



Health and Social Care Scrutiny Board (5)

Time and Date

2.00 pm on Wednesday, 30th April, 2014

Place

Diamond Room 2 - Council House

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

(a) To agree the minutes of the meeting held on 2nd April, 2014 (Pages 5 - 8)

(b) Matters Arising

4. Coventry and Warwickshire Partnership Trust - Feedback from the Recent Care Quality Commission Inspection (Pages 9 - 24)

Presentation by Coventry and Warwickshire Partnership Trust

Josie Spencer, Deputy Chief Executive and Director of Operations and Roisin Fallon-Williams, Director of Strategy and Business Support, Coventry and Warwickshire Partnership Trust have been invited to the meeting for the consideration of this item.

3.00 p.m.**5. Overview of the Care Bill and Coventry's Preparations for when this becomes Legislation (Pages 25 - 28)**

Briefing Note of the Deputy Director, Early Intervention and Social Care

3.30 p.m.**6. Health and Well-being Board Work Programme (Pages 29 - 32)**

Report of the Deputy Director, Public Health, considered by the Coventry Health and Well-being Board at their meeting on 7th April, 2014

Councillor Gingell, Chair of the Health and Well-being Board has been invited to the meeting for the consideration of this item

3.45 p.m.

7. **Report Back on Conference - National Childrens and Adult Services Conference** (Pages 33 - 34)

Report of the Executive Director, People

8. **Outstanding Issues Report**

Outstanding issues have been picked up in the Work Programme

9. **Work Programme 2013-14** (Pages 35 - 42)

Report of the Scrutiny Co-ordinator

10. **Review of 2013/14 Scrutiny Activity** (Pages 43 - 44)

Report of the Scrutiny Co-ordinator

4.00 p.m.

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

Chris West, Executive Director, Resources, Council House Coventry

Tuesday, 22 April 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 30th April, 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 Hetherington, 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, 2 April 2014

Present:

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

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

Other Representatives: Kerry Beasley, Coventry and Warwickshire Partnership Trust (CWPT)
Veronica Ford, CWPT
Richard Hancox, Arden, Herefordshire and Worcestershire Area Team
Justine Richards, CWPT

Employees:

P Barnett, People Directorate
L Knight, Resources Directorate
R Tennant, Chief Executives Directorate
A West, Resources Directorate
M Altaf, work experience

Apologies: Councillors M Ali, C Fletcher, A Gingell and A Williams

Public Business

62. Declarations of Interest

There were no disclosable pecuniary or other relevant interests declared.

63. Minutes

The minutes of the meeting held on 5th March, 2014 were signed as a true record.

With reference to Minute 57 headed 'Referral by Healthwatch Coventry – Commissioning of Patient Transport Services' a request was made for clarification about further actions by the Board. Attention was drawn to the meeting of the Disability Equalities Advisory Panel on 28th March, 2014 where a number of similar concerns about the Patient Transport Service had been highlighted.

RESOLVED that:

(1) A copy of the letter sent to the Coventry and Rugby CCG outlining the Board's recommendations to be forwarded to Healthwatch Coventry.

(2) An update on Patient Transport Services by the Coventry and Rugby CCG to be submitted to a future Board meeting.

64. Sexual Health Services Review and Re-tendering

The Scrutiny Board considered a report of the Director of Public Health concerning the review and retendering of the Sexual Health Services. The report was also to be considered by Cabinet at their meeting on 13th May, 2014. Veronica Ford, Associate Director Primary Care and Prevention and Kerry Beasley, Lead Nurse, Coventry and Warwickshire Partnership Trust attended the meeting for the consideration of this item.

The report indicated that from 1st April, 2013 Local Authorities had been mandated to commission comprehensive open access sexual health services. The City Council was looking to tender for sexual health services jointly with Warwickshire County Council during 2014/15 and discussions were under way with the NHS England Specialised Commissioning Team with regard to their responsibilities for HIV treatment services and the possibility of joint commissioning. The incumbent contractor of the main contract in Coventry was Coventry and Warwickshire Partnership Trust. It was the intention that the new contract would commence on 1st April, 2015. The current contract value was approximately £4m for Coventry and £3m for Warwickshire.

