



### Health and Social Care Scrutiny Board (5)

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**Time and Date**

2.00 pm on Wednesday, 4th December, 2013

**Place**

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

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

- (a) To agree the minutes of the meeting held on 6th November, 2013  
(Pages 5 - 10)
- (b) Matters Arising

**2.05 p.m.****4. Consideration of Proposals by NHS Blood and Transplant to Make Changes to the Operation of Workplace Bloodmobile Sessions in the West Midlands (Pages 11 - 14)**

Briefing Note of the Scrutiny Co-ordinator

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

**2.25 p.m.****5. Primary Care Development in Coventry (Pages 15 - 16)**

Briefing Note of the Scrutiny Co-ordinator

Martina Ellery, Contracts Manager, NHS England The Local Area Team has been invited to the meeting for the consideration of this item

**3.10 p.m.****6. Winter Pressures at the University Hospitals Coventry and Warwickshire (Pages 17 - 18)**

## Briefing Note of the Scrutiny Co-ordinator

Meghana Pandit, Chief Medical Officer, University Hospitals Coventry and Warwickshire has been invited to the meeting for the consideration of this item

### **3.50 p.m.**

7. **Healthwatch Coventry - Good Engagement Charter** (Pages 19 - 22)  
Report from Healthwatch Coventry
8. **Update on NHS 111**  
The Scrutiny Co-ordinator will report at the meeting

### **4.05 p.m.**

9. **Outstanding Issues Report**  
Outstanding issues have been picked up in the Work Programme
10. **Work Programme 2013-14** (Pages 23 - 30)  
Report of the Scrutiny Co-ordinator
11. **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
12. **Meeting Evaluation**

### **Private Business**

Nil

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Chris West, Executive Director, Resources, Council House Coventry

Tuesday, 26 November 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 4<sup>th</sup> December, 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 Hetheron, 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 if you would like this information in another format or language please contact us.

**Liz Knight**

**Telephone: (024) 7683 3073**

**e-mail: [liz.knight@coventry.gov.uk](mailto:liz.knight@coventry.gov.uk)**

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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, 6 November 2013**

Present:

Members:                   Councillor S Thomas (Chair)  
                                  Councillor M Ali  
                                  Councillor J Clifford  
                                  Councillor C Fletcher  
                                  Councillor P Hetherton  
                                  Councillor J Mutton  
                                  Councillor H Noonan  
                                  Councillor H S Sehmi

Other Members:           Councillor A Gingell, Cabinet Member (Health and Adult Services)

Employees:

                                  P Barnett, Resources Directorate  
                                  P Fahy, People Directorate  
                                  M Greenwood, People Directorate  
                                  L Knight, Resources Directorate  
                                  M McGinty, People Directorate  
                                  J Moore, Chief Executive's Directorate  
                                  B Walsh, Executive Director, People

Other Representatives:    P Dye, Coventry Carers' Centre

Apologies:                Councillor A Williams  
                                  D Spurgeon

## **Public Business**

### **24.     Declarations of Interest**

                                  There were no disclosable pecuniary or other relevant interests declared.

### **25.     Minutes**

                                  The minutes of the meeting held on 25<sup>th</sup> September, 2013 were signed as a true record. There were no matters arising.

### **26.     A Bolder Community Services (ABCS) Interim Consultation Report**

                                  The Scrutiny Board received a presentation and considered a briefing note of the Executive Director, Place which provided an overview of the A Bolder Community Services (ABCS) Programme consultation and offered the opportunity for the Board to make recommendations or comments as part of the consultation process. A copy of the interim report on the consultation was attached at an appendix to the briefing note. The consultation commenced on 27<sup>th</sup> August, 2013 and was due to

end 15<sup>th</sup> November, 2013. Councillor Gingell, Cabinet Member (Health and Adult Services) attended the meeting for the consideration of this item. Pauline Dye, Chief Executive, Coventry Carers Centre, also attended for this issue.

The consultation report detailed the activity undertaken so far regarding the six ABCS proposals currently being consulted on; the consultation approach; and the general areas of feedback to date.

The Council needed to 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 to be achieved by 2015/16. The programme sought to progress the following six proposals to achieve the savings target for 2014/15:

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

By mid-October approximately 8,500 had been contacted by letter or e-mail, over 50 consultation meetings had taken place, and the ABCS website pages had been viewed on more than 2,700 occasions.

