



Health and Social Care Scrutiny Board (5)

Time and Date

2.00 pm on Wednesday, 5th February, 2014

Place

Committee Rooms 2 and 3, Council House, Coventry

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

(a) To agree the minutes of the meetings held on 4th and 18th December, 2013 (Pages 5 - 16)

(b) Matters Arising

2.05 p.m.**4. Transformational Change Programme - Coventry and Warwickshire Partnership Trust (Pages 17 - 28)**

Presentation by Coventry and Warwickshire Partnership Trust

Representatives from the Trust have been invited to the meeting for the consideration of this matter

3.00 p.m.**5. Changes to Mental Health Day Services (including Dementia Services)**

The officers will report at the meeting

Representatives from Coventry and Warwickshire Partnership Trust have been invited to the meeting for the consideration of this item

3.25 p.m.**6. Sexual Health Services (Pages 29 - 34)**

Report of the Coventry and Warwickshire Partnership Trust

Representatives from the Trust have been invited to the meeting for the consideration of this item

3.50 p.m.

7. **Outstanding Issues**

Outstanding issues have been picked up in the Work Programme

8. **Work Programme 2013-2014** (Pages 35 - 42)

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, 28 January 2014

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 5th February, 2014 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

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Agenda Item 3a

Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 2.00 pm on Wednesday, 4 December 2013

Present:

Members: Councillor S Thomas (Chair)
Councillor J Clifford
Councillor J Mutton
Councillor M Mutton
Councillor H Noonan
Councillor D Skinner (substitute for Councillor Williams)

Co-opted Members: Mr J Mason, representing Mr D Spurgeon

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

Employees:

P Barnett, Resources Directorate
S Brake, People Directorate
L Knight, Resources Directorate
J Moore, Chief Executive's Directorate

Other representatives: Dr Francis Campbell, Area Team
Martina Ellery, Area Team
Laura Hontoria del Hoyo, NHS Blood and Transplant (NHSBT)
Margaret Johnson, Area Team
Ruth Light, Healthwatch Coventry
Paul Martin, University Hospitals Coventry and Warwickshire (UHCW)
Meghana Pandit, UHCW
Richard Parker, UHCW
Jane Pearson, NHSBT
Josie Spencer, Coventry and Warwickshire Partnership Trust

Apologies: Councillors M Ali, C Fletcher, P Hetherton and A Williams
D Spurgeon (Co-opted Member)

Public Business

32. Declarations of Interest

There were no disclosable pecuniary or other relevant interests declared.

33. Minutes

The minutes of the meeting held on 6th November, 2013 were signed as a true record. There were no matters arising.

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

The Scrutiny Board considered a briefing note of the Scrutiny Co-ordinator concerning the proposed changes to the operation of workplace bloodmobile sessions by NHS Blood and Transplant (NHSBT). Jane Pearson and Laura Hontoria del Hoyo, Assistant Directors in the Blood Supply Directorate, attended the meeting to brief members on the proposals and the consultation. Councillor Gingell, Cabinet Member (Health and Adult Services) attended the meeting for the consideration of this item.

NHSBT, like all NHS organisations were facing financial challenges and had a responsibility to deliver their services as efficiently and effectively as possible. Their current review proposed to reduce costs by discontinuing the workplace bloodmobile programme in the West Midlands from spring 2014. Blood collection from a range of community centres and other locations across Coventry and the West Midlands would be continued and offered to donors as an alternative. The Chair, Councillor Thomas had written to NHSBT to highlight a number of concerns and their response was set out at an Appendix attached to the briefing note.

Jane Pearson referred to the difficulties faced by both staff and donors when using the bloodmobiles and explained how the community based sessions were so much more productive.

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

- How well the service understood the motivation of their donors
- What percentage of donors were given time off by their employers and what was the duration
- The opportunity to have a buddy the first time someone donates blood
- Concerns that the numbers of donors would reduce
- Communication to donors about the changes and what was being done to try to ensure that donors would continue to donate
- The option to hold sessions at workplaces where appropriate facilities could be made available to NHSBT.

RESOLVED that:

(i) NHS Blood and Transplant be recommended to ensure that donors understand and support the new arrangements and that appropriate venues are established prior to the cessation of the workplace bloodmobile programme in the West Midlands.

(ii) The Cabinet Member (Strategic Finance and Resources) and the Executive Director, Resources be requested to give approval and put in place the arrangements to provide City Centre work based blood sessions at the Council House and Civic Centre buildings.

(iii) The Cabinet Member (Strategic Finance and Resources) be requested to allow Council employees to take 45 minutes from their working day every six months to be able to donate blood.

35. **Primary Care Development in Coventry**

The Scrutiny Board considered briefing notes of the Scrutiny Co-ordinator and Martina Ellery, Contracts Manager, Arden, Hereford and Worcestershire Area Team concerning recent developments in primary care services in Coventry. Martina Ellery, Dr Francis Campbell, Associate Medical Director, and Margaret Johnson, Contracts Manager for the Area Team, attended the meeting and updated the Board about the continuing work to improve quality in primary care in the city. Councillor Gingell, Cabinet Member (Health and Adult Services) also attended for the consideration of this issue.

