

Adult Social Care and Health Overview and Scrutiny Committee

Wednesday 28 June 2023

Minutes

Attendance

Committee Members

Councillor Jo Barker (Chair)
Councillor John Holland (Vice-Chair)
Councillor Colin Cape (Nuneaton and Bedworth Borough Council)
Councillor John Cooke
Councillor Tracey Drew
Councillor Marian Humphreys
Councillor Chris Mills
Councillor Kate Rolfe
Councillor Ian Shenton
Councillor Sandra Smith (North Warwickshire Borough Council)
Councillor Mandy Tromans

Officers

Shade Agboola, Paul Aitken, Sandra Archer, Becky Hale, Gemma McKinnon, Nigel Minns, Isabelle Moorhouse, Sarah Moxon, Shannon Nicholls, Ian Redfern, Pete Sidgwick and Paul Spencer.

Others in attendance

Councillor Margaret Bell, Portfolio Holder for Adult Social Care and Health
Glen Burley, Chief Executive, South Warwickshire University NHS Foundation Trust (SWFT), Katie Herbert WCC and SWFT
Robyn Dorling, Healthwatch Warwickshire (HWW)
Members of the Public: Alice Battersby (work experience), Mr John Dinnie, Councillor David Passingham (Stratford-upon-Avon District Council (SDC)).

1. General

(1) Apologies

Apologies for absence had been received from Councillors Andy Jenns, David Johnston (SDC), Ish Mistry (Rugby Borough Council), Pam Redford (Warwick District Council) and from Chris Bain (HWW).

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

The Chair advised that until recently she had served on the board of governors of SWFT and been Portfolio Holder for Health and Wellbeing at SDC. She served on the Shipston Health and Wellbeing Partnership. Councillor Holland declared that he was a governor of SWFT.

(3) Chair's Announcements

The Chair recorded thanks to her predecessor, Councillor Clare Golby. She welcomed new members to the Committee and introduced Alice Battersby who was on a work experience placement with the Council this week. The Chair advised that a joint meeting with the Children and Young People OSC would be arranged. These proved very useful for discussing areas of common interest and further details would follow.

(4) Minutes of previous meetings

The Minutes of the committee meetings held on 19 April and 16 May 2023 were approved as true records and signed by the Chair.

2. Public Speaking

Notice had been received from Mr John Dinnie and Mr David Passingham to address the committee, both about the SWFT review of community hospital provision. A copy of their respective questions and statements are reproduced at Appendices 'A' and 'B' to these Minutes. Glen Burley had been advised of the public speaking and would respond to the points raised as part of the item later on the agenda.

3. Questions to Portfolio Holders

None.

4. Questions to the NHS

None.

5. Quarter 4 Integrated Performance Report

Dr Shade Agboola, Director of Public Health introduced this item and gave a presentation to pull out the key messages. The report provided a retrospective summary of the Council's performance at the year-end against the strategic priorities and areas of focus set out in the Council Plan 2022-2027. This report drew out relevant areas within the Committee's remit from that presented to Cabinet on 15 June. Sections of the report together with detailed supporting appendices focussed on:

- Performance against the Performance Management Framework
- Progress against the Integrated Delivery Plan
- Management of Finance
- Management of Risk

The report provided a combined picture of the Council's delivery, performance and risk. Overall, for the Council's performance at year-end, there had been a consistently strong performance delivered. There were ten key business measures (KBMs) within the remit of the committee. A table set out the quarterly performance data, with seven of the KBMs assessed as being on track and three were not on track.

The report detailed key emerging themes. These included the impact of capacity and workload issues on service delivery and difficulties in recruiting and retaining staff in a highly constrained national and local labour market. Whilst there were some improvements at the year-end, there remained issues within specific service teams. The report included notable aspects of positive performance and the performance challenges experienced.

The report set out services' projected performance trajectory. This was positive, in terms of delivery of the 30 Adult Social Care actions set out in the Integrated Delivery Plan, with 80% being on track and 20% completed.

One of the Council's strategic risks related to Adult Social Care and Health directly and currently had a 'red' status. Two other red-rated strategic risks related to inflation and the cost of living, and the economy might impact on service provision and service demand. At the service level, two risks were rated 'red', being the risk of care market failure and the risk of an ongoing impact on Public Health resources of responding to Covid-19.

