Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5)
held at 11.00 am on Wednesday, 26 February 2025

Present:

Members:	Councillor C Miks (Chair) Councillor S Agboola Councillor S Gray Councillor L Harvard Councillor A Hopkins Councillor M Lapsa Councillor G Lewis Councillor K Maton Councillor B Mosterman
Other Members:	Councillors: L Bigham, (Cabinet Member for Adults) and G Hayre, (Deputy Cabinet Member for Public Health, Sport and Wellbeing)
Apologies:	Councillor K Caan, (Cabinet Member for Public Health, Sport and Wellbeing)

Employees (by Directorate)

Law and Governance	E Jones, C Taylor
Public Health	A Duggal (Director of Public Health and Wellbeing)
Others Present:	A Cartwright, ICB

Public Business

38. **Declarations of Interest**

There were no Declarations of Interest.

39. **Primary Care**

The Board considered a Briefing Note and presentation of the Chief Integration Officer, Director of Primary Care and Head of Communications, Coventry and Warwickshire ICB, regarding an overview of the Primary Care Strategy, including an overview of general practice in Coventry and Warwickshire, an introduction to the Primary Care Strategy and an overview of the Primary Care Access Recovery Plan.

Within Coventry and Warwickshire's Primary Care Landscape, there were 119 GP contracts and 20 Primary Care networks. The way general practices were contracted and funded was complex and very different from other parts of the health and care system. General practices were small to medium sized businesses whose services were contracted by NHS commissioners to provide generalist medical services in a geographical or population area. Most GPs in England were run by a GP partnership involving 2 or more GP's owning a stake in

the business. GP partners were jointly responsible for meeting the requirements set out in the contract for their practice and share the income it provided.

Responsibility for commissioning primary care services including general practice sits formally with NHS England. However, Integrated Care Boards (ICBs) had taken on full delegation of these commissioning powers for General Practice. ICB's had responsibility for commissioning general practice in their local area, while keeping to national guidelines to ensure consistency.

Core GP services were contracted through a nationally agreed contract which the ICB could not make changes to. Payment for the core element of the contract was based on an annual per capita payment. In addition, a GP contract also contained a number of optional agreements for services that a practice might enter into, usually in return for additional payment. GP Out of Hours Services (6.30pm – 8am) were commissioned by the ICB separately and currently provided by Practice Plus Group Ltd.

Primary Care Networks (PCNs) were groups of practices working together to focus local patient care. Since April 2019, individual GP practices could establish or join PCNs covering populations of between 30,000 to 50,000.

Within the Primary Care Network funding, each PCN provided:

- A Clinical Director role
- Extended hours – to provide core general practice on a PCN footprint.
- Provision of Care Home Support
- Additional roles to work across the network including e.g. physiotherapists, paramedics, pharmacists, occupational therapists and social prescribers.
- Population Health Management
- Online consultants

The Primary Care Strategy included general practice, pharmacy, optometry and dentistry with a large focus on general practice. The Primary Care Group held multiple primary care engagement and clinical leadership events to listen to key messages and understand the key issues from over 300 primary care clinicians and staff.

Consultation had taken place across the system to capture the views of Primary Care in Coventry and Warwickshire, with 6 key areas impacting on primary care providers identified as follows:

- System Integration,
- The Voice of Primary Care
- Resource Allocation
- Activity and Demand
- Workforce
- IT and digital

Operating model key ambitions were urgent non-complex care, urgent complex care, non-urgent planned care and non-urgent proactive care.

The members of the Primary Care Collaborative (PCC) came together in a strategic role to represent the views of primary care and provide leadership on behalf of primary care. The Strategy set out bold ambitions for the Primary Care sector, grouped into 4 sections:

- For the public
- For our staff
- For our NHS system partners
- For the Coventry and Warwickshire system

During 2023, NHS England and the Department of Health & Social Care published a Primary Care Access Recovery Plan (PCARP) for recovering access to primary care while taking pressure off General Practice. PCARP encompassed 4 domains as follows:

- Empowering patients
- Implementing Modern GP Access
- Building capacity
- Cutting bureaucracy

The Cabinet Member for Adult Services, Councillor L Bigham welcomed the item and requested clarification on whether single-handed GP practices since the Dr Shipman case were permitted and if so, how single-handed practices coped with increased numbers.