The Area Team were implementing the nationally developed framework for quality assurance of providers of Primary Medical Services. There was also a local framework which took account of additional issues. Of the 65 General Practices in Coventry, 28 were currently on the framework and subject to management by the Area Team. There were also a number of on-going discussions regarding potential closer working of GP practices including federated models and future mergers. These ranged from full contractual mergers to sharing back office functions or working closely on services commissioned by third parties.

There were a number of proposed GP premises developments in Coventry including three designated as category ones at Canley, Tile Hill and an extension to an existing premises at Green Lane which would be given priority once funding became available. There were also a number of current premises which would require capital expenditure to be compliant with the Care Quality Commission (CQC) inspection regime and contractual regulations and discussions would take place with the contractors.

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

- Partnership working with the Primary Care Trust
- How GP practices were responding to the support offered by the Area Team when improvements were required
- How could patients be expected to make judgements about their surgery
- What could be done to inform the public about their rights regarding access to primary care and how could they decide which was an excellent practice
- The assurances that a federation was about improving quality not just managing GP practices
- How GP Practices were able to support for other Practices
- Concerns that there were still a significant number of single GP practices in the city
- The latest position regarding the guidance for funding premises developments and proposals for consultation on prioritisation at a local level.
- Concerns about publicity used by developers for new developments which includes details about new health centres which might not be realistic.

RESOLVED that:

(i) The Group Manager Planning and Building Control and the Director of Public Health be requested to consider how better links can be built into the planning process to allow for discussions with developers when applications for new housing developments are submitted which include plans for new health centres or GP premises.

(ii) The Health and Well-being Board be requested to establish a Sub-Group to look at whether Primary Care Plans meet the primary care needs of the city.

(iii) An update report on primary care development be submitted to a future meeting of the Board in the new municipal year.

36. Winter Pressures at the University Hospitals Coventry and Warwickshire

The Scrutiny Board received a presentation from Richard Parker, Deputy Chief Operation Officer, University Hospitals Coventry and Warwickshire (UHCW) on winter planning and improving and sustaining performance at the hospital. Meghana Pandit, Chief Medical Officer and Paul Martin, Director of Governance at UHCW, also attended for this item. Councillor Gingell, Cabinet Member (Health and Adult Services) was also in attendance. The Board also considered a briefing note of the Scrutiny Co-ordinator on the background to the winter pressures faced by the hospital with particular reference to the national target of 95% of patients attending A and E being seen and treated within four hours or less.

The presentation set out the winter challenge for the hospital and details were provided on the four hour performance for the Emergency Department for the last three years. The hospital's approach to dealing with winter included the following:

- 'Getting Emergency Care Right' – a change management programme that was focused on patient pathway – experience and outcomes
- A command and control type operational approach which offered support and ensured teams were working together to deliver care pathway changes
- Careful measuring and reporting back to teams on the impact of their work to improve patient flows and outcomes
- Implementing a number of practical schemes in partnership with the CCG and others to help address capacity issues including Medihome; 7 day working; establishing clinics as an alternative to admission; having a team of nurse practitioners and more doctors in the Emergency Department; additional homecare/ reablement capacity; establishing a frail elderly service; and introducing a GP responder trial.

The presentation concluded with details about the four hour performance in Accident and Emergency over the last 26 weeks, which had seen significant improvement over recent months, and the potential risks which were high bed occupancy; the recruitment of consultants in acute medicine; and cost pressures. UHCW had received £3.6m of additional winter funding which was less than their original bid.

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

- An explanation about the recent dramatic improvement in meeting the four hour performance target in Accident and Emergency
- How consistency with the new measures and ways of working would be maintained when using locums
- An assurance that care packages would be in place to prevent bed blocking over the winter months
- The partnership working across the city to enable patients to return to their own homes
- Further details about Medihome, a service which aimed to avoid people being admitted to hospital by providing medical care in the home
- Clarification about cost pressures since the £3.6m was significantly less than the original bid
- The potential for receiving less funding in future years, if performance was good in the current year.

RESOLVED that the presentation be noted and an 'End of Season' report be submitted to a future meeting of the Board in May/June, 2014.

37. Healthwatch Coventry - Good Engagement Charter

The Scrutiny Board received the Good Engagement Charter from Healthwatch Coventry which was produced to support meaningful involvement of patients, public and carers in health and social care in Coventry and Warwickshire. Ruth Light, Healthwatch Coventry attended the meeting for the consideration of this issue.

The Charter had been developed following the receipt of the views of local people through a survey and focus groups. It set out what was most important to people when they were asked to give their feedback, views or 'get involved'. It was the intention of Healthwatch to use the Charter to encourage organisations to adopt best practice. They were asking organisations to adopt the Charter as a driver for change and to produce a short pledge document setting out actions to be undertaken to develop their engagement practice in line with the Charter.

