

Adult Social Care & Health Overview & Scrutiny Committee

Date: Wednesday, 24 June 2020

Time: 10.00 am

Venue: Microsoft Teams

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

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 - 10

To receive the minutes of the committee meeting held on 19 February 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. WCC Covid Recovery Approach

11 - 28

This paper aims to provide an overview of the Council's approach to recovery from the Covid-19 pandemic, as set out in the attached paper, considered by Cabinet on the 11 June.

5. Test, Trace, Isolate

The Director of Public Health will hold a question and answer session to update members on the national and regional approach to test, trace and isolate.

6. Work Programme

29 - 38

The Committee's work programme was reviewed by the Chair and party spokespeople at their meeting on 29 April. The updated programme is attached for the Committee to consider.

Monica Fogarty
Chief Executive
Warwickshire County Council
Shire Hall, Warwick

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Disclosures of Pecuniary and Non-Pecuniary Interests

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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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Adult Social Care & Health Overview & Scrutiny Committee

Wednesday, 19 February 2020

Minutes

Attendance

Committee Members

Councillor Clare Golby (Vice-Chair in the Chair)
Councillor Helen Adkins
Councillor Jo Barker
Councillor Margaret Bell
Councillor Sally Bragg
Councillor John Cooke
Councillor John Holland
Councillor Andy Jenns
Councillor Christopher Kettle
Councillor Jerry Roodhouse

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

Officers

John Cole, Isabelle Moorhouse and Paul Spencer, Democratic Services
Chris McNally, Performance and Improvement
Nigel Minns, Strategic Director, People Directorate

Others Present

Chris Bain, Healthwatch Warwickshire (HWW)
Alison Cartwright, South Warwickshire Clinical Commissioning Group (SWCCG)
Andrew Harkness and Rose Uwins, Coventry & Rugby and Warwickshire North CCG
Helen Lancaster, South Warwickshire Foundation Trust (SWFT)
Dennis McWilliams, Public
Jane Tombleson, George Eliot Hospital (GEH)

1. General

(1) Apologies

Councillors Wallace Redford (Chair), Mike Brain, Andy Sargeant and Pam Redford (Warwick District Council), Shade Agboola, Becky Hale and Pete Sidgwick.

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

None.

(3) Chair's Announcements

The Chair welcomed everyone to the meeting. She referred to the motion debated at Council on the retendering of Alternate Provider Medical Services (AMPS) contracts. It was agreed that this matter be brought back to the committee for further consideration and was originally intended to bring an item to this meeting. Warwickshire North and Coventry & Rugby CCGs were undertaking the procurement process which would conclude in March, when the full position will be known on the APMS contracts. On that basis the Chair had agreed to defer the matter pending the outcome of the procurement exercise.

(4) Minutes of previous meetings

The minutes of the committee meetings held on 25 September 2019 and 13 January 2020 were approved as true records and signed by the Chair. Councillor Bell referred to the question she had submitted at the 13 January meeting on the NHS 111 service, which would be pursued.

2. Public Speaking

None.

3. Questions to the Portfolio Holder

None.

4. CCG Performance Monitoring

A report was introduced by Alison Cartwright, South Warwickshire CCG and Andrew Harkness representing Coventry & Rugby and Warwickshire North CCGs. The Committee had received CCG performance reports at its meetings in September 2019 and January 2020, requesting a further report be presented to this meeting. The Chair noted that this report addressed comments raised previously on the required content.

Alison Cartwright confirmed the duties of CCGs to meet NHS constitution indicators and how they set out to meet those duties. There were also national and local performance indicators. Details were provided of the contracts monitored for acute services and mental health services, also setting out the responsibility for service providers to deliver the performance requirements. CCGs held providers to account through contract frameworks, with monthly meetings to assess performance. A collaborative approach was taken to understand the reasons for shortfalls in performance and to require providers to put in place recovery action plans. Performance reports were provided to each CCG governing body, which met in public.

A verbal response was provided to the questions raised at the previous meetings, with further detail from Jane Tomblason of George Eliot Hospital (GEH) and Helen Lancaster from South

Warwickshire Foundation Trust (SWFT). The following updates and further questions from members were discussed:

- GEH had an unannounced visit from the Care Quality Commission (CQC) in December 2019. Members asked in January when the committee would be able to discuss the CQC report and associated action plan. It was confirmed that the CQC had given notice of certain 'must do' and 'should do' actions. The key concern reported was significant shortages in medical staff. There had been a robust response with recruitment of eight middle grade doctors in recent weeks. It was noted that the CQC report was not yet in the public domain, but this would be added to the work programme and be brought to the committee as soon as possible.
- At the September 2019 meeting, a report from Public Health provided comparative performance information for each CCG against 21 key indicators. The report had caused some confusion, it being explained that this was drawn together from data in June 2019 and the 2018/19 annual report. Over that reporting period there had been a reduction in performance across some of the indicators for South Warwickshire. An example quoted was accident and emergency (A&E) waiting times. Whilst SWFT was fifteenth best nationally in terms of A&E performance, it was not meeting the national performance target.
- There were capacity challenges for A&E departments generally and more use could be made of other services. At SWFT a particular issue was patients being redirected from other areas to the Warwick Hospital instead of their local A&E department. This impacted on the A&E department and caused difficulty for patients in getting back to their local services.
- More information was sought in regard to dementia diagnosis rates with sections of the report quoted on challenges faced by the Coventry and Warwickshire Partnership Trust (CWPT) in relation to post diagnosis support. Dementia performance was multifactorial. There were capacity issues for CWPT and support was being sourced through GPs providing memory assessment services. More focussed work in care homes was another example. Further information was requested through a briefing document after the meeting.

The detail of the report focussed on current performance through a series of tables, with data as at November 2019. This comprised performance for the NHS constitution rights and pledges and main priority indicators for both the CCGs and providers of services. The main areas of concern were:

- 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.

The report was formatted with three columns showing the respective performance of each CCG against these indicators to assist comparison. Detailed graphs were provided showing key issues and ongoing actions. The report concluded with hyperlinks to the full performance reports of each CCG.

