

Adult Social Care and Health Overview and Scrutiny Committee

Date: Wednesday 17 November 2021
Time: 10.00 am
Venue: Committee Room 2, Shire Hall

Membership

Councillor Clare Golby (Chair)
Councillor John Holland (Vice-Chair)
Councillor Richard Baxter-Payne
Councillor John Cooke
Councillor Tracey Drew
Councillor Peter Eccleson
Councillor Marian Humphreys
Councillor Christopher Kettle
Councillor Judy MacDonald
Councillor Jan Matecki
Councillor Chris Mills
Councillor Penny-Anne O'Donnell
Councillor Pamela Redford
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 meeting held on 29 September 2021.

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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. West Midlands Ambulance Service

An update which will include a focus on the review of community ambulance stations. This item was raised at Council on 28 September and all members of Council have been invited to submit questions and lines of enquiry which have been forwarded to the Ambulance Service.

6. Community Hospital Review

17 - 32

This report provides an overview of the purpose, scope and progress of the South Warwickshire Foundation Trust Community Hospital inpatient review.

7. Work Programme

33 - 38

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

Monica Fogarty
Chief Executive
Warwickshire County Council
Shire Hall, Warwick

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- 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

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Adult Social Care and Health Overview and Scrutiny Committee

Wednesday 29 September 2021

Minutes

Attendance

Committee Members

Councillor Clare Golby (Chair)
Councillor John Holland (Vice-Chair)
Councillor Richard Baxter-Payne
Councillor John Cooke
Councillor Marian Humphreys
Councillor Chris Mills
Councillor Jerry Roodhouse
Councillor Mandy Tromans

Officers

Helen Barnsley, John Findlay, Emma Guest, Rachel Jackson, Paula Mawson, Nigel Minns, Pete Sidgwick, Paul Spencer and Claire Taylor.

Others Present

Harriet Birch (Refuge), Eleanor Cappell (Coventry and Warwickshire Partnership Trust) and David Lawrence (press).

1. General

(1) Apologies

Apologies for absence were received from Councillors Tracey Drew, Judy Macdonald (North Warwickshire Borough Council), Jan Matecki, Penny-Anne O'Donnell, Kate Rolfe (replaced by Jerry Roodhouse), Pam Redford (Warwick District Council) and Shade Agboola (Director of Public Health). It was agreed to send the Committee's best wishes to Councillor's Drew and Rolfe, due to their ongoing illnesses.

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

Councillor Jerry Roodhouse declared an interest as a director of Healthwatch Warwickshire.

(3) Chair's Announcements

The Chair advised of a member development session on 6 October on the Council's Power BI system. She encouraged members to attend as this system was used to record progress with all developments and quarterly progress, as presented to the overview and scrutiny committees.

(4) Minutes of previous meetings

The Minutes of the meeting held on 30 June 2021 were accepted as a true record and signed by the Chair.

2. Public Speaking

Notice had been received from a member of the public, which was subsequently deferred and would be presented to the November Committee meeting.

3. Questions to Portfolio Holders

None

4. Questions to the NHS

None.

5. Mental Health and Wellbeing

The Committee received a joint presentation from Paula Mawson, WCC Strategy & Commissioning Manager for Health, Wellbeing & Self-care and Eleanor Cappell of the Coventry and Warwickshire Partnership Trust. The presentation covered the following areas:

- The overall aims of the presentation:
 - To provide the committee with an overview of system-wide activity related to supporting mental health and wellbeing for adults in Warwickshire.
 - To highlight key health inequalities in mental health (MH).
 - To provide a focus update on the community MH transformation programme.
- MH System – a graphic showing key areas of activity, including wider determinants, self-care, physical health, community assets, transformation, alternatives to crisis admission, inpatient services and community care. Reference to the range of mental wellbeing services provided in the community, with the work on Covid MH, loneliness and isolation used as an example.
- Health inequalities:
 - Headline findings related to socioeconomic impact and ethnicity on MH, together with wider determinants.
 - Examples of key activity to address health inequalities were provided.
- Community MH transformation (CMHT) system update:
 - National vision and ambition – members were encouraged to view this YouTube explanatory video: [The NHS Community Mental Health Transformation – YouTube](#)
 - Local CMHT vision and ambition

- Community MH framework
- Expert by experiences – a quote from Claire Handy, a person with lived experience.
- CMH redesign and core offer – examples of the initiatives undertaken.
- Primary care integration with examples given of how this would take place.
- Personality and complex trauma pathway – the vision and ambitions.
- A graphic showing hopefulness and life skills, leading to enablement.
- Rehabilitation.
- Adult eating disorders – the vision and application.
- Training provision.
- Parity of esteem – serious mental illness (SMI) health checks – improving physical health of people with SMI.
- Strategic coproduction: coproduction and community engagement
- Voluntary and community sector – mental health alliance, working together and community MH coproduction
- In summary:
 - There was a breadth of activity across the system to support people with mental ill-health, alongside activity to promote wellbeing and address determinants of poor MH and wellbeing to support prevention, early intervention and recovery.
 - Strong partnership working in place across the system (including with the VCS and experts by experience) to support transformation of services.
 - Good progress made to date on a longer journey of change.

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

- Several members found the presentation informative and useful.
- A discussion about the commissioning arrangements, the number of new practitioners involved in the service delivery model and the mechanisms being employed to ensure a complementary approach to service delivery, rather than working in silos. There was useful experience from earlier work, good partnership working, governance structures and funding of £23m over three years was in place.
- Reference to previous initiatives to support dementia patients, which had been discontinued. A key aspect was designing the offer around service recipients, for example who needed support at home rather than visiting specialists for specific appointments or group sessions. This point was heard often during times of crisis. It would be raised under the following agenda item on the dementia strategy, as well as being taken into consideration for that strategy.
- Further information was sought on the training provision. There would be a range of different offers from a number of organisations. Examples given were clinical training, compassion circle training and that related to trauma cases. Virtual training through IT solutions added capacity and could be delivered both internally and externally. Providing an incentive for training was raised. Officers would look to scope the training plan and take on board the points raised.
- Frailty was becoming increasingly relevant with the aging population. This would add to service pressures and there was a need to understand more about frailty. Prevention activity should be the key aim and looking at wider determinants of health. It was questioned if this was revisited again in a year what would be seen in terms of investment in preventative measures and evidence of the resultant outcomes.
- Reference to the compassionate communities work in Rugby. This linked to the priorities at 'place' and with primary care networks. It was a good example which could be used

elsewhere in the county. Officers spoke further of mental wellbeing support, the service redesign and examples were given of the current services that were contracted separately. In the next few weeks tenders would be sought for a streamlined single contract with collaborative partners to deliver lower-level early intervention work. It was hoped in a year to be able to provide the requested evidence. Work was underway on developing key performance indicators and other critical success factors. There had been extensive engagement with users, providers and others. Ensuring the public understood the revised service offer and then monitoring uptake of services were also mentioned. There were links into the compassionate communities work. The Chair suggested that an update be provided by way of a briefing note at the conclusion of the tender process.

