

# Adult Social Care and Health Overview and Scrutiny Committee

Date: Wednesday 21 September 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

To receive the Minutes of the committee meeting held on 22 June 2022.

5 - 16

## 2. Public Speaking

**3. Questions to Portfolio Holders**

Up to 30 minutes of the meeting is available for members of the Committee to put questions to the Portfolio Holder: Councillor Margaret Bell (Adult Social Care and Health) on any matters relevant to the remit of this Committee.

**4. Questions to the NHS**

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

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

17 - 34

For the Committee to consider and comment on the Quarter 1 organisational performance and progress against the Integrated Delivery Plan.

**6. Hospital Discharge**

The Committee will receive a joint presentation on hospital discharge from health and the county council. This will include Discharge to Assess and Complex Discharge Pathways.

**7. Work Programme**

35 - 42

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

**Monica Fogarty**  
Chief Executive  
Warwickshire County Council  
Shire Hall, Warwick

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- Leave the meeting room until the matter has been dealt with
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# Adult Social Care and Health Overview and Scrutiny Committee

Wednesday 22 June 2022

## Minutes

### Attendance

#### Committee Members

Councillor Clare Golby (Chair)

Councillor John Holland (Vice-Chair)

Councillor John Cooke

Councillor Joy Coventry-Moreton (Nuneaton and Bedworth Borough Council (NBBC))

Councillor Tracey Drew

Councillor Dave Humphreys

Councillor Marian Humphreys

Councillor Christopher Kettle

Councillor Jan Matecki

Councillor Chris Mills

Councillor Penny-Anne O'Donnell (Stratford-upon-Avon District Council)

Councillor Kate Rolfe

#### Officers

Lynn Bassett, Sarah Duxbury, Zoe Mayhew, Nigel Minns, Isabelle Moorhouse, Pete Sidgwick and Paul Spencer.

#### Others in attendance

Chris Bain and Ben Clarke, Healthwatch Warwickshire (HWW)

Councillor Margaret Bell, Portfolio Holder for Adult Social Care and Health

David Lawrence Press

### 1. General

#### (1) Apologies

Apologies for absence from the meeting were received from Councillor Mandy Tromans (replaced by Councillor Dave Humphreys), Councillor Kyle Evans (NBBC, replaced by Councillor Joy Coventry-Moreton), Councillor Pam Redford (Warwick District Council), also from Dr Shade Agboola, Director of Public Health.

## **(2) Disclosures of Pecuniary and Non-Pecuniary Interests**

None.

## **(3) Chair's Announcements**

The Chair advised that Nuneaton and Bedworth Borough Council had appointed a new representative on the Committee, Councillor Kyle Evans. The new North Warwickshire Borough Council representative was Councillor Judy Macdonald. The Chair thanked retiring members for their service and welcomed new members to the Committee. It was noted that a number of presentations would be provided which had been circulated in advance by email.

## **(4) Minutes of previous meetings**

The Minutes of the committee meetings held on 27 April and 17 May 2022 were approved as true records and signed by the Chair.

## **2. Public Speaking**

None.

## **3. Questions to Portfolio Holders**

Councillor John Holland had given notice of the following questions: The Joint Strategic Needs Assessment (JSNA) divided Warwickshire into 23 areas and identified the needs of each. How many of the areas have action plans in place to address inequalities? What progress is being made in meeting the needs identified?

Councillor Margaret Bell responded that three place-based partnerships had been established as part of the Integrated Care System (ICS) to look at local issues and feed into the Health and Wellbeing Board (HWBB). The Place Partnership Boards had taken on the JSNA activity and all were working on their respective action plans. She had attended a lot of their meetings. The priorities for each area would be based on the JSNA data and other data. This fed into the HWBB and on to the Integrated Care Partnership. Some of the priorities had changed post Covid. There continued to be updates for each area from available JSNA data. This work was fundamental, informing both priorities and the inequalities agenda.

Councillor Holland viewed it that nothing had been implemented and linked this to 'levelling up'. He gave an example from his local area of a priority to provide a new community centre, in a joint scheme involving both the District and County Council. This remained a priority for the Place Partnership. The Chair suggested that this local issue could be discussed outside the meeting, which the portfolio holder agreed to do. She did not agree with Councillor Holland's view that nothing had been done. The action plans were in place, some had been fulfilled and there had been delays impacted by the Covid pandemic.

Councillor Kate Rolfe referred to the shortage of care staff, using an example to show the challenges faced in arranging care packages. She asked the portfolio holder if this was happening more than should be the case. Councillor Bell agreed there was a challenge in getting care packages, which could impact on hospital discharges. End of life care was prioritised and once in

place, the health and care support were excellent. There were workforce challenges and endeavours to address this. Councillor Rolfe then referred to the difficulties faced by carers through the current cost of living increases. She asked if there was any statistical data on the impact for carers in Warwickshire. Councillor Bell did not have such data to hand. It was suggested that these items could be raised under the later agenda item which would give a workforce update.

Councillor Chris Kettle thanked the Portfolio Holder for pursuing with the Clinical Commissioning Group (CCG) an issue about provision of a new health centre linked to residential development. Councillor Bell added that this concerned the need for a broader consultation. The CCG had agreed to undertake that consultation and no decisions had yet been taken on the final scheme. This was followed by a discussion about planning and infrastructure contributions through Section 106 agreements. In Nuneaton, at Weddington an additional 5,000 homes would be built following a number of planning consents. The separate planning applications avoided contributions towards infrastructure costs, such as highways. There needed to be a holistic approach. It was clarified that Section 106 contributions from smaller sites could now be amalgamated and it was important that the planning authority had a dialogue with CCGs about impact and to give a strategic overview. Discussion took place about attracting the GPs / clinical staff to work in the new premises. Sometimes they were linked to an existing practice or GPs were employed through an alternate provider contract. There was an ongoing task and finish group on GP services looking at the issues raised, which would report in due course. Further points on the current planning system and the need to consider planning applications individually.

#### **4. Questions to the NHS**

None.

