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, 3 December 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, S Gray, L Harvard, A Hopkins, M Lapsa, G Lewis, K Maton, C Miks (Chair) and B Mosterman

By invitation Councillors: L Bigham, K Caan, G Hayre and D Toulson

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, 13 November 2024

Present:

Members: Councillor C Miks (Chair)
Councillor S Agboola
Councillor S Gray
Councillor L Harvard
Councillor G Lewis
Councillor K Maton
Councillor B Mosterman

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

Apologies Councillors: A Hopkins, M Lapsa and D Toulson

Employees (by Directorate)

Adult Services G Borro, N Byrne, S Caren

Law and Governance E Jones, C Taylor

Others Present: F Davies, D Fullwood, Coventry and Warwickshire ICB

Public Business

19. Declarations of Interest

There were no disclosable pecuniary interests.

20. To agree the minutes of the meeting held on 9th October 2024

The minutes of the meeting held on 9th October 2024 were agreed and signed as a true record.

21. Matters Arising

Further to Minute 15 – All Age Autism Strategy 2021 – 2026 Implementation Update, the information requested by Members had been shared and raised actions noted.

Further to Minute 16 – Suicide Prevention Strategy – presentation slides had been circulated. Officers had reached out to Age UK and were awaiting a response.

22. Health Sector Skills Development

The Board considered a report and presentation of the Chief People Officer and the Head of Strategic Education and Skills at Coventry and Warwickshire ICB regarding an update on the work in progress and the work planned on the future skills in health and social care.

Since 2022, providers across Coventry & Warwickshire Integrated Care System (ICS), had collaborated to focus on adult nursing recruitment and retention through a project called Project 1000 (P1K). Through the P1K project, recruitment processes had been overhauled for newly qualified nurses to improve the recruitment experience and to remove blockers for candidates applying for roles. Flexible rostering and legacy mentors had also been introduced as part of the project to improve the experience colleagues faced.

As a result, adult nursing vacancies had been reduced from 13.7% at the end of 22/23 to 8.8% in July 2024 and nursing leavers had reduced from 9.1% in March 2023 to 8.2% in July 2024.

The Future Skills Board had been established to take a strategic approach to ensuring Coventry & Warwickshire could grow its health and care workforce of the future in sufficient numbers and with the right skills to provide services that met the needs of the population.

The recruitment and retention of health and social care support workers would link into the ICB's health and social care employability academy programme, where the vision was to create meaningful and accessible education, employment and training opportunities to ensure diversity and inclusion for care leavers, people with disabilities, people with refugee status and disadvantaged people across the Coventry & Warwickshire ICS.

A reduction in the number of applications to undergraduate programmes had been seen and the C&W ICS had partnered with Coventry University on a successful bid from Office Student Funding to support an increase in level 6 apprenticeships.

This funding would enable the creation of an infrastructure to support the expansion of apprenticeship programmes across Health and Social Care.

The Cabinet Member for Adult Services, Councillor L Bigham, commended the update, highlighting the constant changing needs in circumstances and the importance of carers not being disadvantaged.

The Cabinet Member for Public Health, Sport and Wellbeing, Councillor K Caan, recognised the importance of the work of carers who were 'everyday heroes' referring to enforcing prevention so carers could grow their skills and benefit their families whilst also looking after their own health and wellbeing.

Councillor K Caan declared an interest in this item of business as Deputy Chair of the Integrated Care Partnership (ICP).

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

- A pilot was underway with Coventry College looking at upskilling support workers so that they felt invested. The NHS supported clinical educators in social care so the ICB was piloting 3 clinical educators in order to make a positive impact.
- In order to remain competitive with other industries, the ICB focused on staff experience, how to improve culture within the organisation, health and wellbeing, upskilling the workforce in technology, with the ambition to retain those technically skilled against other competitive industries, and career pathways.
- Retention and leaving rates were average within the West Midlands.
- The Employability Academy supported diversity and inclusion across Coventry and Warwickshire in education and employment was helping to fill the gaps in the workforce. Students moved through the academy on a career pathway and into an entry level carer role. Apprenticeships were used to grow the existing workforce.
- Health and social care roles were on the skills shortage list and therefore were not impacted by visas. Health and social care were able to offer sponsorships for international recruitment.
- Barriers to recruitment eg. complex application processes; were being addressed by attendance at jobs fairs and linking with government departments to bring people back into work. Work was ongoing to make the Employability Academy sustainable. Roles were currently advertised on the 'Your Route to Nursing' website. Programmes to support disadvantaged groups into employment were running and these were looking to expand further. Funding was in place to work with the employability academy until March 2026.
- Work was ongoing with Councils and schools regarding the promotion of careers within health and social care through schools and the curriculum.
- Improved promotion required for apprenticeships which could be taken up to Masters level and open to individuals of any age.
- In Adult Social Care there was a clear pathway for progress from a role with caring responsibilities into other roles.
- Bank or agency staff did not have access to the same development opportunities as permanent members of staff. Agency spend had been driven down however, health and social care was heavily reliant on bank staff.

