Adult Social Care and Health Overview and Scrutiny Committee

3 July 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, 3 July 2019 at 9.30a.m. Please note the time of the meeting.**

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

The agenda will be: -

1.   **General**

   (1)   **Apologies**

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

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

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

(3)   Chair's Announcements

(4)   Minutes of previous meetings

To confirm the minutes of the meeting held on 6 March 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.   Drugs and Alcohol Services Update

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.

5.   Better Health, Better Care, Better Value Partnership: Coventry & Warwickshire Local Maternity System (LMS) Partnership

The Director of Public Health to present a detailed update, to better inform members on the ongoing work within the system, to determine whether a task and finish review would be appropriate and if so the areas of focus for the review.

6.   One Organisational Plan Quarterly Progress Report

To consider the Year End One Organisational Plan Quarterly Progress Report for 2018/19.

7. 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.

8. Any Urgent Items

Agreed by the Chair.

MONICA FOGARTY
Chief Executive

Adult Social Care and Health Overview and Scrutiny Committee Membership

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

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 Tracy Sheppard
Rugby Borough Council	Councillor Sally Bragg
Stratford-on-Avon District Council	To be confirmed
Warwick District Council:	To be confirmed

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

General Enquiries: Please contact Paul Spencer on 01926 418615
E-mail: paulspencer@warwickshire.gov.uk

* The agenda for this meeting includes item 6 that is not a health item.

Minutes of the meeting of the
Adult Social Care and Health Overview and Scrutiny Committee
held on 6 March 2019

Present:
Members of the Committee
Councillors 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 Pamela Redford, Warwick District Council

Officers
Emily Fernandez, Public Health and Strategic Commissioning
Helen King, Deputy Director of Public Health
Dr John Linnane, Assistant Interim Director (Director of Public Health and Strategic Commissioning)
Nigel Minns, Strategic Director for the People Directorate
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)
Jenni Northcote, Chief Strategy and Primary Care Officer, Coventry and Rugby and Warwickshire North CCGs

Member of the Public
David Lawrence

1. **General**

    (1) **Apologies for absence**

        Councillors Helen Adkins and Anne Parry
        Councillor Christopher Kettle, Stratford District Council

    (2) **Members Declarations of Interests**

        None

    (3) **Chair's Announcements**

        The Chair welcomed everyone to the meeting, particularly the representatives of the clinical commissioning groups (CCGs). He reported on the meeting of the Horton 'super' Health Overview and Scrutiny Committee (HOSC) held at Banbury on 25 February. A meeting of the Coventry and Warwickshire Joint HOSC would take place on 20 March at Coventry. The

key focus for that meeting would be stroke services, with Andrea Green, the lead officer for the review giving an update.

This would be the last meeting for Dr John Linnane, Assistant Interim Director (Director of Public Health and Strategic Commissioning). The Chair paid tribute to his service to the authority, speaking particularly of his contribution and commitment. He placed on record the appreciation of the Council to Dr Linnane for his service to the people of Warwickshire.

At the last meeting, the Committee had received an update from Simon Gilby, Chief Executive of Coventry and Warwickshire Partnership Trust. Councillor Kettle had asked further questions of Mr Gilby outside the meeting and the Chair read the response which had been circulated to the Committee.

In January, the Committee had agreed to undertake a task and finish review of maternity services. This had been discussed further at a meeting of the Chair and party spokespeople, where the Deputy Director of Public Health had provided a detailed update. It was agreed that this update would be presented to the Committee for its consideration at the June meeting, to better inform members on the ongoing work within the system, to determine whether a task and finish review would be appropriate and if so the areas of focus for the review.

(4)   Minutes

The minutes of the Adult Social Care and Health Overview and Scrutiny Committee held on 30 January 2019 were agreed as a true record and signed by the Chair.

2.   Public Speaking

None

3.   Questions to the Portfolio Holder

None.

4.   GP Services Task and Finish Group Update

The Committee commissioned a task and finish review of GP Services. The circulated report outlined the process undertaken leading to the production of a report with recommendations. 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.

It was good practice for the Overview and Scrutiny Committee to seek updates on the implementation of the recommendations from its reviews. Updates had been requested. A table set out each of the recommendations and the actions taken both within Council departments and across the local health and wellbeing system.

The Committee was asked to consider and comment on the progress to date, also to consider the frequency of future updates. Questions and comments were submitted on the following areas, with responses provided as indicated:

- There was discussion about GP Services available in the evenings and at weekends. Anna Hargrave and Jenni Northcote, representing the CCGs gave examples of the practices providing extended access in each area, together with those located in Coventry, close to the Warwickshire border. A document would be provided for circulation to councillors listing all the GP practices providing extended hours. It was confirmed that the service was available to all Warwickshire residents, irrespective of which practice they were registered with.

- A related issue was access to services for those reliant on public transport. It was acknowledged that both public and community transport remained a challenge and work with district councils was taking place to seek to address this. For the 'out of hours' services, extensive research had shown these were of primary benefit to the working population and that 80% of this group had access to a car. However, CCGs did need to work with councils about community transport.

- It was considered that more clarity was needed to signpost people to the most appropriate service, for example for treatment of minor ailments. People were often being encouraged to see the pharmacist rather than their GP. Jenni Northcote explained that there were campaigns and staff to give people support and advice. Reception staff were trained to help people to navigate through the system. Similarly, pharmacists would refer people to their GP where they needed to.

- Discussion about 'out of hours' services provided at the George Eliot Hospital walk in centre. This was co-located with the hospital Accident and Emergency (A&E) department, so people were directed to the most appropriate service, dependent on the condition they presented with. If they were referred to the walk in centre they could still transfer to the main hospital if further diagnostics were required. The walk in centre provided a complementary service, rather than duplicating services.

- The provision of 'out of hours' services in rural north Warwickshire. It was confirmed that there had been some technical issues with regard to IT systems and there was the need to get GPs on board to host the service. A dialogue was ongoing with two practices and it was hoped these would be operating with extended hours within three months.

- Clarification was sought about the provision of additional GP surgeries for the Leamington area, particularly that planned for Lillington and the current Cubbington Road surgery. It was confirmed that a new site was being sought for the Cubbington Road surgery, but discussions were at an early stage. The aim was to provide new premises. These would also accommodate the services provided currently at the Crown Way clinic and have adequate capacity to deliver integrated services. It would include capacity for known housing developments in the area.

- In Stratford, there would be additional GP demand from five new care homes planned for the area. It was questioned how CCGs factored in the additional demands for undertaking care home visits, rather than patients presenting at the practice. CCGs were informed through the planning process of such developments. They could seek financial contributions towards health services, but this did not take account of visits to care homes. Proactive measures were being taken though out of hospital working and primary care networks. Service providers were working closely to understand and respond

to the needs of residents. An example was Queensway Court in Leamington, which was a proof of concept, where a range of services were being provided. There would be additional requirements for GPs in terms of care homes as a result of the new GP contract, but the detail of this was awaited. There was a misconception that if a nurse was located at the home, its residents wouldn't require GP support.

- Reference was made to the findings from the task and finish group (TFG). People wanted to access services in different ways and the nature of their condition was a factor. For chronic and long-term conditions, people wanted continuity of care with the same clinician. For 'out of hours' services, it was unlikely that patients would see their own GP.

- The report showed progress against the recommendations of the TFG, but it was questioned what difference the TFG had made and whether the measures were proposed anyway. There were some areas that hadn't been referred to, notably in regard to planning funding (Section 106), which provided capital monies, but not the ongoing revenue costs. It was questioned if this aspect had been pursued.

- A further point was the pooling of contributions from smaller developments and how many developments could be combined for this purpose. This was acknowledged and it was difficult to pool more than five smaller developments. The situation was exacerbated if sites were divided and involved multiple developers.

- The process of developing new premises was challenging and needed to be managed in order to ensure the additional services were delivered in a timely manner. Jenni Northcote acknowledged this point. There was a need to manage expectations, as there were a lot of complex issues to work through, to ensure the best use of public money and to resolve planning issues. CCGs had to manage this. There were estates forums and good working relationships with planning authorities. However, there were often timing differences from when the monies were released and when the demand for additional services was triggered.

- Communication between acute services and GP practices needed to be improved. Several contributing factors were referenced. Some GPs were working on different clinical IT systems and the CCG was looking at this aspect. Improvements were being made in regard to information sharing, with extended GP access at different practices being one driver. IT solutions were being sought to work across acute and primary care services for some cohorts of patients, where services were delivered away from the acute setting.

- In terms of pharmacy services, there were different levels of experience and expertise, which required signposting in the locality of where patients should present. Through primary care networks (groupings of GPs), and the revised GP contract, it was planned to provide a broader range of services and closer collaboration including with pharmacy. Discussions were ongoing with NHS England and Public Health in terms of strategic needs. There was a push for more integrated services to be provided in localities.

- It was questioned how CCGs informed people when a new GP service would be provided for a new development site. Those residents would seek to register at existing practices. An example was given of the Rugby mast site development and discussions with the developer on the rate of building and occupation of the new homes. In this case, the developer was working with the CCG to identify a suitable site. The developer saw this as a selling point for the family homes that there would be a new GP service and a school. The developer would provide a building that could be used as a GP practice,

possibly as a temporary measure. At the same time, the CCG was looking at the capacity within existing practices in the area.

- In the south of Warwickshire, there were a number of potential sites for new GP practices, with land reserved, but it may not all be required. The approach was first to assess existing GP capacity within the area of the development. There were long lead times of up to fifteen years for significant housing developments, so the CCG had a medium term plan to make best use of existing services. Some of the residents moving may currently live in the same local area and already be registered with a GP. There was modelling which showed that the proportion of new residents could be as low as 40%. Added to this, the new requirement for a digital option for access to GP services and other private providers all reduced the demand for new surgeries. Over building of new premises would be a poor use of public money.

- Reference was made to the Brownsover surgery in Rugby. This had opened with one permanent GP and the rest were understood to be locums. Jenni Northcote agreed that workforce was a key aspect. For the Brownsover surgery, the practice had brought in its existing patient list, so there was demand and adequate staffing for this site, although some GPs were salaried rather than partners. Jenni also spoke about the joint CCG marketing of Warwickshire to GPs to encourage them to relocate to the area. There was a joint workforce plan across the STP area for both recruitment and retention at all stages of a GP's career. There were challenging targets in terms of primary care staffing requirements but also a number of initiatives to contribute to this.

- The Chair had recently attended a conference where it was quoted that only one in ten qualified GPs would work in the NHS. This point was noted and when GPs were located in training practices, they were far more likely to stay in that locality. Practices were being encouraged to become training practices as this would help with their own recruitment. The move to primary care networks should enhance this too. Other points raised were indemnity costs and many GPs now wanted to be salaried rather than partners, also having the option to move into other clinical areas. Councillor Parsons also referred to GP retention, noting the costs GPs paid for their training.

- Councillor Caborn would ask for a further update to be provided to the Health and Wellbeing Board. He suggested that it would be useful for the Committee to receive a briefing on the revised GP contract. It was agreed that this would be provided by the CCGs.

- Dr Linnane spoke of the benefits arising from the work of the GP Services TFG. The constructive discussion at this meeting and better understanding between the NHS and councils was a positive example of the difference the TFG had made. On pharmacy, he referred to the healthy living pharmacy programme supported by the County Council. In Warwickshire, 80% were healthy living pharmacies which delivered health, wellbeing and other services. There was publicity, a specific branding and a training programme. Perhaps this would be a useful topic for a committee briefing session. On transport, the JSNA work had highlighted this consistently. The Council had established a health and transport group, working with CCGs, community transport groups and WCC transport staff amongst others. He outlined plans for a conference later in the year. Rural transport was a difficult issue for counties like Warwickshire, but there were possible solutions and there were several schemes both within communities and the NHS, which may be able to be brought together. This could be an area of interest for the Committee to consider in the future.

The Chair closed the debate, proposing that the future work programme includes an item on pharmacy, which was agreed.

Resolved

1. That the Committee's comments are noted and the follow up actions as outlined above are implemented.

2. That a further update on the implementation of the recommendations from the review of GP services is provided to the Committee in 12 months.

5. Performance Monitoring – Clinical Commissioning Groups

Dr John Linnane presented a six-monthly update on performance monitoring by the three clinical commissioning groups (CCGs) serving Warwickshire. The CCG performance was measured against NHS constitution measures and this update was for the period to November 2018. Tables provided key facts on the CCGs and data on the NHS constitution measures for each CCG. The CCG's jointly commissioned Coventry and Warwickshire Partnership Trust to provide mental health and learning disability services for children, adults and older adults. South Warwickshire NHS Foundation Trust provided a range of community services. Commentary was provided for each of the CCGs, which had been extracted from their respective 2017/18 annual reports.

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

- Clarification was provided on the data which reported A&E four hour waits. In September, the 95% target had been missed, but more recently it had been achieved. Anna Hargrave provided a further update that the target had been missed in December 2018, but achieved for the last quarter overall.
- With regard to A&E four-hour waits at the George Eliot Hospital, it was questioned what improvements had been achieved from the revised management arrangements. Jenni Northcote referred to a recent inspection by the Care Quality Commission (CQC), which had noted some areas of significant improvement. Reference was made to end of life care particularly. A&E remained a challenge in terms of capacity and demand. It was an area of continued focus and extra support had been put in place. Patient flow was also referred to.
- Due to the timing of the report, there was some missing data for the South Warwickshire CCG in relation to treatment for early intervention in psychosis within two weeks. This data would be provided.
- A comment was made about the higher level of resources provided to the city of Coventry when compared to that for Warwickshire. This was due in part to deprivation weightings.
- Reference was made to the performance indicator concerning treatment for cancer patients within 62 days of their referral. Performance varied across the three categories of GP referral, consultant referral or referral via the screening service. The data showed the lowest performance for GP referral cases and the reasons for this were questioned. Dr Linnane commented that this was about improving the service provided. He gave more information

about cancer screening services and the aim to ensure that all patients were referred in a timely manner. For many people, initial contact was through their GP. Dr Linnane assured that there wasn't a priority between different referral routes. The CCG representatives gave context on other contributing factors, quoting recent data and some of the causes for the 62-day target to be breached. These could include complex diagnostic pathways, provider capacity, other medical reasons and patient choice. The points were noted by members, but the target was set at below 100%, to account for this. This was an area of further focus for the Committee.

- Context was sought about the reported twelve-hour trolley waits in the A&E department for the Warwickshire North CCG area. Jenni Northcote spoke about escalation processes, the potential for the data to change on a daily basis and the management of trolley waits. Each case was reported and the clinical management of the individual was key. There were a variety of causes and the target was scrutinised, but it didn't necessarily mean there had been poor clinical care for the individual.

On behalf of the Committee, the Chair thanked Anna Hargrave and Jenni Northcote for their contribution. He considered it would be useful to have a further performance update in six months. In order for the CCGs to ensure the appropriate officers were in attendance, a thematic approach would be helpful with the committee giving advance notice of the specific areas involved. This would be taken on board.

Resolved

That the Overview and Scrutiny Committee notes the updated performance monitoring report from the three clinical commissioning groups.

