

**Minutes of the meeting of the
Adult Social Care and Health Overview and Scrutiny Committee
held on 14 March 2018**

Present:

Members of the Committee

Councillors Mark Cargill, 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 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)

Officers

Chris Lewington, Head of Strategic Commissioning
Dr John Linnane, Director of Public Health
Nigel Minns, Strategic Director for the People Group
Pete Sidgwick, Head of Social Care and Support
Paul Spencer, Senior Democratic Services Officer

Also Present:

Chris Bain, Chief Executive, Healthwatch Warwickshire
Anna Hargrave, Director of Strategy and Engagement, South Warwickshire Clinical Commissioning Group (SWCCG)
Derek Pickard, Warwickshire North CCG
Valerie Pickard

1. General

The Chair welcomed everyone to the meeting.

(1) Apologies for absence

Councillor Neil Dirveiks,
Councillor Les Caborn, Portfolio Holder for Adult Social Care and Health
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 paid tribute to Chris Lewington, Head of Strategic Commissioning, who would be retiring from the County Council at the end of March. He spoke of her significant contribution in the commissioning of services, the integration of services with key partners in the NHS and service

transformation work. He thanked Chris for her 10 years' service on behalf of the Committee. He added that following Chris Lewington's retirement there would be a structural review with the Public Health team joining the People Group and it would take on the commissioning role.

The Chair had been contacted by his Staffordshire counterpart regarding a rise in mortality statistics for the George Eliot Hospital (GEH). He was also mindful of the recent Care Quality Commission (CQC) inspection of the GEH, the findings of which had raised concerns about end of life care. It was agreed that a briefing note be requested from GEH to update on the actions being taken to address both aspects.

(4) Minutes

The minutes of the Adult Social Care and Health Overview and Scrutiny Committee held on 24 January 2018 were agreed as a true record and signed by the Chair. An update was sought about the recent consultation on review of the 'blue badge' parking scheme for people with disabilities. It was questioned whether a response had been received regarding the eligibility of those with certain mental health conditions to be included in this scheme. This would be researched. Chris Bain of Healthwatch Warwickshire asked that a copy of the presentation slides from the previous meeting on delayed transfers of care be provided and this was agreed.

2. Public Question Time

None.

3. Questions to the Portfolio Holders

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

A question was submitted by Councillor Chris Kettle of Stratford District Council. This concerned the former Sustainability and Transformation Plans (STP) and dialogue with the CCGs. He referred particularly to the Oxfordshire STP proposals, giving a brief update on the ongoing representations and recent developments. Councillor Kettle understood that a 'super' health scrutiny committee involving local authorities from all the areas served by the Horton Hospital at Banbury was being recommended. In the absence of the Portfolio Holder, Paul Spencer responded that he had not been informed of such a proposal, but offered to speak to Councillor Kettle after the meeting and then investigate this.

4. One Organisational Plan Quarterly Progress Report: April-December 2017

Sushma Soni, Performance and Improvement Officer introduced the report. The quarter three report had been considered by Cabinet on 25 January 2018 and this report focussed on the 12 key business measures (KBM) within the Committee's remit. She referred members to an appendix showing performance for the key areas of Adult Social Care and Health and Wellbeing. Senior Service Officers provided additional context on these areas.

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

- Pete Sidgwick, Head of Social Care and Support responded to questions on the number of older person permanent admissions to residential and nursing care. This was projected in the report to increase for the remainder of 2017/18. The position in Warwickshire was better than in many comparable areas and the latest data showed an improvement on that recorded at quarter 3.
- An update was given on delayed transfers of care (DToC). Overall, there was a continuing downward trend, but there were some peaks in demand, with the previous week being an example of this. The causes for DToC and comparative position of Warwickshire were similar to those nationally.
- Dr Linnane, Director of Public Health responded to a question on teenage conception rates. This was a significant issue in the north of the County. He outlined the numerous initiatives and services offered, working both with schools and the NHS, offering advice through school nurses and pharmacists, a free condom scheme and dispensing the morning after pill. The Warwickshire North Health and Wellbeing Partnership led on this area. A conference for schools was being held on Friday 16 March. The extent to which schools participated in initiatives to reduce teenage conception varied. It was confirmed that some of the schools currently not participating were in the north of the County. Councillor Jeff Morgan, Portfolio Holder for Children's Services suggested a letter be sent from the Committee to encourage participation from those schools.
- A point was made about child sexual exploitation, linked to prostitution and the dispensing of the morning after pill. Dr Linnane explained the tight controls on such dispensing and there were close working arrangements between the various agencies through the Children's Safeguarding Board.
- Councillor Golby, Vice Chair referred to the Joint Strategic Needs Assessment (JSNA) and the offer from Public Health for local area based assessments made at the January Health and Wellbeing Board (HWBB). She understood that Nuneaton and Bedworth Borough Council had declined to participate, despite an offer of support from the George Eliot Hospital to sponsor the work. She asked for more information about the local JSNA work in the form of a briefing note. John Linnane had provided such a briefing to the HWBB's Portfolio Holder group and would circulate this to the Committee.
- Members discussed the issue of children who self-harmed. At a recent, well attended head teacher conference, the heads highlighted mental health and wellbeing of students as the key priority. Working with academy and faith schools, as well as the rise in home education were also raised. It was noted that this area, within the remit of the Children and Young People's Committee was considered regularly.
- Reference was made to the House of Commons Select Committee on self-harm and particularly the impact of social media. Public Health Warwickshire was currently undertaking a survey of the use of social media and those present were asked to encourage participation from young people. Dr Linnane offered to prepare a briefing note for the Committee on the outcome of this work.

