

# Adult Social Care and Health Overview and Scrutiny Committee

**14 March 2018**

# Agenda

A meeting of the Adult Social Care and Health Overview and Scrutiny Committee will be held at the **SHIRE HALL, WARWICK on Wednesday, 14 March 2018 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 or 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 24 January 2018.

## **2. Public Speaking**

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. One Organisational Plan 2017-18**

To provide the Committee with a quarterly update on progress of the One Organisational Plan 2017-18 at the end of quarter three.

## **5. Integrated Care Systems**

A joint presentation from the County Council and a Clinical Commissioning Group, to provide the Committee with an update on Integrated Care Systems. Members of the Committee may wish to read an article on this topic from The Kings Fund ahead of the meeting:

<https://www.kingsfund.org.uk/publications/making-sense-integrated-care-systems#what>

## **6. Work Programme**

This report reviews the recent work of 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.

**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:	Councillor Margaret Bell
Nuneaton and Bedworth Borough Council:	Councillor Jill Sheppard
Rugby Borough Council	Councillor Belinda Garcia
Stratford-on-Avon District Council	Councillor Christopher Kettle
Warwick District Council:	Councillor Pamela Redford

**Portfolio Holders:-** Councillor Les Caborn (Adult Social Care and Health)  
Councillor Jeff Morgan (Children's Services)

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\* The agenda for this meeting includes item 4 that relates solely to adult social care.



**Minutes of the meeting of the  
Adult Social Care and Health Overview and Scrutiny Committee  
held on 24 January 2018**

**Present:**

**Members of the Committee**

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

**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 Pamela Redford (Warwick District Council)  
Councillor Jill Sheppard (Nuneaton & Bedworth Borough Council)

**Officers**

Ali Kirk, Insight Analyst working on Delayed Transfers of Care  
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  
Anne Coyle, Associate Director of Operations, South Warwickshire Foundation Trust  
Richard Dodd, West Midlands Ambulance Service

**1. General**

The Chair welcomed everyone to the meeting.

**(1) Apologies for absence**

Councillor Mark Cargill (replaced by Councillor Chris Williams), Councillor Christopher Kettle (Stratford District Council) and 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 gave an update on the Joint Health Overview and Scrutiny Committee (JHOSC), working with Coventry City Council. An informal meeting of the JHOSC had taken place on 15 January 2018 at Coventry. It had been confirmed that the primary focus of the JHOSC would be to review

service reconfigurations arising from the Sustainability and Transformation Plan. A further meeting had been scheduled for 27 February, it being anticipated that this may be a formal meeting to consider the review of stroke services.

#### **(4) Minutes**

The minutes of the Adult Social Care and Health Overview and Scrutiny Committee held on 22 November 2017 were agreed as a true record and signed by the Chair.

## **2. Public Question Time**

None.

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

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

Councillor Anne Parry asked if the Portfolio Holder would be responding to a Government consultation on revisions to the 'blue badge' parking permit for those with eligible medical needs, specifically to include people with mental health conditions. The Portfolio Holder responded that he would be submitting such a response and would also raise the potential for temporary permits for people with rehabilitation/reablement support needs. Councillor Dirveiks suggested additional work through Public Health, to educate the public as they didn't always appreciate why some people required these permits.

Councillor Margaret Bell sought an update on the proposals for the Warwickshire Fire and Rescue Service (WFRS) to deliver some services in support of health and social care. The Portfolio Holder responded that this initiative hadn't progressed as quickly as anticipated. Business Plans were being prepared and funding would be provided through the Better Care Fund (BCF), when the proposals were deemed viable. He felt that this Committee should monitor the service delivery, post implementation. The Chair suggested that this be discussed further at the next meeting of the Chair and Party Spokespeople.

## **4. Delayed Transfer of Care Update**

Chris Lewington, Head of Strategic Commissioning introduced this item, giving a context on delayed transfers of care (DToC). It was confirmed that DToC had been the subject of much national attention over recent months. The report updated on the collaborative system-wide approach to reduce DToC and importantly to support people who were well to return to their original residence. Efforts had intensified in preparation for the known annual winter pressures on services.

Through the Better Care Fund, the Government had imposed a 3.5% target to be established for all DToCs. By definition, a delayed transfer of care from an acute or non-acute setting occurred when a patient was ready for transfer from such care but was still occupying a bed. Warwickshire had consistently been in the bottom quartile in performance terms when compared to other local authority areas.

However, it also had more non-acute (community) facilities when compared to many other areas. Despite these local challenges and as a result of the establishment of a dedicated DToC team, focussed improvement activity and joint working between health and social care at the three main Acute (hospital) sites has seen a step change in performance. The project was led by South Warwickshire Foundation Trust on behalf of the Better Together programme and was supported by colleagues from acute providers, clinical commissioning groups (CCGs) and the County Council had commissioned external support and expertise to assist.

Measuring DToC was a complex and multifaceted business, reliant on a range of data from multiple sources. In order to reduce DToC, improvements needed to be coordinated across three CCGs, three main providers and across nine different sites. This made Warwickshire's DToC Improvement Plan more complicated.

The preferred measure was the average number of beds occupied each day by a patient who could have transferred. The target set by NHS England (by November 2017) was there should be no more than 40 beds occupied by such patients in Warwickshire and that this should be maintained until March 2019. The key issues were reported and a serious concern in achieving the target was that data was not comparable across all sites and inconsistencies in the way DToC was counted. . It was

also important not to look at DToC in isolation. Funding and improvement initiatives were focussed on reducing both non-elective admissions (NEA) and DToC. Given the visibility of data and a significant reduction in delays at the three acute hospital sites, the focus had moved to the five smaller community hospitals.

In addition to the report, a presentation was delivered by Ali Kirk, WCC insight analyst who had been seconded to work on gathering the DToC data and Anne Coyle, Associate Director of Operations, South Warwickshire Foundation Trust.

The presentation included a definition of DToC and provided detail on the recent performance and the target levels imposed. The data was broken down to show performance levels in a variety of ways, including DToC data from a social care and NHS perspective, the comparative rankings to other local authority areas and showing the average numbers of beds occupied by patients deemed as delayed. Graphs were included giving data in the form of a 'dashboard' for the County as a whole and for each acute and community hospital.

