Coventry City Council

Agenda

Health and Social Care Scrutiny Board (5)

Time and Date
2.00 pm on Wednesday, 6th November, 2013

Place
Committee Rooms 2 and 3, Council House, Earl Street, Coventry

Public Business

1. **Apologies and Substitutions**

2. **Declarations of Interest**

3. **Minutes**

   (a) To agree the minutes of the meeting held on 25th September, 2013 (Pages 3 - 10)

   (b) Matters Arising

4. **A Bolder Community Services (ABCS) Interim Consultation Report** (Pages 11 - 26)

   Presentation and Briefing Note by the Executive Director, People.

2.50 p.m.

5. **Director of Public Health Annual Reports 2012 and 2013** (Pages 27 - 52)

   Report of the Director of Public Health

3.35 p.m.

6. **Consideration of Proposals by NHS Blood and Transplant to Make Changes to the Operation of Workplace Bloodmobile Sessions in the West Midlands** (Pages 53 - 56)

   Briefing note of the Scrutiny Co-ordinator

   Representatives from the NHS Blood and Transplant have been invited to the meeting for the consideration of this item

4.20 p.m.

7. **Outstanding Issues Report**

   Outstanding issues have been picked up in the Work Programme

8. **Work Programme 2013-2014** (Pages 57 - 64)

Report of the Scrutiny Co-ordinator

9. **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

10. **Meeting Evaluation**

Private Business

Nil

Chris West, Executive Director, Resources, Council House Coventry

Tuesday, 29 October 2013

Notes: 1) The person to contact about the agenda and documents for this meeting is Liz Knight, Governance Services, Council House, Coventry, telephone 7683 3073, alternatively information about this meeting can be obtained from the following web link: http://moderngov.coventry.gov.uk

2) Council Members who are not able to attend the meeting should notify Liz Knight as soon as possible and no later than 1.00 p.m. on 6th November, 2013 giving their reasons for absence and the name of the Council Member (if any) who will be attending the meeting as their substitute.

3) Scrutiny Board Members who have an interest in any report to this meeting, but who are not Members of this Scrutiny Board, have been invited to notify the Chair by 12 noon on the day before the meeting that they wish to speak on a particular item. The Member must indicate to the Chair their reason for wishing to speak and the issue(s) they wish to raise.

Membership: Councillors M Ali, K Caan (By Invitation), J Clifford, C Fletcher, A Gingell (By Invitation), P Hetherton, J Mutton, H Noonan, H S Sehmi, D Spurgeon (Co-opted Member), S Thomas (Chair) and A Williams

Please note: a hearing loop is available in the committee rooms

If you require a British Sign Language interpreter for this meeting OR it you would like this information in another format or language please contact us.

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Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 2.00 pm on Wednesday, 25 September 2013

Present:

Members:	Councillor S Thomas (Chair) Councillor J Clifford Councillor P Hetherton Councillor H Noonan Councillor H S Sehmi Councillor D Welsh (substitute for Councillor J Mutton)
Co-Opted Members:	David Spurgeon
Other Members:	Councillor A Gingell, Cabinet Member (Health and Adult Services)
Employees (by Directorate)	
	P Barnett, Chief Executive's Directorate S Brake, People Directorate E Dewar, Resources Directorate P Fahy, People Directorate S Harrison, People Directorate L Knight, Resources Directorate B Walsh, Executive Director, People
Other representatives	
	S Doheny, NHS England, Local Area Team J Gardiner, University Hospital Coventry and Warwickshire (UHCW) S Green, West Midlands Ambulance Service P Martin, UHCW P Masters, Coventry and Warwickshire Partnership Trust (CWPT) R Newson (CWPT)
Apologies:	Councillors M Ali, C Fletcher, J Mutton and A Williams

Public Business

14. **Declarations of Interest**

There were no disclosable pecuniary or other relevant interests declared.

15. **Minutes**

The minutes of the meeting held on 24th July, 2013 were signed as a true record.

In relation to Minute 9 headed 'Briefing on a Proposed Contract Merger', the Chair, Councillor Thomas informed that the petition 'Closure of GP Surgery at 2 Maidavale Crescent' had been forwarded to the Local Area Team, NHS England as agreed by Council at their meeting on 10th September, 2013. He indicated that it might be appropriate to revisit the discussion at a future Board meeting.

Further to Minute 8 headed 'Urgent and Out of Hours Care', the Executive Director, People reported that the first meeting had been arranged for 30th September, 2013 at the hospital to start to consider the options for a business case to have a team of City Council employees based at A and E.

16. **Meeting the Challenges of the Francis Report**

The Scrutiny Board considered a briefing note of the Scrutiny Co-ordinator indicating that the Board had been invited by the Health and Wellbeing Board to investigate the local response to the Report of the Francis Inquiry to satisfy itself that recommendations were being taken on board by local providers and where appropriate other agencies. Representatives from University Hospitals, Coventry and Warwickshire (UHCW), Coventry and Warwickshire Partnership Trust (CWPT) and West Midlands Ambulance Service (WMAS) attended the meeting for the consideration of this item. Responses from these provider Trusts were appended to the briefing note. The Coventry and Rugby Clinical Commissioning Group and NHS England Local Area Team had also been invited but were unable to attend and it was anticipated that they would report to a future meeting. Councillor Gingell, Cabinet Member (Health and Adult Services) also attended for the consideration of this item.

Paul Martin, Director of Governance and Jenny Gardiner, Assistant Director of Governance attended on behalf of UHCW and reported on their response to Francis and also to the reports by Cavendish, Keogh and Berwick. Each report had been subject to a gap analysis from which an integrated action plan had been developed. Actions were being incorporated into existing or planned change programmes and progress was to be reported to the Board and its Sub-Committees. Actions had been grouped into four broad themes: leadership and accountability; cultural change (values, behaviours and relationships); data, information and knowledge; and redesign of the complaints process. Concerning the duty of candour, a revised set of Trust Values and Behaviours was to be launched later in the year.

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

- Clarification about monitoring patient feedback with daily e-mails
- Incidents of whistle blowing and dealing with complaints
- Staffing levels on wards at night time and a comparison of current nursing levels with those from 7 years ago
- Public awareness of PALs
- Measures in place to assist staff suffering from stress, particularly in the light of current funding reductions
- The support provided for new staff
- The levels of awareness of all employees across the hospital of their responsibilities to the Francis report recommendations.

Rachel Newson, Chief Executive and Paul Masters, Assistant Director of Governance attended for CWPT and informed of the response from the Trust indicating that the Trust Board had developed an action plan in response. Attention was drawn to the engagement both within the Trust and with patients, service users and carers in the key learning theme of culture and values and to the events that had been arranged. The Trust was also exploring its application of the duty of candour which would be monitored through the contract monitoring meeting with the Clinical Commissioning Group.
Members of the Board questioned the representatives on a number of issues and responses were provided. Matters raised included the support provided to elderly dementia patients and their families and how to ensure the appropriate culture was being adopted in all the different locations used by the Trust.

Susan Green, Deputy Director of Nursing and Quality attended on behalf of West Midlands Ambulance Service and reported on the duty of candour. The Trust prided itself on its approach to being open when things went wrong and ensuring that that learning took place to prevent further harm. A priority within the 2012/13 Quality Account was to achieve 100% compliance with the Trust's 'Being Open Policy'. A Group met at least ten times each year to review high risk/serious incidents and emerging themes identified through incident reporting, staff and patient feedback, complaints, claims and clinical audit. This Group was responsible for ensuring learning was shared and appropriate actions taken. Further information was provided on the number of complaints received compared with the number of calls and patient transfers undertaken.

Members of the Board questioned the representatives on a number of issues and responses were provided. Matters raised included how learning was shared across the organisation; how staff were informed about the outcomes for the patients that they helped; issues with patient transport; and the problem of frequent callers to the Ambulance Service.

RESOLVED that:

(i) The progress made by the three local provider Trusts in responding to the recommendations of the Francis Report be noted.

(ii) Further progress reports to be submitted to a future Board meeting in the New Year, including information from the Trusts on how they are working with commissioners to ensure that they commission for quality.

(iii) A briefing note from UHCW to be circulated to members on:
a) The relocation of PALs within the hospital
b) A comparison of nursing levels, a year after the hospital opened with the numbers at the current time, and information on how these levels are determined.
c) The levels of support provided to new nursing staff by experienced employees and whether new nursing staff are required to lead within their first six months of employment.

17. **Adult Social Care Annual Report 2012/13 (Local Account)**

The Scrutiny Board considered a report of the Executive Director, People providing a brief overview of the Adult Social Care Annual Report for 2012/13 (Local Account) which described the performance of Adult Social Care and the progress made against the priorities set for the year. A copy of the draft Annual Report was set out at an appendix. The report was also to be considered by Cabinet at their meeting on 8th October, 2013. Councillor Gingell, Cabinet Member (Health and Adult Services) attended for the consideration of this item. A response from Healthwatch Coventry outlining support was tabled at the meeting and was presented by Mr Spurgeon, Co-opted Member.

The report indicated that Councils were expected to produce a Local Account that demonstrated the performance of adult social care to local citizens. It provided the opportunity to be open and transparent about the successes and challenges of the year and to show how outcomes were improving for the people Adult Social Care supports. The Board were informed that this was not a statutory document.

The report would be shared with local people, people who use services, carers and partner agencies. Their feedback would inform the approach to producing next year's report.

The Board were briefed on the developments currently under consideration around the inspection and regulation of Adult Social Care Services. Officers understood that there was likely to be a statutory process developed over the coming period as the Care Quality Commission reformed its processes and procedures.

Members of the Board questioned the officers and responses were provided. Matters raised included:

- Concerns about future challenges in light of current financial climate
- Support for the homeless
- The support being provided for carers
- The intensive support option for patients leaving hospital

The Board commended the officers on the format, readability and accessibility of the Local Account which Members commented was a further improvement on the proceeding document. In particular case studies were easier to follow and more relevant and the involvement of other agencies was beneficial.

The Board did reflect that any presentation of this Account (which reflected on a successful year for the Council in 2012/13) emphasis should be made to the significant challenges facing the City Council in re-aligning Council budgets following the Government funding reductions.