The Board requested:

- Officers liaise with veterans (specifically armed forces breakfast clubs) offering opportunities available within the Health Sector.

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

- 1) Note the progress and future plans.**
- 2) The Cabinet Member for Education and Skills and the Cabinet Member for Jobs, Regeneration and Climate Change consider the following feedback and consider the barriers to recruitment within the health sector and how these can be addressed in Coventry:**

- a. **Cabinet Member for Education and Skills**
 - i. **Support for ICB to visit schools/be involved in curriculum setting to influence teachers, parents and children from an early age regarding children’s future career paths within health.**
- b. **Cabinet Member for Jobs, Regeneration and Climate Change**
 - ii. **Promotion of Apprenticeships within the Health Sector and highlight and communicate that apprenticeships can be undertaken up to master’s degree level and open to all ages.**

23. Future Recommissioning of Carers Support Services and update on progress against the Carers Action Plan 2024/26

The Board considered a report and presentation of the Director of Adults and Housing regarding the Future Recommissioning of Carers Support Services and update on progress against the Carers Action Plan 2024/26.

In the 2021 Census, 27,391 people in Coventry identified themselves as having caring responsibilities. This was likely to be an underrepresentation of the caring population, as many people did not recognise caring roles. Of those 27,391, 8,391 carers reported to be providing over 50 hours of care, which indicated an intense caring role (30.6%).

Adult Social Care in conjunction with Coventry & Warwickshire ICB, commissioned a range of support services for people with caring responsibilities across the city from Carers Trust Heart of England including:

- Carers Wellbeing Services – Information & Advice, Training, Peer Support, Activities, Wellbeing support
- Carers Assessments – delegated responsibility from the council.
- Carers Regulated Support – Carers Emergency Response Service and Carers Break Scheme.
- Carers Projects – Primary Support for Carers, Employment Support, Direct Payments and Grief and Loss.

The services were arranged in a mix of grant-based arrangements and a contract, due to expire on 31 March 2025. The current annual value of commissioned support was approximately £775k which included an annual contribution of £134k from CWICB.

Additional projects costing 96k per year (included in the above costs) commenced in 2020 during the pandemic to respond to emerging needs and identified pressures for carers.

For the future recommissioning of carer services, there would be an overall reduction in budget of £41,870 per year due to the development of alternative information and advice support corporately and how future carer support would be reshaped.

The City Council and the ICB planned to recommission carer support services within Coventry based on carer feedback. The recommissioning was aligned to priorities in the Carers Action Plan 2024-26 which outlined 3 key priorities based on carers feedback as follows:

- Empower carers with flexible respite options, ensuring they can take breaks.
- Deliver the right support, at the right time, and in the right place.
- Maximise the reach of carers assessments to benefit more carers.

The aim of the Carers Action Plan was to improve the experience of carers with a focus on improving the life a carer lives alongside caring. The success of the plan would be reviewed by engaging with carers and reviewing data eg. the local authorities bi-annual survey.

The Cabinet Member for Public Health, Sport and Wellbeing, Councillor K Caan, commended the multi-dimensional approach referring to the positive impact the streams would have.

The Cabinet Member for Adult Services, Councillor L Bigham, paid tribute to all carers, advising that many were elderly and very young and that the strategy would help to make their work easier and ensure their own health and wellbeing and ambitions were catered for.

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

- The reduction in budget amounted to 7% of the councils contribution in terms of funding for carers.
- The service was not provided in-house, but by the Carers Trust in Coventry.
- The website had received an update based on carers feedback.
- The bi-annual survey of carers provided a good indication of progress and performance measures for carers including their quality of life and any concerns which were raised.
- Officers connected with carers on a regular basis. This would continue along with different ways to assess the impact of interventions and understand the impact of carers assessments.
- The tender process would be overseen by the Steering Group to ensure deadlines were met.

