

Adult Social Care and Health Overview and Scrutiny Committee

11 July 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, 11 July 2018 at 11.00a.m.**

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

The agenda will be: -

1. General

(1) Apologies

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

Members are required to register their disclosable pecuniary interests within 28 days of their election 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 meetings held on 9 and 15 May 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. Update from the Health and Wellbeing Board (HWBB)

The Chair of the HWBB will give the Committee an update on its work.

5. One Organisational Plan 2017-18 Quarter Four Progress Report

The Committee will consider a copy of the outturn report for 2017-18 for the areas falling within its remit.

6. Update on Public Health Commissioned Services for Drugs and Alcohol

A new contract has just been awarded for the drug and alcohol service. A presentation will be provided by Public Health.

7. 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.

8. Any Urgent Items

Agreed by the Chair.

DAVID CARTER
Joint Managing Director

Adult Social Care and Health Overview and Scrutiny Committee Membership

Councillors Helen Adkins, Mark Cargill, 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 Chris Watkins |
| Rugby Borough Council | Vacant |
| 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)

General Enquiries: Please contact Paul Spencer on 01926 418615

E-mail: paulspencer@warwickshire.gov.uk

* 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 9 May 2018**

Present:

Members of the Committee

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

Other County Councillors

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

District/Borough Councillors

Councillor Margaret Bell (North Warwickshire Borough Council)

Councillor Christopher Kettle (Stratford District Council)

Officers

Olivia Cooper, Quality Assurance Operations Manager

Nigel Exell, Market Manager

Dr John Linnane, Director of Public Health and Strategic Commissioning

Zoe Mayhew, Integrated Older People Commissioning Service Manager

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

Arham Qureshie, Tim Osborne and Rachel Murrow, junior doctors/GPs

Chris Edgerton

1. General

The Chair welcomed everyone to the meeting, mentioning specifically the three junior doctors listed above.

(1) Apologies for absence

Councillor Pamela Redford (Warwick District Council)

Councillor Kate Rolfe, replaced by Councillor Jerry Roodhouse

Councillor Jeff Morgan, Portfolio Holder for Children's Services

(2) Members Declarations of Interests

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

(3) Chair's Announcements

The Chair reminded members of the circulated briefing note from George Eliot Hospital (GEH) and that from Dr John Linnane, Director of Public Health and Strategic Commissioning about his annual report for 2018. The briefing

note from GEH had been forwarded to Staffordshire County Council, which had also expressed concerns on the GEH mortality data.

Dr Linnane was asked to give an update about the current outbreak of measles, with eleven cases diagnosed in Warwickshire. He explained the seriousness of the illness and the action being taken to address it, including containment meetings. Dr Linnane was producing a briefing note for the Committee to update on a service delivery review by the Coventry and Warwickshire Partnership Trust.

The Chair gave a brief update on a proposed 'super' health overview and scrutiny committee (OSC) to look at the review of maternity services provided at the Horton General Hospital in Banbury. This followed a decision of the Secretary of State for Health and Social Care. The OSC would include one member from Warwickshire County Council and subject to consideration of this matter at Council, the Chair proposed to be the representative on this OSC.

The Quality Account documents of provider trusts had been circulated to members for their consideration and feedback. Any member wishing to submit a response was asked to liaise with Paul Spencer in Democratic Services.

(4) Minutes

The minutes of the Adult Social Care and Health Overview and Scrutiny Committee held on 14 March 2018 were agreed as a true record and signed by the Chair.

2. Public Question Time

None.

3. Questions to the Portfolio Holders

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

Councillor Cargill referred to the place based joint strategic needs assessments (JSNA), specifically that for Alcester. The required population size for each of these JSNAs meant it covered a large geographic area for Alcester with differing health needs. Considerable resources would need to be devoted to complete this work and he asked the portfolio holder if these resources were available. Councillor Caborn confirmed that WCC had sufficient resources for the work involved, but the JSNAs would also need input from district/borough councils, for example in terms of housing, so this aspect would need to be monitored.

4. GP Services Task and Finish Group (TFG)

At its meeting on 13 September 2017, the Adult Social Care and Health Overview and Scrutiny Committee commissioned a 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 objectives of this review were reported, together with an outline of the contributions received through a number of evidence gathering sessions over the period October 2017 to February 2018. The TFG had noted a number of recurring themes from the different evidence sources. This led to the formulation of the conclusions and recommendations shown in the appended review report, grouped under the categories of:

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

The report of the TFG was introduced by its Chair, Councillor Margaret Bell, who took members through each of the recommendations and the rationale for those recommendations. She recorded her thanks to members of the TFG, all the contributors to this review, particularly Dr John Linnane and his officers, Chris Bain of Healthwatch Warwickshire, the representatives of clinical commissioning groups (CCGs) and Paul Spencer from Democratic Services. On the recommendations, she explained those areas where national assistance was required and there was a lobbying role for this Council. There were system issues which should be considered by the Health and Wellbeing Board and others for the WCC Cabinet to consider. She highlighted particularly the need for the public to take responsibility for their own health, spoke about care navigation, areas that required further research, improving communication and examining the process and barriers to providing new and extended GP services.

The Committee reviewed the document, submitting the following questions and comments with responses provided as indicated:

- Where substantial housing development was taking place, the site was often divided between a number of developers. Determining responsibility for which developer would provide the new premises could be an issue. There was a perception that elected member working between the county and some boroughs could be better too. Councillor Bell stated that it was a matter for the CCGs and planners to have a dialogue on the services that would be required to meet the needs of additional residents.
- Approval of local plans by government inspectors was a key issue and would add weight to the district/ borough council negotiating position to secure developer contributions. There had been delays in the local plan process for some areas of Warwickshire.
- Councillor Bell was thanked by several members of the TFG for the way she had chaired the group. There was also recognition of the amount of work the TFG had completed over a relatively short period.
- The need for a unified response to development proposals. There was a lot of work taking place between health and local authorities, but this could be communicated to elected members and the public more effectively.

- Discussion about retention and/or providing additional care homes. The financial viability of some care homes and differing income levels between self-funded and local authority placements was also raised.
- A different challenge was when funding from planning agreements had a time limit and could be lost if there were delays in drawing down the funding for infrastructure development.
- CCGs could learn from local authority colleagues in making demands for infrastructure contributions.
- Section 106 funding provided a one-off capital payment for building costs. It didn't provide ongoing revenue funding for the GPs and other staff to deliver the needed services. There was a shortage of GPs and different ways of working would be needed, with specific reference to linking GPs and pharmacy as well as social prescribing.
- The delays in providing new services. The replacement surgery for Brownsover was mentioned specifically.
- The Portfolio Holder, Councillor Caborn considered this was a good report, but the challenge would be how to make its findings work in practice. The document should be circulated widely. There was a lot of work taking place between the CCGs and local authorities already. Councillor Bell replied with a comment made at the TFG by a CCG representative, that the Health and Wellbeing Board should take the moral high ground in making the sectors work together.
- Improving communication between GPs and acute service providers was an important aspect.
- Innovative solutions should be shared; an example was the use of a 'roving' GP service for homeless people.
- Chris Bain of Healthwatch Warwickshire praised the quality of the report. He spoke of the original aims of the Sustainability and Transformation Plans and their failure due to a lack of statutory power. Provision of new buildings wasn't always the solution and staffing them was a challenge. He referred to GP recruitment challenges and many were leaving this service. Nationally, 4000 care home beds had been lost in recent years. Helping people to live well at home for longer was another area, which would be explored by Healthwatch at its event in October.
- A member of the TFG explained the distrust between some GPs and pharmacies. There was resistance from GPs to try different service delivery methods.
- Several members contributed with local examples of the difficulties and frustrations experienced due to the poor way that services were joined up or due to data sharing difficulties.

