

Adult Social Care and Health Overview and Scrutiny Committee

Date: Wednesday 19 April 2023
Time: 10.00 am
Venue: Committee Room 2, Shire Hall

Membership

Councillor Clare Golby (Chair)
Councillor John Holland (Vice-Chair)
Councillor Colin Cape
Councillor John Cooke
Councillor Tracey Drew
Councillor Peter Eccleson
Councillor Marian Humphreys
Councillor Jan Matecki
Councillor Chris Mills
Councillor Penny-Anne O'Donnell
Councillor Pamela Redford
Councillor Kate Rolfe
Councillor Ian Shenton
Councillor Sandra Smith
Councillor Mandy Tromans

Items on the agenda: -

1. General

(1) Apologies

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

(3) Chair's Announcements

(4) Minutes of previous meetings

To receive the Minutes of the committee meeting held on 15 February 2023.

5 - 12

2. Public Speaking

3. Questions to Portfolio Holders

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

4. Questions to the NHS

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

5. Council Plan 2022-2027 Integrated Performance Report Quarter 3 2022/23 13 - 34

For the Committee to consider and comment on the Quarter 3 organisational performance and progress against the Integrated Delivery Plan.

6. Care Quality Commission (CQC) Inspections

The Committee will receive a presentation to share the arrangements being made to prepare for forthcoming CQC inspections.

7. Work Programme 35 - 42

For the Committee to review and update its work programme.

Monica Fogarty
Chief Executive
Warwickshire County Council
Shire Hall, Warwick

To download papers for this meeting scan here with your camera



Disclaimers

Webcasting and permission to be filmed

Please note that this meeting will be filmed for live broadcast on the internet and can be viewed on line at warwickshire.public-i.tv. Generally, the public gallery is not filmed, but by entering the meeting room and using the public seating area you are consenting to being filmed. All recording will be undertaken in accordance with the Council's Standing Orders.

Disclosures of Pecuniary and Non-Pecuniary Interests

Members are required to register their disclosable pecuniary interests within 28 days of their election of appointment to the Council. Any changes to matters registered or new matters that require to be registered must be notified to the Monitoring Officer as soon as practicable after they arise.

A member attending a meeting where a matter arises in which they have a disclosable pecuniary interest must (unless they have a dispensation):

- 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

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

COVID-19 Pandemic

Any member or officer of the Council or any person attending this meeting must inform Democratic Services if within a week of the meeting they discover they have COVID-19 or have been in close proximity to anyone found to have COVID-19.

This page is intentionally left blank

Adult Social Care and Health Overview and Scrutiny Committee

Wednesday 15 February 2023

Minutes

Attendance

Committee Members

Councillor Clare Golby (Chair)

Councillor John Holland (Vice-Chair)

Councillor John Cooke

Councillor Tracey Drew

Councillor Jenny Fradgley

Councillor Marian Humphreys

Councillor Jan Matecki

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

Councillor Ian Shenton

Councillor Sandra Smith (North Warwickshire Borough Council)

Councillor Mandy Tromans

Officers

Nigel Minns, Isabelle Moorhouse, Pete Sidgwick and Paul Spencer.

Others in attendance

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

Chris Bain, Healthwatch Warwickshire (HWW)

Rachael Danter, Coventry and Warwickshire Integrated Care Board (C&WICB)

David Lawrence (press)

1. General

(1) Apologies

Councillor Cape (Nuneaton and Bedworth Borough Council), Councillor Mills, Councillor Mrs Redford (Warwick District Council) and Councillor Rolfe (replaced by Councillor Fradgley). An apology from Councillor Shenton who joined the meeting late and from Councillor Falp (due to present the GP Services review). Apologies had been received from the following Officers: Shade Agboola and Becky Hale (WCC) and Rose Uwins (C&WICB).

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

None.

(3) Chair's Announcements

None.

(4) Minutes of previous meetings

The Minutes of the committee meeting held on 16 November 2022 were approved as a true record and signed by the Chair. Councillor Mrs Humphreys asked for an update on the additional customer service data relating to complaints from older people in the north of the county. This had been circulated and would be reissued to the member.

2. Public Speaking

None.

3. Questions to Portfolio Holders

None.

4. Questions to the NHS

It was noted that Councillor Mrs Humphreys had submitted questions but had agreed that these be covered as part of the presentation on system pressures.

5. Presentation on System Pressures

The Committee received a joint presentation on system pressures in Warwickshire from Rachael Danter of the Coventry and Warwickshire Integrated Care Board (C&WICB) and Pete Sidgwick for the County Council.

The presentation covered the following areas:

- System pressures – some key facts
- Accident and emergency attendances
- Activity to support the system
- Number of occupied beds for all discharged adult patients in hospital for over seven days
- Supported discharges facilitated by Warwickshire Social Care. Slides provided this data for the period April 2022 - January 2023 by week, site and site & pathway.
- Discharge to Assess activity
- Home based therapy
- Reablement
- Domiciliary Care
- Hospital Discharge Fund

Questions and comments were invited with responses provided as indicated:

- Several members recorded their thanks for the presentation.
- Councillor Holland noted the data provided on the low numbers of people awaiting care packages to be able to leave hospital, which showed this was an efficient service. The data

on discharges he received as a hospital governor showed this to be a major concern for the Trust. He asked what could be done to align the figures to give a common understanding.

- Pete Sidgwick replied that operationally there was a good understanding. The challenges may relate to NHS England metric requirements around medical fitness for discharge. He had discussed the same issue with the Portfolio Holder, Councillor Bell. In broad terms the data reported by hospital trusts and the County Council were similar. Another contributor was where patients lived. Some patients at George Eliot Hospital lived in neighbouring areas and were included on social care data for Leicestershire or Coventry.
- Reference was made to the Discharge Integration Frontrunner Initiative. This sought to streamline acute hospital discharges, the ask being to discharge patients within 24 hours of when they were deemed to be medically fit to do so. This could be very challenging both from a commissioning and operational perspective and an outline was given of the many facets which needed to be considered. That said, there was always room to improve.
- Rachael Danter spoke about perceptions and what was actually required to enable patients to return safely to their place of residence. Sometimes acute services may feel the process took longer than necessary, especially when those trusts were under pressure. The frontrunner initiative provided the way forward and whilst its target was challenging, it was believed it could be achieved.
- Councillor Holland sought more information about NHS continuing care and onward treatment for people in their home, referring to recent announcements from the Secretary of State for Health and Social Care. This should assist earlier hospital discharge and an example was given for elective surgery procedures which may only require patients to be in hospital for a single day. He asked if there were perceived problems with delivering such care at home for both the NHS and Social Care.
- In response, Officers advised this was known as 'virtual wards' with continued treatment in the home. Social Care was precluded from providing healthcare. However, when it came to delivery there would likely be a partnership approach, given the links between WCC and the provider market. The financial support aspects of continuing healthcare were explained. There were ongoing discussions about virtual wards across the local system.
- Councillor Matecki asked if there was a real understanding of the root causes of system pressures and whether the actions being taken were an immediate response, or permanent corrective actions. He asked if the approach taken would lead to future capacity challenges.
- Rachael Danter provided context on the pressures faced every year and those experienced for the last two winters, mentioning flu rates, respiratory issues and Covid. The local system looked at the baseline issues it faced, approaching them in partnership and made best use of any additional funding allocations. It reviewed what was working well. Then for unusual issues or where extremes were identified, short term measures were used, based on previous experience. Services 'looked back' post winter to take learning for the future. In effect it was a hybrid model.
- Pete Sidgwick added that today's presentation had included how to assist discharge, and a future aspect would be avoiding unnecessary admission to hospital and managing hospital throughput. This was a complex and national issue more about how people used the NHS. The approach was to make the supported discharge as effective as possible, helping people to return to their residence with as much independence as possible.
- Rachael Danter confirmed the commitment to the preventative agenda, referring to the Integrated Care Partnership Strategy, improving population health and wellbeing, also addressing health inequalities. This was a longer-term aspect.