Feedback to date had been overwhelmingly in disagreement with the proposals but was to be expected given the scale and nature of the proposed changes, however there was an appreciation of the difficult financial situation to be faced by the Council.

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

- Clarification of the current position following five disabled people winning their Court of Appeal bid to overturn the Government's decision to abolish the Independent Living Fund
- Transport to day care centres and the use of the ring and ride and bus services
- The impact of the proposals on all family members
- The impact of funding reductions on smaller organisations
- The potential for organisations to act together in consortiums so generating efficiencies.

Pauline Dye, Chief Executive, Coventry Carers Centre, explained the impact of the cuts on her organisation and to the carers that they support. She highlighted that the proposals were likely to result in other organisations incurring additional costs in the long term if the Carers Centre were unable to provide their current level of support.

The Board discussed the importance of commissioning for quality.

**RESOLVED that:**

**(i) The interim report on the ABCS consultation process and the considerations to date be noted.**

**(ii) The Board is consulted on the report on the final proposals from the A Bolder Community Services proposals following the consultation and prior to being submitted to Cabinet.**

**(ii) A report on commissioning for quality be submitted to a Board meeting in the near future.**

**27. Director of Public Health Annual Reports 2012 and 2013**

The Scrutiny Board received a presentation from Dr Jane Moore, Director of Public Health on public health in the city which highlighted significant changes since 1970, identified current issues and detailed the key challenges for the future. The Board also noted two Annual Reports of the Director. The first looked back to when public health was last in local government in 1974 and considered how health had changed since then and the second looked forward to the major challenges that needed to be tackled to improve health in the 21<sup>st</sup> century. These reports had been submitted to the meeting of the Coventry Health and Well-being Board on 21<sup>st</sup> October, 2013 and were also to be considered by Cabinet at their meeting on 19<sup>th</sup> November, 2013. Councillor Gingell, Cabinet Member (Health and Adult Services) attended the meeting for the consideration of this item.

The findings of the reports were 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. They showed the need for continued effort to improve issues that affect people's health including education and employment which were being tackled through the city's status as a Marmot City. They also highlighted the need to focus on lifestyle issues such as smoking, alcohol, poor diet and physical activity which were the biggest health challenges for the 21<sup>st</sup> century. Information from these reports would be shared with local people through the Neighbourhood Forums and would also be shared more widely with partner agencies and the voluntary sector.

The presentation put forward the following five key challenges:

- Focus on closing the health gap
- Target the areas of the city and the people where we have seen the least improvement
- Work with local communities to empower them to make a change (asset-based working)
- Use social marketing, social media and technology to support behaviour change
- Make it easier for people to change.

Ten key actions had been developed to address these challenges.

Members of the Board questioned the officer and responses were provided, matters raised included:

- Partnership working with local universities, particularly in relation to sexual health issues
- Promoting healthy eating to reduce health inequalities and access to healthy foods
- Availability of data from local pharmacies
- The challenges identified in this year's report were the challenges that existed 25/30 years ago
- How to enhance community ambitions and empower people to make difficult decisions
- Partnership working to be able to engage with new communities to help reduce health inequalities
- The potential to increase the options available for exercise in the community
- Modern less physically demanding lifestyles which contribute to unhealthy behaviours
- The banning of smoking at school gates.

The Board indicated that there was an expectation that the content of the reports should be used by all parts of the Local Authority when considering commissioning decisions in the future.

**28. Consideration of Proposals by NHS Blood and Transplant to Make Changes to the Operation of Workplace Bloodmobile Sessions in the West Midlands**

The Chair, Councillor Thomas reported that he had just been informed that representatives from NHS Blood and Transplant were unable to attend the meeting to report on their proposals to make changes to the operation of workplace Bloodmobile sessions in the West Midlands. A statement had been submitted via e-mail.

**RESOLVED that:**

**(i) Consideration of the item be deferred until the next Board meeting scheduled for 4<sup>th</sup> December, 2013.**

**(ii) The Chair, Councillor Thomas to write to NHS Blood and Transplant regarding their attendance at the next Board meeting.**

**29. Outstanding Issues Report**

The Board noted that all outstanding issues had been included in the work programme, Minute 30 below refers.

**30. Work Programme 2013-2014**

The Board noted the work programme for 2013-14. In response to a question, it was agreed to re-circulate the briefing note on NHS111 to the Board members.