- A question about the provision in rural areas of north Warwickshire and it was confirmed that the mental health service offer was across all Coventry and Warwickshire.
- A concern about the use of acronyms throughout the report. Whilst these had been explained during the presentation, it would be helpful to have them explained in full in the report or an index provided, especially for new members to the Council. Officers were asked to bear this in mind for future reports and an offer to circulate an acronym buster to explain commonly used terms.
- More information was sought about the use of experts by experience and how successful this was. An outline was given of the community outreach work undertaken by Rethink and Grapevine. This tended to involve the same people and a rapport had been developed leading to them becoming experts by experience. They were treated as equals and met in a welcoming environment. The current work on eating disorders was used to show how successful this approach had become and the quality of feedback from participants.
- The Chair asked how services engaged with hard-to-reach people and how they linked with other agencies, such as the police on MH issues. Eleanor Cappell spoke of the MH street triage arrangements for services to work with police. An outline was given of the slightly different working arrangements in Coventry and the north and south of Warwickshire. This joint approach could be developed still further for example with the training offer for police colleagues. The cohort that was hidden and didn't access services was a key area for primary care to target. Councillor Humphreys asked to be put in contact with the police officers working with MH teams in the north of Warwickshire.
- A point about how district and borough councils were linked into this work especially from the housing perspective. Housing issues could contribute to MH problems. Having a holistic approach was an aim but it did not yet feel that this had been achieved fully. Links were being established with the district/borough housing board. There were known links between homelessness and mental health illness, which would be a further aspect to discuss with housing teams. Despite the extensive work to date, sadly some people still fell through the gaps. There was a strong commitment from all partners to collaborate. The feedback from coproduction and people with lived experience provided a helpful challenge. A member understood there was a regular dialogue between heads of housing and the county council on issues such as homelessness and MH.
- Crisis provision was discussed, specifically the capacity at the Caludon Centre and how support was provided when this centre was full, it being understood some patients had been placed in police cells. There was a place of safety at Caludon. Covid had impacted on capacity and the winter period could also see additional demands faced. There were a number of mental health hubs available at all times, and it was stated that no person should be placed in a police cell.

Resolved

That the Committee notes the presentation.

6. Coventry and Warwickshire's Living Well with Dementia Strategy

A report was presented by Claire Taylor, the commissioner responsible for maintaining and promoting independence. This included a PowerPoint presentation which covered the following areas:

- Coventry and Warwickshire's Living Well with Dementia Strategy, a joint, system-wide strategy across Coventry and Warwickshire (with a place-based focus in action plans). An outline of the work undertaken in drafting the new strategy.
- The vision and six key priority areas of: preventing well (reducing risk), diagnosing well, supporting well, living well, dying well and training well. The strategy had a 'plan on a page' approach for each of the six priority areas.
- A focus on key objectives; reviewing progress and additional objectives where required.
- A focus on what still needed to be achieved and how it would be measured.
- Reflection on progress to date.
- The equality impact assessment, to be reviewed throughout the lifetime of the strategy.
- Ensuring effective alignment with other strategies.
- Current engagement with stakeholders over six weeks. Details provided of the mechanisms being employed and next steps to review and collate feedback, leading to the revised strategy being submitted for approvals and publication early in 2022.

It was reported that Coventry and Warwickshire's Living Well with Dementia Strategy had been refreshed. A period of engagement commenced in early September 2021 and the strategy for the period 2022-2027 would be reviewed thereafter and published in early 2022. The report set out the close working with colleagues through the Health and Care Partnership Dementia Board. The draft strategy had been presented at various boards and approved by the County Council's Portfolio Holder for Adult Social Care and Health. There were benefits of having a joint strategy for Coventry and Warwickshire, both for commissioning and service providers.

The strategy would be a system document across health and social care in Coventry and Warwickshire with a system partnership approach, fully supported by NHS colleagues and delivered in partnership with the voluntary and community sector. The report detailed the approach to producing the draft strategy, the wide engagement including stakeholders and how this strategy aligned to other local strategies, which focussed on carer wellbeing. Following the engagement, feedback would be collated, published and provided to stakeholders with the findings incorporated in the draft strategy where appropriate. The strategy would be presented to various boards and bodies including the Health and Wellbeing Board and the county council's Cabinet for approval and would then be published on the Council's website.

The following points and observations were made:

- A question on the age profile of those with dementia as it seemed that more young people now had dementia. Key information would be provided in the strategy. An offer was made to provide up to date information regarding early onset dementia for the committee.

- Points about end-of-life care and 'dying well'. There was praise for the services provided by the Admiral nurses. An area where the strategy could be strengthened concerned the end-of-life period and the dialogue with relatives. Some family members only became involved at the end-of-life but might not concur with an individual's wishes by seeking to extend that person's life. There were plans to re-establish multi-agency groups for each of the priority areas to develop and deliver the associated actions.
- A point about enhancing and strengthening the dementia friend and dementia communities work, for example with the retail sector. It was agreed that these were powerful, positive initiatives which had been impacted by the pandemic. There had been a previous training session for this committee which could be repeated.
- A reflection on the challenges for those with dementia. In the early stages, some people might be in denial or resistant to receiving support. Whilst dementia could not be prevented, there were ways people could reduce the likelihood of developing dementia or help themselves during the early stages of cognitive impairment. This mirrored the ways people could protect their physical health through reducing alcohol intake, not smoking, having a good diet and taking exercise. Further points about cognitive stimulation, making people more aware how they could reduce the risk of dementia and the availability of NHS health checks for people over 40 years of age. Dementia messaging had been embedded within other Public Health and Strategic Commissioning work strands.
- Some people chose not to access support but doing this at an early stage was key. There were a range of opportunities to help people and their families through early diagnosis and to avoid them presenting when in crisis. A need to remove the perceived stigma associated with dementia. An example was dementia cafés and some people travelled away from their immediate area to use one, because of not wanting people to know they had dementia.
- A reflection on the greater awareness of dementia now. It was questioned if the number of dementia cases was increasing. Further points about the dementia friend initiatives in Kineton paused due to Covid and the dementia café in Tysoe. Councillor Mills felt inspired to relaunch these initiatives due to this item. Claire Taylor offered to assist with this and confirmed the likelihood of increasing dementia cases in Warwickshire as it had an aging population.
- Reference to the service to provide a link person. It was suggested that this should include monthly contact with the person's carer. An example was given of the support provided to a friend during times of crisis with her husband's dementia, and the lasting impact for the person providing the care, even after their husband moved into a nursing home. An outline was provided of how the link person scheme now worked through 'keep in touch' calls. It was common that carers wouldn't ask for help. Also raised were day services. The key aspect was ensuring a referral to these services at the time of diagnosis.
- Further praise for the Admiral nurses. There seemed some confusion about current service provision. Councillor Bell confirmed that they were attached to acute health trusts and provided services at the point of diagnosis. However, it was viewed they should be available in the communities and provide further services at later stages too. Claire Taylor understood there were some community-based services but was a need for consistency across Warwickshire. This would be investigated, and an update provided to members.
- A point on the additional challenges for dementia patients who were admitted to hospital. There were well established links with the George Eliot Hospital via the dementia strategy board.
- The Chair spoke of the need to keep people with dementia safe from both physical and financial harm. From personal experience she was aware of this occurring and would discuss this with officers after the meeting.