- It was questioned if the NHS used external consultants to identify potential solutions. Such consultants were used where feasible, whilst being mindful of the costs to public funds. The frontrunner work was an example where some consultant support had been used, but much of this process had been undertaken internally. The expertise rested with the clinicians and practitioners who needed the space and environment to focus on such projects. Data and benchmarking to others were also used.
- Councillor Drew congratulated officers for the achievements made on providing domiciliary care packages efficiently. She referred to graphs in the presentation on the reductions in hospital stay data, asking if there were lessons that could be learned from the data for these periods to assist, either now or in the future.
- Rachael Danter responded that the graph corresponded to a spike in the Covid pandemic where hospitals reduced admissions and sought to get people out of hospital as soon as possible. There had been a lot of learning from the pandemic and examples were given around stepping down non-critical services when the system was under significant pressure. Where possible the way care was delivered would not revert to that pre-pandemic. At the same time restoring services and increasing public confidence in the NHS were important. Councillor Drew clarified that her question was more about lessons learned for discharge processes. Pete Sidgwick added that at the time referred to, there were less people in hospital, which in turn assisted the discharge process. This was coupled with the pandemic providing even more impetus to get people out of hospital.
- Councillor Drew questioned the 0% data on people being discharged to nursing or residential care. Pete Sidgwick clarified that this concerned pathway three, which was NHS led and for cases involving continuing healthcare. The majority of social care cases were under pathways one and two, for which data was provided.
- On discharge to assess, Councillor Drew sought more information about how the beds were commissioned and whether this may cause the beds to be under-utilised or lead to hospital discharge delays if there was not sufficient capacity. These beds were 'block' purchased, with periodic assessment of the numbers required in each location. If they were 'spot' purchased there may be a shortage of capacity at times. There were measures to utilise these beds efficiently but were times when some beds were empty.
- Councillor Drew sought clarity on the term 'people living independently' as this may be doing so with or without support. This was confirmed and people discharged under pathway one may require ongoing support. After a period of time, if ongoing support was required, the Care Act Team became involved.
- Councillor O'Donnell spoke from personal experience of the significant improvements made in the discharge pathways. The process had been smooth, removing stress for the family and enabling them to plan for the discharge. It showed the joined-up approach between teams. The family member was now being supported at home and the difference in the service was phenomenal. She gave thanks for these improvements, recalling the frustrations experienced previously. There was also recognition of the improvements in care in hospital. An area for further improvement was patient information transfer to the ambulance service supporting the patient to travel home, in this case about mobility issues. Officers were asked to pass on these thanks to the staff.
- Chris Bain explained that Healthwatch looked at the pressures on patients and carers. Feedback over the last couple of years showed a decline in trust and confidence in the system. Patients were presenting later and with more complex conditions, with more anxiety, frustration and some anger being seen by HWW staff. Such studies showed where capacity met demand, and where perception met expectation. There was known misunderstanding and frustration. HWW received feedback about GP access, and the

services being better at some practices than others. There were delays in assessment, diagnostic services and treatment. Further points about access to mental health services, dentistry, and pharmacy. These had not been reflected in the system pressures despite the known staffing challenges in these areas. Over the last five years, HWW had asked people about what would make things better. Chris quoted four key areas raised:

- Remove assumptions and bias about the patient.
 - Communication and good administration – do what you say you will and at that time; communicate what I can expect – this will improve trust and confidence.
 - Create a safe space for those who are anxious, concerned, lonely or isolated. A safe space and trusted relationship will transform the patient's experience.
 - Simple acts of kindness – the actions of one person could change significantly the views of a patient.
- In summary, there was a need to think from a patient perspective. The Chair agreed the patient / person was key.
 - Rachael Danter was aware of these points and HWW's input of the patient view was valuable, an example being on the new ICP Strategy.
 - Councillor Humphreys referred to the challenges for patients with dementia. When the pandemic restrictions were in place, many nurses had a lack of awareness of the dementia protocol. This enabled dementia patients to be accompanied so they had support, for example with food and hydration. Refusing such access caused stress for the family member/carer providing the support, as well as impacting on the patient's condition. It was important to cascade information about the dementia protocol. The point was acknowledged and would be taken back. Officers reminded of the challenges from the pandemic, the constant changes in guidance and the impact for the staff delivering the care.
 - Councillor Humphreys stated the need for a facility in the north of the County to provide bedded rehabilitation services. She spoke of the closure of the former premises at Bramcote and sought a breakdown of the costs of sending patients out of county for rehabilitation. Previously there had been such provision within Warwickshire to provide step-up/step-down care and it should be reinstated.
 - Pete Sidgwick responded, being mindful of the questions Councillor Humphreys had submitted ahead of the meeting. There was a known challenge in capacity for community services and it was hard to recruit to people in some areas of Warwickshire. This meant that staff had to move around.
 - In terms of step-down care Rachael Danter noted the points, which would be taken back. The aim was to get people home not require more beds. A capacity and demand exercise was being undertaken. This was linked to a change in approach to get people home and with the support they needed to enable them to be as independent as possible.
 - The Chair reiterated that there were no rehabilitation beds in the north of Warwickshire. She made a comparison to the current services provided in the south, the review of those services and the previous request that this review be undertaken county-wide to give a 'One Warwickshire' approach.
 - Councillor Bell sought more information about the respiratory hubs. These were provided in partnership between primary and secondary care as a 'virtual' ward. For patients with respiratory issues, it looked at the support required in the acute phase of treatment and the treatment afterwards at home or to avoid the need for readmission to hospital. Rachael Danter outlined the clinical support arrangements in place, the referral pathways and the extensive use of the service, which had now been in place since the second wave of Covid. An offer was made to provide further information on the locations and usage numbers.

- Councillor Bell sought clarity on the difference between NHS and local authority discharges from hospital. Pete Sidgwick explained that currently, a supported discharge from hospital was provided for all, irrespective of whether this was from health or social care. Previously the challenge was around people paying for or contributing to their support costs. There was additional one-off funding which met these costs. Technically all hospital discharges were currently health led, but some were facilitated by social care staff. He gave an example to demonstrate this, spoke of the multiple pathways involved currently from a practitioner perspective and how this would be a single pathway under the frontrunner initiative. At a future date when people transferred back to social care support, an assessment of need and contribution costs would take place. Related points discussed were discharge numbers, the national guidance on discharges, the discharge to assess pathway and the administration of this health pathway by the local authority.
- A discussion about contributions to social care costs. Pete Sidgwick explained that staff held conversations with service users to explain the requirements. Those with capacity may elect not to receive the care. As context the contributions towards care costs in Warwickshire amounted to £52m per year.
- The Chair picked up the earlier points about soft skills to interact with patients with courtesy and respect. Managing patient expectations was also important. She spoke about infrastructure too and the challenges in providing services such as domiciliary care if the travel route was congested as it impeded effective service delivery.
- Pete Sidgwick reflected on the points from Chris Bain and the value in hearing lived experiences. On the points about making things better and the four areas identified, he spoke of the Council's team principles which did cover these areas. As an organisation the Council could seek to influence colleagues in the local NHS too. He agreed that patient perceptions were often based on experiences and contact with front facing staff such as porters.

