Adult Social Care and Health Overview and Scrutiny Committee

Date: Wednesday 16 November 2022
Time: 10.00 am
Venue: Committee Room 2, Shire Hall

Membership
Councillor Clare Golby (Chair)
Councillor John Holland (Vice-Chair)
Councillor John Cooke
Councillor Tracey Drew
Councillor Peter Eccleson
Councillor Kyle Evans
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 - 12
    To receive the Minutes of the committee meeting held on 21
    September 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 ten working days before each meeting. A list of the questions and issues raised will be provided to members.

Monica Fogarty
Chief Executive
Warwickshire County Council
Shire Hall, Warwick

Warwickshire
County Council

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- Not participate in any discussion or vote
- Leave the meeting room until the matter has been dealt with
- Give written notice of any unregistered interest to the Monitoring Officer within 28 days of the meeting

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The public reports referred to are available on the Warwickshire Web
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Public Speaking
Any member of the public who is resident or working in Warwickshire, or who is in receipt of services from the Council, may speak at the meeting for up to three minutes on any matter within the remit of the Committee. This can be in the form of a statement or a question. If you wish to speak please notify Democratic Services in writing at least two working days before the meeting. You should give your name and address and the subject upon which you wish to speak. Full details of the public speaking scheme are set out in the Council's Standing Orders.

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County Council

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Adult Social Care and Health Overview and Scrutiny Committee

Wednesday 21 September 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 Ian Shenton
Councillor Sandra Smith (North Warwickshire Borough Council)
Councillor Mandy Tromans

Officers
Shade Agboola, Denise Cross, Becky Hale, Zoe Mayhew, Isabelle Moorhouse, Pete Sidgwick and Paul Spencer.

Others in attendance
Councillor Margaret Bell, Portfolio Holder for Adult Social Care and Health
Chris Bain, Healthwatch Warwickshire (HWW)
Laura Gibson, George Eliot Hospital (GEH)
Helen Lancaster, Coventry and Warwickshire Integrated Care Board (C&WICB)
David Lawrence, Press

1. **General**

   (1) Apologies

   Apologies for absence were received from Councillor Kate Rolfe, Councillor Kyle Evans (Nuneaton and Bedworth Borough Council) and Nigel Minns. Councillor Penny-Anne O'Donnell recorded apologies for her for late arrival.

   (2) Disclosures of Pecuniary and Non-Pecuniary Interests

   None.

(3) Chair's Announcements

Members stood to observe a minute's silence in memory of Her Majesty Queen Elizabeth. A welcome was extended to the recently elected County Councillor Ian Shenton who had joined the Committee.

(4) Minutes of previous meetings

The Minutes of the committee meeting held on 22 June 2022 were approved as a true record and signed by the Chair.

2. Public Speaking

None.

3. Questions to Portfolio Holders

None.

4. Questions to the NHS

None.

5. Council Plan 2022-2027 - Quarter 1 Performance Progress Report

Becky Hale, Chief Commissioning Officer (Health and Care), Warwickshire County Council and South Warwickshire Foundation Trust (SWFT) introduced this item and gave a presentation to pull out key messages. It summarised the Council's performance at the end of the first quarter (April-June 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 8th September. 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. The overall performance remained strong, despite the current external environment. There were eleven key business measures (KBMs) within the remit of the Committee. Of these, nine were reportable at quarter 1, with seven of the KBMs assessed as being on track and two were not on track.

The report detailed notable performance in the broad area of 'support people to live healthy, happy and independent lives' area of focus. It set out expected trajectories for performance, for areas deemed more volatile than usual, as a result of the reported external factors.

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:
- Introduction
- 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:

- A discussion about how officers monitored and responded to the performance data. An example was provided of smoking prevalence to show the improving trajectory, but also how the data enabled more targeted activity to address known concerns in specific localities.
- Ensuring there were adequate care staff. It was questioned for rural areas whether the Council worked with parish councils to develop local initiatives targeted on an area. There was considerable work on community and domiciliary care around workforce retention, but officers were not aware of specific initiatives with parish councils, so would take this suggestion away for consideration.
- An area explored was the data on opiate, non-opiate and alcohol issues. It was agreed that more detail be provided via a briefing note on the substance types and those categorised as non-opiates. The discussion included the links to criminal activity, the need for support from social care and children's care, requiring a multi-agency response. The briefing note would include commissioned treatment services, preventative work and that undertaken by Public Health too.
- More information was sought about the commissioned alcohol services and access points for treatment in the north of the county, so members could signpost residents to them. A comment that some people preferred to receive treatment away from their immediate locality. There were a range of commissioned services.
- Members asked that the briefing include success rates for people accessing treatment services and comparative data for Warwickshire to the national position.

The Chair confirmed that live performance data was available through the Power BI dashboard. Members requiring any assistance with this software were asked to contact Vanessa Belton.

Resolved

That the Committee notes the Quarter 1 organisational performance and progress against the Integrated Delivery Plan and comments as set out above.

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6. Hospital Discharge

The Committee received a joint presentation from Laura Gibson of George Eliot Hospital (GEH), Helen Lancaster of the Coventry and Warwickshire Integrated Care Board (C&WICB), together with County Council officers, Zoe Mayhew and Denise Cross. This presentation on 'Ambulance Turnaround, Winter Plan & Discharge Pathways' included slides on:

- George Eliot Hospital NHS Trust. A slide showing data for this hospital trust including bed capacity, emergency department attendances, average data for admissions, discharges and ambulance visits.
- Ambulance Handover, showing the weekly numbers of transfers taking over one hour for the period March to August 2022.
- National Pathway Definitions. There are four pathways (0,1,2,3). This slide showed the proportion of people in each pathway and a definition of the respective discharge arrangements.
- Hospital Social Care and Reablement. This provided data for such things as referrals, increasing trends, reablement visits and the provision of equipment in the home.
- Social Care Domiciliary Care. This reported the data on referrals and increasing demands, domiciliary care pathways and typical waiting times for packages of care to begin.
- Length of stay - graphs showing hospital stays of over 21 days and the numbers of patients who did not meet criteria to reside in hospital.
- Pathway issues which identified contributors to delays.
- Joint actions, a slide which outlined some of the current initiatives being implemented.
- What does the future look like? A series of key outcomes to provide a process that was person-centred, strengths-based, and driven by choice, dignity and respect.
- Winter plan 2022/23.
- Core objectives and key actions for operational resilience
- New national board assurance framework key metrics.
- System wide planning aims. These sought to ensure there were no delays throughout the care pathway, maintaining services, ensuring sufficient bed capacity, admission prevention through use of alternate treatment services, timely discharge, partnership working and workforce wellbeing.

Debate took place on the following areas:

- Officers were thanked by several members for the presentation.
- The objectives were welcomed, with questions on the expected timeline for their completion and progress made to date. Some work was already underway, but a detailed timeline could not be provided. The challenges of the forthcoming winter period were not yet known, and some objectives may need to be reviewed, but the experience of partnership working over the last two years and moving care away from acute settings were key aspects raised.
- The system approach to addressing delayed discharges was welcomed. A point was made that all NHS services should have a focus on discharge, with specific reference to delays due medication provision.
- It was noted that private ambulance services were used, together with Warwickshire Fire and Rescue Service 'hospital to home' scheme.
- Discussion about the collection of medical equipment that was no longer required, so that it could be reused by other people. Officers explained that the recycling of some smaller items

was not feasible either for cost or infection control reasons. There were periodic campaigns where people could return equipment to designated sites and the service provider, Millbrook Healthcare could be contacted to collect equipment too.

- More information was provided on 'virtual' wards. These utilised technology, remote monitoring and community-based medical services to support people to be at home rather than in an acute hospital. This solution wasn't suitable for all patients, especially not those who may need emergency or critical care. Where consultants deemed the patient may benefit, it provided for regular calls and periodic visits. It had been very successful especially in the south of the County, with examples being provided of the types of conditions where patients were able to use this scheme. The scheme was not reliant on access to wi-fi, instead using a mobile application and there was a telephone helpline too.
- The presentation had covered a wide range of services and was patient centred.
- There were many organisations monitoring the delivery of health services. It was questioned which one had overall responsibility for joining up services. Reference was made to the transition to the new Integrated Care System (ICS) which 'held the ring' and its Board included representatives of all partners.
- A member spoke about the challenges for GP services and the additional pressures caused by early hospital discharge. Discussion took place on the involvement of primary care networks (PCNs) in the new system. The PCNs had a voice as a collaborative and were engaged.
- The use of technology was explored, it being questioned if this should be considered by the committee, for example around the training required. Changes to service delivery were essential and the use of technology was seen as a key opportunity in managing some pathways more effectively. The technology being used by patients was simple and easy to understand, which it needed to be for those who were unwell.
- Pete Sidgwick responded to the earlier point about who was in control. It was actually about all partners working together to make a positive contribution, so that people were only treated in hospital when they needed such care. There were honest conversations where things were not working effectively and also about how best to collaborate. Health and care services would never achieve everything and constantly had to adjust to improve and respond to new challenges.
- Reference was made to the closure of hospitals/wards such as Bramcote Hospital, which provided rehabilitation services. Such services were now delivered in community settings requiring therapists to travel. An example was provided of the positive impact for an individual of such care, meaning they were still able to live independently afterwards.
- Zoe Mayhew confirmed that the approach now was 'home first' with a number of pathways designed to provide support at the person's home. Examples were reablement, discharge to assess and there were some interim step-down beds in residential care settings.
- Discussion about the contributors to discharge delays. Denise Cross explained how the discharge process now worked. There were daily meetings between practitioners, and with the family at an early stage to agree the care plan for the individual. There were better outcomes from getting people home earlier. For those needing more intensive therapy/support, there was bedded provision in care settings, with an ethos of helping people to become more self-sufficient. This approach was working well, with 72% of those having reablement support not needing longer-term care afterwards.
- Chis Bain of HWW commented that discharge was a complex area, and he was pleased to see the complex and system led response. In terms of the earlier point about who had overall control, it should be the patient. The NHS was good at identifying delays, but less so

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the impact of them for patients, their families/carers and those with protected characteristics. This should be examined. A further point was the issue of delays and links to hospital readmissions. Delays had overtaken poor communication as the key concern amongst patients. A range of responses was needed to reduce A&E attendance and admission. There were roles for other parts of the system, with pharmacy being referenced particularly. HWW was working on a piece about the assumptions made by commissioners and providers about the actions of others. Previously it had been questioned if the PCNs were engaged in the ICS. From the HWW perspective, the question was are patients engaged with the PCNs? This was important to ensure patient views reached all parts of the ICS.

- Several points were made about the average data for GEH admissions and discharges, which showed a higher number for hospital admissions. Linked to this was the timescales for the arrangement of care packages. It was questioned how hospital bed capacity was managed.

- Laura Gibson confirmed that bed capacity changed daily and was monitored closely. There was some surge capacity, use of assessment areas and admission avoidance where clinically appropriate. However, problems did occur due to hospital flow. Winter planning work included how to reduce the shortfall of available beds, as it was known that the winter period posed additional challenges. Helen Lancaster gave clarity on typical lengths of stay in hospital (8-9 days) and the proportion who were in hospital for more than 21 days, which was a focus, particularly for patients who could be cared for in another setting. It was acknowledged that there was disparity in the typical admission and discharge data, which was why the surge capacity was needed.

- Discussion about the core objective on increasing resilience in the NHS 111 and 999 services, through increasing numbers of call handlers. Reference was also made to use of community-based triage services including clinical practitioners.

- It would be useful to receive data which shows the correlation between delays in admission or treatment commencing and the length of the resultant hospital stay.

- Further reference to the disparity between average admission and discharge data. A councillor asked how staff used this data, referring to statistical analysis tools to enable advance planning, rather than a reliance on responsive surge activity.

