

Adult Social Care and Health Overview and Scrutiny Committee

Date: Wednesday 30 June 2021
Time: 10.00 am
Venue: Old Shire Hall

Membership

Councillor Clare Golby (Chair)
Councillor John Holland (Vice-Chair)
Councillor Richard Baxter-Payne
Councillor John Cooke
Councillor Tracey Drew
Councillor Marian Humphreys
Councillor Judy MacDonald
Councillor Jan Matecki
Councillor Chris Mills
Councillor Penny-Anne O'Donnell
Councillor Pamela Redford
Councillor Howard Roberts
Councillor Kate Rolfe
Councillor Mandy Tromans

Items on the agenda: -

1. General

(1) Apologies

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

(3) Chair's Announcements

(4) Minutes of previous meetings

To receive the Minutes of the meetings held on 17 February
and 25 May 2021.

5 - 22

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 Margaret Bell (Adult Social Care and Health) on any matters relevant to the remit of this Committee.

4. Questions to the NHS

Members of the Committee are invited to give notice of questions to NHS commissioners and service providers at least 10 working days before each meeting. A list of the questions and issues raised will be provided to members.

5. Outline of Services within the People Group

An introductory presentation to explain the remit of the committee, its roles, how it works and degrees of influence. To include the services the County Council commissions and those provided through Social Care and Public Health.

6. Outline of NHS Services

To complement the above item, this is a high-level presentation by the Coventry and Warwickshire Clinical Commissioning Group (CCG) on the NHS services commissioned and provided in Warwickshire.

7. Council Plan 2020-2025 Quarterly Progress Report

23 - 38

The Council Plan year end performance report was considered and approved by Cabinet on 17 June. This report provides the Committee with information relevant to its remit. It will be accompanied by a presentation.

8. Work Programme

39 - 46

To review the Committee's work programme for 2021/22.

Monica Fogarty
Chief Executive
Warwickshire County Council
Shire Hall, Warwick

To download papers for this meeting scan here with your camera



Disclaimers

Webcasting and permission to be filmed

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

Disclosures of Pecuniary and Non-Pecuniary Interests

Members are required to register their disclosable pecuniary interests within 28 days of their election of appointment to the Council. Any changes to matters registered or new matters that require to be registered must be notified to the Monitoring Officer as soon as practicable after they arise.

A member attending a meeting where a matter arises in which they have a disclosable pecuniary interest must (unless they have a dispensation):

- Declare the interest if they have not already registered it
- Not participate in any discussion or vote
- 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 relevant to the agenda should be declared at the commencement of the meeting.

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.

This page is intentionally left blank

Adult Social Care and Health Overview and Scrutiny Committee

Wednesday 17 February 2021

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 Barry Longden
Councillor Judy MacDonald
Councillor Penny O'Donnell
Councillor Pamela Redford
Councillor Jerry Roodhouse

Other Members

Councillors Les Caborn (Portfolio Holder), Parminder Birdi, Judy Falp, Dave Parsons and Pam Williams.

Officers and Other Attendees

Dr Shade Agboola, Carl Hipkiss, Nigel Minns, Paul Spencer and Nichola Vine (WCC Officers)
Alison Cartwright, Anna Hargrave, Dr Sarah Raistrick and Rose Uwins, Warwickshire Clinical Commissioning Groups (CCGs)
Chris Bain and Deborah Key, Healthwatch Warwickshire (HWW)
David Eltringham (George Eliot Hospital)
Mark Docherty and Pippa Wall, West Midlands Ambulance Service (WMAS)

1. General

(1) Apologies

Apologies for absence had been received from Councillor Kate Rolfe, replaced by Councillor Clive Rickhards and from Phil Johns, Accountable Officer, CCGs.

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

None.

(3) Chair's Announcements

The Chair welcomed Councillor Barry Longden, the new representative for Nuneaton and Bedworth Borough Council. He referred to the task and finish group (TFG) on health inequalities. Due to the Covid-19 pandemic, it had been agreed to further delay this review area. Two members responded, wanting to ensure that this review wasn't delayed indefinitely and seeking a timeline for its commencement. The Chair suggested to include this for further discussion at the next spokesperson meeting.

(4) Minutes of previous meetings

The Minutes of the meeting held on 18 November 2020 were accepted as a true record.

2. Public Speaking

1. The following questions had been submitted by Councillor Jacky Chambers of North Warwickshire Borough Council:

'Based on recent feedback from residents, I have real concerns about the pace at which Covid vaccinations are being delivered to vulnerable housebound elderly residents, the capacity of home visiting teams/ willingness of GPs to undertake this programme (possibly involving three vaccinations) during 2021; and the uptake of vaccination by care provider staff who visit these residents on a daily basis.

A) What percentage of completely housebound elderly residents over the age of 70 will have received their first Covid vaccination by February 15th?

B) What percentage of care provider staff providing regular home care for vulnerable adults have had their first vaccination and who is responsible for scheduling and providing these vaccinations?

It was reported that a written reply had been prepared for part 'B' above, which would be circulated to Councillor Chambers and to the committee. Part 'A' would be circulated to CCG colleagues for a reply to be provided.

2. Councillor Helen Adkins submitted the following question on behalf of the Keep our NHS Public Group: The full preamble is attached at Appendix 1 to the minutes.

Warwickshire does no more than advise on hands, face, space, i.e. follow the current measures. But it does not provide the figures regarding false negatives. This omission leaves a false reassurance that negative results mean they are not infectious.

Can WCC ASC&H OSC consider this evidence and draw this to the attention of WCC Director of Public Health? In doing so might it press her to improve its messaging, provide clear statistics on risks of false negatives, and explain exactly that a negative LFT does not mean a person is not infectious? Saying they are 'not likely to be infectious' is misleading.

Dr Shade Agboola, Director of Public Health provided a verbal response, which is also attached at Appendix 1 to these minutes. The Portfolio Holder, Councillor Caborn supported the points made,

Page 2

Adult Social Care and Health Overview and Scrutiny Committee

confirming the reduction in Covid case numbers and recognising the work of the Public Health team. Councillor Mrs Redford praised the people delivering the lateral flow tests and the clear information being provided to those seeking tests. Councillor Adkins offered to feedback the response to this question to the Keep our NHS Public Group.

3. Questions to Portfolio Holders

Councillor Helen Adkins made a comment on the deferral of the TFG, acknowledging the demands on officers, but it was important that the review took place. The Portfolio Holder, Councillor Caborn responded confirming that the review would take place as soon as was possible, whilst emphasising the additional work for officers in responding to the pandemic.

A question from Councillor Bell about covid vaccinations for housebound people. Councillor Caborn responded that contact should be made via the GP. Alison Cartwright from the CCG advised that housebound people were being vaccinated in priority order and confirmed that people should book their vaccination via the GP.

Councillor Mrs Redford asked about the vaccination of care home residents and staff. It was understood that some staff were not accepting the vaccine. This was being investigated and people were being encouraged to have the vaccination. Where there were outbreaks, vaccinations could not be administered. Alison Cartwright added that 89% of health and social care workers in the region had been vaccinated to date. For care home staff, the data was between 62 and 71% of staff vaccinated in different parts of the region. A lot of work was ongoing to encourage take up of vaccines by this cohort.

It was questioned whether those refusing the vaccine were being surveyed to understand the reasoning for their decision. Targeted communications work was taking place. This included use of social care staff and work with BAME communities to encourage take up of the vaccine.

Healthwatch Warwickshire asked for clear information to pass on to housebound people, including the clinically extremely vulnerable. It was confirmed that they should also make contact via their GP for vaccination at home.

There was a known difference in life expectancy between the north and south of Warwickshire. A request to assess the impact of Covid in terms of the outcomes for residents in different areas of the county. Councillor Caborn advised that this was part of the recovery process for the Council as a whole and may feature as a future Public Health priority, also speaking about infection control and wider determinants of health.

A question about the release of NHS England vaccination data to local authorities. This was needed to target inequalities, understand the areas where vaccination uptake was lower and enable appropriate action. Dr Agboola confirmed that after significant lobbying, access had just been granted to the NHS data. Research would be needed to understand the data, enable it to be presented in a useful format and then share the information for example to identify where there had been lower take up of vaccinations. Alison Cartwright confirmed that in addition to the NHS data, there was Public Health England data. Joint analysis was taking place to look at inequalities and uptake of the vaccination. That data would help to focus vaccination efforts to improve uptake rates. It was requested that vaccination rates be assessed for each GP practice.

Councillor Parminder Singh Birdi praised the vaccination service, especially for housebound people, also speaking on the good take up of the vaccine by BAME communities in his division.

4. Questions to the NHS

The Chair reminded that a new item was being launched from this meeting to allow members to give notice of questions to NHS commissioners and service providers. A list of questions had been received, circulated to the representatives of NHS organisations and to members of the Committee.