The report included a summary of the review of sexual health services which has been undertaken, including a consideration of the health needs in Coventry relating to sexual health; a summary of the engagement and consultation work carried out; and the planned process for retendering jointly with Warwickshire County Council.

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

- An assurance that the commissioning documentation would seek to perpetuate current good practice within the service
- The experience of working with the different communities within the city
- Clarification about the requirements for the work with HIV patients
- The links that the service has other services ie mental health, drug and alcohol services
- How the service reaches older people at risk
- The different requirements from the service for Coventry compared to Warwickshire and the potential for services to operate to different priorities and standards in their areas
- Potential health checks and support for asylum seekers
- Clarification that the consultation reached all the different groups in the city
- The potential local and national providers who might be interested in the new contract and whether there would be just one or several smaller contracts
- The work to be undertaken with the different faith groups including consulting with the mosques and temples
- In cases of positive testing of sexual diseases, the work carried out to trace partners

- The availability of nhs data for the service
- The impact of the work of the school nursing service and whether the school academies were accessing this service
- How the service identified and made referrals for cases of female genital mutilation.

RESOLVED that:

(1) Having considered the report, the following recommendations be referred to Cabinet and the Arden Joint Sexual Health Project Board:

- (a) The Sexual Health Services be recommended to work with the faith communities including the free schools, taking up the offer of assistance from Councillor Sehmi**
- (b) A continuous assurance be provided that lesbians, gays and bisexuals will continue to be provided with the appropriate sensitive support**
- (c) The service to continue to work with the different community groups including supporting black Africans and ensuring that individuals whose immigration status is not clear are not discouraged from accessing services**
- (d) The service to continue to develop links with the mental health, drug and alcohol services.**

(2) A progress report be submitted to a future meeting of the Board once the new contract for sexual health services has been awarded.

65. Local Care Data Programme

The Scrutiny Board considered a briefing note of the Scrutiny Co-ordinator indicating that NHS England had been developing a plan to share patient data with a view to making improvements in the quality of patient care. The introduction of this proposal, 'Care Data' had recently been paused to allow further time for information to be shared and to create more public support. Richard Hancox, Associate Director, Clinical Strategy at Arden, Herefordshire and Worcestershire Area Team attended the meeting for the consideration of this item.

The proposals were to share date of birth, postcode, NHS number and gender along with certain care records with the intention being that the new care record did not allow identification of individuals, with the sharing of this being controlled by both law and strict confidentiality rules. The information would be held by the Health and Social Care Information Centre. The proposed benefits of sharing this anatomised data had been contrasted with the potential impact on privacy and a number of concerns had been raised. As a consequence a six month pause in the implementation had been introduced.

Appendices attached to the briefing note set out the information leaflet prepared by NHS England and the frequently asked questions sheet for both GPs and patients.

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

- A concern that most people did not know about the proposal because they hadn't received the information leaflet
- The option for patients to be able to opt-out of the scheme or whether there would be an opt-in policy
- Responsibility for communication to make people aware of the proposal and whether there was a communication strategy
- A concern that people would not be provided with sufficient information to be able to make a decision
- Whether there had been local discussions about the proposal at the Area Team and if they had been made aware of any concerns
- What could be done about the potential for the data to be used in a detrimental way by private sector companies, for example insurance companies or pharmaceutical companies
- A concern that companies could get hold of an individual's personal health details
- Why were Scotland, Wales and Northern Ireland not planning to introduce the proposal.

RESOLVED that:

(1) The Chair, Councillor Thomas to contact the City's MPs informing them of the concerns of the Board, who have the same concerns as constituents, regarding the development of the plan to share patient data with a view to making improvements in the quality of patient care.

