Adult Social Care and Health Overview and Scrutiny Committee

9 May 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, 9 March 2018 at 10.00a.m.**

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

The agenda will be: -

1. General

(1) Apologies

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

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

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

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

(3) Chair's Announcements

(4) Minutes of previous meetings

To confirm the minutes of the meeting held on 14 March 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. GP Services Task and Finish Group

The GP Services Task and Finish Group has concluded its review. The review report, its conclusions and recommendations are submitted for the Committee's consideration.

5. The Care Home Market and Domiciliary Care

A report and presentation on the care home market and domiciliary care. The report will cover WCC and private care homes, their number, location and current issues, an update on the revised domiciliary care scheme, financial aspects, training and qualifications and the staffing issues faced by care homes.

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.

DAVID CARTER
Joint Managing Director

Adult Social Care and Health Overview and Scrutiny Committee Membership

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

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

North Warwickshire Borough Council:	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 5 that relates solely to adult social care.

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 form 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

Item 4

Adult Social Care and Health Overview and Scrutiny Committee

9 May 2018

GP Services Task and Finish Group

Recommendations

That the Committee:

1. Receives and comments on the report of the GP Services Task and Finish Group, its conclusions and recommendations.

2. Refers the document for the consideration of the Cabinet and the Warwickshire Health and Wellbeing Board to consider the recommendations made for actions by the County Council and the wider Coventry and Warwickshire health 'system'.

1. Report of the Task and Finish Group (TFG)

1.1 At its meeting on 13 September 2017, the Adult Social Care and Health Overview and Scrutiny commissioned this task and finish review of GP Services. The drivers for a review at this time were the GP Five Year Forward View and to understand the impact of projected residential development throughout the County.

1.2 The objectives of this review were:

- To gain an understanding of service demand and levels of pressure on GPs.
- To identify the potential to reduce these pressures and particularly areas where the County Council has an influence, including through the Health and Wellbeing Strategy and Clinical Commissioning Group (CCG) strategies.
- An education role to reduce unnecessary GP appointments.
- Directing people to the appropriate health services including pharmacies or NHS helplines.

1.3 The TFG invited contributions through a number of evidence gathering sessions over the period October 2017 to February 2018, before meeting in March to consider the draft review report. A list of the meetings and key discussion areas are set out below. The detailed evidence gathered from these sessions is provided as an appendix to the review report.

24 October Context from the Director of Public Health
20 November Presentations and evidence from Public Health and CCGs

5 December	Presentations and evidence from the Warwickshire Local Pharmaceutical Committee and Healthwatch Warwickshire
17 January	Evidence from the Warwickshire Local Medical Committee
19 February	Evidence from Infrastructure Delivery Manager and district and borough council planning officers

1.4 The TFG noted a number of recurring themes from the different evidence sources. This led to the formulation of the conclusions and recommendations shown in the review report from page 6 of the document, which is attached at Appendix A. The recommendations are grouped under the categories of:

- National issues – those that cannot be resolved for Warwickshire in isolation and require recommendations for national assistance.
- Those which require a Coventry and Warwickshire 'system approach'. These are areas to be considered by the Health and Wellbeing Board.
- Those which can be progressed by an individual agency, through recommendations to commissioners or providers of services.

1.5 The Overview and Scrutiny Committee is asked to review the document, commenting on the findings and the recommendations made to respond to the issues identified.

Background Papers

None.

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

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

Local Member(s): None
Other members: Councillors Les Caborn, Jeff Morgan, Wallace Redford, Clare Golby, Dave Parsons and Kate Rolfe.

Item 4 Appendix

GP SERVICES
TASK AND FINISH GROUP
FINAL REPORT

March 2018

Working for Warwickshire

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1.0 Introduction

1.1 Executive Summary

Through this comprehensive review process, members have considered substantial written information and held four evidence gathering sessions, with representatives from a wide range of organisations. This resultant report proposes a number of recommendations for the Adult Social Care and Health Scrutiny Committee which commissioned the report, the Warwickshire Health and Wellbeing Board and partner organisations to consider. The recommendations can be seen at Section 2 (Page 6 onwards) and are grouped under the headings of:

National Issues - The evidence consistently showed a range of issues that will require national support and direction.

Issues for the Coventry and Warwickshire 'System' - As system leaders, the Coventry and Warwickshire Health and Wellbeing Boards are able to coordinate service delivery within the component organisations.

Areas within the control of an individual agency - The TFG makes recommendations for changes by the agency responsible for that service.

1.2 Appointment

The Adult Social Care and Health Overview and Scrutiny Committee (OSC) appointed a member task and finish group (TFG) to conduct a review of GP Services. It was agreed to co-opt representatives of district and borough councils to ensure the five areas of the County were represented. Through a scoping exercise, the TFG agreed to focus on the following areas:

- Primary Care profile in Warwickshire to include resources, demand, outcomes, quality.
- Primary Care Estate.
- Response to population changes and local plans.
- Community Resilience and Social Prescribing (subsequently, this aspect was withdrawn; another task and finish review is focussing on community capacity).

It was explicitly agreed that the review would not include patient experience, screening services, health checks and self-harm.

1.3 Members and Contributors

The eight members appointed to the Task and Finish Group were Councillors Margaret Bell (Chair, also representing North Warwickshire Borough Council), Keith Kondakor, Penny O'Donnell (Stratford District Council), Anne Parry, Dave Parsons, Pam Redford (Warwick District Council), Jerry Roodhouse and Jill Simpson-Vince.

The Task and Finish Group was supported throughout the review by The Director of Public Health, two of his staff and the Democratic Services Team. External support was provided by Clinical Commissioning Groups (CCGs) both through Chairs and executive officers, Healthwatch Warwickshire, with contributions from the local pharmaceutical and medical committees, planning officers from district and borough councils and the County Council's Infrastructure Development Manager.

1.4 Evidence

In order to achieve an understanding of the review topic, the Task and Finish Group considered both primary and secondary evidence from a range of sources. This included context from Dr John Linnane, Director of Public Health, a presentation from the Public Health Department which signposted to a variety of secondary information sources and a presentation from CCGs. In Section 3 of this report you will find the detailed reports on the evidence heard and key findings.

1.5 Dates and Timescales

Stage 1: A meeting to provide context and agree the scoping document for this task and finish review (See Appendix A) – October 2017.

Stage 2: Consideration of primary evidence, through presentations, questioning and more general discussion over four meetings – November and December 2017, January and February 2018.

Stage 3: The consideration of conclusions and recommendations from this Task and Finish Group (TFG) – March 2018

Stage 4: Presentation of the final TFG report to the Adult Social Care and Health Overview and Scrutiny Committee – May 2018

Stage 5: Presentation of the TFG report to Cabinet and the Warwickshire Health and Wellbeing Board Executive – ** 2018

2.0 Recommendations

The TFG makes a series of recommendations grouped under the headings of 'National Issues', 'Issues for the Coventry and Warwickshire System' and 'Areas within the remit of individual agencies'. The rationale for each of the recommendations is summarised below. Subsequent sections of the report and appendices provide the detail which supports these recommendations.

1. **National Issues** - The evidence consistently showed a range of issues that will require national support and direction.

Recommendation 1.1 – Lobbying of National Government and Others

(i) That the Adult Social Care and Health OSC and Warwickshire Health and Wellbeing Board be recommended to lobby national government and planning authorities about the definition of infrastructure, the need for both capital and revenue funding streams and the need to recognise workforce within this context.

Rationale – Lobbying of Central Government by these bodies is recommended on the issues identified in the conclusions. There needs to be national recognition that it is not always the physical infrastructure which has limits on capacity. New housing developments should factor in the impact on workforce infrastructure and where necessary support this through developer contributions. The rules on infrastructure contributions from development, the current pooling limitations related to smaller developments and the different funding constraints on health and local authorities should all be reviewed, given the aims to integrate services.

(ii) That the Department of Health be lobbied to strengthen communications around appropriate NHS service use.

Rationale – There needs to be a national drive to raise awareness / educate people on the appropriate use of NHS services in order to alleviate pressures on general practice and enable GPs to focus on patients with the most complex needs. This should clearly set out the full range of self help, online and face to face services available to patients and the public, such as NHS 111 and local pharmacies.

2. Issues for the Coventry and Warwickshire 'System' - As system leaders, the Coventry and Warwickshire Health and Wellbeing Boards are able to coordinate service delivery within the component organisations.

Recommendation 2.1 – GP Capacity and Service Developments

That the Health and Wellbeing Board and Adult Social Care and Health OSC receive periodic updates on GP capacity and the locally derived solutions to meet the demands of population growth, which may include alternative provider medical services and funding for new services.

Rationale – Many of the conclusions reached in relation to the national issues are recognised by health commissioners and providers. Different solutions are put in place to respond to these issues appropriate to the locality. Sharing best practice on innovative solutions and where necessary lobbying at the national level are recommended.

Recommendation 2.2 – A Unified Response to Development Proposals

That the Health and Wellbeing Board seeks assurances across the Coventry and Warwickshire health economy that a unified and coordinated approach is taken to responding to housing growth and District and Borough local plans.

Rationale – NHS organisations are responding individually to planning applications. This may have an impact on where contributions are distributed. A more unified approach should ensure contributions are given to the services with the greatest capacity needs in relation to a particular area.

Recommendation 2.3 – 'Your Health is Your Responsibility'.

That the Health and Wellbeing Board, through its constituent partners publicises initiatives under the banner of 'your health is your responsibility'.

Rationale – This links to the lobbying of the Department of Health above. National coverage about the links between lifestyle choices and health impacts. There is a role for the Health and Wellbeing Boards as system leaders to champion this message as part of the proactive and preventative work stream of Better Health, Better Care, Better Value and the 'Year of Wellbeing'.

3. **Areas within the remit of individual agencies** - The TFG makes recommendations for changes by the agency responsible for that service or where other agencies can assist.

Recommendation 3.1 – Assisting with Communication

That Warwickshire County Council and the five district and borough councils provide support to CCGs with awareness raising and publicity. Areas where we can assist are:

- ***Raise awareness / educate on appropriate use of GP services through joint communication with CCGs.***
- ***Strengthen the social prescribing / care navigation offer to ensure that patients are accessing the right services at the right times.***

Recommendation 3.2 – Suggested areas for further research

That CCGs give further consideration to the following areas identified through this review process:

- ***Appropriate use of pharmacies to provide additional capacity to GPs.***
- ***Research how the time required for clinical correspondence between acute service providers and GPs can be streamlined to increase capacity for GPs***
- ***Areas of good practice identified from reviews of GP surgeries by the Care Quality Commission and Healthwatch being shared by commissioners with all GP surgeries.***

Rationale – It is acknowledged that CCGs have plans in place and are undertaking extensive work, but they could articulate them better to local authorities and the wider population. Local authorities can assist with this communication role.

Warwickshire County Council and the district and borough councils are large employers. There are well established communication channels in each authority to publicise initiatives. Through Council departments and elected members, local authorities can assist with awareness raising of initiatives of commissioners and providers of services.

Part of the pressure on GPs is due to the inappropriate use of appointments so ensuring that referrals are made to other health and wellbeing services when necessary may help alleviate pressure. System capacity is also affected by people missing appointments. Many surgeries use text message reminders, which could be advocated to all GP surgeries as an area of best practice. There was evidence of the significant time required for clinical correspondence. Streamlining this will provide additional capacity for GPs.

Collaborative working between GPs and Pharmacists was an area discussed at some length. A recommendation could be formulated to the Health and Wellbeing Board (HWBB) to encourage the local medical and pharmaceutical committees (LMC and LPC) to work collectively on this. There were some concerns from a commissioning perspective. Ultimately this is a matter for CCGs and it will be impacted by the overall financial envelope available.

Recommendation 3.3 – Improve Communication of Service Developments.

That clinical commissioning groups (CCGs) work with district and borough councils to provide periodic briefings to the Adult Social Care and Health OSC and other Warwickshire local authorities to keep them informed of known substantial residential developments, the additional service requirements and how the CCG will respond.

Rationale - There is evidence of established communication channels and good working arrangements between the CCGs, district and borough councils and the County Council. This recommendation will ensure that the dialogue extends to elected representatives to assist with wider communication of the plans to improve health services and facilities. It could form part of an annual report on commissioning intentions.

Recommendation 3.4 – Future Review Area – Securing New / Improved facilities

That the Adult Social Care and Health OSC reviews the processes required to secure new and extended medical services. This should include potential barriers/blockages and how they can be resolved more efficiently. It is recommended that this includes consideration of pilot projects using GP clusters of flexible working arrangements to enable people to access GP services in different ways.

Rationale - Evidence gathered through this review shows the potential for delays at several stages in providing new GP practices and other services. The replacement GP practice at Brownsover in Rugby Borough demonstrates this particularly. An area for further review is how to streamline the processes associated with Section 106 contributions, the viability arguments against developer contributions, achievement of ‘triggers’ for funding release at the earliest possible date and then understanding how agencies can work together more efficiently to utilise the funding to deliver new services in a timely manner to meet service demand.

Warwick and Stratford District Councils secure some infrastructure contributions through the Community Infrastructure Levy. The remaining districts and boroughs use the Section 106 provisions. This is a matter for each local authority, but there may be a useful dialogue between them to secure the maximum (and consistent) contributions across the County.

Data shows that younger patients generally favour modernised flexible ways to access GP services more than some older patients. The complexity of the patient's condition also influences whether they wish to visit the same GP throughout their treatment. People with chronic, long-term conditions generally prefer to see the same doctor.

Recommendation 3.5 – Review of Contracts

That Strategic Commissioning revisits its contracts with residential care homes to explore opportunities to seek incorporation of primary care service provision into developments and that the relevant CCG is involved in these discussions. It is recommended that the Adult Social Care and Health OSC add this as an area to its future work programme.

Rationale - An area for further consideration is the care sector and the impact for GPs when called to residential or nursing homes. The elderly patient cohort has the most complex healthcare needs and places the greatest level of demand on GP time and capacity. Some of the functions that GPs are now called for could be delivered in other ways. This requires a system approach to reduce calls for GP service when they could see more patients during the same time in surgery.

3.0 Overview

3.1 Background

At its meeting on 13 September 2017, the Adult Social Care and Health OSC commissioned this task and finish review of GP Services. The drivers for a review at this time were the GP Five Year Forward View and to understand the impact of projected residential development throughout the County. The areas of focus suggested were the need for extra GP surgeries, the location of additional surgeries, issues for rural areas and workforce aspects.

3.2 Objectives

The objectives of this review were:

- To gain an understanding of service demand and levels of pressure on GPs.
- Identify the potential to reduce these pressures and particularly areas where the County Council has an influence, including through the Health and Wellbeing Strategy and CCG strategies.
- An education role to reduce unnecessary GP appointments
- Directing people to the appropriate health services including pharmacies or NHS helplines.

A copy of the full scope for the review is attached at Appendix A.

4.0 Detailed Findings

4.1 Secondary Evidence

An initial presentation was provided by the Public Health department, which signposted members of the TFG to a range of information sources. Each document was considered by the Group.

4.2 Primary Evidence

The TFG invited contributions through a number of evidence gathering sessions. The detailed report of each session are provided at Appendix B (from page 21):

24 October	Context from the Director of Public Health
20 November	Presentations and evidence from Public Health and CCGs
5 December	Presentations and evidence from the Warwickshire Local Pharmaceutical Committee and Healthwatch Warwickshire
17 January	Evidence from the Warwickshire Local Medical Committee
19 February	Evidence from Infrastructure Delivery Manager and district and borough council planning officers

5.0 Conclusions and Recommendations

5.1 Findings

The Task and Finish Group noted a number of recurring themes from the different evidence sources. The conclusions and from these the recommendations fall under categories of:

- ✓ National issues – these cannot be resolved for Warwickshire in isolation and require recommendations for national assistance.
- ✓ Those which require a Coventry and Warwickshire 'system approach'. These are areas to be considered by the Health and Wellbeing Boards for Coventry and Warwickshire.
- ✓ Those which can be progressed by the County Council and other individual agencies, through recommendations to commissioners or providers of services.

5.2 National Issues

The evidence consistently showed a range of issues that will require national support and direction. It is concluded that the key aspects are:

- The traditional GP partnership model is unlikely to be sustainable.

- There are GP staffing shortages, exacerbated as 600 GP training places are not filled each year. Once trained, only two thirds of GPs are planning to work in the NHS, with many younger GPs preferring to be salaried, to work as locums, privately or going abroad. GP's are retiring early, due to a number of drivers and 40% of GPs are over 50 years of age. Part time working is a further issue.
- Service redesign needs to provide the best working model for the patient. It is important to recognise that different models will be needed for different locations, but it is equally important not to create dual systems, which will complicate working arrangements with other parts of the health system. Some patients (and GPs) are resistant to change. Data shows that younger patients generally favour modernised flexible ways to access GP services more than older patients.
- Assistance with meeting increasing service needs. There are different funding systems and constraints for CCGs and local authorities. The key funding sources arising from development are the Community Infrastructure Levy (CIL) and Section 106 agreements. Timing for the release of this funding doesn't easily fit with the increased service need arising from population growth.
- Innovative solutions are needed, including shared use of premises and co-located services to deliver a health and wellbeing approach. In rural areas there aren't the economies of scale to have co-located services.
- Each GP is a private business. It has a 'red line' boundary beyond which it is not obliged to offer services. Furthermore a practice could 'close the list' and not be required to take on additional patients within its boundary.
- There are a range of issues associated with population increases from additional housing development. Provision of capital funding (for example for a new building) is not always the solution; contributions to meet the longer term revenue costs are also needed. This is not feasible through Section 106 funding. There are limits on aggregating contributions from smaller developments as only five developments can be 'pooled' for this purpose. Lobbying to remove these national pooling restrictions could be helpful.

5.3 Issues for the Coventry and Warwickshire 'System'

As system leaders, the Coventry and Warwickshire Health and Wellbeing Boards are able to coordinate service delivery within the component organisations. The conclusions directed to these bodies comprise:

- The TFG acknowledges it is the role of CCGs to look at major site developments (and the cumulative impact of smaller developments), the existing GP surgeries covering the area and the options available to meet future population need.
- Review the timeline and the processes required for provision of a new or expanded GP practice, with agencies working cohesively to understand and remove causes for delay.

- Areas of good practice from reviews of GP surgeries by the Care Quality Commission (CQC) and Healthwatch should be shared by commissioners with all GP surgeries. It is recognised that each GP is a private business, so these can only be recommendations and not mandatory. Each practice will have differing circumstances and some recommendations won't suit all practices.
- Patient migration has been referenced. GP shortages in some locations may mean patients don't move GP when they relocate, for example from Coventry to Warwickshire. Cleansing of GP patient records is advocated There are two issues, first people who have moved within UK but not moved their registration. The second are people who came to the UK to work or study and have since left the UK. These are the ones that are called ghost patients.
- There is potential to develop the current work on care navigation. The TFG heard evidence from the Local Pharmaceutical Committee (LPC), about changes to the Herefordshire system to provide pharmacy support to alleviate some of the current pressures on GPs. This could help for example with assessment of minor ailments, medication reviews and increasing the dosage of medications authorised in advance by GPs.
- It is recognised that there is a range of complexities including an additional training need for GP receptionists to provide this 'care navigation' advice, to build relationships between the GP and pharmacists, with the benefits of co-located pharmacies being referenced. Warwickshire CCGs are training some receptionists and working with CAVA on signposting / care navigation. There was some scepticism amongst GPs and particularly the Local Medical Committee (LMC) on the capacity of pharmacy to take on further roles.
- Issues around patients not taking their prescribed medication and/or repeat prescriptions being automated where the patient doesn't continue to need some of those medicines. This is an unnecessary cost to the health system.
- For smaller/rural GP surgeries, the option of a co-located pharmacy may not be feasible. A suggestion to provide these services on rotation, or to establish rural dispensing practices, with a pharmacist as part of the team.
- Locating staff in nursing and residential care homes, to provide an initial filter, reducing avoidable GP appointments. Lost time and reduced appointment availability when the GP visits patients in the care home.
- Recognition that pharmacists, like GPs are private businesses. There are areas where pharmacy could reduce GP workloads and the Health and Wellbeing Board could consider this from a system-wide approach. There is an opportunity when commissioning new or additional services.
- Clinical correspondence and the optimisation of medical reviews are potential areas for review to enable GPs to focus more on patients.

Reducing the administrative workloads generated between acute trusts and GPs would be helpful.
If some, but not all GPs adopt the recommendations this would result in a dual system of service provision which would be less efficient than the current arrangements. A round table discussion involving GPs, commissioners and pharmacy is suggested to discuss how this approach could work in practice. A key role for the County Council to educate communities, through its elected members as community leaders and the council's staff.

