

Adult Social Care and Health Overview and Scrutiny Committee

30 January 2019

Agenda

A meeting of the Adult Social Care and Health Overview and Scrutiny Committee will be held at the **SHIRE HALL, WARWICK on Wednesday, 21 November 2018 at 10.30a.m.** Please note that there will be a briefing session prior to this meeting at 9.30a.m.

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

The agenda will be: -

1. General

(1) Apologies

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

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

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

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

(3) Chair's Announcements

(4) Minutes of previous meetings

To confirm the minutes of the meeting held on 21 November 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. Coventry and Warwickshire Partnership Trust

The Chief Executive of the Coventry and Warwickshire Partnership Trust, Simon Gilby will provide an update to the Committee. There are two written reports on estate aspects and the outcome of the recent Care Quality Commission inspection. Mr Gilby will provide a verbal update and respond to questions from the Committee.

5. Hospital to Home Service Update

The 'hospital to home' scheme is delivered by Warwickshire Fire and Rescue Service and a report will be provided on the scheme's operation.

6. One Organisational Plan Quarterly Progress Report Q3

To consider the latest One Organisational Plan quarterly progress report.

7. Delayed Transfers of Care Update

The Committee received comprehensive information on Delayed Transfers of Care (DToC) on 24th January 2018 including a joint presentation on performance and proposed further actions. This report will provide an updated position after 12 months.

8. 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.

9. 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 Holder:- Councillor Les Caborn (Adult Social Care and Health)

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* The agenda for this meeting includes item 6 that relates solely to adult social care.

**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 McWilliams 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 be 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

Item 4(a)

Report to: Warwickshire Adult Social Care and Health Overview Scrutiny Committee – 30 January 2018

Coventry and Warwickshire Partnership NHS Trust: Provision of Community Mental Health Services in Leamington and Warwick

1. Purpose of Report

- 1.1 This paper provides the basis for a presentation to be made to the committee about developing plans for the continuing provision of community mental health services in the Leamington and Warwick area. The committee will be invited to note and comment on the developing plans and engagement with patients
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2. Background

- 2.1 Coventry and Warwickshire Partnership NHS Trust (CWPT) has an overall estate strategy designed to ensure that it provides services, when required, from modern, well maintained and accessible estates, and to ensure that it is achieving value for money from its estate.
- 2.2 Whilst it is important that the trust utilises estates wisely, it is critical that decisions about estates are driven from the perspective of delivering safe, high quality services to local communities in an appropriate and accessible way.
- 2.3 The estates plan includes a review of the premises from which community mental health services are currently provided in Warwick and Leamington.
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3. Review

- 3.1 The specific premises currently subject to review, as has already been identified to the committee, are:
- Yew Tree House (Leamington – staff base only)
 - Ashton Lodge (Leamington – staff base only)
 - St Mary's Lodge (Leamington – Outpatient clinics)
 - Mental Health Response Centre (Warwick – Outpatient clinics)
- 3.2 Work has been taking place to consider potential options with the full engagement of staff. The trust has always been clear that no current services are being taken away from the Leamington and Warwick area. Patients who currently see clinical staff in the Leamington and Warwick area will continue to be able to do so.

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- 3.3 The trust is aware that the committee have been asked, and agreed to seek a response on, a number of questions about the developing proposals and their potential impact on patients
- 3.4 The presentations to committee will address, as requested, the rationale behind the review, the current stage of development and proposed timescales, and proposed engagement with patients, including how the trust continues to ensure suitable and accessible services.
- 3.5 For clarity, plans for developing premises in Stratford are separate from the plans in Leamington and Warwick. The plans in Leamington and Warwick do not impact on Mental Health services for children and young people or our Community services for people with a learning disability.

4. Recommendations

The committee is asked to note the content of the above report as the context for receiving and communication on presentation in respect of developing plans

Simon Gilby
Chief Executive
30 January 2019

Item 4(b)

Title of Report:	Coventry and Warwickshire Partnership NHS Trust: Care Quality Commission – Inspection of trust services conducted between 6 August and 4 October 2018.
Prepared By:	Simon Gilby, Chief Executive
Purpose of Paper:	To communicate the details of: <ul style="list-style-type: none"> • The outcome of the Care Quality Commission (CQC) inspection process completed between 6 August 2018 and 4 October 2018.
Key Messages/Issues:	<ul style="list-style-type: none"> • The CQC published the report of their inspection of Trust Services on 21 December 2018. • The report confirmed that the Trust has improved its rating from ‘Requires Improvement’ to ‘Good’ overall. • Seven Core Services were inspected during 2018. 12 out of 14 Core Services are now rated as ‘Good’ overall, with 2 Core Services rated as Requires Improvement. • The report includes 5 Requirement Notices, which are linked to actions that the Trust ‘must’ take (n14) and in addition there are also actions that the Trust ‘should’ take (n33). • The Trust has already taken action against issues raised during the period of the inspection and is now in the process of developing its plans further, to implement and embed systems and processes that improve the Trust’s oversight and governance.
Recommendations:	The Committee is invited receive the report and to note the further action being taken against the report’s findings.

Report to: Warwickshire Adult Social Care and Health Overview Scrutiny Committee – 30 January 2018

Coventry and Warwickshire Partnership NHS Trust: Care Quality Commission inspection of services conducted between 6 August and 4 October 2018.

1. Purpose of Report

- 1.1 To confirm that the Trust has received a rating of 'Good' from the Care Quality Commission (CQC) for its most recent inspection conducted during 2018.
- 1.2 To confirm that action is being planned and taken to address the findings where indicated.
- 1.3 To highlight, and respond to, any further areas on current service challenge and/or planned service transformation as the Committee may require.

2. Background







- 2.1 The CQC inspect and regulate healthcare service providers in England. The CQC ask the same five questions of all services they inspect: are they safe, effective, caring, responsive to people's needs, and well-led? The CQC rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.
- 2.2 The CQC conducted its inspection between 6 August 2018 and 4 October 2018. The inspection included review of 7 of the Trust's 14 core services.
- 2.3 The Trust worked with the CQC to plan and deliver the inspection. This included, to support the inspecting teams, the provision of a significant number of reports, policies, performance dashboards and other documents before, during and after the inspection, alongside arranging interviews with a wide range of trust staff, focus groups for staff and patient groups and bespoke interviews with patients, families and carers.

3. Findings


- 3.1 The CQC published the report of their inspection of Trust Services on 21 December 2018 (<https://www.cqc.org.uk/provider/RYG>).
- 3.2 The report confirmed that the Trust has improved its rating from 'Requires Improvement' in 2017 to 'Good' overall in 2018 as well as 'Good' in all domains apart from 'Safe' (Table1).

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Table 1: CQC Rating of the Trust 21 December 2018.

Overall Rating	Good	
Are services safe?	Requires Improvement	
Are services effective?	Good	
Are services care?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

3.3 Twelve out of 14 Core Services are rated as 'Good' overall, two services continue to be rated as 'Requires Improvement', as per ratings grid below.