#### **5. Approach to Levelling Up**

Nigel Minns, Strategic Director for People introduced this item, supported by Sarah Duxbury, Assistant Director of Governance and Policy. In February, the Government published the Levelling Up White Paper, which outlined its strategy to “spread opportunity and prosperity to all parts of the country” by 2030, through twelve national missions. The missions were detailed in an appendix to the report. The approved Council Plan included a commitment to the Levelling Up agenda and to understanding what that meant for Warwickshire. Additionally, two reports had been considered by Cabinet setting out the overall direction on, and proposed approach to Levelling Up, with a planned further report in July after consideration by the four overview and scrutiny committees and a range of stakeholders.

The aim was to create a reference point for the Levelling Up agenda, complementing existing work and highlighting specific challenges and opportunities in the county. The report provided an outline of the emerging approach along with content tailored to this committee’s remit and to seek member input to feed into the subsequent report to Cabinet.

The detail of the report listed the twelve missions in the White Paper, and a diagram mapped these to the Council Plan areas of focus, showing a considerable degree of overlap. Equally there was overlap between the remits of the overview and scrutiny committees, the missions and areas of focus. Appendix 2 to the report set this out in more detail, highlighting the areas of most relevance to the remit of this Committee.

The report outlined the stakeholder engagement to date. Using the feedback received, alongside the ongoing engagement with partners and stakeholders, the working definition for Levelling up in Warwickshire was anchored around:

- Increasing opportunity and social mobility
- Reducing disparities
- Building community power
- Creating sustainable futures

The report then set out the key features of the overall approach, reflected in five key principles which complemented the Council Plan. Core to the Levelling Up agenda was the need to prioritise effort and activity to where it was most needed. Attention would be focussed on specific places and groups, determined by robust evidence, whilst enabling other places and communities to address local levelling up imperatives through more community powered approaches. Robust, credible data would be used at a variety of geographical levels to determine where interventions could have the biggest impact. The report outlined the frameworks which would be used. The Community Powered Warwickshire programme was a key lever for the Levelling Up approach and would be central to delivering the Council's vision.

Following approval of the Levelling Up approach, the Committee would be able to consider how it wished to track progress, through the related strategies, elements of the Integrated Delivery Plan, and the new Performance Management Framework.

The following questions and comments were submitted, with responses provided as indicated:

- Councillor Rolfe spoke of the difficult times presently with cost of living increases, people on low incomes, in poverty and reliant on food banks. The levelling up aspirations were wonderful, but there would be widening gaps, especially in areas perceived as affluent. It was questioned how the current position would be addressed.
- Nigel Minns responded that the challenges were recognised in this approach. A plan would not be set out at this stage. It was more about the overarching approach and principles, engagement and the start of the journey. There was a long way to go. It was important at this stage to have a 'golden thread' running through all strategies and could be argued previously that elements had been viewed in isolation. Councillor Rolfe linked poverty to poorer health.
- Councillor Holland supported the levelling up aims. Currently there were widening gaps with higher inflation benefitting those with assets and impacting most on those with lower incomes. The presentation had rightly been complex. Some things could be measured easily, an example being life expectancy, which according to data from the Office for National Statistics had reduced by two years. The geography was important, with a comparison made to the large areas used for the JSNA and the much smaller areas to measured crime data. More use could be made of local councillors' knowledge including town and parish councillors. He then referred to data showing that people with a mental health condition on average had a lower life expectancy by 20 years. He thanked officers for the presentation, welcoming the approach. Nigel Minns assured that there would be extensive engagement, including with very local councils and groups as part of the community powered approach.



- Councillor Marian Humphreys spoke about securing money to build new schools, nurseries and health facilities. There were challenges for rural areas with a lack of bus services and regular concerns from parents who did not secure their child a place at the local primary school. A need for wide engagement and at an early stage.
- Several members complemented the report.
- Councillor Matecki welcomed the ambition but was concerned at the potential to deliver this. He considered the current system was broken and there was too much focus on bringing in a new system.
- Chris Bain of HWW spoke about inequality through age discrimination, for both younger and older people. A need to 'age proof' when designing things like housing, transport, lighting and public spaces, as an essential part of levelling up. There were additional layers of challenge for older people from an ethnic minority group. Including these aspects at an early stage would be helpful. Nigel Minns acknowledged this as an important point, also referencing the combined challenges around age and rural isolation. This and the previous points from councillors were all being captured, to feed into the subsequent report.
- Councillor Drew raised points which rested within the remit of the Communities Overview and Scrutiny Committee and would be referred to that committee, when it met later in the day. They concerned transport infrastructure and delivery of priority road schemes. She reminded of the declaration on climate emergency and decisions to support active travel, with pedestrian, cycling and use of public transport. She suggested that this part of the document be updated accordingly to take the emphasis away from passive travel by car.
- The Chair referred to the State of Warwickshire document published last year. Several of the points raised in the levelling up report had been included in the earlier document, as activity which should be, but currently were not, being undertaken. She sought reassurance that they would be tackled as part of the levelling up process. The Chair then referred to regional levelling up and devolution. She was aware that the majority of the County's areas in deprivation were located in Nuneaton and Bedworth (N&B), also speaking on impacts for life expectancy and service provision for health and education. There were many good points in the document about the desired outcomes, but not the potential work which was needed to achieve them. In N&B there was a low starting point and huge disparities across the County. She sought more information in how the process would be undertaken to achieve the desired end point.
- Nigel Minns confirmed that many of the communities in deprivation were located in N&B, some were in North Warwickshire with others located elsewhere in the County. He had met with the chief executives of both councils who would prioritise those areas. Something different was required as there had been several initiatives over previous years. Currently the focus was on the overall approach and setting a priorities list strategy. The report would go to Cabinet and a series of action plans would be developed. It would then be for members to hold officers to account on how the actions and targets were being achieved. He was unable to comment on the regional relationships at this stage but acknowledged there would be aspects for both the sub-region and the West Midlands. The Chair responded that the regional element was included within the levelling up document.
- The Chair raised that some previous programmes and interventions had not been successful, evidenced by the resultant data. There was a need to change the approach to achieve the desired outcomes.
- Nigel Minns responded that some previous schemes may have been too siloed. This was a fundamental change of approach that all work had a levelling up focus to it. He used the 'health in all policies' approach as an example. For levelling up, all policies and strategies would be assessed to see how they contributed to levelling up and to ensure a coherent

holistic approach. This was about levelling up Warwickshire, so the community powered approach and broad engagement in a different way, was key.