6.   **Work Programme**

The Committee reviewed its work programme. The Chair referred to items being considered by Cabinet the following day on the Section 75 partnership agreement and the write-off of irrecoverable debts, on which the Portfolio Holder, Councillor Caborn provided further information.

Following the decision earlier in the meeting, an item would be added to the work programme on pharmacy services. It was also agreed that an item be added to the programme to receive an update from West Midlands Ambulance Service and the paramedic service, their priorities and performance on response times. This would be discussed in more detail at the Chair and party spokesperson meeting.

Councillor Parsons had been passed further information from the CCG on the latest CQC report in regard to George Eliot Hospital and he acknowledged the improved position on end of life care.

It was requested that the information on extended GP services be provided to all members of the Council.

Resolved

That the work programme is updated as detailed above.

8.   Any Urgent Items

None.

The Committee rose at 12.00pm

…………………...............
Chair

Adult Social Care and Health Overview and Scrutiny Committee

3rd July 2019

Drugs and Alcohol Services Update

1. Recommendations:

That the Committee:

1.1 Receives and reviews the updates provided in relation to drugs and alcohol.

1.2 Seeks to promote the services commissioned for drugs and alcohol to constituents.

1.3 Considers the frequency of any further updates to the Committee.

2.0 Background:

2.1 In 2017 Warwickshire County Council embarked on a review and redesign of the commissioned services for drugs and alcohol services. This was based on changes in prevalence levels and needs, new and emerging substance misuse patterns and an increase in complex, co-existing issues.

2.2 Informed by a comprehensive assessment of need which involved stakeholder engagement and consultation with users and their families, a new delivery model emerged, focusing on prevention, wellbeing and sustainable recovery. This was followed by a procurement process that culminated in the award of new contracts and redesigned services. These services were embedded under the concept of 'Warwickshire Pathways' which sought to offer an integrated approach to drugs and alcohol services and was launched in May 2018.

2.3 On the 11th July 2018, the Adult Social Care and Health Overview and Scrutiny Committee received an overview on these redesigned services. The Committee requested that a further update be provided after 12 months.

3.0 Scene Setting – An Overview of Drugs and Alcohol Prevalence in Warwickshire

3.1 The information within this section comes from a number of nationally recognised and validated sources and for the purposes of this report is outlined separately between the categories of 'Drug' and 'Alcohol'. It does not

correlate to the period of time the current drugs and alcohol service providers have been delivering their services, as it is based on detail recorded prior to their contract starting. Current Information Disclosure Guidelines prohibit the use of the most recent data.

3.2 **Drug Prevalence:**

3.2.1 The 2016/17 local prevalence estimates for those aged between 15 and 64 highlighted that the estimated number of Opiate and/or Crack users (OCU) in Warwickshire was 1,839 ; representing a rate of 5.2 per 1,000 population. This is lower than the national prevalence rate of 8.9 per 1,000.

3.2.2 The level of unmet need in Warwickshire is estimated to be 54% for OCU which is above the national level of approximately 52%.

3.2.3 In 2017/18 the number of people in drug treatment was 1,290 of which 74% were male and 26% female; 87% of new presentations during this year were White British.

3.2.4 45% of adults who entered treatment in 2017/18 were identified as having a mental health treatment need which is above the national level figure of 41%. 74% of those in treatment who were identified as having a mental health treatment need were receiving treatment for their mental health; this is higher than national figure of 71%.

3.2.5 The self-reported employment status at the start of treatment, highlighted that 26% of new presentations in 2017/18 were in regular employment was - above the national level of 22%.

3.2.6 The length of time in treatment during 2017/18 was variable, with 54% of opiate clients in treatment for less than two years compared to 48% nationally. The proportion of opiate clients in treatment for six years or more is 22% which is lower than the national level of 27%.

3.2.7 For non-opiate clients, 1% were in treatment for two or more years compared to 3% nationally. For non-opiate and alcohol, the figure was 2% in treatment two years or more, compared to a national figure of 3%.

3.2.8 The number of successful completions as a proportion of the total number of people in treatment was 15.5% for Warwickshire, mirroring the national level of 14.8%

3.2.9 The proportion of those who successfully completed treatment and did not re-present within six months equated to 8.4% of opiate users and 37.7% for non-opiate users. This was better than the national level of 6.5% and 36.9% respectively.

3.3 Alcohol Prevalence Overview

3.3.1 During 2017/18, 729 clients were in alcohol treatment; 60% were male and 40% female.

3.3.2 The greatest proportion of adults were aged between 40 – 59, with 58% of clients in this aged group, mirroring national trends. 90% of new presentations to alcohol services were White, British.

3.3.3 It was reported that 41% of those entering treatment were identified as having a mental health treatment need; this reflects the national trend.

3.3.4 The number of people in regular employment was 42%, above the national level of 32%.

3.3.5 For Warwickshire, the average number of days spend in treatment was 218, above the national figure of 190 days.

3.3.6 Rates of abstinence for alcohol users in treatment in Warwickshire stood at 46%, less than the national proportion of 51%

3.3.7 For Hospital admissions for alcohol **related** conditions. There were 610 per 100,000 population in Warwickshire, compared to the national rate of 632 per 100,000

3.3.8 For Hospital admissions for alcohol **specific** conditions. There were 432 per 100,000 population in Warwickshire, compared to the national rate of 570 per 100,000

3.4 Impact on Community Safety

3.4.1 Drugs and alcohol are identified as two of the key drivers of crime and disorder in the Home Office Modern Crime Prevention Strategy (2016). National data highlights that OCU are responsible for an estimated 45% of acquisitive crime (shoplifting, burglary, vehicle crime and robbery), equating to more than 2,000,000 offences. Around 40% of all violent crimes are alcohol-related, which translates into almost 500,000 violent incidences per year. Drug and alcohol misuse are related to other issues such as child protection, impaired driving, anti-social behaviour and domestic abuse.

To illustrate the local picture, countywide data between April 2018 and March 2019 period is used in the section below.

3.4.2 There were a total of 4,610 'violence **with** injury offences', of which 825 were alcohol related, representing 17.9%. The number of drug related offences was 70; representing 1.5% of the total 'violence with injury offences'.

3.4.3 There were a total of 8,852 'violence **without** injury offences', of which 781 were alcohol related, representing 8.8%. Drug related offences equated to 65; representing 0.7 % of the total 'violence without injury offences'.

3.4.4 For Anti-Social Behaviour (ASB) there were a total of 14,094 incidents. 728 of these were related to alcohol, representing 7.2%. No data was available for drug related ASB.

4.0   Services and Providers:

4.1   The Services now provide provision across all ages, offering a whole system approach with an integrated pathway of community based treatment and support. Prevention, wellbeing and sustained recovery are integral to this.

Key elements include:

- Young adults between (18-25) years have a planned and transitional pathway between Children and Young person's services and the adult service.
- Hidden Harm is addressed via an approach to actively prevent intergenerational substance misuse within families.
- Family support offers a range of advice and support to families and friends of people with substance misuse problems.
- Recovery is promoted, supported and sustained by focussing on community based peer and mentor programmes.

4.2   The Services have been developed to allow for synergies between wider engagement across a breadth of strategic and operational partners. Examples of this include links to homelessness, mental health, county drug lines and alcohol related violent crime.

4.3   Commissioned across a number of providers, the Services include:

- **Adult drug and alcohol service,** which includes needle exchange and all age recovery and wellbeing is provided by Change Grow Live (CGL)

- **Children and young people drugs and alcohol service**, delivered by Compass

In addition to this other services commissioned include:

- **Detoxification** – delivered via a framework for inpatient detoxification

- **Rehabilitation** – delivered via a framework for residential rehabilitation; a separate contract also exists with ESH (Experience, Strength, Hope) who provide a new residential facility within the County

- **Supervised consumption and needle exchange** – delivered by Pharmoutcomes

5.0   Updates on Services:

5.1   Adult Drug and Alcohol Service and an all age Well Being and Recovery Network

5.1.1   CGL operate countywide across three Service hubs which are based in Leamington, Rugby and Nuneaton. The standard of the accommodation is transforming significantly, with enhancements to buildings either having taken place or planned across each hub. The Nuneaton base changed in early 2019 delivering an improved environment and access to services. Rugby relocated to new premises in 2018 and the existing premises in Leamington will shortly be refurbished. There is a single point of access for adult services that directs the caller to the relevant hub. The website also provides guidance advice and a referral form. www.changegrowlive.org/content/change-grow-live-warwickshire.

5.1.2   Close links are maintained with Compass, the children and young people's service provider and a smoother and more appropriate transfer into adult services in accordance with their needs up to the age of 25 years is in place.

5.1.3   Family and friends of the individual in treatment are offered and receive their own support and guidance on complex addiction issues. Guidance sessions are provided to help family and friends understand what happens through the treatment cycle, and, armed with this understanding help family members are able to support and sustain those in recovery.

5.1.4   Appendix A – *'CGL Highlights for Warwickshire'* provides an overview of positive outcomes for clients and Appendix B '*CGL Case Studies'* outline two experiences of those who have accessed services.

5.2   Children and Young Persons' Drug and Alcohol Service.

5.2.1   Compass provide this service with an extended offer to Children and Young People between the ages of 18 and 25 years to ensure that those in need of Adult Services are transferred when this is in the best interests of the individual. Working closely with schools and in local community locations on an outreach, education and learning and development basis, the service offers prevention and early intervention services as well as group sessions for those involved with illicit substances.

5.2.2   During 2018/19, around 334 young people across Warwickshire accessed either targeted or specialist interventions. 3628 children and young people received substance misuse awareness group intervention (by way of assemblies, preventative or targeted group work) during 2018-19. The service

has seen a 57% increase in referrals specifically in relation to children being affected by parent/carer substance misuse during 2018-19. 41% of young people accessing specialist treatment were 17 years and older during 2018-19.

.

5.2.3 Compass priorities for 2019-20 include:

- **Hidden Harm**: engaging with partners to build awareness, Compass will continue to deliver this highly complex intervention type through their specialist knowledge and experience.

- **Family Work/Parent/Carers:** implementing their family offer, specifically in regard to raising parent/carer awareness of substance misuse. Parental engagement events will be offered to all schools where they provide Health Needs Delivery.

- **Community Engagement:** continuing to prioritise the engagement of local communities. The service has engaged with a huge number of children, young people, professionals and localities to promote prevention messages and healthy lifestyle behaviours. The Service will continue to build upon its progress identifying and engaging Youth Health Champions throughout Warwickshire to ensure young people remain central to how the Service is delivered. Young people must co-produce and have voice in the continued accessibility, provision and locality-specific interventions delivered by Compass.

- **Digital Offer:** promoting their website in order to provide children, young people, parent/carers and professionals with a clear and easy way to access information quickly. The website provides a universal access point into the Service either through self-help or self-referral tools. It has been co-produced with young people, who will continue to influence the content and promotional material held on the website so it remains relative, engaging and informative.

- **Police and Crime Commissioners (PCC) :** Compass has been successfully awarded the Warwickshire Police and Crime Commissioner's Children and Young People's Criminal Justice Substance Misuse Service, which launched in April 2019. This will provide Compass with an opportunity to integrate and build upon the partnerships within criminal justice services ensuring young people are able to access Compass services at the earliest opportunity.

5.2.4 Appendix C – '*Case Study –Compass'* provides a specific example of how the provider has delivered their service to support a young person.

5.3   Inpatient detoxification

5.3.1 Inpatient detoxification is offered when community detoxification is not appropriate or achieving the desired outcomes for individuals. An Inpatient

Detoxification supplier framework exists in Warwickshire with the budget maintained by the Commissioner

5.3.2 There are currently seven service providers across England on the Framework. Between April 2018 and March 2019, there have been 38 referrals to inpatient detoxification. Generally an in-patient detoxification can be 4-10 days for alcohol and longer for drugs. The placements for residential rehabilitation often follow these placements or community support will resume locally.

5.4 Residential Rehabilitation

5.4.1 A framework agreement with over 20 national providers exists which is jointly commissioned between Coventry City Council, Leicester County Council and Warwickshire County Council (with the local budget maintained by each Commissioner). The framework has secured fixed and competitively priced residential rehabilitation services which are provided across England.

5.4.2 Individuals are assessed by a Panel before being placed within residential rehabilitation to ensure that all community based options have been considered prior to this being provided. Between April 2018 and March 2019, there have been 34 referred to residential rehabilitation. As a comparison, 40 people received this in 2017/18 and 20 in 2016/17. A mechanism will be established during 2019 to gauge the impact and outcomes of residential rehabilitation on those who access it.

5.4.3 Warwickshire has its own local, community-based drug and alcohol rehabilitation service. Supported by a Public Health England Grant, awarded in 2015 and a contribution by Warwickshire County Council, the service was developed and is led by Experience, Strength and Hope (ESH). This service provides a valuable and high standard offer, is Care Quality Commission (CQC) registered and accepts referrals across the country from independent and publicly funded referrals. Testimonies from recent clients can be found on www.eshworks.org.

5.5 Supervised Consumption and Needle Exchange

5.5.1 The provision of supervised consumption and needle exchange within community pharmacies has been commissioned across Warwickshire.

5.5.2 The supervision of consumption in the community of substitute medications by an appropriate professional, such as a Pharmacist, provides the best guarantee that a medicine is being taken as prescribed and that the client's recovery journey is being monitored. Service users will be referred to appropriate Needle Exchange locations via their drug and alcohol Service Provider.

5.5.3 Accredited providers exist in all localities, with arrangements managed by PharmOutcomes and based on pharmacy accreditation and sign up to the Dynamic Purchasing System (DPS). There are approximately 60 pharmacies currently providing these services across the county.

6.0 Future Opportunities and Challenges

6.1 With the introduction of the Homelessness Reduction Act 2017, and the requirement of all Housing Agencies to facilitate and support the reduction of homelessness, a new partnership arrangement is developing that seeks to address the multiple needs that those who are homeless experience. A recently formed 'Preventing and Tackling Homelessness' group aims to facilitate greater collaborative working between Housing providers and a range of partner agencies including drug and alcohol practitioners to ensure that support, timely referral and access to treatment can be implemented effectively, with the ambition that more people retain their tenancies.

6.2 Engagement with Community Safety Partnerships, the Reducing Reoffending Board and Serious Organised Crime will be maintained as will collaborative working with the Office of the Police and Crime Commissioner's Office. This is essential to ensure the agreed pathways for individuals into drug and alcohol services are not only focusing on a defined cohort of offenders but are also responsive to vulnerable communities and individuals in need.

6.3 Digital offers for the wider population over the next 12 months will be explored to ensure that discrete advice, support and access to treatment can be offered to all. The approach is directly related to the role of prevention and early intervention.

6.4 The implementation of a 'Dual Diagnosis' policy for those with mental health and drug and alcohol needs will be further developed, this will seek to implement effective pathways of care between and across providers.

