Adult Social Care & Health Overview & Scrutiny Committee

Date: Wednesday, 19 February 2020
Time: 10.00 am
Venue: Committee Room 2, Shire Hall

Membership
Councillor Wallace Redford (Chair)
Councillor Clare Golby (Vice-Chair)
Councillor Helen Adkins
Councillor Jo Barker
Councillor Margaret Bell
Councillor Sally Bragg
Councillor Mike Brain
Councillor John Cooke
Councillor John Holland
Councillor Andy Jenns
Councillor Christopher Kettle
Councillor Pamela Redford
Councillor Jerry Roodhouse
Councillor Andy Sargeant
Councillor Tracy Sheppard (NBBC)

Items on the agenda: -

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 5 - 28

To receive the minutes of the committee meetings held on 25 September 2019 and 13 January 2020.

2. Public Speaking

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. CCG Performance Monitoring 29 - 42

The Committee has received reports on the performance of the three clinical commissioning groups (CCGs) at its meetings in September 2019 and January 2020. It was agreed that a further meeting be held and a more detailed report on performance provided.

5. One Organisational Plan 43 - 48

The One Organisational Plan (OOP) Quarterly Performance Progress Report for the period April 1st 2019 to November 30th 2019.

6. Work Programme 49 - 58

The Committee's work programme was reviewed by the Chair and party spokespeople at their meeting on 21 January. The updated programme is attached for the Committee to consider.

To download papers for this meeting scan here with your camera

Disclaimers

Webcasting and permission to be filmed

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.

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The public reports referred to are available on the Warwickshire Web
https://democracy.warwickshire.gov.uk/uuCoverPage.aspx?bcr=1

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 Democratic Services 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.

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Minutes of the meeting of the
Adult Social Care and Health Overview and Scrutiny Committee
held on 25 September 2019

Present:

Members of the Committee

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

Other County Councillors

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

District/Borough Councillors

Councillor Margaret Bell, North Warwickshire Borough Council
Councillor Sally Bragg, Rugby Borough Council
Councillor Chris Kettle, Stratford District Council
Councillor Pam Redford, Warwick District Council

Officers

Becky Hale, Assistant Director People Strategy and Commissioning
Mandi Kalsi, Performance Officer
Helen King, Assistant Interim Director (Director of Public Health)
Nigel Minns, Strategic Director for the People Directorate
Isabelle Moorhouse, Trainee Democratic Services Officer
Pete Sidgwick, Assistant Director, Social Care
Paul Spencer, Senior Democratic Services Officer
Emma Whewell, Trainee Solicitor

Also Present

Chris Bain, Chief Executive, Healthwatch Warwickshire
Jayne Blacklay, Managing Director, South Warwickshire Foundation Trust (SWFT)
Anna Pollert
Dennis McWilliams

1. General

(1) Apologies for absence

Apologies for absence from the meeting had been received from Councillors Andy Sargeant and Mike Brain

(2) Members Declarations of Interests

None

(3) Chair's Announcements

The Chair reported on the recent joint health overview and scrutiny committee (JHOSC) which was reviewing proposals for maternity services at the Horton General Hospital (HGH) in Banbury. The Oxfordshire Clinical Commissioning Group (CCG) had presented its final recommendations at the JHOSC meeting on 19 September and was proposing the permanent closure of the obstetric unit at the HGH. These proposals had been unanimously

rejected by the JHOSC, which passed a number of resolutions and was minded to submit further representations to the Secretary of State for Health.

The Chair reported that there would be a meeting of the Coventry and Warwickshire JHOSC, to be held at Shire Hall on 14 October at 10am. All members of this committee would be welcome to observe the proceedings, which included an address from Sir Chris Ham on the local NHS five-year plan.

The Chair had also attended a Westminster health briefing. He was disappointed at the levels of attendance at the event and at the quality of an NHS presentation on mental health.

(4) Minutes

The minutes of the Adult Social Care and Health Overview and Scrutiny Committee held on 3 July 2019 were agreed as a true record and signed by the Chair.

2. Public Speaking

Questions from Mr Dennis McWilliams

Mr Dennis McWilliams had given notice of two questions, which concerned the stroke service reconfiguration and legislation pertaining to CCG mergers and associated consultation requirements. Copies of the questions are attached at Appendices A and B to the minutes. The questions had been circulated to the Committee and were introduced by Mr McWilliams.

The Chair responded that a detailed written reply would be provided to Mr McWilliams. Councillor Adkins asked how members of the Committee would be able to discuss the response if it was provided after the meeting. It was agreed that the response be circulated to members of the Committee and the process for public questions be discussed further at the next Chair and Party Spokesperson meeting.

3. Questions to Councillor Les Caborn, Portfolio Holder for Adult Social Care and Health

Councillor Kettle thanked the Chair for his verbal update on the meeting of the Horton JHOSC. He asked Councillor Caborn if he would support the endeavours of the Chair and the JHOSC, which Councillor Caborn confirmed.

Councillor Helen Adkins referred to the question she had submitted to Councillor Caborn at the previous meeting on the closure of buildings that provide mental health services in Leamington and Warwick. A final response was still awaited from the Coventry and Warwickshire Partnership Trust (CWPT) and Councillor Caborn agreed to follow this up.

4. Performance Monitoring – Clinical Commissioning Groups

Helen King, Assistant Interim Director (Director of Public Health) introduced this item. The detail of the report provided information on the performance monitoring by the three Clinical Commissioning Groups (CCGs) on NHS services delivered to Warwickshire residents. It provided a six-month update on CCG performance measured by the NHS constitution measures, now reflecting performance up to June 2019. Regular performance reports were provided to each CCG's governing board. A table showed key facts on each CCG relating to population, budget, GP members, CCG quality assurance framework, organisational facts quality innovation, productivity and prevention savings.

All three CCG's commissioned CWPT to provide mental health and learning disability services for children, adults and older adults. SWFT provided a range of community services.

The CCGs used the performance measures and other intelligence to indicate where there were risks which might prevent the CCG from achieving its objectives. Current identified risks were set out in the report, together with updates from the respective CCG 2018/19 annual reports.

No CCG representatives were able to be present at the meeting, so officers would collate any questions or requests for further detail and ask the relevant CCGs to provide this information. Throughout the debate, several members criticised the lack of CCG representation and this made it difficult to discuss the performance report effectively, or to receive timely replies to questions. Officers explained that the lead CCG officers had a meeting clash.

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

- The failed indicators in regard to four hour waits at accident and emergency (A&E) departments were discussed. It would be useful to see data on patients who presented at A&E, self-discharged and then subsequently re-presented at A&E. Jayne Blacklay of SWFT confirmed this data was captured by trusts. It was not a significant issue for SWFT, but more of an issue was the sheer volume of patients presenting at A&E over the summer, compared to previous years. Whilst SWFT's A&E performance was still good, it had been noted that some patients from out of area were presenting. This could delay discharges if patient transport services were required for lengthy travel distances.
- Councillor Kettle noted that for the South Warwickshire CCG, more than half (13 of 21) indicators were not being achieved. He considered that the report's commentary was not as honest as that for the Warwickshire North CCG, which had acknowledged the need for improvement. He also referred to the respective in year deficits of the CCGs. There was concern that if the CCGs merged it would be less easy to interpret the performance report and he asked that separate reports should still be provided until it was known the SWCCG had achieved improvements.
- Helen King stated that the CCGs did take the performance reporting seriously and she noted that some of the targets had only been missed by a small margin.
- Councillor Kettle quoted the position on two-week waits for patients with breast cancer symptoms, which was considerably below target. A detailed

response should be given on how they would improve performance, given their position relative to the other CCGs.

- Jayne Blacklay commented that there were some specific problems in June with high referral numbers and problems with diagnostics. An improvement plan had been put in place and performance had improved from July onwards. SWFT was a high performing trust for referral to treatment targets.
- Additional written information had been provided by the CCGs. This had only been received and circulated the previous day and some members had not seen or had the opportunity to consider it. One of the reports was 19 pages in length and so they couldn't be considered at this meeting and needed to be provided in a more timely manner in future.
- There was concern about the proportion of indicators being missed. A member considered that support and assistance should be offered rather than blame. It was known that Warwickshire's population would continue to increase and strategies needed to be put in place to provide services to meet the needs of this growing population. There was also a need to look at problem areas and to address them now. For example, increasing paramedic services would alleviate pressures on acute trusts and especially the A&E departments. Adopting a funding system centred on patients, to provide cost effective services rather than allocations to individual organisations was suggested.
- There was strong concern at the SWCCG position on improving access to psychological therapies, both for access and recovery, which had seen no real improvement in performance over the last 10 years. Officers were not able to provide additional information, but this would be requested from the CCGs.
- A&E waiting time data for the WNCCG was disappointing and it was regularly at the level reported for June. The A&E performance provided a barometer of capacity and delays were associated with a shortage of beds on wards. Until the out of hospital services were running effectively, there needed to be adequate bed numbers at acute trusts. The points on Warwickshire's growing population were echoed.
- The report showed CCG performance indicators against target, but without the context of what had caused the low performance or the remedial action being taken. Performance for twelve hour trolley waits, A&E waiting times and two week waits for breast cancer symptoms were referenced as examples.
- It was questioned whether a breakdown could be provided on the proportion of people attending A&E who could be treated more appropriately at other primary care services and why they were attending A&E instead.
- The report identified waiting list management problems at George Eliot Hospital, but no detail was provided on the action being taken. Without this context it was not possible to consider this matter or to give confidence to residents that it was being addressed.
- Before the merger of the CCGs was progressed, the Committee needed an assurance that the performance issues raised have been addressed. It would be less easy to monitor performance effectively when it was a monitoring report for a single CCG.
- The Portfolio Holder clarified that notwithstanding the move towards a single CCG, the performance reports would still be disaggregated across the three place partnerships. This was confirmed by Jayne Blacklay, who added that performance reporting was changing and would include trend data in future.

- Concern was raised in regard to the Coventry and Rugby CCG indicator for cancelled operations that were rebooked within 28 days. The member spoke of the distress this caused to patients and asked whether the reported position was typical or unusual. Officers responded that there were a variety of causes for operations being cancelled, including patients not being able to attend or other medical complexities. It would be helpful to see the data over a longer period and this would be pursued with the CCG.
- Chris Bain of Healthwatch Warwickshire provided context that this performance report focussed on the NHS constitution measures. There were many other measures, so the performance levels should be viewed as a whole. Looking forwards, it was important that CCGs engaged with the committee effectively, given the future work on primary care networks, integrated care, staffing levels post Brexit and the financial position of the health and care system.
- A member was concerned about the capacity of A&E services, the potential difficulties for the NHS if the recent low levels of influenza over winter increased and the impact of population increases.
- The performance report would be more useful if the percentage data was supplemented by figures, proportion or volume to give context and clarity.
- A member summarised the views of the Committee regarding the poor performance levels reported and the lack of attendance by CCGs. He suggested that an additional meeting of the Committee be convened with appropriate CCG representation to discuss performance issues. This suggestion was supported and the Chair sought members approval to this way forward. The CCG's senior officers would be invited to attend. It was questioned if an invite could be extended to the public speaker. There was also a need to discuss the CCG merger proposals and the associated consultation arrangements.

The Chair thanked members for their detailed debate and scrutiny of this item.

Resolved

That an additional meeting of the Committee is convened with representatives of the clinical commissioning groups to discuss further the performance report, areas of concern and the proposals for merger of the CCGs.