The Chair proposed to discuss at the next meeting with party spokespeople the feedback from this meeting, the recommendations from the review and how to take forward the other areas proposed for the Committee. He recorded the Committee's thanks to the TFG, its Chair and contributors to this review.

Resolved

That the Committee:

- 1) Welcomes the report of the GP Services Task and Finish Group and supports its conclusions and recommendations.

- 2) Refers the document to 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'.
- 3) Records its thanks to the Chair, members and contributors to the TFG and that a letter of thanks is sent with a copy of the final review report to all contributors.

5. Update on Commissioned Care Services for Older People

A report and presentation was introduced Zoe Mayhew, Integrated Older People Commissioning Service Manager, supported by Olivia Cooper, Quality Assurance Operations Manager and Nigel Exell, Market Manager. The Committee had requested an update on older people's commissioned services, which was provided through a comprehensive presentation. This covered the key issues, developments, achievements and risks for the Domiciliary Care Services and Care Home commissioned service areas. An overview was provided of quality and assurance for commissioned services, paying particular attention to the learning and development initiatives that had been implemented for the provider market. Finally, the presentation focussed on current market priorities and issues for the two commissioned service areas.

Zoe Mayhew commenced the presentation, giving background on the 651 contracts managed by the service, with a total purchasing value £128 million in 2017/18. Domiciliary Care was the first service area discussed. A graph showed the number of people receiving care each month for the last two years, the eight different zones within which contracts for care were let and the names of the 27 contracted service providers. Of these, 82% had been assessed by the Care Quality Commission (CQC) as good, with 16 % requiring improvement and 2% rated as inadequate. Further graphs showed the number of referrals per month and the average time taken to source packages of care. A summary provided the benefits for people receiving domiciliary care and potential improvement areas.

Data was provided for care homes. From October 2016 the County Council had entered into a Section 75 agreement with the Warwickshire North and South Warwickshire CCGs for the 108 care homes (of which 87 were for older people). The CQC ratings of the care homes were provided, with 82 rated as 'outstanding' or 'good'.

Olivia Cooper then reported on quality assurance. She gave an outline of the 'See, Hear and Act' approach. All providers, including residential and nursing homes were quality assured using three key principles:

- Evidence led and planned
- Acts proactively
- Enforces required improvements when needed

There was a collaborative approach, working with CCGs to provide quality assurance. A slide showed the Quality Dashboard and how feedback was collated from a range of sources. An outline was given of the quality assurance visits undertaken. Olivia spoke about the Service Escalation Panel (SEP), which was a multi-agency panel to review providers where there was a significant or sustained concern. It ensured that issues were resolved as swiftly as possible, whilst

maintaining safety of customers. Details of the core quality issues were also reported.

Through the See, Hear and Act Learning Partnership, funded learning opportunities had been provided and some examples were given. Olivia Cooper concluded with details of an apprenticeship levy. The sum of £125,000 had been secured in apprenticeship funding for the social care sector. Whilst this was still under development, it presented an excellent opportunity for service providers in Warwickshire.

The Chair invited questions, comments and responses on this part of the presentation:

- Discussion about the use of placement stops. The lack of local authority placements impacted on the provider's financial viability and whilst the safety concerns had to be weighed, it might force the closure of a care home in an area where there was an identified service need. The SEP only used placement stops when there were serious concerns and sought to remove them as quickly as possible. Early intervention was the key to resolving concerns before they reached this level. More often, the provider would enter into a voluntary placement stop and some brought in their own support to resolve issues.
- It was questioned if access to outstanding / good care homes was restricted by the fee structure of care homes, particularly in the south of Warwickshire. The data showed that WCC had more of the market share of outstanding and good care homes.
- Members welcomed the news about the apprenticeship funding, seeking further information on how this could be used. Some examples were discussed and this would hopefully assist with staff retention too.

Nigel Exell, Market Manager concluded the presentation. He spoke about market management key functions. A position statement gave summary information on supply and demand in the County and clarity about the current and future shape of markets. Data was provided on care homes in Warwickshire. The total capacity was 4,808 beds for older people and this had increased by 314 beds over the last five years. An example was displayed of the market dashboard. This was a tool based on JSNA geographies that gave commissioners information on market shape and the balance of service types. It identified areas for more detailed analysis work and review of commissioning arrangements. Further slides showed estimates of future demand and data on the market share for older people care homes. The key messages and next steps were reported.

The Chair invited questions on this part of the presentation:

- It was noted that Warwickshire's population was aging but the number of care home placements was reducing. This was due to the number of people being supported in their own homes. People were living longer overall, but life expectancy varied across the county.
- It was noted that the estimates of future need were based on the 2011 census data. Since that time, there had been substantial development across Warwickshire and the next census might show large increases. A particular aspect was inward migration from neighbouring areas.
- Discussion about the funding risks and the limitations of the Section 75 (iBCF) funding. An assurance was sought that these risks were recorded on

the Council's risk register. Nigel Minns, Strategic Director for the People Group spoke about the precept arrangements, the Council's base budgets, also confirming that the iBCF funding would cease. This funding had been invested to achieve longer term savings. The Council had a clear understanding of its financial position and reviewed it regularly, also lobbying central government on sustainable funding for adult social care. A risk analysis had been completed.

- It was confirmed there had been a reduction in the numbers of people going into care and was considered that the prices paid by the authority for its care home placements was fair.

The Chair closed the item, thanking the presenters.

Resolved

That the Committee receives the report and presentation on commissioned care services for older people.

6. Work Programme

The Committee reviewed its work programme. Sections of the report showed the forward plan of the Cabinet and Portfolio Holders and the areas of scrutiny activity in each district and borough council. Updates were provided on the joint health overview and scrutiny committee with Coventry and that proposed with Oxfordshire. It was noted that the CAMHs task and finish review was nearing completion and would report to a joint meeting of this Committee and the Children and Young People OSC on the afternoon of 12 June 2018.

For the July agenda, the Chair confirmed the addition of a presentation on developing the Fire and Rescue Service work with health and social care. The pre-committee briefing topic for July would be the drugs and alcohol service.