7.0 Financial Implications:

7.1 There are no financial implications arising from the report.

Background Papers

1. No background papers

	Name	Contact Information
Report Author	Rachel Jackson	racheljacksonpe@warwickshire.gov.uk Tel: 01926 731435
Assistant Director	Helen King	Helen.king@warwickshire.gov.uk
Strategic Director	Nigel Minns	Nigel.minns@warwickshire.gov.uk
Portfolio Holder	Councillor Les Caborn	Les.caborne@warwickshire.gov.uk

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

Local Member(s): none

Other members: Councillor Redford, Councillor Golby, Councillor Roodhouse, Councillor Adkins, Councillor Caborn

Appendix A - CGL Highlights for Warwickshire

Clients working more than 10 days in last 28 at exit (opiate) Increasing every quarter.

Year	%	Amount
Quarter 4 2017-2018 - Pre CGL	27%	16/59
Quarter 3 2018-2019 - Post CGL	38%	15/40
Quarter 4 2019-2020 CGL	56%	4/9
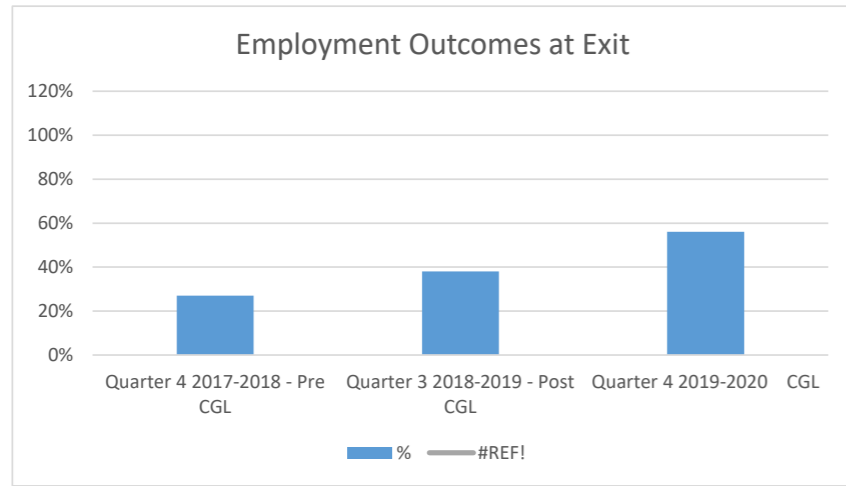
Positive Housing Outcomes at Exit - Averaging above the target of 96% on a monthly basis.

Month	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Maintain housing outcomes -Opiate	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	95.65%	95.00%	75.00%	100.00%	100.00%
Maintain housing outcomes - Non Opiate	100.00%	100.00%	100.00%	100.00%	100.00%	85.71%	92.86%	93.75%	100.00%	100.00%	100.00%
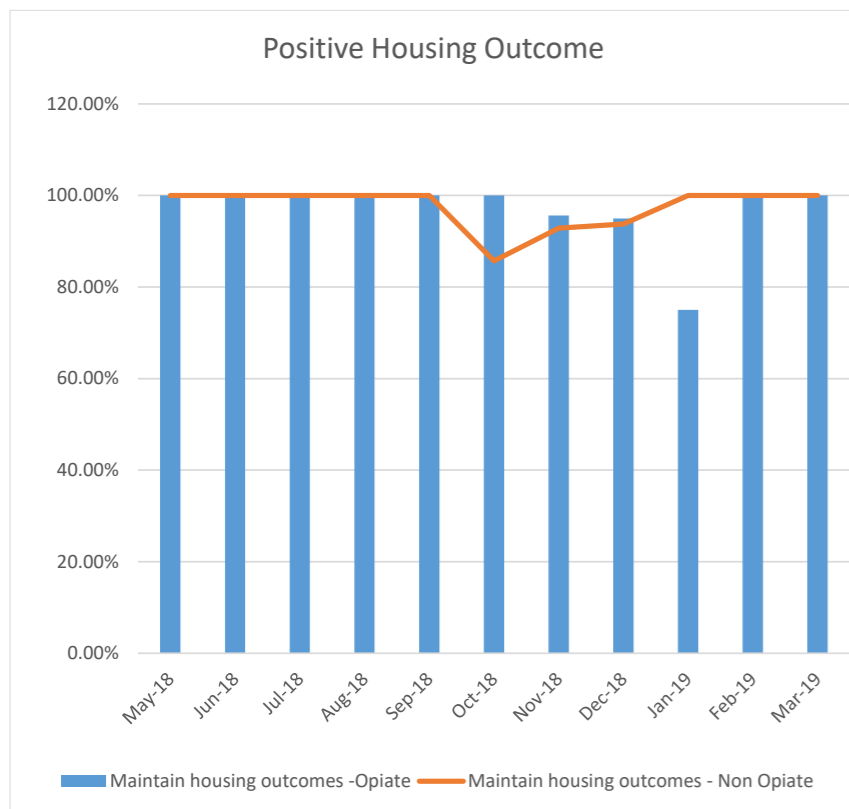
Waiting Times -

Since May 2018 100% of Structured Clients have started an intervention within 3 weeks of being referred to treatment.

Early Unplanned Exits (proportion of new presentations with an early unplanned exit).

Reduction in early unplanned exits over the past year for all drug cat's up to Q3 2018/2019

Quarter 4 2017-2018 Pre CGL

Quarter 3 2018-19 After May 2018 CGL

Drug & Year	%	Amount
Opiate Q4 2017/2018 Pre CGL	19%	56/290
Opiate Q3 2018/2019 CGL	13%	34/321
Q4 2017/2018 Non Opiate Pre CGL	27%	27/100
Q3 2018/2019Non Opiate CGL	18%	18/101
Q4 2017/2018 Alcohol Pre CGL	17%	78/463
Q3 2018/2019 Alcohol Q3 CGL	14%	68/464
Q4 2017/2018 Alcohol and Non Opiate Pre CGL	20%	29/148
Q3 2018/2019 Alcohol and Non Opiate CGL	18%	28/151

Opiate - Early Unplanned Exits -Consistant Drop

Month		May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Opiate ( )		10	2	12	17	6	9	12	10	6	7	2

Unplanned Early Exit Opiate Clients
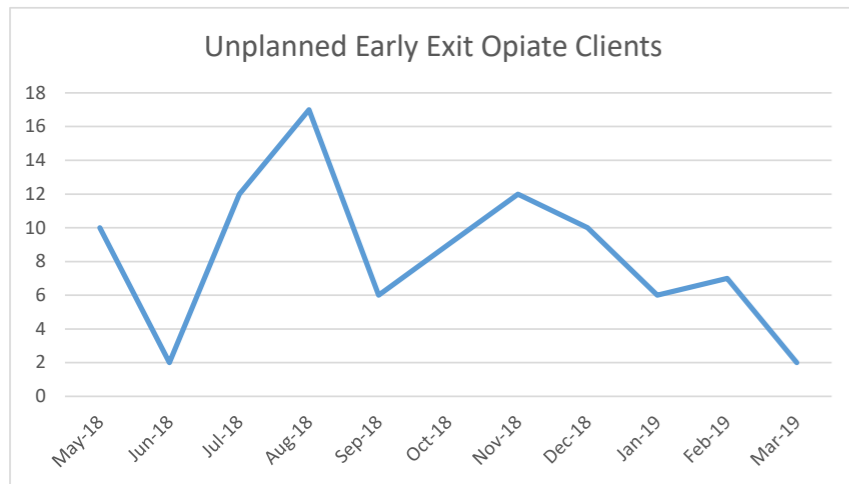
Completion of Service User Plans

Number of Structured Clients	Month	Missing SUP's
1201	Jul-18	747
1206	Mar-19	100
1215	May-19	84

Missing Service User Plans
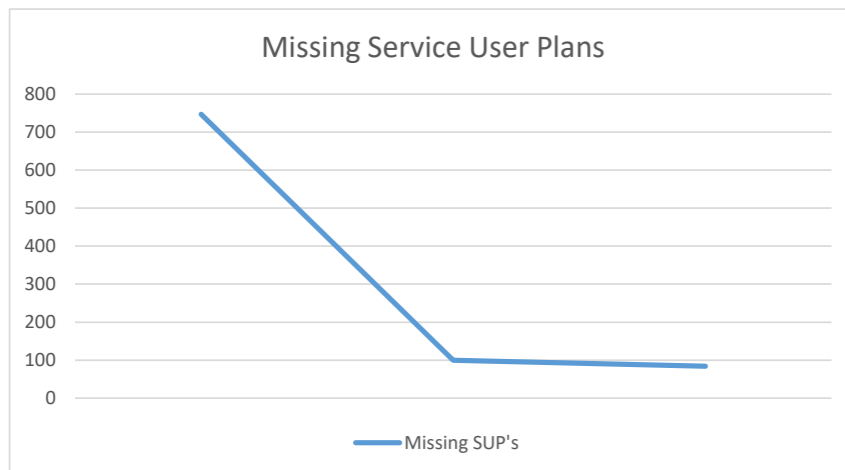
Succesful Completions

Drug	*Quarter 1 -18/19*	*Quarter 2 -18/19*	*Quarter 3-18/19*
No of successful completions - opiate	4	11	17
No of successful completions - alcohol	8	39	60
No of successful completions - non-opiate	0	6	8
No of successful completions - alcohol & non-opiate	1	7	20
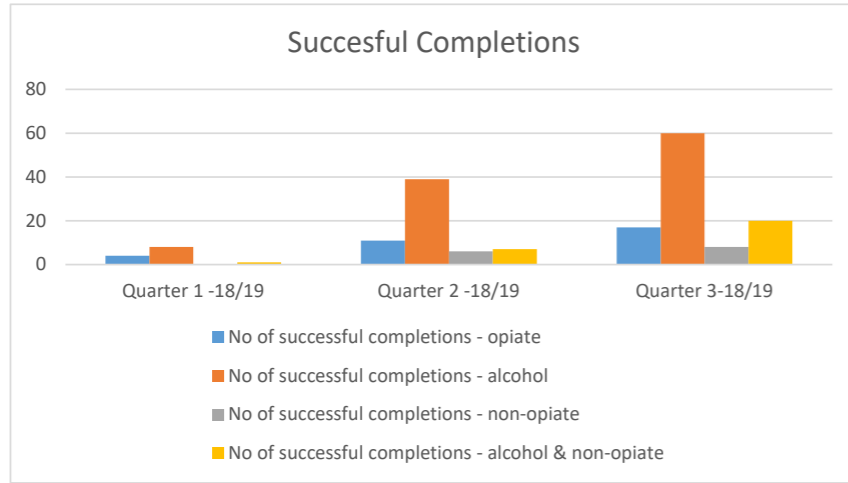
Non Structured Group Attendance e.g Mindfulness, SMART & Family & Friends

No. of group attendances (Mindfulness, SMART, Peer Support & Family and Friends).							
Jul-18	**Aug-18**	**Sep-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**
94	121	116	175	174	197	257	182
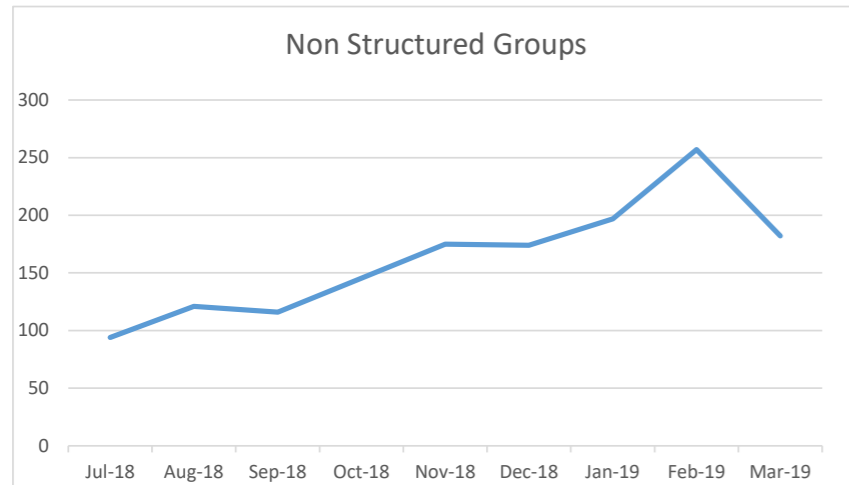
Extended Brief Intervention Groups Referred and Attended May 18 - March 2019

	Q1 2018/2019 34	Q2 2018/2019	Q4 2018/2019
	34	52	179

SU Attending Extended Brief intervention Groups
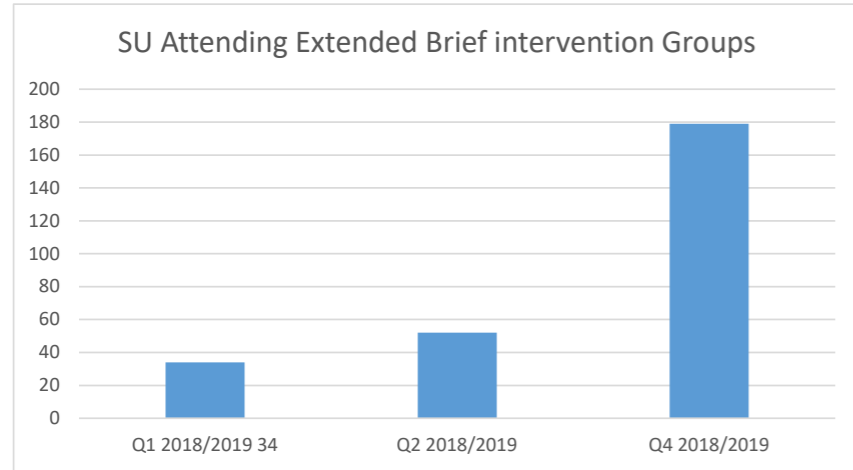
Naloxone Training and Take Home Naloxone Given

A focused piece of work was completed in November 2018

Q1 2018/2019	**Q2 2018 /2019**	**Q3 2018/2019**
7	3	163

Naloxone Figures

APPENDIX B – CGL Case Studies

Case study one:

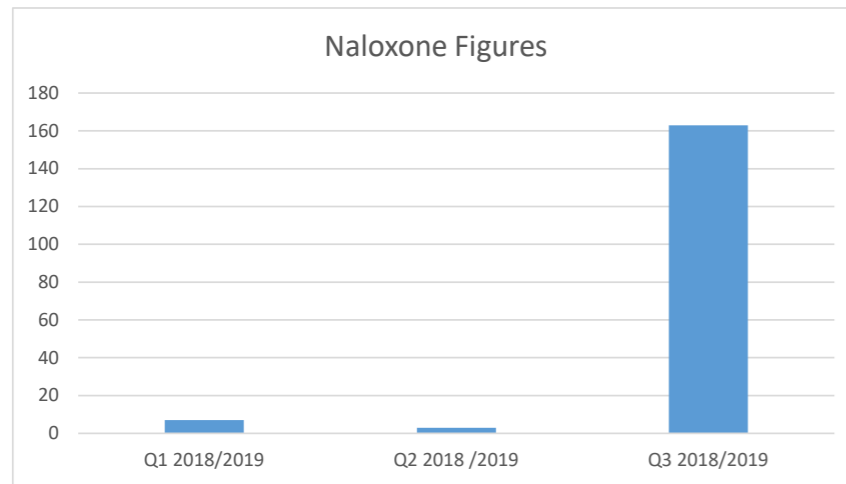Male Client XX - Age 26, Male British – Single, living alone, unemployed.

