

# Adult Social Care and Health Overview and Scrutiny Committee

**6 March 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, 6 March 2019 at 10.30a.m.**

**Please note that there will be a briefing session for members of the Committee at 9.30am.**

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](http://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 30 January 2019.

**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 Holder**

Up to 30 minutes of the meeting is available for Members of the Committee to put questions to the Portfolio Holder: Councillor Les Caborn (Adult Social Care and Health) on any matters relevant to the remit of this Committee.

**4. GP Services Task and Finish Group Update**

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.

**5. Performance Monitoring – Clinical Commissioning Groups**

The Committee considered the commissioning intentions of Clinical Commissioning Groups in 2017 and in September 2018 members received a comprehensive report to monitor performance against those commissioning intentions. It was agreed to receive these reports at six-monthly intervals.

## 6. 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.

## 7. 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)

**General Enquiries: Please contact Paul Spencer on 01926 418615**

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\* The agenda for this meeting does not include any items that relate solely to adult social care.



**Minutes of the meeting of the  
Adult Social Care and Health Overview and Scrutiny Committee  
held on 30 January 2019**

**Present:**

**Members of the Committee**

Councillors Helen Adkins, Mark Cargill, Clare Golby (Vice Chair), Dave Parsons, Wallace Redford (Chair), Kate Rolfe, Andy Sargeant, Jill Simpson-Vince and Adrian Warwick.

**Other County Councillors**

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

**District/Borough Councillors**

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

**Officers**

Vanessa Belton, Performance and Improvement Business Partner  
Emma Curtis, Integrated Older People Commissioning, Public Health and Strategic Commissioning  
Denise Cross, Integrated Services, Social Care and Support  
Dr John Linnane, Assistant Interim Director (Director of Public Health and Strategic Commissioning)  
Keith McDermott, Station Commander, Warwickshire Fire & Rescue Service  
Nigel Minns, Strategic Director for the People Directorate  
Tim Sargeant, Group Commander, Warwickshire Fire & Rescue Service  
Pete Sidgwick, Assistant Director of Social Care and Support  
Paul Spencer, Senior Democratic Services Officer

**Also Present**

Chris Bain, Chief Executive, Healthwatch Warwickshire  
Kulwant Bassi, Business Manager, Coventry and Warwickshire Partnership NHS Trust (CWPT)  
Anne Coyle, Managing Director of the Out of Hospital Collaborative, South Warwickshire Foundation Trust (SWFT)  
Jed Francique, Associate Director, CWPT  
Simon Gilby, Chief Executive, CWPT  
Councillor Marian Humphreys, North Warwickshire Borough Council

**Members of the Public**

Martin Drew  
Bill Kay  
David Lawrence  
Dennis McWilliams

**1. General**

**(1) Apologies for absence**

Councillor Anne Parry, Helen Lancaster, Director of Operations, SWFT

## **(2) Members Declarations of Interests**

None

## **(3) Chair's Announcements**

The Chair referred to the questions submitted at the last meeting of the Committee. A copy of the responses had been published and also circulated to members. The Council would hold a public interest debate on Tuesday 19 February. The motion to be debated was "This Council believes that an Integrated Care System focused on communities is the right way forward for the health and wellbeing of citizens in Warwickshire". The Chair reported on a conference he had attended recently on understanding NHS finance. Finally, he reported on a meeting between the chairs of the Coventry and Warwickshire health overview and scrutiny committees held on 16 January 2019.

## **(4) Minutes**

The minutes of the Adult Social Care and Health Overview and Scrutiny Committee held on 21 November 2018 were agreed as a true record and signed by the Chair.

## **2. Public Speaking**

### Statement from Mr Martin Drew in regard to the planned sale of four mental health outpatients' buildings

Mr Martin Drew had given notice and read a statement to the Committee. The statement is reproduced at Appendix A to these minutes.

## **3. Coventry and Warwickshire Partnership Trust**

The Chair welcomed to the meeting Simon Gilby, Chief Executive of the Coventry and Warwickshire Partnership NHS Trust (CWPT). Mr Gilby gave a presentation and had provided written reports regarding the Trust's estates strategy and the outcome of the latest Care Quality Commission (CQC) inspection.

### Estates Strategy

Mr Gilby was mindful of the public questions submitted to the Committee's November meeting and the statement from Mr Drew. He gave a detailed verbal report on the estates strategy, the key points being:

- The Trust was developing plans for the continuing provision of community mental health services in the Leamington and Warwick areas. He stressed that the estates review was an enabler to drive services from the patient perspective.
- Background was provided on the overall estate strategy, the critical aspect of providing safe, high quality services and plans for a review of premises in the Leamington and Warwick areas.

- The premises subject to review were:
  - Yew Tree House, Leamington (a staff base)
  - Ashton Lodge, Leamington (a staff base)
  - St Mary's Lodge, Leamington (outpatient clinics)
  - Mental Health Response Centre, Warwick (outpatient clinics)
- In response to the statement from Mr Drew, he clarified that Whitnash Lodge was not under consideration for review.
- There had been positive engagement with CWPT staff to date.
- It was made clear that no current services were being taken away from the Leamington and Warwick areas. However, it was viewed that better use could be made of premises.
- The rationale behind the review, the current stage of development, proposed timescales and proposed engagement with patients, including how the Trust continued to ensure suitable and accessible services were provided.
- There were plans to relocate staff to an underused area of the St. Michael's hospital site in Warwick. Co-locating staff should enhance services.
- About half of the Trust's patients were seen at home and this would continue, possibly being expanded for the Leamington area. The Trust was looking for alternate premises for outpatient clinics in Leamington and CWPT recognised the importance of providing accessible services.
- CWPT considered that clinics could also be provided at the St. Michael's Hospital site in Warwick, but a dialogue was needed first with service users.
- St. Michael's Hospital was part of the community and there were efforts to remove the stigma associated with mental health illness.
- The review may conclude that some of the existing premises would become surplus to requirements. The Trust needed to make the best use of its resources. Asset disposals and reducing building running costs would provide finance for the Trust to reinvest in services.

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

- Confirmation was sought that there were no plans to reduce staff numbers or services. Mr Gilby gave this assurance.
- The importance of easy access to local services was stated. The current premises were situated on bus routes. Mr Gilby noted this and account would be taken of such things as bus routes when considering alternate premises.
- It was questioned if the St. Michael's Hospital site was of sufficient size and would have adequate parking for the additional staff and patients. Mr Gilby confirmed that this part of the hospital was underused presently. He didn't expect that a lot of additional traffic would be generated, but issues such as parking would need to be assessed.
- It was questioned what account had been taken of future service demand and whether it would be better to lease rather than dispose of the premises, should they be needed in the future. Mr Gilby noted this suggestion, but also spoke of the suitability of the aging premises and their maintenance costs, so leasing them may not be the best option.