5. Adult Social Care Strategic Review

The Committee received a presentation from Pete Sidgwick, Assistant Director for Social Care and Becky Hale, Assistant Director for People Strategy and Commissioning, to accompany a circulated report. A review of demand in Adult Social Care was undertaken in 2018 and early 2019 to support further development of the service, to meet the needs of the Warwickshire population. The review was carried out by an independent expert supporting the County Council with its transformation programme. The review recognised that whilst Warwickshire continued to perform in relation to outcomes for people in receipt of adult social care there were some areas for improvement. The review contained a series of observations and associated recommendations as follows:

- Data management and improved use of data to inform planning and decision making
- Approaches to managing demand and the market

- Better identification of, and support to, people on the cusp of care
- Enhanced use of assistive technology
- Robust early intervention and prevention strategy
- Enhancing assessment and care management processes, with a focus on reviews
- More effectively supporting people with direct payments
- Enhancing the brokerage function
- Enhance accommodation-based support and community support services available in the market
- Effective transition arrangements to support preparation for adulthood
- Progressing the integration of health and social care
- Developing the workforce

Delivery of the outstanding recommendations required a collaborative response with health and wider system partners. Given the timing of the review some of the recommendations had already been actioned, with all others being in progress.

The presentation covered the following areas:

- Context
- The review focus
- Overview of review findings
- Performance
- Budget
- Income
- Demand for Support
- A snapshot of activity data
- Challenges around support supply
- Early intervention and prevention
- Reablement
- Assistive technology
- Recommendations from the review and the ten summary recommendations

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

- It was confirmed that there had been some 50 recommendations made by the independent expert. These had been grouped into the key themes reported above and the recommendations had been accepted by officers.
- A member noted that adult social care performance was adequate, but the funding allocated to the service in Warwickshire was lower than that of comparable councils. It was questioned why the budget was less. Pete Sidgwick explained that the staffing budget may be lower than some other councils, but it did not mean that other councils provided more services to their residents. Councils used different service delivery models and some councils were interested in emulating the way Warwickshire delivered some of its services. Nigel Minns added that each local authority differed as did their local market for services. It was considered that the Council achieved good value for money for its services. There wasn't a budget pressure currently and there was no detriment to the public. This Council's budget had grown year on year, unlike some other councils.
- It was suggested that more detail could have been provided in the report, rather than the accompanying presentation.

- The financial position was satisfactory at present, but a lot of the funding initiatives were only provided for a single year. Adoption of the recommendations from the review would have a financial implication. It would be useful to understand more about this and it would likely become clearer in the overall budget proposals later in the year. However, there may be different views from a commissioning, service provision or finance viewpoint.
- Chris Bain relayed observations from a recent Healthwatch standing conference about the various ways in which the patient voice could be heard for NHS services, but there wasn't the same clarity for social care services. Officers advised that there was a voice within different customer groups, via partnership boards and through an annual customer survey, but there wasn't a joined up approach presently and this had been noted as an area to address. An approach similar to that used by the NHS was one option.
- A member suggested it was difficult to assess progress against the original 50 recommendations as they hadn't been set out clearly, with only a summary provided of the key themes. The Chair noted that the position had moved on since the review and the priorities had been highlighted.
- Nigel Minns explained that the strategic reviews were undertaken by independent experts, but were owned by the responsible assistant directors. He suggested that a subsequent report should be in the form of progress against the action plan, which had been produced following the review.

The Chair sought a view from the Committee on the timescale for revisiting this matter and there was a consensus that a further update should be provided in six months.

Resolved

That the Overview and Scrutiny Committee notes the findings of the Strategic Review of Adult Social Care and the action being taken to progress the recommendations, with a further update being provided to the Committee in six months.

6. One Organisational Plan Quarterly Progress Report

Nigel Minns introduced the One Organisational Plan (OOP) quarterly performance progress report for the period 1 April to 30 June 2019. This had been considered and approved by Cabinet at its meeting on 12 September 2019. The report provided an overview of progress of the key elements of the OOP, in relation to performance against key business measures (KBMs), strategic risks and workforce management. A separate financial monitoring report for the period covering both the revenue and capital budgets, reserves and delivery of the savings plan was presented and considered at the same Cabinet meeting. This report focussed on information extracted from both Cabinet reports to provide the Committee with the information relevant to its remit.

A strategic context and performance commentary was provided. Of the 58 KBMs, 10 were in the remit of the committee. At the quarter one position, 70% (7) of KBMs were currently on track and achieving target and there were several measures reported where performance was of particular note, together with areas of concern that needed to be highlighted.

The relevant finance information from the Cabinet report was also provided, both for revenue and capital, detailing the performance thresholds and delivery of the 2017-20 savings plan.

A member asked if progress was being made in reducing delayed transfers of care that were attributable to social care. Members were advised of the current ranking of Warwickshire relative to other councils and the significant improvements made compared to the position some years ago. However, the position had deteriorated from the same period last year.

Resolved

That the Committee notes the progress of the delivery of the One Organisational Plan for the period 1 April to 30 June 2019.

7. Work Programme

The Chair reported that the Committee's work programme would be reviewed in the new year and members were invited to propose new areas for scrutiny. The revised work programme would be submitted to a future meeting for consideration and approval. Councillor Kettle sought clarity on the roles of district and borough councils in considering health scrutiny matters. Such councils could review service areas within their remit that contributed to health and wellbeing.

Resolved

That the Committee notes its work programme.

8. Any Urgent Items

None.

The Committee rose at 12.50pm

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Chair

Appendix A

A question in regard to stroke service reconfiguration.

Will the WCC ASC&HOSC today set out in plain terms the process of accountability regarding the pre-Consultation Business case for Stroke Service Reconfiguration that has been adopted by SWCCG and goes before the NWCCG and Cov/RugCCG on 26th September and in regard to any subsequent Consultation material?

In terms,

- Has the Joint HOSC met formally to consider the pre-consultation business case prior to its adoption by the CCGs?
- If so will the record of that forum be made public?
- If not, why not?
- Will any CCG adopted business case come before the ASC&HOSC for scrutiny?
- If so, when?
- Will the WCC HOSC form policy in regard to the Consultation material with a view to informing and directing the Joint HOSC?
- When will the Joint HOSC meet to address the Consultation material?
- Will the meeting be in public, be open to public questions, and publish minutes as soon as practicable?

Dennis McWilliams
***South Warwickshire Keep our NHS Public* Chair**

SWKONP is concerned that WCC ASCHOSC may be unaware of the relevant legislation and regulations pertaining to CCG mergers, which require a public consultation before submitting an application to NHS England.

The plan is to merge South Warwickshire, North Warwickshire and Coventry and Rugby CCGs into one super-CCG, to cover the planned Integrated Care System.

SWKONP expressed concerns about a perfunctory, poorly times and poorly attended 'engagement' process in May to the SWCCG Board and elsewhere. The same concerns were expressed in the engagement sessions in Leamington and Coventry.

At that time an April 2020 date for merger was the target.

Many local authorities have stated concerns about breaking links with a local CCG.

Very recently the Health Service Journal (16th September 2019) has reported Sir Chris Ham's concerns:

> Chris Ham, Coventry and Warwickshire STP chair and former King's Fund chief executive, said: "There needs to be greater clarity on roles and functions before NHSE decides on form.
>
> "What will be done by systems and what at place? How can local authorities, GPs and others be assured that their interests won't be ignored as CCGs merge? The move is rightly to fewer larger CCGs but maybe not one per system."
> (https://www.hsj.co.uk/policy-and-regulation/nhse-considers-tightening-rule-to-push-ccgs-to-merge/7025936.article)

The creation of a remote and centralised CCG with opaque structures and complex decision-making processes risks making meaningful public engagement and involvement even more difficult. The single CCG would control the total budget, and set health policy for over 1.8 million people, which would add to existing problems of public accountability and transparency.

Further, there is a strong prospect of little or no chance of this 'super' CCG listening to and acting on the wishes of local people concerned that decisions taken centrally are not in their interests. Currently local CCGs have the right of veto of proposals detrimental to local health needs. The removal of this right would be a major democratic loss. The local link will be broken.

Because of our concerns that Coventry and Warwickshire CCGs may be pressing ahead with their plans to merge without consulting the public, we would urge HOSC to consider the legal justification set out below and require Warwickshire CCGs to comply with the relevant legislation and regulations.

Legal basis for public consultation on CCG mergers

The relevant legislation is contained in the 2006 NHS Act, as amended by the 2012 Health and Social Care Act, which legislated for the creation of CCGs:

http://www.legislation.gov.uk/ukpga/2006/41

The relevant regulations are s9(2) and (3) and then Schedule 2(f) and Schedule 3(e) of the National Health Service (Clinical Commissioning Groups) Regulations 2012, which came into force immediately after the commencement of section 25 of the Health and Social Care Act 2012. http://www.legislation.gov.uk/uksi/2012/1631/pdfs/uksi_20121631_en.pdf

NHS Act 2006

Section 14G of the NHS Act 2006 says that merger of CCGs entails the dissolution of the pre-existing CCGs and the formation of a new CCG.

14G Mergers
(1) Two or more clinical commissioning groups may apply to the Board for—
(a) those groups to be dissolved, and
(b) another clinical commissioning group to be established under this section.

This is followed by section 14H of the Act governing applications to the Board (NHS England) for CCG dissolution.

Regulations related to dissolution of CCGs

Regulations s9(3) and Schedule 3(e) say that if a CCG is applying to the Board for dissolution then the Board has to take into account *the extent to which the CCG has sought the views of individuals to whom any relevant health services are being or may be provided, what those views are, and how the CCG has taken them into account.* It defines relevant health services as health services pursuant to arrangements made by the CCG in the exercise of its functions. This means the views of the whole population for which the CCG is responsible must be sought, and that would require public consultation.

In addition, and in case it were to be argued that CCG merger does not entail CCG dissolution, but rather a change to the CCG constitution to vary the area or list of members, then section 14E of the Act (Applications for variation of constitution) and related regulations s9(2) and Schedule 2(f) would apply. This would also require public consultation.

The relevant parts of the Regulations are quoted below:

Variation of CCG constitution and dissolution of CCG: factors etc.

9.—(1) This regulation applies if a CCG applies to the Board—
(a) under section 14E of the 2006 Act, to vary its constitution, or

(b) under section 14H of the 2006 Act, for the group to be dissolved.

(2) Schedule 2 sets out factors which the Board must take into account when determining whether to grant an application under section 14E.
(3) Schedule 3 sets out factors which the Board must take into account when determining whether to grant an application under section 14H.

Schedule 2 Factors relating to applications to vary CCG constitution
2(f) The extent to which the CCG has sought the views of individuals to whom any relevant health services are being or may be provided, what those views are, and how the CCG has taken them into account.
"Relevant health services" means any services which are provided as part of the health service pursuant to arrangements made by the CCG in the exercise of its functions.

Schedule 3 Factors relating to applications for CCG dissolution
3(e) The extent to which the CCG to be dissolved has sought the views of individuals to whom any relevant health services are being or may be provided, what those views are, and how the CCG has taken them into account.
"Relevant health services" means any services which are provided as part of the health service pursuant to arrangements made by the CCG in the exercise of its functions.

In summary, according to legislation, CCG merger entails the dissolution of CCGs. Applications to merge CCGs are therefore governed by regulations about dissolution of CCGs. Such applications require the Board (NHS England) to take into account the extent to which the CCG has sought the views of individuals to whom health services are provided through arrangements made by the CCG, in other words the whole population for which the CCG is responsible. <u>That would require a public consultation and not just an "engagement" with selected stakeholders.</u>

We urge HOSC to ensure that the Warwickshire CCGs conducts a full public consultation on the CCG merger proposal before any application to NHS England.

Adult Social Care & Health Overview & Scrutiny Committee

Monday, 13 January 2020

Minutes

Attendance

Committee Members
Councillor Christopher Kettle
Councillor Pamela Redford
Councillor Sally Bragg
Councillor Wallace Redford (Chair)
Councillor Clare Golby (Vice-Chair)
Councillor Helen Adkins
Councillor Jo Barker
Councillor Mike Brain
Councillor John Holland
Councillor Jerry Roodhouse
Councillor Andy Sargeant
Councillor Margaret Bell

Officers
Shade Agboola
Nigel Minns
Pete Sidgwick
Paul Spencer

Others Present
Councillor Caroline Phillips
Chris Bain, Healthwatch Warwickshire
Alison Cartwright, Gillian Entwistle and Anna Hargrave South Warwickshire Clinical Commissioning Group (CCG)
Vicky Castree and Councillor Joe Clifford, Coventry City Council
Andrew Harkness, Adrian Stokes and Rose Uwins Coventry and Rugby and Warwickshire North CCGs
Claire Quarterman, Coventry and Warwickshire Partnership Trust (CWPT)
Pippa Wall, West Midlands Ambulance Service (WMAS)

Dennis McWilliams and Anna Pollert, Public

1. General

(1) Apologies

Councillor John Cooke, replaced by Councillor Dave Reilly and Councillor Tracy Sheppard, Nuneaton and Bedworth Borough Council.

