

**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.