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Coventry City Council

Agenda

Health and Social Care Scrutiny Board (5)

Time and Date
11.00 am on Wednesday, 26th February, 2025

Place
Diamond Rooms 1 and 2 - Council House

Public Business

1. **Apologies and Substitutions**

2. **Declarations of Interest**

3. **Primary Care** (Pages 3 - 26)

   Briefing Note

4. **Women's Health Strategy Update** (Pages 27 - 30)

   Briefing Note

5. **Work Programme and Outstanding Issues** (Pages 31 - 40)

   Report of the Scrutiny Co-ordinator

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

   Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

Private Business

Nil

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

Tuesday, 18 February 2025

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, L Bigham (By Invitation), K Caan (By Invitation), Garrigan (Co-opted Member), S Gray, L Harvard, G Hayre (By Invitation), A Hopkins, M Lapsa, G Lewis, K Maton, C Miks (Chair), B Mosterman and D Toulson (By Invitation)

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Caroline Taylor, Governance Services
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Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5)

Date: 26th February 2025

Subject: Primary Care

1 Purpose of the Note

1.1 To provide the Health and Social Care Scrutiny Board (5) with an overview of the Primary Care Strategy, including and overview of general practice in Coventry and Warwickshire, an introduction to the Primary Care Strategy and an overview of the Primary Care Access Recovery Plan

2 Recommendations

2.1 The Health and Social Care Scrutiny Board (5) is recommended to:

1) Consider the information provided in Appendix 1
2) Identify any further recommendations to health partners and the Cabinet Member

3 Information and Background

3.1 The Board requested an item on the Primary Care Strategy including access to GP's as well as information in relation to reducing pressure on A&E

3.2 Appendix 1 provides information which covers the following:

- Local Context
- General Practice Explained
- What is a Primary Care Network?
- Primary Care Strategy
- Primary Care Access & Recovery Plan – February 2025
- Headline finding – 2024 GP Patient Survey

Appendix 1: Coventry and Warwickshire General Practice Explained

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Coventry and Warwickshire
Integrated Care System

Coventry and Warwickshire

General Practice Explained

Introduction and Purpose

The following slides provide;

- an overview of general practice in Coventry and Warwickshire;

- An introduction to the Primary Care Strategy;

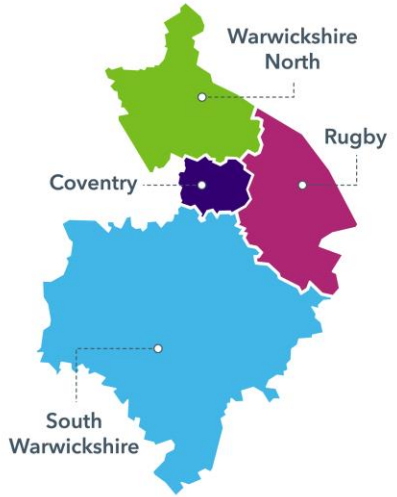
- An overview of the Primary Care Access Recovery Plan.

Local Context – Coventry and Warwickshire Primary Care Landscape

- 119 GP Contracts
- 20 Primary Care Networks

Our System in numbers

Our GP Practices by Place	
Coventry	8 PCNs 50 GP Practices
Rugby	1 PCNs 12 GP Practices
South Warwickshire	7 PCNs 32 GP Practices
Warwickshire North	4 PCNs 25 GP Practices



Coventry and Warwickshire
Integrated Care System

General Practice explained

- The way general practices are contracted and funded is complex and very different from other parts of the health and care system.

- General practices are small to medium-sized businesses whose services are contracted by NHS commissioners to provide generalist medical services in a geographical or population area.

- While some general practices are operated by an individual GP, most general practices in England are run by a GP partnership. This involves two or more GPs, sometimes with others, working together as business partners, pooling resources, such as buildings and staff, and together owning a stake in the practice business.

- GP partners are jointly responsible for meeting the requirements set out in the contract for their practice and share the income it provides.

Who commissions general practice?

- Responsibility for commissioning primary care services, including general practice, sits formally with NHS England.