- The Chair stated the need to level up Warwickshire internally, before looking at adjacent areas. There were significant disparities within the County which should be addressed as the priority. Nigel Minns confirmed that this was the focus. Looking at the wider levelling up agenda, it was unlikely that Warwickshire would be a priority when compared to many other urban deprived areas.
- The Chair sought a geographic breakdown of the numbers of questionnaires completed in each area of the County. Sarah Duxbury confirmed that the Voice of Warwickshire survey could be broken down. Currently, officers were reviewing and analysing the responses, and this information would be circulated. The Chair welcomed the focus on internal levelling up stating the need to look at the north of the County.
- Discussion about the bidding process for the first round of levelling up funding. There had been no successful bids in North Warwickshire. The Chair said this was project specific but formed part of the wider levelling up agenda. Examples were provided of the bids submitted in both N&B and North Warwickshire.

### **Resolved:**

That the Committee:

1. Notes the report and asks Cabinet to consider the points raised above.
2. Refers the points raised on transport to the Communities Overview and Scrutiny Committee.

### **6. Workforce Update - the Care Market**

The Committee received a presentation from Lynn Bassett, Organisational Development Team Manager and Zoe Mayhew, Strategy and Commissioning Manager within People Strategy and Commissioning. The presentation covered:

- National staffing picture – showing recruitment and retention, vacancies and a comparison between March 2021 and May 2022
- National context, with data on the increase in the number of homecare hours delivered and those it had not been possible to deliver equating to 671%
- Data on commissioned provision - comprising domiciliary care, specialist housing services, residential care, nursing homes, supported living services and extra care housing
- Learning and Development Partnership – showing examples of the support offer
- Staff learning and development – a coordinated approach with health, delivering Warwickshire specific training with a range of training offers, qualification programme, support for managers and sharing good practice
- A data slide on qualifications and training
- Training figures and training. In 2020/21 - 2,150 places attended; in 2021/22 - 3,091 places attended
- Impact of training, delivered in blended approach to increase flexibility. Keeping excellent attendance, with three-month reviews taking place to monitor impact.

- School careers support – the partnership was part of the careers hub program and was notified of career events and parents’ evenings
- College / university careers support – the partnership attended college career days to seek additional employees in either a permanent or bank role
- Promoting job vacancies – examples were provided of the range of methods used
- Recruitment support – the partnership worked with providers and other agencies to raise the profile of social care
- Impact of job vacancies and recruitment support - data for 2020/22 and 2022/23 on the number of jobs advertised, events held and what this work had achieved
- Staff retention and wellbeing – examples of the support and incentives available
- Next steps

Discussion took place on the following areas:

- Councillor Matecki spoke of the need for additional frontline carers, commenting that in Warwick district there were two vacancies for every unemployed person. The report did not mention overseas recruitment to fill vacancies. Officers replied that a proposal to do this was currently being formulated to attract carers from overseas on behalf of commissioned providers, as an enabler.
- Councillor Marian Humphreys praised home care services. She advocated the benefits of coordinated NHS and social care visits or better still having a hybrid health and care role to reduce duplication. She outlined the many aspects to care visits at home to meet the service users’ needs and the significant training requirements. She reiterated the value of these staff which should be recognised more and be promoted in schools to attract people to this service area.
- Chris Bain said this was a complex problem, both in Warwickshire and nationally. The image of social care and to a lesser extent health was a perception of older people who were in decline. To attract younger people, it was necessary to address this image and there was a role for the media to play. Some media reporting had a negative impact, which could deter people from working in these services. There were recruitment challenges across social care and many parts of the NHS, with alternate employments offering more money. Rates of staff turnover in some organisations were significant which was not helpful. This added to pressures with induction, training and embedding the organisation’s culture. The challenge was multi-layered and there was no quick fix. A need to start by repairing the image of health and social care to make it an attractive career.
- Councillor Mills echoed the points about making the service attractive to students, speaking of the potential for a career path into the NHS. Lynn Bassett responded that this was a challenge. Some of the methods were to emphasise the technology aspects, to use a practical approach whilst delivering information and to demonstrate the career potential.
- Councillor Cooke spoke on the recruitment aspects, commending the combined application form. He asked whether there was a sufficient advertising budget, which was confirmed and there was excellent support from the communications team too.
- Councillor Drew considered there was a service gap between social services and emergency response in the community by first responders. Referring to the meeting documents, there seemed little reference to preventative or community work. In her locality she was aware of an individual who repeatedly and inappropriately called for West Midlands Ambulance Service (WMAS). Filling the referenced gap in service would help to alleviate

pressures elsewhere in the NHS. On attracting carers, she noted that people had a range of needs, and 'one size' did not fit all.