### Care Quality Commission Inspection

Mr Gilby reported the outcome of the Trust's latest inspection by the Care Quality Commission (CQC). The CQC had published its report in December 2018, finding overall that the Trust had improved its rating from 'requires improvement' to 'good'.

Seven core services were inspected, with 12 out of 14 areas rated as 'good' overall, and two rated as 'requires improvement'. The report included five requirement notices, linked to actions that the Trust must take, as the CQC considered they were operating outside legislation. In addition there were actions that the Trust 'should' take, where minor breaches had been identified.

The Trust had already taken action against issues raised during the inspection and was now in the process of developing its plans further, to implement and embed systems and processes to improve the Trust's oversight and governance.

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

- Information was sought regarding the use of agency staff and locum clinicians. Mr Gilby confirmed that both were used. There had been a slight reduction in agency staff levels and an example was the appointment of permanent health care assistants in the autumn of 2018. The position on clinical staff had not improved significantly and attracting candidates for vacant positions was a challenge. This was a national and long term issue for many mental health trusts.
- Several members acknowledged the Trust's improved CQC rating.
- It was noted that the CQC still rated the 'are services safe' aspect of the CWPT review as requiring improvement. Mr Gilby provided an outline of the reasons for this assessment. He added that about half of mental health trusts nationally were similarly rated by the CQC. It was about having sufficient staff and evidencing good practice. Ultimately, his objective was to see the Trust rated as outstanding.
- Additional information was sought in regard to the five requirement notices, linked to actions that the Trust must take, those that they should take and the timescales for completion of those actions. Furthermore, details of the key themes that the CQC had identified, requiring Trust-wide action would be useful. Mr Gilby referred members to a section of the report on the requirement notices. These concerned staff having access to required training, supervision and importantly providing records of both aspects. Others concerned equipment maintenance (mainly at Coventry) and medication management.
- It was questioned if any of the CQC's findings had been surprising to the Trust. This wasn't the case and the Trust had identified some of the areas shown in the CQC report itself. There were still some areas where further improvements could be made and a few where the CQC findings were viewed to be a little harsh. He added that only half of CWPT services had been reviewed and there were other areas of good practice outside the scope of its review. However, the responsiveness of some CWPT services remained an issue, due to staffing levels.
- Mr Gilby confirmed that the CQC would issue an action plan in due course and progress against this would be discussed in the public session of the Trust's board meetings. He offered to share these updates with the committee too.



## **Resolved**

That the Committee:

1. Thanks Simon Gilby of Coventry and Warwickshire Partnership Trust for the informative presentation and for responding to questions.
2. Notes the Trust's position in respect of developing estate plans.
3. Notes and acknowledges the improved outcome of the Care Quality Commission inspection of Coventry and Warwickshire Partnership Trust.

## **5. Hospital to Home Service Update**

The Committee received a report and presentation on the hospital to home service provided by Warwickshire Fire and Rescue Service (WFRS). Tim Sargeant, Group Commander, WFRS gave the presentation which covered the following areas:

- Background
- The aim of the service
- How hospital to home works
- The hospital to home team
- An outline of safe and well checks
- The scope of the service, performance to date and feedback from customers
- Next steps

The report provided context and additional information on this initiative. It was funded through the Improved Better Care Fund and Winter Pressures funding. The customer group was primarily adults aged 65 and over, who lived in Warwickshire and were assessed as needing Care Act eligible services. It provided timely transport for eligible customers back to their place of residence and support to settle back at home. It did not provide regulated activities which required registration with the Care Quality Commission (CQC).

The aim of the service was to prevent unnecessary admissions into hospital for adults who were well enough to go home. The service worked with both South Warwickshire Foundation Trust and George Eliot Hospital, being available 12 hours each day, 365 days a year. The service embedded the principle of 'making every contact count' with customers being offered a safe and well check. By carrying out a home based assessment of risk and well-being and signposting customers to appropriate organisations for further support, the service contributed to the aim of reducing readmission to hospital.

Keith McDermott, WFRS Station Commander commented that it was the small things which staff undertook that meant a lot to those using the service. He displayed some of the equipment provided following a safe and well assessment, including smoke detectors, lockable letterboxes and bins with fire blankets and other equipment to reduce the risk of home fires. This initiative contributed to the target of completing 6,000 safe and well checks across the county. Some of the outcomes were frailty checks, crime prevention, identifying potential safeguarding issues and reducing the risk of falls, with referral to other agencies where required.

The following questions and comments were submitted by the committee, with responses provided as indicated:

- Several members praised this initiative.
- It was confirmed that the service would also transfer relatives or friends with the person being taken home.
- Details were provided of the other ways that people could request safe and well checks, including from the county council's website: <https://warwickshire.gov.uk/safeandwellvisit> and through referrals from other services.
- It was questioned why the service was delivered by WFRS as opposed to the ambulance service. This service was in addition to the existing patient transport services. There was no impact on the other services that WFRS provided as additional community support officers were employed, funded by Adult Social Care using Better Care Fund monies.
- An offer was made for councillors to accompany staff providing this service and the safe and well checks. This would enable councillors to publicise the service within their communities.
- It was questioned if the service could be extended to all patient discharges, not just those from the accident and emergency department. There were discussions ongoing about the potential to extend the service. This would have resource implications, perhaps requiring staffing from other parts of the authority. Pete Sidgwick, Assistant Director of Social Care and Support added that the patient transport service was already commissioned by clinical commissioning groups.

On behalf of the Committee, the Chair thanked Tim Sargeant and Keith McDermott for this interesting and useful update.

### **Resolved**

That the Committee notes the update on the Hospital to Home service provided by Warwickshire Fire and Rescue Service.

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

Pete Sidgwick introduced this item. The One Organisational Plan (OOP) progress report for the period April to December 2018 was considered and approved by Cabinet at its meeting on 22nd January 2019. The report to this Committee focussed on the eleven key business measures within the Committee's remit, which related to Adult Social Care and Health & Wellbeing. It was noted that ten of the measures were currently achieving target. The report included areas of good practice, areas of concern and the remedial action taken together with areas to note. It also provided strategic context on the OOP and a financial commentary. More detailed progress was reported through appended scorecards showing the performance for the period 2015/16 to 2017/18, together with trends and the direction of travel.