Resolved

1. That the Committee responds to the draft Living Well with Dementia strategy as set out above.
2. That the Committee notes the engagement plans for the strategy.

7. Domestic Abuse

Emma Guest, WCC Domestic Abuse (DA) Commissioner and Harriet Birch from Refuge presented an overview of domestic abuse services, the position and response in Warwickshire. Partnership working was central to providing an effective response and characterised Warwickshire's approach and its recognised good practice.

Harriet Birch spoke to the following sections of the report:

- What is DA?
- Warwickshire's DA Service. This detailed the accommodation and resettlement support and DA community support services.

Emma Guest then presented the following sections:

- Demand, need and performance in Warwickshire.
- Warwickshire's partnership response to DA with an outline of the various groups involved:
 - Warwickshire's Violence Against Women and Girls (VAWG) Board and Sub-Groups.
 - Emerging Trends.
 - DA Partnership Communications Group.
 - Multi Agency Risk Assessment Conference (MARAC) Steering Group.
 - Domestic Homicide Review Sub-Group.
 - Safe Accommodation Working Group.
 - DA Partnership Commissioning Group.
 - Harmful Practices Group.
 - Coventry and Warwickshire Sexual Violence Partnership Board.
 - Rape and Serious Sexual Offences Group.
 - COVID impact and response, together with performance during Covid restrictions.
- The DA Act 2021, comprising the aims of the Act, specific new duties for all upper tier local authorities to provide "Safe Accommodation and Support", the government funding provided and progress to date.
- Delivering improvement activity underway and planned, with an outline of successful initiatives to date.
- Future plans and priorities to be delivered over the next twelve months.

Through discussions with the government, the Local Government Association, the national DA Commissioners Office and other local authorities, the Council had been assured that it was making good progress to meet the new duties of the DA Act and to make improvements to the support offer for adult and child victim-survivors in Warwickshire.

An appendix to the report provided details of how domestic abuse could be reported and the support services available for anyone who was a victim of abuse or had concerns about family, friends or colleagues that were / or might be a victim of DA.

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

- A point about the volume of calls for police support related to domestic abuse issues often linked to drugs and/or alcohol.
- Reference to the refuge accommodation provision within the county. There were currently 24 units of accommodation and endeavours to increase this to provide another 36 units of accommodation. A member commented that current demand levels exceeded this and some people had to be located out of county in hotels or bed and breakfast accommodation, which could add additional risks.
- It may be several years before a victim decided to seek assistance.
- A concern was raised around domestic violence and abuse cases identified at school. School staff who were not sufficiently trained to intervene sought help from other agencies. The current arrangements were not adequate and there was a need for better support, education and communication. Whilst the new Act was welcomed, this was a significant issue which needed further investigation. The member offered to pursue this after the meeting, which was welcomed. An outline was given of the range of professionals involved and the multi-agency case conference approach to manage risks for individuals and their families. The Safe Accommodation Strategy sought to increase the number of accommodation units and assurances were provided about the quality of accommodation used.
- Reference to the contact details provided in the appendix. An acknowledgement that text message and telephone applications may provide a better means of crisis alert, as making a '999' call could exacerbate the situation.
- The Portfolio Holder noted that the Safe Accommodation Strategy included an aim around moving the offender, not the family. This would need a multi-agency approach and strategy to provide alternate accommodation for relocation of the perpetrator.
- The Chair confirmed that the Nuneaton and Bedworth Borough Council had adopted this strategy. She stated for any person in need of support, that there were services available and a range of pathways. In an emergency, the police should be contacted by dialing '999'. Refuge could be contacted on 0800 408 1552. She urged anyone suffering DA to take action.
- It was confirmed that the report provided an overview of services from the victims' perspective. An independent review of the partnership response to DA was commissioned and its recommendations were being worked through. Funding had been secured via the Office of the Police and Crime Commissioner to establish a DA perpetrator programme to seek behavioural change. Further work was planned on a strategy to reduce violent crime which would include a focus on DA aspects. This provided a change to focus on the perpetrator. Everyone had a role in dealing with DA and to share information appropriately.
- Concerns were raised about DA involving former partners and this needed to be included within the services provided. The new DA Act had a broader definition and included previous relationships, which were responsible for a significant number of the cases where support was provided.

Resolved

1. That the Committee notes Warwickshire's position and response to Domestic Abuse, as outlined in the report.
2. That the Committee supports the future plans of the partnership as outlined in section eight of the report.

8. Annual Customer Services Feedback

John Findlay introduced this item, to provide a summary of the comments, compliments, complaints and questions submitted in relation to Adult Social Care services.

The report set out the mechanisms available for customers to provide their feedback digitally, by telephone, face to face or by post. Generally, over recent years the use of a digital self-account had increased and currently over 77% of responses were received this way.

There was a service level agreement (SLA) for timeliness of response to feedback classed as a question or a complaint. The report outlined how cases received by WCC were dealt with. During 2020/21, there were 593 cases assigned to teams which were within the remit of this report. Of the cases assigned and processed during the period, just over 76% (77% of questions and 35.46% of complaints) were closed within the appropriate SLA. The corporate SLA performance target for complaints was 70%.

During 2020/21 there were 141 complaints closed by teams. Of those closed cases 50 (35.46%) achieved the SLA timeliness requirement. Most of the complaints raised focused on perceived issues with communication, financial issues and WCC service standards. Additionally, 20 complaints and enquiries relating to Adult Social Care were submitted to the Local Government and Social Care Ombudsman, with decisions made on 17 and a breakdown was provided of the findings. Of those findings, five were subject to full investigation, two of which were not upheld and three were upheld.

The report set out how the Council learned from the feedback it received, including a breakdown of learning for cases raised during this reporting period.

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

- A question about how services were learning and embedding changes. There were some IT system challenges and replacement of the complaints system, as part of a new customer relationship management system was being pursued actively. At the same time the cultural aspects would be looked at.
- Some people had difficulty in navigating telephone systems which routed them to the correct service and could need additional support. During the Covid-19 pandemic an 0800 'hotline' was established. There was a 'digital first' approach, but it was known that some customers were unable to access services through this means and other access routes were provided. Accessing services was the Council's responsibility, not the service users.
- There was a need to communicate in plain English for those outside the organisation. Reference to the level of communication used by tabloid newspapers and it was questioned how the council presented its plans and strategies in a format for public consumption.
- It was requested that a further update be provided to the committee in due course.

Resolved

That the Overview and Scrutiny Committee considers and comments on the report as set out above.

9. Quarter 1 Council Plan 2020-2025 Quarterly Progress Report (April 2021 to June 2021)

The Council Plan Quarter 1 performance progress report for the period 1 April to 30 June 2021 was considered and approved by Cabinet on 9 September. Pete Sidgwick presented a tailored update relevant to the remit of the Committee. It was reported that comprehensive performance information was available via the Power BI system.