Councillor Golby sought clarity on some aspects of the work programme of the Nuneaton and Bedworth Borough Council. This would be researched. Councillor Kettle clarified the remit of the Oxfordshire Joint Health OSC. It was questioned how the report of the GP Services TFG would be revisited. Officers explained that the document included an action plan, on which updates could be provided to the Committee, usually at six monthly intervals. The Chair suggested that the Committee review its work programme for the year ahead, to focus on the key areas. He added that a further update on care homes should be included for twelve months' time.

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 12.30pm

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Chair

**Minutes of the meeting of the
Adult Social Care and Health Overview and Scrutiny Committee
held on 15 May 2018**

Present:

Members of the Committee

Councillors Mark Cargill, Clare Golby, Anne Parry, Dave Parsons, Wallace Redford, Kate Rolfe, Andy Sargeant, Jill Simpson-Vince and Adrian Warwick

Other County Councillors

Councillors Jo Barker, Margaret Bell, Parminder Singh Birdi, Sarah Boad, Mike Brain, Peter Butlin, Les Caborn, Richard Chattaway, Jonathan Chilvers, Jeff Clarke, Alan Cockburn, John Cooke, Andy Crump, Yousef Dahmash, Corinne Davies, Nicola Davies, Neil Dirveiks, Judy Falp, Jenny Fradgley, Pete Gilbert, Dan Gissane, Seb Gran, Colin Hayfield, John Holland, Andy Jenns, Kam Kaur, Keith Kondakor, Keith Lloyd, Jeff Morgan, Bill Olnor, Maggie O'Rourke, Bhagwant Singh Pandher, Caroline Phillips, David Reilly, Clive Rickhards, Howard Roberts, Jerry Roodhouse, Dave Shilton, Izzi Seccombe, Bob Stevens, Heather Timms, Alan Webb, Chris Williams and Andy Wright.

The Chair of Council opened the meeting.

1. General

(1) Apologies for absence

Councillor Helen Adkins.

(2) Declarations of Interests

None.

2. Election of Chair

Councillor Clare Golby proposed that Councillor Wallace Redford be Chair of the Committee and was seconded by Councillor Mark Cargill.

There were no other nominations

Resolved

That Councillor Wallace Redford be elected Chair of the Adult Social Care and Health Overview and Scrutiny Committee.

3. Election of Vice Chair

Councillor Wallace Redford proposed that Councillor Clare Golby be Vice Chair of the Committee and was seconded by Councillor Andy Sargeant.

There were no other nominations.

Resolved

That Councillor Clare Golby be elected Vice Chair of the Adult Social Care and Health Overview and Scrutiny Committee.

.....
Chair

The meeting rose at 12.53 pm.

Adult Social Care & Health Overview & Scrutiny Committee

Health & Wellbeing Board Update July 2018

Cllr Izzi Seccombe

Leader of the Council and Chair of the HWB Board

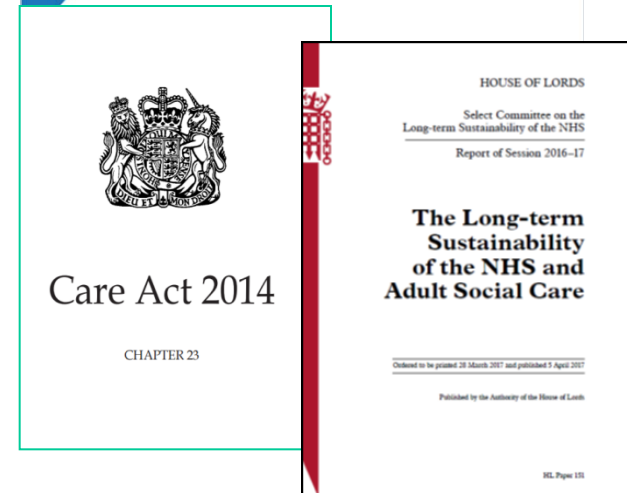
Item 4

Aim of the session

- Provide some context on Health and Wellbeing
 - National level
 - Warwickshire and Coventry level
 - Local developments
- Health and Wellbeing Boards
 - Critical role of Members in influencing the health and wellbeing of Warwickshire people

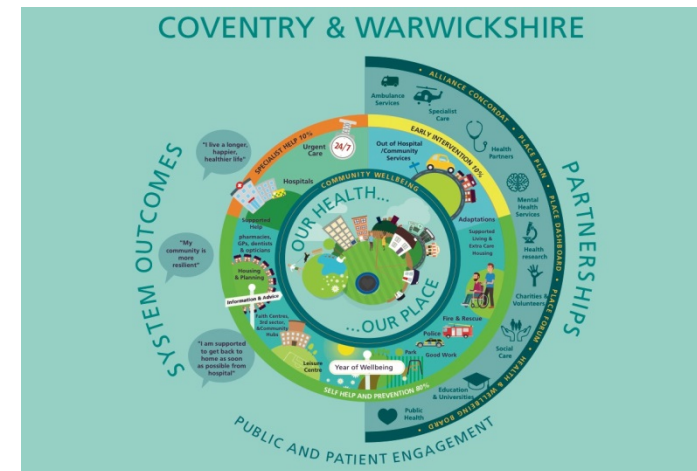
National Context

- NHS Five Year Forward View outlines 3 main issues - the 'Triple Aim':
 - Health and wellbeing gap
 - Care and quality gap
 - Funding and efficiency gap
- Sustainability and Transformation Partnerships (STP)
 - Set up to address health & care gaps locally
 - 'Better Health, Better Care, Better Value' programme in Coventry & Warwickshire
 - Moving to 'Integrated Care Systems'
- Social Care Green Paper
 - Sustainability of health & social care
- Funding Announcement for NHS



Warwickshire & Coventry Context

- Partnership formed with Coventry
 - Joint Health & Wellbeing Boards
 - Now called the ‘Place Forum’
 - Meets 3 times a year
- Alliance Concordat & system design show how we will work together to make improvements
 - “We will do everything in our power to enable people across Coventry & Warwickshire to pursue, happy lives and put people and communities at the heart of everything we do”
- Year of Wellbeing 2019
 - to promote wellbeing and healthy lives across Coventry & Warwickshire



Warwickshire Health & Wellbeing Board

- Health & Wellbeing Boards were formed following the Health and Social Care Act 2012
 - to enable leaders from the health and care system to work together to improve the health and wellbeing of local people and reduce health inequalities
- Warwickshire Health & Wellbeing Boards (HWBB) meets 3 times a year
- Statutory duties & reporting
 - Joint Strategic Needs Assessment
 - Pharmaceutical needs Assessment
 - Commissioning Plans
 - Reporting of key programmes e.g. Better Care Fund



Warwickshire key partners in Health & Care



Local authorities

Providers and commissioners of Public health and Adult Social Care services + wellbeing related services