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

- It was noted that there were increasing numbers of service recipients and yet there was a projected budget underspend. Mr Sidgwick confirmed that there were increasing numbers of people requiring support and the budget for these services was increasing, but it was still within the overall budget allocation. There were several reasons for this including more efficient and cost effective working and people paying contributions towards their care costs. People were having increasing support needs and there were endeavours to help people at an earlier stage.
- It was questioned whether the quality of services delivered by some private providers was being reduced to achieve cost savings, for example through briefer home visits and whether the Council was paying for the right services at the correct rate. The officer assured that the services commissioned were appropriate for each service user's needs and that there were checks in place to ensure that the service commissioned was provided. Any member having a particular concern was asked to raise it with officers.
- Feedback on service delivery was sought from service users, their family members and others via the 'See, Hear and Act' surveys.

### **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. Delayed Transfers of Care Update**

The Committee received a report and presentation on measures to reduce delayed transfers of care (DToC) in Warwickshire. The presentation was provided by Anne Coyle (SWFT), Denise Cross, WCC Integrated Services and Pete Sidgwick.

Background was provided from the last report to members in January 2018. There were system wide challenges and a dedicated project team was established to focus on improvement activity and joint working between health and social care at the three main acute hospital sites. An in-depth internal review of the hospital social care team took place, to ensure operational processes and people were as efficient as possible.

It was noted that the data received on DToC was six weeks in arrears and this update was for the six-month period ending October 2018. Over that period the average of daily beds delayed was 42 days, compared with 72 days for the same period in 2017, which was a 41% improvement. When delays due to social care were considered, the improvement was more significant, as for the six months, the average daily beds delayed was 17 days, compared to 42 days for the same period in 2017, a 58% improvement in performance. This was against a backdrop of increasing numbers of admissions and acuity of patients. The complexities of arrangements in Warwickshire were also noted with the number of commissioners and providers of services meaning that Warwickshire staff worked across nine different sites.

The most significant improvements continued to be at the three main acute hospital sites. The challenge was to maintain this improvement during quarter four, the main

winter pressures period. Furthermore, continuing to reduce delays in community hospitals and at out of county providers remained a focus.

An outline was given of the change and improvement activities, through numerous joint and internal NHS and social care interventions. There were on-going challenges and reducing DToC was complex. Significant operational improvements continued to be made by NHS and social care teams, but there were external factors which impacted on performance. The report concluded with new areas of focus for 2019/20.

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

- Several members praised the staff involved for the significant progress made since the previous report.
- A councillor noted from the presentation the use of 'red' and 'green' days in hospital where green days were signified by an intervention that would contribute to the patient's discharge. It would be useful to note the proportion of red days (when there was no such activity) which occurred at the weekend.
- It was noted that DToC data for out of county hospitals was not as good as for those within Warwickshire and the focus on this was welcomed.
- Several members referred to a graph on DToC at CWPT hospitals. This showed a significant increase in terms of delayed discharges attributable to the NHS for the period August to October 2018. Further information was sought. This would need to be investigated to determine the cause and appropriate remedial action. A briefing note for the Committee was requested.
- Information was sought on a slide showing long stay reduction guidance and ambitions. It was noted that the targets for this area were set nationally and for two of the trusts the targets had been achieved. For the SWFT, which had just missed the national target, it was noted that these figures included community beds.
- Chris Bain of Healthwatch Warwickshire shared feedback received from patients and their families. They viewed being involved in the discharge assessment as more important than DToC. Also there was common feedback that people were often readmitted to hospital more quickly than would have been expected.

The Chair recorded the Committee's thanks for the excellent progress made and he asked that this be conveyed to the staff involved. It was agreed to make comment to Cabinet on the success of both this initiative and the Hospital to Home initiative.

## **Resolved**

That the Committee:

1. Notes the complexities of Delayed Transfers of Care (DToC) and acknowledges the system-wide partnership working.
2. Notes the joint and Warwickshire County Council internal change and improvement activities that have and continue to be progressed, to support a reduction in DToC.

3. Notes the progress made to date to meet the DToC target of 3.5% which equates to no more than 43 beds occupied by a delayed Warwickshire resident on an average day.
4. Records its thanks to the staff involved and comments to Cabinet on the success of this initiative and on the earlier item on the hospital to home scheme.

**8. Work Programme**

The Committee reviewed its work programme. The Chair proposed that the Committee commission a task and finish group to review maternity services. Councillor Kettle asked that this include cross border arrangements, which the chair acknowledged. Paul Spencer, Senior Democratic Services Officer suggested that consideration was needed of the size of the group, the terms of reference and scope of the review and ensuring it didn't duplicate any other scrutiny reviews. This would be discussed by the Chair and party spokespeople at their next meeting.

**Resolved**

That the work programme is noted and that the Committee agrees to commission a task and finish review of maternity services.

**8. Any Urgent Items**

None.

The Committee rose at 12.55pm

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Chair

## STATEMENT

At the previous meeting of the WCC ASCHOSC, Professor Anna Pollert, Chair of SWKONP raised concerns and questions regarding the planned sale of 4 mental health outpatients' buildings in Leamington and Warwick.

- 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).

I understand from the committee's replies to Professor Pollert that today it will raise these questions to the CE of CWPT, Simon Gilby, regarding these plans.

SWKONP have emphasised the importance of retaining the current premises for a number of reasons, including

1. Maintaining the coherence of current professional staff teams (psychology, psychiatry, social work & support workers).
2. Meeting patients' complex needs, which must be treated/supported *in their communities* – which is where the current buildings are located.

We have also stressed the importance of NOT relocating outpatients' care to a psychiatric hospital, because of the journey this would entail but most importantly, because could be traumatic and damaging to patients' mental health.

We believe disposal of these buildings to be a short-sighted policy which will lead to even greater mental health problems in a sector already under-funded and over-stretched.

We wish to inform the ASCHOSC that SWKONP's petition opposing the planned sell-off, which was begun at short notice, has now reached approximately 800 signatures and we expect it to shortly grow to 1,000, once we begin holding our monthly Saturday stall in Leamington and Warwick.

We believe that this petition is an expression of public engagement with these plans, and public opposition, and believe that our councillors should take this on board in scrutinizing the planned estates policy.

## Adult Social Care and Health Overview and Scrutiny Committee

6 March 2019

### GP Services Task and Finish Group Update

#### Recommendations

That the Committee:

- 1) Receives and comments on the updates provided to the recommended actions of the GP Services Task and Finish Group.
- 2) Considers the frequency of any future updates to the Committee and any further actions required in response to the update to this meeting.