Members questioned how organisations who adopted the Charter would be held to account if they didn't then address the points in the Charter when carrying out public and patient engagement in the city.

The Board were informed that adopting the Charter fitted very well with the recommendations from the Francis and Keogh reports about organisations ensuring that they were open, transparent and listening organisations.

RESOLVED that:

(i) The Board adopt the Good Engagement Charter and agree that it will be a useful tool to hold organisations to account when they carry out public engagement on health and social care matters.

(ii) The Health and Well-being Board be recommended to adopt the Charter.

38. Update on NHS 111

The Scrutiny Board noted a briefing note of the Scrutiny Co-ordinator which provided an update on the plans for further commissioning activity related to the new NHS111 non urgent care service.

NHS111 replaced the old NHS Direct telephone service in April, 2013 and was immediately beset by difficulties which eventually led to the West Midlands provider, NHS Direct, relinquishing its contract and the work being transferred to the West Midlands Ambulance Foundation Trust. A briefing note of the lead commissioner for the West Midlands Clinical Commissioning Group, who worked together to commission the service, was set out at an appendix. This set out the timetable for the formal re-commissioning of the service. The Board noted that a provider was expected to be in place with a new contract by April 2015 at the earliest.

39. **Outstanding Issues**

The Board noted that all outstanding issues had been included in the work programme, Minute 40 below refers.

40. **Work Programme 2013-14**

The Board noted the work programme for 2013-14 and that Rugby Borough Council Scrutiny Members were being invited to the next Board meeting on 15th January, 2014.

41. **Any other items of public business**

There were no other items of public business.

(Meeting closed at 4.45 pm)

Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 2.00
pm on Wednesday, 18 December 2013

Present:

Members: Councillor S Thomas (Chair)
Councillor M Ali
Councillor J Blundell
Councillor J Clifford
Councillor P Hetherton
Councillor J Mutton
Councillor H Noonan
Councillor H S Sehmi
Councillor S Walsh (substitute for Councillor Fletcher)

Co-Opted Members: Mr J Mason, representing Mr D Spurgeon

Other Members: Councillors G Duggins and A Gingell, Cabinet Member
(Health and Adult Services)

Employees:
P Barnett, Resources Directorate
S Brake, People Directorate
P Fahy, People Directorate
M Godfrey, People Directorate
M Greenwood, People Directorate
L Knight, Resources Directorate
M McGinty, People Directorate
S Roach, People Directorate
B Walsh, Executive Director, People

Other representatives: P Greenaway, Coventry and Warwickshire Partnership Trust
(CWPT)
J Hill (CWPT)
M Radford, University Hospitals Coventry and Warwickshire
Tracy Redgate, Coventry and Rugby Clinical Commissioning
Group
Laurence Tennant, Independent Author

Apologies: Councillors C Fletcher and A Williams
D Spurgeon

Public Business

42. Declarations of Interest

There were no disclosable pecuniary or other relevant interests declared.

43. A Bolder Community Services - Report on Outcome of Consultation

Further to Minute 26/13, the Scrutiny Board received a presentation by the Assistant Director, Commissioning and Transformation, which informed of the outcome of the A Bolder Community Services (ABCS) consultation and resulting proposals. The Board also considered a briefing note of the Executive Director, People which provided an overview of the broad themes which emerged from the consultation. A report on outcome of the consultation was due to be considered by Cabinet at their meeting on 7th January, 2014. Councillor Gingell, Cabinet Member (Health and Adult Services) attended the meeting for the consideration of this issue.

The presentation set out the breadth of the consultation exercise undertaken between 27th August and 15th November, 2013 which included 90 consultation meetings; 1,100 people being spoken to; and 8,500 directly contacted. The major themes that arose were the potential impact on families and carers; the potential impact on other organisations; the need to vary implementation timescales; the impact on City Council jobs; and people recognising the proposals could impact on them in the future.

In light of the responses, a number of changes were proposed to the original proposals as follows:

- Retain the weekend Dementia Day service at Maymorn Centre
- Keep the Aylesford open at this stage as the Clinical Commissioning Group had agreed to fund for six months while the reablement strategy was developed
- Provide transitional funding to the Risen Christ to sustain the luncheon club
- Housing Related Support – take an organisation by organisation approach dependant on alternative funding and vulnerability.

The presentation also highlighted the significant service changes:

- Cease provision of care services at Jack Ball House and George Rowley House
- Two Older People Day Centres to move to Gilbert Richards in Earlsdon
- Two Learning Disability Day Centres to relocate to Frank Walsh House
- In-house Home Support Short Term Service to close
- Reductions in voluntary sector capacity across four organisations.

It was emphasised that support would not be withdrawn from anyone who met the City Council's eligibility criteria for support. The implications for staff and service users were also outlined along with how the phased implementation would be managed.

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

- The impact of the funding reductions on voluntary organisations
- The arrangements to be made for supporting service users
- The reasoning behind the proposal to subsidise the Risen Christ luncheon club for six months

- How the consultation was undertaken with the different communities in the city.

The Board expressed support for the consultation undertaken and the efforts that officers had gone to consult widely and with a large variety of different groups and localities.