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

None.

(3) Chair's Announcements

The Chair referred to the joint health overview and scrutiny committee (JHOSC) which had considered maternity services delivered from the Horton General Hospital in Banbury and made representations to the Secretary of State for Health. A response was still awaited to these representations.

2. Public Speaking

Question from Professor Anna Pollert
Professor Pollert made a statement opposing the proposed merger of the three CCGs across Warwickshire and Coventry, stating it would lead to a loss of public accountability of health and social care commissioning. The Chair replied that the Committee had not yet had the opportunity to discuss this matter, but would look into it.

Question from Mr Dennis McWilliams
Mr McWilliams urged this Committee and the Coventry and Warwickshire JHOSC for a lay public participation involvement member to be on the Implementation Board for the stroke project and for the County Council to lobby Stagecoach to retain the existing services they proposed to cut between Stratford, Warwick, Leamington and Coventry. The Chair replied that he would need to discuss this with Councillor Clifford from Coventry City Council as this was a matter for the JHOSC. With regard to bus services, this lay within the remit of another of the County Council OSCs. He would speak to the appropriate committee chair and it may be helpful if Mr McWilliams provided some further information to help with the investigation of this matter.

Copies of both questions are appended to the Minutes at Appendix A and B respectively.

3. Questions to the Portfolio Holder

Councillor Margaret Bell raised an issue with regard to the lack of awareness of some out of hours services delivered though the primary care network, using an example to illustrate this. The telephone '111' service had had referred a patient to the local acute hospital, when there was a GP practice providing out of hours services closer to the patient. The Portfolio Holder agreed to look into this matter, which may also need to be referred to the Health and Wellbeing Board. Adrian Stokes, Warwickshire North and Coventry & Rugby CCGs also offered to pursue this.

4. Developing Stroke Services in Coventry and Warwickshire - Public Consultation

The Coventry and Warwickshire Joint Health Overview and Scrutiny Committee (CWJHOSC) had given initial consideration to the stroke services review at its meeting on 14 October 2019. It had agreed that the proposals be reviewed by each council's OSC, before their respective findings were considered at a further CWJHOSC meeting scheduled for 22 January 2020.

This item was introduced by Adrian Stokes, who took members through the key sections of the report. The aim was to improve stroke services. Comparisons of the performance and outcomes of current services against best practice showed that better health outcomes and more effective and efficient services could be achieved. There was unwarranted variation and inequity in the range of services available. Options for the future delivery of stroke care had been co-produced and appraised through a process involving extensive professional, patient and public engagement.

The resultant pre-consultation business case (PCBC) described the process and outputs in detail, proposing the implementation of a new service configuration, which was outlined in the report. The preferred pathway and delivery model would create services that met best practice for stroke care. The report stated the public and patient engagement to help inform and shape the proposed pathway over the last four years and the clinical engagement undertaken. It was acknowledged that it was unusual for only one option to be proposed, but the reasons for this were also reported.

Details were provided of the assurance process completed through NHS England in 2019 and the provisional assurance granted, subject to minor amendments. These amendments had been completed, and the resulting consultation document signed off by local CCGs in preparation for consultation.

The consultation document had been circulated and it went live on 9 October 2019. The announcement of the General Election meant that public events due to be held in November and December had to be postponed but they had been rescheduled. The financial aspects were reported and this proposal represented an investment of nearly £3.1 million into the Coventry and Warwickshire health system.

The Chair invited Councillor Joe Clifford, Chair of Coventry City Council's Health Overview and Scrutiny Board to give a summary of the key issues raised when it had considered the stroke review proposals. Councillor Clifford confirmed the following areas had been discussed:

- The benefits of the revised stroke pathway
- The impact for WMAS in meeting the service requirements
- Staff recruitment and retention
- The financial benefits from reductions in social care costs
- The requirements for public transport to ensure visitors were able to visit patients, especially when they were in rehabilitation centres

Overall, the Coventry Board viewed that the proposals were safe for the patients who were the main priority; visitor issues were not as important. The Chair thanked Councillor Clifford for this input.

Questions and comments were invited, with responses provided as indicated:

- Clarification was provided on the time spent in the Hyper Acute Stroke Unit (HASU), the discharge to home arrangements and arranging packages of care at home. It was expected that stroke patients would move from the HASU after 72 hours, but be kept under observation in the collocated ASU typically for eleven days before the early supported discharge (ESD) process was instigated.
- Patients would only be discharged when it was safe for them to do so, but some could be discharged within one or two days.
- Some patients would require longer, possibly up to six weeks, dependent on the impact of the stroke. Approximately 23% of ESD stroke patients would require a package of care after discharge from hospital.
- Reference was also made to the bedded rehabilitation proposals and after care at home. There would be a significant reduction in social care costs in the longer term resulting from this model. It was emphasised that the proposals had already been implemented where possible, but there was currently a gap in the community care aspects of the pathway meaning people were spending longer in bedded rehabilitation.
- Recognition of the work undertaken over many years and the consultation undertaken in designing the pathway
- It was questioned how the public could be involved and the potential for lay member participation. Adrian Stokes agreed that the proposal for lay members was a good idea and could be accepted.
- More detail and assurances were sought on workforce aspects, risk analysis and mitigation, as well as the proposals for 'front loading'. At the recent Rugby consultation event there had been concerns raised by some NHS staff. There was a need for effective communication in communities to explain how the pathway would work in practice. Adrian Stokes agreed that recruitment had been identified as a risk area and there would be a 'stop/go' decision before full implementation. There were vacancies in some community services, especially for therapy posts. An outline was given of the work to raise awareness of the new model, the career opportunities it presented and the end to end pathway being implemented, which should be attractive to staff. There would be opportunities for staff to rotate amongst the different specialisms from acute services to therapy, gaining a broad knowledge and skills. It was known that many staff did not want to specialise too early in their career. Budgets for workforce and leadership had been increased. Often people left to seek progression, so offering good training in house and the opportunity to progress were further drivers to retain staff. There were not many areas with this end to end pathway currently.
- An assurance was sought on the anticipated position after 6,12 and 24 months in regard to the community services. The timeline was to start the recruitment process in April/May 2020. There were more vacancies to be filled for Warwickshire than Coventry. It was anticipated that the 'go/no' decision for changes to acute care could be taken from April 2021, subject to attracting sufficient staff, but this could take longer.
- A member commented that the Heathcote rehabilitation hospital was in Warwick not Leamington. Whilst a fine point, this could bring into question other aspects of the proposals. He added that this model was based on one introduced in London, which may be appropriate for the City of Coventry, but not a mainly rural county like Warwickshire, especially in terms of travel times and the 'golden hour' for commencement of treatment. Assurances were sought that WMAS could achieve response times and had the equipment and staffing to diagnose stroke cases. The member had received feedback from NHS

employees that the stroke proposals had largely been implemented at Warwick Hospital some time ago.

- Pippa Wall spoke about the WMAS recruitment and training programmes, its dynamic deployment model, to ensure it had full rotas and achieved response time targets. The additional funding in the stroke service proposals would provide for three additional ambulances for the area. There were no concerns that WMAS would not be able to achieve the timescales required in the majority of cases.
- The allocation and sufficiency of staff across treatment centres was raised, using the example of physiotherapy staff. There was an offer to provide this clarity immediately after the meeting, but in summary it was equitable across the area, taking account of travel times within Warwickshire.
- Concern was raised about the current gaps in community support for rehabilitation services. These should be addressed now, not wait for the recruitment of staff as part of these proposals, which could take a year to implement. This was acknowledged and could be started from the next university intake.
- In the very rural areas of Warwickshire, there was concern that target response and transfer times would be slower than the stated averages. Further detail was needed on this area and where patients would be transferred to, as other hospitals could be closer than University Hospitals Coventry and Warwickshire (UHCW). Pippa Wall acknowledged this was a challenge, but it was managed, on a daily basis, through dynamic deployment of WMAS resources. It could not be guaranteed that every patient would be reached within the target timescale, but further reference was made to the additional ambulance resource allocations. Rose Uwins added that patients would be taken to the nearest HASU and for the majority of cases this would be UHCW. In 67% of cases where stroke was detected, the patient was already transferred to UHCW for thrombolysis (an injection to break down the blood clot). This point was challenged as some patients were transferred to the nearest hospital.
- More information was sought on how atrial fibrillation (AF) services would be implemented, to ensure earlier diagnosis and prevent some stroke cases, which the proposals were modelled on. The focus would extend beyond GP doctors. It would include all staff in the pathway through awareness raising to those who provided services to the sectors of the population most likely to be at risk of a stroke.
- The travel times between rural and urban areas in the south of Warwickshire and UHCW were stated by several members. This would be exacerbated if there were travel delays through a road accident. Pippa Wall reiterated the modelling used for the stroke service, which followed that implemented successfully for major trauma cases. The WMAS clinicians had studied the proposals. There was access to the air ambulance when required and the additional ambulances would provide further assurance. Claire Quarterman added that the clinical team would be assembled ready to meet the stroke patient at UHCW. This would reduce significantly the time between arrival at hospital and commencement of treatment.
- Clarity was sought about the ‘golden hour’ for treatment to commence. This term came about from a campaign to encourage a rapid response where a potential stroke case was identified, especially when thrombolysis injections became available. The time for its administration was within four hours of the stroke occurring and its benefits were explained. The timescales for physical removal of blood clots, which took place at University Hospitals Birmingham were also explained.
- It was questioned if the two proposed rehabilitation centres for the south of Warwickshire would be of sufficient capacity. Assurance was provided that a number of snapshot audits had been undertaken over an 18-month period, by a range of clinicians. The modelled number of beds had been increased to provide additional capacity.

- It was questioned if processes were in place to ensure that patients who had suffered a stroke were immediately transferred to UHCW.
- Chris Bain advised that Healthwatch Warwickshire (HWW) had attended a number of the consultation events. There were a number of recurring themes concerning transport, travel times and staffing. He sought reassurance that patients would be heard and their 'lived experiences' captured. These would inform implementation and provide a sense check on an ongoing basis. Assurance was also sought that the service provided and outcomes would be equitable. He confirmed that HWW would be making this response to the consultation.
- Where patients presented at A&E, it was confirmed that potential stroke cases were prioritised. More detail was sought about transfers from the emergency department to the HASU. Stroke patients were met at A&E by the stroke team. The care started immediately with transfer to the specialist unit as soon as was possible.
- Ambulance handover delays at hospital were possible. However, these were minimised by affording priority on arrival to the ambulances carrying a stroke patient. The clinical team was assembled and given regular updates on the expected time of arrival.
- Further detail was sought on the impact of bed reductions contained in the proposals. Six beds were currently available for bedded rehabilitation within a frail elderly persons' unit at Rugby. The concerns raised at the Rugby consultation event had been noted. There had been a series of audits across the system, to assess the bed numbers required. The proposals had modelled for additional bed numbers and reference was made to the additional treatment at home and ESD plans too.
- Cross border arrangements were raised especially for services delivered by WMAS, close to the Gloucestershire and Worcestershire borders. A member asked which hospitals people were transferred to. An individual example was quoted, which would be pursued outside the meeting. It was confirmed that there were mutual aid arrangements with neighbouring ambulance trusts. The WMAS dynamic deployment model enabled ambulances to be relocated to ensure cover was maintained in all areas.
- The adequacy of car parking at UHCW was raised. There were proposals to build a multi-storey car park for staff which would free up more visitor parking. This was subject to a planning application.
- It was important to inform the public that where a stroke case was suspected that this was brought to the attention of staff at hospitals, so they could immediately be transferred to the HASU.