Questions and comments were invited with responses provided as indicated:

- On dementia services, reference was made to the increasing numbers of cases diagnosed, the difficulty in achieving performance targets, the detailed scrutiny of current services by NHS England & Improvement and its acknowledgement that services were doing all they could. The need for improvements in community support services was referenced.
- A concern had been raised by Councillor Bragg about cancelled operations at short notice. This had been discussed directly with the councillor. The number of such cancelled operations was reducing and there was no data of an operation being cancelled more than once. Each case was reviewed to understand the reasons for cancellation at short notice. Examples were quoted including bed availability, other surgery taking longer than expected and emergency operations. Related to this further detail was sought on cancelled operations that had not been rearranged within 28 days. This related to the GEH and further detail would be provided to the committee after the meeting.
- Guidance was provided on the different cancer measurements reported against with the 31 and 62 day targets referenced particularly. Further information was sought about the causes for delays of over 104 days. It was confirmed that each of those cases was investigated with a harm review undertaken. Causes could include patient choice, complex pathways or diagnosis.
- On the data for 62-day cancer waits, there was a reported issue due to pension implications for the clinical workforce. Many clinicians undertook additional work, but changes to pension rules meant they were adversely affected financially and so were not taking on this additional work. This was an issue being reviewed at the national level. Related points concerned the shortage of clinicians nationally and the difficulty in predicting surges in demand to enable the appointment of permanent staff or use of locum staff. At GEH there was a gap between demand and capacity in several clinical areas. It was questioned if the shortage of clinical staff was worsening. There was no perceived risk associated with Brexit.
- Improving access to psychological therapies (IAPT) was raised previously with a member commenting that the target was not ambitious. An explanation was given of the target and the current challenges with access to services. There was considerable work underway and examples were aligning services around communities, offering digital therapies and improvements were being seen, but there was still more to do. It was stated that once in the system, the services delivered were good. Related points were about staffing levels, developing the community work, GP referrals from Coventry, gaps in provision and how the Health and Wellbeing Board was involved. It was agreed that there needed to be more services based around communities or ideally a specific practice and detail was given on the schemes being implemented. It was considered that better reporting arrangements could be put in place too.
- A concern was reported on ambulance handover times in excess of 60 minutes.
- A general point that there was a continuing increase in demands for services. GEH was a small hospital in terms of bed numbers, but it served a large population and it was understaffed in many areas. It was acknowledged that there were workforce issues for the Coventry and Warwickshire area, as with many areas of the country. There was a system approach to looking at how to deliver services differently, reducing demands and treating people away from acute settings where appropriate, so services were sustainable and delivered within the funding available.
- There was a need to educate the public, to inform them clearly of which services they should use and to reduce reliance on A&E departments. This was an area of focus with work through primary care, services being provided in the community and managing patient flow at hospitals. Triage arrangements were discussed regularly at SWFT. However, once a patient had been to reception at the A&E department, the duty for treatment rested with that

acute trust. Better use could be made of the NHS 111 service and pharmacy, but achieving a culture change would take time.

- Referral to treatment targets were raised. Whilst SWFT was achieving its target, the CCG wasn't overall. This indicator was influenced by patient choice, for example if they lived closer to another service provider. Other factors were the speciality of the service required and waiting time variance at each trust. It was requested that a detailed briefing be provided after the meeting on referral of Warwickshire patients to the Horton General Hospital at Banbury.
- Dementia diagnosis and the memory assessment service were discussed further. GP doctors were often the first point of contact and undertook some of the assessments. However, the focus was not just on GPs to provide this service.
- A point that clearer guidance was needed to ensure patients chose the correct service. Warwickshire's population was growing and further housing developments were planned. Services needed to grow to meet this demand. There was national work on the integration of urgent care services within the next 12-18 months, so patients could access all urgent care services more easily. Planned care services would continue to be through primary care.
- A reply was given to Councillor Bell on the point raised in January and at the start of this meeting. This concerned the NHS 111 service being unable to book out of hours appointments at an extended access GP practice. It was confirmed that this had been rectified and patients could now book direct appointments at local surgeries providing the out of hours service. This had been a national issue, linked to IT and a change of provider for the 111 service.
- Discussion about the proposed merger of the Coventry and Warwickshire CCGs. A briefing had been circulated to the committee and there was an offer from CCGs for a detailed discussion at the next meeting on 29 April. An outline was given of the process undertaken to date including engagement exercises and the next stages, including further engagement, before the approval of NHS England and Improvement would be sought to the proposed merger. The Chair confirmed this would be added to the committee's work programme.
- Chris Bain noted the differences in performance levels across CCGs which would be an area of interest for Healthwatch Warwickshire. He added that the merger would not affect place-based working. The shortages in staff referenced earlier in the debate was also a concern for social care services.

Resolved

That the Adult Social Care and Health Overview and Scrutiny Committee notes the report and:

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

5. One Organisational Plan

It was reported that the One Organisational Plan (OOP) quarterly performance progress report for the period 1 April to 30 November 2019 was considered and approved by Cabinet at its meeting on 30th January 2020.

A tailored report was submitted. This provided 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 under the responsibility of the committee. It was noted that comprehensive performance reporting was now provided through a new system, Power BI, with an exception report for the committee as well. Members who had not already attended a training session on the new software were encouraged to do so. A separate financial monitoring report for the period covering both the revenue and capital budgets, reserves and delivery of the savings plan was included.

Questions and comments were invited with responses provided as indicated:

- The Chair commented that she had found the Power BI software very useful in her employment role.
- For future reports, it would be useful to have more information about the George Eliot Hospital services to encourage expectant mothers to stop smoking, as it was understood the funding for this service had been reduced.
- There was a need to ensure that co-opted members of the committee were able to access the new performance dashboard.

Resolved

That the Overview and Scrutiny Committee notes the progress of the delivery of the One Organisational Plan 2020 for the period as set out above.