RESOLVED that:

(i) The Board support the Annual Report and recommend that Cabinet, at their meeting on 8th October, 2013, approve the Report.
(ii) Cabinet are asked to note the issues raised by the Scrutiny Board, that the Board commended officers on the accessibility of the documents to the public, professionals and other interested stakeholders.

18. **The Annual Report of the Coventry Safeguarding Adults Board 2012/2013**

The Scrutiny Board considered a briefing note of Executive Director, People concerning the Annual Report of the Coventry Safeguarding Adults Board 2012/2013. A copy of the report was appended to the briefing note. The Annual Report was due to be submitted to the next meeting of the Cabinet Member (Health and Adult Services) on 29th October, 2013 and Councillor Gingell attended for the consideration of this item.

The briefing note set out the background to the Coventry Safeguarding Adults Board which was a multi-agency partnership with strategic responsibility for the development, co-ordination, implementation and monitoring of policies and procedures that safeguard and protect vulnerable adults in the city. The Board's three key priorities for the coming year were detailed.

The Annual Report covered the Board's activities for the period April, 2012 to March, 2013 and recorded the significant progress that had been made over the year, whilst acknowledging the considerable challenges in the year ahead.

Attention was drawn to Councillor Hetherton's elected member observer role on the Safeguarding Board and she reported on the excellent attendance and participation at Board meetings.

The Board questioned the officers on a number of issues and responses were provided. Matters raised included:

- The lack of ethnic minority representatives on the Board
- For communities where the emphasis was on providing family care, this could discourage or make it difficult to make referrals
- Clarification about the details included in the report regarding locations of alleged abuse and referrals by type of service funding
- Reasons for increasing/decreasing numbers of alerts and referrals.

The Executive Director, People referred to his role as the chair of the Safeguarding Adults Board and suggested that it was appropriate to consider the benefits of having an independent chair. He also indicated that it was timely to look at membership.

RESOLVED that:

(i) The Annual Report of the Coventry Safeguarding Adults Board for 2012/2013 be noted and the Board to be kept informed of any significant issues that arise during the course of the year.

(ii) A briefing note informing of the Board's considerations to be submitted to the meeting of the Cabinet Member (Health and Adult Services) on 29th October, 2013.

(iii) The Adult Safeguarding Board be requested to consider formally the merits of moving to an independent chair.

19. **Caring for our Future on Reforming What and How People Pay for their Care and Support - Consultation Response**

The Scrutiny Board considered a report of the Executive Director, People concerning the City Council's response to a Department of Health consultation on reforming what and how people pay for their care and support. A copy of the draft response was set out at an appendix to the report. The report was also to be considered by Cabinet at their meeting on 8th October, 2013 and then Council at their meeting on 22nd October, 2013. Councillor Gingell, Cabinet Member (Health and Adult Services) attended for the consideration of this item.

The report indicated that following the publication of the White Paper 'Caring for our future: reforming care and support', the Government announced historic reforms to give more certainty and peace of mind over the costs of old age, or of living with a disability and committed to the funding of care and support to ensure:
i) Everyone receives the care they need and more support goes to those in greatest need
ii) We end the unfairness of, and fear caused by, unlimited care costs
iii) People will be protected from having to sell their home in their lifetime to pay for care.
The consultation covered a number of issues including assessment of care; how this care was met; how this care was paid; the impact of the reforms on the care market; and the required changes to local authorities to deliver the change. The focus was on how practical details of the changes to social care should be managed.

The report indicated that overall the Council welcomed the proposals as a significant step forward in improving and simplifying the charging framework for adult social care.

Members of the Board questioned the officers and responses were provided. Discussions centred on some of the many misconceptions which surround adults receiving care and support and the circumstances in which they were required to make contributions, in particular to the circumstances in which property assets were considered as chargeable. It was suggested that a short session be arranged to brief Members and provide more detail on local implementation of national policy.

RESOLVED that:

i) The Board endorse the proposed response to the consultation and Cabinet be informed of the Board's considerations and endorsement at their meeting on 8th October, 2103.

ii) Arising from the discussion relating to the circumstances in which Adult Social Care clients may be required to make payments for their care, arrangements be put in place for a briefing for Members to enable them to better understand the details of this process.

20. **Outstanding Issues Report**

The Board noted that all outstanding issues had been included in the work programme, Minute 21 below refers.

21. **Work Programme 2013-14**

The Board noted the work programme for 2013-14, including the proposed items for the additional meeting on 16th October, 2013.

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

There were no additional items of business

23. **Meeting Evaluation**

The Board evaluated the meeting. A comment was made regarding the different quality of responses from the different partner organisations at Minute 16 above. The information would be used to improve the quality of future meetings.

(Meeting closed at 4.30 pm)

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Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5)
Date: 6th November 2013

Subject: A Bolder Community Services (ABCS) Interim Consultation Report

1 Purpose of the Note

1.1 This Note provides Health and Social Care Scrutiny Board (5) with an overview of the A Bolder Community Services (ABCS) Programme consultation and offers an opportunity for Board members to make any recommendations or comments as part of the consultation process.

2 Recommendations

2.1 For Health and Social Care Scrutiny Board (5) to note the attached interim report on the ABCS consultation process and make any recommendations to officers or Cabinet Member to feed into the consultation process.

3 Information/Background

3.1 The attached interim ABCS Programme Consultation report outlines:

- the activity undertaken so far regarding the six ABCS proposals currently being consulted upon;
- the consultation approach and;
- the general areas of feedback to date.

3.2 More detailed information about the Programme and each of the six proposals can be found on the City Council's webpages at www.coventry.gov.uk/abcs.

3.3 The consultation process on these proposals commenced on 27th August 2013 and will end on 15th November 2013. The consultation continues to build upon views provided to date.

4. List of appendices included

Appendix 1 – A Bolder Community Services (ABCS) Interim Consultation Report, October 2013

5. Other useful background papers

Community Services – consultation on service changes, Cabinet Report, 13th August 2013

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A Bolder Community Services (ABCS) Interim Consultation Report
v1.0
October 2013

1. Purpose

The purpose of this report is to outline the activity undertaken so far regarding the six ABCS proposals currently being consulted upon. The report outlines the approach taken and the general areas of feedback received. The remainder of the consultation will seek to build upon the views provided to date.

2. Background

The City Council must achieve a savings target from its Community Services budget of £10m by 2014/15 as part of a cumulative savings target of £22.5m to be achieved by 2015/16; from a 2012/13 net budget of £105m. The A Bolder Community Services (ABCS) programme seeks to progress six proposals to achieve the savings target for 2014/15 and these proposals are currently subject to a consultation process which commenced on 27th August 2013 and will end on 15th November 2013.

The six proposals that are currently subject to a consultation process are:

1. **Targeting Housing Related Support on the Most Vulnerable**
2. **Improving the Quality of Housing with Care Accommodation**
3. **Focusing Day Opportunities and Transport to Promote Independence and Support the Most Vulnerable**
4. **Targeting Adult Social Care Information, Advice and Support**
5. **Realigning Reablement Responsibilities – Aylesford**
6. **Remodelling Home Support Reablement in Coventry and Ceasing In-house Provision – HSSTS (Home Support Short Term Service)**

A range of project specific and programme wide consultation activities have been held with stakeholders. This has ensured a large number of views and thoughts have been captured relating to the proposals. Appendix 1 outlines the approach taken by each of the projects, the consultation activities undertaken and the number of responses received to date.

In addition, to date awareness of the consultation has been raised in a number of additional ways including:

- Community Services staff briefing sessions
- Contact with all commissioned service providers, Voluntary Action Coventry (VAC) members, respondents to the Adult Social Care and Carers Surveys (where involvement in future consultation was requested) and Adult Social Care led Partnership members (Learning Disabilities, Older People and Physical and Sensory Impairment)

- Contact with members of staff from Coventry and Rugby Clinical Commissioning Group, GP Practices and Patient Reference Groups
- Public drop in sessions
- Use of the Council's website banner to promote the consultation and the public drop in meetings
- Media including Facebook and Twitter
- Posters in Libraries, Council reception areas and other appropriate venues

In addition, when we have been to speak with groups and organisations we have actively encouraged them to inform other interested parties to participate in the consultation. The offer of meetings and presentations form the programme team has been given, with a number of these being taken up.

3. Consultation Activity Overview

In total, as at end of week commencing 7th October 2013, approximately 8,500 people have been contacted by letter or email, over 50 consultation meetings have taken place with approximately 600 attendees. In addition, the ABCS website pages have been viewed on more than 2,700 occasions.

Individuals and organisations are invited to take part in the consultation in a variety of ways. These include attendance at the meetings described above or public drop in sessions, completing survey response forms online or as hard copies, through telephone discussion or email contact. A series of specific ABCS focused consultation meetings have also been arranged with different audiences including family carers, voluntary sector organisations, Coventry Older Voices and others.

This interim consultation report provides an overview of the consultation process and feedback received so far, and should be read in this context. The report does not seek to reach any conclusion about the outcome of the consultation or the impact that consultation feedback received to date may have on the current proposals. Final analysis of feedback received will be completed after 15th November 2013 when the consultation has ended. Final proposals will be taken to the City Council's Cabinet as a set of recommendations, fully informed by the consultation, for consideration and approval. A copy of the Cabinet Report will be made publically available in line with the Council's reporting procedures.

4. Programme Feedback To Date

Feedback to date has been overwhelmingly in disagreement with the proposals but this is to be expected given the scale and nature of the proposed changes. Whilst many disagree with the proposals, feedback received has suggested that most people appreciate the difficult financial position in which the Council finds itself and the reasons for this.

An overview of feedback that has emerged to date, during the consultation process, is described as follows:

- The potential detrimental impact on vulnerable people including older people, people with disabilities and people with mental health illness, if the proposals were to be implemented and services/support reduced.

- The potential detrimental impact on other services and organisations e.g. Health including Coventry and Warwickshire Partnership Trust (CWPT) and University Hospital Coventry and Warwickshire (UHCW) if the current proposals go ahead including a specific concern about the potential for bed blocking and longer stays in hospital for individuals as a result of potential changes to reablement services.

- The potential impact on other people if the current proposals go ahead, specifically family/informal carers with a specific concern about the important role that family/informal carers play in reducing need for other support/services.