- Undertaking pilot schemes where patients with minor ailments are signposted to pharmacists. A need to identify willing partners to participate in trials. The revised commissioning requirements to meet substantial housing growth in Rugby, was suggested as an area where this could be trialled.
- Commissioning of services delivered at care and nursing homes. Workforce issues associated with Brexit are significant, both for medical staff and care workers. A solution could be to train staff locally, but there is no career progression currently from care to nursing. Making care work and nursing more attractive is an area of needed change.
- Agreeing protocols with care homes to reduce unnecessary reliance on GPs and other parts of the NHS. Some care homes have policies which didn't align with NHS or national guidelines, an example being the 'no lifting' policy after a resident has a fall. A proactive approach is needed to manage demanding cases in the community and to change the culture of reliance on GPs.
- The Local Medical Committee (LMC) perceived a lack of consultation on some service development issues, despite there being a formal requirement to do so. Its representatives were concerned about the increasing demands associated with care home developments where patients had to be visited, rather than them attending the practice. In Rugby area there was a current shortage of GPs and significant development plans. Care homes now accepted people who previously would have resided in a nursing home. Those residents had more medical needs and there were increasing numbers of dementia cases. Nursing homes no longer provided the services they used to, with GPs now attending for such things as providing vaccinations or to confirm the death of a resident.
- Ensuring care homes remained sustainable and financially viable was a challenge and taking a system approach was advocated. For example, investment in nursing staff in care homes would reduce demands on GPs, but the cost to social care would rise and consideration would be needed of how to fund this as a system.
- WCC was working with Coventry University to explore the viability of a course which spanned both social care and health.
- On GP service delivery, the LMC was asked how best practice could be shared with and adopted by other GPs. The LMC was concerned at the ability to adopt such an approach without reducing the number of

patients they were able to see. The focus should be to meet patient 'needs' not 'wants'. Many GPs went 'over and above' core requirements.

- There are a range of issues associated with population increases from additional housing development. There can be substantial delays between commencement of development and the additional monies being received. This creates a timing challenge to assess when new services will be needed and impacts on existing services in the interim. Cross border developments also have to be taken into consideration. There are different issues for more rural communities. The CCGs have plans to expand and/or provide additional GP surgeries, having undertaken options appraisals for some areas already.
- Agencies have to balance contributions against the developers' viability argument and in some cases agencies don't claim all entitled contributions.
- An area for further consideration is borrowing against known future S106 funding contributions, to deliver new premises in a more timely and cost efficient way. Building costs for new facilities will increase. At paragraph 5.3, Finance colleagues have provided additional context that will need to be weighed. This is not a cost neutral option. The costs of servicing the resulting debt would need to be funded from the relevant organisation's revenue resource. This is not a cost free option. There is however the option for organisations to provide forward funding for infrastructure developments.
- Similarly, the time from planning consent to construction often meant an increase in the value of each house. This should be considered when developers used the viability argument to reduce infrastructure contributions. Officers do revisit contributions where they can.
- Some developers pay their S106 contributions at an early stage, which presents a different challenge, in that spending of the monies has to be achieved by a deadline, or there is the potential for 'clawback' of the monies.
- From the discussion with planning officers, the value of regular discussion between the various agencies in planning for large developments was stated. Avoiding the potential for individual challenges or an aggressive approach to securing funding and the need to evidence spending of infrastructure contributions, to avoid potential 'clawback' of unspent monies was noted.
- There are established forums for liaison between the agencies and a regular dialogue between officers on planning and the potential for infrastructure contributions. It is evident that those in the south of the County are better established and can be developed for the north of Warwickshire. A need to ensure that Coventry is involved also.
- For future planning applications, adopting a site specific approach is suggested to bring together the relevant agencies for that area.

5.4 Areas for individual agencies including the County Council

There are several aspects where the County Council can assist directly as a large employer and through its elected members as community leaders. Similarly there will be other areas where individual agencies can do likewise.

- Assist with communication strategies to reduce the numbers of cancelled and unnecessary GP appointments. Publicise internally to WCC staff and elected members and externally in communities, through parish councils, patient forums and partner organisations. This consultation role could extend to the points about care navigation.
- Make patients more aware of their responsibility for their own health and to manage their conditions.
- Through publicity and engagement, work with CCGs to inform the public about new models of delivery for primary care.
- From the oral evidence session with the LMC, an area where local councils could do more was engagement on planning matters.
- It would be useful to investigate how the County Council, GPs and care homes could agree a way forward on the filtering the calls made to GPs where other parts of the system could respond.

6.0 Financial and Legal Implications

The views of relevant Directors/ Heads of Service, Finance, Legal and Equalities and Diversity have been sought on this report, prior to its submission to the Adult Social Care and Health Overview and Scrutiny Committee. Their feedback is set out below.

6.1 Finance

There are no direct and immediate financial implications arising from the recommendations of the Task and finish review of GP Services for the County Council. However, several of the recommendations, depending on how they are taken forward, may have financial implications in the future. These include:

- A recognition of the increased need for funding for enhancing GP capacity and alternative provider medical services when prioritising the infrastructure needs, arising from new housing developments.
- The review of Strategic Commissioning contracts with residential care homes to seek incorporation of primary care service provision into developments.

Any financial implications or priorities for investment identified, be brought forward for consideration through the process for agreeing the One Organisational Plan and the associated medium term financial planning and

annual budget refresh. In this way the issues can be considered alongside other priorities for the use of the Council's scarce resources.

There are references in the report for the timing of receiving developer funding and when the need for infrastructure on the back of housing developments arises. The advance funding for infrastructure will always be a cost, whether incurred by the developer or forward funded by the relevant public body. The option for any public section organisation, (including the County Council), to borrow against known future S106 funding contributions is not cost neutral. The costs of servicing the resulting debt would need to be funded from the relevant organisations revenue resource until such time as the S106 funding is received.

Appendix A
Scoping Document

Review Topic (Name of review)	GP Services Task and Finish Group
TFG Committee Members	Councillors Margaret Bell, Keith Kondakor, Penny-Anne O'Donnell (SDC), Anne Parry, Dave Parsons, Pam Redford (WDC), Jerry Roodhouse and Jill Simpson-Vince.
Co-option of District and Borough members (where relevant)	District and borough council representation has been sought to ensure local input from each of the five areas of Warwickshire. Councillors Penny O'Donnell (SDC) and Pam Redford (WDC) appointed. Councillor Margaret Bell represents both WCC and NWBC.
Key Officers / Departments	John Linnane (Director of Public Health), Emily Fernandez and Gemma McKinnon (Public Health)
Lead Democratic Services Officer	Paul Spencer
Relevant Portfolio Holder(s)	Councillor Les Caborn, Portfolio Holder for Adult Social Care and Health
Relevant Corporate Ambitions	The Health and Wellbeing of all in Warwickshire is protected
Type of Review	Task and Finish Group (TFG)
Timescales	Complete review and report to the March 2018 Adult Social Care and Health Overview and Scrutiny Committee
Rationale (Key issues and/or reason for doing the review)	Identifying the problems that exist now and those anticipated in the future, including the aging population, increasing demands on health services, at the same time as decreasing GP numbers.
Objectives of Review (Specify exactly what the review should achieve)	To gain an understanding of service demand and levels of pressure on GPs. Identifying the potential areas to reduce these pressures and particularly areas where the County Council has an influence, including the Health and Wellbeing Strategy and CCG strategies. An education role to reduce wasted/unnecessary GP appointments and directing people other services including pharmacies or NHS helplines, where these are appropriate.

Scope of the Topic (What is specifically to be included/excluded)	Include - There are four main themes 1. Primary Care profile in Warwickshire to include resources, demand, outcomes, quality: • Consideration of the GP Five Year Forward View: https://www.england.nhs.uk/gp/gpfv/ • Mapping of services. Examine current GP service capacity and future capacity based on predicted population growth. Use waiting times for non-urgent appointments and the availability of emergency appointments as indicators. • Establishing a baseline of what constitutes 'good practice', which could include co-located services, alternative models of service delivery, out of hospital commissioning and from this learning, to share the good practice with others. • Qualitative research on comparative demands for health services. • Review recent CQC and Healthwatch data for Warwickshire GP practices. 2. Primary Care Estate • Seek information on the CCG 'estates', their adequacy for the next 10 years and additional planned provision of medical centres and GP practices, being mindful of the 'other work being undertaken' section below. • Travel distance to the GP and the proportion of patients who aren't registered with a GP. 3. Response to population changes and local plans • Patient migration. This will include the implications of older people housing developments and the costs of providing medical services for those with complex/greater medical needs. • Explore with CCGs how they interact with the planning process to secure financial contributions for health services from new developments and the 'triggers' for release of funds. 4. Community Resilience and Social Prescribing • Examine how the One Organisational Plan contributes to social prescribing, the sustainability of the voluntary sector and the increasing reliance on this sector. It is important to focus on the areas where the County Council has most influence, also avoiding duplication of work as there is a planned review of community resilience due to be scoped shortly. Does not include • Patient experience, screening services, health checks and self-harm are outside the review's scope.

How will the public be involved? (See Public Engagement Toolkit / Flowchart)	• Ask Healthwatch Warwickshire to contribute as the patient voice and given the extensive work on GP 'enter and view' visits. • Invite representatives of the Patient Participation Group Chairs' forum. • Review CQC patient surveys.
What site visits will be undertaken?	• No site visits are planned.
How will our partners be involved? (consultation with relevant stakeholders, District / Borough reps)	• Involvement of the three clinical commissioning groups, Healthwatch Warwickshire and the Patient Participation Group Chairs. Also, meet with the local medical committee (GP representatives) and the local pharmaceutical committee
How will the scrutiny achieve value for money for the Council / Council Tax payers?	• Provide evidence, conclusions and recommendations for consideration and implementation both within the County Council and by its partners. • Explore the synergies that can be achieved from partnership working.
What primary / new evidence is needed for the scrutiny? (What information needs to be identified / is not already available?)	The following people be invited to contribute: • The three clinical commissioning groups, Healthwatch Warwickshire and the Patient Participation Group Chairs. • Kushal Birla - the County Council's lead officer on social prescribing. • Paul Tolley, CAVA - the voluntary sector perspective on social prescribing • The local medical committee (GP representatives) and the local pharmaceutical committee • Mark Ryder, Chair of the County Infrastructure Group
What secondary / existing information will be needed? (i.e. risk register, background information, performance indicators, complaints, existing reports, legislation, central government information and reports)	• General Practice Five Year Forward View Document. • CCG briefing and overview of the key work programmes • Director of Public Health to pull together a GP data pack of key information, with patient numbers per GP and patient profiles, working with the Observatory and others, the data pack to be disaggregated for each district/borough area, **if possible** • Links to web sources including the CQC inspection reports and Healthwatch 'enter and view' visits to GP surgeries. • Data on CCG estates and an infrastructure spreadsheet.

Indicators of Success – (What factors would tell you what a good review should look like? What are the potential outcomes of the review e.g. service improvements, policy change, etc?)	• The review should conclude with a report containing a series of recommendations to the Overview and Scrutiny Committee, Cabinet and partners outside the County Council. This may identify further areas for consideration as subsequent reviews.
Other Work Being Undertaken (What other work is currently being undertaken in relation to this topic, and any appropriate timescales and deadlines for that work)	There is a range of work being undertaken around GP service planning: • All three CCGs as commissioners of primary care have undertaken an utilisation exercise to understand the capacity within the current estate. This also factors in planned housing growth to highlight how existing estate would manage growth. • From these plans the CCGs produced strategic estates plans which identify any potentially estate opportunities and constraints across the locality. These also factored in the emerging STP work and GPFV • Alongside these strategic plans the CCGs host regular Local Estates Forums (LEF) with a range of health and local authority partners to discuss health infrastructure on a locality by locality. It is here that discussions around S106 requests, responses to planning applications and general estate updates are given. • These groups feed into the wider STP Estates Strategy Group which is where discussions aligning to any estate plans are held and where governance dictates that any new plans and/or disposals have to go through the group to be approved. • For SWCCG the GP practices attend on a rotating basis, dependant on the locality focus and this is where main engagement takes places and opportunities for CCG, providers and GPs to have an open discussion • For WNCCG each project has a smaller team and within the engagement with GPs takes place.

Appendix B
Primary Evidence Detail

1.1 Context – 24 October

As part of the scoping of the review, Dr John Linnane, Director of Public Health summarised the national issues faced by General Practice (GP) doctors:

- A national shortage of GPs, but the position in Warwickshire was not as bad as some locations.
- Only 76 practices across a large rural county (approximately the same number of GP practices serve the city of Coventry).
- A recent GP practice closure and other planned mergers / closures being considered in both Warwick and the north of the County.
- GPs taking early retirement in their fifties and a proportion of GPs who work on a part time basis.
- A shortage of practice nurses.
- National and local drivers for change - GP Five Year Forward View and the Out of Hospital Programme.
- Changes to the way public bodies deliver community services, working with the voluntary and community sector through a 'hub' approach.
- Social prescribing - there are many differing unconnected models of delivery. A conversation is needed to share good practice.

1.2 Evidence Session – 20 November

1.2.1 Public Health Presentation

To provide a baseline and background a presentation with high level data was provided which included links to further reading and information sources. The presentation included:

- GP practices in Warwickshire
- Population profiles and growth
- Care Quality Commission (CQC) reports
- Further data available at GP level
- GP workforce, practice size and GP to patient ratios
- Local plans on demand
- SHAPE tool (information mapping for each practice)
- Joint Strategic Needs Assessment place based profiler tool

1.2.2 CCG Contribution

Throughout the evidence gathering stage of the review, support was provided by the Chairs and executive officers of the three Coventry and Warwickshire

CCGs. The CCGs commission services for their respective area, including GP Services. The CCG Chairs are current or retired GPs, also serving on the Warwickshire Health and Wellbeing Board, making them a valuable contributor to the work of this group.

1.2.3 The CCGs made a combined presentation, giving background, current national drivers and local issues. This included:

- Data on patient population, the number of practices, the move to delegated commissioning, practice changes and CQC inspections.
- GP patient surveys, showing overall patient experience, access and confidence in GPs and nurses.
- General Practice Forward View (GPFV), the five pillars on which it is built – Investment, Workforce, Workload, Practice Infrastructure and Care Redesign and how the CCGs are responding.

1.2.4 Learning points from this evidence:

- There are current GP staffing shortages. Contributing factors are early retirements and part time working. There are extra costs for the practice where several people are employed as one full time equivalent.
- Population age is directly linked to levels of service need. This is notable for the Coventry and Rugby areas (covered by the same CCG). In Coventry, there is a high number of students, unlike Rugby and the rest of Warwickshire, which have an older population.
- The traditional GP partnership model is unlikely to be sustainable. Many younger GPs are salaried or choose to be locums. A shortage of new GPs and many are not choosing to work in the NHS.
- Service redesign needs to provide the best working model for the patient. Some patients (and GPs) are resistant to change. Data shows that younger patients favour modernised flexible ways to access GP services more than older patients.
- Planning for predicted growth. Related to this are migration of population, the link between economic and population growth and government direction on increasing affordable housing development.
- Understanding GP capacity both now and in the future as a result of housing growth. A finding that additional GPs will not provide the whole solution. GP services are only part of primary care services.
- Complexities around funding for development of additional and expanded GP Services. CCGs cannot own assets but do contribute towards additional / expanded premises. For leased premises, a disparity between the assessed and commercial rent levels. Variance across the County and between town centre and edge of town /out of town locations.
- Innovative solutions include shared use of premises, with co-located services to deliver a health and wellbeing approach. This may include third sector, charity groups, faith groups and local authority services.

This will recycle the funding contributions from development back into the public sector.

- In rural areas there aren't economies of scale to have co-located services. Different solutions will be needed for smaller communities. There are differing issues across the County. In some areas it is more difficult to attract GPs, whilst in others there are additional service demands due to a higher number of care homes. It takes much longer for home visits, reducing the number of patients seen in surgery.
- Delays in providing new services. The example quoted was for the replacement Brownsover GP surgery.
- Comparing the location of current GP surgeries and the areas they serve with known development requiring additional services. In Rugby, for the mast site development there are presently just two GP practices within the area affected. Each practice has a 'red line' boundary beyond which it is not obliged to offer services. Furthermore a practice could 'close the list' and not be required to take on additional patients within its boundary. GP practices are private businesses.
- There are different funding systems and constraints for CCGs and local authorities. The key funding sources arising from development are the Community Infrastructure Levy (CIL) and Section 106 agreements. Timing for the release of this funding doesn't easily fit with the increased service need arising from population growth.

1.2.5 Areas identified for further discussion:

- Overlaying the 'red line' boundaries of current GP practices with development plan sites to see if some are outside the boundaries of current GP practices.
- A timeline and the process required for provision of a new GP practice. Understanding and removing causes for delay.
- There is a known shortage of GPs and practice nurses nationally. It would be useful to consider how services could be delivered differently, with more involvement from the third sector and use of social prescribing. Diverting demand away from primary care is a key strand of the Out of Hospital work currently underway.
- The use of Section 106 and CIL monies. Advice to be sought from WCC officers about how to 'pump prime' developments / services. Another way might be the contribution of land in exchange for development to secure services.
- The TFG should review areas deemed as good practice and share its findings with other GP surgeries.

1.2.6 Potential Action Areas:

- Assist with communication strategies to reduce the numbers of cancelled and unnecessary GP appointments. Publicise internally to

WCC staff and elected members and externally in communities, through parish councils, patient forums and partner organisations.
- Make patients more aware of their responsibility for their own health.
- Through publicity and engagement, work with CCGs to inform the public about new models of delivery for primary care.

1.3 Evidence Session – 5 December

1.3.1 Contribution from Warwickshire Local Pharmaceutical Committee (LPC).

Fiona Lowe and Theresa Fryer of the Coventry and Warwickshire LPCs provided evidence to the TFG. Fiona is Chief Officer of the Coventry, Warwickshire, Hereford and Worcestershire LPCs.

1.3.2 The areas discussed and key findings were:

- There are 113 community pharmacies across Warwickshire, of which 80 are healthy living pharmacies.
- Service reviews in Herefordshire to 'signpost' some patients away from the GP to other service providers. Additional training is required for GP receptionists to provide this 'care navigation' advice.
- Consideration of potential Warwickshire services which could be directed to pharmacy including some minor ailments.
- A range of complexities and potential barriers to success
    - some services are not available to all age ranges
    - a financial argument for patients entitled to a free prescription
    - some medicines can't be supplied without a prescription.
- The work in Herefordshire started in November; the initial feedback was positive, but a longer timeframe would give more meaningful data.
- The need to build relationships between the GP and pharmacists. This is easier where a pharmacy is co-located in the GP practice. Potential barriers are frequent staffing changes in larger pharmacies and use of online prescription services.
- Care navigation. Warwickshire CCGs are training some receptionists and working with CAVA on signposting / care navigation. Differing views amongst GPs about care navigation and it isn't suitable for all patients.
- Pharmacists cannot prescribe medication. Aside from the potential conflict of interest, GPs have the diagnosis responsibility, before a pharmacist could fulfil the prescription.
- There are monies from Public Health Warwickshire, to 'pump prime' healthy living pharmacies and initiatives around prevention, wellbeing and to assist with chronic illnesses.
- Issues around patients not taking their prescribed medication and/or repeat prescriptions being automated where the patient doesn't

continue to need some of those medicines. This is an unnecessary cost to the health system.
- Electronic prescriptions for some lifetime conditions are helpful.
- Some patients (and GPs) are resistant to change. A considered communication plan would be needed. This is an area where local councils and MPs could assist, rather than lobbying against service changes.
- Rotating pharmacy services around smaller GP surgeries, where they can't be collocated on a permanent basis. Another option is to have a rural dispensing practice, with a pharmacist as part of the team.
- Limitations on influence. Pharmacists and GPs are private businesses. Whilst there are areas where pharmacy could reduce GP workloads, it was a case of recommendation and suggestion rather than instruction on proposals for improvements for patients.
- GP services are not sustainable in their present form. There is a growth in demand from an ageing population, long term illnesses and increasing numbers of frail elderly people. There needs to be a common sense and system-wide approach rather than silo working.
- A good role for this group and the County Council is to recommend changes to contribute to that system wide approach including to the Health and wellbeing Board.
- Clinical correspondence has been recognised as a key area of GP workload that could be directed elsewhere.