David Eltringham provided a verbal update from the George Eliot Hospital (GEH). This informed on the number of patients in hospital with Covid-19, ITU capacity challenges and the significant impacts for staff wellbeing. The importance of sticking to lockdown rules was emphasised. He reported on the successful funding bid to build two new operating theatres onto the Captain Sir Tom Moore Surgical Unit, which should be available by the summer or autumn of 2021.

The Chair asked for an update on delayed surgery as a result of the pandemic. Whilst the highest priority urgent and emergency cases had continued, there was a large number of patients who had now waited for over a year for routine surgical procedures and the waiting list was growing. There were plans to recommence other surgery in the coming weeks. This would need to be balanced against the response to the covid pandemic and many surgical staff had been redeployed to assist with the pandemic. A local system approach would be taken to address this backlog, but it would take many months or even years to do this. It was confirmed that such delays would be experienced nationally, and the length of backlogs would vary across different specialities. At GEH, the two additional theatres would assist. A report published by Reform showed the extent of waiting lists and potential delays nationally. This would require appropriate messaging from the local system to clarify the position across different services. Such messaging was already being commenced.

A question about in-hospital infection and the testing arrangements for covid. An outline was given of the infection prevention and control measures put in place, the much-improved position on outbreaks, additional patient pathways, regular testing and the rapid testing at the front door to channel patients with covid appropriately. There was praise for the staff for the infection prevention and control work.

Councillor Caborn thanked David Eltringham for the update. It was excellent news that GEH had secured the funding for the new theatres which would help to address the surgery backlog.

5. Merger of the Clinical Commissioning Groups

The Committee received an update from Anna Hargrave on the merger of the clinical commissioning groups (CCGs) in Warwickshire. This updated on the previous reports to the committee and confirmed:

- The timeline of approvals leading to the single commissioning organisation across Coventry and Warwickshire commencing on 1 April 2021.
- Next steps for merger, comprising appointments of chief officers, governing body members and all staff would TUPE transfer into the new organisation.

- Future landscape for health and social care. A government whitepaper recommended that the NHS and local government come together legally as part of integrated care systems (ICS). A single merged CCG across the area would assist and ongoing development of Place allowed local decision making and accountability within an ICS.

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

- The impact on procurement arrangements for the merged CCG. There would be no immediate changes, but with the government whitepaper, new procurement regulations would be introduced.
- The reorganisation of staffing in the new CCG and potential for redundancies. No redundancies were anticipated at this stage. A management cost reduction had already taken place and a wider reorganisation would take place as part of the move to the ICS, although for most staff, there would be no significant changes.
- A member spoke of the lengthy endeavours to secure a new GP surgery for their division. This had been delayed by continual structural reorganisations. There were frustrations as communities needed the infrastructure and the land and funding had been earmarked. One of the benefits of the merged CCG would be the bringing together of expertise to manage GP estate and infrastructure changes. Later in the debate, a request for the new organisation to meet with the councillor to progress provision of this surgery.
- A member had attended two virtual CCG meetings recently and commented on the different approaches in terms of public engagement. With the new CCG covering a larger geography, meetings should continue to be held online, adopting best practice to encourage public involvement. These points were noted. There was a commitment to ongoing engagement, hearing patient and public voice for example on commissioning intentions.
- Councillor Longden voiced his concerns about the CCG merger, considering that the north of Warwickshire would receive poorer services and the area already had health inequalities. Anna Hargrave offered to speak with Councillor Longden, whilst acknowledging his view. She referred to the previous discussions at this committee to explain the benefits of the merged CCG and offered to provide a briefing. Councillor Longden acknowledged the offer but advised he would not be a councillor for much longer.
- Councillor Caborn welcomed the move to a single CCG and that staff were being retained, speaking of the opportunity for joint working across health and social care.
- Further information was sought about the new ICS. This would be a new statutory organisation taking on many of the functions of the CCG and other functions, although the detail was awaited. Preparatory work was underway to move to the ICS and complete a staffing review simultaneously, to avoid the need for staff to go through two separate reviews.
- Clarification was sought on the benefits of having a single CCG in moving to the ICS. Other CCGs that were still to merge would have an additional process to complete in the same timescale. There were benefits of scale, reference also to the change management processes in place, strategic planning and the four 'places' established. This would enable resources to be aligned over the next year alongside work with local authority partners.
- A view in support of the proposals, the need for the new arrangements to embed and for organisations to work together.
- A lot of time had been spent discussing the CCG merger. There were concerns regarding health inequalities especially in the north of Warwickshire, which should have been a key focus and priority for the committee. Anna Hargrave confirmed that a lot of work was taking

place on health inequalities, referring to covid, health needs assessments and identifying priority groups. These could be communicated to the committee or to the planned task and finish group. The new CCG and subsequent ICS would need to focus on health inequalities in a more robust way. The member reiterated that health inequalities had been an issue for many years. A further view that results were needed to demonstrate that health inequalities were being tackled.

- Via the chat dialogue, a comment that the Health and Wellbeing Board was addressing health inequalities through a clear strategy and implementation by all bodies involved in it.
- A comment that Healthwatch would be seeking assurances that patient voice would be heard at ICS, Place, PCN and practice levels. The arrangements would need to be both robust and transparent if they were to be effective.
- Later in the agenda was an item on the review of scrutiny. There should be consideration of how this committee works with organisations.
- Health inequalities was a considerable issue. It was important for the committee's work programme to be focussed on such key areas. In response, a point that tackling health inequalities required a partnership approach, rather than being an issue just for the NHS. For example, the focus could be on wider determinants of health. There was a scrutiny role to look at the partnership response.
- There were many issues to address and it was important to focus on solutions.
- Thanks were recorded to the CCGs and to all NHS staff for their response to the pandemic.

Resolved

That the Committee notes the update and thanks the CCG representatives for their attendance and for responding to the committee's questions.

6. West Midlands Ambulance Service

The Chair introduced Mark Docherty, Director of Nursing, Quality and Clinical Commissioning at West Midlands Ambulance Service (WMAS). He in turn introduced Pippa Wall, Head of Strategic Planning and presented an information pack to the committee covering the following areas:

- Firmographics (background on WMAS)
- The WMAS vision and strategic objectives
- Coventry and Warwickshire activity (incidents) comparison 2019/20 and 2020/21, across each CCG area and for the trust as a whole
- Performance data on response times for each of four categories, by CCG area and in total for WMAS
- Call answering time data
- Conveyance rates
- Hospital handover trend data for each of the three hospital trusts, including handovers in excess of one hour, with a comparative slide for WMAS as a whole
- Daily Covid test data
- Examples of PPE and commentary on the initial problems with the quality of some PPE supplies
- 111 service activity
- Winter initiatives

- COVID (including staff increase)
- Issues identified from the beginning of the Covid-19 pandemic
- Continued changes in working practice
- Financial implications
- Staff health and wellbeing, including testing arrangements
- Covid-19 second surge and winter flu
- New ways of working
- Vehicle data, including the first all electric emergency ambulance in the country
- Saving more lives – public CPR training and defibrillators
- Maternity developments
- Quality account priorities for both 2020/21 and 2021/22

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

- A question on the WMAS staff training arrangements. WMAS employed trainee paramedics, providing in-house training and also employed graduates. A four-year masters' degree course would launch later this year, where the qualified students could then work either as a paramedic or in primary care.
- Chris Bain reported concerns about people delaying seeking NHS support due to covid fears and then presenting in worse health. A further concern was increases in patients with mental health illness. An audit had taken place using data on stroke and heart attack patients. In the early phases of covid, there was no such evidence. More recently and through other studies evidence showed people were delaying seeking medical help. On mental health, there was evidence of more people in crisis, suicide cases were increasing, as well as domestic violence and impacts for children too. There were many contributing factors for some people currently. Chris Bain agreed that a system response was needed.
- A comment that previously WM ambulances were directed to bypass GEH and go straight to University Hospitals Coventry and Warwickshire (UHCW). The instruction to WMAS staff was to go to the nearest appropriate hospital. Some district general hospitals may not have the same range of expertise for serious paediatric issues, stroke, heart attack or major trauma and WMAS accessed the most appropriate hospital in those cases. Speed of access and logistics also affected the decision on which hospital to transport the patient to. This was supported in the meeting chat by David Eltringham confirming that GEH did not take ambulance borne children, because there were no Paediatric in-patient facilities for them.
- Hospital handover issues and questions about the protocols in place. If speedier handovers took place, it would improve ambulance response times. There was a national group looking at this issue, which had been highlighted by covid. Ambulances were not designed to be static, having no heating, ventilation or toilets. This issue had been addressed positively by the hospitals serving Warwickshire. Where ambulances were delayed at hospitals, they could not respond to other calls and patients could suffer. This was an area of continuous effort by WMAS.
- A question on cross border issues and mutual aid arrangements from neighbouring areas. Mark Docherty outlined the hub model of service provision. Ambulances were only at the hub when they were being serviced and restocked. They were located to meet service demand and could travel many miles during a shift. There were regular reviews of resource needs. He also spoke about mutual aid arrangements and generally the help from WMAS to others was more than that received from neighbouring services. There were additional challenges for rural areas in terms of where to locate crews between calls.