- The view that the quality of existing services that may be reduced or cease, if the proposals were to be implemented, is good and that this level of quality may not be provided elsewhere.

- A request for the exploration of the possibility of restructuring or changing current services provided by the Council.

- Concerns about losing jobs as a consequence of the proposed changes.

- The risk of externally providing current City Council services and the potential impact this may have.

- Support of the proposals, or elements of these, offering a view that there may be positive impacts on some service users.

- Respondents' perceptions that there will not be an impact on them now but there may be in the future as circumstances change as people grow older.

- A requirement for people to understand the options that will be available to meet individual people's needs if the current proposals go ahead and current services no longer exist.

- Concerns that the number of people with dementia and an ageing population is increasing but some proposals will reduce support for these groups.

- Concerns that some organisations may not be able to survive without the financial support provided through contracts affected by the proposals.

- Concerns that organisations may have to relocate to other premises due to the financial constraints the proposals may have on them.

- Flexibility in the implementation timescales, to reflect individual circumstances, should be considered.

On-going analysis of consultation feedback will be completed and Frequently Asked Questions will be reviewed, refreshed and made available during the remaining consultation period.

Initial Equality Consultation Analysis (ECA) documents will be reviewed and updated following the consultation process to reflect any additional information received about the potential impact of implementation of the proposals.

Clarification about the nature and potential impact of all of the proposals will continue to be provided during the consultation process to ensure that they are fully understood and that people are able to meaningfully contribute their views.

Feedback from the consultation will also be shared with statutory partner organisations including Coventry and Warwickshire Partnership Trust (CWPT) and Coventry and Rugby Clinical Commissioning Group throughout and following the consultation process.

As part of the consultation we continue to encourage suggestions and ideas.

5. Summary

As outlined above consultation activities will continue until the end of the consultation period on the 15th November. Following this final analysis of feedback will be undertaken and final proposals will be taken back to the City Council's Cabinet. We continue to actively encourage feedback throughout the remainder of the consultation.

Appendix 1 – Project Consultation Activity

Proposal 1: Targeting Housing Related Support on the Most Vulnerable

1. Background

The scale and diversity of the services and clients involved in the Housing Related Support project has meant that different approaches have been taken to ensure a meaningful consultation is undertaken with a variety of stakeholders. Of the 23 providers affected by the proposal 16 have responded and either held or arranged to hold 1:2:1 meetings with the project team. In addition some meetings have been arranged with service users, coordinated by the providers.

It should be noted that not all providers have taken up the offer of 1:2:1's and at the time of writing seven providers still had not arranged to meet with the team. Three separate communications have been issued to all providers, each time encouraging providers to arrange to meet with the project team to discuss the implications of the proposals.

A meeting was also held with all providers on the 15th October to share consultation findings to date and to offer providers the opportunity to ask further questions relating to the proposal. A further meeting will be held before the end of the consultation to continue the dialogue with providers and ensure they are fully briefed.

Service user meetings have been held at the request of some providers. Outlined below are the meetings held to date.

Service User Group	Venue and Date	Number of Attendees
Midland Heart (Older People)	28th August, St Peters Centre	15
Orbit Care and Repair (Older People)	6th September, Orbit Offices	9
Coventry Mind and Rethink (Mental Health)	26th September, The Koco Building	70

2. Consultation Overview To Date

38 responses on the Housing Related Support proposals have been received to date. These have mainly been gathered through the directly targeted consultation meetings outlined above. However a number of comments have also been received through programme wide meetings, such as partnership boards, and directly from members of the public. Of the 38 responses received the following approval breakdown has been recorded:

Agree	8.3%	3
Disagree	80.6%	29
Don't Know	11.1%	4

Two individuals did not record whether they were in agreement with the proposal or not.

In addition we are aware that one e-petition is currently live and another is currently being manually circulated. The petitions focus on the potential impact of reduced Mental Health services. 123 signatories have lodged their support on the e-petition at the time of writing. We have been informed that around a further 1000 people have signed the other petition.

Proposal 2: Improving the Quality of Housing with Care Accommodation

1. Background

The proposal has a direct impact on two out of the twelve Housing with Care schemes within the City Council's internally provided portfolio. These are Jack Ball House and George Rowley House. As such it was important to speak with the directly affected stakeholders as early as possible. The following sessions were held with staff, tenants and family carers:

Stakeholder Group	Venue and Date	Number of Attendees
Staff	Jack Ball House, 4th September, 5pm	7
Tenants and family carers	Jack Ball House, 4th September, 6pm	21
Staff	George Rowley House, 5th September, 5pm	10
Tenants and family carers	George Rowley House, 5th September, 6pm	14

The tenant and family carer meetings were held in conjunction with Whitefriars Housing. Follow up meetings with staff, tenants and family carers from Jack Ball House and George Rowley House are planned for the 22nd and 24th October respectively.

In addition Housing with Care road shows have been held with staff as part of the consultation. These meetings have been an opportunity for any member of staff interested in understanding more about the proposals to speak directly to a member of the project team. Two sessions have been held to date as follows:

Date	Venue	Number of attendees
29th August	Cottage Farm	28
16th September	Cottage Farm	1

A final road show is planned for the 24th October.

Finally, meetings have been arranged with all other Housing with Care schemes. The aim of these meetings is to ensure people understand what is being proposed and have an opportunity to share any views they have. The following sessions have been held:

Date	Venue	Number of attendees
7th October	Halford Lodge	10
7th October	Cottage Farm	11
8th October	Copthorne Lodge	13
8th October	Harry Caplan House	11
9th October	Elsie Jones House	15
9th October	Frank Walsh House	21
14th October	Quinton Lodge	21
14th October	Knightlow Lodge	19
15th October	Skipton Lodge	21
15th October	Farmcote Lodge	12

2. Consultation Overview To Date

22 responses on the Housing with Care proposals have been received to date. These have mainly been gathered through the directly targeted consultation meetings outlined above. However a number of comments have also been received through programme wide meetings, such as partnership boards, and directly from members of the public. Of the 22 responses received the following approval breakdown has been recorded:

Agree	15.8%	3
Disagree	42.1%	8
Don't Know	42.1%	8

Three people chose not to provide a response to whether they agreed with the proposal or not.

Proposal 3: Focusing Day Opportunities and Transport to Promote Independence and Support the Most Vulnerable

1. Background

The day opportunities and transport project covers three specific client groups: specialist dementia care, older people and learning disabilities. The proposals relate to a number of different centres. As such targeted consultation meetings have been held with all those client groups and potentially affected centres. Meetings have been held with service users, family carers and staff to ensure all affected groups had their opportunity to understand the detail of the proposals, the rationale and to share their views.

Letters were issued to all staff and service users inviting them to meetings to discuss the proposal that affects their service. Letters were also issued to family carers where appropriate.

The following meetings have been held:

Stakeholder Group	Venue and Date	Number of Attendees
Curriers Centre staff	Curriers Centre, 28th August	9
Brandon Wood Farm staff	Brandon Wood Farm, 28th August	10
Watcombe Resource Centre staff	Watcombe Resource Centre, 29th August	6
1st Maymorn staff briefing	Maymorn Centre, 2nd September	5
1st Maymorn family carer briefing	Maymorn, 2nd September	4
2nd Maymorn staff briefing	Maymorn, 3rd September	4
Risen Christ Older People's Day Centre service users and family carers	Risen Christ Day Centre, 4th September	40
1st Learning Disability service user and family carer briefing	Watcombe Resource Centre, 5th September	13
2nd Learning Disability service user and family carer briefing	Wilfred Spencer Centre, 5th September	2
3rd Learning Disability service user and family carer briefing	Curriers Centre, 6th September	38
2nd Maymorn family carer briefing	Maymorn, 13th September	3
Frank Walsh Older People's Day Centre service users and family carers	Frank Walsh annex, 18th September	4
Gilbert Richards staff briefing	Gilbert Richards Centre, 7th September	8
Frank Walsh staff briefing	Frank Walsh annex, 8th October	2
Risen Christ staff briefing	Risen Christ Centre, 9th October	3

2. Consultation Overview To Date

To date we have received 41 responses on the Day Opportunities and Transport proposals. These have mainly been gathered through the directly targeted consultation meetings outlined above. However a number of comments have also been received through programme wide meetings, such as partnership boards, and directly from members of the public. Of the 41 responses received the following approval breakdown has been recorded:

Agree	20.6%	7
Disagree	52.9%	18
Don't Know	26.5%	9

Seven people chose not to provide a response to whether they agreed with the proposal or not.

Proposal 4: Targeting Adult Social Care Information, Advice and Support

1. Background

A range of methods have been used, to date, to consult with those who may be affected by the Targeting Adult Social Care, Information, Advice and Support proposal, including workshop sessions at partnership meetings, Learning Disabilities Partnership Board, Older Peoples Partnership and Physical and Sensory Impairment Partnership, an extraordinary Carers Forum to encourage views from family/informal carers, a meeting with representatives from Coventry Older Voices (COV) and a meeting of Voluntary Action Coventry (VAC) members.

The four providers who would potentially be affected by this proposal have also been invited to provide individual organisational responses to the consultation and for these to be made publically available during ongoing consultation activity. In addition, providers have been asked to encourage those people that they support or have contact with, to respond to the consultation in one of the many ways that are available to them.

2. Consultation Overview To Date

The project is separated into sections, each focusing on specific services that are affected by the proposals. In total 114 responses to at least one of the questions relating to the different elements of this proposal have been recorded. However, not everyone responded to all elements of the proposal. Therefore the approval breakdown below reflects the numbers who did respond to each element.

Proposal 4.1 Age UK Coventry (Contact and Connect)
Of the responses received the following approval breakdown has been recorded:

Agree	6.6%	5
Disagree	84.2%	64
Don't Know	9.2%	7

38 people chose not to provide a response to whether they agreed with the proposal or not.

Proposal 4.2 Age UK Coventry (Information and Advice)
Of the responses received the following approval breakdown has been recorded:

Agree	12.3%	7
Disagree	80.7%	46
Don't Know	7.0%	4

57 people chose not to provide a response to whether they agreed with the proposal or not.

Proposal 4.3 Alzheimer's Society
Of the responses received the following approval breakdown has been recorded:

Agree	12.1%	7
Disagree	77.6%	45
Don't Know	10.3%	6

56 people chose not to provide a response to whether they agreed with the proposal or not.