The report focused on the Council Plan 2020 – 2025, giving strategic context and a performance commentary, including the Council's two high level outcomes. These were assessed against 54 key business measures (KBM), of which twelve were within the remit of this committee. Current performance showed that one KBM was paused from reporting due to national suspension of inspection or examination regimes. Eight KBMs were on track and three were not. There were two areas of note, with a current performance narrative provided for each of these. Of the three areas not on track, none required escalation at this stage. Summary information was provided and the associated commentary and improvement activity for all reporting measures was available. The impact of the Covid pandemic on these measures was noted.

A financial commentary was provided showing the position on the revenue budget, delivery of the savings plan and the capital programme.

A councillor commented on the worsening position in regard to suicides, which should remain a focus. Commissioners were aware of this and support was provided through a third-party organisation to affected individuals.

Resolved

That the Overview and Scrutiny Committee notes the progress of the delivery of the Council Plan 2020 - 2025 for the period.

10. Work Programme

The Committee reviewed its work programme for 2021/22. The Chair advised members of an additional item that had been raised with West Midlands Ambulance Service (WMAS). This had resulted in the briefing note circulated ahead of the meeting and discussion at the full Council meeting the day before this committee. WMAS had offered to address members at the next committee meeting in November and the Chair had invited any member of Council to submit questions via herself. Members agreed to update the work programme accordingly. It was suggested that contact be made with Rugby Borough Council which was also considering this matter. A copy of the documents from that meeting could stimulate further questions.

A request to allocate a date for consideration of the Integrated Care System (ICS). A high-level briefing note had been requested from the clinical commissioning group and would be circulated as soon as it was received. Councillor Bell advised that an ICS workshop would take place on 18 October. This would look at how the system would fit together, including the relationship with the

Health and Wellbeing Board. Nigel Minns added that the appointment of the ICS Chair was still to be confirmed and recruitment of the ICS chief executive was ongoing. A suggestion to extend an invitation for them to attend the committee, once both positions had been confirmed.

As part of the WMAS item, a request for data on the first responder service. All members would be invited to submit questions or lines of enquiry ahead of the meeting. These would be collated and submitted to WMAS, in order that a response could be provided.

Councillor Bell thanked the committee for its consideration of the first three items on the agenda and she saw its input as essential in developing strategies at an early stage. The Chair noted the significance of these items, commenting on the weight of agenda and need balance agendas to ensure time in each meeting to scrutinise the topics in depth.

Resolved

That the Overview and Scrutiny Committee updates its work programme as shown above.

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Councillor Clare Golby
Chair

The meeting rose at 12.50pm.

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Adult Social Care and Health Overview and Scrutiny Committee

Community Hospital Inpatient Review

17 November 2021

Recommendation(s)

1. Recommendation 1: Adult Overview and Scrutiny Committee note the scope and progress of the Community Hospital review in Warwickshire including engagement feedback received to date.
2. Recommendation 2: Adult Overview and Scrutiny Committee to support the planned approach to ensuring Warwickshire patients, carers and families are involved throughout the review process.

1. Executive Summary

- 1.1 This report provides the Adult Social Care and Health Overview and Scrutiny Committee an overview of the purpose, scope and progress of the South Warwickshire Foundation Trust (SWFT) Community Hospital inpatient review and presents findings of the initial patient, carer, stakeholder, and staff engagement as well as the future plan and indicative timeline for the review.
- 1.2 The Health and Social Care Act 2012, Regulation 23 requires relevant NHS bodies and health service providers to consult a Local Authority about any proposal which they have “under consideration” for a substantial development of or variation in the provision of health services in the local authority’s area.
- 1.3 This report covers the following:
 - Community Hospital inpatient provision
 - The review of Discharge to Assess services
 - Hospital Discharge Policy 2020
 - The case for change
 - Current utilisation, need and demand
 - Engagement findings
 - Equality Impact Assessment
 - Milestones and next steps
 - Conclusion

2. Community Hospital inpatient provision

- 2.1 Community Hospitals have been established in local, usually rural landscapes for over 150 years. Initially identified as cottage hospitals they were a service for patients in rural communities to access health facilities in a safe and clean

environment. Before being transferred to the NHS in 1948 they were funded entirely through fundraising, donations, and volunteering. A new model for community hospital provision was developed in 1970s when primary care and secondary care worked closely to offer a wider range of services from Community Hospital sites.

- 2.2 Locally, Community Hospitals provide a range of in patient and day treatment services within the South of Warwickshire which include treatments, rehabilitation, and end of life care. Community Hospital provision helps expediate discharges from acute hospital as well as, to a lesser degree, help prevent admissions to acute hospital. These small, bedded units receive medical cover from GP's rather than on site consultant support. They are predominately nurse and therapy led services.
- 2.3 Within Warwickshire there are 2 Community Hospitals, both in South Warwickshire provided by the Out of Hospital Care Collaborative within SWFT.
- 2.4 The Community Hospital inpatient facilities in scope of the review are;
- Ellen Badger Hospital in Shipston on Stour which has **16 inpatient beds** and;
 - The Nicol Unit at Stratford Hospital which has **19 inpatient beds**.

There are a total of **35 inpatient beds** being reviewed across the 2 sites.

- 2.5 The bedded offer at the Community Hospitals is broadly split into 2 areas;

Acute Discharge (step down) beds (approx. 90% of admissions)

- Patients who have recently experienced an acute illness and require on going 24 hour medical and/or nursing input, for a short period of time. Patient also require further assessment, therapy and supported discharge planning.

Admission Prevention (primary care step-up) (less than 10% of all admissions)

- Patients with a deteriorating health condition requiring medical or nursing intervention that does not require acute admission but cannot be managed at home.

- 2.6 Added to this the local profile of the Community Hospital offer is unique at each site. Ellen Badger Hospital predominately provides traditional Community Hospital provision with a focus on rehabilitation whereas the Nicol unit generally supports patients with higher levels of need, they may be frail or at the end of life, Patients are also offered therapeutic interventions such as occupational therapy and physiotherapy.
- 2.7 Clinical interventions available at each site include; 1:1 nursing care, therapy assessment and interventions, medical assessments, administration of medication, intravenous fluids or antibiotics (Nicol only), wound management, support with nutrition and hydration, continence care and assessment of mental capacity.

- 2.8 There is currently no Community Hospital provision in Warwickshire North or Rugby, within these geographical area's patients' needs are met via a mix of primary care, community and acute provision.
- 2.9 Other services provided from Community Hospital Sites such as minor injuries unit/s or Day Hospital/s are out of scope of this review.
- 2.10 A separate but interdependent project to redevelop the whole of the current Ellen Badger Hospital site is underway. The results of the Community Hospital Inpatient Bedded Review will be shared with the re-design project team to help inform their plans for phase 2 of the building which includes the current bedded unit on site of EBH.