	Safe	Effective	Caring	Responsive	Well led	Overall
Long stay or rehabilitation mental health wards for working age adults	Good	Good	Good	Requires improvement	Good	Good
Wards for people with a learning disability or autism	Requires improvement	Good	Good	Good	Good	Good
Community mental health services with learning disabilities or autism	Good	Good	Good	Requires improvement	Good	Good
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Community dental services	Good	Good	Good	Good	Good	Good
Community end of life care	Good	Good	Good	Good	Good	Good
Community health services for adults	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Community health services for children, young people and families	Good	Good	Outstanding 	Good	Good	Good
Community-based mental health services for adults of working age	Good	Good	Good	Good	Good	Good
Community-based mental health services for older people	Good	Good	Outstanding 	Good	Good	Good

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Forensic inpatient/secure wards	Good	Good	Good	Good	Good	Good
Mental health crisis services and health-based places of safety	Requires improvement	Good	Good	Good	Good	Good
Specialist community mental health services for children and young people	Good	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Requires improvement	Good	Good	Good	Good	Good

- 3.4 The report identifies areas of good practice and also the significant areas of improvement made over the past year since the CQC's previous visit. Four out of the seven core services visited moved from a rating of Requires Improvement to Good.
- 3.5 The CQC observed a number of areas of outstanding practice, not limited to but including:
- Being the only NHS Trust listed within the Best Employers for Race award organised by Business in the Community and as part of the Prince of Wales responsible business network.
 - Winning the Large Employer of the Year Award for its apprentice scheme, organised by Coventry College.
 - Continuation of promotion and support to the campaign to raise awareness of men's mental health, called "It Takes Balls to Talk". The campaign won the regional healthier communities award in the NHS 70 Parliamentary awards.
 - The Trust's work as part of the MERIT Vanguard programme with three other mental health NHS trusts supporting active bed management for patients urgently in need of support.
 - The Trust's piloting of the use of medically certified technology in older people's mental health wards.
 - Partnership working with a locally run national charity led to two RISE community hubs being opened supporting children and young people with mental health problems and their families to access information and guidance.
 - Specialist community health services for children and young people services developed of the "Dimensions Tool", in conjunction with parents and carers, referrers and clinical staff (a web-based application that offers a symptom checker and advice on sources of help).

Item 4(b)

- 3.6 The report includes 5 Requirement Notices linked to actions that the Trust must take (n14) as the CQC deemed the Trust to be operating outside of legislation and also actions that the Trust 'should' take (n33) where a minor breach, that did not justify regulatory action, was identified.
- 3.7 The CQC identified action that the Trust is required to take, which is not limited too but includes:
- Ensuring that staff participate in essential training including, Mental Capacity Act, Mental Health Act and safeguarding level 3.
 - Ensuring that supervision is available to staff and accurately recorded.
 - Ensure that all equipment in use is fit for purpose and is within the expiry date for testing in line with policy (physical community services).
 - Ensure that changes are made to the seclusion room to prevent the risk of injury to patients and staff (adult in-patients).
 - Ensuring that effective systems are in place to check that all issues relating to the management of medication including room, fridge temperatures and the administering of medications is safe.
 - Ensuring continued focus on staffing issues so that wards can operate in a way that is safe for both staff and patients.
 - Ensuring that managers have the time required to manage wards and improve the levels of governance on the wards.

4. Action / next steps

- 4.1 The Trust took immediate action against a number of issues raised during the inspection, engaging with the CQC inspection team throughout the inspection period. In respect of other action required, the Trust has developed plans for taking action against the report's findings. This action plan is a key document that will support the Trust to monitor progress internally, but also externally with the CQC and other key stakeholders. The report is currently shared with the CQC for endorsement.
- 4.2 Key themes are evident in the report's findings and, in some instances, require Trust wide action to implement and embed. Progress will be monitored at Board level, with oversight of detail actions delegated to committees as appropriate
- 4.3 In respect of the 'Well-led' domain, the trust engaged with NHS Improvement and with external advisers in assessing its progress and preparing for the CQC inspection. The Trust has combined the outcomes of the external advice

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received, including the CQC feedback, into a single well-led development plan.

- 4.4 The Trust meets with the CQC routinely, on a monthly basis, and will continue to do so to engage advisers over progress with action being taken and to support work towards the next inspection which is anticipated in 2019.

5. Recommendations

The overview and Scrutiny Committee is invited to receive the report and to note the further action to be taken against the report's findings.

Simon Gilby
Chief Executive
30 January 2019

Adult Social Care and Health Overview and Scrutiny Committee

30 January 2019

Hospital to Home Service Update

Recommendation

1. To consider and comment upon the key messages outlined by the presentation from the Fire and Rescue Service on the Hospital to Home Service.

1.0 Purpose

- 1.1 The Fire and Rescue Service will provide a presentation on the progress of the Hospital to Home Service since it was established in August 2018. The presentation will cover the scope of the service, performance to date, feedback from customers, learning and opportunities for improvement. The presentation will offer the opportunity for members to ask questions and learn more about the service.

2.0 Context

- 2.1 The Hospital to Home Service is provided by Warwickshire Fire and Rescue Service through a Service Level Agreement with Strategic Commissioning (People Directorate) and has been operational since August 2018.
- 2.2 The service is funded through the Improved Better Care Fund and Winter Pressures funding, and subject to 19/20 BCF guidance and approvals, it is intended that funding will be secured until March 2020.
- 2.3 The customer group for this service is primarily focused on older people (adults aged 65 and over) who live in Warwickshire and have been assessed as eligible for or are in receipt of Care Act eligible services. The Service was set up to provide safe and timely transport for eligible customers who have been discharged from Accident and Emergency (A&E) departments and clinical decision units and who require transportation back to their place of residence and support to settle back at home (including care home residents).
- 2.4 The service does not provide regulated activities which require registration with the Care Quality Commission (CQC), such as personal care or transporting patients in a vehicle that was designed for the primary purpose of transporting people who require treatment (e.g an ambulance).

- 2.5 The aim of the service is to prevent unnecessary admission into hospital for adults who are well enough to go home following their treatment within A&E but require immediate transport and support to return home. The service covers A&E discharge from South Warwickshire Foundation Trust and George Eliot Hospital. The service is available 12 hours a day (10am to 10pm), 7 days a week and 365 days a year. The Hospital to Home Service attends the relevant A&E department within 60 minutes of the referral being made.
- 2.6 The Hospital to Home Service embeds the principle of Making Every Contact Count (MECC). Customers returned to their home are offered a Safe and Well Check, either on the day or within five days of their return. By carrying out a home based assessment of risk and well-being and sign-posting customers to appropriate organisations for further support, the service contributes to the aim of reducing readmission to hospital.

