

Adult Social Care and Health Overview and Scrutiny Committee

Date: Wednesday 18 November 2020
Time: 10.00 am
Venue: Microsoft Teams

Membership

Councillor Wallace Redford (Chair)
Councillor Margaret Bell (Vice-Chair)
Councillor Helen Adkins
Councillor Jo Barker
Councillor Sally Bragg
Councillor Mike Brain
Councillor John Cooke
Councillor Andy Jenns
Councillor Keith Kondakor
Councillor Judy MacDonald
Councillor Pamela Redford
Councillor Jerry Roodhouse
Councillor Kate Rolfe
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 or 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 - 14

To receive the minutes of the meeting held on 30th September 2020.

2. Public Speaking

3. Questions to Portfolio Holders

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. Mental Health - Healthwatch Warwickshire Survey

15 - 58

The Committee will receive a presentation from Healthwatch Warwickshire on the findings from its survey of how Covid-19 has affected the health and wellbeing of people in Coventry and Warwickshire.

5. Mid Year Performance Progress Report

59 - 66

The mid-year Council Plan report for 2020/21 is submitted for the committee's consideration.

6. Covid-19

The committee has a standing item on Covid-19. A presentation will be provided with the focus for this meeting being:

- Comparison between waves one and two and differences in what is happening.
- Improving the track and trace arrangements by the end of the second lockdown period.
- The Covid-19 mobile telephone application, QR code and levels of take up being lower than expected.

7. Work Programme

67 - 76

To review the Committee's work programme for 2020/21.

Monica Fogarty
Chief Executive
Warwickshire County Council
Shire Hall, Warwick

To download papers for this meeting scan here with your camera



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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, 30 September 2020

Minutes

Attendance

Committee Members

Councillor Wallace Redford (Chair)
Councillor Margaret Bell (Vice-Chair)
Councillor Helen Adkins
Councillor Jo Barker
Councillor Sally Bragg
Councillor Mike Brain
Councillor John Cooke
Councillor Andy Jenns
Councillor Keith Kondakor
Councillor Judy MacDonald
Councillor Pamela Redford
Councillor Clive Rickhards
Councillor Jerry Roodhouse
Councillor June Tandy

Other Members

Councillors Les Caborn (Portfolio Holder).
Councillor Dave Parsons

Officers

Carl Hipkiss, John Cole, Becky Hale, Nigel Minns, Paul Spencer and Pete Sidgwick.

Partner Organisations

Chris Bain (Healthwatch Warwickshire)
Councillor Joe Clifford (Coventry City Council)
Anna Hargrave (South Warwickshire Clinical Commissioning Group (CCG))
Sophie Gilkes and Helen Lancaster (South Warwickshire Foundation Trust)
Rose Uwins (Warwickshire North and Coventry & Rugby CCGs)

1. General

(1) Apologies

Apologies for absence had been received from Councillor Kate Rolfe, replaced by Councillor Clive Rickhards, Councillor Chris Kettle (Stratford District Council) and Councillor Tracy Sheppard (Nuneaton and Bedworth Borough Council) replaced by Councillor June Tandy. Shade Agboola, Director of Public Health
Vicky Castree, Coventry City Council

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

Councillor Jerry Roodhouse declared a non-pecuniary interest as a director of Healthwatch Warwickshire. Councillor Keith Kondakor declared a non-pecuniary interest as he was in discussions with a clinical commissioning CCG regarding the provision of a new doctor's surgery in Weddington. Councillor Jo Barker declared an interest due to her involvement in the league of friends supporting the development of the Ellen Badger Hospital.

(3) Chair's Announcements

The Chair reported that a task and finish group (TFG) had been agreed at the last Chair and party spokesperson meeting. He invited Councillor Adkins to outline its purpose, being to look at health inequalities highlighted by Covid-19 and the impact especially in the north of Warwickshire. This TFG would comprise four members, Councillors Adkins, Bell, Kondakor and Roodhouse. The TFG would be asked to complete its review and report back to the Committee at its January 2021 meeting. Discussion took place about the TFG, covering the following areas:

- Whether the TFG should consider the impact of health inequalities throughout the county, or whether this work was already or should be undertaken by the Health and Wellbeing Board (HWBB), to avoid potential duplication.
- The remit was to look at Warwickshire overall, but to focus on issues in the north. It could commence with a presentation from the Director of Public Health (DPH), followed by lines of enquiry, The TFG needed a precise scope which would be assisted by the DPH.
- Including a representative of the HWBB on the TFG.
- Development of the new health and wellbeing strategy and its action plan. This could be informed by the work of the TFG providing a useful link.
- Reference to the joint meeting of this committee and the Communities OSC on 25th November. A concern in regard to officer capacity, the need to be productive and to avoid duplication.
- This group was focussed on the Covid-19 aspects of health inequalities.

The Chair referred to the '111 First' initiative and had requested that a briefing be provided on this to the Committee's November meeting. That meeting would also have a focus on mental health.

(4) Minutes of previous meetings

The minutes of the meetings held on 24th June & 23rd July and of the special meetings held on 30th July & 19th August 2020 were approved as correct records.

2. Public Speaking

None.

3. Questions to Portfolio Holders

Councillor Margaret Bell submitted a question to Councillor Les Caborn, Portfolio Holder for Adult Social Care and Health, expressing concerns that the private sector appeared to be 'standing up' routine health interventions more quickly than some NHS services. She gave examples of blood tests, dentistry and ear syringing to demonstrate this, asking who it could be pursued with to secure assurance.

Councillor Caborn responded that this was a matter for the Warwickshire North CCG. From his and other member contributions it was evident that the services commissioned varied across Warwickshire. There was no delay in blood tests in the south of the County; conversely there had not been an NHS ear syringing service for several years and patients in that area had to pay privately.

Nigel Minns offered to circulate a statement from NHS England about dentistry services. Dentists were prioritising patient safety, limiting the number of NHS appointments. The proportion of NHS and private work varied for each dentist practice and where NHS appointments were full, patients may be offered a private appointment. If there were issues at specific practices, these should be passed to himself, for referral to NHS England.

Other members shared their concerns regarding the delays in getting blood tests. Some people could not afford to pay for private dentistry. Further issues concerned patients in Nuneaton struggling to get GP appointments and being seen in the practice car park. The blood test delays had already been raised with the WNCCG. A suggestion that the CCG should be requested to attend a future meeting to report on the service variance, also urging the portfolio holder to pursue this. The Chair agreed to write to the CCG to raise these concerns.

4. Progress in Restoration and Recovery of Services in Warwickshire

Anna Hargrave, Chief Strategy Officer of South Warwickshire Clinical Commissioning Group (CCG) introduced this item. The report concerned the potential relocation of neuro-rehabilitation beds from University Hospitals of Coventry and Warwickshire (UHCW) to South Warwickshire Foundation Trust's (SWFT) Central England Rehabilitation Unit, located at Royal Leamington Spa Hospital. It also concerned the current temporary closure of the Stratford Minor Injuries Unit and Ellen Badger First Aid Centre, both being to support the response to COVID-19. The committee's support was sought to develop a case for change and to consider the benefits of these service changes for the local population, prior to making a decision regarding the current arrangements.

It was confirmed that any service change proposals would be assessed to see if there was system-wide support, before a detailed case for change was prepared and subjected to engagement with patients, staff, the wider public and stakeholders.

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

- This was a good opportunity to rethink the location of services and their delivery.
- Clarified that the service had been relocated to increase capacity for acute services at UHCW.
- Regarding the rethink of urgent care, a plea to look across the county to ensure that facilities were provided in all areas, including for general rehabilitation.
- Points about the short-term response and longer-term aspects for the review of rehabilitation services, including the estates strategy. This review concerned the specialist neuro rehabilitation service and patients from Coventry, Warwickshire and beyond who had been at UHCW were currently treated at the Central England Rehabilitation Unit. Further information would be sought about rehabilitation generally from WNCCG and be provided to the committee.
- Reference to the increasing number of Covid-19 infections and a question on the restoration of services. Helen Lancaster from SWFT replied that all three trusts had virtually returned to pre-covid service delivery levels for many services. The restoration of services was discussed regularly between the three trusts, with mutual support being provided. Some patients remained nervous about attending hospital. Use of the independent hospitals was also raised, together with the measures required to provide safeguards when standing up services. A lot of work had been done over a short period of time and the winter pressures would be exacerbated by the pandemic this year.
- Earlier in the meeting, reference had been made to the delays in getting blood tests and results in the north of the county, which would be pursued with the WNCCG
- Councillor Roodhouse raised concerns regarding the wording of recommendation two in the report, seeking support for the business case. He explained the role of the scrutiny committee was to consider the evidence on what the CCG had done in formulating the business case. As a director of HWW, he was interested in securing the patient voice. He concluded that the committee should note the report at this stage. The Chair acknowledged these points. The suggestion to note the report was endorsed by another member.
- A member was concerned at the formation of the business case and what this may mean for the Ellen Badger Hospital, whilst also seeking more information about the plans for a wellbeing hub.
- The business case would provide an appraisal of all options, include robust engagement and there were no pre-determined ideas. The report at this stage was advance notice of the process to be followed. Because of the urgent closures or changes required, there was a duty to keep the committee informed ahead of the planned further work.
- Sophie Gilkes spoke about the progress with the Ellen Badger development, investment plans, development of a localities hub and integrated care. There was ongoing work with both WCC Public Health on the needs of this community and Trevor Russell, Chair of the Shipston on Stour Health and Wellbeing Partnership.
- A commitment to work with Healthwatch Warwickshire (HWW) and via the Chat dialogue, Chris Bain confirmed that HWW would be pleased to play a full part in the engagement strategy

- Councillor Barker declared an interest due to her involvement in the league of friends supporting the development of the Ellen Badger Hospital.
- Councillor Bell noted the lack of representation from WNCCG or the George Eliot Hospital (GEH) at this meeting. Rose Uwins confirmed that she was representing both WN and Coventry & Rugby CCGs and would refer back the points raised at the meeting. Councillor Caborn added that he had monthly meetings with GEH and any issues could be passed to him to raise. It was suggested that a regular attendee from GEH should be invited to attend future meetings.

Resolved

1. That the Committee notes the proposal for NHS Coventry and Rugby CCG, in collaboration with UHCW and SWFT, undertaking the process to develop a full decision-making business case regarding the future location of the neuro-rehabilitation level 2b beds.
2. That the Committee notes the process to develop a full decision-making business case regarding the future of the Stratford Minor Injuries Unit and Ellen Badger First Aid Centre, as part of a wider look at urgent and emergency care services in South Warwickshire.

The Chair thanked Anna Hargrave, Sophie Gilkes and Helen Lancaster for their attendance at the committee.

5. Covid-19 Position and Recovery

The Committee received a presentation from Nigel Minns, Strategic Director. The presentation gave an overview of the current position on Covid-19 in Warwickshire. The presentation included slides on the following areas:

- Graphs showing the cumulative numbers of cases for both Warwickshire and the area covered by the West Midlands Combined Authority. It also provided data on the positive test results for each area. Context that the data earlier in the pandemic did not include community testing and this would have increased significantly the reported case numbers.
- The cumulative and seven-day rates in terms of positive cases per 100,000 tests, broken down by district and borough area. Case numbers in Rugby and the increasing numbers in the Nuneaton and Bedworth area were referenced particularly.
- Outbreak management, including the outbreak control plan and test and trace activity.
- The Covid-19 recovery survey, which had received some 2,350 responses to date.
- There were currently eighteen Covid-19 patients in hospitals in Coventry and Warwickshire, with four being in intensive care. This was significantly higher than recent weeks but was not at the levels seen earlier in the year.

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

- An update was sought on a specific outbreak which could be provided outside the meeting.
- Reference to the new NHS Covid-19 mobile telephone application, its take up and how it would integrate to the current work of public Health and other agencies. This would be provided for the committee via a briefing note.

- In regard to patients requiring intensive care in hospital it was understood that this tended to be older people or those with underlying health conditions.
- Praise for the local contact tracing work in Rugby. Further case studies would be useful, both for members and the public. It was confirmed that the team undertook segmentation of location and people, to enable targeted activity. A similar approach was planned for the Nuneaton and Bedworth area.
- Covid-19 cases at universities was raised. There had been media coverage about student parties. A concern was students with Covid returning to university, including those from abroad. Whilst they may not require medical support themselves, they could infect others who would. It was confirmed that the University of Warwick (UoW) was conducting its own testing and it did attract foreign students from a broad geographic area, where the Coventry University students tended to be more local. The UoW was engaged in the strategic meetings and activity, which provided a helpful two-way dialogue.
- It would be useful to have data on the numbers of people tested each day. This suggestion would be investigated as information was received from several sources and it was a question of if the data could be aligned into a single daily report. The member suggested a list of where the mobile testing stations had been located each day to provide a context. It was noted that outbreaks also caused a spike in testing in that locality.
- A question about potential death rates and whether they were expected to be on the same trajectory as during the first wave of the pandemic. The indications were that mortality rates would be less for a number of reasons, including NHS learning, better treatment, better protection for care homes and no discharge of Covid-19 positive patients back to care homes.
- The Chair confirmed that Covid-19 would be a standing item on the agenda and he asked that thanks be passed to officers for their ongoing work.

