Adult Social Care and Health Overview and Scrutiny Committee

Date: Wednesday 22 June 2022
Time: 10.00 am
Venue: Council Chamber, 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 Christopher Kettle
Councillor Judy MacDonald
Councillor Jan Matecki
Councillor Chris Mills
Councillor Penny-Anne O'Donnell
Councillor Pamela Redford
Councillor Kate Rolfe
Councillor Mandy Tromans

Items on the agenda: -

1. General

(1) Apologies

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

(3) Chair's Announcements

(4) Minutes of previous meetings 5 - 20
To receive the Minutes of the committee meetings held on 27 April and 17 May 2022.

2. Public Speaking

3. Questions to Portfolio Holders

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

4. Questions to the NHS

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

5. Approach to Levelling Up 21 - 32

The Committee is asked to consider and comment on the proposed approach to Levelling Up in Warwickshire ahead of the consideration of this matter by Cabinet.

6. Workforce Update - the Care Market

This is a follow up to a report considered by the Health and Wellbeing Board on 12th January 2022. A presentation will give a workforce update on the success of the recruitment drive for additional carers.

7. Year End Performance Progress Report 33 - 42

For the Committee to consider the year end performance for the period 1st April 2021 to 31st March 2022.

8. Work Programme 43 - 50

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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- Declare the interest if they have not already registered it
- Not participate in any discussion or vote
- Leave the meeting room until the matter has been dealt with
- Give written notice of any unregistered interest to the Monitoring Officer within 28 days of the meeting

Non-pecuniary interests relevant to the agenda should be declared at the commencement of the meeting.

The public reports referred to are available on the Warwickshire Web https://democracy.warwickshire.gov.uk/uuCoverPage.aspx?bcr=1

Public Speaking
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Adult Social Care and Health Overview and Scrutiny Committee

Wednesday 27 April 2022

Minutes

Attendance

Committee Members
Councillor Clare Golby (Chair)
Councillor John Holland (Vice-Chair)
Councillor Richard Baxter-Payne (Nuneaton and Bedworth Borough Council)
Councillor John Cooke
Councillor Tracey Drew
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
Councillor Sandra Smith (North Warwickshire Borough Council)

Officers
Becky Hale, Nigel Minns, Deborah Moseley and Paul Spencer.

Others in attendance
Chris Bain, Healthwatch Warwickshire (HWW)
Councillor Margaret Bell, Portfolio Holder for Adult Social Care and Health
Terry Chikurunhe, NHS England and Improvement (NHSE&I)
Pippa Wall, West Midlands Ambulance Service (WMAS)
Justine Richards, University Hospitals Coventry and Warwickshire (UHCW)

1. General

(1) Apologies

Apologies for absence had been received from Councillor Mandy Tromans and Councillor Pam Redford (Warwick District Council).

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

None.

(3) Chair's Announcements

An update was provided on the South Warwickshire Community Hospital Review. Following further discussion at the Chair and spokesperson meeting it was confirmed that this review was not considered to be a major service reconfiguration. This review would be kept under consideration bu the committee.

The Chair outlined the agenda content, urging brevity in both presentations and questioning, also reminding of the additional documents circulated ahead of the meeting.

(4) Minutes of previous meetings

The minutes of the meetings held on 10 and 16 February 2022 were approved as true records and signed by the Chair.

2. Public Speaking

Carolyn Pickering made a statement and submitted questions concerning the Coventry and Warwickshire Integrated Care System and public accountability. A copy of the submission is attached to the Minutes. Councillor Margaret Bell, Portfolio Holder for Adult Social Care and Health responded. A copy of the response is also attached to the minutes.

3. Questions to Portfolio Holders

None.

4. Questions to the NHS

None.

5. Quarter 3 Council Plan 2020-2025 Quarterly Progress Report (April 2021 to December 2021)

The Council Plan quarter 3 performance progress report for the period 1 April to 31 December 2021 was considered and approved by Cabinet at its meeting on 17 February 2022. A tailored report was submitted relevant to the remit of the Committee. It 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, risk management and delivery of the savings plan was also provided. Comprehensive performance reporting was available through the Power BI platform.

Councillor Drew sought further information about the number of people who could have remained at home with support rather than going into a care or nursing home. This would be researched to provide an indication to members.

Resolved
That the Committee notes progress on the delivery of the Council Plan 2020 - 2025 for the period.

6. Update on NHS Dental Services

Terry Chikurunhe, Senior Commissioning Manager for NHS England and Improvement (NHSE&I) provided a verbal update to the committee covering the following areas:

- The change in commissioning arrangements, moving from NHSE&I to the new Integrated Care System (ICS).
- Key messages to address public confusion of dental services and the difference in patient lists when compared to GP doctors. Contractually, dentists provided treatment and then retained responsibility for that patient for two years afterwards, unless the patient had periodic 'check ups'.
- The challenges for dentists throughout the Covid pandemic, the loss of services other than some urgent dental care.
- Dentists continued to receive NHS funding throughout this period, providing they maintained services at a level set nationally. NHSE&I had a contractual monitoring role.
- Oral health promotion and work with the new ICS for Coventry and Warwickshire.
- There were 65 dental practices within Warwickshire and five specialist orthodontic practices for children. South Warwickshire Foundation Trust provided secondary care for patients in the County, with George Eliot Hospital providing community dental services. Specialist and complex procedures were undertaken at the Birmingham dental hospital and children's hospital.
- Dental services in Warwickshire performed well when compared to other areas of the Midlands region. However, there were some areas of the County with significant challenges for dental access, with Nuneaton and Rugby referenced. There were challenges in attracting dentists and nurses to work in rural areas. Reference to the work to promote NHS dentist services to practitioners. There were workforce challenges and some dentists chose to treat patients privately, even if the same premises were used for NHS services.
- The planned strategic review of dental services. This would be based on population growth and tackling inequalities in current services.
- Prior to the pandemic, 50 percent of the population accessed NHS dental services, with the other half either using private services or not having access to a dentist.
- The pandemic impacted significantly on access to dentists, mainly due to infection control. Data was provided for Warwickshire. In December 2021, dental access was just below 44% of pre-pandemic service levels. Now the lower threshold for services was 62% of normal service levels, with one in 10 dental practices not achieving this level currently.
- Oral health improvement. Targeted work was taking place in Nuneaton, Bedworth and Rugby to address high incidences of children with tooth decay. A joint approach was taking place to encourage children through programmes like 'brushing for life' where education and toothbrush/paste were supplied. Reference also to training for care home staff so they could look after their residents. A move to more integrated services.
- Fluoridation of water supplies. This was not preferred by all but was beneficial in preventing tooth decay.

A lengthy debate followed with the following contributions and themes:

- The Chair requested that a written summary of the data be provided.
- Further discussion about dental registration and the contractual obligations. After two years of initial treatment, a dentist was not contractually obliged to keep the patient registered.

This was not widely known. People were classed as a dormant patient, unless they attended for a regular check-up. It was confirmed that people would not be removed from registration where they had become dormant through not being able to attend their dentist ,due to the pandemic. Reference also to the NICE guidance, work on the dental contract and through patient groups to ensure that patients were not deregistered unnecessarily.

- A concern about rising living costs and people not attending dentists because of the costs. Whilst NHSE&I was not aware of this issue, some people had not visited their dentist for two years due to the pandemic. Dentists were reporting an increase in the number of more complex cases. From a financial perspective this was causing some dentists to cease providing NHS services.
- Due to the pandemic, the equivalent of a year of dental activity had been lost. Addressing this backlog would take considerable effort and time. There were recruitment issues and staff fatigue too. Programmes were being run to increase capacity.
- The follow up report would include the fee structure for NHS dental services. Some people were exempt from paying NHS fees, including for dental services, subject to meeting specific criteria.
- Alarm that only 50% of Warwickshire's population were using NHS dentists, which implied that the rest were forced to use more expensive private services. This was challenged and patients should not be forced to use private services. If NHSE&I became aware of such activity, contractual sanctions were taken. Some people chose to access private services, but it should be a choice. It was requested that a further report be provided to give a breakdown of data for the 50% of people that were not accessing NHS dentist services.
- A view was sought on the financial viability of dentists in Warwickshire, with reference to the feedback received from some dentists. This was a national issue and was based on the national contract and financing in place since 2006. NHS dentists had continued to receive full funding throughout the pandemic despite the reduction in operational activity. The subsequent report to members would include details of the incremental increases in operational targets for them to continue to receive this funding. It was NHSE&I's view that dentists had been supported through the pandemic. It could be argued that there was a need to revisit the financing due to work and additional costs for infection control. This was an ongoing discussion and had significant financial implications.
- Chris Bain of HWW reported that dentistry was the NHS service which caused patients most confusion. The dental contract was described as impenetrable. Feedback from patients evidenced a reluctance to use NHS services during the pandemic, to reduce pressure on services, but this had actually resulted in lost appointments. HWW undertook a survey of dentistry, and the findings were published on its website. It showed a 'postcode lottery' in terms of NHS dentist services, with a lack of access to NHS services in both Rugby and Stratford at the time. The survey was being repeated this year and its findings would be reported to the committee. Private appointments were available at the time in both Rugby and Stratford, which evidenced the exploitation of confusion by some dentists. Referrals to the NHS 111 service did not result in satisfactory responses especially for urgent dental matters. These findings were also available via the Healthwatch website. Enquiries to HWW continued to include many related to dental services. The plans to increase services to address the backlog were not realistic and posed a risk of dentists leaving the service. The points about workforce challenges were known. The reports and assurances from NHSE&I differed from the lived experiences reported to HWW. Chris Bain offered to have further discussions with Mr Chikurunhe after the meeting. There was a need to tackle both inequalities and the postcode lottery. Some people in Rugby had not had dental appointments for over two years and there were concerns especially for children.