Presented at duty as daily dependent Cannabis user. Reported that Children's Services had advised him to attend treatment service. 1 child age 2 currently in foster care no contact with child's mother.

Referred to Structured Programme for clients who are not alcohol or opiate dependant (Foundations of Change).

XX attended all 7 sessions and participated fully in all group discussion and activity. Reported gradual reduction of Cannabis use and improved sleep, appetite, energy and emotional wellbeing, began to reengage in sport activities including swimming.

At the end of program XX reported abstinence from cannabis and in full time paid employment.

Post Structured Treatment, the client has been invited to attend SMART Groups (Self-Management & Recovery Therapy) and Peer Support Groups. Has attended some SMART Groups.

Comparison Summary at start of finish of program:

Commitment: Working towards return of infant child to his care.

Outcome: Continuing to work towards having child returned to his care.

Commitment: Improving family contact and relationships

Outcome: Greatly improved relationships

Overall Quality of Life on   Session 1 = 8   Session 7 = 10

Social Engagement and Relationships on   Session 1 = 5   Session 7 = 2 clients explained that he has withdrawn from previous relationships that were based on cannabis use.

Community Engagement on   Session 1 = 6   Session 7 = 8.

Comment at session 1: ' Groups are not really my thing'

Comment at session 7: 'Really good groups, I enjoyed the sessions and would like more'.

Summary: XX has moved from daily dependant to abstinence, from unemployed to in paid employment, continues to work towards goal of family reconciliation and return of infant son to his care. Client has moved from isolation to involvement in groups and community activities including signing up for the couch to 5K initiative.

Case study two:

YY began using substances at the age of 11 with her peers. Although there were isolated incidents of trauma present during her childhood, she came from a relatively stable family home.

YY history of substance abuse started with recreational alcohol and cannabis use before progressing to ecstasy, ketamine and cocaine by the age of 14. By the time she reached 15 years old she was regularly using Heroin and Crack Cocaine after being introduced to the drugs by an older male who she later entered into an abusive relationship with.

YY began her treatment with Compass (Young persons' service) and was transferred to the adult substance misuse team at the age of 18, where her long and arduous recovery journey began.

YY spent many years in medically assisted treatment using both Buprenorphine & Physeptone as an opioid substitute. She completed several medically assisted detoxes from Opiates but wasn't able to maintain abstinence for any considerable periods of time despite experiencing domestic abuse, the birth and subsequent removal of her two daughters, being arrested for committing crime to fund her drug use, extremely poor health that required hospital stays and interventions, homelessness and severe financial hardship which led to her having to beg on the streets of her local area.

YY substance using journey finally hit rock bottom in March 2018 after her home, which had been taken over by county line drug dealers (Known as Cuckooing) was raided by Warwickshire police. At this point YY had not long been discharged from hospital following a diagnosis of Pneumonia and an embolism in her lung. She could no longer manage her life and made the decision to change her life thus her recovery journey with CGL began.

YY first task was to distance herself from her drug using peers and learn how to cope with her emotions and life in general without relying on drugs. Her CGL recovery plan was designed with YY to help her achieve this. She was referred by CGL to complete courses both within service and externally, which helped her to identify abusive behaviour from others and teach her boundaries and skills to ensure she protected herself in the future. She also completed courses designed to help her to improve her self-esteem & assertiveness, as well as positive thinking and coping with low-mood and anxiety.

Whilst engaging in these courses, which took up a lot of YY time and provided her with positive, healthy distraction, she was able to reduce and cease her illicit drug use and provide CGL with her first negative drug screen which really motivated her to keep focusing on her recovery goals.

She attended regular one to one sessions with her recovery co-ordinator and provided regular drug screens to help her stay on track. Her CGL recovery Co-ordinator also met with and offered support and advice to YY parents on several occasions as they had guardianship of her two daughters and wanted to play a positive role in her recovery.

In the summer of 2018 YY decided she would like to start to reduce her substitute medication (Physeptone) and completely detox to become 100% drug free.

CGL co-ordinated a robust detox plan which included small, weekly drops in her dose to avoid unpleasant withdrawal symptoms, relapse prevention sessions, Mindfulness and regular attendance at mutual aid meetings which included SMART (Self Management & Recovery Training) & Peer support groups. In fact YY felt that she enjoyed SMART so much it prompted her to train to become a SMART facilitator.

With the continued support of CGL, YY detoxed completely from Physeptone in February this year and not only does she facilitate SMART meetings for CGL but she is a service user representative, ensuring the voices of our service users are heard and used to help further develop our service.

YY is also training with CGL to become a peer mentor and regularly meets with our service users for an informal coffee & chat to help alleviate some of their fears around change. YY is considered a huge asset by the CGL recovery team and her story is one of many used throughout to inspire and encourage others to develop hope and choose recovery.

Outside of her recovery with CGL, YY is living with her children again with the full support and guidance of her parents and is working with CGL to gain qualifications which will improve her employability.

Appendix C - Compass Case Study

Case Study

XX is a 15 year old male living at home with his mum, dad and older sister. He attends mainstream education and intends to progress on to sixth form once he has completed his GCSE's.

XX was referred by CAMHS following his admittance to A&E due to his use of Xanax and vodka, which was reportedly a means to control difficult emotions and low mood. XX has a history of self-harm and suicidal thoughts along with a pattern of daily cannabis use and experimental MDMA use. CAMHS assessed XX whilst in hospital and have placed him on a waiting list for Family Therapy

XX has engaged positively with his intervention attending all pre-arranged appointments and using the time to explore his emotional health and use of illicit substances as a coping strategy to manage his anxiety and moods.

XX has been able to explore the aspects of his daily life that increase his anxiety levels and lead to his self-harming behaviour. He has also been able to explore the protective factors that enable him to reduce his anxiety and manage the situations and activities that heighten his anxiety levels.

XX set his care plan goal as abstinence from all illicit substances in order to focus on addressing his mental health needs and ensuring CAMHS would be able to provide a service that met his emotional health needs.

Through the one to one motivational work carried out in the sessions, XX was able to achieve abstinence from illicit substances and develop an increased level of understanding and awareness of the negative impact his substance use was having on his emotional health.

Following his assessment by CAMHS whilst in hospital XX was placed on a waiting list for family therapy which was expected to take place in six months' time. However due to the escalating severity of his anxiety levels resulting in increasing levels of self-harm and suicidal ideation, XX and his mum were encouraged to make

an urgent appointment to see his GP to reassess his mental health needs and upgrade his risk level with CAMHS.

Through his Compass session XX was able to explore his emotional health needs prior to this GP appointment and ensure he was able to verbalise what he was experiencing and get the mental health support that he needed. XX attended his GP and was able to clearly explain the high levels of anxiety he was experiencing, increased self-harming behaviour and suicidal thoughts. The outcome from this appointment was that XX was referred back to CAMHS by his GP and is now due to be seen as an urgent case with the offer of individual support.

XX continues to access weekly Compass sessions to maintain his drug free status and explore short term strategies to manage his emotional health whilst waiting for CAMHS intervention to begin.

Interventions Used:

- Harm Reduction
- Information/Guidance
- Motivational Interviewing
- Cognitive Behavioural Therapy
- Cost/benefit analysis
- Identifying barriers to change
- Protective behaviours work - support strategies and networks

Outcomes To Date:

- XX is reporting to have a drug free status
- XX has a better understanding of his emotional health and what has a negative impact on it.
- GP is aware of XX's mental health needs and severity of anxiety and self-harm.
- XX and his mum are now aware of what they can do if JH has a particularly bad time and needs immediate support. This includes having contact details for the Crisis Team, GP and CAMHS. XX's mum has access to support via Compass to talk about how she manages the situation and her own emotional health.

Adult Social Care and Health
Overview and Scrutiny Committee

3 July 2019

Better Health, Better Care, Better Value Partnership: Coventry and Warwickshire Local Maternity System Partnership

Recommendation(s)

That the Committee comments on and notes the update on Local Maternity Services.

1.0 Key Issues

1.1 The purpose of this paper is to provide a brief update to the Overview and Scrutiny Committee on progress with Coventry and Warwickshire's Local Maternity System (LMS) work programme, following on from the overview of the work programme presented to the Committee at its meeting in October 2018. The detailed report is attached at Appendix A and contains the following sections:

- LMS and the Wider STP
- LMS Vision
- Work Stream Updates
- Underpinning Strategies
- Conclusion

2.0 Financial Implications

2.1 Not applicable for the purpose of this Update report which is focused on the programmes of work being undertaken by the Coventry and Warwickshire health and care system.

	Name	Contact Information
Report Author	Berni Lee / Helen King	bernilee@warwickshire.gov.uk / helenking@warwickshire.gov.uk Tel: 01926 731450
Assistant Director	Becky Hale	beckyhale@warwickshire.gov.uk
Strategic Director	Nigel Minns	nigelminns@warwickshire.gov.uk
Portfolio Holder	Cllr Les Caborn	lescaborn@warwickshire.gov.uk

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

Local and other Member(s): None

Better Health, Better Care, Better Value Partnership:
Coventry & Warwickshire Local Maternity System (LMS) Partnership

Update/Progress report

1. Purpose
The purpose of this paper is to provide a brief update to the Overview and Scrutiny Committee on progress with Coventry & Warwickshire's Local Maternity System (LMS) work programme, following on from the overview of the work programme presented at the October meeting.

2. LMS and Wider STP
There are two significant programmes of work being undertaken by the Coventry and Warwickshire health and care system that impact upon maternity and paediatric services. These are:
- Implementation of Better Births (2016) being led by the LMS
- The Maternity, Children and Young Peoples (MCYP) Strategic Programme that has a much broader scope that extends from the antenatal period to adulthood (from 0-25); mental and physical health; prevention and early intervention, recognising the impact of the wider determinants of health.

Whilst there has been collaborative working across the two programmes there is now a recognised need to improve alignment and consequently a joint governance structure is being introduced to allow the activities of both programmes to be co-ordinated and dependencies managed. The structure is illustrated in figure 1. This alignment will help facilitate key developments within the LMS programme, in particular in relation to the 'Choice and Personalisation' plan that will be dependent on a revised clinical model for maternity and neonatal services across Coventry and Warwickshire (see section 4.3 below).

Figure 1: Coventry & Warwickshire Maternity and Paediatric Transformation Governance Structure

Maternity and Paediatric Transformation Governance Structure
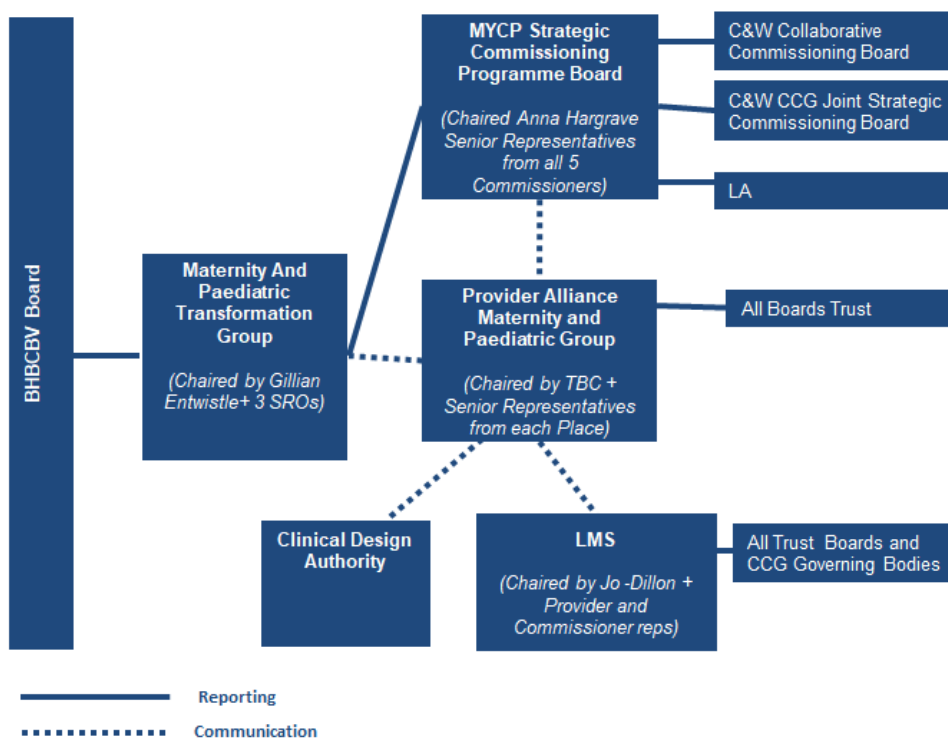
The LMS work programme is led by the LMS Board which has multiagency representation, including the designated leads for each of the 3 work streams and includes lay representation. Each of the work stream leads convene regular meetings and are held to account for delivery by the Board. NHSE also provide an assurance role – providing both support and challenge to the work programme.

3. LMS Vision

The LMS was established to specifically focus on transforming maternity and neonatal services to deliver improved outcomes for mothers and babies through a healthy pregnancy and safe birth in the preferred place, supported by a known midwife. This is to be achieved through delivery of:

- The recommendations of Better Births;
- The recommendations of 'Saving Babies' Lives';
- The recommendations of the West Midlands Neonatal Review for which the LMS is responsible.

Better Births sets out a vision whereby:

- All women have a choice of where they give birth: obstetric unit, midwife led unit or at home;
- Community midwifery services are better integrated with other family-centred health and well-being services in community hubs;
- A woman's care is personalised to her and she can have a high expectation of continuity of carer throughout pregnancy, during birth and postnatally;
- Her care and that of her baby is safe and optimises their health outcomes for the future, including access to the full range of mental health and well-being services, if required.

Delivery of the LMS vision is underpinned by a set of commitments being taken forward through three work-streams as follows:

- Quality and Safety
- Choice and personalisation
- Health and well-being

These are set out in Figure 2 on the next page.

Figure 2: Coventry & Warwickshire LMS Plan on a Page

VISION	To improve health outcomes for mothers and babies in Coventry and Warwickshire through a healthy pregnancy and safe birth in the preferred place, supported by a known midwife

COMMITMENTS
To improve choice and personalisation of maternity services.
To improve the quality and safety of maternity and neonatal care.
To implement the recommendations of the West Midlands Neonatal Review
To support an integrated and holistic approach to maternity and postnatal care

OUTCOMES

For Mothers and Mothers-to-be

Improve satisfaction through:
a choice of place of care according to you and your baby's needs ;

access to safe, high quality personalised care;

continuity of carer provided by a caring and compassionate team.

