Minutes of the meeting of the
Adult Social Care and Health Overview and Scrutiny Committee
held on 21 November 2018

Present:

Members of the Committee

Councillors Helen Adkins, Mark Cargill, 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 Marian Humphreys (North Warwickshire Borough Council)
Councillor Christopher Kettle (Stratford District Council)
Councillor Pamela Redford (Warwick District Council)

Officers

Louise Birta, CAMHS Commissioner
Dr John LInnane, Assistant Interim Director (Director of Public Health and Strategic Commissioning)
Nigel Minns, Strategic Director for the People Directorate
Pete Sidgwick, Assistant Director of Social Care and Support
Paul Spencer, Senior Democratic Services Officer

Also Present

Chris Bain, Chief Executive, Healthwatch Warwickshire
Jayne Blacklay, Managing Director, South Warwickshire Foundation Trust
Jessica Brooks, Insights and Communications, Healthwatch Warwickshire
David Eltringham, Managing Director, George Eliot Hospital
Prem Singh, Trust Chair, George Eliot Hospital

Members of the Public

Dennis McWilliams
Anna Pollert

1. General

(1) Apologies for absence

Councillor Clare Golby (Vice Chair) and Councillor Margaret Bell (North Warwickshire Borough Council, replaced by Councillor Marian Humphreys)

(2) Members Declarations of Interests

None

(3) Chair's Announcements

The Chair advised that a meeting of the joint Coventry and Warwickshire health overview and scrutiny committee (HOSC) had been scheduled for 16 January 2019. He would be attending the next meeting of the Oxfordshire,

Warwickshire and Northamptonshire 'super' HOSC on Monday 26 November 2018. The Chair had also been asked to attend the Stratford-on-Avon District Council scrutiny committee on 5 December 2018. He had recently held a meeting with NHS representatives to discuss the commencement of a service review for maternity, children and young people.

(4) Minutes

The minutes of the Adult Social Care and Health Overview and Scrutiny Committee meeting held on 26 September 2018 were agreed as a true record and signed by the Chair.

2. Public Question Time

Questions from Mr Dennis McWiliams in regard to Stroke Service Reconfiguration

Mr Dennis McWilliams had given notice of seven questions to the Committee. The questions are reproduced at Appendix A to these minutes. He addressed members of the Committee regarding the delays in the NHS review of stroke services.

The Chair responded that these matters would need to be discussed with the lead NHS officer for the review and a response would be requested for Mr McWilliams. It was confirmed in response to one of the questions that when the final proposals were received, the formal joint HOSC meetings to consider them would be held in public.

Questions from Anna Pollert in regard to Coventry and Warwickshire Partnership Trust

Anna Pollert had given notice of six questions to the Committee. The questions are reproduced at Appendix B to these minutes. She addressed members of the Committee about an estates review involving four properties owned or leased by the Coventry and Warwickshire Partnership Trust and concerns at the loss of services, if these premises were closed.

The Chair responded that these matters would be discussed with the Coventry and Warwickshire Partnership Trust and a response would be requested for Anna Pollert. Simon Gilby, Chief Executive of the Trust would be attending the next meeting of the Committee in January to discuss the Trust's estate review.

3. Questions to the Portfolio Holders

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

Councillor Mark Cargill referred to the Joint Strategic Needs Assessment (JSNA) for Alcester and was pleased with the quality of the data it contained. He considered this would be a useful tool, but asked if there would be a lessons learned approach to ensure the methods used to capture data for future reviews were the best possible. He also asked the Portfolio Holder about the next steps and how the data would be used. Councillor Caborn commented on the depth of information being gathered, adding that a project officer had now been appointed. The data would be used to determine both county-wide and local needs and the results would be available to the public.

Councillor Dave Parsons referred to the redesign of stroke services. He noted that overall there would be a reduction in the number of beds for acute services, asking how the revised arrangements would be monitored. He spoke about the travel times to University Hospitals Coventry and Warwickshire (UHCW) and access difficulties to the site. The response times from West Midlands Ambulance Service (WMAS) varied. There was a need to educate the public, to ensure they called for an ambulance if a person had suffered a suspected stroke or transient ischemic attack (TIA), to ensure the patient was treated as quickly as possible. He praised UHCW for the services it provided, but was concerned at access and parking difficulties, whilst noting that additional parking for 600 vehicles was planned. The portfolio holder acknowledged these points which should be raised in the discussion at the Joint HOSC once the final proposals were issued and the consultation had commenced. Dr John Linnane, Assistant Interim Director (Director of Public Health and Strategic Commissioning) added that the business case for the service redesign was based on there being a reduction in stroke and TIA cases, due to preventative action. An example was the work on atrial fibrillation for those with high blood pressure. The points about travel times to UHCW and access arrangements were all being considered.