- Mr Chikurunhe welcomed the opportunity to work with HWW. He acknowledged the access problems in Rugby and spoke of plans for more investment in dental services for this area. It was known that newly qualified dentists wanted to work privately, rather than provide NHS services. NHSE&I was aware that some practices offered both NHS and private services, offering faster appointment times and treatment privately. Further points about the differing fee structures and dentists wanting to work on a part time basis.
- A comparison to NHS doctors who could also work privately but had obligations to see NHS patients. There were different contractual requirements and funding mechanisms for GPs and dentists, with dentists required to fund their own premises for example. The degree of influence for NHSE&I was much less for dentists than it was for GPs. NHSE&I provided a contract payment to dentists who then configured their services. Chris Bain responded that the funding did include an aspect for facilities.
- A request that HWW provide feedback to the committee following its discussion with NHSE&I. It was suggested that the committee could revisit this topic at a future meeting.
- Some specialist services were only available on a private basis and at significant cost. It was questioned why such treatment could not be provided as an NHS service. Mr Chikurunhe responded that especially where a patient was in pain, they should not be required to pay for treatment privately. Cosmetic procedures were not available via the NHS. An offer to look into a specific case reported. He also outlined the secondary care services available for more specialist procedures. Some people may elect to pay for private treatment, if there were waiting times for treatment on the NHS.
- Members welcomed the plans for training of care home staff speaking about the importance of oral hygiene. This project was being led by dental Public Health colleagues and data would be provided as part of the report back. Reference also to the domiciliary visits which took place for people unable to visit a dental practice.
- A question about the proportion of private dental services and when this became a concern. There was no easy way of measuring this, and it was more about responding to complaints from patients directed to private services, instead of being offered treatment on the NHS. Such dentists were reminded of their contractual obligations. Some patients may choose to pay for private dentistry, but they should not be forced to use private services due to a lack of NHS service. NHSE&I had no right to information held by dentists about their private work.
- Councillor Cooke gave an outline of previous roles as a councillor serving on the health authority and spoke about the charging structures introduced for both dentist and optician services. Issues with NHS dental services had existed for some time and examples were provided to demonstrate this, as well as personal experience of a practice moving to provide only private services paid for via a monthly dental plan. He spoke about the comparative costs for NHS treatment and was concerned at the lack of NHS dental services for children. He considered that the NHS dental contract required updating.
- A question about dentists choosing to provide only private services and the impact for dormant patients who had not visited the dentist for two years. It was confirmed that such dentists were required to give a minimum of three months' notice and to complete the treatment of current NHS patients. The councillor considered this a contributor to the 50% of people unable to access an NHS dentist as many preferred to stay with the same dentist.
- The Portfolio Holder Councillor Bell commented on obligations of dentists whose training was paid at least in part by the public purse. There should be an obligation to treat children on the NHS, free of charge. An update was sought about the infection control requirements, also referring to the impact of the pandemic in limiting the number of patients who could have appointments. Addressing the service backlog would not be achieved if there were the

same requirements for infection prevention measures. She also asked about the transfer to the ICS and what controls it would have, such as to revisit the dental contract.

- Mr Chikurunhe considered the comment about training to be fair and this was an area for Health Education England, which was responsible for dental training. Like other students, most newly qualified dentists had a significant debt to repay. On infection control, he confirmed the additional risks for this service and the measures that were imposed to protect patients and staff. A detailed response would be provided on the rules now in place as this changed frequently. The transfer of dentistry and other services from NHSE&I to the ICS would include additional funding for the ICS. It was a question of how to reconfigure services at both the place and ICS level. However, the current issues would transfer to the ICS. He also spoke about an unsuccessful pilot scheme to align dental contracts to be more like those for GPs. This had actually impeded access to NHS dentists.
- Nigel Minns added that the current problems would transfer to the ICS and would need addressing. There was considerable interest in dental services locally and it would be a clear focus for the new system to address as best as it could within the national framework.
- It was questioned if dentists were required to offer a minimum proportion of NHS appointments. Mr Chikurunhe confirmed that dentists received a payment based on contractual terms, for the provision of NHS services. He outlined the services and the additional challenges due to the pandemic, making it difficult for new patients to receive NHS dental care.

In closing the item, the Chair made a number of points. The dental contract was not helping residents or dentists, who were given a binary either/or choice. The contract dated back to 2006 but there had been significant changes since that time, so it required update. She referred to the contractual requirement to deliver 65% of usual service levels during the pandemic. To address the known backlog, dentists would be required to work above normal service levels. If they chose to cease providing NHS services, it was questioned if the monies provided during the pandemic could be clawed back. She asked if there was a view about the contract review and ministers could be lobbied about this. Reference had been made to a strategic review for Warwickshire and the Chair asked for the timeline for this review. Reference also to the dental education provided previously in school settings. It was questioned if this service was still in place, as a reliance purely on parents may have an impact for some children. The Chair asked about emergency NHS dental treatment requesting that a pathway be provided to show how patients may access the services. These points would be communicated to Mr Chikurunhe after the meeting for the follow up briefing note. He was thanked for his attendance and responding to the Committee's questions.

Resolved

That the Committee notes the update from NHS England and Improvement on dental services and that a further briefing note is sought on the follow up areas outlined above.

7. West Midlands Ambulance Service (WMAS)

(1) WMAS - Performance Update

The Committee received an update from WMAS on 17 November 2021. Pippa Wall, Head of Strategic Planning for WMAS provided an update on performance data since that meeting, through a presentation covering the following areas:

- Incidents, transport and conveyance rates year on year.
- Coventry and Warwickshire hospital handover delays of over fifteen minutes – the total hours by month.
- Operational demand and handover delays.
- Hospital handover delays of over fifteen minutes and cohorting vs operational performance. A series of charts showing the position for priority categories 1,2 and 3.
- Two further slides were provided showing handover delays for University Hospitals Coventry and Warwickshire (UHCW) and for Warwick Hospital. A similar slide for George Eliot Hospital would be circulated.

The Committee was invited to submit questions and comments, with the following points raised:

- Difficulty in reading and interpreting the slides. It was noted that these had been circulated ahead of the meeting.
- The slides showed a concerning position. It was interesting to note that during the peak of the pandemic services were coping but performance had worsened over the last year. The causes were questioned. Pippa Wall agreed that it was a bad position and was difficult for front line staff assisting patients. People were waiting longer for WMAS to arrive, and the situation was unprecedented. An outline was given of contributing factors, including Covid, the recovery work of NHS impacting on other services and people presenting with more acute conditions. There was staff fatigue and sickness, some people were leaving the services and reference to ongoing recruitment as well as continued infection control measures. Ambulance delays at hospitals were also mentioned.
- The data for the most serious (category 1) calls was considered shocking and the trends showed the position was worsening. It was hoped the position would improve. Details were provided of the escalation processes to raise these concerns and the dynamic response approach to address concerns where possible. This situation required a holistic system response as hospitals were similarly facing many challenges.
- The open and honest approach was appreciated.
- Chris Bain of HWW agreed this was a system issue for the ICS. He spoke about separating attendance at the Accident and Emergency (A&E) departments from resultant admissions. There was more chance to influence why people attended A&E and avoid unnecessary attendance. The impact on patients was not covered and should be. Delays could be linked to readmission rates, lengths of stay and impacts on discharge. Chris asked how the situation would be recovered and by who. He was not clear if there were any system plans in place for recovery.
- Pippa Wall agreed on the points about patient impact. WMAS was a data rich organisation and could make more use of this data to give an integrated picture and insightful messages. An increasing number of complaints were being received. She spoke about the monitoring of performance data around impact for patients who were critically ill. This could be researched to provide an answer to the questions raised. Addressing the current position would require action by a number of organisations. Hospitals would similarly have their own action plans and there were national mandates to reduce ambulance handover delays. Pippa spoke of the current delays in some parts of the region and the risks for patients who were waiting for an ambulance to arrive. There was an impact on the call centres too as people sought an update on

the crew's arrival. Reference also to the 111 service and subsequent requests for an ambulance to sent. There were attempts to reduce conveyance to hospital where possible and the proportion of patients taken to hospital had reduced. Also, the 'hear and treat' service resolving issues over the telephone had contributed in reducing conveyance to hospital. However delayed arrivals meant the condition of some patients had worsened.

- The presentation data was difficult to interpret just showing a number of spikes. It should include more context, for example on the impact of a delayed handover or reduced recovery rates. As WMAS was 'data rich' it was questioned what analysis took place to make use of this data. The points were noted. It would be useful to add events such as commencement of the pandemic to the timeline to show causal effect. It was also important to show trend and correlation data. Examples were provided of the information sources available to WMAS, the software system and dashboards which enabled investigation of this data, down to clinician level and the treatment supplied.
- It was questioned how GPs could assist in reducing the attendance numbers at A&E departments. A question about the coordination of individual plans and strategies to address the current situation. Pippa Wall confirmed there were system wide meetings where providers discussed their respective challenges. WMAS wanted to reduce hospital handover delays to improve response times. It did provide information to GP surgeries on patients requesting an ambulance. All parts of the NHS were 'fire-fighting' currently, attempting to address their respective concerns, but it was challenging. The member viewed that this could be addressed by working together to find a solution.
- More information was sought about how call categories were defined and the information provided to the call handler was interpreted. There were significant differences in response target times. An example was used of a case involving a serious incident, where it was felt the wrong call category had been assigned. Pippa Wall responded that the categories were determined nationally and were reliant on information given over the phone. These were highly emotional situations. Call assessors used a nationally assessed script to ask questions in determining the priority of the call.
- A concern about people calling for an ambulance inappropriately.
- An analogy was used to demonstrate the need to 'unblock' the system. There was a need to support social care, to put it on an equal footing to the NHS and include it as part of the system approach to addressing the current problems. Nigel Minns added that the whole system had to work together on this. He spoke about the significant involvement of social care, the daily discharge meetings and the low proportion of people discharged from hospital who needed onward social care. Too much time was spent focussing on the discharge of patients and there should be more of a focus on the patients presenting at hospitals. This did need a system approach, involving the CCGs and primary care. It was taking place, but there was always room for improvement.
- A question on the proportion of hospital beds and wards that were now in use. Reduced capacity impacted on hospital admission efficiency and delayed handovers for WMAS personnel.
- Concerns for dementia patients as family members were not permitted to travel in the ambulance with them. It was agreed that for dementia patients and relatives, transfer to hospital could be challenging and stressful. They were allowed to be accompanied prior to the pandemic and an update would be sought on this aspect, whilst noting the ongoing measures around infection prevention.