A healthy pregnancy and safe birth

For Services:

new models of care offering Continuity of Carer, community hubs and more home and midwife led births

a 'learning culture' improving outcomes

better integration and cross-organisational working

services designed in conjunction with service users and staff

For Staff:

access to the support you require to perform your job to the highest standards

respected and valued roles within an MDT structure

regular training and development within a learning culture

better job satisfaction through enhanced continuity of care

Key Performance Indicators
By March 2021:
100% of pregnant women have a personalised care plan;
100% of pregnant women are able to make choices about their maternity care, during pregnancy, birth and postnatally;
20% of pregnant women receive full continuity of the person caring for them during pregnancy, birth and postnatally;
20% of women are able to give birth in midwifery settings (at home and in midwifery units);
100% of women are assessed and supported to stop smoking, manage their weight and address mental health and wellbeing needs, including domestic abuse
By 2020 and 2025 respectively, reduce rates of stillbirth, neonatal death, maternal death and brain injury by 20% and 50%

WORKSTREAMS	HEALTH AND WELLBEING	QUALITY AND SAFETY	FUTURE CLINICAL MODEL

4. Work Stream Updates

4.1 Health and Wellbeing Work-stream:

The core aim is to optimise the health and wellbeing of mothers to be, mothers and infants through effective practice and integrated working across the system.

Anticipated Outcomes:
- Reduction in Maternal and Neonatal Mortality and Morbidity
- Reduction in smoking in pregnancy
- Reduction in maternal obesity and gestational diabetes
- Increased Breastfeeding rates – at birth and at 6 weeks
- Reduction in perinatal mental health issues, such as depression in the antenatal and postnatal periods
- Reduction in Neonatal care admissions and lengths of stay.

This work stream includes seven strands of work as follows:

Parent-Infant Mental Health & Well-being (PIMHW	During pregnancy, and in the year after birth, at least 10% of women are affected by a range of perinatal mental illnesses. If left untreated, this can have a devastating impact on mothers and their families. Through early identification and expert management it is possible to prevent the onset and escalation of perinatal mental illness and much can be done to support women preventing negative impacts on the family. A specialist team, comprising perinatal psychiatrists, psychologists and community psychiatric nurses has been commissioned but further work is being taken forward through an LMS Perinatal Infant Mental Health and Wellbeing (PIMHW) Steering Group. A 5 year strategic plan has been developed and progress includes:

	- Work underway to develop and strengthen PIMHW Pathways across the LMS and to plan a mulit-agency workforce development programme. - Implementation of a training programme for evidence-based video interactive guidance (VIG) provision (seven health visitors to become accredited VIG Guiders by end 2091-20). - Business Case for a cadre of specialist mental health midwives and health visitors developed. Work underway within the LMS, Coventry & Warwickshire Mental Health Commissioning and WCC to try and identify funding. - A local 3rd sector organisation is working with Parent Infant Partnership (UK) to look at the potential of establishing a Parent Infant Partnership (PIP) across the LMS (with support from a local benefactor).
Stop Smoking in Pregnancy (SSiP)	Smoking in pregnancy is a key risk to both the health of the mother and the unborn child. Women who smoke in pregnancy are more likely to experience intra-uterine growth restriction, pre-term birth and/or stillbirth. It poses the single largest risk to a healthy pregnancy and as such all women are encouraged to quit at booking and if necessary at subsequent points along the antenatal pathway. Substantial work has been undertaken in improving pathways to SSiP services and midwives and other staff have been trained to offer women brief advice. There is however variability in smoking rates at delivery across the County and further work is required to address this. Current work includes: - A Task & Finish Group is close to finalising SSiP guidelines for implementation across the LMS. - A 2019/20 LMS funding bid has been submitted to support a strategic and operational review of smoking in pregnancy, with an audit to benchmark provision against guidelines and to help identify gaps and priorities/next steps. There is also a need for place-based Lower Super Output Area (LSOA) data capture and analysis to consider the need for targeted interventions.
Universal perinatal parenting education	There is good evidence that well designed perinatal parenting education programmes help parents understand and shape positive relationships with their infants. This in turn helps their infants to develop emotional and behavioural self-regulation skills - increasing their long-term resilience and mental wellbeing. In Warwickshire, Smart Start research (involving 1,135 Warwickshire parents) found a paucity of free or low cost perinatal parenting education opportunities and inequity in access. These findings are echoed in Coventry. In response, the LMS has prioritised the need to develop and implement place-based Universal perinatal parenting education offers. Current activities include: - Work underway at South Warwickshire to begin to pilot a delivery of universal antenatal parenting education as part of SWFT's Continuity of Care model - Development of this model will include the creation of social connections and 'peer to peer' educators who will work alongside professionals - Additional capacity/resource required by GEH and UHCW midwifery to work with public health to drive forward place-based universal antenatal parenting education offer in North, Rugby and Coventry. Bid submitted for 2019-20 LMS transformational funding. - Recognition that to succeed in offering a universal antenatal parenting education in the north of Warwickshire and Rugby there will be a need to take an asset-based approach to delivery with third sector and peer to peer provision.

Obesity in Pregnancy	Around 1 in 5 women attending antenatal care in the UK are obese. In some areas of the LMS this reaches 1 in 4. Having a higher body mass index at the start of a pregnancy, and excessive gestational weight gain, increases the health risks to both the mother and infant. A LMS 'partnership approach to physical activity and reducing obesity' workshop in November 2018 recognised that there are inconsistences in the LMS 'obesity in pregnancy' pathways, and there is a need to review and strengthen these pathways. • Before the pathways can be reviewed and benchmarked there is a need to develop up to date guidelines for the identification and management of obesity during and after pregnancy. The timeline for guidelines development not yet confirmed but is anticipated to be in the next 3 or 4 months.

Parental conflict and domestic violence	There is a large body of evidence that shows that conflict between parents can have a negative impact on children's long-term mental health and future life chances. Parental conflict can then in turn act as a precursor to poor parenting practices. In most recent estimates (2013/14), the proportion of children living in couple-parent families whose parents had 'distressed relationships' was 11.4%, and 28% of children living in workless families live with parents in a distressed relationship. This is almost three times higher than for children where both parents are working (10%). Parental conflict is a potent pre-cursor to domestic violence and as such is an issue that needs to be addressed through LMS pathways. With this in mind: • A LMS scoping meeting is to be held on 23 May to decide on next steps for this strand of work.

Infant Feeding	There is a vast body of evidence to support the importance of breastfeeding for short and longer term health of the mother and the infant. Since 2015 we have seen a downward trend in breastfeeding rates in Warwickshire. In 2018-19, the average rate of breastfeeding at 6-8 weeks was 47.9% (England 46%). This is lower than many of our statistical neighbours. Warwickshire parents report insufficient support in the early days of breastfeeding, and midwives express concerns about a lack of capacity to offer quality support. • There is an acknowledged need to improve infant feeding support for parents. This will include an LMS review of infant feeding support pathways to identify good practice and geographical variance. • Recognition that – given midwifery services capacity - to succeed in strengthening breastfeeding support and outcomes there will be a need for an asset-based approach to delivery with third sector and peer to peer provision.

Community Hubs	Better Births identified that maternity services should be organised around the woman and her family and that Community Hubs should be identified to enable access to services needed. It was recognised that the LMS will need to identify a range of services to be brought together through the community hub based on the needs of the local community, infrastructure available and the pathways/services commissioned. Provisional work was undertaken across Warwickshire with a view to identifying potential Community Hubs for LMS services and whilst venues have been agreed in the South of the county there was a view that the model of care (to be agreed through the Choice and Personalisation work programme) would need to be clearer before hubs in Rugby and in the North of the county can be identified. Alongside this NHSE (Maternal and Perinatal Clinical Networks) has undertaken a mapping exercise of

hubs across the country with a view to identifying hub locations across geographical boundaries. The findings of this work will help inform the future identification of hubs elsewhere in Warwickshire.

4.2 Quality and safety:

The overall aim of this work stream is to optimise health outcomes for mothers and babies through the provision of high quality, safe services.

Anticipated Outcomes:

- Reduction in Maternal and Neonatal Mortality and Morbidity
- Reduction in Neonatal care admissions and lengths of stay
- Increase in continuity of carer

This work stream is led by the Heads of Midwifery at SWFT, GEH and UHCW and includes a number of work programmes/developments as follows:

- (i) Implementation of the Saving Babies Lives Care Bundle
- (ii) Participation in the Maternal and Neonatal Safety Collaborative
- (iii) Continuity of Carer for women antenatally, during delivery and throughout their maternity pathway
- (iv) Perinatal Mortality Reviews
- (v) Learning from incidents and complaints
- (vi) Development of shared clinical guidelines for implementation in SWFT, GEH and UHCW
- (vii) County Wide Safety Huddle

Saving Babies Lives Care Bundle (SBLCB)	Implementation of the initial Saving Babies Lives Care Bundle (SBLCB) was required by March 2019 and is specifically aimed at reducing stillbirth rates. This development included 4 separate elements as follows: • Element 1: Reducing smoking in pregnancy • Element 2: Risk assessment, prevention and surveillance of foetal growth restriction (FGR) • Element 3: Raising awareness of reduced foetal movement (RFM) • Element 4: Effective foetal monitoring during labour Work continues towards achieving compliance with all elements of the SBLCB. An independent review of the implementation across the LMS identified areas of good practice– including the adoption of best practice in reducing the incidence of cerebral palsy and good practice in identifying all smokers at their first appointment. Further developments are recommended, such as undertaking CO monitoring (to identify smokers) at additional time points in the antenatal pathway, embedding training within mandatory training schedules for midwives and standardising practice across the LMS. SBLCB version 2 was released in March 2019 and this includes a fifth element: 'reducing preterm birth'. The 3 Trusts are currently undertaking a gap analysis against the requirements of this element and will report back to the LMS Board when completed.

Maternal and Neonatal Safety Collaborative	The aim of the Maternal and Neonatal Safety Collaborative is to improve the safety and outcomes of maternal and neonatal care by providing high quality healthcare and through reducing unwarranted variation. Improvement leads from each maternity service have attended 9 days training to enable them to promote a safety culture

	within their service and to develop methods of continuous improvement in service delivery.

As part of this development each service has undertaken staff training and surveys, and have implemented quality improvement projects. An in-depth 'safety culture' survey has recently been undertaken and 'de-briefing' sessions are being held within each Trust. When these are completed an LMS wide action plan will be developed to share best practice and to further embed quality improvement methods. |

Continuity of Carer	Continuity of Carer (CoC) – whereby a woman has a named midwife and sees a midwife from within a team of 4 to 8 midwives throughout her maternity pathway, is a key recommendation of Better Births. National targets demand that 35% of women are booked onto a CoC pathway by 2020, with 75% of BAME groups receiving CoC by 2023/24.

A number of pilots to test out how CoC can best be provided are underway across Coventry and Warwickshire. An 'at scale' pilot is being delivered in South Warwickshire (supported in part by LMS transformation monies) and smaller pilots are in Coventry and North Warwickshire. These models of care will support the provision of choices within maternity care. The expectation is that the full clinical model, with a single point of access will enable CoC to be implemented by March 2021 across the LMS, but this decision will be informed by evaluation of the pilots.

The SWFT CoC pilot is being delivered out of five Family Hubs. The location of main Family Hubs were all scoped by Warwickshire County Council in their Formal Public Consultation (2018) and have been located in the areas of the highest social deprivation across the patch, all with good public transport links. These include the Lillington Children's Centre, Westgate, Kingsway, Lighthorne Health and Stratford Children's centre, supported by five satellite hubs in the more rural areas – Badger Valley, Meon Medical Centre, Alcester Children Centre and Bidford Surgery.

In phase one, from a base of offering no continuity, the focus will be on offering Continuity of Carer to medically low risk women (approx. 1/3) of women. Within the demographic of low risk women, there will be women from areas of social deprivation, women with safeguarding concerns and from BAME communities, but with medically low risk pregnancies Following a full evaluation of the pilots, further roll out including women with more complexities will be offered.

As midwives provide care for women throughout the pregnancy pathway; before, during and after birth it is hoped that this model will particularly benefit women from protected groups who may have language barriers and/or find it hard to build a trusting relationship with a healthcare professional/s. Midwives will be working alongside the other Health Care professionals in the Community Hubs; including family support workers, Health visitors, perinatal mental health teams which will improve the signposting and referral to other services and the overall health and wellbeing of new mothers, their babies and families.

At GEH a small team of midwives (Juniper) are exploring their scope to provide continuity of carer to a cohort of women. However midwife caseloads are currently too high to allow for the necessary 24/7 coverage and therefore total intrapartum continuity cannot be achieved. The scope to increase the workforce is currently being assessed and external visits are being undertaken to learn from other areas with a view to adopting similar pathways to SWFT in future.

At UHCW 4 pilots are being taken forward, as follows: |

The *complex care pilot* is aimed at those women who are classed as high obstetric need (eg requiring cardiac care or having multiple births).
The initial target is to have a team of 7 midwives within this pilot to support antenatal clinics and be available for intrapartum and post-natal care. In March 2019 (the first month of implementation) a total of 36 women were booked on this pathway and for five births intrapartum continuity was achieved.

The *integrated care pilot* takes a different approach to providing continuity through a team-based approach.
This is based on midwives working in a in-out rotational basis. This aims to increase the likelihood that women can be cared for by their named midwife when they attend to give birth. Midwives can work in a rotational manner integrated both within maternity teams and hospital areas meaning they are familiar with all areas and can work seamlessly and actively seek the women for whom they have provided antenatal care and where there is an existing relationship. This ties into the 'staff the women rather than the building' approach, where on days allocated to hospital based care they can select the area to which they work driven by known women in the service.

The *Lucina pilot* aims to capture women who chose to deliver in the midwifery-led birth centre at UHCW. If they indicate a desire to attend Lucina birth centre, then the community midwife presents the option of transferring remaining antenatal care to the birth centre staff from 36 weeks onwards. This pilot started just before March this year and the impact on continuity of carer is being monitored.

The *iBumps pilot* is being delivered to the young women (<=20years) eligible for this service. The service is a city-wide service and as such works from multiple locations. Despite challenges
- IBumps provided antenatal, intrapartum and postnatal care to 38.8% (21/54) of the overall cohort.
- IBumps provided both antenatal and postnatal care to an additional 53.7% (29/54) of the cohort

Due to iBumps being a targeted service aimed at a specific group, the team would like to develop an enhanced pathway. This involves networking and linking with other community-based services that support young women and mothers. Further development will be taken forward in light of evaluation findings.

Shared Clinical Guidelines	In total there are 36 separate clinical guidelines that need to be developed for adoption across the LMS. These have been prioritised such that those considered to have the most significant impact on maternal and perinatal outcomes are developed first. LMS-wide guidelines have been completed for • Smoking cessation • Prolonged rupture of membrane's at term • Small for gestational age/fetal growth restriction • Reduced fetal movement Work is underway to ensure the completed guidelines are implemented consistently across the LMS and further guidelines are under development.
Perinatal Mortality Reviews	Perinatal mortality accounts for the vast proportion of infant deaths and include stillbirths (after 24 weeks gestation) and deaths within the first 28 days of life (the neonatal period). The majority of neonatal deaths are due to perinatal causes, particularly preterm birth, and are strongly related to maternal health, as well as congenital malformations. All neonatal deaths are reported as part of Trust specific mortality review groups with learning shared across the LMS and they are reported

	nationally. The main objective is to determine the primary and secondary causes of death and to identify possible areas where care provision can be improved.
	Perinatal Mortality reviews continue across the LMS. Although there has been some LMS representation at other Trusts to date, it has been agreed to ensure that representation from across the LMS is sought for each review panel.
	Data is to be captured in relation to this over the next 3 months and then there will be a review the impact and sustainability of this.
Learning from incidents and complaints	Local Trusts follow best practice guidance in investigating all patient safety incidents and perinatal and maternity deaths. This includes root cause analysis, examining human factors in serious incidents and learning from incidents. If any shortfalls are identified an action plan is produced to address any problems and to ensure that the safety of mothers and babies is maintained. Learning from serious incidents is shared through work stream meeting and they are also shared through the LMS newsletter.
County Wide Safety Huddle	County-wide Safety Huddles are short briefings where team leaders come together to share clinical information, review events and plan for the day ahead across disciplines and services. Huddles focus on: • sharing key general information to increase all team members' situational awareness (eg planned theatre work within each unit) • improving patient flow (eg providing details on the availability of neonatal cots) • identifying patient safety concerns, including staffing issues. Work continues towards achieving an LMS wide safety huddle for the 3 acute trusts. Equipment has been bought and a working party has been developed to implement the huddles in 2 phases.