- Helen Lancaster confirmed that all organisations did use demand/ capacity tools to model service needs. This included assumptions around such things as growth, winter planning, flu and Covid rates. It extended beyond emergency to elective care services. There had been an impact from the pandemic, but also in responding to delays and demand levels that were proving difficult for organisations to manage. All health and social care providers had workforce challenges around staff recruitment and retention. The councillor viewed that there was a need for use of real time data rather than historic data and to monitor trends, to give more accuracy and the time needed to react.

- The Portfolio Holder, Councillor Bell was concerned about bed capacity and knew there was resistance to increasing bed numbers. She assumed that targets on discharge were being met and patients were being discharged at the correct time. On admission, she knew that GEH only admitted patients when this was absolutely essential. She spoke about surge capacity and the locations where patients were placed. There were increasing numbers of patients with more complex needs and she sought clarity and honesty about the actual bed numbers required and asked whether this was being modelled.

- Laura Gibson confirmed this was being undertaken to look at additional areas which could be used. Areas designated for surge capacity were risk assessed and were old wards that were suitable for patients in the short term. GEH had invested in new wards for elective

procedures and transferred the previous wards to be used for non-elective care. There had been an increase in delays, which meant that lengths of stay in hospital had increased. There were endeavours to reduce these delays, which in turn should mean there was not a need for additional beds. There was a need for short term capacity but also for a longer-term solution that patients were treated in the correct setting. She spoke more on the daily monitoring to determine whether the surge capacity was required. Councillor Bell asked for more information to show that there was sufficient bed capacity at GEH with effective discharge and she drew comparison to the higher bed provision in the south of Warwickshire, despite it having a smaller population.

- The Chair referred to a previous planning application to provide additional facilities for elderly person care on the GEH site. An update was sought about this scheme, which would be provided after the meeting. She then referred to the need for bedded step-down care provision, quoting from the data in the presentation, which showed that hospital bed capacity was being taken by people awaiting a package of care, who could be located more appropriately. Becky Hale spoke of work to assess short-term bed capacity requirements across the County for rehabilitation and assessment of care needs. Reference was also made to the assessment of capacity requirements for the winter period. This was separate to the review of community hospital provision in the south of Warwickshire, which had been considered by the committee previously.

- The Chair commented that there should be a patient centred approach. She asked a further question about reablement. Denise Cross gave an outline of the scheme, it's referral process, the assessment of need, the choice and risk-based approach to returning home or going into short-term care, in order to plan the customer's longer-term support needs. A lot of compliments were received about this service.

- Further discussion took place about the use of predictive analytics and artificial intelligence. The Chair viewed that the public sector could be slow to engage with industry experts to make use of such technology and she asked if services in Warwickshire did use such experts. She offered to provide advice, given her business experience. Laura Gibson would research and respond on this point. Another area discussed was the use of wearable technology, which could for example monitor falls. Such technology was used with examples being in maternity, diabetes and blood pressure services, also in the community and care home settings. There was a bespoke NHS IT team which engaged with industry to seek solutions and analytics work was undertaken.

- The NHS was a huge organisation, and it was questioned if it was sufficiently agile. Reference was made to the stroke service reconfiguration which had a very good outcome but took a long time to complete. Officers confirmed the arrangements being discussed at this meeting needed to be in place for the winter period. Whilst winter plans were reviewed annually, there had been a greater focus this year because of the known challenges. Each organisation would have its own plan with timescales and there was an overarching plan.

- Assistive technology for dementia patients was discussed. In the north of Warwickshire, the My Sense solution was provided via the community home first team. This was well received and especially helpful for informal carers. An outline was given of future plans to enhance this service, working with a range of suppliers. Other aspects raised were the initial assessments and the benefits of discussing assistive technology once the patient had returned home. Discharge arrangements could be complex and there was a need to support patients at each stage. In some cases, this involved a number of agencies including housing. The focus was to help people leave the acute hospital and then to provide tailored support in the community.

Examples were given of the challenges faced and there was a need for a two-way dialogue with families needing support. The Chair suggested these points be discussed further after the meeting.

- A member acknowledged the amount of good work taking place. There had been some concerns raised at this meeting which needed to be included in a conversation about the ICS around the strategic joining-up of services. The work programme did include for an update on the ICS at the November Committee.

The Chair closed this item, thanking the speakers and acknowledging the significant amount of work being undertaken.

Resolved

That the Committee notes the presentation on Ambulance turnaround, winter plan and discharge pathways.

7. Work Programme

The Committee discussed its work programme. The Chair confirmed that engagement was planned on the Integrated Care Partnership Strategy which would be considered at the November committee.

The Chair referred to the South Warwickshire Community Hospital Review. Member feedback had been requested about the future engagement requirements for this review. It was suggested that it be via the Portfolio Holder, Councillor Bell, who could then provide periodic updates to the Committee. A discussion ensued about this review and a wider bed review for the south of Warwickshire. A public meeting had taken place the previous evening. The Portfolio Holder was not aware of a wider bed review or that the community hospital beds formed part of it. Becky Hale clarified that there was work to assess the sufficiency of bed provision in care environments to support hospital discharge over the winter period. This was separate from the community hospital review. Councillor Bell provided further context on the status of the community hospitals. Patients recovering at these locations were not considered to be discharged from hospital in the same way as if they were placed in a care home. Councillor O'Donnell added that one of the community hospitals, Ellen Badger was currently closed. She spoke of the value of these facilities, the need for the committee to revisit this review and the strength of feeling at the public meeting. It was agreed to include an item on the next Committee agenda to revisit this issue. Councillor O'Donnell asked that the SWFT Chief Executive, Glen Burley be invited to the meeting to update members, which was agreed. If there was more information available ahead of the next committee it would be circulated to members.

Resolved

That the Committee notes the work programme as submitted, with the addition to the November meeting of the item on the Community Hospital Review.

……………………………..
Councillor Clare Golby, Chair

The meeting closed at 12.20pm

Coventry and Warwickshire
Integrated Care System

Briefing Note – Developing an Integrated Care Strategy and Integrated Care 5 Year Plan for Coventry and Warwickshire

1. Background

1.1. Integrated Care Systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.

Following several years of locally led development, including the merger of the three Clinical Commissioning Groups in the area, the passage of the Health and Care Act (2022) established Coventry and Warwickshire as an Integrated Care Board on a statutory basis on 1 July 2022.

1.2. The purpose of an ICS is to bring partner organisations together to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

1.3. Coventry and Warwickshire Integrated Care System comprises the following elements

Integrated Care Board (ICB)

A statutory NHS organisation responsible for developing a plan for meeting the health and care needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area. The establishment of ICBs resulted in clinical commissioning groups (CCGs) being dissolved.

Integrated Care Partnership (ICP)

A statutory committee jointly formed between the NHS Integrated Care Board and all upper-tier local authorities that fall within the ICS area. The ICP will bring together a broad alliance of partners committed to improving the care, health and wellbeing of the population, with membership determined locally. The ICP is responsible for producing an integrated care strategy detailing how they will meet the health and wellbeing needs of the population in the ICS area.

Local Authorities

Local Authorities in the ICS area, responsible for social care and public health functions along with other vital services for local people and businesses, are a vital part of the ICS. Representatives from the upper tier Local Authorities sit on the ICB Board and are members of the ICP.

Care Collaboratives

Within our ICS, Care Collaboratives will lead the detailed design and delivery of integrated services across their localities and neighbourhoods. The partnerships will involve the NHS, local councils, community and voluntary organisations, local residents, people who use services, their carers and representatives and other community partners with a role in supporting the health and wellbeing of the population. There is one Care Collaborative developing in Warwickshire and one in Coventry. The Warwickshire Care Collaborative will be supported by the three Places already established in the area, Warwickshire North, Rugby and South Warwickshire.

Provider collaboratives

Provider collaboratives will bring providers together to achieve the benefits of working at scale across multiple places and one or more ICS areas, to improve quality, efficiency and outcomes and address unwarranted variation and inequalities in access and experience across different providers.

1.4. In order to achieve the ICS aims already stated, we must develop two documents:

- An Integrated Care Strategy which sets the direction of the system and outlines our priorities for delivering integrated care. This will be developed by the ICP.
- A 5 Year Integrated Health and delivery Plan which responds to the Integrated Care Strategy and details how we will deliver its aims. This document will be developed and delivered through the ICB.

2. Developing an Integrated Care Strategy

2.1. The Health and Care Act 2022 amends the Local Government and Public Involvement in Health Act 2007 and requires all ICPs to write an Integrated Care Strategy to set out how the assessed needs (from the Joint Strategic Needs Assessments already developed by local authorities) can be met.

Throughout Coventry and Warwickshire considerable work on integration has already taken place, including through our two Health and Wellbeing Boards, the preparation of Better Care Fund plans, and work undertaken by the former Health and Care Partnership to develop strategies that support more integrated approaches to delivering health and care.

Our Integrated Care Strategy will build on this existing work and momentum to further the transformative change needed to tackle the significant challenges facing health and care. It will outline the direction of the system, setting out how decision makers in the NHS and local authorities, working with providers and other partners including the voluntary sector, will deliver more joined-up, preventative, and person-centered care for their whole population, across the course of their life.

The strategy presents an opportunity to do things differently, such as reaching beyond 'traditional' health and social care services to consider the wider determinants of health or

joining-up health, social care and wider services. It will agree the steps that partners, working closely with local people and communities, will take together to deliver system-level, evidence-based priorities in the short-, medium- and long-term. These priorities will drive a unified focus on the challenges and opportunities to improve health and wellbeing of people and communities throughout Coventry and Warwickshire. This will include how we will contribute to the ambitions to reduce geographic disparities in wellbeing and healthy life expectancy, and overall increase them". It will also include how areas will address the need for personalised care and choice, control and independent living.

2.2. The Integrated Care Partnership met on the 26th July to agree the work programme to develop the Strategy. A working group has been established, as well as a broader reference group made up of representatives from across the Partnership. The working group will lead, with input from the reference group, planning and orchestrating the engagement with key stakeholders integral to the development of the strategy and ensuring that the Strategy is developed with input from across the ICS.

2.3. The draft strategy is due to be submitted to NHS England for review on the 14th December.

3. Developing the Strategy

3.1 The intention is that the strategy will be short and concise (around 30 pages), recognising and building upon work already in place by signposting to existing strategies. Since July, the working group has completed a mapping exercise of existing and emerging system and partner strategies that will support delivery of this overarching strategy, capturing the breadth of determinants of health. Needs data from across the system has also been collated to inform the strategy.

3.2 An initial outline content structure and framework for the strategy was developed, including identification of a number of proposed priority or 'strategic focus' areas, drawn from health and wellbeing strategies, a prioritisation exercise by the Shadow ICP and recommendations from the national guidance. A number of system enablers were also identified, which will support our vision for integration. The approach to drafting the strategy aims to be as inclusive as possible, with lead 'owners' from across the system identified for each of these initial priorities and enablers.

3.3 The draft priorities and enablers were shared with the C&W Integrated Health and Wellbeing Forum on 13 October, where members discussed them and what is most critical to the system now. The proposed strategy content and structure was reviewed in light of the feedback received and further proposals were developed for consideration by the ICP on 31 October.

3.4 This included identification of a series of commitments that will run through the strategy, aligned to achievement of the core purposes of the ICS:

Integrated Care Strategy and Plan

Coventry and Warwickshire
Integrated Care System

Commitments

4. Engagement activity

4.1. As a system we need to make sure that the development of the Integrated Care Strategy and the Integrated Care 5-year Plan is done in an aligned and connected way, with all of those with a stake communicated with, engaged and involved as necessary throughout. It must also be aligned and coordinated with other engagement and involvement planned by local authorities, NHS organisations and others in the system to avoid the burden of engagement falling on the local population too heavily.

4.2. A separate engagement task and finish group has been established, including representatives from Local Authorities, NHS organisations, the voluntary and community sector, faith groups and others, to first establish what we already know from previous engagement to feed into the development of the strategy. Once the strategy starts to take shape the group will support further engagement across the area to ensure that the strategy accurately represents the priorities of residents, particularly those with a protected characteristic.

