

**Coventry City Council**  
**Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 2.00 pm on Wednesday, 15 October 2014**

Present:

Members: Councillor S Thomas (Chair)  
Councillor M Ali  
Councillor J Clifford  
Councillor P Hetherington  
Councillor J Mutton  
Councillor J O'Boyle  
Councillor K Taylor

Co-Opted Member: Mr Mason

Other Representatives: Ellen Alcock, Grapevine  
Sue Davies, Coventry and Rugby Clinical Commissioning Group

Employees (by Directorate)

S Brake, People Directorate  
V Castree, Resources Directorate  
P Fahy, People Directorate  
M Godfrey, People Directorate  
G Holmes, Resources Directorate  
A Hook, Chief Executive's Directorate  
L Knight, Resources Directorate  
J Moore, Chief Executive's Directorate  
J Reading, People Directorate

Apologies: Councillors A Gingell, D Howells and D Skinner

## **Public Business**

### **18. Declarations of Interest**

There were no disclosable pecuniary interests declared.

### **19. Minutes**

The minutes of the meeting held on 10<sup>th</sup> September, 2014 were signed as a true record.

Further to Minute12/14 headed 'Adult Social Care Annual Report 2013/14 (Local Account)', the Board were informed that Cabinet, at their meeting on 7<sup>th</sup> October, 2014 had accepted the recommendations from the Board.

### **20. Progress of Public Health Programme from 1st April, 2013**

The Scrutiny Board received a report and presentation of Councillor Gingell, Cabinet Member, Health and Adult Services concerning the work of the public health programme since public health became the responsibility of the City Council in April, 2013.

The report provided an outline of the main public health delivery areas under the following headings:

- Marmot/health inequalities
- Improving the health and well-being
- Creating healthy places
- Protecting people's health
- Integrating health and care

The paper updated the report 'Public Health One Year On' which was attached at an appendix, and had the additional aim of illustrating how bringing public health back to the Council had created more joined up approaches across the Council and its partners to improving health. The Board were informed that this had already resulted in areas of accelerated progress in improving health and well-being outcomes compared to national outcomes although there was still considerable room for improvement in many areas.

The presentation highlighted the main achievements of Public Health which included an improvement in life expectancy at birth; an increase in the number of health checks being undertaken; and initiatives being undertaken to improve the health and well-being of children and older people by acting early, in particular the integrated model of care. The overall picture for the city showed reductions in people's risky behaviours: being overweight, smoking and drinking. Reference was made to the initiative to make every contact count. Attention was drawn to the work being undertaken in the following areas: workplaces; protecting the health of the public; sexual health; urgent care and integrated neighbourhood teams.

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

- Concern about the time lag in data which meant that much performance information related to the time period prior to April 2013 and how the impact of the transfer of responsibilities on health outcomes would be monitored in future
- Support for integrated model of care which teams had been piloted in Children Centres in Tile Hill and Hillfields and had recently gone live in four new localities
- What was being done by Public Health which was better under the local authority than when they had been working for the NHS
- How effectively Public Health was engaging with the rest of the City Council and ensuring public health priorities were becoming embedded across all of the organisation's activity
- Further information on life expectancy rates, in particular a comparison of residents with higher and lower incomes
- Whether legalising hard drugs would reduce usage levels
- Using libraries and children centres to enable the Council to work with local communities
- The measures being undertaken to assist the unemployed

- Actions that could be taken to improve the poor standards of some privately rented properties which were often located in the priority areas and ways to encourage increased levels of social housing
- The importance of highlighting the impacts of public health in Cabinet/Cabinet Member reports
- The issue of life expectancy for people experiencing mental health problems.

**RESOLVED that, having considered the deliverables from the public health programme to date:**

**(1) The Economy, Business and Employment Scrutiny Board (2) Task and Finish Group looking at licensing in the private sector be requested to address public health implications of people living poorer quality housing.**

**(2) Consideration to be given to ensuring that public health impacts are taken into account in future Cabinet/ Cabinet Member reports.**

**(3) The Cabinet Member (Health and Adult Services) and the Health and Well-being Board be asked to consider ways in which officers work with (i) private sector landlords to address health inequalities and (ii) the providers of mental health services to help address the difference in life expectancy for people experiencing mental health problems.**

**(4) Future progress reports to explicitly address the difference in life expectancy for people with mental health problems.**

**21. Coventry Learning Disabilities Strategy 'Moving Forward' 2014-2017**

The Scrutiny Board considered a report of the Executive Director, People concerning the Coventry Learning Disability Strategy 'Moving Forward' 2014-2017. A copy of this strategy was set out at an appendix to the report. The report was also to be considered by the Cabinet Member (Health and Adult Services) at her meeting on 11<sup>th</sup> November, 2014. Ellen Alcock, Deputy Director, Grapevine attended the meeting for the consideration of this item.

The Learning Disability strategy set out the key plans and activities to be delivered in relation to supporting people with Learning disabilities in the City. The strategy brought together key policy drivers as set out in 'Valuing People Now' (2009), 'Fulfilling and Rewarding Lives' (2010), 'Think Autism' (2014), the 'Winterbourne Concordat' (2012) and 'No Health Without Mental Health' and balanced them with key priorities identified by stakeholders including people with learning disabilities, carers of people with learning disabilities, voluntary organisations and officers from statutory organisations who would be involved in delivering the strategy. The strategy had been co-produced and was available as an easy read document. The co-production had taken place since 2013 and had focused primarily on working with adults and their carers. Action plans that sit under the strategy would be more focused on an all age disability approach and future versions of the strategy would have a stronger emphasis on co-production across all ranges, particularly younger people and their families. The strategy was to be implemented between 2014 and 2017.