#### 1. Background

- 1.1 At its meeting on 13 September 2017, the Adult Social Care and Health Overview & Scrutiny Committee commissioned a task and finish review of GP Services. The drivers for a review at that time were the GP Five Year Forward View and to understand the impact of projected residential development throughout the County.
- 1.2 The objectives of this review were:
  - To gain an understanding of service demand and levels of pressure on GPs.
  - To identify the potential to reduce these pressures and particularly areas where the County Council has an influence, including through the Health and Wellbeing Strategy and Clinical Commissioning Group (CCG) strategies.
  - An education role to reduce unnecessary GP appointments.
  - Directing people to the appropriate health services including pharmacies or NHS helplines.
- 1.3 The TFG received contributions at a number of evidence gathering sessions over the period October 2017 to February 2018, before meeting to formulate the draft review report.

1.4 Members noted a number of recurring themes from the different evidence sources. This led to the formulation of the conclusions and recommendations in the review document. The recommendations were grouped under the categories of:

- National issues – those that cannot be resolved for Warwickshire in isolation and require recommendations for national assistance.
- Those which require a Coventry and Warwickshire ‘system approach’. These were areas referred to the Warwickshire Health and Wellbeing Board.
- Those which can be progressed by an individual agency, through recommendations to commissioners or providers of services.

1.5 The report was considered and approved at the meeting of the Cabinet on 14 June 2018 and at the Health and Wellbeing Board on 18 September 2018.

## 2. Updates

2.1 It is good practice for the Overview and Scrutiny Committee to seek updates on the implementation of the findings and recommendations from its reviews. The Chair of the Health and Wellbeing Board and Portfolio Holder for Adult Social Care & Health, Councillor Caborn has sought updates from both Board members and officers on the implementation of the recommendations from the scrutiny review of GP Services.

2.2 A table is attached at Appendix A, which sets out each of the recommendations and the actions taken both within Council departments and across the local health and wellbeing system. Members are asked to consider and comment on the progress to date, also to consider the frequency of future updates and any further actions deemed appropriate at this stage, having considered this update.

## Background Papers

None.

	<b>Name</b>	<b>Contact Information</b>
Report Author	Paul Spencer	01926 418615 <a href="mailto:paulspencer@warwickshire.gov.uk">paulspencer@warwickshire.gov.uk</a>
Assistant Director	Sarah Duxbury	
Joint Managing Director	David Carter	
Portfolio Holder	Councillor Caborn	

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

Local Member(s): None

Other members: Councillors Les Caborn, Wallace Redford, Clare Golby, Dave Parsons and Kate Rolfe.



Item 4 Appendix A

Recommendation	Update from WCC	Update from CCGs
<p>1.1 Lobbying National Government</p> <p>i) That the Adult Social Care and Health OSC and HWBB lobby national gov and planning authorities about definition of infrastructure, need for both capital and revenue funding streams and need to recognise workforce within context.</p>	<p>On a local level WCC Public Health has been working with WNCCG to develop and submit requests for infrastructure related to workforce, rather than physical estate. We are awaiting feedback from planners and developers on these requests.</p>	<p>N/A</p>
<p>1.1 Lobbying National Government</p> <p>ii) DoH be lobbied to strengthen comms around appropriate NHS service use.</p>	<p>See CCGs response.</p>	<ul style="list-style-type: none"> <li>• Various communication activity across the winter period under the new overarching brand introduced by NHS England and Public Health England – ‘Help Us, Help You’. The campaign targets different audiences with different calls to action to help reduce winter pressures, especially for urgent care services. This includes messages about flu immunisation, staying well in winter, NHS 111, community pharmacy and extended access to GP services.</li> <li>• GP+ (the new service which extends access to general practice services) launched on 3 September 2018. The GP Federation / GP Alliance (as the contract holder) has undertaken various communication activity aligned to the national brand ‘Here for you, for longer’. This</li> </ul>

Item 4 Appendix A

		<p>activity has focused on raising awareness that Warwickshire patients can now access appointments with a GP, nurse, advanced nurse practitioner or clinical pharmacist in the evenings on weekdays and at weekends, through access hubs two located in SW, in Leamington Spa and Stratford-upon-Avon and one in Hartshill WN and one Rugby. Additional hubs are being rolled out during Q4 in SW and in WN (Nuneaton and Rural North Warwickshire) 2018/19.</p> <ul style="list-style-type: none"><li>• In addition to the above CRCCG /WNCCG also undertook a target piece of co-production with university students to design a specific campaign through social media channels aimed at young people and students specifically. This included students developing a marketing product, pitching this to the communications team and the successful pitch was used as a peer campaign for winter messages with the target audience. The engagement team also undertook targeted engagement with seldom heard groups utilising community leaders and community channels where existing groups were meeting to raise awareness and stimulate community action to reach at risk groups such as elderly and those with LTC's.</li></ul>
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<p>2.1 GP Capacity and Service Developments:</p> <p>That ASC&amp;H OSC and HWBB receive periodic updates on GP capacity and locally derived solutions to meet demands of population growth, which may include alternative provider medical services and funding for new services.</p>	<p>See CCG response.</p>	<ul style="list-style-type: none"> <li>• All primary care committees and the Coventry and Warwickshire Estates Group (part of the Better Health, Better Care, Better Value Programme) continue to receive regular updates in relation to estates planning. Primary Care committee meetings are held in public and papers are available on the CCG web sites.</li> <li>• WNCCG and CRCCG have an Estates Programme Board meeting – this is an internal meeting within the CCG that oversees the progress of delivering our estates priorities. There is a regular update against the options appraisal work which is underway to progress the priority developments for Rugby, Coventry and North Warwickshire. This meeting has representation from LMC as part of its core membership.</li> <li>• The CCGs are happy to provide updates to other forums as required/scheduled. WNCCG and CRCCG are currently preparing a presentation pack for the February STP estates programme board which can be made available to other forums – this will set out the CCGs’ strategic priorities for the coming years in respect to estates and general practice service developments.</li> <li>• CRCCG and WNCCG have a primary care strategy for each CCG this is available on the web site. Both CCGs have completed a progress status stock take against the strategy’s implementation and this is due to be published on the CCG web sites as part of our end of year review of 2018/2019 delivery. This includes an</li> </ul>
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Item 4 Appendix A

