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Coventry City Council

Minutes of the Meeting of Cabinet Member for Health and Adult Services held at 1.00 pm on Monday, 14 December 2015

Present:

Members: Councillor K Caan (Cabinet Member)
Councillor J Clifford (Deputy Cabinet Member)
Councillor K Taylor (Shadow Cabinet Member)

Employees:

People J Forde, M Greer, J Lynch, J Reading

Resources L Knight

Public Business

11. Declarations of Interest

There were no disclosable pecuniary interests.

12. Minutes of the Previous Meeting

The minutes of the meeting held on 12th October were agreed and signed as a true record.

There were no matters arising.

13. Recommendations relating to the Serious Case Review for Mrs E

The Cabinet Member for Health and Adult Services considered a report of the Executive Director for People, which presented the action plan in relation to a Serious Case Review (SCR) carried out on behalf of the Coventry Safeguarding Adults Board following the death of Mrs E.

A SCR was undertaken by the Coventry Safeguarding Adult Board following the death of Mrs E, who was 66 years old when she died. Mrs E had lived in housing with care and was the main carer for her husband, who was dependent on her support. Mrs E required hospitalisation following a fall where she sustained a fracture to her spine. Following a short period in hospital, she was discharged home, where her health deteriorated over a short time and her GP recommended that residential rehabilitation may improve her recovery.

After the commencement of the residential rehabilitation, Mrs E deteriorated further and was transferred to hospital as an emergency, where she failed to respond to therapeutic treatment and unfortunately died 5 days later.

The SCR was undertaken and made recommendations to improve practice and these recommendations were incorporated into the multi-agency action plan, attached as Appendix 2 to the report submitted. The organisations involved in the SCR were committed to ensuring that the issues identified were addressed. The

Coventry Safeguarding Adults Board would monitor the implementation of improvements within the individual services.

The Cabinet Member noted that, at their meeting on 18th November 2015, the Health and Social Care Scrutiny Board (5) gave detailed consideration to the Executive Summary Report and the associated action plans. The Board questioned at length representatives from a number of partner agencies involved in Mrs E's care in the weeks leading up to her death.

RESOLVED that the Cabinet Member for Health and Adult Services:

- 1. Reiterates to the Coventry Safeguarding Adults Board, the importance of ensuring that all the health organisations take account of the views of family, friends, neighbours and carers relation to an individual's care and that all the concerns raised about communications in this case are also addressed by those agencies involved.**
- 2. Endorses the action plan detailed at Appendix 2 of the report submitted.**

14. Recommendations relating to the System Wide Review for Mrs F

The Cabinet Member for Health and Adult Services considered a report of the Executive Director of People, which presented the action plan relation to a System Wide Review (SWR) carried out on behalf of the Coventry Safeguarding Adults Board following the death of Mrs F.

An SWR was undertaken following the death of Mrs F, who was 80 years old when she died. Although Mrs F lived alone in a variety of housing settings prior to her death, her granddaughter remained a major part of her family support network. Mrs F had chronic vascular disease which she was aware would be life limiting if she declined surgical intervention. Following discussions with health professionals and her granddaughter, Mrs F made the decision not to proceed with surgery.

It was acknowledged that Mrs F would require significant support from health care professionals upon discharge from hospital and therefore when it was agreed by her clinicians that she was medically fit for discharge from hospital, Mrs F was transferred to a care home where she could receive the required level of support. While in the care home, Mrs F developed tissue damage which became infected and, as a result, was re-admitted to hospital where she died 5 days later as a consequence of the infection.

The organisations involved in the SWR were committed to ensuring that the issues identified were addressed. The recommendations within the SWR report formed the basis of a Coventry Safeguarding Board action plan, attached as Appendix 2 to the report submitted, with the Board monitoring the implementation of improvements within individual organisations.

The Cabinet Member noted that, at their meeting on 18th November 2015, the Health and Social Care Scrutiny Board (5) gave detailed consideration to the Executive Summary Report and the associated action plans. The Board

questioned at length representatives from a number of partner agencies involved in Mrs F's care in the weeks leading up to her death.

RESOLVED that the Cabinet Member for Health and Adult Services endorses the action plan detailed at Appendix 2 of the report.

15. Transfer of 0-5 Public Health Commissioning Responsibility to Local Authorities

The Cabinet Member for Health and Adult Services considered a joint report of the Executive Director of People and the Director of Public Health, which outlined the current position and the work that had been undertaken to ensure the safe transfer of commissioning arrangements for the commissioning of 0-5 public health services from 1st October 2015.

As part of the Health and Social Care Act 2012, it was agreed that the commissioning responsibility for 0-5 public health would transfer to the NHS National Commissioning Board until April 2015, which was then extended to October 2015. This responsibility in the main covered the Health Visiting and Family Nurse Practitioner Services (FNP). Services were currently commissioned from Coventry and Warwickshire Partnership NHS Trust (CWPT) and cost in the region of £5.35m per annum.

