

**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

.....
Chair