6. Work Programme

The Committee reviewed its work programme.

The Chair and party spokespeople would consider the list of items for the April meeting, with the proposed addition of the clinical commissioning group merger to the existing programme. This may require an additional meeting, or full day session to give sufficient capacity for the items. A further item to add to the programme was the Care Quality Commission report and action plan following the inspection of the George Eliot Hospital.

It would be helpful to have a list of acronyms for members of the committee, given the number of health-related terms used in some reports.

Resolved

That the Adult Social Care and Health Overview and Scrutiny Committee
Notes the work programme.

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Chair

The meeting closed at 11.45am

Adult Social Care and Health Overview and Scrutiny Committee

Covid-19 Recovery

24 June 2020

Recommendations

That the Committee:

1. Receives and comments on the County Council's approach to Covid-19 Recovery, as set out in the attached Cabinet report.
2. Comments on the specific issues relevant to the remit of this Committee that should be considered in the development of the Recovery Plan which is due to be submitted to Cabinet in September.

1. Executive Summary

- 1.1 This paper aims to provide an overview of the Council's approach to recovery from the Covid-19 pandemic, as set out in the attached paper, considered by Cabinet on the 11 June.
- 1.2 Key to this work will be the development of a Recovery Plan that will be submitted to Cabinet for approval in September. This report seeks this Committee's comments on the approach to the development of the Recovery Plan as relevant to the remit of the Committee.
- 1.3 Following approval of the Recovery Plan, Overview and Scrutiny Committees will continue to have a role to play in recovery, particularly over the longer term as we move into the delivery phase. We will be building consideration of how we best achieve this into our review of scrutiny which we had planned pre-COVID and which we are preparing to restart in the coming weeks.

2. Supporting Information

- 2.1 For the past three months the Council has focused on responding to the Covid-19 crisis, working closely with key partners, locally, regionally and nationally.
- 2.2 Attention is now focused on developing a longer-term plan to support recovery from the crisis. Our Recovery approach includes the following key elements, with further details in the attached Cabinet report:

- Principles and objectives to guide recovery
- Efforts at local, county, sub/regional and national levels
- Phasing of efforts over
 - Foundation: 0-3 months,
 - Consolidation: 3-9 months
 - Acceleration: over 10 months
- Four themes of the recovery approach, focused on:
 - Place, Economy & Climate
 - Community and Voluntary Sector
 - Health, wellbeing and social care
 - Organisation, including the reinstating of services
- Engaging Members, staff, partners, business and the public on our recovery planning.

2.3 We are now in the Foundation stage and focusing on:

- standing up and reinstating WCC services in line with the national guidance about Covid-secure spaces, including workplaces.
- Working with commissioned providers to support the reinstatement of commissioned services in line with national guidance as appropriate. This includes a focus on risk assessments.
- seizing immediate opportunities to support communities/business.
- establishing recovery governance and approach; and
- engaging with the regional approach to setting recovery priorities including participating in the regional citizens' panel.

2.4 The key output from this phase will be a Recovery Plan that is presented to Cabinet for approval in September.

3. Focus of Response and Plans for Recovery

3.1 During the pandemic, the Council has worked flexibly and adapted in many ways to ensure that the residents, communities and businesses continued to receive key services and were supported to cope with the effects of Covid-19.

3.2 Examples of the responsiveness and actions taken by services within the remit of this Committee, include:

Public Health

- Provision of public health advice, policy and guidance in the establishment and operation of Warwickshire's Shielding Hubs which provide support for vulnerable residents during the pandemic.
- Establishing befriending support for shielded individuals experiencing loneliness.

- Public Health expertise and support for regional, sub-regional and Council wide responses for Covid-19, including developing guidance, briefings and support for local services such as schools.
- Helping the development of our public campaigns and web-information to help residents to access advice on staying well, isolating and seeking appropriate support during the pandemic.
- Supported the housing of rough sleepers and developed a standard operating procedure for a partnership response to support symptomatic individuals in temporary accommodation, including provision of comfort packs.
- Swift adaptation of health protection advice and social care services to move to a seven-days a week service.
- Sourcing and supporting the supply of PPE for care homes.
- Commissioned arts-based interventions to support the wellbeing of shielded individuals and other vulnerable groups at risk of loneliness or negative mental health impacts.
- Working with the Department of Health and regional partners to manage Warwickshire's role as a pilot for the national Test and Trace programme.
- Working with partners to put in place appropriate infection, prevention and control measures to deal with any future local outbreaks of Covid-19.
- Supporting recovery planning through a review of changing population health and care needs (through the Joint Strategic Needs Assessment work programme) to understand the implications for services and population support/needs in the short, medium and longer term.
- Informing recovery planning by engaging with the population to understand changes in perceptions of services, means of accessing services and the impacts of the pandemic on individuals and specific geographic and demographic groups which have been particularly affected by COVID-19.
- Supporting the development of place-based reset, recovery and reform plans through health place partnerships and others such as town centre recovery work.
- Updating Warwickshire's Health and Wellbeing Strategy in light of our recovery planning.

Adult Social Care Delivery

- Speedy mobilisation of Adult Social Care teams to support seven day a week working to ensure continued support for customers.
- Rapidly and successfully adapting ways of working, systems and culture to move to mobile working to support customers in different ways.
- Use of video and telephone meetings to support customers.
- Strengthened partnership working and revised hospital discharge processes which enabled quicker discharges.
- Linking vulnerable people in isolation with local community support to reduce isolation and loneliness.

- Going beyond the requirements of the [Coronavirus \(COVID-19\): hospital discharge service requirements](#) to ensure that Warwickshire residents were supported in the best way possible whilst maintain flow through the acute sites.
- Having up to date guidance available for customers, providers & staff.