CCGs

Commissioners of services through provider and GP network



Health providers

GPs; community health services; hospitals; ambulance

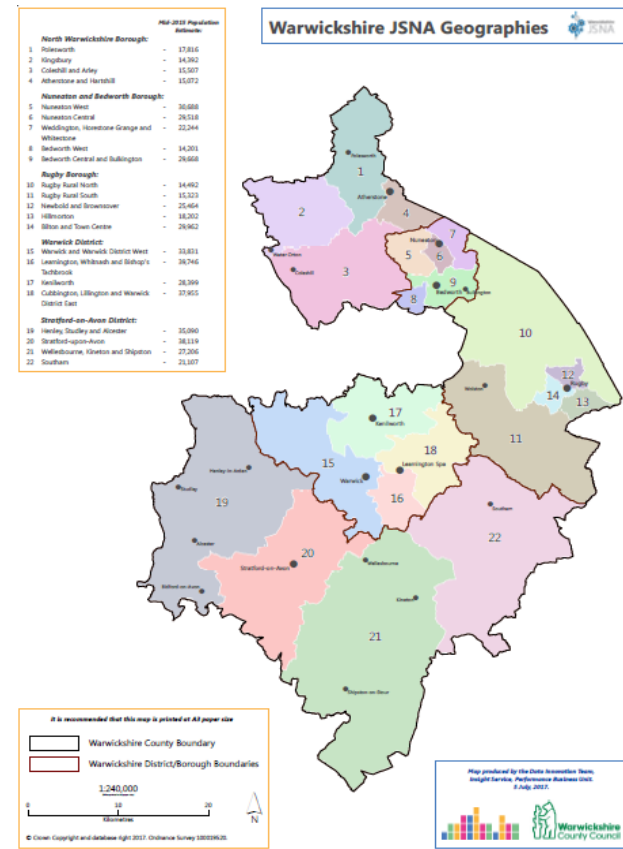


Wider partners

Critical part of holistic approach to health and wellbeing

Joint Strategic Needs Assessment

- Looks at **current** and **future** health and well-being needs of local population, to inform delivery of health, wellbeing & social care services
- Place-based approach for 2018-20
 – 20 geographies
- JSNA work is owned by the Health & Wellbeing Board and led by the Insight Service at WCC
- All partners need to contribute to ensure it gives a holistic view
- Local Members as sponsors



Fitting it all together

- **Organisational bodies** *e.g. Council and Cabinet*
 - Decision making bodies for each constituent organisation
- **Health Wellbeing Board**
 - Advisory board with limited statutory functions, but significant influence
- **Health and Wellbeing Executive**
 - Chief Executive/director level group which supports the HWB Board
- **Health and Wellbeing Local Members**
 - District/Borough lead Members Group chaired by WCC Portfolio lead
- **HOSC**
 - Statutory body with remit to scrutinise health related issues
- **Safeguarding Boards (Children and Adults)**
 - Independent boards with statutory safeguarding role
- **Partnership Boards** *e.g. Community safety, MASH*
 - Ongoing partnership working
- **Programme Boards** *e.g. STP, BCF*
 - Focused on specific areas



How can you help?

Key Role of Elected Members

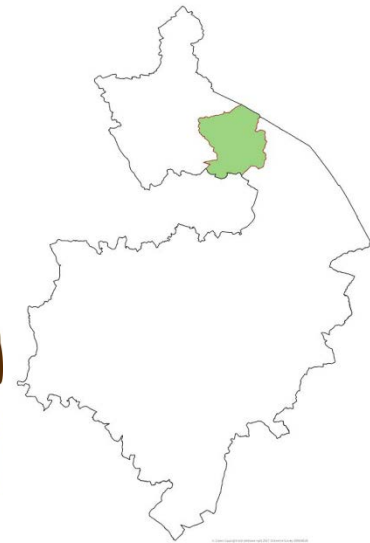
- Represents local interests
- Balance local and system needs
- Understand what works in your communities
- Work across organisations and in partnership



Health and
Wellbeing



Warwickshire
County Council



*Working for
Warwickshire*

Adult Social Care and Health Overview & Scrutiny Committee

11 July 2018

One Organisational Plan Progress Report: April 2017 - March 2018

Recommendation

That the Overview and Scrutiny Committee:

- (i) Considers and comments on the progress of the delivery of the One Organisational Plan 2020 for the year 2017-18 as contained in the report.

1. Introduction





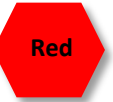









- 1.1. The One Organisational Plan progress report April 2017-March 2018 was considered and approved by Cabinet on 14th June 2018. It provides an overview of progress on the OOP for the year 2017-18.
- 1.2. This report is tailored to meet the remit of this Committee and draws on information extracted from that presented to the Cabinet.

2. One Organisational Plan 2020: progress at end of 2017-18

Overall Progress of the OOP2020

- 2.1 2017/18 is the first year of the One Organisational Plan 2017-2020. The overall delivery of this Plan is assessed through seven key components and table 1 below shows the delivery status of these at the end of 2017/18 with a comparison to the 2016/17 year-end position.

Table 1




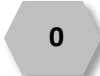




| | OOP ^{*1} Outcomes | Controllable Revenue Variance | Financial Standing ^{*2} | Savings Plan | Capital slippage to future years | Strategic Risks | Workforce |
|---------|---|---|---|---|---|---|---|
| 2017/18 |  |  |  |  |  |  |  |
| 2016/17 |  |  |  |  |  |  |  |
| Notes | *1-The 2017-2020 OOP aims to deliver 2 high level Outcomes compared to the 5 Outcomes delivered by the 2014-17 OOP. *2 –Based on assessment of the year-end controllable revenue position against the level of general and business unit reserves (both of which are rated as 'Green'; General reserves are above the minimum specified by the Head of Finance's risk assessment of £25.213m.) +1-indicates an under-spend against revenue budgets. | | | | | | |

3.0 OOP Outcomes –Progress on performance

Progress on Outcomes and Key Business Measures (KBM) for Adult Social Care & Health

3.1 Table 2 below shows the 2017/18 year-end RAG rating for the 12 KBMs relevant to the remit of this Committee; these are reported under the relevant OOP Outcomes and associated policy areas.

Table 2

| Outcome 1: Warwickshire’s communities are supported to be safe, healthy and independent | | | | |
|--|--|---|--|--|
| Adult Social Care: 6 KBMs | Red  | Amber  | Green  | N/A  |
| Health & Wellbeing: 6 KBMs | Red  | Amber  | Green  | N/A  |

3.2 The commentaries below provide an overview of the 2017/18 year-end performance of the KBMs and key focus for improvement in 2018 for adult social care and health and wellbeing.

| Outcome 1: Warwickshire’s communities are supported to be safe, healthy and independent |
|--|
| <p>Adult Social Care</p> <p>‘Demand’ pressures have also seen all 6 KBMs in this area unable to meet their 2017/18 targets. Hence, there have been above target increases in permanent admissions: of older people to residential and nursing homes (577 actual against target of 528); of people aged 16-64 to residential and nursing care (50 actual against target of 33), long term community care (2152 actual against target of 2000) and delayed transfers of care from hospital (342 per 100,000 of population against a target of 271). More customers have needed on-going social care 91 days after leaving reablement than the target. Despite this, there is continuing improvement in reducing delayed discharges from hospital as detailed in Annex R.</p> <p>In 2018/19 key areas of work to improve performance across our key indicators include:</p> <p>Considering the use of Assistive Technology to monitor customers within their homes and placing Reablement staff within hospitals to start assessments before customers’ returns home.</p> <p>Completing an “end-to-end” review of direct payments. This is a full review of all elements of the direct payment process with a view to exploring the current barriers to uptake of direct payments and consequently seeking to increase the number of customers opting to</p> |

source their support via this method.