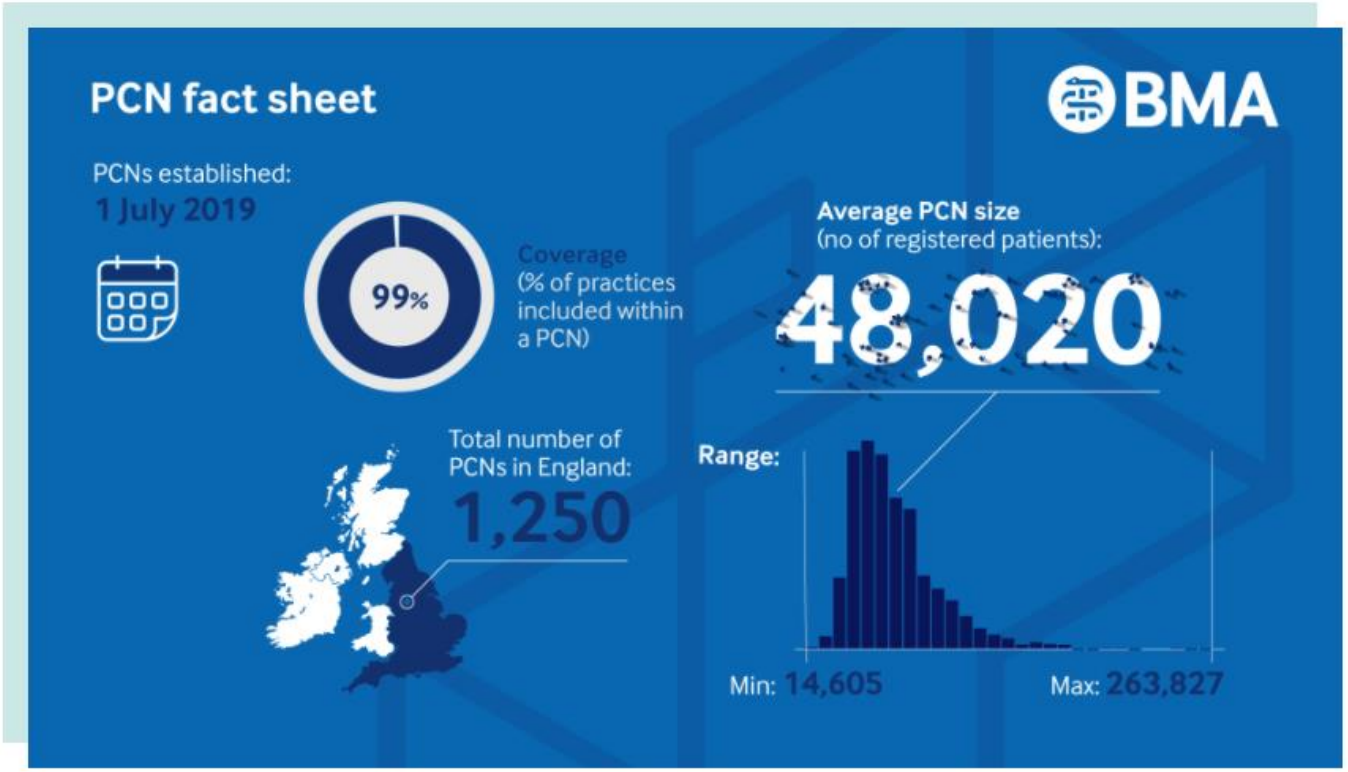
- However, Integrated Care Boards have taken on full delegation of these commissioning powers for General Practice. This now means ICBs have responsibility for commissioning general practice in their local area, while keeping to national guidelines to ensure consistency.

What's in a GP contract?

- Core general practice services are contracted through a nationally agreed contract; the ICB cannot make any changes to this contract, the contract includes the following requirements:
  - agree the geographical or population area the practice will cover
  - the practice to maintain a list of patients for the area and sets out who this list covers and under what circumstances a patient might be removed from it
  - establish the essential medical services a general practice must provide to its patients, which includes the identification and management of illnesses, providing health advice and referral to other services. GPs are required to provide their essential services during core hours, which are 8.00am–6.30pm Monday to Friday, excluding bank holidays.
  - set standards for premises and workforce and requirements for inspection and oversight
  - set out expectations for public and patient involvement
  - outline key policies including indemnity, complaints, liability, insurance, clinical governance and termination of the contract.
- Payment for this core element of the contract in based on an annual per capita payment – to provide a year of care the patient.
- In addition to these core arrangements, a general practice contract also contains a number of optional agreements for services that a practice might enter into, usually in return for additional payment, these include:
  - Directed Enhanced Services (DES) that all commissioners of general practice must offer to their practices in their contract
  - Local Enhanced Services (LES) that are commissioned by the ICB
- GP Out of Hours Services (6.30pm – 8am) is commissioned by the ICB separately and is currently provided by Practice Plus Group Ltd.

