Adult Social Care and Health Overview and Scrutiny Committee

Date: Wednesday 15 February 2023
Time: 10.00 am
Venue: Committee Room 2, Shire Hall

Membership

Councillor Clare Golby (Chair)
Councillor John Holland (Vice-Chair)
Councillor Colin Cape
Councillor John Cooke
Councillor Tracey Drew
Councillor Peter Eccleson
Councillor Marian Humphreys
Councillor Jan Matecki
Councillor Chris Mills
Councillor Penny-Anne O'Donnell
Councillor Pamela Redford
Councillor Kate Rolfe
Councillor Ian Shenton
Councillor Sandra Smith
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 5 - 18
To receive the Minutes of the committee meeting held on 16 November 2022.

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. Presentation on System Pressures

The Overview and Scrutiny Committee will receive a joint presentation from the Integrated Care Board and the County Council on system pressures in Warwickshire.

6. GP Services Task and Finish Review 19 - 48

For the Committee to consider the review report from the GP Services Task and Finish Group.

7. Work Programme 49 - 56

For the Committee to review and update its 2022-23 work programme.

Monica Fogarty
Chief Executive
Warwickshire County Council
Shire Hall, Warwick

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- Leave the meeting room until the matter has been dealt with
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The public reports referred to are available on the Warwickshire Web https://democracy.warwickshire.gov.uk/uuCoverPage.aspx?bcr=1

Public Speaking
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Adult Social Care and Health Overview and Scrutiny Committee

Wednesday 16 November 2022

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-Anne O'Donnell (Stratford-upon-Avon District Council)
Councillor Pamela Redford (Warwick District Council)
Councillor Kate Rolfe
Councillor Sandra Smith (North Warwickshire Borough Council)
Councillor Mandy Tromans

Officers
Dr Shade Agboola, Amy Bridgewater-Carnall, Louise Church, Jane Coates, Becky Hale, Gemma McKinnon, Pete Sidgwick and Paul Spencer.

Others in attendance
Councillor Margaret Bell, Portfolio Holder for Adult Social Care and Health
Chris Bain, Healthwatch Warwickshire (HWW)
Liz Gaulton and Rose Uwins, Coventry and Warwickshire Integrated Care Board (C&WICB)
David Lawrence (press) and Val Ingram (public)

1. General

(1) Apologies

Apologies for absence were received from Councillor Ian Shenton and Nigel Minns.

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

None.

(3) Chair's Announcements

None.

(4) Minutes of previous meetings

The Minutes of the committee meeting held on 21 September 2022 were approved as a true record and signed by the Chair.

2. Public Speaking

Val Ingram addressed members, speaking to the written submission attached at Appendix A to the minutes. Councillor Margaret Bell, Portfolio Holder for Adult Social Care and Health responded and was aware of the issues at Upper Lighthorne as well as wider issues for provision of new or extended primary care facilities, linked to developments. The Portfolio Holder had undertaken research with officers on planned primary care facilities and extensions, there being eight, including that at Upper Lighthorne and one at Hartshill, which was virtually complete. She had asked the Chair and Chief Executive of the Integrated Care System (ICS) for a timeline of what was involved in establishing a new primary care centre, the key stages, the project plan and reasons why they could take so long to complete. She had also asked for an update on the provision of the seven outstanding sites. Councillor Bell then read from a written response provided by the ICB on this public question and a copy of that response is also provided in the appendix.

Councillor Bell concluded that this was an important issue. Perhaps the Committee may wish to add to its work programme to hear from the ICB Chair and Chief Executive about the plans to deliver the seven outstanding centres. The Chair was supportive of this suggestion, speaking of the ongoing dialogue with ICB, that this was a county-wide issue and linked to backlogs in other parts of the NHS. It was agreed that the written reply from the ICB would be circulated to Val Ingram and to the committee.

Councillor Rolfe added that there was also a need to look at school provision and the 'triggers' for release of funding, as some children including those at primary schools were having to travel a considerable distance to access schools. The Chair acknowledged this as another county-wide issue. She spoke of the challenges around the use of Section 106 monies linked to development, the need for a joined-up approach and offered to refer this aspect to the Children and Young People OSC for its consideration. Councillor Mills spoke of his involvement in the Upper Lighthorne scheme, the frequent 'stumbling blocks', the scale of this development and need for additional primary care services.

3. Questions to Portfolio Holders

Chris Bain of Healthwatch Warwickshire (HWW) pursued the previous item, referring to the workforce challenges in primary care, the shortage of GPs and other staff. Councillor Bell understood that the ICB was considering different staffing models including that which provided for salaried GP doctors, rather than the traditional model where the GPs were partners in the practice. She touched on the wider service provision in primary care settings, including co-located pharmacies, nurse prescribers and mental health services. Finally, Councillor Bell spoke of the current requirement for a GP referral to access some other health services, such as diagnostics.

There was current thinking about how this could be handled differently to ease pressure on primary care.

4. Questions to the NHS

None.

5. Integrated Care System

The Committee received an update and presentation from Liz Gaulton and Rose Uwins of the Coventry and Warwickshire Integrated Care Board (C&WICB). Initially, background was provided on the Integrated Care System (ICS), a partnership of organisations that came together to plan and deliver joined up health and care services. It explained the role of the C&WICB and the IC Partnership, those which rested with local authorities, care collaboratives and provider collaboratives.

The report set out the requirements to develop an Integrated Care Strategy, to meet the assessed needs, from the previously developed Joint Strategic Needs Assessments (JSNAs). In Coventry and Warwickshire considerable work on integration had already taken place. The Integrated Care Strategy would build on this to further the required transformative change to tackle the significant challenges facing health and care. The strategy presented an opportunity to do things differently.

The ICP had agreed a work programme to develop the strategy, led by a working group and with input from key stakeholders. The draft strategy needed to be submitted to NHS England for review on 14th December. The report outlined the planned approach and format for developing the strategy, signposting to existing strategies, the mapping which had taken place and identification of proposed priority or 'strategic focus' areas. The draft priorities had been discussed at the Integrated Health and Wellbeing Forum, resulting in a series of commitments that would run through the strategy.

Details were provided on engagement activity, to ensure that development of the strategy and the Integrated Care 5-year Plan were done in an aligned and connected way. A separate engagement task and finish group had been established for this purpose which included broad representation from stakeholders. Wide public engagement was also planned with over 30 scheduled events, planning for more events and an online survey. Stakeholder engagement would continue with regular updates, including with this committee.

The requirements to produce a five-year Integrated Health and Care Delivery Plan were reported. The delivery plan would be refreshed before the start of each financial year and meet the reported statutory requirements from the Health and Care Act 2022. Further guidance was expected shortly from NHS England, which would be provided to members via a stakeholder briefing.

The report concluded by referring to the strategy content and next steps, as well as providing the national timeline for producing the strategy and the five year delivery plan.

The presentation included slides on:

- Integrated Care - a huge opportunity.
- ICS aims – improve outcomes, tackle inequalities, enhance productivity and value for money and support broader social and economic development.

- The ICS vision.
- Planning for the future – development of the Integrated Care Strategy and 5-year Joint Forward Plan.
- The vision for integration and collaboration across the system to achieve the four key aims.
- Grounded in the reality of now. The strategy would be built from local assessments, include consultation with Healthwatch and statutory components of national guidance. It would set out how assessed needs would be met, show regard to the Secretary of State's mandate and any guidance and set out views on how health and care services could be more closely integrated.
- Engagement and involvement through a phased approach. Additional information was provided on the processes, the engagement undertaken or planned, and the feedback received to date, which showed a number of consistent key themes. These included access to GP services, trust in services and digital services. Some patients could not access digital services and others did not want to use them, preferring face-to-face appointments. This was an area for further consideration on how to approach digital services and working with patients.
- Through engagement and involvement the ICS had iteratively developed the priorities for the strategy.
- The priorities:
    - Improving access to health and care services and increasing trust and confidence
    - Prioritising prevention and improving future health outcomes
    - Tackling immediate system pressures and improving resilience.
- The commitments:
    - Improve outcomes
    - Tackle inequalities
    - Enhance productivity and value for money
    - Support social and economic development.

Questions and comments were invited with responses provided as indicated:

- Several members thanked the ICB representatives for the presentation.
- A question on the response from rural parts of north Warwickshire and whether feedback had been sought from organisations like the Citizens Advice Bureau (CAB) in Atherstone. There had been a dialogue with the CAB, and it would be checked if this included the Atherstone branch specifically. Rurality was a recognised theme within the feedback on access to services. It was questioned whether a mobile GP service could be provided to rural areas similar to the mobile libraries. This suggestion would be researched.
- A comment that some people did not like to use digital services. Problems could be experienced using online services if the options available didn't meet the customer's needs. An example was given using a financial institution to demonstrate this. There was a need to consider service delivery options for those who could not access services digitally. Liz Gaulton replied that the aim was to make best use of digital services. This was the same for health and the County Council's services and there may be merit in working collaboratively to give confidence to communities to access services digitally. The councillor said that nationally the digital service provision was the default and there should be more consideration for those who could not access services in this way.