3. The review of discharge to assess services

- 3.1 A system wide strategic review of discharge to assess (D2A) services was agreed by all local system partners in 2019. The scope of the review was to understand the current delivery and future requirements for all D2A pathways and services across the county to help ensure that these services are sustainable, resilient, and fit for purpose. This review has been undertaken at a time of unprecedented challenge with the onset of the pandemic and the introduction of new mandatory policy governing hospital discharge pathways and assessment practices.
- 3.2 The review concluded in 2021 and is now moving into implementation phase. Recommendations within the review are to move towards a more simplified, clear and fit for purpose D2A offer. This includes matching services to demand and where possible supporting people within their own home where it is safe to do so.
- 3.3 Community Hospitals form part of the D2A Pathway 2 offer within South Warwickshire. This means that the vast majority patients are discharged to the hospital following an acute stay in order that they can receive additional time for recovery, rehabilitation, further assessment, and medical support within a 24-hour care bedded setting. A very small number of admissions are step up from the community to Community Hospital via a GP led referral (less than 10% of total referrals).
- 3.4 **Table 1:** Coventry and Warwickshire Discharge to Assess Pathway definitions based on new Hospital Discharge Policy¹.

¹ Hospital Discharge and Community Support Policy & Operating Model, Department of Health and Social Care 2021.

Pathway	Ambition	Think	Definition
Pathway 0	50% of people	As Is	Discharge home to usual place of residence with: <ul style="list-style-type: none"> • <u>no</u> support from health or social care once at home or, • the same level of care as that provided prior to admission (even if with different provider)
Pathway 1	45% of people	Own Bed	Discharge home <u>with new or an increased level of care</u> compared to that provided prior to admission
Pathway 2	4% of people	Interim Bed	Discharge to an interim / temporary step-down bed
Pathway 3	1% of people	Permanent Bed	Discharge to a 24-hour care setting that is likely to be a permanent placement

Table 1 provides a breakdown of the different pathways available to patients at the point of discharge. Community Hospital inpatient beds, being part of pathway 2 should account for no more than 4% of all discharges from acute hospital within the over 65's population.

- 3.5 Community Hospitals are therefore an integral part of the D2A pathway in South Warwickshire and will be reviewed within the context of this wider service offer.

4. Hospital Discharge Policy 2020

- 4.1 One of the central policy drivers for the D2A review is the **Hospital Discharge Policy 2020**² which sets out responsibilities for NHS Trusts, Community and Acute providers and Social Care.
- 4.2 In September 2020, the original guidance was mandated as policy with the latest guidance revision being made in July 2021. Social care needs assessments and NHS CHC assessments recommenced with assessments being undertaken in a community setting. Acute settings must 'discharge all persons who no longer meet these criteria [to reside in hospital as soon as they are clinically safe'. Discharges must be on a timescale of within one hour for Pathway 0 and the 'same day' for Pathways 1, 2 and 3.
- 4.3 The Hospital discharge policy and supporting guidance sets an ambition that a maximum of only 4% of all discharges should be discharged to a D2A pathway 2 bedded service. Instead the policy and guidance states that; *Every effort should be made to follow Home First principles, allowing people to recover, reable, rehabilitate or die in their own home.*
- 4.4 The approach to a Home First approach to discharge is central to this policy, NHS England campaign to help reduce long length of stays within acute hospital. This policy acknowledges that an individual's own home, or if required a care home or other 24hr care setting, is best for their recovery and rehabilitation once their acute medical needs have been addressed.

² Hospital Discharge Service Guidance, Department of Health and Social Care 2020.

5. Case for change

- 5.1 The Community Hospital review takes place within the context of wider changes within both health and social care including the development of the Integrated Care System, the development of out of hospital services, the wider availability of discharge to assess services and the prevalence of preventative programmes to help avoid people requiring acute services such as the proactive frailty programme in South Warwickshire.
- 5.2 Community health / out of hospital services have developed and altered over time and are now able to support much higher levels of patient need with a focus on admission prevention and supported discharge. This includes 2-hour emergency response in the community and greater levels of skill and competency such as the deployment of Advanced Clinical Practitioners. It is therefore important to review Community Hospital provision within the context of this enhanced and broader community offer that can support more patients at home.
- 5.3 Some patients go to Community Hospitals to die, alongside this we have inpatient and outpatient hospice facilities that could be utilised to a greater degree of impact and benefit, this issue will be considered as the review progresses with a focus on patient outcomes.
- 5.4 In April and May 2021, a 3-day multi agency audit of patients using the Community hospital inpatient facilities was undertaken. Of the 50 patients using the beds at the time of the audit at least a third of patients at each site were identified as being able to have their needs met at home rather than within an NHS bedded facility. A further proportion (around 10%) were identified as needing a 24 hour care bed in another setting such as a residential care home or hospice bed.
- 5.5 There are significant environmental and capital considerations required at both Nicol and EBH to ensure these hospital sites are modernised and fit for the future, this will come at considerable cost and it is therefore appropriate to review the service offers to identify future need alongside capital development required.

6. Current utilisation, need and demand

- 6.1 Pathway 2 bedded utilisation: There were 923 admissions into Pathway 2 Discharge Services in 2020/21 which represents a growth of 2% compared with 2019/20. Admissions into The Nicol Unit and Ellen Badger accounted for 56% of admissions due to offering the largest volume of Pathway 2 beds in Warwickshire.

6.2 **Table 2** - Total Community Hospital admissions between 2019 - 2021:

	Period 2019-20 and 2020 - 21 (combined total)	% of total admissions
Ellen Badger Hospital	434	45%
Nicol Unit	530	55%
Of these admission numbers above 66 of these or 6.8% were GP led step up / admission prevention*. All others were step down from acute.		
* During the pandemic there have been periods of time where admissions via the step up from community/GP pathway have been closed which may have impacted on the overall usage of this pathway.		

6.3 Typical patient profile across both EBH and the Nicol Unit:

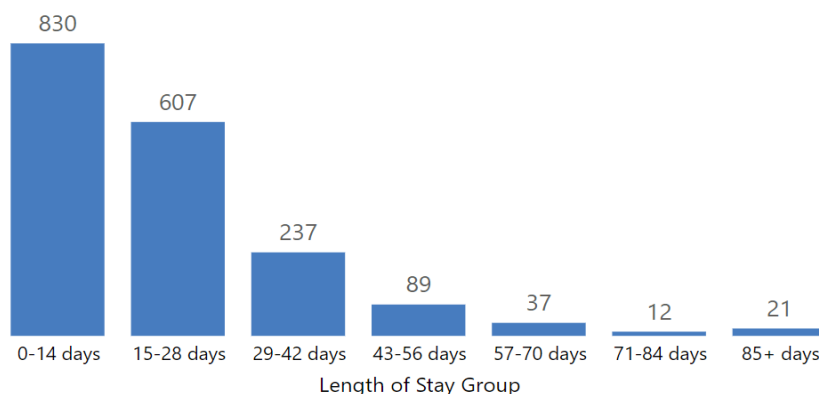
- The average age of patients across all bed bases is 83 years.
- The largest age group of patients is 85 - 89 years.
- 25% of patients accessing community beds are age 90 years or over.
- 4.7% of patients accessing community beds are under 65 years.
- The majority of patients are female (62%).
- 93% of patients identified as White ethnic group whilst 1.6% identified as Asian ethnic group, 0.1% as Black ethnic group, 0.1% as any other ethnic group 4.4% of patients ethnic grouping was not known.