What is a Primary Care Network?

- Primary care networks (PCN) are groups of practices working together to focus local patient care.
- Since April 2019, individual GP practices can establish or join PCNs covering populations of between 30,000 to 50,000 (with some flexibility).
- There are 20 PCNs within Coventry and Warwickshire.



Coventry and Warwickshire
Integrated Care System

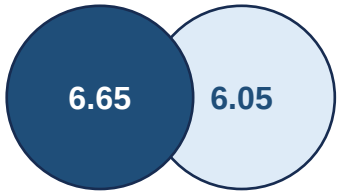
Primary Care Networks Funding

There are elements covered by the PCN contract, these include each PCN providing:

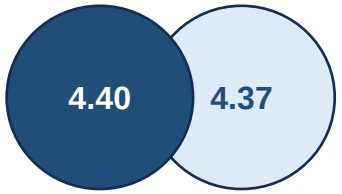
- A Clinical Director role;
- Extended hours – to provide core general practice on a PCN foot print, typically Mon-Fri 6.30pm – 8pm and Saturday, based on population requirements;
- Provision of Care Home support
- Additional Roles to work across the network including e.g. physiotherapists, paramedics, pharmacists, occupational therapists and social prescribers.
- Population Health Management
- Online consultations

Understanding General Practice

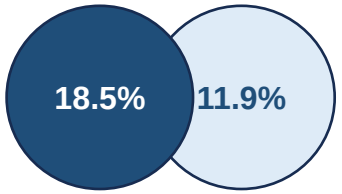
Total GPs per 10k registered population



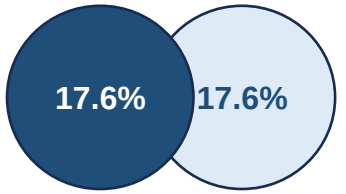
Fully-qualified GPs per 10k registered population



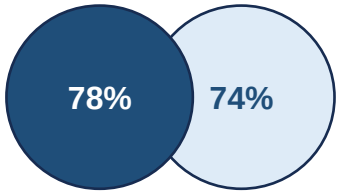
Registered population growth (Oct-24 vs Oct-14)



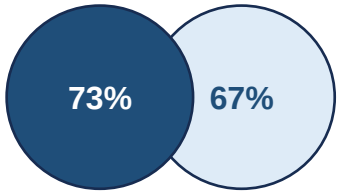
Registered population 85+ (Oct-24 vs Oct-14)



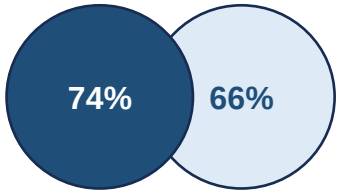
Patients who had a positive overall experience of their practice

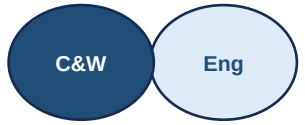


Patients who had a positive experience contacting their GP practice



Patient satisfaction with appointment waiting times





Coventry and Warwickshire
Integrated Care System

Coventry and Warwickshire
Integrated Care System

Primary Care Strategy

Primary Strategy

- Primary Care sector strategy
- Includes General Practice, Pharmacy, Optometry and Dentistry
- Large focus on general practice

1

Where are we now

The reality of primary care in Coventry and Warwickshire

2

What Primary Care has told us

Engagement and the key themes we've heard

3

What we need to do together

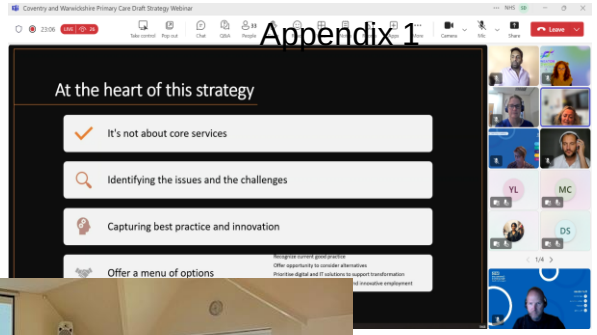
What we will need to do as a system and from general practice to deliver the change needed

4

How it will happen

The route and delivery steps we will take to transform the Primary care sector

How primary care and general practice have informed the strategy



The Primary Care Strategy Group have held multiple primary care engagement and clinical leadership events to listen to key messages and understand the key issues from over 300 primary care clinicians and staff.