The second part of the item concerned Adult Social Care and Public Health recovery. A presentation was provided by Becky Hale which covered the following areas:

- Still Responding and Planning.....
 - Monitoring and responding to positive cases.
 - NHS Phase 3 – Organisational and System Winter Plans
 - Adult Social Care Winter Plan
 - Surge Planning – Discharge Capacity
 - Infection Control Funding
 - Market Support
 - Coventry and Warwickshire Care Expert Advisory Group
- Council Recovery Priorities – Health and Care
 - Priority 1 Contain the virus and promote physical and mental health and wellbeing
 - Priority 2 Maintain resilient and sustainable services
 - Priority 3 Helping our children and young people to catch up on their education (with education)
 - Priority 4 Harness the power of our communities to tackle inequality and exclusion (with communities)
- People Recovery Programme
- Investment Fund Bids
- Recovery Update – Public Health
- Recovery Update – Adult Social Care Delivery

- Recovery Update – People Strategy & Commissioning

Further questions and comments from members:

- Community health checks were planned, including targeted visits to communities using the Coventry and Warwickshire Mind bus. It was agreed that the schedule of visits would be circulated to the committee.
- There was increasing evidence that recovery from Covid-19 could take up to 6 months, with an impact on mental health too. Public Health were looking at the rehabilitation needs of patients recovering from Covid-19 and implications in terms of the support offer. Further updates could be provided as this work progressed.
- A question which concerned the subsequent performance report on the percentage of placements in care homes rated by the Care Quality Commission (CQC) as good or outstanding. The data seemed to have stalled. The CQC had suspended inspections due to the pandemic, but it was questioned if there were further issues which required a close focus. Specific work was being undertaken to understand contributing factors, one of which would be the lack of follow up inspections, but there may be others. An assurance that there had been a continued focus on quality where there were concerns. The member asked if this was a general issue or was it affecting certain geographies. Officers would be compiling detailed data, to enable targeted work.
- A comment via the chat dialogue that long Covid was becoming a recognised condition, exacerbated by isolation and mental ill health.
- A question regarding unmet demands for people needing to move into care placements, data on this area and interim arrangements. It wasn't considered that there was a backlog of people needing to go into care. The data was consistent with that prior to the pandemic and residential placements had continued. There was likely to be additional work in relation to continuing healthcare applications, which had been suspended as part of the Covid response.
- Discussions with the care market supported this. There was ongoing research to look at aspects for those eligible for support from health or social care as well as self-funded placements. There was also national research via ADASS on the care home market, its position and potential future market, which the county council was actively engaged in. It was requested that this information be provided to members once received.

Resolved

That the Committee notes the presentation.

6. One Organisational Plan Quarterly Performance Progress Reports

The committee received two quarterly progress reports, which were supplemented by a presentation from Pete Sidgwick, Assistant Director for Adult Social Care.

The One Organisational Plan (OOP) Year-end performance report for the period April 1st, 2019 to March 31st, 2020 was considered and approved by Cabinet on 9th July. The report 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. A separate financial monitoring report for the period covering both the revenue and capital budgets, reserves and delivery of the savings plan was presented and considered at the Cabinet meeting held in

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Adult Social Care & Health Overview & Scrutiny Committee

30.09.20

June 2020.

A tailored report was provided for the services under the committee's remit. This included strategic context and a performance commentary, assessed against the KBMs. Further detail was provided of remedial actions implemented in areas of lower performance. A financial commentary was also provided on the revenue budget, delivery of the 2017-20 savings plan and the capital programme.

Questions and comments were invited. The focus on women smoking in pregnancy at the time of delivery was welcomed. In the north of Warwickshire, nearly one in five women smoked during pregnancy. It was understood that at GEH there was little focus on this area and targeted action was required at antenatal services. Officers replied that the Public Health had targets for this area, which were being achieved at quarter one of the current monitoring period. This had been a focus at the recent Health and Wellbeing Board too, with a range of actions being agreed and that report would be shared with the committee.

Next, the committee considered the corresponding report for the period 1st April to 30th June 2020. This was considered and approved by Cabinet on 10th September 2020. The report provided the same information as shown for the year-end report. This also included the strategic context and a performance commentary, with details of the high-level outcomes within the Council Plan 2020-25, the monitoring of KBMs and the current position on the nine KBMs within the remit of the committee. Further detail was provided on performance of KBMs that was worthy of note and two areas which were not currently 'on track' at the end of quarter one. A financial commentary was also provided on the revenue budget, delivery of the savings plan and the capital programme.

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

- On the financial commentary there was a forecast £2m overspend for the disability service. There was likely to be increasing service demands for mental health services and associated costs. There was an underspend of just under £2m on residential nursing, due to reduced demand in care homes. It was questioned if there were concerns for the future of the care market. In response, officers explained the difficulties in separating costs attributable to the Covid-19 pandemic from those which were increases in service demand. Overall, it was considered that expenditure levels were relatively stable, with increases in some areas offset by reductions elsewhere. An example was given of the changes required due to revised hospital discharge guidance. There had been a reduction in residential care admissions. By providing earlier interventions this enabled people to return to home with appropriate support, reducing the demand for care home placements. The longer-term need for care home placements would have to be assessed, with context provided on the low base demand in Warwickshire compared to other areas.
- An area of concern was the reduction in the standards of care and nursing homes. The data had been impacted by the CQC ceasing inspections due to the Covid-19 pandemic. Where the CQC had rated a care home as 'requires improvement', those improvements may have been made, but the lack of reinspection prevented the improvements being recognised formally and this situation would continue until the CQC recommenced inspections. Officers reminded of the points raised earlier in the meeting and the actions through a number of agencies to support care homes.
- A question if extra care housing schemes had been delayed by Covid-19. Officers confirmed that the programme of schemes was unchanged and could be circulated to the

committee. The Portfolio Holder added that a review of provision was taking place currently and he updated on a new facility at Bishopton.

- Geographical issues from migration of people moving between Coventry and Warwickshire. In terms of care responsibilities, these remained with the authority where the person had lived previously. Data for this area was quite stable.

Resolved

That the Committee notes the reports.

7. Work Programme

The Committee reviewed its work programme. The Chair advised that the main focus for the November meeting would be on mental health, to include the Healthwatch survey of patient experience. The Coventry and Warwickshire Health & Care Partnership had been selected as an early implementer of a new national system via which the public would access NHS urgent and emergency care. He planned to discuss this further at the next meeting with party spokespeople, with a view to it being considered at the November committee.

The Chair invited district and borough co-optees to provide verbal updates on their work programmes. Councillor Bragg advised that Rugby BC had moved to a single overview and scrutiny committee and the use of task groups. Councillor Tandy reported on a special meeting of its overview and scrutiny committee focussed on the Covid-19 situation in the borough.

Resolved

That the Committee notes its work programme.

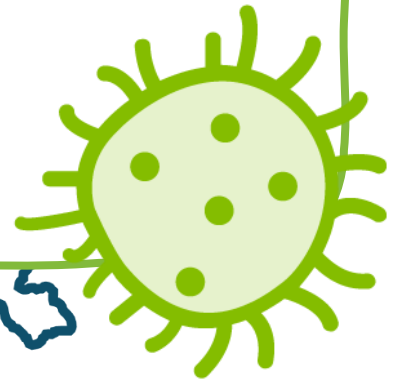
.....
Councillor Wallace Redford, Chair

The meeting closed at 12:15pm

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**How has Covid-19
affected the health and
wellbeing of people of
Coventry and
Warwickshire?**



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Introduction

In March 2020, the Government began a nationwide campaign to try and reduce the spread of the Covid-19 virus (also known as Coronavirus). This resulted in many NHS and Social Care appointments being moved online, postponed, or cancelled and those who were classed as '[clinically vulnerable](#)' were asked to shield. A period of 'Lockdown' was brought in on 23rd March 2020 and [restrictions](#) still remain at the time of writing this report.

Gathering the views of people in Warwickshire and Coventry

Every day Healthwatch Warwickshire and Healthwatch Coventry hear from people who share their experiences of using NHS and Social Care services. This report provides a summary of findings from a survey we ran from May-July 2020 and is informed by 1,117 people's experiences of services during the pandemic across Warwickshire and Coventry. As agreed by both Healthwatches, Healthwatch Warwickshire led on this piece of work, working alongside Healthwatch Coventry to roll out the survey asking the following key questions:

- How local people accessed information to keep them safe during the pandemic and if the information needed to keep them safe given in a way they understood?
- What changes had been made to NHS, adult social care services, or support needed or received to keep them well during the pandemic?
- How the pandemic had impacted peoples' mental health and wellbeing? What services had been affected? And its impact to the person receiving support.

What they survey told us

1,117 people told us about their experiences of health and care at the height of the pandemic. We received a good response rate from across both Warwickshire (72%) and Coventry (20%) (8% preferred not to say). From the information that we have gathered there are lessons that could be learned in several areas including: Maternity, Dentistry, Pain Management, Medications,

Mental Health and about how changes are communicated. More detail is provided within this report and is also available upon request.

Most of the responses to our survey were completed online, but we did receive several paper copy responses which were sent out by the Warwickshire County Council Shielding Hubs, Millbrook Healthcare, Apetito, and given out by Edible Links. We are concerned as a Healthwatch that we have not been able to actively seek more views of those who may be digitally excluded by our usual face-to-face methods but we are equally pleased to have had our highest response rate to an online survey.

What we have done already

Healthwatch Warwickshire understood that we needed to share the information that we were receiving from the public with the NHS, Local Authorities, Clinical Commissioning Groups and other key stakeholders to ensure that they were hearing what was happening to local people whilst still at the height of the pandemic. Therefore, we produced bi-weekly briefings and sent them out to key stakeholders so they could understand the issues affecting those receiving care.

Healthwatch Warwickshire has also already presented the findings to groups including Transitional Place Board in South Warwickshire which has resulted in them including our findings in their future engagement strategy.

This report brings together all of the information shared as well as giving Healthwatch Warwickshire a challenge to ensure that we use the information gathered to inform services of what went well and what could be improved in the delivery of services locally.

We have shared the data for Coventry with Healthwatch Coventry who have now produced their own [briefing paper](#).

This report will look at an overview of the information gathered across Warwickshire and Coventry, but we will continue to work with key stakeholders to share more specific information related to specific conditions such as maternity, dentistry, mental health or cancer.

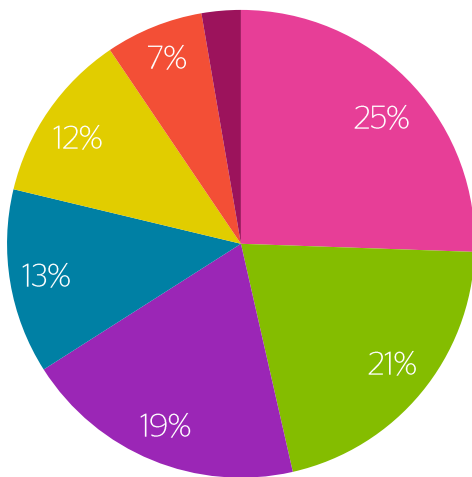
Who are we hearing from?

1,117 people responded to our survey

1,102 surveys were completed online, the remainder were via post.

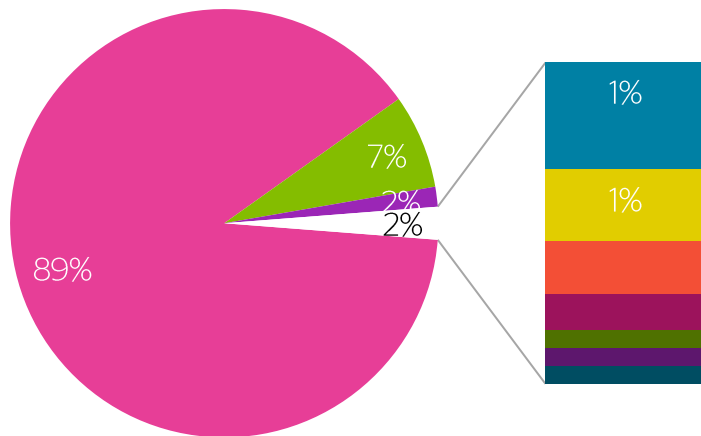
Not everyone answered every question.

Residence



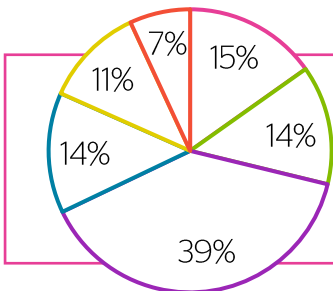
- Warwick/Leamington Spa
- Stratford-Upon-Avon
- Coventry
- Nuneaton and Bedworth
- Rugby
- North Warwickshire
- Other

Ethnicity



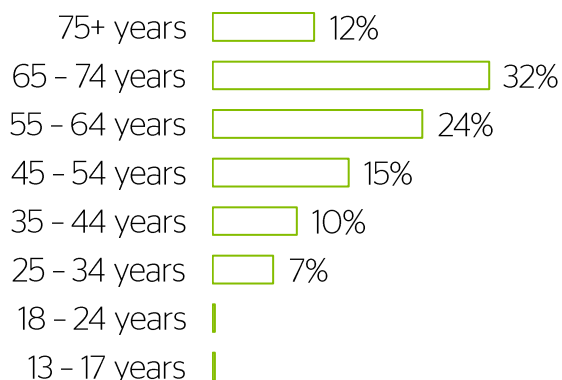
- White: British
- White: Any other White background
- White: Irish
- Asian / Asian British: Indian
- Black / Black British: African
- Black / Black British: Caribbean
- Another ethnic background
- Mixed / Multiple ethnic groups: Black African and White
- Mixed / Multiple ethnic groups: Asian and White
- Asian / Asian British: Bangladeshi

Actual population of Coventry and Warwickshire



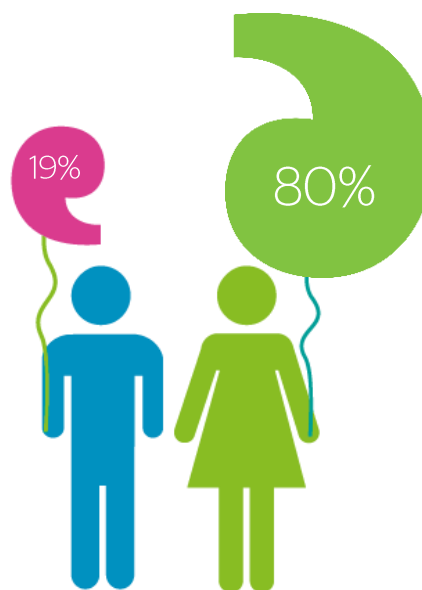
We aimed to hear from people across Coventry and Warwickshire. As shown, Coventry was under-represented and South Warwickshire districts were over-represented.