Anne Coyle reported on the process completed since May 2017 with a series of workshops, leading to the scoping of the workstream areas:

- Proactive discharge planning
- Patient and family expectation management
- Resilient discharge pathways and DToC escalation processes
- Proportionate and trusted assessment and sharing between agencies

The presentation listed the range of projects being funded through the BCF to help to reduce DToC and NEAs. An explanation was given of the High Impact Change Model, which comprised the following areas for change:

- Early discharge planning
- Systems to monitor patient flow
- Multi-disciplinary and multi-agency discharge teams
- Home first and discharge to assess
- Seven-day service
- Trusted assessors

- Focus on choice
- Enhancing health in care homes

Members discussed the following areas, submitting questions and comments, with responses provided as indicated:

- Overall the DToC levels were reducing, but there had been a seasonal increase with the known winter pressures on services.
- The impact on DToC figures from 'out of county' patients and the 5% increase in the number of patients being admitted to hospital. It would be useful to reflect this in the data analysis.
- It was questioned why DToC data for community hospitals was significantly higher than that for acute hospitals. Related to this, it was questioned if the improving DToC data at acute hospitals was due in part to patients being referred to community hospitals. This wasn't considered to be a contributing factor and was more about the patient's needs for rehabilitation and reablement.
- Whether community hospitals could provide additional capacity to alleviate the winter pressures. This was only possible for certain medical conditions, such as brain injury.
- The timing of social care assessments, together with the multi-disciplinary approach to providing packages of care to meet each person's needs.
- Several members of the Committee recognised the quality and depth of the research completed. The ability to forecast future demands and compare the data over a longer term to see the impact of the service improvements in reducing DToC was suggested. Through joint working with South Warwickshire Foundation Trust and with the BCF funding, it had enabled this work to be completed and comparative data could be provided moving forward.
- A context was provided that the previous week 92 packages of care had been brokered, during the current service pressures and staffing level challenges in both hospitals and social care.
- Assessing levels of hospital readmission would be a useful addition to the data supplied and this information was available from the performance dashboard.
- Members acknowledged the system-wide approach and good collaborative working which had been assisted through use of the iBCF monies and had yielded a reduction in DToC levels.
- The current position on DToC was discussed, with reference particularly to Warwickshire's aging population, the workforce challenges and how to attract people to work in the care sector. The iBCF funding would cease in 2020. An area for development was promotion of courses for social care delivered at a number of the colleges throughout Coventry and Warwickshire. It was requested that this be progressed with the colleges that delivered the courses, with a recommendation being made to the Cabinet to consider this further.
- There was a higher number of care homes in the south of Warwickshire and longer life expectancy. This coupled with there being less working age care staff in the area and its rural nature also contributed to the workforce shortages. For domiciliary care, a cluster approach was being used to allocate providers to service users in logical groupings.
- It was requested that the presentation be shared with Healthwatch Warwickshire for consideration at its Health and Social Care Forum and this was agreed.



- Further information would be provided via a briefing note on some of the other uses of the iBCF funding.
- The potential for NHS England or the Care Quality Commission to scrutinise current DToC in Warwickshire, due to its relative performance level was noted. The Committee placed on record its support and recognition for the collaborative work being undertaken to reduce DToC, recording its thanks to Chris Lewington, her team and all the partners involved.

The Chair provided a summation of the key areas discussed and suggestions raised, as detailed above. The Committee's views on the timing of a further update were sought.

### **Resolved**

1. That the Committee notes the update and the complexities of Delayed Transfers of Care (DToC), also acknowledging the system wide partnership working in order to meet the DToC target of 3.5%.
2. That the Committee requests Cabinet to consider how the County Council can engage with Coventry and Warwickshire colleges, to promote social care courses.
3. That a briefing note is provided by March on the use of the iBCF funding and any gaps.
4. That a further update is provided to the Committee on DToC in six months.

## **5. 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 by Councillor Margaret Bell, Chair of the GP Services task and finish group (TFG). The TFG had held evidence sessions with CCGs, Healthwatch and the local medical and pharmaceutical committees. The final evidence session would focus on planning and infrastructure from future housing development. Then members would formulate the review report with conclusions and recommendations for consideration at this Committee's meeting in May.

### **Resolved**

That the Committee updates its work programme to include a further report on DToC in six months and notes the update on the GP Services TFG.

## **6. Any Urgent Items**

None.

The Committee rose at 1.05pm

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Chair

## Adult Social Care and Health Overview & Scrutiny Committee

14 March 2018

### One Organisational Plan Quarterly Progress Report: April - December 2017

#### Recommendation

That the Overview and Scrutiny Committee: Considers and comments on the progress of the delivery of the One Organisational Plan 2020 for the quarterly period of April-December 2017 as contained in the report

#### 1. Introduction

- 1.1. The One Organisational Plan Quarterly Progress Report April -December 2017 was considered and approved by Cabinet on 25<sup>th</sup> January 2018. It provides an overview of progress of the key elements of the OOP, specifically in relation to performance against key business measures, strategic risks, workforce management, revenue and capital budgets, reserves and savings targets, including detailed information on Business Units.
- 1.2. This report draws on financial and performance information extracted from the Cabinet report and provides Members of this Committee with information relevant to the remit of the Committee.
- 1.3. This report covers services which are the responsibility of the following business units:
  - People Group – Social Care & Support; Strategic Commissioning
  - Communities Group- Public Health

#### 2. One Organisational Plan 2020: Strategic Context

- 2.1. The One Organisational Plan 2020 is the Council's Corporate Plan which sets out the Council's ambitions to make Warwickshire the best it can. This Plan describes the Council's vision for shaping the future of a very different County Council and different public service provision in Warwickshire by 2020 as it faces the challenge of making further savings of £67 million.
- 2.2. The OOP 2020 Plan aims to achieve three high level Outcomes, which are:
 

**Outcome 1:** Warwickshire's Communities and Individuals are supported to be safe, healthy and independent

**Outcome 2:** Warwickshire's economy is vibrant and supported by the right jobs, training and skills.

**Outcome 3:** WCC makes the best use of available resources
- 2.3. The achievement of these Outcomes is measured through 83 Key Business Measures (KBMs) which grouped under and reported against & policy/service areas as follows:

OOP Outcome 1: Warwickshire's communities and individuals are supported to be safe, healthy and independent		
Policy/service area	Number of KBMs	Adult, Social Care & Health OSC KBMS
Children are safe	11	-
Adult Social Care	6	6
Health & Wellbeing	6	6
Fire & Community Safety	15	-
OOP Outcome 2: Warwickshire's economy is vibrant and supported by the right jobs, training, skills and infrastructure.		
Economy, infrastructure & environment	18	-
Education & Learning	8	-
OOP Outcome 3: WCC makes the best use of available resources.		
Using resources well	19	-
<b>Total</b>	<b>83</b>	<b>12</b>

