

Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at
11.00 am on Wednesday, 18 October 2023

Present:

Members: Chair for the meeting: Councillor L Harvard
Councillor S Agboola
Councillor S Gray
Councillor A Hopkins
Councillor A Jobbar
Councillor B Mosterman
Councillor A Tucker

Other Members: Councillor L Bigham (Cabinet Member for Adult Services)
Councillor K Caan (Cabinet Member for Public Health, Sport and Wellbeing)
Councillor G Hayre (Deputy Cabinet Member for Public Health, Sport and Wellbeing)

Employees (by Directorate)

Adult Services J Reading

Law and Governance G Holmes, C Taylor

Public Health A Duggal

Others Present K Drysdale, Deputy Director of Nursing: Clinical Transformation, ICB
T Pilcher, Chief Nursing Officer, ICB

Apologies: Councillor J Gardiner, C Miks and S Nazir

Public Business

14. Chair of the Meeting

RESOLVED that Councillor Harvard be appointed as chair of the meeting in the absence of Councillor Miks.

15. Declarations of Interest

There were no disclosable pecuniary interests.

16. To agree the minutes of the meeting held on 13th September 2023

The minutes of the meeting held on 13th September 2023 were agreed and signed as a true record.

17. **Matters Arising**

Further to Minute 10, it was noted that the Boards comments were accepted by Cabinet at their meeting on 3rd October 2023.

18. **Coventry and Warwickshire All Age Palliative and End of Life Care Strategy 2023 - 2028**

The Board considered a briefing note of the Deputy Director of Nursing: Clinical Transformation and the Chief Nursing Officer, ICB, which provided an update on the Coventry and Warwickshire All Age Palliative and End of Life Care Strategy 2023 – 2028 and delivery plan.

More than half a million people were expected to die each year in the UK, and many were living with a life expectancy of less than one year at any one time. This was set to increase with a growing older population, so more people were expected to die at an older age. This provides the opportunity to plan and consider people's wishes and preferences for their end-of-life care and treatment.

In 2021 in Coventry and Warwickshire, approximately 9,000 people died: 45% of deaths took place in hospital, 30% at home, 20% in care homes and 4% in hospices.

A strategy brief for the proposed PEOLC strategy was presented in March 2023 and the feedback that was provided was taken into consideration in the development of the final version.

Five priorities had been identified for PEOLC for Coventry and Warwickshire:

- Provide information which focused on identification, early intervention, and support for people with palliative and end of life care needs.
- Access to timely palliative and end of life care with support throughout, for all of our diverse communities.
- Support people diagnosed with a life limiting condition and those who matter to them, carers, and communities.
- Improve the quality of personalised care and support planning for people with palliative care needs, including planning for the end of life, through education and training for all.
- Deliver a sustainable system of integrated palliative and end of life care.

Next steps would be the approval of the Strategy via the relevant governance processes for a launch in January 2024.

Councillor K Caan, Cabinet Member for Public Health and Wellbeing, commended the report, stressing the need for dignity in end of life care and the requirement for clear and concise options, including technology, to support the community in the best way.

Members of the Scrutiny Board, having considered the content of the report and presentation, asked questions and received information from officers on the following matters:

- Hard to reach communities, those new to the city and those in digital poverty would be reached by the digital strategy, community work and working with individuals and their families to provide personalised care and support planning.
- A collaborative integrated care plan was rolled out both digitally and in paper form. Social care workers were trained on how to provide this and how to identify the non-digitally enabled.
- Poverty proofing work identified individuals who were financially challenged at end of life.
- Contact had been made with the British Legion and Ministry of Defence to support veterans and their families with life limiting conditions and those discharged from the armed forces.
- Support networks already in place were being utilised to help and assist veterans and their families including those veterans who find themselves homeless.
- Mapping and scoping had taken place to increase the reach of bereavement services, in particular, those with sudden bereavement. New webpages on the ICB website had been enabled and aligned to end of life care, using understandable language and with dedicated pre and post bereavement signposting.
- Providing the right service offer so those needing to use it have the right expectations.
- Bereavement suites in UHCW were enabled to deal with stillbirth and sudden death and partnership working with the voluntary sector and hospices was undertaken to ensure all ages were included within the strategy.
- Conversations had taken place with the more difficult to reach communities and scoping was underway to ensure engagement was possible however, relationships and trust would need to be built with these communities.
- The One Coventry approach along with the continuing engagement already undertaken, the Improving Lives Programme, Carers Trust Heart of England and work undertaken with specific voluntary sector providers, had improved dialogue with many communities.
- To ensure engagement with ethnic and hard to reach communities, evaluation mechanisms within the strategy delivery plan included an action trajectory for each quarter and bi-monthly board meetings where actions, outcomes and challenges were reviewed.
- The Migration team within the council supported migrants and asylum seekers on health and access to health care. The Midlands Health Migration Network held regular webinars and worked in partnership with stakeholders to achieve results. ICB colleagues were currently involved in providing an improved service specifically to migrants and refugees in Coventry.
- Support was in place for care workers who looked after end of life patients. This was recognised within the strategy.
- As part of the One Coventry approach, officers worked with end of life patients and organisations regarding benefits advice.
- An education and training framework was in place for everyone, not just health professionals supporting end of life patients.