- Zoe Mayhew spoke of the work within various parts of the NHS to triage and avoid unnecessary admission from A&E into the acute hospitals. Of the local acute trusts, George Eliot Hospital (GEH) had the best results for non-admittance from A&E. The three acute hospitals had recently confirmed that people who were conveyed to hospital by WMAS did need hospital care. The majority of people calling for an ambulance did need medical support. There were ongoing conversations about commissioning a low level, preventative service to help people to remain at home and manage their long-term conditions. Through primary care a lot of education was taking place on correct use of the 999 and 111 services, to reduce reliance on A&E services.
- The Chair asked if there may be other reasons why people were attending the GEH A&E department routinely and whether this indicated a shortage of primary care services. She would pursue this outside the meeting.
- Councillor Rolfe commented on the extremely difficult situation currently. She referred to the data that 2.2 million hours of care service had not been delivered nationally for the first quarter of 2022 and it was likely that this data had doubled over the last three months. She found this frightening and wanted to explore what this meant for Warwickshire service users in real terms.
- Zoe Mayhew advised that there were a number of contributing factors. The data would include some people putting informal alternatives in place with family members bridging the gap. The Council had used its in-house reablement service extensively, particularly for domiciliary care and some interim solutions had been commissioned, including bedded provision to assist discharge from hospital. In Warwickshire, it had not reached the situation where people were in absolute crisis, as various solutions had been found to plug the gap.
- Councillor Rolfe sought more information about career progression opportunities for carers, asking if this may be a barrier to attracting people to the service. She gave anecdotal feedback of a person who had switched careers to become a carer and their enjoyment of this new role.
- Zoe Mayhew spoke about the national workforce strategy. It included clearer career progression aspects for those working in social care. Specific detail was provided about the care certificate undertaken at the commencement of employment, further training and how this could be progressed into an apprenticeship. In Warwickshire the care certificate was now portable, so when employees moved to another employment, they were able to demonstrate the training completed avoiding the need to repeat that training.
- Councillor Holland thanked officers for the presentation. He spoke about recent national articles on the lack of funding, and absence of a national workforce plan. Against this background, he found this a positive report.
- A discussion about the impact of increasing fuel costs, which had contributed to 21 domiciliary care workers leaving their roles recently. Some had transferred to care homes to remove the travel costs. As a solution, a revised commissioning approach was being sought, to make it more localised. This should help providers to schedule services more efficiently and increase capacity. It was hoped that the fair cost of care exercise would assist with the fee structure to support some of the current pressures.
- Councillor O'Donnell referred to young people becoming carers, the challenges they would face and need for resilience. It was important to target the right people when suggesting this career. She spoke about career progression, including a gateway into nursing, for those who wanted to take that route. She asked for an indication of how many current carers may want to transfer to nursing and if the current arrangements were sufficient to allow this.

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Whilst the specific data sought was not available, there was a pathway into nursing from people completing the care certificate and then an apprenticeship. Further points about the profile of care staff, who may work around other responsibilities and not see their opportunity to progress. People working in care could be used as advocates to show the value and rewards of this role.

- The Chair was surprised that businesses were not more efficient in their allocation of staff to maximise capacity. Zoe Mayhew confirmed that the Council had given a lot of support to providers to help them manage their businesses efficiently. This was ongoing and there were varying degrees of support required by different providers.
- It was questioned if research took place to identify the causes of people leaving care roles, especially in areas where there was significant turnover. In some cases, the causes would be beyond direct control. In others, it may be the way an organisation was run, and the Council could provide support and advice. Issues linked to travel in rural areas were raised particularly.
- The Chair touched on the current image of care work. There was a need to explain the varying roles and skill sets required, including digital skills, also that it was not just elderly people who needed support.
- Reference was made to delayed hospital discharges. It was questioned if all care roles were filled, how this would assist. Officers replied that this was complex. Hospital discharge in Warwickshire had historically been timely, but pressures had been felt since the previous year. Other contributors were the increasing complexity of care needs, meaning the person could not return to their previous care arrangements, or people perhaps being discharged from hospital too soon with a need for ongoing primary care support. Increasing the amount of domiciliary care staffing would assist, but given the interdependencies, it would not resolve everything.
- Chris Bain added that delayed hospital discharges were a system problem. He then referred to earlier contributions on the challenges of recruiting younger people. In his view, a more granulated approach, recognising the pressures they faced meant these issues did not happen. He made a plea for more care in how these challenges were presented and not to use the characterisations made earlier in the debate.
- A member was concerned about community care arrangements, specifically the short duration of the care visits, the travelling requirements between visits and for staff a lack of satisfaction at the service they were able to deliver in the time available.

The Chair thanked officers for the presentation and for responding to members' questions.

## **Resolved**

That the Committee notes the presentation.

## **7. Year End Performance Progress Report**

Pete Sidgwick, Assistant Director for Social Care and Support introduced this item. The Council Plan year end Performance Progress Report for the period 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022 was considered and approved by Cabinet on 16<sup>th</sup> June 2022. The report provided an overview of progress of the key elements of the Council Plan, specifically in relation to performance against Key Business Measures (KBMs), strategic risks and workforce management. A separate financial monitoring report for the period covering both the revenue and capital budgets, reserves and delivery of the savings plan was also provided at the same Cabinet meeting.

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The Committee received a tailored report with information relevant to its remit. It provided commentary on year end performance for 2021/22. It was noted that future performance reporting would be based on the new Council Plan 2022-2027. The Cabinet had also approved the implementation of a new Performance Management Framework effective from 1<sup>st</sup> April 2022, which would provide a sharpened focus on performance and trajectory to support delivery of the Council's new priorities and areas of focus.

Members were reminded of the two high level outcomes within the Council Plan and progress to achieve these outcomes was assessed against 54 KBMs, of which 12 were within the remit of the Committee. One of these had been paused as a result of ongoing data restrictions linked to the Covid-19 pandemic. Of the remaining 11 KBMs, nine were on track and two were not.

A series of tables were included in the report, to pull out key information around achievement of KBMs, a summary of performance from the Power Bi report and an area of note around reporting of domestic abuse incidents. Additional information was provided for those areas which were 'not on track', including one which required escalation on the percentage of successful completions as a proportion of all in treatment. A further table showed the forecast performance projection, it being expected that both of the KBMs that currently were not on track, would remain static over the forthcoming period.

The report concluded with the financial commentary for the revenue budget, delivery of the savings plan, the capital programme and risk management.

The following questions and comments were submitted, with responses provided as indicated:

- Discussion took place about the changes to inspection requirements for care homes. These would now take place only where there was intelligence of significant concerns. Pete Sidgwick explained the changes that the Care Quality Commission (CQC) had introduced to care home inspections during the Covid pandemic. A more targeted approach was expected for the future, focussing on those homes which had significant issues. For the County Council this was about its quality assurance role and a range of other information sources were available. Currently, the aim was to return to a 'business as usual' approach. This also applied to CQC regulation of the reablement service.
- A question was submitted about underspends of budgets. Generally, these were not carried forward to the subsequent financial year. An exception was the carry forward of the Better Care funding. Another councillor asked if an underspend resulted in a budget cut for the following year. Context was provided on the £280 million of funding for social care each year and the £52 million of income from residents' contributions. This was a highly complex budget area, with points made on the impact of the Covid pandemic, additional income received from the NHS and the medium-term financial planning approach. This all made it harder to forecast budget expenditure.
- Discussion about the rising number of reported domestic abuse (DA) incidents. The Chair spoke of the impact of DA on children, families and communities. She asked about the reporting of outcomes and whether cases were being resolved satisfactorily. The data was high but did not tell the complete story and further detail was sought. It was noted that the response to DA was multi-disciplinary.

