

**Coventry City Council**  
**Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 2.00 pm on Wednesday, 5 February 2014**

Present:

Members: Councillor S Thomas (Chair)  
Councillor J Clifford  
Councillor C Fletcher  
Councillor H Noonan  
Councillor R Sandy (substitute for Councillor Hetherton)  
Councillor K Taylor (substitute for Councillor Williams)  
Councillor S Walsh (substitute for Councillor Ali)  
Councillor D Welsh (substitute for Councillor J Mutton)

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

Other Members: Councillor A Gingell

Other Representatives: Kerry Beasley, Coventry and Warwickshire Partnership Trust (CWPT)  
Sue Davies, Coventry and Rugby Clinical Commissioning Group  
Barry Day, CWPT  
Roisin Fallon-Williams, CWPT  
Veronica Ford, CWPT

Employees

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

Apologies: Councillors M Ali, P Hetherton, J Mutton, H S Sehmi and A Williams  
Mr D Spurgeon

## **Public Business**

### **46. Declarations of Interest**

There were no disclosable pecuniary or other relevant interests declared.

### **47. Minutes**

The minutes of the meetings held on 4<sup>th</sup> and 18<sup>th</sup> December, 2013 were signed as true records. There were no matters arising.

### **48. Transformational Change Programme - Coventry and Warwickshire Partnership Trust**

Further to Minute 80/12, the Scrutiny Board received a presentation from Roisin Fallon-Williams, Director of Strategy and Business Support, Coventry and

Warwickshire Partnership Trust (CWPT) on the Trust's Transformational Change Programme. Councillor Gingell, Cabinet Member (Health and Adult Services) attended the meeting for the consideration of this item.

The strategic objectives for this programme were:

- 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.

The presentation highlighted the Trust's clinical, enabling, and marketing strategies for the programme along with the delivery vehicles. Planning assumptions were outlined and the Board was shown the plan for the future state service model, which set out the proposal for a single point of entry to the service via the contact centre, a clinical triage to the appropriate unit and then a single trusted assessment.

An update was given on the following programme details:

- Integrated Children's Services
- Improving Access for Patients
- Secondary Care Mental Health
- Specialist Services
- Community Resource Centres
- Clinical System – new programme.

The presentation concluded by highlighting the programme headlines.

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

- The financial implications for the required improvements
- Clarification about the availability of beds for patients with acute mental health needs and why these patients needed to be sent outside of the city away from their families
- What the Partnership Trust was doing to lobby about the consequences of the change in commissioning which had meant patients being sent to specialists units elsewhere
- The benefits for employees from the transformational change programme
- A request for an assurance that the changes proposed had been designed taking account of the views of both patients and carers
- Feedback from the recent Care Quality Commission visit
- The Trust's current position regarding Foundation Trust status.

**RESOLVED that a progress report be submitted to a future meeting of the Board in approximately nine months.**

#### 49. **Changes to Mental Health Day Services (including Dementia Services)**

The Scrutiny Board received a report from Coventry and Warwickshire Partnership Trust (CWPT) which provided an outline and structure of the proposed dementia diagnosis pathway for older adults across Coventry and Warwickshire. Barry Day, Associate Director, Secondary Care Mental Health Services, CWPT, and Sue Davies, Head of Partnerships, Coventry and Rugby Clinical Commissioning Group attended the meeting for the consideration of this item. Councillor Gingell, Cabinet Member (Health and Adult Services) was also in attendance.

The report indicated that the current services for older adults in secondary care mental health services across Coventry and Warwickshire had quite different landscapes. There were a range of services which did not offer equal access for service users or carers. Reference was made to the number of teams operating from different localities. The current diagnostic pathway was predominately delivered by MAC nurses with support from other professionals. Post diagnosis support was sporadic, inconsistent and varied according to who delivered the service. The current services tried to support people in crisis without dedicated resources.

The Trust proposed that future services would become age independent offering an equitable provision of specialist assessment and treatment for service users and carers. With less dependence on in-patient bedded facilities, services would be delivered closer to peoples' homes with flexibility to meet patient and carers demands. In future there would be one single point of entry, which would be the initial point of contact for services, ensuring patients and carers received the right treatment, intervention and service delivered by the right person who had the skills and expertise. A trusted assessment would take place at the Community Integrated Practice Unit 18-21 (IPU).

The Community IPU 18-21 would be based in community resource centres (hubs) across Coventry and Warwickshire and a range of community based venues (spokes). There would also be a Crisis Response and Home Treatment Team to support service users and carers outside of working hours. Within the IPU 18-21 there would be a diagnosis pathway for dementia which would consist of services which would provide assessment, timely diagnosis, treatment and post diagnosis support and monitoring of medication. The pathway also reflected the needs of those with a diagnosis of dementia that required specialist advice or treatment within the community.

The post diagnostic service would be delivered in community settings to support service users and their carers on an individual or group basis.

