

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 Hetherington 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)