3.0 Next steps

- 3.1 The presentation will provide members with five months of data and intelligence on how well the service is performing, feedback from customers and key partners and learning from staff. This will inform how the service is improved and refined.

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Background papers: None

EIA: To follow

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

Local Member(s): None

Other members: Cllr Caborn, Cllr Redford, Cllr Golby, Cllr Parsons and Cllr Rolfe

Adult Social Care and Health Overview & Scrutiny Committee

30 January 2019

One Organisational Plan Quarterly Progress Report: April to December 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 period as contained in the report.

1. Introduction

- 1.1. The One Organisational Plan (OOP) Quarterly Progress Report for the period April 1st to December 31st 2018 was considered and approved by Cabinet on 22nd January 2019. It provides an overview of progress of the key elements of the OOP, specifically in relation to performance against key business measures, strategic risks, workforce management, revenue and capital budgets, reserves and savings targets and financial information on Business Units.
- 1.2. This report draws on information extracted from the Cabinet report to provide this Committee with information relevant to its remit.

2. One Organisational Plan 2020: Strategic Context

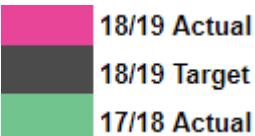



- 2.1 The OOP 2020 Plan aims to achieve two high level Outcomes. Performance is assessed against 62 Key Business Measures (KBM's) which are grouped under, and reported against, the seven agreed policy areas.

Outcome	Policy Area	No. of KBM's
Warwickshire's communities and individuals are supported to be safe, healthy and independent	Adult Social Care	8
	Children are Safe	15
	Community Safety and Fire	6
	Health and Wellbeing	6
Warwickshire's economy is vibrant and supported by the right jobs, training, skills and infrastructure	Economy, Infrastructure and Environment	10
	Education & Learning	3

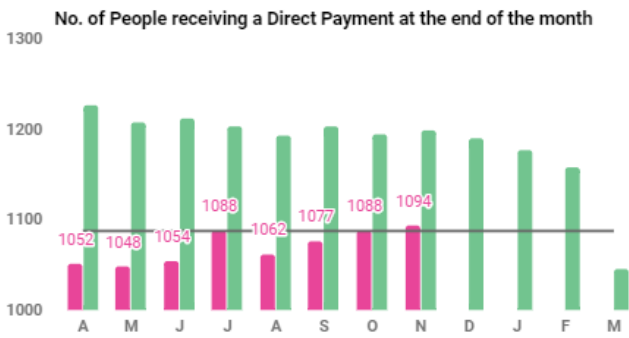


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To demonstrate OOP delivery by ensuring that **WCC makes the best use of its resources** a total of 14 Key Business Measures have been presented on 1 dashboard.

- 2.2 At this point in time it is considered that 91% (10) of KBM's are currently achieving target while the remainder 9% (1) of KBM's are behind target.
- 2.3 This section presents KBM's where significant good performance or areas of concern need to be highlighted for 11 KBMs across 2 policy areas as appropriate for this Committee;

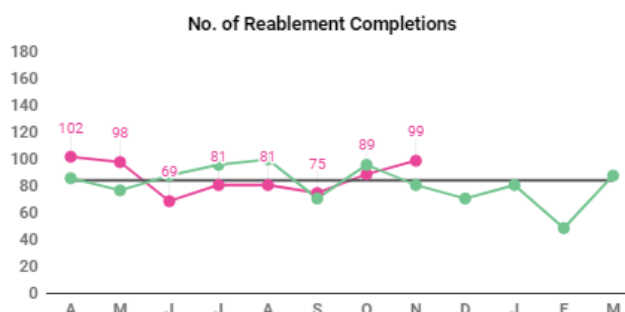
 <p>18/19 Actual 18/19 Target 17/18 Actual</p>	Trend	Trend over longer time period
	DoT	Direction of Travel (DoT) over recent period
		Performance Improving
		Performance Declining
		Performance is Steady

NB performance reporting is based on latest available data for the period 1st April to 30th November 2018.

Adult Social Care				
Areas of good progress				
<p>No. of People receiving a Direct Payment at the end of the month</p> 				
15/16	16/17	17/18	Trend	DoT
1,074	1,212	1,046		
<p>The number of people receiving Direct Payments has continued to increase during Quarter 3 2018/19 in comparison to the start of the year. Key areas of development have continued in Quarter 3 to increase the uptake of Direct Payments and include;</p> <ul style="list-style-type: none"> Independent Living Team Officers have been co-located with social care and support teams since July 2018, to support social care practitioners with their knowledge and 				

understanding of Direct Payments

- Process mapping of the customer journey has been completed confirming identified hot spots and work is underway to streamline the process for customers accessing Direct Payments
- Work is continuing to introduce a pre-payment card for new customers in 2019 to make access to Direct Payments easier. The pre-payment cards will also be rolled out to existing customers later next year (2019).
- A further work stream is being developed to work with the market (current providers and community options) to increase the availability of resources for customers to use their Direct Payments in a more flexible way.
- Managers (Operations Managers and Team Leaders) have completed training on Direct Payments to increase their knowledge to better support practitioners with offering Direct Payments to customers. E-learning and a programme of training for practitioners continues to be available, supported by Independent Living Team officers.



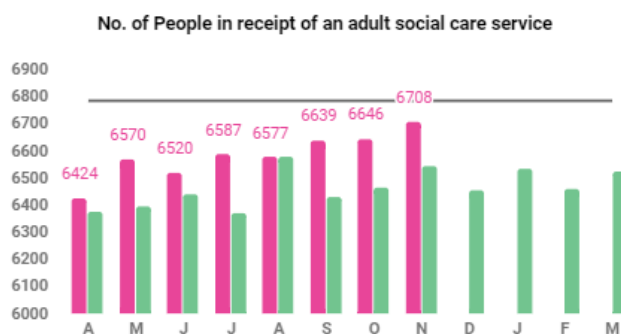
15/16	16/17	17/18	Trend	DoT
Not previously monitored	1084	984	↓	↑

The number of people exiting the Reablement Service and the number of people completing their Reablement Programme during the autumn months is higher than the same quarter last year.

Key areas of development during quarter 3 for the Reablement Service include:

- An in reach Reablement Assessor is supporting referrals to Reablement from George Eliot hospital; this initiative will be rolled out to Warwick Hospital in the new year. The role of the Reablement Assessor has helped to reduce initial issues with customers on discharge, for example ensuring equipment and medication is in place and that the customer is reassured of next steps. The key purpose behind this role is to ensure customers are better prepared for their therapy programme to help ensure more customers are completing their reablement programmes.
- A single point of contact has been established to resolve social care issues raised by Domiciliary Care providers. This has helped to resolve issues efficiently and reduces the risk of customers being readmitted back into hospital.
- The Service is piloting the use of Assistive Technology to support Cognitive Impairment, to assist customers with memory difficulties.
- The Customer Feedback App is fully embedded. In the month of November 2018 97% of respondents agreed that they are 'supported to make choices in my life and/or to live as independently as possible'.