RESOLVED that:

(i) The Board support the proposals developed following the recent public consultation and Cabinet be informed of the Board's considerations and support at their meeting on 7th January, 2014.

(ii) A report on the development of a Reablement Strategy be submitted to a future meeting of the Board.

(iii) A progress report on the implementation of the proposals outlined in the Cabinet report be submitted to a future meeting of the Board in April, 2014.

44. Serious Case Review - Mrs D (CSAB/SCR/2013/1)

The Board considered a report of the Executive Director, People which presented the findings of a Coventry Safeguarding Adults Board Serious Case Review (SCR) which followed the death of Mrs D, a woman in her late 80s, in the summer of 2011. The Chair and Members of the Safeguarding Adults Board attended the meeting for the consideration of this item. The report was also to be considered by the Cabinet Member (Health and Adult Services) at her meeting on 14th January, 2014 and Councillor Gingell attended for this issue.

Mrs D was a vulnerable adult who died following an accident and a brief period of treatment in hospital and the community. A neck injury was treated using a supporting neck collar. The collar caused friction to her skin resulting in a pressure ulcer which became infected. Mrs D then died as a result of septicaemia.

Following a safeguarding investigation, the Chair of the Coventry Safeguarding Adults Board directed that a Serious Case Review be undertaken as a result of the circumstances of Mrs D's death and the events leading up to it. This review was chaired by the designated local authority senior manager, written by an independent author and supported by a multi-agency panel of senior practitioners, including representatives from Coventry City Council, NHS Coventry (and subsequently Coventry and Rugby Clinical Commissioning Group), Coventry and Warwickshire Partnership Trust, University Hospitals Coventry and Warwickshire NHS Trust and West Midlands Police. Mrs D's General Practitioner had also made a significant contribution to the review.

The executive summary of the case was appended to the report submitted.

The representatives in attendance expressed their condolences to the family of Mrs D and apologised for any failings which had contributed to her death.

The Board questioned those present on a number of issues relating to the circumstances of the case, with specific questions on Mrs D's situation being put to attendees from the Safeguarding Adults Board. Matters raised included:

- Record keeping in general by professionals regarding the interventions they performed with patients.
- Communications between different professionals and how these might be improved to ensure consistent information is provided regarding the needs of vulnerable patients.
- Referral processes and the importance of written referrals identifying clearly the reason for the referral and relevant circumstances (linked to the above).
- The discharge process and how information was shared between different organisations regarding the needs of patients being discharged.
- Nursing practice around care for elderly patients vulnerable to pressure ulcers, processes for recording and monitoring pressure sores in the community and whether this practice was consistent across Coventry and Warwickshire.
- Programmes of training for staff working in the local health economy, particularly in regard to agency staff being ready to operate within established safeguarding processes. Whether or not these training programmes are compulsory for all staff or not.
- The availability and co-ordination of intermediate care for patients leaving hospital.
- The outpatient appointment made for Mrs D and the lack of clarity regarding the purpose of the appointment which resulted in the associate specialist not fully understanding the District Nurse intentions in making the referral, also issues related to whether or not the pressure ulcer would have been noticeable at the time of the appointment.
- The nature of the neck brace supplied to Mrs D and whether appropriate clinical processes had been followed in identifying the most appropriate piece of equipment for her needs.
- Whether appropriate advice was given to family members/carers of Mrs D to support them in meeting Mrs Ds needs in general and particularly related to the neck brace.
- The learning across the Coventry health and social care economy about identification and treatment of pressure ulcers and the role that all staff interfacing with the community have to play in this.
- Issues around the testing for and identification of septicaemia.
- The role of the GP and how communication with him could have improved Mrs Ds care.
- Issues related to the social services involvement with clients having capacity but declining to receive services.
- Whether individual organisations allowed external inspection regimes, targets or data collection to divert from the priority of providing quality care and focusing on the outcomes of individual patients.
- Safeguarding processes and procedures and the lack of prompt reporting and investigation of concerns regarding Mrs D.
- The recommendations in the Action Plan and the role these will play in improving multi-agency safeguarding arrangements.

The Board were given repeated assurances from all of the agencies represented that policies and practice had improved significantly since the events detailed in the SCR. Many of the recommendations of the review had already been implemented. All of the organisations present gave an assurance that the review's recommendations would be fully implemented and that all that was possible would be done to ensure that the events described in the SCR would not be repeated. The Chair of the Safeguarding Adults Board indicated that his Board would receive regular updates on this work.

The Board were supportive of the Action Plan included in the Executive Summary.

RESOLVED that:

(i) The Cabinet Member (Health and Adult Services), at her meeting on 14th January, 2014 be recommended to approve the Action Plan outlined in the Serious Case Review, which was endorsed by the Board.

(ii) The Safeguarding Adults Board be requested to report back to the Board in six months to review the implementation of the Action Plan contained in the Report.

45. Any other items of Public Business

There were no additional items of public business.