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

- What services were provided for younger people presenting with dementia
- What happens if a GP fails to acknowledge that a patient has dementia
- The support to be given to carers and the importance of engagement
- The benefits of being able to maintain family links
- The need to sometimes place people with complex needs outside of the city
- Potential plans for providers to create new facilities in Coventry
- How will the new diagnosis pathway differ to ensure that people receive an early diagnosis and the appropriate support

- Partnership working to allow for broader pastoral care
- How the system will be able to cope with increasing numbers of patients with dementia
- Diagnosing dementia and depression and problems with suicides.

**RESOLVED that:**

**(i) A joint presentation on the multi-agency dementia strategy for the city be submitted to a future meeting of the Board in July 2014 with the appropriate partner organisations being invited.**

**(ii) Information on the different services available for older and younger sufferers of dementia to be circulated to all members of the Board.**

**50. Sexual Health Services**

The Scrutiny Board considered a report of the Operational Manager, Coventry and Warwickshire Partnership Trust (CWPT) detailing the work of the Integrated Sexual Health Service (ISHS) which formed part of the Primary Care and Wellbeing Directorate within CWPT. Information was provided on the patient groups accessing the service along with proposals for the future. Veronica Ford, Associate Director Primary Care and Prevention and Kerry Beasley, Lead Nurse, CWPT attended the meeting for the consideration of this item. Councillor Gingell, Cabinet Member (Health and Adult Services) also attended for the consideration of this issue.

The report indicated that service provision had been rapidly developing over the last few years and the team had been proactively responding to make significant changes to reflect the needs of the Coventry population. The underlying principle of the service was to provide patients with a positive experience when attending any part of the service with the aim of improving the sexual health of the local population. Reference was made to the commitment to work in collaboration with other partner services to achieve better outcomes for patients.

The Genitro-urinary Medicine (GUM) and Contraception and Sexual Health (CASH) services had integrated, supporting the delivery of a holistic model of care by offering a 'one stop' service. A range of care was offered including a full sexual health screening for patients with a full range of contraception methods as well as an appropriate plan of care. The report detailed the screenings undertaken.

The service now saw in the region of 14,000 patients through open access clinics and 14,000 patients through structured clinics.

The Board was informed about the monitoring of patient experiences. Surveys were undertaken on a monthly basis to gain patient feedback and action plans were developed to explore possible adaptation to address patients' views.

Future work included ensuring services continued to deliver excellent patient care at a time that was appropriate for patients but was also financially efficient; using a nurse led model of care; and further developing the integrated practice unit work ensuring more services were available to patients when they needed them, particularly HIV patients.

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

- The opportunities for working with both Coventry and Warwick universities
- The problems faced when attempting to engage with some of the faith schools in the city
- How the service worked with the different communities and which groups were difficult to reach
- How the service engaged with the prostitute population
- How the service was able to consult with young people

It was agreed that officers would pass on any links that might be helpful if the service was having difficulties reaching certain communities or schools/colleges.

**RESOLVED that:**

**(i) A progress report be submitted to a future meeting of the Board in twelve months.**

**(ii) Consideration be given to a possible fact finding visit by the Board.**

#### 51. **Outstanding Issues**

The Board noted that all outstanding issues had been included in the work programme, Minute 52 below refers.

#### 52. **Work Programme 2013-2014**

The Board considered the work programme for 2013-14 and it was agreed that, in order to be able to scrutinise the work of the Health and Well-being Board, a report of the Chair, Councillor Gingell would be submitted to a future Board meeting early in the new municipal year.

The Board also noted a briefing note of the Scrutiny Co-ordinator which advised of developments in the determination of priorities for the 2014/15 Quality Accounts for University Hospitals Coventry and Warwickshire (UHCW) and Coventry and Warwickshire Partnership Trust (CWPT). Task and Finish Groups, made up of Councillors from Coventry City Council and Warwickshire County Council and representatives from both Coventry and Warwickshire Healthwatch, had met with UHCW and CWPT to discuss performance against the 2012/13 Quality Account priorities and to discuss potential priorities for this year's Quality Account. The Chair, Councillor Thomas represented the City Council and the work had been led by Warwickshire County Council. Details of the draft priorities for both organisations were set out in appendices attached to the briefing note. It was anticipated that the work undertaken by the Task and Finish Groups would ensure that the process of Scrutiny engagement in the Quality Accounts would proceed more smoothly. It was intended to submit the Quality Accounts with a draft commentary to a Board meeting early in the new municipal year.

**RESOLVED that a report on the work of the Health and Well-being Board and a commentary on the Quality Accounts 2014/15 for University Hospital Coventry and Warwickshire and Coventry and Warwickshire Partnership Trust be submitted to a future meeting of the Board early in the new municipal year.**

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

There were no additional items of public business

(Meeting closed at 4.35 pm)