The Board requested:

- Carers be provided with links with Go CV and CV Life.
- Information on how the £134,000 ICB contribution was determined.
- Information to be circulated to all Members regarding available information and how to obtain it.
- That the website refresh be shared with Members.
- Information on 'A Day in the Life of' – real life examples – to be provided in future reports.

RESOLVED that the Health and Social Care Scrutiny Board (5) notes the Recommissioning of Carers Support Services and progress on the Carers Action Plan 2024-26.

24. 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 2024-2025.

25. Any other items of Public Business

The Chair, Councillor C Miks, thanked the Head of Adult Care and Support, S Caren, for her contribution to the Board over the years, it being her last meeting prior to her retirement.

(Meeting closed at 12.40 pm)



To: Health and Social Care Scrutiny Board (5)

Date: 11th December 2024

Subject: UHCW – Emergency Department waiting times

1 Purpose of the Note

- 1.1 The purpose of the note is to provide Health and Social Care Scrutiny Board (5) with an update on Emergency Department (ED) waiting times.
- 1.2 The note specifically references performance and the reasons for current waiting times, the emergency care pathways and winter preparedness.

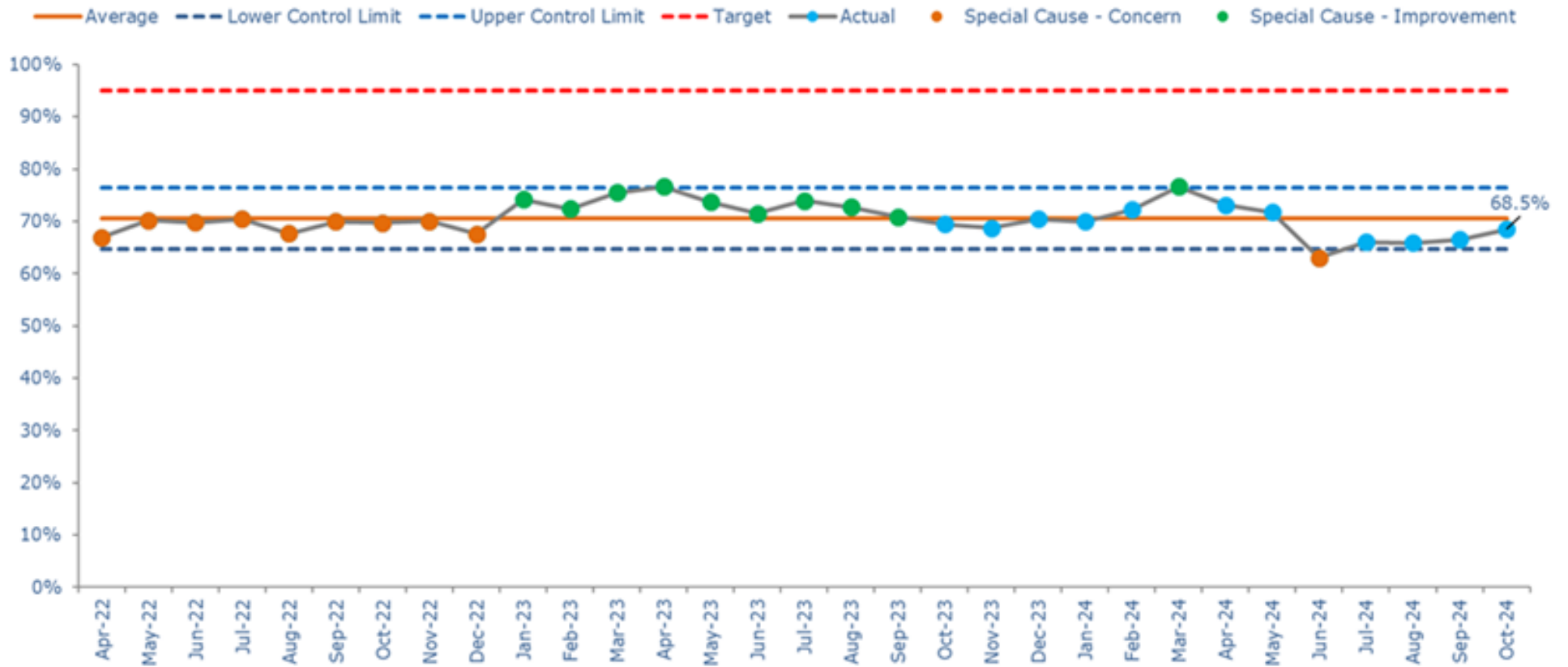
2 Recommendations

- 2.1 Health and Social Care Scrutiny Board is recommended to:
 - a) Note the contents of the briefing note and to receive assurance in the measures in place to support patients attending the Emergency Department.
 - b) Identify any additional recommendations.