Areas of concern and remedial action

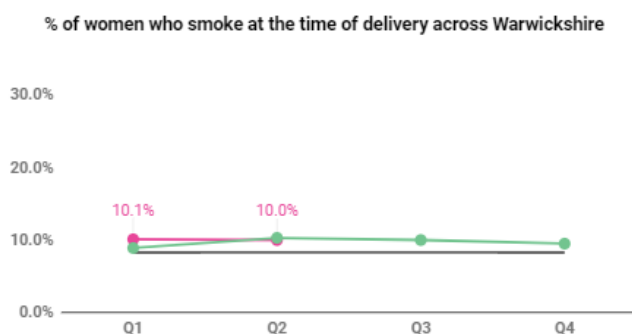


15/16	16/17	17/18	Trend	DoT
N/A	6,270	6,525	↑	↑

The number of people being supported by Adult Social Care overall appears to be on an upward trajectory. This increase is being managed within the resources allocated and the Business Unit continue to assist people to be as independent as possible whilst meeting statutory duties.

Health and Wellbeing

Areas of good progress



15/16	16/17	17/18	Trend	DoT
10.6	9.9	9.5	↓	↓

Quarter 3 data is due at end February 2019.

In Quarter 2, approximately 10% of pregnant women are smoking at time of delivery in Warwickshire, slightly lower than the 2017/18 West Midlands and England average.

The rates vary significantly across the county, with 5.8% in South Warwickshire, a decrease from 8.2% in Q1 and 14.5% in Warwickshire North, an increase from 12.5% in Q1. The increase in smoking in pregnancy rates in Warwickshire North has been raised with George Eliot Hospital (GEH) and may be accountable to GEH taking additional babies from University Hospitals Coventry & Warwickshire (UHCW) in August and September.

In total 68 pregnant smokers in Warwickshire set a quit date with the Specialised Smoking in Pregnancy service in Quarter 2 and 41 of those achieved a 4 week quit equivalent to 60% success rate.

2.4 More detailed progress on the remaining KBMs relevant to this Committee is reported through the Scorecards in Appendix A.

Financial Commentary – relevant finance information taken from Cabinet report

3.1 Revenue Budget

3.1.1 The Council has set the following performance threshold in relation to revenue spend: a tolerance has been set of zero overspend and no more than a 2% underspend. The following table shows the forecast position for the Business Units concerned.

	2018/19 Budget '000	2018/19 Outturn '000	Revenue Variance £'000 %	Retained Reserves £'000	Financial Standing '000
Social Care & Support	141,929	139,704	(2,225) -1.57%	(11,959)	(14,184)
Underspends in Reablement staffing, assistive technology take up and Assistant Director project funds are allowing the service to mitigate the growing pressures in packages of care for younger adults. Underspend will be used to fund expenditure in other People Directorate business units which supports adults with social care needs, rather than increasing reserves. The key assumption in the figures is that the recording of Residential Care packages for Older People is up to date during the busy winter period: The impact of a delay in recording will be a large increase in the forecast - this is being closely monitored by finance and the service.					
Strategic Commissioning & Public Health	35,802	33,518	(2,284) -6.38%	(5,184)	(7,468)

3.2 Reserves

3.2.1 Business Units are seeking Cabinet approval to put money into reserves, mostly from current underspends, for use in future years as follows

Strategic Commissioning & Public Health (£0.500 million)

- £0.500 million contribution to Strategic Commissioning Savings reserve as Mosaic project funding to be returned to reserves for use in 2019/20.

3.3. Delivery of the 2017-20 Savings Plan

3.3.1. The savings targets and forecast outturn for the Business Units concerned are shown in the table below.

	2018/19 Target £'000	2018/19 Actual to Date £'000	2018/19 Forecast Outturn £'000	2018-2020 Implementation Status
Social Care & Support	2,562	2,203	2,500	G
The in year savings will be delivered/met. However, how this is achieved recurrently is uncertain as this is dependent on the recurrency of one off funding (BCF/iBCF), the Social Care Precept and the central government settlement (adult social care element specifically – dilnot etc.).				
Strategic Commissioning & Public Health	406	406	406	G
All in year savings for the unit will be met. Work is ongoing to realise the final element of the savings required for 19/20. These will be delivered from reserves initially but a draft plan is being discussed to ensure full delivery by 2020.				

3.4 Capital Programme

3.4.1. The table below shows the approved capital budget for the business units and any slippage into future years.

	Approved budget for all current and future years (£'000)	Slippage from 2018/19 into Future Years £'000	Slippage from 2018/19 into Future Years (%)	Current quarter - new approved funding / schemes (£'000)	Newly resourced spend included in slippage figures (£'000)	All Current and Future Years Forecast (£'000)
Social Care & Support	3,350	(1,525)	-100%	0	0	3,350

Transfer of a site at Dunchurch depot for Extra Care Housing has been delayed, resulting in slippage of £1.350 million; this has been deferred until 2019/2020 due to decisions to be made in Property Services in relation to various parts of the site. The remainder of the slippage £0.175 million is due to money allocated to Adult Social Care technical developments which has not been spent as no new projects have currently been identified.

Strategic Commissioning & Public Health	6,216	(116)	-2%	0	0	6,216
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Recommendations to establish a formal grant model have delayed further payments on the Adult Social Care modernisation project.

4 Supporting Papers

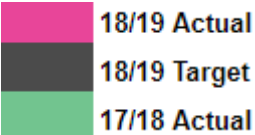



- 4.1 A copy of the full report and supporting documents that went to Cabinet on the 22nd January 2019 is available via the following [link](#) and in each of the Group Rooms.

5 Background Papers

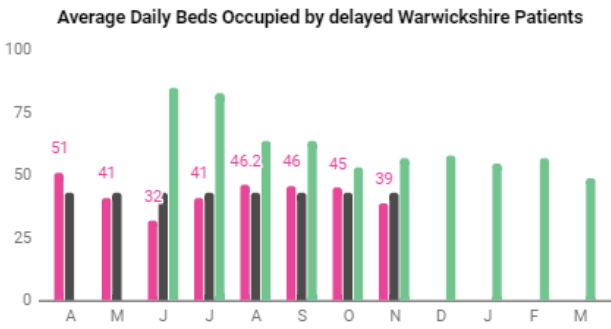


None

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Appendix A One Organisational Plan Key Business Measures Scorecard

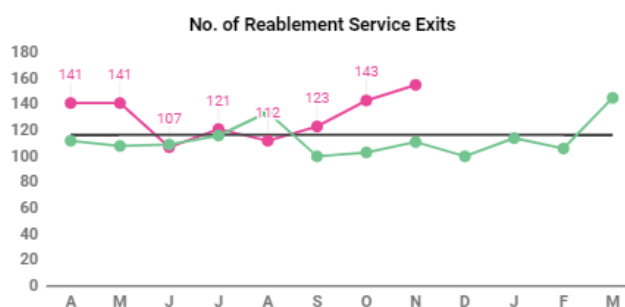
	Trend	Trend over longer time period
	DoT	Direction of Travel (DoT) over recent period
		Performance Improving
		Performance Declining
		Performance is Steady

NB performance reporting is based on latest available data for the period 1st April to 30th November 2018.