Age

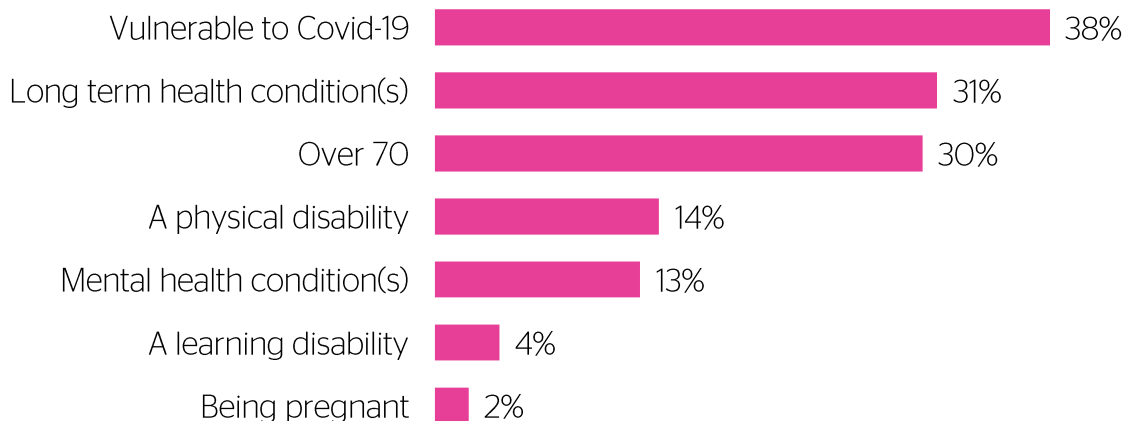


56% of respondents were of working age (above 18 and below 65)

Gender



Are you, or do you have, any of the following?



Coventry respondents differed the most compared to other areas, having a smaller proportion of over 70s (with the largest age group being 55-64). Except for age, all other categories were higher for Coventry residents, people with long-term health conditions being the largest group for Coventry (45%). Only 19% from Coventry answered that none of these categories applied to them (compared to 30% for Coventry and Warwickshire)

When we asked if participants wanted to tell us more about a condition, common answers shown to the right.

- Asthma
- Blood pressure
- Diabetes
- Anxiety or depression
- COPD
- Cancer
- Arthritis

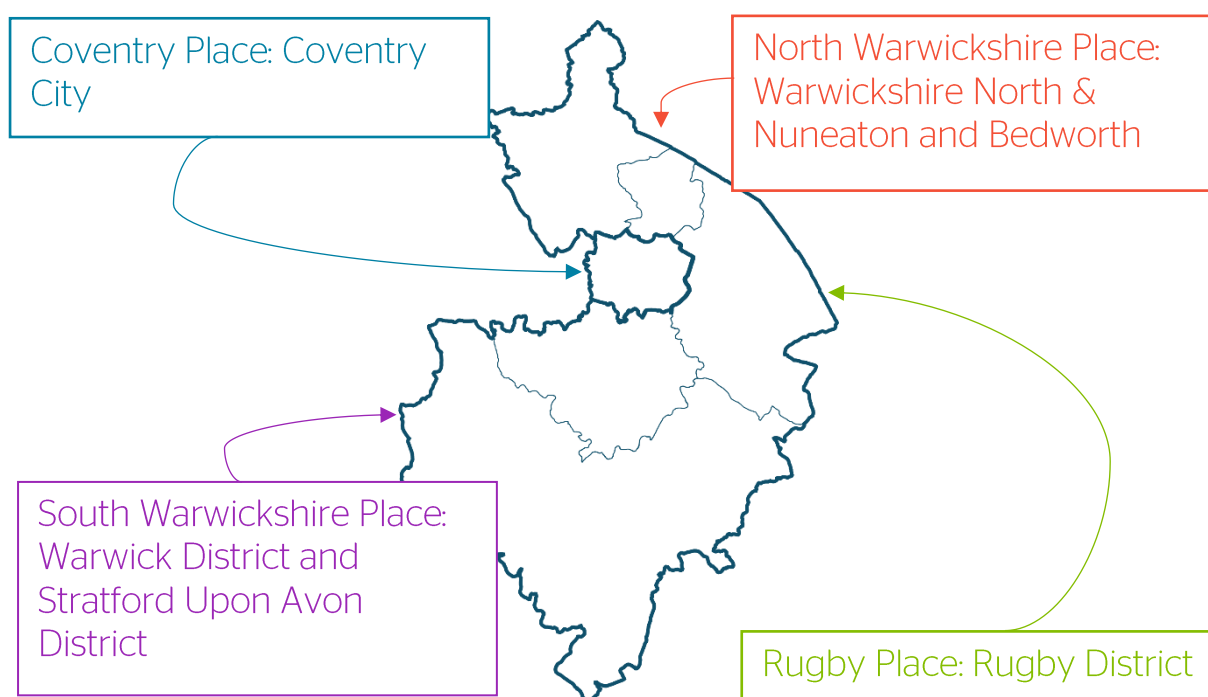
Our Findings

What we asked

We asked local people to answer a set of questions related to their experiences of finding accurate up-to-date information that was accessible to them and received in a timely fashion. We asked what changes to health and care had occurred during the height of the pandemic (including for Covid-19 specific care) and how it affected them, and we asked how people's mental health and wellbeing had been impacted as a result.

How we looked at the information received from the public

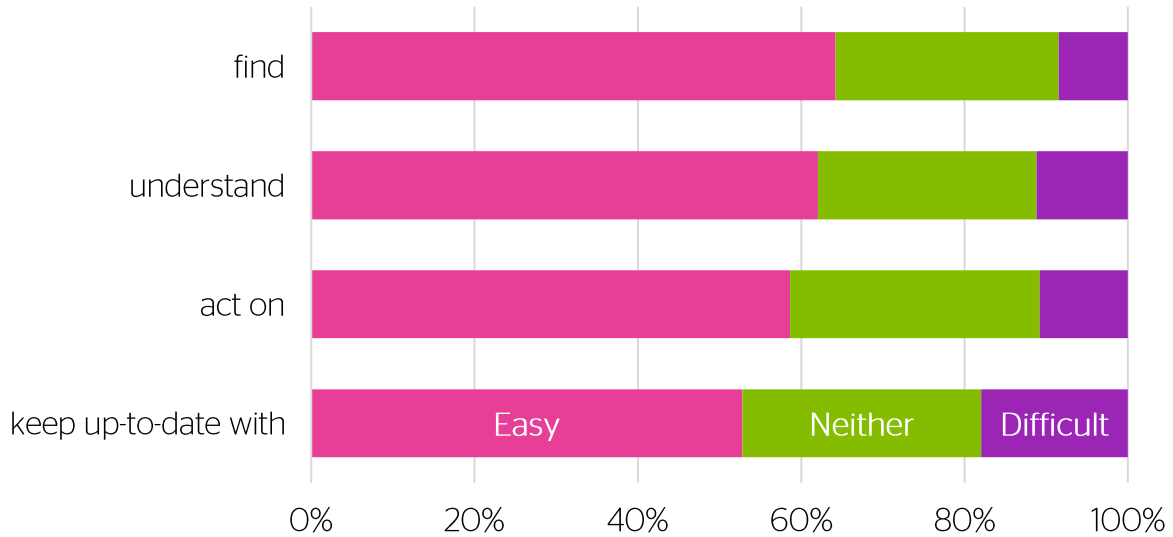
To ensure that we provide relevant and insightful information that is useful to key stakeholders such as local NHS providers and Local Government we looked at this data in a few ways. One of these ways was looking at the data both across Warwickshire and Coventry (reflecting the wider health and care system) but also on a more local level, known as 'Place'. There are four 'places' across Warwickshire and Coventry, as shown here:



We have used the colours above throughout the report when referring to 'place'. Where it was not possible or practical for this summary report to look at the data by 'place', we looked for themes in what people told us such as sentiment, services, and conditions of the individuals' feedback.

Access to advice and information

We asked how local people had found it to access, find, understand, act on, and keep up-to-date with information during the height of the pandemic:



Whilst on average 60% of people said that they had all the information that they needed to stay safe during the pandemic there was a notable North South divide. In [South Warwickshire Place](#) 19% of people said that they found it difficult to keep up to date compared to 38% in [Coventry Place](#).

We have looked at what people found difficult to find information on. Here are the Top 5 which range from 27% to 16% reporting finding it difficult to access information:

- 1 Changes to usual healthcare services
- 2 Help for people who don't use the internet
- 3 How to look after your Mental Health and Wellbeing
- 4 Accessing Community Support
- 5 What 'high risk' people should do

Overall, respondents from **Coventry Place** reported finding it difficult to access information on many subjects such as *managing physical health conditions* (21%), *managing mental health conditions* (18%) and *information on looking after physical health* (18%) more frequently selected. They also reported it being difficult to *access information on usual health care services* (38%) and *managing existing mental health conditions* were particularly higher than in the other areas.

Conversely, **South Warwickshire Place** found it less difficult to find *information on changes to usual health care services* (19%) and **Rugby Place** reported less difficulties in *accessing information on managing existing mental health conditions* (6%).

North Warwickshire Place respondents found it more difficult than the other areas to access information on several topics relating to Covid-19 symptoms, including *what you should do, if you or someone in your household has them* (11%).



“Being told to do one thing and then it changes to something else.”

“Not sure with my {condition} if I should be “shielding”?”

“What NHS services are still available & when others may resume”

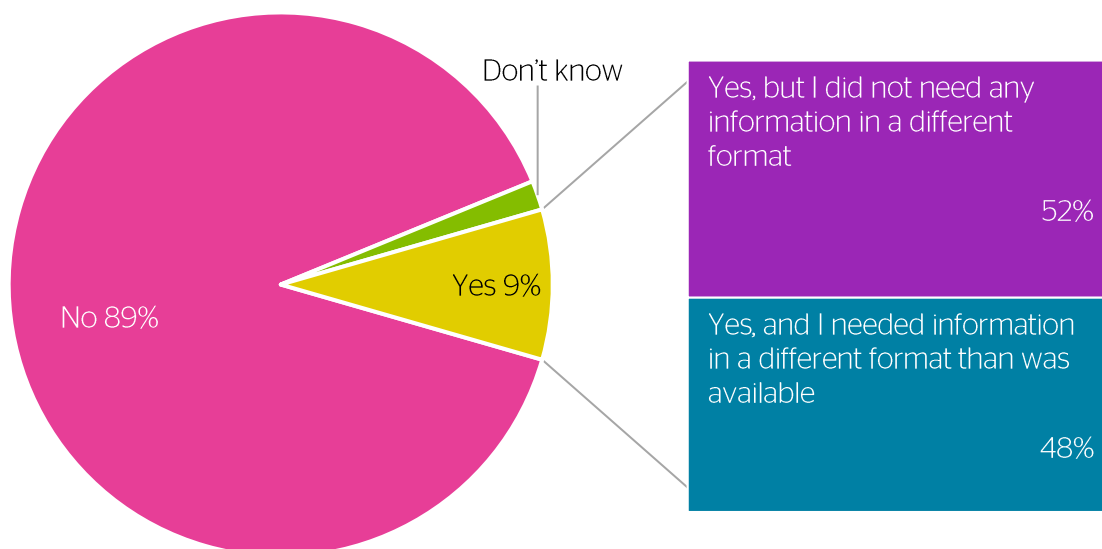
“No specific advice for children with learning disabilities”

We asked people where they found their information to keep them safe during the height of the pandemic. Most people said that they used national websites like the Government website and NHS. **North Warwickshire Place** and **Coventry Place** were less likely to use national organisations. **Rugby Place** and **South Warwickshire Place** used more social media and local information sources.

Additional communication needs

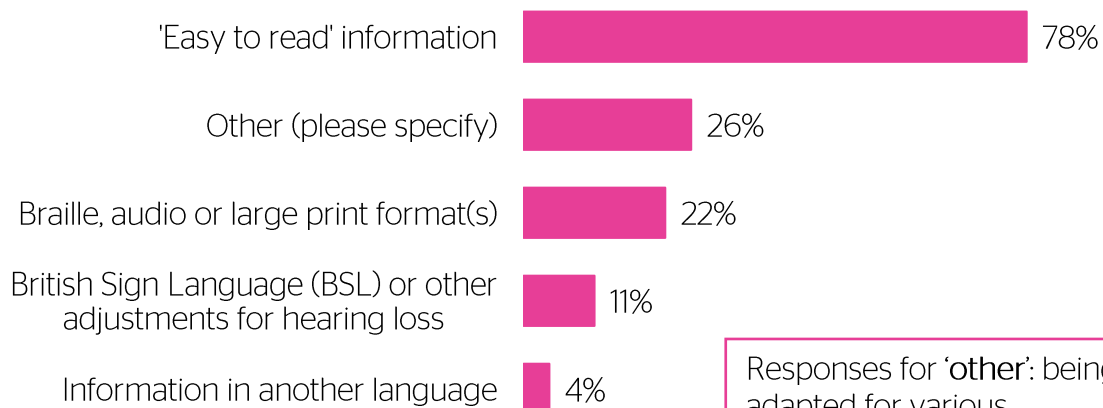
As a local Healthwatch we understand that there are people in our communities that may have barriers to accessing advice and information when they need it most. Some of these barriers are because of additional communication needs people may have (due to a learning disability, sensory impairment, and so on). We wanted to find more out about the experience of these individuals to see if their needs were being met.

We asked people whether they or someone they supported had additional communication needs



Overall, 46 people told us that they had a communication need and that they would have liked information in another format. Slightly more people in **North Warwickshire Place** (14.3%) and **Rugby Place** (13.5%) reported having, or supporting someone with, an additional communication need.

When we asked which format they would have liked information in, the responses were as follows:



Responses for 'other': being adapted for various conditions/audiences. Verbal, and videos were among the most common responses.

Several people commented on the use of face masks being ineffective for deaf people or lipreaders and that there was a lack of clear accessible information in English for people with learning disabilities (particularly for children).