1.3.3 CCG Commentary on Pharmacy Contribution

The attendance of CCG officers and GPs at this session was helpful. They were able to explain the initiatives already being implemented:

- Workforce models are being reviewed.
- There is a shortage in the numbers of people receiving training and once trained many move on to more senior roles.
- Increasing demand for support in care homes. GPs, pharmacists and others could be collocated at the home, but the residents have choice of which GP they registered with.
- The optimisation of medical reviews was seen as an area for review.
- CCGs are already working on many of the areas referenced, but perhaps could articulate this better.
- The potential for recommendations from the TFG to be adopted by some, but not all GPs. This could result in a dual system of service provision within an area which would be less efficient than the current arrangements.
- An opportunity when new services were commissioned and through that processes could be redesigned.

1.3.4 Summary of key learning on areas where pharmacy and others could assist GPs, together with the measures required to facilitate this:

- Assistance by pharmacy with medical reviews and treatment of minor ailments.
- Increasing the dosage of medications authorised in advance by GPs (often repeat appointments for a GP where a gradual increase could be authorised in advance, in conjunction with the pharmacist).
- Support in nursing and residential care homes, to provide an initial filter, reducing avoidable appointments.
- More medical reviews could be undertaken by practice nurses. They could act as a filter, only raising issues of significance with the GP.
- Good communication and a formal two-way referral system between the GP and pharmacist are essential.
- Reducing the waste of resources for unneeded repeat prescriptions.
- A public education role that the County Council would assist with.
- A round table discussion involving GPs, commissioners and pharmacy to discuss how this approach could work in practice.
- Recognising the training need for medical receptionists and allocating sufficient resources to give capacity for care navigation. However, this shouldn't provide a barrier to a person seeing their GP.
- Sharing the learning from this review to educate residents, through elected members as community leaders and the council's staff.
- Undertaking pilot schemes where patients with minor ailments are signposted to pharmacists. A need to identify willing partners to participate in trials. The revised commissioning requirements to meet substantial housing growth in Rugby, was suggested as an area where this could be trialled.

1.3.5 Healthwatch Warwickshire (HWW)

Chris Bain, Chief Executive of HWW gave an overview of the work completed over a two-year period to assess every GP surgery in Warwickshire through 'Enter and View' visits. A copy of the report is available via this link: (http://www.healthwatchwarwickshire.co.uk/our-reports/gp-practices/).

Key findings from the HWW work were:

- The demographics of Warwickshire - a growing and aging population, some people have complex conditions.
- The Secretary of State for Health had stated the need for an extra 5000 GPs nationally by 2020, which was not achievable with the training lead time required.
- An increase in GPs working on a part time basis.
- GPs not wanting to be a practice partner.
- 600 GP training places are not filled each year.

- Once trained, only two thirds of GPs plan to work in the NHS, with many working as locums, privately or going abroad.
- GP's retiring early; 40% of GPs are over 50 years of age.
- The implications of Brexit – there had been a significant reduction in the number of overseas GPs coming to the UK.
- There is a shortage of practice nurses too.

From its findings, Healthwatch had suggested potential solutions:

- Don't address primary care in isolation – a system wide approach is needed.
- The need for the public to take more responsibility for their own care and manage their conditions. This was a potential communication aspect for the County Council and others.
- An enhanced role for community nurses in care homes.
- Making the health and care professions more attractive; there is a lot of training needed and to retain these people after their training.

The key learning from this session was:

- On staffing levels, long term vacancies for GPs and workforce issues associated with Brexit are significant concerns. The same concerns are pertinent for the County Council and for the care sector. A solution could be to train staff locally, but there is no career progression currently from care into nursing. Making care work and nursing more attractive is an area of needed change.
- Reducing the administrative workloads generated between acute trusts and GPs would be helpful.

1.4 Evidence Session – 17 January

1.4.1 The Local Medical Committee (LMC) gave oral evidence at this session, being represented by Drs Bill Fitchford, Lesli Davies and David Weston. The LMC's perspective was sought on current issues for GPs and areas where the County Council may be able to assist.

1.4.2 There seemed a lack of consultation with the LMC on some issues where it should be involved, to give the view of local doctors. An area where local councils could do more was engagement with the LMC on planning matters. The staffing issues for both GPs and practice nurses raised at previous TFG meetings were reiterated. Many staff are leaving the service and recruitment of replacements is a challenge. In the Rugby area there is a shortage of GPs and significant development plans (the mast site). Additionally there has been a practice closure and considerable delays in providing its replacement. On GP service delivery, system capacity is an issue and the focus should be to meet patient 'needs' not 'wants'.

1.4.3 There has been an increase in the number of care homes in the south of the County. New care homes import people with higher dependencies who have to be visited, rather than them attending the practice. This takes much more of the GPs time. Hospital discharge processes and the provision of adequate care packages were raised. If these were not in place or were inadequate, GPs were involved and the patient could be readmitted to hospital.

1.4.4 Questioning and discussion took place on the following areas:

- How the LMC and CCGs work together. There is a frequent dialogue, but a view that CCGs were not representative of all GPs.
- Consultation on major planning developments included CCGs, but not the LMC. The CCGs hold bimonthly estate forums to which local GPs are invited. The meetings could include discussion of any major development proposals. It was noted there was a statutory requirement for CCGs to consult the LMC on new practice developments.
- A perceived system disconnect between different parts of the NHS and the care sector. Care homes should be viewed as a part of primary care. A need for a proactive approach to manage demanding cases in the community and to change the culture of reliance on GPs. This could be raised through the HWBB to seek a system wide approach.
- Views were sought about how pressure on GPs could be reduced by redirecting some patients to other parts of the system. Could minor ailments be referred to a pharmacist? The LMC representatives' view was there were already many demands on pharmacists. The key factor was the variable levels of training. The co-location of a pharmacist was considered beneficial. From a financial perspective, if the co-located pharmacy was making a loss, then after three years the GP surgery had to support it financially.
- The perceived differences between the north and south of Warwickshire in terms of GP numbers and being 'under doctored'.
- It was questioned how best practice identified in GP surgeries could be shared with and adopted by other GPs. An aspiration of a 'gold standard' couldn't be afforded. Many GPs had areas of interest, which meant they provided additional services or support for those areas, even though the practice received no additional funding for it. If a gold standard approach was implemented, the time with each patient would increase and less patients would have access to their GP. Alternatively, if GPs only delivered contracted services, the level of service would be less than currently provided.
- Data showed a reduction in the number of care home beds across the county. In the south, there were several new developments, because of the profit they generated. In the north of Warwickshire five GP practices had closed their patient lists as they were at capacity, due to the service demands from care home residents.
- It was questioned how to alleviate the service demands created by care homes. Each care home visit to a patient in rural areas like Rugby took

a long time which could be used to see several patients in the surgery. A key area was training for care home staff to avoid the need for a GP visit unless it was necessary. Some care homes had policies which didn't align with NHS or national guidelines, an example being the 'no lifting' policy after a resident fell. Capturing data on those care homes that repeatedly used GP services unnecessarily would be useful. A possible area for the County Council to initiate was how WCC, GPs and care homes could agree a way forward on this issue.

- Care homes now accepted people who previously would have resided in a nursing home. Those residents had more medical needs and there were increasing numbers of dementia cases. Nursing homes no longer provided the services they used to, with GPs now attending for such things as providing vaccinations or to confirm the death of a resident.
- There was an increasing need for care home places given Warwickshire's aging population. Ensuring care homes remained sustainable and financially viable was a challenge and taking a system approach was advocated. For example, investment in nursing staff in care homes would reduce demands on GPs, but the cost to social care would rise and consideration would be needed of how to fund this as a system.
- Points were made about the low salaries of care home workers and their inability to progress into other areas. WCC was working with Coventry University to explore the viability of a course which spanned both social care and health.
- Approximately 70% of the people in Warwickshire care homes self-funded their care (less in the north of the county). It was noted that the rate the Council paid for its placements was below the market rate.
- Paying a higher fee for a care home place didn't necessarily mean a better quality of care. Training and retention of good staff were more important. The age profile of care home staff, the proportion from EU countries and potential implications of Brexit were also referenced.
- Securing financial contributions through the planning process. Section 106 provides capital funding for new premises, but continued revenue funding is also needed for the staff to occupy them. When a new practice is approved, the lengthy time taken for its completion is a frustration.
- Questions to the LMC about how WCC could assist as the provider of social care to both adults and children. In response a view that the current system wasn't working. Better dialogue was sought.
- Other areas discussed were loneliness and the care navigator system, social prescribing and how to address the current shortfall in GPs. It was confirmed that more GPs were needed, but training course places were not fully occupied. The attractiveness of general practice had reduced.

1.4.5 The Chair provided a summation of the key learning points from this evidence session:

- It was difficult to look at GP services in isolation, without regard for the other primary care services and care homes.
- One of the recommendations from the review could be other areas for research by scrutiny or the Health and Wellbeing Board.
- Confirmation of the staffing issues affecting GPs, practice nurses and the social care sector.
- How to better engage the LMC in the planning process for development of new surgeries and to assess the impact of care home developments.
- How the LMC could be represented on or interact with the Health and Wellbeing Board.
- How to work collectively to address the risk averse approach of some care homes, to reduce demand on GP services.

1.4.6 **Contribution from NHS England (NHSE)**

Salma Ali, Programme Director of NHSE West Midlands had agreed to a telephone conference to provide the perspective of NHSE. It was noted that most of the commissioning decisions were now taken locally by CCGs and was agreed to receive evidence from NHSE through written questions.

1.5 Evidence Session – 19 February 2018

1.5.1 Planning and Infrastructure.
The purpose of this session was to understand how local authorities through the planning process, secure financial contributions from developers to meet the costs of infrastructure and additional services associated with population growth.

1.5.2 Janet Neale, the County Council's Infrastructure Development Manager gave an outline of the Infrastructure Development Team's work with district and borough councils and with health services. The Infrastructure team had been formed three years ago to provide a single voice to developers working with local authorities and the health sector, with the aim of building relationships and coordinating activity. Through work with CCGs and hospital trusts on a number of large planning applications, an understanding had been gained of what could and couldn't be achieved. Some cases had been tested on appeal and provided a good evidence base for future applications. These had secured capital funding and in the case of South Warwickshire Foundation Trust a financial contribution equivalent to a year's running costs. A proactive approach was taken and there were benefits of early dialogue between the agencies and developers. There was a good track record of success on cases and as a result of this developers now were less likely to challenge the contributions requested. This robust

approach needed to be replicated across the County as there were known significant developments planned for both Rugby and the north of Warwickshire.

1.5.3 The key learning from this evidence session were:

- There was a lengthy delay between commencement of development and the Section 106 financial 'triggers' being reached, when monies were actually received. In the interim, existing services had to absorb the additional service demands. In some cases, developers would slow down or cease development of a site when nearing such triggers.
- Agencies had to balance securing contributions against the developers' arguments of viability. In some cases the County Council had not claimed all the contributions it could have because of the viability argument. In other cases developers sought to reduce for example the affordable housing element.
- Provision of capital funding (for example for a new building) was not always the solution; contributions to meet the longer term revenue costs were also needed.
- Aggregating contributions from a number of smaller developments to provide a contribution to new facilities. Only five developments could be 'pooled' for this purpose. Removal of these national pooling restrictions would be helpful.
- what constituted a large development, with figures of 100-300 units being quoted.
- Cross border developments impacted on health services and infrastructure more generally.
- CIL was explained in more detail. The local planning authority held the CIL monies and different agencies submitted bids for individual schemes from the fund for example for highways, health or education schemes. Some large scale developments did not provide any contribution from the Community Infrastructure Levy (CIL), due to other known infrastructure costs to improve the road network. The costs of addressing land contamination could also be used as a means of avoiding or reducing CIL.
- CCGs had timing challenges to assess when new services would be needed. They had to balance when funding from development would be received against the amount of development that had taken place and the service demands it created. An area of discussion around whether monies could be provided to agencies to hold in advance. This would enable them to prioritise service delivery, but there are a number of constraints on the release and use of such monies. Costly legal variation orders would be needed to achieve this.
- People in rural areas have to travel to access a GP. Questions about capacity in the system. The CCGs have plans to expand and/or provide additional GP surgeries, having undertaken options appraisals for some areas already. Funding for new developments and the implications of the HS2 rail development were also raised.

- Questioned if borrowing could take place against known future S106 funding contributions, to deliver new premises at an earlier date. The delay from agreeing the S106 to receipt of funds meant an increase in building costs. This would be an issue for those receiving the S106 contributions to assess, in terms of risk.
- Similarly, the time from planning consent to construction often meant an increase in the value of each house. This should be considered when developers used the viability argument to reduce infrastructure contributions. Officers did revisit contributions where they could.
- The County Council was trying to establish a fund for delivery of infrastructure improvements at an early stage, with the fund being replenished when the S106 funds were received. Something similar could be sought for health contributions, but this would need discussion of which organisation held the funds.
- Some developers paid their S106 contributions up front or at an early stage. This presented a different challenge, in that spending of the monies had to be achieved by a deadline, or there was the potential for 'clawback' of the monies.
- It was evident that well established communication channels had been developed in the south of Warwickshire between the CCG and the district councils.

1.5.4 **Contribution from District and Borough Planning Officers**

All district and borough councils had been invited to submit written evidence and to attend this meeting. A pack of written evidence was circulated and verbal evidence was taken from planning officers of Warwick District (WDC) and North Warwickshire Borough Councils (NWBC).

There were complex financial rules around local authority and health service use of development contributions. The early involvement of agencies was advocated. They should be engaged at the strategic stages of the local plan and infrastructure planning. There was an opportunity to engage at the pre-application discussion stage for major applications and at various stages of the formal process. Planning authorities viewed infrastructure as a key priority, to ensure that transport, health and education needs were met.

WDC had started to use CIL, a fixed tariff based on the floor area of each development, in December 2017 and this offered some additional flexibility. CIL worked by having a list of known projects. Contributions from smaller developments could be included in the CIL fund. The planning authority determined which projects would be progressed, in liaison with the other agencies. It was noted that if a project was listed for CIL, it could not attract S106 monies as well.

Jeff Brown of NWBC explained the difficulties of delivering infrastructure through the planning function. The local plan was the core document in identifying the numbers of new houses and infrastructure required. For NWBC, there were cross border issues with developments in Staffordshire and it was important to have a coordinated evidence base to show the requirements for developer contributions.

An area where learning from the south of Warwickshire could be adopted county-wide was coordination of agencies to secure financial contributions arising from development. An example was quoted where George Eliot Hospital had demanded contributions from developments, threatening the Judicial Review (JR) of planning applications. It wasn't helpful when agencies needed to work together to secure the infrastructure needed for the area. A collaborative response was normally provided to planning applications on behalf of the various agencies, but in these cases, GEH had responded directly and through a legal route.

Through discussion, the key learning from this session was:

- The benefits of early discussions between the various agencies in planning for large developments.
- The need to improve dialogue and joint working to remove the potential for individual challenges or an aggressive approach to securing funding.
- The need to evidence spending of infrastructure contributions. There is the potential for developers to 'clawback' unspent monies.
- The HWBB has a role as system leaders, to lever accountability out of the partners.
- Acute service providers are not statutory consultees for planning applications. However, WCC circulates planning applications which could potentially secure an infrastructure contribution to them.
- Whilst a complex area, it is worth revisiting the 'viability' argument to explore the potential for contributions from developers.
- There are established forums for liaison between the agencies and a regular dialogue between officers on planning and the potential for infrastructure contributions. It is evident that those in the south of the County are better established and can be developed for the north of Warwickshire. A need to ensure that Coventry is involved.
- For future planning applications, adopting a site specific approach is suggested to bring together the relevant agencies for that area.
- The national agencies (NHS England, NHS Improvement and the Care Quality Commission) needed to give space to let the local dialogue happen.

Appendix C - Glossary

Term	Definition
Care Navigation	A referral system to ensure patients are seen by or referred to the appropriate primary care service
Warwickshire Community and Voluntary Action (CAVA)	The countywide infrastructure organisation for Warwickshire providing vital support to the volunteers, groups, organisations, enterprises and charities
Care Quality Commission (CQC)	The independent regulator of all health and social care services in England. The Care Quality Commission monitors, inspects and regulates hospitals, care homes, GP surgeries, dental practices and other care services
Community Infrastructure Levy (CIL)	A funding mechanism to provide infrastructure linked to planning applications through a fixed tariff based on the floor area of each development by having a list of known projects the CIL is used for
Clinical Commissioning Group (CCG)	An NHS body that funds delivery of services in its locality
DPH	Director of Public Health
GEH	George Eliot Hospital
GP	General Practice Doctor
HWBB	Health and Wellbeing Board – a body comprising key partners from across the health, third sector and local authorities
HWW	Healthwatch Warwickshire
LMC	The Local Medical Committee is a representative body comprised of General Practice doctors.
LPC	The Local Pharmaceutical Committee is a representative body comprised of pharmacists
NWBC	North Warwickshire Borough Council - district and borough council representation was sought for this review to give a local perspective
OSC	Overview and Scrutiny Committee. That relevant to this review is Adult Social Care and Health OSC
SDC	Stratford District Council - district and borough council representation was sought for this review to give a local perspective
Section 106 contributions	A funding mechanism under planning legislation to provide infrastructure linked to new development. Sometimes abbreviated to S106
Triggers	The point at which infrastructure contributions are due to be provided by the developer
TFG	Task and Finish Group
WCC	Warwickshire County Council
WDC	Warwick District Council - district and borough council representation was sought for this review to give a local perspective

Appendix C
Scrutiny Action Plan

Recommendation National Issues		PfH Comments	Cabinet Comments	Target Date for Action	Lead Officer	OSC Update	Progress Notes
1.1	That the Adult Social Care and Health OSC and Warwickshire Health and Wellbeing Board be recommended to lobby national government and planning authorities about the definition of infrastructure, the need for both capital and revenue funding streams and the need to recognise workforce within this context.						
1.2	That the Department of Health be lobbied to strengthen communications around appropriate NHS service use.						
Recommendations Issues for the Coventry and Warwickshire System		**PfH Comments**	**Cabinet Comments**	**Target Date for Action**	**Lead Officer**	**OSC Update**	**Progress Notes**
2.1	That the Health and Wellbeing Board and Adult Social Care and Health OSC						

	receive periodic updates on GP capacity and the locally derived solutions to meet the demands of population growth, which may include alternative provider medical services and funding for new services.						
2.2	That the Health and Wellbeing Board seeks assurances across the Coventry and Warwickshire health economy that a unified and coordinated approach is taken to responding to housing growth and District and Borough local plans.						
2.3	That the Health and Wellbeing Board, through its constituent partners publicises initiatives under the banner of 'your health is your responsibility'.						
Recommendation Areas within the remit of individual agencies		**PfH Comments**	**Cabinet Comments**	**Target Date for Action**	**Lead Officer**	**OSC Update**	**Progress Notes**
3.1	That Warwickshire County Council and the five district and borough councils provide support to CCGs with						

	awareness raising and publicity. Areas where we can assist are: • Raise awareness / educate on appropriate use of GP services throughout joint communication with CCGs. • Strengthen the social prescribing / care navigation offer to ensure that patients are accessing the right services at the right times.						
3.2	That CCGs give further consideration to the following areas identified through this review process: • Appropriate use of pharmacies to provide additional capacity to GPs. • Research how the time required for clinical correspondence between acute service providers and GPs can be streamlined to increase capacity for GPs • Areas of good practice identified from reviews of						

	GP surgeries by the Care Quality Commission and Healthwatch being shared by commissioners with all GP surgeries.						
3.3	That clinical commissioning groups (CCGs) work with district and borough councils to provide periodic briefings to the Adult Social Care and Health OSC and other Warwickshire local authorities to keep them informed of known substantial residential developments, the additional service requirements and how the CCG will respond.						
3.4	That the Adult Social Care and Health OSC reviews the processes required to secure new and extended medical services. This should include potential barriers/blockages and how they can be resolved more efficiently. It is recommended that this includes consideration of pilot projects using GP clusters of flexible working arrangements to enable people to access GP services in different ways.						

3.5	That Strategic Commissioning revisits its contracts with residential care homes to explore opportunities to seek incorporation of primary care service provision into developments and that the relevant CCG is involved in these discussions. It is recommended that the Adult Social Care and Health OSC add this as an area to its future work programme.						

Item 5

Adult Social Care & Health Overview & Scrutiny Committee

10 May 2018

Update on Commissioned Care Services for Older People

Recommendations

1. That Adult Social Care & Health & Overview Committee considers and comments on the contents of the report.

1.0 Key Issues/Summary

1.1 The update within the Older People's commissioned service area will be presented to Adult Social Care & Health Overview and Scrutiny Committee on May 10th in the form of a presentation. This will detail the key issues, developments, achievements and risks for the Domiciliary Care Services and Care Home commissioned service areas.

