

**Minutes of the meeting of the
Adult Social Care and Health Overview and Scrutiny Committee
held on 3 July 2019**

Present:

Members of the Committee

Councillors Helen Adkins, Jo Barker, Mike Brain, Clare Golby (Vice Chair), John Holland, Wallace Redford (Chair), Jerry Roodhouse, Andy Sargeant and Adrian Warwick.

Other County Councillors

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

District/Borough Councillors

Councillor Margaret Bell, North Warwickshire Borough Council

Councillor John Beaumont, Nuneaton and Bedworth Borough Council

Councillor Sally Bragg, Rugby Borough Council

Officers

Becky Hale, Assistant Director People Strategy and Commissioning

Rachel Jackson, Health Improvement and Commissioning Lead for Drugs and Alcohol

Helen King, Assistant Interim Director (Director of Public Health)

Pete Sidgwick, Assistant Director, Social Care

Paul Spencer, Senior Democratic Services Officer

Also Present

Chris Bain, Chief Executive, Healthwatch Warwickshire

Anna Hargrave, Chief Transformation Officer, South Warwickshire Clinical Commissioning Group (CCG)

Kirsty Mason, Change, Grow, Live

Members of the Public

Anna Pollert

Dennis McWilliams

1. General

(1) Apologies for absence

Councillors John Cooke, Pete Gilbert and Andy Jenns

Councillor Tracy Sheppard, Nuneaton and Bedworth Borough Council,

Nigel Minns, Strategic Director for the People Directorate

(2) Members Declarations of Interests

None

(3) Chair's Announcements

The Chair welcomed everyone to the meeting, especially new members of the Committee and John Cole, a new trainee Democratic Services Officer. He paid tribute to the following former members of the Committee for their service: Councillors Mark Cargill, Anne Parry, Dave Parsons, Kate Rolfe, Jill Simpson-Vince and Adrian Warwick.

(4) Minutes

The minutes of the Adult Social Care and Health Overview and Scrutiny Committee held on 6 March 2019 were agreed as a true record and signed by the Chair.

2. Public Speaking

Question from Professor Anna Pollert

Professor Anna Pollert had given notice of a question, which is attached at Appendix A to the minutes. The question had been circulated to the Committee and was introduced by Anna Pollert.

Councillor Caborn responded that the County Council was accountable and held its meetings in public. The Independent Chair of the Sustainability and Transformation Partnership, to be known as the Coventry and Warwickshire Health and Wellbeing Partnership (CWH&WP), had published proposals for a new Board to oversee the partnership. It was proposed that this Board would meet in public and publish its agendas, minutes and board papers. These proposals would be considered by the Coventry and Warwickshire health and wellbeing boards (HWBBs) at their next meetings. The new body would be accountable to the HWBBs and the proposals were in the spirit of the Government select committee recommendations for openness and transparency. The County Council had worked hard and in partnership to seek this openness. Councillor Caborn offered to provide a written response with more detail.

Question from Mr Dennis McWilliams

Mr Dennis McWilliams had given notice of a question, which is attached at Appendix B to the minutes. The question had been circulated to the Committee and was introduced by Mr McWilliams.

Councillor Caborn responded to Mr McWilliams' points about the reporting of the governance arrangements. He advised that they had been discussed at the Place Forum, a joint forum of the Coventry and Warwickshire HWBBs where it undertook its development work. The proposals would be considered formally at the HWBBs, which met in public and for Warwickshire this would take place in September. The proposals would also be considered at a subsequent County Council meeting. There had been a lot of work to date and the final terms of reference were still to be determined. Councillor Caborn offered to provide a written response with more detail.

Councillor Holland asked if the CWH&WP would be holding its meetings in public from September. Councillor Caborn clarified that he had been referring to the Warwickshire HWBB's consideration of the governance arrangements then. He also referred to the local 'place' delivery arrangements covering the three areas of north, south and rugby which would again be accountable to the HWBB. Councillor Roodhouse noted from a document being considered by the Coventry HWBB that the CWH&WP board would meet four times each year in public. It would be useful to have a diagram showing the structure of the bodies and reporting lines. Additionally, he questioned when this was considered by the Warwickshire HWBB

in September, whether the governance arrangements would have already been finalised.