The presentation included slides on:

- Council Plan 2022-2027: Strategic Context and Performance Commentary
- Performance relating to this Committee
- Area of focus: Support people to live healthy, happy, and independent lives and work with partners to reduce health inequalities
- Projection
- Integrated Delivery Plan
- Financial performance
- Management of risk

Questions and comments were invited with responses provided as indicated:

- Clarification was provided on the business measures within the remit of the committee and each quarterly report included those where data was available.
- More information was sought about the percentage of people aged over 65, eligible to access adult social care services, who were supported in the community. Figures for this indicator were below the target level. Pete Sidgwick advised that the target was 60% and the level achieved was 59%. This was about the proportion of people going into a care establishment rather than being supported in their own home. The impact of the Covid pandemic was one contributor. The majority of admissions to care homes resulted from hospital discharge, rather than people transferring from community care to a care home. He spoke about the Community Recovery Service which should see more people return home rather than going into a care placement either on a temporary or permanent basis.
- The Councillor didn't think the 60% target was sufficient but added that a target of 100% of people returning from hospital to home was not viable. Some would need ongoing care in an establishment and were unable to return home to recover. Mr Sidgwick explained that

the target was for 60% of people to receive ongoing support at home and the remaining 40% would be supported in a care home placement. This target was for all care home placements purchased by the County Council.

- Context was sought on the 6.1% overspend of the Adult Social Care budget for the previous year. Furthermore, the budget projection for 2023/24 was questioned, together with any planned mitigation measures to avoid future budget overspend. Mr Sidgwick clarified that taking into account the additional monies received during this year, the net overspend was 0.5%. Social Care finance was complex, with individual payments and such things as the hospital discharge grant. It was expected that such additional funding would continue.
- A member sought information about the outcome measures where Warwickshire's performance was notably behind the national average for school attainment levels for disadvantaged children and greenhouse gas emissions per capita. As this was outside the committee's remit, officers would arrange for a briefing to be provided.
- Discussion about life expectancy and linked to this healthy life expectancy which for males was 62 years. A point about the low proportion of Warwickshire people using public transport, compared to the data for the region and nationally. This was outside the committee's remit.
- A member revisited the issue raised at the April Committee, about the successful completion of treatments for opiates and non-opiates. He thanked officers for the subsequent briefing note provided. The live data via the PowerBI platform indicated that both this area (opiates) and smoking prevalence were increasing. He asked whether this was due to a lack of engagement with the programme, or other causes. Dr Agboola responded with extracts from the circulated briefing. There was evidence that the position was improving. Shade spoke about the targeted grant funding to increase the number of placements into treatment and prescription of medication. The feedback suggested that people were remaining engaged with the treatment. It may take some time but was expected that the position would improve. The member sought an indication of the timescales, which was difficult to assess. An offer was made to seek more information from the service provider, but the member did not want officers to undertake further work on this area.

Resolved

That the Committee considers and comments, as set out above, on the year-end organisational performance, progress against the Integrated Delivery Plan, management of finances and risk.

6. Customer Feedback Annual Report 1 April 2022 to 31 March 2023

Pete Sidgwick introduced the annual feedback report for Adult Social Care (ASC) and Public Health covering the period 1 April 2022 to 31 March 2023.

He was supported by Paul Aitken and Sandra Archer (Customer Relations) and Shannon Nicholls (Business Intelligence).

The report summarised the compliments, complaints, questions and comments received by the two services including lessons learned. The data, trends and themes had been collated over the last three years.

Key sections of the report focussed on:

- The complaints process

- Analysis of the Customer Feedback Received During 2022 and 2023
- Methods of how the report had been collated
- Trends in received cases over time
- Complaints received
- Complaints closed
- Remedy
- Outcome
- Lessons learned
- Compliments, comments, and questions
- Customer platform

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

- A discussion about the complaints process, being the written policy document, and the customer platform which was an IT solution used to log the feedback received. Pete Sidgwick summarised the difference between the complaints process for adult and children's services, the latter having more stages. He mentioned referrals to the Ombudsman.
- Some complaints were mis-recorded as compliments and vice versa. More information was sought about data cleansing and the lessons learned. In over half the cases, no lessons learned were reported. It was asked whether this proportion could be improved. Paul Aitken, the Acting Complaints Manager responded. He spoke of the current Contact Us software system, and the move to a new Microsoft Dynamics solution. The system relied on input, which Business Intelligence then used to produce the data reports. There were ongoing discussions to ensure the new platform would include lessons learned feedback and to simplify the extraction of this information. Officers were encouraged to input as much information as possible, including the lessons learned, but this was an area which could be improved.
- It was quite common for customers to select the wrong feedback category recording a complaint as a compliment. More detail was sought on the numbers involved and whether changes were required to make this clearer to customers. Officers were able to correct the feedback category within the portal. A related point was the language used, given the proportion of people with functional illiteracy. There was a need to make this system as easy as possible for the public to use.
- A discussion on the statistical complaint data and the reasons for such complaints. Sections of the report explained the complaint categories, with the examples of finance issues and commissioned services being used. It was noted that the low number of complaints made it difficult to be too specific, due to data protection aspects. However, officers would seek to provide themes or identified issues, with hospital discharge being referenced as an example. Nigel Minns added from the report the section on practical examples and the three highest categories of complaints received.
- Positive feedback had been received about the hospital discharge arrangements at the George Eliot Hospital.
- It was noted that there had been no complaints about the Public Health service during this period.
- Reference to the new customer platform. Over time this should lead to more accurate data being provided.