4.3. A significant piece of system wide mapping and analysis has taken place to determine the insight already available within the system in order to avoid duplication and asking people to repeat information they have already shared within the ICS. All ICS partners have contributed to this desktop research exercise and the resultant information has been shared with all those who are contributing to writing the various elements.

4.4. An engagement calendar has been developed to enable us to talk to residents of Coventry and Warwickshire and to hear about their priorities for health and care and what integration means to them. Across the engagement period we have over 30 different events currently scheduled or already taken place to speak to groups, and we continue to develop more. These

opportunities focus both on those groups who are within the 'Core 20 plus 5' groups and those who are seldom heard or who may not be able to access online services.

The main messages we are hearing so far from this engagement are about:
- Access to primary care
- Digital inclusion
- Trust (and erosion of trust in health services).

4.5. We have also launched an online survey which is being promoted widely through ICS and ICP networks via email and posters. This survey will remain open for a month, with weekly findings circulated to those developing content for the strategy.

4.6. Stakeholder engagement also continues, with regular updates circulated to stakeholders. This includes attending Scrutiny meetings at both Upper Tier Local Authorities in November and December to give them the full opportunity to feed into the process.

5. The 5 Year Integrated Health and Care Delivery Plan

5.1. Before the start of each financial year, the ICB and its partner NHS Trusts and NHS foundation trusts must prepare a 5 Year Integrated Health and Care Delivery Plan.

5.2. The plan produced by the ICB must have regard to the Integrated Care Strategy and must set out the steps by which the ICB proposes to implement any JLHWS that relates to the ICB area. It will provide the operational detail around how the strategy's vision can and will be realised and should be informed by:
- Health and Wellbeing Board strategies and JSNAs
- The revised Long Term Plan from NHS England
- NHS England priorities and planning guidance
- The Coventry and Warwickshire Integrated Care System Strategy

5.3. The Health and Care 2022 act states specifically that the plan must, in particular—

(a) describe the health services for which the Integrated Care Board proposes to make arrangements in the exercise of its functions by virtue of this Act;

(b) explain how the Integrated Care Board proposes to discharge its duties under—
(i) sections 14Z34 to 14Z45 (general duties of Integrated Care Boards), and
(ii) sections 223GB to 223N (financial duties);

(c) set out any steps that the Integrated Care Board proposes to take to implement any joint local health and wellbeing strategy to which it is required to have regard under section 116B(1) of the Local Government and Public Involvement in Health Act 2007

(d) set out any steps that the Integrated Care Board proposes to take to address the particular needs of children and young persons under the age of 25;

Coventry and Warwickshire
Integrated Care System

(e) set out any steps that the Integrated Care Board proposes to take to address the particular needs of victims of abuse (including domestic abuse and sexual abuse, whether of children or adults).

5.4. This plan, like the Integrated Care Strategy, must be refreshed each year.

5.5. Further guidance is expected from NHSE regarding the 5 Year Integrated Health and Care delivery Plan imminently, at which point an updated stakeholder briefing will be issued.

5.6. Like the strategy, this plan needs to be developed with engagement and involvement with key stakeholders and the wider population. Formal guidance has not yet been issued on the exact requirements for involvement but as a system we are committed to and will be directed by what we deem to be purposeful engagement and involvement.

5.7. The 5 Year Integrated Health and Care Delivery Plan must be developed, submitted and in place before 31 March 2023.

6. **Strategy content and next steps**

6.1. Reflecting the clear messages emerging so far from the public engagement and the feedback from stakeholders, the ICP identified the following three core areas of focus for the strategy:

- Access to health and care services and restoring trust
- Prioritising prevention and improving future health outcomes
- Immediate system pressures and resilience.

6.2. The strategy document will be further developed during November, shaped around these core priorities and in consultation with the identified leaders from across the system. We will take 'access and restoring trust' as a worked-up example to bring the strategy to life, showing how this is supported in practice by the identified integration enablers and how we can have an impact on individual people's journeys and tackling inequalities through a different, collective, way of working.

6.3. The ICP Strategy must be submitted to NHS England by December 2022. The ICP will meet by exception in early December to consider the final strategy.

7. **Timeline**

7.1. The timeline for both the Integrated Care Strategy and the 5 Year Integrated Health and Care Delivery Plan is set nationally (referred to in the diagram below as the joint forward plan) and as an ICS we must respond to the deadlines.
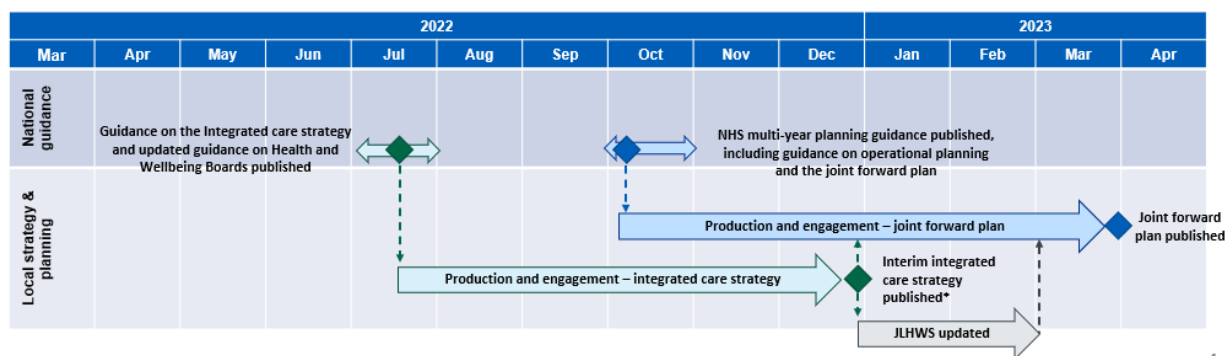
8. Recommendations

Members are asked to ENGAGE with the ICB/ICP on the development of the strategy and offer FEEDBACK on the contents of the report.

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Adult Social Care Overview & Scrutiny Committee

16th November 2022

Council Plan 2022-2027
Integrated Performance Report Quarter 2 2022/23

Period under review: April to September 2022

Recommendations

That the Committee considers and comments on Quarter 2 organisational performance, progress against the Integrated Delivery Plan, management of finances and risk.

1. Executive Summary

1.1 The wider national context is a critical frame within which to view the Council's performance. The UK is experiencing the consequences of both significant political, global and macro-economic turbulence, including two recent changes of UK Government, the impact of the Pandemic, and the war in Ukraine. High inflation, rising interest rates and the resulting fiscal challenges are impacting the cost of living, increasing pressure on an already tight labour market, demand for public services and public finances.

1.2 Such an unprecedented combination of events at a global and national level leaves the country facing a period of significant uncertainty and a very challenging financial outlook in the short- to medium-term. This volatility is impacting on the Council's resources, both financial and in terms of recruitment and retention, levels of demand, and increased uncertainty about a number of key national policy areas including Adult Social Care reform, devolution, levelling up and climate change.

1.3 Inevitably these factors, which were not anticipated at the time the Integrated Delivery Plan and the Performance Management Framework were developed, are impacting on our priorities, focus, capacity and project delivery timescales. The reporting of performance will track and highlight these impacts on delivery and performance, and inform the basis of prioritising activity and resource allocation as we undertake the refresh of the Integrated Delivery Plan.

1.4 This report summarises 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. All information contained within this report has been taken from the Quarter 2 Integrated Performance and Finance reports Cabinet considered on the 10th November. Performance is

assessed against the Key Business Measures (KBMs) contained within the agreed Performance Management Framework. This is summarised in Section 2 and more fully presented within Appendix 1.

1.5   Progress against the Integrated Delivery Plan is summarised in Section 3 and more fully presented within Appendix 2.

1.6   Management of Finance is summarised in Section 4 and the summary table is presented in Appendix 3.

1.7   Management of Risk is summarised in Section 5 and more detailed information is presented in Appendix 4.

1.8   The paper sets out a combined picture of the Council's delivery, performance and risk. Officers are still embedding this new approach and performance framework, and a number of new measures will not be available until Year End. The format and content of these integrated performance reports will continue to evolve over the course of the current financial year.

1.9   Overall Quarter 2 has seen a marginal decline in performance compared with the Quarter 1 position, reflecting the increasingly volatile, uncertain, and high-risk external environment, which is impacting on resources and the wider economic environment, capacity and uncertainty about a number of key policy areas.

1.10   There are 11 KBMs within the remit of this Committee, 8 KBMs are available for reporting this Quarter and the following table indicates an assessment of performance, compared to Quarter 1:

Quarter	On Track	Not on Track
1	78% (7)	22% (2)
2	75% (6)	25% (2)

1.11   Appendix 1 details performance for all measures within the Performance Management Framework. Detailed measure-by-measure performance reporting is accessible through the 2022/23 Performance Portal accessible through this link.

1.12   There are some key emerging themes highlighted by this report, including:
* Increasing demand being reported in services within the People Directorate; and,
* Capacity issues are being cited as impacting delivery across the organisation. Difficulties in recruiting and retaining staff in a highly constrained national and local labour market are reflected within the commentary on the Integrated Delivery Plan and performance; given significant and growing financial/inflationary pressures, there is no easy solution to these strategic workforce issues, which are being considered by our HR Strategy team.

1.13 Notable aspects of positive performance for specific measures include:
- The number of providers that exit the care home, domiciliary care of Supported Living markets, in Warwickshire, through Business failure, which has consistently remained at 0 across a considerable time period; and,
- The % of people open to Adult Social Care with eligible needs living in the community with support under the age of 65 has remained stable and above the target.

1.14 The main performance challenges relate to:
- The number of people supported in residential or nursing care: over 65, which is on an upwards trajectory due to increased placements from the community and discharges from hospitals.

1.15 The report sets out services' projected performance trajectory, which recognises a more volatile than usual environment as a result of external factors.

1.16 The position is also positive in terms of delivery of the 28 Adult Social Care actions set out in the Integrated Delivery Plan, with 85% being On Track and 3% Complete. Seven percent of actions are At Risk, and it is these actions which are reported on in Appendix 2 on an exception basis.

1.17 A number of actions that are At Risk relate to capital programmes and projects, where current inflation levels and supply chain challenges are creating very significant levels of risk and uncertainty regarding current capacity to deliver as planned within available resources, a challenge common to all Councils.

1.18 One of the Councils 18 strategic risks relates to Adult Social Care and Health directly and currently has a red status (widening of social, health, and economic inequalities post pandemic), and two other red rated strategic risks relating to inflation and the cost of living, and the economy may impact on service provision and service demand. At service level two risks are rated red and have been higher than target for 3 quarters, those being the risk of care market failure and the risk of an ongoing impact on public health resources of responding to Covid-19.

2. Performance against the Performance Management Framework

2.1 The three strategic priorities set out in the Council Plan 2022 - 2027 are delivered through seven Areas of Focus. In addition to these, there are three further areas to support the Council to be known as 'a Great Council and Partner'. The full performance summary is contained in Appendix 1.

2.2 A set of high-level Warwickshire Outcome Measures, where we can influence improvement in performance but do not solely own, are also contained in the Performance Management Framework. Reporting against these is under development and will inform our ongoing State of Warwickshire reporting.

2.3   Comprehensive performance reporting is enabled through the Power BI link 2022/23 Performance Portal as part of the revised and adopted Performance Management Framework.

2.4   The new approach to performance reporting is evolving, building on the recommendations of the Member Working Group. The number of reportable measures will change each quarter as the framework considers the availability of new data.

2.5   Of the 8 KBMs which are being reported at Quarter 2, 6 (75%) are On Track and 2 (25%) Not on Track.

2.6   All 8 measures have a forecast projection from the responsible service for the forthcoming period. 6 measures are forecasting to be On Track at Quarter 3, of which 4 are forecast to improve, and 2 to remain static over the next Quarter. 2 KBMs are forecast to be Not on Track at the next reporting period; with one KBM seeing performance improving and the other anticipating it to be declining.