- 2.4 For this Committee, we report in detail on 12 KBMs. Each KBM has a target which the relevant service will aim to attain by the year end. Each KBM is rated through a RAG system at each quarter and at year-end. For Quarters 1-3 of the year, the RAG rating is based on a forecast by the service of the likely year-end position. At the year-end, the RAG rating is based on the actual performance attained for most KBMs. A very small number of KBMs do not have confirmed year-end figures until after the Cabinet meeting in July; however these are usually available by the time each Overview & Scrutiny Committee considers the year-end reports.
- 2.5 A Green rating indicates that the KBM has attained or exceeded its target; an Amber rating indicates that the target was missed/within a tolerance level, generally of 5% of the target (though a few KBMs have a tolerance level of 2% or none) and a Red rating indicates that the target has not been attained. In exceptional cases, a RAG rating may not be available for a variety of reasons- usually due to the data not being available or a target not having been established.
- 3.0 **OOP Outcomes –Progress on performance for Adult Social Care & Health OSC**
- 3.1 Progress on the 12 KBMs relevant to this Committee is reported below through the Scorecards which draw on longer term trends and quarterly data in the appended Annex R.

# One Organisational Plan KBM Scorecard 2017/18

## Adult Social Care

### Commentary:

The six measures we have identified as a part of our key business measures are ones which almost all authorities consider and we also report on these as part of our statutory reporting.

These 6 Measures help us understand the numbers entering **care homes (residential & nursing), new customers receiving community support, people buying their own support through direct payment, supporting people after hospital care and supporting people to be as independent as possible. The data and graphs in the tables below show the trend data on these KBMs with the 2017/18 forecasts.**

**Admissions to residential & nursing care (under & over age 65+) –** The main aim is to reduce inappropriate admissions of people into care homes. Achieving this end is impacted by the complex nature of the person's needs and the availability and the cost of supporting someone in the community. **Community Support/care –** The aim is to keep overall numbers receiving long term support as low as possible though this KBM has an inverse relationship to care home admissions. At Q3, admissions into residential/nursing care and into long term community care are forecasting to be within their yearly target which together with the one-off additional revenue monies, have helped the revenue position. However, future years are likely to feel the impact of growing demand and unit cost rises.

### Direct payment/people buying their own support

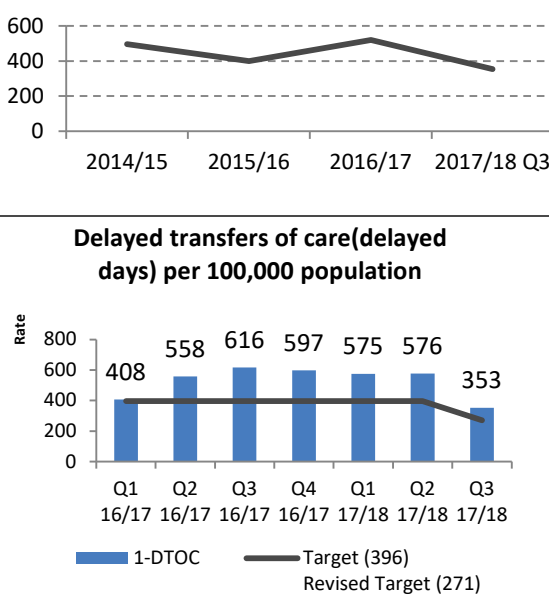
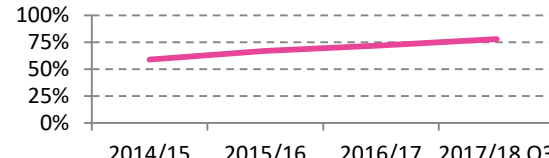
This is a key measure of people being able to express choice and control over their personal budget (their social care financial allocation) with a higher is better drive. Our challenge is to reduce the reasons for people not taking this level of control. We are ensuring that staff encourage people to buy their own support, support the recruitment of personal assistants, helping people with money management support and are developing different ways of getting the cash to the customer.

### Delayed Discharge/Supporting people after hospital care –

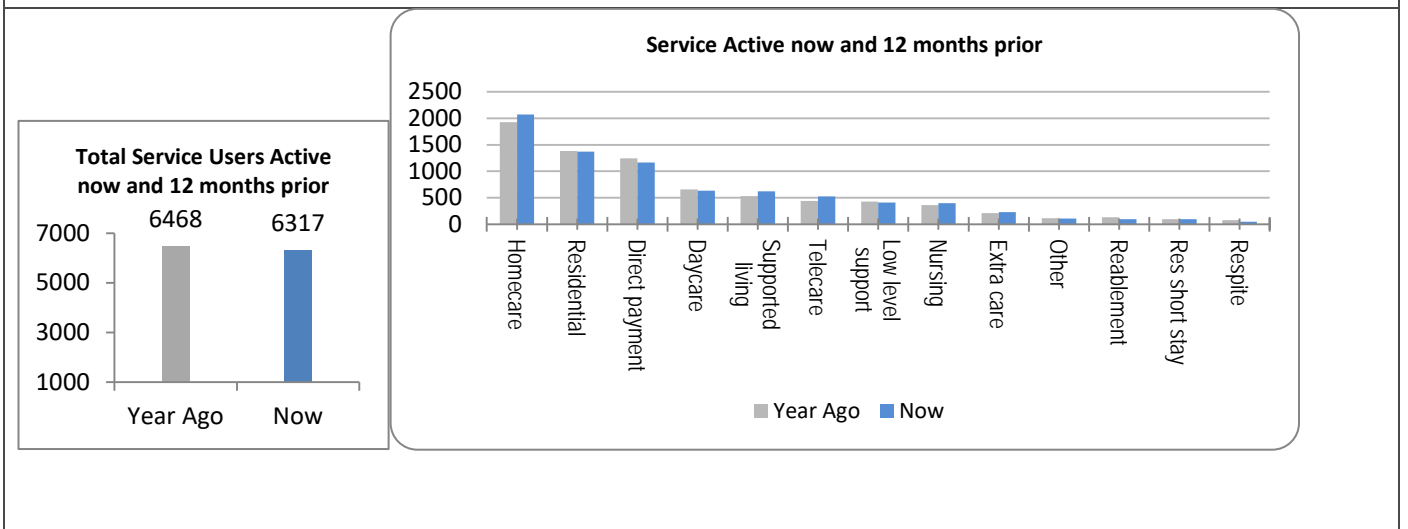
The target for delayed transfers of care (delayed days) per 100,000 population has been amended down from 396 to 271, following a target set by NHS England stating that by Nov '17, there should be no more than 40 beds occupied by a delay on an average day and to be maintained until March '19. Locally, the improvement project for this is focusing on key elements which impact on discharges across the County. Using a standard DToC Dashboard analysis tools and bespoke statistics which provides accurate and weekly reasons for delays, teams are able to be aware of issues causing the most problems, leading to actions to resolve delays quickly. This has had a very positive impact with the performance improving constantly and continually each month. There has been very positive input and support from Senior stakeholders over this period with strong support in identifying and engaging with key personnel across both Health and Social Care for supporting the workstreams.