		<p>update against planned general practices service developments, resilience and transformation.</p> <ul style="list-style-type: none"> <li>• All CCGs are working collaboratively to develop a Primary Care Strategy at an STP footprint with local GP Forward View delivery plans focused around Place. This will be completed by September and will be a refresh of existing GPFV plans and will reflect the requirements of the NHS England Long Term Plan, and the new NHSE Operating and Planning Guidance – which has specific deliverables and requirements for general practice provision and wider primary care development.</li> </ul>
<p>2.2 Unified response to development proposals:</p> <p>That HWBB seeks assurances across the Coventry and Warwickshire health economy that a unified and coordinated approach is taken to responding to housing growth and district and borough local plans.</p>	<p>In addition to the comments provided by the CCG, it should be noted that the STP Estates Group is linked in with the County-led One Public Estate Group and members of health, estates and housing sit on the boards of the OPE and STP.</p> <p>Primary Care is also an action that is discussed at local Health and Wellbeing Partnerships for each of the localities.</p>	<ul style="list-style-type: none"> <li>• Coventry and Warwickshire responded to the national requirement for Sustainability and Transformation (STP) footprints to develop estates strategies, submitting its strategy to NHS England and NHS Improvement in July 2018.</li> <li>• Feedback received in November 2018 confirmed that the estates strategy had been assured against six standardised themes, receiving an overall banding of ‘Good’ (available bandings were: Strong, Good, Improving or Fair).</li> <li>• CCGs continue to be proactive in their approach to responding to planning applications, using an Outline Primary Care Estates Strategy and an algorithm that has been developed by CCGs in collaboration with property services, public health as its evidence base.</li> </ul>

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		<ul style="list-style-type: none"><li>• The CCG has engaged extensively with Warwick District Council in relation to a range of planning matters and to secure investment through the available means such as Section 106 agreements and the implementation of the Community Infrastructure Levy (CIL). SWCCG has secured the inclusion of £2.8m for the development of a new medical centre in Cubbington in the Regulation 123 list.</li><li>• WNCCG has secured £1m for the development of a new medical centre in Nuneaton and the CCG has made further requests of £2m, which are awaiting approval.</li><li>• CRCCG is working with developers to deliver a new practice at Houlton, and is in early discussions in relation to the south west Rugby developments.</li><li>• The CCG is also engaging with WDC and neighbouring CCGs in relation to development on CCG borders such as south of Coventry, with a number of meetings held during Q4 2018/19. WNCCG has liaised with Leicester CCG and Birmingham as required.</li><li>• The CCGs are engaging with South Warwickshire NHS Foundation Trust in relation to the planned development of an estates strategy at place (i.e. south Warwickshire, Rugby Warwickshire North) level.</li><li>• CRCCG and WNCCG have specifically engaged with SWFT in respect to community service delivery at proposed new sites of Weddington in</li></ul>
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		<p>Nuneaton, Radio Mast – Rugby and Harsthill – North Warwickshire. WNCCG is very engaged with local town planners and elected members through various local partnership forums, to keep local planners and elected representatives appraised of developments. An example is elected members invited to take part in recent ASPECT survey for Hartshill and providing briefings for forthcoming committee discussions relating to planning / developments.</p> <ul style="list-style-type: none"> <li>• The CCGs continue to be an active participant in the Coventry and Warwickshire Estates Group (part of the Better Health, Better Care, Better Value Programme).</li> </ul>
<p>2.3 'Your Health is Your Responsibility':</p> <p>That HWBB through its constituent partners publicises initiatives under the banner of 'your health is your responsibility'.</p>	<p>The Year of Wellbeing 2019 is a specific area of work that the Health and Wellbeing Board is focusing on, and promoting this year.</p> <p>The vision for the Year of Wellbeing is that "People in Coventry and Warwickshire will be part of a strong community and feel inspired and empowered to improve their own health and wellbeing, and that of others, in 2019 and beyond." It will focus on celebrating all the good work currently underway, and three early themes of:</p> <ul style="list-style-type: none"> <li>• Daily Mile</li> </ul>	<ul style="list-style-type: none"> <li>• All CCGs have confirmed commitment to supporting the Year of Wellbeing via the commissioning intentions documents, presented to the HWBB in September 2018.</li> <li>• The CCGs have been using various communication platforms to publicise the Year of Wellbeing (CCG website, CCG Twitter feed, etc.).</li> <li>• The SW CCG worked with local radio station Welcome Radio to plan a show focused on the Year of Wellbeing – this was broadcast on 25 January 2019: <a href="https://twitter.com/SouthWarksCCG/status/1088733979556134913">https://twitter.com/SouthWarksCCG/status/1088733979556134913</a></li> <li>• WNCCG and CRCCG have undertaken a range of initiatives to publicise self-care including launch of APPS – which support individuals self-care,</li> </ul>

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	<ul style="list-style-type: none"> <li>• Workforce wellbeing; and</li> <li>• Start a Conversation</li> </ul>	<p>signposting training for reception staff to signpost to community assets and social prescribing initiatives / capacity linked to GP practices. They have launched a series of targeted PLT sessions for specific cohort groups such as diabetes to raise awareness of self-care and structured education as well as similar campaigns for CVD and cancer.</p> <ul style="list-style-type: none"> <li>• Extensive social media and press work in Warwickshire covering winter health, self-care, having a well-stocked medicine cabinet</li> <li>• CR &amp; WN representatives attended BME and other protected characteristic group events in Rugby and Warwickshire North to promulgate self-care messages.</li> <li>• The SW CCG is running yoga, tai-chi and mindfulness taster sessions for staff in support of the Year of Wellbeing 2019. The CCG staff forum has been planning and promoting 'healthy walks' around Warwick at lunchtimes.</li> <li>• CRCCG and WNCCG have held a series of wellbeing events with staff and the CCG staff forum is leading on a range of initiatives to promote mindfulness and wellbeing across the staff group. This includes 'Time to Talk Day' with mindfulness sessions, IAPT sleep clinic and physical health support for "healthy walks". There has also been promotion of healthy eating through a monthly wellbeing newsletter.</li> </ul>
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		<ul style="list-style-type: none"> <li>• CRCCG and WNCCG undertook an online survey to understand the health and wellbeing needs and concerns of staff and used this to inform an ongoing series of wellbeing activities.</li> </ul>
<p>3.1 Assisting with communication: WCC and districts and boroughs provide support to CCGs with awareness raising and publicity. Areas where we can assist are:</p> <ul style="list-style-type: none"> <li>• Raise awareness / educate on appropriate use of GP services through joint communications with CCGs;</li> <li>• Strengthen the social prescribing / care navigation offer to ensure that patients are accessing the right services at right times.</li> </ul>	<p>WCC Public Health worked in partnership with WNCCG to pilot signposting training for GP reception staff, using the Making Every Contact County (MECC) training methodology. So far 24 practices in Warwickshire North have undertaken the training, and 9 practices in Rugby have now taken the training. Those practices that have signed up were given stands which contain a menu of resources for patients, advising and signposting to wider wellbeing services.</p> <p>WCC Public Health has been working with practices within Warwickshire North CCG to get them to feed into the Joint Strategic Needs Assessment (JSNA).</p> <p>The Health and Wellbeing Partnership funding in South Warwickshire includes projects that Public Health is supporting with a social prescribing element, enabling</p>	<ul style="list-style-type: none"> <li>• See section 1 regarding the CCG engagement with the 'Help Us, Help You' and 'Here for you, for longer' campaigns.</li> <li>• Created a "Right Care" leaflet to support patients to choose the right healthcare setting for them. Localised versions for Warwickshire North and Rugby are available. Ongoing programme of meetings with seldom heard groups to promote appropriate access to healthcare.</li> <li>• The CCGs continues to work with Member GP Practices to trial different ways of connecting their patients with sources of support within their communities.</li> <li>• An example recently is SWCCG securing a grant from Stratford Town Trust to expand a successful early intervention programme known as 'Active Monitoring'. The programme was co-designed by the national mental health charity Mind and provides support to people who visit their GP with symptoms of common mental health needs including stress, anxiety, depression and low self-esteem.</li> <li>• CRCCG and WNCCG have initiated specific schemes to support individuals with medically unexplained symptoms to access the right support, targeted interventions for frequent A&amp; E attenders</li> </ul>