3. Better Health, Better Care, Better Value Partnership: Coventry & Warwickshire Local Maternity System Partnership

Helen King, Assistant Interim Director (Director of Public Health) introduced this item. The report detailed progress with Coventry and Warwickshire's Local Maternity System (LMS) and updated on the report submitted to the Committee in October 2018. The detail of the report contained the following sections:

- LMS and the Wider Sustainability and Transformation Programme
- LMS Vision
- Work Stream Updates
- Underpinning Strategies
- Conclusion

There were two significant programmes of work being undertaken by the Coventry and Warwickshire health and care system that impacted upon maternity and paediatric services. These were implementation of Better Births (2016), led by the LMS and the Maternity, Children and Young People (MCYP) Strategic Programme. That programme had a much broader scope extending from the antenatal period to adulthood, covering both mental and physical health; prevention and early intervention and the impact of wider determinants of health. A figure showed the transformation governance structure. The report set out the vision for better births, the key strands being choice, personalised care and ensuring the care was safe both for the mother and baby. Updates were provided for each of the work streams for health & wellbeing, quality & safety and choice & personalisation.

Anna Hargrave, Chief Transformation Officer, South Warwickshire Clinical Commissioning Group (CCG) used an example of a continuity of carer pilot scheme in south Warwickshire to review where and how maternity services were delivered. The pilot scheme was based on that evaluated in Holland and was deemed best practice. Whilst it was relatively new, positive feedback was already being received and if successful, this would be rolled out across Coventry and Warwickshire.

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

- Members acknowledged the comprehensive report provided and it was evident that this was a significant piece of work with multiple agencies involved.
- Discussion about community hubs for the delivery of local services. A member made comparison to the successful services delivered through children's centres and the later reduction in those services. He sought an indication of the priorities for service delivery from community hubs. The co-location of community midwifery hubs within existing children and family centres was logical. Related points were made about the integration of services to provide a more holistic approach. Examples used were encouraging breast feeding and help for those needing support with their new born baby.
- The focus of the report was welcomed especially aspects concerning safety and choice. It would be helpful to have an analysis of the current position, to

assess where services needed to be improved to meet the new models of care and national guidance. An example was used of the Horton Hospital in neighbouring Oxfordshire and the proportion of patients who were transferred during labour from this midwife led unit (MLU) to adjacent hospitals with obstetric services. Anna Hargrave advised that she was the senior responsible officer for the review of maternity services across the Coventry and Warwickshire area. Comprehensive data and patient flow information was being collated. She provided context on the Horton transfer data, explaining that where the mother changed their birth plan during labour, it could require transfer to an obstetric unit. Helen King added that some of the requested data would be available from the LMS and she would pursue this. Fetal monitoring was raised and a member urged that ambulatory monitoring be provided.

- Discussion about cross border arrangements and choice. It was confirmed that Warwickshire expectant mothers could select the Horton Hospital for their baby's birth. Likewise, some Oxfordshire residents chose to give birth at Warwick Hospital.
- The community hubs were valued, but there seemed slow progress in making full use of these premises. The guidance did provide for choice on antenatal arrangements, subject to assessing the risk levels associated with the pregnancy. There was a slight variance in the services provided across the county.
- The timeline for moving forward with the proposals was questioned and it seemed that communication arrangements with advisory boards for children's centres could be better. Helen King confirmed that by 2021 there was a target for low risk births to be through a continuity of care arrangement through a local team. She gave an outline of the work taking place through University Hospitals Coventry and Warwickshire (UHCW) and at George Eliot Hospital (GEH). At the national level, mapping of midwifery services was also taking place.
- It was questioned what 'asset based peer to peer support' meant, whether this was driven by financial saving requirements and whether it would increase reliance on communities and the third sector. This proposal aimed to examine what else could be provided. As an example, peer support for breast feeding had been established for over 20 years.
- Parent conflict and domestic violence were areas of particular concern and were significantly underreported. A wider corporate report with implications for several services was expected to be available by August. Helen King offered to bring the relevant aspects from that report back to the Committee. It was asked if, in areas where there were higher incidences of conflict and violence, how resources were focussed and interventions planned. The current review was seeking to provide such data and the follow up report would be useful to members.
- Perinatal mortality reviews and the reporting arrangements could be an area for the committee to explore further. Helen King oversaw the child death overview panel which reviewed every mortality case within 28 days of birth. She offered to provide additional data.
- Information was sought on the Maternity Clinical Steering Group, particularly in relation to its infrastructure. It was understood this group brought together health experts to review how services could be delivered more efficiently and effectively.
- A member referred to the asset based approach to delivery with third sector provision and was particularly concerned about empty and underutilised premises and reductions in service through the loss of children's centres.