Average Daily Beds Occupied by delayed Warwickshire Patients				
				
15/16	16/17	17/18	Trend	DoT
Not previously monitored	42	49		
<p>Due to a significant increase in Health delays at Coventry and Warwickshire Partnership Trust (CWPT), overall performance has been above the target of 43 in September (46) and October (45). October performance was also affected by an increase in Health delays for Warwickshire residents at out of area providers.</p> <p>The forecast performance for Nov-18 is 39, which is based on actual weekly performance from the 3 main Warwickshire providers and a 6 month average for CWPT and out of area delays. Due to the fluctuation in CWPT and out of area delays, the 6 month average is not an accurate forecast. However, efforts are being made to introduce weekly CWPT data into the Warwickshire Delayed Transfer of Care (DTCOC) Dashboard. This will improve the accuracy of the forecast.</p> <p>Further investigation into the CWPT and out of area delays is being conducted, in addition to identifying possible process improvements for Health and Social Care.</p> <p>Social Care performance has been below the target of 19 in September (18) and October (15) and the forecast for November is 16.</p>				

The average performance over the last five weeks (to the week ending 29/11/18), has been below target at George Eliot Hospital (GEH) and University Hospitals Coventry & Warwickshire (UHCW) (delays at St Cross have reduced significantly over this period). Performance at South Warwickshire NHS Foundation Trust (SWFT) over this period has been above target due to delays at the community hospitals (in particular at the Royal Leamington Spa Rehab Hospital).

Please note: Performance is reported two months in arrears.

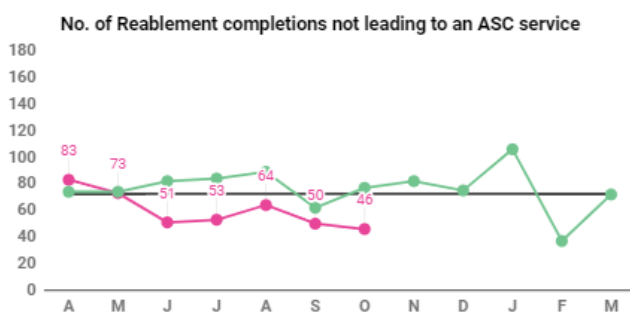



15/16	16/17	17/18	Trend	DoT
Not previously monitored	1387	1358	↓	↑

No of Reablement Service **Exits** - The number of people exiting the Reablement Service and the number of people completing their Reablement Programme during the autumn months is higher than the same quarter last year.

Key areas of development during quarter 3 for the Reablement Service include:

- An in reach Reablement Assessor is supporting referrals to Reablement from George Eliot hospital; this initiative will be rolled out to Warwick Hospital in the new year. The role of the Reablement Assessor has helped to reduce initial issues with customers on discharge, for example ensuring equipment and medication is in place and that the customer is reassured of next steps. The key purpose behind this role is to ensure customers are better prepared for their therapy programme to help ensure more customers are completing their reablement programmes.
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- The Customer Feedback App is fully embedded. In the month of November 2018 97% of respondents agreed that they are 'supported to make choices in my life and/or to live as independently as possible'.

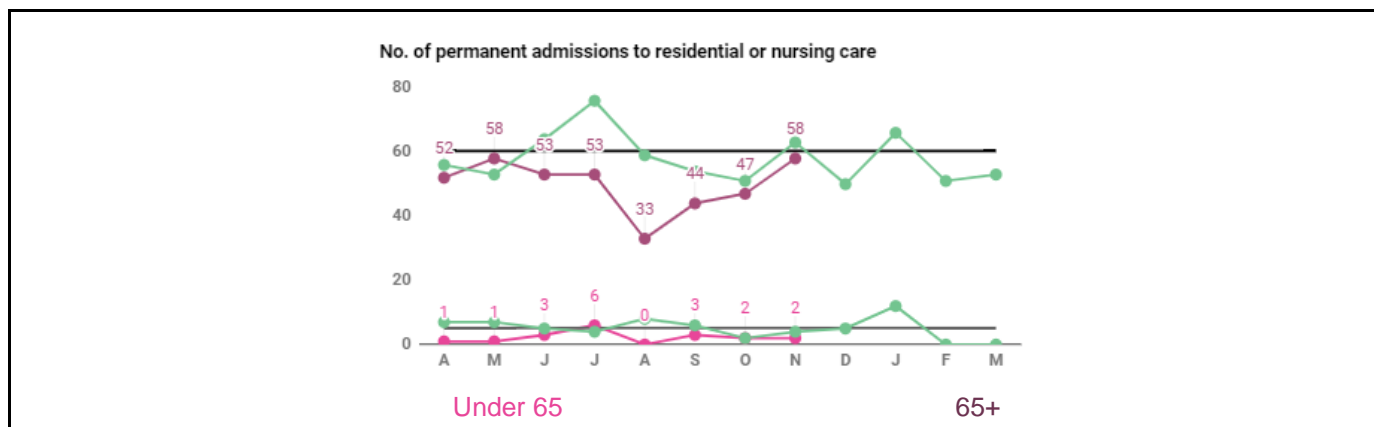


15/16	16/17	17/18	Trend	DoT
Not previously monitored		1034	N/A	

The number of people exiting the Reablement Service and the number of people completing their Reablement Programme during the autumn months is higher than the same quarter last year.

Key areas of development during quarter 3 for the Reablement Service include:

- An in reach Reablement Assessor is supporting referrals to Reablement from George Eliot hospital; this initiative will be rolled out to Warwick Hospital in the new year. The role of the Reablement Assessor has helped to reduce initial issues with customers on discharge, for example ensuring equipment and medication is in place and that the customer is reassured of next steps. The key purpose behind this role is to ensure customers are better prepared for their therapy programme to help ensure more customers are completing their reablement programmes.
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15/16	16/17	17/18	Trend	DoT
	33	60	↑	↔