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

- Single GP practices were able to hold contracts (since the Dr Shipman case). Most single GP practices had additional roles in place as well as locum GPs. The same governance and oversight of safety was employed whether the practice was a single GP or multiple.
- An improvement in GP waiting times across all practices had been noted and were providing excellent services however, a small number of practices were being supported to improve their services.
- Waiting times were dependent upon clinical need and surgeries were monitored against this on a 48 hour, 1 week and 2 weekly basis.
- Primary care estates and buildings were a significant issue in Coventry and Warwickshire and high risk for the ICB, especially as the population was growing.
- Section 106 funding from developers allowed the ICB to support a build in a new housing estate however, this was not usually enough to fully deliver the service and the practice often had to provide and manage the building.
- Private GP practices were not an issue in Coventry and Warwickshire. They could be accessed online and were required to hold an NHS contract.
- GPs, pharmacists and opticians all held separate nationally agreed contracts.
- Flu and covid vaccinations could be provided by GPs or by pharmacies – both entities were paid the same per vaccine and it was patient choice where they received their vaccine.

- Prescription funding was provided via the NHS to the ICB who identified and allocated practice level budgets to the GP practices and monitored usage of the budget.
- None of the GP out of hours service was contracted back to GPs. The out of hours service was monitored by the ICB on activity and performance.
- The Primary Care Strategy was a sector strategy, aimed towards practices improving and collaborating and significant engagement with GP practices had taken place regarding how the ICB could work with them.
- As the strategy had only been approved in November 2024, metrics relating to its success would be visible in 12 months-time.
- Discussions took place at a national level regarding funding of GP practices.
- Referrals from GP to hospital or eg. audiology, are paid for by the ICB.
- Pharmacies and GP practices were both private businesses with NHS contracts. Pharmacies also had a national contract.
- The Primary Care Collaborative started with GP representation but now had representation from pharmacy, optometry and dentists. A quarterly primary care forum met where all 4 providers came together.
- Communications to relay the changes coming through in Pharmacy First was being managed by the Communications Team.
- Most GP practices referred to pharmacists however, some did not and vice versa.
- Steps towards improving ways to contact GPs via the telephone were being taken. It was hoped figures would show improvement in the next national survey.
- Data from the patient survey at practice level highlighted those patients that had not had a good experience. Poor patient experience was mainly due to being unable to contact the GP first thing in the morning. GP practices engaged with patient participation groups to improve.
- Integrated teams – GPs and wider primary care teams worked with the community services to support patients however, improvements were always welcomed.
- Governance arrangements were in place where officers from the Local Authority officers and the ICB, worked collaboratively with representatives of primary care, the voluntary and community sectors and other representatives to make progress eg. Coventry Care Collaborative, Geographic Care Collaborative Forum.
- Different ways of working would be required to streamline and make the NHS more efficient and effective however, integrated GP and wider primary care teams worked in partnership with community services to support patients and keep them out of hospital. If these teams could be more proactive it would make a difference.

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

1) **Note the information provided in Appendix 1.**

2) **Coventry City Council to use its resources to work as a conduit with community organisations to improve knowledge of and access to the NHS for all residents of Coventry.**

40. **Women's Health Strategy Update**

The Board considered a Briefing Note and verbal update of the Deputy Chief Medical Officer, Coventry & Warwickshire ICB, regarding the Coventry and Warwickshire Integrated Care systems progress on the Women's Health Strategy.

Public health concerns for Coventry residents included health inequalities faced by those living in the 10% most deprived areas in Coventry which impacted on the wider determinants of health such as education, housing, and employment. Studies had found that women were among those had reporting loneliness and social isolation and those with a disability had often faced discrimination in the workplace. There were 173,300 women and girls living in Coventry (just over 50% of the population). About 45% of the local population identified as being of an ethnic group, up from 33% in 2011. Coventry had a young population with the largest group of residents being in the 25 – 39-year age group. However, the health and wellbeing of Coventry's population was below the national average being in the 46th most deprived borough in England. Life expectancy in Coventry as lower than the national average for women, and women could expect to live on average for 82 years (vs men 78, Eng 82.8). However, the number of years a woman could expect to live in good health in Coventry was to age 64 years above the national and regional average (vs Eng 62.6, Regional 63.9, Warks 83.

The National Women's Health Strategy was published in 2022 to address the inequalities women faced in accessing services of good quality and having a good experience of care. The strategy aimed to improve support for women and girls from age 15 years and over. This also included people who did not identify as women but may require women's health services.

In response to the strategy, ICBs were tasked with developing Women's Health Hubs by December 2024 to focus on eight key priority areas i.e. Menstrual health issues, menopause, cervical screening, prolapse, STI and HIV screening and treatment, preconception support, breast pain management.

Coventry and Warwickshire ICB had delivered a Women's Hub model that included the joint working of multiple existing services including, but not limited to, the Primary Care Gynaecology Service, Integrated Sexual Health services, Domestic Abuse services and public health universal services.