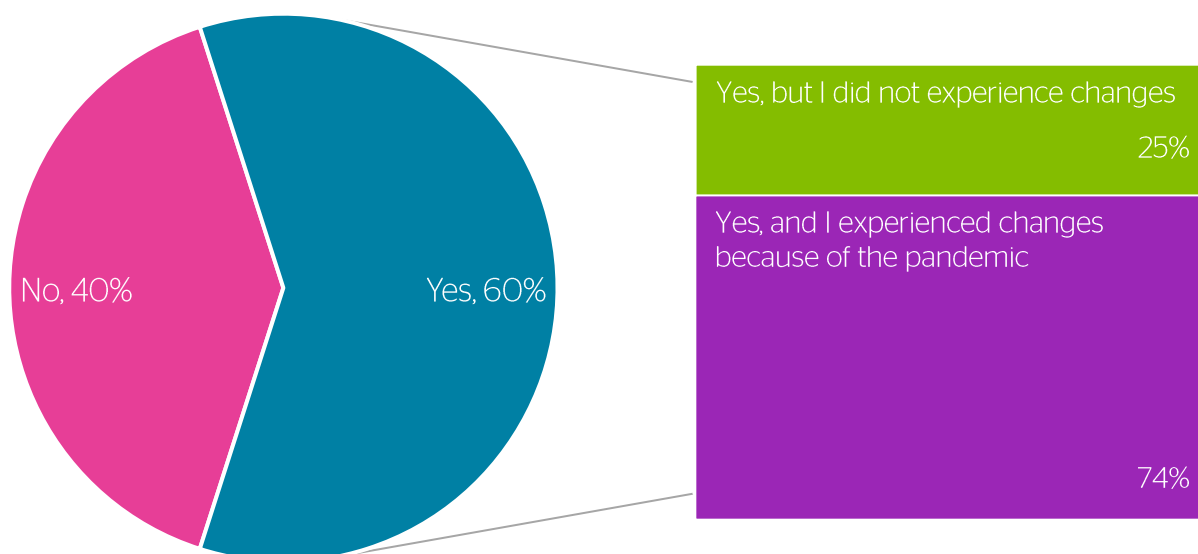


“My Dad is blind. Written information is useless, he has had no information in a way that would have helped him. He is also over 80 but has been forgotten about, without family support he and my Mum would have starved”

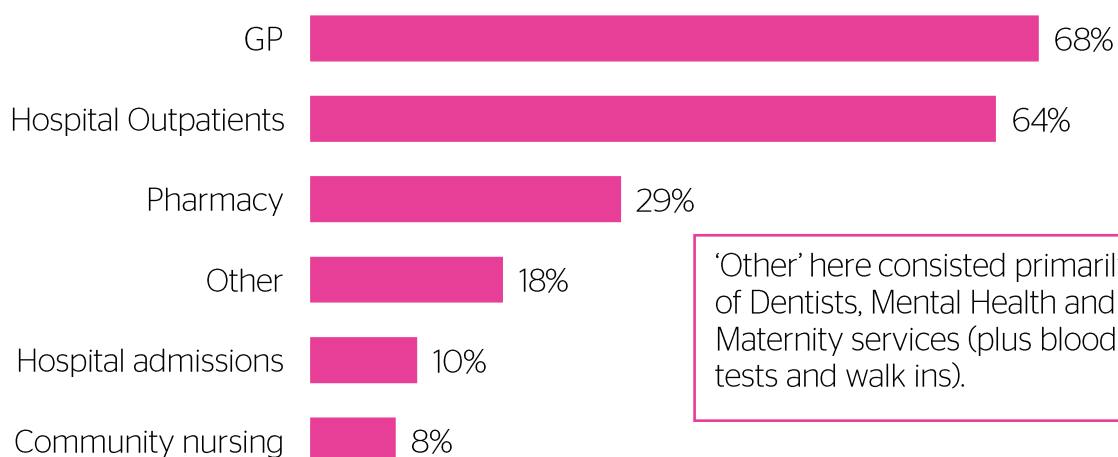
Changes to Healthcare

We wanted to find out about the changes people had experienced because of the pandemic and how it had affected them. So, we started by finding out who had both needed to use healthcare services and experienced changes.

Have you used healthcare services and have you experienced changes to them?

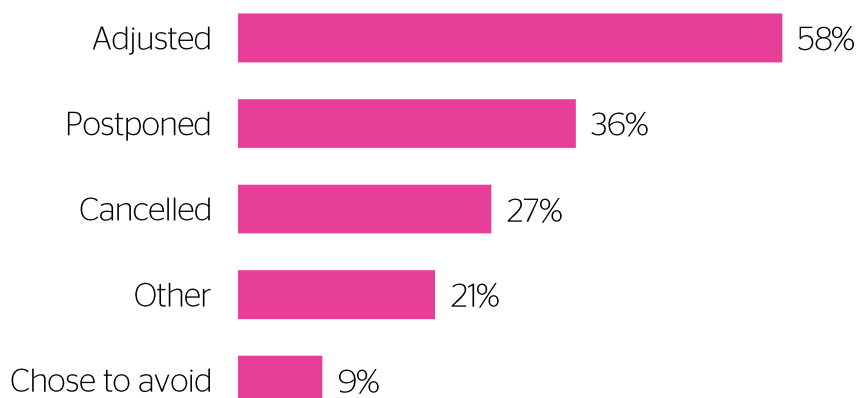


In total **401** people told us they had experienced changes to their healthcare. Outlined below are the services that had most affected the people who responded to our survey:



'Other' here consisted primarily of Dentists, Mental Health and Maternity services (plus blood tests and walk ins).

People told us that these services were:



When we looked at the information by 'Place' we noticed that people in **Coventry Place** were less likely to avoid services and more people at **Rugby Place** had services cancelled. The information we collected showed that when it came to hospitals there were more postponements and cancellations, compared with all other services where people primarily experienced adjustments.

People's experiences of Healthcare

272 people told us more about their experiences of healthcare. Of these most were negative, many were neutral (because they were simply describing the change and not indicating their feelings about it) and the remaining quarter were either positive, mixed, or unclear.

In addition to experiences of GP, hospital, outpatients, maternity, dentistry pharmacy, and mental health (as shown in the previous questions) respondents here also told us about their access to services such as blood tests, eye health, cardiology, and surgery.

Positive experiences during the pandemic

People told us positive experiences of using phone consultations but there were also good examples of increased service efficiency, excellence in implementing Covid-19 distancing measures and general good service:

"My husband had jaw pain. I was able to speak to our dentist on the phone, he accessed my husband's records and diagnosed an infection. He sent a prescription for antibiotics to our pharmacy. The pain subsided. Very pleased with service."





“The service I have experienced throughout, particularly from the haematology department has been fantastic. Haematology have gone above and beyond to provide while ensuring I was protected due to having to shield. There has been no reduction in the incredibly high standards of care provided!”

“It was very well organised when entering the practice, seating far apart, hand gel and face masks given at desk. The nurse refrained from unnecessary contact (but it was an injection). Upon exiting I was to dispose of mask and hand gel upon exit. It was very good and felt ok.”

“Saved 60-mile round trip for check-up”

Neutral comments about their experiences

We received many neutral comments simply stating the changes which occurred such as needing to attend different locations to usual or showing an understanding of the measures that are being taken during the pandemic:

“They have not impacted me. I ran into some difficulty as I had shoulder surgery, but my GP video called me and arranged for me to go to the {outpatient} services. My physio was cancelled but I was able to email the physiotherapy team when I was struggling, and the Physiotherapist phoned me. My follow up appointment for my surgery was cancelled but the surgical {team} telephoned me instead and all was fine.”

“Instead of blood test at {GP surgery} had to go to {elsewhere}. Repeat prescriptions accessed by telephone instead of leaving at {GP surgery 2}.”



Virtual Consultations



“It was better to have appointments by telephone than not at all. We didn't want to visit the hospital or GP surgery because of covid virus”

Experiences of virtual consultations were predominantly over the phone but also included video consultations. These experiences were very mixed, positive feedback we received included:

“This has been a great addition and I hope the surgery will continue to use this platform (e-consult) post covid-19.”

“I feel the Psychiatrists actually listen better on the phone as they do not get distracted”

“Telephone consultations - worked very well. Would be interested in having video calls in future...where appropriate”

Experiences of poor communication, concerns of missed diagnoses or incorrect treatment for certain conditions, and not feeling comfortable talking over the phone were common among the negative experiences:

“The appointments are over the phone which has caused anxiety as it's felt it will delay any treatment required.”

“My 2-year-old's development meeting was done over the phone, while helpful that we were still able to have the conversation, I feel it wasn't thorough enough...”

“Triage by GP receptionist meant incomplete information/lack of opportunity to ask questions so possible unnecessary trip to A&E”

“Outpatient support for my eating disorder has moved... to the telephone. This is not nearly as effective as in person. This also means I haven't been weighed which makes my eating disorder worse as its not being monitored”

“... I think a physician will pick up other things about a patient by face to face consultation that otherwise go unseen when on the phone. ... given the choice I would have preferred an actual in person meeting despite the current situation.”

Negative experiences of changes to healthcare during the pandemic

Negative experiences during the height of the pandemic made up most of the comments. We have grouped these into some of the common themes

The impact of not being seen face to face:

“If these changes hadn’t occurred, I’d have been physically assessed by a G.P. referred for physio and given a steroid injection. I’ve had pain for 7 weeks now.”



Changes being communicated poorly or not at all

“No letter/text to say the appointment was cancelled”

“George Eliot failed to tell me in time that I would receive telephone consult with cardiologist. I therefore had an unnecessary journey to the hospital”

“Neither my doctor nor the consultant at the hospital knew who was responsible for letting me know I should be shielding...”

“No info from Central Surgery about changes to, or how to access, appointments. Could have gone on website.”

And people feeling ‘left in the dark’

“My physio has been postponed indefinitely as has the ortho appointment I should have had in early May. I am left trying to manage on my own in pain until who knows when.”

“My imminent knee replacement was postponed. No new date. Mobility worsening. Not expecting anything anytime soon but anxious about returning to work with surgery still not done and badly affecting mobility and pain.... On potentially additive pain killers for longer and longer and concerned about issues this might cause.”



Lack of access to services, particularly when a condition was previously described as “urgent” but it is now “not urgent enough”

“They’re all either running slower (care coordination) or not accepting new referrals which has meant that I’ve had to find money to go private for a health condition that has meant I’ve had to be signed off work and I keep almost causing myself harm from collapsing/ falling over.”

“Had to stop my medication because needed to change and ongoing monitoring of a new drug would be difficult. Consequently, have had debilitating increase in symptoms and found it very slow to be able to access urgent help (2-3 days waiting time not good when you are in pain which prevents sleep).”



Issues with medication



“...chemists unable to get medication and difficulty in getting replacement I was chasing round on the day before I ran out all together!”

“Repeat prescriptions for my moderately severe asthma have been challenging - I asked a family member to collect for me, but it all went wrong. I was then missing several medications that I need for several weeks due to poor communication and poor processes. My asthma is triggered by tree pollen (and many other allergies), and I was without necessary allergy meds for around a fortnight”

Maternity

Considering the small number of respondents experiencing maternity, we received many responses about perinatal issues which crosses some previous themes particularly around communication of changes and anxiety around healthcare.



“UHCW have implemented huge restrictions in how pregnant women can access services, preventing partners from attending scans, inductions and postnatally. I gave birth during the pandemic May, I was never directly communicated with about the changes. Human rights states a women should have a birth partner with them during their labour. I ended up needing an induction {and} when I went into labour there was not an available delivery suite so I was in active labour for 6 hours on an antenatal ward without my husband.... I feel like I have PTSD as a result of the experience.”

“Had no preparation for birth now causing anxiety. Birth expectations class could have been done virtually via zoom/facetime etc.”

“I had a baby 2 days before lockdown so been unable to have midwife visits. 1st appointment for heel prick test was carried out but felt rushed. All other contact has been over the phone.”

Dentistry

“My daughter is in middle of now abandoned orthodontic treatment and is struggling with her teeth all moving out of line again- could spiral into a mental health issue”

“I was not able to get emergency dental treatment”

“Not been able to see a dentist for tooth abscess”

“Broken dental plate has affected eating and mental well-being”




Consequences of Covid-19 healthcare measures: increased pain, worry, deteriorating condition.

“Because I can't have this surgery it may be too late for me to now ever have children.”

“... resulted in my Dad going into hospital hours later than he should. He subsequently passed away. I will never know whether this delay impacted his recovery.”


“My wife's dementia has deteriorated during lock down”



“The appointment for my husband to have a cardio monitor fitted was cancelled in the very early days at the end of March, and has not been rebooked. It is a slight worry that he could have a heart attack.”

“Operation was postponed- now suffering from chronic pain and looking after a toddler”

“Not being able to see my GP regularly for my mental health and physical issues has impacted deeply on my mental health.”



“Have broken my elbow very badly and can only talk to physio on phone so he can't assess my progress properly. I feel this may have impacted on my recovery”

“On the whole services have been available but require blood tests and scan as advised by my GP for my daughter but under current circumstances not available. I am concerned re my daughter and situation she is in.”

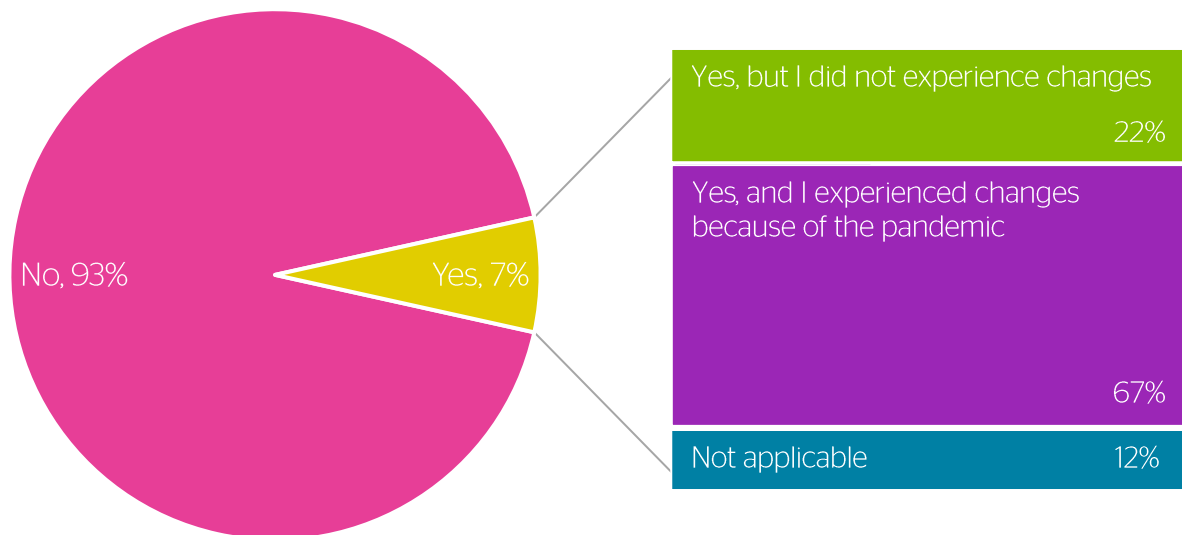
“I am a wheelchair user and I am desperate to get my ear syringed It doesn't sound much but now I am deaf in my left ear. I can only get out of the house by ambulance transfer.”