(Meeting closed at 4.20 pm)

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Coventry City Council
Health Overview and Scrutiny
Committee
CWPT – Transformational Change
Programme

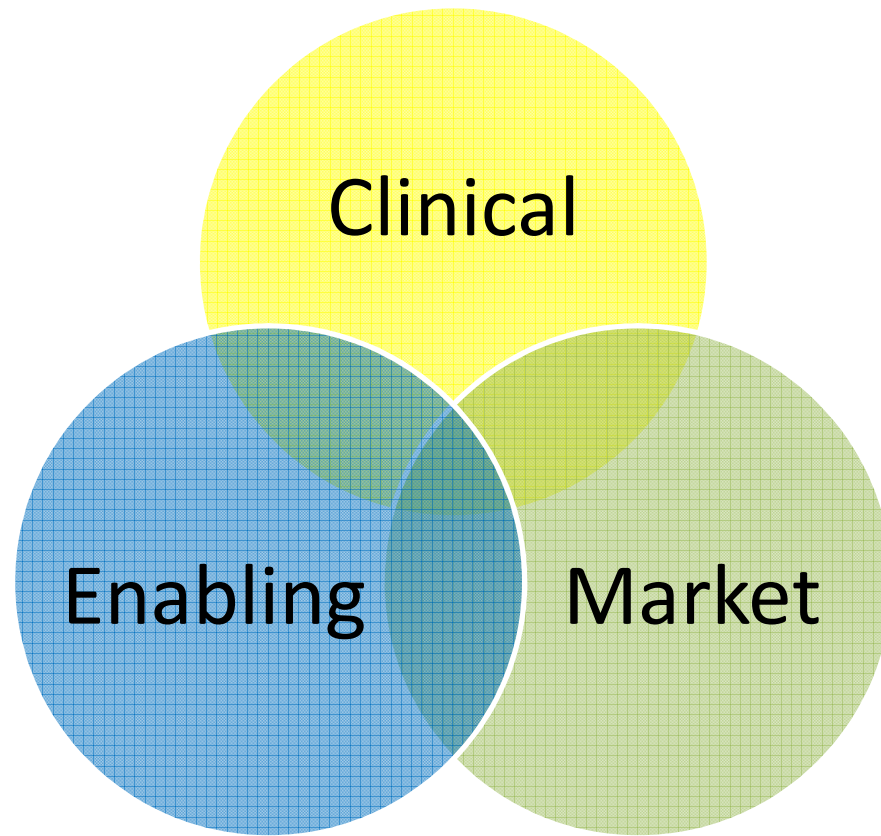
February 2014

Roisin Fallon- Williams

Our Strategic Objectives

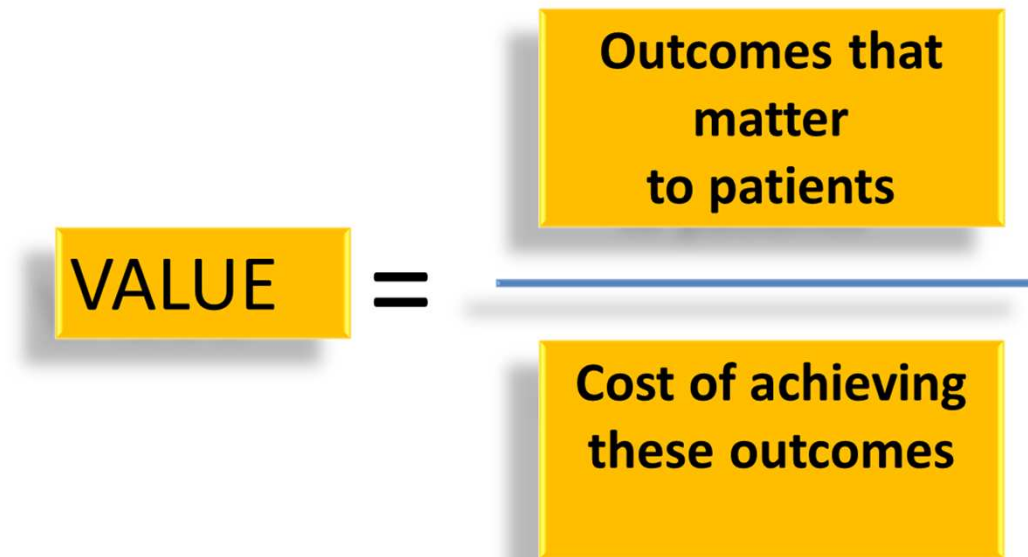
- To deliver an exceptional patient experience first time, every time
- To provide excellent care ensuring effective person centred clinical outcomes
- To be an efficient organisation providing excellent services
- To be an employer for whom people choose to work
- To be an active partner, always ready to improve by working with others

Our Strategy:



Our clinical strategy

- Improving VALUE for our patients, where value is defined as the health outcomes achieved that matter to patients relative to the cost of achieving those outcomes



Enabling Strategy

Increased efficiencies through creating a more flexible, productive and focussed workforce and estate enabled by modern technology

Market Strategy

Consolidation of our service base and market share alongside target growth in service areas where we have a strong competitive advantage