(2) University Hospitals Coventry and Warwickshire to be contacted with a request for information about patients' data for acute care, with the information being circulated to members of the Board.

66. Outstanding Issues Report

The Board noted that all outstanding issues had been included in the work programme, Minute 67 below refers.

67. Work Programme 2013-14

The Board noted their work programme for the current year, in particular the issues to be considered at the last meeting of 2013/14. Regarding the item 'Coventry and Warwickshire Partnership Trust – Feedback form the Recent Care Quality Commission Inspection', Justine Williams, CWPT, confirmed that the final report was to be available from 17th April, 2014.

68. Any other items of Public Business

There were no additional items of public business.

(Meeting closed at 3.45 pm)

Care Quality Commission Wave 1 Pilot Inspection

Coventry HOSC Briefing April 2014

**Roisin Fallon-Williams – Director of Strategy and
Business Support and
Josie Spencer – Deputy CEO/Director of Operations**

Trust overview

- £200 + million income
- Population served 1,053,000
- Staff numbers 4,161 (3,530 WTE)
- Integrated services - all age mental health, specialist services, primary care and prevention, integrated children's services and all age community services (Coventry only)
- 70 sites over 870 square miles
- Financial Risk Rating of 4
- CQC Registration - no conditions
- Inpatient beds – 473
- Contacts and attendances – c.156k OBDs & c.2 m Attendances
- Commissioners - Coventry and Rugby CCG, South Warwickshire CCG, Warwickshire North CCG and NHS England

CQC findings

- Total of 13 location reports and 1 provider level report
- All reports identified areas of good / notable practice
- Some reports identified exemplar practices
- Areas requiring improvements identified (1 enforcement action and 5 compliance actions)

Examples of good feedback from across the Trust

The inspection team found that in most cases across the Trust

- Staff were caring and committed, made good patient care and safety central to their work, and interacted well with patients
- The care and treatment provided was effective, with examples of some very good collaborative work and innovative practice
- Teams worked hard to ensure patient-centred care, tailored to meet the needs of patients and their families/carers
- Patients and their family members/carers spoken to during the inspection process said
 - they had positive experiences of care and that they were supported and involved in their treatment and care
 - staff were compassionate, kind and respected them at all times

Examples of good practice observed

- People who used the service had regular health checks and annual health checks (Specialist Services)
- Exemplary record keeping (Eating disorders)
- Good examples of multi disciplinary working (Older peoples MH)
- Safe and effective out-patient care (SCMH)
- Staff who understand the needs of children and speak to them in a warm and positive manner (Integrated Children's Services)
- Across all three services, most people described their care as good to excellent, and reported that staff were caring despite being busy (CSP/PC&P)

Local Actions

- Each Directorate already has its own action plan that reflects enforcement/compliance actions – this needs to also reflect wider issues reflected in the report
- Directorates will oversee their action plans at their Safety and Quality Forums
- Action plans will be monitored at the Executive Performance Group monthly
- Each Directorate to consider how they might share best practice and learning more widely

Areas for improvement: enforcement

Ensure that planning and delivery of care meets people's individual needs, safety and welfare

- Completed a review of the “this is me” document ensuring involvement of patient, carers and families in care planning
- Delivered specific training for staff in psychological models of care to underpin care planning processes
- Implemented care planning documentation to reflect the psychological model of care delivery
- Increased training and awareness in relation to Mental Capacity Act (MCA) for all staff groups
- Increased therapeutic activities for patients
- Roll out of formalised audit of documentation / care plans on a weekly basis
- We anticipate the CQC to check we have completed the actions, once we have confirmed that we have done so.