- On face-to-face appointments and trust, patients also valued a relationship with their GP. It was known that GP practices were, in the main, private businesses and was questioned how the ICB was able to influence practices to undertake more face-to-face appointments.
- Liz Gaulton explained the ICB's role to give assurance on the quality of GP services, working in a collaborative way. Generally, this worked well but this may be an area for more detailed focus with the appropriate senior ICB officer at a subsequent meeting. Overall, patient satisfaction was good.
- Rose Uwins added that the feedback regarding GP access was much wider than just face-to-face appointments. It included access to appointments and seeing the right person first time, rather than having a GP appointment before accessing the specific service needed. The member pursued this change from the traditional route of a GP referral and it was questioned how this would work. Rose replied that this was a work in progress and options were being considered. There were known workforce challenges. An example being piloted in Coventry was the use of first contact practitioners, linked to GP practices who would make the referral instead of the patient seeing a GP. As pathways changed, these would be communicated.
- Dr Shade Agboola spoke of the duty for GPs to engage with the system and its quality assurance processes. She gave an outline of the better reporting arrangements under the ICB structures, including regular performance management reports. She attended the ICB committee and the recent report showed an increase in the number of face-to-face GP appointments, compared to the same period last year. These processes enabled challenge and constructive feedback to be provided. For the first time, it gave a clear line of sight for primary care services.
- Councillor Holland commented that many people saw the move to the ICB as positive. Previously he had asked how this change would be measured, or whether it might be seen as another layer of bureaucracy, but he had not received a clear response. He referred to the public question earlier in the meeting and access issues for people in new housing developments. The key issue was the shortage of GPs and he asked how the ICB would address this. Liz Gaulton responded on the wider strategy and the feedback received from stakeholders that improving access to primary care services and building trust/confidence were key. It had been suggested to have a dedicated session on primary care at a future committee meeting.
- Reference was made by Councillor Holland to the JSNAs. It was suggested that the boundaries selected for these areas could have been more customer focused. He then spoke about the 'place-based' approach. The primary care networks (PCNs, groups of GP practices) had been based on the JSNA areas and he asked if these could be changed to be more cohesive. Liz Gaulton confirmed that the work on JSNAs had been undertaken by the County Council. It was understood the methodology used for grouping PCNs was more complex than just basing them on JSNA areas. This could be covered in the subsequent session, or a written briefing be provided on the methodology used.
- A point that having a consistent GP meant they knew the patient's medical history.
- A question about the progress made in achieving needs identified through the JSNAs for each of the places. Shade Agboola responded that the findings from the JSNAs were used in formulating the Health and Wellbeing Strategy (HWBS), for both Coventry and Warwickshire. In Warwickshire the place-based programme had been completed for 22 areas. She explained that this had been replaced with a thematic approach, giving examples of some focus areas. The JSNA had influenced both the HWBS and the ICS Strategy for the local system. She then advised how the JSNA priorities were translated into actions through the three place partnerships, drawn from the HWBS and with a series of

local priorities and strategies. This work was supported by the Council's Public Health and Strategic Commissioning teams. Examples could be provided to the committee to show how identified priorities had been implemented.

- Councillor Holland referred to the background information circulated to the Committee, from a Health and Wellbeing Board (HWBB) development session. Reference was made to the linkages between this committee and the local system. This document included a statement on shared accountability between the local organisations. The councillor viewed that accountability could not be shared, suggesting that the HWBB should revisit this aspect.
- Councillor Bell, as Chair of the HWBB advised that an update from each of the place partnerships would be provided to the January board meeting. Having met with them recently, she gave a brief outline and example of how JSNA priorities were being implemented. She confirmed that the HWBB was accountable to this scrutiny committee.
- Further reference to digital services with an example of the challenges faced by some elderly people. A resident was moving to another GP as they were unable to gain access to the surgery car park which required use of a mobile telephone application.
- There would need to be follow up reports to the committee with data on what had been achieved. It was questioned how the ICB would collect data to show the direction of travel and achievements. Liz Gaulton gave an outline of the performance reporting arrangements. A meeting of the ICB would be held in public later in the day and its agenda included a performance update. She gave examples of the service performance monitored, including that set by NHS England and which had continued from the earlier clinical commissioning group arrangements. There would also be locally set measures, to monitor areas within the strategy, to assess what success looked like. Examples were given around reducing waiting times, better outcomes, service access and reducing inequalities. A report back could be provided to the committee.
- On digital services, further discussion about supporting communities on how to access services in this way. This would include identifying barriers, seeing if they could be addressed, but also recognising that some people may not be able to use them and ensuring services were inclusive. It was viewed that the emphasis was on people needing to learn and change, rather than designing a service to meet their needs. It was more about assessing the challenges, to see if these could be overcome, but not relying solely on digital services. There were many benefits from digital services, especially with the workforce challenges and service delivery in rural areas. It was made clear that no-one would be left without access to services.
- Chris Bain of HWW commented that the greatest challenges for the ICS were workforce, culture and unnecessary complexity. An example was the care collaboratives. He referred to the key aims and would have added putting patients at heart of everything you do. He drew comparison to the supermarket Tesco which considered itself to be customer 'obsessed', with the customer benefit being the core focus for every action.
- Chris Bain of HWW confirmed the need for trust in services, but also in decision makers and the system. There was a need for continual dialogue to build trust, to 'sense check' and to get early warning messages. The voluntary sector was well placed to do this but needed support and resources to do it effectively. On digital services, the aim should be for a digital service which is part of the NHS, which works for people who access it.
- On digital services, a further aspect was the messaging. On most occasions, people were encouraged to use an application or website. This shouldn't be the first option or indeed the only option. Also, the length of pre-recorded telephone message options was frustrating.

- Examples of good practice were provided by a member for their local practice which had effective triage and offered rural home visits. Some people would never access digital services and should not feel excluded.
- An important aspect was face-to-face access for patients with dementia and their carers. Dementia cafes were providing great community support and were often run by volunteers. An example was provided in one member's division. However, when people were in crisis they were being signposted to these voluntary services. This was a significant gap in the system which needed resourcing and replicating in other parts of the county. Dementia cases were not going to decrease. There was a need to ensure this cohort had speedy face-to-face access to GPs and specialist support. The member sought reassurance that this would be taken on board. Councillor Bell asked if GPs received extra funding to monitor dementia patients and undertake periodic reviews. This would be researched but could also be raised at the HWBB.
- Liz Gaulton thanked members for the examples provided which demonstrated some issues in the local system.
- The Chair reminded of previous comments she had made about GPs and the critical responses she'd received from GPs. She was glad that the issue had been recognised and stood by her earlier statements, expecting further feedback. She was also pleased that GPs should not be seen as the gatekeepers for accessing healthcare and this had led to backlogs. The self-referral piece was a good start. She then stated the immeasurable improvements at her local GP practice over the last year, referring to the effective triage. This meant her health needs had been resolved by seeing a nurse without needing a GP appointment. Triage at the point of contact was a good idea but was not necessarily provided by all surgeries. She was heartened by the update. The lack of GP access was a significant issue for residents, and she was supportive of a further specialist conversation on this area.
- Rose Uwins confirmed that the engagement work had highlighted the importance of access to GPs, and it needed to be reflected in the strategy. It was about how to support GPs to deliver what they could, given the workforce challenges, to build trust and ensure that people could access the healthcare system. Liz Gaulton added that this had been a useful and honest discussion.

The Chair thanked the speakers for their attendance.

Resolved
That the Committee notes the presentation and adds to the forward plan for a specialised session on GP services and access to primary healthcare.

6. Council Plan 2022-2027 - Quarter 2 Performance Progress Report

Shade Agboola, Director of Public Health introduced this item and gave a presentation to pull out key messages. By way of introduction the report stated the wider national context which was a critical frame within which to view the Council's performance. It reported the combined impact of political, global and macro-economic turbulence causing high inflation, rising interest rates and cost of living, increasing pressure on an already tight labour market, demand for public services and public finances.

The report summarised the Council's performance at the end of the second quarter (April-September 2022) against the strategic priorities and areas of focus set out in the Council Plan 2022-2027. This report drew out relevant areas within the Committee's remit from that presented to Cabinet on 10th November. Sections of the report together with detailed supporting appendices focussed on:

- Performance against the Performance Management Framework
- Progress against the Integrated Delivery Plan
- Management of Finance
- Management of Risk

The report provided a combined picture of the Council's delivery, performance and risk. Overall Quarter 2 had seen a marginal decline in performance compared with the Quarter 1 position, reflecting the increasingly volatile, uncertain, and high-risk external environment. There were eleven key business measures (KBMs) within the remit of the committee. Of these, eight were reportable in this quarter, with six of the KBMs assessed as being on track and two were not on track.

The report detailed key emerging themes. These included increasing service demand, capacity issues impacting delivery across the organisation and difficulties in recruiting and retaining staff in a highly constrained national and local labour market.

There were notable aspects of positive performance, with the report highlighting that no care providers had exited the market due to business failure. Another area was the stability and performance in regard to the percentage of people under the age of 65, with eligible needs living in the community, who were accessing Adult Social Care.

There were some performance challenges, the main one being the number of people supported in residential or nursing care aged over 65. This had an upwards trajectory due to increased placements from the community and discharges from hospitals.

There were some actions identified as 'at risk'. These related to capital programmes and projects, linked to current inflation levels and supply chain challenges. One of the Council's strategic risks related to adult social care and health directly (widening of social, health, and economic inequalities post pandemic). Two others related to inflation and the cost of living. The economy might impact on service provision and service demand. At the service level, two risks had been higher than target for three consecutive quarters, those being the risk of care market failure and the risk of an ongoing impact on Public Health resources from responding to Covid-19.