People Strategy and Commissioning

- Rapid redesign of commissioned public health and social care services where required to ensure effective service delivery throughout the pandemic.
- 1-1 and mutual aid calls with our range of commissioned providers to provide ongoing support and guidance and to give a platform for issues to be escalated and resolved.
- Joint working with health partners and Coventry City Council with a focus on safeguarding staff and vulnerable residents; support to the care market and supporting discharge to the community. Our twice-weekly system Care task and finish group continues to oversee and drive activity with a focus on 6 areas - Discharge to Care Homes & Discharge to Assess; Community Support; Infection Prevention and Control; Testing; Support from Primary Care and Community Health; and Mutual Aid/Workforce.
- Development and implementation of Warwickshire's Care Home Resilience Plan.
- Market Shape capacity diverted into a number of areas; coordinating financial support to the market; mobilising a workforce for social care providers by recruiting, training and processing DBS for candidates and then introducing them to providers who are short of staff; supporting providers staff and keyworkers to access testing expediently; getting key messages out to the market as guidance and key communications change.
- Out of Hospital support has focused on work to refine and agree the hospital discharge pathways across Coventry and Warwickshire. We have temporary transition/isolation beds in operation, for a period of 3 months, to support safe discharge into the community.
- Support to enable people to maintain their independence at home continues to be prioritised through our community equipment provider and our community meals provider.
- Domiciliary care referrals continue to be responded to positively by the provider market and flow from hospital is currently being maintained.
- Developing and promoting information resources, welfare support and targeted interventions for carers, people living with dementia; people at risk of fuel poverty and people with mental health and wellbeing needs.
- Domestic Abuse, substance misuse and suicide prevention remain priorities and we are focusing on effective communication of messages and continued availability of targeted support.
- Sexual health services are still operating through this period, providing testing and treatment for STIs, and emergency hormonal contraception.

- Social prescribing is available for individuals being discharged from hospital, particularly those who are discharged with no other support packages in place.

3.3 As we emerge from the immediate response phase and move into the delivery phase of our Recovery Plan, there will be a role for the Overview and Scrutiny Committee to consider aspects of recovery as are relevant to the remit of the Committee, particularly in relation to health and social care and aspects of community recovery. It is intended that there will be further opportunities for input from Committee Members as we move into the delivery phase from October onwards and further reports will be brought to the Committee for consideration.

4. Financial Implications

5.1 Work on the change portfolio/Recovery planning will be funded through the Organisational Change fund; the investment funds created in the MTFS are available to support one-off investments which will support recovery effort. The refresh of the rolling five-year MTFS from 2021-22 onwards will be the key mechanism for incorporating longer-term financial impacts of Covid-19.

5. Environmental Implications

5.1 There are no direct environmental implications of the proposed recovery approach. Climate change is one of four recovery themes proposed and is covered through 'Place, Economy and Climate'.

Appendices

1. Appendix 1 -Cabinet Report, 11 June 2020, Covid-19 recovery and reform

	Name	Contact Information
Report Author	Sushma Soni	sushmasoni@warwickshire.gov.uk
Assistant Director	Sarah Duxbury	sarahduxbury@warwickshire.gov.uk
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Lead Members	Cllr Izzi Seccombe Cllr Heather Timms Cllr Andy Crump	Leader & Economic Development Environment, culture & heritage Community safety, fire & resources

Background Papers

None

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

Local Member(s): None. Other members: None

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Cabinet

11 June 2020

Covid-19 Recovery and Reform

Recommendations

That Cabinet:

- 1) approves the proposed recovery objectives and principles as set out in paragraph 2.2 of this report;
- 2) approves the revised Council Change Portfolio as set out in paragraph 2.6 of this report;
- 3) supports the approach to partnership working at regional, sub-regional and county level, and approves the joint recovery statement (Appendix A);
- 4) authorises the Chief Executive to commence the activity required to develop a recovery plan for presentation to Cabinet in September, with associated delivery plans; and
- 5) approves the establishment of four time-limited cross-party Member working groups aligned to the four recovery themes set out in paragraph 2.6.3 and chaired by the relevant Portfolio Holder, with nominations for membership to be sought from Group Leaders.

1.0 Background and context

- 1.1 The Covid-19 Pandemic is a global public health emergency which also creates unprecedented impacts on our communities and economy, both short- and long-term. As well as the significant challenges ahead, there are also opportunities from the lessons of the immediate response phase which are expected to change aspects of our way of life in the longer-term.
- 1.2 For the past three months the Council has focused on responding to the crisis, working closely with key partners, locally, regionally and nationally, including:
 - providing public health advice and guidance;
 - support to care providers;
 - ensuring effective delivery of adult and children's social care and public health services, supporting NHS capacity;
 - funding continuity of early years provision through a series of hubs;
 - establishing and operating the County's shielding Hubs and support to vulnerable residents including a dedicated, 7 day Covid-19 contact centre;
 - providing business support and advice;

- coordinating provision of PPE equipment;
- mortuary management;
- providing education and school planning and support;
- the Council's c4,500 staff moving to almost exclusive home working; and
- reassigning WCC staff to areas of need.

- 1.3 Whilst significant aspects of the response effort will continue, potentially into the medium-term, over the last month there has been a concerted focus on longer-term recovery from the crisis.
- 1.4 This paper provides Cabinet with an overview of the proposed approach to planning recovery and longer-term reform and seeks approval for the initial three month 'foundation' stage of recovery activity. Today's agenda also includes complementary reports setting out proposed strategic approaches to recovery in terms of place shaping and economic recovery.

2.0 Recovery framework

- 2.1 In line with our overall vision to ***make Warwickshire the best it can be, sustainable now and for future generations***, our proposed approach to recovery focuses on supporting delivery of Council Plan objectives.
- 2.2 The following principles and objectives have been developed with our partners to guide our approach to recovery:

WCC Recovery Principles:

1. positive – seek out the opportunities;
2. pace – move with speed and capitalise on existing momentum;
3. innovative – consider new ideas and thinking;
4. flexible – be responsive and flexible to changing conditions; and
5. embed – use existing structures where possible.