Resolved

1. That the Overview and Scrutiny Committee has noted the pre-consultation business case and consultation documentation and the changes to the dates of the consultation, due to pre-election guidance.

2. That the key concerns raised during the meeting be summarised and shared with party spokespeople, before being submitted for consideration at the Coventry and Warwickshire Joint Health Overview and Scrutiny Committee meeting on 22 January 2020.

In closing the item, the Chair thanked members and NHS representatives for their contributions.

5. Performance Monitoring - Clinical Commissioning Groups (CCGs)

The Committee received an update on performance across the three CCGs at its September meeting. It was agreed that a further meeting be held and a more detailed report on performance provided, at which appropriate executives of the CCGs would attend to present and take questions from the Committee. Performance monitoring reports were submitted by South Warwickshire CCG and a joint report on behalf of Coventry & Rugby and Warwickshire North CCGs.

The report from South Warwickshire was presented by Alison Cartwright, who provided an introduction on the duties of the CCG, how it managed performance and held service providers to account. Performance was reported on a monthly basis through a governance process, which was outlined in the report. The current performance was appended highlighting areas of concern. It was noted that where applicable, the CCG served contract performance notices and monitored remedial action plans.

A corresponding report had been provided on behalf of Coventry & Rugby and Warwickshire North CCGs. This report provided information on the performance monitoring and consisted of three sections:

- Overview of governance, key performance summary, priorities for action across the three CCGs and how as joint working further develops ensuring the role of 'Place' maintains local visibility of performance;
- Copies of the performance report taken to the CCGs most recent public governing body meeting;
- A glossary containing descriptions of the key performance targets that were monitored routinely, how they were calculated and what targets CCGs was expected to deliver.

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

- A number of stakeholders had raised concerns about public involvement in CCGs in the future and it was asked that these concerns be noted.
- An unannounced Care Quality Commission (CQC) inspection had taken place at the George Eliot Hospital in December. There were a number of concerns raised, especially in regard to the A&E department. It was asked when the Committee would see the CQC report and associated action plan. This was noted and a response would be provided on when the report would be available.
- There were concerns about the data for Warwickshire North CCG relating to the George Eliot Hospital A&E department. This could be applicable to a number of other departments, but was highlighted by the indicator on twelve-hour trolley waits before patients were transferred to a ward. This was an indicator of insufficient bed numbers. It was acknowledged that some people occupying acute hospital beds could be treated more appropriately elsewhere, but there was a risk for patients due to this lack of capacity. There were many contributors to the demands faced by the A&E department and waiting times, not least an 8% increase in patients presenting. Members were referred to the glossary which provided key targets in regard to trolley waits.
- A comment was made that service performance for many key indicators reflected the national position. Service performance for mental health services was a cause for particular concern. Similarly for dementia, there was a need for a single page guidance leaflet and for consistent diagnosis. This was an area where the local authority should be able to assist.

These concerns regarding dementia diagnosis were recognised by CCGs. Additional schemes had been put in place to assist with dementia diagnosis, through GPs, work with the Partnership Trust and other CCGs, but without significant progress to date. It was questioned if HWW could assist through its 'enter and view' visits to care homes. GPs were visiting care homes as there was a need for a dementia diagnosis and training for nurses at care homes.

- The Chair shared this concern and the issue could be considered further when the Committee reviewed its work programme.
- It would be helpful to have a focussed report on the key areas of concern in Warwickshire, as the information provided was very detailed.
- A comment was made about the timeliness of the information in the performance report. The report for WN and C&R CCGs, which had been submitted in error, was particularly dated, being from 2018. The position could have varied significantly since that report, with either improvements or further decline. CCGs did report performance publicly on a bi-monthly basis at their governing body meetings, but this data was not available to the Committee. It was suggested that a more proactive approach was taken. Reference was made to the finance and performance appendix which was the latest information and up to date information was available via the CCG website. The Chair stated it should have been made available to the Committee.
- There was a need for the Committee to be sighted on issues in Coventry which would impact on Warwickshire. An example was planned significant housing development in Coventry which would impact on UHCW services and the Trust had objected to that planning application.
- Reference was made to the discussion about quality assurance at the September Committee and the comparative data for the three CCGs provided at that time. It was questioned what actions would be taken to improve SWCCG performance levels to that of other local CCGs. CCG representatives clarified that the report provided previously had been compiled from their previous year's annual report, so it was out of date. The data provided at this meeting was for the current year and it did include actions to seek performance improvement.
- The data for cancellation of operations at short notice was too high for some areas. This had been raised as a concern in September. The indicator was influenced by a number of factors and an offer was made to discuss this further with the councillor immediately after the meeting.
- Chris Bain of HWW commented that this additional meeting had been called as there was a lack of assurance previously and from member feedback this assurance had still not been provided. He asked what the next steps would be.
- Gillian Entwistle of SWCCG thought that the report had addressed the Committee's enquiries from the September meeting, but apologised if this wasn't the case.

The Chair asked for a focussed report which responded to the Committee's questions and the key areas, rather than providing such detailed reports. He referred members to the report recommendations and questioned whether the Committee had received the requested information. With the Committee's approval, he proposed that the questions raised at the September Committee, together with those raised today, be referred again to the CCGs. Additionally, a report should be provided on the recent CQC inspection of the George Eliot Hospital. He suggested that this item be brought back to the next Committee meeting. Personally, he was concerned that a number of the indicators had been below target levels for some time and it was time that improvements were seen in those areas.

Resolved

1. That the Committee requests a further, focussed report to its meeting on 19 February 2020 answering the specific questions raised at both the September 2019 meeting and at this meeting.

2. That a report on the outcome of the Care Quality Commission Inspection of the George Eliot Hospital and its associated action plan for improvement is provided to the Committee when available.

6. Any Urgent Items

The Chair made an announcement that in future where public questions were received which did not relate to the Committee, they would be forwarded to the appropriate committee or body.

The Chair thanked those present for their attendance

……..
Chair

The meeting closed at 3.55pm

Appendix A

Item 2 – Public Speaking
Questions for WCC ASCHOSC 13th Jan 2020.

Question1 – Professor Anna Pollert

This question relates to opposition to the proposed merger of the three CCGs across Warwickshire and Coventry, since it will lead to loss of public accountability of health and social care commissioning.

At present, there is a system of local representation and accountability of local CCGs based on the representation on their Boards of local doctors and local public and patient representatives. We have 6 South Warwickshire CCG doctor representatives, including the Chair. These people are locally accountable to the South Warwickshire public. A similar pattern of doctor representation exists in Coventry and Rugby CCG and in North Warwickshire CCG.

CCGs also have Lay Members representing the public. SWCCG has a Governing Body Lay Member for Public and Patient Involvement (at present Catherine White). Coventry and Rugby CCG has two Lay Members for Public and Patient Involvement, including one for Equality. Warwickshire North CCG has one Lay Member for Public and Patient Involvement and an Observer from his local PPG and a Patients Advocacy Forum.

Since the 2012 Health and Social Care Act, and the establishment of CCGs, the inclusion of doctors and lay representatives on CCG Boards has been the one avenue for local accountability that we, the public, have. Lest we forget, the commissioning of health services is tax-payer funded and it should be answerable to the public. This avenue of accountability, and these roles, must not be lost. The purpose of merging the three CCGs is to provide a legal body able to commission services of the Integrated Care System, which is not itself a legal body. Retention of local accountability, which is at present devolved to the three CCGs is vital for future commissioning. The proposed ICS will be commissioning long-term contracts for 10 - 15 years, worth billions of pounds. Given that this is tax payers' money, local accountability is crucial. The plans for merger is a means of side-stepping existing accountability under the 2012 Health and Social Care Act, without new primary legislation which would be needed to clarify and guarantee accountability of the new ICSs.

For this reason WCC ASCHOSC needs to oppose the planned CCG merger, unless existing Medical Practice and Public and Patient Involvement lay representation is retained

Question2 – Dennis McWilliams

I have a short question to take under public questions, which relates to the stroke service matter early in the agenda.

It is as follows:

Will the ASCHOSC press now and at the coming Joint HOSC for a lay public participation involvement member to be on the Implementation Board for the stroke project; and will they use the resources of the County Council to lobby Stagecoach to retain the existing services they propose to cut between Stratford, Warwick, Leamington and Coventry?

My regards

Dennis McWilliams
Chair SWKONP

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Agenda Item 4

Adult Social Care and Health Overview and Scrutiny Committee

19 February 2020

Performance Monitoring Joint Report
NHS South Warwickshire Clinical Commissioning Group
NHS Warwickshire North Clinical Commissioning Group
NHS Coventry and Rugby Clinical Commissioning Group

Recommendation(s)

The Adult Social Care and Health Overview and Scrutiny Committee receives and considers this report and notes:

- the CCGs' Performance Management approach;
- the CCGs' assurance and governance processes in place;
- the CCGs' current performance reports.

1. Introduction

1.1. The CCGs have a duty to meet the NHS Constitution indicators; to ensure the CCGs deliver these requirements each CCG undertakes an annual planning process to set activity, finance and performance plans with its key acute providers. These plans ensure that sufficient activity is commissioned to meet the health needs of the population of Coventry and Warwickshire and to ensure that sufficient activity is commissioned from each provider to enable the providers to deliver the Constitutional indicators and other national and local key performance and standards. These activity plans and performance requirements are included in the relevant provider contracts.

1.2. The main acute contracts for Coventry and Warwickshire are:

- South Warwickshire Foundation Trust (SWFT);
- University Hospitals of Coventry and Warwickshire (UHCW);
- George Elliot Hospital (GEH).

Mental health services are commissioned from Coventry and Warwickshire Partnership Trust (CWPT) by all three CCGs.

1.3. It is each provider's responsibility to deliver the performance requirements included within the contracts including the NHS Constitution Indicators and other national and local performance indicators. The CCGs monitor each provider's performance against these indicators through its performance framework by monitoring daily, weekly and monthly performance data from the provider's performance against the agreed targets and standards.

1.4. The CCGs holds providers to account for delivery of performance through contract frameworks, which require attendance at formal, monthly Contract Review Group (CRG) meetings and monthly Clinical Quality Review Groups (CQRG). Where a shortfall in performance or failure to deliver the standard is identified, the CCGs work collaboratively with the provider's managers and clinicians to understand the reason for the shortfall and require the provider to develop recovery action plans for the relevant standard or indicator. The CCGs closely monitor deliver of these action plans and request refreshed actions if performance does not improve.

1.5. The contracts support this process formally and the relevant contract mechanisms and levers are applied as required, including the application of formal contract performance notices (to improve) and/or contractual sanctions.

1.6. The CCGs and main providers performance is reported monthly through each CCG's governance process. For those indicators that are failing to meet the relevant standard the monthly performance report details the cause, actions that are being completed to improve the performance and the expected date the indicator will be delivered.

1.7. The performance report is scrutinised monthly by the CCGs' clinical executive teams and formal Performance Committees (which include clinical lead GPs) and any further actions identified are raised with the relevant providers.

1.8. The full performance reports are presented to the CCGs' Governing Bodies, in public, to provide assurance that the relevant actions and plans are in place to improve performance. The reports are published on the CCGs' websites seven days prior to the Governing Body meetings and the public can ask any questions prior to, or at the meeting. Separate quality reports for providers are also monitored and reported in the same way.

1.9. The CCGs' are held to account for performance by NHS England through the Improvement and Assessment Framework and also through place-based quarterly meetings between NHS England and Improvement, the CCG and the acute providers where finance, quality and performance are reviewed.

2. Current Performance

2.1 The tables below detail November 2019 performance for the NHS Constitution Rights & Pledges and main priority indicators for both the CCGs and the main providers of services.

2.2 The main areas of concern remain:

- A&E 4 hour waits;
- Referral to Treatment (RTT) 18 week pathway;
- Cancer – Two week wait breast symptoms only;
- Cancer – 31 day standard;
- Cancer – 62 day standard.