The presentation included slides on:

- Council Plan 2022-2027: Strategic Context and Performance Commentary
- Performance relating to this Committee
- Area of focus: Support people to live healthy, happy, and independent lives and work with partners to reduce health inequalities
- Projection
- Integrated Delivery Plan
- Financial performance
- Management of risk

Questions and comments were invited with responses provided as indicated:

- From resident feedback, a member viewed that the care service was failing in both performance and delivery, with boundaries being crossed. He would raise the specific concerns with the Portfolio Holder and officers outside the meeting.
- A member read an extract of the report about service demands and capacity issues impacting on service delivery and difficulties in recruiting staff. She asked if this was linked to the Council's salary scales and whether staff were leaving for alternate employment or whether there were not suitable candidates. Shade Agboola acknowledged that both were factors with some staff leaving to join NHS organisations. There were not enough staff currently and some were attracted by larger salaries elsewhere.
- Pete Sidgwick commented on the increasing demand for adult social care services and especially residential care, to a level that was now higher than expected. In terms of recruitment and retention this was both an internal issue for the county council and impacted on external service providers too. Pay was a factor, but there were others such as the employment market. The Council did have challenges on recruitment and some staff were leaving to work for agencies, which impacted on performance. The Council had to work within its budget levels and did look to provide other incentives where it could. The Chair viewed that this position would be reflected in many councils nationally and across all services.
- Councillor Bell spoke about the impact on external service providers. As well as shortages in domiciliary care staff, it also impacted on care homes. They may have bed capacity but staffing shortages would limit the number of beds that could be occupied due to safe care ratios.
- Becky Hale referred to the national recruitment campaign for the care market and local aligned work, including recruitment support to the independent and voluntary sector. She offered to share this information with the committee, to seek members' support in providing local publicity. The Chair asked that it be shared with the media too, to seek their promotion of these roles alongside the internal communications activity.
- A member sought more information about the increases in care placements, asking if this was linked to a lack of community support. During the Covid pandemic, voluntary support increased exponentially, but ordinarily finding volunteers was more difficult. In other European countries there was far more reliance on voluntary support. The Chair replied that this would require a big cultural change. During the pandemic many people who were furloughed had capacity to assist as volunteers.
- Pete Sidgwick gave an update on people going into permanent care. He spoke about community support, the previous challenges around domiciliary care staffing and the data now showed that more people were going into nursing home placements. This cohort needed intense support. The reasons for this may be linked to the pandemic, but it was not clear. People went into permanent placements where their needs required it, rather than their needs could not be met elsewhere. The increases in new placements were from community settings, not acute hospital discharges. It was about an individual's needs, not pressures elsewhere in the system. From the live performance data, the reported trajectory was continuing.
- The Chair commented that care services were also required for younger adults with complex conditions. Any person could have an incident at any point in their life which required significant care afterwards. It would be interesting to have a breakdown of the numbers for each age range who required permanent care support. She then referred to the

earlier points about recruiting carers, who may not necessarily be looking after an elderly person.

Resolved

That the Committee notes the Quarter 2 organisational performance and progress against the Integrated Delivery Plan, management of finances and risk and comments as set out above.

7. Customer Feedback Report 2021/22

Louise Church introduced this item, which reported back on the customer feedback received during 2021/22.

Adult Social Care services received four types of feedback, comprising comments, compliments, complaints and questions. There were 640 cases created during 2021/22 which was an increase of nearly 14% on the previous year. The report set out the different channels which customers could use to provide feedback and the increasing use of digital services through creating a 'self-account'. During this period, the volume of cases processed and closed (191) had increased by almost 14% on the previous financial year.

The report referenced the service level targets for timeliness of response. It then provided a summary of complaint causes, complaints made to the Local Government and Social Care Ombudsman (LGSCO) and learning from feedback. The report provided notable highlights, including a new system and procedures to support better compliance with complaint responses and learning from customer feedback. An appendix to the report provided detailed information on the customer feedback received during this period, including graphs and tables to highlight the key data.

Members reviewed the report and appendix, raising the following points:

- Reference to a table in the appendix, giving complaint case data and specifically that relating to Adult Strategic Commissioning. It was questioned if this was linked to care packages. Similarly, more information was sought on the data for adult older people in Stratford and increased cases linked to adult mental health.
- Louise Church noted that there was an increase in complaint cases around care homes and domiciliary care services. Reviews took place with care providers to look at such cases, take learning from them and especially around quality assurance aspects. Becky Hale provided background on how such complaints were routed previously, the changes implemented and how they were now handled in conjunction with relevant teams within the County Council. Largely it involved liaison with service providers to undertake internal investigations. There had been an increase in the number of complaints, but also the data was due to the way in which complaints were now managed. She then touched on the quality assurance and contract management aspects in assessing risks and determining required assurance activity, customer and provider visits.
- More information was sought on the increased complaint cases linked to mental health. It was confirmed this concerned adult social care operational teams linked to mental health. There had been a small increase in complaint cases in this area. Context was provided that the data reported showed which section was leading on the complaint and there could be

overlaps in some cases between commissioning and frontline services. An example was given to demonstrate this.

- There had been an increase in complaints around finances, where people were not happy with their financial assessment and the increase in contributions required. This was likely to increase further as part of the adult social care reforms.
- An outline was given on learning from complaints and the use of briefing notes for teams to improve practice. A recent example was improving communications with the people being supported.
- A discussion took place about how complaints from older people in the north of the county were recorded. This data report was grouped by the social care team responsible. There were three teams, and the north-east team covered the areas including Atherstone, Nuneaton and Rugby. This grouping of areas was challenged by a member who felt the geography was too large. Data on both compliments and complaints for the rural north area should be separated. Louise Church offered to provide a complaints report based on postcodes or the area of Warwickshire in which people lived, to give more accurate data. The Chair asked for the updated report to be circulated to the committee.
- A member acknowledged the number of compliments received, which was 50% more than complaint numbers and this was encouraging. Officers replied that compliments were always welcomed.
- An area of concern was the number of complaints made to the LGSCO and the proportion of complaints being upheld. Such complaints should be addressed internally without the need for escalation. Officers explained that the public had the right to refer their complaint to the Ombudsman. An outline was given of the staff training, including training from the LGSCO and the customer service support provided both to staff and the public.
- Pete Sidgwick provided context that a complaint could be accepted by the Council and an apology be made, but the complainant could still refer it to the LGSCO, where it could be upheld again. Additionally, he explained that adult social care was only given one attempt to resolve complaints, whereas other services had multiple levels. He explained the challenges this caused and how complaint cases were assigned for sign-off of the response. For complaints linked to financial aspects, these required interpretation of complex rules and financial guidance. On occasions the LGSCO may uphold a complaint, having reached a different conclusion to the council. Where complaints were upheld by the LGSCO, they were used to provide learning. The member responded that if people were satisfied with the council's response they would not complain to the Ombudsman. If doing so they still felt aggrieved. He was aware of a particular issue and would discuss this with the Assistant Director outside the meeting.
- A member referred to the earlier debate about organisations prioritising digital access to services. She commented that the County Council was also guilty of this as the main means of engaging on complaints.

Resolved

That the Committee comments on the report, as set out above.

8. Work Programme

The Committee discussed its work programme. The Chair reminded that a briefing note on drug and alcohol services had recently been circulated. The suggestion for a further update on GP services and access to primary healthcare would be considered at the next Chair and party spokesperson meeting.

Resolved
That the Committee notes the work programme as submitted.

…….
Councillor Clare Golby, Chair

The meeting closed at 12.10pm

Appendix A

Item 2 Public Speaking - Val Ingram

I wish to raise with you the concerns that this area is experiencing due to the approved housing at Upper Lighthorne Heath.

My understanding was that despite opposition to this housing the decision was made to proceed creating a town which will be upon its completion be the second largest in the Stratford District Area. Although this is accepted, part of the conditions as I understand was the provision of infrastructure, the most important of which was the provision of a GP surgery.

The complex has begun in earnest and residents are moving in however the provision of GP's and medical staff is absent. I am led to believe the benchmark is ten thousand patients before this will be deemed necessary.

The problem is that as residents have moved in owing to there not being a surgery they have had to register elsewhere, through no fault of their own. The knock on is that this in turn is putting considerable strain on satellite surgeries such as Kineton, Tysoe, Wellesbourne, Fenny Compton and further afield.

I am not privy to the number of people that are already resident but I contend that the bench mark of ten thousand will be distorted if the incumbent residents are registered elsewhere and no account appears to have been taken of the pressure this is exerting.

Fenny Compton is growing rapidly with the forthcoming provision on the old Compton Buildings site of numerous new homes, Kineton and Wellesbourne have seen unprecedented development, so I ask that you please, look at this urgently to provide adequate medical services on this site and relieve the pressure.

I feel it would not be too difficult by way of the District Council to find out the number of dwellings and how many each of said dwellings house. This number should be monitored and used in the calculations.

I know in my time campaigning to Save the Horton General Hospital that sometimes members might not be aware of the situation.

I have, therefore, taken the liberty of copying in the Overview and Scrutiny Committee who I understand only meet once a year and if the pattern still remains the same are due to meet in December, could this be put as an urgent agenda item?

I urge members to support this request and ask that our MP brings whatever pressure to bear that he can to help his constituents. In these times that we are mindful of the pressure on GP's this would in turn help them by providing adequate facilities.

I look forward to your reply with considerable interest.

