

**Minutes of the meeting of the  
Adult Social Care and Health Overview and Scrutiny Committee  
held on 26 September 2018**

**Present:**

**Members of the Committee**

Councillors, Mark Cargill, Richard Chattaway, 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 Les Caborn, Portfolio Holder for Adult Social Care and Health  
Councillor Alan Webb

**District/Borough Councillors**

Councillor Margaret Bell (North Warwickshire Borough Council)  
Councillor Pamela Redford (Warwick District Council)

**Officers**

Dr John Linnane, Director of Public Health and Head of Strategic Commissioning  
Nigel Minns, Strategic Director for the People Directorate  
Pete Sidgwick, Head of Social Care and Support  
Paul Spencer, Senior Democratic Services Officer  
Jane Alsop, Vanessa Belton, Mandeep Kalsi and Melanie Parry, Planning, Performance & Improvement

**Also Present:**

Robyn Dorling, Engagement and Outreach Officer, Healthwatch Warwickshire  
Jenni Northcote, Chief Strategy and Primary Care Officer Warwickshire North and Coventry & Rugby Clinical Commissioning Groups (CCGs)

**1. General**

**(1) Apologies for absence**

Councillor Helen Adkins (replaced by Councillor Richard Chattaway)  
Councillor Christopher Kettle (Stratford District Council)  
Councillor Chris Watkins (Nuneaton & Bedworth Borough Council)  
Chris Bain, Chief Executive, Healthwatch Warwickshire

**(2) Members Declarations of Interests**

None

**(3) Chair's Announcements**

The Chair confirmed that on 28 September the first meeting would be held of the Oxfordshire, Warwickshire and Northamptonshire 'super' health overview and scrutiny committee. This group would review the maternity service reconfigurations at the Horton General Hospital in Oxfordshire. Councillor Cargill would attend the meeting on his behalf. The Chair had a meeting with his Coventry counterpart on 1 October. There had been further delays in the stroke service reconfiguration for Coventry and Warwickshire. It was now

anticipated that the NHS England assurance process would not be completed until November. The Chair asked that the members of the GP Services task and finish group review a consultation document from the Royal College of General Practitioners and submit their views to himself and the Portfolio Holder for Adult Social Care and Health, to enable the preparation of a response on behalf of the County Council. A copy of the review report would also be submitted.

**(4) Minutes**

The minutes of the Adult Social Care and Health Overview and Scrutiny Committee meeting held on 11 July 2018 were agreed as a true record and signed by the Chair.

**2. Public Question Time**

None.

**3. Questions to the Portfolio Holders**

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

Councillor Parsons had attended one of the recent engagement events for the stroke service reconfiguration. He was more positive about the proposals, speaking particularly about the plans for additional parking provision at University Hospitals Coventry and Warwickshire (UHCW). These sessions were useful, but none had been arranged in the evenings, making it difficult for people who worked during the daytime to participate. He asked the portfolio holder to request additional evening engagement sessions and to seek more information about how the West Midlands Ambulance Service (WMAS) had been engaged in the proposals.

Councillor Caborn responded, noting that the review of stroke services had been ongoing for eight years. He was confident that WMAS had been involved. Whilst this wasn't a County Council review, he would discuss the points raised with the Director of Public Health. Jenni Northcote of Warwickshire North and Coventry & Rugby CCGs also offered to feed back the points raised.

Councillor Margaret Bell asked about the cross border service arrangements with neighbouring counties. This included step down care when patients were discharged from the acute stroke unit at UHCW. Councillor Caborn noted that the review of stroke services was a national issue, rather than just involving Coventry and Warwickshire, but he would look into the points raised.

There was no clear date for the conclusion of this review. Another member commented that many NHS reconfigurations were process led, without a visible service improvement. He asked if the portfolio holder would pass on these frustrations and Councillor Caborn confirmed he did make these points in his meetings with health colleagues. The portfolio holder was asked to provide a briefing document which identified the barriers delaying service reconfigurations and the options available, with a view to lobbying health service colleagues. He agreed to examine this request with officers and would report back to the Committee.

A related point was on WMAS response times and travel times to UHCW. Jenni Northcote confirmed that the CCG did have robust performance monitoring arrangements for WMAS.

#### **4. Director of Public Health Annual Report**

The Committee received a report and presentation from Dr John Linnane, Director of Public Health and Head of Strategic Commissioning (DPHHSC). The Director of Public Health's statutory Annual Report provided a vehicle for informing local people about the health of their community and information for decision makers in local health services and authorities on health gaps and priorities that needed to be addressed. This year's report included an overview of the health and wellbeing of the Warwickshire population, with a focus on the impact of social media on young people growing up in Warwickshire, together with information on progress with the 2017 recommendations. The report made a series of recommendations which required a concerted joint effort in order to be achieved.