- A breakdown was sought in the variance for response times between urban and rural areas, acknowledging that the distances involved may increase the time for the ambulance to arrive.
- Data showing averages wasn't useful. A number of examples were provided of lengthy waits for an ambulance to arrive. Questions about the impact of delays for patients, and if the wrong category was applied by the call handler assessing the urgency of that case, a longer wait could result. From the data available, it was important to look at outcomes, not trends and to monitor the accuracy of the call category allocation.
- Pippa Wall acknowledged the points raised. There had always been a longer response time to reach rural areas, but the current position made this more challenging. There was an audit process of the call handling and summary information could be supplied. The councillor requested more granular performance data. This had been provided on request previously, but given the time taken to produce it, would need to be useful to a wider audience. Data was also available on the national performance standards. The current performance level showed a lot of 'red' indicators where targets were not being achieved. There were occasions when WMAS was not able to provide a service, even in urban areas. The Chair confirmed that postcode-based data had been supplied previously.
- A need to formulate an action plan and to work jointly to address the current position. There had been a worsening performance trend for some years. A solution may be for additional WMAS staff, who could treat patients without needing to convey them to hospital. The member recounted attending the WMAS Hub in Warwick and seeing the operational challenges faced. He quoted examples of good practice such as the active monitoring of ambulances waiting at hospitals. Such timely information was essential to good decision making. It was confirmed there was no spare capacity in the system now. In the subsequent item, an outline would be provided of the initiatives being employed by WMAS to alleviate pressure. Comparatively, WMAS was the most successful ambulance trust in the country, and the position elsewhere was even worse. However, WMAS was struggling to meet targets. There was a strong recruitment and training model, which assisted with capacity.
- A need for preventative work and community services to reduce the need for hospital admissions.
- A councillor shared a personal example to demonstrate the challenges faced and praised the professionalism of paramedics. On arrival after a nine hour wait the staff were concerned that the wrong call priority had been allocated. There was a need for more flexibility in assigning a category as some lives had been lost due to incorrect judgements. For future items, having someone involved in that service area to attend the meeting would be helpful. Warwickshire had an older than average community, with many located in rural areas and there would be more falls. She spoke of the alternate service pathways or a community team to attend for such incidents. Research of 15 parish councils had resulted in a number of similar issues being reported. From the report, it was questioned if the response time data and statements made within the document were accurate. The needs of elderly patients and those with dementia should be taken into account when considering categorisation. The points were acknowledged and would be responded to under the subsequent Quality Account (QA) item. Reference to alternative pathways and engaging community first responders (CFR). These provided a valuable additional resource for situations like the one reported. However, the length of wait was not acceptable and previously would have been an exception. It was known that symptoms worsened due to such delays

compounding the treatment needs and length of hospital stay required. This was impacted by crews being delayed at hospital. The councillor responded that in this case a complaint was urged by WMAS staff.

The Chair gave a summation that 'one size fits all' did not work nationally or within Warwickshire. There was a need for flexibility within the system to take on board local feedback. Also, a need for an end to end reform of the NHS was evident, a need for accountability and improvement in outcomes, and a need to accept the issues within the system.

Resolved

That the Committee notes the performance update from West Midlands Ambulance Service.

At 12:55pm the Chair moved a motion to suspend standing orders to enable the meeting to continue beyond three hours' duration. This was duly seconded and approved by the Committee. A brief adjournment took place for five minutes.

(2) WMAS - Quality Account

A copy of the WMAS draft Quality Account for 2021-22 had been circulated and the Committee was invited to submit questions and comments. Pippa Wall took members through the document, which was accompanied by a presentation of the key areas:

- Update on 2021/22 priorities for:
  - Cardiac arrest management
  - Maternity care
  - Reduction in the volume of patient harm incidents
  - Learning from patient feedback
- Priorities for 2022/23 for:
  - Integrated urgent and emergency care clinical governance
  - Maternity
  - Mental health
  - Utilisation of alternative pathways including urgent community response
- Taking action on last year's comments
- The recent engagement exercise on the draft quality account

The following points were raised, with responses provided as indicated:

- The report made reference to the Commonwealth Games and the 400 frontline staff being deployed to work on the games. There were strong concerns that 'business as usual' would not be maintained. Data was sought on what proportion of WMAS staff this involved. Pippa Wall gave an undertaking to provide this information including why 400 staff were required and what the expected impact would be, together with the cover arrangements. It did sound a significant number and she outlined the reasons for this, including the scale of events, multiple locations and the length of cover needed each day. WMAS would be challenged if it didn't provide resources. The Chair also asked who was funding the service to the Commonwealth Games. A formal response would be provided.

- A series of questions and points were submitted about the incomplete nature of the QA document, with a number of examples quoted. The member felt it would have been better to defer this item until the full report was available.
- Reference to the accompanying presentation. Earlier in the meeting there was discussion about the serious challenges in providing a responsive service for patients, which had not been included in the presentation. WMAS had attended the Committee in November to provide a performance update and at that time described the situation as a crisis. Again, the report made no reference to this, focussing on other areas, such as safeguarding and body cameras. For the public the key issue was a responsive service.
- Pippa Wall responded reminding of the statutory nature of this report which had to be approved and published by June. There was a duty to seek comments from a range of stakeholders and a number of timing constraints with availability of information, such things as avoiding council elections and the requirements for sign-off before publication. The Chair added that this was a draft report. She agreed with the points made about the key issue for patients being a responsive service and questioned the value of producing such QA reports instead of addressing the current service challenges. Pippa Wall confirmed that large sections of the report were mandated. Most people would be concerned about response times, whilst others had raised staff wellbeing and safety.
- Chris Bain noted that all service providers were required to produce these QA documents and he questioned what added value they provided. He clarified some wording in the document which should refer to people who were 'seldom heard' rather than 'hard to reach'. This would be updated. He welcomed the forward objective around mental health, but less so the link to the NHS plan. This should not become an objective but may be a means to achieving objectives and should be distinguished. The point was noted. Finally, the objective of tackling inequalities was raised. This may mean different things to different people.
- Councillor Bell noted that none of the targets included any data. This should state the current and target performance to enable measurement. From the previous session she referred to the low chance of a patient surviving a cardiac arrest. Even if the target was to improve survival chances by just 1% it would give some reassurance. There was ongoing work on ambulance services which would be discussed by the Health and Wellbeing Board (HWBB) with a view to formulating an action plan for improvement. It was a systemic issue which needed joint work to address it.
- A comment that the comparison of the WMAS performance being better than many other areas was sightly irritating. Councillors were concerned about services for Warwickshire patients.
- Further information was provided about the first responders who were volunteers and the urgent community response, which was a national directive. Further clarification would be provided after the meeting.
- The Chair commented that there was a need to involve the key personnel of all organisations, to agree a strategy and direction of travel, to address the reported concerns and focussing on manageable areas at one time. A need to focus collectively on patient outcomes was the critical aspect. She spoke about survival rates which were lower than those in other European countries and feared that this would worsen further. There was an opportunity to shape things for the future through a joint discussion. It was hoped that this would be progressed by the HWBB.

In closing the debate, the Chair thanked Pippa Wall for her attendance for both items.

Resolved

That the Committee notes the WMAS draft Quality Account for 2021-22 and responds as outlined above.

8. More than a Hospital – University Hospitals Coventry and Warwickshire (UHCW) Organisational Plan

The Chair advised that Justine Richards, Chief Strategy Officer had needed to leave the meeting due to its long duration and other commitments. Endeavours would be made to rearrange consideration of the UHCW organisational plan. It was suggested that members comments could be collated, considered by the Chair and submitted to UHCW as there may not be the opportunity to revisit this item at the next meeting in June. Otherwise, a retrospective look at the document may also be useful in providing feedback to UHCW. Another view was to seek a brief face to face meeting ahead of an existing meeting, or possibly to arrange a meeting via MS Teams.

A councillor considered that if reports could not be provided in full that they should be deferred to a future meeting. The Chair reminded of the timing constraints around the Quality Account (QA) document discussed under the previous item. The member reiterated that it could not be considered fully as it was incomplete. Paul Spencer provided background on the detailed consideration given to the QAs previously through task and finish groups working with each provider trust and the two Healthwatch organisations for Coventry and Warwickshire. The QA documents were now circulated and any member feedback was collated and submitted to the Trust.

9. Work Programme

The Committee reviewed its work programme. A suggestion for a further update to be scheduled from West Midlands Ambulance Service. The Chair noted that this would now be pursued through the Health and Wellbeing Board. Further statistical information would be circulated to members in due course. Councillor Bell confirmed she would report back. It was particularly challenging as this was a regional service provider, but this matter would be pursued.

Resolved

That the Committee notes the work programme as submitted.

……
Councillor Clare Golby, Chair

The meeting closed at 210pm

Statement and Questions to WCC ASCHOSC on 27.04.2022 concerning Coventry and Warwickshire ICS Public Accountability.
Question from Carolyn Pickering

The new ICB will take responsibility for all health and care decision making for Coventry and Warwickshire local areas in July.
Membership **should** include Councillors from each local authority; representatives from Social Care, Mental Health, Public Health, Community Health, Primary Care, Acute Health, Carers and Trade Union representatives, among other bodies.
Private sector providers of NHS funded health services **should be ineligible** for ICB membership, but there is no evidence that the ICS Chair, Danielle Oum, has committed to prevent private companies from being members of ICBs or the advisory ICPs.