Yours faithfully
Val Ingram

Response from Integrated Care System read by Councillor Margaret Bell, Portfolio Holder for Adult Social Care and Health

We understand the importance of ensuring that there is adequate primary care provision for all our residents, both current and those arriving in new settlements.
The Stratford-on-Avon District Council Core Strategy predicts that the new settlement at Upper Lighthorne will deliver 3,000 dwellings over a timeline that extends beyond 2031. The housing delivery trajectory has changed throughout the time since the Core Strategy was published, partly as a result of the impact of the Covid-19 pandemic. We are aware that economic conditions also have a significant impact on the housing market and have obviously changed over recent months.
The funding for any new provision will come from Section 106 monies, however, due to the reasons outlined above, the timeline to get to a point where the full amount of Section 106 funding is available is not clear at this stage.

NHS Coventry and Warwickshire Integrated Care Board is carrying out an in-depth appraisal to understand:

- the impact the new housing development at Upper Lighthorne will have on local General Practice services and;
- the best way to make sure that the needs of the growing population of Upper Lighthorne can be met.

This appraisal needs to be done to make sure that the ICB identifies a solution which offers value for taxpayers' money and is the most effective, fair and sustainable use of finite NHS resources for all local residents. Part of this work includes is understanding how many of the people who buy houses on the UL new settlement will need to register with a local GP practice as some will continue to be registered with their existing practice.

There are different potential solutions available, which are:

Option 1: Expand the capacity of established local GP practices whose practice areas include the Upper Lighthorne settlement site.

Option 2: A new GP practice on the Upper Lighthorne settlement site with no expansion of the current GP practices.

Option 3: A 'hybrid solution' which means expanding the capacity of some local GP practices and, potentially a smaller new building on the Upper Lighthorne settlement site.

The ICB are working closely with the local GP practices to monitor any pressure caused by new residents in the settlement.
The appraisal will be completed at the end of December and the ICB will update stakeholders as to the next steps in the New Year.

Agenda Item 6

Adult Social Care and Health Overview and Scrutiny Committee

15 February 2023

GP Services Task and Finish Review

Recommendations

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

1. Comments on the report of the GP Services Task and Finish Group (TFG) and approves the report and its recommendations.

2. Refers the TFG report to the Cabinet and the Warwickshire Health and Wellbeing Board to consider the recommendations made for actions by the County Council and the wider Coventry and Warwickshire health system.

1. Executive Summary

1.1 The County Council approved a motion that the Adult Social Care and Health Overview and Scrutiny Committee (OSC) review and make recommendations about the provision of health centres within Warwickshire. To undertake this review, the OSC appointed a member TFG.

1.2 A scoping exercise was undertaken to guide this review process. In order to achieve an understanding of the topic, the TFG considered written evidence and held discussions with expert contributors from the NHS. Contributions were also provided by Healthwatch Warwickshire and a co-opted representative from a district council. The review included a comprehensive presentation from the then Coventry and Warwickshire Clinical Commissioning Group (CCG) and a GP doctor who also represented the Local Medical Committee.

1.3 Attached at Appendix A is the review report. The TFG makes a series of recommendations for the Coventry and Warwickshire Integrated Care System (ICS) and for those within the remit of individual agencies. The recommendations and the rationale for each of the recommendations are reproduced below. The appended review report provides the supporting information. It includes details of the evidence heard, the stages of the review and its findings. The review report includes appendices with the scoping document, detail of the evidence heard at each session and an action plan for monitoring outcomes from the review.

Recommendation 1 - Communications Activity

1.5 That coordinated communications activity continues to be undertaken to explain to the public the revised primary care service delivery rationale. This is an area where partners in the local Integrated Care System, including councillors as community leaders and the Health and Wellbeing Board members can assist, but should rest primarily with the Integrated Care Board (ICB).

1.6 Rationale – There has been misunderstanding at both the national and local level about access to primary care services and especially general practice. The evidence found that communications activity is already planned by the former CCG. The move to an ICS provides the opportunity for further promoting a consistent message across all partners. Such communications activity should address concerns and misconceptions, explaining the revised service delivery approaches required.

Recommendation 2 – Involvement of Primary Care and Public Health in the ICS

1.7 That the ICS includes involvement at all levels of both primary care and Public Health, especially as the new arrangements embed. There is a periodic monitoring role for the commissioning Adult Social Care and Health OSC post-implementation to ensure adequacy of representation.

1.8 Rationale – Evidence from this review showed the value of broad input from Primary Care and Public Health at all levels. The ICS is a complex structure with many tiers and organisations involved. There is a close interrelationship between primary and secondary healthcare services, especially when patients are discharged from an acute hospital to community settings. Public Health has broad experience and can contribute to discussions at all levels. There is value in ensuring that these bodies are represented at all levels of the ICS and this can be monitored periodically by elected scrutiny members.

Recommendation 3 – Monitoring Patient Involvement in Decision Making

1.9 That the Adult Social Care and Health OSC undertakes periodic monitoring around patient/resident involvement in the new ICS. There were perceived concerns that decision making may be moving away from the patient, which is not the intention.

1.10 Rationale – During the evidence gathering this was identified as an area for future monitoring, to ensure that the many tiers and complex structures involved in the ICS do not reduce patient involvement in decision making. There is a periodic monitoring role for the elected scrutiny members and Healthwatch Warwickshire. There is a role for the ICS to consider wider people engagement. The patient engagement function is important from a primary care perspective and there needs to be a mechanism for this to report into the ICS.

Recommendation 4 – Monitoring of Future Estates Provision

1.11 That periodic engagement is undertaken with the Integrated Care Board (as the body responsible for commissioning of general practice services and, associated with this, general practice estate planning and infrastructure delivery) to understand the delivery progress of its general practice estate programme.

1.12 Rationale – The key strand of this review is to ensure adequate provision of health centres to meet the needs of a growing and aging Warwickshire population. The estates data supplied by the ICB showed the GP practices within each Primary Care

Network (PCN), the known housing developments, completed infrastructure development projects (a mixture of new build and extension projects) and proposals to provide additional capacity. It did show for the majority of PCN areas that the PCN total clinical rooms is currently less than the estimated future (2031) requirement and therefore there is planning and infrastructure delivery work underway to address the shortfall. The ICB provided extensive evidence regarding the systematic approach that it takes in relation to estate planning. However, the mechanisms for the release of funding linked to development for provision of new and extended health facilities are complex. There are two processes known as Section 106 agreements and the Community Infrastructure Levy. This is an area where councillors can bring influence through the planning process. There is a finite resource available from developer contributions for health and other services. This may cause competition between different health services, upstream preventative measures and other infrastructure sought from developer contributions. A coordinated and prioritised approach to the use of such funding would be helpful. Periodic monitoring of capacity by the scrutiny committee is also advocated, seeking updates from the ICB.

2 Financial Implications

2.1 There are no direct financial implications for the County Council arising from this review report.

3 Environmental Implications

None.

4 Timescales associated with the decision and next steps

4.1 Subject to the OSC's approval of the review report, it is recommended that it be submitted for consideration by the Cabinet and the Health and Wellbeing Board.

Appendices

Appendix 1- Review Report

Background Papers

None

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Report Author	Paul Spencer	paulspencer@warwickshire.gov.uk Tel: 01926 418615
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Portfolio Holder	Councillor Margaret Bell, Portfolio Holder for Adult Social Care & Health	

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

Local Member(s): None
Other members: Councillors Bell, Drew, Golby, Holland and Rolfe.

GP SERVICES
TASK AND FINISH GROUP
DRAFT REPORT

December 2022

Working for Warwickshire

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Appendices

1.0 Introduction

1.1 Executive Summary

Through this review process, members have considered written information, presentations and held three evidence gathering sessions, with representatives from a wide range of organisations. This resultant report proposes a number of recommendations which will be submitted to the Adult Social Care and Health Overview and Scrutiny Committee, to Cabinet, the Warwickshire Health and Wellbeing Board and to partner organisations for them to consider. The recommendations can be seen at Section 2 (Page 6 onwards).

1.2 Appointment

The County Council approved a motion that the Adult Social Care and Health Overview and Scrutiny Committee (ASC&H OSC) review and make recommendations about the provision of health centres within Warwickshire. The Clinical Commissioning Group (CCG) was asked as part of the motion to share with the Council its work on the provision of health facilities across the County. It should be noted that national changes were implemented during the period of this review, which replaced Clinical Commissioning Groups with Integrated Care Systems. For references to the CCG within this report, the responsible body is now the Integrated Care Board (ICB).

To undertake this, the OSC appointed a member task and finish group (TFG). The membership of the group included a co-optee of a district/ borough council from Warwick District Council (WDC). Participation in the group's discussions included representatives of the Coventry and Warwickshire Clinical Commissioning Group (C&WCG), Healthwatch Warwickshire (HWW) and representatives of the Local Medical Committee (LMC).

A scoping exercise was undertaken resulting in the scoping document attached at Appendix A to this report.

1.3 Members and Contributors

The members appointed to the Task and Finish Group were Councillors Richard Baxter-Payne, Judy Falp, John Holland, John Horner, Marian Humphreys, Jerry Roodhouse and Mandy Tromans. Councillor Pam Redford (WDC) was co-opted onto this review.

The Task and Finish Group was supported by the Strategic Director of the People Directorate, two officers from Public Health (PH) and Democratic Services. External support was provided by the C&WCCG, HWW and the LMC.

1.4 Evidence

In order to achieve an understanding of the review topic, the TFG considered both primary and secondary evidence from a range of sources. This included circulation of the previous review report from 2018. One of the evidence sessions included a comprehensive presentation, delivered jointly by the CCG and LMC. In Section 3 of this report (from page 8) more details are provided of the evidence heard.