Resolved

That the Committee notes the presentation.

6. GP Services Task and Finish Review

On behalf of Councillor Falp, Chair of the Task and Finish Group (TFG), Paul Spencer, Senior Democratic Services Officer introduced this item.

The County Council had approved a motion that the Adult Social Care and Health Overview and Scrutiny Committee (OSC) review and make recommendations about the provision of health centres within Warwickshire. To undertake this review, the OSC appointed a member TFG. An outline was given of the process undertaken by the TFG. It considered written evidence and held discussions with expert contributors from the NHS. Contributions were also provided by Healthwatch Warwickshire and a co-opted representative from a district council. The review included a comprehensive presentation from the then Coventry and Warwickshire Clinical Commissioning Group and a GP doctor who also represented the Local Medical Committee. The review report had been submitted. The TFG made a series of recommendations for the Coventry and Warwickshire Integrated Care System (ICS) and for those within the remit of individual agencies. The recommendations and the rationale for each of those recommendations were set out in the covering report and the appended review report, which also provided the supporting information.

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

- Chris Bain said this was a comprehensive report. There were some things which could not be influenced such as the shortage of GPs. There was more interest in looking at those things which the system could begin to tackle, such as the effectiveness of primary care networks (PCNs) in supporting practices, ensuring the patient voice was heard and lived experiences captured in PCNs. There was mixed experience of this and how well patient participation groups were working. This was another area where patient expectations clashed with capacity creating a tension. Demands on general practice were increasing. One contributor was people delaying going to their GP and their condition worsening as a result. He was concerned about the emergence of a primary care provider collaborative as part of the ICS. Healthwatch had not been involved in the development of that collaborative and he wondered where the patient voice and lived experience was being reflected in that collaborative.
- Councillor Shenton sought more information about the NHS endeavours to recruit another 556 full time equivalent roles into primary care. He asked if these staff were an increase, or to replace others and what the net effect was. Additionally, more information was sought about what the equivalent roles would be. This would be researched with NHS colleagues. There were also plans to revisit primary care as part of the committee's future work programme.
- On GP recruitment, Chris Bain added that doctors were less willing to become practice partners than being a part time GP. This created a further problem of securing senior GPs, to manage practices and replacing those who were nearing retirement age.
- Councillor Bell took this point speaking of the opportunity for employed GPs rather than the current private businesses. Personally, she would like to see the acute trusts become involved in establishing such practices with employed GP doctors. This gave an increased opportunity to integrate with acute services. The Chair shared this view speaking of the opportunities and benefits of linked primary care rather than it being through the current private businesses.
- Councillor Cooke said this was a good report, congratulating the TFG for the straightforward recommendations. He commended the report and moved its recommendations.

Resolved

That the Committee:

1. Comments on the report of the GP Services Task and Finish Group, as set out above and approves the report and its recommendations.
2. Refers the TFG report to the Cabinet and the Warwickshire Health and Wellbeing Board to consider the recommendations made for actions by the County Council and the wider Coventry and Warwickshire health system.

7. Work Programme

The Committee discussed its work programme. Paul Spencer reported that the next task and finish review would focus on Menopause Services. The Committee was asked to consider the size of the group, the terms of reference for the review, indicating any areas which should be included within the scope and to appoint a chair for this review. Members wishing to be involved in the TFG were

Page 7

Adult Social Care and Health Overview and Scrutiny Committee

15.02.23

asked to contact Democratic Services. He added that the Council did provide a lot of information and support for its staff, which could be a useful resource for background information.

Discussion took place on the following areas:

- The Chair gave a personal reflection and spoke of the absence of commissioned menopause services within Warwickshire. She would not take an active role in this review as chair of the commissioning scrutiny committee. The Chair reminded of the briefing provided by the Director of Public Health. She suggested the scope include research of the services provided in neighbouring geographic areas including Coventry and also in councils of similar size/demography. This benchmarking would provide useful evidence.
- Councillor Holland suggested that group leaders be invited to make nominations to the TFG.
- Councillor O'Donnell thanked the Chair for taking forward this much needed piece of work, speaking about the health gender inequality aspects and she looked forward to the findings from the TFG.
- Councillor Humphries used an example to show the impacts from menopause causing fatigue and the need for holistic social worker support to be provided in that case connected to an adoption process.
- The Chair added that the focus of the review should be on the services available to Warwickshire residents from both the Council and the NHS. People were presenting with symptoms that were menopause related, linked to hormonal imbalance, including stress, anxiety or being tearful, which may be diagnosed as other conditions.
- Councillor Drew asked what the council would be able to influence with its findings from this review process. The Chair responded that once established, the TFG would discuss the scope of the review and outcomes it wanted to achieve. The TFG would consider the recommendations to be made and who those recommendations were for. It would not be used as a forum purely for discussion or complaint, but would need to be constructive and give value, with good and demonstrable outcomes, which could be implemented, to effect some change.
- Councillor Bell expected that the ICB, which was responsible for health pathways would be involved in this review and be asked about the pathways for menopause services. The Chair agreed that the ICB should be part of the conversation, firstly to understand what services were provided, to assess if there is a disconnect and options to bridge any gaps.

Paul Spencer provided a summation of the key suggestions made to progress this review. He offered support to any members wishing to learn more about the work of the TFG, then explaining the importance of the scoping of the review, having a tight focus and seeing where this work could add value. The Chair added that the review group was open to members of all genders.

Resolved

That the Committee notes the work programme as submitted and that the actions identified above be taken forward to commence the task and finish review of menopause services.

.....
Councillor Clare Golby, Chair

The meeting closed at 11:55am

Adult Social Care Overview & Scrutiny Committee

19th April 2023

Council Plan 2022-2027 Integrated Performance Report Quarter 3 2022/23

Period under review: April to December 2022

Recommendations

That the Committee considers and comments on Quarter 3 organisational performance, progress against the Integrated Delivery Plan, management of finances and risk.

1. Executive Summary

- 1.1 This report is a retrospective summary of the Council's performance at the end of the third quarter (April-December 2022) against the strategic priorities and Areas of Focus set out in the Council Plan 2022-2027. All information contained within this report has been taken from the Quarter 3 Integrated Performance and Finance reports Cabinet considered on the 16th February. Performance is assessed against the Key Business Measures (KBMs) contained within the agreed Performance Management Framework. This is summarised in Section 2 and more fully presented within Appendix 1.
- 1.2 Progress against the Integrated Delivery Plan is summarised in Section 3 and more fully presented within Appendix 2.
- 1.3 Management of Finance is summarised in Section 4 and the summary table is presented in Appendix 3.
- 1.4 Management of Risk is summarised in Section 5 and more detailed information is presented in Appendix 4.
- 1.5 The paper sets out a combined picture of the Council's delivery, performance, and risk. Officers are still embedding this new approach and performance framework, and a number of new measures will not be available for reporting until Year End. The format and content of these integrated performance reports continues to evolve within the current financial year. Both the Performance Management Framework and the Integrated Delivery Plan are under review in preparation for the 2023/24 reporting to begin.
- 1.6 Overall, the Council's performance has seen an improvement in performance compared with the Quarter 2 position and is now closer to the Quarter 1 position in terms of percentages, although assessed against significantly more reported KBMs. The encouraging position is in spite of the volatile, uncertain,

and high-risk external environment which is impacting on resources and the wider economic environment, capacity, and uncertainty about a number of key policy areas. For the KBMs in the remit of this Committee performance has marginally improved in Quarter 3 from Quarter 2.

