

**Minutes of the meeting of the
Adult Social Care and Health Overview and Scrutiny Committee
held on 22 November 2017**

Present:

Members of the Committee

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

Other County Councillors

Councillor Les Caborn, Portfolio Holder for Adult Social Care and Health
Councillors Richard Chattaway and Alan Webb

District/Borough Councillors

Councillor Margaret Bell (North Warwickshire Borough Council)
Councillor Pamela Redford (Warwick District Council)

Officers

Elizabeth Abbott, Business Partner - Planning, Performance & Improvement
Dr John Linnane, Director of Public Health
Pete Sidgwick, Head of Social Care and Support
Sushma Soni, Performance & Improvement Officer (Policy Lead)
Paul Spencer, Senior Democratic Services Officer

Also Present:

Chris Bain, Chief Executive, Healthwatch Warwickshire
Matt Gilks, Warwickshire North and Coventry & Rugby Clinical Commissioning Groups (CCG)
Anna Hargrave, South Warwickshire CCG
Jenni Northcote, Warwickshire North and Coventry & Rugby CCG

1. General

The Chair welcomed everyone to the meeting.

(1) Apologies for absence

Councillors Christopher Kettle (Stratford District Council), Jeff Morgan (Portfolio Holder for Children's Services), Kate Rolfe (replaced by Councillor Jerry Roodhouse) and Jill Sheppard (Nuneaton & Bedworth Borough Council).

(2) Members Declarations of Interests

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

(3) Chair's Announcements

The Chair reminded members of the stand in the Ante Chamber to update on See, Hear, Act and its formal launch which would run from 27 November to 1 December. He spoke about the Care Quality Commission (CQC) review of

the Coventry and Warwickshire Partnership Trust. He had recently attended a quality summit where the CQC had presented its report. The Trust had remained at an overall level of 'Requires Improvement' and there were a number of areas deemed inadequate. He urged members to read the documents, copies of which had been placed in the group rooms. The Chair gave an update on the Joint Health Overview and Scrutiny Committee (JHOSC), working with Coventry City Council. A formal meeting of the JHOSC had been scheduled for 15 January 2018 at Coventry. Finally, he referred to a review of community dental services and asked that copies be provided to the Committee.

(4) Minutes

The minutes of the Adult Social Care and Health Overview and Scrutiny Committee held on 13 September 2017 were agreed as a true record and signed by the Chair.

2. Public Question Time

None.

3. Questions to the Portfolio Holders

In response to a question about flu vaccination, Dr John Linnane, Director of Public Health provided an update. He drew a comparison to the winter flu outbreak in Australia and if the same proportion of people caught flu in the United Kingdom, there could be ½ million cases this year. All NHS staff were being encouraged to have the vaccination. He urged elected members and the general public to have a flu vaccination.

4. One Organisational Plan (OOP) Quarterly Progress Report: April-September 2017

Elizabeth Abbott gave a presentation to the Committee, to provide a context on the Committee's performance management role in monitoring the OOP. The presentation covered the following areas:

- Context of OOP 2020 and Key Areas of focus
- Service Redesign
- Making Warwickshire the best it can be: A new conversation
- Towards an integrated health and care model
- Children and families – a vision for the future
- Developing Community Capacity 2017-2020
- Making information and advice freely available
- OOP 2020 budget
- Overlap of savings plans
- OOP 2020 performance reporting and that for the Adult Social Care Overview and Scrutiny Committee
- Demand – key business measures and total service users
- Delayed transfers of Care

Sushma Soni, Performance and Improvement Officer (Policy Lead) introduced the report. The quarter two report had been considered by Cabinet on 9 November and this report focussed on the 12 key business measures (KBM) within the Committee's remit. The report had been tailored in response to previous requests from the Committee. She referred members to an appendix showing performance for the key areas of Adult Social Care and Health and Wellbeing. An explanation was given on the data provided, which reported the quarter two position and predicted year end position, but also had to be viewed against the three year context of the OOP and how the Council was responding to the challenges it faced.

Pete Sidgwick, Head of Social Care and Support provided further information about this service area, in relation to the other performance monitoring indicators it was measured against. There were numerous influences on performance for some areas, with delayed transfers of care being used to demonstrate this particularly. He spoke of the departmental budget of £140 million, including the funding received from the Better Care Fund and the improved performance from that shown in the report on delayed transfers of care.