**31. Any other items of Public Business - Shingles Vaccine**

Dr Jane Moore, Director of Public Health informed the Board of the current position regarding the NHS vaccination programme against shingles for people



aged 70 to 79. She indicated that there was a need for clarification to be provided so patients were aware of when they could expect to be vaccinated. The first people to have the vaccine would be those aged 70 or 79 on 1st September, 2013.

(Meeting closed at 4.30 pm)

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Coventry City Council

## Briefing note

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To: Health and Social Care Scrutiny Board (5)

Date: 4<sup>th</sup> December 2013

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

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### 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 3<sup>rd</sup> 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](http://www.nhsbt.nhs.uk)

For more information about blood collections, and opportunities to donate in Coventry – [www.blood.co.uk](http://www.blood.co.uk)

28<sup>th</sup> October, 2013.

**Briefing Note Author:**

Peter Barnett

Head of Health Overview and Wellbeing

People Directorate

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Cllr Steven Thomas  
Member's Support  
Council House  
Earl Street  
Coventry  
CV1 5RR

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

A handwritten signature in black ink, appearing to read 'Ian Beggs', written in a cursive style.

Ian Beggs  
**Assistant Director External Affairs**



Coventry City Council

## Briefing note

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

**Date: 4<sup>th</sup> December 2013.**

**Subject: Primary Care Development in Coventry**

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### **1 Purpose of the Note**

- 1.1 The Arden Herefordshire and Worcestershire Local Area Team of NHS England has been invited to the meeting to discuss recent development in primary care services in Coventry.

### **2 Recommendations**

- 2.1 The Board are recommended to note this Briefing Note.

### **3 Information/Background**

- 3.1 Following the Board's consideration in July of proposals to amalgamate two GP premises in the City, the Board requested a further update from NHS England at an appropriate time.
- 3.2 The Director of Commissioning and Primary Care Contracts Manager for the team have been invited to attend the meeting to provide Members with a briefing on their developing work and any specific developments regarding a number of proposals in various stages of development for new practice buildings and further amalgamations.
- 3.3 NHS England has also been asked to provide further information on continuing work to improve quality in primary care in the City, this being a factor in one of the practices discussed above.
- 3.4 The Health and Social Care Act 2012 gave the Scrutiny Board new powers to scrutinise any provider of NHS services, either private or public sector. Whilst detailed guidance on this new power to scrutinise primary care providers (including GPs) is awaited this session will provide a useful opportunity for the Board to consider how it might wish to use this power in the future.
- 3.5 A written briefing from NHS England is expected, however this has not been received in time to be circulated with the agenda.

#### **Briefing Note Author:**

Peter Barnett  
Head of Health Overview and Wellbeing  
People Directorate  
Tel: 02476 831145

26<sup>th</sup> November 2013.

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Coventry City Council

## Briefing note

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

**Date: 4<sup>th</sup> December 2013.**

**Subject: Winter Pressures at UHCW**

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### **1 Purpose of the Note**

- 1.1 University Hospitals Coventry and Warwickshire NHS Trust (UHCW) has been invited to the meeting to provide the Board with an update on their preparedness for expected winter pressures and to give an update on Accident and Emergency (A&E) performance over recent months.

### **2 Recommendations**

- 2.1 The Board are recommended to note this Briefing Note.

### **3 Information/Background**

- 3.1 Following the Board's consideration in July of a presentation outlining detailed research undertaken by UHCW to get a better understanding of long-standing concerns about A&E performance at the University Hospitals site the Board has invited the Trust to provide an update on recent developments and to report on recent performance against the national target of 95% of patients attending A&E to be seen and treated in 4 hours or less.
- 3.2 The Chief Medical Officer of the Trust has been invited to attend the meeting to provide Members with a briefing on their developing work. This will include information about the allocation of additional funding provided by the Department of Health to combat winter pressures.
- 3.3 UHCW as one of the largest secondary and tertiary care providers in the Midlands plays a pivotal role in the local health economy. Its designation as a Regional Trauma Centre has formalised a developing trend in the development of its services, with patients suffering from severe trauma from a wide area now being sent to the site. Last year UHCW along with many other acute Trusts struggled to cope with the added pressure of the impact of cold weather, increases in general illness, additional falls etc with older patients and they regularly failed to meet their 4 hour target.
- 3.4 At the July meeting the Trust provided a detailed piece of research which appeared to provide them with additional understanding of the impact of winter pressures and how changes in the way they managed bed allocation might improve the movement of patients through the hospital and on to discharge.
- 3.5 A paper will be submitted to the Trust's Board on 27<sup>th</sup> November and it is expected that this will be provided to the Board as further information in advance of the Board's meeting.

