

**Minutes of the meeting of the  
Adult Social Care and Health Overview and Scrutiny Committee  
held on 13 September 2017**

**Present:**

**Members of the Committee**

Councillors Mark Cargill, Neil Dirveiks, Clare Golby (Vice Chair), Anne Parry, Dave Parsons, Wallace Redford (Chair), Kate Rolfe, Dave Shilton, Jill Simpson-Vince and Adrian Warwick.

**Other County Councillors**

Councillor Les Caborn, Portfolio Holder for Adult Social Care and Health  
Councillor Jeff Morgan, Portfolio Holder for Children's Services  
Councillor Alan Webb

**District/Borough Councillors**

Councillor Margaret Bell (North Warwickshire Borough Council)  
Councillor Christopher Kettle (Stratford District Council)  
Councillor Pamela Redford (Warwick District Council)  
Councillor Neil Phillips (Nuneaton & Bedworth Borough Council)

**Officers**

Chris Lewington, Head of Strategic Commissioning  
Dr John Linnane, Director of Public Health  
Paula Mawson, Commissioning Lead - Mental Health, Public Health  
Nigel Minns, Strategic Director for People Group  
Pete Sidgwick, Head of Social Care and Support  
Amy Sirrs, Interim Commissioner/Commissioning Support Officer, People Group  
Andrew Sjurseth, CAMHS Commissioner  
Paul Spencer, Senior Democratic Services Officer  
Claire Taylor, Health Improvement Commissioning and Performance Lead, Public Health

**Also Present:**

Chris Bain, Chief Executive, Healthwatch Warwickshire  
Jayne Blacklay, South Warwickshire Foundation Trust  
Simon Gilby, Coventry and Warwickshire Partnership Trust

**1. General**

The Chair welcomed everyone to the meeting.

**(1) Apologies for absence**

Councillor Andy Sargeant  
Councillor Jill Sheppard (Nuneaton & Bedworth Borough Council)  
John Dixon, Interim Strategic Director, People Group  
Kath Kelly, George Eliot Hospital

**(2) Members Declarations of Interests**

Councillor Margaret Bell declared a non-pecuniary interest as a member of the Warwickshire Health and Wellbeing Board.

### **(3) Chair's Announcements**

The Chair welcomed Pete Sidgwick who had recently joined the County Council as Head of Social Care and Support. On behalf of the Committee the Chair thanked John Dixon, Interim Strategic Director of the People Group, who would leave the Authority at the end of September.

The Chair gave an update on the arrangements for a Joint Health Overview and Scrutiny Committee with Coventry City Council, to consider the review of Stroke Services. Informal discussions had taken place between the scrutiny chairs of each authority on how the Committee would operate. It was confirmed that the County Council's representatives for this group would be Councillors Mark Cargill, Clare Golby, John Holland, Wallace Redford and Jerry Roodhouse.

### **(4) Minutes**

The minutes of the Adult Social Care and Health Overview and Scrutiny Committee held on 12 July 2017 were agreed as a true record and signed by the Chair, subject to clarification by Councillor Chris Kettle on minute number, 1(4) page 2, that whilst the Oxfordshire Clinical Commissioning Group had met with Stratford District Council, the information provided at that time had proven to be inaccurate.

## **2. Public Question Time**

None.

## **3. Questions to the Portfolio Holders**

None.

## **4. Dementia - Enhancing Awareness and Understanding across Warwickshire**

Claire Taylor, Health Improvement Commissioning and Performance Lead, Public Health gave a presentation to the Committee and spoke to a circulated report. In Warwickshire, it was estimated there were approximately 7,500 people living with dementia and this was likely to rise to over 11,000 people in the next ten years. Raising awareness of dementia, creating dementia friendly communities and supporting people to live well with dementia were key aims of Warwickshire's Living Well with Dementia Strategy (2016-2019).

The presentation, which included a number of short video clips, detailed some of the key achievements made to date, outlined priorities for future work and showed clearly the difficulties for people suffering from dementia and how individuals and communities could help, through raising awareness of the condition. The presentation covered the following areas:

- Setting the context
- What is dementia and common types of dementia
- Warwickshire's Living Well with Dementia Strategy - and refresh for 2016-19

- Raising Awareness and Understanding – and why it is important
- Dementia Friends – there are two million nationally and currently 14,500 in Warwickshire. The presentation showed how people could become a dementia friend
- Dementia Friendly Communities - encouraging local organisations and businesses to become more dementia aware
- Sign up to local Dementia Action Alliance
- Services to support people living with dementia including Dementia Navigator, which is a 'face to face' service and the Warwickshire Living Well with Dementia website
- Reducing the risk of developing dementia - healthy lifestyles can help people to live well with dementia and delay progression of some dementias. Fitter Futures (a physical activity referral scheme) and books on prescription are examples of the initiatives in place.
- The Dementia Pathway

Claire Taylor explained that more detailed sessions could be provided to a future meeting of the Committee or to a member development session, as there were many other aspects to the dementia strategy. A pack of further information would be available after the meeting. She added that by watching the presentation and videos the Committee had all qualified to become dementia friends. She explained the variety of ways in which individuals and organisations could become dementia friends. As community leaders, members were encouraged to approach contacts in their local areas, as this provided a useful introduction for the staff to encourage other people to become dementia friends. Examples were given of the work with organisations such as South Warwickshire Foundation Trust, district and borough councils and at a sixth form college with 200 pupils attending that session. Feedback from users of the Dementia Navigator service was provided. There had been over 5,000 users of the Living Well with Dementia website in the last year.