- In the section on universal perinatal parenting education, it was noted that additional funding was being sought to provide place-based antenatal education, working with both GEH and UHCW. It was confirmed that there was a shortage of midwives nationally. A member commented that there had been some misinformation and lobbying about the closure of maternity services at GEH.
- There was praise for the excellent maternity services provided in Warwickshire, with some members evidencing the care they had received throughout a problematic pregnancy.
- Obesity in pregnancy was discussed, with an outline given of the advice and services provided to expectant mothers. This included specialist clinical support where necessary and it linked to the fitter futures programme.
- Further information was sought in relation to continuity of carer proposals. The aim was for consistent midwife support throughout the pregnancy and during the birth, but capacity may have an impact in some cases.

On behalf of the Committee, the Chair thanked Helen King and Anna Hargrave for the detailed report and for responding to the Committee's questions. The Committee had previously considered, but not determined whether to commission a task and finish group (TFG) review of maternity services. The report had demonstrated the scale of work being undertaken and if such a review was to be commissioned, it would need to be targeted and add value. Committee members concurred and suggested that potential areas for such a review could be the asset based approach, the areas around conflict and domestic violence and/or the community hub/children's centre aspect. A proposal was made that a small group meet to consider potential topics where the TFG could add value. This could comprise one elected member from the Conservative, Labour and Liberal Democrat groups.

Resolved

1. That the Overview and Scrutiny Committee notes the update on local maternity services.
2. That a group of three members, comprising one member from the Conservative, Labour and Liberal Democrat groups meets to consider the potential topics that a task and finish review could consider to add value to the existing work on maternity services.

4. Questions to the Portfolio Holder

Councillor Helen Adkins sought an update from the Portfolio Holder on the closure of buildings that provide mental health services in Leamington and Warwick. Councillor Caborn agreed to look into this. He also announced that following a recruitment process, an appointment had been made to the position of Director of Public Health.

5. Drugs and Alcohol Services Update

The Committee received an update from Rachel Jackson, WCC Health Improvement and Commissioning Performance Lead for Drugs and Alcohol and

Kirsty Mason of Change, Grow, Live. Background was provided on the review and redesign of commissioned services for drugs and alcohol services. In July 2018, the Committee received an overview on these redesigned services which focused on prevention, wellbeing and sustainable recovery.

The report 'set the scene' in terms of drug and alcohol prevalence in Warwickshire. It outlined information taken from a number of nationally recognised and validated sources, with data for the year 2017/18, comparing Warwickshire to the national data. This comprised drug use and unmet needs, the proportion of those presenting who were in regular employment and the number of people in drug treatment. The report provided data on people identified as having a mental health treatment need, the length of time in treatment and the proportion of those who successfully completed treatment and did not re-present within six months. The alcohol prevalence overview contained the same information, reporting that the greatest proportion of adults presenting for treatment were aged between 40 and 59. Data was included about hospital admissions for alcohol-related conditions.

Next, the impact on community safety was reported, as drugs and alcohol were identified as two of the key drivers of crime and disorder. This section reported on violence with or without injury offences and incidents of anti-social behaviour.

In terms of the services provided, this was across all ages, offering a whole system approach with an integrated pathway of community based treatment and support. Prevention, wellbeing and sustained recovery were integral to this. Services had been developed to maximise synergies and were commissioned across a number of service providers.

Updates were provided for each of the services delivered for adults and children. Further sections reported on inpatient detoxification and residential rehabilitation, the framework agreements in place with national providers and details of the joint commissioning arrangements. The report concluded with information about supervised consumption and needle exchange within community pharmacies and the perceived future opportunities and challenges.

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

- Further information was sought about preventative and education work with schools. There were over 3000 contacts with young people each year. Prevention was the key aspect and there was a need for schools to engage. It was questioned whether the Portfolio Holder for Education and Learning could assist. There seemed to be a challenge in getting academy schools to engage. It would be useful for all elected members to receive information about take up of initiatives in schools within their division. A further point was how services reacted when there was a sudden 'spike' in the data. Rachel Jackson asked for more information on the localised data being sought, which would then be used to provide a briefing note to members.
- There was an increase in cannabis use amongst pupils and also nitrous oxide (laughing gas). It was questioned what could be done directly by the County Council and by others including the Local Government Association.
- Questions were submitted about support for both mental health issues and addiction. This was a complex service area and a tailored and holistic approach was provided for each person.