6.4 Patients home address location (home postcode), cumulative data for both sites (January - August 2021), identifies that patients who were admitted into Community Hospitals lived in the following locations:

- Leamington Spa: 23%
- Warwick: 23%
- Stratford upon Avon: 17%
- Kenilworth: 12%
- Southam: 6%
- Alcester: 4%
- Shipston on Stour: 4%
- Henley in Arden: 2%
- Out of area 8.5%
- Not recorded 0.5%

6.5 The average length of stay across both locations is demonstrated in Image 1. The average length of stay across both hospital sites between 2018-2020 is 23 days, this is slightly lower than the national average length of stay for Community Hospitals which is 25 days³. There is a small but significant proportion of patients with long length of stays 28 days and over.

³ Community Hospital Benchmarking, NHS Benchmarking, 2018.

Image 1: length of stay EBH and Nicol 2018 - 2020

- 6.6 Discharge Destinations for patients that were discharged from Community Hospitals between 2018-19 and 2019-20 are as follows;
- Approximately a third of all discharges (70%) were to the patient's own home.
 - 20% of discharges were to a residential / nursing home.
 - 5% of discharges were due to the patient passing away (RIP) whilst on the unit;
 - Only 0.3% discharges were to a hospice setting.

Engagement approach

- 6.7 The involvement and engagement of people who have used or may use Community Hospital services is central to and will guide the review process. A stakeholder analysis has been completed to identify key stakeholders and groups who should be targeted as part of the engagement approach.
- 6.8 The approach to engagement was to primarily target those groups with personal experience of Community Hospital inpatient provision either as a patient or a carer/family member of a patient and/or those who were in a similar demographic group and therefore may use these services in the future.
- 6.9 These groups were provided an opportunity to complete a survey with questions designed to explore what is important to people about Community Hospital provision and what needs to be considered within the review process.
- 6.10 SWFT commissioned Healthwatch Warwickshire to distribute and promote surveys to target groups; previous patients, potential patients and wider public and stakeholders. Healthwatch also independently analysed all survey results and published these findings on their website which can be found here; <https://www.healthwatchwarwickshire.co.uk/report/2021-09-20/south-warwickshire-community-beds-review>
- 6.11 Healthwatch are particularly skilled in engaging with communities, groups, and individuals within the target group and survey respondents were offered the opportunity to complete a paper based, online or telephone based survey.

The survey link was live and accessible for a period of 3 weeks. A list of the groups that Healthwatch targeted for surveying is enclosed as Appendix 1.

- 6.12 To gain further rich and in-depth insight into current patients experience of Community Hospitals a series of face to face patient interviews were conducted across EBH and the Nicol Unit in June and July 2021. A total of 27 interview were undertaken.
- 6.13 Patients were selected on the basis that they consented to take part and that undertaking the interview would not compromise their own health or wellbeing. Patient with levels of cognitive impairment were also in scope and able to take part in the interviews with appropriate support and guidance from ward staff. Interviewee's feedback has been included with the survey respondents' feedback and is detailed in section 7 of this report.
- 6.14 Staff and wider stakeholders who either work at one of the current Community Hospital sites or professionals working closely with or referring to the Community Hospital provision were also asked for their views. This was collected via a survey with space for free text responses. Again, these responses have been collated and are put forward within section 7 of this report.

7. Engagement Findings

- 7.1 The key themes from the patient's surveys, on ward patient interviews and staff and stakeholder surveys have been summarised and analysed. General themes include:
- ✓ A desire and need to access therapy and/or an increased amount of therapy to aid recovery.
 - ✓ The importance of having time to rest, recover and recuperate away from the acute hospital environment.
 - ✓ The benefit of social interaction and regular meals and nutritional support to aid recovery.
 - ✓ Feeling safe and well supported.
 - ✓ Being able to receive visitors whilst recovering.

Highlight points and feedback from specific groups are as follows:

- 7.2 People with direct experience of Community Hospital inpatient provision:

- 44% of interviewees reported that they were recovering at the community hospital following a fall with most reporting that their overall admission reason being for recovery, rehabilitation or 'bed rest'.

*"Physio once a week for bad arthritis in both feet – been bad for many years."
(Male, 72, Ellen Badger).*

*"2 weeks rest for leg – physio as well but mainly rest – then back to specialist as an outpatient."
(Female, 85, Ellen Badger).*

- Being able to receive 'physio' and support with care needs was highlighted by patients as important factors during their period of recovery.

"Physical care as can't do it for myself." (Female, 85, Ellen Badger).

"Little Exercises – physio comes – need to be supported to get back on my feet." (Female, 86, Nicol).

"They need more people – didn't have enough physio – would have been a faster recovery if there was more physio." (Female, 83, Nicol).

- Support with emotional needs, social interaction (staff and patients) cited as very important with some patients referring to being 'lonely' at home.

"Being around people – improving mental health – was lonely at home and found the experience traumatic." (77, Ellen Badger).

"Company – atmosphere – meeting for supper in the TV room." (78, Ellen Badger).

- Some patients highlighted the personal service received at a Community Hospital was greater compared to large acute setting. Comments around kindness of staff, environment being smaller, homely, and able to accept regular visitors were also key features of feedback received.
- Patients felt the environment of care at the Community Hospital helps aid a good routine as well as receiving regular meals, and hydration.
- Further comments and feedback indicated that Patients are not always clear about why they were at the Community Hospital or what to expect post discharge.

"I think it will be another ward like this." (Male, 50, Ellen Badger).

"No one talks about going home at the moment." (Female, 95, Nicol).

- When thinking about an 'ideal' scenario some Patients would like to re-habilitate at home rather than within a hospital but appear to have some doubts that the right care and equipment would be available to do this.

"Home to live independently – with support from a paid carer if have to but can't afford it." (77, Ellen Badger).

"Ideal would be at home with a package of care because then I can have visitors." (Female, 95, Nicol).

"Ideal would be home with carers." (Female, 74, Ellen Badger).

- Some Patients felt that the Community Hospital offer continuing exactly as it is delivered at the current time would suit their needs best.

“Best to come here rather than home – here physical needs are met and its local.” (Female, 88, Nicol).

“Here – physical and medical needs are met until fit to be more independent at home.” (Female, 85, Ellen Badger).

7.3 Former patients survey feedback:

Former patients of both community hospital sites were asked what they felt were the main benefits of Community Hospital provision, the top 3 answers were.