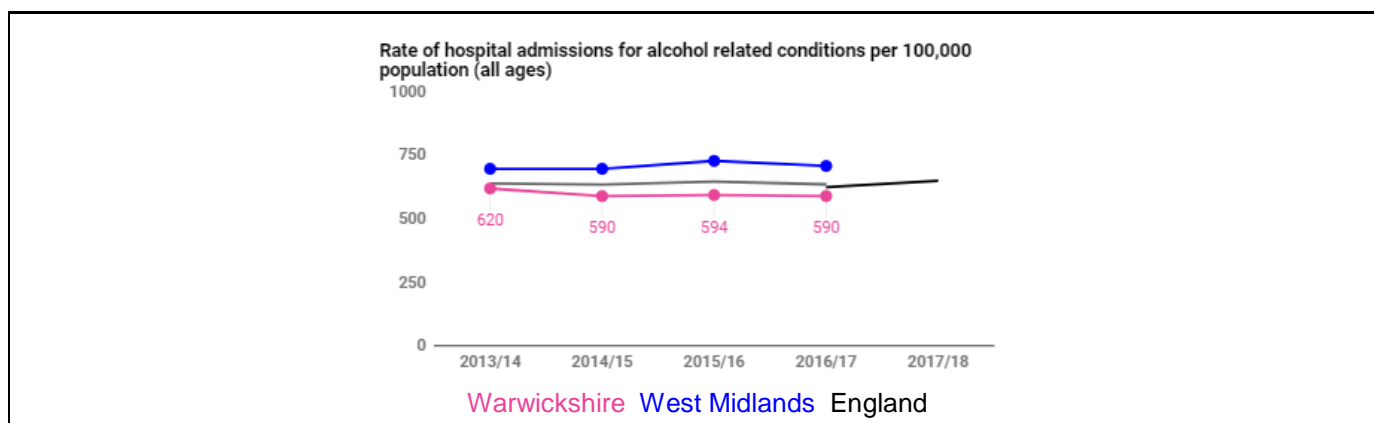
No. of permanent admissions of people to residential and nursing care homes (**aged 18-64**) - Support planning for individuals will continue to ensure that community support is considered for all customers and residential and nursing care provision is the last option.

An increase in this cohort has arisen over the last year 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.

15/16	16/17	17/18	Trend	DoT
662	552	696	↑	↑

No. of permanent admissions of people to residential and nursing care homes (**aged 65+**) - 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 and continue to be increased by Clinical Commissioning Groups in response to Delayed Transfer of Care pressures, especially in the Rugby area. 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 is increasing.



Item 6

15/16	16/17	17/18	Trend	DoT
594	590	Due Feb 19	↓	N/A

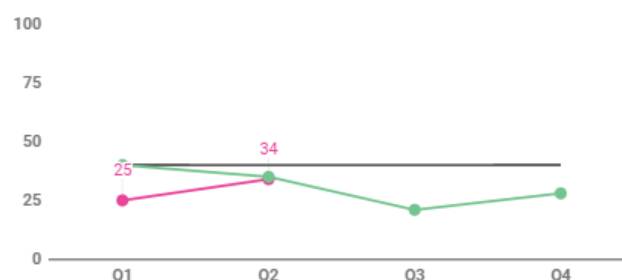
The 2017/18 annual data will be available in May 2019.

Warwickshire's 2016/17 annual rate is 590 per 100,000 this is below the West Midlands and England average.

Close monitoring and work on seamless transition between discharge and treatment is continuing, admissions often relate to those already in service. Inpatient Treatment facilities and Rehabilitation Panels are meeting more frequently to ensure decisions can be made promptly for those requiring residential detox or rehabilitation.

Risks remain over the level of funding to support treatment.

% of eligible population aged 40-74 offered a NHS Health Check who received a NHS Health Check



15/16	16/17	17/18	Trend	DoT
27.8	45.4	28	↓	↑

Quarter 3 data is due at end January 2019.

In Quarter 2, 34% of eligible population offered an NHS Health Check received an NHS Health Check which is below the 40% target. Practices who are not achieving the 40% will be notified and a report will be sent to the appropriate Clinical Commissioning Group (CCG) highlighting those practices that are under performing. A proposal is being developed to offer additional health checks through workplaces to target the workforce who are eligible for an NHS Health Check but are less likely to book an appointment at a surgery due to work commitments.

Adult Social Care and Health Overview and Scrutiny Committee

30 January 2019

Delayed Transfers of Care Update

1.0 Recommendation(s)

The Committee to:

- 1.1 Comment on the complexities of Delayed Transfers of Care and to acknowledge the system wide partnership working;
- 1.2 Comment on the joint and Warwickshire County Council internal change and improvement activities that have and continue to be progressed, to support a reduction in Delayed Transfers of Care; and
- 1.3 Note the progress made to date to meet the Delayed Transfer of Care target of 3.5% which equates to no more than 43 beds occupied by a delayed Warwickshire resident on an average day.

2.0 Introduction

- 2.1 This report (and supporting more in-depth presentation) provides an update on reducing Delayed Transfers of Care (DTC) in Warwickshire following on from the last update to Overview and Scrutiny Committee on the 24th January 2018.
- 2.2 At that meeting it was noted that due to the system wide challenges a dedicated DTC project team, led by Anne Coyle, Managing Director of the Out of Hospital Collaborative from SWFT, which was focussed on improvement activity and joint working between health and social care at the three main Acute (hospital) sites had already started to result in a step change in performance. This project, on behalf of the Better Together programme is supported by colleagues from acute providers; CCGs; social care operations and strategic commissioning in Warwickshire.
- 2.3 In addition to these joint initiatives which cross-cut health and social care, in quarters two and three of 2018/19 an in-depth internal review of the Hospital Social Care Team has also been carried out, to ensure our operational processes and people have the tools, skills and support to be as efficient as they can be.

3.0 Reducing Delayed Transfers of Care

- 3.1 There is a six week delay in confirming actual delays data, the latest confirmed data is therefore for October 2018. In the last 6 months (May-18 to Oct-18) the average daily beds delayed was 42 days, compared to the same period last year of 72 days, which represents a 41% improvement in performance.
- 3.2 When delays due to social care are considered, the improvement is even more significant as in the last 6 months (May-18 to Oct-18) the average daily beds delayed was 17 days, compared to the same period last year of 42 days, which represents a 58% improvement in performance.
- 3.3 This improved performance has been achieved whilst seeing increasing numbers of admissions of +c5/6% each quarter and acuity of patients. Despite this health and social care colleagues across all nine acute and community sites, along with domiciliary (home care) and residential and nursing home providers, have and continue to work tirelessly to discharge patients safely.
- 3.4 In order to reduce delayed transfers of care, Warwickshire has to coordinate improvements across 3 CCGs, 4 main providers and the external commissioned market. In fact Warwickshire Hospital Social Care Team staff work across 9 different sites. This makes Warwickshire's DTOC Improvement Plan significantly more complicated to implement than a large proportion of other councils in England.
- 3.5 The most significant improvements continue to be at the three main acute sites, Warwick, George Eliot and University Hospital Coventry and Warwickshire. The challenge now is to maintain this improvement during quarter 4 (the main winter pressures period), whilst also continuing to reduce the number of days patients are delayed elsewhere in the system:
- in the community hospitals and St. Cross, and
 - Warwickshire residents at out of county providers.

