Adult Social Care and Health Overview and Scrutiny Committee

Agenda

13 September 2017

A meeting of the Adult Social Care and Health Overview and Scrutiny Committee will be held at the SHIRE HALL, WARWICK on Wednesday, 13 September 2017 at 11.00a.m.

Please note that this meeting will be filmed for live broadcast on the internet. Generally, the public gallery is not filmed, but by entering the meeting room and using the public seating area you are consenting to being filmed. All recording will be undertaken in accordance with the Council's Standing Orders.

The agenda will be: -

1. General

- (1) Apologies
- (2) Disclosures of Pecuniary and Non-Pecuniary Interests

Members are required to register their disclosable pecuniary interests within 28 days of their election of appointment to the Council. A member attending a meeting where a matter arises in which s/he has a disclosable pecuniary interest must (unless s/he has a dispensation):

- Declare the interest if s/he has not already registered it
- Not participate in any discussion or vote
- Must leave the meeting room until the matter has been dealt with
- Give written notice of any unregistered interest to the Monitoring Officer within 28 days of the meeting

Non-pecuniary interests must still be declared in accordance with the Code of Conduct. These should be declared at the commencement of the meeting.



(3) Chair's Announcements

(4) Minutes of previous meetings

To confirm the minutes of the meeting held on 12 July 2017.

2. Public Question Time

Any member of the public who is resident or working in Warwickshire, or who is in receipt of services from the Council, may speak at the meeting for up to three minutes on any matter within the remit of the Committee. This can be in the form of a statement or a question. If you wish to speak please notify Paul Spencer in writing at least two working days before the meeting. You should give your name and address and the subject upon which you wish to speak. Full details of the public speaking scheme are set out in the Council's Standing Orders.

3. Questions to the Portfolio Holders

Up to 30 minutes of the meeting is available for Members of the Committee to put questions to the Portfolio Holders (Councillor Les Caborn, Adult Social Care and Health) and Councillor Jeff Morgan (Children's Services)) on any matters relevant to the remit of this Committee.

4. Update on Dementia Awareness

A briefing was circulated to the Committee on 31 August . A report is attached and a presentation will be provided to provide an update to the Committee on Dementia awareness.

5. Child and Adolescent Mental Health Services

Child and Adolescent Mental Health Services (CAMHS) have undergone a competitive dialogue tender process to procure a single, redesigned, children and young people's emotional well-being and mental health service. An update will be provided on the outcome of the service procurement process.

6. Work Programme

This report reviews the recent work the Adult Social Care and Health Overview and Scrutiny Committee and seeks the Committee's views on the proposed forward work programme.



7. Any Urgent Items

Agreed by the Chair.

DAVID CARTER Joint Managing Director

Adult Social Care and Health Overview and Scrutiny Committee Membership

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

District and Borough Councillors (5-voting on health matters*) One Member from each district/borough in Warwickshire. Each must be a member of an Overview and Scrutiny Committee of their authority:

North Warwickshire Borough Council:

Nuneaton and Bedworth Borough Council:

Rugby Borough Council

Stratford-on-Avon District Council

Warwick District Council:

Councillor Margaret Bell

Councillor Jill Sheppard

Councillor Belinda Garcia

Councillor Christopher Kettle

Councillor Pamela Redford

Portfolio Holders:- Councillor Les Caborn (Adult Social Care and Health)

Councillor Jeff Morgan (Children's Services)

General Enquiries: Please contact Paul Spencer on 01926 418615

E-mail: paulspencer@warwickshire.gov.uk



^{*} The agenda for this meeting includes no items that relates solely to adult social care.

Minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 12 July 2017

Present:

Members of the Committee

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

Other County Councillors

Councillor Les Caborn, Portfolio Holder for Adult Social Care and Health 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).

Officers

Ann Gill, Business Support, Public Health
Chris Lewington, Head of Strategic Commissioning
Zoe Mayhew, Integrated Older People Commissioning Service Manager
Janet Purcell, Democratic Services Manager
Paul Spencer, Senior Democratic Services Officer

Also Present:

Chris Bain, Chief Executive, Healthwatch Warwickshire Tracey Sheridan, South Warwickshire Foundation Trust Andrew Mathews, member of the public

1. General

The Chair welcomed everyone to the meeting.

(1) Apologies for absence

Councillor Jill Sheppard (Nuneaton and Bedworth Borough Council) Councillor Jeff Morgan, Portfolio Holder for Children's Services John Dixon Strategic Director, People Group

(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 spoke of his recent meeting with Councillor Damian Gannon, Chair of Coventry City Council's Health and Social Care Scrutiny Board, to explore joint working with that authority on health service reconfigurations and areas of common interest. He would keep the Committee informed of progress with these discussions, adding that reciprocal arrangements were planned for the

Chair and Vice Chair to attend each other's scrutiny meeting. He also extended birthday wishes to Councillor Rolfe.

(4) Minutes

The minutes of the meetings of the Adult Social Care and Health Overview and Scrutiny Committee held on 1 March 2017 and 23 May 2017 were agreed as true records and signed by the Chair.

Councillor Webb, the former chair of the committee, reminded members of the delayed engagement on the review of stroke services. The chair assured that this important area would be considered by the Committee.

Councillor Margaret Bell had asked a question to the Portfolio Holder for Health at the March meeting about the NHS 111 service. A response was still awaited from the clinical commissioning group (CCG), which would be pursued. It was considered that the 111 Service might provide a useful topic for the Committee's future work programme.