Dr John Linnane similarly spoke about the performance aspects within his department's remit. It was hard to demonstrate health and wellbeing within these six KBM's, which were aggregated from over 140 measures the department was monitored against. He referred to the graphs within the KBM scorecard section, commenting on the worsening position in respect of child obesity, alcohol related hospital admissions and those for self-harm in children. These were following the national trend. An area of significant reduction was the percentage of people smoking during pregnancy.

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

- It was questioned how this report could be tailored for the public and whether the objective of 'Making Warwickshire the best it can be' was positive enough.
- Reducing the number of people in hospital who didn't need to be there. Improvements were being made to reduce delayed discharges, but there were increasing numbers of people presenting at acute hospitals. It was stated that delayed transfers of care was an important area and the Committee should monitor progress on reducing discharge times.
- Reference was made to the revised Child and Adolescent Mental Health Service (CAMHS) and cases of self-harm, which should also be an area for the Committee to retain a focus on.
- The report included a statement on ambitions and priorities, with one stating support for communities and individuals and priority focussed on the most vulnerable. A member expressed a view that the statement was not transparent when compared to the budget position, with reduced revenue support grant and more reliance on local taxation, which impacted on the most vulnerable. An example was used of the increasing demand for food banks.
- Comment was made about the many challenges the County Council was facing and a statement that the current budgets should be reviewed. It was considered the OOP report should be scrutinised before its submission to Cabinet. The Chair agreed to take the suggestion on the timing of the OOP report coming to scrutiny to the next Chair and Party Spokesperson meeting.

- Reference was made to the public satisfaction survey conducted every two years. It was felt public satisfaction levels should be reflected in the performance report.
- On teenage conception, it was questioned if the data was available by locality and whether there were any social factors or trends. John Linnane confirmed that the Nuneaton and Bedworth area was consistently the highest area for teenage conception rates in Warwickshire, although the rate had reduced slightly. He agreed to send the Committee more information on teenage pregnancy rates. It was noted that the data on smoking in pregnancy did not include e-cigarettes.
- It would be useful for members to publicise the local health check offer shown in the KBM. Further information on health checks would be provided to the Committee.
- Discussion about the school health and wellbeing service. The Director of Public Health offered to recirculate a briefing on this service.
- The trend data in the report was welcomed. It was noted that the lengths of time people were living in a residential or nursing care home was increasing and this was suggested as an area the Committee may wish to look at in more detail.
- There was a social care implication where the aging parents of children who had a disability or learning difficulty died, or they were no longer able to look after their children.
- It was questioned if there was data on 'hot spots' for areas with higher levels of self-harm. This was an issue that would similarly be raised at the Children and Young People OSC.
- Comparing performance data against that for the Health and Wellbeing Board and CCGs would give a strategic view.

The Chair noted the suggestions made for further areas of scrutiny review or briefings.

Resolved

That the Committee notes the progress of the delivery of the One Organisational Plan 2020 for the quarterly period of April-September 2017.

5. Commissioning Intentions

The Chair welcomed Anna Hargrave of South Warwickshire Clinical Commissioning Group (CCG) and Matt Gilks and Jenni Northcote of Warwickshire North and Coventry & Rugby CCGs. The Committee received a report which gave a context and background information about CCGs and the NHS Five Year Forward View. It explained local strategic plans and operational plans, before reporting on the process of developing commissioning intentions. In addition to the report, the Committee received two presentations, the first from Anna Hargrave, which covered the following areas:

- Objectives
- Context
- Cross Cutting Themes
- Development Process
- Focus Areas for 2018-19:
 - Out of Hospital Cornerstone

- Personalisation Cornerstone
- Specialist Provision Cornerstone
- Delivering Today Cornerstone