- A further aspect discussed was the helicopter support run by charities, but with close involvement from WMAS. This included the collaborative approach to providing clinical staff for some areas and advantages to them being independent. In the West Midlands there was access to five helicopters. It was noted that the pandemic had impacted on fundraising for the charities.

The Chair thanked Mark Docherty and Pippa Wall for the presentation, asking that thanks be passed to all the WMAS staff for the services being provided under difficult circumstances.

Resolved

That the Committee notes the presentation.

7. Covid-19 Update

Dr Shade Agboola, Director of Public Health gave an update to the Committee. Nationally, the number of covid cases was reducing. The West Midlands (WM) had the highest rate in the country and the current position was 195 cases per 100,000 (100k) of population. This was reduced from 218, with the rate across England being 148 per 100k population. A breakdown was provided of the rates across different parts of the WM. The lockdown was working, but at a slower rate than in the earlier phases of the pandemic.

Warwickshire was the second lowest area of the WM region at 143 cases per 100k population. Data was provided for each district and borough area showing a downward trend. The positivity of test results was also reducing. An update was given on the testing arrangements over six sites in the County, with over 70k tests having been completed to date.

Reference to the workplace offer for self-led testing and the support available to Warwickshire businesses. A national business offer targeting companies with over 50 employees was also available. The number of outbreaks in care and workplace settings was reducing. However, once an outbreak had established, it was difficult to control. This was also the case in office settings. A presentation had been developed for companies to deliver training to their staff. There were key messages around contact tracing and encouraging measures more stringent than the national guidance.

Reference to the new variants of Covid and surge testing to identify cases of the South African, Brazilian and other new variants. The Kent (UK) variant was the predominant one and was more transmissible. There were concerns that it could mutate. In the region, three areas had been involved in the surge testing and no cases had been found. From sampling of test results in Warwickshire, no variants had been identified. However, preparations were being put in place to respond, should variant covid cases be identified.

The following questions and comments were submitted:

- A question on the contribution that vaccinations were making to reducing numbers of new cases. There were cautious perceptions on the contribution that vaccinations were having on the reduced rates, but the evidence of this was awaited.
- A point on the consistency of advice given to people when being vaccinated, to continue to observe the safety measures. This was an issue of quality control, as messaging should be

provided. Alison Cartwright confirmed that vaccination reduced the impact of Covid, but it could still be caught and transmitted. She agreed to raise this concern with all vaccination centres. A contrary view from other councillors, that excellent information had been provided when they had been vaccinated.

- It was reiterated that there had not been any covid variants identified from the random samples of tests taken.
- Further information was sought on the national approach to assess the impact of the vaccinations on the reduction in covid cases. Shade Agboola hoped it was a combination of vaccinations, testing and people observing the guidance that was reducing case numbers.

Resolved

That the update is noted.

8. Update on Scrutiny Review

Nichola Vine, Strategy and Commissioning Manager for Legal and Democratic Services introduced this item, which reported on an independent review of the Council's overview and scrutiny function. Dr Jane Martin CBE was appointed to provide advice upon appropriate principles for scrutiny in light of the statutory guidance, key opportunities to improve upon our current ways of operating scrutiny, and how WCC might move forward to develop its scrutiny approach to deliver on the Council Plan and objectives.

The review document was circulated with a summary of key issues in the covering report. This outlined how the review was undertaken through a series of remote interviews and a desktop analysis of past scrutiny documents. The feedback was positive, highlighting examples of good practice. However, there was a conclusion that the scrutiny function needed to be reinvigorated and a principles-based approach was recommended.

The report set out the opportunities for improvement and focussed on a series of principles that would drive the refreshed approach. These were summarised within the report. The recommendations reached in the review were:

- The Council should relaunch the scrutiny function, championed by the Leader and Cabinet, with a corporate 'common purpose' WCC scrutiny guide setting out the ambition and expectations for the function.
- Create greater alignment with corporate objectives by restructuring scrutiny committees in parallel to foster greater scrutiny of corporate themes and objectives and corporate performance.
- Provide recognised authoritative leadership and direction for the scrutiny function by creating a new role of Chair of Overview and Scrutiny to chair a new Overview and Scrutiny Panel comprised of all scrutiny chairs.
- Greater use of virtual meetings technology and, where appropriate, social media to engage the public, service providers and external partners and encourage elected member active participation.
- Consider creating a dedicated team of overview and scrutiny officers resourced adequately, to provide data and information, advice and support to O&S chairs and members.

- Review the timetable for scrutiny committees to ensure meetings were held at the optimum time and allowed for greater meeting and agenda flexibility and greater use of task and finish groups for scrutiny work.
- Making use of virtual technology, in-house training and briefings should be provided for scrutiny chairs and members on appointment and ongoing, including subject updates as required and skills development.

Further sections reported the financial and environmental implications of this item, together with the corresponding reports being considered by the other overview and scrutiny committees. Thereafter, officers would prepare an implementation plan for discussion and a report to Council post-elections with recommendations for implementation.

The Committee considered and commented on the above recommendations and the detailed review document, also considering a series of question areas within the report:

- The Chair suggested that members consider the report and submit their views to Democratic Services, in order that he could consider them and formulate a committee response.
- The report was welcomed. Whilst this committee undertook external scrutiny, it should also have more of an internal focus, for example reviewing future cabinet decisions, which could provide for pre-decision scrutiny. This needed effective timing of meetings to dovetail the scrutiny process prior to cabinet meetings.
- A query on the recommendation for an overview panel of chairs, asking how this would improve the scrutiny function. The idea was to enable chairs to discuss cross cutting issues and how best to respond to them or coordinate activity efficiently. The Chair noted that there were joint committees where required for such cross cutting issues. He shared the reservations raised and would like to see evidence of how this would improve scrutiny.
- A view that the Chair's role could include dialogue with other scrutiny chairs, rather than creating another committee.
- There were capacity issues within Democratic Services to support the scrutiny function effectively. A preference to retain an allocated Democratic Services Officer, rather than splitting the role between a scrutiny officer and a democratic officer.
- The scrutiny function needed to follow corporate priorities and so a realignment should be undertaken.
- There was a need to look at work programming, work with partners and to ensure that the programme was more front facing.
- A need to provide a higher profile for scrutiny work on the county council website, to assist the public in finding current work, such as task and finish groups. The member felt this was an area for improvement.
- This Committee has a statutory duty for health scrutiny and so was unlike other scrutiny committees. A key area was holding the Health and Wellbeing Board to account.
- Further explanation and examples were sought of the proposed methods of working. In some quarters, there were perceptions that scrutiny could be critical. Better scrutiny work could be achieved through working together with a positive 'can do' approach.
- It was noted that the statutory aspects would be fed into the final proposals, alongside the feedback from committees.

The Chair asked all members to submit their views to Democratic Services. These would be collated and considered by himself to formulate a committee response. He asked members to submit their views within two weeks. The final proposals would be submitted to members post-election. The Chair welcomed the report and saw the potential for further improvements.

Resolved:

That Committee members submit their comments to Democratic Services within two weeks, in response to the findings of the independent review into Overview and Scrutiny.

9. Work Programme

The Committee reviewed its work programme. Reference was made to a recent member briefing on the Home Environment Assessment and Response Team (HEART). The Chair had requested that a briefing paper be provided for members.

The Agenda content for the next meeting would be considered at the party spokesperson meeting.

Resolved:

That the work programme is noted.

.....
Councillor Wallace Redford
Chair

The meeting rose at 1pm

Appendix 1 Question Submitted by Cllr Helen Adkins

Warwickshire County Council: PUBLIC INFORMATION ABOUT MASS TESTING using Lateral Flow Tests.

1) Warwickshire is conducting mass testing using the Innova Lateral Flow Tests.

However, it is not giving the public proper information about the limitations of the tests.

Those who have taken the test report the following text message if they have a negative test result: 'it's likely you were not infectious'. It then sets out the usual advice around hands, face, space. It does not specify the actual inaccuracy risk.

2) However, as the Guardian reports on results of the Liverpool mass testing:

'...tests in the field missed 60% of infections in people who were self-swabbing. It should be easier to detect infections in people with high viral loads but they missed 30% of those'.