The Committee had made a submission, following its consideration of the Oxfordshire Health and Care Transformation at the March meeting. A response had not been received and it was agreed to send a reminder letter from the Chair. Councillor Chris Kettle was welcomed as the new representative of Stratford District Council (SDC). He also spoke about the Oxfordshire Transformation, explaining that the consultation arrangements with some 20,000 affected Warwickshire residents were not as reported. The Oxfordshire CCG had not attended a meeting with the SDC. Part way through the consultation some 200 pages of additional information had been produced. This should have been prior to the consultation starting. Representations had been made to the Secretary of State for Health on these concerns and to seek further consultation with those affected. It was suggested that this committee could similarly write to the Secretary of State to offer its support to the points raised and this was agreed.

2. Public Question Time

Question from Mr Andrew Matthews

Mr Andrew Matthews, a Kenilworth resident had submitted a question following receipt of a circular about data sharing between the NHS, Coventry City Council and Warwickshire County Council.

"What plans does the Council have to ensure that, before the proposed information sharing system is introduced:

- 1. its citizens are fully informed of their rights to privacy;
- 2. patients can be confident that their data will be safe if they do not opt out of the sharing arrangements?"

A response had been prepared and circulated to those in attendance:

"The letter was delivered to every household in Coventry and Warwickshire by the Royal Mail a couple of weeks ago. It relates to the sharing of GP records with

health and other professional practitioners. The letter was approved by senior management in the relevant organisations - NHS Trusts, GPs, Ambulance Service and the two local authorities - Warwickshire and Coventry.

- The letter states the intention to share information as required but does not authorise the sharing of GP patient records without patient permission.
- The professional (eg. social care, therapist etc.) will ask the patient for permission to view their information records at the point at which it would be appropriate.
- The information will only be shared for that direct purpose (it would not be used for anything indirect such as research) and the patient can dissent at any point of that journey of care.

In terms of assurance in handling that data, all parties have signed up and operate to stringent information sharing protocols. We carry out regular information governance training with our staff to maintain their awareness.

More information is available on the NHS website which also contains a short video explaining the benefits.

http://www.coventryrugbyccg.nhs.uk/About-Us/Sharing-Information-to-Improve-Your-Care

Mr Matthews subsequently submitted additional information, which had also been circulated, together with the following supplementary question:

"Does this committee have oversight of the grouping calling itself 'Coventry and Warwickshire Health and Care Organisations' and, if so, how does it exercise that oversight?"

The Chair confirmed that the additional points had been referred to officers and a written response would be provided to Mr Matthews. Councillor Les Caborn, Portfolio Holder for Adult Social Care and Health offered to refer this matter to the Council's communications team to see how the points raised could be taken on board. Chris Lewington, Head of Strategic Commissioning explained the current restrictions on data sharing. Many patients would prefer that they only had to advise one body.

3. Questions to the Portfolio Holders

Questions to Councillor Les Caborn, Portfolio Holder for Adult Social Care and Health

Councillor Dave Parsons asked a question to the Portfolio Holder about the Children and Adolescent Mental Health Service (CAMHS) and the need to ensure there was no further slippage on the redesign of the service. Councillor Caborn gave a verbal update that the new contract had been awarded. He was meeting with the Chief Executive of the Coventry and Warwickshire Partnership Trust to ensure prompt progress with delivery of the service.

Councillor Neil Dirveiks referred to the Multi Agency Safeguarding Hub (MASH), specifically to support for children in schools. Councillor Caborn offered to pursue this, also speaking more generally about the MASH including the involvement of health partners.

4. Update on Domiciliary Care

Zoe Mayhew, Integrated Older People Commissioning Service Manager spoke to a circulated report and gave a presentation to the Committee. The Committee had received a comprehensive report at its meeting in November 2016, a copy of which had been appended to provide background and context for newer members. She explained the review process, the extensive consultation undertaken and options considered. Also reported were the feedback received from service users, the engagement with elected members, design of the new model and work with providers, leading to a tender process. There were now 29 contracted domiciliary care providers working for the County Council, across eight geographic zones.

The key achievements and issues since the contract became active in August 2016, were reported. A total of 315 customers had transferred to the new arrangements, with a further 155 opting instead for a direct payment to allow them to stay with their existing service provider. Of the contractors appointed, one had given notice to terminate the contract and Zoe explained how a replacement contractor would be sought.

Questions were submitted and further information was provided, on the following areas:

- The ease for service users of transferring to the direct payment scheme and the obligations for service users on this scheme.
- The process that was followed to remove a contractor if they failed to meet the contract criteria. Significant dialogue would take place to resolve issues before taking such action and in the case reported there were no current service users. There was a difference between failure to meet the contract specification and inadequate service delivery. The vast majority of care providers operating in Warwickshire were rated as 'good' by the Care Quality Commission.
- There was a wealth of information available to identify if services being provided were below the expected level and to enable speedy intervention.
- The use of sub-contractors would only be considered as an option of last resort, but the sub-contractor would still have to meet the same service specification as the contracted service providers.
- There was praise for the work completed and the engagement with customers. Such engagement was ongoing through feedback cards, the 'See, Hear and Act' approach to ensure quality and there were plans for a full evaluation of the service.
- Financial aspects. Some customers received support from the County Council on a means tested basis, whereas others were self-funding. It provided greater stability if the service provider had a mix of funded and self-funding customers.
- The potential for a service provider to reach full capacity. Whilst there was a
 monthly average of 200 referrals, overall the number of customers was
 broadly similar and there was more than one provider for each geographic
 zone to give flexibility.
- Where customers lived in rural areas, there were greater travel distances for the staff visiting them. An explanation was given of the use of 'clusters' to ensure logical groupings for each provider.
- The Council's financial savings targets and those to be met from this service area. A range of measures were being considered and all aspects of the service examined to meet the required savings. An additional £8.3 million