Proposal 4.4 Coventry Carers' Centre
Of the responses received the following approval breakdown has been recorded:

Agree	11.9%	10
Disagree	81.0%	68
Don't Know	7.1%	6

30 people chose not to provide a response to whether they agreed with the proposal or not.

Proposal 4.5 Grapevine
Of the responses received the following approval breakdown has been recorded:

Agree	20.8%	11
Disagree	56.6%	30
Don't Know	22.6%	12

61 people chose not to provide a response to whether they agreed with the proposal or not.

Proposal 5: Realigning Reablement Responsibilities - Aylesford

1. Background

A range of methods have been used, to date, to consult with those who may be affected by the Realigning Reablement Responsibilities proposal including meetings with those who would potentially be directly affected if the proposal were to be implemented.

All staff have been written to, to ensure awareness of the proposal and to encourage participation in the consultation process.

Two staff briefings have taken place, as follows:

Date	Venue	Number of Attendees (Staff)
13th September	Aylesford	15
18th September	Aylesford	8

The short term nature of services provided at the Aylesford Centre means that there is not a static and ongoing group of service users. However, a consultation meeting is planned for 25th October 2013 with current users of the service and their carers.

In addition, we have received a volume of compliment letters sent to the service by former users. These have been forwarded to the project team to demonstrate the value placed on the Aylesford by former service users.

2. Consultation Overview To Date

To date we have received 14 responses on the Aylesford proposal. These have been gathered through the directly targeted consultation meetings outlined above as well as receiving comments through programme wide meetings, such as partnership boards, and directly from members of the public. Of the 14 responses received the following approval breakdown has been recorded:

Agree	0.0%	0
Disagree	84.6%	11
Don't Know	15.4%	2

One person chose not to provide a response as to whether they agreed with the proposal or not.

Proposal 6: Remodelling Home Support Reablement in Coventry and Ceasing In-house Provision – HSSTS (Home Support Short Term Service)

1. Background

A range of methods have been used, to date, to consult with those who may be affected by the Remodelling Home Support Reablement in Coventry proposal including meetings with those who would potentially be directly affected if the proposal were to be implemented.

All staff have been written to, to ensure awareness of the proposal and to encourage participation in the consultation process.

Eight staff drop in briefings have taken place so far, as follows:

Date	Venue	Number of Attendees (Staff)
30th August	Opal	12
2nd September	Opal	6
4th September	Opal	4
6th September	Opal	4
18th September	Wilfred Spencer Centre	13
25th September	Wilfred Spencer Centre	8
27th September	Opal	0
18th October	Opal	7

The short term nature of the Home Support Short Term Service (HSSTS) services provided means that there is never a static or ongoing group of service users. However consultation meetings will be arranged with existing users of the service and their carers to seek their views.

2. Consultation Overview To Date

To date we have received 13 responses on the Aylesford proposal. These have been gathered through the directly targeted consultation meetings outlined above as well as receiving comments through programme wide meetings, such as partnership boards, and directly from members of the public. Of the 13 responses received the following approval breakdown has been recorded:

Agree	25.0%	2
Disagree	62.5%	5
Don't Know	12.5%	1

Five people chose not to provide a response as to whether they agreed with the proposal or not.

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Coventry City Council

Public report
Cabinet Report

Health and Well-being Board	21 October 2013
Health, Social Care and Welfare Reform Scrutiny Board (5)	6 November 2013
Cabinet	19 November 2013

Name of Cabinet Member:
Cabinet Member (Health and Adult Services) – Councillor Gingell

Director Approving Submission of the report:
Director of Public Health

Ward(s) affected:
All

Title:
Director of Public Health Annual Reports 2012 and 2013

Is this a key decision?
No – This is a review of health across the city and does not directly impact on current services, although the conclusions of the report will be used to inform how services are delivered in the future.

Executive Summary:

The Director of Public Health Annual Report is a statutory and independent report produced each year. This describes key health issues in the city and focuses on areas that are of particular importance in the city.

As this is the first year that the City Council has had legal responsibility for health and well-being, two reports are presented for consideration. The first of these reviews looks back to when public health was last in local government in 1974 and considers how health has changed since then. The second looks forward to the major challenges that need to be tackled to improve health in the 21st century.

The findings of the report are to be used by the City Council and other key partners in the NHS and voluntary sector to focus action on the particular health needs of Coventry and the groups in the city with the lowest life expectancy. It shows the need for continued effort to improve issues that affect people's health including education and employment which, in Coventry are being tackled through the city's status as a Marmot City. It also highlights the need to focus on lifestyle issues such as smoking, alcohol, poor diet and physical activity which are the biggest health challenges for the 21st century.

Information from these reports will be shared with local people through ward forums and will also be shared more widely with partner agencies and the voluntary sector.

Recommendations:

1. The Health and Well-being Board is asked to:

    (i) Endorse the findings of this report and review progress in implementing its findings across local partners.

2. Health, Social Care and Welfare Reform Scrutiny Board (5) is asked to:

    (i) Consider comments from the Health and Well-being Board and advise Cabinet of their agreement of the proposals and recommendations.

3. Cabinet is asked to:

    (i) Consider comments from the Health, Social Care and Welfare Reform Scrutiny Board (5)

    (ii) Support the publication of the report.

List of Appendices included:

Director of Public Health Annual Report Executive Summary 2012
Director of Public Health Annual Report Executive Summary 2013

Background papers:

None

Has it been or will it be considered by Scrutiny?

Yes - Health, Social Care and Welfare Reform Scrutiny Board (5) – 6th November 2013.
In addition, the Scrutiny Co-ordination Committee received a briefing note on the Annual Report at their meeting on 8th October 2013

Has it been or will it be considered by any other Council Committee, Advisory Panel or other body?

Health and Well-being Board – 21st October 2013

Will this report go to Council?

No

Report title: Director of Public Health Annual Report Context (or background)

1.1 The NHS Act 2006 as amended by the Health and Social Care Act 2012 set out a legal duty on the Director of Public Health to produce a report each year on the health of their population and to publish the report. The content and structure of the report is determined locally and can cover any aspect of local health that is locally relevant or important.

1.2 The findings of the DPH Annual Report are used to

1.2.1 Raise awareness and understanding of how healthy the population is and how this is changing, with local partners and the public
1.2.2 Inform the provision of local services and actions plans that can affect the health of the population
1.2.3 Inform the development of key priorities for the Health and Well-being Strategy, which the Health and Well-being Board has a duty to produce.

2. Options considered and recommended proposal

2.1 This year, it has been agreed to publish two reports for 2012 and 2013 at the same time. This is because the first report, which was produced during the period of transition before the enactment of the Health and Social Care Act, describes how health has changed in Coventry since 1974, when responsibilities for public health moved from local councils to the NHS. The second report describes what needs to be done to improve healthy lifestyles in the city, which are one of the biggest challenges to health in Coventry. Taken together, the two reports answer the questions “what has changed?” and “what do we need to do next?”

2.2 The DPH Annual Report draws on a range of data sources many of which are not easily available or accessible to partners and the public. This includes national and local health datasets and Coventry’s Household Survey. The reports are produced in the format of an executive summary, which sets out the key messages and recommendations in an accessible format. Detailed reports and appendices which set out the technical data that underpins the key messages have also been produced and will be made available to the public once Cabinet have approved this report.

2.3 The Director of Public Health has independent statutory responsibilities of which the production of an Annual Report is one. It is considered that this gives the assurance that issues affecting the health of the population can be raised freely and objectively.

3. Results of consultation undertaken

3.1 The DPH Annual Report is intended to give an overview of the major health challenges in the city, based on national and local data-sources. The Joint Strategic Needs Assessment offers the opportunity to investigate specific issues identified in this report in more detail and to consult on these more broadly with key local stakeholders.

3.2 The report also highlights areas where consultation with local communities and stakeholder groups will be needed to understand what more can be done to better understand local needs and what more can be done across the city to drive improvements in lifestyles. This is outlined in the recommendations section of the DPH Annual Report for 2013.

4. Timetable for implementing this decision

4.1 Once approved, the Annual Report will be published on the Council's internet pages and shared with partners. The recommendations will be supported by a more detailed action plan, setting out which agency or organisation has responsibility for delivering each recommendation and the timescales for achieving this.

5. Comments from the Executive Director, Resources

5.1 Financial implications

There are no direct financial implications arising from the report. The cost of publishing the report will be met from within existing budgets.

5.2 Legal implications

5.3 The National Health Service Act 2006 as amended stipulates that the director of public health must prepare an annual report on the health of people in the area of the local authority. The local authority must publish the report.

6. Other implications

6.1 How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Local Area Agreement (or Coventry Sustainable Community Strategy)?

These Annual Reports set out key actions to improve the health of Coventry people. It contributes to the Council's Marmot City plan and to the Council's core aim of citizens living longer, healthier, independent lives and also to the priorities in the Council Plan to protect the city's most vulnerable residents.

6.2 How is risk being managed?

There are no specific risks identified in this report. However, risks associated with the delivery of relevant services are managed through the directorate and corporate risk registers, in conjunction with partners across the city. Regular reviews of each risk are undertaken, and mitigating actions put in place to ensure the overall risks are reduced as much as possible.

6.3 What is the impact on the organisation?

There is no direct impact on the organisation.

6.4 Equalities / EIA

An Equalities Impact Assessment is not appropriate for these reports although the reports themselves consider health status across a range of different population groups.

6.5 Implications for (or impact on) the environment

N/A

6.6 Implications for partner organisations?

The Annual Reports raise a number of issues for consideration by partner organisations. These will be discussed and overseen by the Health and Well-being Board which includes representation from these organisations, or commissions the services provided by these organisations.

Report author(s):

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Names of approvers for submission: (officers and Members)				
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Dr Jane Moore	Director of Public Health	Chief Executive's	09.10.13	10.10.13
Councillor Gingell	Cabinet Member (Health and Adult Services)			07.10.13

This report is published on the Council's website: www.coventry.gov.uk/meetings

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Changing for the better:

healthy lifestyles in Coventry 2007-12

Report of the Director of Public Health

Coventry City Council

Forward

This is my first report as Director of Public Health for Coventry City Council. It is a national requirement for me to report each year on the major health issues facing the city. This year, I have looked at healthy behaviours in the city and how these have changed over time.