1.2 This report for Adult Social Care & Health Overview and Scrutiny Committee will detail: the status of the commissioned services for Domiciliary Care and Care Home provision; an overview of quality and assurance for commissioned services, paying particular attention to the learning and development initiatives that have been implemented for the provider market; and the current market priorities and issues for the two commissioned service areas for older people.

1.3 Adult Social Care & Health Overview and Scrutiny Committee are asked to make reference to the following background papers, to give context to this update report:

- Update on Domiciliary Care, presented to OSC on 12th July 2017;
- Assuring and Improving the Quality of Services Provided by Independent Care Homes, Domiciliary Care and Other External Providers, presented to OSC on 1st March 2017;
- Market Position Statement for Adult Social Care 2017. January 2018

2.0 Background

2.1 The Strategic Commissioning Business Unit within the People Group Directorate is responsible for commissioning support services for the citizens of Warwickshire, based on their identified need and demand. The range of services that the business unit is responsible for commissioning is wide reaching and very varied. The business unit takes responsibility for: the quality and performance monitoring; the development of these

commissioned services against contracts; and market management which works with the provider market and commissioners to develop and sustain a viable care market. All of this should result in the citizens of Warwickshire having choice and control over the services that they can access.

2.2 The business unit manages 651 individual contracts across three main commissioning areas: Children, All Age Disabilities and Older People. For the latter two areas, there are 567 contracts and these have a total purchasing value of £128 million during 2017-18. Unsurprisingly, the largest volume of commissioned services delivered by the business unit is for older people.

3.0 Domiciliary Care Commissioned Service Update

3.1. The commissioned contract for domiciliary care service provision has been in place since August 2016. The contract value for this service area is around £20 million. This service responds to customers that meet the Care Act eligibility criteria and require care and support in their own home. This support can consist of intimate personal care support. It is categorised as a critical service area, due to the volume of customers that it provides a service (approximately 2000 at any one time) and the needs of the customer cohort - individuals that are over the age of 75 years of age and are frail, often with various health issues. Many of the customers in receipt of this service live alone.

3.2 The Domiciliary Care Service consists of 31 contracted providers. Each provider works within a geographical zone (there are 8 zones throughout the county in total) and each has a guaranteed volume of hours that the Council gives to them through the contract. This enables the providers to secure their business in terms of sustainability and viability as they can plan based on a percentage of the business at all times.

3.3 In terms of the quality of these Domiciliary Care Services, **Table 1** below reflects the percentage of customers that receive a Domiciliary Care Service from a provider with a specific CQC rating at the last inspection. The highest percentages of our customers are currently with a service with a CQC rating of good. More detail on how the quality and assurance of services is maintained will be found in Section 3.3 of this report.

Table 1

CQC rating	% of domiciliary care customers
Good	82%
Requires Improvement	16%
Inadequate	2%

3.4 The domiciliary care model that has been adopted within Warwickshire has ensured customers receive care from a consistent provider, as each contracted provider works within a specific geographical area. The Brokerage Team (part of Strategic Commissioning) has been fundamental in developing this model within Warwickshire, as they are the central route for customer referrals from Social Care Teams (both in the community and in the hospitals). The brokers use their data intelligence to match each customer to a contracted provider, based on the providers contracted capacity available and their activity that is already evident in the specific geographical area. This has enabled the contracted providers to cluster their calls and has minimised travel and mileage for the Domiciliary Care Worker, in turn increasing the contact time that the customer receives during their care call.

3.5 Domiciliary Care Services remain an ongoing demand within Warwickshire and from September 2016 to January 2017 a total of 3905 individual referrals were received into the Domiciliary Care Brokerage Team. On average during this time, it took the Brokerage Team 4 days to secure each package of care for customers.

3.6 The Brokerage Team has assisted the Council to develop their relationship with the domiciliary care provider market. Zone meetings have been implemented that take place every 6 weeks between a Broker and the zone providers (4 meetings in total, 2 zones per meeting). These meetings have enabled the contracted providers to develop relationships with each other, so that they can work collaboratively to problem solve on issues that they are all facing, such as the recruitment and retention of care staff. These meetings have also enabled the Brokers to educate the providers on the community assets that are available within their geographical zone. This has resulted in the providers using their community links to enhance the customers support that they receive. Customers have reported that they have had the opportunity to access local community groups and this has been through the support offered by their domiciliary care provider. The Brokers have also been trained on the use of Assistive Technology support and assist the provider in signposting the customer regarding the use of AT to enhance their care package. Some examples of AT that has been utilised is as follows:

- GPS tracker for a carer to use for someone that has dementia and walks with purpose;
- A telephone app that reminds the individual to take their medication.

3.7 A customer engagement process has recently been undertaken to gain the views of those that are currently using the Domiciliary Care Services within Warwickshire. This engagement activity is a standard process within commissioning work and enables us to evaluate the service from the people that matter most; those that are using the service on a daily basis.

3.8 177 customers in receipt of a domiciliary care service responded to the survey. All of the geographical zones were represented in the survey. Of those that completed the survey:

- 80% of customers were always or mostly satisfied with the service;
- 68% of customers are happy with communication from the care service;
- 37% of customers receive a call from the main office if the carer is going to be late.

3.9 As part of the survey, customers were asked what is good about the service. They responded with the following feedback;

- They benefit from staying at home in comfort;
- They thought it was good knowing the care workers;
- They made positive comments about the service finding the companionship and communication of the care workers and the Domiciliary Care Providers main office good;
- They reported various examples of positive staff behaviour;
- Some of the many descriptions of positive behaviour include; nice, caring, lovely, reliable, helpful, kind, good, thoughtful, marvellous, sociable, respectful, knowledgeable, considerate, understanding, patient, pleasant, efficient, punctual, friendly, dignified.

3.10 As part of the survey, customers were asked to consider areas for improvement. Over 40% of responses did not think this was applicable and had no comments for improvement. The issues that customers did have were about the following;

- Time of calls not always reflecting preferences;
- Communication between the Main Office and Care Worker could be improved;
- Sometimes different Care Workers attend that the customer does not know;
- Carers requiring further training.

3.11 All of the outcomes from the customer survey will form part of the overall contract review for Domiciliary Care Services and a commissioning development plan will be implemented that will focus on improvements required to ensure that the contract and the service delivery model remains fit for purpose during its contract cycle of 5 years.

4.0 Older People's Care Home Commissioned Service Update

4.1 In October 2016, the Strategic Commissioning Business Unit, in partnership with Warwickshire North Clinical Commissioning Group (WNCCG) and South Warwickshire Clinical Commissioning Group (SWCCG) led on the re-commissioning of all adult care home provision across Warwickshire.

4.2 The reasoning behind this commissioning activity was twofold: to invite care home providers to work to a new service specification, which is outcome based; and to negotiate a fee price for each provider that reflected a more realistic price against the cost of providing the service.

4.3 This commissioning work has resulted in 108 Care Homes contracting with the Council on behalf of the Council and on behalf of WCCG and SWCCG. Of this figure, 87 homes are for older people. In terms of the quality of the care homes (for all adults, including disabilities), **Table 2** reflects their current status with the regulated body; Care Quality Commission. (CQC) The highest percentages of customers are currently residing in a care home with a CQC rating of good. More detail on how the quality and assurance of care homes is maintained will be found in Section 3.3 of this report.

Table 2

CQC Rating	Number of Providers	Number of customers
Outstanding	9	172
Good	73	1224
Require Improvement	12	343
Inadequate	1	17

4.4 The contract arrangements for care homes for adults within Warwickshire is through a framework arrangement. This means that WNCCG, SWCCG and the Council can approach any of the 108 care homes for a potential placement for a customer that is eligible. Where a care home is experiencing difficulties in terms of the quality of the care they are delivering - for example, if they receive a rating of Inadequate with CQC, then the Council has the authority to impose a placement stop at this home. This means that the home cannot take any new residents during this time. A placement stop will only be lifted once the home evidences sustained quality improvements.

4.5 All placement stops and quality issues that relate to care homes are managed through the Service Escalation Panel (SEP) This is a multi-disciplinary panel consisting of stakeholders from the CCGs, CQC, Strategic Commissioning, Social Care and Support operational staff including safeguarding. More detail on the SEP process can be found in Section 3.3 of this report.

4.6 In terms of pricing for the care home market, weekly fee rates for Older People's Care Homes were agreed with providers at individual negotiation meetings during the formal tendering process. Prior to the meetings, each provider submitted information to the Council about cost pressures. The Council consulted with Deloitte, which was engaged to analyse the information together with existing fee levels for incumbent providers, and other market information including wage rates and business and property costs.

4.7 Since the Care Home contract was let in Autumn 2016, inflationary uplifts have been applied to the Care Home fees three times in total. In addition to the planned annual uplift process to determine uplifts from April 17 and April 18, an additional uplift was awarded in October 2017, funded through iBCF additional funding announced in the 2017 Spring Budget Statement by the Chancellor of the Exchequer.

4.8 The current weekly fee rates for framework contract providers range from £503.06 to £512.09 (a range of 2%) while the rates for spot purchases are no lower than £491.00 (4% less than the framework maximum).

5.0 Quality Assurance & Improvement update

5.1 All social care commissioned services are quality assured through the See, Hear, Act Strategy. This strategy puts customer experience at the centre of quality assurance, focussing on how the provider effectively and safely supports the customer to meet their identified outcomes. See, Hear, Act was launched to the citizens of Warwickshire in November 2017. The launch involved significant community engagement, social media promotion and focussed engagement with providers to promote the approach.

5.2 The Quality Assurance and Improvement Team, supported by the Insight Service follow three key principles in their work: it is evidence led and planned; it acts proactively to identify and address quality issues; and it acts where needed to enforce required improvements.

5.3 See, Hear, Act relies on having a range of up to date, good quality, data. To this end, Insight provides a range of support to the Quality Assurance and Improvement Team. They provide and manage a quality dashboard which presents all of the key information. They also coordinate a number of tools which are used to collect data from a range of sources. This includes promoting to the citizens of Warwickshire that they have a role to play in the quality of social care services and enabling them to feedback their (and their loved ones) experiences of care and support.

5.4 In addition to the constant monitoring of data and intelligence, providers receive regular quality assurance visits. These visits enable a range of information to be triangulated to ensure that the quality of the service is appropriate and the provider is meeting the outcomes required for its customers. During 2017/18 97 visits were undertaken to commissioned older people service providers. Where areas for improvement are identified, providers are issued with a Service Improvement Plan, which includes an action plan that focuses on creating systematic and sustained improvements within the commissioned service.

5.5 For services that are jointly commissioned with WNCCG and SWCCG; adult care home services, there is a shared approach to quality assurance that follows the See, Hear, Act model. This work includes joint visits, sharing data and sharing Service Improvement Plans.

5.6 Where significant concerns exist, providers are referred to Service Escalation Panel (SEP). This multi-agency panel includes strategic commissioning, operations colleagues, safeguarding, CQC and CCG colleagues. This Panel provides additional oversight and monitoring of these providers; planning a co-ordinated response to ensure issues are resolved as swiftly as possible whilst maintaining the safety of any customers affected.

5.7 The Quality Assurance and Improvement Team further support quality improvements by supporting and working alongside a variety of other teams who support providers. For example:

- by referring services to the CCG Infection Prevention services;
- supporting Public Health and the Dietetic Service to develop Food and Nutrition Standards for residential and nursing homes;
- working with the Occupational Therapy Team to secure a dedicated Senior Occupational Therapist post to work with commissioned providers to improve their service.

5.8 Whilst there are many and varied issues identified through quality assurance activity, there are key themes which are often identified as the root cause for these quality issues. These key themes are:

- Operational leadership and management;
- Strategic leadership and management;
- Recruitment and retention;
- Skills and knowledge development.

5.9 Operational leadership and management issues include having skilled, stable leadership within the service that the provider is offering. For example, services without a Registered Manager or with a high turnover of Registered Managers are more likely to experience issues with quality.

5.10 Strategic leadership and management concerns issues with Directors and owners of the care service. We have identified issues with providers which directly relate to the quality and effectiveness of the strategic oversight their operational managers and staff receive. In particular, there is often a lack of understanding of the role of Responsible Individual - a role required by CQC - and their responsibilities in the management of services.

5.11 Recruitment and retention is a national issue, and the issues felt in Warwickshire reflect this national picture. Challenges in recruiting and retaining staff mean that customers are less likely to receive care and support from staff they know well and who have the right knowledge and skills. High turnover and vacancy rates put additional financial strain on providers as they face additional costs of recruitment and agency staff use.

5.12 As the care and support needs of customers change, providers have a duty to develop the skills and knowledge of their staff to ensure that they continue

to be able to meet these needs. This can be complex and expensive, and is compounded by the recruitment and retention rates within the sector.

5.13 It was identified that effective learning and development would be critical in tackling these key issues and therefore a request was made to the Better Care Fund in 2017 to establish a Provider Learning and Development Service. This request was successful and the service was set up in November 2017.

5.14 There are three key elements to the Provider Learning and Development Service. They are:

- Partnership Board with members from providers, CCG, commissioning and operational colleagues. The Board is responsible for identifying the key learning and development needs for the sector from a range of sources and ensuring the Partnership develops appropriate plans to meet these needs;
- Practical support for providers from two learning and development specialists based within the Quality Assurance and Improvement Team;
- A bursary fund to support identified learning and development needs within the sector.

5.15 Since the partnership was launched to the market on 1st January 2018, 87 providers have joined the partnership, 49 of these are delivering older people services. A number of learning opportunities have been commissioned for providers on a range of subjects, focussed on supporting them with the key quality issues. Providers are also applying for targeted bursary payments to meet specific learning and development needs.

5.16 The presence of the Learning and Development Service has also allowed Strategic Commissioning to identify and develop innovative approaches to these quality issues. For example, Health and Social Care has been identified as the priority sector for Economy and Skills Team for inclusion in the Apprenticeship Levy pilot. If successful, this pilot will enable commissioned social care providers to access significant extra funding for apprenticeships - a major support for both recruitment issues and skills development.

5.17 In summary, through effective quality assurance activity and support for providers to improve, Warwickshire County Council takes a proactive approach to ensuring that its customers have access to a diverse range of quality services which can meet their needs.

6.0 Market Management Update

6.1 The Market Management function includes the following in relation to the Older People Residential/Nursing, and Domiciliary Care markets:

- To develop with commissioners, and partners including NHS: to analyse and report on the current market shape and its fitness for purpose; and generate options for future market shape, taking into account demand profiles and service availability;
- To ensure that care services are sufficiently funded to remain viable and deliver levels of service in line with contracted expectations;
- To develop recommendations about fair prices and annual inflationary uplifts for commissioned social care services across the People Group, based on research and analysis of local market pricing data and national reports;
- To monitor the financial viability of providers and the market they form and to manage any provider failure, coordinating activity to ensure business continuity and minimal impact on customers.

6.2 Market shaping work and supporting commissioning activities are summarised in the Market Position Statement. This is a document primarily aimed at a provider audience and is available to the general public at the WCC website. It was published in December 2017.

6.3 At April 2018 there are a total of 175 Care Homes for adults located in Warwickshire. Of these, 108 provide accommodation with care predominantly for Older People with a total 4,808 beds. An older people's home has, on average, 44 beds; the average for a home for people with disabilities is around 7.

6.4 There is some change in the overall number of care homes over time. Between April 2013 and April 2018, 8 new older people care homes have opened, while 8 closed. The homes opening included more beds than those which closed, resulting in an overall increase of 314 beds over this period.

6.5 General ONS population estimates indicate very significant increases in the older age population between 2020 and 2035. The numbers of people requiring care services, and the proportion of those who will be direct WCC customers, is difficult to estimate. Estimates by POPPI (Projecting Older People Population Information System - maintained by the Institute of Public Care) suggest that until 2020 there will be sufficient older people and nursing care home beds to meet overall demand including NHS and self-funded citizens until 2020. From 2020 onwards the situation is difficult to forecast, particularly given the continuing reductions in the number of WCC customers, and a strategic focus on ongoing demand management activity.

6.6 The number of older people living in care homes, but who are not WCC customers has not been readily available on a regular basis. While the POPPI estimates are available, they are based on proportions of the population living in care homes collected during the 2011 Census, and do not report on funding arrangements (e.g. LA customers, NHS patients, Self-funded). Establishing a reliable data source is an ongoing aim of WCC People Group commissioning, working with CCGs.

6.7 Further, more detailed analysis of information on demographic trends and demand for care services is ongoing and will inform the development of options for a WCC Commissioning strategy to work with the market to ensure sufficiency of supply. The role of Extra Care Housing (ECH) as an alternative to care homes will be a significant factor - ECH has grown quickly during a period when numbers of WCC customers in care homes has reduced. This correlation needs further analysis to understand if there is a causal relation.

7.0 Timescales associated with the decision and next steps

7.1 **The next steps for the Older People's commissioned care home and domiciliary care service areas.**

7.2 2016 to 2017 was an extremely busy year in terms of Older People's Commissioning activity. Two of the largest and most critical service areas were successfully tendered. The commissioning of the Domiciliary Care Service in particular took a big step forward, as this consisted of developing a completely new model of service delivery within Warwickshire. This service continues to be monitored very closely within the Strategic Commissioning Business Unit. The Domiciliary Care market has a national reputation for being very fragile. It only takes one provider failure within the market that could have a significant impact on the overall quality and availability of this service to customers.

7.3 To assist with the ongoing monitoring required for the Domiciliary Care Service contract, we have created two Contract Compliance posts. Their primary purpose is to work with each contracted provider to ensure compliance against contract. The post holders will work closely with the lead Commissioner to enable remedial action to be taken where required. The post holder will also have a close interface with the Quality Assurance and Improvement Team and in particular the Learning and Development Service, as they will promote providers to access bespoke support and advice to help them sustain their own business models within Warwickshire.

7.4 Alongside the Contract Compliance Officer posts, the Domiciliary Care Broker role will continue to evolve within the People Group. Their responsibilities are going to expand with the aim of enhancing the customers journey for this service area. The expected outcome is that delayed transfers of care will further reduce as the time taken from when a customer is referred to the Brokers for Domiciliary Care Service to when they actually start to receive the service will continue to improve.

7.5 In terms of the Care Home market for older people, we continue to engage with the market quarterly through the regular forums. This gives the providers the opportunity to network with each other and also to receive feedback from Strategic Commissioning on any news, key messages and priorities. CCG and Public Health colleagues also attend to inform the market on invaluable developments and information such as Flu Vaccine and Support programmes and the out of hospital programme.

7.6 The commissioning priorities for the next 12 months for this area of the market is to continue to revise and refine the Council's fee structure for care homes, with the aim of ensuring that the providers can continue to operate in a safe and effective and sustainable way.

8.0 Background papers

- Update on Domiciliary Care, presented to OSC on 12th July 2017
- Assuring and Improving the Quality of Services Provided by Independent Care Homes, Domiciliary Care and Other External Providers, presented to OSC on 1st March 2017
- Market Position Statement for Adult Social Care 2017+ January 2018

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Local Members: None
Other Members: Councillors Redford, Golby, Parsons, Rolfe, Caborn and Morgan.

Warwickshire County Council

Working for Warwickshire

Item 5, Appendix 1

See, Hear, Act

Putting the customer voice in the centre of quality assurance of commissioned services

The Strategic Commissioning Approach

Strategic Commissioning Business Unit
December 2016

Introduction:

The People Group Quality Assurance Framework states that:

Quality is important. We all know how it feels when a service exceeds our expectations. We tell our family, friends, neighbours and others about it and recommend it to others. It feels personal and shows us that we are important. We can trust a high quality service. It works in partnership with us and genuinely wants to know our experience of using the service to find out how it can improve in the future. A high quality service wants to know what it does well and how it can do better in the future. It learns and improves.

We also know when a service fails to meet our expectations. We feel disappointed, let down, sometimes angry and even unsafe. We tell our family, friends, neighbours and others about it. We may complain and tell others to avoid the service. We can sometimes be at risk because of poor service quality. This was brought to our attention by the media reports on high profile cases such as Mid-Staffordshire Hospital and Winterbourne View. They illustrate the appalling consequences that can occur when an organisation accepts poor quality practice and fails its customers.

The relationship between high quality and excellent outcomes is clear. Our key message is that a high quality service for our customers is everyone's business. Our customers have a right to expect this from us. We must all strive to ensure it is consistently delivered.