Resolved

That the Committee notes the progress of the delivery of the One Organisational Plan 2020 for the period April-December 2017 and approves the actions outlined above.

5. Integrated Care Systems

The Committee received a presentation from Dr. John Linnane on Integrated Care Systems (ICS), with Anna Hargrave of SWCCG contributing to the discussion. Ahead of the meeting members received a link to a Kings Fund publication on ICS. Prior to ICS, the approach had been known as Accountable Care Organisations (ACO's), which were based on a model implemented in America, where groups of service providers were held accountable for quality and costs.

The presentation covered the following areas:

- What ACO's
- How are ACO's performing?
- Integrated Care in the UK
- Current Forms of Integrated Care
- Integrated Care Systems (ICS) - these had evolved from STPs and taken the lead in planning and commissioning care for their populations and providing system leadership.
- Integrated Care Partnerships – these could include hospitals, community services, mental health services and GPs. Social care and the independent and third sector providers might also be involved.
- ACO's – these were established when commissioners awarded a long-term contract to a single organisation, to provide a range of health and care services to a defined population following a competitive procurement. This organisation could sub-contract with other providers to deliver the contract.
- From experience in America, key success factors were:
 - Having realistic expectations
 - Collaboration is essential
 - Need to focus on leadership
 - Accountability
 - Patients and clinicians are involved

In conclusion, ICS offered improvements in quality and cost, but it was modest in scale, dependent on the willingness of local leaders to work together and needed a patient/client centred approach.

Throughout the presentation, members submitted questions and comments with responses provided as indicated:

- A discussion about how ICS would work in Warwickshire. This was part of the move to seven day working, to provide access to services such as GP services. It would require different ways of working.
- The potential to submit a challenge if patients weren't happy with the service. Each surgery may offer different triage arrangements, but if there was a consistent problem with gaining access to a GP, this might need to follow a complaint process.

- A member had attended a conference on ICS. She reported that some larger practices were already using the ICS approach. However, for smaller GP practices, this could be a challenge. It was confirmed that NHS England was providing a structured approach to ICS.
- From evidence gathered during the current GP Services task and finish group (TFG), there was apparent resistance amongst some GPs to change. This point was acknowledged, but part of a GP's role included planning for the future and a network approach was required. Anna Hargrave outlined how SWCCG had provided some funding to assist the development of local networks. It was noted that a proportion of Warwickshire GPs were approaching retirement and may be less inclined to review their service delivery model.
- The ICS would involve of a lot of organisations. An area discussed was how this would be coordinated, the potential barriers to overcome and ensuring the best service for patients. It was acknowledged that there were challenges.
- In terms of assessment, it was advocated that the Care Quality Commission should review the system in future, not individual service providers.
- There was poor data flow between different organisations in the neighbouring areas of Coventry, Warwickshire and Leicestershire. Similar boundary issues were relevant for the south of Warwickshire. It was questioned how the ICS approach could assist with this. Potentially, the ICS could be made responsible for all registered patients within its area, irrespective of where they accessed services. This would allocate the responsibility to coordinate the patient data, but it would require a lot of work. Safe storage and management of sensitive patient data was a further aspect. Specific consent would be required, but may not be received, for the patient records to be shared in this way.
- SWCCG was considering how ICS and the Kings Fund proposals could be implemented in Warwickshire. It needed careful planning of patient involvement, to understand public perceptions and concerns, to avoid repeating the lessons learnt from the STP process. A collaborative approach was sought and the need for this to be open and transparent was stated.

The Chair sought members' views on the timing of an update on this area and a further report in six months was suggested.

Resolved

That the Committee notes the presentation and agrees to receive a further update on Integrated Care Systems in six months.

6. Work Programme

The Committee gave consideration to its work programme for the coming months. The report outlined the areas of scrutiny work taking place in each district and borough council in Warwickshire. An update was provided on the current GP Services review, which was due to report its findings at the next Committee meeting. An informal meeting of the Joint Coventry and Warwickshire Health OSC had taken place on 27 February, when a presentation had been received on stroke services, ahead of the formal consultation on this service reconfiguration.

The Chair suggested that the GP Services TFG report be allocated the first hour of the May meeting, which was agreed. The May Agenda would include consideration of the stroke service reconfiguration proposals, to enable this Committee to submit its views into the Joint Health OSC process. The other item scheduled for that Committee was the care home market and domiciliary care.

For the meeting in July, Councillor Seccombe, Chair of the Health and Wellbeing Board (HWBB) had agreed to provide an update. It was suggested the Committee could also receive the Memorandum of Understanding, the document which stated the relationship between the HWBB, this Committee, that for Children and Young People and Healthwatch Warwickshire. An item was listed for July to give an update on drug and alcohol abuse, as a new contract had just been awarded for this service area. In the first instance, the Chair asked for a briefing document to be provided for the next Chair and Party Spokesperson meeting.

Members were invited to suggest areas for the future work programme, or updates via a briefing note. It was agreed to seek an update regarding the provision of hospice beds within Warwickshire. Several suggestions were made in relation to GP services, which were likely to be covered by the TFG report, to be presented at the May meeting. An area for further research was the potential for a joint scrutiny committee arising from the recommendations made following challenges to the Oxfordshire STP process. It was requested that a date be allocated for consideration of the action plan arising from the CQC inspection of George Eliot Hospital.

Resolved

That the work programme is noted and the document updated to reflect the Committee's decisions, as set out above.

7. Any Urgent Items

None.

The Committee rose at 12.50pm

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Chair