

**Minutes of the meeting of the
Adult Social Care and Health Overview and Scrutiny Committee
held on 11 July 2018**

Present:

Members of the Committee

Councillors Helen Adkins, Mark Cargill, Dave Parsons, Wallace Redford (Chair), Kate Rolfe, Andy Sargeant and Adrian Warwick

Other County Councillors

Councillor Les Caborn, Portfolio Holder for Adult Social Care and Health
Councillor Jeff Morgan, Portfolio Holder for Children's Services
Councillor Izzi Seccombe OBE, Leader of the Council and Chair of the Health and Wellbeing Board
Councillor Alan Webb

District/Borough Councillors

Councillor Christopher Kettle (Stratford District Council)
Councillor Pamela Redford (Warwick District Council)

Officers

Elizabeth Abbott, Business Partner - Planning, Performance & Improvement
Rachel Barnes, Health and Wellbeing Board Delivery Manager
Dr John Linnane, Director of Public Health and Head of Strategic Commissioning
Nigel Minns, Strategic Director for the People Group
Pete Sidgwick, Head of Social Care and Support
Paul Spencer, Senior Democratic Services Officer
Kate Wooley, Senior Project Manager, Public Health and Strategic Commissioning

Also Present:

Chris Bain, Chief Executive, Healthwatch Warwickshire
Cliff Baldry, Public
Dennis McWilliams, Public

1. General

The Chair welcomed everyone, particularly Councillor Helen Adkins to her first meeting as a member of the Committee.

(1) Apologies for absence

Councillor Clare Golby (Vice Chair)
Councillor Anne Parry
Councillor Jill Simpson-Vince
Councillor Dave Shilton (replacement for Councillor Jill Simpson-Vince)
Councillor Margaret Bell (NWBC)

(2) Members Declarations of Interests

None.

(3) Chair's Announcements

The Chair sought the Committee's views regarding the timing of the briefing/training sessions which preceded each meeting. It was agreed that in future the sessions would commence at 9.30am with the formal Committee meeting commencing at 10.30am.

The Chair gave an update on joint health overview and scrutiny (JHOSC) working. With regard to the 'super' health OSC, Oxfordshire County Council had been requested to provide a date for the first meeting, but this was still awaited. For the JHOSC with Coventry City Council, a meeting of the two chairs would take place in September. A formal meeting would be held when there was an area for the JHOSC to be consulted on and this was currently envisaged for January 2019.

The Chair advised that Glen Burley had been appointed as the new Chief Officer for the George Eliot Hospital (GEH), in addition to holding the same roles at South Warwickshire Foundation Trust and Wye Valley Trust. The work programme included an update from GEH at the 26 September meeting and it was agreed that Mr Burley be invited to that meeting. Councillor Caborn had arranged a meeting with Mr Burley and the Chairs of the two Warwickshire Trusts, to discuss how the new model would operate.

(4) Minutes

The minutes of the Adult Social Care and Health Overview and Scrutiny Committee meetings held on 9 and 15 May 2018 were agreed as true records and signed by the Chair.

2. Public Question Time

Statement and Questions from Mr. Cliff Baldry

Mr Baldry had given notice of making a statement and submitting questions to the Committee on the matter of the provision of adult social care. He made a statement about the lengthy process for securing financial assistance for his wife to assist with her care. This had taken over six months. He stated that from discussions with others, this length of time was not unusual. The Council stated it would complete such assessments, on average, in less than 30 working days. The Chair suggested that officers speak direct to Mr Baldry outside the meeting to investigate this personal matter in further detail.

Questions from Mr. Dennis McWilliams

Mr McWilliams had given notice of 15 questions, shown at Appendix A to the minutes. These concerned the NHS stroke services reconfiguration and associated consultation with the County Council. In view of the number of questions, the Chair advised that a written response would be provided after the meeting. Mr McWilliams addressed the Committee, making the following points:

- He referred to the former Sustainability and Transformation Plan (STP) and asked members to have regard to the chronology of events attached to his questions.
- Andy Hardy, the STP lead had addressed the Coventry Health and Wellbeing Board (HWBB) and Nuneaton and Bedworth Borough Council, but he understood that such updates had not been made to the Warwickshire HWBB or this Committee.

- Mr Hardy had advised Coventry's HWBB that the assurance process was still to be completed.
- He referred to the powers available to both the Joint HOSC and this Committee, urging members to use these powers and to investigate this reconfiguration further.