- was to be provided for social care services, but the financial aspects were a challenge. There was an increasing reliance on the third sector.
- The monitoring of providers to ensure a consistent service and linked to this
 recruitment and retention of staff. Monthly returns were made, including staff
 change data. It was noted that sickness absence wasn't monitored, but good
 preventative measures were employed to maintain staff health. Close work
 took place with providers, including sharing good practice. There were plans
 for a recruitment fair.
- Reducing care packages for people who received support after a period in hospital. In reality, people in receipt of care had an expectation it would continue.

Consideration was given to the timing of a follow up report.

Resolved

That the Committee notes the progress made within the Domiciliary Care Service model and agrees to receive a further update in nine months, to examine the implications of winter pressures.

5. Review and Work Programme

Janet Purcell, Democratic Services Manager introduced the report which reminded members of the role of the Committee and different ways of working. It set out the work undertaken by the Committee over the previous two years and factors the Committee might wish to consider in shaping its future work programme.

It was noted that immediately after this meeting, there would be the opportunity for members to suggest potential areas for scrutiny in the year ahead. These would feed in to a meeting of the Chair and party spokespeople, with a further report back to the next Committee meeting.

Resolved

That the Committee:

- (1) Notes the work of the Adult Social Care and Health Overview and Scrutiny Committee from 2015 to 2017; and
- (2) Notes that a work programming session will follow to consider areas for inclusion in the Committee's work programme 2017/18.

6. Any Urger	٦t	Items
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None.

The	Committee	rose	at	12.20pm
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Chair

Adult Social Care and Health OSC

Wednesday 13th September 2017

Dementia – Enhancing Awareness and Understanding across Warwickshire

1. Background

In Warwickshire, there are estimated to be approximately 7,500 people living with dementia and this is likely to rise to over 11,000 people in the next ten years. Most of us will be affected in some way by dementia during our lifetime.

Raising awareness of dementia, creating dementia friendly communities and supporting people to live well with dementia are key aims of Warwickshire's Living Well with Dementia Strategy (2016-2019).

A presentation will be made to the Adult Social Care and Health OSC at this meeting, to detail some of the key achievements to date and to outline priorities for future work. All of the work areas suggested can be funded from within existing resources.

2. Recommendation(s)

- 1. For Adult Social Care and Health OSC to receive a presentation about dementia awareness at the meeting on 13th September 2017. This will include key achievements to date and priorities for future work.
- The Committee is asked to support and endorse suggested actions to raise awareness and understanding of dementia across Warwickshire, and particularly in their communities where appropriate. The suggested actions could include some or all of the following;
 - 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 two key services to support people living with dementia (Dementia Navigators and Dementia website). These services enable access to other services and resources can be provided to support with this
 - Ensuring 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. The Committee is asked to assist in raising awareness of the above initiatives and issues amongst fellow councillors and to suggest ideas for further awareness raising and cascade of information.
- 4. The Committee considers hosting / attending a further presentation / development session to cover detail on additional work being undertaken through Warwickshire's Living Well with Dementia Strategy (2016-2019). This could include Timely Diagnosis and support in acute/residential/housing with care settings. This area of work is being led by the Strategic Commissioning business unit within WCC.

Background papers

1. Briefing paper on dementia (circulated 31 August 2017)

	Name	Contact Information
Report Author Claire Taylor		clairetaylor@warwickshire.gov.uk
	Health Improvement	Tel: 01926 413782
	Lead, Public Health	
Head of Service	Dr John Linnane	
Strategic Director	Monica Fogarty	
Portfolio Holder Cllr Les Caborn		

The report was circulated to the following members prior to publication:

Local Member(s): None

Other Member(s): Councillors Les Caborn, Wallace Redford, Clare Golby, Kate Rolfe and

Dave Parsons

Adult Social Care and Health Overview and Scrutiny Committee

13th September 2017

New Children and Young People's Emotional Well-being and Mental Health Contract

Recommendation(s)

- 1. For the Adult Social Care and Health Overview and Scrutiny Committee to note the outcome of the Children and Young People's Emotional Wellbeing and Mental Health service procurement process.
- 2. For the Adult Social Care and Health Overview and Scrutiny Committee to note the key features and implementation timescales of the new service.

1.0. Key Issues

- 1.1. Child and Adolescent Mental Health Services (CAMHS) have undergone a competitive dialogue tender process to procure a single, redesigned, children and young people's emotional well-being and mental health service. This contract consolidates the six previous CAMHS contracts, that were commissioned independently across Clinical Commissioning Groups (CCGs) and Warwickshire County Council (WCC), into a single commissioning arrangement with WCC acting as lead commissioner. This is underpinned by a Section 75 legal agreement that includes the pooling of funds across the commissioning partners.
- 1.2. The competitive dialogue process commenced on the 26th September 2016 with three providers submitting proposals at the initial Pre-Qualification Questionnaire stage. Two providers 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 and scored by an evaluation panel comprised of representatives from Education, Social Care, GPs, and finance and commissioning reps from WCC and the CCGs. This submission was successful and a recommendation to award was approved by WCC and the three CCGs.
- 1.3. The new children and young people's emotional well-being and mental health service commenced, on schedule, on the 1st August. This marks the start of a significant transformation from the existing service, with a number of changes commencing from day one of the new contract. These changes will be

established throughout a two year implementation period, with contract monitoring during this time focusing on achieving implementation plan milestones.