3 Background and Information

- 3.1 When patients attend the Emergency Department it is expected that 95% of patient should have a decision to admit, be transferred or discharged within four hours of arrival. In December 2022 an intermediary target of 76% was introduced, with an improvement expected in 2025/25. The 2024/25 operational planning guidance sets a new objective of 78% in March 2025.
- 3.2 The table below demonstrates 4-hour performance across UHCW since April 2022

UHCW Local Health Economy 4hr Achievement



3.3 The table below details a breakdown of this performance by patient pathway during September and October 2024. Pathways detailed are:-

Adult ED – Adult Emergency Department including majors and resuscitation

CED – Childrens Emergency Department

CUTC – Coventry Urgent Treatment Centre

EGU – Emergency Gynaecology Unit

Eye Cas – Eye Casualty (Emergency Department)

Minor Injuries Unit

RUTC – Rugby Urgent Treatment Centre

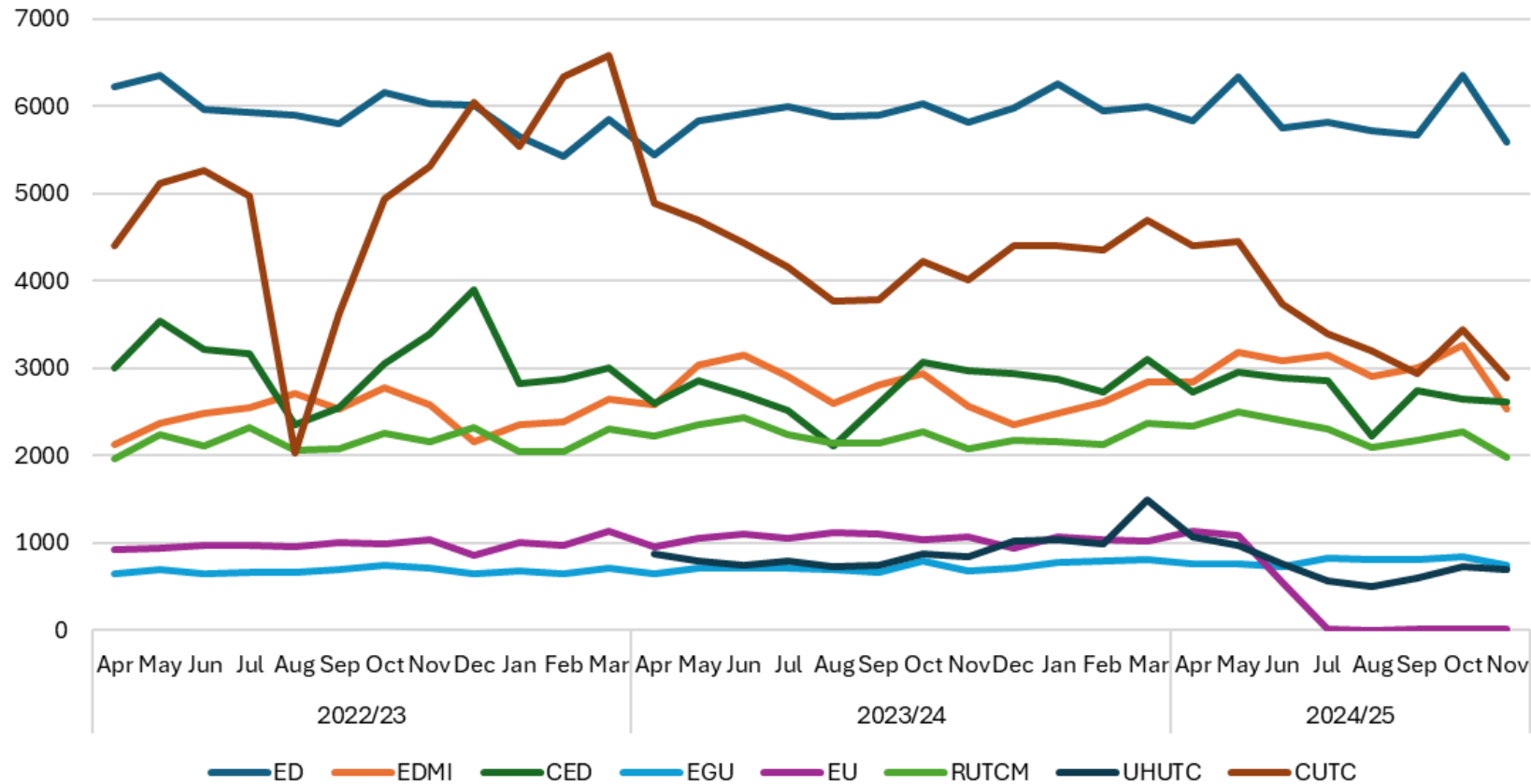
UH -UTC - University Hospital Urgent Treatment Centre