- This included input from Primary Care Collaborative members, Place leads, the PCC Strategy Group, dialogue at individual practice and PCN level to ensure engagement and alignment across the sector
- The Strategy Group used a variety of routes - webinars, questionnaires, face to face meetings and individual dialogue to provide the inputs, structure and challenge, to develop a robust strategy document for transformation, this dialogue has helped clarify where our biggest focus areas should be.

Strategy group

Commissioned by PCC

Chaired by deputy chair of PCC

Place representative from each place

Primary Care team

Fortnightly face to face meetings

Questionnaire

Sent to all of General Practice

Sent out multiple times

Key themes collated

Webinars

Different times of the day including evenings

Covering key topics including governance structures for the system

Collated feedback and comments

Face to face meetings at place

Key challenges and operating models discussed

Collated feedback and key themes

Individual practitioner , PCN and Place meetings

Mainly led by place leads and supported by rest of the group

Key areas identified and collated

Regular PCC involvement

Key topics discussed

Captured views at significant action points

Coventry and Warwickshire Integrated Care System

Appendix 1

What Primary Care Sector has told us–

The key themes from the range of views we have heard

We have engaged widely across our system to capture the views of Primary Care in Coventry and Warwickshire; six key areas impacting on primary care providers have been identified:

System Integration - Primary care is committed to embracing integration at appropriate place footprints and move away from fragmented care. Primary care needs to play a significant leadership role, transformation must link with current working to ensure we achieve true system integration.

The Voice of Primary Care - Primary care has struggled to find a meaningful home within the ICS to ensure influence and impact. Primary Care needs to have parity of esteem at a system level to meaningfully contribute to system development, the sector can feel 'done to' instead of an equal partner.

Resource Allocation - Practices are experiencing significant financial challenges due to historical underfunding of core services and an inadequate uplift. Primary care is having to work harder for longer to deliver contractual targets. Funding should follow the required left shift in patient activity.

Activity and Demand – Demand on activity in primary care is rising. Despite access rates rising, practice teams are truly stretched, making future improvement and development unsustainable. We have significant health inequalities in some of our places and areas where population is ageing with increased complexity.

Workforce – Primary care faces workforce challenges across the system, we have high GP doctor numbers in training bolstering the workforce but require supervision from experienced clinicians and training space. Embedding our wider workforce creates the same space/supervision challenges. Lack of pay awards, short-term funding hinder sustainable workforce planning/employment models.

IT and digital – General Practice and Primary Care more broadly have been key to driving forward NHS's digital programme. Primary Care must continue to be at the forefront of this transformation recognising we have a more digitally capable public and utilising the opportunities for greater online access and digital consultation methods.

Operating Model Summary – Key Ambitions

Appendix 1

Urgent Non-complex Care

- Evaluate and measure daily impact on individual practices
- Population health management to baseline need and understand impact of pathway redesign
- Review and evaluate effective digital solutions – practice / PCN / place and system level
- Support review of urgent services across system including GP out-of-hours
- Support patients in choosing right access point
- Consider and create options to deliver urgent, non-complex care at practice , PCN, place and system including development of single points of access if locally agreed/desired with general practice

Urgent Complex Care

- Primary Care at the centre of the development and design of community integrator programme
- Improve integration with community services , voluntary sector etc
- Support the development of funded primary care support to urgent response teams
- Consider options for delivery of urgent care at PCN and place level
- Consider expansion of paramedic visiting service across system and delivered at place level
- Focus of the proactive management of complex patients to minimise unscheduled urgent care

Non-urgent Planned Care

- Support practices to evaluate the efficiency of how they deliver planned care
- Create library of delivery solutions
- Expand diabetes model to include other chronic conditions like COPD and heart failure
- Support primary care to deliver funded intermediate care
- Apply financial models that support the movement of resource to deliver care in practice
- This will improve efficiencies across system and decrease activity in secondary care

Non-urgent Proactive Care

- Primary Care at the centre of the development and design of community integrator programme
- Develop local relationships to empower local communities and tackle loneliness
- Use population health programmes to identify patients most likely to benefit from a proactive approach
- Use population health programmes alongside patient engagement to evaluate impact of interventions
- Support the development of Integrated Neighbourhood Teams Primary, community and secondary care, mental health, councils, voluntary sector, community groups and social prescribers
- Use technology and digital solutions to support these pathways
- Support community engagement initiatives to ensure sustainability and amplify the patient voice

Primary Care Collaborative

The Primary Care Collaborative comprises:

- 1 PCN Clinical Director per Place nominated by the CDs in each place
- 1 other general practice representative per Place as nominated by the practices within that Place (election process run by the LMC);
- 1 representative per Local Medical Committee nominated by the LMC in each place;
- 1 representative per local GP Federation/at scale general practice provider;
- 2 Primary Care ICB Partner Board Members
- 1 representative from the ICB Chief Medical Office
- The ICB Chief Integration Officer, Director and Deputy Director of Primary Care, and members of the ICB Primary Care Team.