<https://www.theguardian.com/world/2021/jan/28/how-uk-spent-800m-on-controversial-covid-tests-for-dominic-cummings-scheme>

Warwickshire appears to be among the local authorities that the BMJ found is not giving proper information about the limitations of the LFTs:

'Only a third of local authorities that are rolling out lateral flow testing have made the test's limitations clear to the public—including that it does not pick up all cases and that people testing negative could still be infected, an investigation by *The BMJ* has found.

A search of the websites of the 114 local authorities rolling out lateral flow testing¹ found that 81 provided information for the public on rapid covid-19 testing. Of these, nearly half (47%; 38) did not explain the limitations of the tests or make it clear that people needed to continue following the restrictions or safety measures even if they tested negative, as they could still be infected.

Although 53% (43) did advise people to continue to follow the current measures after a negative result, only 32% (26) were clear about the test's limitations or its potential for false negatives. The advice the websites gave to the public about a negative test result ranged from "A single negative test is not a passport to carrying on your daily life 'virus-free' . . . don't let a negative covid-19 test give you a false sense of security" to "It is good news that you don't have the coronavirus."

On 10 January England's health secretary, Matt Hancock, launched the drive for local authorities to test asymptomatic people who cannot work from home, to try to halt the spread of the virus. But many public health experts are concerned about false reassurance from mass testing.

Studies have shown that, while false positives are rare with the commonly used Innova lateral flow test, false negatives are much more common. Results from Public Health England showed that the test's overall sensitivity was 76.8%, meaning that 23.2% were false negatives. Sensitivity dropped to just 57.5% when carried out by self-trained staff at a track and trace centre.

<https://www.bmj.com/content/372/bmj.n238>

Warwickshire does no more than advise on hands, face, space, i.e. follow the current measures. But it does not provide the figures regarding false negatives. This omission leaves a false re-assurance that negative results mean they are not infectious.

Can WCC ASCHOSC consider this evidence and draw this to the attention of WCC Director of Public Health. In doing so might it press her to improve its messaging, provide clear statistics on risks of false negatives, and explain exactly that a negative LFT does not mean a person is not infectious. Saying they are ‘not likely to be infectious’ is misleading.

Cllr Helen Adkins
County Councillor, Leamington Willes Ward
Leader of the Labour Group, Warwickshire County Council

Response from Dr Shade Agboola, Director of Public Health

The BMJ article states the following:

Only a third of local authorities that are rolling out lateral flow testing have made the test’s limitations clear to the public—including that it does not pick up all cases and that people testing negative could still be infected, an investigation by The BMJ has found.

*A search of the websites of the 114 local authorities rolling out lateral flow testing found that 81 provided information for the public on rapid covid-19 testing. **Of these, nearly half (47%; 38) did not explain the limitations of the tests or make it clear that people needed to continue following the restrictions or safety measures even if they tested negative, as they could still be infected.***

Warwickshire County Council makes this clear as evidenced below:

The box below summarises the information that people receive when they book a Lateral Flow test via our Eventbrite Booking page. Individuals interested in a Lateral Flow test are urged to read the information on the webpage before booking.

Introduction

Please see our [dedicated webpage](#) for details about lateral flow testing, who we are targeting, the testing process and what your results will mean, as well as how your data will be handled.

It is very important you read the information on the webpage before booking, as you will be asked to confirm you have read it.

Please do not attend a lateral flow test site if you:

- have coronavirus symptoms (new persistent cough, high temperature, change to your sense of taste or smell)
- are isolating for 10 or 14 days because you or a close contact has symptoms
- have been advised to avoid non-essential contact

Booking Enquiries

Please email rugbycommunitytesting@warwickshire.gov.uk

Please note

This booking is only for your testing slot. When you arrive at the test site you will need to register your details on the NHS Test & Trace system in order to receive your test results.

Clinically extremely vulnerable people



If you are clinically extremely vulnerable, you should remain at home shielding and not attend for lateral flow testing.

If you are clinically extremely vulnerable or mask exempt and you judge you need to attend for a test, please identify your status to the queue manager.


When people click on the link above for dedicated webpage, they are given the information below

After you receive the test result

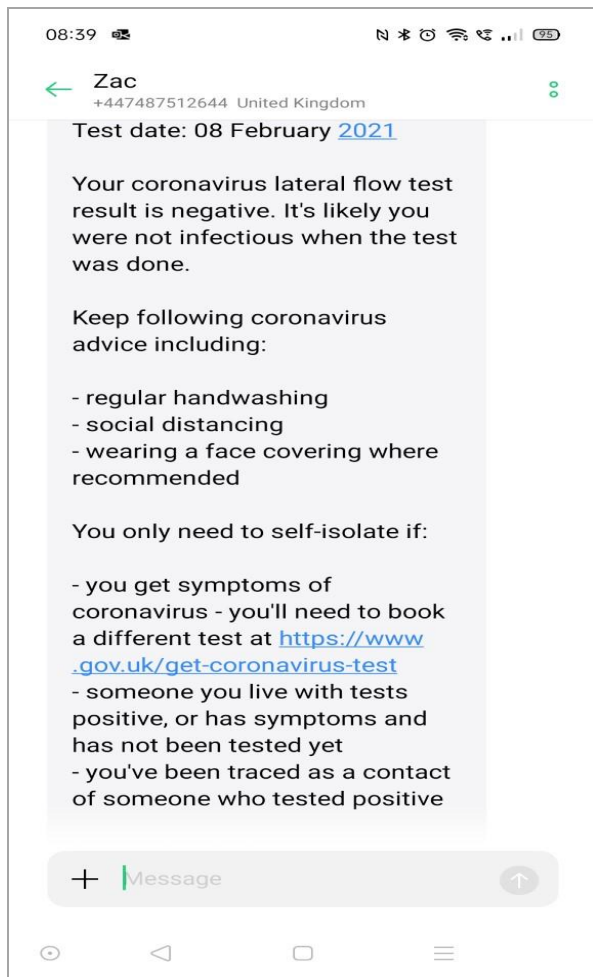
Positive result

- If your test is positive, you will need to return home (not using public transport) and isolate with your household members.
- You will need to isolate for 10 days (and until well and fever-free for 48 hours). Your household will also need to isolate for 10 days.
- Your [close contacts](#)  will need to isolate for 10 days
- Routine confirmatory NHS swab tests will be retained for those who self-report, including NHS staff, adult social care staff, primary school teachers and hauliers. [Book NHS swab tests online](#)  or book by calling 119.

Negative result

- If you test negative you do not need to isolate
- You will need to continue to follow the guidelines of hands, face, space and keep contacts to a minimum
- Ensure that you get tested weekly at one of our six test centres
- Please continue to be vigilant and follow national guidelines. if you develop any of the COVID-19 symptoms, ensure you [book a test online via the NHS](#)  or by ringing 119.

The information provided from NHS Test and Trace following a negative test result is below:



This information is in line with national guidance – a negative result means that the individual was likely not infectious at the time the test was taken.

This page is intentionally left blank

Adult Social Care and Health Overview and Scrutiny Committee

Tuesday 25 May 2021

Minutes

Attendance

Committee Members

Councillor Clare Golby (Chair)

Councillor John Holland (Vice-Chair)

Councillor John Cooke

Councillor Tracey Drew

Councillor Marian Humphreys

Councillor Jan Matecki

Councillor Chris Mills

Councillor Penny O'Donnell

Councillor Kate Rolfe

Councillor Mandy Tromans

1. General

(1) Apologies

None.

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

None.

2. Election of Chair

Councillor John Cooke proposed that Councillor Clare Golby be Chair of the Committee and was seconded by Councillor Marian Humphreys.

Resolved

That Councillor Clare Golby be Chair of the Adult Social Care & Health Overview and Scrutiny Committee for the ensuing municipal year.

3. Election of Vice-Chair

Councillor Golby proposed that Councillor John Holland be Vice-Chair of the Committee and was seconded by Councillor Kate Rolfe.

Resolved

That Councillor John Holland be Vice-Chair of the Adult Social Care & Health Overview & Scrutiny Committee for the ensuing municipal year.

The meeting rose at 11:25

.....
Chair

Adult Social Care & Health Overview & Scrutiny Committee

Date of Meeting: 30th June 2021

Council Plan 2020-2025 Quarterly Progress Report:

Period under review: April 2020 to March 2021

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 Year End Performance Report for the period April 1st, 2020 to March 31st 2021 was considered and approved by Cabinet on 17th June. 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 17th June 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 Year End 2020/21 Performance Report](#).