4. George Eliot Hospital

The Chair welcomed to the meeting Prem Singh (Trust Chair) and David Eltringham (Managing Director) of the George Eliot Hospital (GEH) Trust. Mr Eltringham gave a presentation which covered the following areas:

- Data about the hospital, the number of beds, births, A&E attendances, outpatient appointments and surgery.
- Current challenges – the need to improve against national performance expectations and to improve efficiency, including reducing spending on agency staff. There was a detailed improvement plan in response to a CQC inspection.
- The foundation approach – it was anticipated that such models would develop across the NHS. This approach followed successful ‘buddying’ between South Warwickshire NHS Foundation Trust (SWFT) and Wye Valley NHS Trust (WVT). This was not a merger, as each trust retained a separate board, chief executive, Care Quality Commission (CQC) ratings and their own balance sheet. However there was a common board sub-committee focussed on strategy. The principles and benefits of this approach were outlined.
- The 10 point plan. This was an interim plan focussed equally on internal improvements and partner focussed objectives.
- Progress against the action plan resulting from the CQC inspection. This focussed particularly on end of life care (EOL), where three areas had been rated as inadequate and on the emergency department. The CQC had acknowledged the significant progress made on EOL, quoting particularly the recruitment to senior posts and EOL staff education. Emergency care remained a challenge, particularly in regard to the four hour A&E target. The CQC had recognised the progress to date, but there was still much to do and further measures were planned. The CQC had recently revisited GEH for three days and whilst formal feedback was awaited, the initial feedback was positive.

- Stakeholder engagement. A complicated slide showed the many ways in which GEH engaged with sponsors, provider organisations, key opinion formers and advisors/regulators. Highlighted were the community engagement group, the patient forum, recent work with the Warwickshire Fire and Rescue Service, the County Council and the voluntary sector.
- Preparation for 'winter pressures'. An additional ward had been transferred from surgical to medical use, with additional weekend cover and tactical measures too. Two winter planning workshops had been held, as a result of which, rapid improvement teams had been established to respond to key areas. These comprised an enhanced frailty pathway to reduce further admissions, an ambulatory care unit, to improve rapid investigation and dedicated orthopaedic unit for routine surgery.
- The position on staffing. Overall GEH vacancy rates had reduced from 13% to 9.16%. Typically, trusts were reporting vacancy levels at around 10%. This was the vacancy level for qualified band five nurses. An area of concern was medical and dental staff, which was reducing, but still stood at 18%. A further slide showed the endeavours to recruit to these vacancies, with overseas appointments being referenced particularly.
- A finance summary was provided and this remained a significant challenge. GEH's annual turnover was £148m and the projected deficit for the current financial year was £18.5m. However the current position was showing a further £400k deficit at month seven.

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

- How GEH was managing reputational aspects and public perceptions, also providing positive messages on the progress being made. Mr Eltringham replied that the hospital was part of the community. As a relatively new employee, he had noticed the positive feedback from patients, particularly through the patient forum. GEH did engage with other councils and through the JSNA work. Trust board meetings were held in public, with regular press attendance. He considered that the 10 point plan needed to publicised more. A key aspect was the feedback from the CQC and he emphasised that the trust was on a journey, with a positive direction of travel.
- National news articles had reported that the majority of hospital trusts were failing to meet key targets. The more successful trusts were taking a holistic approach to patient flow and it was asked if GEH would adopt this. It was also noted that the foundation approach had the potential for both benefits and financial savings and was questioned if GEH was looking both internally and externally to achieve such outcomes. Prem Singh stated the need for honesty. The public didn't recognise the complex structure of NHS organisations. GEH was being honest with the press, public and stakeholders. There were areas of good practice with infection control being raised particularly. There were many benefits from the foundation approach. The integration of services and group model were good for Warwickshire with the links to South Warwickshire Foundation Trust (SWFT) raised particularly. On patient flow, discharge arrangements were a key aspect, to integrate with community based services. There was a financial challenge due to the size of GEH. Reactive services like A&E had to be managed and there wasn't capacity for elective services, where trusts could make additional monies. In financial terms, last year a predicted deficit of £13m resulted in an actual deficit of £21m.

