

Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at
11.00 am on Wednesday, 17 January 2024

Present:

Members: Councillor C Miks (Chair)
Councillor S Agboola
Councillor J Gardiner
Councillor S Gray
Councillor L Harvard
Councillor A Hopkins
Councillor A Jobbar
Councillor B Mosterman

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

Employees (by Directorate)

Children's Services R Eaves, A Errington

Law and Governance G Holmes, E Jones, C Taylor

Others Present D Benson, Independent Chair of the Coventry Safeguarding Adults Board
Dr A Brady, Chief Medical Officer, ICB
R Uwins, Head of Communications and Public Affairs, ICB

Apologies: Councillor S Nazir and A Tucker

Public Business

28. Declarations of Interest

There were no disclosable pecuniary interests.

29. Minutes

The minutes of the meeting held on 29th November 2023 were agreed and signed as a true record.

There were no Matters Arising.

30. Changes to the Prescription Ordering Direct (POD) Service

The Board considered a briefing note and a verbal report of the Chief Medical Officer, ICB and Head of Communications and Public Affairs, ICB, providing an update on the closure of the NHS Prescription Ordering Service (POD).

In December 2023, after consideration and engagement, the ICB recommended decommissioning of the POD service on the grounds of lack of value for money. Deteriorating performance and operational difficulties were also noted. It was anticipated the POD would close on 31st March 2024. Staff were aware of the closure and were currently in consultation.

A transition phase was underway of repatriating repeat prescription ordering to GP practices and support, training and funding was being made available to them to manage this transition.

As the NHS App and Patient Access App gain popularity, it was anticipated that the majority of patients would move to ordering their medications through these methods. All practices had patients using these methods already with app-based prescription ordering varying from 19 – 73% in those practices using POD.

It was recognised that digital services were not accessible to everyone and some patients preferred to use the telephone or order repeat prescriptions in person. There were alternative provisions for ordering regular repeat prescriptions (paper ordering slips, telephone, email) within General Practice, as this was a core GMS service which all practices deliver.

Eligible patients could be transferred to repeat dispensing allowing 6-12 months of prescriptions at a time, approved with their consent. Provision was also in place for community pharmacy to order repeat medication on behalf of vulnerable patients which would continue once the POD service was no longer in place.

GPs would still be required to review and sign the prescription to authorise it. Practices may see an increase in administration as some patients may telephone their prescription through.

Pharmacy services would not be affected if the POD was no longer available as they would continue to receive repeat prescriptions directly from the practice, regardless of how the prescription was ordered.

Whilst the changes may cause a temporary impact to patients whilst transitioning to an alternative service, the ICB would support patients and practices during this transition to ensure impact was minimal and to raise the awareness of the changes to the service.

In early January, a message on the NHS POD website had been posted, advising patients that the NHS POD service would close by end of March and that GP practices would be in contact to advise how to order repeat medications. A recorded message had also been added to the telephone system to advise patients the NHS POD service was closing.

Councillor K Caan, Cabinet Member for Public Health and Wellbeing, referred to inconsistencies with the POD service in the past, advising that this was an opportunity for GP's to take a greater role in protecting patient health long term.

Councillor L Bigham, Cabinet Member for Adult Services, queried whether the personal nature of POD which enabled vulnerable or lonely patients to speak to a

human being, had been taken into account and the how inequalities in digitalisation would be supported.

Members of the Scrutiny Board, having considered the content of the briefing note and the verbal update, asked questions and received information from the Chief Medical Officer, ICB and Head of Communications and Public Affairs, ICB, on the following matters:

- The service had been designed for medical waste reduction however, officers also recognised it had helped with loneliness.
- Staff were currently in a consultation phase. Union representation had been made available.
- The service was costing £1.5m more overall, rather than saving money.
- Any future review undertaken would be as part of general practice GMS services and reviewed within the wider context of access to primary care work.
- Additional finance of £260k was available for GP practices which would be used on training and recruiting additional staff.
- Patients could continue to telephone GP's to access prescriptions and digital solutions would be available. GP's would be supporting families of vulnerable patients to access their prescriptions.
- Identification would not be required to register with the NHS App and patients could ask POD staff for assistance.
- Not all patient services were available via the NHS App. Different digital platforms and agencies were available and it was therefore important to use joined up approach with the patients.
- Costs had escalated due to patients being onboarded onto the POD system, but not off boarded and difficulties in recruitment of staff and increased ordering had become a cost pressure.

ICB Officers undertook to relay concerns regarding digital methods of patient engagement back to the Chief Digital Officer including the provision of a video walkthrough for accessing the NHS App.

Members requested the following information:

- Clarity and patient safety issues regarding 6 monthly repeat prescriptions.
- The pack of assets including how to use the NHS App and whether ID was required to register.

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

Notes the information about the transition plan for the closure of the POD and repatriation of repeat prescribing to GP practices.

31. **Safeguarding Adults Annual Report**

The Board considered a briefing note and presentation of the Business Manager Coventry Safeguarding Children's Partnership and Adult Board, which provided an overview of Coventry Safeguarding Adults Board Annual Report 2022-23.

The Coventry Safeguarding Adults Board (CSAB) was a partnership of organisations that worked to both prevent and end abuse of adults with care and support needs in Coventry.