- Reference to addiction outcomes with only 16.2% successful completions of all treatments. Further detail was sought, including a breakdown of the data across each area and by addiction type. It was noted this was a cross cutting issue.
- Likewise on customer service, the satisfaction target of 85% was questioned as this seemed low. More information was sought on why this target level had been agreed and this would be looked into.
- It was requested that briefing notes be provided to give further background on the rising number of reported domestic abuse incidents, addiction outcomes and the customer satisfaction target.
- The risks on sustainability of the care market was raised. There was reliance on an independent market to deliver the domiciliary and care home services. This was a risk both nationally and within the county and there were duties for the Council under the Care Act legislation. If the local market could not deliver care services, it would be deemed as a failure for the council to meet its statutory duties. In Warwickshire, there had been a good care market for a long time, but domiciliary care services had started to struggle since October 2021. Comparatively Warwickshire was better placed than many local authorities. There were continued efforts to support the care market with examples provided, including the fair cost of care. Currently, the Council was meeting its statutory duties. It was agreed that periodic updates be provided by way of briefing note.
- Reference to the numbers of people with a learning disability or autism who were in inpatient care. Further detail was sought on this area. It was an indicator which the CCG led on, which was also of importance to the County Council, due to work on transforming care. Comparatively, more people were in inpatient beds than the target level nationally. There was a programme of work across Coventry and Warwickshire to reduce this data. It was about reducing unnecessary admissions and enabling people to return to a community setting as soon as possible. There was significant involvement from NHS England in this work. The performance data was below target, and whilst the trajectory was improving, a lot more work was required as a transforming care partnership. It was requested that more information be provided from the partners involved.
- A member asked about hidden DA cases and how even more reporting could be secured. Reference to the wide impacts DA had and the services involved in responding to it. The aims of this work, which rested within Public Health amongst other agencies, was to reduce DA whilst increasing the reporting. It was expected that the reporting target would be increased, having been achieved for the previous year. This could be included within the subsequent briefing note.
- The requests for briefing notes would be considered further at the next Chair and spokesperson meeting, to ensure they covered the correct areas. The briefing notes would be provided and then consideration could be given to whether follow up reports or presentations were required.

## **Resolved**

That the Committee comments as set out above on the progress with delivery of the Council Plan 2020-25 for the year end Performance Progress Report 2021-22.

## **8. Work Programme**

The Committee discussed its work programme. A request was made for a follow up report on the care market, particularly the recruitment aspects, lost hours of care and resignations due to rising

fuel costs. It was agreed that this be provided via a briefing note in the first instance, to give an update on the figures presented earlier in this meeting and was important the Committee monitored this area closely.

**Resolved**

That the Committee notes the work programme as submitted, subject to the addition of the requested briefing notes.

.....  
Councillor Clare Golby, Chair

The meeting closed at 12.30pm



## **Adult Social Care Overview & Scrutiny Committee**

**21<sup>st</sup> September 2022**

### **Council Plan 2022-2027 Integrated Performance Report Quarter 1 2022/23**

**Period under review: April to June 2022**

#### **Recommendations**

That the Committee considers and comments on Quarter 1 organisational performance and progress against the Integrated Delivery Plan.

#### **1. Executive Summary**

- 1.1 This report summarises 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. All information contained within this report has been taken from the Quarter 1 Integrated Performance and Finance reports Cabinet considered on the 8<sup>th</sup> September. 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.
- 1.2 Progress against the Integrated Delivery Plan is summarised in Section 3 and more fully presented within Appendix 2.
- 1.3 Management of Finance is summarised in Section 4 and the summary dashboard is presented in Appendix 3.
- 1.4 Management of Risk is summarised in Section 5 and more detailed information is presented in Appendix 4.
- 1.5 The paper sets out, for the first time, 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.
- 1.6 The Council's overall performance remains strong, despite a volatile, uncertain, and high-risk external environment. There are 11 KBMs within the remit of this Committee, 9 are reportable at Quarter 1, 78% (7) KBMs are assessed as being On Track with performance being at an expected levels, and 22% (2) being Not on Track. 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 Report available at this link](#).

- 1.7 Performance is notable in the broad area of:
  - largely positive performance against the 'support people to live healthy, happy and independent lives' area of focus.
- 1.8 The report sets expected trajectories for performance, which it is important to recognise are considerably more volatile than usual as a result of external factors.
- 1.9 The position is also positive in terms of delivery of the 33 Adult Social Care actions set out in the Integrated Delivery Plan, with 88% being On Track and 6% Complete. Six per cent of actions are At Risk, and it is these actions which are reported on in Appendix 2 on an exception basis.
- 1.10 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 about our capacity to deliver as planned within available resources, a challenge common to all Councils.
- 1.11 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 and three areas we want the Council to be known for 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 Report](#) 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 This is the first quarter to benefit from a new automated process, delivered through PowerApps, to collect performance against the KBMs/KBIs. As the approach to integrated reporting continues to develop, automation will be applied more widely to collect other performance data such as the Integrated Delivery Plan.
- 2.6 Of the 9 KBMs which are being reported at Quarter 1, 7 (78%) are On Track and 2 (22%) Not on Track.
- 2.7 All 9 measures have a forecast projection from the responsible service for the forthcoming period. 8 measures are forecasting to be On Track at Quarter 2, of which 4 are forecast to improve, 3 to remain static over the next quarter and 1 to decline. 1 is forecast to be Not on Track and remaining static at the next reporting period.