- 1.7 There are 10 KBMs within the remit of this Committee, 9 KBMs are available for reporting this Quarter and the following table indicates an assessment of performance, comparing Quarters 1, 2 and 3:

Quarter	On Track	Not on Track
1	78% (7)	22% (2)
2	75% (6)	25% (2)
3	89% (8)	11% (1)

- 1.8 Appendix 1 details performance for all measures within the Performance Management Framework. Detailed measure-by-measure performance reporting is accessible through the Performance Portal accessible through this [link](#).

- 1.9 There are some key emerging themes highlighted by this report, including:
- Increasing demand being reported in services, specifically in the People Directorate and Business & Customer Services, such as the Local Welfare Scheme, Customer Service Centre, Brokerage and Family Support Workers; and
 - Capacity and workload issues are impacting delivery across the organisation. Through the YourSay survey and Big Conversations, workload has been highlighted by colleagues and forms a priority in terms of actions. Difficulties in recruiting and retaining staff in a highly constrained national and local labour market are reflected within the commentary on the Integrated Delivery Plan and performance and in paragraph 4.6 of the Management of Human Resources section in the full Cabinet report. Given the significant and growing financial/ inflationary pressures, there is no easy solution to these strategic workforce issues, which are being actively considered by the HR Strategy team.
- 1.10 Notable aspects of positive performance for specific measures include:
- The number of providers that exit the care home, domiciliary care of Supported Living markets, in Warwickshire, through Business failure, which has consistently remained at 0 across a considerable time period; and
 - No. of people with a learning disability or autism in an inpatient unit commissioned by the Clinical Commissioning Groups (CCG), which has seen consistently decreasing figures over the last three Quarters.
- 1.11 The main performance challenge relates to:
- No. of carers in receipt of support on the final day of the reporting period, which has seen a steep decline this Quarter, however this can be attributed to additional support being provided by the Carer's Trust.

- 1.12 The report sets out services' projected performance trajectory, which takes into account the more volatile than usual environment as a result of external factors.
- 1.13 The position is also positive in terms of delivery of the 29 Adult Social Care actions set out in the Integrated Delivery Plan, with 80% being On Track and 3% Complete. Seventeen percent of actions are At Risk, and it is these actions which are reported on in Appendix 2 on an exception basis.
- 1.14 One of the Council's 18 strategic risks relates to Adult Social Care and Health directly and currently has a red status (widening of social, health, and economic inequalities post pandemic), and two other red rated strategic risks relating to inflation and the cost of living, and the economy may impact on service provision and service demand. At service level two risks are rated red and have been higher than target for 3 quarters, those being the risk of care market failure and the risk of an ongoing impact on public health resources of responding to Covid-19.
- 1.15 The wider national context remains a critical frame within which to view the Council's performance. The UK continues to experience the consequences of both significant political, global and macro-economic turbulence, including industrial action across many sectors, the legacy impact of the pandemic, and the war in Ukraine. High inflation, rising interest rates and the resulting fiscal challenges are impacting the cost of living, increasing pressure on an already tight labour market, demand for public services and public finances.
- 1.16 Such an unprecedented combination of events at a global and national level leaves the country facing a period of significant uncertainty and a very challenging financial outlook in the short- to medium-term. This volatility is impacting on the Council's resources, both financial and in terms of recruitment and retention, levels of demand, and uncertainty about a number of key national policy areas including Adult Social Care reform, devolution, levelling up, cost of living and climate change Net Zero ambitions.
- 1.17 Inevitably these factors, which were not anticipated at the time the Integrated Delivery Plan and the Performance Management Framework were developed, are impacting on our priorities, focus, capacity and project delivery timescales. The reporting of performance will track and highlight these impacts on delivery and performance, and inform the basis of prioritising activity and resource allocation as we undertake the refresh of the Integrated Delivery Plan.

2. Performance against the Performance Management Framework

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

- 2.2 A set of high-level Warwickshire Outcome Measures, where we can influence improvement in performance but do not solely own, are also contained in the Performance Management Framework. Reporting against these is under development and will inform our ongoing State of Warwickshire reporting which will include Levelling Up and the Cost of Living priorities and will be accessible by April 2023.
- 2.3 Comprehensive performance reporting is enabled through the Power BI link [Performance Portal](#) as part of the revised and adopted Performance Management Framework. Where applicable, some performance figures may now have been updated on the reporting system. For the latest situation, please refer to the Performance Portal.
- 2.4 The new approach to performance reporting is evolving, building on the recommendations of the Member Working Group. The number of reportable measures will change each quarter as the framework considers the availability of new data.
- 2.5 Of the 9 KBMs which are being reported at Quarter 3, 8 (895%) are On Track and 1 (11%) is Not on Track.
- 2.6 All 9 measures have a forecast projection from the responsible service for the forthcoming quarter. The same 8 measures that are On Track at Quarter 3 are forecasting to be On Track at Year End, of which 1 is forecast to improve, and 7 to remain static. 1 KBM is forecast to remain as Not on Track at the next reporting period but with performance improving. The Service projections made at Quarter 2 for Quarter 3 were largely accurate so it is anticipated that the forecast Year End position made now will be accurate also.
- 2.7 8 KBMs were reported on at Quarter 2. It was forecast that 6 would be On Track at Quarter 3, with 2 Not On Track. Performance has materialised largely as expected, with one additional measure (number of people supported in residential or nursing care: over 65) showing as On Track despite a forecast for this measure to be Not On Track with declining performance. This is attributed to significantly reduced numbers seen in December 2022. The reasoning requires further monitoring but may be due to increased deaths during the winter period through seasonal illness and respiratory conditions.
- 2.8 As an agile approach is being taken to the new Performance Management Framework and the changes as agreed by Cabinet at Quarter 2 have been reflected at Quarter 3 and includes, for the remit of this Committee, the KBM % of people living in fuel poverty (low income, high-cost methodology) has been elevated to a Warwickshire Outcome Measure as the measure is being affected by many social, health, economic and environmental factors, including those that WCC can influence but does not have sole control over.

3. Progress against the Integrated Delivery Plan

- 3.1 The Integrated Delivery Plan aligns priority activity from across all service areas against all Areas of Focus within the Council Plan 2022-27. The plan

shows how activity across services collectively contributes to delivering these priorities.