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 Year End
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	9
WCC making the best use of its resources	18	16

- 2.2 As outlined at Quarter 2 there are 8 KBMs that have been paused from reporting due to national suspension of inspection or examination regimes of which there are 2 measures relative to this OSC:
- % 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.
- 2.3 Overall, the Council has sustained robust performance across the board in the face of the challenges posed by the pandemic, including increasing demand, new service delivery to meet the challenges of the pandemic and significant changes in how services are delivered. As WCC returns towards a more business as usual situation as restrictions are loosened, Services are redirecting their focus onto their core work and this is reflected in KBM performance. At Year End there has been an improvement in the number of KBMs reported as being On Track.
- 2.4 Of the 58 KBMs, 14 are in the remit of this Overview and Scrutiny Committee, 2 of which are paused. At Year End 12 KBMs are available for reporting and 83% (10) KBMs are On Track and 17% (2) are Not on Track.

Chart 1 below summarises KBM status at Year End by agreed Outcomes.

Adult Social Care & Health OSC KBM Status

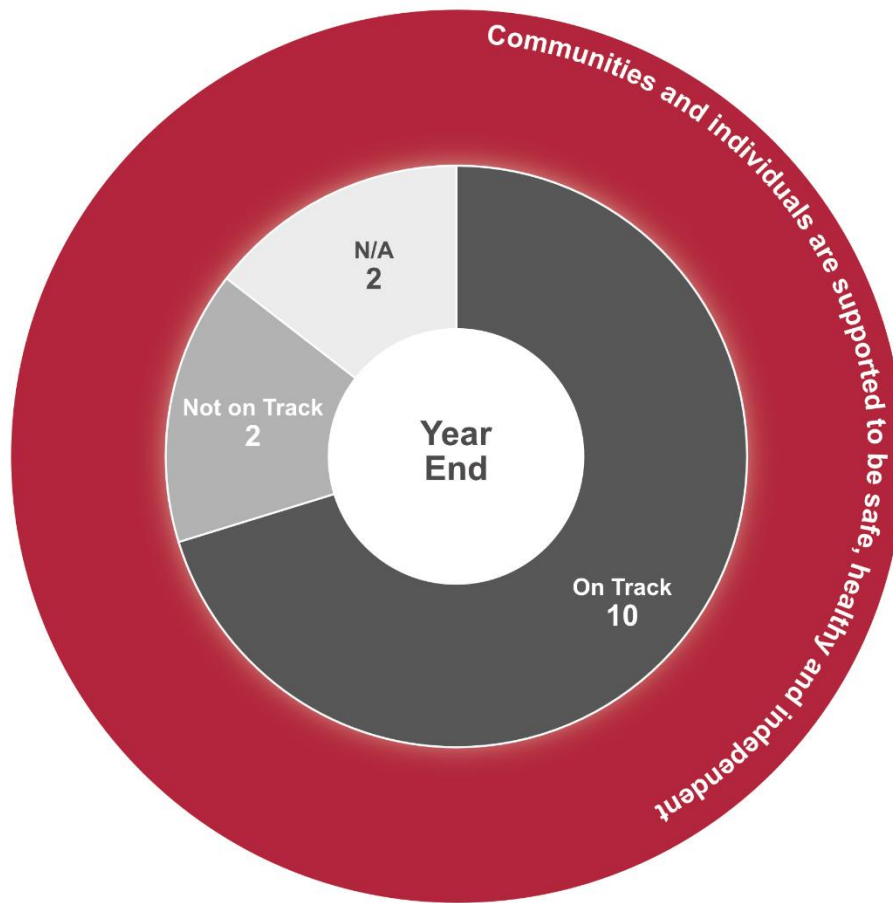
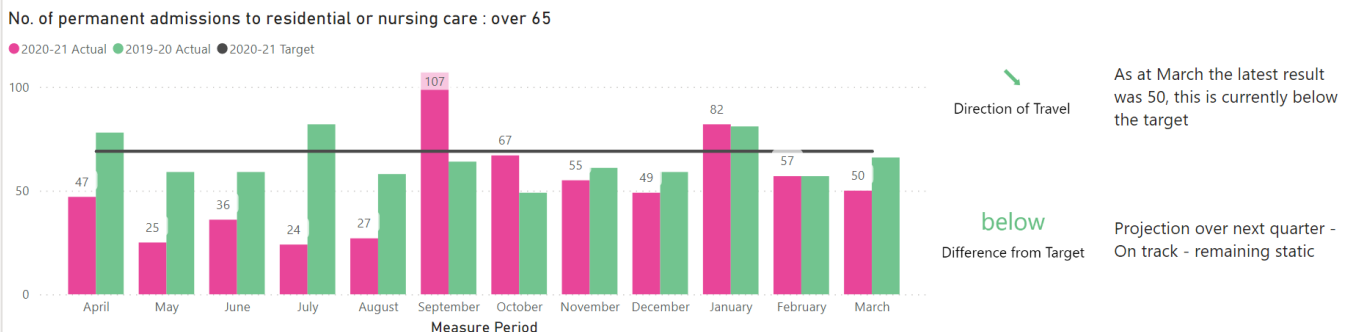


Chart 1

2.5 Of the 83% (10) KBMs which are On Track, there are 4 of note which are detailed in Table 1 below:

Warwickshire’s communities and individuals are supported to be safe, healthy and independent

No. of permanent admissions to residential or nursing care: over 65



No. of permanent admissions to residential or nursing care : over 65 Commentary

Current performance narrative:

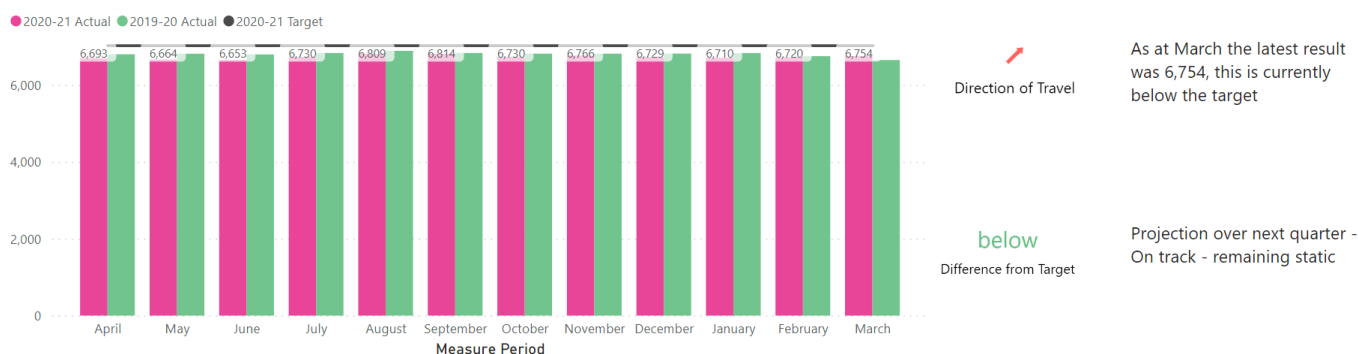
The number of over 65 permanent admissions to residential or nursing care has decreased this year. The possible reasons being related to the Covid-19 pandemic and people being supported in their homes by community support more.

Improvement activity:
n/a

Explanation of the projected trajectory: On Track – Static.
Based on current performance, performance is expected to remain static.

No. of people in receipt of an adult social care service

No. of people in receipt of an adult social care service



Current performance narrative:

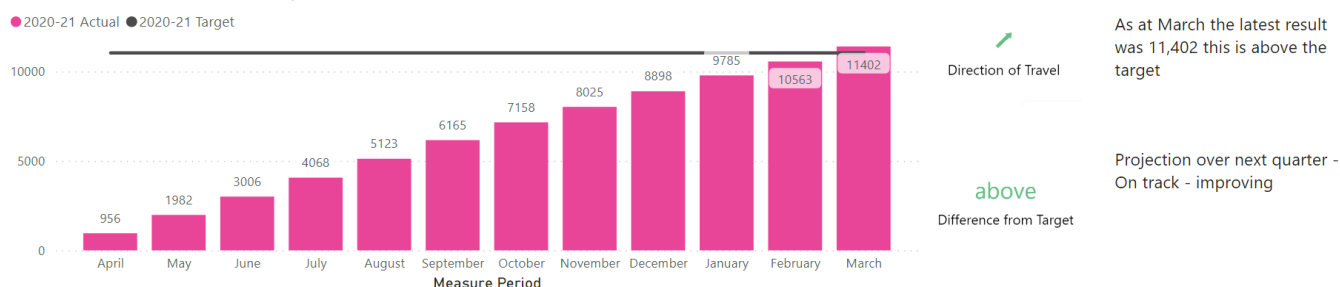
Current performance remains stable, and therefore can continue to meet demand within the Medium-Term Financial Strategy budget envelope. This is something that the Social Care Teams and Strategy & Commissioning Team should be proud of as the year has been extremely testing and without precedent, but during the Covid-19 response we've managed to maintain a good level of support to people and not inadvertently impacted on our performance.