Changes to social care

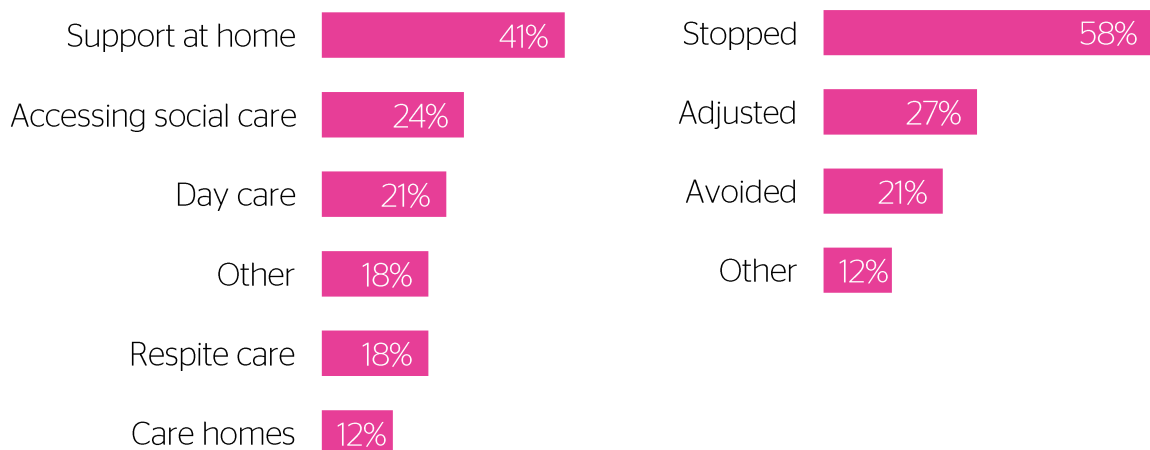
We wanted to find out about the changes people had experienced because of the pandemic and how it had affected them. So, we started by finding out who had both needed to use social care services and experienced changes.

Of Coventry and Warwickshire, **Warwickshire North Place** (12%) reported needing care during the pandemic the most and **South Warwickshire Place** (3%) the least.

Have you used social care services and have you experienced changes?



In total **40** people answered 'yes' to both questions. Outlined below are the services that had most affected the people who responded to our survey (left) and how they were affected (right), mostly care was ceased:



People's experiences of Social Care

"We have been left totally on our own"



We heard about a comparatively small number of experiences for social care. Themes concern Personal Protective Equipment (PPE), caring and concerns over deteriorating conditions:

"We decided to manage on our own. I usually have a carer come to the house each morning but the carer suggested other people require help 4 times a day when my husband and I could manage without. We have struggled on."

"The carers we arranged privately had no access to PPE"

"Initially - care was stopped. Had to argue to get put back in. No risk assessment undertaken. {Local Authority} once alerted were good. Still lack of PPE"

"My {Mother-in-Law} thinks she's been put in prison and not allowed out... She has deteriorated because of lack of stimulation... {Mother-in-Law} cannot understand why her family have abandoned her. She can't use a computer and can't remember if they ring her."

"Elderly, deaf, slight dementia, incontinent, semi-mobile relative isolated in room, less movement and less verbal/social contact. I do not know what the answer is but for 7 weeks she has deteriorated, and it is difficult to do anything about it."

We also heard about services which had helped people:

"Grapevine is now supporting me via Zoom calls and {NHS service} is supporting me via phone calls. I chose to leave {support service} to stay with my parents"

"Been in isolation, received food parcels which has been a great help."

Experiences using NHS services for Covid-19

12% of respondents, **108** people, said they had used the NHS for Covid-19, most experiences described as good. Generally, the comments praised the services and professionals but were more critical of NHS 111. This was due to not getting through, receiving contradicting advice and missed symptoms.

<p>Poor, 14%</p>	<p>“A 10-mile drive to access a Covid swab test”</p> <p>“Phone line engaged for a long time and conflicting information to what the GP had said”</p>
<p>Fair, 24%</p>	<p>“Going round a loop from GP advice through 111 and back again when describing Covid symptoms”</p> <p>“Hard to get through to 111”</p> <p>“My husband only had a very high temperature and 111 said it was unlikely he had C-19. However, when I eventually called 999, the paramedics said I ought to have called a week earlier.”</p>
<p>Good, 64%</p>	<p>“All services, NHS111, emergency services, A&E and GP were all exceptional.”</p> <p>“...admitted to hospital not related to covid 19. Was tested on arrival and discharge informed by the hospital all good no signs of covid. Staff at hospital very good as were the paramedics.”</p> <p>“My husband has been in ICU at Warwick hospital on life support as he has covid 19 and they have been brilliant”</p> <p>“Using the 111 website was straightforward and easy”</p> <p>“Was unsure about symptoms and they were extremely useful.”</p> <p>“I received amazing care and support while in ICU in University Hospital Coventry with Covid”</p> <p>Good at GP, 999, ambulance/paramedics and Hospital level. 111 service not good as did not answer call after 35mins wait”</p> <p>“The test itself at the Ricoh arena was well managed”</p> <p>“My GP via video excellent. Nurses & Drs at University Hospital excellent ICU excellent”</p> <p>“GP support was excellent”</p>

Mental Health and Wellbeing

74% said the Covid-19 pandemic had some effect on their mental health or wellbeing, with 19% saying it had impacted them greatly:



Overall, respondents from **Coventry Place** reported a greater impact to their wellbeing than **South Warwickshire Place** (80% vs 70% reporting having either some or great impact).

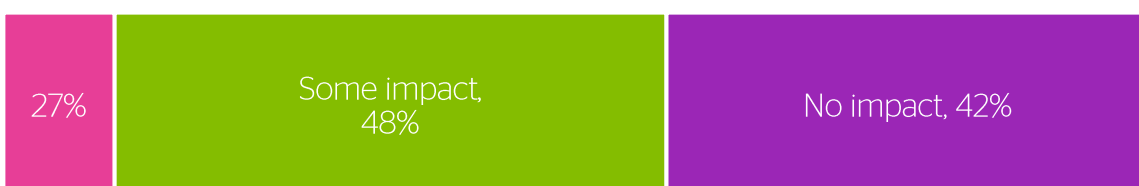
When looking at those who self-identified as being **vulnerable to Covid-19** (therefore should have been shielding or taking greater care), the impact on mental health and wellbeing only slightly more than that shown above, and seemingly mattered less than where people lived.

However, the greatest differences could be seen for those who told us they had a **pre-existing mental health condition (110 people)**, where nearly half reported a great impact, over 94% having some impact:



This was the group who reported being impacted the greatest closely followed by Pregnancy (18 people) and Learning Disabilities (30 people).

Conversely, the **over 70s (278 people)** reported the least impact to their mental wellbeing with nearly half reporting no impact at all:



Peoples' experiences of wellbeing

We received almost **500** comments from people about how the pandemic had affected their wellbeing, reflecting a number of themes which we will describe below using quotes from those who said it has greatly impacted them, somewhat impacted them and not impacted them.

Many reported:

- increased feelings of anxiety and depression
- use of coping strategies
- worry about Covid-19 itself
- the impacts of working from home and parenting
- the uncertainty of the pandemic. having to care for loved ones with a lack of support.



“I have struggled to motivate myself ... If I didn't have a young family I possibly wouldn't get up in a morning. They have forced me to keep going. I have put on weight due to comfort eating. I have high stress/anxiety levels due to fear of the virus and keeping my family safe, fear of losing our jobs, trying to juggle home schooling two children as well as trying to work from home...”

“Having to work from home and care for my 81-year-old mother 24/7 after she left hospital early April, almost killed me. She wasn't sleeping due to pain. I felt completely unsupported for quite a few weeks before an OT made contact. I almost just walked away from it all.”

Worsening mental health was a big theme, whether people had struggled with mental health previously or not.

“Increasing my anxiety and not sure if I will be able to go out normally again when we can”

“Depression is much worse”

“The changes and lack of information and reassurance has caused me to experience anxiety and worry that I was not experiencing beforehand.”

“Feeling stressed, anxious, difficulty concentrating, difficulty sleeping. Restrictions on exercise were understandable but this impacted on ability to help with mental health”

“Not slept properly for over 3 months due to anxiety and stress. I find the loss of outside interests and the company of friends and relatives particularly hard to deal with.”

And many struggled being in the at-risk categories, either due to worrying about Covid-19 or the impacts of shielding.

“Being a key worker and coming into work. Myself and partner have underlying health conditions and one of us is over 70.”

“Shielding was not a problem while there was general lockdown. As the rules have been relaxed for others it has become harder to cope with the isolation. Inability to exercise has led to weight gain and worsening back pain.”

A great number of respondents also talked about the impacts on their social life, and of not being able to see friends and family.

“I’m struggling not going out or seeing my family I miss them terribly”

“Feeling slightly low due to being unable to do the usual things I do like meeting friends and going out to places.”

“No routine and not able to see family/friends for support during pregnancy. Not feeling like I’m able to enjoy being pregnant. Depressed because of these things.”

Anxiety and apprehension around tasks such as shopping were also prevalent as well as a fear of themselves or a loved one catching Covid-19.

“I have been concerned about shopping and keeping social distance. I do not have severe asthma so get no additional support.”

“I find I am very anxious when around other people, even when taking exercise in the park in the early morning when not many people are around. I now avoid grocery shopping because I found I was getting really wound up when people came too close to me in a more confined space. I am not normally an anxious person.”

“Worried greatly about family members especially elderly parents...I have been shopping for parents and doing errands. Every time I go to their home, I’m scared I’ve taken the virus to them.”

“I suffer from anxiety and in the past agoraphobia and these have increased and returned during lockdown”

“Disturbed sleep pattern, more anxious than is normal due to worrying that family members may become ill. In fact, during this pandemic, my younger brother died though not from COVID-19. Also, I have real concerns of how families will cope during the expected financial recession.”

...as well as difficulties dealing with the consequences of catching Covid-19.

“One of our sons was very unwell with {Covid-19} which caused a great deal of stress and anxiety...”

“My husband who was fit and healthy 37-year-old before getting the virus is now left with a life changing health condition severe heart failure this has had a great impact, but with support from family and friends we are getting through it and trying to remain positive.”

“I have been made housebound, had my operation cancelled leaving me in continued pain , had to have painkillers increased, fed up due to isolation, lack of social stimulation, death due to virus causing sadness across whole family, no one able to come and assist me causing frustration. Fear of contracting the virus.”

Impacts of shielding, parenting, caring, and working from home were also frequently described.

“Being shielded has meant I haven't had any visitors at all so it has been extra lonely. The phone has been my lifeline.”

“Having to balance childcare responsibilities and expectation to maintain workload. Lack of family 'downtime' due to turn taking with childcare and work. Having my home 'safe space' infiltrated by work upsetting my usual work/life balance. Having to use annual leave to manage childcare. Having negative interactions with school regarding key worker support with childcare. All of the above increasing stress levels..”

“My jobs are very social so miss all that too as I'm sure many are feeling the same”

Many also had concerns about the uncertainty of the pandemic including job security.

“Worries keeping awake at night - family losing employment”

Though it should be said not all comments were negative, some positive comments came from those who said there was no impact, though these were exceptions.

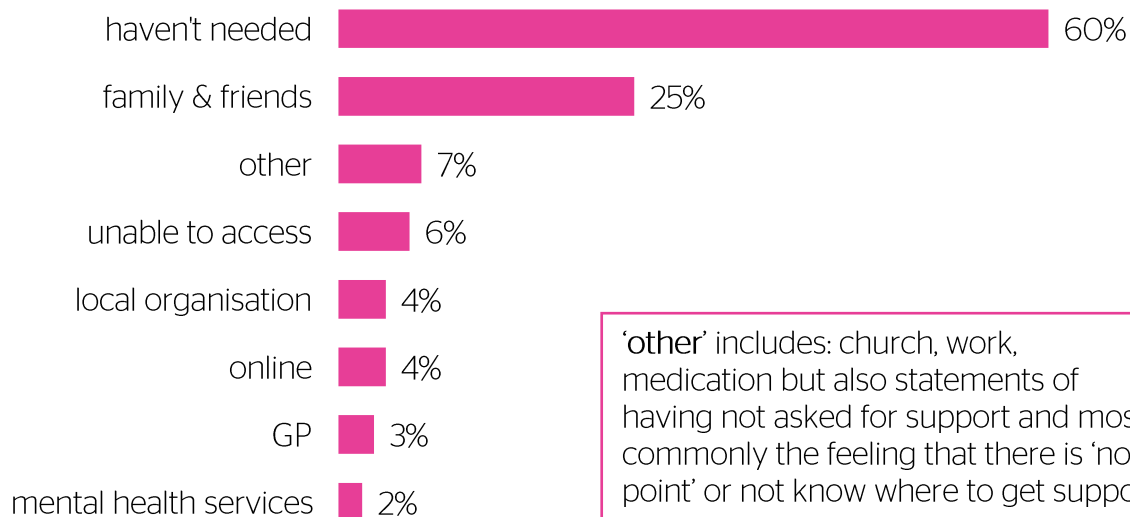
“I have remained physically and mentally active almost as normal but within a much smaller geographical area.”

“The shutdown has been beneficial less traffic, more contact with local neighbours. Much greater community spirit.”

“Realising that I can survive by myself for so long.”

We wanted to know how people who had struggled had sought or received support. How people responded is shown below.