The members of the Primary Care Collaborative (PCC) come together in a strategic role to represent the view of primary care and to provide leadership on behalf of primary care. The strategy creates the framework to support this. The leadership need to be empowered to provide the collective view of primary care when representing PCC across the system including in other collaboratives. The PCC has worked through its core values and all meetings are reviewed against these to ensure all members adhere to these.

Primacy of Place

To support the strategic leadership at a system level, whilst ensuring the **primacy of place (across our four places) for primary care** we would recommend three structures at each place level as our future state, reviewing existing place structures and building on these.

Place Clinical Leadership Groups	Provider Operational Interface Groups	Place Based Primary Care Groups/Boards
• Partnership group - Primary/Secondary care/ Mental health • Centre of pathway design • Population health led • Resource availability to ensure cost-effectiveness • Supported by operational structure to develop and progress pathways	• Partnership Group - Primary and secondary care leadership, LMC, senior management support across all organisations • Operational and low-level issues that have major impact • Ability to bring about change	• Place leadership, CDs, primary care at scale providers, LMC, ICB representative • Patient representative views fed through from practices, PCNs and place • Capture grassroot views and opinions • Empower leadership to capture place views

Impact and Outcomes

The strategy sets out bold ambitions for the Primary Care sector and the difference we can make by working together with the system – set out below is the intended impact of realising our collective ambitions for the public, our staff, NHS system partners, and the Coventry and Warwickshire System.

For the public

- Improved appropriate access to Primary Care
- Greater choice and ways to personalise care
- Improved continuity of care for those who need it most
- Care provided in the right place, by the right person, at the right time, enabled by triage
- Greater ability to take ownership of care
- Those with complex needs are better managed and monitored
- Improved quality of life by being proactively supported within the community
- Only having to tell their story once, meaning a better experience moving between delivery points of care
- Better understanding of how to access care and Increased trust in the System and our services
- Better remote monitoring support to allow people to remain as independent as possible within their own homes

For our staff

- Improved wellbeing
- Greater satisfaction and productivity through clearer career structures and progression opportunities
- Being recognised for the care we deliver and feeling valued
- Feeling supported to take on opportunities for personal development and improvement
- More fulfilling tasks at work through fewer non-value adding tasks
- A safe and healthy environment with work flexibility
- Increased parity of esteem across workforce roles
- Equipped with skills to make the best use of resources
- Supportive estates and digital technologies to enhance working practice

For our NHS system partners

- Greater potential for redistribution of funding across the System to support care closer to home
- In partnership support delivery of financial stability
- Improved working with System partners, with a greater appreciation for different roles and improved data sharing
- Care closer to communities
- Integrated care, with greater capacity to provide sustainable resilient services
- Reduced bottlenecks in the System through improved demand management with a consistent operating model
- Productive, motivated and supported workforce
- Greater access to research and innovation
- A sustainable and greener NHS

For the Coventry and Warwickshire system

- Connected approach to quality improvement and prevention
- Reduction in health inequalities for our population with a collaborative approach to addressing wider determinants of health alongside Public Health
- Reduction in unwarranted variation of care, through more standardised ways of working
- Support for closer working between Primary Care, Secondary Care and the voluntary, social and community sector
- Healthier people, healthier communities
- Engaged, upskilled and growing workforce, fit for the future
- Sustainable services designed to meet future need

Coventry and Warwickshire
Integrated Care System

Primary Care Access & Recovery Plan
February 2025

Primary Care Access Recovery Plan (PCARP)

Appendix 1

During 2023, NHS England and the Department of Health & Social Care published a two-year recovery plan for recovering access to primary care while taking pressure off General Practice. PCARP encompasses four domains:

- **Empowering Patients** so that patients can manage their own health using the NHS App, self-referral pathways and more services offered from community pharmacy.
- **Implementing Modern General Practice Access** to take the 8 am rush, provide rapid assessment and response.
- **Building Capacity** to deliver more appointments from more staff and add flexibility to the types of staff recruited and how they are deployed.
- **Cutting Bureaucracy** to reduce the workload across the interface between primary and secondary care.