The Care Act (2014) required that each local authority must establish a Safeguarding Adults Board for its area. The objective of a Safeguarding Adults Board was to help protect adults in its area in cases where the adult:

- Has care and support needs.
- Is experiencing, or is at risk of, abuse or neglect; and
- As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

The Safeguarding Adults Board achieved this by co-ordinating and ensuring the efficacy of what each member does.

Under the Care Act 2014, one of the core duties of the Safeguarding Adults Board (SAB) was to publish an annual report detailing how the SAB had achieved during the year to achieve its main objective and implement its strategic plan; and what each member had done to implement the strategy as well as detailing the findings of any safeguarding adult review and subsequent actions. This Safeguarding Adults Board Annual Report 2022-2023 is in line with this requirement.

Councillor L Bigham, Cabinet Member for Adult Services, welcomed the report.

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

- Neglect covered a range of forms and a lot of work, including recruitment of the right staff, was being undertaken. Training and support was available to the informal carers in Coventry.
- Self-neglect was also an issue and the SAB had provided guidance and training. Partnership working with GP's was key.
- Officers worked with community navigators and referral activity into social care was busy.
- Officers made visits to care homes, provided escalation panels if necessary and had direct intervention with the establishments.
- Officers were liaising with ICB colleagues regarding issues of self-neglect whereby patients could not afford prescriptions.
- Sources of referral were kept a close eye on. Traditionally there had been a high number of Ambulance Service referrals and a high conversion rate as situations were seen first-hand. The Fire Service were also a valued member of the partnership.

Members requested the following improvements to the Coventry Safeguarding Adults Board Annual Report 2023 – 2024 to include:

1. Descriptions of the different types of abuse
2. A glossary of terms
3. A more easy-read report style

4. Clarity and detail improvements to tables

Details of safe and well checks by the Fire Service would be circulated to Members.

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

- **Notes the contents of the Safeguarding Adults Annual Report.**

32. **Coventry & Warwickshire Integrated Health and Care Delivery Plan**

The Board considered a briefing note of the Chief Transformation Officer and Deputy Chief Executive, Coventry and Warwickshire Integrated Care Board and a presentation of the Chief Medical Officer, ICB and Head of Communications and Public Affairs, ICB, which provided a progress update of the Integrated Health and Care Delivery Plan for Coventry and Warwickshire.

Integrated Care Systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.

Following the merger of the 3 Clinical Commissioning Groups in the area and the passage of the Health and Care Act (2022), on 1st July 2022, Coventry and Warwickshire was established as an Integrated Care Board (ICB) on a statutory basis.

Following this, all ICS's were required to develop an Integrated Care Strategy to set out how the assessment needs could be met, which was developed by the Integrated Care Partnership (ICP).

In 2023, the ICB, Coventry City Council, Warwickshire County Council and other partners worked together to develop the Coventry and Warwickshire Integrated Health and Care Delivery Plan 2023/4 – 2027/28 (IHCDP) – to act as the shared health and care system delivery plan for Coventry and Warwickshire Integrated Care Strategy.

The plan produced by the ICB provides the operational detail around how the strategy's vision can and will be realised and sets out the ICB's aims and priorities for the next 5 years and would be refreshed annually.

There were currently no red rated indicators due to the fact that if an action was delayed there was currently a plan in place to mitigate this risk. There were a very small number of deliverables (x2) where a response was awaited on the current status of the plan. There were also 3 deliverables relating to the Children & Young People Strategy that were not applicable at the current time.

In conclusion, the plan was in the process of being implemented and embedded across partner organisations and there were currently no areas of risk identified but this would shift as further progress was made against the plan with areas of slippage requiring early identification.

Councillor K Caan, Cabinet Member for Public Health and Wellbeing, commended the report extending full support to the Integrated Health and Care Delivery Plan and highlighting the strength of prevention, in the public health arena.

Councillor L Bigham, Cabinet Member for Adult Services, welcomed the report, highlighting that air pollution and its health effects on the population was missing from the plan.

Members of the Scrutiny Board, having considered the content of the briefing note and presentation, asked questions and received information from the Chief Medical Officer and Head of Communications and Public Affairs, ICB, on the following matters:

- Air pollution was not specifically covered in the IHCDP. The ICB's Greener Strategy would cover some areas where impact was needed.
- Working in partnership to improving access to primary care by ensuring primary care establishments are included within plans for large, new housing developments.
- Where efficiencies would be found from.
- Extensive engagement had been undertaken with ethnic minority and immigrant groups to ensure their needs were met. The full engagement report was available on the ICB website.
- Specific services were being delivered to newly arrived communities.

Members requested the following information:

- Partnership working to ensure primary care establishments are included within plans for large, new housing developments.
- Circulation of the briefing note regarding the Air Quality Action Plan.
- The amount of funding allocated to Coventry.
- Engagement with minority groups and the outcome of pilot work with newly arrived communities.

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

Notes the content of the progress update of the Integrated Health and Care Delivery Plan for Coventry and Warwickshire.

33. **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 with the inclusion of the following:

- **An update on the POD (to include digital successes and transition to prescriptions via GP's) to be brought back to SB5 in 6 months time.**
- **Members to be invited to a joint meeting of SB5 and SB2 regarding CAMHS on 14th March 2024.**
- **An update on when the Suicide Prevention Strategy would be delivered.**

- **ICB efficiency savings.**

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

There were no other items of public business.

(Meeting closed at 1.15 pm)