Improvement activity:
n/a

Explanation of the projected trajectory: On Track - static
n/a

No. of Domestic Abuse incidents reported

No. of Domestic Abuse incidents reported



Current performance narrative:

The target of increasing the number of Domestic Abuse (DA) incidents and crime offences that are reported to Warwickshire police in comparison to the previous year, has been achieved. This is set against the context of Covid-19 restrictions, which has significantly impacted upon victims'-survivors' opportunity to seek help. Partners in the county developed "Emerging Trends", a partnership group aiming to understand and respond to DA during the pandemic. This group developed a multi-agency performance framework, enabling the partnership to have a holistic view of the DA related data, and to answer key questions such as: how are the pandemic and lockdown restrictions impacting upon Domestic Violence & Abuse (DVA) disclosures / incident reports; are victims-survivors accessing support at the level the partnership would usually expect and what can the partnership do to promote awareness amongst the public and professionals that support services for victims-survivors, to make them aware that they are still open and accepting referrals.

A key action that came out of this group was the development and delivery of a comprehensive partnership communications campaign across social media and a traditional advertising campaign targeted at members of the public, victims and perpetrators and professionals across all agencies in Warwickshire. It aimed to raise awareness of the different forms of abuse and the signs of abuse, as well as the support mechanisms which are available and how to access them. The partnership believe that this sustained communications and awareness raising approach, has resulted in an increase in incidents being reported to the Police.

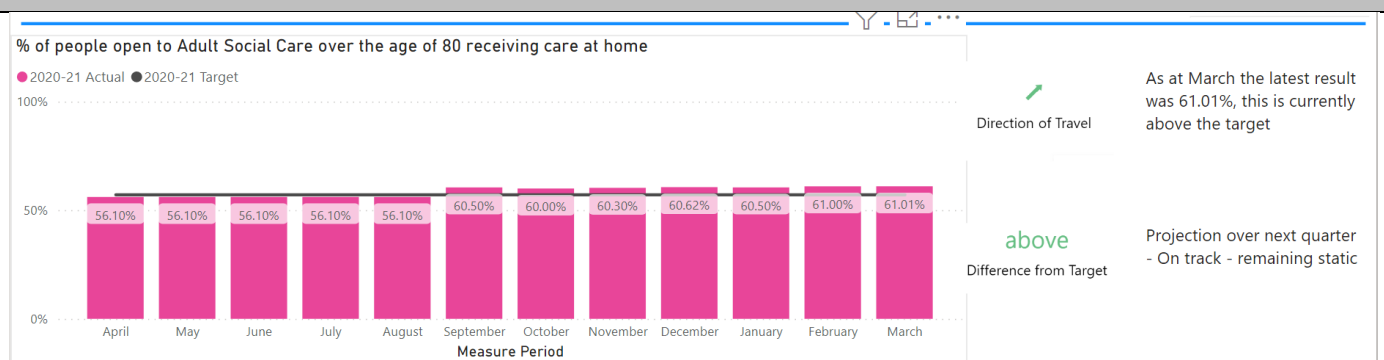
Improvement activity:

A refreshed communications plan and materials are being developed which will focus on communities that are not reporting incidents or accessing support for DVA at the level that national crime prevalence data would suggest the partnership should expect. Communications over the next few months will focus on the lifting of restrictions, making messages available in public places and engaging with key community and faith groups that can work with the partnership to help promote awareness of DVA and support services. The roll-out of awareness raising for professionals of the new Domestic Abuse Bill will provide a further opportunity to promote understanding about DA and everyone's role in supporting victim-survivors to seek help.

Explanation of the projected trajectory: On Track - improving

It is likely that the number of DA incidents and crime offences reported to the Police, will continue to increase as lockdown restrictions are eased and the opportunity for people to access support increases.

% of people open to Adult Social Care over the age of 80 receiving care at home



Current performance narrative:

Keeping people in their own home as they age would always be the preferred option. Despite providers experiencing increasing demand, this is being managed effectively, however there has been some pressures appearing within the domiciliary care market due to lower levels of

recruitment than predicted for this time of year. The Council is assisting the market with these pressures by offering extensive operational development and learning and development support through our Learning Partnership Team.

Improvement activity:

There is current work ongoing with providers to improve Business Continuity Plans to make the service more robust. Also, work is ongoing to move payment systems to an automated method of payment that would give greater transparency on care delivery and ensure more accurate payment to providers and billing to customers.

Explanation of the projected trajectory: On track – remaining static

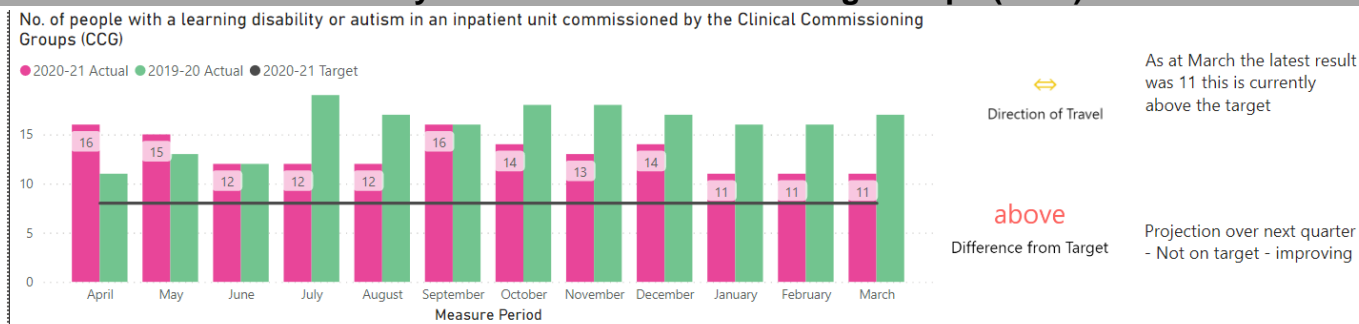
The services are currently exceeding the target for the number of people who are able to remain in their own home with support over the age of 80. There have been clear increases over the period of the pandemic, which is likely fuelled by the number of people who would prefer to receive care in a non-residential setting due to the perceived risk of Covid-19 and the limitations within residential care placed on seeing family members.

Table 1

2.6 Of the 2 KBMs that are Not on Track at Year End, 1 KBM requires highlighting in Table 2 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)



Current performance narrative:

Quarter 4 shows an improved position compared with the previous three quarters of 2021/22. Coventry and Warwickshire's national ranking for adult inpatient numbers improved from 42 of 44 in December 20 to 34 of 44 in February 21. March 21 ranking is not yet available but is likely to be similar.

There were no adult admissions in the 8 weeks between 24/12/21 and 19/2/21. This shows a positive impact of weekly admission avoidance meetings, increased clinical commissioning capacity and Coventry and Warwickshire Partnership Trust's (CWPT) enhanced Learning Disability (LD) admission avoidance pathway.

The total number of adult inpatients in Coventry and Warwickshire has decreased to the lowest number in the last three years, which is a positive step. Although Warwickshire's end of Quarter

4 number is above the target of 8, it is a significant improvement compared with March 20's final number.

Improvement activity:

There is a planned Local Government Association Peer Review in April 2021, a System Summit in May 21, and a 3-year plan being drafted and submitted during April-May 21. All of these will contribute to an improved pace, grip and direction for improving the performance of the Transforming Care Programme.

CWPT's enhanced LD admission avoidance pathway is proving effective at avoiding admissions for people with a learning disability. Autism community and admission avoidance services are due to come online in the first two quarters of 2021/22, which will have a positive impact in avoiding admissions for people with autism and no learning disability.

Arden's keyworker pilot continues to progress well, with all keyworker posts in place and work with individuals beginning.

The service will refresh the systems, processes and service offers linked to the Dynamic Support Register in 2021/22 quarter 1, following learning from NHS England Webinars in 2020/21 quarter 4.

Explanation of the projected trajectory: Not on Track - improving

The trajectory between March 21 and March 24 is currently being reviewed, and will be agreed as part of a three year plan, due to be submitted to NHS England at the end of May 2021.

Table 2

Status of this measure has fluctuated since the end of 2019/20 to and it is projected to remain Not on Track - Improving for the next reporting period.

- 2.7 Chart 2 below illustrates the considered forecast performance projection over the forthcoming reporting period as well as 3 previous periods. Please note, performance reporting for Quarter 3 2020/21 was paused.