2.0. Competitive Dialogue

- 2.1. The CAMHS redesign process was based upon co-production principles, with the underpinning outcomes framework developed by young people, families, and professionals. The competitive dialogue process continued these principles by enabling key stakeholders to challenge and evaluate the proposals. Below is the list of stakeholders involved across the four days of dialogue held between December 2016 and January 2017.
 - Young people (Youth Parliament) and TS4YP rep
 - Parents and parent representatives
 - Head Teachers (primary and secondary)
 - WCC Learning and Achievement reps
 - Social Care Early Help Manager
 - Social Care Service Manager
 - Independent clinical CAMHS consultant
 - GPs
 - CCG Mental Health Clinical Lead
 - CCG Commissioners
 - CCG Finance reps
 - WCC Finance rep
 - WCC Legal rep
- 2.2. Following the dialogue days, stakeholders expressed positive support for the proposed service. They felt it reflected the outcomes framework and presented a coherent model. One parent rep, who has been involved throughout the process, said she could see what was conveyed in the original co-production workshops translated into the new service. Teachers and GPs stated the model provided them with the support they require, and the young people on the panel were satisfied it would meet their needs.

3.0. Key features of the new service model

- 3.1. CWPT and CW MIND demonstrated, through the competitive dialogue process, that their joint proposal will meet the outcomes framework which underpins the new service specification. Below are the key themes reflected in the outcomes framework that the new service is designed to meet:
 - 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 age from 18 to 25
 - Service with no tiers
 - Support for complex and vulnerable children

3.2. The new service model aims to achieve a coherent mental health system for children and young people in Warwickshire. It is structured around three layers:

1: Central navigation point

3.3. Access to the service has been improved by expanding the existing single point of entry into a 'navigation hub'. This has been opened up to enable self-referrals and consists of a multi-disciplinary team of clinicians who can assess, triage, and enable children and young people to access the right level of service at the right time.

2: Community based centres

- 3.4. Service delivery will no longer be delivered from clinics, but will be based in five community locations around the County that will be open from 08:00 to 20:00. These centres will provide direct delivery that will include open access drop-ins, group sessions, and therapeutic work. Support and training will also be provided to parents in addition to direct work with children and young people.
- 3.5. The centres will act as a base for staff that will network and reach out into the wider community. Specifically, outreach staff will be able to make home visits to reach those young people unable to access centres; furthermore schools, GP surgeries, and social care teams will have a named contact that will provide advice and training.
- 3.6. Work is progressing to identify the most appropriate locations for these centres, and discussions with Social Care colleagues are underway to ensure links with hub discussions within the local authority.

3: Specialist multi-disciplinary mental health team

- 3.7. While the new service model is structured to promote prevention and early help, it is recognised that a specialist team is required for those children and young people with diagnosable mental health disorders. This element of the service will be located in the community bases.
- 3.8. Within these three layers the new service contains specific features:

3.9. **Dimensions Tool**

- 3.10. A critical innovation within the new model is use of 'Dimensions', an online assessment tool developed by CWPT. This questionnaire will be accessible to young people, parents, schools, Social Workers and GPs to support the assessment of need. Completing the questionnaire will give the respondent a menu of support available to the child or young person ranging from self-help resources and details of the nearest drop-in, through to recommending a mental health assessment through the central navigation point.
- 3.11. Dimensions will enable direct access to the service for any young person, parent, or professional. It will also collate aggregated data to inform the

service of levels of need across the County. Clinicians will also make use of the responses to inform their support provided to the young person.

3.12. Prevention and early help

- 3.13. The new service will deliver prevention and early intervention by building on the work of CW MIND in running whole school approaches to emotional wellbeing. This is based on their 'Big Umbrella' 3 step model where they deliver school assemblies to raise awareness of mental health across the whole school. Group work is then offered to those young people who identify as needing additional support, and then one to one counselling for those who require more focused help.
- 3.14. The service will also incorporate the success of the MHISC framework (short term interventions made available to children and young people with a CAF). In this way the wider voluntary sector and local market will become part of the overall system, and will open up the choice available to families accessing the service. CW MIND will lead on supporting the sector to bring in additional funds to further improve the local offer.

3.15. Integration

3.16. In addition to providing training and advice to schools through dedicated link workers, CWPT have committed to supporting the Social Care system by linking with the MASH and Locality Panels. Work with the Youth Justice Service will continue and these principles of integrated working will be extended to meet the headline outcome of providing support to complex and vulnerable young people.

3.17. Online provision

3.18. Alongside the Dimensions tool, the service will provide a comprehensive online offer, coordinated by the central navigation point. A new website has been launched that will enable young people access to on-line therapeutic sessions and the option to skype clinicians. The preventative and early help work will be supported by the use of social media (such as You Tube videos) and self-help resources.