WCC Recovery Objectives:

1. to understand the short, medium and long-term impact of Covid-19 recovery for our communities, businesses and staff.
2. to coordinate the recovery protocol in line with the West Midlands and Warwickshire LRF procedures;
3. to inform future direction of the Organisation in terms of recovery and reform, ensuring the Council and wider county have the best opportunity to 'bounce forwards';
4. to align recovery activity with review and update of the Council Plan, MTFs, Change Portfolio, supporting strategies, risk and performance framework;
5. to co-ordinate effort and resource across all service areas and ensure a 'one Council' approach; and
6. to manage key stakeholder and partner relationships relevant to recovery, including line of sight on regional, sub-regional and national developments around recovery and reform and supporting translation of this for Warwickshire.

2.3 There are three key aspects of focus which will drive our recovery work:

- spatial levels;
- phasing; and
- change portfolio themes.

2.4 Spatial levels

2.4.1 Recovery will require coherent effort at various spatial levels:

- **National** – The pandemic is a national crisis. We continue to work closely with central government, the Local Government Association and other national bodies to remain in step with national policy and guidance.
- **Regional/Sub-regional** – Our recovery approach is aligned to the West Midlands-Warwickshire regional approach. The Chief Executive represents Warwickshire on the Regional Coordination Group.
- **County** – Locally, we have worked with colleagues from the District and Borough Councils, Police, Coventry and Warwickshire LEP and Growth Hub, and NHS partners to coordinate effort in both response and recovery phases. The Warwickshire Recovery Advisory Group, comprising Council Leaders and Chief Executives and key partners, has recently been established to co-ordinate recovery activity across the county.
- **Locally** – Voluntary and community sector groups, businesses, and town and parish councils are involved in the Covid-19 response. Elected Members will play a key role in mobilising this effort, working alongside the district and borough councils leading local place-shaping activity.

2.4.2 Regional governance arrangements are set out in Appendix B.

2.5 Phasing

2.5.1 Reflecting the scale of the challenge, our approach to recovery will need to be phased. Short-term reinstatement of services is connected to the longer-term 'reform' or 'reset' process, so our approach will involve different phases:

- **Foundations (0-3 months):**
 - standing up and reinstating WCC services in line with the national guidance about Covid-secure workplaces;
 - seizing immediate opportunities to support communities/business;
 - establishing recovery governance and approach; and
 - engaging with regional approach to setting recovery priorities including participating in the regional citizens' panel.
- **Consolidate (3-9 months):**
 - detailed regional impact assessment;
 - establish recovery programme at regional, county level; and
 - initiate priority change programmes/projects.

- **Accelerate (>10 months):**
 - longer term recovery for the Council, communities and economy;
 - delivery of key programmes to address future challenges; and
 - refreshing the Medium-Term Financial Strategy (MTFS) and Council Plan for 2021/22 onwards.

2.6 Change Portfolio Themes

- 2.6.1 The Council Plan, MTFS and Change Portfolio have been reviewed in the context of recovery. The Council Plan outcomes and objectives remain relevant to recovery, and it is proposed to update its foreword only at this time to reflect the changed context. To support delivery of the Council Plan objectives, a short recovery plan, covering 2020-21 and 2021-22, will be produced for Cabinet in September.
- 2.6.2 Based on current forecast financial Covid impacts, our intention is to manage in-year financial pressures during 2020-21 without re-setting the annual budget. The focus will be on the rolling refresh of the five-year MTFS from 2021-22 onwards for consideration at February's Council meeting.
- 2.6.3 Our assessment of the previous change portfolio suggests four themes should shape the future Council Change Portfolio to drive recovery (see Appendix C for indicative areas of focus):
- Place, Economy and Climate (including skills and education);
 - Community and Voluntary sector;
 - Health Wellbeing and Social Care; and
 - Organisation (including the reinstatement of services).
- 2.6.2 These themes reflect both regional and county recovery activity. We will also consider how existing programmes and projects fit within the change portfolio. The themes will be shaped into detailed programmes during the Foundation phase of recovery. Immediate actions will also be progressed as proposed in separate reports on place shaping priorities and our support to business.
- 2.6.3 Given our accelerated progress in developing the Council's Change Programme, there is no longer a requirement for a Change Programme Director. Instead, we will engage a strategic partner to support the strategic development of the final change portfolio, bring in best practice from elsewhere and provide assurance that the change portfolio is fully aligned to the Council's ambitions; the challenges recovery will present; and opportunities to build on the previous transformation programme.

2.7 Approach to reinstating Council services and settings

2.7.1 The National Recovery Strategy was published in May 2020, accompanied by a range of guidance, "*Working Safely during Coronavirus*". Officers are applying this advice to consider how to stand services back up.

2.7.2 Many services have continued to operate within the physical and technical constraints of central government and Public Health guidelines throughout lockdown. Reinstatement will require a "new normal" operating environment for at least 12 months, based on impact and risk assessment, physical adaptations and staff engagement. Changes will be implemented in 2 phases:

- 3 month "foundation" phase - re-introduction of priority services; and
- 6-9 months in the "consolidation" phase to implement redesigned services based on service impact and risk assessments.

2.7.3 This process has been informed by learning from the response phase, particularly the results of a staff check-in survey on well-being and new ways of working, and analysis of the financial impact of Covid.

3.0 Timescale and next steps

3.1 In the three-month foundation phase, we will engage Members, staff, partners, business and the public on our recovery plan and change portfolio, including a citizen's panel convened by the West Midlands Combined Authority, and further staff engagement through a second check-in survey focusing on recovery.

3.2 Engagement with Members to help shape the approach to recovery will take place via four, time-limited cross-party Member working groups aligned to the four recovery themes set out in Section 2.6.3 and chaired by the relevant Portfolio Holder. It is intended that these working groups should have maximum flexibility in the way that they operate. They are not intended to operate as formal committees and the access to information framework will not be applicable. Officers will develop proposals for these working groups, including terms of reference, and nominations for membership will be sought from Group Leaders. Overview and Scrutiny Committees will also play a role in considering aspects of the Council's approach to recovery, as relevant to their remit, as our plans develop and are implemented. The next steps are highlighted in the timeline in Appendix D.