Coventry and Warwickshire
Integrated Care System

Primary Care Access Recovery Plan - Progress

Key Commitment	Delivery Action
Empower Patients	Signficant expansion of pharmacy services with 100% of local pharmacies signed up: Easier access to treatment for common conditions, blood pressure checks and oral contraception medication
	59.7% of the population in Coventry & Warwickshire accessing the NHS App (compared to 53.8% in the Midlands)
	Around 130,000 repeat prescriptions are ordered through the NHS App every month in Coventry & Warwickshire.
	Coventry & Warwickshire has the second highest number of appointments managed on the NHS App per 1,000 population in the Midlands
	100% of practices have Cloud Based Telephony installed
	Expansion to Self-Referral Pathways with around 5,000 patients referred via this route per month

Primary Care Access Recovery Plan - Progress

Appendix 1

Key Commitment	Delivery Action
Implement Modern General Practice Access	78,000 more General Practice appointments per month in 2023/24 compared to 2019/20
	Monthly same day General Practice appointments increased by 24.5% in 2023/24 compared to 2019/20
	51% of practices in Coventry & Warwickshire have taken part in the General Practice Improvement Programme (GPIP) - nationally funded tailored support to transform how practices work (highest percentage in the Midlands)
	Coventry & Warwickshire has the highest number of practices submitting the Friends & Family Test within the Midlands Region.
	GP Patient Survey evidenced improvements in metrics from 2023 to 2024 - such as "Positive overall experience of their practice" and "Patient satisfaction with appointment waiting times" with C&W performing well above the national average.
Build Capacity	560 additional direct patient care roles currently compared to 2019.
Cut Bureaucracy	Primary/Secondary Care Interface Groups in place at all Trusts to ensure collaborative working and to streamline patient pathways.
	100% of practices have Online GP Registration in place

Coventry and Warwickshire
Integrated Care System

Headline findings – 2024 GP Patient Survey

73.9%

said their overall experience of their GP practice was good

Coventry & Warwickshire: 78.4%

92.3%

said they had confidence and trust in the healthcare professional at their last appointment

Coventry & Warwickshire: 93.7%

89.9%

said their needs were met at their last appointment

Coventry & Warwickshire: 91.6%

49.7%

said it was easy to contact their GP practice on the phone

Coventry & Warwickshire: 57.9%

47.9%

said it was easy to contact their GP practice using their practice website

Coventry & Warwickshire: 51.4%

44.8%

said it was easy to contact their GP practice using the NHS App

Coventry & Warwickshire: 53.2%

67.3%

said their overall experience of contacting their GP practice was good

Coventry & Warwickshire: 72.9%

12.3%

said their call was answered straight away the last time they contacted their practice

Coventry & Warwickshire: 11.8%

72.1%

said they knew the next step in dealing with their request within two days of contacting their practice

Coventry & Warwickshire: 84.9%

Coventry and Warwickshire
Integrated Care System

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Coventry City Council

Briefing note

To: Health and Adult Social Care Scrutiny Board (5)

Date: 26 February 2025

Subject: WOMEN'S HEALTH STRATEGY UPDATE

1 Purpose of the Note

1.1 To give an update on the Coventry and Warwickshire Integrated Care systems progress on the Women's Health Strategy.

2 Recommendations

2.1 The Health and Adult Social Care Scrutiny Board (5) are requested to recommend that system partners, including the Council:

1) Continue to collaborate on women and girls' health issues and ensure that all services are working together to improve the support for women and girls aligned to the women health strategy.
2) Look for opportunities to integrate services and to reduce inequalities in access for women particularly in deprived areas and women who are Black, Asian, or other ethnic groups.
3) Ensure women's voice is represented as equal partners in service development and design and raise awareness of women's health.
4) Identify any other recommendations to support the delivery of the Women's Health Strategy

3 Background

3.1 Public health concerns for Coventry residents include health inequalities faced by those in the 10% most deprived areas living in Coventry which impacts the wider determinants of health such as education, housing, and employment. Studies found that women were among those reporting loneliness and social isolation and those with a disability often face discrimination in the workplace. *Coventry Health and Wellbeing Strategy 2023 – 2026*

3.2 There are 173,300 women and girls living in Coventry, which is just over 50% of the population of (345,300 Census 2021). About 45% of the local population identify as being of an ethnic group up from 33% in 2011.

3.3 Coventry has a young population with the largest group of residents being in the 25 – 39-year age group. However, the health and wellbeing of Coventry's population is

below the national average being in the 46th most deprived borough in England (n=296).