4.0. Governance and Contract Management

- 4.1. WCC is the lead commissioner for the new service, underpinned by a S75 agreement. Oversight is provided by a Partnership Board chaired by the Head of Service for Strategic Commissioning and comprised of CCG Directors and the Public Health Assistant Director.
- 4.2. A Contract Management group has been established to support the monitoring of the service. It includes Youth Parliament Reps and parents, as well as Head Teachers, Social Care Managers, and a VCS rep. The role of this group is to interrogate outcomes and performance data provided by the Trust and act as a means of dialogue between commissioners and stakeholders. This group is supported by operational colleagues from finance and clinical support from the CCGs. Incorporating young people and parents

- into the core membership of the group will ensure the ongoing cocommissioning of the service.
- 4.3. Performance of the new contract is being assessed, for the first two years, by monitoring progress against milestones set out in a service transformation plan. During this time, performance against the outcomes framework will be benchmarked. From year three, outcomes will be monitored directly against key performance indicators (KPIs) that are linked to enhanced payments: 10% of the annual contract price is dependent on the Trust achieving these KPIs. Below, in table 1, is the full list of 20 indicators that have been developed to monitor the service against, with the KPI's highlighted. Attached in Background paper 2 is the complete technical specification that sets out each indicator, its rationale, cross reference against the outcomes framework, draft targets and means of verification. This technical specification was developed with parent and clinical reps to ensure it reflects the outcomes framework and is clinically robust.
- 4.4. CWPT will be obliged to report against these indicators on a quarterly basis in addition to reporting activity data (e.g. numbers accessing the service, age, gender, location, presenting issue, length of intervention) as part of the NHS England requirement to report against the national minimum dataset. These two reporting processes will enable Commissioners and the Contract Management Group to assess overall performance and measure the transition towards delivering a timely and effective service. Overall performance and any areas of concern will then be escalated to the Partnership Board.
- 4.5. During the initial two years of the new contract (where performance will be monitored against milestones in the implementation plan), pre-existing KPIs from the old CAMHS contract will be carried forward. This will include waiting time targets for initial assessment and follow up waits. In this way, Commissioners and the contract management group will be able to closely monitor ongoing performance of the service alongside the work to transform to the new service model.

Table 1: List of indicators, including KPIs (highlighted in grey)

- 1. Level of awareness of children's mental health across whole population
- 2. KPI: Level of emotional well-being among children and young people
- 3. KPI: Level of resilience among children and young people
- 4. Children and young people feel they can manage their own mental health
- 5. **KPI**: Children, young people and families report they receive a timely and appropriate mental health service
- 6. Children, young people and families report that they receive interventions that are appropriate and accessible, both in location and timing.
- 7. Children, young people and families and families report positive and trusting relationships with mental health practitioners
- 8. Families report they are enabled to support their children's mental health
- 9. Frequency and quality of shared decision making with Children, young people and families
- 10. **KPI:** Demonstrable improvement in the mental health of children and young people who access services

- 11. Number of Children, young people and families engaged in service design / improvements
- 12. Demonstrable physical health improvements
- 13. Improved levels of good attachment and relationships between children and families across Warwickshire
- 14. Transitions within and across services are well managed and effective
- 15. KPI: Quality of service for Children Looked After
- 16. **KPI:** Quality of service for young people in the youth justice system (YJS)
- 17. KPI: Quality of service for Children and young people with LD and ASD
- 18. **KPI**: Quality of service for other vulnerabilities including: BME / LGBT/ Rural / CSE / Unaccompanied Asylum Seekers (not exhaustive)
- 19. Number of aligned services professionals reporting feeling supported by service
- 20. **KPI:** Level of confidence and capacity of aligned practitioners to support mental health issues

5.0. Timescales associated with the decision and next steps

- 5.1. As part of the tender evaluation process, the Trust submitted both an implementation plan and a transformation plan. The implementation plan covers the period between contract award and the contract start date of the 1st August; the transformation plan covers the first two years of the contract to transform the service to the new model.
- 5.2. As part of the implementation plan, the Trust has committed to delivering, by the 1st August:
 - 5.2.1. Fully operational Central Navigation Hub
 - 5.2.2. Dimensions Tool
 - 5.2.3. Redesigned website with self-help resources
- 5.3. Attached in Background Paper 1 are the milestones of the two year transformation plan submitted by the Trust.

Background papers

Background paper 1: Transformation Plan key milestones Background paper 2: Technical specification of indicators

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Portfolio Holder	Cllr Jeff Morgan	ljeffmorgan@warwickshire.gov.uk
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The report was circulated to the following members prior to publication:

Local Member(s): Other members:

Adult Social Care and Health Overview and Scrutiny Committee

13 September 2017

Work Programme Report of the Chair

Recommendations

- 1. The Committee is asked to review its work programme.
- 2. The Committee is asked to note the ongoing work in preparation for the Joint Health Overview and Scrutiny Committee with Coventry City Council.
- 3. Members' views are sought on the appointment of task and finish groups.

1. Work Programme

The Committee's draft work programme is attached at Appendix A for consideration. Members will recall that immediately after the meeting held on 12 July, a work programming session took place and this document lists the suggestions made for potential review areas for the year ahead. The draft programme was discussed by the Chair and Party spokespeople at their meeting on 22 August. A copy of the work programme will be submitted to each meeting for members to review and update, suggesting new topics and reprioritising the programme.

2. Forward Plan of the Cabinet

The Cabinet and Portfolio Holder decisions relevant to the remit of this Committee are listed below. Members are encouraged to seek updates on decisions and identify topics for pre-decision scrutiny. The responsible Portfolio Holders have been invited to the meeting to answer questions from the Committee.