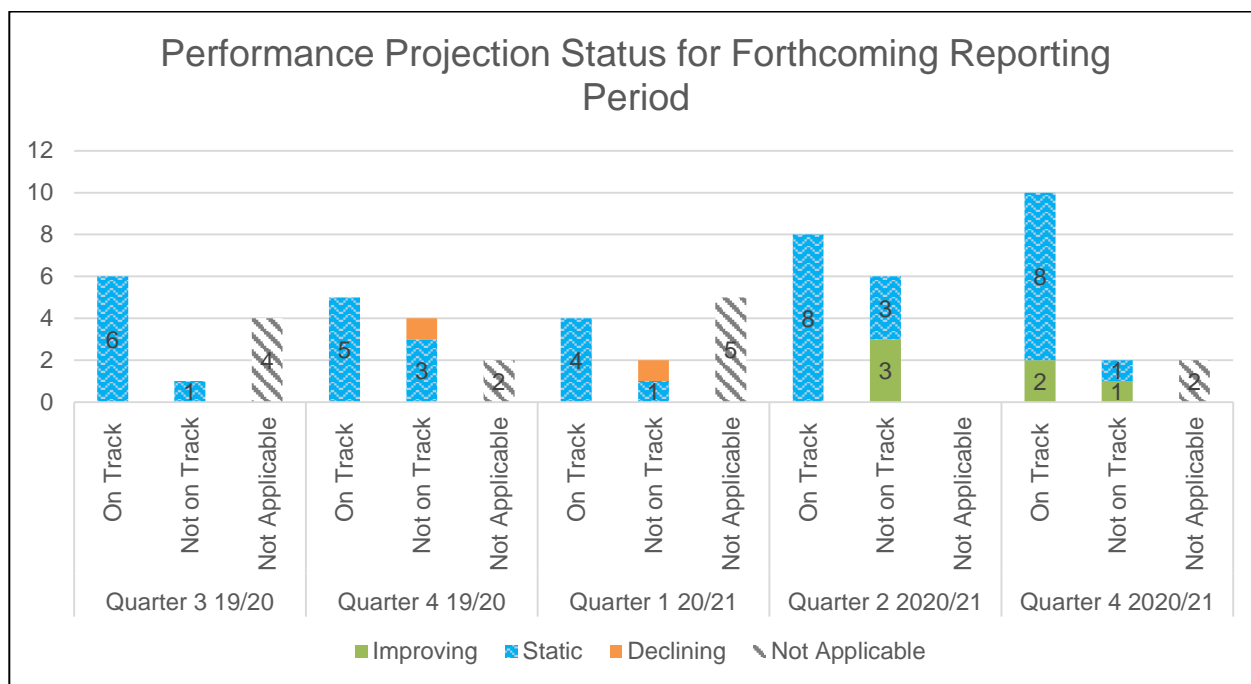


Chart 2

It is forecast that over the next period 10 KBMs will remain with a status of On Track over Quarter 1 2021/22. Of the 2 KBMs that are not on track, 1 will improve in performance, and 1 will remain static as follows:-

Improving:

- No. of people with a learning disability or autism in an inpatient unit commissioned by the Clinical Commissioning Groups (CCG).

Static:

- No. of People assisted to live independently through provision of Social Care equipment.

The pandemic has impacted the majority of these measures leading to delays in programmes of activity and changing service demands. Positively, none are projected to decline further and improvement activity is in place to improve performance across all measures and this is under constant review to ensure it is robust. Full context on all measures is provided in the Power BI reports.

2.8 As the Organisation continues to transform the Performance Framework evolves providing a sharpened focus on performance and supports delivery of the Organisation’s priorities. The light touch review of the Performance Framework for the 2021/22 period has been conducted with Strategic and Assistant Directors and Cabinet approved the new Framework as attached in Appendix A. A comprehensive review of the entire Framework is already in progress ready for implementation in 2022/23.

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	155,211	158,538	3,327 2.14%	0	3,327
<p>Adult Social Care – (£3.327m net overspend; +2%. £12.651m Covid Expenditure)</p> <ul style="list-style-type: none"> • Covid expenditure consists of: <ul style="list-style-type: none"> ○ £7.838m increased package costs following hospital discharge ○ £3.829m financial support to providers to enable them to manage the impact of Covid ○ £0.785m staffing and working from home costs ○ £0.199m of other care related costs eg mental health, direct payments to people with disabilities. • After removing the Covid related expenditure, the net variance is an £9.322m underspend (an increase in underspend of £1.3m since Q3 which can be primarily explained by the Better Care Fund contribution noted below). • Reasons for this include delayed project implementation, reduced use of integrated community equipment and assistive technology, reduced transport costs due to a reduction in day opportunities, an increase in client contributions, reduced staffing costs, reduced nursing care costs due to the NHS temporarily funding nursing, and the Hospital Discharge Grant reimbursing expenditure. • An additional contribution to the Better Care Fund of £1.000m was received from Warwickshire North CCG which is to be carried forward to fund projects in 2021/22. • Covid has had a significant impact on Adult Social Care, disrupting normal expenditure trends. It cannot therefore be assumed that underspends are recurrent until we are in a more stable post-Covid landscape. Most cost drivers have been impacted by Covid and further detail in relation to this was provided in the Quarter 3 Financial Monitoring Report. 					
People	34,662	32,674	(1,988) -5.74%	0	(1,988)
<p>Strategic Commissioner for People - (£1.988m net underspend; -6%. £1.509m Covid pressures)</p> <ul style="list-style-type: none"> • The major Covid pressures include the following: <ul style="list-style-type: none"> ○ £0.926m on test and trace activity, of which £0.829m and £0.080 is funded from COMF and the Test and Trace Grants respectively. ○ £0.344m additional cost of sexual health contract from postal and online costs 					

- £0.087m medical and housing related support for homeless people
- £0.055m overspend on the meals on wheels service
 - £0.097m across a range of items including £0.018m of the £1.740m allocation for Covid recovery projects
- After removing the Covid related pressures, the variance is a £3.497m underspend.
- Significant reasons for this include unutilised partnership funding received, to be transferred to an earmarked reserve for use in future years. There are underspends across a range of contracts including Public Health, Domestic Abuse and Dietetics, and further underspends from staffing, travel, conferences and training costs.
- £0.475m is requested to be carried forward into 2021/22 for homelessness, housing support, funding of IT project staff and a contribution from Warwickshire North CCG for suicide prevention costs to be incurred in 2021/22.

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	400	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)	2020/21 Forecast £'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	(31)	-1%	858	0	5,508

£0.031m of adult social care modernisation spending has been slipped into 2021-22.

4. Supporting Papers

A copy of the full report and supporting documents that went to Cabinet on the 17th June is available via the committee system.

5. Environmental Implications

None specific to this report.

6. Background Papers

None

Authors:	Vanessa Belton, Delivery Lead Business Intelligence, Performance, Planning and Quality: vanessabelton@warwickshire.gov.uk Mandeep Kalsi, Performance Officer mandeepkalsi@warwickshire.gov.uk
Assistant Directors	Pete Sidgwick, Assistant Director Adult Social Care: petesidgwick@warwickshire.gov.uk
	Becky Hale, Assistant Director People: beckyhale@warwickshire.gov.uk
	Dr Shade Agboola, Director of Public Health: shadeagboola@warwickshire.gov.uk
Strategic Directors	Nigel Minns, Strategic Director for People Group: nigelminns@warwickshire.gov.uk
Portfolio Holders	Cllr Margaret Bell, Adult Social Care & Health: cllrbell@warwickshire.gov.uk

This page is intentionally left blank



WCC Outcomes and Objectives Performance Framework 21/22

Warwickshire's communities and individuals are supported to be safe, healthy and independent



Support our most vulnerable and disadvantaged children reducing the need for children to become, or remain looked after

- % of placements in provision (agency foster care or residential) of Good or Outstanding quality as rated by Ofsted (CLA)
- % of children and young people seen within 18 weeks (Referral to Treatment Time) amalgamated across the three Clinical Commissioning Group (CCGs)
- No. of children open to an Early Help Pathway (KBM)
- No of Children in Care excluding unaccompanied asylum seeking children
- % of Children in Care aged under 16 who have been looked after continuously for at least 2.5 years, who were living in the same placement for at least 2 years, or are placed for adoption
- % of care leavers (Relevant and Former Relevant 16-21) who are not in education, employment and training (NEET)



Support Warwickshire residents to take responsibility for their own health and wellbeing and reduce the need for hospital or long health care

- % of carers in receipt of Self Directed Support on the final day of the reporting period
- % of Women who smoke at the time of delivery across Warwickshire
- % of Children receiving a 6-8 week health check (C8i)
- % of Year 6 children (aged 10-11 years): prevalence of obesity (including severely obese)
- % Population vaccination coverage – Measles, mumps and rubella (MMR) for two doses (5 years old)



Support the most vulnerable and disadvantaged adults in Warwickshire to enjoy life; achieve and live independently