In presenting his report, Dr Linnane thanked the schools for their participation in securing considerable feedback from young people, to inform the report. Key points from the report were the impact on young people's sleep, the effects of cyber bullying and the extent of some 'super users' use of social media.

The report included sections on the general health and wellbeing of Warwickshire's population. Dr Linanne confirmed the generally positive position when compared to most of the country, also referring to the data on life expectancy and the following areas of concern in Warwickshire:

- Alcohol admissions - under 18 years old
- Injuries in children
- Suicide rate
- Hospital admissions for self-harm (10-24 years old)

Questions and comments were submitted on the following areas, with responses provided as indicated:

- Members discussed the numbers of suicides in Warwickshire, which statistically was higher than for similar authorities. Research was undertaken with organisations including the Coroner's Office, Transport Police and the National Farmers' Union to audit cases, but this work wasn't published.
- Infant mortality data was also high for some areas. As with suicides, the actual number of cases was small. There were several contributors with quoted examples being smoking during pregnancy, poor nutrition and alcohol/drug addiction. The DPHHSC offered to provide a briefing note with additional information on this area.
- There was a generation gap in terms of knowledge about social media. Some of the issues that members noted were the impact on sleep, reduction in physical exercise and anti-social aspects of cyber bullying and young people being coerced into sharing inappropriate images. The Council would need to use the social media platforms to get key messages to young people.
- It was impossible to 'police' the internet or social media, but parental responsibility was a key aspect. Providing advice for parents was one way the County Council could assist. Many younger children were now required

to use the internet for research to complete their homework and needed supervision.

- This report had also been presented to the multi-agency Health and Wellbeing Board. Work took place with a range of other agencies, an example being the Royal Society for the Prevention of Accidents. Childhood safety was a key area and reference was also made to the numbers of people requiring paediatric services or presenting at A&E. The DPHHSC offered to provide a briefing note with additional information on this area.
- Several members praised the report. The involvement of young people was needed to understand their perspective on the use of social media. This had been a key strand of the research for the report with excellent involvement from Warwickshire schools and over 2300 pupils participating.
- The findings on self-harm were worrying and it was important to address this at an early stage to reduce potential for escalation to suicide. This point was noted and whilst there had been good engagement, more could be done to address mental wellbeing. The results of the survey would be fed back to schools.
- The gap between life expectancy and healthy life expectancy, known as the 'window of need', was discussed. The data for Warwickshire was better than the average for the regional area but it was a significant issue. The DPHHSC offered to provide a briefing note with additional information on this area.
- For the teenage conception data it was confirmed that this would include planned pregnancies. However, the vast majority of pregnancies would be unplanned for this age group. A lot of work was being undertaken to reduce teenage conception, it being stated that this was a constant issue.
- There were health inequalities when comparing different areas of Warwickshire and many contributors for this, but good educational attainment and employment opportunities were known factors to having a better and healthier life expectancy.
- Road traffic fatalities were discussed. There was a significant number of major roads crossing the County which was a key factor. From data, many of the fatalities involved people who were not Warwickshire residents. There was a consensus that the concerns on road traffic fatalities should be referred to the Communities Overview and Scrutiny Committee for consideration.
- A member questioned whether there was a direct link between the cuts to Public Health budgets, service reductions and the resultant report data. It was noted that the ring fenced funding allocated for Public Health in Warwickshire was the second lowest per head of population in the region.
- Points were made about sex education in schools, guidance on managing relationships and social media increased dramatically the need for young people and their parents to receive guidance including spotting potential dangers.
- Councillor Caborn thanked Dr Linnane for the excellent report, which was easy to read and he encouraged members to distribute it widely within their communities.
- Nigel Minns provided reassurance to the Committee that the data from this report and others were used to inform decision making, both at individual organisations and through multi-agency groups including the Community Safety Partnership and a specialist sub-group of the Warwickshire Safeguarding Children's Board. Guidance was provided to parents through various means. Members were encouraged to look at the cyber safe website as an example, which showed how services were connected. He offered to

provide a further briefing note from the Community Safety Partnership to give additional information to members.

## **Resolved**

That the Committee:

1. Notes and supports the Director of Public Health Annual Report 2018.
2. Agrees to endorse the recommendations stated in the report.

### **5. Performance Monitoring - Clinical Commissioning Groups (CCGs): April 2017-March 2018**

In November 2017, the Committee received the commissioning intentions of the three CCGs and this item provided a report back on performance. Jenni Northcote presented the feedback on behalf of the CCGs.

Additionally, Dr John Linnane the Director of Public Health and Head of Strategic Commissioning (DPHHSC) had prepared a performance report. This was derived from reports considered by the Governing Boards of the CCGs. It provided a snapshot of the generally good performance across the three CCGs. Dr Linnane referred to specific indicators concerning referral to treatment times, cancer waits, GP provision, mixed sex accommodation breaches and cancelled operations. A particular area of challenge was the A&E four hour wait target which all CCGs had failed to achieve.