2.7   As an agile approach is being taken towards the new Performance Management Framework, there is a development that has been proposed to and agreed by Cabinet. It has been approved that the KBM % of people living in fuel poverty (low income, high-cost methodology) is to become a Warwickshire Outcome Measure as the measure is being affected by many social, health, economic and environmental factors, including those that WCC can influence but does not have sole control over.

3.   Progress against the Integrated Delivery Plan

3.1   The Integrated Delivery Plan aligns priority activity from across all service areas against all Areas of Focus within the Council Plan 2022-27. The plan shows how activity across services collectively contributes to delivering these priorities.

3.2   Detailed information on the performance summary of the Integrated Delivery Plan is included at Appendix 2. A new Power BI reporting dashboard is now available and will enable Members to track progress by Service, status, Council Plan Area of Focus, Overview and Scrutiny Committee and Portfolio Holder.

3.3   Of the remaining 214 actions within the Integrated Delivery Plan, 28 are attributable to the Adult Social Care OSC. The majority of deliverables are On Track or complete (88%), with any exceptions covered in Appendix 2. Three percent of activities are yet to begin, with 7% At Risk.

3.4   Work on Extra Care Housing has become At Risk this Quarter due to staff being diverted to other critical issues. The aim is to return to plan within Quarter 3.

3.5 This Graphic shows emerging trends in terms of the statuses of the activities.
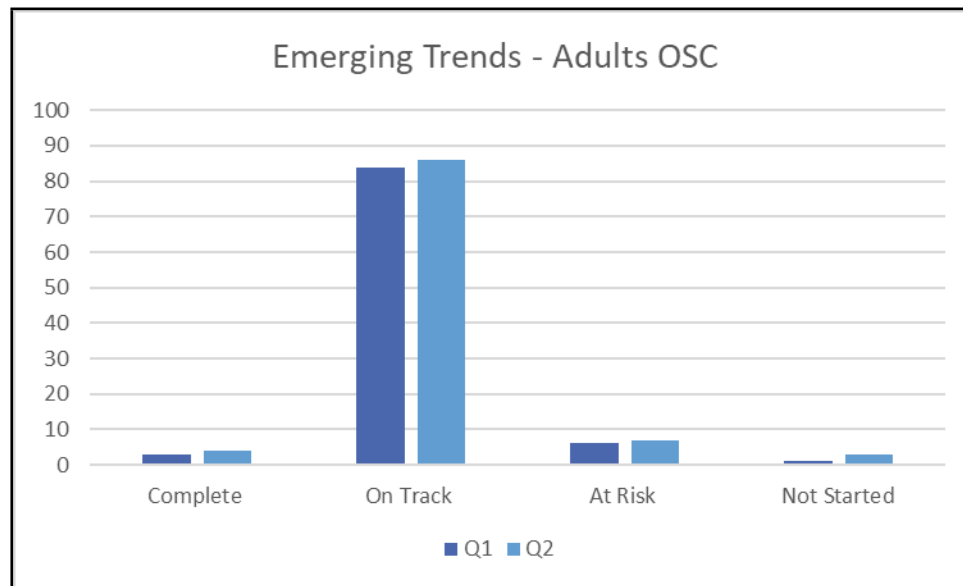
4. Management of Finance

4.1 The key metrics of financial management are summarised below with further information available in Appendix 3 and in the Finance Monitoring Report presented to Cabinet on 10th November 2022.

Metric	Target	Performance at Quarter 2 2022/23
Performance against the latest approved revenue budget as measured by forecast under/overspend	On budget or no more than 2% underspent	2.06% overspend
Performance against the approved savings target as measured by forecast under/overachievement	100%	No Variance
Performance against the approved capital programme as measured by forecast delays in delivery	No more than 5% delay	No Variance

4.2 The revenue overspend reported at Quarter 2 is partially funded by earmarked reserve for the home-base therapy discharge service and partially

from Covid grant income. Once these factors are taken into account the forecast position alters to £0.265m (0.12%) overspend.

5.   Management of Risk

5.1   Risks are monitored in risk registers at a strategic/corporate level and at service level. At a corporate level the following strategic risks more directly related to adult and health services are currently rated as red (high risk):

- Widening of social, health, and economic inequalities post pandemic.

5.2   Mitigating actions are in place in respect of this risk via recovery plans, investment funds, additional mental health resources, and People Strategy and Commissioning Plans. It is noted that whilst pandemic risk drivers of inequalities may be reducing, the worsening economic situation has the potential to drive inequalities.

5.3   Other strategic risks rated red will also impact on adult social care and health services, in particular inflation and the cost of living, and the economy slowing or stalling which may impact on service provision and service demand.

5.4   At a Service level there are 14 risks recorded against services relating to Adult Social Care and public health services. Key risks are highlighted where they are red risks (high risk) and where a risk level has been higher than the risk target for 3 quarters or more and is currently still 3 points or more over target. Risk targets have been recently introduced and this is the second quarter reporting on this risk target metric. To highlight the key risks a table of both red risks and risks above target is provided at Appendix 4, and the risks that are both red and above target are the most significant risks which are:

- Market Failure and lack of sustainability of the care market; and,
- If ongoing Covid-19 related response and recovery priorities for Public Health continue to absorb team resources, then other statutory and priority services can't be consistently fulfilled.

5.5   Mitigating actions are in place in relation to these risks, for example the use of a market viability framework, the use of market intelligence, market shaping, developing dashboards to highlight providers at risk, collaborative working across the Council and with partner organisations, reviews of public health priorities against available resources, enabling community and Voluntary and Community Sector (VCS) driven solutions, and involvement in the engagement with the Integrated Care Systems.

6.   Environmental Implications

6.1   There are none specific to this report.

Appendices

Appendix 1 – [Quarterly Performance Report](#)
Appendix 2 – [Progress on the Integrated Delivery Plan](#)
Appendix 3 – [Management of Financial Risk](#)
Appendix 4 – [Management of Risk](#)

Background Papers

Cabinet Report 10th November 2022

Role	Name	Contact Information
Report Author	Vanessa Belton, Delivery Lead Business Intelligence	vanessabelton@warwickshire.gov.uk
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Strategic Director	Nigel Minns, Strategic Director for People Group	nigelminns@warwickshire.gov.uk
Portfolio Holder	Cllr Margaret Bell, Adult Social Care & Health	cllrbell@warwickshire.gov.uk

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1. Adult Social Care OSC Quarterly Performance Report Quarter 2

1.1   Detailed measure-by-measure performance reporting is accessible through the **2022/23 Performance Portal**.

1.2   The three strategic priorities set out in the Council Plan 2022 - 2027 are delivered through seven Areas of Focus. In addition to these, there are three further areas to support the Council to be known as 'a Great Council and Partner'. These are detailed in the table below alongside the number of KBMs that will be used to assess delivery, and the number being reported at Quarter 2.

Area of Focus	No. of KBMs	No. of KBMs available for reporting at Quarter 2
Create vibrant places with safe and inclusive communities	8	7
Deliver major infrastructure, digital connectivity and major transport options	7	5
Promote inclusive, sustainable economic growth, successful business, good quality jobs and future skills	9	5
Tackle climate change, promote biodiversity and deliver on our commitment to Net Zero	7	3
Deliver our Child Friendly Warwickshire strategy - Happy, healthy, safe children	10	6
Through education, improve life opportunities for children, young people and those with special educational needs and disabilities	14	8
Support people to live healthy, happy, and independent lives and work with partners to reduce health inequalities	13	10
A Great Council and Partner	No. of KBMs	No. of KBMs available for reporting Quarter 2
Harnessing community power	3	2
Our people and the way we work	8	6
Using our data and digital solutions to improve service delivery	4	3

1.3   Key Insights for Quarter 2 2022/23

There are 11 KBMs in total that are in the remit of this Committee. Chart 1 details the reported status of the 8 KBMs which are being reported at Quarter 2. The other 3 measures have a status of Not Applicable at this Quarter. This is due to expected data lag for one KBM, and delayed publication of data for another. One KBM is proposed to be changed to a Warwickshire Outcome Measure (WOM); please refer to 2.8 in the main report.
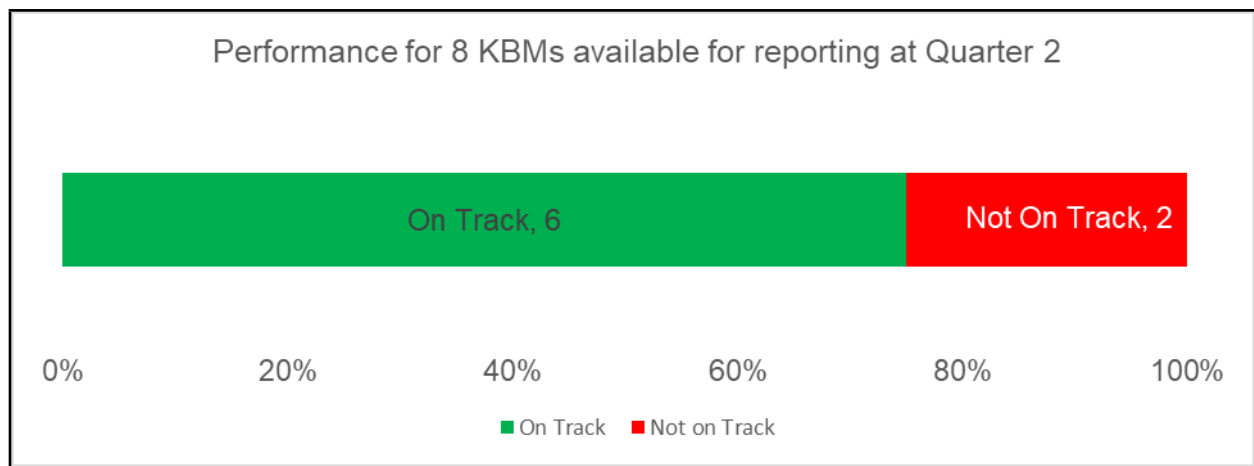
Performance for 8 KBMs available for reporting at Quarter 2

On Track, 6   Not On Track, 2

0%   20%   40%   60%   80%   100%

■ On Track ■ Not on Track

Chart 1

Chart 2 details the projected performance based on the Service forecast of the 8 reportable KBMs at the next quarter.