- Chris Bain spoke outlined the Healthwatch Warwickshire project into rights of homeless people to access clinical care. However, this didn't extend to addiction issues. He would speak with officers outside the meeting to agree how best to coordinate activity.
- Councillor Sargeant spoke of the need to change culture around alcohol consumption in the same manner as smoking. Officers agreed that there was a need for education, but the cohort of people aged 40-59 who were consuming excessive amounts of alcohol were less likely to access mainstream services and so a digital offer may be more successful.
- Further points were made about alcohol consumption in public parks, and the campaigns to warn people about the risk of drinks being 'spiked'.

The Chair summarised the key points raised and actions agreed.

Resolved

That the Committee:

1. Notes the update submitted in relation to drugs and alcohol.
2. Seeks to promote the services commissioned for drugs and alcohol and to assist with preventative education through:
 - a. Asking the Portfolio Holder for Education and Learning to engage with schools;
 - b. Providing localised data for elected members so they can similarly seek to engage with schools; and
 - c. Healthwatch Warwickshire meeting with officers to see how best to coordinate their activity and that the findings from this be reported to the next meeting of the Chair and party spokespeople.
3. Agrees that the Chair and party spokespeople determine the timing of a further update to the Committee.

6. One Organisational Plan Quarterly Progress Report

Pete Sidgwick, Assistant Director for Social Care gave a presentation to draw out the key messages from the circulated report. The One Organisational Plan (OOP) end of year report covered the period 1 April 2018 to 31 March 2019 and was considered and approved by Cabinet on 13 June 2019. The report initially gave the position for the Council as a whole. Performance was assessed against 62 key business measures (KBMs), 48 of which are grouped under, and reported against, the agreed policy areas. It then focussed on the eleven KBMs within the Committee's remit, which related to Adult Social Care and Health & Wellbeing. At the year-end position, 82% (9) of KBMs have achieved target with 18% (2) of KBMs being behind target.

The report and presentation included areas of significant good practice and areas of concern that needed to be highlighted. A strategic context on the OOP and a financial commentary were also provided. More detailed progress was reported through appended scorecards showing the performance for the period 2015/16 to 2018/19, together with trends and the direction of travel.

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

- On the graph that showed the increase in the number of people in receipt of an adult social care service, against the previous year's position, it would be useful to overlay the proportion of the population in receipt of such support.
- It was confirmed that Warwickshire's population had increased. The number of people receiving support and the complexity of needs had also increased.
- A point was made that with medical advancements those with critical illnesses had a longer life expectancy, but required further and more complex support packages.
- Despite the additional challenges reported, the service continued to meet targets in relation to residential care and this was attributed in part to the early work on extra care housing.

7. Work Programme

The Committee reviewed and noted its work programme.

8. Any Urgent Items

None.

The Committee rose at 12.20pm

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Chair

Question from Professor Anna Pollert

SWKONP wishes to secure broad active and responsible support, both at County, District, Town and City levels of local democratically accountable bodies, and in NHS accountable bodies, many of whom have a seat on the Coventry and Warwickshire STP – now BHBCBV – to press the STP/BHBCBV to publish its agenda, minutes, and board papers.

Doing so will to comply with the recommendations of the House of Commons Health and Social Care Select Committee: ‘NHS Long-term Plan: legislative proposals, Fifteenth Report of Session’ published on the 24th June 2019.

This is what the Select Committee stated:

104. The issue of the accountability of integrated care systems (ICSs) and sustainability and transformation partnerships is very important, and not easily solved in the absence of their establishment as statutory bodies. While we agree that it is not advisable at this time to establish all integrated care systems as separate legal entities, in the absence of formal accountability for their collective decision-making, we expect ICSs to meet the highest standards of openness and transparency in the conduct of their affairs by holding meetings in public and publishing board papers and minutes. Transparency, however, is not an adequate substitute for accountability if it is not clear who should be held to account. It is vital to avoid creating a situation where everyone in the system is accountable, but no-one can be held responsible for important decisions. We recommend that the National Implementation Plan due this autumn should set further directions for the standards of governance and transparency local systems should demonstrate (page 36).