4.3 Choice and Personalisation

The aim of this work programme is to develop potential scenarios for the future clinical model for maternity and neonatal services across Coventry and Warwickshire to ensure an integrated care pathway. The key objectives of the work programme are:
• To establish the case for change for maternity and neonatal service models to address the recommendations of the Better Birth report and neonatal transformation
• To develop and appraise the potential scenarios for the future care model
• To provide the business case for the transformation of services as required by the model design

In designing the future clinical model, the workstream is co-dependent on many of the outputs of the Quality and Safety workstream, particularly the development of the Continuity of Carer models.

Anticipated Outcomes:
The clinical model that enables choice and personalisation will ensure that:
• All pregnant women have a personalised care plan;
• All women are able to make choices about their maternity care, during pregnancy, birth and postnatally;
• Most women will receive continuity of the person caring for them during pregnancy, birth and postnatally;
• More women are able to give birth in midwifery settings (at home and in midwifery units).

The workstream is clinically driven and the main forum through which the clinical model is being developed is the 'Maternity Clinical Steering Group' (CSG), with representation on the group from both maternity and neonatal services across Coventry and Warwickshire.

The Choice and Personalisation workstream has recognised the critical interdependency between its work focus and the wider work of the STP paediatric workstream. The Maternity CSG has therefore made

reference to this wider STP programme, connecting with the work of the 'Paediatric Clinical Steering Group' as described below.

| Maternity Clinical Steering Group | The Maternity CSG is overseeing a wide range of developments linked to developing options for the future overall model of care. Recent work has included:

Critical Interdependencies for Maternity
A specification for the newborn services infrastructure needed to support maternity services has been agreed and will inform the work of the Paediatric work stream of the STP.

Reducing the separation of mothers and babies:
Reducing the separation between mothers and babies has been agreed as one of the key priorities for the future clinical model. The CSG has reviewed current LMS performance against benchmarking peer groups and identified that there is scope to manage more babies care at the mother's bedside and reduce unnecessary stays in neonatal units, thereby improving the quality of care for both mothers and their babies. UHCW is achieving national exemplar levels of transitional care provision compared to its peer group. Learning from the UHCW pathway, practice and development journey has been shared across the LMS.

Currently only UHCW has a designated Transitional Care unit. The further development of Transitional Care services in the LMS and development of Neonatal Outreach are therefore currently being explored to understand and test what would be required. Work to date has identified significant cost pressures associated with this development which need to be overcome before any service development plans can be put in place.

The implications of developing Neonatal Outreach also need to be understood and factored into the modelling of future demand for Transitional Care in order to determine the most cost-effective and efficient clinical service for the system.

Management of High Risk/Complex Women
The processes and pathways for managing Intra-Uterine Transfers to UHCW from GEH and SWFT are being reviewed, to be brought together into one LMS-wide process.

A clinical Task and Finish group is being arranged with the objective of agreeing standard operating procedures for the process through which high risk/complex women will be managed. This work will build on the existing huddle model established.

Current Choice Offer
The current provider choice offers for women have been collated to provide a baseline description of the LMS current position.

Discussion on the choice offer for women has exposed that currently a significant number of women are being sent outside the LMS for fetal medicine review, that could be managed within the LMS. A clinical Task and Finish group is now being set up to identify the current gaps in fetal medicine services available locally and to specify and quantify the resources required and funding sources to enable the development of local services.

Continuity of Carer
The agreement of future service models for delivering Continuity of Carer will determine the workforce staffing models required in midwifery. The CSG is therefore monitoring and discussing the outcomes of the evaluations of the Continuity of Carer pilot programmes. The pilots are in their early stages of delivery and it is estimated |

	that a further 6 months of work will be required before any assessment as to the optimum model(s) for the LMS can be made. Early indications from the pilots to date suggest that continuity delivery models need to be localised, one size does not fit all, and therefore ultimately there may not be a standardised, single LMS model.
Paediatric Clinical Steering Group	Outside the work of the LMS, the Paediatric workstream of the STP has completed a baseline assessment of the current acute general paediatric service models in place. This work has identified significant current workforce challenges across Coventry and Warwickshire and consequential issues with workload and compliance with expected service staffing and quality standards. The LMS has a link to the Paediatric Clinical Steering Group that has been established, to ensure that the work of the LMS in developing maternity and neonatal services remains in line with any development work on paediatric services, given the critical inter-dependency between paediatrics and neonates and their supporting role for maternity.

5. Underpinning Strategies

The LMS work programme is supported through a range of additional strategies and interventions including:

- Patient and public participation: each maternity service has a voluntary Maternity Engagement Group consisting of service users and professional. These local groups feed into the strategic LMS Maternity Voices Partnership (MVP). The MVP are actively involved in the design of local services and assist in the development of guidelines and in local audits of service provision. The chair of the MVP is a member of the LMS Board.
- Development of a clinical dashboard, including a range of Key Performance Indicators that reflect performance, illustrate key issues and enable comparison across services and organisations.
- Workforce planning (maternity, obstetric and paediatric)
- Development of an LMS information and technology strategy to enable the development and use of shared clinical records

The further development of Community Hubs will require an interface with both NHS and Local Authority estates strategies.

6. Conclusion

As this report demonstrates, there are multiple work programmes, supported by a wide range of multi-disciplinary / multi-agency groups. Each group requires leadership and participation from clinicians from all Trusts and sustaining the contribution of staff, who are also responsible for the delivery of clinical services, is challenging. In this context, the recommendations of this report are that the Committee:

- Notes the objectives and current work programme of the LMS
- Recognises that aspects of the work programme are yet to be addressed
- Identifies any opportunities to enable the work of the LMS to progress to the benefit of women and families across Warwickshire

7. Recommendations

The Committee comments and notes the update on Local Maternity Services

	Name	Contact Information
Report Author LMS Health and Wellbeing Work stream lead	Helen King/Berni Lee	helenking@warwickshire.gov.uk bernilee@warwickshire.gov.uk
Assistant Director People	Becky Hales	beckyhale@warwickshire.gov.uk
Strategic Director	Nigel Minns	nigelminns@warwickshire.gov.uk
Portfolio Holders	Cllr Les Caborn Cllr Jeff Morgan	lescaborn@warwickshire.gov.uk jeffmorgan@warwickshire.gov.uk

Adult Social Care & Health Overview & Scrutiny Committee

3 July 2019

One Organisational Plan Quarterly Progress Report: Period under review: April 2018 to March 2019

Recommendation

That the Overview and Scrutiny Committee:

(i)   Considers and comments on the progress of the delivery of the One Organisational Plan 2020 for the period as contained in the report.

1.   Introduction

1.1.   The One Organisational Plan (OOP) Quarterly Progress Report for the period April 1st 2018 to March 31st 2019 was considered and approved by Cabinet on 13th June 2019. It provides an overview of the progress of the key elements of the OOP, specifically in relation to performance against key business measures, strategic risks, workforce management, revenue and capital budgets, reserves and savings targets and financial information on Business Units.

1.2.   This report draws on information extracted from the Cabinet report to provide this Committee with information relevant to its remit.

## 2.   One Organisational Plan 2020: Strategic Context

2.1   The OOP 2020 Plan aims to achieve two high level Outcomes. Performance is assessed against 62 Key Business Measures (KBMs), 48 of which are grouped under, and reported against, the agreed policy areas.

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

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

2.2   At the year end position, 82% (9) of KBMs have achieved target while 18% (2) of KBMs are behind target.
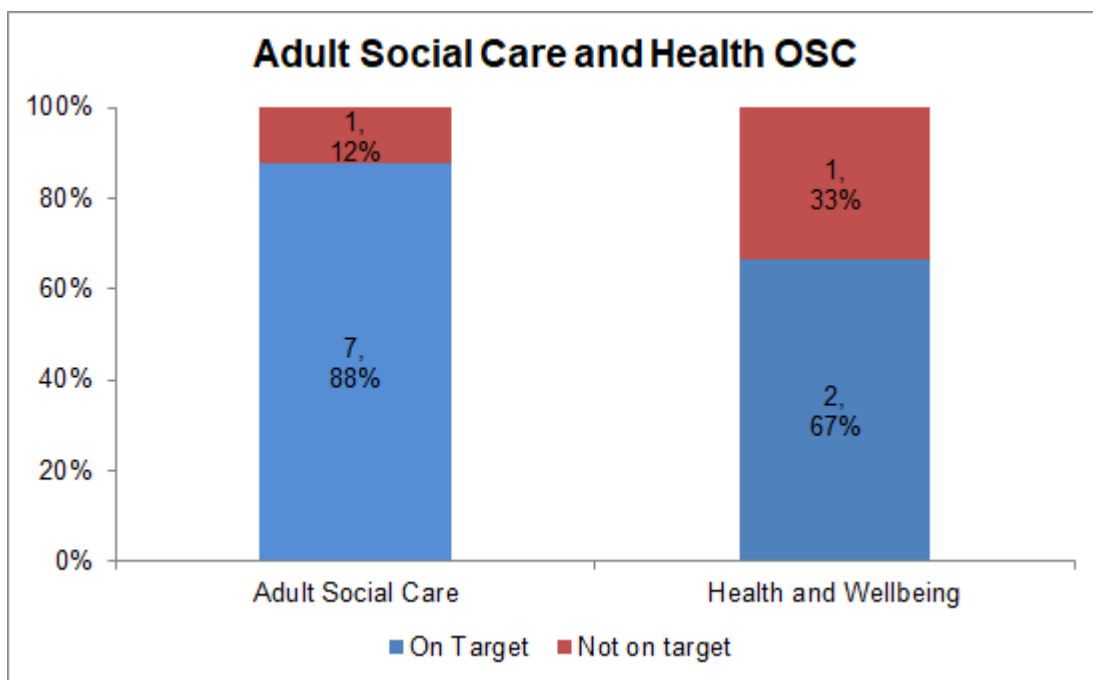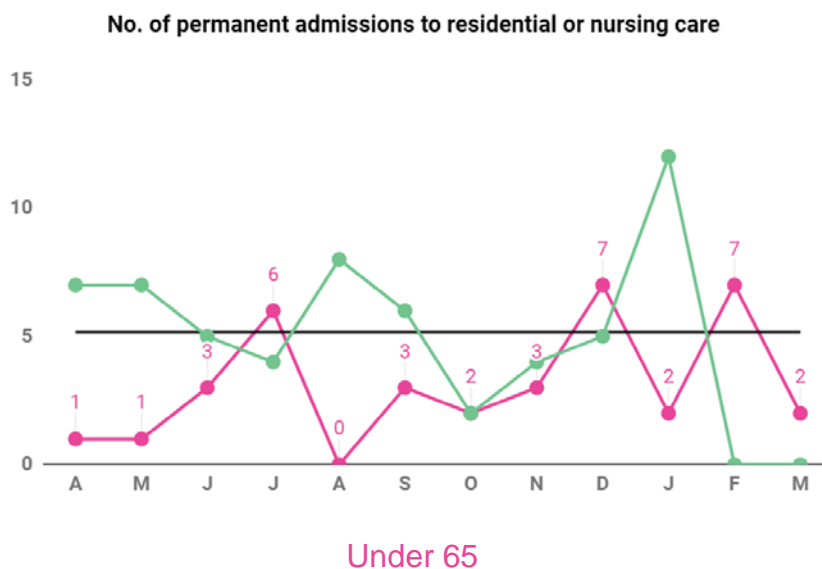

2.3   This section presents KBMs where significant good performance or areas of concern need to be highlighted for 11 KBMs across 2 policy areas as appropriate for this Committee;

Adult Social Care

Areas of good progress

No. of permanent admissions to residential or nursing care

Under 65

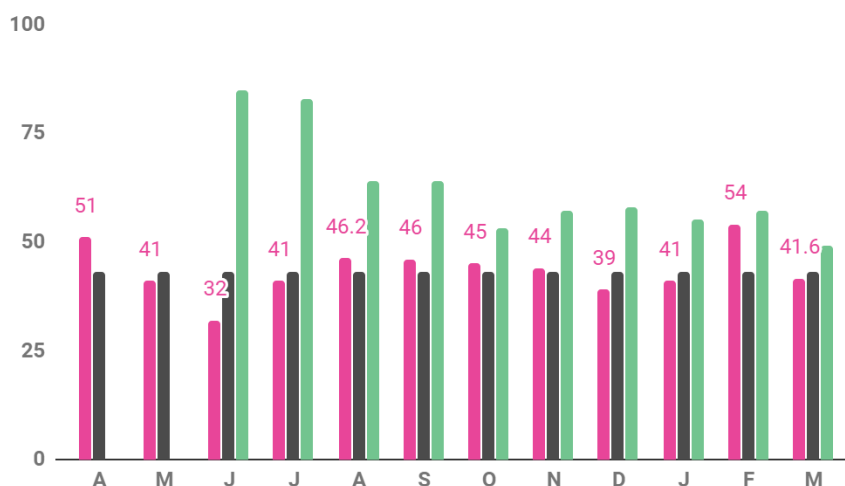| 15/16	16/17	17/18	18/19	Trend	DoT
46	33	60	37	↔	⬇

As at March 2019 the number of permanent admissions for people aged between 18-64 is below the 2018/19 target and lower than the 2017/18 actual.

Support planning for individuals will continue to ensure that community support is considered for all customers and residential and nursing care provision is the last option.

An increase in this cohort has arisen over the last year due to individuals transferring funding streams from health to social care; practitioners will apply Continuing Healthcare (CHC) criteria robustly to ensure individuals are in receipt of the most appropriate support to meet their needs.

Please note Performance Dashboards are updated within 9 days following month end. By the end of the month a number of packages which were implemented during the month may still have to be confirmed and recorded. As such monthly performance figures are amended retrospectively.

Average Daily Beds Occupied by Delayed Warwickshire Patients

15/16	16/17	17/18	18/19	Trend	DoT
33	42	49	41.6	🔺	🔻

Delayed Transfer of Care (DTOC) performance at year end has met target and has reduced in comparison to the same time last year.

Recently, delays peaked in February 2019 (54 vs a target of 43).