A Women's Health Steering group was set up with key stakeholders to deliver the Hub model and foster partnership working. There was also a Health Inequality subgroup, a Women's health community forum and a preconception task and finish group with representation from Coventry public health and community representatives. A women's health webpage was in development to improve awareness of women's health services in Coventry and Warwickshire.

The Primary Care Gynaecology Service, which covered 5 of the 8 Women's Hub priority areas, delivered 6 clinics across the system, with 2 clinics in Coventry at Longford Primary Care Centre and Forrest Medical centre. The services offered both face to face and virtual support to women in Coventry.

There were over 1200 women (as of Nov 2024) seen in the Coventry clinics with Coventry GP practices referring to the Primary Care Gynaecology service. Overall,

80% of cases seen by the service had been resolved with no onward referral to secondary care.

The top three issues women presented across all clinics was for menopause, menstrual issues and prolapse.

Secondary care gynaecology waiting times remained a challenge nationally and locally. The transformation team was working with UHCW as well as other acute trusts to improve women's access to alternative support.

A new gynaecology clinical network was launched in Dec 2024 with representation from all sectors including all Hospital trusts and primary care to address this issue.

The infant mortality rate in Coventry was higher than national and regional average. For the Coventry and Warwickshire system, still births were within 5% of national average and higher than 5% of the national average for neonatal deaths.

A preconception task and finish group had been set up to identify ways to support women before pregnancy, to improve pregnancy and maternal outcomes across Coventry and Warwickshire.

Coventry Public Health, the Local Maternity Neonatal System (LMNS) and Warwickshire Public health had run a Preconception Workshop to identify with stakeholders the key issues around preconception health. As a result, a Preconception task and finish group had been set up with key stakeholders to support raising awareness of preconception information among other actions.

The Preconception Task and Finish group was collaborating with Tommy's, the national childbirth charity, on a local awareness raising campaign with targeted support for women who were Black, Asian or from other ethnic groups, as well as those living in deprived areas.

Cancer leads at the ICB were in discussions with UHCW on a proposed model for managing breast pain in the community. Women suffering breast pain who were not suspected of cancer currently had no other option but to be placed on the cancer 2 week wait list.

Cervical screening was being delivered by primary care as well as opportunistically via the Integrated sexual health and the primary care Gynae services.

A Primary Care Women's Health Workforce and skills survey had been sent out to all practices in the system. Of the practices that responded, 30% were from Coventry. This survey was being evaluated to determine the potential training needs of primary care clinicians on women's health issues.
As a response to the Women's Health Strategy, Coventry and Warwickshire Women's Health hub model had been delivered according to the NHS England criteria by working together with multiple services and stakeholders of the Women's Health Steering Group including community representatives.

Additional funding for the Women's Health Programme had not been identified post March 2025 and the formal women's health programme would come to an

end. This posed a risk to the significant women's health work developed over the past 12 months.

To mitigate this risk, system leads had been identified to continue this work as part of Business as Usual, such as but not limited to Gynaecology, Clinical network to advise on gynaecological elements of women's health strategy, Preconception, and infant mortality to be led by the LMNS and Cancer transformation team to oversee the response to breast pain.

Post March 2025 there was a need for system partners to ensure that the foundations set over the past 12 months were built on to support the needs of Women's health.

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

- Women's hubs were in place and sexual health services were working in partnership with them. A new web page was being hosted on the website signposting women to specific services. Work on breast pain had started as well as developing GP skills. These works would continue and outcomes would be measured.
- Primary care gynaecological services had been measured over the past 12 months and it was found that women who used these services had a better, swifter service, being treated by a mixture of clinicians, led by GPs with skills in gynaecology. This service was being evaluated and as it was a pilot, it would go out to tender and would continue to develop alongside secondary care gynaecological services.
- Primary care gynaecological services was a referral service from a patients' GP and work undertaken over the past 12 months enabled an understanding of what that could bring. There had been a good uptake in Coventry. Wait times for primary care gynaecological services were approximately 6 weeks.
- Analysis of trans and non-binary patients had not yet been undertaken. The national strategy had been designed to make it easier for anyone to access services however, additional health promotion had not been undertaken nationally or locally as yet for non-binary or transitioning people.
- A specific stream of work had not been undertaken on women's mental health.

The Board requested clarification on healthy life expectancy age for women in Coventry.

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

1) **Continue to collaborate on women and girl's health issues and ensure that all services are working together to improve the support for women and girls aligned to the Women's Health Strategy.**

41. **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):

1) **Notes the Work Programme 2024-2025.**

2) **Primary Care to be brought back to SB5 within 1 year.**

3) **Digital Access to Health to be included on the agenda for the additional meeting in May 2025.**

4) **Community pharmacists and trans/non-binary/intersex health to be included on the Work Programme.**

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

There were no other items of public business.

(Meeting closed at 1.10 pm)