3. Questions to the Portfolio Holders

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

Councillor Dave Parsons sought further information in regard to the reconfiguration of stroke services, particularly the transfer of services from George Eliot Hospital (GEH) to the University Hospitals Coventry and Warwickshire (UHCW). Whilst praising service delivery at both hospitals, gaining access to UHCW and parking there were problematic. This would be exacerbated if further services were centralised to UHCW. He quoted another example of the delay in treatment of a child, who was redirected from GEH to UHCW.

The Portfolio Holder responded that the County Council may have some limited influence over the reconfiguration of services, but it was not in control of this matter. He viewed that Glen Burley's appointment to GEH was positive for Warwickshire, referring to his success at the South Warwickshire Foundation Trust and the federation approach working across multiple sites. UHCW was the main hospital for the area. He would keep the Committee updated on the service reconfigurations.

Dr John Linnane, Director of Public Health and Head of Strategic Commissioning responded to the point on paediatric services that had relocated from GEH to UHCW, but this wasn't a recent change. There were significant pressures on the NHS. He gave examples of service improvements, such as the out of hospital programme and out of hours' services, to reduce pressures on the accident and emergency department.

Councillor Chris Kettle sought more information about the assessment timeframe raised in the first public question. Pete Sidgwick, Head of Social Care and Support replied, giving a general outline of the processes and timescales involved in some applications for financial support.

4. Update from the Health and Wellbeing Board (HWBB)

The Chair of the HWBB, Councillor Izzi Seccombe provided an update to the Committee by way of presentation. The presentation covered the following areas:

- Aim of the session
- National Context – particular reference was made to delays in the social care green paper and the work of the Local Government Association in formulating its own green paper. Also referenced was the funding announcement for the NHS equivalent to 3.4% of GDP.
- Warwickshire & Coventry Context – recognition of the role of UHCW, the need for centralisation of some services, with very specialist services needing to be provided on a regional basis. Funding aspects were raised, particularly the conclusion of the Better Care Fund and the three year supplementary precept for social care.

- Warwickshire Health & Wellbeing Board - reference to the Concordat which shaped working between agencies across Coventry and Warwickshire.
- Warwickshire key partners in Health & Care – Councillor Seccombe stated the importance of the third sector.
- Health & Wellbeing Strategy
- Joint Strategic Needs Assessment and the move to a place-based approach of local geographies
- Fitting it all together – the roles of the various organisational bodies and parts of the health and wellbeing system
- How the Committee could assist and the key role of elected members – recognition of the place-based assessment of service needs and the pilot schemes completed in Alcester and Atherstone. This work was being rolled out across the county.

Members submitted questions and comments on the following areas, with responses provided as indicated:

- The need for people to embrace the health and wellbeing message to improve their own wellbeing and reduce demands on health services.
- Local elected members were well placed to understand the needs of their communities through the place-based approach.
- Health service funding was based on the number of patients treated, which created competition between different service providers.
- For some areas of the country, there were complex arrangements for service provision.
- The introduction of a health and social care card containing medical information, so patients could share this information as necessary with different service providers.
- The difficulties for those in rural areas without access to a car. The move to specialised or regional centres would exacerbate this.
- Discussion of NHS funding and whether any savings had been achieved to date. The funding arrangements for the NHS and its spending were complex and difficult to interpret.
- For social care, a view that funding couldn't just be increased through precepts on Council Tax. Similarly, it was considered that merging social care and health funding would not be an effective solution.
- Local Government had been successful in achieving efficiency savings. The NHS over the same period had received increases in funding.
- The advertising of 'fast' food and alcohol at major sporting events. This needed to be reviewed.

The Chair thanked Councillor Seccombe for the update on the work of the Health and Wellbeing Board.

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

Elizabeth Abbott, Business Partner - Planning, Performance & Improvement introduced this item. The One Organisational Plan (OOP) progress report for the period April 2017 to March 2018 was considered and approved by Cabinet at its meeting on 14 June 2018. The report to this Committee focussed on the 12 key business measures (KBM) within the Committee's remit, which related to Adult Social Care and Health & Wellbeing. The report also provided context on the One

Organisational Plan for the period 2017 to 2020 and progress made at the end of the first year.

Pete Sidgwick provided additional context on the outturn data relating to social care and support. Particular reference was made to delayed transfers of care (DToC). There had been considerable work between the Council and acute hospitals, which had resulted in a downward trend in the number of DToC cases. An example of this was the work completed to streamline the assessment process, to enable people to leave hospital and transfer to residential or nursing care as appropriate. A new area of focus was 'stranded patients'. This was defined as the number of beds occupied by patients who had been in hospital for seven or more days.