Dept	Sep-24
Adult ED	28.30%
CED	60.71%
CUTC	94.72%
EGU	85.11%
Eye Cas	50.00%
Minor Injuries Unit	82.97%
RUTC	95.83%
UH-UTC	100.00%
Local Health Economy	66.46%

Dept	Oct-24
Adult ED	32.02%
CED	62.06%
CUTC	95.35%
EGU	81.49%
Eye Cas	40.00%
Minor Injuries Unit	86.59%
RUTC	96.93%
UH-UTC	100.00%
Local Health Economy	68.50%

- 3.4 The significant reduction in June 2024 reflects 'go-live' with a new Electronic Patient Record (EPR) across the whole Trust.
- 3.5 In terms of ongoing performance, some of the reduction in 4-hour performance is related to data quality issues post EPR implementation. The Emergency Medicine team have been understanding the improvement journey of other Cerner deployments to address some of the post EPR challenges. For example, clinical workload sees clinical staff time stamping patients as discharged after they have left the department as they 'batch' discharges. The introduction of a left department time stamp will support more accurate recording of the patient journey.
- 3.6 The chart below details ED attendances by pathway.

A&E Attendances by Location



- 3.7 4-hour performance is just one part of Urgent and Emergency Care pathways. Patients are routinely moved to assessment areas outside of ED, in order to receive care and avoid hospital admission. This includes medical assessment areas where patients receive care from specialist medical or surgical teams. This is in line with national pathways.
- 3.8 The national position for emergency care remains challenged, with the coming winter months expected to place even more strain on unplanned pathways. UHCW has prepared for this in many ways including the use of: -
- 'Admission avoidance' – ensuring patients receive care in the most appropriate setting, avoiding hospital wherever possible.
 - 'Streaming' of patients to Same Day Emergency Care Units (SDECs) – ensuring patients receive hospital care in a timely manner but avoiding admission to a hospital bed.
- 3.9 It is recognised that for some patients waiting times in ED are significant and not the experience that we would hope to offer. A process of triage is in place which ensures that the sickest of patients are prioritised. Unfortunately, those waiting longest are often those with low acuity presentations. Wherever possible there is a process of redirection in place for these patients so that they can be seen in ED minors, or urgent treatment centre. Our waiting room is closely supervised by nursing staff to ensure that any deterioration in patient condition is noted and that patients are updated on waiting times. Waiting times given are as accurate as possible but may change depending on changing priorities / emergencies.
- 3.10 UHCW has a Winter Plan in place which has been approved by Trust Board. Winter funding has been allocated and has been utilised to focus on delivering key priorities and ensuring that patient safety and experience remain a priority. Examples of schemes are: - funding of urgent treatment centre at University Hospital site, additional Childrens ED Consultant and weekend Same Day Emergency Care (SDEC).
- 3.11 Our patient pathways are always under review to ensure they are as efficient as possible. Using UHCWi methodologies the team are continuing to work on various improvement strategies. In particular a RPIW looking at ED majors to improve adult Type 1 performance, involving pathology and other specialities. In addition, there is a focused piece of work by the Paediatric Emergency team to understand the areas of poor performance and work to identify improvement opportunities.

4 Health Inequalities Impact

- 4.1 Individuals facing socioeconomic deprivation often rely on EDs for primary care due to limited access to GP services or other community healthcare resources.
- 4.2 Patients from deprived backgrounds often present with more advanced illness or multiple comorbidities due to delayed healthcare access.
- 4.3 Vulnerable populations often experience higher rates of ED visits

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Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5)

Date: 11th December 2024

Subject: Virtual Ward

1 Purpose of the Note

- 1.1 The purpose of this note is to detail the virtual ward delivery model, outlining the evolution of virtual wards at UHCW, the future plan and how they continue to integrate with community services, Adult Social Care and other system partners.