2.3 Actions being taken to address any areas of non-achievement are detailed in section 3.

NHS Constitution – November 2019 Data

NHS Constitution	Basis	Target	SWCCG	CRCCG	WNCCG
A&E: Patients should be admitted, transferred or discharged within 4 hours	Lead Provider	95%	**87.0%**	**75.6%**	**76.7%**
A&E: 12 hour trolley waits	Lead Provider	0	**0**	**0**	**0**
Diagnostic Tests – Patients shouldn't wait more than 6 weeks	CCG	99%	**99.2%**	**99.7%**	**99.3%**
RTT – Incomplete Pathway <18 weeks	CCG	92%	**91.4%**	**83.8%**	**81.9%**
RTT – waiting >52 weeks breach	CCG	0	**1**	**0**	**0**
Cancer 2 week wait – GP Referrals	CCG	93%	**93.7%**	**97.1%**	**96.0%**
Cancer 2 week wait – Breast	CCG	93%	**88.4%**	**98.8%**	**88.4%**
Cancer – 31 day standard	CCG	96%	**91%**	**95.7%**	**97.3%**
Cancer – 62 day standard	CCG	85%	**78.8%**	**85.9%**	**68.1%**
Number of operations cancelled for a second time	Lead Provider	0	**0**	**0**	**0**
Operations cancelled for non-clinical reasons not rebooked within 28 days (Quarter 2)	Lead Provider	0	**0**	**6**	**22**
Care Programme Approach: Proportion of patients followed up within 7 days of discharge from psychiatric inpatient care (Quarter 2)	CCG	95%	**100%**	**94.1%**	**97.6%**

National Priority Areas – November 2019

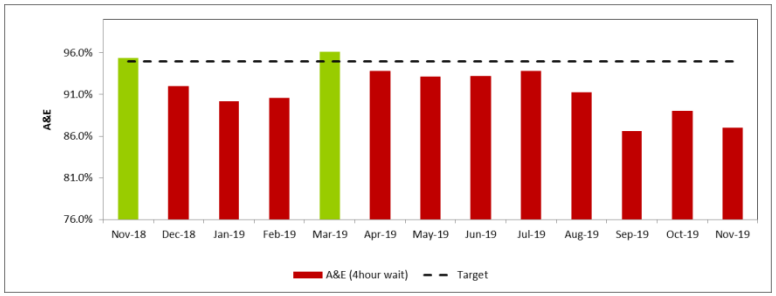
National Priority Areas	Basis	Target	SWCCG	CRCCG	WNCCG
DTOC % of delayed bed days as percentage of occupied beds –Acute	Lead Provider	3.5%	**2.5%**	**4.3%**	**1.9%**
Ambulance Handovers 60 minutes +	Lead Provider	0	**13**	**96**	**50**
Cancer – 104 Day breaches *(patients)*	CCG	0	**5**	**4**	**9**
CHC: 12+ week cases open at month end (Dec 2019)	CCG	0	**0**	**2**	**0**
CHC: % eligibility decisions made within 28 days from receipt of Checklist (Dec 2019)	CCG	80%	**97.5%**	**95.2%**	**100%**
CHC: % DSTs completed in acute setting (Dec 2019)	CCG	<15%	**12.5%**	**0**	**0**
RTT – Children's Wheelchairs (Quarter 2)	Lead Provider	100%	**100%**	**90.3%**	**100%**
Dementia diagnosis percentage (65 + years)	CCG	66.70%	**59.8%**	**61.1%**	**59.9%**
Improving Access to Psychological Therapies (IAPT): Access Rate (Sept 2019)	CCG	5.5%	**4.3%**	**4.6%**	**5.5%**
Improving Access to Psychological Therapies (IAPT): Recovery Rate (Sept 2019)	CCG	50%	**56%**	**57%**	**62%**

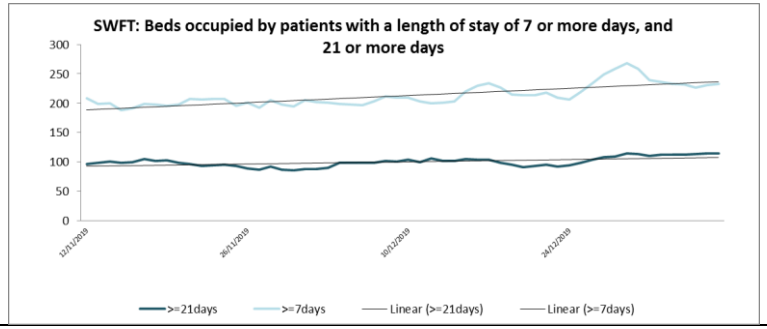
3. Performance Recovery Actions

3.1 The tables below detail monthly performance information and details the reasons for the underperformance and actions being taken to address the under performance of the main indicators at provider level.

3.2 Where applicable Contract Performance Notices have been served to the relevant providers for these indicators and Remedial Actions Plans and recovery trajectories have been agreed. Progress against these plans is detailed in the report.

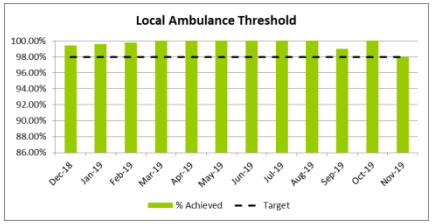
SWFT EMERGENCY CARE TARGETS: 4 Hour Wait

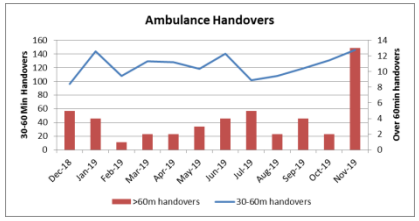




Ambulance Handovers

There were 13 over 60 minute handovers in November. Performance for Month 8 was lower than usual, however still met trajectory (98%).





Data received from WMAS.

Issues:

- 9.5% (+602) rise in Type 1 attendances in Nov '18 vs Nov '19.
- Patient flow issues caused by;
  - Bed occupancy
  - Increasing numbers of out of area patients due to WMAS Strategic Cell diverting ambulances
  - Ambulance diverts in place for Worcester during November increasing conveyances

Ongoing Actions:

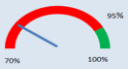
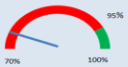
- A&E severely challenged throughout November and December, with additional measures put in place, which are being monitored by the A&E Delivery Board, and include;
  - Emergency Manager is on shift 7.30am – 11pm to ensure operational oversight and challenge throughout the day and night;
  - Every patient in the organisation is colour coded to assess the phase of their stay they are in, in a similar process to 'red to green'. If green, they can be discharged;
  - Every patient is reviewed and their ability to be streamed to ambulatory or elsewhere completed within 15 minutes of their arrival;
  - Patients are being streamed to other areas/teams in the hospital i.e. frailty, before being counted as an attendance;
  - Additional bed capacity open.

Recovery Date: Q1 2020/21

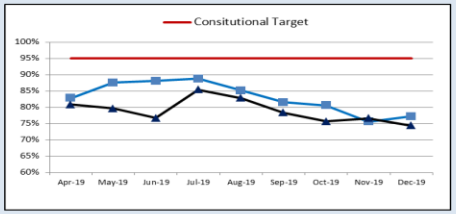
UHCW & GEH EMERGENCY CARE TARGETS: 4 Hour Wait

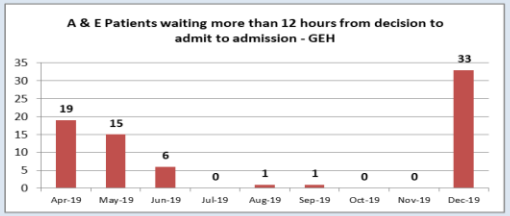
Patients Admitted, Transferred Or Discharged 4 Hours Of Their Arrival At An A&E Department - Dec 2019

Operational Lead: Rob Fontaine / Jenni McLaren

	Latest Performance	Benchmarked Nationally*	Trend	Performance History			
				Month	Prev Month	Q 3 19/20	YTD
UHCW			↑	77.3%	75.6%	77.8%	82.9%
GEH			↓	74.4%	76.7%	75.6%	78.9%

*The red zone represents CCGs in the worst performing quartile





Reasons for being off track

A&E (SUS data) 2019/20 growth for GEH and WNCCG has been twice the national level reported growth figures. Growth for CR CCG and UHCW has been lower than for other Trusts and CCGs, and is in line with National growth trends. WNCCG has the second highest rate of NHS 111 calls per 1000 population across the West Midlands with associated ED and 999 dispositions.
However, growth for emergency IP activity for CR CCG and UHCW has been higher in 2019/20 than for other Trusts and CCGs, and is above National growth trends. Growth for GEH and WNCCG is lower and closer to the national level reported growth figures.

Pattern of arrival times at A&E have remained relatively stable, but growth in attendances generally from 08:00 to 20:00 hours, peaks at 9:00 and 17:00. Ambulance arrival times may be influenced by ECDS DQ therefore reserving judgement for now.

Cause of 12 hour trolley wait breaches: High attendance levels and spikes in attendance, flow issues in hospital

Recovery Actions

Existing Actions	Original Date	Anticipated Impact	Date of Expected Impact
UHCW -Ongoing monitoring of access rates, incident rate per 1000 population for WMAS ambulance service. This includes both NHS 111, 999 and HCP requests for ambulances.	Ongoing	To enable service provision to be more closely aligned to demand	TBC
UHCW - A&E analysis by site, type and age provided to STP/ CWAEDB.	Dec-19		
GEH - Same Day Emergency Care Unit due to open including Acute Frailty, GP Assessment & Ambulatory care	Jan-20	Stream activity away from A&E Department	Feb-20

New and Proposed Actions

Focus remains on normal Trust activities on managing flow, focus on LLOS (superstranded), RED to Green, discharge before 11:00, TTOs being ready earlier in the day, and flow out of the hospital to free up beds for new patients. DTOC figures have remained around 4%, but the number of superstranded patients has not yet seen any reduction. In part this is because of the Hospital at home programme, which is being reviewed. The Trust STF trajectory had it performing above 85% at present reaching 90% by the end of March 2020, the Trust is currently well below this profile.

Strategic Capacity Cell concerns to be raised with WMAS i.e. inappropriate intelligent conveynance cases.

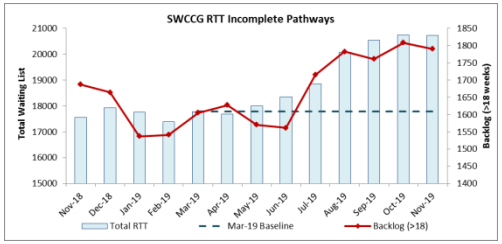
Actions to address 12 hour trolley wait breaches:
Increased medical workforce to support ED.
Multi agency discharge event with system partners
HALO introduced through WMAS to support

Expected Recovery: January 2020

CCG Specific Actions

WN Joint Transformation Programme for Urgent Care (High Intensity Users planning relaunch, GP Extended Access hub within GEH UTC and SDEC expansion).
Coventry and Warwickshire Urgent Treatment Centre development (GEH, Rugby and Coventry) to 'pull' away Type 3 and 4 activity from main departments.
CR High Intensity User project - engaging UH and CWPT for planned relaunch.

SWCCG REFERRAL TO TREATMENT: Overview



Main Positions

	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
SWCCG	90.4%	90.7%	91.3%	91.1%	91.0%	90.8%	91.3%	91.5%	90.9%	91.1%	91.4%	91.3%	91.4%
SWFT	92.4%	92.7%	93.5%	92.8%	92.8%	92.2%	93.1%	93.0%	92.2%	92.1%	92.2%	92.1%	92.4%

SWCCG patients at out of area Trusts

	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
UHCW	84.2%	84.0%	82.8%	83.8%	83.8%	83.5%	84.0%	83.3%	83.3%	83.9%	84.4%	85.0%	84.9%
Worcester	82.4%	82.4%	84.1%	86.1%	85.5%	86.2%	84.4%	83.2%	85.0%	83.7%	87.2%	85.4%	86.3%
HEFT/UHB	91.2%	89.0%	89.1%	88.3%	88.7%	86.3%	84.9%	85.4%	85.6%	85.3%	84.7%	85.1%	81.5%
Oxford	81.0%	80.7%	85.1%	83.3%	83.8%	83.4%	79.8%	81.5%	81.7%	80.9%	82.1%	82.8%	83.2%

CCG Issue:

- Underachievement at out of area Trusts, including University Hospitals Coventry and Warwickshire, Worcestershire Acute Hospitals, University Hospitals Birmingham and Oxfordshire University Hospitals.