Decision	Description	Date due	Cabinet / PfH
Consultation on	The proposed policy will replace existing	15	Portfolio
proposed new Adult	informal policies to introduce eligibility criteria for	September	Holder for
Social Care Transport	transport which will take into account national	2017	Adult
Policy (Decision to be	social care eligibility criteria introduced by the		Social
made under Urgency	Care Act 2014. The proposal is that transport		Care and
Procedure)	will routinely be provided for customers who		Health

	have been assessed as having certain social care needs which are eligible for funding from Warwickshire County Council. The consultation is proposed to seek views from the public and inform the final version of the policy.		
Updates to the Charging Policy for Adult Social Care Services	The report contains the recommendations following a consultation on amendments to the charging policy for residential respite care, and a more customer-focused version of the charging policy for approval.	10 October 2017	Cabinet
Health Advocacy Services	Cabinet to receive the report of the consultation on Health Advocacy Services, and asked to give final approval to tender for these services.	10 October 2017	Cabinet
Advocacy, Information, Advice and Support Services	Cabinet approval is sought to tender for Advocacy, Information, Advice and Support Services' Contracts relating to Care Act Generic Advocacy, Appointee Services, Independent Mental Capacity Advocate, Children's Advocacy, Special Educational Needs and/or Disability Information, Advice and Support Services.	10 October 2017	Cabinet
Approval to proceed with Healthwatch procurement following consultation	Public Health are consulting on the Healthwatch service in order to prepare and shape the service specification for a December procurement launch. Cabinet approval of the consultation report and findings is sought and permission to proceed with a procurement exercise.	9 November 2017	Cabinet

Last updated 5 September 2017

3. Forward Plan of Warwickshire District and Borough Councils

Set out below are scheduled reports to be considered by the District/Borough Council scrutiny committees that are relevant to health and wellbeing. Further updates will be sought and co-opted members are invited to expand on these or other areas of planned activity.

Date	Report						
North Warwickshire Borough Council							
	A report is due to be provided by the Borough Council and will be circulated once received.						
	Bedworth Borough Council – Housing Health & Communities Scrutiny Panel						
2017/18	To be programmed in 2017/18: Discharge Protocol Lack of NHS Dental Care Reduction in Pharmacy Funding Gambling and its impact on health and wellbeing						

	1 11 11 11 11 11
	Healthwatch Concerns / Priorities
Sept 2017	Improving Stroke Services in Coventry & Warwickshire
Nov 2017	Dementia Awareness
	HWBB Annual Report 17/18
Mar 2018	 Provision of Hospice Beds in the
	Health Performance Report
	George Eliot Hospital Update
	• CAMHS
Rugby Borough Co	uncil – Customer and Partnerships Committee
13 July	Improving Stroke Services
Date TBC	Mental Health Briefing
Stratford-on-Avon [District Council – Overview and Scrutiny Committee
	,
6 September 2017	Oxfordshire Clinical Commissioning Group - The Big Consultation - A
	Summary of Progress to Date
11 October 2017	Scrutiny of the West Midlands Ambulance Service
	Update from South Warwickshire CCG
	Update on end of life care process from the South Warwickshire
	Foundation Trust
22 November 2017	HEART progress
24 January 2018	Follow up from Sustainability & Transformation Plan (STP) Lead Prof.
	Andy Hardy – Focus Prevent Agenda
18 April 2018	Update from the Oxfordshire CCG
	Update from the Bromsgrove and Redditch CCG
Warwick District Co	ouncil – Health Scrutiny Sub-Committee
	•
Each meeting	Health and Wellbeing Update
Each meeting	Updates from representative on WCC ASC&H OSC
Date to be set	Care Quality Commission

4.0 Briefing Notes Circulated Since the Last Meeting

- 4.1 The work programme at Appendix A lists the briefing notes circulated to the Committee. A briefing note was circulated in March on Maternity Services the Birthplace Study, following discussion of maternity services as part of the discussion of the Oxfordshire STP.
- 4.2 In future, all requested briefing notes will be listed in this section of the report, to provide a reminder, to enable members to raise any questions and to suggest areas for future scrutiny activity, having considered those briefing notes.
- 4.3 Members are also reminded that an induction session will be held for all members of Council on Adult Social Care and Health on 4 October from 10am.

5.0 Task and Finish Group Work

5.1 In recent years, the focus of the Committee's Task and Finish Group (TFG) work has been on the quality accounts of the five service provider trusts. At the Chair and Party spokesperson meeting on 22 August, TFG topics were discussed by members and it was proposed that two TFGs be undertaken to focus on GP Services and when that review has been completed, Maternity Services. There would be no TFG work on the quality accounts of provider trusts in this year. Accordingly, the Committee's endorsement of this approach is sought and members are asked to consider the size of the TFG for GP Services, the nomination of members to serve on the TFG and any suggestions for inclusion in the scope of the review.

6.0 Joint Health Overview and Scrutiny Committee

- 6.1 At its meeting on 18 July 2017, the County Council approved a report and terms of reference for the establishment of a Joint Health Overview and Scrutiny Committee (JHOSC) with Coventry City Council. A copy of that report and terms of reference are available via this Link.
- 6.2 Informal meetings between the Chair and Vice Chair of each authority's Overview and Scrutiny Committees have commenced, the most recent being held on 16 August. The first area for review by the JHOSC will be Stroke Services. The clinical commissioning groups are awaiting approval from NHS England to commence public consultation. Once this has been received and the consultation starts, the JHOSC will be able to meet formally to consider and respond to the CCGs' proposals.