**% of customers not needing on going social care/Supporting people to be as independent as possible –** Often people with care needs may only need short term support in achieving a better level of independence. Our Reablement service is key in delivering this. Our aim is to help as many people eligible for social care as possible through short term Reablement services and that we are enabling people to be as independent as possible – not drawing them into our longer term services; and in doing so managing the demand and expenditure for services.

Measure	2017/18 Forecast (Target)	2016/17 Actual at Year End	2015/16 Actual at Year End
No. of permanent admissions of older people (65 and over) to residential and nursing care	629 (528)	552 (n/a)	662 (n/a)
No. of permanent admissions to residential and nursing care (18-64)	53 (33)	33 (n/a)	46 (na/)
No of admissions of 18+ to long term community care	1649 (2,600)	2,070 (n/a)	2,304 (n/a)

<p>% of adults receiving direct payment</p>	<p>29% (30%)</p>	<p>29.3% (28%)</p>	<p>17.3% (27)</p>	
<p>Delayed transfers of care (delayed days) from hospital per 100,000 (2017/18 Target amended from 396)</p>	<p>353 (271)</p>	<p>519.3 (403)</p>	<p>399.6 (430)</p>	 <p><b>Delayed transfers of care (delayed days) per 100,000 population</b></p>
<p>% customers not needing ongoing social care 91 days after reablement episode*</p>	<p>78% (75%)</p>	<p>72.3% (62)</p>	<p>67.1% (62)</p>	

The data on long term admissions help to inform us on those being admitted into care at each quarter. However, in order to have a complete view of all those in receipt of services, we need to include those already in receipt of services. The two charts below show the total numbers of people receiving a long term service and the types of services.



# One Organisational Plan KBM Scorecard 2017/18

## Health & Wellbeing

### Commentary:

This scorecard provides longer term trend and comparative data, where available, for the Key Business Measures (KBM) relevant to this policy area.

There is a significant time lag with a number of the Key Business Measures in Public Health. The actual figures often relate to previous reporting periods (e.g. the 2016/17 actual figures given for teenage conceptions is 2015 data as this is the most up-to-date available at that point. This time lag is included in the commentary on the KBM in Annex R) and there is considerable variation at District/Borough level with a number of the indicators which is not highlighted in the below Warwickshire analysis. However, despite these lags, the direction of travel for teenage pregnancy and childhood obesity are both moving in the right direction.

Measure	2017/18 Forecast (Target)	2016/17 Actual at Year End	2015/16 Actual at Year End	Trends
Teenage conception rate per 1,000 population (Warwickshire)	19.6 (18)	19.5	22.9	
Percentage (%) children aged 11 years old who are obese	17.1 (17)	17.4	16.8	
Alcohol-related hospital admissions per 100,000	625 (625)	594	-	
Hospital admissions as a result of self-harm (children and young people 10-24 per 100,000)	510.7 (510.7)	-	-	
Percentage (%) of health check offers taken up (seen) by eligible population each year across all CCGs	40 (40)	44	30	
Percentage (%) smoking at the time of delivery (Warwickshire)	N/A - current reported at CCG level corporately			

## How do we compare?

Measure	2017/18	2016			2015		
	Forecast	Warks	WM*	Nat *	Warks	WM*	Nat *
Teenage conception rate per 1,000 population ( <i>Warwickshire</i> )	19.6	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	19.5	23.7	20.8
Percentage (%) children aged 10-11 years old who are obese ( <i>data relates to academic years, 2016/17 and 2015/16</i> )	17.1	17.1	22.4	20.0	17.4	22.1	19.8
Alcohol-related hospital admissions per 100,000 ( <i>data relates to financial years 2016/17 and 2015/16</i> )	625	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	594	728	647
Hospital admissions as a result of self-harm (children and young people 10-24 per 100,000) ( <i>data relates to financial years 2016/17 and 2015/16</i> )	510.7	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	510.7	443.3	430.5
Percentage (%) of health check offers taken up (seen) by eligible population each year across all CCGs ( <i>data relates to financial years 2016/17 and 2015/16</i> ) – annual data not available at a national or WM level	40	45.4			27.0		
Cumulative % of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check 2013/14-2016/17		32.2	45.3	48.9			
Percentage (%) smoking at the time of delivery ( <i>data relates to financial years, 2016/17 and 2015/16</i> )	-	9.9	11.8	10.7	10.6	11.9	11
<b>This key relates to the second table only</b>							
<b>Key:</b> WM*= West Midlands; Nat*= National average (England) ~no significance calculated							
	Warwickshire or West Midlands is significantly above/worse than the England average						
	Warwickshire or West Midlands is not significantly different to England average						
	Warwickshire or West Midlands is significantly below/better than the England average						

## 4. Financial Commentary

### 4.1 Revenue Budget

4.1.1 The Council has set the following performance threshold in relation to revenue spends: a tolerance has been set of zero over-spend and no more than a 2% underspend. The following table shows the position for the Business Units concerned.

Business Unit	2017/18 Budget	2017/18 Outturn	Revenue Variance		Retained reserve	Financial Standing
	£'000	£'000	£'000	%	£'000	£'000
SCSS	133,051	130,956	(2,095)	1.57% Underspent	(8,318)	(10,413)
SC	13,016	11,210	(1,806)	13.88% Underspent	(3,836)	(5,390)
PH	23,727	23,548	(179)	0.75% Underspent	(1,049)	(1,228)

SCSS=Social Care & Support Services; SC = Strategic Commissioning; PH= Public Health. All



overspends are shown as dark Red, as are any underspends of more than 2% (which are outside of corporate tolerance levels). Underspends of less than 2% are shown as Green. Financial Standing is the level of reserves a business unit is forecast to have at the end of the financial year. Any overdrawn position is shown as Red

4.1.2 The reasons for any over-spends and under-spends of more than 2% are given below

- **Strategic Commissioning**  
The current forecast for the Strategic Commissioning Business Unit highlights there are no major un-addressed risks. The Business unit is forecasting an under-spend due to the Mosaic Project. However any residual funding will need to be ring fenced for 18/19 to complete the implementation of Mosaic within Adult Social Care and to continue the development of Mosaic within Children's Services. The Business unit is forecasting an under-spend due to staff vacancies and/or planned early delivery of savings.