We know more and more about the impact of how we live our lives, on how healthy we are, and how long we can expect to live for. Advances in medical science and technology, improved access to health care and better overall living standards mean that life expectancy is rising in the UK, as in most other Western countries. But we are now facing a situation in which the biggest threat to health comes from the day to day decisions about how we live our life and the environment in which we live.

We now know that four factors: a poor diet, smoking, excessive alcohol consumption and low levels of exercise globally account for nearly a third of the disease burden, preventable deaths and years spent in poor health. In the UK, more than 100,000 smokers die from smoking related causes every year. Nearly 7,000 people die as a result of liver disease caused by alcohol abuse and around 34,000 people die each year as a result of illness due to obesity, caused by a poor diet and physical inactivity.

Coventry is no exception. Over the three years from 2009-11, 2,904 people died prematurely from diseases which could have been prevented. As a city, we rank 126th out of 150 councils and 10th out of 15 cities with similar populations. As a city, we do particularly badly for cancer, lung disease and liver disease, all of which are heavily affected by lifestyle factors such as smoking, diet, exercise and alcohol.

We know that someone who exhibits all four of these unhealthy behaviours has the same chance of dying as someone 12 to 14 years older, who exhibits none of these unhealthy behaviours.

In the past, it was assumed that if you gave people information about the impact that smoking or a poor diet would have on their health, this would be enough to make them change. Although we need to understand what impact our choices are having on our health, we know that this is not enough. Our own experience tells us that making changes is not easy. For example, the environment in which we live does not help. It is often easier and cheaper to buy poor quality food than it is to buy healthy food and, in a throw-back to times when food was scarce, we are genetically pre-disposed to prefer high-calorie, high carbohydrate food to healthier options.

But collectively we can make a change. Smoking rates have fallen across the UK and in Coventry. This is down to a combination of national action (such as the ban on smoking in public places and increases in duty on cigarettes), local action (including increasing access to stop smoking services, local

campaigns such as Coventry's Smokefree Playgrounds) and most importantly, the will-power and determination of smokers themselves who have made a tough decision to quit and stuck with it.

And it's not just about what each individual does; the action of one person can have a huge ripple-effect. We know that we're all influenced by what our friends, family and peers do. Each person that makes a change, whether it's stopping smoking, taking up exercise or cutting down on fizzy drinks acts as a role model for the people around them, helping to make healthy choices the norm across society.

There is much more to be done but this example shows that the right collective action can have a massive impact on health. The proof is there; across the UK we now have lower rates of lung cancer and heart disease than we did when smoking was at its peak, all of which is contributing to the rise in life expectancy that we are seeing. European countries, which have not taken the sort of action to tackle smoking we have seen in the UK, are not seeing the same improvements in these diseases.

My report shows that collective effort may be starting to have an impact in Coventry. Smoking rates are falling, fewer people are drinking excessively, and there are early signs that more people may be taking more exercise and eating healthier diets. Big changes to the face of the city, including new investment in cycle lanes and the new Friargate scheme are all helping to build a healthier environment, making it easier for us all to do the right thing, without having to make difficult decisions.

This is good news. But there is a lot more to be done, and as a city we have a long way to go. We are now in a similar position to where the rest of the UK was five years ago and the positive changes we have seen have not affected some of the people in the city with the worst health status.

My report sets out what we have done to tackle this and what we need to do next. With the leadership of the Health and Well-being Board and working with the people of Coventry, we need to redouble our efforts to make Coventry a healthy place to live and to support people who have the most to gain, to make the most of their health.

Finally, I would like to thank the thousands of people across the city who, over the last five years, have shown that it can be done. To all those people who have quit smoking, who got on their bicycles and joined us on the ring-road to welcome Lady Godiva back to the city earlier this year or who have taken one small step to improve their health, you are the people who are making this happen.

Dr Jane Moore
Director of Public Health for Coventry

Key findings

Changing behaviours

We know that the more healthy and less unhealthy behaviours someone has, the healthier they are likely to be. We also know that if people smoke, have a poor diet, do not exercise and drink excessively, they are more likely to have particularly poor health, with the same chance of dying as someone 12-14 years older. We also know that these factors do not work in isolation. A smoker may worry that, if they quit, they will snack more and might gain weight and this may be a significant disincentive to them in making a change. But we also know that some people have developed successful strategies for dealing with this, for example by making sure that they have healthy snacks so that they can actually improve their diet, while they stop smoking. We know that making a change can be a powerful incentive to do more, someone who has just done their first ever 5k Race for Life or parkrun may feel empowered to improve their diet.

In order to target services at the right people and create the right environment to help people make the change, we need to understand whether people are actually making several changes – and which ones.

How many people have several unhealthy behaviours?

We looked at how many people had several unhealthy behaviours (out of smoking, poor diet, low levels of exercise and excessive drinking) and how this has changed over time. We looked at the number of unhealthy behaviours people had and those who were high risk (3 or 4 unhealthy behaviours). We found that the proportion of people with four unhealthy behaviours had fallen from 10% to 5% from 2007 to 2012. The biggest decrease was in men, from 12% to 6%. By 2012, the number of people reporting just one unhealthy behaviour had increased from 19% to 27%.

Overall, there was a reduction in those people with high risk from 38% to 24% between 2007 and 2012. Additionally, the proportion of people reporting none of the unhealthy behaviours more than doubled from 3.1% to 6.9%. In the long term, this is likely to translate into significant health benefits.

There are early, and welcome, signs that we are improving quicker than the rest of England, but we still have a long way to go. The improvements we have seen to date put us where England, as a whole, was five years ago. We know that there is a strong link between deprivation and healthy behaviours and the picture in Coventry is similar to other deprived areas but we need to make sure that the accelerated change we have seen continues.

A note on the data

We have used data from Coventry's Household Survey to look at changes over five years from 2007 to 2012 and we compare these to the national position. We look at which parts of the city and which people have made the most progress and where we still have more work to do. We then describe what has been done to try and improve health in the city and what more needs to be done.

Because we cannot speak to everyone, we use data from a sample of people from across the city to estimate the actual picture in Coventry. Although this is the only sensible way to collect data it means that we cannot always be 100% sure that what we have found is true. Once we start looking at specific groups or areas of the city it becomes harder to be sure that the picture we have found is accurate. And sometimes statistical flukes can throw up findings one year, which are not there the next. We use statistical techniques to make sure the conclusions we draw from the data are as robust as possible but in the real world we are not always able to act on the basis of perfect information. We need to draw conclusions based on the best-available data, combined with sensible judgements and this is what we attempt to do in this report.

Are we closing the health inequality gap?

As a city which faces significant health inequalities and large gaps in life expectancy between different parts of the city, we need to understand not just whether healthy behaviours are changing across the city but also whether these changes are affecting groups with the worst health outcomes.

We have therefore looked at how changes have affected different people across the city.

We found that:

- Men are currently twice as likely to have several unhealthy behaviours as women
- There have been reductions in the number of people with three or more unhealthy behaviours in all age groups. However, this change had not been seen in older age groups, particularly those aged 55-64
- The level of unhealthy behaviours in those of White ethnic background is higher than for other groups. There have been particularly large improvements across a range of other ethnicities.
- Improvements in healthy behaviours have not been seen in people who are unemployed or economically inactive
- Improvements in healthy behaviours across all socio-economic groups (or deprivation quintiles). However, the biggest changes have been in the least deprived section of society and the smallest changes in the most deprived. So although health may be improving across the city, more progress will be needed to close the inequality gap
- There is an association between unhealthy behaviours and the most deprived parts of the city (measured by Middle Super Output Areas - an area smaller than wards) with a clustering of deprivation and unhealthy behaviours in Wood End, Henley and Manor Farm and Willenhall in particular
- However, some of the greatest areas of deprivation in the city do not have a very high level of unhealthy behaviours, including Upper Foleshill. This may be because of the high proportion of certain ethnic minority communities who do not drink for religious and cultural reasons

Smoking

During the five years we looked at, smoking rates in the city fell by 3.6%, from 28.1% of adults in the city to 24.5%, around 4,400 less smokers. We estimate that 17 lives each year will be saved as a result of this improvement. This is similar to the national picture but may be slightly better than the rest of the West Midlands which saw a 2% fall from 2006 to 2011. This fall has been particularly significant in men, where smoking fell from 31% in 2007 to 26% in 2012, with particularly large falls in younger men and middle-aged men but there may have been a rise in the 55-64 age group.

Excessive drinking

Low and moderate levels of drinking are known to be associated with some health benefits. However, drinking more than three units of alcohol for women or four for men, on at least one day per week is associated with worsening health and this risk increases as the overall weekly consumption goes up. Coventry has historically had high levels of excessive drinking, above the average for the West Midlands and for England.

Over the last five years, the city has seen big improvements in the percentage of people drinking within healthy limits, with a drop in excessive drinking from 46.8% in 2007 to 30.5% in 2012. In 2007, 55% of men were drinking too much: by 2012 this had fallen to 38%. Women have always had lower levels of excessive drinking but have also seen a big fall, from 38% to 23%. Although there have been falls in the rest of England, Coventry has seen a more rapid change than England or the West Midlands where alcohol consumption has fallen by 7%. The biggest improvement has been in men and women aged between 25 and 44, but all ages have seen a fall in excessive drinking.

This is good news and overall translates into an estimated 16 fewer deaths each year in Coventry. However, we still have a long way to go as, despite making rapid progress, drinking levels for both men and women appear to still be higher than in England as a whole.

Healthy weight: diet and physical activity in Coventry

There is increasing evidence of the impact of a healthy diet on health. Five portions of fruit and vegetables is the key measure for assessing a healthy diet, although other factors such as low meat consumption (particularly processed meat), low salt and a diet low in saturated fat are all important. Poor diet, coupled with low levels of physical activity, is associated with a range of health conditions, including certain cancers and cardiovascular disease. Physical activity (30 minutes of physical activity which raises your heartbeat five times a week) is associated with a range of health benefits, including improvements in mental well-being. We estimate that the improvements we have seen in diet and physical activity over the last five years will save around 14 lives each year.

Are we getting our five a day?