- Councillor Pam Redford asked about cancer targets and how performance levels could be improved. There were two key aspects to this, firstly on diagnostics, where progress was being made to streamline analysis processes. Secondly, referrals to specialist services, where there was an issue on capacity levels and work was ongoing to address this with NHS partners. The aim was to achieve the target level for the 62 day cancer pathway by the end of the calendar year. It was questioned if additional pathology staff were needed and clarified that this was a service provided across the Coventry and Warwickshire area by UHCW.
- Councillor Pam Redford asked about efficiency savings from 'back office' functions and whether this would include medical secretaries and porters. Mr Eltringham considered these were front line services. An example of back office savings was the potential within IT systems across the three trusts and there were other examples where services could be delivered from a remote location, but a combined strategy would be needed. On the financial challenges, Prem Singh added that GEH would need to look both internally and externally, both at clinical and back office functions. Procurement was another area with the potential for savings.
- Councillor Parsons asked about the costs associated with the new management structure. He stated the public concerns about the downgrading of this community hospital for the north of Warwickshire and the perceived loss of services to UHCW. Prem Singh acknowledged the point about management overheads, but he considered that the additional short term management cost increases should be offset by efficiency proposals. David Eltringham assured that a district hospital would remain at this location and the trust's Chief Executive, Glen Burley was on record stating this. The NHS 10 year plan would provide the framework for future service delivery. There may be a need to work collaboratively with partners, to review services across the Coventry and Warwickshire area, with the potential for some changes to services delivered from the GEH site. The local population and politicians had strong views about the integrity of the hospital. Prem Singh concurred that the important focus should be on delivering sustainable clinical services that were the best services for patients. The example of stroke services was used to demonstrate this. He added that GEH and UHCW were reliant on each other and that all hospitals should engage with partners both within the NHS and with other services.
- Councillor Chris Kettle spoke about staff retention and the current 10% staffing shortfall, with a reliance on the use of agency staff. He asked what GEH were doing to address this. He also noted the lack of data in the presentation, particularly in regard to the financial position of GEH and some of the data provided was from June 2018. He asked about winter pressures, the peak demand forecast and how this would compare to the previous year. Finally he sought more information on cancer waiting time data. Mr Eltringham replied, providing headline performance data for the trust's emergency department. This had deteriorated significantly over the previous three months and was a driver for the additional work in preparation for the winter period. There was ongoing work to model the shortage of bed spaces to meet anticipated demand and an acknowledgement that planning could be better. A piece of work was being undertaken with NHS Improvement support to address this. In terms of cancer performance, GEH had failed the 62 day diagnosis target for the previous month. Because of the low number of cases involved, it was considered that this could be addressed quickly. He added that planning for the winter period should take place much earlier and there was a need to plan for subsequent years now. Councillor Kettle restated that

planning for this winter period should have started several months ago, due to the lead time required. Mr Eltringham advised that discussions did take place, but from the recent review it was established that these plans were not sufficient. It had become evident that there was a further gap to close in terms of bed numbers. This was why additional work was taking place. He reiterated the need to plan for subsequent years at a much earlier stage as winter became more challenging each year. Prem Singh added that footfall through most A&E departments hadn't really reduced through the summer months. He acknowledged that the winter planning hadn't been as robust as it could have. There was a fixed tariff income for GEH and an increasing service demand. He commented further on staff retention which is a key area and the aim to make GEH an attractive place for people to work. The vacancy rates at GEH had reduced.

- Jayne Blacklay, managing director at SWFT and group lead for strategy addressed the meeting. She provided context on the earlier work with WVT, its worse financial position and the significant progress achieved in terms of planning. This provided a good model for the work with GEH giving more security in terms of service sustainability and the ability to share the learning from the work with WVT to embed best practice in terms of planning. For GEH the potential benefits were even greater as both hospitals were within the same County and clinical expertise could also be shared.
- Councillor Simpson-Vince spoke about potential procurement benefits due to the economies of scale. Similarly, best practice/cooperation for training opportunities could be shared across the three trusts, which could also assist with recruitment and retention. Prem Singh replied that there was already a synergy and a positive 'buddying' system embedded with a combined mindset to improve quality and clinical services, as well as leadership and development. This would attract and retain good staff.
- Councillor Sargeant asked about the reaction of GEH staff to the foundation approach. Prem Singh was not aware of any negative reaction and in fact the feedback he had received had been very positive.
- Councillor Marian Humphreys spoke about the end of life work in community groups for north Warwickshire, asking if someone from GEH could attend one of their meetings to update on its work on end of life care. This was agreed.