SWFT Issues:

- Specialties failing target are Ophthalmology, Plastic Surgery, Rheumatology and Urology.
- The aggregate standard continues to be achieved through over-performance in other specialties, including 98.4% in Orthopaedics.
- The total waiting list at SWFT has grown by 19% since March 2019, from 12,369 in March to 14,772 in November.

SWFT Actions:

- Specialty level recovery plans are in place for each of the challenged specialties.
- The Community Ophthalmology service went live on 1st September, and initial data is showing a month on month increase in utilisation of the service.
- The Community Dermatology service went live on 1st December, and is anticipated to reduce demand for secondary care services.
- Consultant availability remains limited across all specialties, therefore fewer additional sessions to provide capacity are being run.

Out of Area Trusts Recovery Actions:

- University Hospitals Coventry and Warwickshire:
  - Daily meetings to discuss Electives for the next day, to improve patient flow.
- Worcestershire Acute Hospitals:
  - Staffing of the medical 'take' has been improved, which will have a significant impact on patient flow during winter.
- University Hospitals Birmingham (HGS Sites):
  - Focus on reducing 40+ week waits, RCAs completed as standard for 52 week breaches to ensure learning taken.
- Oxford University Hospitals:
  - Weekly meetings for the most challenged services to support management and monitoring of the long waiting patients.

52 Week Breach

- 1 x breach at Gloucester Hospitals NHS Trust
  - Reasons for the breach are under investigation with the provider.

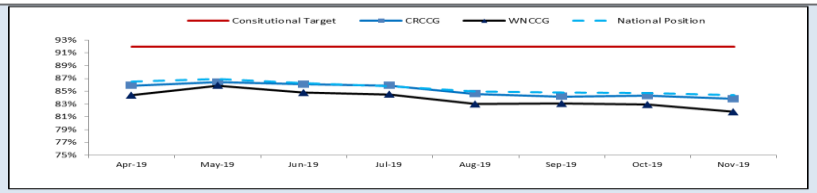
Recovery Date: Q1 2020/21

CRCCG & WNCCG REFERRAL TO TREATMENT: Overview

Patients On Incomplete Non-Emergency Pathways Waiting No More Than 18 Weeks From Referral - Nov 2019 | **Operational Lead:** Kate Cogman / Jo Evans

	Latest Performance	Benchmarked Nationally*	Trend	Performance History: Month	Prev Month	Quarter 2 19/20	YTD
CRCCG				83.8%	84.3%	84.9%	85.1%
WNCCG				81.8%	82.9%	83.5%	83.8%

*The red zone represents CCGs in the worst performing quartile



Reasons for being off track

Both CCGs in agreement with both UHCW and GEH set plans for RTT in 2019/20 to not meet the national RTT standard of 92%, but that the outturn position for 2018/19 should be maintained in 2019/20, that total number of waiters should be at the March 2019 position by the end of March 2020, and that there would be no over 52 week waiters. This is containted with the Contract SDIPs wit providers, and provider trajectories agreed with NHS E/I linked to SFT funding by NHS E/I.

Overall in year RTT has fallen slightly below that at the start of the year, this is consistent also with the national position for England as a whole. However total incompletes (total waiters) have risen significantly driven in the main by providers delivering less activity in year than was the case in 2018/19, plus referrals have grown overall (although in part as new providers are reporting through national RTT reporting i..e Newmediac who did not report figures in 2018/19).

Long waits have fallen and the number waiting over 40 weeks has fallen considerably for both CCGs.

UHCW is part of the national Pilot for average waiting times, and as such currently has an average waiting time of 10.3 weeks, but is working to reduce this to 9.5 weeks by the end of March 2020 - this is consistent with maintaining RTT as it was. UHCW is no longer required by NHS E/I to publish its RTT performance nationally. It is working internally to have no over 40 week waiters across all specialties by the end of March 2020 as part of its work on reducing average waiting times.

As a Coventry and Warwickshire system there is a 26 week choice pilot in place across the STP moving patients between providers, for Ophthalmology. This pilot is expected to by April to cover all specialties, with plans being developed to mobilise this.

UHCW expects to deliver 9.5 weeks as an average wait for current waiters, and to deliver no 52 week waits working internally to get to zero over 40 week waits by the end of March 2020.

GEH is not part of the national pilot for average RTTT waits and is still reporting RTT as normal, again performance for RTT has fallen in year and is blow the position for Coventry and for England as a whole. Total incompletes has also increased. Trust capacity has been constrained by emergency pressures on inpatient electives.The Trust is looking to recruit extra capacity where they can, have ringfenced elective capacity in terms of beds for T&O, and are part of a pilot to move patients at 26 weeks to other Trusts i.e. SWFT for Ophthalmology, as part of the STP choice at 26 weeks pilot.

For both systems there are transformation board activities looking to reduce referrals though Advice and Guidance, MSK FCPs, and reductions in Follow Up activity to free capacity for new patients (Patient initiated follow Up). This will have a limited impact and the expectation is that RTT will continue to remain at its current position, with both Trusts expecting to have no 52 week waiters. Total incompletes falling back to Match 2019 levels however looks completely unlikely for both Trusts, by March 2020.

Existing Recovery Actions

Existing Actions	Date	Anticipated Impact	Date of Anticipated Impact
26 week choice pilot - moving patients from UHCW/GEH to SWFT - Ophthalmology.	In Place	Assists with reduction of long waiters, and helps maintain RTT performance overall for the CCGs, assists with addressing capacity concerns at GEH/UHCW for this specialty.	Mar-20
Joint work between CCGs / Providers to ensure LPP/PLCV policies are being managed effectively.	In Place	Reduces levels of clinically ineffective activity being undertaken, freeing capacity for clinical effective procedures, reduces additions of patients onto waiting lists, and helps reduce growth in total lists.	Mar-20
Providers recruiting to vacancies and moving away from reliance on locums and waiting list initiatives.	Ongoing	Addresses inbalance between demand and capacity, so moves to stopping growth in total waiting lists and helps to move to a sustainable level of provision over time.	Mar-20
Place based Forums developing local elective care transformation work programmes, MSK single point of access, First Contact Practitioners, greater proprotion of non face to face apppintments, patient initated follow up, work programmes for Dermatology/Ophthalmology to develop community alternatives. Greater effiecny by providers fewer DNAs, improved theatre utiisation utilising GIRFT.	Ongoing	Reduces demand for acute care, improves efficiency through use of new technologies for Outpatient appointments, transfer of activity away from costly acute services, to more community located services, increase in thrughput by providers to increase physical capacity. Helps to move to sustainable levels of provision. Evidence that growth in total incompletes has started to level off in last 3 months.	Sep-20
Advice and guidance, Consultant Connect, RSS triage.	In place	Helps to ensure patients are referred only when necessary and worked up appropriately in primary care first. Reduces bounce back at first OP appointment, and frees capacity for acute provider to see exisiting patients.	Ongoing

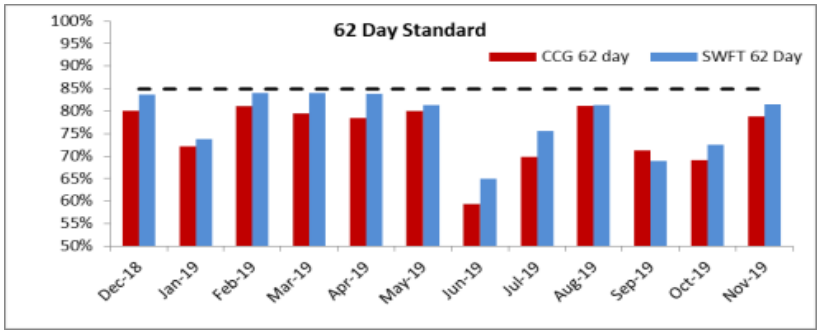
New and Proposed Actions

Pilot of choice at 26 weeks, to be expanded to cover all specialties by April 2020, plans being coordinated through STP (CWHPB Planned Care Programme) linked to place based transformation. Detailed plans and resource implications to be worked through in next few months. Does increase financial pressures for both CCGs, and impacts on management capacity of providers to manage and deliver choice.

Further development of elective care transformation programmes linked to Rightcare opportunities, linked in with place based transformation programmes - currently in progress of going through ideation, with detailed programmes to be finalised by April 2020.

62 day Cancer

There were 18 breaches, out of 85 patients seen.



Seen	Treated	Tumour Type	Delay Reason Description	Breaches
SWFT	SWFT	Breast	Complex diagnostic pathway	1
		Gynaecological	Complex diagnostic pathway	1
		Haematological	Under investigation	1
		Lower Gastrointestinal	Inconclusive diagnostic result	1
		Upper Gastrointestinal	Complex diagnostic pathway	1
	UHCW	Gynaecological	Under investigation	1
		Lower Gastrointestinal	Equipment breakdown	1
		Lung	Under investigation	4
		Skin	Under investigation	1
		Urological	Under investigation	5
Oxford	Oxford	Breast	Elective capacity inadequate	1

Issues:

- Complex pathways for some specialties with onward referral to tertiary centres, leading to late referrals.
- Issues with process for internal escalation of breached patients.
- Difficulties with running Waiting List Initiatives, due to pension implications for clinical workforce.

SWFT Recovery Actions:

- Progress against the actions identified by the IST review is being monitored by the Cancer Board. Actions undertaken include;
  - Pathway analyser tool has been introduced to Urology, Lower GI and Skin, with action plans developed to improve pathways.
  - A draft training strategy has been completed, with potential to develop an e-learning tool.
  - A review has been undertaken of the Access Policy and SOPs. Feedback given, and the documents are currently going through internal ratification.
- Commissioners have requested an update following the completion of actions in February.