1.5 Dates and Timescales

Stage 1: A meeting to consider the review's scope (See Appendix A) – November 2021.

Stage 2: Consideration of primary evidence, through presentations, questioning and more general discussion over two meetings held in February and May 2022. Additionally, information was circulated on the NHS primary care estates linked to new residential developments.

Stage 3: The consideration of conclusions and recommendations from this Task and Finish Group (TFG) – 7 December 2022

Stage 4: Approval of the final TFG report by the Adult Social Care and Health Overview and Scrutiny Committee – Consideration by Committee 15th February 2023.

Stage 5: Presentation of the TFG report to Cabinet and the Warwickshire Health and Wellbeing Board Executive – TBC

2.0 Recommendations

The TFG make a series of recommendations for the Coventry and Warwickshire Integrated Care System (ICS) and those within the remit of individual agencies. The rationale for each of the recommendations is summarised below. Subsequent sections of the report and appendices provide the detail which supports these recommendations.

Recommendation 1 - Communications Activity

1. That coordinated communications activity continues to be undertaken to explain to the public the revised primary care service delivery rationale. This is an area where partners in the local Integrated Care System, including councillors as community leaders and the Health and Wellbeing Board members can assist, but should rest primarily with the Integrated Care Board.

Rationale – There has been misunderstanding at both the national and local level about access to primary care services and especially general practice (GP). The evidence found that communications activity is already planned by the former CCG. The move to an ICS provides the opportunity for further promoting a consistent message across all partners. Such communications activity should address concerns and misconceptions, explaining the revised service delivery approaches required.

Recommendation 2 – Involvement of Primary Care and Public Health in the ICS

2. That the ICS includes involvement at all levels of both primary care and Public Health, especially as the new arrangements embed. There is a periodic monitoring role for the commissioning Adult Social Care and Health OSC post-implementation to ensure adequacy of representation.

Rationale – Evidence from this review showed the value of broad input from Primary Care and Public Health at all levels. The ICS is a complex structure with many tiers and organisations involved. There is a close interrelationship between primary and secondary healthcare services, especially when patients are discharged from an acute hospital to community settings. Public Health has broad experience and can contribute to discussions at all levels. There is value in ensuring that these bodies are represented at all levels of the ICS and this can be monitored periodically by elected scrutiny members.

Recommendation 3 – Monitoring Patient Involvement in Decision Making

3. That the Adult Social Care and Health OSC undertakes periodic monitoring around patient/resident involvement in the new ICS. There were perceived concerns that decision making may be moving away from the patient, which is not the intention.

Rationale – During the evidence gathering this was identified as an area for future monitoring, to ensure that the many tiers and complex structures involved in the ICS do not reduce patient involvement in decision making. There is a periodic monitoring role for the elected scrutiny members and Healthwatch Warwickshire. There is a role for the ICS to consider wider people engagement. The patient engagement function is important from a primary care perspective and there needs to be a mechanism for this to report into the ICS.

Recommendation 4 – Monitoring of Future Estates Provision

4. That periodic engagement is undertaken with the Integrated Care Board (as the body responsible for commissioning of general practice services and, associated with this, general practice estate planning and infrastructure delivery) to understand the delivery progress of its general practice estate programme.

Rationale – The key strand of this review is to ensure adequate provision of health centres to meet the needs of a growing and aging Warwickshire population. The estates data supplied by the ICB showed the GP practices within each Primary Care Network (PCN), the known housing developments, completed infrastructure development projects (a mixture of new build and extension projects) and proposals to provide additional capacity. It did show for the majority of PCN areas that the PCN total clinical rooms is currently less than the estimated future (2031) requirement and therefore there is planning and infrastructure delivery work underway to address the shortfall. The ICB provided extensive evidence regarding the systematic approach that it takes in relation to estate planning. However, the mechanisms for the release of funding linked to development for provision of new and extended health facilities are complex. There are two processes known as Section 106 agreements and the Community Infrastructure Levy. This is an area where councillors can bring influence through the planning process. There is a finite resource available from developer contributions for health and other services. This may cause competition between different health services, upstream preventative measures and other infrastructure sought from developer contributions. A coordinated and prioritised approach to the use of such funding would be helpful. Periodic monitoring of capacity by the scrutiny committee is also advocated, seeking updates from the ICB.

3.0 Overview

3.1 Background

At its meeting in March 2021, the County Council approved a motion that the ASC&H OSC review and make recommendations about the provision of health centres within Warwickshire. The CCG was asked as part of the motion to share with the Council its work on the provision of health facilities across the County.

The ASC&H OSC commissioned this task and finish group (TFG) to undertake the requested review and to make recommendations about the provision of Health Centres within Warwickshire.

3.2 Objectives

The objectives of this review were to establish a clear picture of current provision of primary care to enable needs and evidence-based planning for the health centres across Warwickshire including proposals for addressing any access issues. A copy of the full scope for the review is attached at Appendix A.

3.3 Context

Significant national changes coincided with the period of this review, not least the move to an Integrated Care System (ICS) and ongoing discussions as these arrangements embed. Additionally, there are the NHS Long Term Plan and the recently published Dr Claire Fuller review, commissioned by NHS England to assess how newly formed ICSs and primary care can work together to improve care for patients.

3.4 Acknowledgements

The TFG value the significant input to this review from Officers of the C&WCCG, GP representatives of the LMC and Healthwatch. Members also wish to place on record their thanks for the WCC Officer support.

4.0 Detailed Findings

4.1 Secondary Evidence

A copy of the review report from the 2018 TFG was provided as background at the commencement of the review. A joint presentation was provided by the C&WCCG and LMC. This was subsequently updated to include more information on estates capacity linked to known population growth through additional residential development.

4.2 Primary Evidence

The TFG invited contributions through evidence gathering sessions. The detailed report of each session is provided at Appendix B (from page 16):

29 November — The focus for the first meeting was scoping of the review. The outcomes were to finalise the scope at the subsequent meeting, also for Public Health and CCG Officers to compile a range of information for consideration at that meeting.

28 February — Further discussion of the review's scope with context from a GP perspective provided by the LMC. An outcome of minor changes to the review's final scope. It was agreed to provide a data session including demographics, population data, capacity and GP numbers. It was planned to visit a health centre in Wellesbourne. Finding a mutually convenient date for said visit proved problematic.

25 May — A comprehensive presentation delivered jointly by the CCG and LMC to provide evidence and respond to member questioning. An outcome from this session was the need for more estates data around capacity.

5.0 Findings and Conclusions

5.1 Overview

The key finding from this work is a much deeper understanding of the way that GP services are commissioned and configured. GP Services are private businesses and provide services in accordance with the framework of NHS requirements. The detail of the research is shown in Appendix B (from Page 16). These conclusions and the recommendations at Section 2 suggest providing support, influence and future monitoring of health centre provision as the new integrated care arrangements embed.

During the scoping of this review, it became evident that there are many interrelated service areas and it is challenging to focus on parts of the health system in isolation.

5.2 Findings from Evidence Sessions

5.2.1 The key evidence session took the form of a joint presentation from the C&WCCG officers and GP doctors from the LMC which included:

- Overview of general practice landscape in Coventry and Warwickshire
- Overview of national policy impacting general practice
- Impact of Covid-19 pandemic on general practice

- Improving timely access to general practice as a national and local priority
- Workforce
- General Practice Estate Planning and Infrastructure Delivery

5.2.2 The learning points from this evidence:

- The remit was a focus on the provision of health centres within Warwickshire. It is the people and services which are provided from these centres that are key.
- There is a need to manage increasing demand, with reducing resources, through working at scale. The public 'ask' of a patient centred approach and continuity of care by the same GP does not fit with the capacity challenges. There is a need for triage to other clinicians and for different methods of delivery than just 'face to face' appointments.
- Tensions are created between commissioners and patient expectation, due to the move to working at scale, as well as political and media messaging, not least the campaign to drive face to face access, which conflicts with the national guidance to increase digital access.
- There are several tiers and many bodies involved in the commissioning and delivery of health services. It is a complex structure, with significant new arrangements from the move to an ICS. In Warwickshire there are three Warwickshire 'Places' (North, Rugby and South) and more locally Primary Care Networks (PCNs), which are groups of GP practices. Additionally, there are a number of other bodies which coordinate and oversee the local health and care system.
- Linked to the capacity challenges is a communication piece to inform the public of the reasons why they may be referred to another clinician. There will be new ways of working, an example being group consultations rather than seeing people on an individual basis. This may not suit all patients.
- Many facets of a GP's role are unseen by the media and patients. This was demonstrated by an account from the LMC of a GP's typical day and an iceberg graphic showing the many roles that went unseen.
- Disparaging comments from the media and public due to a lack of understanding is not helpful. Accounts were provided of the impact, which included clinicians leaving general practice and a proportion (30%) of local, newly qualified doctors having no intention of becoming a GP.
- There are systemic issues which impact on GP services, an example being discharge from an acute hospital setting inappropriately, requiring complex aftercare by GPs for vulnerable people at home.
- Delivery of the services patients needed, rather than those they wanted. This would be assisted by more time efficient appointments by telephone or through using video technology. A need to address the misperceptions created by negative media coverage regarding use of such technology.