Our analysis shows that from 2007 to 2012, the proportion of people having a healthy diet (which we measured by assessing how many people ate five or more portions of fruit and vegetables a day) increased from 21% in 2007 to 28% in 2012. We do not have up-to-date comparative data for England or the West Midlands but this suggests that Coventry is now at a similar level to the rest of England. Women tend to have a better diet than men, suggesting that more needs to be done to encourage healthy eating in men. Locally, we have seen particular improvements in people in middle-age with a 15% increase in the number of men aged 45-54 who are eating five a day and a 24% improvement in women. This is the group which had the lowest levels of healthy eating in 2007, so this improvement is encouraging.

Physical activity

There are signs that there has been an increase in the number of people in the city taking regular exercise. In 2007, 31% of people were reaching recommended levels, compared to 39% in 2012. Women tend to have higher levels of exercise than men, although there has been an increase in both men and women. There is evidence of particular improvements in women aged 25-44 and men aged 16-24. There are some signs of slight improvements in men and women aged 65 and over, although this group has the lowest levels of exercise overall. Older people should continue to be a priority, as this is likely to have benefits for older people's physical and mental health, help reduce social isolation and help older people maintain an independent life for as long as possible.

What are we doing to tackle these issues?

The issues outlined in this report are not new and there has been a lot of work carried out across the city to drive change.

This includes:

- **Smoking:** from 2009 to 2012, the city's smoking services have supported more than 11,000 people to stop smoking. Coventry's Smokefree Alliance have led the way in promoting local services, running campaigns and developing smokefree spaces, including smokefree playgrounds

- **Alcohol:** around 1,650 people have been treated through the alcohol service during 2011 and 2012. There have also been a number of campaigns promoting healthy drinking, the harms of drinking in pregnancy. Coventry and Rugby Clinical Commissioning Group have set up a dedicated team in A&E, to identify problem drinkers and sign-post them to appropriate support. Local GPs also provided alcohol screening to their patients

- **Healthy Weight:** through the Coventry Health Improvement Programme, the NHS and City Council have run a series of programmes to promote physical activity and healthy eating, including the 'One Body One Life' programme, 'Food Dudes' schools programme and local cooking clubs. Other schemes, such as the National Child Measurement Programme and school nursing service help support weight management in children and the local breastfeeding team support new mothers to get the best nutritional start in life

- **NHS Health Checks:** A new responsibility for local councils, the NHS Health Checks programme, provided by GPs and an outreach team, screen people aged 40 and over for early signs of cardiovascular disease and diabetes and also offer general lifestyle advice

- **Health trainers:** Coventry's Health Trainer service provides outreach support to communities to improve their health and well-being. During 2012/13 around 570 people were supported

- **Coventry as a Marmot City:** Since health and well-being became a responsibility for the City Council and partners, part of the Health and Well-being Board, a new programme of work has been developed to identify practical steps that can be taken to reduce health inequalities across the city

Five key challenges for the City

Recommendations

This report provides a snapshot of what progress we are making as a city to improve healthy behaviours. Although we are making progress, much more remains to be done. In particular, we need to understand why some parts of our city, and some groups, have not been affected by the changes we have seen across the city as a whole. We need to make sure that the services we provide locally, to support people to make a change, are fit for purpose for the people who need them most. We need to use the Coventry Household Survey to measure future progress.

There are five key challenges for the city. I set out 10 key actions to address these challenges which, if implemented, with the support of the Health and Well-being Board will drive progress over the next five years.

1. **Focus on closing the health gap**. Although healthy behaviours have improved across the board, they have improved most in the most affluent parts of the city. If this pattern continues, the health inequality gap will continue to widen. We know that healthy behaviours are closely linked to people's life chances and that factors such as whether children get a good start in life and go on to meaningful employment set the preconditions for their healthy behaviours. The city's Marmot programme, which is overseen by our Health and Well-being Board, contains a detailed action plan to improve life chances and reduce health inequalities. Implementing this is a key priority

2. **Target the areas of the city and the people where we have seen the least improvement**. Local services, such as stop smoking services, must be open to everyone but should be incentivised to particularly target the eight areas of the city and in the specific groups where we have seen the least improvement. The eight areas are Longford Village, Wood End, Henley and Manor Farm, Stoke and Stoke Heath, Upper Stoke, Wyken Sowe Valley, Torrington and Canley and Lime Tree Park

3. **Work with local communities to empower them to change.** We need to talk to local people and local community and voluntary groups to understand their lifestyles, what would help them to make a change and how we can co-design and co-produce services with local people. We need to recognise and work with the assets that lie in our communities, through rolling out asset-based working

4. **Use social marketing, social media & technology to support behaviour change**. We need to make better use of social marketing and social media to target specific health messages at our key audiences. Drawing on the large number of people across the city who have made a change over the last five years, we also need to identify local champions who can act as advocates in their local communities

5. **Make it easier for people to make the change.** We need to make sure that when people want to make a change, it is easy for them to do so, that services are easy and convenient to access either face-to-face or on-line, and that front-line staff from across the city are trained and able to support people into the right services at the right time

Top 10 actions to improve health behaviours

Challenge 1	Challenge 2	Challenge 3	Challenge 4	Challenge 5
Closing the health gap	Target areas of the city and groups where there has been least improvement	Working with local communities empower them to change	Using social media to drive behaviour change	Making it easier for people to make a change
1. Work across the City Council and with partners to tackle the broader determinants of health by implementing the local 'Marmot' Plan.	**2.** Work with local lifestyle services to incentivise the uptake of services in priority parts of the city and in priority groups.	**3.** Carry out engagement work with people in the following groups to understand the barriers to improving health: • People with multiple unhealthy behaviours • Physically inactive older people • People who are unemployed **4.** Use social mobilisation techniques to galvanise communities to increase physical activity **5.** Recognise the assets that life in local communities and embed asset-based ways of working across Coventry	**6.** Identify people who have successfully made changes to their health and use social media to pr mote their stories. **7.** Develop bespoke local campaigns to target priority communities.	**8.** Develop a 'single point of access' for lifestyle services which is integrated with council customer contact points, including the call centre. **9.** Roll out the 'Making Every Contact Count' training programme to support front line staff to promote healthy behaviours. **10.** Roll out the NHS Health Checks programme to support people age 40 or over to change their behaviour and identify preventable disease early.

If you need this information in another format or language please contact:

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Like the famous film trilogy of the ‘80s, this report is going Back to the Future.

The hero of the film found his future fate was directly affected by events from his past – and we look at how the same is true for the health of our city.

And, like the films, the report is visiting the past, the present and the future.

In the first part of the report we go back in time to the Coventry of 1970 to look at the health of the people of the city. This was just before Public Health left the council to become part of the NHS. Using data from the Annual Report of the Medical Officer of 1970 we compare and contrast the health of the city then and now.

The second part examines the health of Coventry today, looking at issues such as inequalities between different areas of the city.

Finally, the report will look to the future and identify the health challenges that face children born in the city in 2012 that will affect their health in the years to come. We look at what needs to be done now to avoid problems in the future.

And Back to the Future is a fitting title for a Public Health report this year.

From its birth in the 19th century until 1974, Public Health was a key element of local government and now government reforms have brought us back home.

Now, as part of the City Council we will continue our work in promoting and protecting the city’s health.

The Past

The Coventry of 1970 was a very different place to the city we know today – with different health issues.

It was a time when public health was just about to leave local authority control, when the first stop-smoking campaigns were being talked about; when measles, whooping cough and TB were concerns.

Screening to identify health problems early were just starting, obesity wasn't an issue and HIV would not be heard of for over a decade.

This section compares facts and figures from 1970 to 2010, giving a taste of what issues were affecting the health of the city's population over 40 years ago.

Let us start with how long you would live back then….

In 1970 Coventry had a younger population – more children aged under 15 and fewer people living over 65 and into old age.

Overall life expectancy has improved for men and for women in Coventry over the past 40 years, but remains less than the rest of England.

The main causes of death in Coventry have stayed the same over the 40 years - circulatory (heart) disease and cancer, followed by respiratory disease – only the proportions have changed.

What were the main health problems back then?

1. In 1970 deaths from circulatory accounted for 48% and 51% of all deaths in men and women respectively. This proportion fell to 29% of all deaths by 2010 for both genders.

2. This fall is, as a result of better diets, surgical advances, new drugs and health prevention are now cutting the numbers of heart disease deaths and strokes.

3. Improvements in healthcare account for probably the biggest impact in reducing these numbers, most notably in pregnancy and childhood.

Cancer accounted for 21% and 20% of all deaths in men and women, this increased in 2010 to 29% for men and 27% for women.

Today there are more cases of prostate and breast cancer – partly due to people living longer.

What was childhood like?

In 1970 just 3 out of 10 children under 14 were surviving cancer for 5 years or more following diagnosis. Today that figure has improved to almost 8 out of 10 under 14s surviving for five years

Improved health care in pregnancy and early childhood, has dramatically cut deaths of new-borns and children in the first year of life.

In 1970 there were 3,121 reported cases of measles compared to 24 cases in 2010.

A total of 49% of children aged one-two-years had the measles jab in 1970, compared to 95% receiving the MMR jab in 2010.

Smallpox was one of the routine vaccinations in 1970, with 2,791 primary vaccinations. The disease was declared eradicated in 1980.

There were 140 cases of whooping cough reported in Coventry in 1970 – 0 in 2010.

Cases of TB (tuberculosis) have reduced from 208 to 61.

In 1970 a total of 2,486 people attended the 'special clinic' for sexually transmitted diseases. In 2010 that figure was 15,730.

Infectious disease was a big issue in 1970 and it remains one still with the appearance of new infectious like HIV which has added to a slight increase in infectious diseases deaths.

In 1970 treating the causes of ill health was starting to become more important.

The truth about the harmful effects of smoking was beginning to filter through into the public's consciousness and Coventry was launching one of its first city-wide campaigns.

Fast-forward to today and smoke-free laws have banned smoking in almost all enclosed public spaces; the age of sale for tobacco has been increased from 16 to 18 years; and there are graphic health warnings are on all cigarette packets and bans on most advertising. But still, smoking remains an issue in Coventry.

In 1970, 1,859 Coventry women took part in the cervical screening programme run by the Local Authority.