Completing and implementing the “end-to-end” review of the Adult Social Care System and Process Review. This is trying to ensure that customers are supported to explore the strengths in themselves and their networks, including community connections, to meet their need.

Continuing to implement the county wide Delayed Transfer of Care (DTC) project to reduce the number of delayed transfers of care from hospital. The number of days delayed per 100,000 of the population has reduced from the start of the year; from 519 in April 2017 to 342 in March 2018.

Health & Wellbeing

Overall, 4 of the 6 KBMs achieved their yearly targets and 1 other almost did. The KBMs for the health and wellbeing of the Warwickshire population have continued to be better or equal to national averages with the exception of admissions as a result of self-harm for 10-24 year olds (which reflects a national trend) and the percentage of eligible population taking up the offer of an NHS Health Check.

The KBM not achieving its 2017/18 target is the percentage of women smoking at the time of delivery, with a forecasted year-end rate of 9.7% against the target of 9.1%. This target is set by the Department of Health and is a 0.1% reduction from the previous year's performance for each of the 3 Clinical Commissioning Groups in Warwickshire. Overall, there is a downward trajectory of the percentage of women smoking at the time of delivery in Warwickshire since 2013/14 and there are on-going initiatives to support the continuation of this. Public Health are working towards an ambitious target to reduce the rate to 5% by 2022/23 in Warwickshire.

The target of 100% of eligible people receiving an invitation for a Health Check has been achieved over the five year programme although take-up lags behind (40% in 2017/18). Work in 2018 will focus on improving the uptake offer with our NHS partners.

In relation to self-harm amongst young people, Warwickshire's rate at the end of 2016/17 was as forecasted, at 502.9 per 10,000 of 10-24 years of age (there is a time lag in the availability of this data from Public Health England) and was within target. Nonetheless, it is a focus for improvement by all partners.

The latest resources summarising community based mental health support have been distributed across the county and information are available via WCC website. Presentations have been delivered to Clinical Commissioning Groups to support GPs and Practice Nurses to signpost patients, including young people, to these services. During 2018/19, self-harm will also be looked at as part of the multi-agency suicide prevention strategy and work.

Rates for hospital admissions for alcohol related conditions are below the national average in Warwickshire but more can be done to prevent liver disease. In 2018 the newly commissioned and redesigned Drugs and Alcohol Service for adults and young people is being mobilised, including the 'ESH Works' (Experience, Strength and Hope) community residential rehabilitation facility to support people who are recovering from drugs and alcohol.

3.8 Table 3 shows the three year trend in performance of the KBMs relevant to this Committee. The attached Annex R provides full details on the 2017/18 performance of the KBMs relevant to this Committee.

Table 3

| Outcome 1: Warwickshire's communities are supported to be safe, healthy and independent | | | | | |
|--|--|------------|--|--|---|
| Service | KBM | Aim | 2015/16 YE Actual & RAG | 2016/17 YE Actual & RAG | 2017/18 YE Actual & (Target) |
| SCS & SC ⁺ | No of permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population. | Lower | 662 | 552 | 577* (528) |
| | | | N/A | N/A | Red |
| SCS & SC | No. of permanent admissions of people to residential and nursing care homes per 100,000 population (aged 18-64) | Lower | 46 | 33 | 50* (33) |
| | | | N/A | N/A | Red |
| SCS & SC | No. of admissions to long term community care (including both residential and community settings) (all ages 18+). | Lower | 2304 | 2070 | 2152** (2000) |
| | | | N/A | N/A | Red |
| SCS & SC | Proportion of adults receiving a direct payment ASCOF 1C Part 2A | Higher | 17.3 | 29.3 | 27.1* (30) |
| | | | Red | Green | Red |
| SCS & SC | Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month) BCF. | Lower | 399.6 | 519.3 | 342 (271) |
| | | | Green | Red | Red |
| SCS & SC | % of customers not needing on-going social care 91 days after leaving reablement (all ages). | Higher | 67.1 | 72.3 | 67.2 (75) |
| | | | Green | Green | Red |

(* Data is currently unverified; verified data will be available in October 2018).
(** Data is a snap shot at a particular time and which is affected by systems issues and data cleansing is being undertaken to understand the extent to which these issues affect the year-end data).
(+ = Social Care & Support and Strategic Commissioning)

| Service | KBM | Aim | 2015/16 YE Actual & RAG | 2016/17 YE Actual & RAG | 2017/18 YE Actual & (Target) |
|----------------|--|------------|--|--|---|
| Public Health | % smoking at the time of delivery (Warwickshire whole) (*This is a forecasted figure for 2017/18) | Lower | N/A | N/A | 9.7* (9.1) |
| | | | N/A | N/A | Red |
| Public Health | Teenage conception rate per 1,000 population (Warwickshire) (*Data is for 2016 which is latest available) | Lower | 22.9 | 19.5 | 18.7* (18) |
| | | | N/A | Green | Amber |
| Public Health | % children aged 11 who are obese (*This is 2016/17 annual rate) | Lower | 16.8 | 17.4 | 17* (17) |
| | | | N/A | N/A | Green |
| Public Health | Alcohol related admissions per 100,000 (KBM) | Lower | N/A | 594 | 590 (625) |
| | | | N/A | N/A | Green |
| Public | Hospital admissions as a result of self-harm - | Lower | N/A | N/A | 502.9* |

| | | | | | |
|---------------|---|--------|-----|-----|---------------|
| Health | children and young people 10-24 per 100,000 (*2016 data is latest available) | | | | (510.7) |
| | | | N/A | N/A | Green |
| Public Health | % health check offers taken up (seen) by eligible population each year across all CCGs (*data is cumulative to Q3 for 2017/18) | Higher | 30 | 44 | 31.2* (40) |
| | | | N/A | N/A | Green |

4.0 Financial Commentary

Revenue Budget

4.1.1 The Council has set the following performance threshold in relation to revenue spends: a tolerance has been set of zero over-spend and no more than a 2% underspend. Table 4 below shows the position for the Business Units concerned.

Table 4

| Business Unit | 2017/18 Budget | 2017/18 Outturn | Revenue Variance | | Retained reserve | Financial Standing |
|---------------|----------------|-----------------|------------------|-------------------|------------------|--------------------|
| | £'000 | £'000 | £'000 | % | £'000 | £'000 |
| SCS | 133,051 | 129,411 | (3,640) | 2.74% Underspent | (8,319) | (11,959) |
| SC | 12,008 | 10,117 | (1,831) | 15.25% Underspent | (4,844) | (6,675) |
| PH | 23,727 | 23,377 | (350) | 1.48% Underspent | (1,049) | (1,399) |

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

- Social Care & Support

The BCF and iBCF have been used in full in order to take some pressure off the NHS system. We have used some of this funding to offset savings and pressures on disability and older people budgets in year, it has left a one-off underspend against the base budget.