4.0 Financial Implications

4.1 Work on the Change Portfolio will be funded through the Transformation reserve; the investment funds created in the MTFS are available to support one-off investments which will support recovery effort. The refresh of the rolling five-year MTFS from 2021-22 onwards will be the key mechanism for incorporating longer-term financial impacts of Covid.

5.0 Environmental Implications

- 5.1 There are no direct environmental implications of the proposed recovery approach. Climate change is one of four recovery themes proposed - 'Place, Economy and Climate' – as part of the refreshed change portfolio.

Background papers	Name	Contact Information
Report Authors	Gereint Stoneman Sarah Duxbury	gereintstoneman@warwickshire.gov.uk sarahduxbury@warwickshire.gov.uk
Strategic Director	Rob Powell	robpowell@warwickshire.gov.uk
Portfolio Holder	Clr Isobel Seccombe OBE	isobelseccombe@warwickshire.gov.uk

The report was circulated to the following members prior to publication: Cllrs Seccombe, Butlin, Kaur, Chattaway, Roodhouse and Chilvers

Local Member(s): None

Other members: None

Appendix A - Warwickshire Councils' joint statement of intent on Covid recovery

The global Covid-19 pandemic has had profound impacts on all aspects of life: healthcare, the economy, our communities, our way of life and individuals' well-being.

The pandemic has shown our communities and local public services at their best: innovating to work in new ways; making better use of data and digital service delivery; collaborating more strongly; and unleashing the creativity, passion and common purpose of our people.

The pandemic has created immediate issues and risks which need careful management, but we have an opportunity to build back stronger and better. Recovery must support long-term action to address climate change, while ensuring a growing and sustainable economy can fund investment in public services and a more sustainable future.

As we begin our recovery from the pandemic, we will not return to how things were; together, we commit to ensure Warwickshire emerges stronger and to protect future generations by applying positive lessons from the pandemic.

Recovery will neither be a straightforward nor a linear process; we may move back into a 'response' mode if there are further peaks in the virus. We know the economic impacts will be profound and long-term. We will help individuals rebuild, and reinforce confident, resilient and sustainable communities. We will focus our joint work around the following objectives:

1. to drive economic recovery, business growth and regeneration, supporting sectors with the highest growth potential and also those most negatively impacted such as tourism; working with the education and training sectors, we will build skills to get people into work, training or new careers;
2. to recover in a way which helps address the climate change emergency, and sets Warwickshire up for a more sustainable, low carbon future;
3. to improve health, well-being and care in Warwickshire, supporting those most vulnerable and ensuring long-term improvement in population health;
4. to harness, and build upon our thriving voluntary and community sectors as a central part of making Warwickshire a great place to live;
5. to restore services and school provision safely, protecting staff, service users and the public; and
6. to ensure our organisations and services are strong, sustainable and fit for the future.

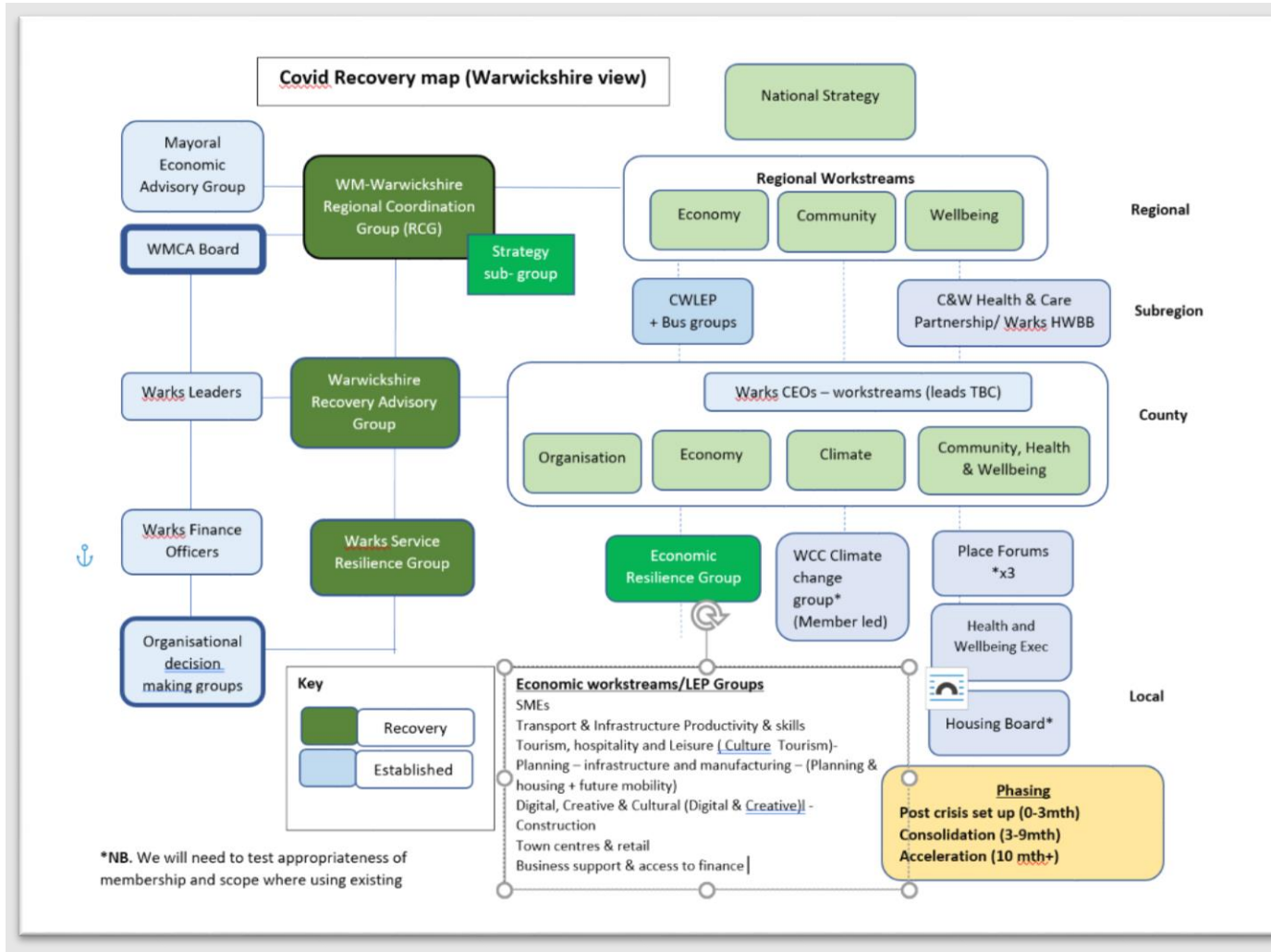
We are committed to working with our public, private and voluntary sector partners along with individual citizens to develop a stronger county after Covid-19, working at various levels:

- we will be engaged at national level in shaping the UK's recovery;
- our work will be part of regional efforts across the West Midlands and Warwickshire, and will align our work to the Combined Authority's recovery principles;
- sub-regionally, we will work with our partners in the natural economic geography of Coventry and Warwickshire;
- we will address strategic issues across the County through close collaboration between the County, District and Borough Councils, our NHS and Police partners, businesses and the voluntary and community sector; and
- our district, borough, town and parish councils will play a critical role shaping local places, high streets, public spaces and business estates.

Our joint work on recovery will be:

- flexible, dynamic and responsive as circumstances evolve;
- positive and innovative;
- rooted in our communities, engaging with them to develop our thinking;
- aligned with existing structures wherever possible, enhancing the strong relationships that characterise Warwickshire;
- collaborative, co-ordinated, and enabling progress at pace; and
- maximising our collective skills and resources.

Appendix B - Map of Regional, County and local Recovery groups

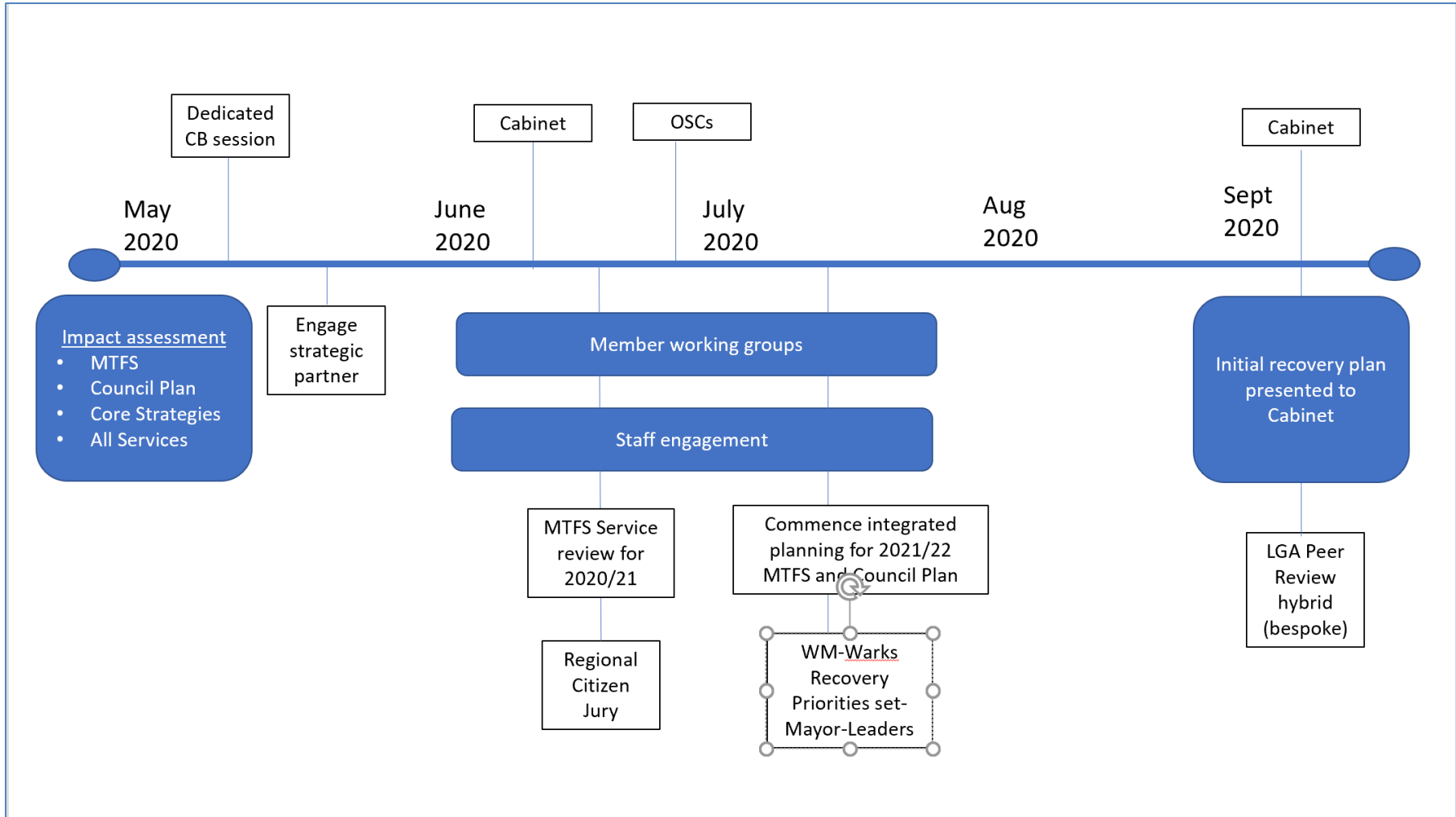


Appendix C - Key change portfolio themes

Programmes	Key considerations for Recovery (informed by desktop policy & impact assessment)	Related core strategies	Change portfolio elements
Place, Economy, and Climate	<p>Economy (see separate paper on today's agenda)</p> <ul style="list-style-type: none"> • Rural economy • Key sectors e.g. Tourism, automotive • Access to funding for businesses • Employment rates • Skills requirements and access to training, re-skilling <p>Place shaping (see separate paper on today's agenda)</p> <ul style="list-style-type: none"> • Impact for Town centres and high streets • Cultural sector impact including City of Culture • Reduced income for Universities • Use of public transport -accessibility <p>Climate</p> <ul style="list-style-type: none"> • Implementing the Climate Change action group's plans • Bouncing back greener • Reduced car journeys/re-designation of road space • Improving air quality 	Economic growth Property Commercial Local Transport Plan Place plans	<ul style="list-style-type: none"> • Climate change • Place shaping • Transportation • Business and economic recovery
Community	<ul style="list-style-type: none"> • Future role of the Voluntary sector /volunteer networks • Capturing Community action • Digitising volunteering and support for the vulnerable • New vulnerability, inequality and differential impacts of Covid • Financial vulnerability/increased unemployment • Impact of reduced/home school access 	<ul style="list-style-type: none"> • Voluntary & Community Sector Strategy • Education Strategy 	<ul style="list-style-type: none"> • Voluntary & community • Education Strategy • Fire Transformation

Heath & Wellbeing and Social Care	<ul style="list-style-type: none"> • Mental health • Homelessness • Delayed access to health care for non-Covid conditions • Delayed demand surge • Market sustainability for care homes • Assurance of social care providers • Increase in domestic abuse 	<ul style="list-style-type: none"> • Health and Well-Being Strategy 	<ul style="list-style-type: none"> • Adults • Children's Transformation Programme • Warwickshire Cares Better Together
Organisation	<ul style="list-style-type: none"> • Staff wellbeing – DSE and mental health • Remote working • Importance of Data and digital • Financial impact – council tax/business rate income base • Investment base 	<ul style="list-style-type: none"> • Council Plan • MTFS • Our People • Digital and Technology • Property • Data • Customer Experience 	<ul style="list-style-type: none"> • Service redesigns • Data & Digital • Commercial strategy implementation • How We Work (including innovation strategy) • Customer Experience • Devolution • Marketing and Communications

Appendix D – Recovery timetable



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Adult Social Care and Health Overview and Scrutiny Committee 24 June 2020

Work Programme

1. Recommendation(s)

- 1.1 That the Committee reviews and updates its work programme.

2. Work Programme

The Committee's work programme for 2020/21 is attached at Appendix A for consideration. The programme was reviewed by the Chair and Party spokespeople at their meeting on 29 April. 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.

3. 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. At 15 June, there were no items listed on the Council's Forward Plan.