The highlighting is ours. The full report is at https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/2000/200009.htm#_idTextAnchor043

The section on Integrated Care Systems and Governance begins at para 93.

Many of you will be familiar with the history of concerns in Coventry and Warwickshire about STP transparency and accountability, starting with the motion carried unanimously by WCC on 13.12.2016 in the wake of the STP launch a week earlier.

It stated

‘(1) That the Council believes that the approach used to develop the Coventry & Warwickshire Sustainability and Transformation Plan (STP) has been opaque and veiled in secrecy. Given how critical this Plan is to the future provision of Health and Social Care Services and the future of our local hospitals in Warwickshire, the Council urgently requests that more time is allowed for full and proper public consultation and seeks assurances that all plans for the future of the NHS are developed openly and with full involvement of the users of the service.

(2) That, consequently, the Council

(i) Agrees that it will not consider signing up to the Coventry and Warwickshire Sustainability and Transformation Plan published on 6th December until:

- a) There has been full public engagement
- b) It has been co-produced along with the Health and Wellbeing Boards of both Warwickshire CC and Coventry CC.
- c) It is rewritten in language which is accessible to the public

(ii) Expects that the STP in its next stage moves to a transformational level and that an independent chair is appointed to ensure the necessary challenge.

(iii) Expects that the original intent of the STP around the integration of the health and social care systems is progressed in a way which recognises the crucial role played by social care.

(iv) Expects that the STP workstreams will recognise local and easy access to services by the whole population of Warwickshire and Coventry as a fundamental principle.

(v) Establishes a cross party scrutiny group to consider the STP.'

(Published: Health and Wellbeing Board, 23 January 2017, Coventry and Warwickshire Sustainability and Transformation Plan, Appendix 1 – Summary of resolutions, p.6, <http://tinyurl.com/y3qj2kwj>)

At that time and since then SWKONP has pressed for even the minimum transparency, writing to Sir Chris Ham (without reply) when he became Independent Chair, and raising the issue both at NHS engagement events, before the WCC ASCHOSC, and at the February 19th 2019 WCC Public Interest debate before full council into Integrated Care Systems (ICS).

Even when the Nottingham ICS began publishing its agenda, minutes and board papers, and the question was put, "Why not in Coventry and Warwickshire?" the most hopeful response has been for the STP to say that a review is under way. At the other end of the scale the STP has relied expressly on the fact that it is not open to FOI requests – sometimes even after recommending lodging an FOI request.

Please will the ASCHOSC seek to put an end to this charade and require the STP board to comply with the House of Commons Health and Social Care Select Committee expectations and strong recommendation.

Anna Pollert (Secretary, South Warwickshire Keep our NHS Public)
Dennis McWilliams (Chair, South Warwickshire Keep our NHS Public).

Question from Mr Dennis McWilliams

Governance Arrangements for Coventry and Warwickshire Health and Care Partnership report Chris Ham 26th June 2019.

Sir Chris Ham has published proposals arising from the STP review for Governance changes to be effected from September 2019.

They are to be presented to the Coventry HWBB on 8th July and will be tabled before the SWCCG governing body on 17th July. The next WCC HWBB is 11th September. They appear not to be before this HOSC.

The proposals include a new Partnership Board (meeting in public); a Partnership Executive Group (replacing the STP/BHBCBV board); 4 Place Based Partnerships reporting to the Partnership Board (meeting in public 'over time'); a Clinical Forum (reporting to the Partnership Board) and a separate Clinical Core Executive Group.

They note the linking of the three local CCGs. Nothing is said about future health commissioning/contracting arrangements.

Little or nothing is disclosed about the terms of reference for the new bodies, or their constitutions, accountability or transparency. There is no reference to finance. Nothing said about transferred powers to the new bodies from the STP.

The membership of the proposed Partnership board and of some other bodies is not settled.

No flow chart(s) to assist understanding are provided.

It is not stated whether legal advice is being or has been taken on the legal, risk, or financial implications of the proposed governance set up.

The report is at pages 113 – 118 of the agenda report pack for the Cov HWWB. Link: <https://edemocracy.coventry.gov.uk/documents/g12135/Public%20reports%20pack%2008th-Jul-2019%2014.00%20Coventry%20Health%20and%20Well-being%20Board.pdf?T=10>

This is a matter that should be before the HOSC for careful scrutiny and discourse.

Dennis McWilliams