In 2010, 63,908 – three quarters of the women eligible for cervical screening - attended for their test.

There are now national programmes in place for Breast, Cervical and Bowel Cancer; Diabetic Eye and Abdominal Aortic Aneurysm and six antenatal and newborn screening programmes.

The Present

Coventry is a healthier place now than 1970, but still the city has a lot of work to do to match national and regional standards.

Work is already underway in many areas and has seen great improvements, but action is still needed to help reduce deaths from major causes such as heart attacks and cancers, as well as from infectious diseases and other causes.

Many of the city's health problems are made worse by inequalities across the city – caused by the circumstance in which people are born, grow, live, work, and age.

The fact that in Coventry today people in different social circumstances experience avoidable differences in health, well-being and length of life is, quite simply, unfair.

For a man in Coventry the life expectancy is 77.2 (UK average 78.6) and for a woman 82.6 (UK average 82.6).

But a man born in the Banner Lane area can expect to live 12.1 years longer than one born in the city centre - 82.7 years compared to 70.6. While a woman born in the Hipswell area lives 11.3 years longer than one born in the Willenhall area - 87.4 years compared to 76.1.

In the city those inequalities contribute to figures such as:

- 19,000 children and young people (26.9%) are living in poverty
- 680 16-19-year-olds are Not in Employment, Education or Training

Taking action to reduce inequalities in health needs action across the whole of society including: fair employment and good work for all, improved access to good jobs and reduced long-term unemployment as well as a healthy standard of living.

Other issues affecting the health of the city and the action being taken include:

Fuel poverty

16.2% of Coventry households are in fuel poverty (40% of households in some parts of the city) – spending more than 10% of their income on heating. The national average is 14.6%.

Coventry's "winter warmth campaigns" include a Helping Hands Service by Age UK and extra heaters, food and clothing as well as free loft and cavity wall insulation for vulnerable people.

Obesity

25.7% of Coventry people are obese compared to 24.2% in England. Nearly a quarter of 4-5 year olds start school overweight or obese, rising to over a third of 10-11 years olds leaving primary school. A 10-11 year old in the most deprived area of Coventry is almost twice as likely to be obese as a child in the least deprived area.

Excess weight can lead to Type 2 diabetes, cancer and heart disease and can reduce life expectancy by 9 years.

The Healthy Weight Programme and Coventry Health Improvement Project (CHIP) have already introduced cooking clubs, school meals programmes, walking to school campaigns and many other initiatives. More work is needed to encourage healthy eating and increased exercise.

Alcohol

In the period since 1970 Liver disease has quadrupled in the city – linked to an increase in alcohol consumption.

More men and women in Coventry die earlier from alcohol related issues than the UK average and the city has high numbers of alcohol-related hospital admissions – in 2011, 2,408 adults per 100,000 population.

Action includes trialling treatment as part of a sentence for offenders. There has also been work to reduce drinking at home, a triage in the city centre and nurses in A&E targeting alcohol related admissions.

What are the key issues for childhood now?

Breastfeeding can prevent many childhood illnesses. Coventry's infant feeding team offers one-to-one support to mums in their own home, or at one of 14 groups city-wide. Around 200 mums attend the support groups each month and over 1,000 women have been supported by the team. More work is needed with midwives, health visitors, Children's Centres, GPs, the voluntary sector and parents.

A childhood immunisation programme offers protection against Diphtheria, Polio, Pertusis, Tetanus, Meningitis (C, Hib, Pneumococcal), Measles, Mumps, Rubella and Human Papiloma Virus (HPV) – Cervical Cancer. Coventry has moved from being one of the worst performers outside London to one of the best. We need to continue this excellent work and target areas where children are still at risk.

However new challenges have emerged….HIV

Coventry has the second highest rate of HIV in the West Midlands with around with 2.7 per 1000 people living with HIV in the city. The city also has a larger percentage of women with HIV than nationally.

HIV testing is available in sexual health services and at some GPs. All women are screened on an 'opt-out' basis at antenatal services. Funding has been made available to develop screening in community venues and community groups are promoting HIV testing. There is also an extensive and successful C-Card scheme promoting the use of condoms.

The Future

Looking back into our past we can see that the health of future generations will be helped by work now to reduce smoking, excessive drinking, poor diet and low levels of physical activity.

Studies have found that if a person is a non-smoker, physically active, only has a moderate alcohol intake and eats their five portions of fruit and veg' a day, they have the same chance of dying as someone 12-14 years younger.

People with just one unhealthy behaviour are 39% more likely to die early than those with no unhealthy behaviours whilst those with all four unhealthy behaviours are four times as likey to die early as those with none.

The situation is getting better - with more people changing to a healthy lifestyle - but those with no qualifications or in unskilled jobs are still more likely to slip into a poor lifestyle. Therefore, the other major focus going forward needs to be how we ensure people have the best opportunities in life. So….

We need to:

- Give every child the best start in life
- Enable all children young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

We need to ensure that any child born today in Coventry has an equal chance of a long and healthy life whichever part of the city they live in.

The city's future health needs action now in all areas of a person's life – from before birth by giving advice to mums-to-be, to encouraging breastfeeding, creating high-performing schools and attracting quality sustainable jobs, through to care in later life.

Three major areas that can affect lifestyle opportunities and choices and lead to problems such as smoking, heavy drinking and obesity at

- Education
- Employment
- Transport

Coventry is already tackling these issues – but more needs to be done.

Education:

Working with parents in getting their children ready for school lays the foundation stone to giving every child born in Coventry the best possible start in life and for their future life chances.

In education, children need good quality primary and secondary schools. A good education is linked with healthy lifestyle and low mortality rates.

The Council is working with primary schools to bring in improvements and make sure schools achieve good Ofsted levels, with schools working together to spread good ways of working.

And the city's secondary schools are performing well, with 78% of secondary schools, 75% of special schools and 63% of post-16 provision are good or outstanding. There has been a great improvement in academic results in the city.

Employment

Unemployment is a major cause of ill-health, as are jobs with long hours and low levels of support. It is estimated that 13,900 Coventry residents were unemployed between October 2010 to September 2011 – higher than the national average.

The Council's Jobs Strategy has three aims to help everyone in the city into a secure job:

- Bringing in high profile projects and marketing Coventry as the right place to invest and grow
- 'Helping people to get jobs' by targeting help to jobseekers to match their skills
- helping people to improve their skills and become more attractive to employers

The Council is also running a successful apprenticeship programme to help 16-24-year-olds into work and encouraging businesses across the city to follow their lead.

And the Local Enterprise Partnership (LEP) will have a key strategic role in supporting the right developments and attracting organisations to Coventry and the sub region that will provide sustainable quality jobs.

Transport:

Greener ways of travelling are being promoted through initiatives such as the new cycling and walking route from Coventry station to the city centre and the Cycle Coventry project has been awarded a government grant of over £6 million to improve cycle routes so Coventry is on the right road to a healthier future.

And Coventry has already made the entire city centre within the Ring Road a 20mph zone and created shared-space junctions to encourage more active travel.

However, we need to be more ambitious in future and build on the strengths and capabilities of the people of Coventry, so that we can be a more active, capable and positive city and one they can fulfil their potential life chances.

e.g. Over the next year we want to work with the people of Coventry on how we can create a more active friendly city. We will be doing this under the banner of

' Coventry on the move' and what we want is your ideas and involvement in how we do this.

A healthy future?

In this look back over the past 42 years, we have seen how the health of the city has improved.

Life expectancy has increased for both men and women, infant mortality has been greatly reduced and many previous infectious diseases have been contained. Overall the health of people in Coventry has not improved and remains poor compared to other parts of the West Midlands and the rest of England.

But there are now different threats and different priorities and more work is needed to make the city healthier and give the children of today a better future.

But if we take the action needed to tackle issues such as obesity and high level of smoking and drinking and introduce the social changes needed to bring in health equality for all, no matter what part of the city they live in, the health of the city of the future will be much improved. As importantly, peoples' well-being and the sense of Coventry as a good city in which to live will be enhanced.

We should focus on what we can change and what is within the city's gift to change.

This report has made it clear that there is much that is being done, but there is still more to be done, if we want to improve the health, wellbeing and overall quality of life of everyone in the city – from birth through to later life.

There is work ahead for public bodies in areas such as education, transport and employment, but communities need to be given the power and the ability to help make choices and take action for themselves.

We need to work together as a city to allow us to look towards a healthier future for ourselves, our children and our children's children.

Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5) **Date: Wednesday 6th November 2013**

Subject: Consideration of proposals by NHS Blood and Transplant to make changes to the operation of workplace bloodmobile sessions in the West Midlands.

1 Purpose of the Note

1.1 NHS Blood and Transplant (NHSBT) has been invited to the meeting to discuss proposals currently out for consultation proposing changes to their operation of workplace bloodmobile sessions. These sessions operate from large scale employer premises providing convenient opportunities for staff to donate blood without the need to take periods of absence from work.

2 Recommendations

2.1 The Board are requested to consider the Briefing Note and any further information submitted by NHSBT at the meeting and submit any views on the consultation formally following the meeting.

3 Information/Background

3.1 NHSBT is a Special Health Authority co-ordinating blood donation and organ donation in England and Wales, meeting the needs of NHS hospitals in across the UK. They further provide a range of additional specialist services related to blood and tissue, stem cells and diagnostic services, as well as a research and development function.

3.2 According to the NHSBT website there are currently 10 local centres across the City for blood collection, working on varying collection schedules. The best known and most frequent of these is Methodist Central Hall in the City Centre. NHSBT also report that as of 3rd January 2013 6,542 Coventry residents regularly donate blood (2.05% of the population).

3.3 Like all NHS organisations they are facing financial challenges. One of the proposals they have made to reduce costs is for the current practice of regular workplace collections of blood across the West Midlands being ended. Blood collection from the range of community centres and other locations across Coventry and the West Midlands would be continued, and offered to donors as an alternative. NHSBT has not sought the views of local authorities or other local stakeholders in making this proposal.

3.4 The Board's Chair has written to NHSBT to highlight a number of concerns regarding this proposal, their response is included as Appendix A to this Briefing Note.