- It is evident patients have different views about their treatment. For some, access to any GP is sufficient. Some do not like telephone consultations. For others with longer-term conditions, continuity of care is more important with a preference for face-to-face appointments. There is an incremental reduction in face-to-face appointments and personal contact with the GP.
- The PCN approach has a number of benefits from working collaboratively, providing resilience and additional services.
- Infrastructure is being developed or has been put in place to support general practice to work more efficiently. An example is the 'hub' to route telephone enquiries for non-urgent matters. A single patient portal is proposed enabling patients to manage their own health enquiries, for general practice, community services or in an acute setting. The exchange of data and information will allow all parts of the health system to collaborate and coordinate services.
- A national shortage of 7,300 GPs. There are aims for recruitment and to provide 50 million additional GP appointments, but currently there is no national workforce plan to achieve this. Locally the aim is to recruit another 556 full-time equivalent roles to join the general practice workforce by March 2024. Additional roles are being recruited to as part of the PCN approach.
- The data on estate planning and capacity shows the majority of PCN areas are 'at risk' in terms of GP capacity by 2031, due to the known additional residential developments in their respective areas. This is an area for further research and monitoring. Whilst there are well-established working arrangements between the NHS and planning authorities, this is an area where councillors can bring influence to enhance the existing arrangements.

5.3 Conclusions

5.3.1 An identified need for coordinated communications activity to explain to the public the service delivery rationale. This is an area where partners in the local health and care system, including councillors as community leaders and the Health and Wellbeing Board members can assist.

5.3.2 The impact of the transition to the new ICS. A need for primary care and Public Health to be involved at all levels of the system. This could be an area for monitoring post-implementation to ensure adequacy of representation.

5.3.3 Some concerns were raised that decision making may be moving away from the patient, which is not the intention. A future action to check where decision making takes place and how patients/residents are kept involved.

5.3.4 The need for periodic engagement with the Integrated Care Board (as the body responsible for commissioning of general practice services

and, associated with this, general practice estate planning and infrastructure delivery) to understand the delivery progress of its general practice estate programme, details of which were shared with the Task and Finish Group as part of the review.

6.0 Financial and Legal Implications

The views of relevant Directors/ Assistant Directors, Finance, Legal and Equalities and Diversity have been sought on this report, prior to its submission to the Adult Social Care and Health Overview and Scrutiny Committee. Their feedback is set out below.

6.1 Finance:
There are no financial implications for Warwickshire County Council as a result of this review.

6.2 Legal:
There are no legal implications for Warwickshire County Council as a result of this review.

Appendix A
Scoping Document

Review Topic (Name of review)	Provision of Health Centres within Warwickshire / GP Services
TFG Committee Members	Councillors Richard Baxter-Payne, Judy Falp, John Holland, John Horner, Marian Humphreys, Jerry Roodhouse and Mandy Tromans.
Co-option of District and Borough members (where relevant)	Councillor Pam Redford (Warwick District Council)
Key Officers / Departments	Nigel Minns, Strategic Director, People Directorate Gordan Djuric and Gemma McKinnon, Public Health
Lead Democratic Services Officer	Paul Spencer
Relevant Portfolio Holder(s)	Councillor Margaret Bell, Portfolio Holder for Adult Social Care and Health
Relevant Corporate Ambitions	Warwickshire's communities and individuals are supported to be safe, healthy and independent. Support Warwickshire residents to take responsibility for their own health and wellbeing and reduce the need for hospital or long-term health care.
Type of Review	Task and Finish Review
Timescales	To be determined.
Rationale (Key issues and/or reason for doing the review)	The County Council approved a motion that the overview and scrutiny committee review and make recommendations about the provision of health centres within Warwickshire. The Clinical Commissioning Group was asked as part of the motion to share with the Council its work on the provision of health facilities across the County.
Objectives of Review (Specify exactly what the review should achieve)	To establish a clear picture of current provision of primary care to enable needs and evidence-based planning for the health centres across Warwickshire including proposals for addressing any access issues.

Scope of the Topic (What is specifically to be included/excluded)	Include • Audit progress from the earlier review (inc. uptake on recommendations) • Take stock of current primary care provision – details of locations/number of GPs currently in all the Primary Care Networks (PCNs), estimates of the number of additional GPs needed and other workforce shortages. Consider actual demands from both a business and medical perspective, and whether there was a greater medical need for GPs. • Equity in access to services – physical access, face to face appointments, booking arrangements and addressing inequalities in the service provision • Primary care (health centres) estate and workforce planning including modelling for population growth • CCG colleagues, including Local Medical Committee members, to provide an outline of the process followed for development of new facilities and improvements to existing premises, the increasing partnership work on estate planning. Provide information on digital services, more flexible spaces, co-location and joining up of services. This could include pharmacy and social prescribing. • Modelling for population growth – share existing information and methodology used. This will include demographic changes and the aging population • What does a modern health centre look like and how does it integrate to other services such as community pharmacy? Does not include The scope needs to be tight and not lead to a wider review.
How will the public be involved? (See Public Engagement Toolkit / Flowchart)	The involvement of Healthwatch Warwickshire will ensure the patient and public voice is captured.
What site visits will be undertaken?	Planned to visit a Health Centre in Wellesbourne
How will our partners be involved? (consultation with relevant stakeholders, District / Borough reps)	This review includes participation from the Coventry and Warwickshire Clinical Commissioning Group (CCG). Seek lived experience and patient voice input from Healthwatch Warwickshire. The involvement of doctors from the Local Medical Committee. There is a co-opted representative from Warwick District Council.

How will the scrutiny achieve value for money for the Council / Council Tax payers?	There will be no additional costs incurred from undertaking this review.
What primary / new evidence is needed for the scrutiny? (What information needs to be identified / is not already available?)	Primary evidence to be sought from the Coventry and Warwickshire Clinical Commissioning Group (CCG). The involvement of doctors from the Local Medical Committee will capture a range of practical considerations. Input from Chris Bain, Chief Executive of Healthwatch Warwickshire will assist the review including feedback HWW receives and the lived experiences of patients.
What secondary / existing information will be needed? (i.e. risk register, background information, performance indicators, complaints, existing reports, legislation, central government information and reports)	Secondary evidence is available from the previous task and finish group completed in 2018. This will provide both background and a baseline for comparison. The Clinical Commissioning Group and WCC Officers to provide a pack of information for consideration by members of the group to provide additional background. This should identify gaps in information for further oral / written contributions.
Indicators of Success – (What factors would tell you what a good review should look like? What are the potential outcomes of the review e.g. service improvements, policy change, etc?)	The TFG formulates a detailed report with the outcomes from its research. Recommendations are made to the CCG and others from the findings to assist with future health centre provision and addressing identified need for services and improved access issues.
Other Work Being Undertaken (What other work is currently being undertaken in relation to this topic, and any appropriate timescales and deadlines for that work)	There is a range of work being undertaken around GP service and estates planning, led by the Clinical Commissioning Group.

Appendix B
Primary Evidence Detail

1.1 Context and Scoping – 29 November 2021

1.1.1 As part of the scoping of the review, Nigel Minns Strategic Director for the People Directorate reminded of the motion approved at Council in March 2021 with the following resolutions:

That the Council

1. Will seek with partners to shape future requirements for Health Facilities across the County and work with providers to deliver the same.

2. Requests the Adult Social Care and Health Overview and Scrutiny Committee to review and make recommendations about the provision of Health Centres within Warwickshire.

3. Asks the Clinical Commissioning Group to share with the Council its work on the provision of health facilities across the County.

1.1.2 Key areas raised on the scope of the review:

- The TFG's purpose was looking at health centre provision, working with partners, particularly the CCG to shape future health centre provision. This should provide a valuable long-term benefit influencing and shaping that provision. The TFG may be less suited to a wider review, for example looking at some of the current issues.
- The Chair of the commissioning scrutiny committee requested involvement of the LMC.
- The work of the CCG on estates planning and the significant progress made, which could be brought to the TFG. The CCG did work closely with planning authorities and the County Council using a methodology to assess population growth and to ensure infrastructure provision.
- Staffing challenges were discussed. A need for a baseline of existing services, the current number of GPs and the number of additional GPs required. Linked to this were variance in services across the county and factoring in the impact of a growing and aging population with more complex health needs. The impact on services from significant housing development in Warwickshire was referenced.
- It was hard to separate GP services from other parts of the health service. Examples raised were community pharmacy, ambulance and A&E services. Some services were used inappropriately, in part because of challenges around primary care access.
- How new health centres would be designed and utilised with a range of co-located services. Points about digital services, more flexible spaces,

pharmacy, social prescribing and in one case co-location with a Citizen's Advice Bureau.
- The differing challenges for urban and rural areas.
- The need for good communication and proper engagement with people about future service provision.

1.1.3 The outcomes from this session were:

- The feedback would be used to update the scoping document.
- WCC Officers and CCG colleagues to compile the background information requested.

1.2 Evidence Session – 28 February 2022

1.2.1 Scoping Document

Discussion of the TFG's scope, with input from Dr Tim Preece, a GP doctor and representative of the LMC. This provided further context and direct evidence of the perspective of a GP.

1.2.2 Key areas raised:

- Access issues and capacity challenges. There were many contributing factors from other parts of the NHS, a quoted example was the backlog of hospital waiting times.
- Demand had more than doubled over the previous 10-20 years. Additional work areas such as vaccinations, Public Health campaigns, hospital requirements, pressures from social services and 'tick box' exercises. It was suggested that the demand and capacity aspects should be strengthened in the scope.
- The GP workforce was reducing in real terms, when compared to population growth. This caused longer working hours, with some senior GPs leaving the service due to burnout. There was not workforce capacity to meet the health demands, let alone the additional services imposed. An example used was authorisation of a bus pass on medical grounds. There was evidence of a shortage of GP appointments equating to 17.5 full time equivalent GPs in Warwickshire. Significant financial investment was required to cover this current shortfall.
- Funding aspects, specifically the proportion of patient contacts versus share of NHS funding.