Our delivery vehicle



- To achieve our strategic objectives
- To respond to the changing demography which is impacting on service demand
- To respond to an increasingly competitive (and opening) market
- Because of the economic realities – more for less
- Because of the above standing still not an option and piece meal solutions will not suffice
- To survive and grow

Planning Assumptions

Flexible estate

Agile Single point of access
integration **ROLE REDESIGN**

review demand

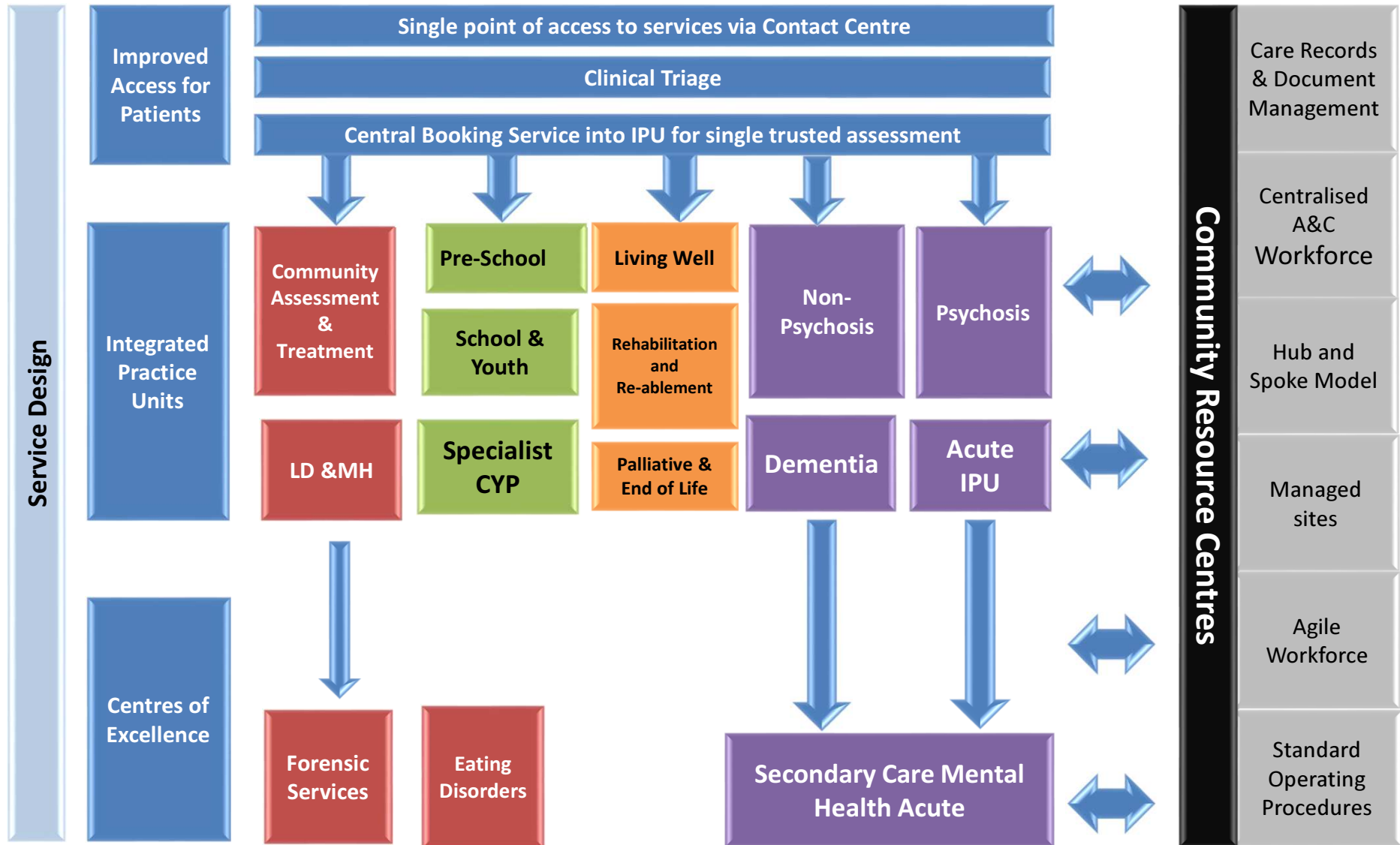
**review of patient-facing
capacity by WTEs/roles**

**BENCHMARKING OF THE
TRUST AGAINST BEST IN CLASS**

OBDs/new to follow up ratios

**Standardised contact
times/frequency**

FUTURE STATE SERVICE MODEL



Update Headlines

- **Integrated Children's Services** – HV's, IPU's, Pathways and CAMHs capacity and demand
- **Improving Access For Patients** – All services booking centre staff co-located, model and algorithms being refined
- **Secondary Care Mental Health** – IPU's, Centres of Excellence business case April/May 2014

Update Headlines Continued

- **Specialist Services** – IPU's, Centres of Excellence on-going - some changes given NHS England commissioning – further business cases planned
- **Community Resource Centres** – Coventry now in flight, Warwickshire planning to commence
- **Clinical System (new programme)** – Review of options and potential solutions over next six months

Programme Headlines

- Improved Pathways
- Integrated Care Delivery
- Outcome Measures For All Services
- Improved Environments
- Streamlined Processes
- Workforce Changes
- Delivery of Cost Improvements

Report to Coventry HOSC date 5 February 2014 Sexual Health Services

EXECUTIVE SUMMARY

The Integrated Sexual Health Service (ISHS) forms part of the Primary Care and Wellbeing Directorate within Coventry and Warwickshire Partnership Trust (CWPT).