#### **Briefing Note Author:**

Peter Barnett  
Head of Health Overview and Wellbeing  
People Directorate  
Tel: 02476 831145

26<sup>th</sup> November 2013.

# Good Engagement Charter:

Supporting meaningful involvement of patients, public and carers in health and social care in Coventry and Warwickshire



# Introduction

## Why we believe in this Charter

This Charter is based on what local people told us through a survey and focus groups (271 people took part) and sets out the things that people said were most important to them when asked to give their feedback, views or 'get involved' .

People are often asked to 'have their say' about health and social care but how do you know their voice is being heard? Healthwatch will use this Charter to encourage organisations to adopt best practice.

Health and social care services are constantly changing and it is essential that the experiences and opinions of patients and the public help to make sure services are improved for people in Coventry and meet peoples' needs.

Healthwatch believes that everyone should have the chance to take part in shaping health and social care in a way that suits them.

We are working with Healthwatch Warwickshire to promote this Charter and we are:

- Investigating development a training package for organisations to use to develop the understanding of managers, officers, staff
- Development of a self assessment checklist
- Have conversations with Chief Executives of provider organisations about adopting the charter

## What is engagement?

'Engagement' is an overarching term for all forms of activity which involve gathering feedback, opinions and views from people who use services, carers and people who might use services. Therefore engagement might be:

- having a conversation with a service user about their experiences of using services,
- a survey,
- setting up a patient/service user/carers group,
- work to involve people in service redesign,
- or many other activities.

Formal consultation is also a type of 'engagement', but not the only kind.

# The Charter

Healthwatch expects the following points to be addressed by organisations that carry out patient and public engagement in Coventry:

- 1. We will be clear about why there is a need to engage with our community**  
The reasons for involving people must be clear from the start.
- 2. We will make sure that we work with partners when engaging with our community**  
People do not like being asked about the same thing over and over again. A joined-up approach is efficient and increases the likelihood of people taking part.
- 3. We will make sure there is plenty of time for engagement**  
We will give people plenty of time to give their opinions and will arrange events at different times so that more people can take part.
- 4. We will use a range of different ways for people to have their say**  
Some people like to talk in groups; others prefer to complete an online survey or to tell one person their ideas. We will be inclusive and tailor our activities to the people we are hoping will take part.
- 5. We will be open, honest and transparent when engaging with our community**  
Agencies carrying out engagement activity should be open and honest about what can and cannot be influenced - including any constraints and boundaries - giving reasons for this.
- 6. We will make sure that information is accessible by all**  
Information needs to be accessible, clear, understandable, and relevant. It also needs to be presented in the correct format for the audience.
- 7. We will provide people with regular feedback when engaging with them**  
Results of engagement should be easily accessible to people who wish to view it - especially those people affected by the results of the consultation activity.
- 8. We will recognise best practice and make sure that it is used to inform future engagement with our community**  
Engagement that has worked well should be celebrated, shared between partners and also be used to develop future engagement activities.
- 9. We will evaluate the engagement process and make sure that any lessons learned are used to make engagement better in the future**  
Engagement will be reviewed to see how well it worked and if it has achieved what it set out to do. The process will also be assessed against the standards outlined in this charter.



# A call to action

## Adopting the charter

Healthwatch is asking organisations to adopt the Charter as a driver for change within your organisations. We see the Charter as a useful tool to help reflect on what local people think and want when they are asked for their input and views.

There are the following steps to adopting the charter:

1. Discuss the Charter within your organisation
2. Indicate to your local Healthwatch that you wish to adopt it
3. Produce a short, published, pledge document setting out the actions your organisation will undertake to develop your 'engagement' practice in line with the Charter i.e. what you will do differently and work you will undertake to embed the Charter. Ideally this should be one side of A4. You should report on progress against your pledge
4. Identify someone at board level (Exec or non- Exec) to Champion Good Engagement.

This approach fits very well with the recommendation from the Francis and Keogh reports about organisations ensuring that they are open, transparent and listening organisations.