3.5 Additionally NHSBT has been asked to consider a number of follow up questions, responses to which it is anticipated will be provided at the meeting:

- What evidence is there that people will still give blood if they have to travel to NHSBT rather than have it come to them?
- Has NHSBT done any assessment of employers' willingness to let staff have time off to walk across town? Many employers will give people the 45 minutes three times a year, which probably encourages some donors, but are unlikely to do so if it means they go off-site during work hours.
- Have they done any assessment of how many donors are first attracted by the opportunity to go with a colleague or someone they know? How will loss of workplace donation affect that?

3.6 It has been confirmed by NHSBT that Jane Pearson and Laura Hontoria del Hoyo (Assistant Directors in the Blood Supply Directorate) will attend the meeting to brief Members on the consultation and provide further information and explanation of the proposed change.

For more information about NHS Blood and Transplant – www.nhsbt.nhs.uk

For more information about blood collections, and opportunities to donate in Coventry – www.blood.co.uk

28th October 2013.

Briefing Note Author:
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Cllr Steven Thomas
Member's Support
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11 September 2013

Dear Cllr Thomas,

Thank you for contacting NHS Blood and Transplant (NHSBT) to request further information on our review of the workplace bloodmobile sessions in the West Midlands.

NHS Blood and Transplant (NHSBT) operate a very active blood collection programme in the West Midlands. We currently collect blood from three types of sessions, fixed site collection centres in Birmingham and Stoke, public sessions in town halls, community centres and other venues, and workplace sessions during which we collect blood from donors on vehicles known as bloodmobiles.

NHSBT is a publicly funded organisation, therefore we have a responsibility to deliver our services as efficiently and as effectively as possible. We must make best use of our donors' gift and our own resources. Therefore, we regularly review when and where we collect blood to make sure we are collecting blood at the right time in the right quantities to meet patients' needs.

As a result of our current review, we are considering taking the difficult decision to discontinue our workplace bloodmobile programme in the West Midlands. If we take this decision, it will mean that the workplace bloodmobile sessions currently operating will no longer take place from spring 2014. Our public sessions, such as Central Hall in Coventry and others held in town halls, community centres and other venues are not affected by this review.

We appreciate a blood donation session at work is a very convenient way for donors to give blood. However a bloodmobile session requires 3 donor carers and a registered nurse to collect 35 units of blood during a 5 hour session; while a session with 9 beds (in a venue such as a church hall or community centre) requires 1 nurse and 11 staff to collect 135 units in 5 hours. This means a team collecting blood from a community based session can collect nearly four times more blood in one day and collect more units of blood per member of staff at the session, without the high transport costs of running a bloodmobile.

At the end of August, we started contacting affected donors to tell them about our review. We will contact them again, once the review is complete, to confirm what changes will go ahead. If their session is discontinued, we will offer them support in finding alternative sessions so that they can continue donating in the area. Then, when it is time for them to donate again, they will be invited to the blood session nearest to where they live or nearest their workplace

if they prefer. In the meantime, existing, planned sessions at workplaces will take place as usual.

It is important to stress that there will still be blood donation sessions in Coventry and surrounding areas going forward, so every donor that wants to give blood will still be able to do so. We very much hope most people will; we appreciate that each and every one of them saves and improves lives every time they come to donate

NHSBT is carefully considering this review in order to continue our work in ensuring that the blood supply chain is being managed as efficiently and effectively as possible. There has not been a shortage of blood in this country for many years due to this unwavering commitment. NHSBT works hard to meet all hospital and patient demand. I wish to assure you that we are taking a cautious approach with this review to ensure that if we do decide to withdraw from using the bloodmobiles, we retain the flexibility to increase blood collections in the future should demand rise.

I hope that the information provided here has been helpful in addressing the concerns raised. Please do not hesitate to contact me if you have any further queries.

Yours sincerely

Ian Beggs
Assistant Director External Affairs

Health and Social Care Scrutiny Board (5)
Work Programme 2013/14

Date 6th November 2013

For more details on items, please see pages 3 onwards

19 June 2013
- Induction and work planning
- UHCW Quality Account
- CWPT Quality Account
- Communicable Disease Control and Outbreak Management

24 July 2013
- Attendances at A and E – University Hospital site
- Amalgamation of two Coventry GP practices

25 September 2013
- Francis Report
- Adult Social Care Local Account
- Coventry Safeguarding Adults Board Annual Report
- Caring for Our Future – Consultation Response

6 November 2013
- ABCS – A Bolder Community Services
- Director of Public Health – Annual Report
- Local Blood Collection Services

4 December 2013
- Dementia diagnosis pathways
- NHS 111
- Commissioning of third sector organisations – particularly around support for LTC

15 January 2013
- Commissioning landscape of the City (Jan / Feb)
- What impact has the CCG had?
- Has it added value? Is it cost effective?
- What is the impact on GPs and their services?
- Health and Wellbeing Board Work Programme – Chair to attend a Board meeting

5 February 2014
- Sexual health services

5 March 2014
- Physical healthcare of LD & MH patients

2 April 2014

30 April 2014

Date to be determined
- Patient discharge from UHCW
- Learning Disability Strategy
- Tbc Care Quality Commission (CQC)
- Financial position at the hospital
- Complaints at UHCW / wider health economy and how they are used to improve quality?
- NHS England Local Area Team
- Nutritional standards in inpatient care
- Public and Patient Engagement
- Private companies running GP practices

Meeting Date	Work programme item	Lead officer	Brief Summary of the issue	Source	Format
19 June 2013	Induction and work planning	Simon Brake / Peter Barnett	Short briefings on the remit of the Board and introduction to NHS organisations. First thoughts on the work programme.		Informal meeting / report
	UHCW Quality Account	Andy Hardy (Chief Exec UHCW)	NHS provider Trusts are required to produce annual statements of quality priorities and outcomes. The Board has a role in providing a short commentary on progress.	Legislation	Report / presentation
	CWPT Quality Account	Tracy Wrench (Director of Nursing CWPT)	As above	Legislation	Report / presentation
	Communicable Disease Control and Outbreak Management	Jane Moore	CCC Public Health / Public Health England / LAT – discussion on MMR / Measles – prevention of communicable disease, local resilience.	Chair's Request	Report / presentation
24 July 2013	Attendances at A and E – University Hospital site	UHCW / CCG / LAT / Local GPs	Recently hospital chief executives across the region have expressed concerns about the continued growth in A&E Attendances. The Board has been advised of significant failures in meeting the 95% target for people being seen within 4 hours. Issues to discuss: A&E Safety and Performance overall What are the numbers? 24 hour admission rate, staffing levels Breaches? What happens? What are we doing about it Trolley waits? A&E links to other problems at the hospital / quality.	Work programme	Report / presentation

	Amalgamation of two Coventry GP practices	NHS England	Two Coventry GP practices are proposed to be amalgamated into one practice and the local primary care commissioners (NHS England) are seeking the support of the Scrutiny Board for this proposal.	Statutory request	Report
25 September 2013	Francis Report	Simon Brake / Peter Barnett	- What Francis means to local Trusts - How propose to implement duty of candour - Impact on patients in Trust premises and / or at home - What are implications for the CCG - What are the implications for the City Council	HWB / Cabinet Member request	Briefing / attendance by NHS executives.
	Adult Social Care Local Account	Brian Walsh / Mark Godfrey	This is the annual report of the Council related to services provided to Adult Social Care clients. The report summarises performance, provides commentaries from key partners and representatives of users and sets strategic service objectives for the future.	Annual agenda item	Annual Report
	Coventry Safeguarding Adults Board Annual Report	Brian Walsh / Sara Roach	This multi-agency Board is responsible for co-ordinating arrangements to safeguard vulnerable adults in the City. The Annual Report sets out progress over the 2012/13 municipal year and provides members with some data to monitor activity.	Annual Report	Annual Report
	Caring for Our Future – Consultation Response	Simon Brake	The Government is proposing to refresh the mandate to NHS England. This report summarises the Council's draft response.	Consultation response	Report.

6 November 2013	ABCS – A Bolder Community Services		Major programme of service re-design and change intended to reflect budget challenges for Adult Social Care services, part of wider Citywide consultation.	Cabinet Member request	Consultation document / presentation
	Director of Public Health – Annual Report	Jane Moore / Ruth Tennant	The DPH has a statutory opportunity to issue Annual Reports which provide a commentary of local public health profiles and priorities.	Annual agenda item	Executive summary / presentation
	Local Blood Collection Services	NHS Blood and Transplant Service	NHSBT are proposing changes to the local arrangements for collecting blood from local businesses. Officers of this Special Health Authority have been invited to attend to explain these and place them in the wider context of their work in collecting appropriate levels of blood from the local population.	Chair request	Report/ presentation
4 December 2013	Dementia diagnosis pathways				
	NHS 111		Request current position and revised plans Impact of this on UHCW A&E pressures	Work programme	
	Commissioning of third sector organisations – particularly around support for LTC				
15 January 2013	Commissioning landscape of the City (Jan / Feb) What impact has the CCG had? Has it added value? Is it cost effective? What is the impact on GPs and their services?				

	Health and Wellbeing Board Work Programme – Chair to attend a Board meeting		Chair to be invited, examine Health and Wellbeing Strategy and progress		
5 February 2014	Sexual health services				
5 March 2014	Physical healthcare of LD & MH patients				
2 April 2014					
30 April 2014					
Date to be determined	Patient discharge from UHCW				
	Learning Disability Strategy	Mark Godfrey		Policy development	Report
	Tbc Care Quality Commission (CQC)	Lesley Ward (CQC)	Follow up to April meeting and developing role of CQC in particular re care homes/ social care settings. Linked to above	Work programme	
	Financial position at the hospital				
	Complaints at UHCW / wider health economy and how they are used to improve quality?				
	NHS England Local Area Team		what is their role? Role in A&E planning / primary care conversation / NHS front-door		

	Nutritional standards in inpatient care		policies / procedures for inpatient providers - Councillors visit / trial?		
	Public and Patient Engagement		By local Trusts / CCG role / Healthwatch's role and how the public interact with and influence Health Services.	Work programme	
	Private companies running GP practices		Progress report and examination of outcomes		
	Adult Social Care Bill	Brian Walsh / Simon Brake	The Government has published an Adult Social Care draft Bill to which it is intended that the Council will make a formal response.	Cabinet Member request	Cabinet Report

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