1.Will the Council support the above proposals to demonstrate there is accountability to the public, patients and staff; to ensure openness and transparency in the ICB decision making, including public access to Board papers and Board meetings and to allow public questions?

2. ICPs are not required to meet in public or publish their minutes and papers.Will this committee make every effort to ensure and require that the Coventry and Warwickshire Health and Care Partnership publish in full on its website the planned structure of the ICS and all its minutes and papers?

3. At the meeting of ASCHOSC 17 November 2021, it was said that the Committee was fully aware of the implications of the Integrated Care Systems set out in the Health and Care Bill before Parliament, and that there were plans to address them. So far no information has been given, will this committee reveal what plans there are?

4. Does this committee realise that there is a real risk that the oversight role of councils - WCC and its committees - will be severely curtailed by the ICSs?
The Coventry and Warwickshire ICS plan has room for only 2 local authority representatives, and it is unclear what the future role of the WCC ASCHOSC will be.

In addition, the fact that CCGs will be abolished is set out in the King's Fund 'Integrated Care Systems Explained' (May 2021). This will remove another layer of what little accountability we have left.

Will this committee give assurances:-
- that you will work to defend the public accountability of the ICS? That is, to probe the accountability problems as highlighted by the HSJ as well as defend the right of Councils, i.e. WCC and Coventry City Council to have regular oversight and scrutiny of Coventry and Warwickshire ICS policies and decisions, including budgets, levels of care, staff pay, health and social care provision and other relevant matters?
- that if these rights are undermined this committee will seek the support of those you represent as well as the support of MPs, to maintain these vital democratic rights?
- that this committee will reveal its plans to safeguard the provision of health to the local community, as well as maintaining standards of democracy that are expected of a representative body by the community.

Response to Public Question from Councillor Bell, Portfolio Holder for Adult Social Care and Health

The County Council is working closely with the Clinical Commissioning Group (CCG) and the Coventry City Council (CCC) to ensure that it is fully engaged in the governance structures of the Integrated Care System (ICS) and that the Integrated Care Board (ICB) and Partnership (ICP) membership and processes reflect statutory guidance and are open and transparent.

The CCG will, as stated, be abolished and will be replaced by the ICS, a statutory NHS body. The ICB will take on both CCG commissioning responsibilities and some responsibilities currently held by NHSE, thus increasing local accountability for services.
The ICB will meet in public and its papers will be published. We expect that the ICP will do the same.

The two Councils (WCC and CCC) will be represented on the ICB and the ICP. This is a significant increase in the Council's influence as it is not currently represented on the Governing Body of the CCG.
The ICB is an executive board and, in line with guidance, the Councils will be represented by senior officers. The Councils will be represented by both elected members and officers on the ICP.

Unlike some areas of the country, none of the major local health providers are private sector providers. Consequently, there are no plans for any private sector health providers to sit on the ICB or ICP. However, private and voluntary and community sector providers deliver the vast majority of social care in Warwickshire. It would not be appropriate to ban the sector from representation in the ICS.

The role of this committee is unchanged and it will continue to scrutinise the health and care system. In addition, the ICS will have a statutory responsibility to have regard to the Health and Wellbeing Strategy, set by the Health and Wellbeing Board.

Adult Social Care and Health Overview and Scrutiny Committee

Tuesday 17 May 2022

Minutes

Attendance

Committee Members
Councillor Clare Golby (Chair)
Councillor John Holland (Vice-Chair)
Councillor John Cooke
Councillor Tracey Drew
Councillor Marian Humphreys
Councillor Christopher Kettle
Councillor Jan Matecki
Councillor Chris Mills
Councillor Kate Rolfe
Councillor Mandy Tromans

1. General

(1) Apologies

None.

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

None.

2. Election of Chair

Resolved
That Councillor Clare Golby be appointed Chair of the Adult Social Care and Health Overview and Scrutiny Committee for the ensuing municipal year.

3. Election of Vice-Chair

Resolved
That Councillor John Holland be appointed Vice-Chair of the Adult Social Care and Health Overview and Scrutiny Committee for the ensuing municipal year.

The meeting rose at 12.25pm

.....
Chair

Agenda Item 5

Adult Social Care and Health Overview and Scrutiny Committee
22nd June 2022

Levelling Up approach for Warwickshire

1. Recommendation(s)

That the Committee considers and comments on the proposed approach to Levelling Up in Warwickshire ahead of its consideration by Cabinet.

2. Executive Summary

2.1 On 2 February 2022 the Government published the Levelling Up White Paper. The White Paper outlines the Government's strategy to "spread opportunity and prosperity to all parts of the country" by 2030, through twelve national missions. The 12 missions are attached at Appendix 1. This will also include stronger oversight of local government on performance against these missions.

2.2 On 10 May 2022 the Queen's speech set out the Government's agenda for the 2022-23 Parliamentary session. The Government committed to empowering local leaders to implement levelling up initiatives in their area through an upcoming Levelling Up and Regeneration Bill.

2.3 The Council Plan approved by full Council in February 2022 includes a commitment to the Levelling Up agenda and to understanding what that means for Warwickshire.

2.4 Reports to Cabinet in March and May 2022 set out the Council's overall direction on and proposed approach to Levelling Up with the intention of Levelling Up for Warwickshire being further considered by the Cabinet in July.

2.5 Crucial to this will be the development of a Levelling Up approach for the county which makes sense of the national agenda locally and seeks to deliver a collective response from partners and organisations across Warwickshire.

2.6 The aim is to create a reference point for the Levelling Up agenda, complementing existing work and highlighting specific challenges and opportunities in the county. The approach will:

- **Translate** the national Levelling Up missions and policy for Warwickshire
- **Complement** the organisational plans and strategies of all partners
- **Influence** current and future strategies

- **Recognise and build on the power** of all our partnerships, networks, and forums
- **Inform** our future collective work on other strategic issues linked to the missions (such as climate change and inequalities)
- **Share** our commitment to Levelling Up with our communities

2.7 The approach to Levelling Up for Warwickshire will be presented to Cabinet for approval in July 2022. This is an emerging are of national policy and the approach will therefore seek to be flexible and respond to refinement and changes as they arise.

2.8 This report therefore seeks to provide an outline of the emerging approach alongside presenting tailored content at the meeting as relevant to each Overview & Scrutiny Committee and seeks members' views as relevant to the remit of the Committee. Officers will present to the Committee and the accompanying slide deck will be made available to members and published alongside the other public papers for the Committee.

3. Financial Implications

3.1 There are no direct financial implications associated with this report. However, there are likely to be longer-term financial impacts of our approach to Levelling Up as we prioritise cohorts and areas of need. These will need to be accommodated within existing budgets and/or factored into budget setting as part of our future MTFS planning.

4. Environmental Implications

4.1 Environmental Sustainability and net zero is not one of the twelve Levelling Up missions but remains a local and national priority. The Government's Net Zero strategy: Build Back Greener, published in October 202, sets out policies to enable the UK to meet its net zero target by 2050. The emerging Sustainable Futures strategy will need to take into account the Levelling Up agenda. There may also be future environmental implications as the County continues to make contributions to the national Net Zero strategy along with our own Council and County net zero ambitions.

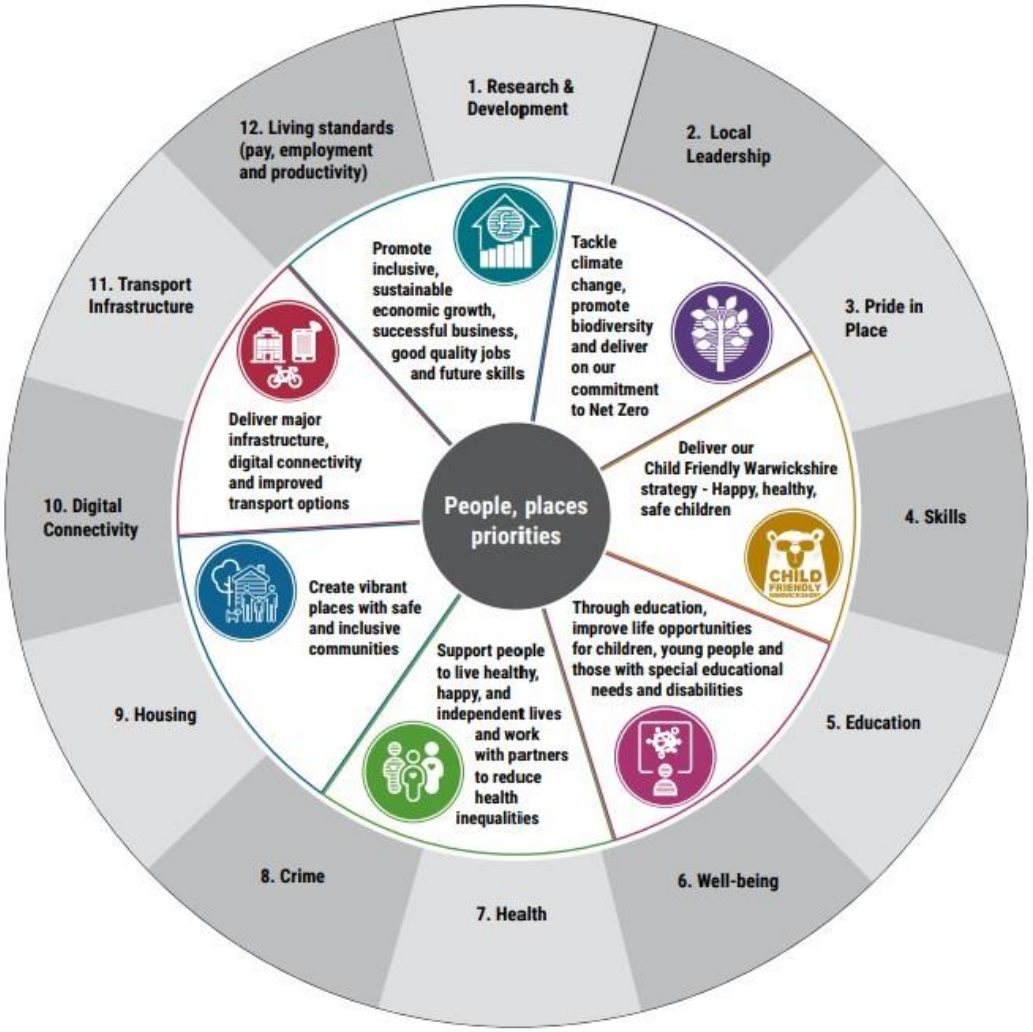
5. Supporting Information

5.1 The Levelling Up White Paper set out twelve missions, with accompanying metrics and outcomes to be achieved by 2030 covering:

- Living Standards
- Research & Development
- Transport Infrastructure
- Health
- Well-being
- Pride in Place

- Digital Connectivity
- Education
- Skills
- Housing
- Crime
- Local Leadership

The diagram below maps the 12 missions to our Council Plan Areas of Focus. There is a considerable degree of overlap between the 12 missions and the Areas of Focus in our Council Plan and equally there is overlap between the remits of the Overview and Scrutiny Committees, the missions, and our Areas of Focus. Appendix 2 sets this out in more detail and highlights those areas (missions, Areas of Focus, and emerging themes) of most relevant to the remit of this Committee.



5.2 Our Levelling Up approach will seek to deliver against these missions and will influence a number of connected Council, strategies. Those most relevant to the remit if this Committee are also contained in Appendix 2.

5.3 There has been engagement with a range of stakeholders to date and further engagement will continue over coming weeks. During May 2022 we engaged with residents through the Voice of Warwickshire residents' panel to better

understand what Levelling Up means for our residents and have used this feedback to inform our overall approach. In addition, we have:

- Used the Voice of Warwickshire to gain residents' views, with over 450 responses
- Met with all districts and borough councils individually and together
- Held an engagement session with wider stakeholders covering Higher Education, Health, the Voluntary & Community Sector and Local Government
- Met with the chairs of the Warwickshire Youth Council
- Engaged key WCC officers and leads
- Planned to engage with the Town and Parish Councils through our forthcoming reference group and with Clerks at the invitation of WALC

5.4 Using this information alongside the ongoing engagement with our partners and stakeholders, our working definition for Levelling up in Warwickshire is anchored around:

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

5.5 The key features of our overall approach to Levelling Up are reflected in the following principles which underpin our approach to Levelling Up and which complement the Council Plan:

- A joint mission and holistic approach (total place)
- A long-term approach addressing root causes that focuses on outcomes
- Intelligence driven, measurable and accountable
- Building on strengths as well as tackling need (not levelling down)
- Targeted and tailored to our communities (of place and of interest)

5.6 Core to the Levelling Up agenda is the need to prioritise effort and activity to where it is most needed. In Warwickshire this will be mean focusing particular attention on specific places and groups of people as determined by robust evidence, while enabling other places and communities to address local levelling up imperatives through more community powered approaches.

5.7 We are also using robust, credible data at a variety of geographical levels to determine where our interventions can have the biggest impact. Specifically, we will use the following frameworks:

- The Indices of Deprivation – this is the recognised, nationally-published dataset that enables us to analyse inequalities and need at a local level across a range of domains.

- The 12 Levelling Up Missions – as set out in the Government's Levelling Up White Paper.

These frameworks will be supplemented by additional national and local intelligence, including:

- Office of National Statistics Health Index
- Experian Financial Resilience dataset
- WCC Performance Framework
- State of Warwickshire 2022 Report
- Warwickshire place-based JSNA
- Voice of Warwickshire residents' panel survey results
- Warwickshire Poverty Dashboard

5.8 The Community Powered Warwickshire (CPW) programme is also a key lever for the Levelling Up approach and will be central to delivering our vision; supporting communities experiencing the most inequality to develop and capitalise on their latent community power whilst building upon existing communities who have community power in abundance. Using CPW will ensure that communities and the wider voluntary, community, and social enterprise (VCSE) sector are an integrated part of our approach to Levelling Up for Warwickshire.

6. Timescales associated with the decision and next steps

6.1 The Committee is asked to inform both the shape and content of the approach as part of the engagement with all Overview & Scrutiny Committees:

Resources and Fire & Rescue OSC	8 June 2022
Children & Young People OSC	14 June 2022
Adult Social Care and Health OSC	22 June 2022
Communities OSC	22 June 2022
Cabinet Approval	14 July 2022

6.2 Following approval of the Levelling Up approach the Committee will be able to consider how it wishes to track progress on Levelling Up through the consideration of the related strategies, elements of the Integrated Delivery Plan, and the new Performance Management Framework as are relevant to its remit.

Appendices

1. The 12 Levelling Up missions – extract from the Government White Paper (Feb 22)
2. Levelling Up approach – relevant missions, strategies, and areas of work

Background Papers

1. Levelling Up and Devolution for Warwickshire – Cabinet 12th May 2022
2. The State of Warwickshire 2022 Report

	Name	**Contact Information**
Report Author	George McVerry Gereint Stoneman	georgemcverry@warwickshire.gov.uk gereintstoneman@warwickshire.gov.uk
Assistant Director	Sarah Duxbury, Assistant Director Governance & Policy	sarahduxbury@warwickshire.gov.uk
Strategic Director	Rob Powell, Strategic Director for Resources	Robpowell@warwickshire.gov.uk
Portfolio Holder	Isobel Secoombe, Leader of the Council	Isobelsecoombe@warwickshire.gov.uk

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

Local Member(s): N/a - of county wide relevance
Other members: None

Appendix 1 – Mapping National Levelling Up missions to WCC Areas of Focus

Research & Development	By 2030, domestic public investment in R&D outside the Greater South East will increase by at least 40%, and over the Spending Review period by at least one third. This additional government funding will seek to leverage at least twice as much private sector investment over the long term to stimulate innovation and productivity growth.
Local Leadership	By 2030, every part of England that wants one will have a devolution deal with powers at or approaching the highest level of devolution and a simplified, long-term funding settlement.
Pride in Place	By 2030, pride in place, such as people's satisfaction with their town centre and engagement in local culture and community, will have risen in every area of the UK, with the gap between top performing and other areas closing.
Skills	By 2030, the number of people successfully completing high-quality skills training will have significantly increased in every area of the UK. In England, this will lead to 200,000 more people successfully completing high-quality skills training annually, driven by 80,000 more people completing courses in the lowest skilled areas.
Education	By 2030, the number of primary school children achieving the expected standard in reading, writing and maths will have significantly increased. In England, this will mean 90% of children will achieve the expected standard, and the percentage of children meeting the expected standard in the worst performing areas will have increased by over a third.
Wellbeing	By 2030, well-being will have improved in every area of the UK, with the gap between top performing and other areas closing.
Health	By 2030, the gap in Healthy Life Expectancy (HLE) between local areas where it is highest and lowest will have narrowed, and by 2035 HLE will rise by five years.
Crime	By 2030, homicide, serious violence and neighbourhood crime will have fallen, focused on the worst affected areas
Housing	By 2030, renters will have a secure path to ownership with the number of frst-time buyers increasing in all areas; and the government's ambition is for the number of non-decent rented homes to have fallen by 50%, with the biggest improvements in the lowest performing areas
Digital Connectivity	By 2030, the UK will have nationwide gigabit-capable broadband and 4G coverage, with 5G coverage for the majority of the population.
Transport Infrastructure	By 2030, local public transport connectivity across the country will be significantly closer to the standards of London, with improved services, simpler fares and integrated ticketing.
Living Standards	By 2030, pay, employment and productivity will have risen in every area of the UK, with each containing a globally competitive city, and the gap between the top performing and other areas closing.


People, places priorities
Deliver our Child Friendly Warwickshire strategy - Happy, healthy, safe children
Through education, improve life opportunities for children, young people and those with special educational needs and disabilities
Support people to live healthy, happy, and independent lives and work with partners to reduce health inequalities
Create vibrant places with safe and inclusive communities
Deliver major infrastructure, digital connectivity and improved transport options
Promote inclusive, sustainable economic growth, successful business, good quality jobs and future skills
Tackle climate change, promote biodiversity and deliver on our commitment to Net Zero
1. Research & Development
2. Local Leadership
3. Pride in Place
4. Skills
5. Education
6. Well-being
7. Health
8. Crime
9. Housing
10. Digital Connectivity
11. Transport Infrastructure
12. Living standards (pay, employment and productivity)

	WCC Examples of Planned Activity *(taken from Integrated Delivery Plan 2022-2027)*
Research & Development	• Promote Warwickshire and secure inward investment by developing and delivering Sector Growth Plans for our key priority sectors; automotive, advanced engineering & manufacturing, digital creative and tourism • Work with Coventry City Council and Coventry University to deliver the Coventry and Warwickshire Innovation Programme
Local Leadership	• Develop a Devolution Deal for Warwickshire as a proposal for entering into negotiation with Government • Engage in discussions about the (WMCA) West Midlands Trailblazer Devolution Deal and how it might benefit Warwickshire
Pride in Place	• Bring together and embed our work on Volunteering with our approach to harnessing Community Power to support our voluntary and community organisations to increase local and social activities • Create a pipeline of projects and initiatives across the county to develop neighbourhoods and generate pride in our localities
Skills	• Work with our local universities, colleges, schools and partners to improve young people's aspiration for further and higher education opportunities
Education	• Work with partners and early years providers to tailor support to improve outcomes for children at the end of Reception to secure school readiness for all Warwickshire children and increase the take up of funded 2-year-old places • Deliver the strategy and action plan with partners to support young people in Nuneaton to achieve higher educational attainment and outcomes
Wellbeing	• Increase access to Early Help and Targeted Youth Work • Open our first Family Hub at the Wheelwright Lane Centre which will specialise in support for children, young people and their families with Special Educational Needs and Disabilities (SEND) and Social Emotional Mental Health (SEMH) issues
Health	• 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 • Promote the benefits of healthier lifestyle choices and provide effective services and support to enable people to make sustained improvements