The Chair thanked Prem Singh and David Eltringham for their attendance. It would be useful for the Committee to receive an update on progress and he would discuss with lead scrutiny members the timing of this update.

Resolved

That the Committee thanks the representatives of the George Eliot Hospital Trust for the informative presentation and for responding to questions.

5. Update from Healthwatch Warwickshire

The Healthwatch Warwickshire (HWW) Annual Report for 2017/18 had been circulated. Chris Bain, Chief Executive of HWW gave a presentation to members which covered the following areas:

- People – A slide showing the organisational structure of HWW
- Review of 2017/18

    - Signposting
    - Data and Information
    - Enter and View
    - Projects
    - Influencing
    - Events and Conferences
- Results from Quarter 1 of 2018/19
- Looking Forward
    - 3 year contract
    - Setting priorities
- Key Issues
    - The future of Integrated Care
    - The State of Care
    - Tipping Point?
- Healthwatch Warwickshire's Mission
- Healthwatch's planned approach moving forward

Chris explained the statutory roles of HWW, before highlighting some of its current projects. An example was the rights access project for homeless people to be able to access primary care services. HWW had provided information cards to assist with this. On wellbeing he referred to a survey with 200 respondents which would feed in to the year of wellbeing work. He spoke about the influencing role of Healthwatch, as well as the standing conference and annual conference, which WCC had hosted in October. He noted that the vast majority of respondents to surveys were women. There was an issue about men talking about their health. He also spoke about the positive engagement with the LGBT community on their health needs. Chris outlined how Healthwatch would set its future priorities, before turning to key issues for the future. HWW would be participating in engagement work on the NHS 10 year plan when it was rolled out. He stated that the key issues for the sector were resources and workforce, commenting on the number of care home staff vacancies, training of care home staff and the need for a patient centred culture. There is a need to develop system wide capabilities to gather, share and act upon the information received from the public. There was also a need to look beyond the health and social care system to improve the population health in Warwickshire.

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

- Councillor Kate Rolfe referred to neighbourhood plans and the referendum being held for the Stratford on Avon area. She asked how HWW had been engaged in this process to date. She also noted the current level of 100,000 vacancies within the care sector and sought Chris' views on if this was likely to increase still further. He replied that Healthwatch had spoken to a lot of people to understand issues in each locality. Key issues were isolation and loneliness, as well transport needs especially for those with mobility issues. There were difficulties for some people in getting GP appointments and then getting a referral to see a specialist. He confirmed HWW was willing to talk to any organisation developing its neighbourhood plan.
- Councillor Kettle asked about the funding allocation for HWW and how this compared to other areas. Chris Bain advised this was based on population levels.

The Chair thanked Chris Bain for this useful update.

Resolved

That the Overview and Scrutiny Committee notes the Annual Report of Healthwatch Warwickshire.

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

Dr John Linnane Assistant Director of Public Health and Strategic Commissioning introduced this item. The One Organisational Plan (OOP) progress report for the period April to September 2018 was considered and approved by Cabinet at its meeting on 8 November 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. More detailed progress was reported through scorecards showing the performance for 2017/18, together with actual and target levels for 2018/19. The report also provided strategic context on the OOP for the period to 2020 and a financial commentary. Dr Linnane took members through the areas of good practice, areas of concern and the remedial action taken together with areas to note.

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

- Councillor Rolfe sought more information about health checks. These were available to any person aged between 40 and 70 who was not currently registered with a GP. This was a five year programme which provided a range of tests including body mass index, blood sugar and cholesterol to give a risk score of the likelihood of a heart attack or stroke, with subsequent referral to a specialist, where appropriate.
- Councillor Parsons asked if the atrial fibrillation initiative was included in the health checks. This was a national programme and wasn't included within the specification presently, but it was hoped to include in future programmes. There was a programme through which GPs received additional resources to do the atrial fibrillation test, conducted by simply taking a patient's pulse.
- Councillor Cargill noted that there was a projected budget underspend, but a deterioration in some of the performance levels. Dr Linnane replied that the underspends were as a result of the early delivery of savings targets. The key was to ensure services were provided in a sustainable way.
- Councillor Kettle pursued this point, asking where officers thought subsequent performance levels would be. Dr Linnane advised this was the mid-year position. Service demands were increasing, with people living longer and there were more frail elderly people. There were numerous duties for the County Council under the Care Act. This was a period of huge and intense change. He added that there was a lot of data underneath the headlines which added context and trend data also. An example was the improved position on delayed transfers of care. Councillor Caborn added that it was preferable to have tough targets, which it was anticipated could be achieved, even if some were missed.