Members requested the following information:

- A focus on how different cultures approach end of life care to be included within the delivery of the Strategy.
- How Members could assist with contacting minority groups to aid dialogue and communication for the Strategy.
- Information on illegal immigrants and visitors paying for NHS care.

The Chair, Councillor L Harvard, thanked the representatives of the Integrated Care Board and the Head of Commissioning and Quality, Adult Services for the update on the Coventry and Warwickshire All Age Palliative and End of Life Care Strategy 2023 – 2028 and delivery plan.

RESOLVED that the Health and Social Care Scrutiny Board (5):

- **Supports the publication of the Coventry and Warwickshire All Age Palliative and End of life Care Strategy 2023 - 2028.**

19. Director of Public Health Annual Report 2022/23

The Board considered a report of the Director of Public Health and Wellbeing: The Annual Report of the Director of Public Health 2023. The Director had a statutory responsibility to write an independent annual report and the Local Authority had a statutory duty to publish it. The Director for Coventry had chosen to focus their 1st annual report on the sexual health and wellbeing of young people.

Protecting our right to achieve good sexual health and fulfilling relationships was highlighted by the World Health Organization as a key part of creating safe, respectful communities/society. Working as partners, we can and should support children and young people in Coventry to develop the skills, knowledge and attitudes that will provide them with best opportunity to achieve these rights.

The report illustrated new and longstanding protective and risk factors influencing young people's ability to build healthy relationships and their confidence in accessing help when needed. The report recognised that societal and technological changes had been rapid, with positive and negative impacts on children and young people in Coventry. It highlighted that change was not new, and that by working collaboratively as an integrated system, we have the potential to secure these rights and better outcomes for every Coventry child, young person and community.

The report had been informed by the needs of the young people in Coventry. The issues and action taken are described in chapters:

1. Introduction – What do we mean by sexual health and relationships? why is this important?
2. Positive Foundations.
3. Relationships – Influences on behaviours and choices.
4. Reproductive health.
5. Gender and sexuality.
6. Healthy and unhealthy relationships– Recognising the signs.
7. Young people, sexual violence and exploitation.

8. Recommendations.
9. Where young people can find support in Coventry.

Councillor K Caan, Cabinet Member for Public Health and Wellbeing, welcomed the report advising the focus was on giving people the best start in life whilst recognising the challenges in health inequalities.

Members asked questions and received responses on the following matters:

- Equality issues within the reports' pictorial identification of couples and families.
- Availability and uptake of Pre-Exposure Prophylaxis (PrEP)
- Coventry case numbers relating to the recent Mpox outbreak, vaccination programme and ongoing treatment.
- Environmental factors affecting young people's health were not included within the report, but linked with the ongoing work with the Sports Strategy and use of green spaces.
- Ongoing work with local schools via PHSE to make children aware of the effects of accessing pornography.
- Awareness of the sexual health services via outreach work and schools.

Members requested the following information:

- Statistics comparable with the rest of the UK
- Ensure Intersex is included in the acronym LGBTQI+
- Uptake data of Mpox vaccinations
- PrEP availability and uptake in Coventry
- Investigation of the correct equalities terminology

RESOLVED that the Health and Social Care Scrutiny Board (5):

- 1) Note the findings and recommendations of the Annual Report Public Health 2023 for Coventry.**
- 2) Endorse the recommendations contained in the report.**
- 3) Ensure future reports refer to "sex assigned at birth" throughout to remain in line with terminology as current used by central government.**
- 4) Ensure intersex people are included within any future analysis made by the City Council when assessing health needs and health inequalities.**

20. Work Programme and Outstanding Issues

The Health and Social Care Scrutiny Board (5) noted the work programme.

RESOLVED that the Health and Social Care Scrutiny Board (5) notes the Work Programme.

21. Any other items of Public Business

There were no other items of public business.

(Meeting closed at 12.45 pm)