3.4 Life expectancy in Coventry is lower than the national average for women. Women can expect to live on average for 82 years (vs men 78, Eng 82.8). However, the number of years a woman can expect to live in good health in Coventry is to age 64 years above the national and regional average (vs Eng 62.6, Regional 63.9, Warks 83.

4 Women's Health Strategy: progress to date

4.1 The National Women's Health strategy was published in 2022 to address the inequalities women face in accessing services of good quality and having a good experience of care.

4.2 The strategy aims to improve support for women and girls from age 15 years and over, this also includes people who do not identify as women but may require women's health services.

5 Women's Health Hubs

5.1 In response to the strategy ICBs were tasked with developing Women's Health Hubs by December 2024 to focus on eight key priority areas i.e. Menstrual health issues, menopause, cervical screening, prolapse, STI and HIV screening and treatment, preconception support, breast pain management.

5.2 Coventry and Warwickshire ICB have delivered a Women's Hub model that includes the joint working of multiple existing services including, but not limited to, the Primary Care Gynaecology Service, Integrated Sexual Health services, Domestic Abuse services and public health universal services.

5.3 A Women's Health Steering group was set up with key stakeholders to deliver the Hub model and foster partnership working. There is also a Health Inequality subgroup, a Women's health community forum and a preconception task and finish group with representation from Coventry public health and community representatives.

5.4 A women's health webpage is in development to improve awareness of women's health services in Coventry and Warwickshire

5.5 The Primary Care Gynaecology Service, which covers 5 of the 8 Women's Hub priority areas, delivers 6 clinics across the system, with 2 clinics in Coventry at Longford Primary Care Centre and Forrest Medical centre. The services offer both face to face and virtual support to women in Coventry.

5.6 There were over 1200 women (as of Nov 2024) seen in the Coventry clinics with Coventry GP practices referring to the Primary Care Gynae service. Overall, 80% of cases seen by the service has been resolved with no onward referral to secondary care.

5.7 The top three issues women present across all clinics is for menopause, menstrual issues and prolapse.

5.8 Secondary care gynaecology waiting times remains a challenge nationally and locally. The transformation team is working with UHCW as well as other acute trusts to improve women's access to alternative support.

5.9 A new Gynaecology clinical network was launched in Dec 2024 with representation from all sectors including all Hospital trusts and primary care to address this issue.

Infant Mortality

5.10 Infant mortality rate in Coventry is higher (5.9 per 1000 vs Warks 4.5 per 1000) than national (3.9 per 1000) and regional (5.6 per 1000) average.

5.11 For the Coventry and Warwickshire system still births were within 5% of national average and higher than 5% of the national average for neonatal deaths

5.12 As a system maternal deaths risk factors includes obesity, diabetes, and hypertension, seen predominantly in deprived areas (IMD 2-4).

Preconception

5.13 A preconception task and finish group has been set up to identify ways to support women before pregnancy to improve pregnancy and maternal outcomes across Coventry and Warwickshire.

5.14 Coventry Public Health, the Local Maternity Neonatal System (LMNS) and Warwickshire Public health have run a Preconception Workshop to identify with stakeholders the key issues around preconception health. As a result, a Preconception task and finish group has been set up with key stakeholders to support raising awareness of preconception information among other actions.

5.15 The Preconception Task and Finish group is collaborating with Tommy's the national childbirth charity on a local awareness raising campaign with targeted support for women who are Black, Asian or from other ethnic groups as well as those living in deprived areas.

Cancer

5.16 Cancer leads at the ICB are in discussions with UHCW on a proposed model for managing breast pain in the community as women suffering breast pain who are not suspected of cancer have no other option but to be placed on the cancer 2 week wait list.

5.17 Cervical screening is being delivered by primary care as well as opportunistically via the Integrated sexual health and the primary care Gynae services.

Primary care development

5.18 A Primary Care Women's Health Workforce and skills survey has been sent out to all practices in the system. Of the practices that responded 30% were from Coventry. This survey is being evaluated to determine the potential training needs of primary care clinicians on women's health issues.

6 Conclusion

6.1 As a response to the Women's Health Strategy, Coventry and Warwickshire Women's Health hub model has been delivered according to the NHS England criteria by working together with multiple services and stakeholders of the Women's Health Steering Group including community representatives.

6.2 Additional funding for the Women's Health Programme has not been identified post March 2025 and the formal women's health programme will come to an end. This poses a risk to the significant women's health work developed over the past 12 months.