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	<p>individuals to access alternative services which will improve improving social isolation and increasing physical activity. These include using open green spaces for gardening groups, groups supporting patients with dementia through music and memory stimulus, and various projects aimed specifically at improving mental health for a variety of ages e.g. mental health training at secondary schools.</p>	<p>and those who have a high GP demand profile. They have also undertaken targeted work to promote uptake of mental health services such as wellbeing hubs and IAPT. WNCCG and CRCCG are in the process of rolling out signposting training and 'Making Every Contact Count' to their GP practices. The CCGs have supported mental health awareness days through press and social media to support patients to understand what is available.</p> <ul style="list-style-type: none"> <li>• CRCCG AND WNCCG have reviewed and updated their websites to support navigation and better information sharing / including campaigns targeted at raising awareness and have worked with a range of community leaders to ensure messages are effectively communicated to their diverse communities.</li> </ul>
<p>3.2 Suggested areas for further research:</p> <p>That CCGs give further consideration to the following areas identified through this review process:</p> <ul style="list-style-type: none"> <li>• Appropriate use of pharmacies to provide additional capacity of GPs;</li> <li>• Research how the time required for clinical correspondence between</li> </ul>	<p>The Year of Wellbeing includes promotions around the pharmacy offer and a Coventry and Warwickshire group has been established to monitor the Pharmaceutical Needs Assessment (PNA) and to promote initiatives with pharmacies.</p>	<p>The NHS Standard Contract incorporates specific requirements in relation to clinical correspondence (including discharge summaries and outpatient clinic letters) which are applicable to all NHS providers including the main Acute Trusts.</p> <ul style="list-style-type: none"> <li>• See section 1 regarding the CCGs' engagement with the 'Help Us, Help You' campaign, which incorporates messaging on the use of community pharmacy.</li> <li>• SWCCG: See section 1 regarding the new GP+ service, which provides additional capacity (532 appointments per week) during the evening on weekdays and at weekends. The service offer</li> </ul>

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<p>acute service providers and GPs can be streamlined to increase capacity for GPs;</p> <ul style="list-style-type: none"> <li>• Areas of good practice identified from reviews of GP surgeries by the Care Quality Commission and Healthwatch being shared by commissioners with all GP surgeries.</li> </ul>		<p>incorporates clinical pharmacist appointments. 7,298 appointments have been carried out in the service since it commenced on 3 September 2018.</p> <ul style="list-style-type: none"> <li>• CRCCG AND WNCCG have implemented the national extended access scheme providing additional appointments same day seven days a week. The CCG have commissioned delivery of 576 appointments per week across Warwickshire North and Rugby. The CCGs have a focus on promoting utilisation which is improving at a rate of a 5% increase in utilisation, which demonstrates the impact of awareness raising activities and communication strategies to promote the new services and additional GP consultations now available. This includes advertising on NHS choices and updating all practice websites.</li> <li>• WNCCG has successfully secured investment for clinical pharmacists, is in the process of developing the implementation plan with a view to having clinical pharmacists in post within six months; linked to our PCN, GP practices and out of hospital place based teams. Its clinical pharmacy initiative is a partnership with SWFT the CCG and WN practices. CRCCG already has clinical pharmacists in post</li> <li>• WNCCG has worked with Public Health around the development of healthy living pharmacists and has worked with an initiative called 'Prescription Ordering Services' – to work towards optimising repeat prescriptions, eliminating waste, but also using the engagement process of reordering to</li> </ul>
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		<p>encourage individuals to manage their condition well and access self-care and lifestyle services available to them.</p> <ul style="list-style-type: none"><li>• The GP Federation has been successful in an application to the national clinical pharmacists in general practice programme, securing funding for three whole time equivalent clinical pharmacists to work across nine local GP practices.</li><li>• In line with the general practice forward view, all SWCCG, CRCCG and WNCCG GP practices have been offered access to accredited clinical correspondence management training. This training focuses on upskilling clerical staff to be able to process correspondence working against standard protocols, without the involvement of a GP.</li><li>• GP Networks are a prominent area of focus within the NHS Long Term Plan published on 7 January 2019. Over the last nine months, the CCG has provided extensive support and input to the development of six local GP networks and now facilitates a regular meeting between all networks, which is chaired by the CCG's Assistant Clinical Chair. Practices have identified sharing of good practice as a key benefit of engaging with a network, with the 'All Network' meeting providing an opportunity for sharing across networks.</li><li>• Rugby is operating as a GP network and has an established delivery group which brings together GPs to work collaboratively with the CGG and respond to patient needs and resilience issues</li></ul>
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		<p>across general practice.</p> <ul style="list-style-type: none"><li>• WNCCG now has a greed 3 PCN's which will be established by 31<sup>st</sup> March. All PCNs will have funded GP leadership and co-ordination capacity to support their development, and under the new operating plan guidance there will be recurrent funding provided by the CCG to support PCN's.</li></ul>
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## Adult Social Care and Health Overview & Scrutiny Committee

6 March 2019

### Performance Monitoring – Clinical Commissioning Groups

#### Recommendation

That the Overview and Scrutiny Committee:

- (i) Receives and considers the updated report on performance monitoring by the three Clinical Commissioning Groups for the County.