Background Papers

None.

	Name	Contact Information
Report Author	Paul Spencer	01926 418615
		paulspencer@warwickshire.gov.uk
Head of Service	Sarah Duxbury	
Strategic Director	David Carter	
Portfolio Holder	n/a	

The report was circulated to the following members prior to publication:

Local Member(s): None

Other members: Councillor Redford

Adult Social Care and Health Overview and Scrutiny Committee Work Programme 2017/18

Date of meeting	Item	Report detail
13 September 2017	CAMHS	Suggested by Councillor Margaret Bell and others. Questions / areas for scrutiny: What is the new model and targets? When will we see improvement? Originally suggested for a briefing note on the revised Children and Adolescent Mental Health Service. This could form an area for a member development session to be arranged after a Council meeting or preferably after a meeting of the ASC&H OSC, open to all county councillors and including the coopted members of districts and boroughs. A related item raised by Councillor Cargill was Young Peoples' Mental Health Services.
13 September 2017	Dementia Awareness	Suggested by Councillor Anne Parry. To look at awareness raising of this fast growing health area. The Director of Public Health has been asked to provide a report showing the significant work completed on dementia friendly communities and the number of dementia friends in Warwickshire.
Briefing – 22 November	Housing Related Support	Suggested by Councillor Dave Parsons. Invite contributions from district and borough housing officers. What is the position on homelessness? At the Chair and Party Spokes meeting on 22 August this topic was selected as the briefing topic for the meeting on 22 November 2017.
22 November 2017	Integration of Clinical Commissioning Groups and their commissioning intentions	Suggested by Councillor Dave Parsons. How are the three CCGs serving Coventry and Warwickshire Integrating commissioning. This area was also suggested by Healthwatch. Invite all the CCGs to the same meeting to see how their commissioning intentions are integrated. The Chair and Party Spokespeople agreed this should be the single issue item for the November Committee.
22 November 2017	One Organisational Plan 2017-18 Q2 Progress Report	To provide the Committee with a quarterly update on progress of the One Organisational Plan 2020.
	Reconfiguration of Stroke Services	Suggested by Councillor Margaret Bell. This is an urgent area, being the subject of a current engagement exercise and then a formal consultation. A proposal to consider it before decisions are finalised. There are concerns about the assumptions around a reduction in stroke cases. Also suggested by Healthwatch, who would like to examine and 'stress test' the proposals. The Chair will provide an update on the Joint Health OSC, as part of the work programme item. It may be necessary to hold a further meeting of the Committee to discuss this item in detail ahead of the Joint HOSC response on the CCG proposals.
	STP – Proactive and Preventative Workstream	Suggested by Councillor Margaret Bell. The Proactive and Preventative work stream of the STP. The suggestion is to find out more: What is happening; what is the plan; how is it to be funded; when will we see results?
	STP – Accountable Care System	Suggested by Healthwatch. The STP is morphing into an Accountable Care System. This item is about how the public will be better engaged in the accountable care system, unlike the process for the STP.

Item 9 - Work Programme Report

Appendix A

STP – George Eliot Hospital Campus Model	Suggested by Councillor Clare Golby. To understand how the proposals for the George Eliot Hospital (GEH) Campus Model will fit into other health services for the north of Warwickshire and the implications for residents. Councillor Parsons supported this area, raising concerns about the potential downgrading of
Patients Transport Service	services delivered at GEH. Suggested by Councillor Margaret Bell. This concerns the voluntary Patient Transport Service. The areas to examine are: is the county covered; how expensive are services for the user; what is happening to their funding sources; how sustainable are they?
The 111 Service	Suggested by Councillor Margaret Bell. Areas to examine are: How do they refer people to health services; how do they link in with the relevant CCG; how do they know where services are commissioned; also what do they do about patients with no transport who are referred to an Out of Hours Service at, say, the early hours of the morning.
Provision of GP Surgeries	Suggested by Councillor Pam Redford. A considerable number of new houses are planned across the County. An area for the committee to consider is the need for extra GPs surgeries these homes will require. The review should include the location of these surgeries, particularly in rural areas. Extra housing will not only require extra GP surgeries, but also extra beds in General Hospitals will be needed. With fewer doctors choosing to become GPs this is another area we should be looking at.
Local Commissioning of Services	Suggested by Councillor Mark Cargill. A pilot scheme has been undertaken in Alcester. Needs clarification on the area for scrutiny
Reablement and Delayed Transfers of Care	Suggested by Councillor Mark Cargill. A scrutiny area which looks at how to streamline the transfer process, including avoiding hospital admission where possible and links to good quality housing.
Director of Public Health Suggestions	To support the recommendations highlighted in the Director of Public Health's annual report, which the DPH has a statutory duty to provide. The theme this year is 'Vulnerability' (and its impact on health). This will be taken to the HWBB on 6 September and cascaded following that meeting. To support the JSNA (Joint Strategic Needs Assessment) – The purpose of the JSNA is to analyse the current and future health and wellbeing needs of the local population, to inform the commissioning of health, wellbeing and social care services. The JSNA aims to establish a shared evidence based consensus on the key local priorities across health and social care. From 2017 this moves to a place based approach with five drivers: Health & Wellbeing Strategy Sustainability & Transformation Plan (STP) Out of Hospital Programme GP Five Year Forward Plan Community Hubs County Council Transformation Plans To support the work around suicide prevention, looking at the possible causes of a local increase against national trend.