- 3.2 Detailed information on the performance summary of the Integrated Delivery Plan is included at Appendix 2. A new [Power BI reporting dashboard](#) is now available and will enable Members to track progress by Service, status, Council Plan Area of Focus, Overview and Scrutiny Committee and Portfolio Holder.
- 3.3 Of the remaining 205 actions within the Integrated Delivery Plan, 29 are attributable to the Adult Social Care OSC. The majority of deliverables are 23 (79%) are On Track, 1 (3%) Complete a further 5 (17%) activities are At Risk, with any exceptions covered in [Appendix 2](#).
- 3.4 Pending decisions and missing guidance around the National Social Care Reforms and Liberty Protection Scheme are resulting in slippage of delivery.

4. Management of Finance

- 4.1 The key metrics of financial management are summarised below with further information available in [Appendix 3](#) and in the Finance Monitoring Report presented to Cabinet on 27th January 2023.

Metric	Target	Performance at Quarter 3 2022/23
Performance against the latest approved revenue budget as measured by forecast under/overspend	On budget or no more than 2% underspent	1.3% overspend
Performance against the approved savings target as measured by forecast under/overachievement	100%	No Variance
Performance against the approved capital programme as measured by forecast delays in delivery	No more than 5% delay	No Variance

- 4.2 The revenue overspend reported at Quarter 3 is partially funded by earmarked reserve for the home-base therapy discharge service and partially from Covid grant income. Once these factors are taken into account the forecast position alters to £1.338m (0.70%) overspend.

5. Management of Risk

- 5.1 Risks are monitored in risk registers at a strategic/corporate level and at service level. At a corporate level the following strategic risks more directly related to adult and health services are currently rated as red (high risk):
- Widening of social, health, and economic inequalities post pandemic.
- 5.2 Mitigating actions are in place in respect of this risk via recovery plans, investment funds, additional mental health resources, and People Strategy and Commissioning Plans. It is noted that whilst pandemic risk drivers of inequalities may be reducing, the worsening economic situation has the potential to drive inequalities.
- 5.3 Other strategic risks rated red will also impact on adult social care and health services, in particular inflation and the cost of living, and the economy slowing or stalling which may impact on service provision and service demand.
- 5.4 At a Service level there are 15 risks recorded against services relating to Adult Social Care and public health services. Key risks are highlighted where they are red risks (high risk) and where a risk level has been higher than the risk target for 3 quarters or more and is currently still 3 points or more over target, a table illustrating this is provided at [Appendix 4](#). The risks that are both red and above target are the most significant risks which are:
- Market Failure and lack of sustainability of the care market; and,
 - If ongoing Covid-19 related response and recovery priorities for Public Health continue to absorb team resources, then other statutory and priority services can't be consistently fulfilled.
- 5.5 Mitigating actions are in place in relation to these risks, for example the use of a market viability framework, the use of market intelligence, market shaping, developing dashboards to highlight providers at risk, collaborative working across the Council and with partner organisations, reviews of public health priorities against available resources, enabling community and Voluntary and Community Sector (VCS) driven solutions, and involvement in the engagement with the Integrated Care Systems.

6. Environmental Implications

- 6.1 There are none specific to this report.

Appendices

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

Background Papers

Cabinet Report 16th February 2023

Role	Name	Contact Information
Report Author	Vanessa Belton, Delivery Lead Business Intelligence	vanessabelton@warwickshire.gov.uk
Assistant Director	Becky Hale, Assistant Director People Pete Sidgwick, Assistant Director Adult Social Care Dr Shade Agboola, Director of Public Health:	beckyhale@warwickshire.gov.uk petesidgwick@warwickshire.gov.uk shadeagboola@warwickshire.gov.uk
Strategic Director	Nigel Minns, Strategic Director for People Group	nigelminns@warwickshire.gov.uk
Portfolio Holder	Cllr Margaret Bell, Adult Social Care & Health	cllrbell@warwickshire.gov.uk

This page is intentionally left blank

1. Adult Social Care OSC Quarterly Performance Report Quarter 3

1.1 Detailed measure-by-measure performance reporting is accessible through the [Performance Portal](#).

1.2 The three strategic priorities set out in the Council Plan 2022 - 2027 are delivered through seven Areas of Focus. In addition to these, there are three further areas to support the Council to be known as 'a Great Council and Partner'. These are detailed in the table below alongside the number of KBMs that will be used to assess delivery, and the number being reported at Quarter 3.

Area of Focus	No. of KBMs	No. of KBMs available for reporting at Quarter 3
Create vibrant places with safe and inclusive communities	8	7
Deliver major infrastructure, digital connectivity and major transport options	7	6
Promote inclusive, sustainable economic growth, successful business, good quality jobs and future skills	10	6
Tackle climate change, promote biodiversity and deliver on our commitment to Net Zero	7	3
Deliver our Child Friendly Warwickshire strategy - Happy, healthy, safe children	10	7
Through education, improve life opportunities for children, young people and those with special educational needs and disabilities	16	12
Support people to live healthy, happy, and independent lives and work with partners to reduce health inequalities	12	10
A Great Council and Partner	No. of KBMs	No. of KBMs available for reporting Quarter 3
Harnessing community power	3	2
Our people and the way we work	8	6
Using our data and digital solutions to improve service delivery	4	4

1.3 Key Insights for Quarter 3 2022/23

There are 10 KBMs in total that are in the remit of this Committee. Chart 1 details the reported status of the 9 KBMs which are being reported at Quarter 3. The other measure is due for reporting in March at Year End.

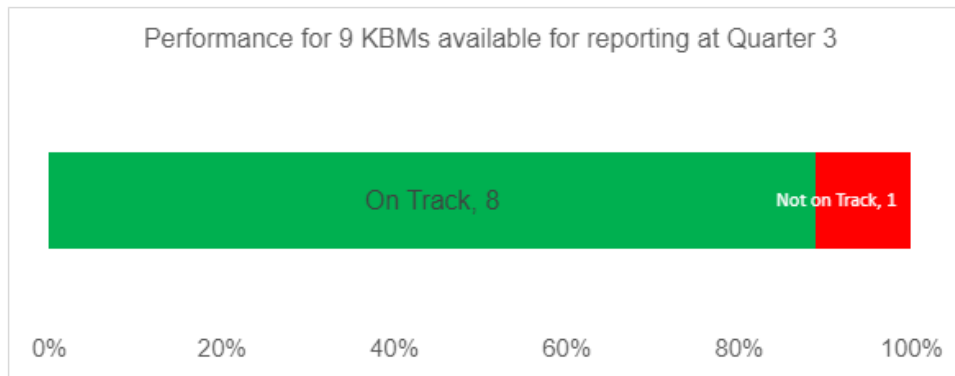


Chart 1

Chart 2 details the projected performance based on the Service forecast of the 9 reportable KBMs at the next quarter.