Guidance was published by the Department of Health to support the transfer of the contracts for the service from the NHS to Local Authorities and financial allocations for Local Authorities from October 2015 were subject to consultation and finally published in March 2015.

Since the start of 2015, work had been undertaken to finalise the financial arrangements for the transfer with NHS England to ensure a smooth transition took place. In August a novation agreement was signed by all parties to support the transfer of contracts. In addition, national templates had been developed for a handover pack of information from NHS England to local authorities. Although there had been some delay nationally regarding the handover pack, due to information governance concerns, it was hoped that these concerns would be resolved shortly to enable the handover to be fully completed.

It was currently planned to re-commission the 0-5 public health services from 1st April 2017, alongside other associated public health services, to form integrated children's public health services in the future. A consultation exercise to inform the new service model would commence in the Autumn of 2015.

In considering the report and the matters raised at the meeting, the Cabinet Member expressed concern regarding the delay in receiving an Implementation Plan from the Coventry and Warwickshire Partnership Trust in relation to providing services from 8am to 8pm. It was reported that a further meeting with officers from the Trust and from the Council was due to take place later in the week and the Cabinet Member requested to be advised of the outcome and, if this was not as expected, a meeting be arranged for himself, the Deputy Cabinet Member and Shadow Cabinet Member with the Chief Executive of the Partnership Trust to discuss the matter further.

RESOLVED that the Cabinet Member for Health and Adult Services:-

- 1. Notes that responsibility for 0-5 public health commissioning transferred to the Council on 1st October 2015; that a re-commissioning exercise will be undertaken during 2015/16 and 2016/17 relating to 0-19 public health services and that a report would be submitted to Cabinet in the future to seek approval to take this work forward.**
- 2. Requests that the Cabinet Member, Deputy Cabinet Member and Shadow Cabinet Member be advised of the outcome of the officer meeting with the Coventry and Warwickshire Partnership Trust regarding their Implementation Plan.**
- 3. Requests that, if the outcome of the meeting detailed in 2 above is not as expected, a meeting be arranged for the Cabinet Member, Deputy Cabinet Member and Shadow Cabinet Member with the Chief Executive of the Coventry and Warwickshire Partnership Trust to discuss this matter further.**

16. Ensuring the Quality of Care and Support in Adult Services.

The Cabinet Member for Health and Adult Services considered a report of the Executive Director of People, which set out proposals to ensure the quality of care and support in adult services.

In Coventry the quality assurance of organisations that provide social care funded by the City Council was led by the Council's Adult Strategic Commissioning Team but involved a significant amount of work within Coventry and Rugby Clinical Commissioning Group (CRCCG) and the Care Quality Commission (CQC). This work was co-ordinated through the Provider Escalation Panel, which was led by the City Council and provided a forum for intelligence to be shared and co-ordinated between organisations so that appropriate and proportionate action was taken.

The level of input dedicated to managing quality for a specific provider was subject to an assessment of risk which helped to ensure that resources were focussed on areas where they were most needed as opposed to a standard approach to all providers.

Where issues had risen, the Council was committed to taking an approach that resulted in an improvement in standards and, to deliver this, worked in close partnership with health colleagues. A small team of nurses employed by the CRCCG were incorporated within the Council's adults commissioning function to further support co-ordination of improvement activity.

It was noted that, positively, a recent CRCCG internal audit in relation to the joint quality assurance system for care homes concluded that "significant assurance can be given on the design and operation of the system's internal controls to prevent risks from impacting on achievement of the system's objectives".

A key requirement of the Care Act 2014 was that local authorities must develop their local knowledge in respect of potential provider failure and focus, where

appropriate, on supporting providers at risk of failure. Local authorities were also required to have plans in place to manage exits from the market to ensure continuity of care. The CQC had parallel duties in relation to larger providers where provision spanned several authority areas and there was a requirement for co-operation between CQC and local authorities.

The City Council had been actively operating a Quality Assurance Framework since 2010 across adult social care. Quality standards were defined throughout the commissioning process and set out within contracts. A key role for the Strategic Commissioning Team was to monitor contracts against these standards, including supporting providers to develop and implement action plans where improvements were required. All contracted provision within the City had a minimum of one planned quality assurance review per year. In addition, there were a number of mechanisms that enable stakeholders to alert the Strategic Commissioning Team to issues outside of the formal meetings and these were always thoroughly investigated.

The approach to planning for market failure had been taken with the Coventry and Rugby Clinical Commissioning Group, who were a key partner in supporting this process and a commissioner of community health services as well as having its local NHS duties. A market failure plan had been developed and was attached as an Appendix to the report submitted. The Council acted proactively to support providers wherever practicable and worked jointly to manage situations effectively.

RESOLVED that the Cabinet Member for Health and Adult Services approves:

- 1. The approaches taken in Adult Social Care to manage market risk through quality assurance processes.**
 - 2. The contingency plan to be used in cases of market failure.**
17. **Any other items of public business which the Cabinet Member decides to take as matters of urgency because of the special circumstances involved**

There were no other items of public business.

(Meeting closed at 1.55 pm)

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