2 Recommendations

- 2.1 Health and Social Care Scrutiny Board is recommended to:
 - a) Note the contents of the briefing note and provide continued support for virtual ward expansion as part of the One Coventry Integrated Team.
 - b) Identify any additional recommendations.

3 Background and Information

- 3.1 In 2022 the trust were required to deliver a virtual ward model in line with annual planning guidance and the NHSE virtual ward programme. The Coventry and Warwickshire Integrated Care System (ICS) was expected to deliver a virtual ward model, provided by the three acute providers. The UHCW model serves the populations of Coventry and Rugby.
- 3.2 As a reminder of the national context, UHCW were asked by NHS England to extend or introduce virtual ward capacity with an ambition of 40-50 virtual ward 'beds' per 100,000 population by December 2023. Local analysis, modelling and clinical intelligence supported the development of a 155-bed model for UHCW, with a blend of virtual ward and hospital at home care. This model folded in the existing UHCW@Home antibiotic service and created additional bed capacity through the efficient and productive use of resource, and through the use of enabling technologies that help people to stay at home and live more independently.
- 3.3 Due to a significant funding cut in 2022/23 of 40% of the initial funding by NHSE to pump prime the virtual ward initiative the UHCW model was remodelled to support the delivery of a 90-bed model.
- 3.4 In 2023-2024 Virtual wards in Coventry and Rugby continued to deliver a bed base of 40, consisting of but not exclusive to frailty, Acute Respiratory Infection, Heart Failure and General medicine pathways.

- 3.5 In 2024 as part of the Improving Lives programme of work, specifically the design and development of One Coventry Integrated Team (OCIT) UHCW Virtual ward model was decoupled from its existing UHCW@Home model and integrated into the OCIT model.
- 3.6 OCIT as part of the improving lives programme delivers integrated care that supports people in Coventry with urgent need by providing a service based on what they need rather than by the existing services we had. Furthermore, ensuring that the people in Coventry receive care in the community for as long as possible and only access care when necessary.
- 3.7 Following the successful transformation of Virtual wards into OCIT a bed base of 50 with a consistent occupancy rate above 80% has been achieved within the consultant led pathways within OCIT.
- 3.8 Consultant led pathways within OCIT currently consist of Frailty, Heart Failure, General Medicine, Short Term antibiotic therapy, Acute Respiratory Infection and acute Oxygen therapy at home with the current development of additional pathways such as Acute Urinary Retention pre-hospital and Early Supportive Discharge following bowel resection.
- 3.9 With the much-anticipated development of new consultant led pathways within OCIT the bed capacity is expected to increase to 60 by the end of the 2024/25 financial year with ambition for this to meet its original target of 90 beds within the following financial year.
- 3.10 OCIT including the consultant led pathways as listed above will continue to develop and improve, directly linking in with the community Integrator Contract and the development of Integrated Neighbourhood Teams. There is opportunity and ambition to continue with the growth of the virtual ward offer within OCIT and indeed the wider community offer.

4 Health Inequalities Impact

- 4.1 A Population Health Management approach has been taken for the community Integrator contract for which virtual wards will form part of.

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Agenda Item 6

Health and Social Care Scrutiny Board Work Programme 2024/25

Last updated 2nd December 2024

17th July 24
Community Mental Health Transformation Adult Social Care Market Position Statement Refresh
4th September 24
Adult Social Care Performance – ASC Self-Assessment Adult Social Care Performance - ASC Local Account (Cabinet)
9th October 24
All Age Autism Strategy 2021-2026 Implementation Update Suicide Prevention Strategy
13th November 24
Health Sector Skills Development Carers Support Services – Recommissioning
11th December 24 – at UHCW
UHCW – A&E waiting times Virtual Beds
22nd January 25
Changes to the POD Service
26th February 25 2nd April 25 TBC
ICB efficiency savings GP/Primary Care Access Access to Dentistry Digital Access to Health Integrated Health and Care Delivery Plan Improving Lives (July 2025) Healthwatch Annual Report Safeguarding Adults Annual Report Sport and Physical Activity Strategy Womens Health Strategy Ambulance Service / Fire Service PALS Increasing life expectancy in Coventry Rugby St Cross

