

**Coventry City Council**  
**Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at**  
**11.00 am on Wednesday, 10 April 2024**

Present:

Members: Councillor C Miks (Chair)  
Councillor S Agboola  
Councillor J Gardiner  
Councillor A Hopkins  
Councillor A Jobbar  
Councillor R Lakha (substitute)  
Councillor B Mosterman

Other Members: Councillor G Hayre, (Deputy Cabinet Member for Public Health, Sport and Wellbeing)  
Councillor S Nazir (Deputy Cabinet Member for Adult Services)

Employees (by Directorate)

Adult Services S Caren, P Fahy

Law and Governance G Holmes, C Taylor

Others Present R Light, Chief Officer, Healthwatch, Coventry  
J Richards, Director of Strategy, UHCW  
L Terry, Head of Integration – Strategy, UHCW

Apologies: Councillors: L Bigham, K Caan, S Gray, L Harvard, A Tucker

## **Public Business**

### **41. Declarations of Interest**

There were no disclosable pecuniary interests.

### **42. Minutes**

The minutes of the meeting held on 28<sup>th</sup> February 2024 were agreed and signed as a true record.

There were no Matters Arising.

### **43. Healthwatch Coventry - Update**

The Board considered a briefing note, verbal update and presentation of the Chief Officer, Healthwatch Coventry, which provided an update on the work of Healthwatch Coventry

Healthwatch was an independent health and social care champion. Their mission was to make sure people's experiences improve health and care; including

barriers to access and health inequality. Healthwatch ensured NHS leaders and decision makers heard the experiences and voices of local people to improve delivery and to plan and commission services. They also helped individuals to find reliable and trustworthy information and advice.

Healthwatch were independent of the delivery of NHS and social care services, deciding and setting a programme of work based on information gathered from local people.

Local people were involved through volunteer roles and the Steering Group which managed the priorities and work. Healthwatch carried out community research, community outreach and projects to look at specific service areas. They also worked to influence decision makers through relationships and involvement in strategic groups within the Integrated Care System.

Members of the Scrutiny Board, having considered the content of the briefing note, verbal update and presentation, asked questions and received information from the Chief Officer, Coventry Healthwatch on the following matters:

- Findings from care homes had been followed up in the past with care home managers and training had been provided. Healthwatch Coventry had fed their findings back to the Care Quality Commission and a series of groups in the ICB.
- An issue regarding maternity care for asylum seeker and newly arrived women was if the Home Office moved them out of the area.
- An increase in funding for local dentistry services had increased the NHS slots available with a focus on patients who had not been to the dentist for over 2 years.
- Healthwatch Coventry was an independent body which worked through influence connecting into health and social care.
- Inequality was at the heart of the work Healthwatch undertook. Work priorities were agreed with inequalities at the forefront and there was a focus on areas of deprivation for the outreach community.
- Last year, 37 Healthwatch volunteers gave 775 hours of time. There were 4.5 Healthwatch employees.

The Chair, Councillor Miks requested the Chief Officer pass on congratulations to the Healthwatch Board for the work they undertook.

The Board requested the Healthwatch Coventry presentation slides and the Healthwatch Coventry newsletter via email.

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

- 1) Note the update by Healthwatch Coventry.**
- 2) Findings from Healthwatch Coventry care home visits to be shared with care homes across the city.**

#### **44. Improving Lives Programme across Health and Care**

The Board considered a briefing note and presentation of the Director of Adults and the Head of Integration Strategy, UHCW, outlining the Improving Lives

programme of work, the impacts the programme has had to date and was expected to have as it became fully implemented during 2024.

In January 2021, the local health and social care system embarked on a review of hospital admission and discharge arrangements to determine how improvements could be made that supported reducing admissions, length of stay and improvements to discharge, to reduce the volume of care and support required through enabling more people to be independent.

To progress this work, Newton Europe was appointed following a tender process as a delivery partner working across the City Council, University Hospital Coventry and Warwickshire, Coventry and Warwickshire Partnership Trust and the Integrated Care Board.

The aims of the programme were:

- An improved and more responsive co-ordination and delivery of health and care within an individual's own home when urgent and emergency care was required – this would help to prevent people making unnecessary visits to hospitals.
- Where ongoing support (health or care or both) was required to enable people to continue to live independently, this would be reliable, sustainable, and responsive to change as people's requirements changed.
- Where people were required to visit hospital for treatment, this would be undertaken in a patient-centred and effective manner, with the focus on returning home as soon as possible.
- Where people had a change in their health as a result of deterioration or a specific episode in their life, they would be supported to recover and re-able to maximise their individual outcomes.

As the programme rolled out over 2024, the service offer to patients/residents in the City would be locality based with the City divided into 3 areas. The area teams (Local Integrated Teams) would support admission avoidance and urgent care requirements alongside hospital discharge pathways.

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:

- Physiotherapy was an important focus of the programme and the aim was for patients to be discharged from hospital back home with a level of mobility.
- There were multiple reasons that hospital admissions could have been prevented. Primary care capacity was stretched and teams were working over and above the capacity available.
- Similar programmes were being rolled out in health systems across the country and there was networking to share good practice.
- The intention was to reduce the number of patients presenting at hospital. When case notes were looked at, 37% of patients should not have presented at hospital as primary care services could have supported them.

- By taking those 37% of patients out of hospital, capacity was given back to hospital staff however, some services did not work 24 hours a day and there had not been the level of co-ordination in the community between Adult Social Care and the NHS to make that happen as yet.
- There had been some positive outcomes from the trial and the work was now being scaled up across the city.

The Board requested the Improving lives presentation slides to be circulated.

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

- 1) **Note the outline of the Improving Lives programme of work.**
- 2) **Provide comment on the programme as described to support effective delivery.**

45. **Work Programme and Outstanding Issues**

The Health and Social Care Scrutiny Board (5) noted the work programme. Any items not covered in 2023-24 would roll forward to 2024-25.

**RESOLVED that the Health and Social Care Scrutiny Board (5) notes the Work Programme subject to the inclusion of the following items on the 2024-25 Work Programme:**

- **Healthwatch Coventry – Update**
- **Improving Lives Programme across Health and Care - Update**

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

There were no other items of public business.

(Meeting closed at 1.10 pm)