Areas for improvement: compliance

Ensure that suitable storage, recording and monitoring systems are in place to ensure medications are handled safely and appropriately

- Completed an immediate review of all Community Mental Health Teams (CMHT) medication practices, improvements made and routine audit established
- Further embedding of medicines management guidance for all community staff (CMHT)
- Application of lean principles to underpin a review of the medications storage on Quinton Ward

Areas for improvement: compliance

- Ensure that suitable arrangements are in place to ensure the dignity, privacy and independence of service users***
- Improved signage for gender specific lounge areas within in-patient environments
 - Improved signage for gender specific bathroom facilities within in-patient environments
 - Reinforced privacy and dignity practices across the in-patient environments through targeted ward visits

Areas for improvement: compliance

Ensure that there are robust systems for recording, storage and retrieval of records including staff records

- A review of care record processes has commenced within the Rehabilitation services and improvement plans will be derived to address those issues raised
- Standard Operational Procedures (SOPs) will be developed and approved to provide a consistent approach for the development, recording and storage of supervision notes

Areas for improvement: compliance

Security and premises improvements identified on Brooklands site

- The locking mechanism identified as an assessed risk and managed through effective mitigations and controls has now been repaired
- The heating system has been reviewed and is now operational within the Seclusion Room on Eden Unit
- Works are in progress to replace the thermostat used within the seclusion room on Malvern Unit

System issues

- Capacity in Child and Adolescent Mental Health (CAMHS) – being reviewed via CQUIN from 13/14
- Tier 4 in-patient provision (CAMHS) – awaiting national report
- Specialising (prescribed MH observations) of CAMHS patients within acute hospital environments – information sent to commissioners
- School Nursing – subject to further discussion with PH CC

Wider Learning

The inspection team found that inconsistencies across the Trust in relation to

- Access to supervision, appraisal, training and good clinical guidance
- Application of policies into practice ie Lone Working / Medicines Management / Safeguarding
- Organisational Learning from incidents/SIRIs/Complaints using the framework in place
- Engagement of and feedback to patients/families/carers

Next steps.....our approach

- Ensuring we provide assurances to any concerned patient / service user / carer
- Engaging staff through Equal Active Partners (Big Staff Conversations)
- Enacting clear governance for monitoring progress and delivery of actions (including improvements and sharing good practice)
- Continuing to be open with our partners about our progress
- Continue to explore with Commissioners how we, as a system, respond to demand and capacity challenges

What does it mean for the Trust FT Application?

- The new CQC inspection regime is now part of the FT Application process – we were fortunate to be the first Trust in the Pilot and that will allow us to move forward
- We do not yet know what CQC and Monitor will require us to do before re-starting our FT assessment.



Questions



Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5)

Date: 30 April 2014

Subject: Overview of the Care Bill and Coventry's preparations for when this becomes legislation

1 Purpose of the Note

- 1.1 To provide Health and Social Care Scrutiny Board (5) with an overview of the Care Bill and Coventry's preparations for implementation when this becomes legislation.

2 Recommendations

- 2.1 Health and Social Care Scrutiny Board (5) to note the work in progress and plans in place to ensure delivery of the requirements of Care Bill legislation.

3 Information/Background

- 3.1 The Care Bill is currently going through the House of Commons, having completed its House of Lords stages on 31 October 2013, and is expected to receive Royal Assent in 2014. Subject to the Care Bill being enacted, from April 2015 Local Authorities Adult Social Care services will be legally required to work to this new legal framework. The Bill focuses on putting the wellbeing of individuals at the heart of care and support services and will replace many pieces of existing legislation.
- 3.2 The Care Bill sets out key proposals for reforming the way in which adult social care is funded. As a result, much of the discussion and analysis of the Care Bill has been in relation to the proposed Care Cap (which limits the lifetime costs an individual has to pay for their care) and the infrastructure required to manage this.
- 3.3 The Care Bill will also impact upon the duties and functions of adult social care services. Processes and practices must be reviewed to ensure that they are compliant with the new legislation and are able to deliver the changes required.

4 Requirements and timescales

- 4.1 Subject to the passage of the Care Bill, the majority of new legislation will come into effect in April 2015. Requirements relating to the Care Cap and extended means test will come into effect in April 2016. A summary of key requirements and timescales for implementation is provided below in Table 1.