### **3. Progress against the Integrated Delivery Plan**

- 3.1 The Integrated Delivery Plan aligns priority activity from across all service areas to the seven 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 in relation to ASC is included at Appendix 2. The majority of deliverables are On Track or complete (87%), with any exceptions covered in Appendix 2.
- 3.3 There are 224 actions within the Integrated Delivery Plan of which 33 are attributed to Adult Social Care.
- 3.4 Reporting on the Integrated Delivery Plan is not yet automated; Quarter 1 progress has been collated manually and therefore there is no Power BI dashboard for reporting. As outlined in the report to Cabinet in May, where the Integrated Delivery Plan was approved, this is a work in progress with colleagues in the Commissioning Support Unit and ICT enabling this. Discovery underway with ICT to explore high level solutions, however we are now gathering detailed requirements before progressing further. Learning from the manual exercise is being factored into these requirements.

## 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 8<sup>th</sup> September 2022.

Metric	Target	Performance at Quarter 1 2022/23
Performance against the latest approved revenue budget as measured by forecast under/overspend	On budget or no more than 2% underspent	1.15% 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 1 is driven by Covid related cost and offset by Covid funding received from central government. Once this funding is taken into account the forecast position alters to £0.977m (0.44%) underspend.

## 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.
- 5.4 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.

5.5 At a Service level there are 15 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 first 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.

5.6 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 8<sup>th</sup> September 2022

Role	Name	Contact Information
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## 1. Adult Social Care OSC Quarterly Performance Report Quarter 1

- 1.1 Detailed measure-by-measure performance reporting is accessible through the **2022/23 Performance Report**.
- 1.2 The three strategic priorities set out in the Council Plan 2022 - 2027 are delivered through seven Areas of Focus and three areas we want the Council to be known for 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 1.

Area of Focus	No. of KBMs	No. of KBMs available for reporting Quarter 1
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	3
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	7
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 1
Harnessing community power	1	1
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 1 2022/23

- 1.4 There are 11 KBMs in total that are in the remit of this Committee, the full performance summary is contained in Appendix 1. Chart 1 details the reported status of the 9 KBMs which are being reported at Quarter 1. The other 2 measures have a status of Not Applicable at this Quarter as they are data lagged and will be reported upon once the data is available.

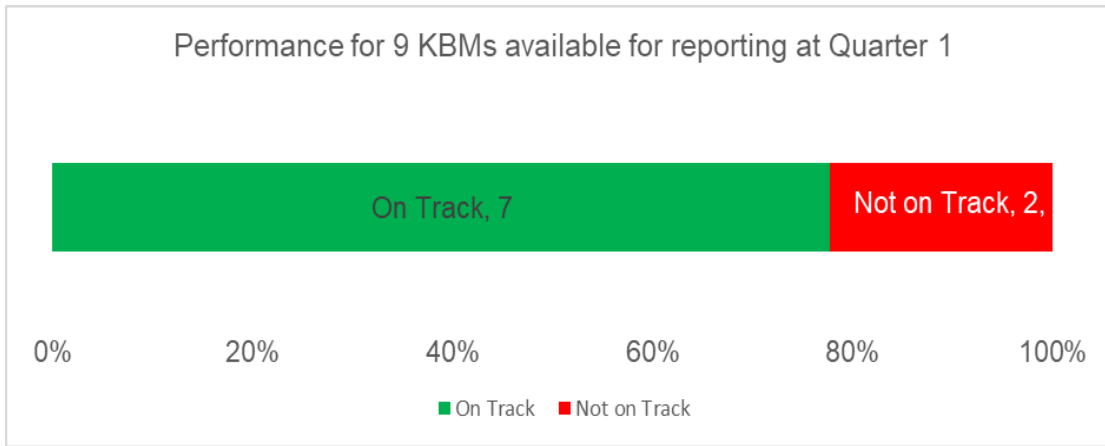


Chart 1

Chart 2 details the service forecast for the future performance trajectory of the 9 reportable KBMs at the next quarter.

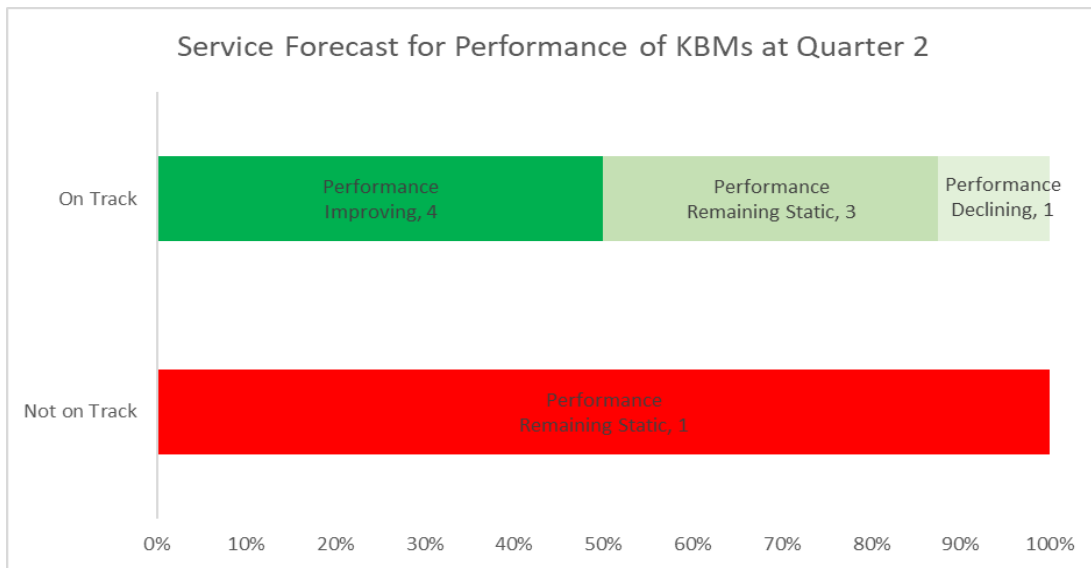


Chart 2

**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.

1.5 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	83	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	60	60	On Track	On Track Performance Remaining Static
No. of people supported to live independently through the provision of social care equipment	1,427	1,500	On Track	On Track Performance Improving
No. of carers in receipt of support on the final day of the reporting period	88	128	Not On Track	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	376	390	On Track	On Track Performance Improving
No. of people supported in residential or nursing care: over 65	1,560	1,600	On Track	On Track Performance Declining
No. of people with a learning disability or autism in an inpatient unit commissioned by the Clinical Commissioning Groups (CCG)	12	13	On Track	On Track Performance Improving
% of successful completions as a proportion of all in treatment (Opiates, Non Opiates, Alcohol and Alcohol & Non Opiates)	18.39	20.1	Not On Track	Not on Track Performance Remaining Static
% of people living in fuel poverty (low income, high cost methodology)	9.50	Annual measure due in August		
% Smoking prevalence in adults	12.1	Annual measure due in December		