Our Quality Assurance Framework will help identify the things we do well. It will enable our high quality practice to be celebrated, shared and built upon. It will quickly highlight areas for improvement so that prompt and effective action is taken. The framework will support organisational learning and develop a culture of continuous improvement.

It also outlines the scope of the People Group Quality Assurance Framework:

The scope of the QAF includes:

- All business units in the Warwickshire County Council People Group;
- Services provided by the People Group;
- Services commissioned by the People Group;
- Service users and customers from pre-birth to end of life;
- Quality as distinct from activity and outcomes.

The See, Hear, Act Strategy outlines how the Strategic Commissioning Business Unit will implement the People Group Quality Assurance Framework for commissioned services.

Our Vision:

With the move to an outcome-based commissioning approach for the delivery of support, and the unprecedented financial and demographic challenges, the need to have robust customer-centred quality assurance mechanisms in place is vital.

In response to this, the commitment of Strategic Commissioning is to:

- Commission services in a way that means providers clearly understand the outcomes that our customers need to achieve.
- Transform the way we quality assure commissioned services with the voice of children, young people, adults, parents and carers at the heart.
- Focus on understanding the lived experiences of our customers, and how commissioned providers are assisting them to achieve positive outcomes.
- Use the customer experience to form the basis of our quality judgements.
- Work proactively with commissioned providers to facilitate the improvement of quality of care and support.
- Focus quality assurance resources on areas where risks may be greater and/or individuals more vulnerable.
- To work collaboratively with our Social Care colleagues, Business Intelligence and all other stakeholders to follow the People Group Quality Assurance Framework.
- To work collaboratively with health colleagues to assure and improve the quality of social care provision within Warwickshire.

What is quality and the role of quality assurance?

There are many definitions of quality. There can be no 'one size fits all' in personalised services. A person-centred approach understands individual and family personal history, current circumstances, future aspirations and beliefs. Each service user and customer will have their own view of quality services and high quality.

The Department of Health consultation 'Transparency in Outcomes: a framework for quality in adult social care' (March 2011) states that:

'A high quality care and support service must consist of the following three core components; Positive Customer Experience, Safety and Effectiveness. A service cannot be judged to be good quality because it is safe whilst ignoring its effectiveness or people's experiences and ensuring value for money.'

Customer Experience, **Safety** and **Effectiveness**, with the addition of **Viability**, have been established as key factors of our quality assurance approach.

Achieving and improving quality means making sure that these components are addressed and encouraging continuous improvement. It includes taking steps to restore good standards where things go wrong. It reflects that high quality is only achieved where all four components are present at the same time, balancing the potentially conflicting demands of choice and control with the availability of services and the ability of a provider to remain viable.

Quality assurance is a process to evaluate and improve service user and customer experience, safety and service effectiveness. A consistent and structured approach for quality assurance will drive improvements in service quality for service users and customers.

We will assess the quality of care and support in the above factors by:

- Gathering in-depth, real time intelligence about the quality of commissioned services to inform assurance activity and judgements; with a focus on information from and about individual customers. Measuring outcomes is a principal measure for quality assurance of services.

- Proactively deploying the Quality Assurance and Improvement Team in the market to observe practice, gain customer insight and work proactively with providers to assure quality and intervene early where there are sustained concerns.

- Ensuring our contracts are being delivered by commissioned providers as specified; using an outcome based approach and reacting to significant failures in the market in a robust and consistent way.

Once the quality of care and support has been assessed we will work collaboratively with providers to improve that quality as required. All providers will be striving to constantly improve the quality of what they do - this in itself is a marker of quality. In some cases, providers may not have reached the agreed standards and will need to take specific action to remedy these shortfalls. We will help providers improve their quality by:

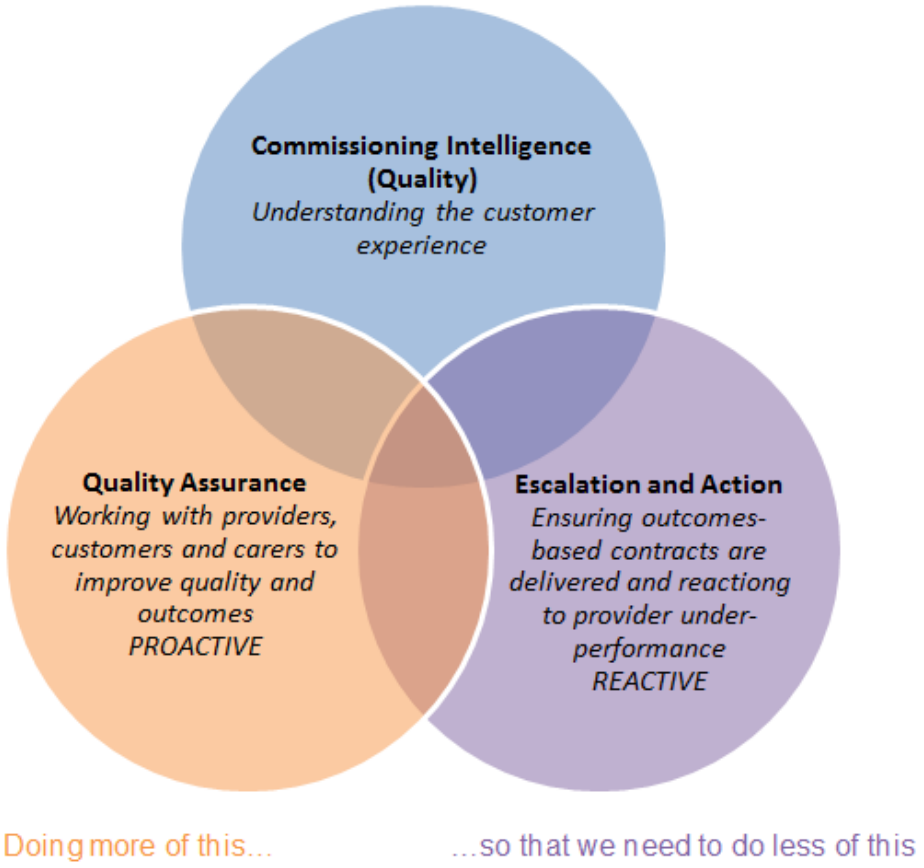
- Encouraging them to record and report on their plans to improve their quality.

- Where specific shortfalls exist, we will highlight these to the provider and work with them to write a SMART improvement plan focused on tackling these shortfalls.

- Provide signposting to sources of support to help providers develop effective, evidence based action plans.

- Monitor their progress against the improvement plans to ensure they move to a position of delivering care and support at the standards we expect.

Our Approach



As illustrated in the above diagram, there are three key elements to our model.

Intelligence

Our approach to quality assured commissioned services relies upon access to timely, accurate and robust data and intelligence. We will use this information to assess levels of concern and risk and to inform quality assurance activity.

The customer experience is central in determining the quality of commissioned services. Information is gained directly from the customer, their carers and family in a multitude of ways, including feedback through reviews, the use of web-based feedback platforms, customer comments and complaints to complement the other sources of data collected to ensure the services we are commissioning are meeting the quality standards required.

Commissioned service providers are supported to submit intelligence to us which includes, but is not limited to, outcomes delivered, activity undertaken, provider self-assessment, published information, financial information etc. This is combined with information gathered from other sources such as the voice of customers and carers, stakeholder intelligence (i.e.; professionals visiting premises as part of their role), Quality Assurance activity, CQC and other inspection reports.

All of these varied information and intelligence sources are compiled to form our quality dashboard which helps us to make an informed decision regarding risk and where we should focus intensive quality assurance and improvement work with commissioned providers to ensure standards are acceptable.

Quality Assurance

The Quality Assurance and Improvement Team play a fundamental role in the delivery of Warwickshire's quality assurance framework for commissioned services. Team members will have relevant health and social care qualifications and experience, ensuring they have the skills and knowledge to effectively implement this approach.

They are responsible for undertaking a series of visits to commissioned services to assure quality and to work with the market to make improvements and share good practice. Activity should largely be proactive where officers visit services based on collaborative discussions with colleagues in social care and health and the customer centred data collected in the quality dashboard.

Provider quality visits consist of talking to customers and carers, observing the delivery of care and support and the interactions between customers and paid carers, reviewing suitability of environments, considering support plans and documentation and talking to staff about their perceptions of their role in facilitating outcomes. Providers will receive onsite feedback about improvements needed, with an improvement action plan developed if required.

Escalation and Taking Action

Specific checks are completed as required when the customer experience information and/or the quality dashboard illustrate a concerning picture regarding the quality of the provision, e.g., reduced performance levels. As a consequence, this may initiate additional visits to provider premises by the Quality Assurance and Improvement Team and the development of action plans, which will be actively monitored, to resolve specific issues.

It may also result in a 'special measures' approach being undertaken depending on the level of concern and potential risks identified. Appropriate measures will be overseen by the Service Escalation Panel (SEP); a multi-agency forum where significant provider failings or concerns are jointly managed and improvement action plans monitored on a monthly basis.

Clear standards will be developed to ensure the degree of oversight, support and compliance measures are applied in a consistent way across all providers.

Our approach in action…..

The following case study gives a flavour of our approach to assuring and improving quality, with the customer being central to the process:

Concern: A Social Worker raised some concerns about a supported living service for 2 people with a learning disability in Warwickshire. She was concerned about staff not following guidelines and had observed a poor standard of interaction between staff and customers. The customers were receiving a lot of intervention from health and social care professionals as well as from their support provider; however the Social Worker felt she needed to highlight quality issues.

Response: Based on the reported quality concerns, the Quality Assurance Officer made an unannounced visit to the service. Her primary aim was to talk to the customers and gain their perception of the experience living in this supported living home. In addition to gaining their valuable feedback, she also spent time observing the environment, talking and staff and checking records and files. The Quality Assurance Officer highlighted a number of further concerns including environmental issues, the content and quality of support plans and a lack of meaningful activities.

Action: The Quality Assurance Officer reassured the customers that she would provide immediate feedback to the service provider and would support them to develop and implement an improvement plan to achieve better outcomes. In a very short period of time a number of service improvements were initiated. This included increased supervision for staff, support plans being updated and made more accessible, adjustments made to the management of behaviours that challenge, introduction of a new activity planner and significant improvements to the physical environment making it more personal and homely.

Impact:
'The customer is proudly showing his room off to all visitors to the house. His mom visited and XX showed her his room and she cried!' Quality Assurance Officer

In light of this the Quality Assurance Officer undertook further quality visits to other services delivered by the same provider to get a further 'sense check' of the organisation. There was clear evidence that the provider had transferred the learning and improvements to their other services. Minor improvements and changes continued to be made as the provider responded proactively to feedback.

Roles and Responsibilities

For this approach to work effectively, everyone must play their part. Quality Assurance and Improvement team, Commissioners, Intelligence Analysts, Social Care operational staff and wider partners will need to work collaboratively to provide an effective, responsive quality assurance function.

The following summarises the key roles and responsibilities:

Strategic Commissioning will:

- Develop service specifications which include appropriate quality outcome measures for each commissioned service.
- Actively collect and monitor feedback, information and data on commissioned services to understand the quality of provision they deliver and any risks they may pose.
- Visit providers of commissioned services to check on the quality of services provided, focusing on the quality of experience for customers.
- Support providers to improve the quality of their provision, particularly when issues are identified.
- Take action when the standards of quality as outlined in service specifications are not met.
- Work alongside other relevant organisations such as CQC and CCG on the above roles where appropriate.
- Run a Peer Reviewer programme to support those with a lived experience of care and support to comment on the quality of care and support provision.

People who use care and support will:

- Highlight any concerns they have over the quality of the care or support they witness. Safeguarding procedures continue to take precedence where relevant.
- Be involved in the peer review process, if they wish, ensuring the lived experience remains at the core of the quality assurance process.

Social Care and Support (including Safeguarding) and Children and Families will:

- Act on concerns raised about the services specific individuals receive in line with organisational policy.
- Inform Strategic Commissioning of any concerns and/or outcomes of investigations to improve understanding of customer experience of providers.

Those observing social care provision in a private or professional capacity will:

- Highlight any concerns they have over the quality of the care or support they witness. Safeguarding procedures continue to take precedence where relevant.

Tools and Processes

Our approach to quality assurance is supported by a person-centred approach and a range of processes and tools that help us gather information on the quality of commissioned services. This helps us to have confidence that we have a good picture of the quality of commissioned services, and where additional support and monitoring oversight is required.

To ensure we are able to gather the intelligence we need in the most effective ways, we have developed a small number of tools to help capture the voice and experience of the customer:

- Quality Assurance Tools – which focus on capturing the experience of customers and carers.
- See, Hear and Act checklist – which captures feedback, observations and concerns from stakeholders such as Social Workers, Fire & Rescue and Ambulance services, Hair-dressers for example.
- Quality Provider Returns – these returns from providers capture quantitative and qualitative data which help to measure quality.
- Customer Feedback Tools – such as customer's surveys, complaints and compliments.

Stakeholders will be encouraged to feedback on the quality of providers through a range of media, including dedicated online platforms.

A team of peer reviewers will also work with the team to provide a different perspective on the quality of commissioned services. The peer reviewers are from different backgrounds and experiences, including being carers, living with disabilities and they will have an important role in meeting customers and family members to gain information about the quality of care. They will be trained and fully supported during and after visits.

This strategy forms part of the wider approach across the People Group and the wider council to ensure the customer experience sits at the heart of ensuring we deliver great quality services. Work being undertaken by other People Group Business Units both complements this approach and enables many of the processes. This work continues to be strengthened and developed.

Implementation

The timeline for the development and implementation of this strategy is show below.

It is important to recognise that there will be a phased introduction of this approach across all services to ensure the appropriate tools and resources can be developed in an effective way.

Conclusion

This strategy outlines how Warwickshire County Council Strategic Commissioning Business Unit both assures the quality of the providers they commission, but also actively support those providers to improve the quality of their services.

It outlines how everyone can have a role in this and what specific work Strategic Commissioning will undertake.

Through this approach we will ensure that all those who receive care and support from a service that we commission can be confident in the standards they will meet. Where a provider falls short of those standards this will be identified, action taken to support the provider to improve and, if required, steps will be taken to ensure customers receive only acceptable standards of care and support.

Please contact the Quality Assurance and Improvement team if you have any questions or suggestions about this strategy on:

The Quality Assurance and Improvement Team,
Building Two, Saltisford,
Warwick,
Warwickshire, CV34 4UL

SEE and HEAR

Quality Checklist for Care and Support

What have you seen and heard when you have visited a care service?

We want you to tell us about your experience and wider observations. Please complete the following checklist indicating your response with a tick in the appropriate boxes.

Quality Checklist

	Aspect	Question	Yes	No	Not seen	Comments
S	Safety	Did it seem that the entrance was secure?				
		Were you asked to sign in when you arrived?				
E	Experience	Did it feel you were greeted in a friendly way?				
		Did the atmosphere appear homely?				
E	Effectiveness	Did you have to wait long?				
		Did staff seem prepared for your visit?				

and

H	Hear	Could you hear interaction, chatting and or laughter?				
		Did it seem that customers were included and involved?				
E	Environment	Did it appear clean, pleasantly decorated and furnished?				
		Did it seem that there were any unpleasant odours?				
		Did you see any visible hazards?				
A	Activities	Did it appear that there were activities going on?				
		Were customers in the company of staff?				
		Did staff appear to be engaging with customers?				
R	Respect	Were customers acknowledged when staff came into the room?				
		Did staff knock and wait before entering bedrooms?				
		Did customers' appearance seem well kept with appropriate attire?				

Please share any further comments or observations you would like to raise.	
Name and address of service visited	
Date of visit	
Reason for visit (e.g. Social Worker; District Nurse; Hairdresser; Visitor)	
*Name (person completing form)	
*Role and organisation	
*Contact Number/Email address	

Your feedback and comments will help us recognise good practice or address concerns and will be used without identifying you. If you optionally wish to provide your name and contact details we will keep these confidential. We aim to continually improve the quality of care throughout Warwickshire and your feedback is valuable.

For further information on how we use your information please see:
www.warwickshire.gov.uk/privacy

Please post your completed form to:
The Quality Assurance Team
Building Two, Saltisford Office Park,
Warwick,
Warwickshire, CV34 4UL

or alternatively please use the link to complete electronically:
www.warwickshire.gov.uk/seeandhear

This form should not be used for complaints or feedback about individuals. If you wish to make a complaint, please contact the Customer Relations team.

Visit **www.warwickshire.gov.uk/socialcarecomplaints** and use the online 'Contact us' button.

If you think that an adult with care and support needs is experiencing, or at risk of, abuse or neglect, contact us 24 hours-a-day on: **01926 412080**.

Thank you for taking the time to complete this form

Warwickshire County Council

Working for Warwickshire

Item 5, Appendix 3

Adult Social Care & Health Overview & Scrutiny Committee
Wednesday 12th July 2017
Update on Domiciliary Care

1.0 Recommendation

1.1 A previous report was presented to Adult Social Care & Health Overview and Scrutiny Committee on 23rd November 2016 titled 'Retendering of Domiciliary Care Framework' this report is attached as appendix 1 to this report. It will give members of the committee the background and context in terms of this contract and the previous progress made to get to a revised service model implemented for this area of commissioning activity.

1.2 Adult Social Care & Health Overview & Scrutiny Committee are asked to note the progress made within the Domiciliary Care Service model (within a wider Care at Home Contract) since the new contract went live in August 1st 2016.

2.0 Options and Proposal

2.1 The update within the Domiciliary Care service area will be presented to Adult Social Care & Health Overview and Scrutiny Committee on 12th July in the form of a presentation. This will detail the key issues and achievements made against this new contract since it became active in August 2016.

2.2 Adult Social Care & Health Overview and Scrutiny Committee are recommended to read the previous report attached as appendix 1 to this report prior to the presentation on 12th July to assist with background and context to this piece of commissioning activity.

3.0 Key Issues

3.1 Since the previous report to Committee in November 2016, outlined below within sections 3.2 to 3.11 are the key areas of progress that have been made since the contract was activated. These areas of progress will be presented to Committee in more detail by the report author on 12th July.

3.2 There are currently 29 contracted domiciliary care providers working for Warwickshire County Council.

3.3 From the start date of the new contract on 1st August 2016 to 1st March 2017 the Council has safely transferred a total of 315 customers from the outgoing contracted providers to the new contracted providers.

3.4 155 customers have taken the option of a Direct Payment so that they could stay with their current domiciliary care provider (those that were not

successful at securing a new contract with the Council) rather than transferring to the new contracted provider.

3.5 A Centralised Referral Team has been established within the Strategic Commissioning Business Unit that responds to all referrals received for domiciliary care packages of care.

3.6 Each contracted domiciliary care provider has an obligation to accept referrals within two hours of receiving the referral from the Centralised Referral Team.

3.7 Since September 2016 to May 2017 a total of 1424 domiciliary care packages have been successfully sourced by the new contracted domiciliary care providers. The average time it is taking for the packages to be sourced from receipt of referral at present is 2 days.

3.8 One contracted provider has had their contract terminated, due to their inability to honour their obligation to accept clause within the contract.

3.9 One contracted provider serviced 28 days' notice on their contract due to the owner's ill health.

3.10 The Transforming Domiciliary Care Project Board has been stood down as the project has been achieved.

3.11 The new contract is now being monitored and managed through quarterly Contract Management Meetings chaired by Strategic Commissioning with attendees from Clinical Commissioning Groups, Procurement and Finance.

3.12 We are forging partnerships with Public Health to ensure that the Domiciliary Care Providers can deliver preventative priorities within their service delivery around Making Every Contact Count (MECC), preventing a first fall, reducing hospital admissions and increasing awareness of nutrition and hydration support.

4.0 Timescales associated with the decision and next steps

4.1 No key decisions are required by Adult Social Care & Health Overview & Scrutiny Committee at this time.

5.0 Background papers

5.1 Adult Social Care & Health Overview & Scrutiny Committee
23rd November 2016. Retendering of Domiciliary Care Framework

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Members consulted on this draft report:

Local Members: None
Other Members: Councillors Caborn, Redford, Golby, Rolfe and Parsons.

Adult Social Care & Health Overview & Scrutiny Committee

Meeting Date 01 March 2017

Assuring and Improving the Quality of Services Provided by Independent Care Homes, Domiciliary Care and Other External Providers

Recommendations

Members note the content of the report which outlines the quality of care provision within the current market and describes the progress made by Warwickshire County Council in delivering a new quality assurance model for commissioned care services.

1.0 Purpose of the Report

1.1 This report provides members with an update on the 26th January 2016 report to this committee. It offers an overview of the quality of current care provision within Warwickshire and the progress in implementing the new quality assurance and improvement model for commissioned services.