Resolved

That the Committee considers and comments on the content of the report, as set out above.

7. South Warwickshire Community Hospital Review

The Committee received a presentation from Glen Burley, Chief Executive of South Warwickshire University NHS Foundation Trust (SWFT). The presentation included slides and additional comments on:

- Background on the strategic review involving the inpatient facilities at Ellen Badger Hospital in Shipston on Stour and the Nicol Unit at Stratford Hospital, a total of 35 beds.
- Review to date – a timeline of the key stages from May 2021 to present. Reference to the engagement undertaken, including with the Committee. As a result, two additional options were included in the review. There were periodic briefings for the Council's Portfolio Holder. Reference to more recent stages, including the latest NHS planning guidance which had been included in the review. The SWFT Board had considered and approved recommendations, submitting them to the Coventry and Warwickshire Integrated Care Board (ICB), of which he was a member.
- Options appraisal – details of the five options appraised fully
 1. Retain the community hospital bed base 'as is'
 2. Increase the number of community hospital beds
 3. Change the type of services provided at community hospitals
 4. Reduce beds and invest in community alternatives
 5. Retain the community hospital offer but change the location
- Options appraisal criteria, assessed in terms of effectiveness, efficiency and feasibility.
- Mr Burley reflected that next week would be the 75th anniversary of the NHS. Historically, bed rest was seen as part of the treatment pathway, but this was no longer the case. A 'home first' approach with ongoing support and care was shown to be significantly better for patients. There would always need to be some inpatient bedded services.
- Projecting future need – the future bed requirements had been projected by combining usage data and three clinical scenarios around End of Life, Orthogeriatric and Discharge to Assess.
- The Community Recovery Service. This was part of a national pilot programme to provide capacity and linked to discharge to assess, in the patient's home. This was going very well and evidenced that the home first approach should drive the way that services were delivered in the future.
- He touched on the improvements being made in patient flow, benefits for the patient and the economics of this model. The modelling had included the scenarios and the population demographics, with an increasing population and more elderly people. It showed that there was an ongoing need for 19 beds (in one ward), which was less than presently, and he was uncomfortable with that.
- Patient access and a postcode analysis which had recently been refreshed. It showed that patient numbers from the immediate locality was very small with only 17 patients from Shipston in the last financial year, comparing to 313 from the Warwick, Leamington and Kenilworth areas. This led to the recommendation to locate the beds in the areas of biggest population.

- Recommendation. This was to increase from 35 - 41 beds in two wards, one located at the Leamington Spa site and one at the Nicol Unit at Stratford Hospital. He considered this was an appropriate and safe recommendation, which could be staffed with the required specialist skills. He reiterated the home first objectives and the ongoing work with a number of partners to provide services at home and enable people to live independent lives. He reminded of the positive feedback from patients and service users from the pilot Community Recovery Service.
- Benefits of the recommendation. An increase in the number of beds and capacity whilst pushing the home first model.
- Next steps. The SWFT recommendation had been submitted to the C&W ICB for consideration at its next meeting.

Mr Burley then responded to the points raised by the public speakers earlier in the meeting. He was huge fan of the Ellen Badger Hospital, speaking of the aims to improve this site and increase the numbers using it, to co-locate services, including primary care. Redevelopment work would commence in the next few weeks, with opening of the new centre anticipated for June 2024. The review did not recommend bedded provision at this site. The small number of people needing access to community hospital beds would be significantly outweighed by those using the new facility. This was the reason that a bid for capital funding had not been made. The plans had to support all the South Warwickshire communities.