Table 1: Key requirements and timescales

Key Requirements	Timescale
Duties on prevention and wellbeing	From April 2015
Duties on information and advice (including advice on paying for care)	
Duty on market shaping	
National minimum threshold for eligibility	
Assessments (including carers assessments)	
Personal budgets and care and support plans	
New charging framework	
Safeguarding	
Universal deferred payment agreements	
Extended Means Test	
Capped charging system	
Care Accounts	

Although there are a number of requirements, the Bill has not yet been passed, and therefore detailed guidance is not currently available on the application of these requirements. It is usual that once a bill becomes an act a number of guidance notes will be available.

4.2 Duties on Prevention and Wellbeing

There are proposed new statutory principles which embed the promotion of individual wellbeing as the driving force underpinning the provision of care and support. The Care Bill recognises local authorities' broader care and support role in their wider local community through provisions which focus on the more universal, population-level activities, and which are aimed at a wider group of people, rather than based on individual needs.

4.3 Duties on information and advice (including advice on paying for care)

There is a proposed new duty to provide an information and advice service to help people understand how the care and support system works, what services are available locally, and how to access the services they need now and might do in the future.

4.4 Duty on market shaping

There is a proposed new duty to promote the diversity and quality of local services, so that there are a range of high quality providers in all areas allowing people to make the best choice to satisfy their own needs and preferences.

4.5 National minimum threshold for eligibility

There is a proposed new eligibility framework in legislation for the first time, to provide clarity through regulations on what constitutes 'eligible' needs and how decisions are made about support, and to allow for national eligibility to be set in the future. This proposed new framework appears to be broadly similar to Coventry's existing eligibility criteria.

4.6 Assessments (including carers assessments)

There is a proposed single right to an assessment for adults, and one for carers, based on the need for care and support. One of the key aims of the proposed new statute is to remove anomalies and differences resulting from the type of care or setting, and provide a single route through which consistent entitlements to care and support can be established. This duty is likely to increase the number of people requiring a carer's assessment.

4.7 Personal budgets and care and support plans

The Care Bill sets out what must happen after the conclusion of an assessment. This includes the process of care and support planning to determine how needs should be met, the requirement for on-going review of care and support plans. This process includes the requirement for a personal budget, captured in legislation for the first time for both adults needing care and carers, to help people understand the costs of meeting their needs and what public funding is available to help them.

4.8 New charging framework

The proposals will simplify rules regarding charging and financial assessment, so people understand any contributions they have to make to the cost of their support.

4.9 Safeguarding

The Care Bill sets out a statutory framework for adult safeguarding, which stipulates local authorities' responsibilities, and partner organisations with whom they work, to protect adults at risk of abuse or neglect. These provisions require the local authority to carry out enquiries into suspected cases of abuse or neglect, and to establish Safeguarding Adults Boards in their area. The role of these Boards will be to develop shared strategies for safeguarding and report to their local communities on their progress.

4.10 Universal deferred payment agreements

The Care Bill proposes a "deferred payment" scheme, subject to certain criteria, which allows people to postpone paying their care costs till after they die. It sets out legally the existing practice providing a framework for application.

4.11 Capped charging system, Extended Means Test and Care Accounts

The Care Bill proposes the introduction of a cap to the costs incurred by individuals on their care and support. This means a council would not be able to charge a person for meeting their eligible care needs after a certain sum has been incurred.

The cap would be set at £72,000 in April 2016 and increase annually.

The Care Bill proposes that an individual will be able to track the cost of their care to date and their progress towards the cap, by the introduction of a care account.

5 Preparation undertaken in Coventry to date

5.1 The City Council's People Directorate has established a Care Bill Implementation Board, which is responsible for:

- overseeing and co-ordinating the implementation of the new legislation in Coventry in accordance with required timescales;
- assessing which services in the Council may be affected by the changes;
- analysing the potential impact that the changes will have and managing any associated risks
- providing strategic direction to the range of work required to implement the legislation successfully.