The service offers a wide range of clinical care covering Human Immuno-Deficiency Virus, contraception and sexual health, and Genito-urinary medicine.

The ISHS sees in the region of 14,000 patients through open access clinics (no prior appointment) and circa 14,000 patients through structured clinics. The rationale for delivering services in this way is to ensure we are available to meet the needs of all our patients, including the young and those who are working, at a time which is convenient to them.

In addition we undertake in the region of 10,000 chlamydia screens through actively engaging the community via schools, colleges and clubs which has resulted in the consistent achievement of a 10% positivity rate demonstrating we are accessing the people who need our support.

1. Purpose of Report

This report is designed to provide the reader with a broader understanding of the services delivered within the ISHS, to the patient groups accessing the service and to provide an outline of the direction of travel for the service.

2. Background

Service provision has been rapidly developing over the last few years and the team has been proactively responding to make significant changes to reflect the needs of the Coventry population.

The underlying principle of the service is to provide patients with a positive experience when attending any arm of the service with the aim of improving the sexual health of the local population. We are driving forward the national steers that help us to shape our service e.g., The Public Health Outcomes Framework for England 2013-2016.

We are committed to working in collaboration with other partner services to achieve better outcomes for patients. The ISHS works with School Nursing

Services, Compass, the Looked after Children Service, and the Family Nurse Partnership who often see the most vulnerable patients.

We also have excellent links and working relationships with Coventry Rape and Sexual Assault Centre and the Sexual Assault Referral Centre (based in Nuneaton's George Eliot Hospital) and the Terrance Higgins Trust.

We support the C Card Campaign offering clinics to improve Partnership working with other agencies to improve the uptake of Young People signing up to condom access with our Reception staff issuing condoms on behalf of C Card.

We provide a designated Young Persons Clinic which runs twice weekly and is very well attended. We also hold clinics at Henley College, which is undertaken by a dual trained contraception nurse.

Genito-urinary Medicine, Contraception and Sexual Health

The Genito-urinary medicine (GUM) and, contraception and sexual health (CASH) services have integrated, supporting the delivery of an holistic model of care by offering a "one stop" service.

We offer a range of care dependant on the needs and complexity of the patient including a full sexual health screen for patients with or without symptoms, and a full range of contraception methods; all of which are assessed in one consultation and an appropriate plan of care made in collaboration with the patient. Providing care in this way has supported the reduction in teenage pregnancies and terminations in Coventry; in 2012 there was a 2% reduction in terminations in the under 18 years age group. This approach has also helped support the improvement in detection rate for chlamydia.

Screens undertaken include:

- Chlamydia
 - Chlamydia is one of the most common sexually transmitted infections (STI) in the UK. It is passed from one person to another through unprotected sex (sex without a condom). In 2012, 206,912 people tested positive for chlamydia in England; 64% of whom were under the age of 25 years. Most people don't notice any symptoms and so do not know they have it. Research suggests that 50% of men and 70-80% of women don't get symptoms at all with a chlamydia infection.
- Gonorrhoea
 - Anyone who is sexually active can catch gonorrhoea, especially those who change partners frequently or don't use a condom. It is the second most common bacterial STI in the UK after

chlamydia with more than 25,000 cases reported in England in 2012; most of whom were under the age of 25 years.

- Hepatitis C
 - Hepatitis C predominantly affects marginalised groups of society, including people who inject drugs and minority ethnic populations, and so the government policy gives us a clear mandate to tackle hepatitis C. National Institute for Health and Care Excellence (NICE) recommended treatments exist that can clear the virus in the majority of patients, and new treatments are on the horizon that have the potential to be more easily accessed in community settings.
- HIV
 - By the end of 2012, an estimated 98,400 people were living with HIV in the UK, including about 77,610 people diagnosed with HIV and 21,900 who were infected but undiagnosed. In 2012, 6,360 people were newly diagnosed with HIV in the UK; less than 1% of people with HIV died during this time. This is comparable to mortality for the UK general population as a whole.
- Syphilis
 - There are three stages of disease. The primary and secondary stages are when you are most infectious to other people. In the latent phase (and usually around two years after becoming infected), syphilis cannot be passed on to others but can still cause symptoms. Around a third of people who are not treated for syphilis will develop tertiary syphilis. At this stage, it can cause serious damage to the body.