For 2018 the expected demand increase is funded in the budget, with reserves now at a level which can fund demand increases beyond what is anticipated if these materialise. The ASC transformation programme has been reset to be directed at projects which maximise value and process efficiency, and are aligned to savings based on the same efficiency, rather than service reductions which would be detrimental to customers and to future demand.

- Strategic Commissioning

The out-turn position for the Strategic Commissioning Business Unit highlights there are no major un-addressed risks. The Business unit is forecasting an under-spend due to the Mosaic Project and early achievement in part for future OOP2020 savings. There may be the need to utilise some of the reserves for 18/19 to complete the implementation of Mosaic within Adult Social Care and to continue the development of Mosaic within Children's Services.

4.2 Delivery of the 2017-18 Savings Plan

4.2.1 The 2017/18 year-end outturn position in relation to savings targets is shown in Table 5:

Table 5

| Service | 2017/18 Target £'000 | 2017/18 Outturn £'000 |
|-------------------------|----------------------|-----------------------|
| Social Care & Support | 5,343 | 4,978 |
| Strategic Commissioning | 2,737 | 2,737 |
| Public Health | 2,534 | 2,534 |

4.4.2 Commentary against the Savings Plan is shown below:

- Social Care & Support

Overall the 2017/18 savings within the business unit do not present an issue to the bottom line budget. Where savings have not been made these were recognised as reducing services received by customers, and so were instead mitigated by efficiencies being realised elsewhere and the utilisation of other one off monies. However, in subsequent financial years, delays in the achievement of efficiencies & demand management may start to present a challenge, especially if the 'redesign' doesn't achieve the expected savings, or that increased demand utilises the capacity created. Achieving a reduction in expenditure in transport continues to be an area where there is unlikely to be delivery, and this continues to be a cross cutting issue and is the subject of discussion across the service areas.

4.3 Capital Programme

4.3.1 Table 6 below shows the approved capital budget for the business units, any slippage into future years and the reasons for this where applicable.

Table 6

| Service | Approved budget for all current & future years £'000 | Slippage From 2017/18 into Future Years (£'000) | Slippage from 2017/18 into Future Years % | Current quarter – new Approved funding/Schemes (£'000) | All Current and Future Years Forecast (£'000) |
|-------------------------|---|--|---|---|--|
| Social Care & Support | 3,350 | (50) | 100% | (0) | 3,350 |
| Strategic Commissioning | 6,948 | (510) | -9% | (102) | 6,846 |
| Public Health | 24 | 10 | - | 0 | 24 |

4.3.2 Commentary on the outturn on Capital expenditure is as follows:

- **Social Care & Support**
The capital budget is managed by Corporate ICT and there was no activity on projects in 17-18.
- **Strategic Commissioning**
The spend in-year was assessed to be revenue thus reducing the required budget. Slippage in year was due to some providers not submitting application forms promptly and with adequate supporting evidence. There is scoping underway for future developments in Client Information Systems.

5 Supporting Papers

- 5.1 A copy of the full report and supporting documents that went to Cabinet on the 14th June 2018 is available via the following link: [One Organisational Plan Year-End Report](#) and can also be found in each of the Group Rooms.

6 Background Papers- None

| | |
|---------------------|--|
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Annex R Adult Social Care

| BU | Key Business Measure (KBM) | Aim-is Higher or Lower Better | Year End Actual | Year End Forecast | 2017-18 Target | Year End Actual RAG | Comments | Actions to be taken |
|-----------|---|-------------------------------|-----------------|-------------------|----------------|---------------------|--|---|
| SCS & SSC | No of permanent admissions of older people (aged 65 and over) to residential and nursing care homes | Lower | 577 | 577 | 528 | Red | There are a variety of aspects impacting long term admissions into residential and Nursing care. The numbers leaving hospital requiring this level of support continue to rise and pathways 3 beds within acutes have increased. No new Extra Care Housing schemes have been available for 12 months, with limited potential new availability in 2018 / 19 planned. Individual length of stays within residential and nursing care are increasing in longevity. Please note this data is currently unverified, it forms part of our statutory annual returns. Verified data is due October 2018 | 0 |
| SCS & SSC | No. of permanent admissions of people to residential and nursing care homes (aged 18-64) | Lower | 50 | 50 | 33 | Red | Please note this data is currently unverified, it forms part of our statutory annual returns. Verified data is due October 2018 | Support planning for individuals will continue to ensure that community support is considered for all customers and residential and nursing care provision is the last option. An increase in this cohort has arisen due to individuals transferring funding streams from health to social care; practitioners will apply Continuing Healthcare (CHC) criteria robustly to ensure individuals are in receipt of the most appropriate support to meet their needs. |
| | No. of admissions to long term community care (including both residential and community settings) (all ages 18+). | Lower | 2152 | 2152 | 2000 | Red | This is a snap shot taken in time, there are system issues and inaccuracies with Mosaic and Data Cleansing required, therefore, we need to understand if this may be impacting this here, given the low number "over". | 0 |
| SCS & SSC | Proportion of adults receiving a direct payment ASCOF 1C Part 2A | Higher | 27.1 | 27.1 | 30 | Red | Please note this data is currently unverified, it forms part of our statutory annual returns. Verified data is due October 2018 | All customers who are eligible for support will be offered a direct payment as part of assessment and support planning. There is a learning and development plan in place for all social care practitioners regarding direct payments to support staff with knowledge and skills on direct payments. |
| SCS & SSC | Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month) BCF. | Lower | 342 | 342 | 271 | Red | To put the delays in context, in 2017/18 Non-Elective admissions into Warwickshire hospitals increased by 5.1%. Despite this DToC performance whilst not meeting target significantly improved during the same period. At the beginning of the year performance was an average of 85 daily beds occupied by delayed warwickshire patients and by March 2018 this had dropped to 49 days. | The Better Together Programme through the DToC Project continues to challenge system wide operational processes, performance and deliver continued improvement. The health and care system now have weekly data and visibility of issues to be much more proactive in our approach. New initiatives implemented during winter 2017 are also being evaluated to identify what can become business as usual going into winter 2018. |
| SCS & SSC | % of customers not needing on-going social care 91 days after leaving reablement (all ages). | Higher | 67.2 | 67.2 | 75 | Red | Customers have been more complex and would probably need some level of support in a few months, it has also been a very bad year for viruses and breathing issues in the hospitals, so potentially the most vulnerable would pick these up and then need some support. | Reablement is looking at Assistive Technology to monitor customers within their homes around hydration, nutrition and medication. Also looking at the potential to have Reablement staff based within the hospitals to start the assessment before the customer returns home. |

SS & SSC = Social Care & Support and Strategic Commissioning

| RAG | Total no. | % |
|-------|-----------|---------|
| Green | 0 | 0.00% |
| Amber | 0 | 0.00% |
| Red | 6 | 100.00% |
| N/A | 0 | 0.00% |
| Total | 6 | 100.00% |