Members submitted questions and comments on the following areas, with responses provided as indicated:

- It was questioned whether the target setting was realistic, whilst noting that Warwickshire has an aging population. Members acknowledged that some targets may be prescriptive. Officers replied that there was a high number of non-acute health services, which did impact on the DToC data. Some targets could be reshaped to provide stretching, but achievable targets.
- The readmission rates for patients to hospital. Officers considered it was unlikely that patients were being discharged too soon and WCC was approaching the discharge process in the correct way. However, there were pressures on bed spaces and targets should be based on patient flow.

The Chair proposed further consideration of the outturn report and specifically where targets had not been achieved at the next Chair and party spokesperson meeting.

Resolved

That the Committee notes the outturn position for delivery of the One Organisational Plan 2020 and the intention for further discussion to take place on the performance report at the next Chair and party spokesperson meeting.

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

A new contract had been awarded for the drug and alcohol service. A presentation was provided by Kate Wooley, Senior Project Manager, Public Health and Strategic Commissioning. The presentation covered the following areas:

- Review and redesign - an overview of the process followed.
- Services and suppliers - for adults, children and young people, a new residential rehabilitation facility and the other services commissioned.
- Facing the challenges and risks – this slide referred to prevalence and the complexities of Warwickshire's unmet need for both alcohol and drug treatment.
- Scope, Priorities, Profile - Assessment and treatment; sustainability, the performance agenda and partnerships.
- Working together-
 - Community safety
 - Police and crime reduction
 - Increased crack use and harm from new psychoactive substances

- Housing
- Homelessness
- Protection and safety
- Children's services
- Improving health and wellbeing outcomes
- Mental health teams and dual diagnosis issues – refreshing the protocol with Coventry.

Members submitted questions and comments on the following areas, with responses provided as indicated:

- Further detail was sought about the residential placements and rates of recovery. This was a small area of the service with 20 placements in the previous year. The majority of the service was delivered in the community. There was the potential for some service users to have a relapse.
- Councillor Rolfe had requested the item and considered that many members would not be aware of this service area. She considered it would be a useful item for Council to receive and the Children and Young People OSC.
- Members questioned why there had been a 32% reduction in the number of people taking up alcohol treatment. There could be a number of reasons for this and one example quoted was the perceived high proportion of middle aged people who drank at home, as this data was hidden.

The Chair suggested that a further update be provided on this service area in twelve months.

Resolved

That the Committee notes the presentation and agrees to receive a further update in twelve months.

7. 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 report had been approved by a joint meeting of this Committee and the Children and Young People OSC on the afternoon of 12 June 2018.

Resolved

That the work programme is noted.

7. Any Urgent Items

None.

The Committee rose at 12.55pm

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Chair

**Questions from Mr Dennis McWilliams
Stroke Services and consultation**

1. Have any of the proposed changes to stroke services figuring in the STP been effected within Warwickshire?
2. Has the Joint Health Overview and Scrutiny Committee (Coventry and Warwickshire) for stroke services met?
3. Have the meetings been minuted?
4. If so, has WCC received the minutes?
5. If not has WCC received reports to public meetings from its representatives to the Joint Committee?
6. Has the WCC Scrutiny Committee received reports from Andy Hardy or Rachel Danter to update the Better Health, Better Care, Better Value Programme for the public record such as on 2 July to the Coventry CC Committee?
7. If not why not?
8. If so where are they published?
9. Has the Committee (or WCC) been engaged directly or indirectly with the Regional Assurance Panel so as to be aware of the Pre-Consultation Business Case on the table for 24th May 2018?
10. Is WCC aware of which NHS requirements were not met on 24th May?
11. Will WCC, the Scrutiny Committee, or the Joint Scrutiny Committee have any involvement in scoping altered proposals for an amended PCBS?
12. What engagement or consultation processes have there been to involve Warwickshire people in regard to stroke service changes in the last 12 months?
13. What schedule or arrangement is WCC aware of for such engagement and or consultation in the next six months?
14. Who has the statutory responsibility in regard to stroke service proposals for governance: i.e.
 - a. Overseeing proposals made in the PCBC? accountability, i.e.
 - b. Ensuring timely consultation and engagement?
15. When will this committee next consider the stroke service plans?