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
17 th July 24	Community Mental Health Transformation	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/
	Adult Social Care Market Position Statement Refresh	Production of a Market Position Statement (MPS) for Adult Social Care is a legal requirement under the Care act (2014). The document signals to the market, the type and volume of services that the Council wishes to see in the market with associated quality standards. Secure comment from SB5 prior to going forward to Cabinet Member for approval later in July	Jon Reading Cllr Bigham
4 th September 24	Adult Social Care Performance – ASC Self-Assessment	As part of CQC Local Authority Assurance Arrangements Local Authorities are completing a ‘Self Assessment’. This is detailed report identifying how we are delivering Adult Social Care services in Coventry. Our Annual Report mirrors the content of this assessment highlighting some of the work we are doing through examples and spotlights on the support we provide.	Pete Fahy / Cllr Bigham

Health and Social Care Scrutiny Board Work Programme 2024/25

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	Adult Social Care Performance - ASC Local Account (Cabinet)	Report due with Cabinet on the 1 st October and Council on 15 th October. Every year Coventry City Council produces a report which describes what Adult Social Care service is doing to help improve the lives of vulnerable people and how well as a service it is performing along with areas where we are seeking to develop further.	Pete Fahy / Cllr Bigham
9th October 24	All Age Autism Strategy 2021-2026 Implementation Update	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. Led by the Integrated Commissioning Team	Pete Fahy Jeanette Essex Jon Reading Michelle Creswell
	Suicide Prevention Strategy	A progress on implementation	Jane Fowles Catherine Aldridge Allison Duggal
13th November 24	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. To invite members of SB2.	Integrated Care System – Rose Uwins / Felicity Davies ICB / Wiebke White
	Carers Support Services – Recommissioning	The agenda item would cover the intentions to recommission all Carers Support Services in 2025, which covers: <ul style="list-style-type: none"> • Carers Wellbeing Services • Delegated Carers Assessments 	Cllr Bigham, Pete Fahy Gabrielle Borro, Jon Reading

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
		<ul style="list-style-type: none"> • Carers Regulated Services (including Contingency planning services, short breaks and preventative support for carers) • Carers Group Based Support <p>The report would summarise Adult Social Care’s commissioning intentions for Carers Services moving forward.</p>	
11th December 24 – at UHCW	UHCW – A&E waiting times	<p>Discuss what progress has been made to reduce A&E waiting times. To include Clinical Assessment Units / Minor Injuries Unit, and data on emergency readmissions. (Before winter – statistics of what went wrong etc)</p> <p>Include report on Healthwatch ‘Visits to hospital urgent and emergency care’</p> <p>To include an update on Community recruitment.</p> <p>CQC Inspection carried out in October</p>	UHCW – Andy Hardy Allison Duggal Cllr Caan
	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.	UHCW CWPT ICB Pete Fahy
22nd January 25	Changes to the POD Service	<p>A progress on implementation following the item on 17th January 2024</p> <p>Clarity and patient safety issues regarding 6 monthly repeat prescriptions.</p> <p>Pack of Assets to be sent to be circulated (including how to use the NHS App and if ID is required to register)</p>	ICB - Rose Uwins Angela Brady
26th February 25			

Health and Social Care Scrutiny Board Work Programme 2024/25

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
2nd April 25			
TBC			
	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
	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	Rose Uwins - ICB
	Access to Dentistry	To consider access to dentistry services. (Tie in with GP/Primary care)	Rose Uwins
	Digital Access to Health	Partners supporting switch to digital	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
	Improving Lives (July 2025)	A follow up item from the meeting on 10 th April 2024, to review following 12 months of implementation of a whole city approach	Pete Fahy UHCW
	Healthwatch Annual Report	To consider the work of Healthwatch and how scrutiny can use their findings	Ruth Light
	Safeguarding Adults Annual Report	Update	R Eaves Cllr Bigham
	Sport and Physical Activity Strategy	Refreshing the Sports Strategy 2014-24 – Members participation during consultation	Catherine Aldridge / Amy Parker
	Womens Health Strategy	In development/partnership with ICB (Women Health Hubs)	Allison Duggal / ICB