4.0 Change and Improvement Activities

- 4.1 During the last 12 months numerous joint and internal NHS and social care interventions and activities, focussing on proactive discharge planning, discharge pathways and bed capacity and visibility have all contributed to reducing DTOC. More detail is provided in the supporting presentation and a summary is provided below:
- a) Embedded a consistent approach to reporting and measuring delayed transfers of care to ensure accuracy and simplicity

- b) Streamlined the approach to hospital assessment and information sharing along the referral pathways
- c) Created clear and concise criteria across all services to ensure 'right first time' support for individuals
- d) Provided efficient access to, and management of, bed data across Warwickshire, improving discharges and management of the County's bed capacity/market through the roll out of the EMS+ Bed Availability Tool
- e) Put tools and process in place to nurture continuous improvement based on factual intelligence
- f) Ongoing management of the external market and its response to taking packages of care in a timely way within the community.
- g) Utilised the improved better care funding to assist with patient flow from hospital into the community (Trusted Assessors, increased bed capacity)

5.0 On-going Challenges

5.1 Reducing DTOC is complex, in part due to the number of organisations and partners involved and the increasing complexity of people's needs. Whilst significant operational improvements have and continue to be made by NHS and social care teams, there are also external factors which impact on our performance:

- The external domiciliary (home care), residential and nursing care provider market;
- Out of county delays;
- Delays of patients from Coventry and Warwickshire Partnership Trust;
- The complexity of customers requiring care - increased frailty, comorbidities, poor health; and
- Housing.

5.2 A stable, resilient and flexible external provider market underpins an effective health and social care system. Despite almost halving delays associated with domiciliary care and residential home placements in the last 12 months, these remain the two largest delay reasons. Whilst Warwickshire has a similar rate of residential delays to other comparator and West Midland Local Authorities, the rate of delays for patients awaiting a package of care (domiciliary care) is higher.

5.3 In the last 6 months, Social Care delays to Warwickshire patients at out of county providers have accounted for 14% of overall Warwickshire Social Care delays.

5.4 To address this, over the last few months the DTOC team have been working with these hospitals to understand their processes and have identified that only Heartlands, Solihull and Good Hope out all of the out of county hospitals involve Warwickshire in the sign-off of these delays. The team are therefore using learning

from other areas where this works well eg. Good Hope Hospital to improve the sign-off of Warwickshire delays in other hospitals.

6.0 New Areas of Focus for 2019/20

6.1 In June 2018, the National Director of Urgent and Emergency Care wrote to Chief Executives of acute trusts, CCG Accountable officers and STP leads to announce a new national ambition to lower bed occupancy by reducing the number of long stay patients (and long stay bed days) in acute hospitals by 25% (21 days or more) by December 2018.

6.2 The target reductions ranged from 24-26% for the three acute trusts in Warwickshire.

6.3 The three acute trusts already have action plans in place to reduce length of stay and the Better Together Programme through the DTOC Project will be reviewing what else needs to be done to support this work. Reducing Length of Stay will become a national Better Care Fund target from the 1st April 2019

Background papers

1. None

	Name	Contact Information
Report Author	Rachel Briden	rachelbriden@warwickshire.gov.uk Tel: 07768 332170
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Strategic Director – People Directorate	Nigel Minns	nigelminns@warwickshire.gov.uk Tel: 01926 74 2655
Portfolio Holder	Cllr Les Caborn	cllrcaborn@warwickshire.gov.uk

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

Local WCC Member(s): N/a

Other WCC members: Councillors Caborn, Morgan, Redford, Golby, Parsons and Rolfe.

Adult Social Care and Health Overview and Scrutiny Committee

30 January 2019

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 7 January. 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 Holder has been invited to the meeting to answer questions from the Committee.

Decision	Description	Date due	Cabinet / PfH
Affordable Warmth Bid to Warm Homes Fund	A decision concerning the submission of a collaborative bid to the Warm Homes Fund (category 3 bid), with WCC leading the bid, working with partners for approx £250K. Act on Energy. The current provider of the Warm and Well in Warwickshire programme will project manage the bid.	31 January 2019	Portfolio Holder - Adult Social Care & Health
Commissioning of Discharge to Assess Services Via Section 75 Agreement	The County Council is seeking to refresh the Section 75 Agreement for the commissioning of Discharge to Assess services on behalf of South Warwickshire Foundation Trust. This report seeks the approval of recommendations set out within the document, by the Council.	14 February 2019	Cabinet

(Exempt) Extra Care Housing - direction of travel	This report seeks to update Cabinet on the progress made to date with regard to the delivery and provision of Extra Care Housing suitable for older people aged 55+ and Specialised Housing with Care suitable for working age adults.	14 February 2019	Cabinet
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(As at 21 January)

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, with periodic reports also to the Community and Environment Board. Examples of recent work are shown below:</p> <p>Health and Wellbeing Working Party</p> <ul style="list-style-type: none"> • Year of Wellbeing • Health and Wellbeing Action Plan Update <ul style="list-style-type: none"> • Air Quality • CHAW Update • Holiday Hunger • Health Store • Fitter Futures • #onething • Leisure Update • Dementia • Public Health Update / JSNA • Stroke Services • Director of Public Health Report • Day of Wellbeing
Nuneaton and Bedworth Borough Council – Health Overview and Scrutiny Panel	
6 December 2018	<ul style="list-style-type: none"> • JSNA & Public Health Update on the priorities for health.
7 February 2019	<ul style="list-style-type: none"> • Annual Report from Health & Wellbeing Board
2018/19	<ul style="list-style-type: none"> • Improving Stroke Services in Coventry & Warwickshire. A request from WNCCG to consult on the document (after inspection probably in Aug) • Changing Places Toilets. There is a demand for these from residents and carers who require a hoist, need the toilet.

Rugby Borough Council – Whittle and Brooke Overview and Scrutiny Committees	
7 February 2019	<ul style="list-style-type: none"> • Employee Wellbeing •
Stratford-on-Avon District Council – Overview and Scrutiny Committee	
5 December 2018	<ul style="list-style-type: none"> • Chairman of the Warwickshire Adult Social Care and Health Overview and Scrutiny Committee attended to respond to questions from the Committee •
Warwick District Council – Health Scrutiny Sub-Committee	
15 January 2019	<ul style="list-style-type: none"> • Coventry and Warwickshire Year of Wellbeing 2019 • Health & Wellbeing Outside Bodies Updates
13 March 2019	<ul style="list-style-type: none"> • Health & Wellbeing Annual Update Report
Each meeting	Health and Wellbeing Update
Each meeting	Updates from representative on WCC ASC&H OSC

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 Committees (JHOSC)

- 5.1 Members will recall the previous reports about the review of stroke services. The assurance process has again been deferred. A meeting took place between the chairs of the Coventry and Warwickshire health scrutiny committees on 16 January to discuss the way forward with this and other issues affecting both areas.
- 5.2 The County Council has agreed to participate in a Joint Health Overview and Scrutiny Committee (JHOSC) with Oxfordshire and Northamptonshire 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. Meetings of the JHOSC took place on 26 November and 19 December. The Chair has also attended a meeting of Stratford-on-Avon District Council to respond to questions including on the work of this JHOSC.