The Chair added that delayed transfers of care would be considered at the next meeting of the Committee, to explore in more detail the cases that were attributable to the County Council.

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. Councillor Parsons asked about the timing of the report back from GEH, which would be discussed at the next Chair and Party Spokesperson meeting. Councillor Caborn considered that the discussion with GEH had been useful and the Committee might find a similar meeting with the South Warwickshire Foundation Trust equally useful. It was confirmed that the agenda for January would include an update from Coventry and Warwickshire Partnership Trust.

Resolved

That the work programme is noted.

8. Any Urgent Items

None.

The Committee rose at 12.50pm

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Chair

Questions from Mr Dennis McWilliams

I would be grateful if the Committee can provide an answer to the following in regard to stroke service reconfiguration.

1. Has the HOSC had full particulars of the SSNAP data referred to in the letter of the West Midlands Clinical Senate Chair of 6th August, now published on its website on 7th November?

2. Have Coventry and Rugby CCG or North Warwickshire or South Warwickshire CCGs or any other NHS body provided training to Councillor Members of the ASCHOSC to enable them to assess and scrutinize the proposals submitted for Assurance to NHSE or the Assurance outcome?

3. Have councillors been provided with any peer approved advice and/or guidance on assessing stroke service reconfiguration proposals independent of the CCGs advancing the proposals for consultation?

4. Does any such training or guidance include how to assess SSNAP figures?

5. Does the Committee know of the date(s) for the final NHSE Assurance pre-consultation process?

6. Will the Committee be provided with particulars of the findings/outcome of the NHSE Assurance process?

7. Will Warwickshire County Council publish the agenda in advance of and minutes after any meeting of the Joint HOSC on stroke services?

Questions from Anna Pollert

Question: I would be grateful if the Committee can provide an answer to the following in regard Coventry and Warwickshire Partnership Trust Plans to sell (or cease leasing) Mental Health Outpatients Premises.

1) Has the ASCHOSC been provided with Coventry and Warwickshire Partnership Trust's current Estates Strategy. If so, please can I have your response and if not, can you require the details?

2) In particular, does the ASCHOSC have details of the plans for:

- St. Mary's Lodge - adult mental health outpatients' psychiatry and psychotherapy ((St. Mary's Rd, Leamington).
- Whitnash Lodge - learning disability (Heathcote Lane, Warwick).
- Warwick Resource Centre – run by community mental health teams and specialising in psychosis (Cape Rd, Warwick).
- Ashton House - early intervention and psychosis, run by community mental health teams. This is currently rented (George St. Leamington).

Please can you provide your response to these plans?

3) Will the ASCHOSC require Mr. Gilby to provide the valuation of each of the buildings planned for sale and what CWPT intends to do with the proceeds, if the sales go ahead?

4) Simon Gilby, CE of CWPT, has stated, in a letter to a concerned member of the public enquiring about these plans, that buildings are being reviewed 'to ensure that they are fit for purpose and cost effective to run'.
Will the ASCHOSC require Mr. Gilby to explain why some of these buildings have not been maintained to safety standards, as several mental health staff observe, thus making it easier to justify selling them?

5) It has been suggested that some of these outpatients' services are to be re-located to St. Michael's Hospital, Warwick. Will the ASCHOSC have these plans verified and ensure that, before plans proceed further, a risk assessment of negative health outcomes for vulnerable outpatients recovering from mental health crises in having to attend outpatients' support in a psychiatric hospital setting? Risk assessment must include the impact of perceived stigma and trauma of a psychiatric hospital on outpatients' wellbeing.

6) At present, the buildings providing outpatients' care are ordinary residential buildings in community settings. Will ASCHOSC, in scrutinizing relocation plans, consider the very complex needs of mental health patients and the vital importance for both recovery and crisis prevention (e.g. self harm) of keeping care within the communities in which people live, and not moving to 'hubs' or general walk-in centres?

Yours sincerely,
Anna Pollert