#### 1. Introduction

- 1.1 This report provides information on the performance monitoring by the three Clinical Commissioning Groups (CCGs) that deliver NHS services to Warwickshire residents.
- 1.2 As agreed at the Adult Social Care and Health Overview & Scrutiny Committee on 26<sup>th</sup> September 2018, this report provides a six month update on CCG performance measured by the NHS Constitution Measures, now reflecting performance up to November 2018.

#### 2. CCG Performance Reporting

- 2.1 The three CCGs serving Warwickshire provide regular reports to their respective Governing Boards on their performance. Table 1 below provides some key facts on the CCGs. This data is extracted from the reports submitted to the CCG Boards and links to these are provided under section 3 below.

Table 1: Clinical Commissioning Group Key Facts

	Warwickshire North CCG	Coventry & Rugby CCG	South Warwickshire CCG
<b>Population</b> (to nearest thousand)	190,000	448,000 (Coventry - 345,000 Rugby -103,000)	287,000
<b>Budget</b> (2017/18)	£238 million	£670 million	£379 million
<b>GP Members</b>	27	73 (Rugby - 12)	34
<b>CCG Quality Assurance Framework</b> ( <i>annual assessment, 2017/18</i> )	Requires Improvement (previously Good)	Good	Requires Improvement (previously Good)
<b>Key organisational facts</b>	Joint shared team across the two CCGs		
<b>Quality innovation, productivity, prevention savings</b>	Achieved	Achieved	£15.6m achieved (£16.2m Target)



- 2.2 Clinical Commissioning Groups are required to meet the national NHS Constitution targets and therefore report performance against these measures which have a nationally set target.
- 2.3 Table 2 provides data on the NHS constitution measures for the three CCGs; this has been updated to reflect performance up to November 2018 (previous data reported was for the April 2017 to March 2018 period).

Table 2: Performance of NHS Constitution Measures

NHS Constitution Targets	Warwickshire North CCG November 2018 (Target)	Coventry & Rugby CCG November 2018 (Target)	South Warwickshire CCG November 2018 (Target)
<b>A &amp; E Waits</b>			
A & E 4 Hour waits-patients should be admitted, transferred or discharged within 4 hours of their arrival at an A & E department	78.2% (95%)	90.3% (95%)	95.4% (95%)
A & E- 12 hour trolley waits	11 (0)	0 (0)	0 (0)
<b>Referral to Treatment Times (RTT)</b>			
Patients on incomplete non-emergency pathways waiting no more than 18 weeks from referral	85.6% (92%)	86.7% (92%)	90.4% (92%)
RTT>52 weeks breaches-Incomplete pathways	2 (0)	2 (0)	2 (0)
Diagnostic tests -patients waiting no longer than 6 weeks from referral	100% (99%)	99.9% (99%)	98.8% (99%)
<b>Cancer waits</b>			
Maximum 2 week wait for first outpatient appointments for patients referred urgently with suspected cancer by a GP	97.1% (93%)	94% (93%)	97.7% (93%)
Maximum 2 week wait for first outpatient appointments for patients referred urgently with breast symptoms	93.6% (93%)	93.3% (93%)	95.9% (93%)
One month (31 day) wait from diagnosis to first definitive treatment for all cancers.	100% (96%)	97.1% (96%)	96.2% (96%)

NHS Constitution Targets	Warwickshire North CCG November 2018 (Target)	Coventry & Rugby CCG November 2018 (Target)	South Warwickshire CCG November 2018 (Target)
Maximum 31-day wait for subsequent treatment where that treatment is surgery	100% (94%)	96.9% (94%)	95.7% (94%)
Max 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	100% (98%)	100% (98%)	100% (98%)
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	94.1% (94%)	98.7% (94%)	100% (94%)
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	81.3% (85%)	82.2% (85%)	71.1 % (85%)
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	100% (90%)	100% (90%)	87.5% (90%)
Maximum 62-day wait for first definitive treatment following a consultants decision to upgrade the priority of the patient	100% (85%)	78.6% (85%)	81.3% (85%)
<b>Mixed Sex Accommodation</b>			
Mixed sex accommodation breaches	0 (0)	1 (0)	2 (0)
<b>Cancelled Operations</b>			
Cancelled operations rebooked within 28 days (Q2 18/19)	5 (0)	22 (0)	1 (0)
Number of operations cancelled for a second time	0 (0)	0 (0)	0 (0)



NHS Constitution Targets	Warwickshire North CCG November 2018 (Target)	Coventry & Rugby CCG November 2018 (Target)	South Warwickshire CCG November 2018 (Target)
<b>Mental Wellbeing</b>			
The % of people under adult mental illness specialties on Care Programme Approach who were followed up within 7 days of discharge from psychiatric in-patient care. (Q3 18/19)	92.8% (95%)	97.4% (95%)	100% (95%)
Improving Access to Psychological Therapies (IAPT) Access – (annualised) *Projected year end position at October 2018	18.3% (15%)	17.8% (15%)	17.0% (15%)
Improving Access to Psychological Therapies (IAPT) Recovery – *Projected year end position at October 2018	55.9% (50%)	53.2% (50%)	53.7% (50%)
People starting Treatment for Early intervention in Psychosis (EIP) within two weeks.	50% (50%)	28.6% (50%)	0% (50%)
<b>Key:</b>	 Target not met		 Target met or exceeded

2.4 All three CCG’s commissioned Coventry and Warwickshire Partnership Trust (CWPT) to provide mental health and learning disability services for children, adults and older adults. South Warwickshire NHS Foundation Trust (SWFT) provided a range of community services including district nursing, health visiting, school nursing, occupational therapy, podiatry, rehabilitation services and speech and language therapy.

2.5 The overviews for each CCG below are extracted from their respective 2017/18 Annual Reports. This will be updated in future reports to this committee as the annual reports are refreshed but it remains useful context for this report.

## 2.6 Warwickshire North CCG - overview *(extract from 2017/18 Annual Report)*

During 2017/18, we have made good progress against a range of local and national targets to improve the health of people living in the area. We had planned to meet all national planning standards in 2017/18; we met 9 of the 12 NHS Constitution Standards; although service providers have made progress they still struggle to consistently achieve 3 of the waiting time targets.

During the year, the key risks to achieving our objectives have been:

- Achieving the financial control total agreed with NHS England
- Achievement of the NHS Constitutional targets in Referral to Treatment, A&E and achievement of the 62 day wait from urgent GP referral to first definitive treatment to cancer.

## 2.7 Coventry and Rugby CCG - overview *(extract from 2017/18 Annual Report)*

In September 2016, the CCG was placed in financial special measures and from this time operated under legal directions from NHS England. We made progress so that the financial special measures were lifted at the end of March 2017 however the CCG continued to operate under legal direction until January 2018, when NHS England confirmed the CCG had made sufficient progress and the directions were lifted.