Crime	• Work with partners to prevent violence, serious & organized crime, modern slavery & human trafficking, reducing reoffending, exploitation and rural crime to meet the outcomes set by the relevant strategies and delivery plans as approved by the Safer Warwickshire Partnership Board.
Housing	• Undertake a review of service provision, housing support and embed a revised referral approach for Short Term Vulnerable Adults • 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
Digital Connectivity	• Work with our partners to encourage the expansion of 4G and 5G coverage across Warwickshire, aiming for connectivity by 2025 • Develop a county-wide Digital Inclusion programme.
Transport Infrastructure	• Develop an infrastructure strategy and create a supporting action plan that sets out our priority infrastructure opportunities and schemes across Warwickshire • Deliver priority Road schemes that will make it easier to travel around the County
Living Standards	• Engage and work with businesses to access loan funding via the Warwickshire Recovery & Investment Fund to support business and employment growth in the county and review the impact of the loans • Building on our pandemic recovery work, continue to implement a business support programme to address specific barriers to business growth

Appendix 2 – Levelling Up missions and strategies/ areas of work relevant to Adult Social Care and Health OSC

Relevant National Levelling Up missions & examples of metrics (2022-2030)

Health - By 2030, the gap in Healthy Life Expectancy (HLE) between local areas where it is highest and lowest will have narrowed, and by 2035 HLE will rise by five years.

- Healthy Life Expectancy (HLE)
- Smoking prevalence of adults
- Cancer diagnosis at stage 1 and 2
- Obesity prevalence - children and adults
- Under 75 mortality rates from cardiovascular diseases considered preventable (per 100,000 population)

Wellbeing - By 2030, well-being will have improved in every area of the UK, with the gap between top performing and other areas closing.

- Average feelings that things done in life are worthwhile ratings
- Average life satisfaction ratings
- Average happiness ratings
- Average anxiety ratings

WCC Strategies

- Health and Wellbeing (2021-2026)
- C&W Health Inequalities Strategic Plan
- C&W Health Protection (2017-2021)
- Warwickshire Safe Accommodation
- C&W Health Protection
- C&W Joint All Age Carers
- C&W Suicide Prevention
- C&W Living Well with Dementia
- Warwickshire All Age Autism Strategy (2020-2025)

WCC Areas of Work

- Health and wellbeing
- Health inequalities
- Integrated Care System
- Isolation and loneliness
- Tackling inequalities
- Poverty and cost of living
- Wider determinants of health

Note – WCC is also developing local metrics aligned to the national to monitor progress alongside our Operating Model and Performance Management Framework

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Agenda Item 7

Adult Social Care and Health Overview & Scrutiny Committee

22nd June 2022
Council Plan 2020-2025 Quarterly Progress Report:
Period under review: 1st April 2021 to 31st March 2022

Recommendation

That the Overview and Scrutiny Committee:

(i) Consider progress on the delivery of the Council Plan 2020 - 2025 for the period as contained in the report.

1. Introduction

1.1. The Council Plan year end Performance Progress Report for the period 1st April 2021 to 31st March 2022 was considered and approved by Cabinet on 16th June 2022. The report provides 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 presented and considered at the same Cabinet meeting.

1.2. This report draws on information extracted from both Cabinet reports to provide this Committee with information relevant to its remit.

1.3. Comprehensive performance reporting is now enabled through the following link to Power BI OSC 2021/22 Performance Report.

2.Council Plan 2020 - 2025: Strategic Context and Performance Commentary

2.1 This report provides commentary on year end performance for 2021/2022 and is the last report against the Council Plan 2020-2025. Future performance reporting will be based on the new Council Plan 2022-2027.

2.2 At its meeting of the 10th March 2022, Cabinet approved the implementation of a new Performance Management Framework effective from 1st April 2022, which will provide a sharpened focus on performance and trajectory and will support delivery of the Council's new priorities and Areas of Focus in the Council Plan 2022-2027. Power BI will continue to be utilised as the full reporting tool for this new framework.

2.3 The Council Plan 2020 - 2025 aims to achieve two high level Outcomes:

- **Warwickshire's communities and individuals are supported to be safe, healthy and independent;** and,
- **Warwickshire's economy is vibrant and supported by the right jobs, training, skills and infrastructure**.

Delivery of the two outcomes is supported by **WCC making the best use of its resources**.

Progress to achieve these outcomes is assessed against 54 KBMs.

Outcome	No. of KBMs	No. of KBMs available for reporting at year end
Warwickshire's communities and individuals are supported to be safe, healthy and independent	27	25
Warwickshire's economy is vibrant and supported by the right jobs, training, skills and infrastructure	13	8
WCC making the best use of its resources	14	14

2.4 Some KBMs were suspended from reporting as inspection and reporting regimes were halted due to the Covid-19 pandemic. The following remains paused as data restrictions still apply:

- % of placements for adults in provision of Good or Outstanding quality as rated by Care Quality Commission.

Care Quality Commission (CQC) have advised that they are changing their inspection practice to be more intelligence led. They will only be visiting homes where there are concerns / significant intelligence and therefore ratings will potentially only decline.

2.5 Of the 54 KBMs, 12 are in the remit of this Overview and Scrutiny Committee and at year end, 11 KBMs are available for reporting as 1 is paused at this time:

82% (9) are On Track
18% (2) are Not on Track.

This is an improvement on Quarter 3 when:

73% (8) were On Track
27% (3) were Not on Track.

Overall, since Quarter 3 performance has improved.

The status of 1 KBMs has improved from Not on Track to On Track:

- No. of People assisted to live independently through provision of Social Care equipment.

Table 1 below summarises KBM status at the year end position by agreed Outcomes. The terms "On Track" and "Not on Track" are used to denote whether measures have achieved targets for the year, or where ongoing performance trajectory is in the desired direction.

Outcome	Current Status	Number of measures
Warwickshire's communities and individuals are supported to be safe, healthy and independent	On Track	8
	Not on Track	2
	Not Applicable	1
	On Track	1

Warwickshire's economy is vibrant and supported by the right jobs, training, skills and infrastructure	Not on Track	0
	Not Applicable	0
WCC making the best use of its resources	On Track	0
	Not on Track	0
	Not Applicable	0

Table 1

2.6 Table 2 below is a summary of performance, taken from the Power Bi report , for all measures under the remit of this OSC.

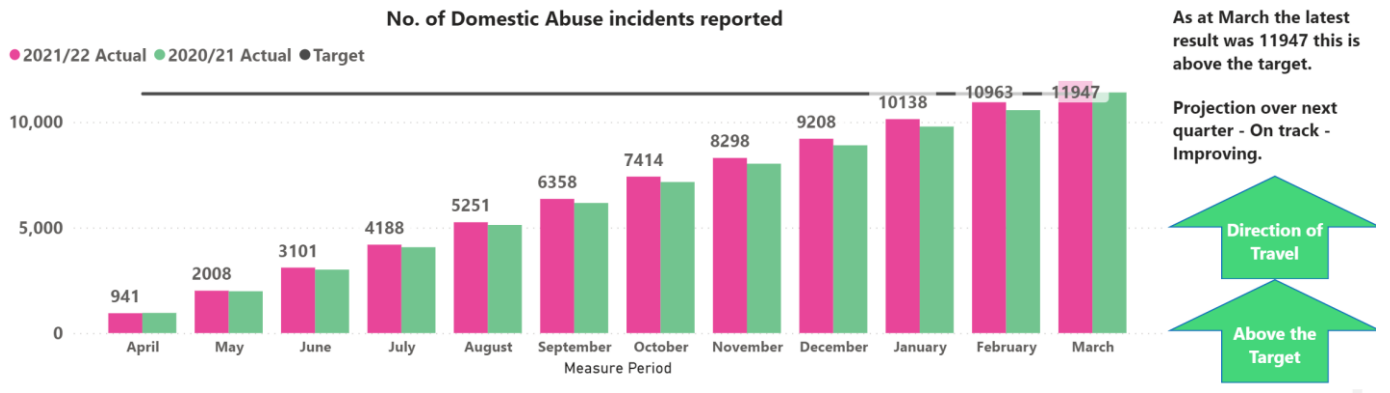
Measure	Latest Result	Direction of Travel	Target
% of people open to Adult Social Care over the age of 80 receiving care at home	61%	▲	Above +
No. of Domestic Abuse incidents reported (KBM)	11947	▲	Above +
No. of People assisted to live independently through provision of Social Care equipment (includes children) (KBM)	1515	▲	In Line
No. of people with a learning disability or autism in an inpatient unit commissioned by the CCG (KBM)	14	▲	Above -
No. of permanent admissions to residential or nursing care: under 65	3	▲	Below +
No. of permanent admissions to residential or nursing care: over 65	41	▼	Below +
Suicide rate (Persons) per 100,000	9.20	▼	Below +
% of carers in receipt of Self Directed Support on the final day of the reporting period	100%	◄►	In Line
% of successful completions as a proportion of all in treatment (Opiates, Non Opiates, Alcohol and Alcohol & Non Opiates) (KBM)	16%	◄►	Below -
No. of people in receipt of an Adult Social Care Service	6813	◄►	Below +
No. of providers that exit the care home, domiciliary care or Supported Living markets, in Warwickshire, through Business failure KBM)	0	◄►	In Line
% of residential placements for adults in provision of Good or Outstanding quality as rated by Care Quality Commission (KBM)		N/A	N/A

Table 2

2.7 Of the 82% (9) KBMs which are On Track, the following one is of note, as detailed in Table 3 below:

Warwickshire's communities and individuals are supported to be safe, healthy and independent

No. of domestic abuse incidents reported



Current Performance:

WCC introduced a key business measure to monitor the number of incidents of Domestic Abuse (DA) being reported to the Police, with an aim of increasing this year on year. This was informed by a recognition of the need to improve historic under-reporting of domestic abuse. The number of incidents that have been reported during 2021-2022 has increased by 5% from the 2020-21 baseline. The target of increasing the number of DA incidents reported to the Police has been achieved, furthermore an increase in incidents reported has been seen in all five districts / boroughs.