Patients are seen for “fast track” or “peace of mind” screens which are undertaken by Support Workers within the service. They are asked about their method of contraception and referred to the nursing staff or made an alternative appointment if they raise any contraception issues or needs.

Chlamydia Screening Programme

The Chlamydia Screening Programme (CSP) arm of the service is working in collaboration with the wider services and the teams are complimenting each other. Patients with positive results are reviewed by the service for treatment and Partner Notification aspects of their care.

Human Immunodeficiency Virus (HIV)

We offer management of patients with HIV and have introduced the beginnings of an Integrated Practice Unit (IPU) which provides specialist pharmacy advice, psychological therapy services and lifestyle advice to this group. This initiative has enhanced the wider needs of individuals with HIV by

offering them opportunistic and convenient services to improve their physical and psychological wellbeing.

3. Training

The training and development of staff within the service is on an on-going cycle with the nursing teams achieving dual trained status (GUM and Contraception qualifications) under the supervision of a training consultant and contraception doctor. The service also provides training placements for nurses and doctors.

4. Activity

We have seen a substantial increase in footfall over recent years. Active engagement with the community of Coventry has seen an improvement in the acceptance of positive sexual health and the importance of screening to identify early infection.

Relocation to the City of Coventry Health Centre in 2012 has also had a positive effect due to the improved accessibility and the co- location with other services and proximity to the City of Coventry College.

With approximately 14,000 patients through our open access clinics (no prior appointment) patients per year we have seen a marked reduction in non-attendance for clinic appointments and we have a continuous cycle for the review of capacity and demand and improving access and slot optimisation to enhance service provision for patients.

All key performance indicators (KPIs) for the service have been achieved throughout the current financial year and we have seen an increase in positivity rates for patients with chlamydia (demonstrating appropriate groups are being screened rather than blanket screening).

The KPIs for the service are:

1. Total number of Long Acting Reversible Contraception (LARC) methods which are offered, accepted and declined for:
 - 15-24 years olds
 - 25-49 year olds
 2. Access times:
 - Number and % of patients offered a GU appointment within 48 hours
 - Number and % of patients seen in GU within 48 hours
 - GUM: New to Follow up Ratio
-

5. Patient Experience

ISHS staff are passionate about seeking the views and opinions of the people who use the service. We survey monthly to gain patient feedback, and produce action plans to explore possible adaptations to address the patients' views and needs. We also have a wealth of compliments that are received for the service from the feedback exercise.

Below is an example of the feedback received via our most recent "Friends and Family" Survey in December 2013 and actions taken as appropriate.

Of the 114 patients surveyed (13 were not returned) there were **2** detractor scores, **16** passive scores and **83** promoter scores.

Score	0	1	2	3	4	5	6	7	8	9	10
Number of Patients	0	0	0	1	0	0	1	1	15	21	62

Comments received were:

- Great service as always
- Dr X was very friendly, polite made me feel at ease
- Am happy that I am treated, thank you
- I was very impressed with all the staff and doctors everything was excellent
- Very nice nurse
- X was very good at taking my blood too. I am happy with the service again
- Thank you
- I would like to say thank you to x for their patience and professionalism
- The waiting is quite poor; it took a long time to be examined. There is no one to consult with when waiting. Overall a 5 star hospital
- Excellent service, all staff brilliant
- Very nice and pleasant staff on reception. Nurse as well.
- The nurses at the GUM clinic have been extremely friendly every time I've been there. God bless them.
- Thank you for being understanding
- The best service
- My only concern is the car park. Should be free for those who cannot afford to pay
- X was fantastic
- Sometimes it's hard to get through on the phone.

6. The Future

Work is on-going to ensure services continue to deliver excellent patient at a time that is appropriate for the patients however more work is needed to ensure we are also financially efficient in doing so. We plan to work towards using a nurse led model of care (utilising the dual training work which is underway).

We will further develop our integrated practice unit work ensuring even more services are available to patients when they need them, particularly for HIV patients who may struggle to receive mainstream dental services for example.

It is widely acknowledged that the cost of HIV drugs is increasing and with the ever increasing rate of identification and treatments enhancing longevity work will be needed to ensure the costs are not prohibitive to providing the most efficient and effective treatments to our patients.

Tina Hennessy
Operational Manager, Primary Care and Prevention Services CWPT
24 January 2014

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

Date: 5th February 2014

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

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	<ul style="list-style-type: none"> - 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.

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

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		Deferred to December meeting		
4 December 2013	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	
18 December 2013	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

February 2014	Sexual health services				
	Mental Health Day Services / Dementia services				
Date tbc	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		
5 March 2014	Physical healthcare of LD & MH patients				
	Learning Disability Strategy	Mark Godfrey		Policy development	Report
2 April 2014	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	
30 April 2014	Patient discharge from UHCW				
	Complaints UHCW				
30 April 2014 Date to be determined	Patient Experience in secondary care				
	Coventry and Rugby CCG 5 year plan	Steve Allen / Juliet Hancox			

	Financial position at the hospital				
	Complaints at UHCW / wider health economy and how they are used to improve quality?				
Date to be determined	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				

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