## 4.2 Delivery of the Savings Plan

4.2.1 The savings target for the Business Units is shown in the table below:

<b>Business Unit</b>	<b>2017/18 Target £'000</b>	<b>2017/18 Actual at Q3 £'000</b>	<b>2017/18 Forecast Outturn £'000</b>	<b>2017-20 Implementation Status</b>
SCSS	5,343	4,383	4,878	Amber
SC	2,737	2,708	2,737	Green
PH	2,534	1,901	2,534	Amber

- **Social Care & Support**  
Overall the 2017/18 savings within the business unit do not present an issue to the overall bottom line budget. This is due to efficiencies being realised and the utilisation of other one off monies. However, in subsequent financial years delays in the achievement of efficiencies & demand management may start to present a challenge, especially if the 'redesign' doesn't achieve the expected savings, or that increased demand utilises the capacity created. Achieving a reduction in expenditure in transport continues to be an area where there is unlikely to be delivery, and this continues to be a cross cutting issue and is the subject of discussion across the service areas.
- **Strategic Commissioning**  
All relevant restructuring to achieve 17/18 savings are delivered. All Commissioned Services have been redesigned and delivered e.g. housing related support/advocacy services to achieve savings. Plans are in place to achieve current savings targets for 18/19 and 19/20.
- **Public Health**  
The forecast 2018/19 shortfall in the Drug & Alcohol Service will require Public Health to develop new savings proposals for the final year of OOP2020 as the full savings target of £1.3 million is not achievable. Delays in re-tendering services caused by the double purdah period in 2017, and the residual effect of previously imposed Public Health grant reductions, have led to a request to re-phase the remaining 2018/19 savings into 2019/20.

### 4.3 Reserves

Business Units are seeking approval to add £2.818 million to reserves for use in future years, including:

Strategic Commissioning (£1.008 million) - £1.008 million to fund post project development and support as planned and agreed with the Mosaic Board.

### 4.4 Capital Programme

4.4.1 The table below shows the approved capital budget for the business units, any slippage into future years and the reasons for this where applicable.

Service	Approved budget for all current & future years (£'000)	Slippage from 2017/18 into Future Years (£'000)	Slippage from 2017/18 into Future Years %	Current quarter - new approved funding / schemes (£'000)	All Current and Future Years Forecast (£'000)	Comments
SC&S (Adults)	3,350	0	0%	0	3,350	
SC	6,948	0	0%	0	6,948	
PH	24	(24)	-100%	0	24	Spending has slipped into later years.

## 5 Supporting Papers

5.1 A copy of the full report and supporting documents that went to Cabinet is available via the following link: [One Organisational Plan Q3 Progress Report April 2017- December 2017](#) and in each of the Group Rooms.

## 6 Background Papers

None

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## Annex R Adult Social Care

BU	Key Business Measure (KBM)	Aim-is Higher or Lower Better	Q3 Actual	Year End Forecast	2017-18 Target	Year End Forecast RAG	Comments	Actions to be taken
SCS & SSC	No of permanent admissions of older people (aged 65 and over) to residential and nursing care homes	Lower	421	629	528	Red	Actual as at 30 November 2017. Year end forecast based on average admissions per month.	Pressure within residential and nursing care continues. No further "alternatives" to 24 hour care are available following the last Extra Care Housing (ECH) scheme in North Warwickshire being filled this year. Voids within ECH remain low and no new units planned for 2018 for Older People. Teams can continue to maximise voids and increase the use of block contract beds. There are plans to ensure ECH schemes have night support on site to ensure moves from ECH into residential care are minimal.  Pressure of admissions come from Hospital discharges and Continuing healthcare exit's, as well as community teams. Recent increases in residential admissions are also in direct relation to the reduction of Older People waiting lists and more responsive times in assessment completion.
SCS & SSC	No. of permanent admissions of people to residential and nursing care homes (aged 18-64)	Lower	37	53	33	Red	Actual as at 30 November 2017. Year end forecast based on average admissions per month. Transfers of eligibility and funding responsibility from Continuing healthcare (CHC) to social care continues to remain a risk particularly for people with a Physical Disability	There are a number of specialised accommodation with care units opening in 2017/18 for people under 55 and including people out of county which will offer an alternative solution to people than residential care. Application of Continuing healthcare (CHC) criteria and challenging decisions will continue to be required to ensure numbers of people in residential care do not increase.
	No. of admissions to long term community care (including both residential and community settings) (all ages 18+).	Lower	1101	1649	2000	Amber	Actual as at 30 November 2017. Year end forecast based on average admissions per month.	-
SCS & SSC	Proportion of adults receiving a direct payment ASCOF 1C Part 2A	Higher	28.10%	29	30	Amber	Actual as at 30 November 2017. All customers who are eligible for council funded support are expected to be offered a Direct Payment. This needs to be evidenced in customer recording and measured in case file audits	All customers who are eligible for council funded support will be offered a Direct Payment. Evidence of this is required in case file recording and one of the measures audited in case file audits. All new staff are required to complete mandatory e-learning on Direct payments and a refresher is being arranged via team meetings for existing staff. Operational guidance on Direct Payments is also being reviewed to streamline current guidance.