5.2 The Board has established six key workstreams to plan and implement the changes required in the following areas:

- **Charging/Paying for Care** - understanding the implications of the Care Cap and the new legal basis for charging and applying this in practice
- **Care Markets** - ensuring that there is an improved commissioning approach that meets the legislative requirements
- **Assessment and Eligibility, Personalisation and Support Planning** – understanding and implementing the practice changes required
- **Information, Advice and Prevention** - ensuring information and advice is available to support people to remain independent and prevent/delay the need for care services
- **Safeguarding** - ensuring Coventry is compliant in all aspects of safeguarding relating to the new legislation
- **Information Technology** - identifying and implementing required IT solutions in order to meet the range of legislative requirements

List of appendices included

None

Other useful background papers

None

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Coventry City Council

Briefing note

Date: 7th April 2014

To: Health & Well Being Board

From: Ruth Tennant, Deputy Director of Public Health

Subject: 2014/15 Draft Work Programme

1 Purpose of the Note

1.1 To update the Board on the draft Work Programme for the coming year.

2 Recommendations

2.1 The Health & Well Being Board is recommended to:

- Endorse the draft Work Programme for 2014/15.
- Ensure that additional items for the work programme are added to this plan as the year progresses and the work of the Board evolves.

3 Draft Work Programme

3.1 Based on previous discussions with the board, including the informal board development session held on the 27th January, the work programme has been developed to reflect the following principles:

- Responsibility for delivering the key elements of the Health and Well-being Strategy rests with the responsible partnership or group (e.g. children and adults' joint commissioning boards) with regular updates to the board on progress. The first of these is scheduled for June 2014. A summary of the key groups and their relationship to the Health and Well-being Board is set out in appendix 1. This is not exhaustive but reflects the main groups that have responsibility for delivering elements of the Health and Well-being Strategy.
- Informal board development sessions will be scheduled alongside formal board meetings. This will include joint sessions with Warwickshire's Health and Well-being Board on matters of collective interest, such as health and social care integration. The first of these will take place on the 28th April.

3.2 Following discussions at development sessions and suggestions from partners the current draft of the Health & Well Being Board Work Programme is detailed below.

Meeting Date/Month	Work Programme Item
June 2014	5 Year Strategic Plan (Health and Social Care integration)

	Update from Primary Care Quality Group
	HWB engagement strategy
	Health & Well Being Strategy Update
September 2014	Annual Quality Updates from partners
	Female Genital Mutilation Update
October 2014	'Toxic triangle': Update from Police and Crime Board Alcohol & Drugs Strategy
	2015/16 Priorities/Plans/Commissioning - Alignment with local health needs
December 2014	Director of Public Health Annual Report
	Older people: Living well with Dementia/ Age Friendly City Adult joint commissioning board work programme
February 2015	Marmot City Update Health Protection Update

3.3 The Work Programme will be a live document and continually updated as new work areas develop and additional reports need to be considered by the Board.

3.4 Meeting dates from June 2014 will be confirmed following the Council elections and Annual General Meeting in May 2014.

4 Recommendations

4.1 The Health & Well Being Board is recommended to:

- Endorse the draft Work Programme for 2014/15.
- Ensure that additional Work Programme Items are added to this plan as the year progresses and the work of the Board evolves.

Ruth Tennant, Deputy Director of Public Health
Ruth.Tennant@Coventry.gov.uk

Appendix 1 – Health and Well-being Board key partnerships

Group	Relationship to Health and Well-being Board/ HWS
Children and adults joint commissioning board	Delivery of children and adults' elements of HWS. Adult joint commissioning board is lead partnership for delivering 'Better Care'
Children and adults safeguarding boards	Independent but HWB commitment to review quality issues on annual basis.
Police and Crime Board	Independent of HWB but has oversight of community safety issues including sexual violence and domestic violence
Health Protection Committee	Reports to HWB on health protection issues, including infectious diseases, screening & immunisation.
Marmot steering group	Reports to HWB on action to reduce health inequalities.
Dementia strategy group	Reports to HWB on action to improve support with people on dementia
FGM group	Reports to HWB on action to reduce FGM and support victims of FGM
Coventry and Warwickshire Local Enterprise Partnership	No direct relationship but significant role in promoting wider determinants of health (employment and economic development)
Coventry Partnership	No direct relationship but significant role in promoting wider determinants of health (including welfare reform)