The TFG members and Officers responded to the points raised, many of which were included within the scope. It was agreed to expand the population growth aspect, to include demographic changes and the aging population. The other aspect concerned actual demands from both a business and medical perspective, and whether there was a greater medical need for GPs.

1.2.3 General discussion

Councillors contributed on the following areas:

- The differing approaches of GP practices, an example being the availability of face-to-face appointments during the pandemic.
- There were capacity challenges within Public Health, but data could be collated from other sources to inform the review. There was an in-house business intelligence service; information could be collated from communities, from district and borough councils and examples of best practice in GP surgeries sought.
- Points about public misconception of the need to see a GP, as there were other trained professionals in primary care who could assist them just as effectively. This showed a need for communication and education of the public.
- Recognition that GP practices were private businesses; each determined its own operating model.
- Significant housing development was increasing the population of Warwickshire, the associated demand for primary care services and impacting on capacity.
- Discussion about the ratio of GPs to patients, looking at the registered patient numbers at each practice and primary care services available from that practice. Further points about modelling demand and greater patient expectations. GPs were now dealing with more complex issues, as patients spent less time in an acute hospital setting, were discharged and then cared for in community settings by GPs.

CCG Officers referred to the wider reviews taking place including the move to an ICS, the general practice review and the launch of a local campaign promoting all the new roles in general practice. An outline was provided on CCG estates development work. This included new and expanded GP practices, responding to demand from new housebuilding. Warwickshire like most of the country was responding to large population growth. New facilities had been provided within the three Warwickshire ‘Places’.

Healthwatch offered a patient perspective. Access to GPs was the point raised most often. It was difficult to look at GP services in isolation and there was a need to look across the ICS as the local system. There were linked aspects including NHS111, mental health services, the Integrated Care Board, care collaboratives, the place executives and place partnerships.

1.2.4 Outcomes

Minor updates were agreed to the draft scope to include demographic changes and demand issues. Further information would be provided to the next meeting on demographics and capacity, numbers of GPs and the respective populations in each area of the County. The CCG was asked to include information on workforce plans to address the current shortfalls,

including the new roles proposed. It was suggested that a visit to a new health centre take place with that at Wellesbourne suggested. Despite numerous efforts, a mutually convenient date and time could not be found for the visit. A further aspect to brief the TFG on was the clear and coherent process for provision of new facilities linked to housing development.

1.3 Evidence Session – 25 May 2022

1.3.1 CCG and LMC Presentation

This provided a comprehensive overview of general practice and the challenges it faces. The presentation included:

- Overview of general practice landscape in Coventry and Warwickshire
- Overview of national policy impacting general practice
- Impact of Covid-19 pandemic on general practice
- Improving timely access to general practice as a national and local priority
- Workforce
- General Practice Estate Planning and Infrastructure Delivery

1.3.2 Learning points from this evidence:

- The presentation gave an understanding of how the services operated, how general practices were funded, workforce models, primary care networks and the additional roles undertaken in general practice. Finally, details were provided of the local communication campaign that was taking place.
- Evidence was provided on the need to manage increasing demand, with reducing resources, through working at scale. The public ‘ask’ of a patient centred approach and continuity of care by the same GP did not fit with the capacity challenges. There is a need for triage to other clinicians and for different methods of delivery than just ‘face to face’ appointments. Tensions are created between commissioners and those related to patient expectation, due to the move to working at scale, as well as political and media messaging. There had been a media campaign to drive face to face access, which conflicted with the national guidance to increase digital access. It was expected that there would be a new approach following the review and stocktake by NHS England, led by Dr Claire Fuller. A full and detailed report was awaited on the priorities for general practice.
- There are many different tiers and bodies involved in the commissioning and delivery of health services. At the national level, from 1st July 2022, a move to ICSs, IC Boards and IC Partnerships. Within the local Coventry and Warwickshire IC System there are four ‘Places’. There are Place Partnership Boards, and a Primary Care Collaborative. More local still are Primary Care Networks (PCNs), which are groups of GP practices. It is a complex system. Reassurance

was provided that the intention was not to move decision making away from the patient.

- A key challenge around stretched resources, both GPs and other clinicians. The focus was on access to services not continuity of which clinician provided that service.
- A recognition that there had been many reorganisations over the years. It was expected that such changes would not only continue but become more frequent.
- Linked to the capacity challenges was a communication piece to inform the public of the reasons why they may be referred to another clinician. There would be new ways of working, an example being group consultations rather than seeing people on an individual basis. This may not suit all patients.
- The impact of the transition to the new ICS. A need for primary care and Public Health to be involved at all levels of the system. This could be an area for monitoring post-implementation to ensure adequacy of representation.
- Similarly, a future action to check where decision making was taking place and how patients were kept involved.
- The Covid-19 pandemic had seen an acceleration of initiatives to address service demands, especially new ways of working through technology.
- Demand for services was continuing to grow, demonstrated by the 515,000 GP appointments in March 2022 across Coventry and Warwickshire, being one in every two residents.
- Many facets of a GP's role were unseen by the media and patients. This was demonstrated by an account from the LMC of a GP's typical day and an iceberg graphic showing the many roles that went unseen. Disparaging comments from the public due to this lack of understanding were hurtful and many GPs were looking to move to other clinical roles. Local evidence showed that 30% of newly qualified doctors had no intention of becoming a GP.
- Data on the funding provided to GP practices, based on a formula, which was around 7% of the total NHS budget.
- The systemic issues impacting on GP services such as patients discharged inappropriately from hospitals and the resultant challenges for GPs in providing care for vulnerable people at home.
- Councillors were asked to use their influence with decision makers.
- A need for a united narrative that primary care delivers the best possible services with the resources currently available.
- A need to think about the workforce and for everyone to take responsibility, including patients.
- Delivery of the services patients needed rather than those they wanted, given the capacity challenges. This could be assisted by more time efficient appointments by telephone or using video technology. There is a need to address the misperceptions created by negative media coverage regarding use of such technology.

- From feedback, it was evident that patients had different views about accessing services. For some access to any GP was sufficient. Some did not like telephone consultations. For others with longer-term conditions, continuity of care was more important with a preference for face-to-face appointments. There was an incremental reduction in face-to-face appointments and personal contact with the GP.
- The PCN approach had a number of benefits from working collaboratively, providing resilience and additional services.
- Infrastructure was being developed or had been put in place to support general practice to work more efficiently. Examples were networks to support the PCN model, and a hub approach to route telephone enquiries for non-urgent matters. A single patient portal was proposed. Patients would be better able to manage their own health enquiries, for general practice, community services or in an acute setting. The exchange of data and information would allow all parts of the health system to see it and provide patients with better care coordination.
- Data on workforce and the current shortage of 7,300 GPs nationally. Aspirations for recruitment and 50 million additional GP appointments. However, there was no national workforce plan to achieve this. Locally the aim was to recruit another 556 full-time equivalent roles to join the general practice workforce by March 2024. Additional roles were being recruited to as part of the PCN approach.
- Detail was provided on general practice estate planning and infrastructure delivery, there being established arrangements between the ICB and planning authorities in relation to securing developer contributions to support general practice infrastructure delivery via both Section 106 and Community Infrastructure Levy regimes. Various areas of challenge were highlighted: finite resources are available and may be called upon to support delivery of many different types of infrastructure; the timeliness of availability of Section 106 funding relating to larger strategic housing development sites which may involve multiple developers and be built out over many years, etc. This may be an area where councillors could bring influence to enhance the existing arrangements.

1.4 Circulation of Supplementary Written Information

1.4.1 Estates Information

Time constraints at the 25th May evidence session limited discussion of the estates aspects, a key part of this review's scope. Therefore, additional written information was requested from ICB colleagues which provided a position update on capacity at the Place and PCN level. For each of the three places of Warwickshire North, Rugby and South Warwickshire, this used a RAG (Red, Amber, Green) rating of capacity at 2021 and that projected for 2031. It showed the GP practices within each PCN, the known housing developments, completed infrastructure development projects (a mixture of new build and extension projects) and proposals to provide additional capacity. It did show

for the majority of PCN areas that the PCN total clinical rooms is currently less than the estimated future (2031) requirement and therefore there is planning and infrastructure delivery work underway to address the shortfall. The ICB provided extensive evidence regarding the systematic approach that it takes in relation to estate planning, which is subject to national legislation, policy and guidance. Progress updates are reported in public to the Commissioning, Planning and Population Health Committee of the ICB Board.

Appendix C - Glossary

Term	Definition
Community Infrastructure Levy (CIL)	A funding mechanism to provide infrastructure linked to planning applications through a fixed tariff based on the floor area of each development by having a list of known projects the CIL is used for
Clinical Commissioning Group (CCG)	An NHS body that funds delivery of services in its locality
DPH	Director of Public Health
GP	General Practice Doctor
Health and Wellbeing Board (HWBB)	The Health and Wellbeing Board is a body comprising key partners from across the health, third sector and local authorities
Healthwatch Warwickshire (HWW)	Healthwatch was established under the Health and Social Care Act 2012 to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.
Integrated Care Board (ICB)	In July 2022 a revised system was introduced. The ICB is the NHS commissioning organisation. For this review, it is the body responsible for commissioning of general practice services and, associated with this, general practice estate planning and infrastructure delivery.
Integrated Care System (ICS)	In July 2022 a revised system was introduced. ICSs are partnerships of organisations that come together to plan and deliver joined up health and care services.
Local Medical Committee (LMC)	The Local Medical Committee is a representative body comprised of General Practice doctors.
OSC	Overview and Scrutiny Committee. That relevant to this review is Adult Social Care and Health OSC
Primary Care Network (PCN)	These are GP practices working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in groups of practices.
Section 106 contributions	A funding mechanism under planning legislation to provide infrastructure linked to new development. Sometimes abbreviated to S106
Triggers	The point at which infrastructure contributions are due to be provided by the developer
TFG	Task and Finish Group
WCC	Warwickshire County Council
WDC	Warwick District Council - district and borough council representation was sought for this review to give a local perspective.