Members submitted questions and comments on the following areas, with responses being provided as indicated:

- The number of dementia patients requiring acute service care and anticipated growth in such demand. A slide provided information about the dementia pathway, and many patients would need to receive specialist care. It was agreed that more detailed data be provided to the Committee.
- Diagnosis of patients with dementia. Nationally, the target was for 66% of patients to be diagnosed. The current position in Warwickshire was slightly lower at 60%.
- Access to the Fitter Futures programme, which currently required a diagnosis of an eligible condition, and raising awareness with younger people, through groups like the scouts. This was an area where councillors could assist, providing an introduction to their local organisations.
- Providing more education for relatives.
- Making contact with parish councils via the Warwickshire Association of Local Councils.

The Committee members agreed to become dementia friends and a photograph was taken to publicise their support of the initiative. Members also agreed to receive a further update at the March 2018 meeting.

## **Resolved**

That the Committee:

- 1) Notes the presentation about dementia awareness, the key achievements to date and priorities for future work;
- 2) Supports and endorses unanimously the suggested actions to raise awareness and understanding of dementia across Warwickshire and particularly in their communities where appropriate. The suggested actions for members to include:
  - Signing up as a Dementia Friend
  - Promoting the Dementia Friends initiative and organising/hosting Dementia Friends Information Sessions where appropriate
  - Encouraging local organisations to get involved with Dementia Friendly Communities/Dementia Action Alliance
  - Visiting Warwickshire's 'Living Well with Dementia' website to enhance knowledge of content and signposting the website to their community
  - Raising awareness of the two key services to support people living with dementia (Dementia Navigators and Dementia website)
  - Promote awareness of ways to reduce the risk of developing dementia
  - Raising awareness that a healthy lifestyle can delay the progression of some dementias and of services available in Warwickshire to support people to live well with dementia (e.g. Books on Prescription - dementia, and physical activity on referral for people with dementia)
- 3) Raises awareness of the above initiatives with fellow councillors; and
- 4) Agrees to hold a further presentation/development session to cover the additional work being undertaken through Warwickshire's Living Well with Dementia Strategy (2016-2019), the potential areas of focus being timely diagnosis and support in acute/residential housing with care settings.

## **5. Children and Young People's Emotional Wellbeing and Mental Health Contract**

It was reported that Child and Adolescent Mental Health Services (CAMHS) had undergone a competitive dialogue tender process to procure a single, redesigned, children and young people's emotional well-being and mental health service. The Committee received an update from Andrew Sjurseth, CAMHS Commissioner. Previously there were six CAMHS contracts, commissioned independently by clinical commissioning groups (CCGs) and Warwickshire County Council (WCC). Under the new single commissioning arrangement, WCC was the lead commissioner on behalf of the SWCCG, WNCCG and CRCCG and the County Council. This arrangement is underpinned by a legal agreement and includes the pooling of funds.

A summary was given of the competitive dialogue process. Three providers submitted proposals, of which two were invited to enter the competitive dialogue phase, although one later withdrew. Coventry and Warwickshire Partnership Trust (CWPT), in partnership with Coventry and Warwickshire MIND (CW MIND), undertook the competitive dialogue phase before submitting a final tender that was

evaluated, scored and deemed successful. A recommendation to award was approved by WCC and the three CCGs.

The new service commenced on 1<sup>st</sup> August 2017. This was the start of a significant transformation from the existing service, which would be established throughout a two year implementation period. The contract monitoring was focussed on achieving implementation plan milestones. The redesign process had been based upon co-production principles, involving young people, families, and professionals, with key stakeholders being able to challenge and evaluate the proposals. The stakeholders had expressed positive support for the proposed service, that it reflected the outcomes framework and presented a coherent model. The report outlined the key features of the new service model:

- Increased emphasis on prevention and early intervention
- Focus on building resilience
- Integrated working, especially with schools
- Systemic work with families and child's network
- Increasing the upper age from 18 to 25
- Service with no tiers
- Support for complex and vulnerable children

The new service model was structured around three layers, comprising a central navigation point, community based centres and then a specialist multi-disciplinary mental health team. Within the three layers, the new service contained specific features comprising a dimensions tool, prevention and early help, integration and online provision. The report and accompanying presentation from Andrew Sjurseth detailed how this would work in practice.