Service Forecast for Performance of KBMs at Quarter 3

On Track

Performance Improving, 4   Performance Remaining Static, 2

Not on Track

Performance Improving, 1   Performance Declining, 1

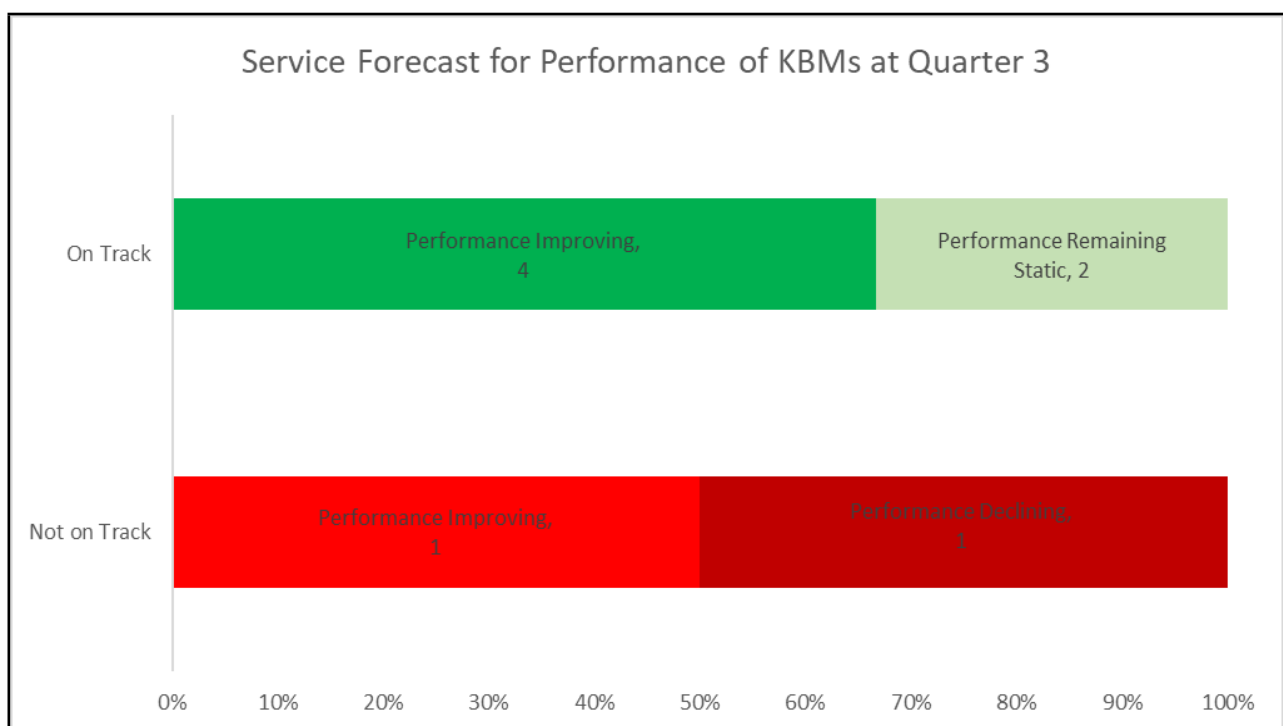0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%

Chart 2

Explanatory Notes on Summary Tables
The following sections provide an overview of current performance by Area of Focus. The measure summary tables are a representation of the tables in the full Committee report on Power BI and are interactive. Please note:

- data is being added into the system as it becomes available so new information may be in the reports since the writing of this Quarterly position report;

- measure names in the summary tables and where highlighted are all links to take the reader directly to the measure report page in Power BI which provides full detail on the measure including charted data, performance narrative, improvement activity, trends and targets if applicable;

- a measure status is included based on performance either against the target and polarity of measure or where there is no target on improving/ declining performance;

- Services provide a forecast of where performance is heading over the next reporting period, this is informed by local knowledge, improvement activity and trend information;

- where the measure status or projection is Not Applicable, this is due to exceptional circumstances regarding the measure such as it is setting a baseline this year, the Power BI report will provide the reason by measure;

- the Latest Figure column represents the most current data available including last quarter, previous year or longer if data is lagged, full details are on Power BI report;

- not all measures have targets and the approach now is to have improving performance and targets where appropriate; and,

- as the framework is more responsive there are annual or termly measures included on the tables with no reported data, this will be added as the relevant data becomes available e.g. attainment data from November.

1.4   All measures in the remit of this Committee support the Area of Focus: **Support people to live healthy, happy, and independent lives and work with partners to reduce health inequalities**

Measure Name	Latest Figure	Latest Period Target	Measure Status	Service Forecast for next period
% of people open to Adult Social Care with eligible needs living in the community with support under the age of 65	87	82	On Track	On Track Performance Remaining Static
% of people open to Adult Social Care with eligible needs living in the community with support over the age of 65	64	60	On Track	On Track Performance Remaining Static
No. of people supported to live independently through the provision of social care equipment	1,459	1,500	On Track	On Track Performance Improving
No. of carers in receipt of support on the final day of the reporting period	105	128	Not on Track	Not on Track Performance Improving
No. of providers that exit the care home, domiciliary care or supported living markets, in Warwickshire, through business failure	0	0	On Track	On Track Performance Remaining Static
No. of people supported in residential or nursing care: under 65	378	390	On Track	On Track Performance Improving
No. of people supported in residential or nursing care: over 65	1,625	1,600	Not on Track	Not on Track Performance Declining
No. of people with a learning disability or autism in an inpatient unit commissioned by the Clinical Commissioning Groups (CCG)	10	13	On Track	On Track Performance Remaining Static
% of successful completions as a proportion of all in treatment (Opiates, Non Opiates, Alcohol and Alcohol & Non Opiates)	18.39	20.1	Delayed publication; will be updated next Quarter	

% of people living in fuel poverty (low income, high cost methodology)	9.50	Annual measure and recommended to become a WOM in paragraph 2.8 in the main report
% Smoking prevalence in adults	12.1	Annual measure due in December

Notable aspects of positive performance for specific measures include:
- The number of providers that exit the care home, domiciliary care of Supported Living markets, in Warwickshire, through Business failure, which has consistently remained at 0 for a considerable period of time; and,
- The % of people open to Adult Social Care with eligible needs living in the community with support under the age of 65 has remained stable and above the target.

The main performance challenges relate to:
- The number of people supported in residential or nursing care: over 65, which is on an upwards trajectory due to increased placements from the community and discharges from hospitals.

1. Adult Social Care OSC Progress on the Integrated Delivery Plan Quarter 2

1.1 Key Insights for Quarter 2 2022/23

Of the remaining 214 actions within the Integrated Delivery Plan, 28 are attributable to the Adult Social Care OSC. There is positive progress within Quarter 2 with 85% of activities being on track to achieve their objectives within the set timeframes. Three percent of activities are yet to begin, with 7% At Risk and 3% closed this Quarter.

Activities by Status (%)

| Complete | On Track | At Risk | Not Started |
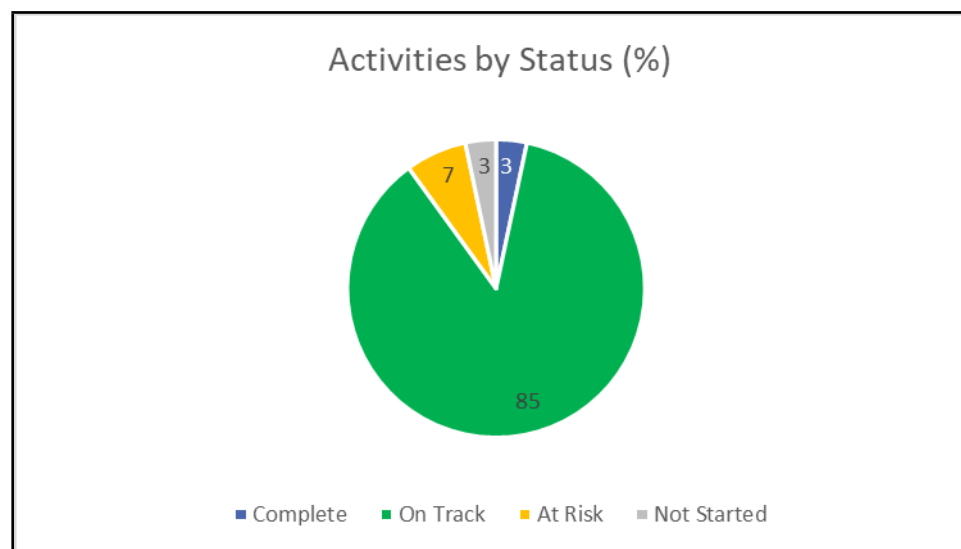
Completed activity:
The following activity has been completed this Quarter;

- *Improve the mental health and well-being of adults living in Warwickshire: Mobilise the new Collaborative Partnership to deliver community based mental health support service across Warwickshire.* **The new service has been running for 6 months with increased referrals and the service has now seen uptake of the numbers accessing the helpline. New features of online support (digital chat now being introduced) The provider is implementing the communication plan to increase awareness of the service. Work has been initiated to develop pathways between key mental health providers.**

1.2 **Support people to live healthy, happy, and independent lives and work with partners to reduce health inequalities**

Activity	Status	Narrative
Refresh the Carers Strategy, working in partnership with Coventry City Council and other key partners to take an all-age approach, align with the Dementia strategy and include a place-based action plan.	Not Started	Agreement with Warwickshire County Council and Coventry City Council to replace the development of a joint strategy with an action plan. Focusing on joint priorities from both local and national issues
Establish the strategic role of Extra Care Housing and Specialised Supported Housing in the Council's wider strategies for housing with support and its Adult Social Care Act duties to include: **Developing a 5-10 year plan for Council commissioning of Extra Care Housing and Residential/Nursing Homes that address issues of balance of services; projections of future demand; adequate capacity in key localities; affordability; innovative design e.g. to include ' Care Villages' & use of Council Capital/Land.**	At Risk	Work has not progressed over the summer as planned because Warwickshire County Council staff time has been diverted to support critical issues with contracts mobilisation. Will seek to recover during Quarter 3, including considering whether additional external resource is required.
Deliver the significant service provision changes that will be needed to meet the new Mental Capacity (Amendment) Act 2019, and its new Liberty Protection Safeguards (LPS) scheme that will supersede current consent arrangements for vulnerable people.	At Risk	The project status remains at risk as implementation deadlines have not been released by Central Government.

1.3   The following activities are On Track

Activity
Implement the response to the Government's new "Fair Cost of Care", Care Cap and Care Quality Commission Inspection requirements
Develop a strategic plan for accommodation-based care services for adults, informed by a needs assessment, the Adult Social Care strategy, the national Cost of Care requirements and funding programmes.
Support the development of Integrated Pathways including services and interventions for vulnerable people to include Falls, Stroke, Frailty, dementia and Hospital to Home: **Propose and implement changes to the current Warwickshire health and social care discharge arrangements to reflect national hospital discharge policy and meet operational requirements.**
Support the development of Integrated Pathways including services and interventions for vulnerable people to include Falls, Stroke, Frailty, dementia and Hospital to Home: **Launch the joint "Living Well with Dementia" strategy and work with key partners and stakeholders to deliver the action plan.**
Support the development of Integrated Pathways including services and interventions for vulnerable people to include Falls, Stroke, Frailty, dementia and Hospital to Home: **Identify opportunities to enhance support for Stroke Survivors in the community by engaging in the system wide redesign of the approach to stroke care.**
Undertake a review of service provision, housing support and embed a revised referral approach for Short Term Vulnerable Adults.
Support vulnerable adults receiving the home care they need and meet increased demand by improving the brokerage activity carried out by the Domiciliary Care Referral Team; roll out the key principles to improve care Brokerage more widely across Adult Social Care.
Improve the offer of Assistive Technology (AT) solutions to support people in Warwickshire to stay safe, healthy and independent to include: **Implementing and reviewing 2 pilots that can demonstrate the range of opportunities to support customers to regain and maintain their independence.**
Improve the offer of Assistive Technology (AT) solutions to support people in Warwickshire to stay safe, healthy and independent to include: **Expanding the Assistive Technology offer in Warwickshire through procurement of a service to deliver a wide range of AT solutions, including life-line provision and self-assessment for customers wishing to purchase their own equipment.**
Improve the integrated support offer for people with learning disabilities and/or autistic people: **Refresh and deliver an all-age joint strategic needs analysis and joint statement of intent for people with learning disabilities.**
Improve the integrated support offer for people with learning disabilities and/or autistic people: **Lead the integrated commissioning activity to deliver Coventry and Warwickshire Learning Disability and Autism 3 Year Plan.**

Maintain an effective local public health response to Covid19 in line with the Local Outbreak Management Plan.

Promote the benefits of healthier lifestyle choices and provide effective services and support to enable people to make sustained improvements: **Support the continued implementation of the national diabetes prevention programme working with partners and key stakeholders.**

Promote the benefits of healthier lifestyle choices and provide effective services and support to enable people to make sustained improvements: **Mobilise the new Healthier Lifestyle services.**

Promote the benefits of healthier lifestyle choices and provide effective services and support to enable people to make sustained improvements: **Implement the National Health Service England Prevention Programme, including the Tobacco Dependency and Digital Weight Management Programme.**

Work with the ethnically diverse community (including those coming into Warwickshire) to mitigate the elevated risk of the Covid-19 mortality and morbidity experienced by this community including: **Our Connecting Communities Support Officers working directly with community groups to improve health engagement, health communication and understanding the barriers to accessing health interventions.**

Work with the ethnically diverse community (including those coming into Warwickshire) to mitigate the elevated risk of the Covid-19 mortality and morbidity experienced by this community including: **Coordinating a programme of grant funding to community organisations to enable local ownership of pandemic health recovery**.