# Annex R

## Adult Social Care

BU	Key Business Measure (KBM)	Aim-is Higher or Lower Better	Q3 Actual	Year End Forecast	2017-18 Target	Year End Forecast RAG	Comments	Actions to be taken
SCS & SSC	Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month) BCF.	Lower	366	353	271	Red	<p>Actual as at October 2017, this is the latest available information.</p> <p>As stated above, the target set by NHS England is that by Nov-17 there should be no more than 40 beds occupied by a delayed Warwickshire resident on an average day and that this should be maintained until Mar-19. This equates to 271 days delayed per 100k population in an average month, as such the target for this measure has been amended from 396 to 271.</p>	<p>The Delayed Transfer of Care (DToC) project has been focusing on key elements that have direct impact on the day to day customer discharges across the County.</p> <p>Driven through the implementation of a standard DToC Dashboard analysis tools and bespoke statistics, that provide accurate and weekly delay reasons allowing Route Cause Analysis to evidence the areas that are causing the most problems, leading to actions to resolve delays quickly. This has had a very positive impact with the performance improving constantly and continually each month.</p> <p>There has been very positive input and support from Senior stakeholders over this period with strong support in identifying and engaging with key personnel across both Health and Social Care for supporting the workstreams.</p> <p>The project has identified the requirements for key communications and agreed a way forward utilising existing communications structures but ensuring that all areas are represented and engaged. As the project progresses this will be strengthened to ensure that the structures provide for two way communication as the initiatives from the workstreams roll out into services.</p> <p>The next key activities are around:</p> <ul style="list-style-type: none"> <li>- Standards and coding workshop to ensure aligned understanding and agreement to use across the County.</li> <li>- Consolidation of service criteria across the system to identify key issues and blockages across Intermediate Care Team (ICT), Community Emergency Response Team (CERT) and Reablement via the DToC Digit Requirements Workshop</li> <li>- Continued County wide roll-out across all the hospitals of the DToC Dashboard Google Sheets</li> <li>- Supporting DToC Dashboard Standard Operating Procedure to be developed, to support staff training and understanding.</li> <li>- Ongoing detailed analysis of deep dive results to be conducted at University Hospitals Coventry and Warwickshire NHS Trust (UHCW) and St.Cross to look at the constraints behind the DToC Reason Codes :- "E-Care Package in own home" and "Di – Residential Home Placement" - Further roll-out of the Deep Dive process across the Community hospitals.</li> </ul>
SCS & SSC	% of customers not needing on-going social care 91 days after leaving reablement (all ages).	Higher	78.00%	78	75	Green	Actual as at 30 November 2017	-

SS & SSC = Social Care & Support and Strategic Commissioning



# Annex R Health & Wellbeing

BU	Key Business Measure (KBM)	Aim-is Higher or Lower Better	Q3 Actual	Year End Forecast	2017-18 Target	Year End Forecast RAG	Comments
PH	% smoking at the time of delivery (Warwickshire whole)	Lower				N/A	
PH	Teenage conception rate per 1,000 population (Warwickshire)	Lower		19.6	18	Red	<p>There is time lag with data for teenage conception rate. The rate per 1,000 population for 2016 will be available in March/April 2018. The target is set as 7.5/1000 decrease over 5 years (=1.5/1000 decrease for 1 year using 2015 figure as baseline) and the YE forecast is taken as the average of the last 4 quarters worth of data available.</p> <p>Warwickshire's rate continues to be below the national teenage conception rate; the latest figure (2015) was 19.5 per 1,000 (this is what has been used for the 2016/17 actual figure) compared to 20.8 for England (statistically similar). However, there was some variation at District/Borough level: North Warwickshire 29.6 per 1,000 (n=32); Nuneaton &amp; Bedworth 25.4 per 1,000 (n=56); Rugby 18.8 per 1,000 (36); Stratford-on-Avon 11.5 per 1,000 (n=23); and Warwick 16.2 per 1,000 (n=34).</p> <p>Rates for North Warwickshire, Rugby and Warwick increased from 2014 but decreased in Nuneaton &amp; Bedworth and Stratford on Avon. However, the small numbers of pregnancies involved can result in these annual fluctuations and all Districts and Boroughs rates were either statistically similar, or in the case of Stratford on Avon better, than the England rate.</p>
PH	% children aged 11 who are obese	Lower	17.1	17.1	17	Amber	<p>This is the 2016/17 annual rate.</p> <p>Although the level of obesity at 17.1% is very slightly above target it is considerably better than the England rate of 20.0% for children aged 11.</p>
PH	Alcohol related admissions per 100,000 (KBM)	Lower	594	625	625	Green	<p>The data is published annually usually at the end of the financial year, therefore the target is a modelled estimate based on the previous year's data.</p> <p>Quarterly reporting is not possible for this indicator, however, we estimate that the modelled target will be met.</p>
PH	Hospital admissions as a result of self-harm - children and young people 10-24 per 100,000	Lower	510.7	510.7	510.7	Green	<p>This data relates to 2015/16.</p> <p>The 2016/17 data will not be released until the Child Health Profiles are updated in March 2018.</p>
PH	% health check offers taken up (seen) by eligible population each year across all CCGs	Higher	37.4	40	40	Green	<p>This data is cumulative to Q2 for 2017/18</p>

PH = Public Health

Actions to be taken
<p>The condom distribution programme has now commenced in the North of the County to assist in the reduction of the teenage pregnancy rates, along with the 'Acting on Teenage Pregnancy' group which is looking specifically at this issue.</p> <p>The increases seen in some areas of the county will continue to be closely monitored to understand if a trend emerges.</p>
<p>The Warwickshire Fitter Future service aims to address child obesity; referrals are made by other agencies, with results showing a positive improvement for participants through increases in: intake of fruit &amp; vegetables, physical activity and self-esteem score.</p> <p>Increase referrals to Family Weight Management Services (Fitter Futures)</p>
<p>Continued partnership work with groups/teams including Criminal Justice, Social Care, Health etc. The Public Health England update on their Fingertips tool has indicated a lower actual but prevalence is increasing. Work with Clinical Commissioning Groups (CCGs) to agree oversight of Commissioning for Quality and Innovation (CQUIN) in community health this year and acute health environments next year.</p>
<p>Expect to achieve YE target</p>



## Adult Social Care and Health Overview and Scrutiny Committee

14 March 2018

### Work Programme Report of the Chair

#### Recommendations

That the Committee:

1. Reviews and updates its work programme.

#### 1. Work Programme

The Committee's work programme for 2017/18 is attached at Appendix A for consideration. The programme was discussed by the Chair and Party spokespeople at their meeting on 22 February. 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. Please note that there are no items scheduled presently that fall within this scrutiny committee's remit.