- No. of permanent admissions to residential or nursing care: over 65
- No. of permanent admissions to residential or nursing care: under 65
- No. of people in receipt of an Adult Social Care Service
- % of people open to Adult Social Care over the age of 80 receiving care at home
- Suicide rate (Persons) per 100,000
- % of successful completions as a proportion of all in treatment (Opiates, Non Opiates, Alcohol and Alcohol & Non Opiates)
- No. of Domestic Abuse incidents reported
- % of residential placements for adults in provision of Good or Outstanding quality as rated by Care Quality Commission
- No. of people with a learning disability or autism in an inpatient unit commissioned by the CCG
- No. of People assisted to live independently through provision of Social Care equipment (includes children)



Work with communities to reduce crime and disorder and promote safety across Warwickshire

- % times an appliance arrives at life risk of property incidents within agreed response standards
- No. of fire related deaths
- No. of fire related injuries
- No. of people killed or seriously injured on our roads
- No. of properties better protected from flooding
- Rate of crime per 1000 population

Warwickshire's economy is vibrant and supported by the right jobs, training and skills and infrastructure



Attract economic investment and maximise the rate of employment, business growth and skill levels in Warwickshire

- % 16 and 17 year olds who are Not in Education, Employment or Training (also a KBI in Communities)
- No. of businesses supported to start and grow within Warwickshire through County Council activities
- % unemployment rate
- Gross Value Added (GVA) per employee as a % of UK average
- % of residents in Warwickshire aged 16-64 who are in employment compared to the England average

Page 37



Increase reuse, recycling and composting rates and reduce waste across Warwickshire

- % of household waste re-used, recycled and composted



Manage and maintain Warwickshire's transport network in a safe, sustainable and integrated way

- No. of journeys on public transport services supported by WCC
- % biodiversity net gain in Warwickshire
- % of road network meeting specified condition



Support communities and businesses to develop the digital skills and tools they need in an increasingly digital economy

- No. of providers that exit the care home, domiciliary care or Supported Living markets, in Warwickshire, through Business failure



Support and enable children and young people to access a place in high quality education settings

- % of children achieving GCSE level 4 in both English and Maths
- Progress 8 score
- % of children achieving the KS2 expected standard for combined reading, writing and maths

Making the best use of resources



Make it easy for customers to access our information and services so they have a positive experience of our services.

- % customer satisfaction level with Customer Service Centre
- No. of Local Government and Social Care Ombudsman, Judicial Review cases or Information Commissioner's Office adverse decisions for WCC



Put our resources in the right place to support the Organisation's priorities and balance the books

- No. of days sick absence per FTE (rolling 12 months)
- % of Capital Investment Projects delivered against Client Brief (time, cost, quality, realised)
- No. of WCC social media followers
- Value of debt over 35 days old as a % of debt raised in last 12 months
- % of Capital Expenditure Against Budget (setting baseline in 21/22)
- % General and Directorate Risk Reserves compared to the Net Revenue Budget
- % Variation DSG overspend compared to Budget Provision
- % Variation of Revenue Savings Achieved Against Agreed MTFS (Whole Council)
- % of Pension Fund Returns Compared to Target



Develop our workforce so that it has the right skills and capabilities to get the job done

- % Employee Engagement Score (Staff Survey)
- Gender Pay Gap (Mean Average) reported annually
- Ethnicity Pay Gap (Mean Average) Reported annually

Adult Social Care and Health Overview and Scrutiny Committee

30 June 2021

Work Programme

1. Recommendation(s)

1.1 That the Committee considers and approves its work programme.

2. Work Programme

Each overview and scrutiny committee sets a work programme of areas for consideration. Following the County Council Elections on 6 May and subsequent Annual Council meeting, a draft work programme was discussed by the committee's Chair, Vice Chair and representatives of other political groups (spokespeople) on 7 June. The outcome from that discussion is attached at Appendix A to this report.

The committee is asked to consider and comment on the proposed work programme. 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 provided for the committee to consider as potential areas for pre-decision scrutiny. Members are encouraged to seek updates on decisions too. The responsible Portfolio Holder has been invited to the meeting to answer questions from the Committee.

Date	Report
8 July 2021	Warwickshire joint procurement activity for community services for working age adults, with learning disabilities, autism, mental health or physical disabilities; permission to procure services.

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).
	From the NWBC website, the Board met on 17 March and the working party on 17 February. Items discussed included the Health and Wellbeing Action Plan, the Covid pandemic, air quality, an update from Public Health, the Joint Strategic Needs' Assessment and mental health,
Nuneaton and Bedworth Borough Council – External Overview and Scrutiny Committee	
	The external Overview and Scrutiny Panel last met on 15 April. Its agenda included a proposal to add to the work programme an update on child & adolescent mental health services.
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. From the Rugby BC website, the last meeting was held on 8 March 2021. Looking at the work programme for the committee and task groups, no health-related items are currently scheduled.
Stratford-upon-Avon District Council – Overview and Scrutiny Committee	
	The Council's Overview and Scrutiny Committee met on 26 May and will meet again on 30 June. From examination of recent agendas, no health-related items have been considered.
Warwick District Council – Overview and Scrutiny Committee	
	The Overview and Scrutiny Committee met on 20 April and 25 May 2021. The April agenda included the Home Environment Assessment and Response Team. This shared service delivers the Disabled Facilities Grant function.

4.0 Task and Finish Groups

- 4.1 These provide the opportunity for more focused reviews. The work programme at Appendix A proposes the revisiting of a review on GP services. This could include within its scope a matter agreed at the Council meeting on 16 March. A motion on health centres was agreed, including a request that the OSC review and make recommendations about the provision of health centres within Warwickshire.

5.0 Briefing Notes

- 5.1 The work programme at Appendix A will also list the briefing notes requested and circulated to the committee. Members may wish to raise questions and to suggest areas for future scrutiny activity, having considered those briefing notes.

6.0 Financial Implications

- 6.1 None arising directly from this report.

7.0 Environmental Implications

- 7.1 None arising directly from this report.

Appendices

- 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 Clare Golby

Adult Social Care and Health Overview and Scrutiny Committee Work Programme 2021/22

Date of meeting	Item	Report detail
30 June 2021	Presentation – People Group	An introductory presentation to explain the remit of the committee, its roles, how it works and degrees of influence. To include the services the county council commissions and those provided through Social Care and Public Health.
30 June 2021	Presentation by the NHS	To complement the above a high-level presentation by the Coventry and Warwickshire Clinical Commissioning Group (CCG) on the NHS services commissioned and provided in Warwickshire.
30 June 2021	Year End Performance Report	The Committee has a role in performance monitoring. A presentation will be made to explain this to the Committee. The agenda will include the year end performance report for 2020-21.
Date to be confirmed	Women’s Health - Menopause	The scope is to look at services provided in Warwickshire. There is more information and support for many other female health services. Include the links to other health issues. In the north of Warwickshire, current services are co-located inappropriately. A need to collate information on current GP services, data and workplace support. Becky Hale and Shade Agboola to coordinate.
29 September 2021	Quarter 1 Council Plan 2020-2025 Quarterly Progress Report	This report summarises the performance of the organisation at the Quarter 1 position, 1 April 2021 to 30 June 2021
17 November 2021	Quarter 2 Council Plan 2020-2025 Quarterly Progress Report	This report summarises the performance of the organisation at the Quarter 2 position, 1 April 2021 to 30 September 2021.

27 April 2022	Quarter 3 Council Plan 2020-2025 Quarterly Progress Report	This report summarises the performance of the organisation at the Quarter 3 position, 1 April 2021 to 31 December 2021.
---------------	--	---

BRIEFING SESSIONS PRIOR TO THE COMMITTEE

Date	Title	Description
TBC	Duties Under the Care Act	Suggested by Pete Sidgwick at the Chair and Spokesperson meeting on 7 June. to provide a briefing for the committee on the Council's duties under the Care Act.

BRIEFING NOTES

Date Requested	Date Received	Title of Briefing	Organisation/Officer responsible
7 June 2021		An offer from Chris Bain to provide briefing papers on the role of Healthwatch Warwickshire and the interim report on its carers' survey of lived experiences during the pandemic.	
7 June 2021		Minor Injuries Unit – Stratford. This unit at Stratford Hospital is currently closed. A request for information on when it will reopen.	

TASK AND FINISH GROUPS

ITEM AND RESPONSIBLE OFFICER	OBJECTIVE OF SCRUTINY	TIMESCALE	FURTHER INFORMATION
GP Services – Revisit	A task and finish group took place in 2017/18. On 7 June 2021, the Chair and spokespersons agreed to undertake a further TFG. Exact scope to be considered at the committee meeting on 30 June.	TBC	At the Council meeting on 16 March, a motion on health centres was agreed, including a request that the OSC review and make recommendations about the provision of health centres within Warwickshire. This could feature as part of the scope of the refreshed TFG on GP services and will be discussed at the Committee.

This page is intentionally left blank