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

Warwickshire County Council

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

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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