During the year, the key risks to achieving our objectives have been:

- Achieving the financial control total agreed with NHS England. At the start of the year, the CCG agreed with NHS England a control total that would breach its statutory duty to break even. The CCG has continuously sought to improve on the control total position during the financial year but is unable to meet the statutory duty.
- Achievement of the NHS Constitutional targets in A&E and Referral to Treatment. Actions taken to mitigate this risk during the year are outline below however we expect this to continue to be a challenge in 2018/19:
  - A&E: Contract Performance Notice issued. The CCG maintained a continued focus on promoting timely discharge and reducing Delayed Transfers of Care, working with care home providers to improve responsiveness to assess/accept new patients.
  - Referral to Treatment: Performance notice issued, actions plans developed jointly with UHCW and the CCG with the involvement of the intensive support team at NHS.

## 2.8 **South Warwickshire CCG - overview (extract from 2017/18 Annual Report)**

The CCG continues to perform very well on the key performance indicators including Cancer 2 week and 31 day access times from GP referral to first appointment and also for Mental Health IAPT Access and Recovery Rates. We continue to face a number of performance challenges. The A&E four hour target has been particularly challenging during 2017/18 with additional demand placed upon the urgent care system at South Warwickshire NHS Foundation Trust (SWFT). Whilst this has resulted in the target being missed, South Warwickshire remains amongst the top performing areas for A&E delivery. The CCG is committed to working with the relevant emergency and urgent care providers to deliver improvement in these services.

## 3. **Supporting Papers**

Full copies of the CCG's Annual Reports and Performance Reports can be viewed through the following links:

South Warwickshire: [Annual Report 2017/18](#)

CR and NW CCGS: [Integrated Quality, Safety and Performance Report July 2018](#)

Warwickshire North CCG: [Annual Report](#); Coventry & Rugby CCG: [Annual Report 2017-18](#)

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**4. Background Papers**

None

**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 and Scrutiny Committee

**6 March 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 13 February 2019. 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
Review of Section 75 Partnership Agreement	A partnership agreement between Warwickshire County Council and Coventry and Warwickshire Partnership Trust for the provision of integrated mental health services.	7 March	Cabinet
Social Care - Irrecoverable Debts	A report on irrecoverable social care debts that require approval for write-off	15 March 2019	Portfolio Holder - Adult Social Care & Health

### 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
<b>North Warwickshire Borough Council</b>	
	<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"> <li>• Year of Wellbeing</li> <li>• Health and Wellbeing Action Plan Update               <ul style="list-style-type: none"> <li>• Air Quality</li> <li>• CHAW Update</li> <li>• Holiday Hunger</li> <li>• Health Store</li> <li>• Fitter Futures</li> <li>• #onething</li> <li>• Leisure Update</li> <li>• Dementia</li> </ul> </li> <li>• Public Health Update / JSNA</li> <li>• Stroke Services</li> <li>• Director of Public Health Report</li> <li>• Day of Wellbeing</li> </ul>
<b>Nuneaton and Bedworth Borough Council – Health Overview and Scrutiny Panel</b>	
7 February 2019	<ul style="list-style-type: none"> <li>• JSNA &amp; Public Health Update on the priorities for health.</li> </ul>
7 February 2019	<ul style="list-style-type: none"> <li>• Annual Report from Health &amp; Wellbeing Board</li> </ul>
2018/19	<ul style="list-style-type: none"> <li>• Improving Stroke Services in Coventry &amp; Warwickshire. A request from WNCCG to consult on the document (after inspection probably in Aug)</li> <li>• Changing Places Toilets. There is a demand for these from residents and carers who require a hoist, need the toilet.</li> </ul>
<b>Rugby Borough Council – Whittle and Brooke Overview and Scrutiny Committees</b>	
7 February 2019	<ul style="list-style-type: none"> <li>• Employee Wellbeing</li> </ul>
2019/20	<ul style="list-style-type: none"> <li>• Encouraging the Community to Adopt Healthy Lifestyles</li> </ul>

<b>Stratford-on-Avon District Council – Overview and Scrutiny Committee</b>	
5 December 2018	<ul style="list-style-type: none"> <li>Chairman of the Warwickshire Adult Social Care and Health Overview and Scrutiny Committee attended to respond to questions from the Committee</li> </ul>
<b>Warwick District Council – Health Scrutiny Sub-Committee</b>	
March 2019	<ul style="list-style-type: none"> <li>Health &amp; Wellbeing Annual Update Report</li> <li>JSNA Final Report</li> <li>Hostels and Integration Report</li> </ul>
July 2019	<ul style="list-style-type: none"> <li>Promoting Health &amp; Wellbeing in the wider District – Focus on Mental Health – 12 month update (with figures on suicide rates included)</li> </ul>
November 2019	<ul style="list-style-type: none"> <li>Annual Status Report – Air Quality Management</li> </ul>
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. A meeting the Joint Coventry and Warwickshire Health Overview and Scrutiny Committee has been scheduled for 20 March 2019. The main item of business will be stroke services with an update from the lead officer for this review.
- 5.2 The Joint Health Overview and Scrutiny Committee (JHOSC) with Oxfordshire and Northamptonshire County Councils continues to meet, 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. A meeting of the JHOSC took place on 25 February 2019.

## Background Papers

None.

	<b>Name</b>	<b>Contact Information</b>
Report Author	Paul Spencer	01926 418615 <a href="mailto:paulspencer@warwickshire.gov.uk">paulspencer@warwickshire.gov.uk</a>
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
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.
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 2018.
	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.

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	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.
	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.

**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
30/01/19	13 February 2019	See, Hear and Act learning partnership.	Dr. John Linnane, DPH and SC
-	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"> <li>• Life Expectancy, Healthy Life Expectancy and the Window of Need</li> <li>• Infant Mortality and Stillbirths</li> <li>• Child Accidental Injuries</li> <li>• Rise Mental Health Service</li> <li>• Integrated Care System</li> <li>• Parking for Voluntary Patient Transport Schemes</li> <li>• Community Safety Partnerships</li> <li>• Appendices <ul style="list-style-type: none"> <li>○ Child Accident Prevention – Developing a Three Year Action Plan</li> <li>○ Warwickshire Data Overview and Update</li> <li>○ SP board performance report</li> <li>○ Rise Community Partnerships</li> <li>○ Rise Community Offer</li> <li>○ Rise Service Feedback</li> <li>○ Rise the Big U</li> <li>○ Warwickshire Primary Mental Health Team, Q1 Report</li> </ul> </li> </ul>	
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

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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
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

## 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.