Where support has been accessed during the pandemic



'other' includes: church, work, medication but also statements of having not asked for support and most commonly the feeling that there is 'no point' or not know where to get support.

Coventry Place and North

Warwickshire Place reported being *unable to access services* they needed more (12% and 8%). Coventry Place also had lowest proportion of people saying they *haven't needed any support*.

Like the previous findings, those with **existing mental health conditions** and **learning disabilities** fared worse, with only 22% in both groups saying they *hadn't needed support*, compared to over 70% of the **over 70s**. They were instead most likely to have said they used *family and friends* for support (37% and 41%) compared to only 19% of over 70s.

"Support, in the form of "talking therapies", is difficult to access at the best of times."

"My GP phoned me to support me with my mental health issues, but it's not the same"

"Just told my friends and family I didn't feel myself, they kept checking in (by phone/messages) until they saw I was back to my usual self."



Summary

These findings are from the height of the pandemic, as we asked for experiences in May and June. We hope they provide insight in terms of recovery but also in terms of preparation should there be need of the covid measures again.

Access to information and advice:

Most people felt that they had access to information they needed however people did find it increasingly difficult to keep up to date with information and reported finding it confusing. Information in an 'easy to read' format was requested. We also identified issues surrounding lip reading both as part of this survey and externally

Health and social care:

We heard a lot more about peoples' experiences of healthcare during the pandemic than social care. While some had positive experiences to share about the quality of services, they have received during the pandemic we also received many less positive comments which ranged in severity to being an understandable nuisance to having very severe consequences. The key themes included:

- Poor communication, for instance concerns of a missed diagnosis or not having appropriate communication about changes that were made to services.
- Concerns of treatment being delayed including Coping with pain or a deteriorating condition.
- Lack of access to services or medication.

We received many examples of consequences the lack of treatment or Covid-19 measures more broadly have had. While there were a range of conditions, maternity and dentistry services were frequently mentioned. Within these responses we heard a lot about experiences with virtual consultations (or remote consultations including phone consultations).

We also heard about peoples experience of healthcare specifically for Covid-19, the majority of which were positive but there were some concerns about NHS111 waiting times and communication.

Mental health and wellbeing:

Around $\frac{3}{4}$ of people felt there had been some negative impact to their wellbeing, and while this didn't vary much by area it was much worse for those who already had a mental health condition for example compared to those who were over 70. Lots of people told us how their mental health and wellbeing had been affected and about their experiences seeking support. The main themes were:

- Increased anxiety and depression
- Concerns around catching covid
- Coping with responsibilities such as caring, parenting and working from home during the pandemic

There were a few limitations to this survey.

Firstly, we did not hear much about social care meaning it was difficult to draw conclusions about the whole of Coventry and Warwickshire. We have tried to compensate for this in new plans of work around discharge and care homes.

Secondly, despite sending out several hundred paper copies through (through several means), we predominantly heard back from individuals online. During the height of the pandemic it was difficult to reach people in ways other than online, as it was important to prioritise public safety, but we tried to mitigate this bias by encouraging people to complete the survey on behalf of someone they knew.

Finally, we could not breakdown this wealth of information both as quickly and as in as much depth as we would have liked in the timeframe. However we have already been using the data in a number of ways and will continue to work with partners, producing bespoke information for them to ensure this information is used as we continue to listen to patients throughout this pandemic.

Next Steps

Just as the pandemic is urgent, continuing, and constantly changing we see this work and information as on-going, indeed we have already begin using and implementing the information.

We have:

- Shared 4 fortnightly real time reports with key stakeholders and services providers (people who need to know)
- Presented the data at South Warwickshire Patient and Public Participation Group, George Eliot Hospital Patient forum
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- Share this report and present it to our partners including Warwickshire County Council and local NHS.
- Share it with wider public and continue to collect their views as the pandemic continues.
- Continue to use the data on request if stakeholders would like to know more about specific demographics or services (anonymously).
- Use it to ensure lessons learned if there is a second wave

Thank you!

We would like to thank Healthwatch Coventry along with the great many partners who helped to share our survey both online and by paper. By no means least we would also like to thank the over 1,000 people who took the time to share their experiences with us to help make a difference!

Want to know more? get in touch!

Contact us for more information on any of the above. As discussed, we had hoped to provide more robust breakdowns by things such as 'place'. However with various restrictions we realised this would not be possible. Still, we would encourage you to get in touch to discuss our findings more or see if we can provide you with any data, statistical or anecdotal.

[Link to Coventry Report](#)

[Link to HWE latest report](#)

Healthwatch Warwickshire and our role during the Covid-19 pandemic

During the Covid-19 pandemic Healthwatch Warwickshire moved quickly to focus our role in providing the public with up-to-date accurate information on how to remain safe and well and informing local people what services were available should they need support. Alongside this we decided to work with Healthwatch England and other local healthwatches to design a survey that could help us capture the experiences of local people at the height of the pandemic.

[Healthwatch Warwickshire](#) is an independent organisation that was set up to listen to and champion the views of people who use, or may use, health and social care services in Warwickshire. As well as seeking views we also encourage health and social care services to involve people in the decisions that might affect them.

There is a Local Healthwatch in every Local Authority in England; Healthwatch Warwickshire is Warwickshire's Local Healthwatch. It is accountable to Warwickshire County Council Public Health, with Healthwatch England providing guidance and resources.

Healthwatch was set up by the Government in 2013 as part of the [Health and Social Care Act 2012](#), to ensure that people are at the centre of health and social care services such as; dentists, GP practices, hospitals, pharmacies and residential care homes.

The national network of local Healthwatch comes under the umbrella of [Healthwatch England](#), which is the national independent consumer champion for health and social care across the country and its role is to advise the Department of Health about concerns raised by local Healthwatch organisations.



Do not hesitate to contact us today if you have any questions about the report or would like any further information:

Healthwatch Warwickshire

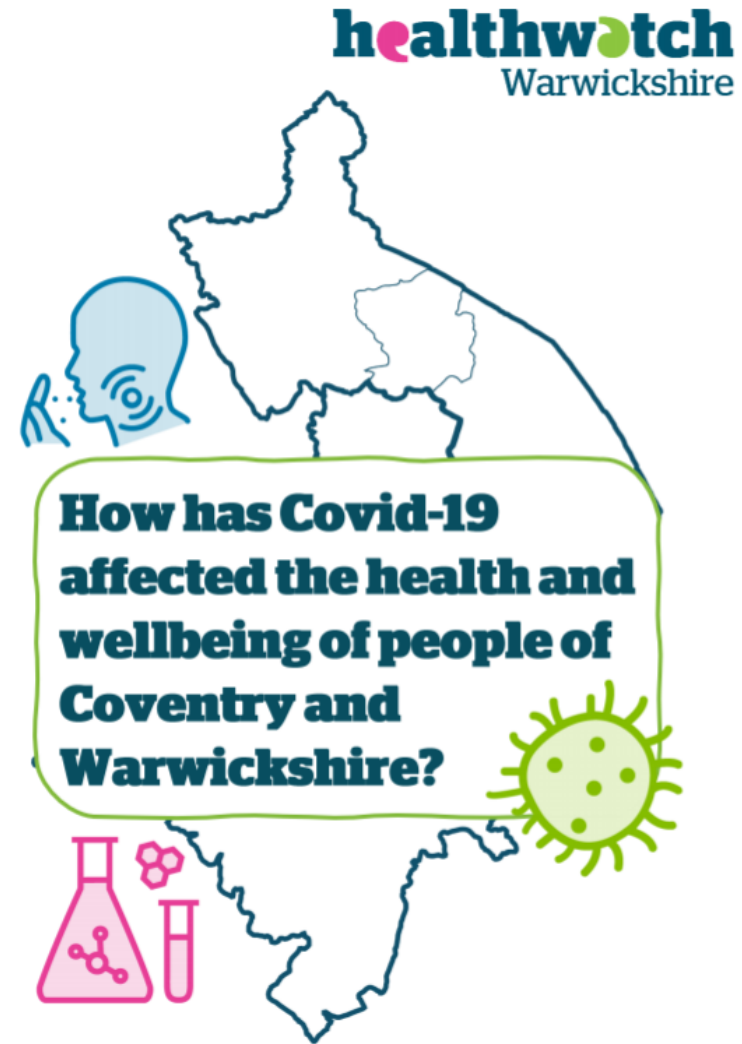
Telephone: 01926 422823

Email: info@healthwatchwarwickshire.co.uk

Follow us on Facebook and Twitter [@HealthwatchWarw](https://twitter.com/HealthwatchWarw)

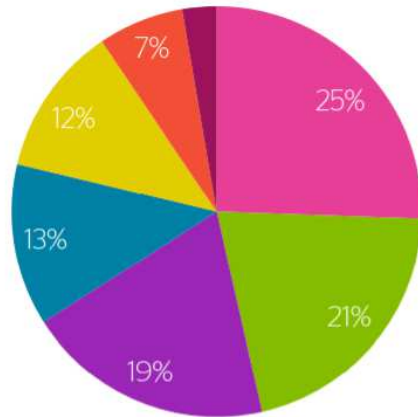
Our survey asked:

- How local people accessed information to keep them safe during the pandemic and if the information they needed to keep them safe was given in a way that they understood?
- What changes had been made to NHS, adult social care services, or the support needed or received to keep them well during the pandemic?
- How the pandemic had impacted peoples' mental health and wellbeing? What services had been affected? And the impact on the person receiving support?



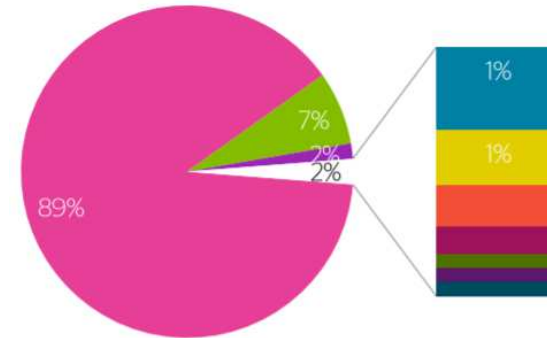
1,117 people responded to our survey

Location



- Warwick/Leamington Spa
- Stratford-Upon-Avon
- Coventry
- Nuneaton and Bedworth
- Rugby
- North Warwickshire
- Other

Ethnicity



- White: British
- White: Any other White background
- White: Irish
- Asian / Asian British: Indian
- Black / Black British: African
- Black / Black British: Caribbean
- Another ethnic background
- Mixed / Multiple ethnic groups: Black African and White
- Mixed / Multiple ethnic groups: Asian and White
- Asian / Asian British: Bangladeshi

Information to stay safe and well



Most people told us that they found it **easy** to access the information they needed to stay safe, some reported it was **difficult** to keep up to date

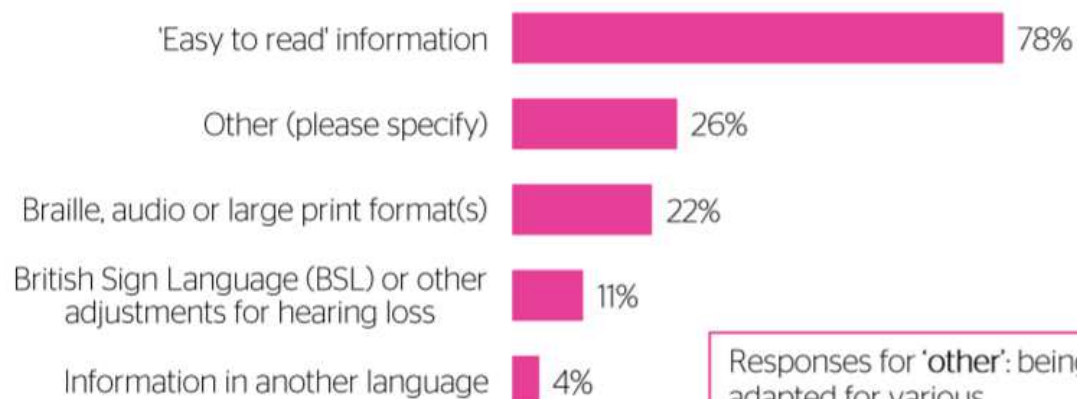
Respondents to the survey told us that they would like clear advice/information on

- 1 Changes to usual healthcare services
- 2 Help for people who don't use the internet
- 3 How to look after your Mental Health and Wellbeing
- 4 Accessing Community Support
- 5 What 'high risk' people should do



Additional Communication needs

When we asked which format they would have liked information in, the responses were as follows:



Responses for 'other': being adapted for various conditions/audiences. Verbal, and videos were among the most common responses.

Have
your
say

“We have had a lot of telephone consultations which are hard for dad to hear. When people visit in masks it is hard for him to hear too.”

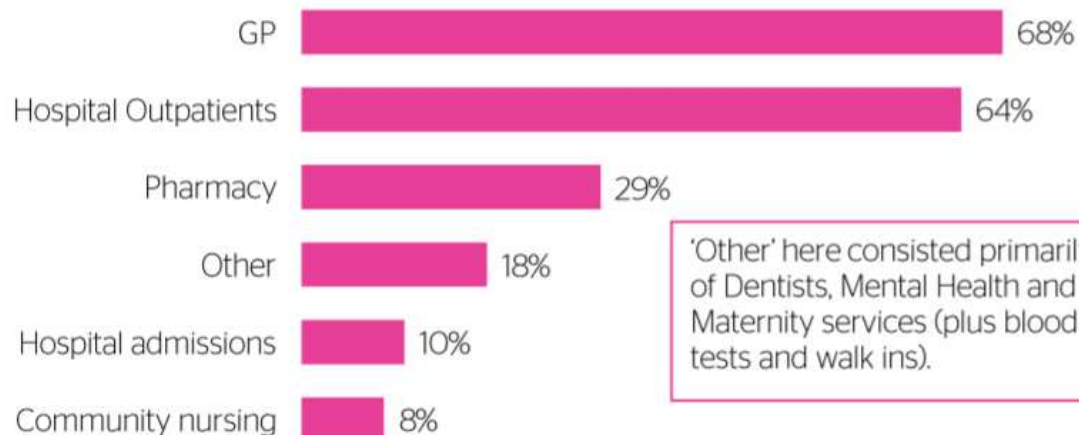
“wearing masks does not help deaf people.”