2.0 The current commissioned care market within Warwickshire

2.1 As in most councils, Warwickshire commissions the majority of its adult social care provision from the private, independent and voluntary sector. The majority of this care is either provided by either residential/nursing homes or in the customer's own home.

2.2 Currently there are 136 residential/nursing homes where the Council will routinely place new customers needing care. 82 provide care to older people and 54 provide care to adults with high support needs. There are also a small number of homes who have existing Council funded residents but no longer receive new Council funded customers.

2.3 There are 85 providers who deliver care in customers' homes. They may provide domiciliary care (generally where the person requires less than 28 hours care per week), supported living, live in care or complex clinical care. Which type of service a customer receives depends on the nature of their assessed needs.

2.4 The Council jointly commissions several services with the three local Clinical Commissioning Groups (CCGs) - North Warwickshire CCG, South Warwickshire CCG and Coventry & Rugby CCG. Clinical Commissioning Groups are the commissioners for most services funded by the NHS - including acute, primary care and community based services.

2.5 The range of provider types is varied. Care home providers range from large national organisations with multiple homes across the country, to smaller providers who only own one home. Within the care at home market there are a wide range of voluntary and private providers, several franchise model providers and again a range from large national to small local providers. This range can impact on the type and level of monitoring and support those providers require to assure and improve the quality of care delivered.

2.6 The social care and health market is an extremely complex one, where the supply and demand of available services means that a balance must be struck between supporting and sanctioning providers in order to maintain a high quality, healthy and vibrant market.

2.7 In many cases providers will also be providing services to self-funding clients as well as Council customers. The Care Act places a short term responsibility on Councils for self-funders if their care provider fails.

2.8 Across the market, nationally as well as in Warwickshire, there are significant challenges which, if not robustly managed by the provider, can impact on their ability to provide good quality care. For example, the recruitment of nurses, managers and care workers is challenging across the sector. This can impact on the ability to provide sufficient numbers of staff to meet demand, leading to high staff stress levels, high turnover and a lack of consistency of care staff. Many providers have innovative internal approaches to meeting these challenges, ensuring they do not impact on the quality of care - but providers cannot, alone, resolve the wider issue.

3.0 The quality of providers in Warwickshire

3.1 Different local authorities have varying approaches to both commissioning and measuring the quality of providers; therefore it is hard to produce comparable data on the quality of commissioned provision. However, the sector regulator, Care Quality Commission (CQC), operates across all of England so does offer one measure of comparable quality. Warwickshire County Council works very closely with CQC, sharing intelligence and strategies for improving services.

3.2 All providers registered before 30th September 2014 have now been rated by CQC on their four step grading. These grades are 'Inadequate', 'Requires Improvement', 'Good' and 'Outstanding'. It should be noted that where a provider operates from several locations each location will hold its own CQC rating. Providers do not receive an overall rating.

3.3 Summary of Published Residential Social Care Ratings – 1st January 2017:

Grading	Residential and Nursing Homes currently receiving new Council customers*	All Warwickshire Residential and Nursing Homes	West Midlands Residential and Nursing Homes
Outstanding	6%	5%	1%
Good	80%	79%	76%
Requires Improvement	13%	14%	21%
Inadequate	1%	2%	1%

*CQC data is not currently available on 7 contracted Care with Accommodation providers.

3.4 Summary of Published Community Based Adult Social Care Services – 1st January 2017:

Grading	Providers contracted to deliver care at home to Council customers*	All Warwickshire based Community Adults Social Care Services	West Midlands Community Adult Social Care Services
Outstanding	2%	2%	1%
Good	86%	86%	82%
Requires Improvement	13%	13%	16%
Inadequate	0%	0%	1%

*CQC data is not currently available on 29 contracted Care at Home providers.

3.5 The data across both Care with Accommodation and Care at Home shows that the quality of care provision across all of Warwickshire is generally higher than that delivered across the West Midlands as a whole. It also demonstrates that these good and outstanding quality providers are attracted to working with, and delivering for, Warwickshire County Council.

3.6 Warwickshire County Council, working with colleagues in the local Clinical Commissioning Groups, undertakes additional monitoring and support for those providers who deliver the poorest quality care[1]. This is done through the Service Escalation Panel (SEP –see section 5). Considering the providers who are referred to SEP for additional monitoring can offer an insight to the number and type of significant quality concerns across commissioned services.

[1] It should be noted that SEP considers poor quality and practice at an organisational level, but does not supersede safeguarding procedures which always take precedence.

3.7 Across 2016, twenty four providers have featured on the SEP Agenda. Ten providers were on the SEP Agenda at the end of December 2016. In the most serious cases, placements with providers are temporarily suspended until sufficient quality improvements are made - this is known as a placement stop. Where possible the Council seek to mutually agree these placement stops with the provider, however if this is not possible a stop can be imposed. In 2016, one placement stop was imposed and seven voluntary stops were agreed.

3.8 The reasons providers are referred to SEP are varied, but the majority can be broadly categorised into concerns around safeguarding, infection prevention, medication management or an unwillingness/inability to respond to less significant concerns in an appropriate manner.

3.9 These issues are often underpinned by more systemic failings in leadership, culture or organisational structure. If these are not addressed this can result in improvements not being sustained, as the root causes have not sufficiently been resolved.

4.0 The quality assurance model in Warwickshire

4.1 During 2016 Strategic Commissioning Business Unit, People Group, initiated a refresh of its Quality Assurance function and produced the See, Hear and Act Strategy (Appendix 1) which describes how the Council will assure itself of the quality of Council commissioned services provided to residents.

4.2 In addition to describing the Strategic Commissioning Business Unit responsibilities around quality assurance, the See, Hear and Act Strategy emphasises that quality assurance is everybody's business. It establishes clear processes by which everyone can provide feedback on the quality of care provision.

4.3 The Strategic Commissioning Business Unit works closely with other teams within the council, such as Adult Safeguarding and Quality in Care teams, when identifying and responding to concerns about the quality of care an individual is receiving.

4.4 The See, Hear and Act Strategy has four key aspects by which quality of provision is measured:

4.4.1 **The customer experience** – does the customer have a positive experience of care. For example, are they supported to take part in a wide range of enjoyable activities?

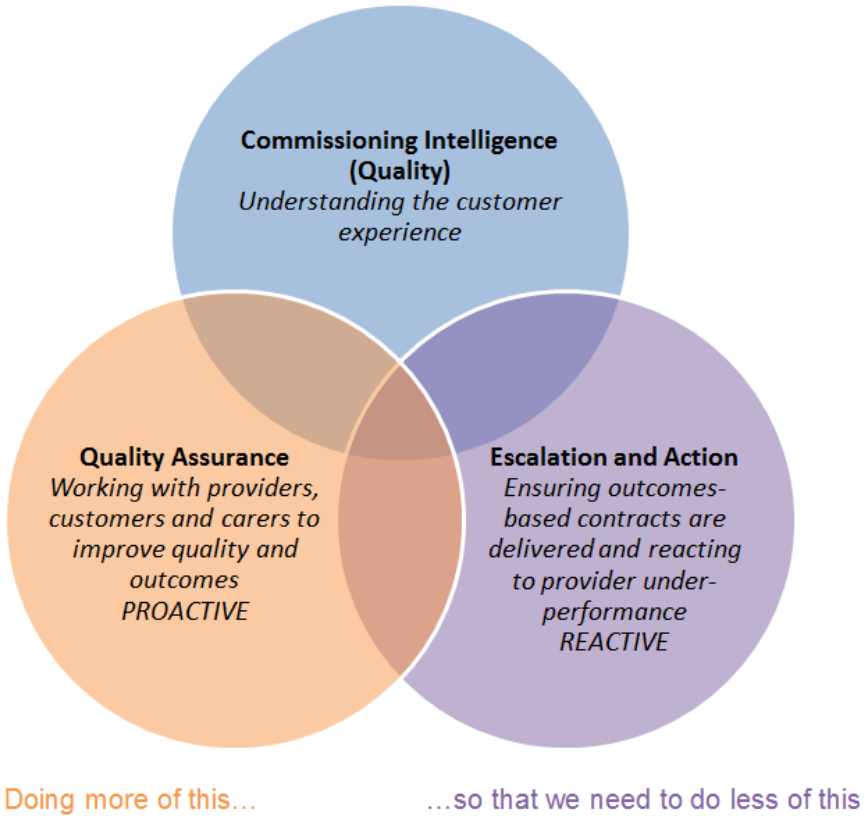
4.4.2 **The safety of the customer** - is the customer protected from avoidable harm. For example, do staff recruitment procedures protect customers from potentially abusive staff?

4.4.3 **The effectiveness of the provision** – does the service ensure customers meet their outcomes. For example, is the provider delivering a personalised service that helps each customer live the life they want to?

4.4.4 **The ability to deliver a viable service** - is the service planned and managed in a way that ensures it has a long term sustainable future?

4.5 The See, Hear and Act Strategy is led by customer experience, being more proactive than reactive and actively seeking feedback from a wider range of stakeholders on the quality of care provided to Warwickshire residents. It is summarised in Figure 1:

Figure 1 – The Council Model for Quality Assurance and Improvement:



4.6 The Council monitors and ensures the quality of provision through three key routes:

4.6.1 **Enhanced Intelligence:** Multiple data sources are collated which, together, provide robust data on the quality of the provision.

4.6.1.1. The data is focussed on being customer centred, and includes:

- The views of those in receipt of care and support.
- Published data such as CQC ratings.
- Data supplied by providers to Strategic Commissioning.
- Intelligence gathered from a wide range of individuals who may observe the quality of care and support delivered.
- Information on the financial viability of the provider.

Together all this information builds a comprehensive picture of the quality of care provided; informing the planning and undertaking of quality assurance visits to the provider.

4.6.1.2. This data is presented through a dashboard which allows the Strategic Commissioning Business Unit to readily understand the risk of poor quality provision and plan appropriate action. Strategic Commissioning work closely with the Business and Commissioning Intelligence Team in the development and operation of these dashboards.

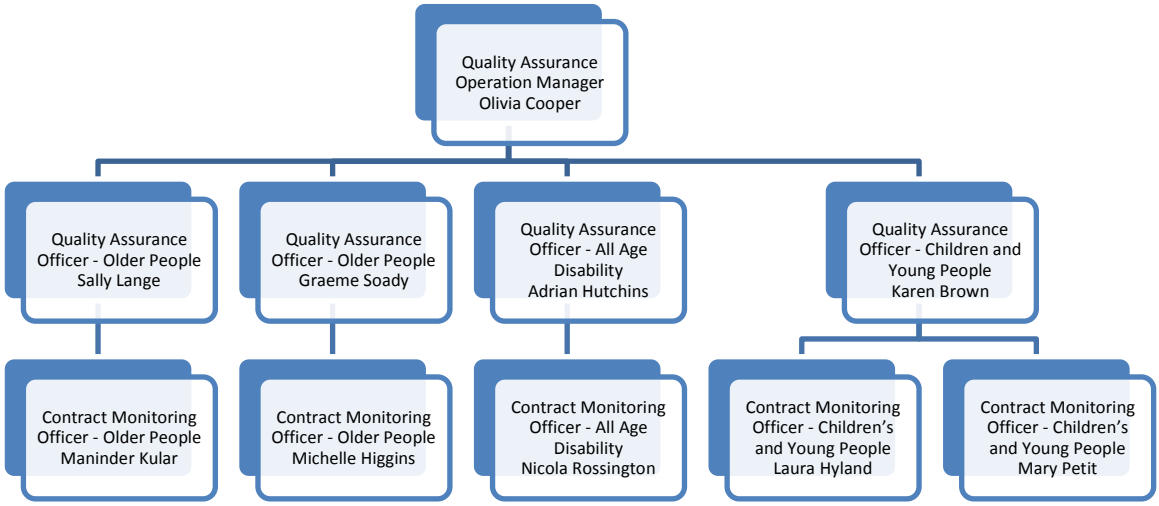
4.6.1.3. To enable family, friends and professionals to easily provide feedback on the quality of care provided a See and Hear checklist has been developed, see Appendix 2. These have been piloted with Warwickshire Fire and Rescue Service and will be widely promoted across Warwickshire over the coming year.

4.6.2 **Proactive Quality Assurance and Improvement:** There will be a clear focus on supporting providers and intervening early, helping them deliver high quality care that achieves the outcomes specified within their contract. The aim is to identify quality concerns much sooner, helping providers to deal with them quickly and effectively, before they pose a significant risk to those receiving care.

4.6.3 **Escalation and Action:** Where required, the Council will react to underperformance and significant quality concerns through a defined, multi-agency approach that takes clear action to ensure improvements are made.

4.7 To ensure the delivery of this model, the Strategic Commissioning Business Unit has developed the Quality Assurance and Improvement Team. Recruitment to this team is now complete and the team structure is described in Figure 2. Team members have relevant health and social care qualifications and experience, ensuring they have the skills and knowledge to effectively implement the new model.

Figure 2 – The Quality Assurance and Improvement Team Structure:



4.8 Providers receive regular proactive visits from team members to ensure they are providing services at the required quality, as defined in the relevant service specification. By identifying these issues early and taking clear action to address them, the Council will ensure that customers are less likely to receive poor quality care and support.

4.9 The visits will be planned and prioritised in response to the quality intelligence on providers that is being constantly gathered and analysed via the Quality Dashboard.

4.10 The customer experience will drive the structure of the visit. For example, if we have had feedback that the food in a residential home is poor quality and tasteless, time on the visit will be spent talking to customers about their experiences of the food. The visiting Officer will spend time observing a mealtime and they will speak to care and catering staff about their views. They would speak to the Manager to establish if any complaints have been made about the food, and how they were responded to. Additionally, care plans would be examined to ensure that appropriate tools were being used to monitor the weight of residents, identifying those who are losing weight unacceptably and what action was taken if this happened. Through this the Officer could identify the quality of the food experienced by the customer, if the customers are being kept safe from unacceptable weight loss and if outcomes around enjoying a nutritious diet were being met.

4.11 Where providers are failing to meet the quality set out within the service specification, but this does not pose a significant risk to health or wellbeing, they are supported by the Quality Assurance and Improvement Team to resolve identified issues. A clear action plan is developed in partnership, which sets out what steps are required to bring quality up to an acceptable level and the required timescales for achieving this.

4.12 A resources bank has been developed to enable Quality Assurance Officers and Contract Monitoring Officers to signpost providers to high quality, evidence based, guidance; supporting Registered Managers to tackle areas of poor practice within their service.

5.0 Responding to significant quality concerns

5.1 Providers who pose a significant risk due to the quality of care they provide are monitored by the Service Escalation Panel (SEP). SEP is a multi-agency escalation group with membership from relevant teams within the Council (including the Quality in Care and Safeguarding Teams), the Clinical Commissioning Groups, Care Quality Commission and Arden Commissioning Support Unit (CSU). Arden CSU provides contract management support to South Warwickshire CCG.

5.2 The SEP meets monthly to give a greater degree of oversight and ensures a shared and strategic approach to these higher risk providers. It agrees and oversees any enforcement action, such as decommissioning, imposed placement stops, voluntarily agreed placement stops and issuing formal Notice of Concern letters.

5.3 The opportunity for the Council to remove customers from poor quality residential services is limited. There is a clear statutory requirement through the Care Act to ensure that the potential impact of closing a home, caused by the decommissioning of our provision with them, is carefully considered and assessed. It could impact on the human rights of residents to have a private and family life (as they would be required to move home) and the move itself could pose a serious risk to health and wellbeing. Additionally there may not be sufficient affordable capacity in the rest of the market to deliver alternative provision if a service is decommissioned. Therefore, the Council must be able to demonstrate that the risk of remaining in the home outweighs the risks of moving before decommissioning occurs.

6.0 Collaborative working with health

6.1 The Council continues to work closely with colleagues across the three Clinical Commissioning Groups (CCGs) on monitoring and improving the quality of provision in jointly commissioned services.

6.2 Information is proactively shared between the relevant CCGs and the Council, ensuring a comprehensive picture is established of the quality of care provided. Outcomes of visits and action plans are shared between commissioning bodies, allowing clear and cohesive messages to be presented to providers on what improvements are required. Where required, joint visits are also undertaken.

6.3 Specialist nurses from health, such as Infection Prevention or Tissue Viability, provide additional support where specific issues exist. Referrals are two way between the different teams and organisations, ensuring the most relevant expertise is always available to assess and improve the quality of provision.

6.4 The three CCG's and Arden CSU are members of the Service Escalation Panel ensuring that the response to the poorest quality providers is both consistent and comprehensive.

7.0 Future Developments

7.1 Significant steps have been taken in both the development and delivery of the See, Hear and Act Strategy, however further work is planned. This will ensure the continuous improvement of how Warwickshire County Council assures and improves the quality of the care provision it commissions.

7.2 A wider range of support options for providers are to be developed, focused on tackling the strategic issues which can underpin poor quality provision, such as ineffective leadership, poor organisational culture and limitations of wider organisational structures. For example, supporting the development of a mentoring programme between the Registered Managers of good quality homes and newly registered Managers could help share best practice, provide support and help develop the skills needed to manage good quality provision in the new managers.

7.3 More enforcement options are to be developed for providers who do not or cannot make sufficient quality improvements but decommissioning is not proportionate or poses too great a risk to customers.

7.4 The upcoming Market Position Statement will help ensure a more vibrant market allowing decommissioning to be a more viable option when required. The Market Position Statement clearly sets out the future requirements from the market, helping them respond to changing market needs.

7.5 A Peer Review Programme is being co-produced, allowing us to utilise the expertise of those with lived experience of care and support so we can better understand the quality of care delivered by providers from the customer's perspective.

7.6 Innovative approaches to collecting information on the experience of customers, such as a mobile phone app, are being developed. This app will make it easier for more people to tell the Council about the quality of the care they receive and if it is helping them live the life they want to lead.

7.7 A review of the Service Escalation Panel (SEP) process is underway to better clarify why and how providers should move onto the SEP agenda. It will also consider how providers are supported to implement sustained change and improve the quality of their provision.

7.8 Work is underway with health colleagues to ensure our joint approach to contract management and quality assurance is further developed and fully codified.

7.9 A more systematic approach will be developed on utilising the intelligence gathered through quality assurance and improvement in both future commissioning and market management.

7.10 A set of performance standards will be developed for the Quality Assurance and Improvement Team to ensure that interventions are resulting in better quality of care provision for the residents of Warwickshire.

8.0 Conclusions

8.1 Warwickshire County Council takes the quality of the services it commissions seriously. Much good quality care provision exists across Warwickshire, but this is not universal. Therefore Warwickshire County Council will need to continue to monitor, assure and improve the quality of provision it commissions. This is both a statutory and contractual duty, which the Council fulfils through a clear focus on the experience of the customers it commissions services for.

8.2 Over the past twelve months, the Council has made significant progress in developing and implementing a new proactive model for quality assurance, as set out in the See, Hear and Act Strategy.

8.3 Further enhancements need to be made to this model to ensure it can fully meet the challenges posed by the providers with the most significant and sustained failures of quality.

8.4 Throughout 2017 the Strategic Commissioning Business Unit will continue to roll out the See, Hear and Act Strategy for all commissioned services. It will continue to work with health colleagues on shared approaches to contract monitoring, quality assurance and improvement.

8.5 The Strategic Commissioning Business Unit has a robust approach to assuring and improving the quality of commissioned services. This is reflected in the profile of CQC registered providers across Warwickshire. By this measure, the overall quality of Warwickshire care provision is significantly better than that available across the West Midlands. Additionally the profile of Council commissioned services not only matches the general Warwickshire profile, but in some cases exceeds it.

Appendices:

Appendix 1 - See, Hear and Act Strategy

Appendix 2 - See and Hear Checklist

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

Local Member(s): None

Other members: None

WARWICKSHIRE cares

Market Position Statement for Adult Social Care 2017+

Warwickshire County Council

Contents

Foreword

As Portfolio Holder for Adult Social Care and Health I am pleased to welcome you to our updated Market Position Statement for Adult Social Care in Warwickshire.

The document describes the market for adult social care in the county, including current trends in population and numbers of customers using services we commission. It outlines our transformation activity and indicates how we would want to work in partnership to develop services in ways which place choice and independence for citizens at the heart of what we do.

The Position Statement provides information and indicates opportunities for the market to develop in an appropriate way and remain diverse and vibrant.

I hope you will find it useful and informative.