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
30 January 2019	Update from Coventry and Warwickshire Partnership Trust (CWPT)	Simon Gilby, Chief Executive of CWPT will provide an update to the Committee to include estate aspects.
30 January 2019	Delayed Transfers of Care (DToC)	A comprehensive item was provided to the Committee on 24th January 2018 including a joint presentation on Warwickshire's current DToC performance and actions to improve this. It is proposed to have an update on this important service aspect to explain the progress made in reducing DToC. This item was raised at the Chair and Spokes meeting in September 2018.
30 January 2019	The Hospital to Home Scheme	The 'hospital to home' scheme is delivered by Warwickshire Fire and Rescue Service. At the Chair and Party Spokes meeting in October, this was added to the work programme for the January 2019 meeting. A key aspect is future funding as the current funding stream (Better Care Fund) will cease in 2020.
30 January 2019	One Organisational Plan Quarterly Progress Report Q3	To consider the latest One Organisational Plan quarterly progress report.
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 in June and by the Health and Wellbeing Board in September.
6 March 2019	Performance Monitoring - CCGs	The Committee considered the CCG commissioning intentions in 2017 and in September 2018, received a comprehensive report to monitor performance against those commissioning intentions. It was agreed to receive these reports at six-monthly intervals.
26 June 2019	Update on Public Health Commissioned Services for Drugs and Alcohol	The Committee received a presentation at its meeting on 11 July 2018. It was agreed that a further update be provided on this service area after twelve months.
26 June 2019	The Older People Adult Social Care Market	To provide an update on this service area to the Overview and Scrutiny Committee. The previous report to members was submitted in May 2018.

Appendix A

25 September 2019	Performance Monitoring - CCGs	The Committee considered the CCG commissioning intentions in 2017 and in September 2018, received a comprehensive report to monitor performance against those commissioning intentions. It was agreed to receive these reports at six-monthly intervals.
20 November 2019	Local Suicide Prevention Plan	At the Chair and Party Spokes meeting in October 2018, this was added to the work programme for an update in November 2019. A document from the LGA on self-assessment of local suicide prevention plans had been circulated. The County Council has an approved suicide prevention plan; it has a higher number of suicides than for comparative councils and has received extra funding from NHS England for two years to start implementation of the suicide prevention strategy.
Future Work Programme Suggestions	Out of Hospital Programme.	Suggested by Councillor Parsons at the Chair/Spokes meeting on 21 June.
	Mental Health and Wellbeing	This item was added to the work programme in June 2018, with the item scheduled for the November Committee. Further discussion at the Chair and Party spokesperson meeting on 29 October, when the item was deferred. A revised date and scope for this review area needs to be agreed.
	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.
	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.
	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.

Appendix A

	Coventry and Warwickshire Partnership Trust	Suggested by Healthwatch. There has been a re-inspection of the CWPT by the Care Quality Commission. Originally planned for the Trust to present its progress against the action plan to the January 2018 meeting, which was considered to be too soon for the Trust to have implemented actions from the CQC review. Suggestion to have a written update and then programme for a formal report to provide assurance that the 'must do' and 'should do' recommendations are being implemented.
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BRIEFING SESSIONS PRIOR TO THE COMMITTEE

Date	Title	Description
6 March 2019	Access to Primary Care Services for Homeless People	Healthwatch Warwickshire will provide an interim report on their project on access to primary care services for homeless people. WCC has a project mapping such services. This will be a joint briefing session from both WCC and HWW.
30 January 2019	Direct Payments and the introduction of Pre-payment cards.	At the Chair and Party Spokes meeting in October 2018, it was agreed to have a briefing session prior to this meeting on direct payments and the introduction of pre-payment cards.
21 November 2018	None	
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.
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.
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.
14 March 2018	None	Originally intended to have a session on Integrated Care, which subsequently became part of the main Committee meeting.
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.
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.
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.
12 July 2017	Overview of Strategic Commissioning	Chris Lewington provided an overview of the work of Strategic Commissioning.

BRIEFING NOTES

Date Requested	Date Received	Title of Briefing	Organisation/Officer responsible
-	21 January 2019	Updates from George Eliot Hospital and University Hospitals Coventry and Warwickshire in regard to actions to address higher than normal mortality indicators.	David Eltringham (GEH) and Andy Hardy (UHCW)
26/09/18	16/11/18	<p>A comprehensive briefing pack from the Director of Public Health, which comprised:</p> <ul style="list-style-type: none"> • Life Expectancy, Healthy Life Expectancy and the Window of Need • Infant Mortality and Stillbirths • Child Accidental Injuries • Rise Mental Health Service • Integrated Care System • Parking for Voluntary Patient Transport Schemes • Community Safety Partnerships • Appendices <ul style="list-style-type: none"> ○ Child Accident Prevention – Developing a Three Year Action Plan ○ Warwickshire Data Overview and Update ○ SP board performance report ○ Rise Community Partnerships ○ Rise Community Offer ○ Rise Service Feedback ○ Rise the Big U ○ Warwickshire Primary Mental Health Team, Q1 Report 	
08/10/18	29/10/18	Officers to prepare a briefing note for the Committee on the revised Care Act guidance (issued 1 October 2018), the key implications for WCC and officer plans to respond to this guidance.	Pete Sidgwick
-	05/10/18	People Group Year End Customer Feedback 2017-18	
-	02/10/18	An update from George Eliot Hospital on its response to the CQC Action Plan.	
26/09/18	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. This will now be provided via a briefing note.	
21/06/18	26/09/18	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
-	14/05/18	NHS England provided a briefing on the need to close a dental practice in Nuneaton.	NHS England
09/05/18		Dr John Linnane offered to circulate a briefing note on a service delivery review by the Coventry and Warwickshire Partnership Trust.	DPH and SC

Appendix A

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. Further information on health checks would be provided to the Committee for this purpose.	Sue Wild
22/11/17	21/12/17	Discussion about the school health and wellbeing service. The Director of Public Health offered to recirculate a briefing on this service.	Kate Sahota
31/10/17		Update on progress with reducing delayed transfers of care	Chris Lewington
-	01/11/17	Healthwatch England Publication – Readmission to Hospital	Paul Spencer
-	31/10/17	LGA Publication – Adult Social Care Funding	Paul Spencer
12/07/17	07/09/17	Dementia – Enhancing Awareness and Understanding Across Warwickshire	Claire Taylor
12/07/17	05/09/17	Summary of the CAMHS Redesign Process	Andrew Sjurseth
-	20/07/17	Healthwatch Report into Warwickshire Mental Health Services	Chis Bain
01/03/17	23/03/17	Maternity Briefing Note	
-	16/01/17	NHS Dental provision in Stratford	

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 submitted to 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.
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.