Annex R Health & Wellbeing

| BU | Key Business Measure (KBM) | Aim-is Higher or Lower Better | Year End Actual | Year End Forecast | 2017-18 Target | Year End Actual RAG | Comments |
|----|--|-------------------------------|-----------------|-------------------|----------------|---------------------|--|
| PH | % smoking at the time of delivery (Warwickshire whole) | Lower | 9.7 | 9.7 | 9.1 | Red | Public Health are working towards an ambitious target of 5% for this measure. We continue to work collaboratively across relevant partners to achieve this. |
| PH | Teenage conception rate per 1,000 population (Warwickshire) | Lower | 18.7 | 18.7 | 18 | Amber | <p>There is time lag with data for teenage conception rate. The rate per 1,000 population for 2016 is presented. The target is set as 7.5/1000 decrease over 5 years (=1.5/1000 decrease for 1 year using 2015 figure as baseline - the baseline rate is 19.5/1000).</p> <p>Warwickshire's rate is slightly below the national teenage conception rate; the latest figure (2016) is 18.7 per 1,000 compared to 18.8 for England (statistically similar). However, there was some variation at District/Borough level: North Warwickshire 15.7 per 1,000 (n=16); Nuneaton & Bedworth 29.8 per 1,000 (n=64); Rugby 16.7 per 1,000 (32); Stratford-on-Avon 12.1 per 1,000 (n=24); and Warwick 16.4 per 1,000 (n=32).</p> <p>Rates for Nuneaton & Bedworth, Stratford on Avon and Warwick increased from 2015 but decreased in North Warwickshire and Rugby. However, the small numbers of pregnancies involved can result in these annual fluctuations; in 2015 rates increased from 2014 in North Warwickshire, Rugby and Warwick yet fell in Nuneaton & Bedworth and Stratford-on-Avon. The rates for all districts and boroughs are statistically similar to the national rate, with the exception of Stratford, which is significantly lower.</p> |
| PH | % children aged 11 who are obese | Lower | 17 | 17 | 17 | Green | This is the 2016/17 annual rate. |
| PH | Alcohol related admissions per 100,000 (KBM) | Lower | 590 | 625 | 625 | Green | Quarterly reporting is not possible for this indicator, however, the target has been met. |
| PH | Hospital admissions as a result of self-harm - children and young people 10-24 per 100,000 | Lower | 502.9 | 502.9 | 510.7 | Green | <p>This data relates to 2016/17.</p> <p>The 2017/18 data will not be released until the Child Health Profiles are updated in March 2019.</p> |
| PH | % health check offers taken up (seen) by eligible population each year across all CCGs | Higher | 31.2 | 40 | 40 | Green | This data is cumulative to Q3 for 2017/18 |

PH = Public Health

| Actions to be taken |
|--|
| |
| <p>The condom distribution programme commenced in 2017 in the North of the County to assist in the reduction of the teenage pregnancy rates, along with the 'Acting on Teenage Pregnancy' group which is looking specifically at this issue.</p> <p>Increases seen in some areas of the county will continue to be closely monitored to understand if a trend emerges.</p> |
| <p>The Warwickshire Fitter Future service aims to address child obesity; referrals are made by other agencies, with results showing a positive improvement for participants through increases in: intake of fruit & vegetables, physical activity and self-esteem score.</p> <p>Increase referrals to Family Weight Management Services (Fitter Futures)</p> |
| <p>Continued partnership work with groups/teams including Criminal Justice, Social Care, Health etc. The Public Health England update on their Fingertips tool has indicated a lower actual but prevalence is increasing. Work with Clinical Commissioning Groups (CCGs) to agree oversight of Commissioning for Quality and Innovation (CQUIN) in community health this year and acute health environments next year.</p> |
| <p>During 2018/19 we will be looking at self-harm as part of the multi-agency suicide prevention strategy and steering group.</p> |
| <p>Expect to achieve YE target</p> |

Adult Social Care and Health Overview and Scrutiny Committee

11 July 2018

Work Programme Report of the Chair

Recommendations

That the Committee reviews and updates its work programme.

1. Work Programme

The Committee's work programme for 2018/19 is attached at Appendix A for consideration. The programme was discussed by the Chair and Party spokespeople at their meeting on 21 June. 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 |
|--|--|------------------|---|
| School Health & Wellbeing Service Consultation | To get authorisation to undertake consultation work around the School Health & Wellbeing service in advance of the re-tender in 2019. | 13 July 2018 | Portfolio Holder - Adult Social Care & Health |
| 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. | 17 August 2018 | Portfolio Holder - Adult Social Care & Health |
| School Health & Wellbeing Service Commissioning Approval | The School Health & Wellbeing Service is being recommissioned as part of the on-going commissioning cycle. The current contract will end on 31st October 2019. | 11 December 2018 | Cabinet |

3. Forward Plan of Warwickshire District and Borough Councils

Set out below are scheduled reports to be considered by district and borough councils at their scrutiny / committee meetings 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 | |
| | <p>In North Warwickshire, the focus on health is provided through two forums, the Warwickshire North Health and Wellbeing Partnership (covering both North Warwickshire and Nuneaton and Bedworth), and the Borough Council's Health and Wellbeing Working Party. Examples of recent work are shown below:</p> <p>Warwickshire North Health and Wellbeing Partnership:</p> <ul style="list-style-type: none"> • 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 <p>Health and Wellbeing Working Party</p> <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 | |
| 5 September 2018 | <ul style="list-style-type: none"> • Specialist Elderly Accommodation (TFG) |

| | |
|---|---|
| 31 October 2018 | <ul style="list-style-type: none"> Update on Home Environment Assessment & Response Team (HEART) |
| Warwick District Council – Health Scrutiny Sub-Committee | |
| 3 July 2018 | <ul style="list-style-type: none"> Promoting Health & Wellbeing in the wider District – Focus on Mental Health Health Scrutiny Improved housing conditions in which residents live – Action Plan for Promoting Health and Wellbeing in the wider district |
| 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 Members will recall the previous reports about the review of stroke services. The assurance process is still to be completed, to allow the formal consultation to be commenced with the JHOSC and others.
- 5.2 At its meeting on 15 May 2018 the County Council agreed to participate in the Joint Health Scrutiny Committee with Northamptonshire and Oxfordshire County Councils, for the purpose of responding to the consultation for substantial reconfiguration of consultant-led obstetric services at the Horton General Hospital. The Chair of this Committee, Councillor Wallace Redford is this Council's appointed representative. At the time of preparing this report, the date of the first meeting of the JHOSC has not been confirmed.

6.0 Task and Finish Reviews

- 6.1 At its meeting on 9 May 2018, the Committee received and approved the report of the GP Services Task and Finish Group. The review report has since been submitted to Cabinet at its meeting on 14 June, where it was well received. A copy of the Cabinet minute extract is attached at Appendix B. The Task and Finish Group report will also be submitted to the Health and Wellbeing Board in September.
- 6.2 The report of the CAMHs task and finish group was considered at a joint meeting of this Committee and the Children and Young People Overview and Scrutiny Committee on the afternoon of 12 June. The recommendations were approved and will now move forward for consideration by Cabinet.