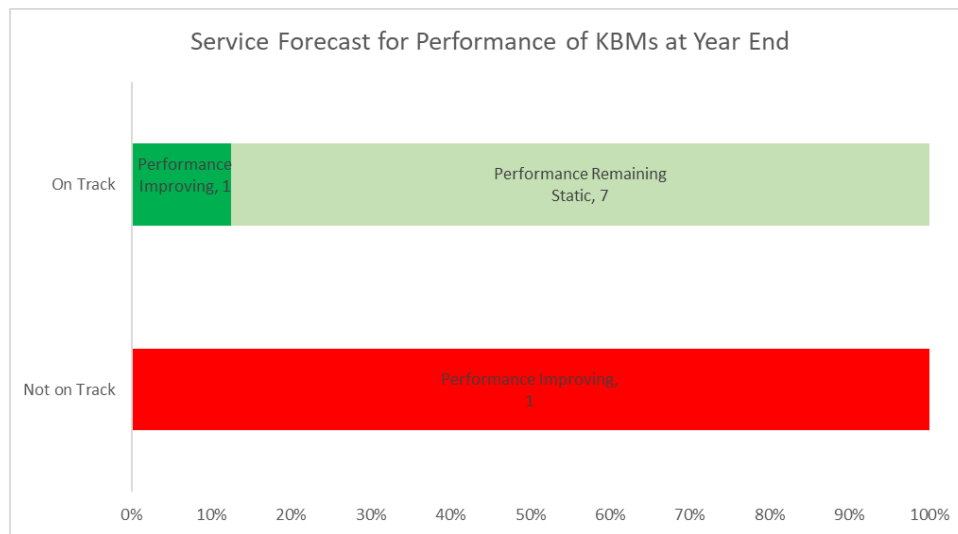


Chart 2

Explanatory Notes on Summary Tables

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

- data is being added into the system as it becomes available so new information may be in the reports since the writing of this Quarterly position report;
- measure names in the summary tables and where highlighted are all links to take the reader directly to the measure report page in Power BI which provides full detail on the measure including charted data, performance narrative, improvement activity, trends and targets if applicable;
- a measure status is included based on performance either against the target and polarity of measure or where there is no target on improving/ declining performance;
- Services provide a forecast of where performance is heading over the next reporting period, this is informed by local knowledge, improvement activity and trend information;

- where the measure status or projection is Not Applicable, this is due to exceptional circumstances regarding the measure such as it is setting a baseline this year, the Power BI report will provide the reason by measure;
- the Latest Figure column represents the most current data available including last quarter, previous year or longer if data is lagged, full details are on Power BI report;
- not all measures have targets and the approach now is to have improving performance and targets where appropriate; and,
- as the framework is more responsive there are annual or termly measures included on the tables with no reported data, this will be added as the relevant data becomes available e.g. attainment data from November.

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

Measure Name	Latest Figure	Latest Period Target	Measure Status	Service Forecast for next period
% of people open to Adult Social Care with eligible needs living in the community with support under the age of 65	82	82	On Track	On Track Performance Remaining Static
% of people open to Adult Social Care with eligible needs living in the community with support over the age of 65	59	60	On Track	On Track Performance Improving
No. of people supported to live independently through the provision of social care equipment	1,509	1,500	On Track	On Track Performance Remaining Static
No. of carers in receipt of support on the final day of the reporting period	60	128	Not on Track	Not on Track Performance Improving
No. of providers that exit the care home, domiciliary care or supported living markets, in Warwickshire, through business failure	0	0	On Track	On Track Performance Remaining Static
No. of people supported in residential or nursing care: under 65	388	390	On Track	On Track Performance Remaining Static
No. of people supported in residential or nursing care: over 65	1,656	1,600	On Track	On Track Performance Remaining Static
No. of people with a learning disability or autism in an inpatient unit commissioned by the Clinical Commissioning Groups (CCG)	8	11	On Track	On Track Performance Remaining Static
% of successful completions as a proportion of all in treatment (Opiates, Non Opiates, Alcohol and Alcohol & Non Opiates)	18.3	20.1	On Track	On Track Performance Remaining Static

% Smoking prevalence in adults	12.1	Annual measure due for reporting at Year End
--------------------------------	------	--

Area of good progress as performance consistently remains high, despite increases in demand:

- [No. of providers that exit the care home, domiciliary care or supported living markets, in Warwickshire, through business failure](#)

Area of good progress due to consistently decreasing figures over the last three Quarters:

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

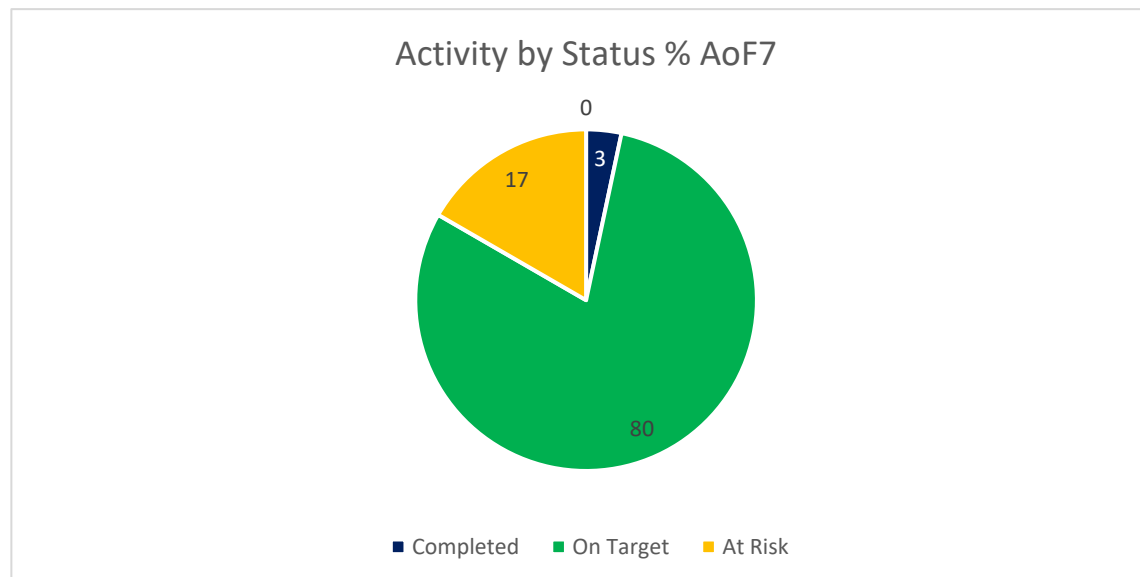
Improvement activity due to a reduction in figures for this Quarter, although this can be attributed to additional support provided by the Carer's Trust:

- [No. of carers in receipt of support on the final day of the reporting period](#)

1. Adult Social Care OSC Progress on the Integrated Delivery Plan Quarter 3

1.1 Key Insights for Quarter 3 2022/23

Of the remaining 205 actions within the Integrated Delivery Plan, 29 are attributable to the Adult Social Care OSC. There is positive progress within Quarter 3 with 80% of activities being on track to achieve their objectives within the set timeframes. Seventeen percent of activity is at risk and 3% closed this Quarter.



Completed activity:

The following activity has been completed this Quarter;

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

The pilot phase is completed. There is some interest by some members in a continuing involvement in something similar. This is likely to be impacted by the loss of Covid-funded staff.