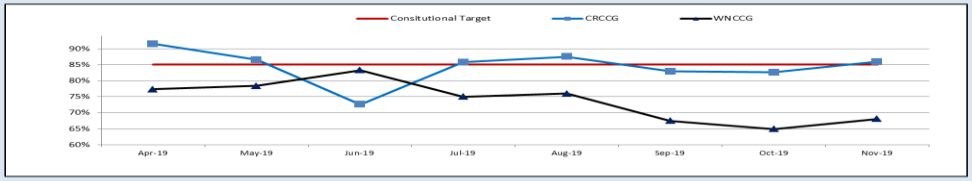
Recovery Date: Quarter 2 2020/21

CRCCG & WNCCG CANCER

62 Days Wait From Urgent GP Referral To First Defined Treatment For Cancer - Nov 2019

	Latest Performance	Benchmarked Nationally*	Trend	Performance History			
				Month	Prev Month	Q2 19/20	YTD
CRCCG			↑	85.9%	82.9%	85.6%	84.7%
WNCCG			↑	68.1%	67.5%	71.1%	75.6%

*The red zone represents CCGs in the worst performing quartile



Reasons for being off track

WNCCG

Care	Tumour Type	First Seen Provider	First Treatment Provider	Wait Days	Delay Reason Description
Admitted	Gynaecological	GEH	UHCW	129	Other reason (not listed)
Admitted	Gynaecological	GEH	UHCW	82	Other reason (not listed)
Admitted	Gynaecological	GEH	GEH	231	Complex diagnostic pathway
Admitted	Gynaecological	GEH	GEH	135	Complex diagnostic pathway
Admitted	Head and Neck	UHB	UHB	97	Elective capacity inadequate
Admitted	Lower Gastrointestinal	GEH	UHB	146	Elective capacity inadequate
Admitted	Lower Gastrointestinal	GEH	UHB	146	Elective capacity inadequate
Admitted	Lung	GEH	UHCW	94	Other reason (not listed)
Admitted	Lung	GEH	UHCW	94	Other reason (not listed)
Admitted	Skin	GEH	UHCW	141	Other reason (not listed)
Admitted	Skin	GEH	UHCW	141	Other reason (not listed)
Admitted	Urological (Excluding Testicular)	GEH	UHCW	104	Other reason (not listed)
Admitted	Urological (Excluding Testicular)	GEH	UHCW	104	Other reason (not listed)

Care	Tumour Type	First Seen Provider	First Treatment Provider	Wait Days	Delay Reason Description
Non-admitted	Gynaecological	GEH	UHCW	97	Other reason (not listed)
Non-admitted	Gynaecological	GEH	UHCW	97	Other reason (not listed)
Non-admitted	Lower Gastrointestinal	GEH	UHCW	78	Other reason (not listed)
Non-admitted	Lung	GEH	UHCW	84	Other reason (not listed)
Non-admitted	Lung	GEH	UHCW	84	Other reason (not listed)
Non-admitted	Lung	GEH	UHCW	79	Other reason (not listed)
Non-admitted	Urological (Excluding Testicular)	GEH	GEH	76	Complex diagnostic pathway
Non-admitted	Urological (Excluding Testicular)	GEH	GEH	68	Other reason (not listed)

Recovery Actions

Existing Actions	Date	Anticipated Impact	Date of Expected Impact
GEH -Tracker posts to be advertised & -Recruitment to pathway redesign posts for the HCP to review all three trusts pathways	Nov-19	Improvement in delays for radical prostectomy (RARP) at tertiary provider- work has commenced with HCP to review pathways across the three trust	TBC
GEH - Implement process for straight to test for testicular referrals	Dec-19	Improved patient pathway	TBC
GEH - Review of Gynae capacity and potential to outsource diagnostics	Dec-19	Improved patient pathway	TBC
GEH - Focus on high risk specialities and review pathways across the HCP to provide standardised and EAG approved pathways and to achieve the 28 day standard	TBC	Improved patient pathway	TBC
GEH - Introduction of Clinical and Admin triage in line with Frimley Park process	TBC	Improved patient pathway	TBC
GEH - Somerset systems upgrade to include bolt ons to deliver LWBC standards	Apr-20	Improved systems	Apr-20
GEH Pathology - Ongoing escalation of delays in turnaround	Ongoing		TBC

New and Proposed Actions

GEH - Comprehensive list included in Trust Cancer Recovery Plan. Key areas include:

Colorectal -Straight to test for CT Colonoscopy from consultant request to OPS to Radiology (no vetting required).
Urology -Review flexi cystoscopy diagnostic capacity to meet the TWW demand.
- Scoping the possibility of Direct access for MRI for Prostate.
- Direct access to USS for TWW by February 2020.

Upper GI: Provide advice to GP's on referral criteria
Gynaecology - Outsource/Insource routine diagnostics and daycases to support delivery of the cancer standard and reduce delays by January 2020.
Lung: Additional respiratory consultant to be recruited to by May 2020

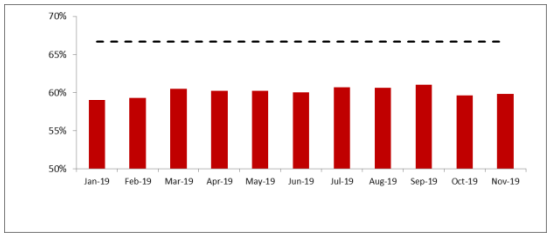
CCG Specific Actions

The CCG will continue to liaise closely with GEH and to request regular updates on progress agains the Cancer Recovery Plan.

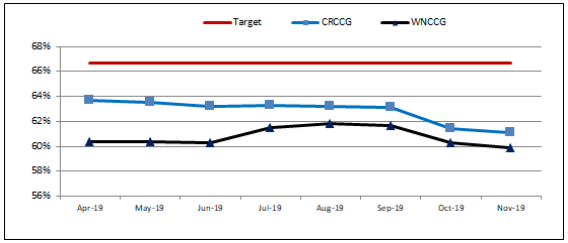
CWPT Dementia Diagnosis Rates

Q2 2020/21

South Warwickshire CCG:



Coventry and Rugby & Warwickshire North CCG:



CWPT Issues

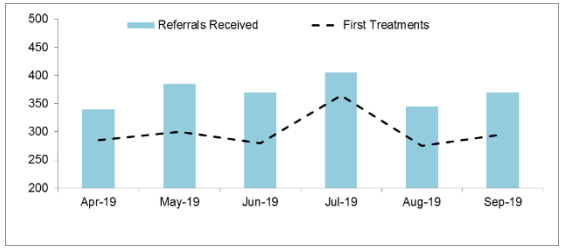
- Referral and diagnosis conversion rates.
- Follow-up and shared care issues are affecting capacity within the CWPT Memory Assessment Service
- Patient and family concerns of impact of diagnosis lead to late presentation within primary care.
- Issues within post diagnosis support.
- Cultural /organisational challenges preventing a greater uptake of early dementia assessments.
- Dementia prevalence rates continue to rise due to increasing life expectancy, and the dementia register is fluid due to dementia being a terminal condition, so numbers required to meet the target continue to increase.
- Capacity issues exist within Memory Assessment Service.

Recovery Actions

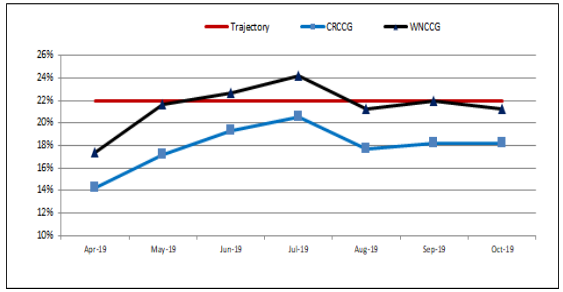
- GP refresher event actions are in progress;
- EMIS template undergoing revision, once complete, this will be communicated to all trained GPs. The EMIS template has been streamlined, with one practice reviewing the changes prior to sharing it more widely.
- Mapping of care homes is underway to understand the number of care homes per network to facilitate diagnosis and to identify networks/GPs for the first roll out. St Wulfstan Surgery has trialled Diadem in homes in preparation for rolling out to residential homes
- CWPT and the MAS are developing proposals to address data quality issues caused by patients moving in and out of area post diagnosis.
- Supporting the inclusion of the cognitive assessment scheme into the Mental Health Enhanced Services offer.
- Targeting practices with unexpectedly low dementia registers to support with data cleansing.
- Developing “Dementia on a Page” support leaflets ensuring GPs, patients and other stakeholders understand the range of support available and making use of PLT and CCG lunchtime talks to promote dementia diagnosis and support amongst primary care colleagues.

CWPT Improving Access to Psychological Therapies (IAPT): Access

South Warwickshire CCG:



Coventry and Rugby & Warwickshire North CCG: (Access Rates)



CWPT Issues

- Accommodation issues related to increased requirement for staff, and therefore clinic space.
- Increase in awareness of, and referrals to, the service is required.
- Impact of Active Monitoring pilot is reducing referrals to IAPT for 5 practices.
- There have been updates to the actions as identified as a result of the issued CPN;
- Workforce issues, leading to increased caseloads for existing staff.
- 99.05% of patients wait 6 weeks or less for a first appointment within the IAPT service. 100% are seen within 18 weeks.

The IAPT service have flagged that there is a decline in the amount of space available within GP practices, which is impacting on their ability to offer sessions to patients, adversely impacting the access rate There are a number of emerging third-sector services offering provision similar to IAPT, it is felt that this is also impacting on the number of referrals.

Recovery Actions

- CPN is still in place with associated RAP;
  - CCGs and CWPT reviewing available space and identifying community opportunities in areas where space is limited.
  - Expansion of further LTCs is under review.
  - Work underway to issue a PIN as means of identifying possible providers of digital therapies.
  - CWPT is progressing work to increase group based therapies;
  - Progress on interface with CYP and their carers is being monitored by the Steering Group
  - Development of a robust commination plan, to promote availability is underway.

Shared positive evaluation of IAPT-LTC evaluation with Acute trusts and requested a steering group to be developed between health care clinicians for COPD, Diabetes and Asthma and IAPT HITs to ensure IAPT can offer system support to meet the psychological needs arising from poor physical health.

Six additional GP practices in Coventry are now able to now refer into IAPT, following a review of counselling provision and access

Q4 2019/20

4. Background Papers

Further information on a wider range of indicators can be found in the latest Governing Body reports available on the CCG websites:

South Warwickshire CCG Performance Report Link (page 165)
Coventry & Rugby CCG Performance Report Link
Warwickshire North CCG Performance Report Link

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Agenda Item 5

Adult Social Care & Health Overview & Scrutiny Committee

19 February 2020

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

Recommendation

That the Overview and Scrutiny Committee:

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 Performance Progress Report for the period April 1st 2019 to November 30th 2019 was considered and approved by Cabinet on 30th January 2020. The report provides an overview of progress of the key elements of the OOP, specifically in relation to performance against Key Business Measures (KBMs), strategic risks and workforce management. A separate Financial Monitoring report for the period covering both the revenue and capital budgets, reserves and delivery of the savings plan was presented and considered at the same meeting.

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

One Organisational Plan 2020: Strategic Context and Performance Commentary

2.1 The OOP 2020 Plan aims to achieve two high level Outcomes:

- **Warwickshire's communities and individuals are supported to be safe, healthy and independent**; and,
- **Warwickshire's economy is vibrant and supported by the right jobs, training, skills and infrastructure**.

Progress to achieve these outcomes is assessed against 64 KBMs.

Outcome	No. of KBMs
Warwickshire's communities and individuals are supported to be safe, healthy and independent	23
Warwickshire's economy is vibrant and supported by the right jobs, training, skills and infrastructure	12

In addition, to demonstrate OOP delivery by ensuring that **WCC makes the best use of its resources,** a total of 29 KBMs are monitored.

As the Organisation continues to transform, this is the first quarter that will be reported against in the a new Commissioning Intentions Performance Framework The new measures included in the Framework provide a sharpened focus on performance linked to the Organisation's priorities. Detailed performance has been visualised utilising the functionality of the newly implemented Microsoft Power BI system.

2.2 Of the 64 KBMs, 9 are in the remit of this Overview and Scrutiny Committee. At Quarter 3, 67% (6) KBMs are currently on track and achieving target while 22% (2) KBMs are not on track and behind target. The remaining 11% (1 KBM) is not applicable as a target is to be set from April 2020. Chart 1 below summarises KBM performance by outcome.

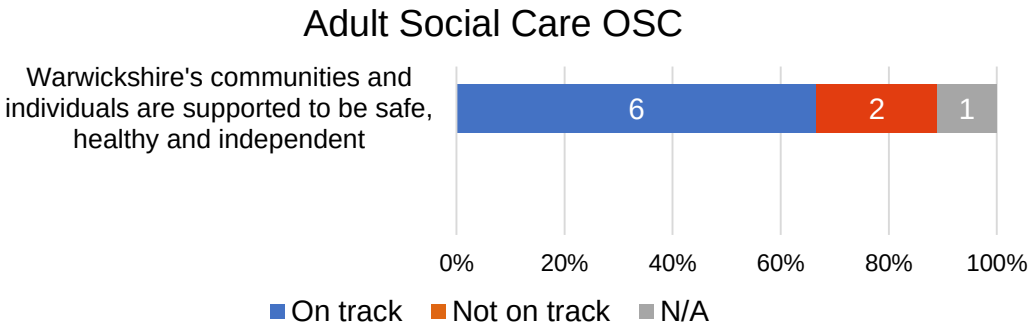

Chart 1

2.3 Of the 67% (6) KBMs achieving target there are 2 measures where performance is of particular note:

- No. of permanent admissions to residential or nursing care (under 65) as cumulative year to date target is being met; and
- % of carers in receipt of self-directed support on the final day of the reporting period, which consistently remains at 100%.