Work with the ethnically diverse community (including those coming into Warwickshire) to mitigate the elevated risk of the Covid-19 mortality and morbidity experienced by this community including: **Facilitating a "Health Equity Group" with community residents and representatives to identify ways of closing the gap on health outcomes and address the health inequalities agenda.**

Improve the mental health and well-being of adults living in Warwickshire: **Support the refresh and delivery of the multi-agency suicide prevention strategy for Coventry and Warwickshire.**

Improve the mental health and well-being of adults living in Warwickshire: **Deliver a health programme to create connections between physical and mental health and to improve population wellbeing.**

Improve the mental health and well-being of adults living in Warwickshire: **Complete delivery of the Covid 19 Mental Wellbeing recovery and resilience programme and review the impact, sharing the findings with key stakeholders.**

Establish the strategic role of Extra Care Housing and Specialised Supported Housing in the Council's wider strategies for housing with support and its Adult Social Care Act duties to include: **Reviewing the impact of the Extra Care Housing (ECH) and Specialised**

Supported Housing (SSH/SHAD) programme to date and plan/commence Phase 2.

Coordinate and lead the implementation of the Joint Health and Wellbeing Strategy with partners and embed a 'Health in all Policies' approach within Warwickshire County Council and across the wider health and care system.

Implement the response to the Government's new "Fair Cost of Care", Care Cap and Care Quality Commission Inspection requirements Develop a strategic plan for accommodation-based care services for adults, informed by a needs assessment, the Adult Social Care strategy, the national Cost of Care requirements and funding programmes.

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Appendix 3 Adult Social Care OSC Management of Financial Risk

Management of Financial Risk

1. Performance against the latest approved revenue budget as measured by forecast under/overspend

Service Area	Approved Budget	Service Forecast	(Under) /Overspend	% Change from Budget	Represented by:			
					Investment Funds	Impact on Earmarked Reserves	Covid Impact	Remaining Service Variance (RSV)
	£m	£m	£m	%	£m	£m	£m	£m
Social Care and Support	183.139	184.924	1.785	1.0%	(0.076)	1.200	0.000	0.661
Strategic Commissioner for People	36.663	39.397	2.734	7.46%	(0.026)	(0.270)	3.426	(0.396)
Total	219.802	224.321	4.519	2.06%	(0.102)	0.930	3.426	0.265

2. Performance against the approved savings target as measured by forecast under/overachievement

As at Quarter 2, Social Care and Support is forecasting 100% delivery against the 7 saving targets (£3.519m) for the 2022/23 financial year and Strategic Commissioning for People reporting 100% delivery against 3 saving targets (£0.313m).

3. Performance against the approved capital programme as measured by forecast delays in delivery

Service Area	Approved 2022-23 capital programme	New projects in year	Net over / underspend	Total capital programme	Budget Reprofile	Delays	Forecast In year capital spend	% Delays
	£m	£m	£m	£m	£m	£m	£m	
Social Care and Support	0	0	0	0	0	0	0	0.0%
Strategic Commissioning & Public Health	5.198	0	0	5.198	0	0	5.198	0.0%
Total	5.198	0	0	5.198	0	0	5.198	0.0%

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Appendix 4 Adult Social Care OSC Management of Risk

Key Service Risks Summary

Adult Social Care and Health

At a Service level there are 14 risks recorded against services relating to Adult Social Care and public health services. Key risks are highlighted where they are red risks (high risk) and where a risk level has been higher than the risk target for 3 quarters or more and is currently still 3 points or more over target.

Key Service Risks	Net risk is currently green or amber	Net risk is currently red
Risk level has not exceeded the target for 3 quarters in a row	• 10 other risks	• **(Adult Social Care)** Demand for services and current market forces
Risk level has exceeded target for 3 quarters in a row and is currently more than 3 points above target	• **(Adult Social Care)** Inability to deliver in house services due to increase in demand	• **(Adult Social Care)** Market Failure and lack of sustainability of the care market • **(Public Health)** If ongoing Covid related response and recovery priorities for Public Health continue to absorb team resources then other statutory and priority services can't be consistently fulfilled

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Agenda Item 7

**Adult Social Care and Health
Overview and Scrutiny Committee**

Customer Feedback Report 2021/22

16th November 2022

Recommendation(s)

1. That the Adult Social Care and Health Overview and Scrutiny Committee considers and comments on the content of the report.

1. Executive Summary

1.1 Summary of feedback received

The Adult Social Care Services receive four types of feedback, comments, compliments, complaints and questions. There were 640 cases created during 2021/22 which is an increase of nearly 14% on the previous year.

1.2 Customers have a choice of channels to provide their feedback: digitally via a self-account they can set up through the Warwickshire County Council (WCC) website, telephone, face to face at an outlet or by post. Generally, over recent years the use of a self-account has been steadily increasing, during 2021/22 it was 60% for the authority. For Adult Social Care it is 5% on the previous year.

1.3 During the financial year 2021/22 the volume of cases processed and closed (191) increased by almost 14% on the previous financial year.

1.4 Timeliness

WCC has specific Service Level Agreement's (SLA) for timeliness of response to feedback classed as a question or a complaint. Most cases that are received by WCC are dealt with by the appropriate Directorate team. It is important to note that questions and complaints for People Directorate are not all processed within the directorate; the Customer Service Centre - Supporting People Team, the Financial Assessment Team and the Commissioning Support Unit are service areas within the Resources Directorate that are responsible for investigating and responding to certain

complaints are the only feedback type which have a county council performance target for response. The target is 70% within SLA, the average response time within ASC over the past 3 years is just over 39%.

1.5 The performance detailed in this report is as it has been recorded by the corporate complaints system. WCC is aware that there are some limitations with the system's functionality such as not being able to change timescales. This may happen outside of the system in agreement with the complainant, for example due to complexity of the individual case.

1.6 Complaints

- Most of the complaints raised focused on perceived issues with: Communication, financial issues and commissioned service provision. However, Contact Us currently only allows the selection of one complaint reason for each complaint raised therefore this may not provide a holistic view of all issues.
- 10% of the complaints closed were not upheld.
- 25% of complaints have been upheld either fully or partially.

1.7 Local Government and Social Care Ombudsman (LGSCO)

1.8 During the financial year 2021/22 there were 12 complaints and enquiries received by the LGSCO in respect of Warwickshire County Council Adult Social Care. Of these 6 were upheld, 4 not upheld and 2 which were closed after initial enquiries.

Further information is available on the LGSCO website here

1.9 Learning from feedback

Putting things right where they have gone wrong and learning from issues raised is the most important part of our customer feedback process. Where there are opportunities for learning and change beyond the individual complaint raised, we look carefully at how best to do this.

From the information captured on the system the main categories of learning have been recorded as follows:

- Poor communication by officers both internally and with the customer
- Better planning required
- Staff training needed
- Improve the time for completing cases – Work has been initiated on this point with recommendations from stage 2 reports being shared and monitored with the appropriate services to ensure these are actioned and lessons learnt.

2.   Financial Implications

2.1   The investigation, administration, actioning and analysis of feedback has costs, although these cannot be quantified, and lessons can be learned from feedback which improve the effectiveness with which resources are used in future.

3.   Environmental Implications

None

4.   Supporting Information

4.1   Performance highlights

4.2   Number of complaint cases closed within the SLA was nearly 50%

4.3   Warwickshire County Council are introducing a new system and procedures to support better compliance with complaint responses and learning from what our customers tell us

5.   Timescales associated with the decision and next steps

Not applicable

Appendices

1.   Appendix 1 Adult Social Care Report

Background Papers

None

Name	Contact Information	Name
Louise Church	louisechurch@warwickshire.gov.uk	Louise Church
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Strategic Director for Resources	robpowell@warwickshire.gov.uk	Strategic Director for Resources
Portfolio Holder for Adult Social Care & Health	MargaretBell@Warwickshire.gov.uk	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, Holland, Golby, Rolfe

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Appendix 1

Adult Social Care Feedback Report 2022

Introduction

The purpose of this report is to detail the four types of customer feedback which have been received by Adult Social Care (ASC) during financial years 2021/2022 including volume, efficiency of processing and outcome for the customer.

Background

This report will detail and analyse the following:
- Volume -
  - Cases created during the period – compliments, complaints, questions and comments
  - Cases processed and closed within the period
- Timeliness – Feedback closed within the appropriate Service Level Agreement (SLA)
- Complaint issues
- Outcomes and remedies for customers
- Local Government and Social Care Ombudsman (LGSCO)
- Learning from feedback

Overview of performance – Adult Social Care

This report focuses on the feedback received from users and customers of Adult Social Care services within People Directorate and activity undertaken by the Resource Directorate and Communities Directorates respectively during the financial years 2019-22.

Strategic Commissioning relates to the commission of Adult Social Care and is managed by colleagues in the Commissioning Service. This related to Warwickshire County Council paid provision of services like care homes or care provided in client's homes. This would exclude any provision paid by clients privately.

Volume

The tables below detail the number of cases created in relation to ASC services and the number of each of the 4 types of feedback received during 2019/20, 2020/21 and 2021/22.