Improvement Activity:

The Warwickshire Violence against Women & Girls (VAWG) Board remain committed to increasing disclosures and reporting of domestic abuse. A comprehensive Warwickshire DA Communications plan continues to be delivered. Activity currently underway includes: Live adverts on Global Radio raising awareness of domestic abuse and the Warwickshire Domestic Violence and Abuse Service, new posters are being printed and distributed across the county, posters are on the side of Warwickshire buses, further investment from the Domestic Abuse Act Additional Burdens Funds has been made to outreach work and additional DA training has been commissioned to further improve the response to multi-agency professionals of DA.

Explanation of the projection trajectory: On Track – Improving

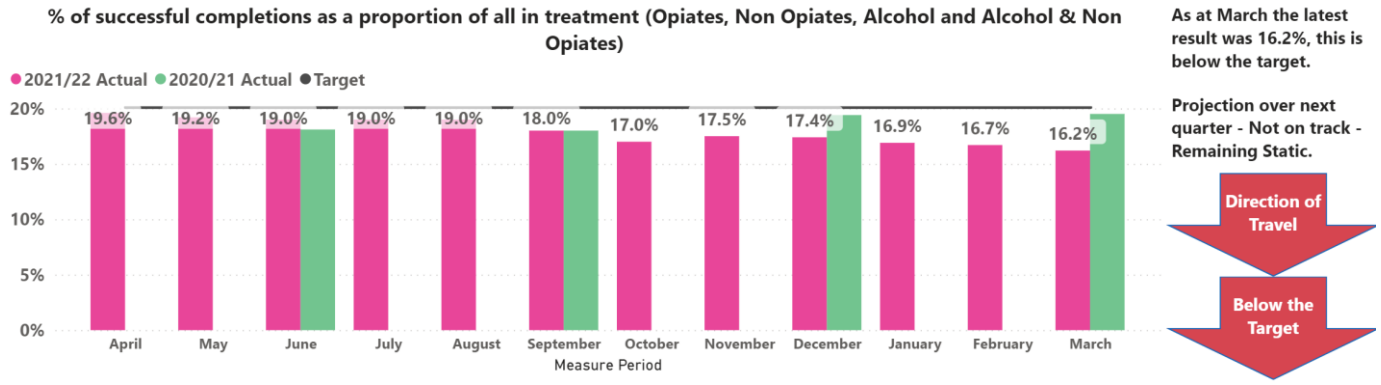
During the last 12 months Warwickshire VAWG partners, led by WCC has developed and delivered a range of activities to increase awareness of DA and support available, this has been available to the public and professionals. For 2022-23 the aim will be to further increase the number of DA incidents reported to the Police.

Table 3

2.8 At the year end position, of the 18% (2) measures reporting as Not on Track, the following one requires escalating in this report, as detailed in Table 4 below:

Warwickshire's communities and individuals are supported to be safe, healthy and independent

% of successful completions as a proportion of all in treatment (opiates, non-opiates, alcohol and alcohol and non-opiates)



Current Performance:

The national data that supports the performance dashboard is provided quarterly via the National Drug Treatment Management System (NDTMS). The provider for Adult Drug and Alcohol Services has been providing monthly data in kind to support the monitoring of this measure. For both the provider and the NDTMS, the data is always a month in arrears.

There has been a decline of number of successful completions due to the fact the data is recorded on a 12 month rolling period and the Covid pandemic. The number of clients entering treatment increased during the pandemic. Clients were being retained in treatment services for longer than usual periods to ensure they were safe and reduce the possibility of relapse.

During the last 12 months the numbers of clients entering treatment has increased, resulting in higher caseloads. Covid restrictions had an impact on service provision however, as restrictions are lifting, normal services are slowly resuming e.g., group work, face to face, ambulatory detox. Therefore, it is expected that the number of completions will begin to increase over the next couple quarters and improvements will be realised.

It is important to recognise that this indicator includes a cohort of people completing treatment in its entirety, however, these are broken down to different substances during performance monitoring. The number of completions for those on opiates achieved the target in Quarter 4 - for non-opiates 45/49 – almost on target.

The area of concern is the completions around alcohol – Quarter 4 data shows 218/267 completions achieved. The number of clients re-presenting to services is low and better than the national average (which could be due to holding clients in treatment longer over the Covid period).

An action plan is currently in place with the provider to monitor the successful completions around alcohol and a number of actions are currently being undertaken by the provider to address this and will be monitored monthly.

Improvement Activity:

Bi-weekly meetings with the provider.

Explanation of the projection trajectory: Not On Track – Remaining Static

Projection is based on previous performance and improvement activity.

Table 4

2.8 Table 5 below illustrates the considered forecast performance projection over the forthcoming reporting period.

	On Track			Not on Track			Not Applicable
	Improving	Remaining Static	Declining	Improving	Remaining Static	Declining	
Warwickshire's communities and individuals are supported to be safe, healthy and independent	1	7	0	0	2	0	1
Warwickshire's economy is vibrant and supported by the right jobs, training, skills and infrastructure	0	1	0	0	0	0	0
WCC making the best use of its resources	0	0	0	0	0	0	0

Table 5

It is forecast that over the next period of Quarter 1 2022/23, 8 KBMs will remain static with a status of On Track. The one KBM which is projected to improve further is No. of domestic abuse incidents reported, as detailed in paragraph 2.5, table 2.

Both of the KBMs that are Not on Track, are projected to remain static over the forthcoming period:

- % of successful completions as a proportion of all in treatment (opiates, non-opiates, alcohol and alcohol and non-opiates) – as detailed in paragraph 2.6, table 3;
- No. of people with a learning disability or autism in an inpatient unit commissioned by the Clinical Commissioning Groups (CCG) - The number of Warwickshire inpatients in beds commissioned by the Clinical Commissioning Group (CCG) increased by 2 in Quarter 3. There were three Warwickshire adults admitted to CCG funded beds, and one Warwickshire adult discharged to the community. There has already been a discharge at the start of Quarter 4, so there are currently 11 CCG inpatients for Warwickshire. There are two additional inpatients who are likely to be discharged during Quarter 4. The final actual number of inpatients at the end of Quarter 4 will depend on the effectiveness of the admission avoidance activities described above and the impact of Covid-19, but is likely to be around the Warwickshire target of 10 or slightly above.

2.9 Activity is in place to improve performance across all measures, and this is under constant review to ensure it is robust and effective. Full context on all KBMs within the Framework is provided in the Power Bi 2021/22 Cabinet Performance report.

3. Financial Commentary

3.1. Revenue Budget

The Council has set the following performance threshold in relation to revenue spend as zero overspend and no more than a 2% underspend. The following table 5 shows the 2021/22 out-turn position for the Services concerned.

Table 5

Service Area	Approved Budget	Service Forecast	(Under) /Over spend	Variation as a % of budget		Represented by:				Remaining service variance as a % of budget	Remaining Service: Change from Q3 forecast
					Change from Q3 forecast	Investment Funds	Impact on Earmarked Reserves	Covid Impact	Remaining Service Variance		
	£m	£m	**£m**	**%**	£m	£m	£m	£m	£m	**%**	£m
Adult Social Care	159.793	155.225	**(4.568)**	**(2.90%)**	(8.255)	(0.073)	(3.026)	3.14	(4.609)	(3.00%)	(4.729)
Strategic Commissioner for People	35.857	36.327	**0.47**	**1.30%**	(5.11)	(0.383)	(2.725)	4.97	(1.392)	(3.80%)	(0.792)
Total	**195.65**	**191.552**	**(4.098)**	**(1.60%)**	**(13.365)**	**(0.456)**	**(5.751)**	**8.11**	**(6.001)**	**(6.80%)**	**(5.521)**

3.1.1. **Adult Social Care** ended the 2021/22 financial year with an underspend of £4.568m, equivalent to 2.9% of its net revenue budget for the year. If we exclude the impact of Covid (fully funded from grants) and the movements in earmarked reserves the remaining service underspend is £4.609m. This is £4.729m different from the Q3 forecast with the key reasons being:

- £1.823m increase in client contributions particularly in Older People Services where the proportion of income in relation to expenditure increased above that indicated by historic trend data
- £0.598m reduction in Mental Health forecast due to lower than anticipated demand growth in the last quarter
- £0.587m reduced net cost of Disabilities direct payments due to Covid restrictions impacting on the ability to spend and receive care via direct payments
- £0.377m windfall following settlement of longstanding Continuing Health Care negotiations.

The Covid-19 pandemic disrupted normal expenditure trends in the Service. Taking a partnership approach, we maintained and strengthened the health and care system in Warwickshire to support people leaving hospital who still required care services. This enabled us to utilise the Hospital Discharge Grant and other temporary NHS resources during the year. As a result, the current year non-covid underspend of £4.609m should not be treated as an indication of the ongoing position. As a comparison, in 2019/20, the last full financial year before Covid adult social care underspent the approved budget by £0.610m or just 0.4%.