Half-term and the end of the leave year will have impacted DTOC performance in this month due to lower levels of staffing within all services. However, the majority of the increase in delays in February 2019 was attributed to Health. Health delays were significantly over target (35 vs a target of 23) whereas Social Care delays increased but did not exceed their target of 19. The peak in Health delays was contributed to by Coventry and Warwickshire Partnership Trust (CWPT), whose delays remain high and by delays of Warwickshire residents at out of county hospitals. There were also increases at Warwickshire's 3 main providers, particularly at George Eliot Hospital (GEH) due to blockages in their Discharge to Assess (D2A) service. South Warwickshire Foundation Trust (SWFT) also had higher levels of delay due to blockages in their D2A beds over this period.

As at March 2019, Social Care delays are also below target (15 vs a target of 19) while Health delays are marginally above target (25 vs a target of 23).

Further investigation into the CWPT and out of area delays is being conducted, in addition to identifying possible process improvements for Health and Social Care.

Areas of concern and remedial action

No. of People receiving a direct payment at the end of the month
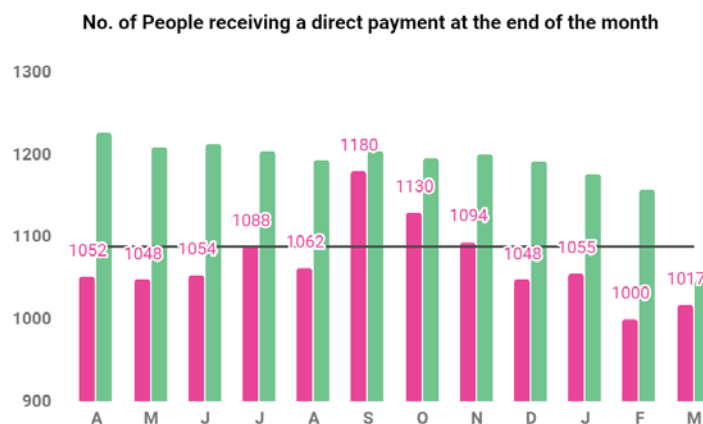
15/16	**16/17**	**17/18**	**18/19**	**Trend**	**DoT**
1,074	1,212	1,046	1,017	↔	⬇

As at March 2019 the number of people receiving a Direct Payment at the end of the month has decreased in comparison to quarter three and it does not appear that the Service have met the 2018/19 target. However, the final quarter performance is likely to have been influenced by the pending introduction of the Pre Payment cards, some people were holding back from starting the new process rather than the old.

In comparison to the same period last year, the number of Direct Payments has reduced marginally by 3%.

To increase the uptake of Direct Payments over the year, key areas of development have included;

- Independent Living Team Officers co-located with social care and support teams, to support social care practitioners with their knowledge and understanding of Direct Payments
- Pre-payment cards for new customers introduced at the end of March 2019. Work is continuing to rollout pre-payment cards for existing customers.
- Process mapping of the customer journey completed to identify hot spots and areas of improvement. Work is underway to streamline the process for customers accessing Direct Payments
- Managers (Operations Managers and Team Leaders) completing training on Direct Payments to increase their knowledge to better support practitioners with offering Direct Payments to customers. E-learning and a programme of training for practitioners continues to be available, supported by Independent Living Team officers

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

Financial Commentary – relevant finance information taken from Cabinet report

3.1 Revenue Budget

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

06 One Organisational Plan

	2018/19 Budget '000	2018/19 Outturn '000	Revenue Variance £'000 %	Retained Reserves £'000	Financial Standing '000
Social Care & Support	141,915	137,031	(4,884) -3.44%	(11,959)	(16,843)
The service has underspent in 2018/19 due to early achievement of 19/20 OOP savings, increased income from client contributions outstripping the rise in demand for services, underspends in front line Integrated Care recruitment, and projects and transformation spend slippage. The pressure areas for the year have been Mental Health and Older People Residential Care and LD Supported Living					
Strategic Commissioning & Public Health	35,316	32,168	(3,148) -8.91%	(5,684)	(8,832)
Throughout the financial year underspends were forecast and are largely due to the early delivery of savings through commissioning and procurement activity, injection of one off funding and staffing vacancies.					

3.2. Delivery of the 2017-20 Savings Plan

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

	2018/19 Target £'000	2018/19 Outturn £'000
Social Care & Support	2,562	2,562
Strategic Commissioning & Public Health	406	406

3.3 Capital Programme

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

	Approved budget for all current and future	Slippage from 2018/19 into Future Years	Slippage from 2018/19 into Future Years	Current quarter - new approved funding / schemes	Newly resourced spend included in slippage	All Current and Future Years Forecast

	years (£'000)	£'000	(%)	(£'000)	figures (£'000)	(£'000)
Social Care & Support	3,350	0	0%	313	0	3,663
Strategic Commissioning & Public Health	6,216	(268)	-6%	0	0	6,216
This relates to two Adult Social Care Modernisation projects. There have been delays on works to The Grange, Valley Road, due to the initial refurbishment deadline not being met by Property Services. The project is now being reviewed and reconfigured to enable delivery of a completed project during 2019/20. The second project, Dementia Friendly Environments has been delayed as delivery to WCC will not commence until 2019/20. In addition to this the Client Information Systems Review has made slower than expected progress due to the departure of key staff, which has caused a delay in development activity. In addition to this there have been lower than expected asset purchases due to changing IT strategy.						

4   Supporting Papers

4.1   A copy of the full report and supporting documents that went to Cabinet on the 13th June 2019 is available via the following link and in each of the Group Rooms.

## 5   Background Papers
None

Authors:	Vanessa Belton, Performance and Planning Business Partner vanessabelton@warwickshire.gov.uk Mandeep Kalsi, Performance Officer mandeepkalsi@warwickshire.gov.uk
Assistant Directors	Pete Sidgwick, Assistant Director Adult Social Care: petesidgwick@warwickshire.gov.uk
	Becky Hale, Assistant Director People: beckyhale@warwickshire.gov.uk
	Helen King, Interim Director Public Health; helenking@warwickshire.gov.uk
Strategic Directors	Nigel Minns, Strategic Director for People Group nigelminns@warwickshire.gov.uk
Portfolio Holders	Cllr Les Caborn, Adult Social Care & Health; cllrcaborn@warwickshire.gov.uk

Appendix A One Organisational Plan Key Business Measures Scorecard

		Trend	Trend over longer time period
▮ 18/19 Actual ▮ 18/19 Target ▮ 17/18 Actual		DoT	Direction of Travel (DoT) over recent period
		⬆⬇	Performance Improving
		⬆⬇	Performance Declining
		⬌	Performance is Steady

No. of Reablement Service Exits

15/16	16/17	17/18	18/19	Trend	DoT
1,295	1,387	1,358	1,688	⬆	⬆

No. of Reablement Completions
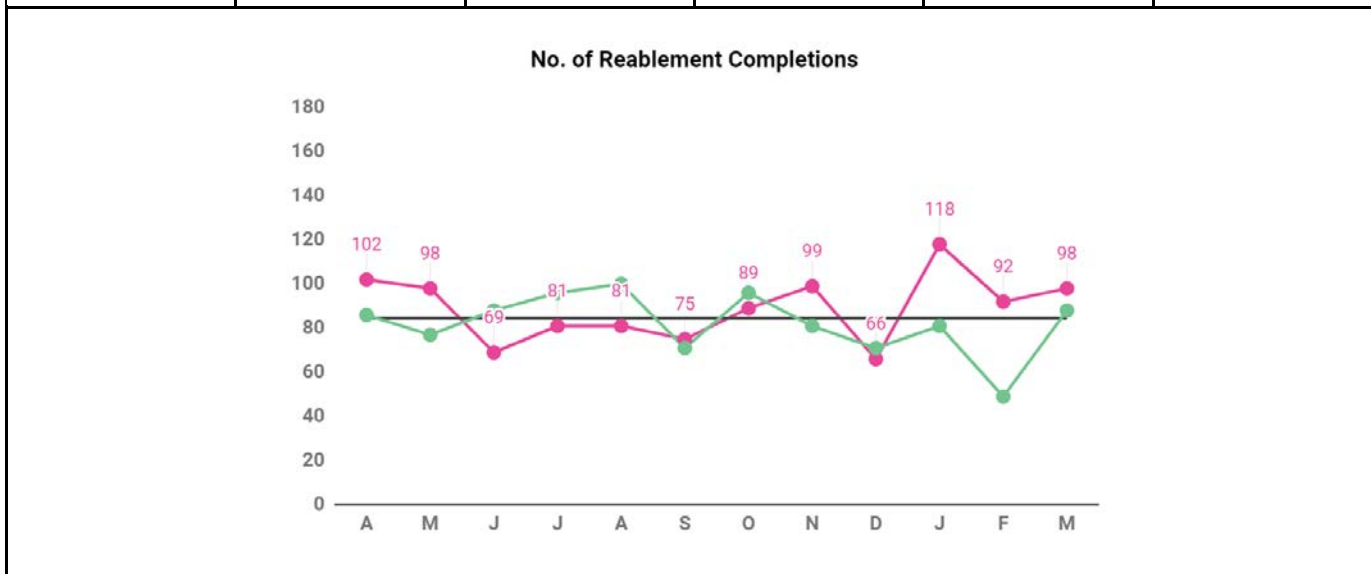
15/16	16/17	17/18	18/19	Trend	DoT
1,030	1,084	984	1,068	⬆	⬆

No. of Reablement Service Completions not leading to ASC Service
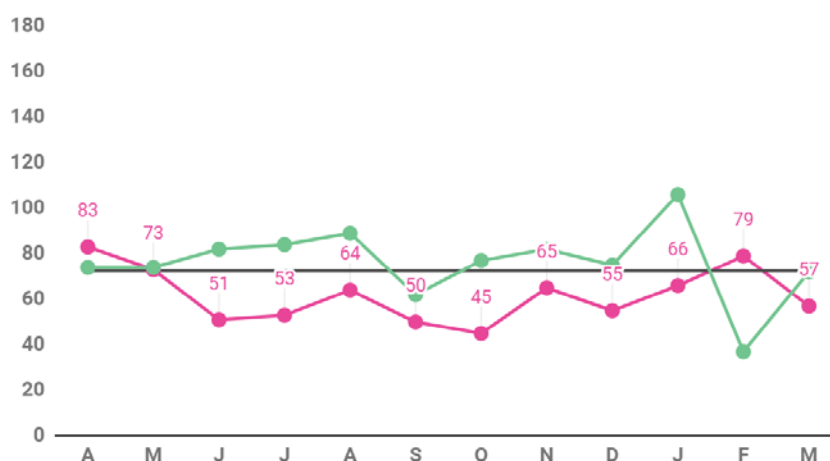
15/16	16/17	17/18	18/19	Trend	DoT
Previously monitored using a slightly different method			741	N/A	N/A

The number of people exiting the Reablement Service and the number of people completing their Reablement Programme has increased in March 2019 in comparison to March 2018.

Key areas of development during the year for the Reablement Service have included ;
- Establishing and embedding a single point of contact to resolve social care issues raised by Domiciliary Care providers. This has helped to resolve issues efficiently and reduces the risk of customers being readmitted back into hospital.
- Completed two Assistive Technology pilots and in conjunction with the launch of the 'Ask Sara' service, Reablement will be able to prescribe Assistive Technology for hydration and cognitive impairment.
- Working with referrers in health and social care to ensure the right customers are referred to the Service to gain the maximum benefit from the enabling programme. An in reach Reablement Assessor is now established in George Elliot and Warwick Hospitals and the service are exploring this with Hospital of St Cross and University Hospitals Coventry & Warwickshire. The Service has also given trusted assessor access to Warwickshire's immediate out of county hospitals.
- The Moving on Bed service has beds in care homes and four extra care housing assessment flats. The social care provision has moved into Reablement and the service is working with customers to enable them to return to their home sooner.
- Fully embedded the Customer Feedback App. In the month of March 2019 100% of respondents agreed that they are 'supported to make choices in my life and/or to live as independently as possible'. The Service is still receiving a high volume of compliments from customers and their relatives.
- Implemented IConnect, an electronic appointment schedule for staff. This has allowed daily alterations to be made electronically, enhancing staff safety as they can now log in and out of appointments, which is then monitored in the office and produces alerts to notify any missed appointments.
- The Care Quality Commission inspected the South Team in September. The service received an outcome of 'Good' in all five domains and an overall good rating.

**No. of people in receipt of an adult social care service**
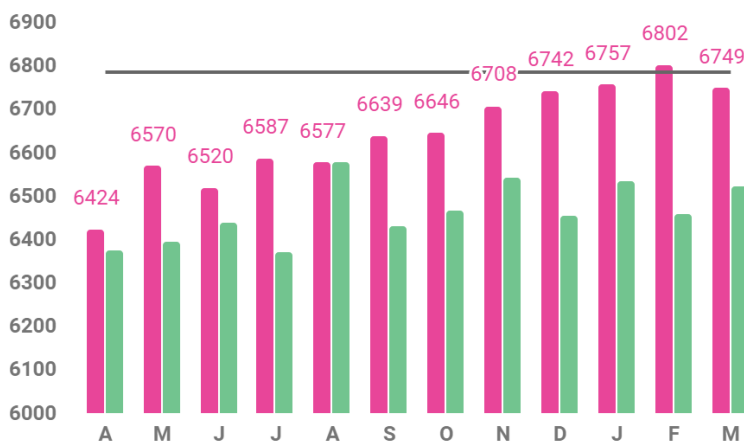
15/16	**16/17**	**17/18**	**18/19**	**Trend**	**DoT**
6,275	6,270	6,525	6,749	⬆	⬆

As at March 2019 the number of people in receipt of an adult social care service is marginally below the anticipated number. Over the last 12 months the number has increased by 5%. The number of people being supported by Adult Social Care overall appears to be on an upward trajectory.

This increase is being managed within the resources allocated and the Business Unit continue to assist people to be as independent as possible whilst meeting statutory duties.

**No. of permanent admissions to residential or nursing care**

65+
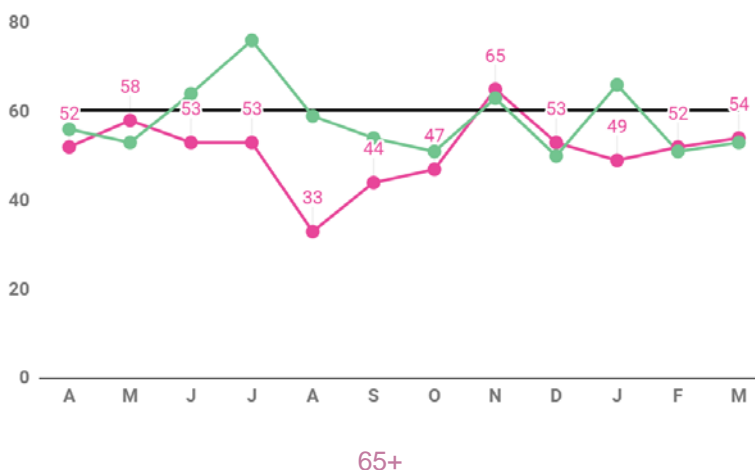
15/16	**16/17**	**17/18**	**18/19**	**Trend**	**DoT**
662	552	696	613	⬆	⬇

As at March 2019 the number of permanent admissions for people aged over 65 is below the 2018/19 target and is lower than last year's actual (March 2018).