“Videos are helpful.”

Changes to Healthcare

Most people told us that their service was either adjusted or postponed with only 27% saying it had been cancelled, and 9% reported that they chose to avoid services

In total **401** people told us they had experienced changes to their healthcare. Outlined below are the services that had most affected the people who responded to our survey:



'Other' here consisted primarily of Dentists, Mental Health and Maternity services (plus blood tests and walk ins).



Have your say

“I feel the psychiatrists actually listen better on the phone as they do not get distracted”

“Deterioration in condition”

“Saved 60 mile round trip for check up”

“Phone consultation with GPs and hospital appointments are not good for helping with some conditions such as long term respiratory, dermatology and cardiac issues. Totally frustrating and unhelpful”



Experiences of healthcare for Covid-19 symptoms

108 people told us about their experiences

64% rated their experience as good

“My husband has been in ICU at Warwick hospital on life support as he has covid 19 and they have been brilliant”

“GP support was excellent”

There was some negative feedback about 111 service:

“Phone line engaged for a long time and conflicting information to what the GP had said”

“My husband only had a very high temperature and 111 said it was unlikely to be C-19. However, when I eventually called 999, the paramedics said I ought to have called a week earlier”



Have
your
say



Themes in what we are hearing...



Maternity

“UHCW have implemented huge restrictions in how pregnant women can access services, preventing partners from attending scans, inductions and postnatally. I gave birth during the pandemic May, I was never directly communicated with about the changes. Human rights states a women should have a birth partner with them during their labour. I ended up needing an induction {and} when I went into labour there was not an available delivery suite so I was in active labour for 6 hours on an antenatal ward without my husband.... I feel like I have PTSD as a result of the experience.”

“Had no preparation for birth now causing anxiety. Birth expectations class could have been done virtually via zoom/facetime etc.”

“I had a baby 2 days before lockdown so been unable to have midwife visits. 1st appointment for heal prick test was carried out but felt rushed. All other contact has been over the phone.”



Themes in what we are hearing...

Dentistry

“My daughter is in middle of now abandoned orthodontic treatment and is struggling with her teeth all moving out of line again- could spiral into a mental health issue”


“I was not able to get emergency dental treatment”

“Not been able to see a dentist for tooth abscess”

“Broken dental plate has affected eating and mental well-being”



Other themes include:

- Lack of clear communication – feeling “left in the dark”
 - Issues with medication
 - Virtual consultations – feedback was both good and bad
- 

Changes to Social Care

69 people feedback their experiences - we would like to hear more!
19 people said their care had stopped completely

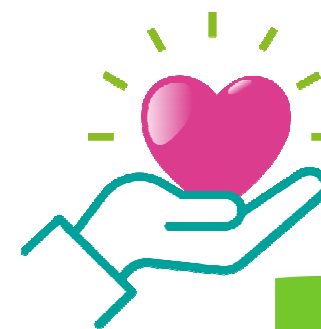
What we people told us:

“Initially - care was stopped. Had to argue to get put back in. No risk assessment undertaken. LA once alerted were good. Still lack of PPE”

“having early stage dementia doesn't understand why no one is coming to clean, do her hair, cut her toe nails and bath her. we are gradually going to start introducing this back as it has been a drain on the family”

“Stoma nurse was due to visit but that was changed to a phone call and the next call never happened”

Have
your
say



Mental Health and Wellbeing



839 people told us about their mental health and wellbeing

74% said the Covid-19 pandemic had some effect on their mental health or wellbeing, with 19% saying it had impacted them greatly:



**Have
your
say**

“Anxiety, depression, feelings of loss for the freedom we used to have.”

“Additional stress having to work from home with kids under the age of 4 and being a single parent with no additional support”

“I HAD JUST STARTED A SOCIAL LIFE, WHICH WAS CUT SHORT. SO I AM BACK TO SQUARE ONE AGAIN. I HAD JUST STARTED SWIMMING, FOR EXERCISE. I NEED ACCESS TO PUBLIC TOILETS, BECAUSE I HAVE BLADDER AND BOWEL PROBLEMS, PUBLIC TOILETS HAVE BEEN SHUT, SO I HAVE BEEN UNABLE TO GO OUT.”

Next steps



We have:

- Shared 4 fortnightly real time reports with key stakeholders and services providers (people who need to know)
- Presented the data at South Warwickshire Patient and Public Participation Group, George Eliot Hospital Patient forum
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Thank You!

Contact: Claire Jackson, Head of Operations
claire@healthwatchwarwickshire.co.uk



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Adult Social Care & Health Overview & Scrutiny Committee

18th November 2020

Council Plan 2020-2025 Quarterly Progress Report: Period under review: April 2020 to September 2020

Recommendation

That the Overview and Scrutiny Committee:

- (i) Considers and comments on the progress of the delivery of the Council Plan 2020 - 2025 for the period as contained in the report.

1. Introduction

- 1.1. The Council Plan Quarter 2 Performance Report for the period April 1st, 2020 to September 30th, 2020 was considered and approved by Cabinet on 12th November 2020. The report provides an overview of progress of the key elements of the Council Plan, specifically in relation to performance against Key Business Measures (KBMs), strategic risks and workforce management. A separate Financial Monitoring report for the period covering both the revenue and capital budgets, reserves and delivery of the savings plan was presented and considered at the same November Cabinet meeting.
- 1.2. This report draws on information extracted from both Cabinet reports to provide this Committee with information relevant to its remit.
- 1.3. Comprehensive performance reporting is now enabled through the following link to Power BI [full OSC Quarter 2 2020/21 Performance Report](#).
Adult Social Care & Health OSC Quarter 2 2020/21 Exception dashboards contain details of those measures that are of significant note where good performance or areas of improvement activity need to be highlighted:

[Warwickshire's Communities Exception Dashboard](#)

2. Council Plan 2020 - 2025: Strategic Context and Performance Commentary

- 2.1 The Council Plan 2020 – 2025 aims to achieve two high level Outcomes:

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

Delivery of the outcomes is supported by **WCC making the best use of its resources.**

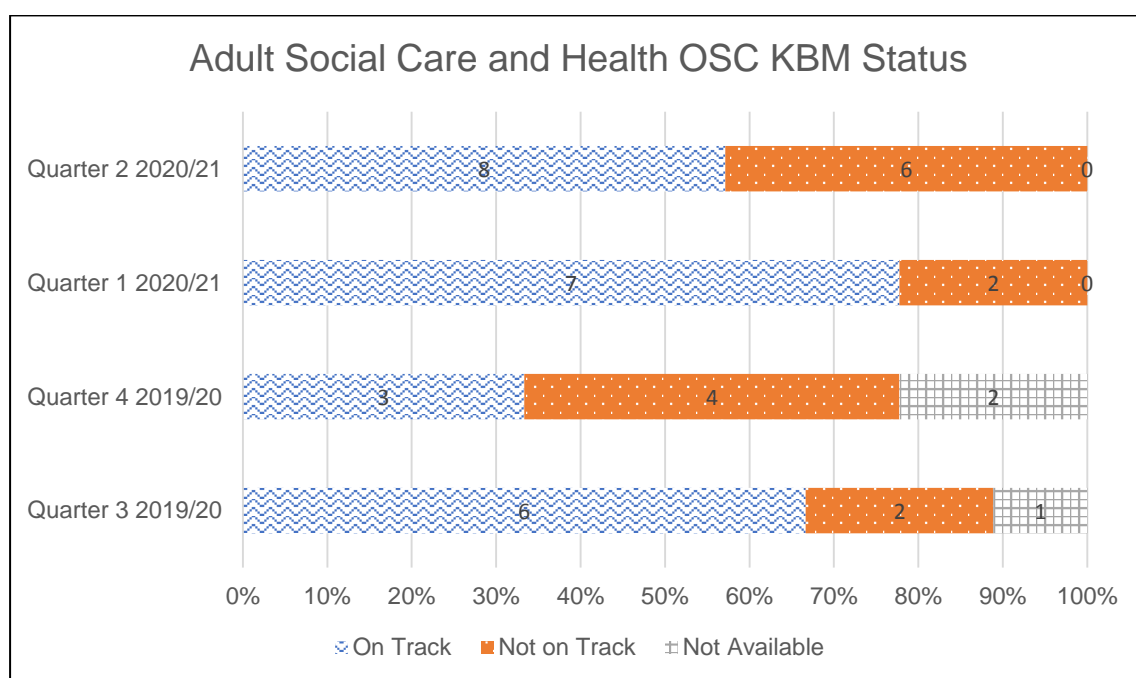
Progress to achieve these outcomes is assessed against 58 KBMs.

Outcome	No. of KBMs	No. of KBMs available for reporting at Quarter 3
Warwickshire’s communities and individuals are supported to be safe, healthy and independent	28	23
Warwickshire’s economy is vibrant and supported by the right jobs, training, skills and infrastructure	12	11
WCC making the best use of its resources	18	14

As the Organisation continues to transform, the [Commissioning Intentions Framework](#) continues to evolve and provides a sharpened focus on performance and supports delivery of the Organisation’s priorities. Detailed Quarter 2 performance has been visualised utilising the functionality of the Microsoft Power BI system.

- 2.2 At Quarter 2 there has been an improvement in the number of KBMs reported as being On Track but due to the number of KBMs being measured in the remit of this OSC there has been a decrease in overall performance compared to the 2020/21 Quarter 1 position.
- 2.3 Of the 58 KBMs, 14 are in the remit of this Overview and Scrutiny Committee. At Quarter 2 all KBMs are available for reporting and 57% (8) KBM’s are on track and 43% (6) are not on track. This is a deterioration from the Quarter 1 position when 78% (8) KBMs achieved target while 22% (2) KBMs were behind target, however it should be noted there has been 4 new measures added over this period.

Chart 1 below summarises KBM status by quarter since the introduction of the Commissioning Intentions Framework.



- 2.4 Of the 57% (8) KBMs which are On Track, there are 3 of note;

- No. of people in receipt of an adult social care service with the number of people in receipt of services remaining stable which means the service is able to manage current demand and is in a good position to respond to winter pressures;
- Suicide rate (Persons) as the three year aggregated data for 2017-19 performance was released September 2020, the Warwickshire rate (9.4 per 100,000) is lower than the England rate (10.1 per 100,000), it is not significantly different but is the 4th lowest rates from a regional perspective; and,
- No. of Domestic Abuse incidents reported as the year to date recorded domestic abuse and crime incidents are showing a 12% increase when compared to the 2019/20 baseline across the county, this is positive performance.

2.5 There are 2 measures relative to this OSC which are paused from reporting at this time or for the foreseeable future as they are part of inspection regimes which have been suspended nationally due to the Covid-19 pandemic:

- % of placements for adults in provision of Good or Outstanding quality as rated by Care Quality Commission; and,
- % of placements in provision (agency foster care or residential) of Good or Outstanding quality as rated by Ofsted.

The measure status based on latest results is currently Not on Track but improvement activity within these areas remains in place to maintain or improve standards in preparation for the reinstatement of the inspections.

2.6 Of the 4 KBMs that are Not on Track at Quarter 2 1 KBM requires highlighting in Table 1 below which details the current performance narrative, improvement activity and explanation of projected trajectory:

Warwickshire’s communities and individuals are supported to be safe, healthy and independent
No. of people with a learning disability or autism in an inpatient unit commissioned by the Clinical Commissioning Groups (CCG)
<p>Current performance narrative:</p> <p>One reason for the increase in September is the number of people whose funding has changed from NHS England Adults (secure) services to Clinical Commissioning Group funding. This is positive, as it is a less-restrictive environment. In Quarter 2 2020 there were 7 people added to the Clinical Commissioning Group (CCG) cohort across Coventry and Warwickshire. Three of these were admissions from the community and 4 were step downs from National Health Service England (NHSE) secure adult services into the less-restrictive environment of a CCG funded bed. Only 2 people were removed from the CCG cohort in Quarter 2. One person was discharged to the community, while another was moved from the CCG cohort to the Child and Adolescent Mental Health Services (CAMHS) cohort as they were under 18. During Quarter 2 there were fewer discharges than planned. This resulted in an overall increase in the number of people in CCG beds. Across Coventry and Warwickshire performance was over the NHSE target for CCG beds by 80% at the end of Quarter 2. An escalation meeting with the NHS Improvement’s Regional Director, took place on 25th September with NHSE. There was acknowledgement in the escalation meeting that there were significant plans in place, but there was a challenge that those plans have not to date shown the anticipated impact required to bring Arden out of escalation.</p> <p>Improvement activity:</p>

Arden’s Transforming Care Programme (TCP) Delivery Plan has continued to be reviewed on a monthly basis. As of September 2020’s meeting, 67% of actions had been completed and signed off. Improvement actions remain in the areas of Autism Risk of Admission, Housing and Care Market, Resource and Workforce and Timely Discharge. In addition, a number of key priorities / high-impact actions have been identified, and additional high impact improvement actions are being progressed in relation to Autism Admission Avoidance, Learning Disability (LD) Admission Avoidance, Appropriate Escalation and Community Services

Explanation of the projected trajectory Not on target - remaining static

There are a significant number of discharges planned for Quarter 3 and Quarter 4, with a trajectory that will see the number of people in CCG beds reduce to the target number by the end of Quarter 4. Due to the number of discharges required, without a significant and rapid development of what the service are doing – either by having a much tighter grip over discharges and/or or by keeping admissions under planned numbers – it will be difficult to meet trajectory. A system wide Transforming Care Executive Board will begin to meet from November and will provide strategic leadership, oversight and decision making in respect of Transforming Care activity across Arden Sustainability & Transformation Partnership (STP).

Table 1

The status of this measure has fluctuated across a number of quarters moving from Not on Track at the end of 2019/20 to on Track at Quarter 1 to Not on Track at Quarter 2 and is projected to remain Not on Track for the next reporting period.