Ellen Alcock reported back on the involvement of Coventry Grapevine in the consultation process.

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

- The importance of day care support for the health and wellbeing of people with learning disabilities and their carers
- The benefits of employment, including part time and volunteering opportunities
- The options to allow individuals to buy their own support to enable them to access activities of their own choosing
- Details about the number of people who are able to manage their own personal budgets and the numbers who require support
- The support available to help families and young people with the transition from childhood to adulthood
- The involvement of young people in making decisions about their future
- The monitoring of third party providers so ensuring that clients are involved in the decision making process
- The potential for abuse relating to personal budgets
- An assurance that safeguarding concerns would be reported
- The implications of the Care Act
- Issues that have been learnt while working on the development of the strategy.

**RESOLVED that:**

**(1) Having considered the contents of the Learning Disabilities Strategy, the Cabinet Member (Health and Adult Services) be requested:**

**(a) To ensure that compliance with the Care Act is at the heart of work to implement the Learning Disabilities Strategy**

**(b) To ensure that all agencies, staff and service users are aware of how to report safeguarding concerns and that they understand they have a duty to do so.**

**(2) A progress report addressing the above issues be submitted to a future meeting of the Board.**

**22. Increased Support through Telecare, Aylesford Consultation and Transition to a New Model of Short Term Support**

The Scrutiny Board received a presentation and briefing note of the Executive Director, People which informed of the outcome of the focused consultation regarding the proposed closure of the Aylesford, including identifying any changes to the impacts identified and the impact of the cessation of the service. Information was provided on the increased support through Telecare and the progress of the transition to the new model of short term support. Sue Davies, Head of Partnerships, Coventry and Rugby Clinical Commissioning Group (CCG) attended the meeting for the consideration of this item.

The briefing note indicated that Cabinet, at their meeting on 17<sup>th</sup> June, 2014 had agreed that a focused consultation be carried out to re-visit opinion around the potential closure of the Aylesford. A copy of the report considered by Cabinet was attached at an appendix. Initial consideration of the responses indicated that the pertinent points of the feedback were not materially different to the original consultation undertaken in the Autumn of 2013. The Board were informed that a detailed response to the consultation and the transition to the new model of short term support was due to be considered by Cabinet on 4th November, 2014.

The note detailed the actions already underway to support the implementation of the high level strategy to move away from using residential beds as a primary short term solution for people with health and social care needs by refocusing support to a model that wherever possible people were supported in their own homes or in similar settings.

The presentation set out how the current system was not working as efficiently as it could; detailed the recent usage of the Aylesford and the short term domiciliary services; outlined the short term solutions should the Aylesford close; and highlighted the costs associated with bed based short term support.

Members questioned the officer and the representative present and responses were provided. Matters raised included:

- The financial implications associated with the proposals
- Information about the past, current and proposed arrangements relating to the use of residential care, transfers and reablement
- Concerns about delayed transfers or discharge and inappropriate referrals being made for a higher level of support than was actually required
- Why there had not been effective management to deal with these issues
- A request for reassurance that the proposed approach was the best solution available
- Reassurance that lessons had been learnt and that all organisations had signed up to the whole system approach with the appropriate leadership being in place
- Information about the operation of the telecare service and its appropriate use, including the effectiveness of the responder element
- The impact of the proposals on other services including Accident and Emergency and General Practitioners
- The impact of telecare charges on take up and how this would be managed if cost was a barrier
- Concerns that there would be the appropriate level of support for people with dementia returning or remaining in their own homes and how this would be monitored to respond to changing needs.

**RESOLVED that:**

**(1) The outcome of the consultation process and progress to date implementing the 'High Level Short Term Strategy' be noted.**

**(2) Cabinet, at their meeting on 4<sup>th</sup> November, 2014 be informed of the Board's considerations.**

**(3) A progress report be submitted to a future Board meeting in twelve months detailing:**

**(a) the number of people enabled to live in their home as a result of support from the new service and the number of people who have to return to residential care because the service cannot meet the level of support required, including specifically those with dementia; and**

**(b) the wider impact of the proposed changes on other services, especially out of hours, such as Accident and Emergency and General Practitioners.**

**(4) A demonstration of the Telecare Service be provided for all members.**

**23. Discharging Responsibilities for Winterbourne View**

**RESOLVED that consideration of this item be deferred until the meeting of the Scrutiny Board scheduled to be held on 10<sup>th</sup> December, 2014.**

**24. Outstanding Issues Report**

The Scrutiny Board noted that all outstanding issues had been included in the Work Programme for the current year.

**25. Work Programme 2014-15**

The Scrutiny Board considered the Work Programme for 2014-15.

**RESOLVED that the programme be updated with 'Discharging Responsibilities for Winterbourne View' being moved to the meeting scheduled for 10<sup>th</sup> December, 2014, minute 23 above refers.**

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

There were no other items of urgent public business.

(Meeting closed at 4.55 pm)