There are a variety of aspects impacting long term admissions into residential and nursing care.

The numbers leaving hospital requiring this level of support continue to rise and pathways 3 beds within acutes have increased and continue to be increased by Clinical Commissioning Groups in response to Delayed Transfer of Care pressures, especially in the Rugby area. No new Extra Care Housing schemes have been available for 12 months, with limited potential new availability in 2018 / 19 planned. Individual length of stays within residential and nursing care are increasing in longevity.

Please note Performance Dashboards are updated within 9 days following month end. By the end of the month a number of packages which were implemented during the month may still have to be confirmed and recorded. As such monthly performance figures are amended retrospectively.

% of eligible population aged 40-74 offered a NHS Health Check who received a NHS Health Check
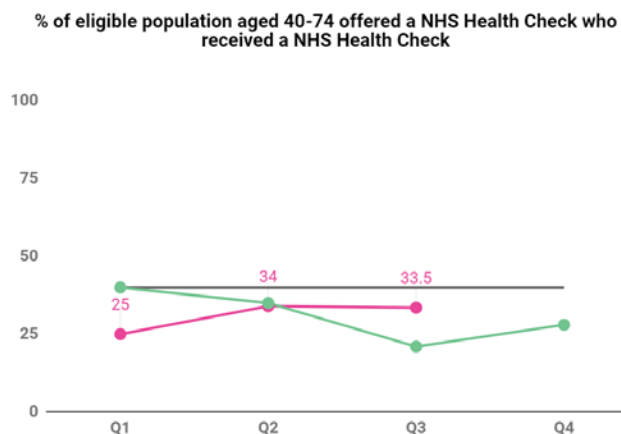
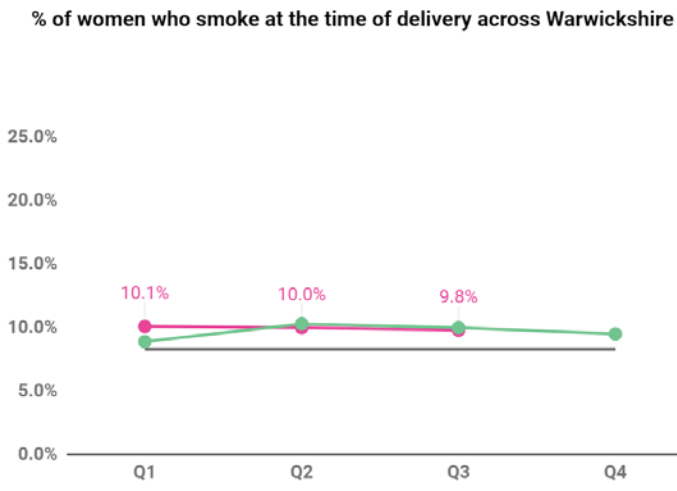| 15/16	16/17	17/18	18/19	Trend	DoT
27.8	45.4	28	TBC	⬇	⬌

2018/19 year end data is due May 2019.

NHS Health Checks is a five year programme for eligible patients aged 40-74 delivered primarily by GP practices.

The number of GP practices delivering NHS Health Checks in 2018/19 has reduced from 66 (in 2017/18) to 58 and therefore the number of eligible patients receiving an NHS Health Check has also reduced.

Data is only available for three Quarters in 2018/19. The number of people that received a NHS Health Check in Quarters one - three 2018/19 is 5,388 compared to 7,725 in Quarter one - three of the previous year. For Quarter three 2018/19, 33.5% of those that have been offered an NHS Health Check have received an NHS Health Check. This is below the local target of 40% and below the national average (44.6%).

A proposal is being developed to offer NHS Health Checks in the workplace and in the community in areas where GP practices are not offering NHS Health Checks to increase the opportunity for the population to take up the offer of an NHS Health Check.
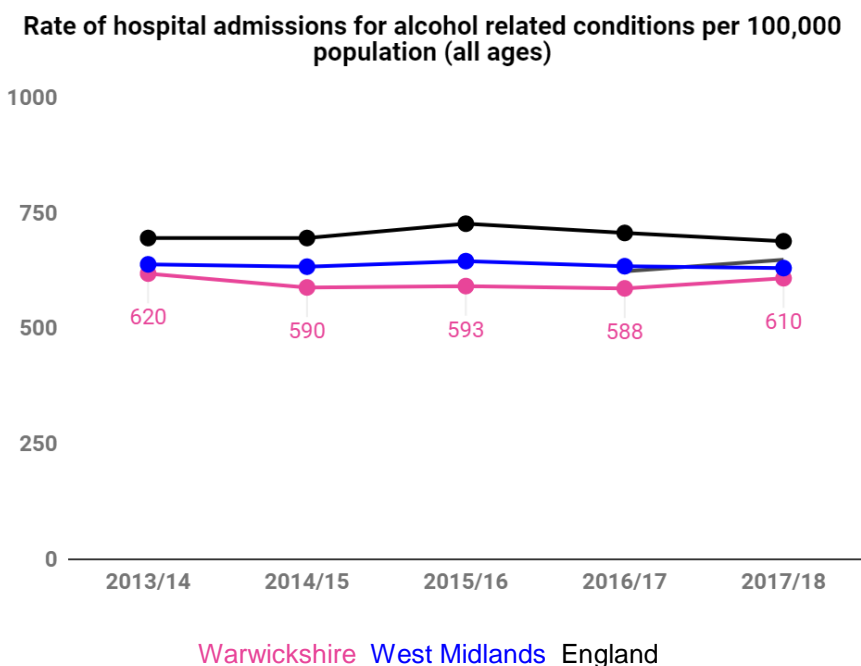
% of women who smoke at the time of delivery across Warwickshire

15/16	16/17	17/18	18/19	Trend	DoT
10.6	9.9	9.5	TBC	⬇	⬇

2018/19 year end data is due July 2019.

The percentage of women who smoke at the time of delivery in Warwickshire has been decreasing year on year.

For Quarter three 2018/19 the rate is 9.8%, slightly lower than the national average.

The Smoking in Pregnancy Specialist Service (SiPS) provides 1:1 support for pregnant smokers referred by midwives at the first and subsequent visits. The Service is located within the 0-5's Health Visiting service delivered by South Warwickshire Foundation Trust (SWFT) which ensures that both Health Visitors and Midwives are trained to deliver brief interventions on smoking cessation before referring to the Specialist service. Smoking in Pregnancy is one of the priorities in the Local Maternity System transformation plan.

Rate of hospital admissions for alcohol related conditions per 100,000 population (all ages)

Warwickshire   West Midlands   England

15/16	16/17	17/18	18/19	Trend	DoT
593	588	610	TBC	⬆	N/A

The 2018/19 annual data will be available February 2020.

Warwickshire's 2017/18 annual rate is 610 per 100,000, which is below the West Midlands and England average.

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

The newly appointed commissioner for Drug and Alcohol Services commences in April.

06 One Organisational Plan

Adult Social Care and Health Overview and Scrutiny Committee

3 July 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 2019/20 is attached at Appendix A for consideration. The programme was discussed by the Chair and Party spokespeople at their meeting on 5 June. 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
None at 24 June			

3.   Forward Plan of Warwickshire District and Borough Councils

This section of the report sets out the scheduled reports to be considered by district and borough councils at their scrutiny / committee meetings that are relevant to health and wellbeing. Following the May elections, some councils are still to appoint their representatives to serve on this committee and to agree their own programmes of work. The information available is listed below. Further updates will be sought and co-opted members are invited to expand on these or other areas of planned activity.

Date	Report
North Warwickshire Borough Council	
	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. The most recent update from the Borough Council website is on the Health and Wellbeing Action Plan 2017 to 2020. This has been designed as a framework to encourage and support the local community to adopt a proactive approach in the self-management of their health and wellbeing. Within the document, there are 6 themes. 1. To study and respond to the factors contributing to Atherstone/Mancetter's poor health outcomes 2. The development of the 'Health Offer' in Community Hubs 3. Reduce the number of under18 conceptions through the provision of supports services in North Warwickshire relating to teen pregnancy 4. Increase the number of adults and children who are physically active and reduce the percentage of adults and children with excess weight 5. Promote adult and children safeguarding as being everyone's responsibility 6. Work with internal and external partners to address health and wellbeing priorities for North Warwickshire
Nuneaton and Bedworth Borough Council – Health Overview and Scrutiny Panel	
2019/20	This is an extract of the draft work programme which will be considered by the Borough Council's External Overview and Scrutiny Panel on 4 July. • Healthwatch The concerns and priorities for Healthwatch Scrutiny • Annual Report from Health & Wellbeing Board Scrutiny • CAMHS Update on Mental Health matters and the provision of services in the borough. • George Eliot Hospital Update presentation from the GEH on the current services and funding situation, including the provision of additional hospice beds • Addressing Teen Conception in Nuneaton and Bedworth – An

	update on the current rates of teenage conceptions in the Borough together with the Address Teenage Conception Task and Finish Group Action Plan update.
Rugby Borough Council – Whittle and Brooke Overview and Scrutiny Committees	
2019/20	This item is listed on the Borough Council's work programme in April 2019, to be carried forward to 2019/20. • Employee wellbeing update on additional information requested during a light-touch review carried out in February 2019.
Stratford-on-Avon District Council – Overview and Scrutiny Committee	
	Following the May elections, the Committee will consider its work programme on 3 July 2019.
Warwick District Council – Health Scrutiny Sub-Committee	
	Warwick DC has a Health Scrutiny Sub-Committee which is scheduled to meet in September. The following details are taken from its last meeting in March. • JSNA Final Report Health Scrutiny • Promoting Health & Wellbeing in the wider District – Focus on Mental Health

4.0   Briefing Notes

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. At the recent Chair and party spokespersons' meeting, two further briefing notes were requested on:

- The Healthy Living Pharmacy Programme.

- The Healthwatch Warwickshire (HWW) Standing Conference on Patient Voice - how the Committee can be engaged to contribute effectively.

Background Papers

None.

	Name	Contact Information
Report Author	Paul Spencer	01926 418615 paulspencer@warwickshire.gov.uk
Head of Service	Sarah Duxbury	Assistant Director of Governance and Policy
Strategic Director	Rob Powell	Strategic Director for Resources
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 2019/20

Date of meeting	Item	Report detail
3 July 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.
3 July 2019	Update on Maternity Services and Requirement for a Task and Finish Review	Item agreed at the March 2019 Committee. The Director of Public Health to present a detailed update at the June meeting, to better inform members on the ongoing work within the system, to determine whether a task and finish review would be appropriate and if so the areas of focus for the review.
3 July 2019	One Organisational Plan: April 2018 to March 2019	To consider and comment on the progress of the delivery of the One Organisational Plan 2020 for the period as contained in the report.
25 September 2019	Performance Monitoring - CCGs	The Committee monitors CCG performance against their respective commissioning intentions at six-monthly intervals. In order for the CCGs to ensure the appropriate officers are in attendance, a thematic approach was suggested. For this meeting, it is proposed to focus on progress towards establishing a single CCG, an update on Primary Care Networks and against the five-year plan for GP services. A further area would be the performance indicator on treatment of cancer patients within 62 days.
25 September 2019	The Older People Adult Social Care Market.	To provide an update. It was agreed that this would be in two parts, with a pre-committee briefing session to provide the context and market position and a further report in the committee, which would include the review of the County Council's services/ officer structures.
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.
19 February 2020	Update on GP Services	The Committee received a comprehensive update in March 2019 on the implementation of the recommendations from this task and finish group. It was agreed to submit a further update to members.

Future Work Programme Suggestions	Review of Social Care	An 'end to end' review of Social Care will move to its implementation phase and would be a significant change to the way that social care operated and the culmination of two years' work. It would be a useful area for the committee to review around the end of 2019 or early in 2020.
	Strategic Review of Social Care	This will cover the spectrum of support for people with disabilities from special educational needs, those in transition from child to adult services and adults.
	Pharmacy Services	At the Committee meeting on 6 March 2019, it was agreed that an item be added to the programme to receive an update on pharmacy services. The key aspects raised were: • Confusion over the services provided in each pharmacy and where patients should present, e.g. for minor ailments. Pharmacists have different levels of experience and expertise and local signposting is needed. • Through primary care networks (groupings of GPs), and the revised GP contract, it is planned to provide a broader and more integrated range of services including closer collaboration with pharmacy. • There is a healthy living pharmacy programme, supported by the County Council. In Warwickshire, 80% are healthy living pharmacies which deliver health, wellbeing and other services.
	Home Environment Assessment and Response Team.	A two-year review of the Home Environment Assessment and Response Team was nearing completion and would be available for the Committee to consider from September 2019.
	West Midlands Ambulance Service and the Paramedic Service	At the Committee meeting on 6 March 2019, it was agreed that an item be added to the programme to receive an update from West Midlands Ambulance Service and the paramedic service, their priorities and performance on response times. This would be discussed in more detail at the Chair and party spokesperson meeting.
	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.
	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
3 July 2019	None	
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
05/06/19		The Healthy Living Pharmacy Programme.	TBC
05/06/19		The Healthwatch Warwickshire (HWW) Standing Conference on Patient Voice - how the Committee can be engaged to contribute effectively.	Chris Bain, HWW
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	A comprehensive briefing pack from the Director of Public Health, which comprised:
		• Life Expectancy, Healthy Life Expectancy and the Window of Need
		• Infant Mortality and Stillbirths
		• Child Accidental Injuries
		• Rise Mental Health Service
		• Integrated Care System
		• Parking for Voluntary Patient Transport Schemes
		• Community Safety Partnerships
		• Appendices
		    o Child Accident Prevention – Developing a Three Year Action Plan
		    o Warwickshire Data Overview and Update
		    o SP board performance report
		    o Rise Community Partnerships
		    o Rise Community Offer
		    o Rise Service Feedback
		    o Rise the Big U
		    o Warwickshire Primary Mental Health Team, Q1 Report	

08/10/18	29/10/18	Officers to prepare a briefing note for the Committee on the revised Care Act guidance (issued 1 October 2018), the key implications for WCC and officer plans to respond to this guidance.	Pete Sidgwick
-	05/10/18	People Group Year End Customer Feedback 2017-18	
-	02/10/18	An update from George Eliot Hospital on its response to the CQC Action Plan.	
26/09/18	Integrated Care Systems	The Committee considered a report in March 2018 on Integrated Care Systems. It was agreed to have a further update after six months. This will now be provided via a briefing note.	
21/06/18	26/09/18	Request for a briefing note on the patient transport service was raised at the Chair &	DPH and SC

		Spokes meeting. This involves several commissioners and service providers, notably five voluntary groups, WMAS, WFRS and CWPT.	
-	14/05/18	NHS England provided a briefing on the need to close a dental practice in Nuneaton.	NHS England
09/05/18		Dr John Linnane offered to circulate a briefing note on a service delivery review by the Coventry and Warwickshire Partnership Trust.	DPH and SC
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

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.