For commissioners and other bodies involved in the scrutiny of services we ask you to adopt the Charter and to consider how to use it as a lens through which to check on the engagement activities of organisations.

## Further information

The report of our research into good practice and the views of local people which led to the production of this Charter can be found at:

[www.healthwatchcoventry.co.uk/engagement-charter](http://www.healthwatchcoventry.co.uk/engagement-charter)

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

Date 4<sup>th</sup> December 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

### 4 December 2013

- Local Blood Collection Services
- Primary Care Plans
- UHCW Winter Plans
- Healthwatch Engagement Charter
- NHS 111

### 18 December 2013

- ABCS – Final Proposals
- Serious Case Review Mrs D

### 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
- Dementia diagnosis pathways

### 5 March 2014

- Physical healthcare of LD & MH patients
- Learning Disability Strategy

### 2 April 2014

- Care Quality Commission (CQC )

### 30 April 2014

- Patient discharge from UHCW
- Complaints UHCW

Patient Experience in secondary care  
Coventry and Rugby CCG 5 year plan

#### Date to be determined

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  
Adult Social Care Bill  
Commissioning for Quality  
Commissioning of third sector organisations – particularly around support for LTC



<b>Meeting Date</b>	<b>Work programme item</b>	<b>Lead officer</b>	<b>Brief Summary of the issue</b>	<b>Source</b>	<b>Format</b>
<b>19 June 2013</b>	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
<b>24 July 2013</b>	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
<b>25 September 2013</b>	Francis Report	Simon Brake / Peter Barnett	<ul style="list-style-type: none"> <li>- What Francis means to local Trusts</li> <li>- How propose to implement duty of candour</li> <li>- Impact on patients in Trust premises and / or at home</li> <li>- What are implications for the CCG</li> <li>- What are the implications for the City Council</li> </ul>	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.

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

<b>6 November 2013</b>	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		Deferred to December meeting		
<b>4 December 2013</b>	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
	Primary Care Plans	Sue Price / Martina Ellery	NHS England's Local Area Team has been invited to provide an update on recent developments in primary care in the City.	Board request (July)	Briefing Note
	UHCW Winter Plans	Andy Hardy / Meghan Pandit	The Board has invited UHCW to provide it with an update on preparedness for expected Winter pressures at the University Hospitals site.	Board request	Briefing note / presentation
	Healthwatch Engagement Charter	Ruth Light / David Spurgeon	Healthwatch Coventry has worked with Healthwatch Watrickshire to provide an engagement charter intended to support and enhance patient and service user engagement in local service development. It is submitted for the Board's endorsement.	Request by Local Healthwatch	Briefing Note
	NHS 111		Request current position and revised plans Impact of this on UHCW A&E pressures	Work programme	
<b>18 December 2013</b>	ABCS – Final Proposals	Brian Walsh / Pete Fahy	The Board has requested that the Cabinet Report outlining final proposals following the consultation exercise are included in the work programme.	Board request	Cabinet Report
	Serious Case Review Mrs D	Brian Walsh / Simon Brake	The Board has been advised that the Coventry Safeguarding Adults Board will shortly be ready to publish an Executive Summary of a Serious Case Review into the death of a vulnerable adult, Mrs D.	Chair's agreement	Report and Executive Summary

<b>5 January 2013</b>	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?		Rugby Borough Council Scrutiny Members invited.		
	Health and Wellbeing Board Work Programme – Chair to attend a Board meeting		Chair to be invited, examine Health and Wellbeing Strategy and progress		
<b>5 February 2014</b>	Sexual health services				
	Dementia diagnosis pathways				
<b>5 March 2014</b>	Physical healthcare of LD & MH patients				
	Learning Disability Strategy	Mark Godfrey		Policy development	Report
<b>2 April 2014</b>	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	
<b>30 April 2014</b>	Patient discharge from UHCW				
	Complaints UHCW				
	Patient Experience in secondary care				

	Coventry and Rugby CCG 5 year plan	Steve Allen / Juliet Hancox			
<b>Date to be determined</b>	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
	Commissioning for Quality	Pete Fahy	Following consideration of the ABCS consultation proposals the Board requested a paper on commissioning for quality in Adult Social Care.	Board request	Briefing Note
	Commissioning of third sector organisations – particularly around support for LTC				