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REPORT BACK ON CONFERENCE/SEMINAR

REPORT TO: Health and Social Care Scrutiny Board (5)

30th April, 2014

REPORT OF: Executive Director, People Directorate

TITLE: National Childrens and Adults Services Conference (NCAS)

DATE: 16-18 October 2013

VENUE: Harrogate Conference Centre

1. Recommendation

Scrutiny Board 5 is recommended to note the feedback from the conference and how this will inform the work of the People Directorate over the next year.

2. Background

The National Children and Adults Services Conference (NCAS) is held on an annual basis and is an opportunity for leaders across the health and social care sector to share expertise, experiences and good practice to take back to their organisations. This was attended by Councillor Alison Gingell, Cabinet Member (Health and Adult Services), Mark Godfrey, Deputy Director, Early Intervention and Social Care and Pete Fahy, Assistant Director, Commissioning and Transformation and included presentations, workshops and keynote speeches from Ministers, politicians, users, voluntary sector organisations and children and adults social care providers.

3. Cost of attending

	Costs Approved by Cabinet/Cabinet Member	Total of Actual Costs
Conference Fees	£1,350.00	£1,350.00
Accommodation	£891.00	£693.00

4. Benefits

The conference provided the opportunity over a short period to gain an insight into the current health and social care agenda and national thinking regarding the major issues and future direction of children and adults social care in England.

Some of the key issues arising from the conference were as follows:-

- Taking forward the Integration Transformation Fund (now the Better Care Fund). Norman Lamb, Health Minister, paid tribute to local authorities in driving forward the integration agenda that puts people at the heart of services. He emphasised Health and Wellbeing Boards leading the development of local integration plans
- Readiness nationally and locally to fully understand and implement the requirements of the Care bill from 2015
- Implementing the Special Educational Needs and Disability (SEND) reforms as contained in the Children's and Families bill
- The launch of the Winterbourne View Joint Improvement Programme 'Stocktake of progress' report

5. Embedding the learning

Following the conference in order to progress the above key areas we have:

- Established a Care Bill Implementation Board
- Established a programme with Health partners to maximise the benefit of the Better Care Fund for people in Coventry
- Continued to progress work on implementing Special Educational Needs and Disability reforms
- Completed a self-assessment and ensuring on-going progress to improve the lives of adults with learning disabilities through working with Health colleagues and the Coventry Learning Disability Partnership Board

It is considered that the conference is the primary event for Elected Members, Directors and Assistant Directors of Social Care, and therefore an event the Council should continue to support.

List of background papers

Proper Officer: Brian M Walsh, Executive Director, People Directorate

Author: Mark Godfrey, Deputy Director, People Directorate

Tel Number: (024) 7683 1500

(Any enquiries should be directed to the above)

Other contributors:

Papers open to public inspection

Description of paper: Report Back on Conference/Seminar

Location: CH60

Approved by Cabinet/Cabinet Member on: Tuesday 3rd September 2013

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

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

5 February 2014

- Sexual health services
- Mental Health Day Services / Dementia services

5 March 2014

- 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?
- Referral from Healthwatch re Patient Transport Services
- Physical healthcare of LD & MH patients

2 April 2014

- Local Care Data Programme
- Sexual Health Services – proposed re-commissioning

30 April 2014

- Health and Wellbeing Board Work Programme – Chair to attend a Board meeting
- Care Bill
- Care Quality Commission (CQC)