Total ASC cases created

Total ASC cases created by feedback type
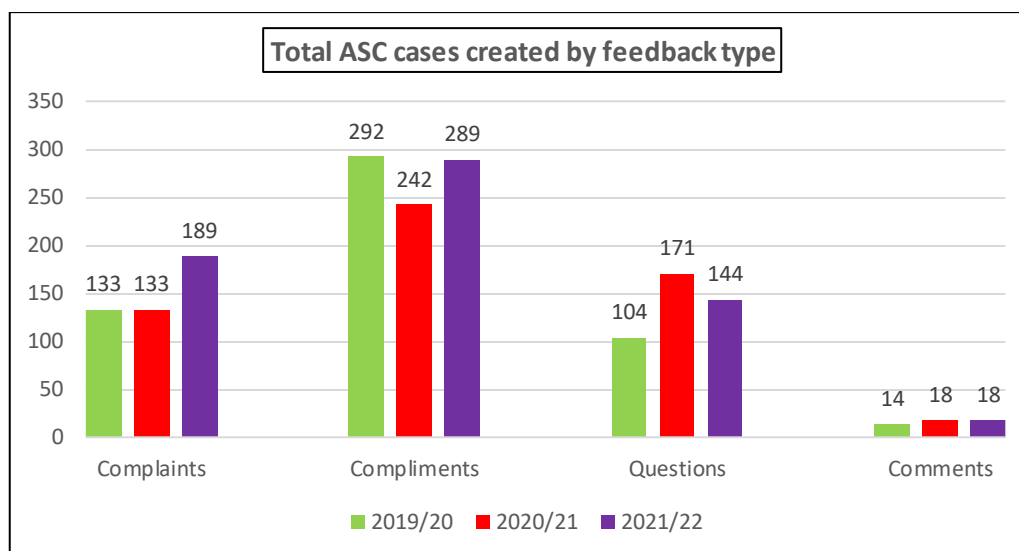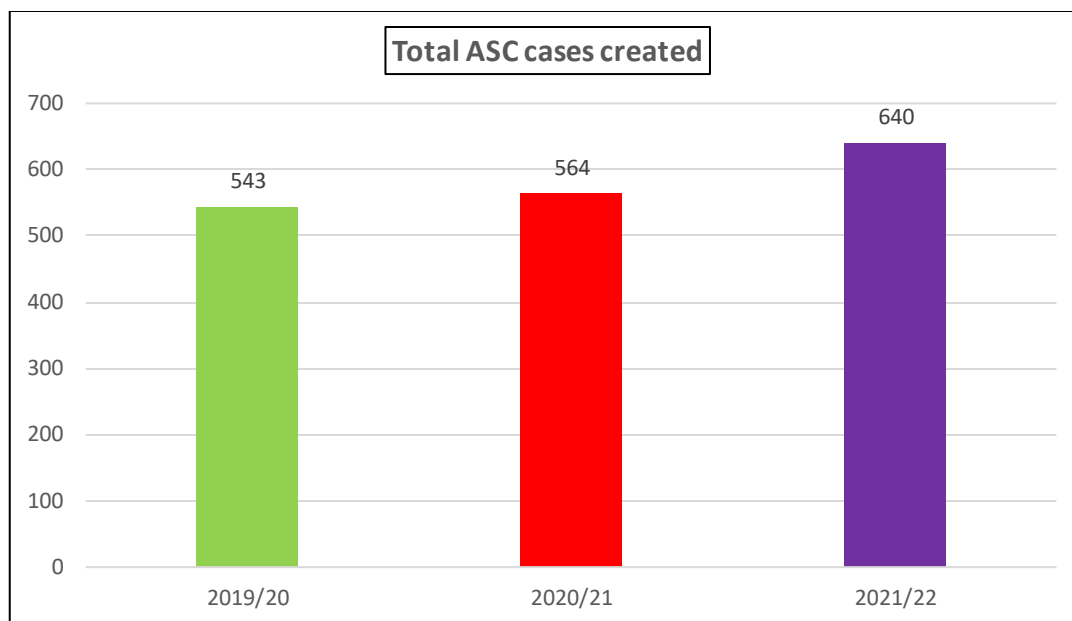
Cases created are all feedback cases that have been received within the period. This does not include cases that were created in the previous year which had not been closed in the same financial year. The total number of complaint cases created during 2021/22 was 640 which is an increase of almost 14% from the previous year.
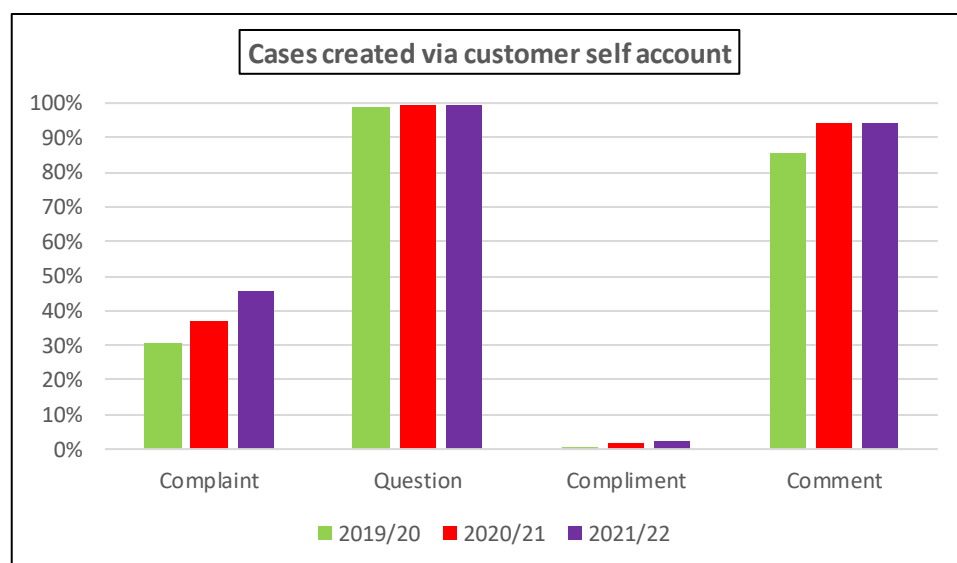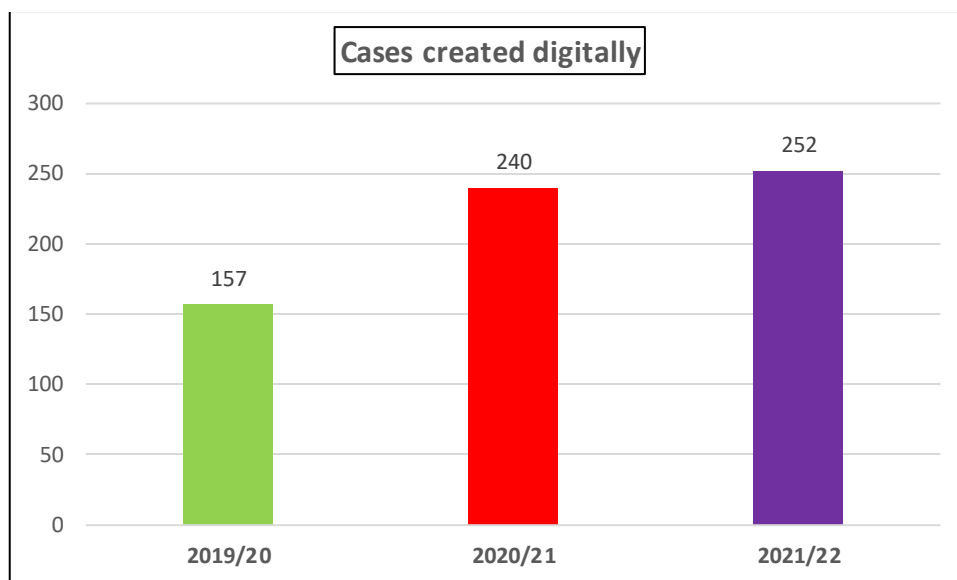
Cases created during 2020/21 compared to 2021/22:

- Complaints have increased by almost 14%
- Compliments have increased by almost 20% and we acknowledge they are recorded in other ways separate from our feedback system
- Questions have decreased by just over 25%
- Comments have remained the same.

The table below details which teams were allocated complaint cases created during the periods of this report.

Number of complaints created, and teams allocated			
Team	2019/20	2020/21	2021/22
A - Assurance (including LADO)	0	1	1
Adult Disabilities Independent Living	1	0	0
Adult Disabilities Learning	15	5	13
Adult Disabilities Physical	19	8	13
Adult Disabilities Transitions	6	8	3
Adult Financial Services	5	10	16
Adult Integrated Care Hospital	12	9	11
Adult Integrated Care Occupational Therapy Team	0	0	0
Adult Integrated Care Reablement	2	4	4
Adult Mental Health	6	9	10
Adult Mental Health Central	0	0	0
Adult Mental Health South	0	0	0
Adult Occupational Therapy	4	2	1
Adult Older People North	0	0	0
Adult Older People Northeast	14	16	24
Adult Older People Stratford	7	11	17
Adult Older People Warwick	20	10	14
Adult Safeguarding	2	2	5
Adult Strategic Commissioning	16	34	53
Adult Supporting People	4	4	4

Customers have a choice of channels to provide their feedback: digitally via a self account they can set up through the the county council website, telephone, face to face at an outlet or by post. The chart below shows the percentage of total cases which were created* digitally. Generally, for the county council over the past few years this has been steadily increasing and for Adult Social Care it is 5% although this is up 60% on 2019/20.

Cases created digitally

Year	Value
2019/20	157
2020/21	240
2021/22	252

Cases created via customer self account

Legend: ■ 2019/20 ■ 2020/21 ■ 2021/22

| Category	2019/20	2020/21	2021/22
Complaint	31%	37%	46%
Question	99%	99%	99%
Compliment	1%	2%	2%
Comment	85%	94%	94%

* Note that cases created is different from cases closed.

Cases closed

All cases received into Contact Us have to be processed prior to closing in the system. There are 2 different types of processing required:

1. A complaint or question relating to the county council and/or its services requires processing and a response provided to the customer within an agreed timescale i.e. SLA, as set out in our complaint policy https://api.warwickshire.gov.uk/documents/WCCC-550390340-762 Customer Care Charter and Standards https://www.warwickshire.gov.uk/customercare or in legislation.

2. Feedback received within the system which is not with regard to the county council or the services it delivers or not appropriate for the system, requires a specific response (generally signposting) to the customer.

The chart below details the number of cases that have been processed and closed over the past 3 years. It is important to note that questions and complaints for People Directorate are not all processed within the directorate; the Customer Service Centre - Supporting People Team, the Financial Assessment Team and the Commissioning Support Unit are service areas within the Resources Directorate that are responsible for investigating and responding to certain People Directorate complaints.
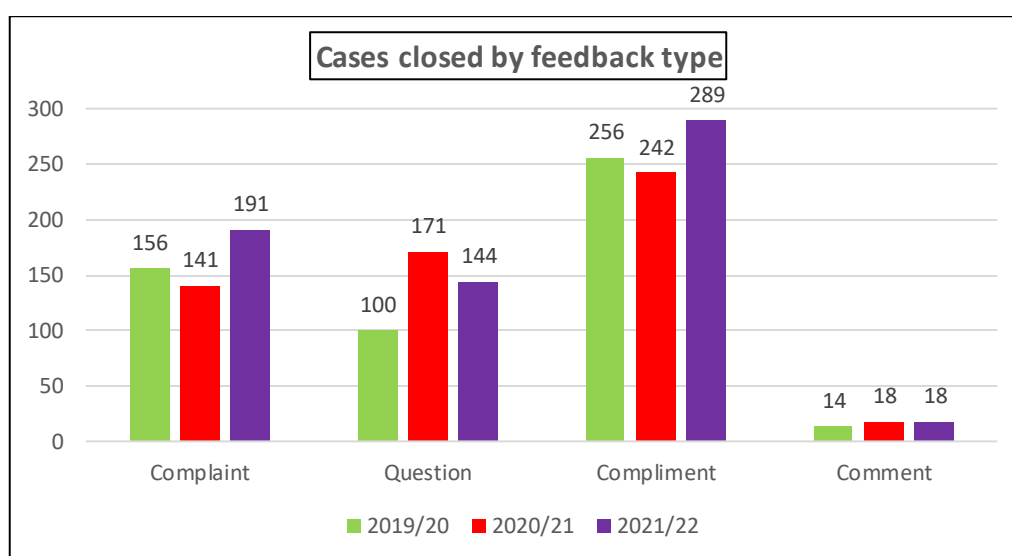
It should be noted that cases closed during a period represent those that have been processed, however there were existing cases which were carried over from the previous financial year, just as there were cases received but not processed by the end of the current period.

Timescales

Cases Closed at Initial Triage

On occasion there are cases which are submitted digitally by customers that are either not for the county council, not appropriate for the Contact Us process or can be resolved immediately by the Customer Relations Teams. For example, these cases can be:

1. Services delivered by other organisations e.g., a district or borough council

2. The reporting of a service request
3. Anonymous submission of question or complaint whereby it is not possible to fully process and respond to the customer.
4. Or can be answered/resolved by the Customer Relations Team

Cases which fall into the above categories are closed at initial triage and the customer responded to accordingly. These cases are referred to as 'not assigned a team/closed at triage'. **All these cases are closed within the SLA**. In addition, comments and compliments do not require a response to the customer and are generally processed and closed at triage. Those that are not closed at triage are those that have been incorrectly classified by the customer and do require a response from the county council.

Cases closed within the Service Level Agreement (SLA)

The table and diagram below show the split by type of feedback of cases that were closed (resolved) within the appropriate SLA. Complaints are the only feedback type which have a county council performance target for response. The target is 70% within SLA, the average response time within ASC over the past 3 years is just over 39%.

Of the 191 complaint cases processed during 2021/22, 94 cases achieved the SLA (i.e., timeliness requirement), which means that nearly 50% of complaints were managed within required timescales. This is an increase of just over 14% from the previous financial year.

It is important to understand that many of the complaint cases require additional information from the complainant such as proof of authority or evidence to support their complaint. Currently, system limitations means that we cannot stop the clock on cases and will inevitability show as being responded to or resolved as late. As part of the planned system improvements this will be addressed.