The arrangements for governance and contract management were reported with WCC being the lead commissioner. A contract management group has been established to support the monitoring of service performance. For the first two years, this would be by monitoring progress against milestones set out in a service transformation plan. From year three, outcomes would be monitored directly against key performance indicators (KPIs) that were linked to enhanced payments. CWPT would report against the indicators on a quarterly basis. During the initial two years of the new contract, pre-existing KPIs from the old CAMHS contract would be carried forward, including waiting time targets for initial assessment and follow up waits.

The new slogan for the service was 'no door is the wrong door'. This aimed to show the greater flexibility compared to the previous service and it was externally focussed rather than a 'clinic' model. There would be more points of entry to the system with a hub located in each district and borough of Warwickshire, to be run by CWPT. Another element of the revised service was an online questionnaire. Through 27 questions this would provide a personal profile, to enable signposting of people to the correct level of support. The data from such questionnaires would be summarised to provide anonymous information to inform future training and service planning.

Members submitted questions and comments on the following areas, with responses being provided as indicated:

- It was questioned how confident officers were that a timely response would be provided following a referral. Where lower level interventions were needed

there was confidence that there would be a shorter waiting time. The contract monitoring arrangements were explained and these included feedback from families on satisfaction with the service.

- Current waiting times were raised. Simon Gilby, Chief Executive of CWPT advised that the current waiting time was 18 weeks, which was seen as a maximum. Mr Sjurseth added that there could be a further waiting period from the initial assessment to treatment commencing. There were emerging targets from NHS England for people to start receiving treatment within six weeks of the initial assessment.
- Officers confirmed that the focus of this report was on the new service and transitional arrangements, rather than the previous CAMHS service.
- It was noted that the service area spanned the remit of both this Committee and the Children and Young People OSC. It would be helpful to coordinate activity going forward to avoid duplication.
- The maximum age of service recipients had increased from 18 to 25 years and the rationale for this was provided, together with how it would work in practice. There was concern that the additional number of patients may impact on waiting times. Officers explained the previous gap in service for some young people with lower level support needs.
- Clarification was sought on how people would be referred if the summary data was anonymised. The online questionnaire was designed to signpost people to the level of support they needed, but patient consent was always needed before passing on personal data. The anonymised data gave trends, which enabled further training/planning.
- The need to ensure a consistent level of service across Warwickshire was stated. A councillor used data for referrals in North Warwickshire to show current waiting times. As this was the same provider as for the previous contract, members needed confidence that the new contract would deliver improvements. Officers noted the points, reiterating the monitoring arrangements that were in place for the new contract. Reference was made to the national shortage of some specialist staff, the arrangements CWPT had made to address staff shortages and its ongoing focus on both the backlog and new contract requirements.

The Chair suggested that the points raised and any further questions from members be collated and then considered at the next Chair and Party spokesperson meeting. This would be used to shape a further report back to the Committee, which was agreed to be at the January 2018 meeting.

### **Resolved**

- 1) That the Committee notes the outcome of the Children and Young People's Emotional Wellbeing and Mental Health Service procurement process and the key features and implementation timescales of the new service.
- 2) That further consideration is given to this area at the next Chair and Party spokesperson meeting and thereafter a further report is presented to the Committee in January 2018.

## 6. Work Programme Report of the Chair

The Committee gave consideration to its work programme for the coming months. The report included sections on the forward plan of the Cabinet and areas of scrutiny work taking place in each district and borough council in Warwickshire.

The Committee considered arrangements for task and finish group (TFG) work, the proposal being to focus on GP Services and when that review had been completed, Maternity Services. There would be no TFG work on the quality accounts of provider trusts in this year. An update was given on the arrangements for the Joint Health Overview and Scrutiny Committee (JHOSC) with Coventry City Council. The first area for review would be Stroke Services. Clinical commissioning groups (CCGs) were awaiting approval from NHS England to commence public consultation. As part of this, the JHOSC would meet formally to consider and respond to the CCG proposals.

Councillor Kettle referred to the item for the November meeting on the commissioning intentions of CCGs. He asked whether this would include neighbouring CCGs that provided services to some Warwickshire residents. This might prove difficult, as there were several neighbouring CCGs and it had been planned to focus on those serving the Coventry and Warwickshire area. His suggestion would be referred to the Chair and Party Spokesperson meeting for further consideration. Councillor Kettle asked whether a response had been received to the letter from the Committee to the Secretary of State for Health regarding the Oxfordshire STP. A response was still awaited. He then provided a brief verbal update on latest developments in that matter.

### Resolved

That the Committee:

- 1) Approves its work programme for the coming months.
- 2) Notes the ongoing work in preparation for the Joint Health Overview and Scrutiny Committee with Coventry City Council.
- 3) Endorses the areas for task and finish group (TFG) work and that member nominations are submitted for participation in the first TFG on GP Services.

## 7. Any Urgent Items

None.

The Committee rose at 1.15pm

.....  
Chair