Decision	Description	Date due	Cabinet / PfH

Last updated 6 March 2018

#### 3. Forward Plan of Warwickshire District and Borough Councils

Set out below are scheduled reports to be considered by district and borough councils at scrutiny / committee 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
<b>North Warwickshire Borough Council</b>	
	<p>In North Warwickshire, the focus on health is provided through two forums, the Warwickshire North Health and Wellbeing Partnership (covering both North Warwickshire and Nuneaton and Bedworth), and the Borough Council's Health and Wellbeing Working Party. Examples of recent work are shown below:</p> <p>Warwickshire North Health and Wellbeing Partnership:</p> <ul style="list-style-type: none"> <li>• End of Life Care</li> <li>• Addressing Teenage Conceptions – Sustainability of the service</li> <li>• Access to Health Services – Community Transport Initiatives</li> <li>• Services at George Eliot Hospital and its Future Vision</li> <li>• #onething – Focus and sustainability of the service</li> </ul> <p>Health and Wellbeing Working Party</p> <ul style="list-style-type: none"> <li>• The Corporate Health and Wellbeing Action Plan - Delivery</li> <li>• The evolving Strategic Leisure Review – Ensuring that it addresses issues of relevance to the health and wellbeing of the local community</li> <li>• End of Life Care</li> <li>• Addressing Teenage Conceptions - The service afforded to young people in North Warwickshire</li> <li>• Access to Health Services – Community Transport Initiatives</li> <li>• #onething</li> <li>• Fitter Futures and its services in North Warwickshire</li> </ul>
<b>Nuneaton and Bedworth Borough Council – Health Overview and Scrutiny Panel</b>	
2017/18	<p>To be programmed in 2017/18:</p> <ul style="list-style-type: none"> <li>• Discharge Protocol</li> <li>• Lack of NHS Dental Care</li> <li>• Reduction in Pharmacy Funding</li> <li>• Gambling and its impact on health and wellbeing</li> <li>• Healthwatch Concerns / Priorities</li> </ul>
Feb 2018	<ul style="list-style-type: none"> <li>• Provision of Hospice Beds – Pilot Scheme</li> <li>• Self-Harm</li> <li>• Health Performance Report</li> <li>• Adult Neurodevelopmental Services</li> <li>• CAMHS</li> </ul>
<b>Rugby Borough Council – Customer and Partnerships Committee</b>	
Date TBC	Mental Health Briefing
<b>Stratford-on-Avon District Council – Overview and Scrutiny Committee</b>	
18 April 2018	<ul style="list-style-type: none"> <li>• Update from the Oxfordshire CCG</li> <li>• Update from the Bromsgrove and Redditch CCG</li> <li>• Scrutiny of the West Midlands Ambulance Service</li> <li>•</li> </ul>



<b>Warwick District Council – Health Scrutiny Sub-Committee</b>	
2018	<ul style="list-style-type: none"> <li>• Embedding Health and Wellbeing Strategically</li> <li>• Health and Wellbeing Priorities and Action Plan 2018-20</li> <li>• Review of the Work Programme &amp; Forward Plan</li> <li>• Updates from Councillors sitting on Outside Bodies dealing with Health &amp; Wellbeing</li> </ul>
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. Members may wish to raise questions and to suggest areas for future scrutiny activity, having considered those briefing notes.

#### **5.0 Update on Task and Finish Group Work**

- 5.1 The Task and Finish Group (TFG) on GP Services is now in the concluding stages with formulation of the review report, which will be submitted to the May Committee meeting.

#### **6.0 Joint Health Overview and Scrutiny Committee (JHOSC)**

- 6.1 An informal meeting of the JHOSC took place on 27 February 2018 to receive a presentation from the lead officer for the review of stroke services. The primary role of this group will be to respond to consultations from the NHS on service reconfigurations linked to Better Health, Better Care, Better Value. The formal consultation on stroke services will take place once the assurance process has been completed.

#### **Background Papers**

None.

	<b>Name</b>	<b>Contact Information</b>
Report Author	Paul Spencer	01926 418615 <a href="mailto:paulspencer@warwickshire.gov.uk">paulspencer@warwickshire.gov.uk</a>
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 Wallace Redford



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

Date of meeting	Item	Report detail
14 March 2018	One Organisational Plan 2017-18 Q3 Progress Report	To provide the Committee with a quarterly update on progress of the One Organisational Plan 2020.
14 March 2018	Integrated Care Systems	A joint presentation to give members background on Integrated Care Systems. In addition to WCC Officers, Chris Lewington and John Linnane, the session would include Gillian Entwistle and/or Anna Hargrave of South Warwickshire CCG who have contributed to work with the Kings Fund.
14 March 2018	Visit the St Michaels Hospital in Warwick	This visit to take place on the afternoon of 14 March. Members of the Committee are asked to notify Paul Spencer if they wish to attend.
9 May 2018	The Care Home Care Market and Domiciliary Care.	This meeting will have one substantive item on the care home care market and domiciliary care, with up to two hours allocated, effectively including the normal pre-committee briefing slot. Key aspects are workforce, making this service attractive to new employees and greater use of technology.
11 July 2018	Update on the HWBB	Councillor Seccombe, Chair of the Health and Wellbeing Board will give an update to the Committee on the work of the Board. This would be a useful opportunity to consider the working arrangements under the Memorandum of Understanding between these two bodies, the Children and Young People OSC and Healthwatch Warwickshire. Progress on the STP would also be a useful topic.
11 July 2018	One Organisational Plan 2017-18 Q4 Progress Report	Date is to be confirmed, depending on the timing of the corresponding report to Cabinet. This will provide the Committee with the final quarterly update on outturn of the One Organisational Plan for 2017/18.
11 July 2018	Drug and Alcohol Abuse	Requested by Councillor Rolfe. Topic was raised at a Community Safety Partnership Board. Considered timely as a new contract has just been awarded for the drug and alcohol service. In particular, Councillor Rolfe would like information of how WCC services integrate with those of the NHS.
September 2018	Dementia Awareness	This item was considered in September 2017. The Committee agreed 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. The item was scheduled for March 2018 and subsequently deferred to September.