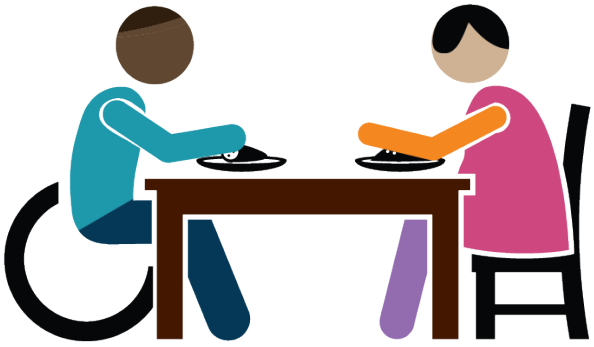
Les Caborn

Cabinet Member

Portfolio Holder – Adult Social Care and Health

1. Purpose of this Market Position Statement

A market position statement (MPS) summarises supply and demand in a local authority area or sub-region, and signals business opportunities within the care market in that area. This document presents the key data and information which commissioners have considered in the formation of strategic commissioning intentions for adult social care services in Warwickshire. For each service type, the direction of travel is made clear; service availability is mapped against demand and forecasts of demand; the location of services is assessed against customer demand; and we begin to develop conclusions about key areas for market development. In short, this MPS is intended to provide as much clarity as possible about the current and future shape of markets. These intentions will now inform the market shaping which the Council will undertake with current and future providers of services for Warwickshire clients living in the county. Building on the shared understanding of the market and the demands on it, while recognising the limitations on available funding, WCC plans to work closely with providers to explore service delivery options to meet the challenges of delivering agreed and appropriate outcomes for customers.



2. Strategic Direction: Transforming County Council services in Warwickshire

Warwickshire County Council wants to make Warwickshire the best it can be.

The journey over the last three years has been challenging - we have delivered £92 million of savings. However we are faced with further savings of £67 million up to 2020. This means shaping the future of a very different County Council and different public service provision in Warwickshire by 2020.

The reduction in financial resources does not diminish our ambition for the County. We are clear about our priorities. Firstly, we want Warwickshire's communities and individuals to be supported so they are safe, healthy and independent with priority focussed on the most vulnerable. Secondly, we want Warwickshire's economy to be vibrant and supported by the right jobs, training, skills and infrastructure.

To achieve this we need to ensure our services are more efficient, integrated and that we make best possible use of new technologies and innovation. This means better access to and information about a range of support options. We cannot do this alone and we are continuing to look to our residents and partners in the public, private and voluntary communities to open up a new conversation with us to find solutions and different ways of working.

To make Warwickshire the best it can be and deliver the savings we need to make, we will need to use our resources differently and transform the way we deliver and commission services. The diagrams/frameworks on the following pages set out how we will make the changes we need to make to respond to this challenge.

Making Warwickshire the best it can be: A new conversation

3. Transforming Adult Social Care in Warwickshire

We know that quite often people do not actually want to come to social care and do so only because they have to or have no other choice. We want to improve these choices for people and focus on this much earlier than the point of crisis or emergency. The recently refreshed NHS Five Year Forward View and the corresponding Sustainability and Transformation Plan (STP) for Coventry & Warwickshire (of which the Council is a key partner) recognise this and draw GPs, Clinical Commissioning Groups (CCGs), and Providers into a system wide approach to the challenge. This in turn complements the work of the Health and Wellbeing Board so that increasingly there is a shared commitment to: encouraging prevention; integrating services; working on a localised placed basis; and developing new models of care across the health and care system in Warwickshire.

We want to take a radically different approach which ensures that:

- People and communities are able to look after and improve their own health and wellbeing and live in good health for longer
- The independence and self-sufficiency of people with short term needs is optimised and maintained with short term help when its needed
- The quality of life and independence of people with long term and/or complex needs is optimised and maintained for as long as possible without total dependence on services

We will do this by:

- Focusing on people's own strengths and assets within their families and communities
- Placing people at the very heart of our work and seeking to enable people to be self sufficient
- Understanding what's needed from the eyes of the public and customers, as well as our own and our partners
- Establishing a new relationship with the public which ensures the help we offer is maximised
- Managing demand by looking at the experience of the whole journey and focusing on prevention of issues and reduction of need
- Understanding how the people we need to work with; the demand; and need vary at different stages of the overall journey
- Understanding and redefine our role as one part of a multi-faceted system of support and services available to individuals and communities

4. Financial Context

The national context has been one of a reduction in available public money in real terms – the LGA estimated in Autumn 2016 a 40% reduction to the core government grant since 2010. The 2016 Autumn Statement by the Chancellor of the Exchequer made no additional recurring government grant funding available for Adult Social Care.

In February 2017, the Council agreed the 2017/18 budget and medium term financial plan which includes a savings programme outlining a revenue budget reduction of around £67m to be delivered by 2020. Inflationary increases to apply to adult social care services commissioned by WCC from April 2017 were made in the context of this financial position. The Budget Statement by the Chancellor of the Exchequer in March 2017 indicated additional £2bn funding for the delivery of adult social care in England over the three years 2017-18; 2018-19; 2019-20.

The Council is using this funding to support the providers in Warwickshire to continue to work with us in delivering good quality services for our citizens with social care needs.

5. Warwickshire and its Population

Warwickshire lies to the South and East of the West Midlands conurbation, and has long established links with Coventry, Birmingham and Solihull. Warwickshire is at the heart of Britain's transport network and several key strategic routes pass through the county. It is a two-tier County Council, composing five districts and boroughs:

- North Warwickshire
- Nuneaton and Bedworth
- Rugby
- Warwick
- Stratford-on-Avon

Warwickshire is served by three CCGs - NHS Coventry and Rugby CCG; NHS South Warwickshire CCG; and NHS Warwickshire North CCG. These are the clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

The population density varies across the county, with the largest concentrations in the towns of Rugby, Warwick and Leamington Spa.

2015 Mid-Year Population Estimates (ONS, WCC Observatory)

	North Warwickshire	Nuneaton and Bedworth	Rugby	Stratford-on-Avon	Warwick	Warwickshire
Total population	62787	126319	103443	121522	139931	554002
0-19	13600	30134	25364	25513	30641	125252
20-64	36005	72543	58525	65431	83814	316318
65-69	4252	7606	5787	9184	7591	34420
70-74	3337	6007	5004	7430	6021	27799
75-79	2412	4312	3604	5685	4631	20644
80-84	1605	3070	2471	4061	3509	14716
85-89	983	1717	1646	2621	2297	9264
90+	593	931	1042	1597	1427	5590

Population Growth – Older People

The forecasted increase in the 85+ population between 2017 and 2030 is 66%.

In 2017, people aged 85 are 2.9% of the population. This is forecasted to rise to 4.6% by 2030.

For the aged 65 and older group the percentage rise between 2017 and 2030 is significantly higher (28%) than for other age groups (1%). The percentage rise across all age groups is 7%.

The forecasted increase in the Over 65 age group varies across the county, with the largest projected increase between 2017 and 2030 projected to be in Warwick district (24%) and the highest in Rugby district (32%). Increases in the other three districts are 28 or 29%.

More information on the Demographic trends for the population of Warwickshire, and analysis of the variation across the county is available at:

http://hwb.warwickshire.gov.uk/warwickshire-people-and-place/older-people/

Dementia

Information published by the Alzheimer's Society indicates very significant, albeit gradual, increases in the number of people with Dementia – a 40% rise in the next 12 years.

It is estimated that by 2025, over 11,000 people aged over 65 will be living with dementia in Warwickshire. By 2020, around one fifth (18%) of those aged over 80 in Warwickshire are projected to have dementia. The Warwickshire JSNA report Best Health for Older People in Warwickshire Report (2015) reports that Warwickshire has a greater dementia prevalence projection than England; there will be an estimated 18.2% increase in cases by 2020 (3,200 new cases).

Disabilities

The Warwickshire JSNA Learning Disabilities Needs Assessment (2015) reported that:

- the total estimated prevalence of all people with a learning disability in Warwickshire in 2013 was 11,030 of whom 9,469 are adults aged 18+ and 1,561 are children & young people aged 0-17 years;
- approximately two-thirds of adults with learning disabilities expected to be in contact with social services are receiving a service from social care in Warwickshire;
- the number of people with a learning disability is likely to increase by 1% per year over the next 15 years due to increased life expectancy & increasing numbers of children with complex needs surviving into adulthood; and
- the number of adults with learning disabilities with a critical or substantial need using social care services is estimated to increase by 1.7% year on year to 2030.

The most pronounced rise is predicted to be in those who are over the age of 65, with a 9.9% rise in the 4 years from 2013 to 2017 and an 18.0% rise from 2013 to 2021. Warwickshire has an older resident population than the England average, and this combined with reduced mortality among older adults with learning disabilities is likely to lead to higher demand for services over the next decade.

Estimated predicted prevalence of learning disabilities in Warwick from 2013 to 2021 by age group (Warwickshire JSNA)

	Year				
Age Band	2013	2017	% change from 2013	2021	% change from 2013
0-17	1561	1581	1.3%	1688	8.1%
18-64	7684	7752	0.9%	7824	1.8%
65+	1785	1961	9.9%	2106	18.0%
All Ages	11030	11295	2.4%	11618	5.3%

There are estimated to be 34,664[1] people aged 18-64 years in Warwickshire who have a moderate or severe physical disability. This figure is predicated to rise to 37,379 by 2030 (ibid). Within this number, an estimated 8,050 have a severe physical disability and this is predicted to rise to 8,600 by 2030.

[1] Warwickshire Health & Wellbeing Physical Disability
http://hwb.warwickshire.gov.uk/themes/vulnerable-communities/physical-disability/

6. Market Shaping since the last MPS

Adult Social Care service provision in Warwickshire has developed in response to a number of factors including changing legislation, the size of the local population requiring services (including migration of people in or out of the area), the level of available funding to both private and public-funded customers, the care choice preferences of customers, and the development of new models of care. The shape of the market is therefore not controlled by or responding solely to any single factor, and within any service type there may be different levels of service and pricing to meet the varied customer requirements. There are therefore business opportunities across this range of customer requirements and budgets.

The Council will always seek to explore a wide range of options to provide or arrange support for people with care needs in their own homes. For those who decide to move somewhere where their care needs can be better met than in their own home, the Council aims to establish a sustainable, affordable, and varied market for accommodation with support services for older people and adults with high support needs in Warwickshire. We want people in Warwickshire to have a range of accommodation with support services to choose from when they need them.

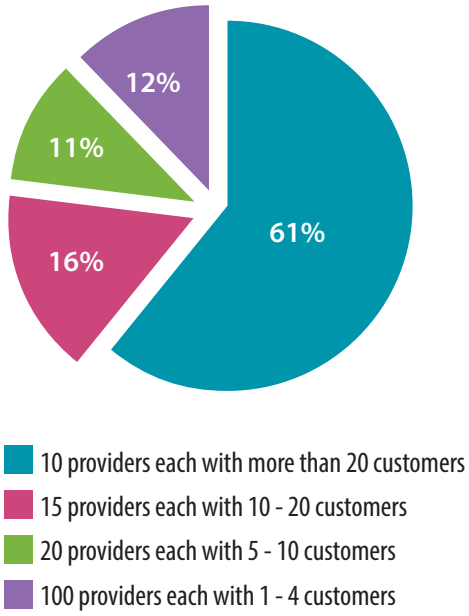
Older People Residential and Nursing

For the jointly commissioned contract let in the autumn of 2016, WCC worked closely with two of the CCGs to create an outcome and quality-focused service specification for the procurement of residential and nursing services for adults. This arrangement includes specific requirements around the provision of residential and nursing care for people with dementia. The Council and the two CCGs will work with providers to develop the skillset of residential and nursing home staff in respect of person-centred dementia care.

This recognises the distinction between ordinary (or 'higher dependency') residential care and specialist dementia care emergent over the last few years. Many homes are now dual-registered to allow a flexible response to changes in demand for dementia placements. But this is not only about those with Dementia. Research indicates that environment and care approaches that work well for those with Dementia in residential settings are also likely to create positive life experiences for other residents also.

While the Council contracts with a large number of providers of residential and nursing care for older people, there is a concentration of a large number of customers with a small group of providers. This presents a certain risk profile, particularly regarding the impact of provider failure. Going forwards, the Council will continue to review this risk profile. This may lead to wider use of block contracts, particularly for services which are sometimes difficult to source within timescales which meet customer needs.

Older People Residential Market Share - WCC



Currently, there are around 1200 WCC customers living in Older People Residential and Nursing Homes operated by around 120 providers.

The 10 providers with the largest number of placements accommodate between them 61% of the total WCC customers.

The remaining 39% are placed with 110 providers each providing care for less than 20 customers.

Extra Care Housing

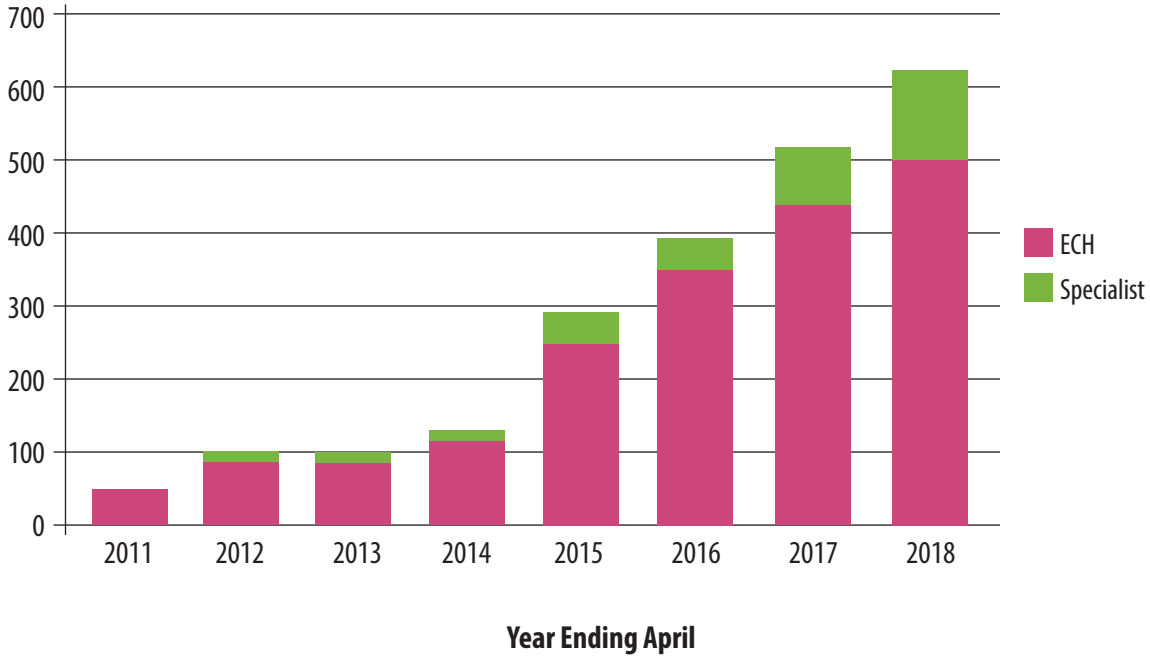
Since the publication of the last MPS in 2014, the Council has continued to expand its Extra Care Housing/Housing with Care (ECH) suitable for older people and adults with disabilities.

The first scheme was opened in 2010; ECH is now available in all five districts and boroughs, moving us towards the overall objective of establishing ECH as a modern alternative to residential care homes for a significant proportion of the over 65s population.

While ECH schemes feature an integrated offer of domiciliary care for those who need it, ECH also provides an option for people aged 55 and over to move into the schemes and set up a home before they reach a time in their lives where they may need care and support services.

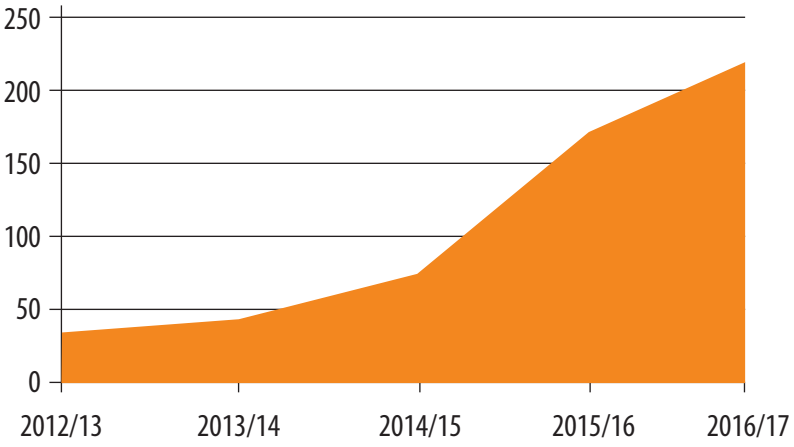
Warwickshire currently has 9 ECH schemes suitable for those aged 55+ now in operation in the county, with an additional 4 specialised housing with care schemes suitable for younger adults with learning disabilities and one scheme suitable for adults with mental health issues in operation.

ECH/Specialist Rental units (Cumulative)



Number of People living in ECH and receiving a social care service

ECH Customers current at Year End



As an alternative to residential care home, the growth of ECH is likely to reduce the number of older people and people with disabilities who may have otherwise lived in a care home. People who have social care needs may choose to move to an ECH Social or Affordable apartment (unit) rather than a care home.

While it is difficult to estimate the impact on the residential or domiciliary care markets, the number of social care customers living in an ECH scheme has increased dramatically and the Council is working to achieve a total of around 1700 ECH rental units by the early 2020s.

Domiciliary Care

Warwickshire re-tendered its Care at Home contract during 2016. The Council radically redesigned the commissioning mechanisms for domiciliary care services within this contract, and worked with providers to reconfigure this market into a geographic zone model. Within each of the 8 zones, a small number of contracted providers are allocated a percentage share of the service packages, and work with each other and the central brokerage function to manage the demand for support. The differences between rural and urban areas are recognised and have influenced both the planning of the zones and also the hourly rates.

The Council now works with 29 providers which is significantly less than before. This creates more sustainable business volumes for each of the providers and greater opportunities for close working between providers and with the Council to drive more innovative ways to deliver efficient and effective services, and explore new ways of working. Within the Council's workforce, a centralised referral team has been developed to ensure we are able to work with providers in a consistent and professional way, ensuring customer outcomes and market sustainability are the focus of our activity.

New ways of working have achieved a reduction in Domiciliary Care service waiting times through effective partnership working between the Council and the providers operating the new zonal contract. With more responsibility and opportunity to organise service delivery in their zones, providers are able to work with our brokerage team to shape their patterns of delivery to allow the workforce to meet the needs of customers despite the issues arising from the popularity of particular call times and rural locations.

The relationship between WCC and these providers will underpin the development of a service offer which is shaped by the local Domiciliary Care Agencies in partnership with voluntary Groups, and local small business enterprises.

The supply of the services' careworkers to deliver Domiciliary Care flexes to meet fluctuations in the demand within each of the geographical zones. On average, WCC commissions around 24,000 hours of care per week. The customers live in all areas of the county, but, as might be expected, the concentrations of customers approximately reflect population densities. At any one time, around 2,200 Council customers are in receipt of a service being delivered by the Council's Domiciliary Care Zone contract. The total number of people receiving a Domiciliary Care service directly commissioned by WCC has reduced in the last 3 years. This is due in part of the result of the new domiciliary care eligibility criteria which has resulted in many packages of care that are in excess of 28 hours per week being moved to a supported living service provider. This reduction also relates to meeting the Councils budget savings targets in this period. To support the market and its workforce, the Council continues to regularly review the contract rates for contracted providers.

The shape of the market has therefore changed considerably since the last MPS and the Council continues to develop close working relationships with the contracted providers. We look forward to the development of local service offers, as our contracted agencies start working with other providers and share with us their ideas for the development of a broad, varied and integrated market.

7. Service Capacity, Prevalence and Future Demand for Services

Predicting future demand at a service level is extremely challenging, due to the numerous factors which affect those predictions but which are challenging to model. The care services sector operates within an open social system and hence is characterised by a fluid and complex network of transactions between individuals and organisations in the wider or 'outside' environment. The Council itself is a major influence, and the transformation strategy outlined at the beginning of this MPS will have a significant impact on demand for services.

As new and innovative services become popular they may add to the economy, or their popularity might mean a reduction in demand for an existing service with a similar purpose.

Demand may be driven by affordability, accessibility and efficacy - these are key factors which influence the decisions people and organisations make about what services to engage with. This complexity means that it is not possible to predict demand or precisely how much of any particular service might be needed in any given location.