2.4 Chart 2 below illustrates the considered projection of performance over the forthcoming reporting period.

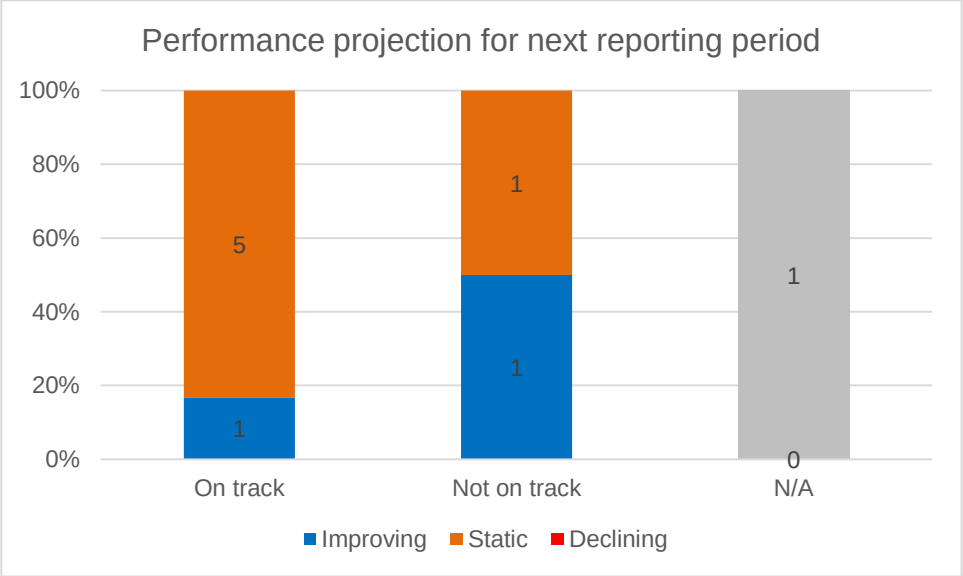

Chart 2

Of the 9 performance measures, the 2 KBMs are not on track and behind target. 1 KBM is projected to improve over the next reporting period:

The table below highlights the KBM, including remedial action being taken, where performance is projected to remain underperforming and static:

Measure	Remedial Action
Warwickshire's communities and individuals are supported to be safe, healthy and independent	
% of women who smoke at the time of delivery across Warwickshire	There is a strategic review and needs assessment of stop smoking support across the Coventry & Warwickshire Local Maternity System (LMS). The Review and its recommendations will be completed by March 2020.

2.5 Comprehensive performance reporting is now enabled through the following link to Power BI full OSC Quarter 3 Performance Report.

The Adult Social Care & Health OSC Exception dashboard contains details of those measures that are of significant note where good performance or areas of concern need to be highlighted.

There is a further dashboard split by the 2 high level Outcomes. The Quarter 3 Full Dashboard provides a summary of performance for all KBM's within the remit of this Committee.

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 Services concerned.

	2019/20 Budget £'000	2019/20 Outturn '000	Revenue Variance £'000 %	Retained Reserves £'000	Financial Standing £'000
Adult Social Care	148,739	146,975	(1,764) -1.19%	(16,803)	(18,567)
Forecast remains stable as confidence in Mosaic data quality and future demand grows. Underspends from early achievement of savings and project underspends are being reported, but not reinvested, to cover the risk of Q4 demand surge beyond forecasts following winter. Largest areas for concern are LD Supported Living and OP & MH65+ Residential Care					

People	33,957	34,469	(489) -1.44%	(5,490)	(5,978)
There are two current overspends within the service areas that are being monitored and managed: 1. Support service for drugs and alcohol - financial pressure due to demand for detox/inpatient provision. 2. Staffing overspend within the Public Health Unit.					

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.

	2019/20 Target £'000	2019/20 Actual to Date £'000	2019/20 Outturn £'000
Adult Social Care	2,240	2,240	2,240
People	2,820	2,625	2,625
Shortfall £0.195m. Drugs and Alcohol £0.536m shortfall due to cost pressures arising from the increase in prescribing costs (both medications and prescribing) for this demand led service which make the achievement of the total saving challenging. Careful monitoring is ongoing to achieve the most efficient and effective prescribing and management of costs; and consideration needs to be given to reviewing the amount of savings that may feasibly be found in this programme. This is being partially offset by £0.341 overachievement of savings on staffing costs and overheads within the Service. The DAAT overspend is being fed into the MTFP work for 2020-21.			

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 years (£'000)	Slippage from 2019/20 into Future Years £'000	Slippage from 2019/20 into Future Years (%)	Current quarter – new approved funding/ schemes (£'000)	All Current and Future Years Forecast (£'000)

Adult Social Care	3,663	0	0	0	3,663
People	6,179	(220)	-3.56%	(1)	6,179

4. Supporting Papers

4.1 A copy of the full report and supporting documents that went to Cabinet on the 30th January 2020 is available via the following link and in each of the Group Rooms.

5. Environmental Implications

None specific to this report.

6. Background Papers

None

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Agenda Item 6

Adult Social Care and Health Overview and Scrutiny Committee

19 February 2020

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 reviewed by the Chair and Party spokespeople at their meeting on 21 January. A copy of the work programme will be submitted to each meeting for members to review and update, suggesting new topics and reprioritising the programme.

2. Forward Plan of the Cabinet

The Cabinet and Portfolio Holder decisions relevant to the remit of this Committee are listed below. Members are encouraged to seek updates on decisions and identify topics for pre-decision scrutiny. The responsible Portfolio Holder has been invited to the meeting to answer questions from the Committee.

Decision	Description	Date due	Cabinet / PfH
Consultation on Changes to the Housing Related Support Service	A report seeking approval to undertake consultation on the future of housing related support services.	21/2/20	Portfolio Holder for Adult Social Care and Health

3. Forward Plan of Warwickshire District and Borough Councils

This section of the report details the areas being considered by district and borough councils at their scrutiny / committee meetings that are relevant to health and wellbeing. 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 meeting structure is operated through a series of boards with reports to the Community and Environment Board. There is a Health and Wellbeing Working Party and a Warwickshire North Health and Wellbeing Partnership (covering both North Warwickshire and Nuneaton and Bedworth) At the working party on 7 January, recent topics discussed include: • Fitter Futures • Health and Wellbeing Action Plan (2017 to 2020) Update • The Future Health and Wellbeing Action Plan • Public Health / JSNA Update • Recent CQC Inspection of George Eliot Hospital
Nuneaton and Bedworth Borough Council – Health Overview and Scrutiny Panel	
2019/20	This is an extract of the draft work programme considered by the Borough Council's External Overview and Scrutiny Panel on 6 February. • George Eliot Hospital – A presentation from the Hospital's Director of Operations • 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 – Overview and Scrutiny Committee	
2019/20	The Borough Council has reviewed its meeting structure. The following extracts were taken from its Communities and Resources OSC. It also has a joint overview and scrutiny meeting for partnership matters. • Employee wellbeing update.
Stratford-on-Avon District Council – Overview and Scrutiny Committee	
	There are no health items within the current work programme.
Warwick District Council – Health Scrutiny Sub-Committee	
	• Policy on Regulating the Private Rent Sector – Health & Wellbeing Aspects • Physical Activity Promotion report

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.

5.0 Financial Implications

5.1 None arising directly from this report

6.0 Environmental Implications

6.1 None arising directly from this report

Background Papers

None.

	Name	**Contact Information**
Report Author	Paul Spencer	01926 418615 paulspencer@warwickshire.gov.uk
Assistant Director	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

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Adult Social Care and Health Overview and Scrutiny Committee
Work Programme 2019/20

Date of meeting	Item	Report detail
19 February 2020	Performance Monitoring of Clinical Commissioning Groups	At its meeting on 13 January, it was agreed to revisit this item at the February Committee. This was discussed further at the Chair and Spokesperson meeting on 21 January.
19 February 2020	One Organisational Plan Quarterly Progress Report – Quarter 3	To consider the One Organisational Plan Quarterly Progress Report for 2019/20 at Quarter three.
29 April 2020	Primary Care Networks	At the Chair and Spokesperson meeting on 21 January, it was agreed to replace a proposed update on GP Services with an item on Primary Care Networks (PCNs). Linked to this is the item below on pharmacy services. By April, the proposals for year two of PCNs would be known.
29 April 2020	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 at that time 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 PCNs, 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.
29 April 2020	West Midlands Ambulance Service and the Paramedic Service	At the Chair and Spokesperson meeting on 21 January, it was agreed that this 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. Linked to the item will be an update on the 111 Service, which is also provided by WMAS. The original scope for this aspect was how they refer people to health services; how they link in with the relevant CCG; how they know where services are commissioned; also what they do about patients with no transport who are referred to an out of hours Service for example in the early hours of the morning.

Future Work Programme		
Date TBC	Coventry and Warwickshire Strategic Five-Year Health and Care Plan	The Joint Coventry and Warwickshire Health OSC received a presentation from Sir Chris Ham on 14 October 2019 ahead of the deadline for submission of the draft Coventry and Warwickshire Strategic Five-Year Health and Care Plan to NHSE&I. It would be useful to programme a date for this item to come to the ASC&H OSC.
	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?
	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.
	Local Commissioning of Services	Suggested by Councillor Mark Cargill. A pilot scheme has been undertaken in Alcester.
	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
Date to be Set	Admiral Nurses	Cllr Redford is minded to ask representatives of Dementia UK to provide a briefing session on the work of Admiral Nursing.
20 November 2019	Assistive Technology Developments.	***This item was postponed.*** Officers would like to share the positive outcomes of the project on assistive technology and the self-help tool "Ask Sara" to enable people to remain independent in their daily lives. This briefing will enable councillors to be informed and assist in promoting the information with their constituents.
25 September 2019	Older People Adult Social Care Market	This briefing session will provide context ahead of the consideration of a formal report in the Committee meeting.
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.

BRIEFING NOTES

Date Requested	Date Received	Title of Briefing	Organisation/Officer responsible
21/01/20		Home Environment Assessment and Response Team. The Chair and party spokespeople agreed on 21 January to move this item from the work programme and to receive a briefing note instead. The briefing is expected to be available in April 2020.	
21/01/20		Adult Social Care Strategic Review. The Committee received a presentation at its meeting in September 2019. The Chair and party spokespeople agreed on 21 January to move this item from the work programme and to receive a briefing note instead.	
21/01/20		The review and redesign of Warwickshire Employment Support, a service for adults requiring learning support and those with autism. The Chair and party spokespeople agreed on 21 January to move this item from the work programme and to receive a briefing note instead. The briefing is expected to be available in April 2020.	
21/01/20		Local Suicide Prevention Plan. This item was scheduled for the meeting on 20 November 2019. At the Chair and Spokesperson meeting on 21 January, it was agreed that this update be provided via a briefing note. 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.	
20/11/19	14/11/19	One Organisational Plan Quarterly Progress Report – Quarter 2. This item was scheduled for the November committee meeting, which was deferred. It was agreed that the report be circulated electronically to members of the committee. The report was duly circulated on 14 November.	
07/08/19		A briefing note was requested on perinatal mortality. This followed the consideration of maternity services at the Committee in July 2019.	
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 & Spokes meeting. This involves several commissioners and service providers, notably five voluntary groups, WMAS, WFRS and CWPT.	DPH and SC
-	14/05/18	NHS England provided a briefing on the need to close a dental practice in Nuneaton.	NHS England
09/05/18		Dr John Linnane offered to circulate a briefing note on a service delivery review by the Coventry and Warwickshire Partnership Trust.	DPH and SC
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

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.	Completed January 2020	A series of meetings took place involving the joint HOSC and individual health OS committees, between October 2019 and January 2020.
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.	A briefing was provided to the joint meeting of this Committee and the C&YP OSC held on 28 January 2020.