## Appendix A

September 2018	Performance Monitoring - CCGs	Discussion took place on performance reporting, particularly on CCG performance. This would provide background information which would be of use for the OSC to consider the future commissioning intentions of CCGs.
September or November 2018	Review the Social Care budget position and use of additional grants secured / being sought.	Suggested by Councillor Caborn and Dr John Linnane at the Chair and Party Spokesperson meetings in January and February. An area for the Committee to review during the 2018/19 financial year is the predicted budget pressures. There are some additional monies secured and being sought through grant bidding processes. A good area for the Committee to monitor is how additional monies are utilised for initiatives on homelessness / mental health issues and suicide prevention. The position on perinatal mental health issues and post-natal depression also referenced. It was suggested that these areas warranted a meeting dedicated to consideration of mental health issues, in either September or November 2018. The meeting to be opened to all members of the County Council.
Dates to be confirmed	George Eliot Hospital	Noted that the recent Care Quality Commission inspection report for George Eliot Hospital had rated end of life care services as inadequate, which warranted attention by the OSC. Similar findings had been recorded for the South Warwickshire Foundation Trust and so the OSC could review end of life services throughout the County. Suggest a briefing note in the first instance on the Action Plan response.
	Review of the Direct Payments processes and infrastructure	This item was suggested at the Chair and Party Spokesperson meeting in January, as a joint review area for this Committee and the Children and Young People OSC. The timing for this to come to members would be considered further as part of the annual work programme review.
	Review of the Adult Transport Policy	Cabinet will consider a revised Adult Transport Policy on 25 January. Subject to its approval and implementation, this is a suggested area for the Committee to review after 12 months of implementation.
	Reconfiguration of Stroke Services	Suggested by Councillor Margaret Bell. 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. This topic will be the subject of formal consultation to the Joint Health OSC established with Coventry City Council.
	CAMHS	This item was considered in September 2017 and it was agreed that a further update be provided to the January 2018 meeting. Since that decision, a task and finish group comprising members from both ASC&H OSC and C&YP OSC has been formed to focus on this topic in detail and report back to a joint meeting of the OSCs.
	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?

## Appendix A

	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. This will be the subject of the briefing session in March 2018.
	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 services delivered at GEH.
	Patients Transport Service	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, with a focus on the impact of housing growth, the need for extra GPs surgeries and their location. This area is the subject of a task and finish review and the scope includes the areas raised here.
	Local Commissioning of Services	Suggested by Councillor Mark Cargill. A pilot scheme has been undertaken in Alcester. <b><i>Needs clarification on the area for scrutiny</i></b>
	Reablement and Delayed Transfers of Care (DTC)	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. DTC is being considered in January 2018.
	Director of Public Health Suggestions	<p>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.</p> <p>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.</p> <p>Health &amp; Wellbeing Strategy:</p> <ul style="list-style-type: none"> <li>• Sustainability &amp; Transformation Plan (STP)</li> <li>• Out of Hospital Programme</li> <li>• GP Five Year Forward Plan – Part of the GP Services TFG review</li> <li>• Community Hubs</li> <li>• County Council Transformation Plans</li> </ul> <p>To support the work around suicide prevention, looking at the possible causes of a local increase against national trend.</p>

## 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. Originally planned for the Trust to present its progress against the action plan to the January 2018 meeting. This may be too soon for the Trust to have implemented actions from the CQC review. Suggestion to have a written update and then programme for a formal report to provide assurance that the 'must do' and 'should do' recommendations are being implemented.
	Mental Health of Veterans	Suggested by Healthwatch. <b>Further detail needed on scope.</b>
	Meals on 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.
	Briefing Session – Proactive Monitoring of the Quality of Care – The 'See, Hear and Act model'	This was publicised via a stand in the Ante Chamber on 22 November. Previously 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.
	Additional 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. Discussed with Chair 28 November who requested a briefing in the first instance. There was further discussion of this topic by the Chair and spokespeople in January 2018.

### 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	Housing Related Support	Hugh Gaster, Housing Related Support Officer to lead on this. A briefing beforehand to remind of recent history and the briefing session to bring up to date with current position / developments.
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.
14 March 2018	Accountable Care Systems	The session will be led by John Linnane and Chris Lewington. All members of the County Council to be invited. The session to include how the direct payments system operates and causes for delays in

		people receiving the payments.
9 May 2018	None	There is no separate briefing session for this meeting. The Committee will have a single issue agenda, with two hours reserved to discuss the care home care market and domiciliary care.
11 July 2018	None	There is no separate briefing session for this meeting. The Committee's agenda will be extended to include services to tackle drug and alcohol abuse.

### BRIEFING NOTES

Date Requested	Date Received	Title of Briefing	Organisation/Officer responsible
22/02/18		A briefing note was requested at the Chair and Party Spokes Meeting on 22 February, to update the OSC on the work of the Safeguarding Adults Board, including the work of the MASH.	
31/10/17	10/01/18	Community Meals Service	Claire Hall
22/11/17	21/12/17	Self-Harm – A briefing on data for intentional self-harm in Warwickshire and the support services available.	Paula Mawson
22/11/17	21/12/17	Childhood Obesity – A briefing on the levels of obesity affecting both adults and children, the health consequences of childhood obesity, data for Warwickshire and the support services available.	Fran Poole
22/11/17	21/12/17	#onething - Launched in 2015, this campaign asked people in the north of Warwickshire to think about just one thing they could change in their life to be a little healthier, with the overall aim of reducing the risks of heart disease, a significant health issue across the north of the county.	Yasser Din
22/11/17	21/12/17	Teenage Pregnancy – The Director of Public Health agreed to send the Committee more information on teenage pregnancy rates.	Etty Martin
22/11/17	21/12/17	NHS Health Checks - Members providing publicity of the local health check offer. Further information on health checks would be provided to the Committee for this purpose.	Sue Wild
22/11/17	21/12/17	Discussion about the school health and wellbeing service. The Director of Public Health offered to recirculate a briefing on this service.	Kate Sahota
31/10/17		Update on progress with reducing delayed transfers of care	Chris Lewington
-	01/11/17	Healthwatch England Publication – Readmission to Hospital	Paul Spencer
-	31/10/17	LGA Publication – Adult Social Care Funding	Paul Spencer
12/07/17	07/09/17	Dementia – Enhancing Awareness and Understanding Across Warwickshire	Claire Taylor
12/07/17	05/09/17	Summary of the CAMHS Redesign Process	Andrew Sjurseth

## Appendix A

-	20/07/17	Healthwatch Report into Warwickshire Mental Health Services	Chis Bain
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	Health Visiting Service - Tender. At the Chair and Party Spokesperson meeting in January, it was suggested that a further update by way of briefing note on the health visiting service would be useful.	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	FURTHER INFORMATION
GP Services	The Committee agreed this TFG area at its meeting on 15 September. The report back is due in May 2018.	Due to report back to ASC&H in May 2018.	The review has concluded its evidence gathering and now focuses on the review report, conclusions and recommendations.
Joint Health Overview and Scrutiny Committee	This is the first of the joint committees, working with Coventry City Council to focus on Stroke Services.	To be confirmed	There have been delays in the commencement of the work due to the NHS assurance process required ahead of the public consultation. Two informal meetings have taken place, most recently on 27 February 2018.
Maternity and Paediatric Services	The Committee agreed this TFG area at its meeting on 15 September. The detailed scoping of this area is still to be determined.	Review starts after completion of the GP Services TFG.	
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 <sup>nd</sup> 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	