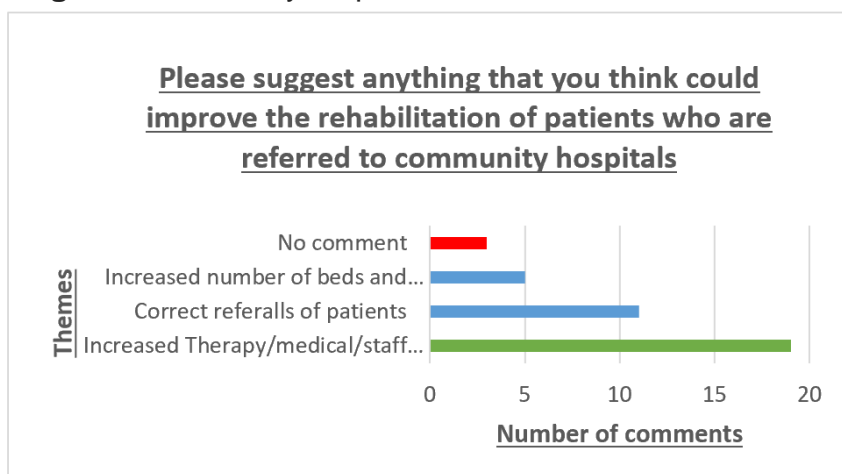
1. Quality of care
2. Rehabilitation
3. Eases transition from hospital to home

7.4 People without direct experience of community hospital provision:

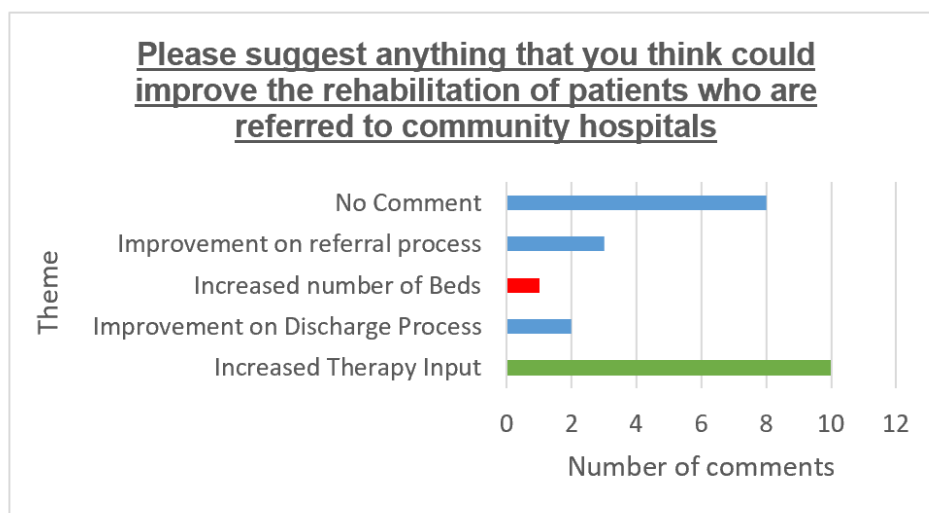
Those without direct experience of Community Hospitals rated the same top 2 benefits as those with direct experience with exception of the 3rd most important area for this group being ‘care closer to home’ as opposed to ‘eases transition from hospital to home’.

7.5 Staff working at Community Hospitals and/or professionals with knowledge of or referrers to the community hospital provision were asked a range of questions about the current offer and potential future requirements with staff indicating that Increased access to therapy medical support and staff was the areas that could most improve patient experience whilst at the Community hospital.

Image 2: Staff survey response:



7.6 A range of professionals that have knowledge of or refer to Community Hospitals were also surveyed, again access to therapy was highlighted as the area that could most improve a community hospital stay.

Image 3: Professionals survey response:

- 7.7 Acute staff were asked the same questions as those staff working within community hospitals. 11 acute staff responded to the survey of which 5 felt that between 21-40% of patients could be supported elsewhere e.g. home rather than a Community Hospital inpatient facility. A direct comment from a survey responder: *Many of my patients could go home with a package of care of 4 calls a day and physiotherapy input from the beginning (not 6-8 week wait as is often the case at home). Some would need support at night.*
- 7.8 Ongoing engagement with key groups as well as the formation of a community panel will help further refine the key themes, in particular this process will seek to fully identify the desired criteria and specific detail of areas identified such as 'increased therapy' and what this should look like within the future community service.

8. Equality Impact Assessment

- 8.1 A full Equality Impact Assessment has been undertaken to support the review and will be regularly refreshed as the review progresses.
- 8.2 The review of community inpatient facilities is underpinned by an Equality Impact Assessment (EIA) which also includes the wider determinants of health. At each stage of the review process this EIA will be kept up to date to ensure that due regard is given to the impact of the review on the protected characteristics of current and potential future users of community inpatient facilities as well as the wider determinants of health.

9. Milestones and next steps

- 9.1 The timeline and expected milestones for the remainder of the review process are proposed as follows and included as an infographic timeline as Appendix 2.

- 9.2 The next stage of the review is to present the engagement findings to a technical panel who will score and assess the long list of proposals from patient, public and stakeholders and will short list this to a refined list of viable solutions.
- 9.3 Patient representatives will be involved throughout this process and a community panel will be formed that will sense check the technical panels refined list of options against their own defined set of desirable criteria.
- 9.4 HOSC members are asked to consider the planned approach to this review and the associated timeline and agree to this approach to engagement to support the review of Community Hospital inpatient facilities.
- 9.5 As noted within the attached timeline, there will be a decision point between approximately December 2021 - January 2022 with regards to whether the proposals for change which have been developed as a result of this process would constitute a 'substantial variation' to the current service offer, and therefore require we undertake a formal consultation process with the public in addition to the extensive public engagement already detailed. HOSC members will be presented with the outcome of the technical and community panel scoring to help make this decision by February 2022.

10. Conclusion

A review of Community Hospital Inpatient facilities is underway within Warwickshire. This review is not only timely but also strategically important for the local health and care system. The aim of the review is to understand if the support provided for patients at the point of discharge is being delivered in the right place and at the right time. Learning from the pandemic and wider service and the developments to the out of hospital offer are important points of context for the review. People with direct experience and those that may experience community hospital services are at the centre of this review. The review will conclude with a clear set of future proposals and an agreement on the future offer within the community. This will be achieved by following the plan described within this report of which the results and outcome will be reported to HOSC in January 2022.

Appendices

Appendix 1 - Community groups targeted for survey responses.

Appendix 2 - Community Hospital Infographic timeline.