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

Activity	Status	Narrative
<p>Implement the response to the Government's new "Fair Cost of Care", Care Cap and Care Quality Commission Inspection requirements</p>	<p>At Risk</p>	<p>The Government budget announcement in November 2022 had a significant impact on the Adult Social Care Reforms Programme, including pushing back the Care Cap until 2025 and new funding arrangements for Fair Cost of Care. The programme has understood this impact and is in the process of realigning the programme to support the following three themes.</p> <p>Care Cap: Ensure readiness for Care Cap in 2025, through tackling long-term issues/challenges and delivering projects that will start to add value as we progress.</p> <p>Fair Cost of Care: Work to strengthen the market, building resilience, including the wider market not initially included in the Fair Cost of Care exercise.</p> <p>CQC Inspection: To continue as planned.</p> <p>The programme will run until the end of 2025 and it is intended to become part of a wider Adult Social Care programme, with new governance arrangements. The Adult Social Care Reforms Board approved the new Programme at the end of January.</p>
<p>Develop a strategic plan for accommodation-based care services for adults, informed by a needs assessment, the Adult Social Care strategy, the national Cost of Care requirements and funding programmes.</p>	<p>At Risk</p>	<p>A Needs Assessment for Care Homes has been completed and signed off by the Joint Senior Leadership Team: People Strategic Commissioning and Adult Social Care and Support. Cost of Care reporting requirements have been met. The Adult Social Care strategy has been delayed by staff absences and resource being diverted to support Hospital Winter Pressures.</p>

<p>Improve the offer of Assistive Technology (AT) solutions to support people in Warwickshire to stay safe, healthy and independent to include: Expanding the Assistive Technology offer in Warwickshire through procurement of a service to deliver a wide range of AT solutions, including life-line provision and self-assessment for customers wishing to purchase their own equipment.</p>	<p>At Risk</p>	<p>The tender for AT provision was withdrawn due to lack of market interest, the tender will be revised and reissued in 2023.</p>
<p>Improve the integrated support offer for people with learning disabilities and/or autistic people: Lead the integrated commissioning activity to deliver Coventry and Warwickshire Learning Disability and Autism 3 Year Plan.</p>	<p>At Risk</p>	<p>A Range of activity is in place currently. A number of schemes previously funded by non-recurrent system monies are currently at risk from 23/24 onwards pending agreement on localised funding options and/or national National Health Service England financial allocation confirmation.</p>
<p>Deliver the significant service provision changes that will be needed to meet the new Mental Capacity (Amendment) Act 2019, and its new Liberty Protection Safeguards (LPS) scheme that will supersede current consent arrangements for vulnerable people.</p>	<p>At Risk</p>	<p>The Government essential code of practice which is needed to plan for the implementation of the Liberty Protection Safeguards has not yet been finalised, neither has an implementation date been set for the new legislation to be 'live'. On this basis the project is currently paused until Government agrees the code of practice and an implementation date.</p>

2 The following activities are On Track

Activity

Support the development of Integrated Pathways including services and interventions for vulnerable people to include Falls, Stroke, Frailty, dementia and Hospital to Home: **Propose and implement changes to the current Warwickshire health and social care discharge arrangements to reflect national hospital discharge policy and meet operational requirements.**

Support the development of Integrated Pathways including services and interventions for vulnerable people to include Falls, Stroke, Frailty, dementia and Hospital to Home: **Launch the joint “Living Well with Dementia” strategy and work with key partners and stakeholders to deliver the action plan.**

Support the development of Integrated Pathways including services and interventions for vulnerable people to include Falls, Stroke, Frailty, dementia and Hospital to Home: **Identify opportunities to enhance support for Stroke Survivors in the community by engaging in the system wide redesign of the approach to stroke care.**

Undertake a review of service provision, housing support and embed a revised referral approach for Short Term Vulnerable Adults.

Support vulnerable adults receiving the home care they need and meet increased demand by improving the brokerage activity carried out by the Domiciliary Care Referral Team; roll out the key principles to improve care Brokerage more widely across Adult Social Care.

Improve the offer of Assistive Technology (AT) solutions to support people in Warwickshire to stay safe, healthy and independent to include: **Implementing and reviewing 2 pilots that can demonstrate the range of opportunities to support customers to regain and maintain their independence.**

Refresh the Carers Strategy, working in partnership with Coventry City Council and other key partners to take an all-age approach, align with the Dementia strategy and include a place-based action plan.

Improve the integrated support offer for people with learning disabilities and/or autistic people: **Refresh and deliver an all-age joint strategic needs analysis and joint statement of intent for people with learning disabilities.**

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

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

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

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

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

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

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

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

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

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

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

Establish the strategic role of Extra Care Housing and Specialised Supported Housing in the Council’s wider strategies for housing with support and its Adult Social Care Act duties to include: **Developing a 5-10 year plan for Council commissioning of Extra Care Housing and Residential/Nursing Homes that address issues of balance of services; projections of future demand; adequate capacity in key localities; affordability; innovative design e.g. to include ' Care Villages' & use of Council Capital/Land.**

Establish the strategic role of Extra Care Housing and Specialised Supported Housing in the Council’s wider strategies for housing with support and its Adult Social Care Act duties to include: **Reviewing the impact of the Extra Care Housing (ECH) and Specialised Supported Housing (SSH/SHAD) programme to date and plan/commence Phase 2.**

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

Management of Financial Risk

1. The table below details performance against the latest approved revenue budget as measured by forecast under/overspend.

Service Area	Approved Budget	Service Forecast	(Under) /Overspend	% Change from Budget	Represented by:			
					Investment Funds	Impact on Earmarked Reserves	Covid Impact	Remaining Service Variance (RSV)
					£m	£m	£m	£m
Social Care and Support	184.791	187.273	2.482	1.3%	(0.056)	1.200	0.000	1.338
Strategic Commissioner for People	36.777	39.903	3.126	8.5%	(0.082)	0.444	3.426	(0.662)
Total	221.568	227.176	5.608	9.8%	(0.138)	1.644	3.426	0.676

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

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

3. The table below details performance against the approved capital programme as measured by forecast delays in delivery.

Service Area	Approved 2022-23 capital programme	New projects in year	Net over / underspend	Total capital programme	Budget Reprofile	Delays	Forecast In year capital spend	% Delays
	£m	£m	£m	£m	£m	£m	£m	
Social Care and Support	0	0	0	0	0	0	0	0.0%
Strategic Commissioning & Public Health	5.198	0	0	5.198	0	(0.049)	5.149	-0.9%
Total	5.198	0	0	5.198	0	(0.049)	5.149	0.0%

Appendix 3 Adult Social Care OSC Management of Financial Risk

Public Health and People Strategy & Commissioning - £0.049m

- Adult Social Care Modernisation & Capacity 2012/13 - £0.049m. This funding is allocated to the changing places project. These projects are demand led based on applications to the fund.

Appendix 4 Adult Social Care OSC Management of Risk

Key Service Risks Summary

Adult Social Care and Health

At a Service level there are 15 risks recorded against services relating to Adult Social Care and public health services. Key risks are highlighted where they are red risks (high risk) and where a risk level has been higher than the risk target for 3 quarters or more and is currently still 3 points or more over target.

Key Service Risks	Net risk is currently green or amber	Net risk is currently red
<p>Risk level has not exceeded the target for 3 quarters in a row</p>	<ul style="list-style-type: none"> • 11 other risks 	<ul style="list-style-type: none"> • (Adult Social Care) Demand for services and current market forces
<p>Risk level has exceeded target for 3 quarters in a row and is currently more than 3 points above target</p>	<ul style="list-style-type: none"> • (Adult Social Care) Inability to deliver in house services due to increase in demand 	<ul style="list-style-type: none"> • (Adult Social Care) Market Failure and lack of sustainability of the care market • (Public Health) If ongoing Covid related response and recovery priorities for Public Health continue to absorb team resources then other statutory and priority services can't be consistently fulfilled

This page is intentionally left blank

Adult Social Care and Health Overview and Scrutiny Committee 19 April 2023

Work Programme

1. Recommendation

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

2. Work Programme

2.1 The committee's final work programme for 2022-23 is attached at Appendix A to this report. A copy of the work programme will be submitted to each meeting for members to review and update, suggesting new topics and reprioritising the programme.