Appendix D
Scrutiny Action Plan

	Recommendation National Issues	PfH Comments	Cabinet Comments	Target Date for Action	Lead Officer	OSC Update	Progress Notes
1.	That coordinated communications activity is undertaken to explain to the public the revised primary care service delivery rationale. This is an area where partners in the local Integrated Care System, including councillors as community leaders and the Health and Wellbeing Board members can assist.						
2	That the ICS includes involvement at all levels of both primary care and Public Health, especially as the new arrangements embed. There is a periodic						

	monitoring role for the commissioning Adult Social Care and Health Overview and Scrutiny Committee (ASC&H OSC) post-implementation to ensure adequacy of representation.						
3	That the Adult Social Care and Health Overview and Scrutiny Committee undertakes periodic monitoring around patient involvement in the new ICS. There were perceived concerns that decision making may be moving away from the patient, which is not the intention.						
4	That periodic engagement is undertaken with the Integrated Care Board (as the body responsible						

	for commissioning of general practice services and, associated with this, general practice estate planning and infrastructure delivery) to understand the delivery progress of its general practice estate programme, details of which were shared with the Task and Finish Group as part of the review..						

Agenda Item 7

Adult Social Care and Health Overview and Scrutiny Committee
15 February 2023

Work Programme

1. Recommendation

1.1 That the Committee considers and approves its updated work programme.

2. Work Programme

2.1 The committee's work programme for 2022-23 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

3.1 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
16 February 2023	Council Plan 2022-2027 - Quarter 3 Performance Progress Report (Cabinet)
16 February 2023	Fair Cost of Care Update (Cabinet)
16 March 2023	Warwickshire County Council Suicide Prevention proposals (Cabinet)
16 March 2023	Improved Better Care Fund (Cabinet)
13 April 2023	Housing Related Support (HRS) Redesign Public Consultation (Cabinet)

4. Forward Plan of Warwickshire District and Borough Councils

4.1 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.

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 23 January 2023. There were no items related directly to health on this agenda. The next meeting date is 27 March 2023. The Health and Wellbeing Working Party met on 6 December 2022. The Air Quality annual status report and the Health and Wellbeing Action Plan were amongst the items considered.
Nuneaton and Bedworth Borough Council (NBBC)	
	The NBBC Housing, Environment and Health OS Panel met on 24 November 2022. The agenda included the following health items: • CAMHS - Emotional well-being and mental health support for children and young people in Warwickshire • JSNA – An update on current and future wellbeing needs The next meeting is scheduled for 22 February 2023 and the Agenda includes: • Annual report from the Health and Wellbeing Board • The concerns and priorities for Healthwatch • Update presentation from the George Eliot Hospital on the current services and funding situation, including the provision of additional hospice beds.
Rugby Borough Council – Overview and Scrutiny Committee (OSC)	
	The Borough Council (BC) has a single OSC with the use of task groups. From the Rugby BC website, the OSC met on 14 November 2022 and 30 January 2023. The November agenda included an item on access to emergency healthcare provision. A further meeting is scheduled for and 27 March 2023. For the March meeting, a

	discussion is scheduled with the Leisure and Wellbeing Portfolio Holder and the Chief Officer for this area (to be confirmed).
Stratford-upon-Avon District Council – Overview and Scrutiny Committee (OSC)	
	The District Council's OSC met on 25 November and 2 December 2022, also on 3 February 2023. There were no items linked to health at these meetings. The meeting scheduled for 3 March includes a presentation from the Integrated Care Board.
Warwick District Council – Overview and Scrutiny Committee (OSC)	
	The OSC met on 6 December 2022 and 7 February 2023. A further meeting is scheduled for 7 March 2023. There were no items considered or scheduled which relate to health.

5 Task and Finish Groups (TFGs)

5.1 The report of the GP Services TFG is included on this agenda for members' consideration, approval and onward referral to Cabinet.

5.2 It has been agreed that the next TFG will focus on Menopause Services. In accordance with the Council's Constitution, the Committee is asked to approve the size of that group (normally six members), the terms of reference for the review, indicating any areas which should be included within the scope of the review and to appoint a chair for this review. Members wishing to be involved in the TFG should contact Democratic Services. There is also provision for the co-option of members to the TFG.

6 Briefing Notes

6.1 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.

7 Financial Implications

None arising directly from this report.

8 Environmental Implications

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 2022/23

Date of meeting	Item	Report detail
15 February 2023	Presentation on System Pressures	The Overview and Scrutiny Committee will receive a joint presentation from the Integrated Care Board and the County Council on system pressures in Warwickshire.
15 February 2023	GP Services Task and Finish Group (TFG)	For the Committee to consider the review report from this TFG.
19 April 2023	South Warwickshire Community Hospital Review	At the Committee meeting in September, it was agreed to receive a further update on this review. Due to timing issues, the item has been deferred to the April 2023 meeting. A monthly update is being provided to the committee.
19 April 2023	GP services and access to primary healthcare	This was added to the committee's work programme on 16 November 2022. The Integrated Care Board and the County Council will provide a joint update. This will include NHS estates and the use of developer contributions, the identification of areas where there were perceived challenges, an update on the key projects being progressed and an overview of each of these projects.
19 April 2023	Council Plan 2022-27 Integrated Performance Report – Quarter 3	This is the tailored report showing the Performance Progress Report for the period April to December 2022.
19 April 2023	Draft Final Sustainable Futures Strategy	This item is being submitted to all the Overview and Scrutiny Committees during the April cycle of meetings. It forms part of the public and stakeholder engagement programme prior to being submitted to the May Cabinet meeting.
28 June 2023	Council Plan 2022-27 Integrated Performance Report – Quarter 4	This is the tailored report showing the Performance Progress Report for the period April 2022 - March 2023.

28 June 2023	OSC Customer Feedback Report 2022/23	For the committee to receive the annual customer feedback report for 2022/23.

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 2021, 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
16 November 2022	5 December 2022	Follow up information on the Customer Feedback Report 2021/22, to provide more detail on complaints received by district/borough and local area.	
21 September 2022	15 November 2022	Addiction outcomes. A briefing to give more background on the 16.2% of successful completions of all treatments, including a breakdown of the data across each district and borough area and by addiction type.	Multi-agency, with the Director of Public Health being the lead for WCC
31 August 2022	12 October 2022	Developing an Integrated Care Strategy and Integrated Care 5 Year Plan for Coventry and Warwickshire (C&W)	Rose Uwins C&W Integrated Care Board
14 July 2022	4 August 2022	Community Hospital Review. Periodic updates will be provided by briefing note and this item will be reconsidered by the Committee in February 2023.	Katie Herbert, Integrated Lead Commissioner, People Directorate

22 June 2022		The rising number of reported domestic abuse (DA) incidents. Detail was requested on the reporting of outcomes and whether DA cases are being resolved satisfactorily. Furter aspects on hidden DA cases and additional initiatives to increase reporting still further.	Multi-agency, with the Director of Public Health being the lead for WCC
22 June 2022		Customer service satisfaction target. A view that the 85% target was too low. More information was sought on why this target level had been agreed.	Strategic Director and assistant directors
22 June 2022	14 September 2022	Sustainability of the care market. To provide periodic briefings on the current position of the care market and its sustainability. The briefings will also provide updates on the areas reported to the Committee in June 2022, particularly the recruitment aspects, lost hours of care and resignations due to rising fuel costs.	Zoe Mayhew and Lynn Bassett
22 June 2022		Inpatient care for people with a learning disability or autism. In Warwickshire, the data shows that more people receive inpatient care than the national target level. The briefing to detail the current position and proposed actions, including the programme of work across Coventry and Warwickshire to reduce this data and the support from NHS England & Improvement.	TBC
27 April 2022	5 October 2022	A follow up briefing on access to dental services commissioned by NHS England and Improvement.	NHSE&I
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
	22 December 2022	Council Plan 2020-2025 Quarter 2 Progress Report. This report summarises the performance of the organisation at the Quarter 2 position, 1 April 2021 to 30 September 2021. Due to a timing issue, it was agreed to circulate the report to members as a briefing between meetings.	Performance, Planning and Quality, together with relevant services in the People Directorate

TASK AND FINISH GROUPS

ITEM AND LEAD OFFICER	OBJECTIVE OF SCRUTINY	TIMESCALE	FURTHER INFORMATION
GP Services – Revisit	A follow up review to that undertaken in 2017/18. The key focus being the adequacy of future primary care facilities.	TBC	Three meetings were held. The draft review report is submitted for the OSC's consideration.
Menopause Services	This was agreed on 16th February 2022, following a presentation on menopause services.	TBC	This review will be commenced after completion of the above GP Services review. It has also been referred to the Health and Wellbeing Board.