Areas of Good Progress as they both consistently remain below target, despite considerable pressures on hospitals and the need to discharge patients:

- [No. of people supported in residential or nursing under 65](#); and,
- [No. of people supported in residential or nursing over 65](#)

Improvement activity due to the ongoing implications of Covid-19:

- [% of successful completions as a proportion of all in treatment \(Opiates, Non Opiates, Alcohol and Alcohol & Non Opiates\)](#)

Improvement activity due to fewer discharges being made than were planned:

- [No. of people with a learning disability or autism in an inpatient unit commissioned by the CCG](#)

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

### 1.1 Key Insights for Quarter 1 2022/23

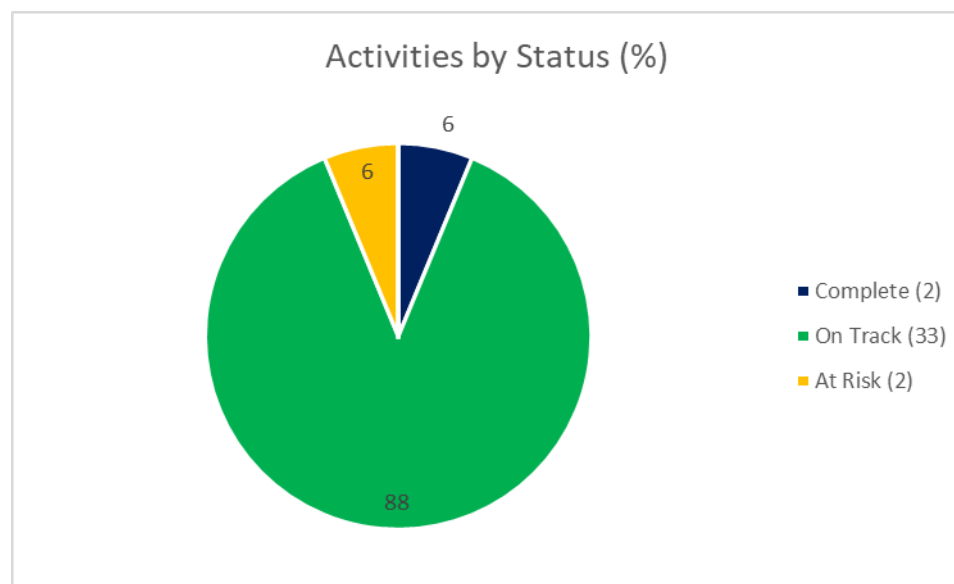
There is positive progress within Quarter 1 with 82% of activities being on track to achieve their objectives within the set timeframes.

#### Completed activity:

#### The following activity has been completed this Quarter;

- Support the development of Integrated Pathways including services and interventions for vulnerable people to include Falls, Stroke, Frailty, dementia, and Hospital to Home: Review the impact of the Warwickshire wide falls service for medium to high-risk fallers including identifying opportunities for working collaboratively with partners. **The Falls Project has been completed and a new prevention offer has been implemented.**
- Work collaboratively with partners to implement the requirements of the new integrated care system so that there is greater join up between NHS and Council care records. **The Integrated Care System is now operational.**

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



Activity	Status	Narrative
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.	At Risk	<p>Pressure on the Domiciliary Care Referral Team (DCRT) continues with the level of outstanding referrals remaining at approx. 120+, primarily due to continued pressure on workforce capacity. This reflects a national problem and as with many other sectors, e.g. hospitality and retail, the level of job vacancies outstrips the level of appointments. DCRT also continue to source for a number of health-focused pathways, inc. Restricted Mobility Pathway (RMP) &amp; Discharge to Access (D2A) with Early Stroke Discharge (ESD) to be added shortly.</p> <p>Work is under way with Health colleagues re: a potential 'virtual' brokerage, which may include the introduction of a residential care brokerage service.</p> <p>Notwithstanding provider capacity remains stretched to the limit, the team are still aiming at sourcing packages within 24 hours wherever possible - there is also ongoing dialogue with a number of potential new 'spot' contract providers aimed at boosting market capacity.</p>
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

## 2 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.

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.

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.

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.

Support partners with the implementation of the Warwickshire Homelessness Strategy, including the continued commissioning of the Homeless Physical Health Nursing service and completing the Pathway Needs Assessments for all the local NHS trusts.

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.

Supporting those who need the most help to include: Delivering the Household Support Grant in 2022/23, capturing learning to inform a review of the Warwickshire Local Welfare Scheme (to include options appraisal and costed model).

Supporting those who need the most help to include: Working with communities on the Community pantries “Stepping Forward” Ground-breaker project.

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: Mobilise the new Collaborative Partnership to deliver community based mental health support service across 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: 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.

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.

Develop a county-wide Digital Inclusion programme.

**Management of Financial Risk**

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
	£m	£m	£m	%	£m	£m	£m	£m
Social Care and Support	183.334	182.519	<b>(0.815)</b>	<b>(0.44%)</b>	(0.073)	0.000	0.000	(0.742)
Strategic Commissioner for People	36.663	40.003	<b>3.340</b>	<b>9.11%</b>	0.006	0.000	3.569	(0.235)
<b>Total</b>	<b>219.997</b>	<b>222.522</b>	<b>2.525</b>	<b>1.15%</b>	<b>(0.067)</b>	<b>0.000</b>	<b>3.569</b>	<b>(0.977)</b>

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

As at Quarter 1, Social Care and Support is forecasting 100% delivery against the 7 saving targets (£3.519m) for the 2021/22 financial year and Strategic Commissioning for People reporting 100% delivery against 3 saving targets (£0.313m).