6.3 To mitigate this risk, system leads have been identified to continue this work as part of Business as Usual (BAU), such as but not limited to Gynaecology Clinical network to advise on gynaecological elements of women's health strategy, Preconception, and infant mortality to be led by the LMNS and Cancer transformation team to oversee the response to breast pain.

6.4 Post March 2025 there is a need for system partners to ensure that the foundations set over the past 12 months are built on to support the needs of Women's health.

Appendix

Women's Health Strategy for England - GOV.UK

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Health and Social Care Scrutiny Board Work Programme 2024/25

Last updated 13th February 2025

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 Access to Dentistry
26th February 25
Primary Care Womens Health Strategy
2nd April 25 – CV Life Centre
The Physical Activity and Sport Strategy Healthcare for the elderly
Additional Meeting - 7th May 25
Ambulance Service / Fire Service Care of dementia patients and training of care staff
TBC
ICB efficiency savings – 25/26 Digital Access to Health Integrated Health and Care Delivery Plan Improving Lives (July 2025) Healthwatch Annual Report (April 26) Safeguarding Adults Annual Report Disabled Facilities Grant Digital Health Care PALS Increasing life expectancy in Coventry – Referred to Scruco Rugby St Cross Virtual Beds Update end of 25/26 Mental Health

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
17th 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
4th 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

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	Adult Social Care Performance - ASC Local Account (Cabinet)	Report due with Cabinet on the 1st October and Council on 15th 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: • Carers Wellbeing Services • Delegated Carers Assessments	Cllr Bigham, Pete Fahy Gabrielle Borro, Jon Reading

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
		• Carers Regulated Services (including Contingency planning services, short breaks and preventative support for carers) • Carers Group Based Support The report would summarise Adult Social Care's commissioning intentions for Carers Services moving forward.	
11th December 24 – at UHCW	UHCW – A&E waiting times	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) Include report on Healthwatch 'Visits to hospital urgent and emergency care' To include an update on Community recruitment. CQC Inspection carried out in October	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	A progress on implementation following the item on 17th 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
	Access to Dentistry	To consider access to dentistry services. (Tie in with GP/Primary care)	Rose Uwins - ICB

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
26th February 25	Primary Care	Primary Care Strategy - 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
	Womens Health Strategy	In development/partnership with ICB (Women Health Hubs)	Allison Duggal / Sharon Binyon ICB / Melanie Adekale ICB
2nd April 25 – CV Life Centre	The Physical Activity and Sport Strategy	Input from members in its development. CV Life @ health centres	Pete Fahy / Allison Duggal Catherine Aldridge - Public Health
	Healthcare for the elderly	Improve healthcare of the aged population. To include access to physical activity.	ICB / Pete Fahy - ASC
Additional Meeting - 7th May 25	Ambulance Service / Fire Service	Partnership working - Improved partnership working between the ambulance and fire services. To include WMFS to provide further information on safe and well, or strong checks that's provided within the City	Kirsty Tuffin and Vivek Khashu, Rachel Danter ICB
	Care of dementia patients and training of care staff	Sufficiency of training of care staff with dementia patients	Cllr Bigham Pete Fahy Jon Reading
TBC			

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	ICB efficiency savings – 25/26	An item requested at the meeting on 17th January to look in more detail at the proposed actions to make significant efficiency savings at the ICB	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 10th April 2024, to review following 12 months of implementation of a whole city approach To include clarification around how ASC is allocated based from need. (Referred from SCRUCO Transformation Programme Item)	Pete Fahy UHCW
	Healthwatch Annual Report (April 26)	To consider the work of Healthwatch and how scrutiny can use their findings	Ruth Light
	Safeguarding Adults Annual Report	Update	R Eaves Cllr Bigham
	Disabled Facilities Grant	Delivery and waiting times	Cllr Bigham Pete Fahy / Sally Caren / Aideen Staunton
	Digital Health Care		
	PALS		UHCW
	Increasing life expectancy in Coventry – Referred to Scruco	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	Allison Duggal/ Cllr Caan

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
		outcomes in life expectancy in the City and explore its effectiveness to date. Already on SCRUCO WP – wider determinants of health.	
	Rugby St Cross		Justine Richards – Jamie Deas Cllr Caan
	Virtual Beds Update end of 25/26	Update on the development of Virtual Wards	UHCW/Pete Fahy / Cllr Bigham
	Mental Health	Mental health services, particularly the demand and availability of local services, and the impact of long wait times. To include input from the Crisis teams.	CWPT

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
- 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