All three CCG's commissioned Coventry and Warwickshire Partnership Trust to provide mental health and learning disability services for children, adults and older adults. South Warwickshire NHS Foundation Trust provided a range of community services including district nursing, health visiting, school nursing, occupational therapy, podiatry, rehabilitation services and speech and language therapy. This report also included relevant extracts for the annual reports of each CCG and links were provided to the full annual reports.

It was noted that the commissioning intentions were an annual process, to set out the priorities to focus health services and maximise health outcomes for the local population. The intentions were published in September to give service providers time to respond to the revised requirements for the following year. Details were provided on how the 2018/19 commissioning intentions had been developed and the priority areas. A summary of progress against the current priorities and key areas of achievements to date were reported for the following areas:

- Primary Care
- Out of Hospital
- Maternity and Paediatrics
- Urgent Care
- Planned Care
- Mental Health

The following questions and comments were submitted with responses provided as indicated:

- Members asked about the improvements made to the child and adolescent mental health services. The number of cases with a waiting time of over twelve weeks had reduced from 86 to 17 during this period. Members requested more information on typical waiting times and this would be provided through a subsequent briefing note.
- The information on psychology therapies was welcomed, with more specific detail being requested through a briefing note.
- The report was welcomed by members. For future reports it would be more helpful to have specific data on the target outcomes. However, it was noted that for the commissioning intentions it wasn't always possible to provide a specific measure of success for every area.
- Members asked about the early diagnosis of atrial fibrillation (AF). This was a heart condition that caused an irregular and often abnormally fast heart rate. Through checking the regularity of a patient's pulse, this sought to provide early interventions as patients with AF could potentially be at risk of a stroke. This was a partnership approach working with Public Health.
- The Brownsover Medical Centre in Rugby and the services it was planned to deliver from this centre. Initially, there would be a focus on GP services, but then additional services were planned. It was confirmed that there would be a pharmacy. Councillor Webb, in attendance at the meeting declared a non-pecuniary interest in the new Brownsover medical centre, due to his involvement in a local association.
- Similar discussion took place about the development of new premises for primary care at Hartshill and at Wellesbourne. At Wellesbourne, the construction works were ongoing and the premises were due to be open by March 2019. It was understood that there would be a range of services collocated at this centre including homeopathic services, podiatry and a pharmacy. This was a large building to provide capacity for future service need.
- For the Hartshill development, this similarly would need to have capacity to meet the needs of future population growth, as well as providing out of hospital services. Councillor Margaret Bell spoke of the delays in progressing this scheme. She then referred to the findings of the GP Services task and finish review and it would be helpful to have a documented process on the stages required for provision of new medical centres. Jenni Northcote explained that there were at least three different ways that new facilities were funded, each with differing governance processes. It would be possible to provide a key milestones document which included where delays were typically experienced.
- Members welcomed the report from Dr Linnane and it was agreed to have further monitoring reports on a six-monthly basis.

The Chair thanked Jenni Northcote and Dr John Linnane for this useful report.

## **Resolved**

That the Overview and Scrutiny Committee notes the report on performance monitoring by the three Clinical Commissioning Groups (CCGs) and agrees to receive six monthly reports on CCG performance.

**6. One Organisational Plan 2018-19 Quarter One Progress Report**

Pete Sidgwick, Head of Social Care and Support introduced this item. The One Organisational Plan (OOP) progress report for the period April to June 2018 was considered and approved by Cabinet at its meeting on 13 September 2018. The report to this Committee focussed on the 11 key business measures within the Committee’s remit, which related to Adult Social Care and Health & Wellbeing. The report also provided strategic context on the One Organisational Plan for the period 2017 to 2020 and a financial commentary.

Mr Sidgwick provided additional information on a key area of progress in reducing delayed transfers of care. This was welcomed by members. Related to this, members were advised about the process to assess continuing healthcare funding eligibility and the impact for social care, when people weren’t entitled to receive this funding from the NHS. Provision of bed spaces in non-acute settings across the county were also discussed. An area where performance had reduced was in relation to the take up of direct payments. This was due to the implementation of a new IT solution (MOSAIC) and the required data cleansing. It was noted that performance in this area had improved since the time of the submitted report. There was currently a budget surplus, but by 2020, the current iBCF (Better Care Fund) would cease and there was less certainty on funding for social care, so a prudent approach was required.

**Resolved**

That the Committee notes the progress in the delivery of the One Organisational Plan 2020 for the period, as contained in the report.

**7. Work Programme**

The Committee reviewed its work programme.

**Resolved**

That the work programme is noted.

**8. Any Urgent Items**

None.

The Committee rose at 12.45pm

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Chair