Background Papers None

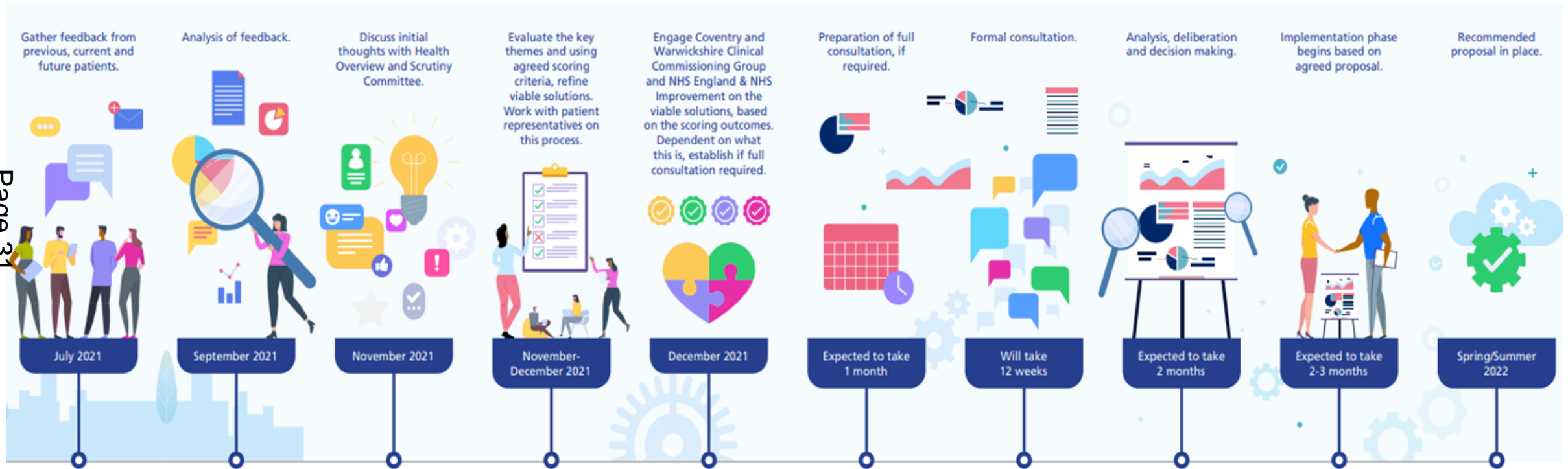
	Name	Contact Information
Report Author	Katie Herbert Integrated Lead Commissioner, WCC and SWFT.	

Appendix 1 – list of groups targeted via engagement plan.

Age UK Dementia Day Service Manager:
Healthy Ageing Workstream
Dementia Café Tysoe
SVHWP
Alcester HWB
League of Friends
Communities Teams (WCC Newsletters)
HWW newsletter
Social Prescribers
Policy Officer Older People
Dementia Cafés WRAP Bishopton
Dementia Cafés WRAP Wellesbourne
CA Over 65's support
WCC Reablement Service
The Gap
SYDNI Centre - older people activities
Brunswick Hub
Shipston Forum
WCAVA - Newsletter
Warks District Dementia Group
VASA
Social media and Vol Drivers
WCC development Officers for Community Centres
WALC - Parish Councils
Warwick District Faith Forum
Stratford District Interfaith Forum
Equip
Gypsy and Traveller Team WCC
HWW Volunteers
South Warks PPPG

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Community Hospital Review Timeline



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Adult Social Care and Health Overview and Scrutiny Committee

17 November 2021

Work Programme

1. Recommendation(s)

1.1 That the Committee considers and approves its work programme.

2. Work Programme

The updated work programme was discussed by the committee's Chair and spokespeople at a meeting on 22 October. The outcome from that discussion is attached at Appendix A to this report.

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 Portfolio Holder, Councillor Bell has been invited to the meeting to answer questions from the Committee.

Date	Report
25 November 2021	Coventry and Warwickshire All Age Autism Strategy
25 November 2021	Quarter 2 Council Plan 2020-2025 Quarterly Progress Report
25 January 2022	Delivering a Healthier Warwickshire – Physical Health Improvement Services – Approval to Tender

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 (NWBC)	
	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 11 October and the working party on 16 September. Items discussed included the Health and Wellbeing Action Plan update, an update from Public Health, the Joint Strategic Needs' Assessment and air quality.
Nuneaton and Bedworth Borough Council (NBBC)	
	<p>The NBBC Housing, Environment and Health Overview and Scrutiny Panel met on 7 October. The agenda included the following items:</p> <ul style="list-style-type: none"> • Emotional well-being and mental health support for children and young people in Warwickshire • Air quality action plan • Adoption of the refreshed Warwickshire County Council joint strategic needs assessment.
Rugby Borough Council – Overview and Scrutiny Committee	
	<p>The Borough Council (BC) has moved to a single overview and scrutiny committee and the use of task groups.</p> <p>From the Rugby BC website, the last meeting was held on 4 October 2021 with WMAS attending to speak on the review of community ambulance stations. The next meeting is scheduled for 22 November. Looking at the work programme for the committee and task groups, no other health-related items are currently scheduled. There is a future topic (timescale to be agreed) on recovery from the Covid-19 pandemic.</p>
Stratford-upon-Avon District Council – Overview and Scrutiny Committee	
	The Council's Overview and Scrutiny Committee met on 29 September and 27 October. From examination of recent agendas, there are no recent items linked to health.

Warwick District Council – Overview and Scrutiny Committee	
	The Overview and Scrutiny Committee met on 21 September and 2 November 2021. Looking at the committee’s work programme, at the 2 November meeting an update on the Home Environment Assessment and Response Team was provided. This included implementation of a new IT system.

4.0 Task and Finish Groups

4.1 The review of GP services is about to commence with the scoping exercise.

5.0 Briefing Notes

5.1 The work programme at Appendix A lists 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

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 Clare Golby

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

Date of meeting	Item	Report detail
17 November 2021	West Midlands Ambulance Service (WMAS)	Added to the work programme on 29 September. An update which will include a focus on the review of community ambulance stations. Raised at Council on 28 September and all members of Council invited to submit questions and lines of enquiry which will be collated and submitted to WMAS ahead of the meeting.
17 November 2021	Community Hospital Review	To provide an overview of the Community Hospital review in South Warwickshire which forms a significant part of the wider Discharge to Assess review.
16 February 2022	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.
16 February 2022	Women's Health - Menopause	The scope is to look at services provided in Warwickshire. 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. Dr Shade Agboola to lead on behalf of both WCC and the Coventry and Warwickshire CCG.
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.
Dates to be confirmed	Integrated Care System (ICS)	Discussed at the committee meeting on 29 September. A high-level briefing document will be provided by the Coventry and Warwickshire Clinical Commissioning Group. Suggested to invite the Chair and chief executive of the ICS to the committee once their appointments have been confirmed.

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	28 June and 29 July	An offer from Healthwatch to provide briefing papers on its role (circulated 28 June) and the carers' survey of lived experiences during the pandemic (circulated 29 July).	Chris Bain, Healthwatch Warwickshire
7 June 2021		Minor Injuries Unit – Stratford. This unit at Stratford Hospital is currently closed. A request for information on when it will reopen.	Rose Uwins, Coventry and Warwickshire CCG
29 September 2021	25 October 2021	Follow up briefing on dementia services, with data on young onset/ early onset dementia and Admiral Nurses.	Claire Taylor, WCC Commissioning

TASK AND FINISH GROUPS

ITEM AND RESPONSIBLE OFFICER	OBJECTIVE OF SCRUTINY	TIMESCALE	FURTHER INFORMATION
GP Services – Revisit	A task and finish group (TFG) took place in 2017/18. The committee agreed to undertake a further TFG.	TBC	The membership of this TFG has been agreed and the review will commence with a meeting to agree the review's scope.