Background Papers

None.

| | Name | Contact Information |
|--------------------|---------------|--|
| Report Author | Paul Spencer | 01926 418615 paulspencer@warwickshire.gov.uk |
| Head of Service | Sarah Duxbury | Head of Law and Governance |
| Strategic Director | David Carter | Joint Managing Director |
| 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 2018/19

| Date of meeting | Item | Report detail |
|-----------------------------------|--|--|
| 11 July 2018 | Update on the HWBB | Councillor Seccombe, Chair of the Health and Wellbeing Board will give a presentation to update the Committee on the work of the Board. |
| 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. |
| 11 July 2018 | Drug and Alcohol Services | A new contract has just been awarded for the drug and alcohol service. A presentation will be provided and it is proposed to invite to all members of Council to attend. |
| 26 September 2018 | George Eliot Hospital | This item will focus on progress made in relation to the action plan arising from the CQC inspection, particularly in relation to end of life care services. A briefing note was provided to members in May. GEH has advised that Kath Kelly is retiring from the post as CEO. GEH have arranged for Dr Catherine Free, Medical Director and Daljit Athwal, Interim Director of Nursing to attend. |
| 26 September 2018 | Performance Monitoring - CCGs | The Committee considered the CCG commissioning intentions in 2017. This follow up item provides the opportunity to monitor performance against those commissioning intentions and will be of use for the OSC to consider in commenting on the future commissioning intentions of CCGs. |
| 26 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. |
| 21 November 2018 | Mental Health and Wellbeing. | At the Chair and Party spokesperson meeting on 21 June, members agreed to replace a proposed item on the budget position of social care with an item to consider mental health and wellbeing. |
| 6 March 2019 | GP Services TFG | To receive an update on the implementation of recommendations arising from the work of the GP Services TFG. The report was approved by Cabinet at its meeting on 14 June and is being considered by the Health and Wellbeing Board in September. |
| Future Work Programme Suggestions | Public Health Annual Report | The Director of Public Health's Annual Report will be presented to the September Health and Wellbeing Board 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 |

Appendix A

| | | |
|--|---|--|
| | | part of its forward work programme. |
| | Out of Hospital Programme. | Suggested by Councillor Parsons at the Chair/Spokes meeting on 21 June. |
| | 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 approved a revised Adult Transport Policy on 25 January 2018. This has been suggested as an area for the Committee to review after 12 months of implementation. |
| | Better Health, Better Care, Better Value (BHBCBV) – 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? |
| | BHBCBV – 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? This was also requested as a briefing topic at the Chair and Spokes meeting in June 2018. |
| | 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 |

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| | | 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. |
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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 | Presentation on developing Fire and Health/Social care agenda. | A presentation from Officers of the Fire and Rescue Service on the support they are providing to the work of Social Care. |
| 26 September 2018 | Dementia Awareness | A detailed report and presentation was provided in September 2017. The Committee agreed to consider 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. |

BRIEFING NOTES

| Date Requested | Date Received | Title of Briefing | Organisation/Officer responsible |
|----------------|---------------|---|---|
| 21 June 2018 | | Request for a briefing note on the patient transport service was raised at the Chair & Spokes meeting. This involves several commissioners and service providers, notably five voluntary groups, WMAS, WFRS and CWPT. | DPH and SC The briefing is requested by November 2018. |
| - | 14/05/18 | NHS England provided a briefing on the need to close a dental practice in Nuneaton. | NHS England |
| 9 May 2018 | | Dr John Linnane offered to circulate a briefing note on a service delivery review by the Coventry and Warwickshire Partnership Trust. | DPH and SC |
| 22/02/18 | 18/04/18 | Drug and Alcohol Service. A briefing from the Director of Public Health. This is the subject of a member briefing session at the meeting on 11 July. | |
| 14/03/18 | 03/05/18 | GEH Mortality Briefing – A briefing note to explain the actions taken to respond to two areas of concern on end of life care and an increase in Hospital Standardised Mortality Ratio. | |
| - | 03/05/18 | DPH Annual Report Update – A briefing paper to set out the topic of the next annual report. The theme for this report is the impact of social media on young people's health and wellbeing. | |
| 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. | |
| 22/11/17 | 19/01/18 | Direct Payments Briefing Note - This briefing note provided an overview of the background and principles for Direct Payments. It described what they are, how they can be accessed and the support available to ensure people manage them successfully. | |
| 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. | Sue Wild |

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| | | Further information on health checks would be provided to the Committee for this purpose. | |
| 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 | |

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. | The review report was approved by Cabinet in June 2018 and will be considered by the Health and Wellbeing Board in September 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. |

**Extract of the Minutes of the meeting of the Cabinet
held on 14 June 2018**

8. GP Services Task and Finish Group

Councillor Les Caborn (Portfolio Holder for Adult Social Care and Health) introduced this item before handing over to Councillor Wallace Redford (Chair of the Adult Social Care and Health Overview and Scrutiny Committee) and Councillor Margaret Bell (Chair of the Task and Finish Group).

Councillor Redford provided the background to the review stating that forecast and current development is leading to increasing demand for GP services which are themselves experiencing a reduction in provision. Councillor Bell summarised the key findings of the review and its recommendations as set out in the report.

Councillor Caborn thanked and commended the task and finish group for its efforts before expressing his support for the recommendations contained in the report.

Having acknowledged that the planning system could do more to support the co-ordination of development of GP practices it was agreed that the report should be sent to all Warwickshire MPs for their information.

Cabinet was informed that the NHS continues to use very old technology to plan GP provision. This is aggravated by a national shortage of GPs and long lead in times for trained GPs and the construction of new surgeries.

Whilst it was acknowledged that the County Council has little influence over government policy regarding GPs the meeting recognised that the Council does work with community pharmacies. It was considered that the Health and Wellbeing Board should review how it can assist in this area.

NHS England manages both capital and revenue allocations and consequently the Clinical Commissioning Groups can have little influence on this so far as the development of GP practices is concerned. It has proved difficult to get NHS England to discuss matters such as GP provision but there was hope that an upcoming meeting with the NHS England regional lead would provide an opportunity to do so..

Investment is required in the prevention agenda thus reducing demand for GPs.

In summing up Cabinet again congratulated members and officers on their efforts. The overall sense was that as GP practices are autonomous business the ability to directly influence their decisions is limited. Nevertheless it is important to ensure that MPs are aware of the Council's concerns.

Resolved

That Cabinet:

- 1) Notes the report of the GP Services Task and Finish Group, as approved by the Adult Social Care and Health Overview and Scrutiny Committee;
- 2) Welcomes and supports the recommendations shown in Section 2 of the report, particularly those which concern lobbying the Government and recommendations made for actions by the County Council;
- 3) Confirms its decisions to the Adult Social Care and Health Overview and Scrutiny Committee in order that implementation of agreed actions can be monitored; and
- 4) Notes that the Warwickshire Health and Wellbeing Board will also be invited to consider and respond to the issues for the wider Coventry and Warwickshire health 'system'.