3. Forward Plan of the Cabinet

3.1 The Cabinet and Portfolio Holder decisions relevant to the remit of this Committee are provided for the committee to consider as potential areas for pre-decision scrutiny. Members are encouraged to seek updates on decisions too. The Portfolio Holder, Councillor Bell has been invited to the meeting to answer questions from the Committee.

Date	Report
11 May 2023	Housing Related Support (HRS) Redesign Public Consultation (Cabinet)
11 May 2023	Capital Funding housing and care development (Transforming Care) (Cabinet)
12 May 2023	Approval to tender for the statutory Local Healthwatch provision (Portfolio Holder for Adult Social Care & Health)

4. Forward Plan of Warwickshire District and Borough Councils

4.1 This section of the report details the areas being considered by district and borough councils at their scrutiny / committee meetings that are relevant to health and wellbeing. The information available is listed below. Further

updates will be sought, and co-opted members are invited to expand on these or other areas of planned activity.

North Warwickshire Borough Council (NWBC)	
	<p>In North Warwickshire, the meeting structure is operated through a series of boards with reports to the Community and Environment Board. There is a Health and Wellbeing Working Party and a Warwickshire North Health and Wellbeing Partnership (covering both North Warwickshire and Nuneaton and Bedworth).</p> <p>From the NWBC website, the Community and Environment Board met on 27 March 2023. Its agenda included the adoption of a new Corporate Health and Wellbeing Action Plan, developed by the working party for the period 2023 to 2027. The next meeting date is 5 June 2023. The Health and Wellbeing Working Party met on 28 February 2023. In addition to the Action Plan above, the items considered included a Public Health Update and the Director of Public Health's Annual Report with a request to be consulted on the content of future reports, to enable more local intelligence to be included.</p>
Nuneaton and Bedworth Borough Council (NBBC)	
	<p>The NBBC Housing, Environment and Health OS Panel met on 2 February 2023. The agenda included the following health items:</p> <ul style="list-style-type: none"> • Healthwatch - A presentation from Healthwatch Warwickshire which included its objectives, emergent priorities and data in regard to GP Services and CQC report findings. • George Eliot Hospital NHS Trust – an update which included the effect of winter and coronavirus, the Trust's financial position, quality and safety and hospice beds. • Air Quality Management. This explained the duties of local authorities to assess air quality in each area and designate Air Quality Management Areas improvements where necessary.
Rugby Borough Council – Overview and Scrutiny Committee (OSC)	
	<p>The Borough Council (BC) has a single OSC with the use of task groups. From the Rugby BC website, the OSC was due to meet on 27 March 2023, but this meeting was cancelled. The next meeting is scheduled for 19 June.</p>
Stratford-upon-Avon District Council – Overview and Scrutiny Committee (OSC)	
	<p>The District Council's OSC met on 3 and 31 March, and 14 April 2023. There were no items linked to health at these meetings.</p>

Warwick District Council – Overview and Scrutiny Committee (OSC)	
	The OSC met on 7 March 2023. There were no items considered or scheduled which related to health. The next meeting is scheduled for 19 April 2023.

5 Task and Finish Groups (TFGs)

- 5.1 At its last meeting, the Committee approved the commencement of the Menopause Services TFG and provided guidance on the scope for the review. The group's composition has now been finalised and the TFG is due to meet in late April.

6 Briefing Notes

- 6.1 The work programme at Appendix A lists the briefing notes requested and circulated to the committee. Members may wish to raise questions and to suggest areas for future scrutiny activity, having considered those briefing notes.

7 Financial Implications

None arising directly from this report.

8 Environmental Implications

None arising directly from this report.

Appendices: Appendix A Work Programme

Background Papers: None

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

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

Local Member(s): None

Other members: Councillor Clare Golby

This page is intentionally left blank

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

Date of meeting	Item	Report detail
19 April 2023	Council Plan 2022-27 Integrated Performance Report – Quarter 3	This is the tailored report showing the Performance Progress Report for the period April to December 2022.
19 April 2023	Care Quality Commission (CQC) Inspections	The Committee will receive a presentation to share the arrangements being made to prepare for forthcoming CQC inspection.
28 June 2023	Draft Final Sustainable Futures Strategy	This item is being submitted to all the Overview and Scrutiny Committees. It forms part of the public and stakeholder engagement programme for the strategy.
28 June 2023	South Warwickshire Community Hospital Review	At the Committee meeting in September, it was agreed to receive a further update on this review.
28 June 2023	GP services and access to primary healthcare	The Integrated Care Board (ICB) and the County Council will provide a joint update. This will include NHS estates and the use of developer contributions, the identification of areas where there were perceived challenges, an update on the key projects being progressed and an overview of each of these projects.
28 June 2023	Council Plan 2022-27 Integrated Performance Report – Quarter 4	This is the tailored report showing the Performance Progress Report for the period April 2022 - March 2023.
28 June 2023	Palliative and End of Life Care (PEoLC) Strategy 2023-2028	The Coventry and Warwickshire Integrated Care System is developing a joint all age strategy for PEoLC. This is a joint five-year strategy. Members' feedback will be sought on the draft strategy, the identified priorities, and the proposed timeline.
28 June 2023	OSC Customer Feedback Report 2022/23	For the committee to receive the annual customer feedback report for 2022/23.

Date TBC	Annual Health Checks	Added to the future work programme at the Chair and spokesperson meeting in March. This item concerns GPs undertaking an annual health check for patients with a long-term mental illness.
----------	----------------------	--

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
	1 March 2023	Coventry and Warwickshire ICB provided a briefing note to engage about the permanent relocation of Neurorehabilitation Level 2b Beds from Coventry to a specialist rehabilitation centre within Warwickshire.	Rose Uwins C&W Integrated Care Board
16 November 2022	5 December 2022	Follow up information on the Customer Feedback Report 2021/22, to provide more detail on complaints received by district/borough and local area.	
21 September 2022	15 November 2022	Addiction outcomes. A briefing to give more background on the 16.2% of successful completions of all treatments, including a breakdown of the data across each district and borough area and by addiction type.	Multi-agency, with the Director of Public Health being the lead for WCC
31 August 2022	12 October 2022	Developing an Integrated Care Strategy and Integrated Care 5 Year Plan for Coventry and Warwickshire (C&W)	Rose Uwins C&W Integrated Care Board
14 July 2022	4 August 2022	Community Hospital Review. Periodic updates will be provided by briefing note and this item will be reconsidered by the Committee in February 2023.	Katie Herbert, Integrated Lead Commissioner, People

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

TASK AND FINISH GROUPS

ITEM AND LEAD OFFICER	OBJECTIVE OF SCRUTINY	TIMESCALE	FURTHER INFORMATION
GP Services – Revisit	A follow up review with the key focus being the adequacy of future primary care facilities.	TBC	Review report approved in February 2023. It will now be submitted to Cabinet and the Health and Wellbeing Board.
Menopause Services	This was agreed on 16 th February 2022, following a presentation on menopause services.	TBC	This review will be commenced after completion of the above GP Services review. It has also been referred to the Health and Wellbeing Board.