Appendix A

		To support the work around the dual diagnosis needs assessment – Mental health and substance misuse.
Coventry	and Warwickshire Partnership Trust	Suggested by Healthwatch. There has been a re-inspection of the CWPT by the Care Quality Commission. Invite the Trust to present its progress against the action plan that will flow from the CQC inspection. Suggested area for 4-6 months, so November 2017 or January 2018 meeting.
Mental F	lealth of Veterans	Suggested by Healthwatch. Further detail needed on scope.
	n Wheels Service	Suggested by Councillor Rolfe. A briefing note to cover the reduction in take up of this service and the current costs of the service. It was agreed by the Chair and Party Spokes (22 August) that a briefing note be provided in the first instance.
	Session – Proactive Monitoring of the f Care – The 'See, Hear and Act model'	Warwickshire County Council takes a proactive approach to ensuring the quality of the care it commissions through the 'See, Hear and Act' model for quality assurance. There is a dedicated team, Quality Assurance and Improvement, to undertake this work. The See, Hear and Act model includes closely monitoring the ratings providers receive from CQC. An offer from Chris Lewington to host a members seminar on our new model for assuring Quality given the number of new members within the Council.
Additiona	al Funding for Adult Social Care	At Cabinet on 13 July, members questioned the long term viability of health and social care services across the county. Changes to the domiciliary care commissioning arrangements were discussed. Whilst the situation in Warwickshire is better than in other areas, the private care industry is facing a number of significant challenges, a major one being recruitment. Cabinet suggested that the Overview and Scrutiny Committee be asked to review the fragility/stability of the private care industry and the role of the County Council in ensuring its continuance.

BRIEFING SESSIONS PRIOR TO THE COMMITTEE

Date	Title	Description
12 July 2017	Overview of Strategic Commissioning	Chris Lewington provided an overview of the work of Strategic Commissioning.
13 September 2017	Out of Hospital Programme	A significant and positive step forward on the Out of Hospital Programme. It is felt members need to be sighted and engaged in this development. This session would include representatives of the clinical commissioning groups.
22 November 2017	Proposal from Chair and Party Spokes Meeting - Housing Related Support	
24 January 2018	Proposal from Chair and Party Spokes Meeting - Direct Payments	An initial briefing note on direct payments would be useful, ahead of the January session.

BRIEFING NOTES

Date Requested	Date Received	Title of Briefing	Organisation/Officer responsible	
01/03/17	23/03/17	Maternity Briefing Note		
-	16/01/17	NHS Dental provision in Stratford		
14/09/16	14/2/17	End of Life Care	Amy Sirrs	
14/09/16	14/2/17	Public Health: Monitoring Performance and Outcomes	Paul Kingswell	
-	23/11/16	Patient Transport Services	-	
14/09/16	31/10/16	Timetable for the Health Visiting Service tendering process	Director of Public Health (Kate Sahota)	
-	31/10/16	Member visit to WMASS Coventry Hub	Paul Spencer, Democratic Services	
14/09/16	15/11/16	Hospital discharge planning arrangements. A briefing note to explain the discharge arrangements for each of the hospital sites in Coventry and Warwickshire.	Head of Social Care and Support	
13/07/16	25/08/16	Urgent Care & Walk in Centre, George Eliot Hospital	Andrea Green, Warwickshire North CCG	
13/07/16	10/10/16	Falls Prevention trip hazards and condition of footways – data on claims	Head of Transport and Economy	

TASK AND FINISH GROUPS

ITEM AND RESPONSIBLE OFFICER	OBJECTIVE OF SCRUTINY	TIMESCALE	MEMBERS / COMMENT
GP Services	The Committee will be asked to formally agree this proposed TFG area at its meeting on 15 September. The detailed scoping of this area is still to be determined.	To be agreed	
Maternity and Paediatric Services	The Committee will be asked to formally agree this proposed TFG area at its meeting on 15 September. The detailed scoping of this area is still to be determined.	This review area will commence following completion of the TFG on GP Services.	
Quality Accounts 2016/17. Paul Spencer and Coventry City Council / Healthwatch	QA Groups for each of the 5 Trusts to work with the Trusts on quality accounts over the year.	June 2016 – completed	Follows the format used for 2015/16, with WCC leading on the TFGs for George Eliot Hospital, West Midlands Ambulance Service and South Warwickshire Foundation Trust. Coventry City Council and Healthwatch Coventry to lead on the reviews for UHCW and CWPT.
Quality Accounts 2015/16, Paul Spencer and Coventry City Council / Healthwatch	QA Groups set up for each of the 5 Trusts to work with the Trusts on quality accounts over the year.	June 2016 – completed	The reviews are complete. This year, WCC led on the TFGs for George Eliot Hospital, West Midlands Ambulance Service and South Warwickshire Foundation Trust. Coventry City Council and Healthwatch Coventry led on the reviews for UHCW and CWPT.
Select Committee to look at Winter Pressures	The Committee held a select committee to look at the winter pressures for 2014/15. A follow up report was provided on actions progressed.	2 October 2015 - completed	An update was requested at the meeting on 2 nd December 2015, to the Committee on 2 March 2016.
Quality Accounts 2014/15, Ann Mawdsley/Sally Baxter	QA Groups set up for each of the 5 Trusts to work with the Trusts on quality accounts over the year	May 2015 - completed	