Date to be determined

- Patient discharge from UHCW
- Complaints UHCW
- Patient Experience in secondary care
- Coventry and Rugby CCG 5 year plan
- 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
- 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

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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.
	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
6 November 2013	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		
	Local Blood Collection Services	NHS Blood and Transplant Service	NHSBT are proposing changes to the local arrangements for collecting blood from local businesses. Officers of this Special Health Authority have been invited to attend to explain these and place them in the wider context of their work in collecting appropriate levels of blood from the local population.	Chair request	Report/ presentation
4 December 2013	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

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	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 Watwickshire 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
5 February 2014	Sexual health services				
	Mental Health Day Services / Dementia services				
5 March 2014	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?	Juliet Hancox, Coventry and Rugby CCG	Rugby Borough Council Scrutiny Members invited.	Work programme item	Briefing Note

	Referral from Healthwatch re Patient Transport Services	CCG	Healthwatch Coventry has exercised its statutory power to request that the Scrutiny Board request further information from the CCG regarding the delayed plans to re-commission Patient Transport Services in Coventry and Warwickshire. The CCG has been invited to provide their response to Healthwatch concerns.	Statutory referral	Briefing note.
	Physical healthcare of LD & MH patients	UHCW	UHCW has been invited to brief Members on the different ways the hospital manage the additional needs of patients attending medical wards with either mental health needs or learning difficulties.	Work programme	tbc
2 April 2014	Local Care Data Programme	Richard Hancox (Local Area Team)	Data sharing		
	Sexual Health Services – proposed re-commissioning	Dr Jane Moore / Nadia Inglis	The Council's Public Health department are planning to re-commission sexual health services for the City in partnership with colleagues in Warwickshire	Policy development	Briefing Note
30 April 2014	Health and Wellbeing Board Work Programme – Chair to attend a Board meeting		Chair to be invited, examine Health and Wellbeing Strategy and progress		
	Care Bill	Brian Walsh / Simon Brake	The Government has published a draft Care Bill which will have a significant impact on adult social care services.	Policy development	Cabinet Report / Briefing
	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.	Work programme	
Date to be determined	Patient discharge from UHCW				
	Complaints UHCW				
	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?					
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		
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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Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5)

Date: 30 April 2014

Subject: Review of 2013/14 Scrutiny Activity

1 Purpose of the Note

- 1.1 To review the work of the Scrutiny Board carried out during the course of the 2013/14 municipal year and identify any priorities or issues for consideration when planning next year's scrutiny work programme.

2 Recommendations

- 2.1 The Scrutiny Board is asked to review the activities and issues covered by the Board during the year and make any comments or recommendations for consideration as part of work programming and planning for the 2014/15 municipal year.

3 Information/Background

- 3.1 During the year, the Board has met 10 times and considered the items set out in the work programme, included at item 9 on this meeting's agenda.
- 3.2 The Cabinet Members and portfolio responsibilities covered by the Board are set out in Appendix 1.
- 3.3 To help with the review, it is suggested that the Board include consideration of the following questions:
- 3.3.1 Recognising that the Board cannot cover everything, the work programme was used to prioritise issues for consideration. There are some issues on the work programme that were not covered during the year and some areas of Cabinet Member portfolios that were not addressed. The national and local policy landscape is also constantly changing.
Are there any issues that should be given priority for next year?
- 3.3.2 During the year, Scrutiny Boards have carried out their business through a range of activities including traditional board meetings, task and finish groups and visits. Boards have gathered evidence from and engaged with Cabinet Members, council officers, partner organisations from the public, private and third sectors and members of the public.
What has worked most effectively and what should be taken into account when planning arrangements for next year?

Adrian West
Scrutiny Team
024 7683 2286

Health and Social Care Scrutiny Board (5)

Cabinet Member	Portfolio Responsibility
Health and Adult Services	Health Strategy and Policy
	Health Inequalities
	Social Care for Adults, Older People and People with Disabilities
	Carers
	Local Health Economy