4. 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. Due to the Covid pandemic, since March many committee meetings have been cancelled.

Date	Report
North Warwickshire Borough Council	
	<p>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)</p> <p>At the Community and Environment Board held on 9 March, the agenda included the Health and Wellbeing Action Plan. The Health and wellbeing Working Party met on 11 February. Its agenda included:</p> <ul style="list-style-type: none"> • Air Quality • Health and Wellbeing Action Plan (2017 to 2020) • The Future Health and Wellbeing Action Plan • Public Health / JSNA Update
Nuneaton and Bedworth Borough Council – Health Overview and Scrutiny Panel	
2019/20	<p>This is an extract of the draft work programme considered by the Borough Council's External Overview and Scrutiny Panel on 6 February.</p> <ul style="list-style-type: none"> • 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	<p>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.</p> <ul style="list-style-type: none"> • 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	
	<ul style="list-style-type: none"> • Policy on Regulating the Private Rent Sector – Health &

	Wellbeing Aspects <ul style="list-style-type: none"> • Social Isolation • JSNA Waves 3 & 4 • Health & Wellbeing Action Plan and Annual Update Report
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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

Appendices

1. Appendix 1 Work Programme

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 2020/21

Date of meeting	Item	Report detail
24 June 2020	COVID Recovery Approach Paper	This item has been included on the work programme for each overview and scrutiny committee, at their next meeting. It is a report setting out the Council's approach to recovery to the Covid crisis, focusing on the areas of work and activities underway and planned over the short and medium term.
24 June 2020	Test, trace, isolate	The Director of Public Health will hold a question and answer session to update members on the national and regional approach to test, trace and isolate.
Future Work Programme		
Date TBC	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. This item was deferred from the 29 April meeting which was cancelled.
Date TBC	Pharmacy Services	<p>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 previously were:</p> <ul style="list-style-type: none"> • 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.
Date TBC	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.
Date TBC	Merger of the Coventry and Warwickshire Clinical Commissioning Groups (CCGs)	Notification has been received from the three CCGs serving Coventry and Warwickshire of the approval of member practices to merge into a single CCG. The three CCGs will work together to start the process of applying to NHS England and Improvement to become a single organisation. There is an offer of continued engagement with stakeholders including the committee. This item was deferred from the 29 April meeting which was cancelled.
Date TBC	Alternate Provider Medical Services Contracts	A motion was debated at Council on the retendering of Alternate Provider Medical Services (AMPS) contracts. It was agreed that this matter be brought back to the committee for further consideration and was originally intended to bring an item to the February 2020 meeting. WN and C&R CCGs are undertaking the procurement process and details are awaited on the full position will be known on the APMS contracts. On that basis the Chair has agreed to defer the matter pending the outcome of the procurement exercise.
Date TBC	George Eliot Hospital (GEH) - Care Quality Commission (CQC) Inspection	GEH had an unannounced visit from the CQC in December 2019. Members asked in both the January and February committees when it would be able to discuss the CQC report and associated action plan. It was confirmed that the CQC had given notice of certain 'must do' and 'should do' actions. The CQC report has been published and contact was made with GEH with a view to the item being considered at the cancelled April Committee.
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 George Eliot Hospital (GEH) - Care Quality Commission (CQC) Inspection	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
<i>Date to be Set</i>	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.	<i>This item was postponed.</i> 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.

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)

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.

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