2. 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
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Adult Social Care	0	0	0	0	0	0	0	0.0%
Strategic Commissioning & Public Health	44	5,125	0	5,169	29	0	5,198	0.0%
<b>Total</b>	<b>44</b>	<b>5,125</b>	<b>0</b>	<b>5,169</b>	<b>29</b>	<b>0</b>	<b>5,198</b>	<b>0.0%</b>



Appendix 4 ASC OSC Management of Risk Quarter 1

**Key Service Risks Summary**

**Adult Social Care and Health**

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	<ul style="list-style-type: none"> <li>• 11 other risks</li> </ul>	<ul style="list-style-type: none"> <li>• <b>(Adult Social Care)</b> Demand for services and current market forces</li> </ul>
Risk level has exceeded target for 3 quarters in a row and is currently more than 3 points above target	<ul style="list-style-type: none"> <li>• <b>(Adult Social Care)</b> Inability to deliver in house services due to increase in demand</li> </ul>	<ul style="list-style-type: none"> <li>• <b>(Adult Social Care)</b> Market Failure and lack of sustainability of the care market</li> <li>• <b>(Public Health)</b> 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</li> </ul>

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# Adult Social Care and Health Overview and Scrutiny Committee 21 September 2022

## Work Programme

### 1. Recommendation

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

### 2. Work Programme

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

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
13 October 2022	Fair Cost of Care & Market Sustainability (Cabinet)
14 October 2022	Transforming Care Market Development – Capital Funding (Portfolio Holder Decision)

### 4. Forward Plan of Warwickshire District and Borough Councils

This section of the report details the areas being considered by district and borough councils at their scrutiny / committee meetings that are relevant to health and wellbeing. The information available is listed below. Further updates will be sought, and co-opted members are invited to expand on these or other areas of planned activity.

<b>North Warwickshire Borough Council (NWBC)</b>	
	<p>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).</p> <p>From the NWBC website, the Board met on 25 July and the working party on 5 July. The working party minutes show a number of items on poverty proofing linked to maternity services and financial support.</p>
<b>Nuneaton and Bedworth Borough Council (NBBC)</b>	
	<p>The NBBC Housing, Environment and Health OS Panel met on 23 June. The agenda included an item on the transformation of stroke services.</p> <p>There are a number of future health items listed for this panel:</p> <ul style="list-style-type: none"> <li>• Annual Report from Health and Wellbeing Board</li> <li>• The concerns and priorities for Healthwatch</li> <li>• Update on mental health and the provision of services in the borough</li> <li>• Update presentation from the George Eliot Hospital on the current services and funding situation, including the provision of additional hospice beds.</li> </ul>
<b>Rugby Borough Council – Overview and Scrutiny Committee</b>	
	<p>The Borough Council (BC) has a single overview and scrutiny committee (OSC) with the use of task groups.</p> <p>From the Rugby BC website, the OSC met on 18 July. On this occasion there were no items related to health.</p>
<b>Stratford-upon-Avon District Council – Overview and Scrutiny Committee</b>	
	<p>The District Council's Overview and Scrutiny Committee met on 15 July. There is a future (unscheduled) item listed on its work programme for an update from Coventry and Warwickshire Clinical Commissioning Group (presumed now to be the Integrated Care Board).</p>
<b>Warwick District Council – Overview and Scrutiny Committee</b>	
	<p>The Overview and Scrutiny Committee met on 27 June and 5 July. There are no items scheduled which relate to health.</p>

## 4.0 Task and Finish Groups (TFGs)

- 4.1 The current TFG is focussed on GP services. Three meetings have been held, most recently on 25 May, when a detailed and informative presentation was provided by the CCG. Further updates will be provided. A future TFG has been scheduled to look at menopause services.

## 5.0 Briefing Notes

- 5.1 The work programme at Appendix A lists the briefing notes requested and circulated to the committee. Members may wish to raise questions and to suggest areas for future scrutiny activity, having considered those briefing notes.
- 5.2 A briefing note on the Community Hospital Review in South Warwickshire was circulated on 4<sup>th</sup> August. Questions and feedback were sought from members of the committee. Members are asked to consider the future engagement required on this review. At the recent Chair and spokesperson meeting, it was suggested that SWFT provide regular updates to the Portfolio Holder, Councillor Bell.

## 6.0 Financial Implications

- 6.1 None arising directly from this report.

## 7.0 Environmental Implications

- 7.1 None arising directly from this report.

## Appendices

1. Appendix A Work Programme

## Background Papers

None

	<b>Name</b>	<b>Contact Information</b>
Report Author	Paul Spencer	01926 418615 <a href="mailto:paulspencer@warwickshire.gov.uk">paulspencer@warwickshire.gov.uk</a>
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
21 September 2022	Council Plan 2022-2027 - Quarter 1 Performance Progress Report	This is the tailored report showing the Performance Progress Report for the period April - June 2022.
21 September 2022	Hospital Discharge	A presentation to look at hospital discharge broadly, to understand the reasons for delays, irrespective of cause and how to reduce them. Members would like to understand the system and processes from 'end to end' to enable a holistic approach. A suggestion that the report includes readmission rates too.
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.
Dates to be confirmed	Integrated Care System - Update	An update to the committee on the commencement of the ICS and the progress made in implementing the revised arrangements. The suggested timing for the item is the end of 2022.
	Presentation on Social Care	This was added to the committee's work programme on 16 <sup>th</sup> February at the request of Councillor Drew. Further detail is awaited on the areas to be covered by the presentation. 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
14 July 2022	4 August 2022	Community Hospital Review. This provided an update, requesting any further questions and lines of enquiry from members. The work programme item at the 21 September Committee to include for a brief discussion on future engagement requirements.	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. Further 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		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
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 have been held to date.
Menopause Services	This was agreed on 16 <sup>th</sup> 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.