3.1.2. **Strategic Commissioner for People** ended the 2021/22 financial year with an overspend of £0.470m, representing 1.3% of the Service's revenue budget for the year. If we exclude the impact of Covid (fully funded from grants) and the movements in earmarked reserves the remaining service variance is an underspend of £1.392m. This is £0.792m different from the Q3 forecast. The increased underspend since Q3 is predominantly due to:

- £0.360m in relation to Domestic Abuse additional income, some of which has been received late in the financial year.
- £0.288m staffing and staff related underspends particularly due to turnover in Public Health.
- £0.165m further reduced activity in relation to sexual health out of area, GP and pharmacy costs (unrelated to the integrated sexual health contract).

The Service spent £4.970m on Covid pressures and recovery projects as below:

- £1.107m Improving Mental Health Covid recovery project
- £1.064m Public Health increased staffing capacity funded from Test & Trace Grant
- £0.884m Controlling hyper local covid outbreaks
- £0.517m Supporting high risk workplaces
- £0.464m Support for Covid impacted contract delivery

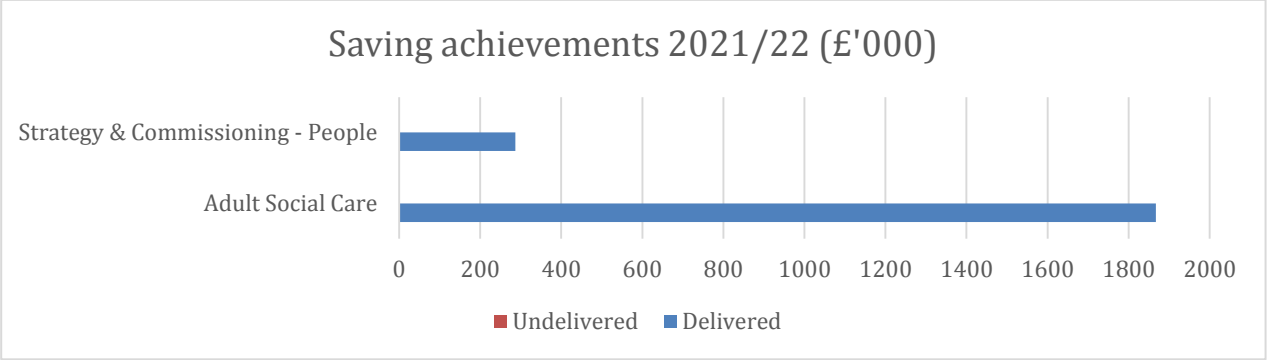
- £0.935m across twelve other approved areas of covid spend including reducing the impact of Covid on BAME communities, nursing outreach and support to the homeless and suicide prevention

Covid spend reduced from £5.748m forecast at Q3 to £4.970m at outturn predominantly due to a reduction from £0.750m to £0.019m expenditure on school air quality and ventilation improvements as this work will be done in the summer holidays to limit the disruption to staff and pupils.

Investment funded Creative Health and Tackling Inequalities projects have been delayed due to Covid and approval processes, leading to the in year underspend of £0.383m.

3.2. Delivery of the Savings Plan

3.2.1. The savings targets and 2021/22 outturn position for the Services are shown below:



3.2.2. Both services delivered 100% of their savings in 2021/22 with Adult Social Care achieved £1.867m and Strategic Commissioning for People achieved £0.287m. The high level of savings achieved is a positive outcome and contributes to a stable financial position.

3.3. Capital Programme

3.3.1. The table below shows the approved capital budget for the Services, new schemes and any delay into future years.

Table 6

Service	Approved 2021-22 capital programme	New projects in year	Budget Reprofile	Net over / underspend	Total capital programme	Delays	In year capital spend	Delays %
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000

Adult Social Care	313	0	0	0	313	-313	0	100%
Strategic Commissioning & Public Health	5,295	0	0	0	5,295	-44	5,251	1%

Adult Social Care - £0.313 million delay caused by delays in projects coming forward for extra care housing. The original plans for this funding are no longer viable and therefore the future of the project is to be reviewed in 2022-23.

Strategic Commissioning for People & Public Health - £0.044 million delay caused by delays in projects coming forward for social care modernisation funding.

The current economic situation, both nationally and internationally post Covid-19, is likely to have an impact on the delivery of the capital programme in the short to medium term. Inflation, material shortages and supply chain issues are creating uncertainty and a challenging delivery environment.

4. Risk Management

4.1 Risks were reviewed during the year at a corporate level and at a service level, with directorate leadership teams reviewing significant service risks within each directorate. Risk management activity includes consideration of mitigating actions.

4.2 Two strategic areas of risk relating specifically to adult social care were assessed as high risk (red rating) as at March 2022:

- The risk that inequalities, which were compounded by the Pandemic across a range of social, economic, education and well-being indicators, are sustained with cost-of-living increases, despite targeted catch up activity in schools, social care, community health & well-being and support for businesses. Actions mitigating this risk included the public health covid outbreak plan, and the People Strategy and Commissioning Plans 2020-2022.

- The risk of continued disruption to care markets driven by inflation, increasing demand, and legislative changes. Actions mitigating this risk include an integrated approach to commissioning providing flexibility to respond to pressure points and market engagement activity.

4.3 In addition, a jointly owned strategic risk relevant to adult social care was rated as high risk at the year end:

- The risk of sustained inflationary pressures and cost of living increases. There are a range of actions to mitigate this pressure for example delivering major infrastructure, digital connectivity and transport options, investment in the Warwickshire Recovery Investment Fund, and the integrated approach to medium term planning.

4.4 At service level 3 risks are identified at the year end as high risk relating to or closely associated with adult social care services:

- The risk of demand for services and market forces continuing to put pressure on services. Mitigation activities include programmes to manage demand and promote efficiencies, active market engagement, and reviewing programme activity.

- The risk of market failure and a lack of sustainability in the care market. Mitigating actions include mechanisms to assess the viability of providers, the use of market intelligence, market engagement, considering the fair cost of care, and joint working with health partners.
- The risk of ongoing Covid related responses absorbing public health capacity and impacting on capacity to deliver statutory and priority services. Mitigating actions include efficiencies driven by the Health and Wellbeing Strategy, promoting early intervention and co-production, and collaborative working with partner organisations.

5. Supporting Papers

A copy of the full report and supporting documents that went to Cabinet on the 16h June is available via the committee system.

6. Environmental Implications

None specific to this report.

7. Background Papers

None

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Agenda Item 8

Adult Social Care and Health Overview and Scrutiny Committee
22 June 2022

Work Programme

1. Recommendation(s)

1.1 That the Committee considers and approves its 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
14 July 2022	Integrated Sexual Health service - joint service with Coventry. Approval to Tender
8 September 2022	Fair Cost of Care & Market Sustainability

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.

North Warwickshire Borough Council (NWBC)	
	In North Warwickshire, the meeting structure is operated through a series of boards with reports to the Community and Environment Board. There is a Health and Wellbeing Working Party and a Warwickshire North Health and Wellbeing Partnership (covering both North Warwickshire and Nuneaton and Bedworth). From the NWBC website, the Board met on 16 May. On this occasion there were no items related to health.
Nuneaton and Bedworth Borough Council (NBBC)	
	The NBBC Housing, Environment and Health OS Panel met on 7 April. The agenda included a progress report on the County Health and Wellbeing Strategy and addressing teenage conception in Nuneaton and Bedworth.
Rugby Borough Council – Overview and Scrutiny Committee	
	The Borough Council (BC) has a single overview and scrutiny committee with the use of task groups. From the Rugby BC website, the next meeting is scheduled for 18 July. Looking at the work programme, there is a future item carried over from 2020/21 on health and wellbeing, with a date to be scheduled.
Stratford-upon-Avon District Council – Overview and Scrutiny Committee	
	The District Council's Overview and Scrutiny Committee met on 20 May and has a further meeting on 17 June. There is a future item listed (date to be confirmed) for an update from Coventry and Warwickshire Clinical Commissioning Group.
Warwick District Council – Overview and Scrutiny Committee	
	The Overview and Scrutiny Committee met on 24 May 2022. Its next meeting will take place on 27 June 2022. There are no items scheduled which relate to health.

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.

6.0 Financial Implications

6.1 None arising directly from this report.

7.0 Environmental Implications

7.1 None arising directly from this report.

Appendices

1. Appendix A Work Programme

Background Papers

None

	Name	Contact Information
Report Author	Paul Spencer	01926 418615 paulspencer@warwickshire.gov.uk
Assistant Director	Sarah Duxbury	Assistant Director of Governance and Policy
Strategic Director	Rob Powell	Strategic Director for Resources
Portfolio Holder	n/a	

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

Local Member(s): None
Other members: Councillor Clare Golby

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

Date of meeting	Item	Report detail
22 June 2022	'Approach to Levelling Up'	This is a standard item for all overview and scrutiny committees in June, ahead of the consideration of this matter by Cabinet in July.
22 June 2022	Workforce Update - the Care Market	A report was submitted to the Health and Wellbeing Board on 12th January 2022. A workforce update on the success of the recruitment drive for additional carers. Include aspects on the consistency and quality of training. Here is a link to the report to the January HWBB.
22 June 2022	Year End Performance Progress Report	This is the tailored report showing the year end performance for the period 1st April 2021 to 31st March 2022.
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 suggestion 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 include 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 16th 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
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	Performance, Planning and Quality, together with

		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.	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	Two meetings have been held. A site visit is planned and the next meeting will consider the available 'baseline' information..
Menopause Services	This was agreed on 16th February, following the consideration of a presentation on menopause services.	TBC	This review will be commenced after completion of the above GP Services review. It has also been referred to the Health and Wellbeing Board.

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