	WCC Service Users at 31st March			
SERVICE	2014	2015	2016	2017
Domiciliary Care	2777	2571	2391	2011
Supported Living	396	583	696	880
Residential	1535	1458	1473	1438
Nursing	441	385	390	378
TOTAL	5149	4997	4950	4707

Note: Data cleansing during 2016/17 resulted in a reclassification of a number of Domiciliary Care packages of care to Supported Living

Evidence shows us that although the potentially eligible population in Warwickshire increased at a substantial rate over the last ten years the service user population remained relatively stable, even slightly decreasing in some areas over the last few years.

The total number of WCC adult social care service users fell by approximately 8% over the period 2012/13 to 2016/17, during a time of reduced financial resources.

This is influenced by a variety of factors including transformation, eligibility and service redesign. Until academic research can support a methodology to estimate the change in demand for services over time, the most robust way of estimating that demand is to trend forward existing service usage rates.

However, national data on population size and age profile from recognised sources (e.g. POPPI, PANSI) provide some indications of the population profile in the future. Comparing these estimates with service levels gives us indications of areas where there is a lack of capacity.

Care and Nursing Homes, Older People

Warwickshire, typically for the West Midlands (but not England), has seen an increase in capacity in the past few years. CQC registrations of new and closing homes in Warwickshire for Older People during the period 2014-17 (excluding re-registrations) indicate that the market is growing overall, however there is little development in the north of the county.

Older Peoples Care Homes Opened/Closed in 2013-16

	TOTAL			NURSING ONLY		
2013 - 2016	Beds in Homes Opened	Beds in Homes Closed	Change	Beds in Homes Opened	Beds in Homes Closed	Change
NORTH WARWICKSHIRE	0	0	-	0	0	-
NUNEATON & BEDWORTH	68	7	+61	16	0	+16
RUGBY	152	18	+134	70	0	+70
STRATFORD-ON-AVON	90	64	+26	90	0	+90
WARWICK	244	108	+136	158	23	+135
WARWICKSHIRE	554	197	+357	334	23	+311

Notwithstanding the caveats outlined above regarding estimates of future demand for services, comparing published information on supply (CQC) and demand (POPPI) provides some indication of the fit of the market shape to projected demand. This indicates that for most areas of the county there would be sufficient supply but that there is a shortfall in North Warwickshire (84 beds) and Stratford-on-Avon (46 beds), but as mentioned above, the demand will be influenced by the Council's transformation activity. Recent data does not show that the number of people supported by WCC to move to a care home is increasing in line with population growth. In fact the numbers of WCC older people customers in residential care has reduced in 2017.

Considering the wider population of those funding their own care, or those funded through the NHS, the POPPI estimates give an indication of the levels of demand and supply for the total population for older people. Beyond 2020, when population increases in the over 85 age band become very significant, the demand for care home places will depend to a large degree on the impact of the Council's transformation plans, the availability of ECH provision, and on the choices of those people who fund their own care.

The Council's own brokerage activity informs us that Nursing Residential Care can be difficult to secure for customers. Our experience indicates a lack of affordable nursing care across the county, and a lack of capacity in the north of the county.

People with Disabilities

We know that the number of people living with a learning disability (LD) nationally is increasing. There have been improvements in life expectancy and increasing numbers of children with complex needs surviving into adulthood. In Warwickshire, the most profound rise is predicted in those aged 65 years and over with an 18% increase between 2013 and 2021[2] . Also, there has been a 15% increase in the number of young people living with a profound and multiple learning disability.

In Warwickshire, as elsewhere, our understanding of the true number of people living with ASD needs to improve. However, we do know that we are experiencing an increase in the number of people with a primary need of ASD and those with overlapping ASD, learning disability and/or mental ill health. Warwickshire population estimates indicate that the largest number of people living with ASD is in Nuneaton & Bedworth due to the higher proportion of young people living in this area.

The preferred model of support puts the emphasis on local provision. We would like to develop an innovative approach to the provision of day opportunities that offer a strong alternative to traditional support; promote choice and control; promote community participation; and enable the journey towards employment. To support this we will develop more flexibility in offering personal budgets, so that people can plan how and when to purchase support to help people live their lives in ways that they choose.

The Council is committed to continuing to develop a range of housing, accommodation and models of care to meet local demand for people with disabilities. Extra Care Housing schemes are a key part of this. The Council has also strengthened its commissioning and contracted arrangements for supported living and introduced new processes for advertising opportunities for our providers.

[2] Warwickshire Learning Disabilities JSNA Needs Assessment 2014
http://hwb.warwickshire.gov.uk/2015/09/17/learning-disabilities-jsna-needs-assessment/

Care Homes Opened/Closed in 2013-16 (for People with Disabilities)

			Learning Disability		Mental Health		Physical Disability		Sensory Services	
	Care Homes	TOTAL	with nursing	without nursing	with nursing	without nursing	with nursing	without nursing	with nursing	without nursing
NORTH WARKS	No. of homes	10	-	10	-	-	-	-	-	-
	Capacity	72	-	72	-	-	-	-	-	-
NUNEATON & BEDWORTH	No. of homes	20	-	16	-	2	-	1	1	-
	Capacity	122	-	85	-	19	-	12	6	-
RUGBY	No. of homes	9	-	6	1	1	-	1	-	-
	Capacity	76	-	52	7	2	-	15	-	-
WARWICK	No. of homes	16	-	3	4	-	2	1	-	1
	Capacity	263	-	16	63	-	94	26	-	19
STRATFORD on AVON	No. of homes	14	-	13	1	-	-	-	-	-
	Capacity	75	-	67	8	-	-	-	-	-
WARWICKSHIRE	No. of homes	69	-	48	6	3	2	3	1	1
	Capacity	608	-	292	78	21	94	53	6	19

8. Business Opportunities and Key Messages for the Market

A Diverse Market

The success of the Council's transformation strategy depends on the development of a wide range of service options. There are opportunities for providers in the third sector, particularly social and micro-enterprises that can develop and offer alternatives to traditional support services. The Council is stimulating the growth of community based services. For more information prospective providers can contact the Localities and Partnerships Team at **www.warwickshire.gov.uk/getinvolved**

For more detailed information on the commissioning activities and procurement opportunities can be found on the council website.

Domiciliary Care

Fundamental to the success of our transformation programme is a strong Domiciliary Care market which delivers services that: provide coordinated support to meet a range of customer needs; achieve more rapid hospital discharges; and enable customers to live in their own homes. Within the new contract that WCC has developed and implemented, there are opportunities for providers to develop these integrated services by linking to community resources. There will be opportunities to pilot alternative incentivised payment models which create flexibility to achieve agreed customer outcomes in ways that suit the customer, and within an agreed budget. Within the 5 year Domiciliary Care contract, we will be looking forward to hearing from providers and discussing their business development proposals.

Extra Care Housing

The immediate requirement is to deliver ECH schemes for Older People aged 55+ in each of the remaining towns of the 12 major towns in Warwickshire that currently either have no scheme in place or confirmed plan:

- Alcester
- Coleshill
- Kenilworth
- Nuneaton
- Shipston-on-Stour

For specialist schemes the immediate requirement is for development in:

- Coleshill
- Kenilworth
- Southam

Residential and Nursing Care for Older People

This MPS presents available information on projections and concludes that more affordable care home places are required particularly for nursing in the north, but also for affordable care home places generally. To achieve this the Council is interested in exploring block contracting arrangements to both ensure availability of care when and where our customers need it, but also to create a contracting arrangement which would ensure affordability. The Council is also reviewing the current market share distribution and will consider if the risk profile is acceptable going forward.

Population projections, if realised, will present the Council and the Market with significant challenges after 2020. The forecasted increase in the 85+ population between 2017 and 2030 is 66%. If the demand increases proportionate to current prevalence then the call on our services will be very challenging. However, if the rise in population is not matched by a corresponding increase in demand for traditional residential care, then consequences for businesses which develop services to meet the highest estimates would be very serious. We will therefore continue to gather information and intelligence regionally and nationally and work with providers to understand trends in demand and will be engaging with our local providers to come to a view regarding the right level of investment and development for our market.

Services for People with Disabilities

We are committed to ensuring that people with a learning disability and/or ASD are able to exercise choice and control in where they live and who they live with. We will therefore work with key partners, including housing providers to develop a mixed portfolio of accommodation with support options for people.

For people with the most complex behaviours, we will encourage the development of specialist services with a skilled workforce to work with individuals. We envisage that such services will contribute to our aim of keeping people out of long stay hospital settings by providing safe support at times of crisis.

Adult Physical Disabilities & Sensory Impairment

The focus is on shifting the care for people with a disability to a community based, co-produced enablement model which will ensure more people have services closer to home, take part in universal activities where they live and utilise local community assets. In addition the Council will work with partners to enable people to access meaningful activities and/or volunteering, training or work opportunities.

We will also focus on:

- Refreshing our commissioning strategy for adults aged 18-64 years with a physical disability and/or sensory impairment.
- Developing a number of Changing Places across the county to support people accessing their community and community based facilities.
- Developing a broad accommodation with support option, including developing specialised housing with care schemes, to enable people to have choice and control over where they live and who they live with.

Adult Mental Health

The preferred model of support puts an emphasis on local provision. We will encourage the development of innovative community based alternatives to traditional support for people experiencing severe and enduring mental ill health.

We want to develop a range of accommodation with support options to enable people to exercise choice and control over where they live and who they live with; and also to provide flexible support as required. This will shift the focus to early intervention and prevention through innovative community based living such as Shared Lives.

Advocacy and Appointee Services

These are being reviewed, re-designed and re-commissioned in 2017 to deliver a range of short, medium and long term options focusing on outcomes and enabling individuals to receive the support they need in the least intrusive way.

Changing Places

We are interested to hear from partners who have proposals to develop more Changing Places across the county to enable people with disabilities to enjoy community opportunities.

Assistive Technology

Increased use of Assistive Technology will be an important element within these plans and the Council would want to work closely with providers to make current solutions available as widely as we can and to discover new possibilities to explore with AT companies. Specifically, we will be working with local providers, voluntary and community organisations, customers and operational colleagues to embed the use of assistive technology solutions to maximise independence and reduce reliance on paid support. We will also work proactively with supported living providers to maximise the use of technology to meet individuals night time support needs; replacing the requirement for waking and sleep in night staff.

Warwickshire wants to improve and expand the use of Assistive Technology (AT) equipment and services. The aim of this is to improve the lives of people of all ages, helping people to be more independent, have healthier lives and have more choice and control.

We want to help people to stay in their own home, reduce the need for people to be in hospital and provide support to carers.

Warwickshire has improved the information and advice about assistive technology at:
http://www.warwickshire.gov.uk/assistivetechnology

We want to promote a change in culture and practice to ensure assistive technology is always considered as part of a care package to promote independence and reduce the need for other types of care. We want AT to support: improving hydration; reducing medication errors; reducing falls; supporting those with learning disabilities; supporting those with dementia; and supporting carers.

We want to encourage and support care providers to maximise their use of AT to support staff and customers.

9. Areas for further development

This is the second edition of the Warwickshire MPS and we feel we have made improvements over the first MPS. However it is our intention to continue working with providers and other partners to develop our analysis in order to develop a more finely graded assessment of the service gaps we might expect in the future.

The preparation of this MPS has confirmed that there is a wealth of data and information available to commissioning agencies and providers to enable market shaping activities to be based on a robust understanding of the supply and demand for services. It has become apparent that in some service areas, market management and contract management could be more efficient through the use of quality and capacity reporting tools including dashboards. The Council and its partners are investing in these tools and will be implementing them in the near future. Providers will be informed of these developments via email and at forums. A key element of the suite of information used for these purposes will be the numbers of customers referred for services and the number who access them. Some of this is collected during the brokerage process; WCC will continue to develop the brokerage service within its market management function. This model offers consistency of approach and allows the development of effective and mutually beneficial working relationships between the commissioning agencies and the people who deliver the services for people in Warwickshire.

We are also keen to make the most of regular contact with the market via e-communication and face to face at forums. Through these channels and regular communication between our commissioners and providers, we will develop a shared understanding of the opportunities and issues we face. We will seek to work with providers to develop together ways of overcoming any challenges. In the broad categories of Quality and Business Support we will identify and prioritise areas where targeted work may be required to ensure businesses are sustainable and successful, and services are high quality and being delivered by motivated, qualified, and rewarded staff.

Glossary

AT	Assistive Technology
ASD	Autistic Spectrum Disorder
CCG	Clinical Commissioning Group
GP	General Practitioner
JSNA	Joint Strategic Needs Assessment
MPS	Market Position Statement
NHS	National Health Service
ONS	Office for National Statistics
POPPI	Projecting Older People Population Information System www.poppi.org.uk
PANSI	Projecting Adult Needs and Service Information System www.pansi.org.uk
STP	Sustainability and Transformation Plan
WCC	Warwickshire County Council

Item 6

Adult Social Care and Health Overview and Scrutiny Committee

9 May 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 19 April. A copy of the work programme will be submitted to each meeting for members to review and update, suggesting new topics and reprioritising the programme.

2. Forward Plan of the Cabinet

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

Decision	Description	Date due	Cabinet / PfH
Approval to Consult and Retender Fitter Futures Warwickshire Services	The 3 contracted services that fall under the Fitter Futures Warwickshire umbrella title expire on 30 June 2019. Following the recommendations from a full Strategic Commissioning Review of the services, approval is sort to go out to consultation for the retender of the services and approval is sort to retender the services.	18th May 2018	Portfolio Holder - Adult Social Care and Health
GP Services Task and Finish Group	Subject to approval by this Committee, the report of the GP Services Task and Finish Group will be referred to the Cabinet for consideration.	14th June 2018	Cabinet
Consultation Report - Approval to Retender Fitter Futures Warwickshire Services Following Consultation	Approval to consult on the retender of Fitter Futures Warwickshire services will be sought during May 2018. Consultation will commence on 29th May 2018 until 6th July 2018. A report will then be written and presented at this meeting for approval to go ahead with the retender of the services.	17th August 2018	Portfolio Holder - Adult Social Care and Health

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
North Warwickshire Borough Council	
	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: Warwickshire North Health and Wellbeing Partnership: • End of Life Care • Addressing Teenage Conceptions – Sustainability of the service • Access to Health Services – Community Transport Initiatives • Services at George Eliot Hospital and its Future Vision • #onething – Focus and sustainability of the service Health and Wellbeing Working Party • The Corporate Health and Wellbeing Action Plan - Delivery • The evolving Strategic Leisure Review – Ensuring that it addresses issues of relevance to the health and wellbeing of the local community • End of Life Care • Addressing Teenage Conceptions - The service afforded to young people in North Warwickshire • Access to Health Services – Community Transport Initiatives • #onething • Fitter Futures and its services in North Warwickshire
Nuneaton and Bedworth Borough Council – Health Overview and Scrutiny Panel	
2018	• George Eliot Hospital Update - A presentation from the GEH on the current services and funding situation include current position regarding Delayed Transfers of Care (Discharge Protocol). • Gambling and its impact on health and wellbeing - what is the position locally, can licensing have an effect, what help, advice and assistance is available locally?
Rugby Borough Council – Customer and Partnerships Committee	
Date TBC	Mental Health Briefing
Stratford-on-Avon District Council – Overview and Scrutiny Committee	
	• Update from the Oxfordshire CCG • Update from the Bromsgrove and Redditch CCG

	• Scrutiny of the West Midlands Ambulance Service
31 May 2017	• Update on Home Environment Assessment & Response Team (HEART) • 5 Year Housing Supply (TFG) • Specialist Elderly Accommodation (TFG)
28 June 2018	• Orbit Heart of England Housing Association – Housing Repairs and Performance • Update from Voluntary Action Stratford-on-Avon District (VASA) – Infrastructure Funding • Superfast Broadband Delivery UK (BDUK) Programme • Corporate Strategy Implementation
Warwick District Council – Health Scrutiny Sub-Committee	
2018	• Air Quality Management Status Update • Embedding Health and Wellbeing Strategically • Health and Wellbeing Priorities and Action Plan 2018-20 • Review of the Work Programme & Forward Plan • Updates from Councillors sitting on Outside Bodies dealing with Health & Wellbeing
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 Joint Health Overview and Scrutiny Committee (JHOSC)

5.1 At the March meeting of this Committee, a report was provided on the informal meeting of the JHOSC held on 27 February 2018. A presentation was provided by the lead officer for the review of stroke services. Since that time no further meetings have been held.

5.2 An approach has been received from Oxfordshire County Council regarding the formation of a Joint Health OSC for the areas of Warwickshire, Oxfordshire and Northamptonshire. This relates to the provision of maternity services in Oxfordshire as the patient flow includes residents from the south of Warwickshire. If the Council is minded to participate in the Joint HOSC, it will require a report to the County Council, to agree participation and the terms of reference of the JHOSC.

6.0 CAMHs Task and Finish Review

6.1 In November 2017, the Committee approved the appointment of a joint task and finish group (TFG), comprising members from this Committee and the Children and

Young People Overview and Scrutiny Committee. The purpose of the TFG is to review the new CAMHs service and to report back its findings to a joint meeting of the two committees. The agreed nominations from this Committee's membership are Councillors Jill Simpson-Vince and Adrian Warwick. The review process is drawing to a conclusion and it is proposed that the joint committee takes place on the afternoon of 12th June to consider the review report.

Background Papers

None.

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

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

Local Member(s): None
Other members: Councillor Wallace Redford

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

Date of meeting	Item	Report detail
9 May 2018	The Care Home Care Market and Domiciliary Care.	A detailed item on the care market and domiciliary care. Key aspects are • WCC care homes, number, location, current issues • Private care homes , number, location, current issues • An update on the revised domiciliary care scheme • Financial aspects, including the rates charged to self-funders and those that WCC pays for its placements • Training and qualifications of care home staff and the staffing issues faced by care homes • Are there any opportunities for better use of technology?
9 May 2018	GP Services Task and Finish Group	The Committee will receive the report of this Task and Finish review. Members are asked to consider and comment on the content of the report and the recommendations it contains.
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 Better Health, Better Care, Better Value would also be a useful topic.
11 July 2018	One Organisational Plan 2017-18 Q4 Progress Report	This will provide the Committee with the final quarterly update on outturn of the One Organisational Plan for 2017/18.
September 2018	Integrated Care Systems	The Committee considered a report in March 2018 on Integrated Care Systems. It was agreed to have a further update after six months.
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.

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.	An area for the Committee to review during the 2018/19 financial year is the predicted budget pressures. Some additional monies have been secured. The Committee could monitor how this is utilised for initiatives on homelessness / mental health issues and suicide prevention. Perinatal mental health issues and post-natal depression are other areas. Proposed to hold a dedicated meeting on mental health issues, in either September or November 2018. The meeting to be opened to all members of the County Council.
September 2018	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 endo of life services throughout the County. A briefing note has been requested and is due by 9 May on the Action Plan response.

Future Work Programme Suggestions	Public Health Annual Report	The Public Health Annual Report will be published in September and this year focuses on young people and the internet. There are a number of indicators which warrant consideration and would be useful topics for the Committee to consider as part of its forward work programme for 2018/19.
	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.
	STP – Proactive and Preventative Workstream	Suggested by Councillor Margaret Bell. The Proactive and Preventative work stream of the STP. The suggestion is to find out more: What is happening; what is the plan; how is it to be funded; when will we see results?
	STP – Accountable Care System	Suggested by Healthwatch. The STP is morphing into an Accountable Care System. This item is about how the public will be better engaged in the accountable care system, unlike the process for the STP. 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.

	Patient 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.
	Local Commissioning of Services	Suggested by Councillor Mark Cargill. A pilot scheme has been undertaken in Alcester.
	Director of Public Health Suggestions	From the Director of Public Health's annual report. The theme this year is 'Vulnerability'. The Joint Strategic Needs Assessment and linked to this the commissioning of health, wellbeing and social care services. The JSNA aims to establish shared evidence on the key local priorities across health and social care. Other areas are: Health & Wellbeing Strategy, Sustainability & Transformation Plan (STP), Out of Hospital Programme, Community Hubs and the County Council Transformation Plans, suicide prevention and 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, which was considered to 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. ***Further detail needed on scope.***

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	None	Originally intended to have a session on Integrated Care, which subsequently became part of the main Committee meeting.
9 May 2018	None	There is no separate briefing session for this meeting. The Committee will have two key areas, being the report of the GP Services TFG and the care market and domiciliary care.
11 July 2018	Drug and Alcohol Abuse	This 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. A briefing document was provided to the April Chair and Party Spokesperson meeting. Extend invite to all members of Council and include a map of the service access points.
TBC	Presentation on developing Fire and Health/Social care agenda.	This has also been suggested as a topic for the July meeting.

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
-	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 of the TFG presented in May 2018.	May 2018.	
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.