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.

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

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.

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Councillor Clare Golby, Chair

The meeting closed at 12.20pm