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

- Members discussed the development of the commissioning intentions. The intentions were developed in the summer. There was a limited consultation period which fell during August, when people took holidays. The commissioning intentions were revised in line with NHS England guidance in December to become the operating plan. This timing was required to give service providers six months' notice of changes.
- The ability to tailor services. Examples were how delivery of services was shaped at the weekends to reduce demands on primary care on the Monday morning.
- Could CCGs be more proactive in keeping councils informed? The commissioning intentions were submitted to the Health and Wellbeing Board for sign off. This Committee had its own work programme and could feed in to the commissioning intentions.
- More information on the four cornerstones would be helpful. There was a detailed commissioning intentions document with this detail, a copy of which was included in the agenda.
- There was a sense that the Committee could be more involved as well as the Health and Wellbeing Board, in contributing in the early design stages of the commissioning intentions.
- Demonstrating the shift of emphasis and funding from delivering acute services to the prevention agenda. There were some funding strands on education and support, with work on diabetes and the out of hospital work also referenced. It was accepted that more could be done. This could be an area for further scrutiny and having a shared strategy and honest conversations would be helpful.
- Chris Bain of Healthwatch Warwickshire spoke of the need for clarity on the pressures being faced at the national, regional and local levels. From the Healthwatch perspective, an assurance was needed that patient needs were reflected and integrated with the Sustainability and Transformation Plan and the plans of service providers, so the population's needs were met, both now and in the future. He emphasised the roles that local authorities and the third sector had to play. On public engagement in commissioning intentions he made an offer of Healthwatch assistance to deliver this. There were issues around delayed transfers of care, end of life care and transport which this committee was well placed to assist in reviewing.

Matt Gilks provided the presentation for the Warwickshire North and Coventry and Rugby CCGs, which covered the following areas:

- What are commissioning intentions
- The annual commissioning cycle
- The services commissioned
- Sustainable local health system
- The areas served
- Aligning with the local health economy
- Strategic work programmes
- Aligning with health and wellbeing priorities

- Engagement with the population and partners
- The People's Commission
- Highlights of engagement by work programme
- Engagement methodology

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

- It was agreed that the CCGs could engage with the Committee at an earlier stage in the development of their commissioning intentions.
- Reference was made to the Committee's current review of GP services, the issues affecting this primary care area and further information was provided on how commissioners were responding to workforce challenges.
- There was frustration over the delays in commencing the formal consultation on the stroke service reconfiguration, which had been ongoing for 18 months. Similar views were reported in relation to the CAMHS service. It was confirmed that the work programmes were aligned to health and wellbeing priorities and progress was being made both on CAMHS and the out of hospital work. However, there was a need to engage better with the Committee.
- Substantial housing development would take place in the County over the years ahead, which would increase service demands, with GP services used as an example. This was a recognised issue and would require more than just additional GPs. Different ways of working would be needed, for example upskilling nurse practitioners. A briefing note was requested on the current work that the CCG was doing in this regard.
- A point was made about the level at which the Committee should scrutinise health services, with a comparison to the role of the Health and Wellbeing Board and whether this Committee should hold that Board to account.
- Increases to the costs of some prescription drugs and the monitoring arrangements in place to challenge where such price rises were deemed excessive.

Resolved

That the Committee notes the report and the presentations.

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.

An update was provided on the GP Services task and finish group (TFG). It comprised eight members, including three representatives of district and borough councils, to ensure County-wide representation. The TFG had met twice and a copy of its final scoping document was submitted.

The Children and Young People Overview and Scrutiny Committee and this Committee had each received a report regarding the new Children and Young People's Emotional Well-being and Mental Health Contract. The Chairs of the Committees had agreed for a joint task and finish group to be established, comprising members drawn from both committees, to undertake a review of the new

service and report back to a joint meeting of the Committees. The proposed terms of reference for the Group were provided. The agreed nominations from this committee's membership were Councillors Jill Simpson-Vince and Adrian Warwick.

An update was also given on the Joint Health Overview and Scrutiny Committee (JHOSC). The first area for review was Stroke Services. There had been a delay in the assurance process needed before the public consultation commenced. Arrangements were being made to hold the first formal meeting of the JHOSC in January 2018.

Resolved

That the Committee:

- 1) Confirms its work programme;
- 2) Notes that the first Joint Health Overview and Scrutiny Committee with Coventry City Council will take place in January 2018;
- 3) Notes the scoping document for the GP Services Task and Finish Group; and
- 4) Approves that a joint task and finish group of Children and Young People OSC and Adult Social Care & Health OSC is established to review the new CAMHS service, with Councillors Jill Simpson-Vince and Adrian Warwick representing the Committee.

7. Any Urgent Items

None.

The Committee rose at 1.20pm

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Chair