2.7 Chart 2 below illustrates the forecast performance projection over the forthcoming reporting period.

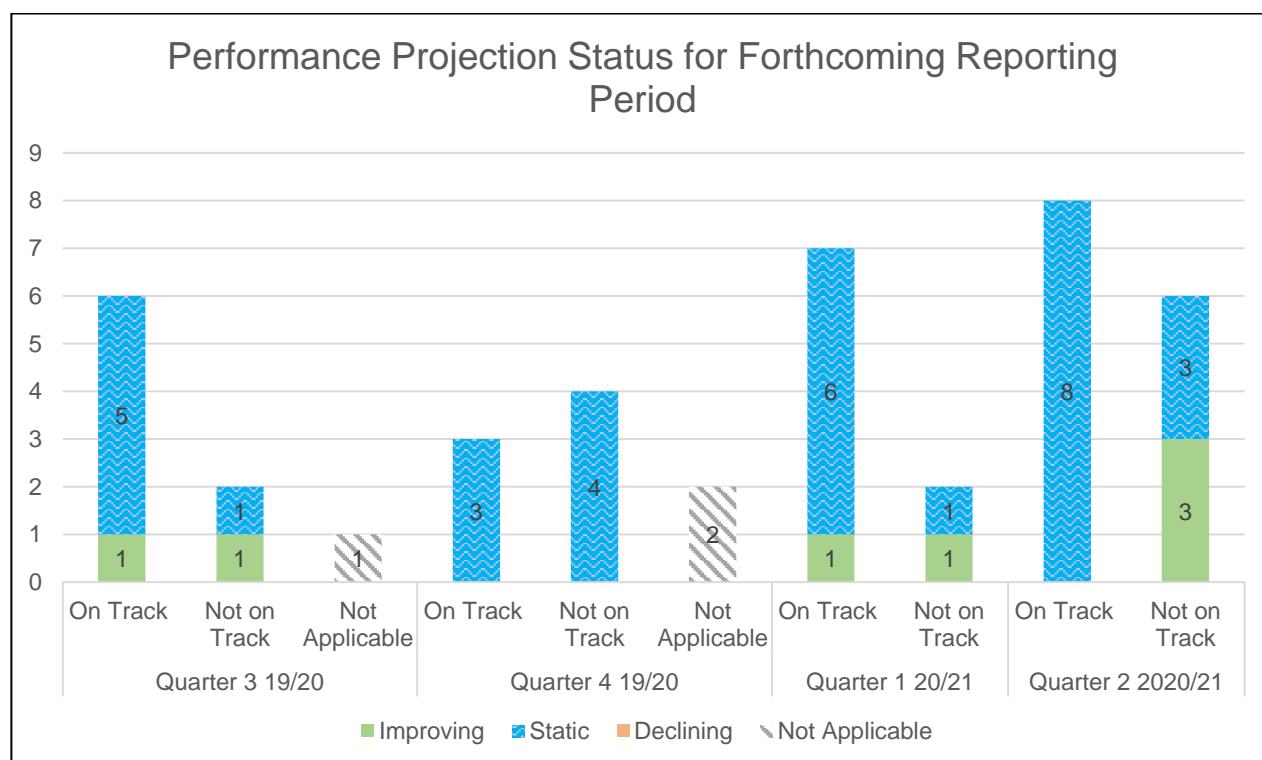


Chart 2

It is forecast that over the next period overall performance will remain similar to Quarter 2 with 8 of the 14 KBMs remaining with a status of On Track over Quarter 3. Of the remaining 5 KBMs that are not on track, 3 will be improving in performance:

- No. of People assisted to live independently through provision of Social Care equipment;
- % of successful completions as a proportion of all in treatment (Opiates, Non Opiates, Alcohol and Alcohol & Non Opiates); and,
- No. of Domestic Abuse incidents reported.

Financial Commentary – relevant finance information taken from Cabinet report

3.1 Revenue Budget

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

	2020/21 Budget £'000	2020/21 Outturn '000	Revenue Variance £'000 %	Retained Reserves £'000	Financial Standing £'000
Adult Social Care	155,067	157,727	2,660 1,72%		2,660

The impact of Covid on the forecasts is:

- £3.321m financial support to providers to enable them to manage the impact of Covid.
- Increased package costs following hospital discharge of £6.500m. It is expected that this will be fully reimbursed from the £1.3bn Hospital Discharge Grant via SWCCG.
- Staffing costs of £0.342m, which are predominantly agency staff.
- £0.167m of Covid related increases in direct payments to people with disabilities; and increased Mental Health package of care costs.

After removing the Covid related expenditure, the net variance is a £7.670m underspend. Caution must be taken in analysing this largely non-recurrent position for the following reasons:

- The £6.500m income from the Hospital Discharge Grant has funded some areas of support which we otherwise would have had to pay for. It has either paid for this activity in totality; or has delayed the point from which the package of care will be paid for from Council budgets. This has a one-off positive impact unlikely to stretch beyond the current financial year.
- Sadly, excess deaths during Covid have disproportionately impacted the over 65's cohort. This in financial terms may see expenditure in this group reduce in year. Conversely, some people have started receiving Adult Social Care sooner, due to Covid. In the short term there has been net reduced expenditure.
- During the Covid response period until 1 September the Clinical Commissioning Groups (CCG) have fully funded those people requiring nursing care. Under usual circumstances some of this cohort could have been funded via the council with the CCG giving a minority financial contribution for the nursing funded element. This means that for this financial year the demand

for this type of provision is unnaturally suppressed and will increase through the rest of this year, back to normal level of demand for 2021/22 as we complete transition from the initial period of Covid response.

- There is also the possibility that people have reduced packages of support to reduce the footfall and therefore Covid-risk in their homes. In other cases, informal arrangements have been put in place due to Covid restrictions. In addition, people have delayed coming to the Council for support as they are reluctant to start their support journey during these uncertain times. All of which has suppressed demand in a one-off unnatural way.
- Whilst significant financial relief has supported Adult Social Care providers (current forecast £3.321m), this has in some instances replaced the expenditure that WCC would have otherwise incurred. Therefore, when the Covid situation recovers, there is an expectation that demand and service delivery will return and this is not therefore an underspend that will be permanent. Further, the Council has been awarded funding of £13.404m Infection Control Grants to support Adult Social Care Residential and Community providers with a primary purpose of reducing transmission of Covid. This has been a significant step in supporting the market without which the support to providers funded by WCC could potentially have been significantly higher.

People	34,880	33,505	(1,375) -3.94%		(1,375)
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Despite a small overspend on one contract due to increased Covid related demand, there is a net underspend primarily as a result of reduced spend on commissioned services across a range of contracts.

3.2. Delivery of the Savings Plan

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

	2020/21 Target £'000	2020/21 Actual to Date £'000	2020/21 Forecast £'000
Adult Social Care	400	213	400
People	0	0	0

3.3 Capital Programme

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

	Approved budget for all current and future years (£'000)	Slippage from 2020/21 into Future Years £'000	Slippage from 2020/21 into Future Years (%)	Current quarter – new approved funding/ schemes (£'000)	Newly resourced spend included in slippage figures (£'000)	All Current and Future Years Forecast (£'000)
Adult Social Care	313	0	0%	0	0	313
People	4,650	4,587	0	0	0	4,650

4. Supporting Papers

4.1 A copy of the full report and supporting documents that went to Cabinet on the 12th November is available via the committee system.

5. Environmental Implications

None specific to this report.

6. Background Papers

None

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Portfolio Holders	Cllr Les Caborn, Adult Social Care & Health; cllrcaborn@warwickshire.gov.uk

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Adult Social Care and Health Overview and Scrutiny Committee 18 November 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 2 November. 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.

Date	Report
12 November 2020	Mid-year performance progress report.

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.

Date	Report
North Warwickshire Borough Council	
	In North Warwickshire, the meeting structure is operated through a series of boards with reports to the Community and Environment Board. There is a Health and Wellbeing Working Party and a Warwickshire North Health and Wellbeing Partnership (covering both North Warwickshire and Nuneaton and Bedworth).
12 October	Health and Wellbeing Action Plan - an update on the progress being made in respect of the actions identified in the approved Health and Wellbeing Action Plan (2020 to 2023).
Nuneaton and Bedworth Borough Council – Health Overview and Scrutiny Panel	
	The Borough Council's External Overview and Scrutiny Committee includes within its remit the consideration of health matters.
15 October	<ul style="list-style-type: none"> • Future Plans for Primary Care – an update from Jenni Northcote of WN AND C&R CCGs. • Health & Wellbeing Board annual report – presented by Gemma Mckinnon, WCC Health and Wellbeing Delivery Manager.
10 December	<ul style="list-style-type: none"> • Healthwatch – concerns and priorities • CAMHS - update on Mental Health services in the borough. • George Eliot Hospital - Update on the current services, funding and provision of additional hospice beds.
Rugby Borough Council – Overview and Scrutiny Committee	
	The Borough Council has moved to a single overview and scrutiny committee and the use of task groups. Looking at the Rugby BC website, the next meeting of the scrutiny committee is scheduled for 2 nd November. Further meetings are scheduled for 14 th December, 25 th January, 8 th March and 19 th April.
Stratford-on-Avon District Council – Overview and Scrutiny Committee	
	The Council's Overview and Scrutiny Committee met on 30 th September and will meet again on 4 th November and 2 nd December. From examination of the website, regular updates are provided on the impact of the Covid-19 pandemic and the associated work of the Council.
Warwick District Council – Overview and Scrutiny Committee	
	The Overview and Scrutiny Committee met on 29 th September. Further meetings are scheduled for 10 th November and 8 th December. Looking at the work programme, there are no health-related items listed.

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 A 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

Page 71

Date of meeting	Item	Report detail
Every Meeting	Covid-19 Updates	At the committee's meeting on 30 th July 2020, the Chair advised members that there would be a standing item on every agenda until further notice, to provide for updates to members on Covid-19.
18 November 2020	Mental Health	At the Chair and party spokesperson meeting on 2 November, it was agreed that the focus for the November meeting would be on mental health, to include the Healthwatch survey of patient experience during the Covid-19 pandemic.
18 November 2020	One Organisational Plan	The 2020/21 Mid-Year One Organisational Plan report is due to be considered at this meeting.
18 November 2020	Covid-19 Update	<p>The areas for this meeting are:</p> <ul style="list-style-type: none"> • Comparison between waves one and two and differences in what is happening. • Improving the track and trace arrangements by the end of the second lockdown period. • The Covid-19 mobile telephone application, QR code and levels of take up being lower than expected.
17 February 2021	West Midlands Ambulance Service and the Paramedic Service	At the Chair and Spokesperson meeting on 2 November, it was agreed that this item be added to the programme for February to receive an update from West Midlands Ambulance Service and the paramedic service. Questioned how these services are coping with the pandemic, as there is anecdotal evidence of the strains being placed on WMAS staff. A previous issue to explore is delays with handover at acute trusts.
17 February 2021	Merger of the Coventry and Warwickshire Clinical Commissioning Groups (CCGs)	This item has been discussed at two special meetings of the committee held on 30 th July and 19 th August. An update to be provided for this meeting.
Date TBC	111 First	A briefing document was circulated to members in September and the Chair suggested that this item be brought for further discussion at the November committee meeting. Clarity is awaited on the official launch of 111 first.

Date TBC	Covid-19 – BAME Communities and Social/Health Inequalities	At the Committee's meeting on 24 th June, it was agreed to add this to the work programme. This report concerns the higher proportion of people affected from BAME communities and the links to social and health inequalities too. For information an item was considered on this subject by the Health and Wellbeing Board on 15 th September.
	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.
	Pharmacy Services	At the Committee meeting on 6 March 2019, it was agreed that an item be added to the programme to receive an update on pharmacy services. The key aspects raised previously were: <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.
	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.
	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.
	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 a Chair/Spokes meeting.

	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 2019, when the item was deferred. A revised date and scope for this review area needs to be agreed.
	Better Health, Better Care, Better Value (BHBCBV) – Proactive and Preventative Workstream	Suggested by Councillor Margaret Bell. The Proactive and Preventative work stream of the STP. The suggestion is to find out more: What is happening; what is the plan; how is it to be funded; when will we see results?
	Review of the Adult Transport Policy	Cabinet approved a revised Adult Transport Policy on 25 January 2018. This has been suggested as an area for the Committee to review after 12 months of implementation.
	Local Commissioning of Services	Suggested by Councillor Mark Cargill. A pilot scheme has been undertaken in Alcester.
	Coventry and Warwickshire Partnership Trust	Suggested by Healthwatch. There has been a re-inspection of the CWPT by the Care Quality Commission. Originally planned for the Trust to present its progress against the action plan to the January 2018 meeting, which was considered to be too soon for the Trust to have implemented actions from the CQC review. Suggestion to have a written update and then programme for a formal report to provide assurance that the 'must do' and 'should do' recommendations are being implemented.

BRIEFING SESSIONS PRIOR TO THE COMMITTEE

Date	Title	Description
Date to be Set	Admiral Nurses	Cllr Redford is minded to ask representatives of Dementia UK to provide a briefing session on the work of Admiral Nursing.
20 November 2019	Assistive Technology Developments.	<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.
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BRIEFING NOTES

Date Requested	Date Received	Title of Briefing	Organisation/Officer responsible
2/11/20		Quality assurance and CQC ratings for adult provision. This was discussed in regard to the first quarter monitoring report and context will be provided.	Steve Smith / Olivia Cooper
30/09/20	02/11/20	Extra Care Housing – an update on the impact of Covid-19 and the strategic plan moving forward.	
24/06/20		The Warwickshire North Place Board had received a presentation on smoking in pregnancy. The data for the north of the county shows that one in five expectant mothers smoked. A briefing with data and the actions being taken would be useful. The report from the HWBB on 15 September has been provided to the committee.	Director of Public Health
24/06/20		At the June Committee meeting, a request for more information about the use of developer contributions from Section 106 planning funding to fund additional health services. A briefing note was requested on where these monies would be allocated. Raised by Councillor Golby.	Clinical Commissioning Groups
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.	
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	30/10/20	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	30/10/20	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.	

TASK AND FINISH GROUPS

ITEM AND RESPONSIBLE OFFICER	OBJECTIVE OF SCRUTINY	TIMESCALE	FURTHER INFORMATION
Health Inequalities and the Impact of Covid-19	Proposed at the Chair and spokesperson meeting and confirmed at the September 2020 committee.	Revised date to be agreed	Agreed on 2 November to delay the TFG due to the second wave of the Covid-19 pandemic.
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.
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.

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