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	Ambulance Service / Fire Service	Partnership working	WMAS – Vivek Khashu
	PALS		UHCW
	Increasing life expectancy in Coventry	Identified at the SCRUCO meeting on the 25 September 2024 Monitoring to be carried out on why life expectancy in males has decreased, which correlates as a national trend. Future plans to investigate how Marmot City status can improve outcomes in life expectancy in the City and explore its effectiveness to date. Already on SCRUCO WP – wider determinants of health.	Allison Duggal/ Cllr Caan
	Rugby St Cross		Justine Richards – Jamie Deas Cllr Caan

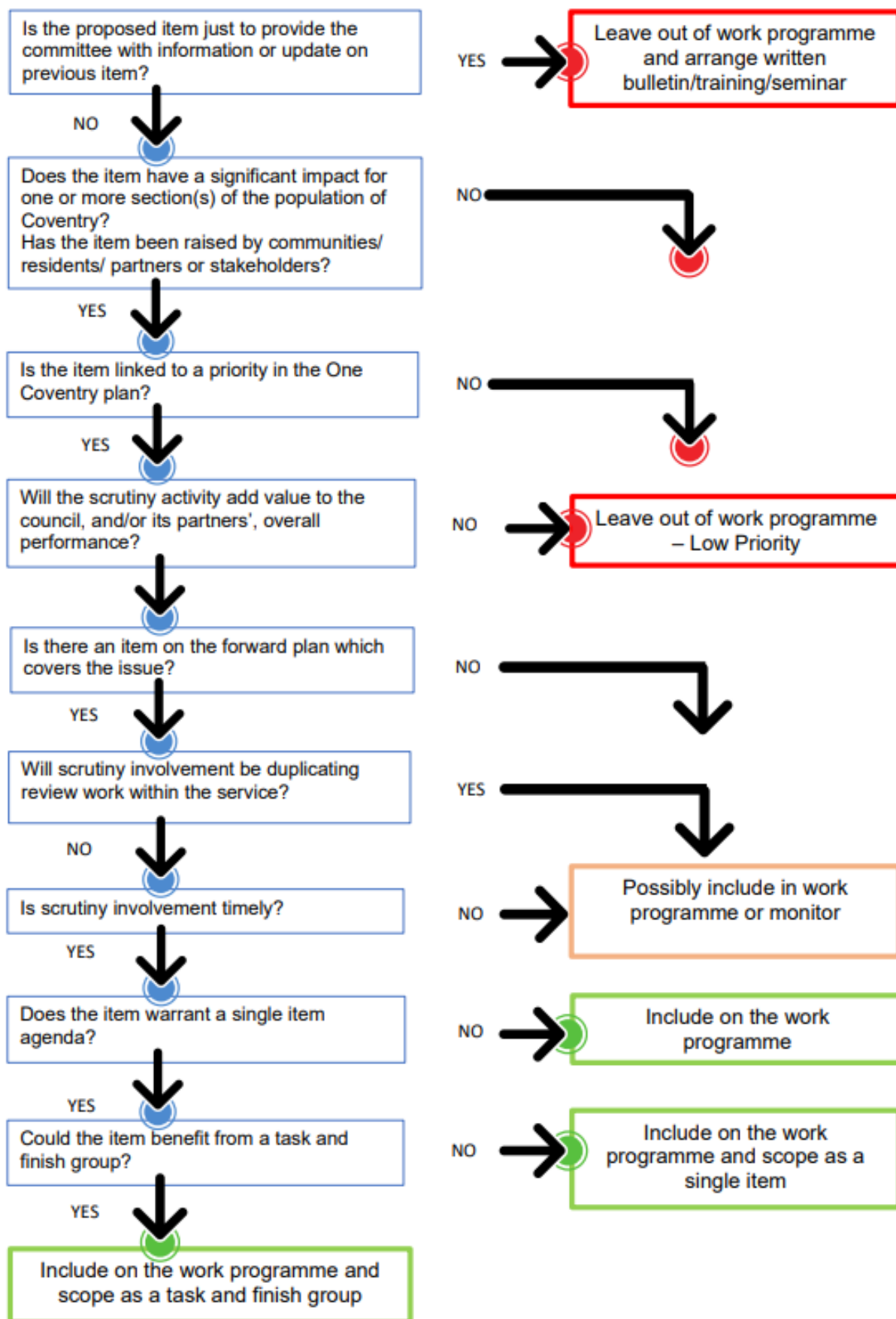
Frequently Used Health and Social Care Acronyms

- ASC – Adult Social Care
- 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

Health and Social Care Scrutiny Board Work Programme 2024/25

- 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
- WMFS – West Midlands Fire Service

Work Programme Decision Flow Chart



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