	2019/20			2020/21			2021/22		
	Number of Cases	Within SLA	%	Number of Cases	Within SLA	%	Number of Cases	Within SLA	%
Comment	14	9	64.29%	19	15	78.95%	18	17	94.44%
Complaint	155	50	32.26%	141	50	35.46%	191	94	49.21%
Compliments	291	291	100%	243	242	99.59%	289	287	99.31%
Question	100	80	80%	179	138	77.09%	144	118	81.94%
Total assigned	**560**	**430**	**76.79%**	**582**	**445**	**76.46%**	**642**	**516**	**80.37%**

Closed Complaints

The number of complaints closed during 2021/22 was 35% higher on 2020/21 and over, 22% up on 2019/20.

Cases closed within SLA

Complaint cases closed
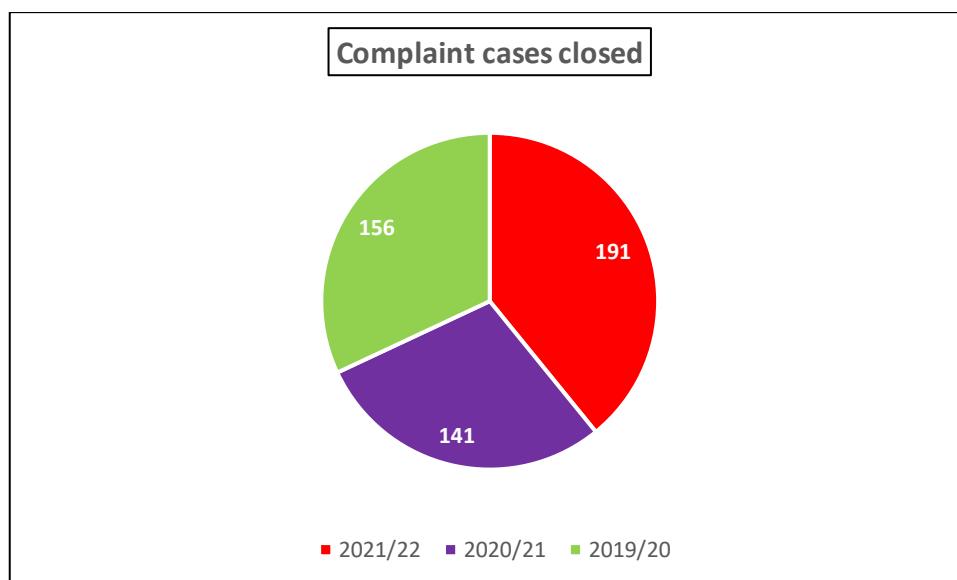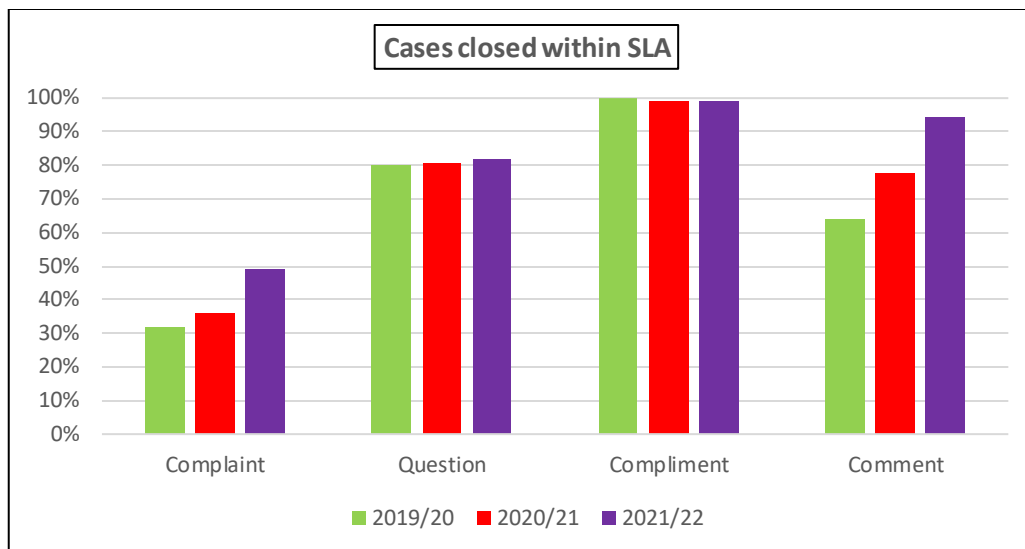
Complaint Issues

Most of the complaints raised focused on perceived issues with communication, county council service standards, commissioned service provision and financial issues. However, Contact Us currently only allows the selection of one complaint reason for each complaint raised therefore this may not provide a holistic view of all issues.

Categories of Complaint 2021/22
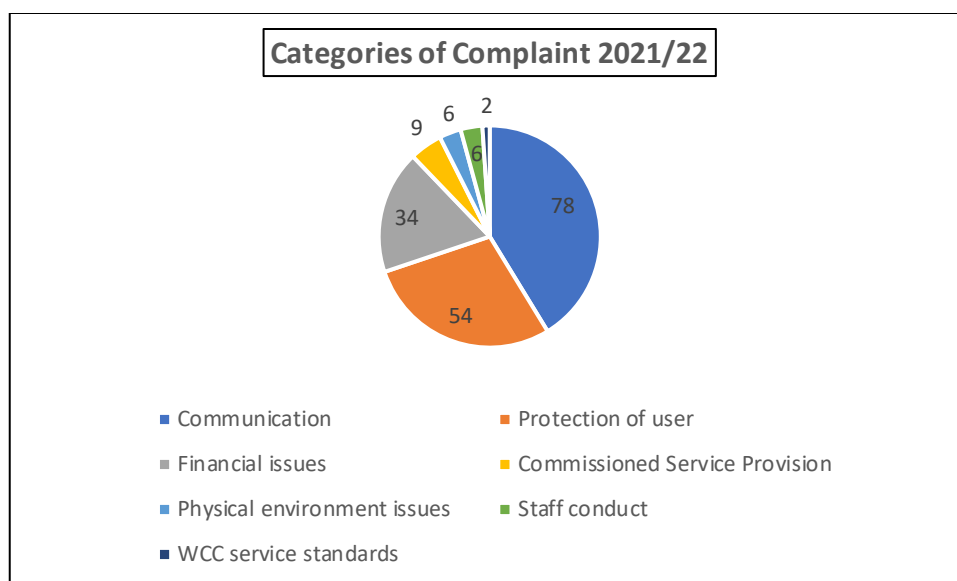
The table below shows the trend in categories of complaint during the past 3 financial years.

Complaints by Category			
Category	2019/20	2020/21	2021/22
Commissioned Service Provision	22	10	9
Communication	19	83	78
Financial issues	35	15	34
Outside Contact Us process	0	1	0
Physical environment issues	3	2	6
Policy	4	0	0
Protection of user	12	13	54
Staff conduct	17	3	6
County Council service standards	43	14	2

Outcome and remedy for customers

Complaints closed by outcome			
Outcome	2019/20	2020/21	2021/22
No outcome provided	0	4	17
All: Transferred	1	11	4
Complaint: Deemed to be Withdrawn	6	11	4
Complaint: Inconclusive	7	3	11

Complaint: Not upheld	30	23	21
Complaint: Partially Upheld	39	26	32
Complaint: Upheld	35	21	21
Complaint: Withdrawn by Customer	7	10	10
Question: Answered	22	28	55
Question: Partially Answered	2	2	32
Question: Unable to Answer	5	1	3
-	1	1	210

- 10% of the complaints closed were not upheld
- 25% of complaints have been either fully or partially upheld

Complaints by Remedy			
Remedy	2019/20	2020/21	2021/22
Apology	64	33	58
Explanation	114	106	131
Financial Remedy	6	4	4
Policy Change	2	0	1
Process	4	6	2
Service	48	32	47

There can be more than one remedy to a complaint, but most of customers' issues have been resolved - at least partially - with an explanation being provided. A further significant proportion have been resolved by providing an explanation and/or apology.

Local Government and Social Care Ombudsman (LGSCO)

During the financial year 2021/22 there were 12 complaints and enquiries received by the LGSCO in respect of Warwickshire County Council Adult Social Care. Of these 6 were upheld, 4 not upheld and 2 which were closed after initial enquiries.

Further information is available on the LGSCO website here

Learning from feedback

Putting things right where they have gone wrong and learning from issues raised is the most important part of our customer feedback process.

As mentioned, the current complaints case management system, Contact Us, is under review due to failings around the level of information it captures, as well as its ability to manage that information in a user-friendly, customer-centric way. Much of the detail in relation to learning from our customers' feedback therefore has been captured outside the system. There is a field 'Lessons learned' within Contact Us which should be completed by the investigating officer once the complaint has been closed however on most occasions this field is used for case notes, is marked N/A or is left blank.

However, from the responses captured on the system the main categories of learning for the authority have been recorded as follows:

- Poor communication by officers both internally and with the customer
- Better planning required
- Staff training needed
- Improve the time for completing cases

Summary

Understanding our customers and their views is key to delivering the best possible service, which is something Warwickshire County Council is committed to striving to achieve.

Performance highlight

1. Number of complaint cases closed within the SLA was nearly 50%
2. Warwickshire County Council are introducing a new system and procedures to support better compliance with complaint responses and learning from what our customers tell us

Louise Church

September 2022

Adult Social Care and Health
Overview and Scrutiny Committee
16 November 2022

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
10 November 2022	Council Plan 2022-2027 - Quarter 2 Performance Progress Report (Cabinet)
15 December 2022	Capital Funding housing and care development (Transforming Care) (Cabinet)
16 February 2023	Council Plan 2022-2027 - Quarter 3 Performance Progress Report (Cabinet)
16 March 2023	Warwickshire County Council Suicide Prevention proposals (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 10 October. There were no items related directly to health on the agenda. Future meeting dates are 16 January and 27 February 2023.
Nuneaton and Bedworth Borough Council (NBBC)	
	The NBBC Housing, Environment and Health OS Panel met on 27 October. 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 Its future work programme items include: • 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 3 October. The agenda included an item on review of access to emergency health care provision, which followed a motion at the Borough Council meeting. There is a future item (date to be agreed) on health and wellbeing, linked to recovery from the Covid-19 pandemic.

Stratford-upon-Avon District Council – Overview and Scrutiny Committee	
	The District Council's OSC met on 30 September, 14 and 28 October. There is a future (unscheduled) item listed on its work programme for an update from Coventry and Warwickshire Clinical Commissioning Group (now Integrated Care Board).
Warwick District Council – Overview and Scrutiny Committee	
	The OSC met on 28 September and 1 November. There were no items scheduled which related to health.

5 Task and Finish Groups (TFGs)

5.1 The current TFG is focussed on GP services. Three evidence gathering meetings were held and a draft review report has now been prepared for consideration by the group at a meeting on 7 December. A future TFG has been scheduled to look at menopause services.

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

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Adult Social Care and Health Overview and Scrutiny Committee
Work Programme 2022/23

Date of meeting	Item	Report detail
16 November 2022	Council Plan 2022-2027 - Quarter 2 Performance Progress Report	This is the tailored report showing the Performance Progress Report for the period April - September 2022.
16 November 2022	Integrated Care Partnership (ICP) Strategy	Engagement with the Committee on the ICP Strategy and associated plan. This may also involve the Joint Coventry and Warwickshire health overview and scrutiny committee. An initial briefing note was circulated on 12 October to give context.
16 November 2022	Customer Feedback Report 2021/22	This report provides an overview of customer feedback received during 2021/22.
15 February 2023	South Warwickshire Community Hospital Review	At the Committee meeting in September, it was agreed to receive a further update on this review in November. Due to timing issues, this was not feasible for the November Committee. It was agreed to consider this item in February 2023.
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.
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.
Dates to be confirmed	Presentation on Social Care	This was added to the committee's work programme on 16th February at the request of Councillor Drew. There is a suggestion for a briefing session from Pete Sidgwick, which may be a useful mechanism for some aspects.

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
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		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

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 task and finish group (TFG) took place in 2017/18. The committee agreed to undertake a further TFG.	TBC	Three meetings were held and the draft review report has been produced for consideration by the TFG.
Menopause Services	This was agreed on 16th February, following the consideration of 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.