Questions and comments were invited with responses provided as indicated:

- Councillor Rolfe spoke of her previous representations to secure different options for the options appraisal, including an increase in bed capacity. At that time there were concerns regarding the future of the Nicol Unit, which was now being retained. She reminded of her comments earlier in this meeting about those people who could not return home to receive continuing care and support. The member found it ironic that the minimum number of beds required matched that proposed for the Nicol Unit. The key point was the lack of consultation especially for those in Shipston-on-Stour and surrounding areas.
- Mr Burley referred to the previous consideration at this committee and the resultant increase in the options appraised. The discussion at that point was, there was no need for a public consultation if SWFT followed the process of engagement. This was now a decision which rested with the ICB and if it felt that a consultation was required, based on the process which SWFT had undertaken. SWFT's view was that such consultation was not required as it had gone through engagement.
- Discussion then took place on how Shipston residents and those representing them could encourage the ICB to undertake a consultation exercise. Mr Burley acknowledged the strength of feeling with communications to both himself, and the ICB Chair, Danielle Oum. The consideration of this matter by the ICB would be in public, so people could attend that meeting.
- The Chair added that the Committee could write to the ICB too. If it was the wish of the Committee, it could request the ICB to undertake a further consultation, in the same way as members had previously requested appraisal of the additional options. Councillor Rolfe proposed that the Committee send such a letter requesting further consultation. This was seconded by the Chair and approved by the Committee.
- Councillor Holland reminded that the Leamington Hospital was actually located in Heathcote, Warwick. He recognised the value of local knowledge of the services required for an area, considering that the decision just reached would take this matter in the right direction. He spoke more generally about patient choice on treatment, prevention work,

medical advances, including earlier diagnosis and technology improvements. He advocated greater involvement of primary care, also speaking about virtual hospitals where patients were monitored by technology in their home. This also linked to integrated care. On this review he considered it was well thought out and a positive step forward, also stating the need to take account of local people's ideas and incorporate them where possible.

- The Chair outlined her local knowledge of this review, noting the differing views of people and the positive comments from Councillor Holland. She then explored onward care provision for those unable to return home. Glen Burley outlined the discharge to assess approach, the community hospital bedded provision, but also the beds commissioned in care homes with ongoing health support provided. These could be located even closer to the patient's home than a community hospital. For some patients, community hospitals located in adjacent areas may provide another option.
- The importance of providing adequate onward care was stated, to reduce the likelihood of a readmission to hospital. There was a national shortage of community care workers, and it was asked how this would be addressed to ensure the 'home first' approach worked effectively. Mr Burley spoke of the review the hospital group had undertaken, with one of the key outcomes being support for domiciliary care capacity, working with the sector and possibly delivering services itself. An aspect was commissioning capacity in advance from the domiciliary care market, to ensure the timely delivery of care packages. This had been very effective during the current pilot. He reiterated the individual assessments and personalised approach to ensure patients' care needs were met.
- The Councillor reiterated the national shortage of community care staff. Becky Hale reminded members of the ongoing support provided to the care market with recruitment and retention of staff. The Community Recovery Service had really helped, and an outline was given of the different ways of working, and resultant improvements in care market sustainability. Linking therapy to domiciliary care was a key aspect, maximising peoples' independence at home. The pilot was in week nine and was continuing to develop, but the signs so far were very positive. There would always be a need to monitor the domiciliary care market. Becky referred to the Market Sustainability Plan and the key aspect of care staff salaries.
- The Chair stated the importance of Council staff integration in joining up services both in acute settings and for patients' onward care. The pilot work was exciting, and it would be useful for the Committee to see the results of how well this was working.
- Discussion took place about similar services being provided in the north of Warwickshire, referring to the closed Bramcote facility and it was questioned if such services would be re-established. Mr Burley replied that this review was specifically about South Warwickshire. He spoke of the discharge to assess model and commissioning capacity in care homes, supported by the NHS to provide rehabilitation and therapy. This could be provided at various locations throughout this mainly rural area, rather than in a single location. He also touched on increasing end of life care capacity for this area. The services referred to mainly provided for 'step down' care after discharge from an acute hospital setting.
- The Portfolio Holder, Councillor Bell, reminded of previous representations to the ICB to undertake a similar review for the north of Warwickshire. Such a review would be really helpful to understand how many beds were needed. She congratulated Glen Burley and SWFT for the thorough review undertaken in South Warwickshire. It was agreed to follow up the request to the ICB for a similar review of bedded provision for the north of Warwickshire.
- The Chair was concerned about the pressure on GP doctors and the impact this had on acute hospitals. Glen Burley spoke of the close work with primary care, the good partnership arrangements, especially around the 'front door' of A&E and admission

pathways. There were opportunities, including technology and making the best use of clinical skills. However, demand for health services continued to increase. He referred to a recent Kings Fund publication on the challenges. There was a need for a workforce plan and there may be some news shortly, linked to the 75th anniversary of the NHS. Any increases in staffing, training and the required funding would be welcome, but there would be a long lead time to train new clinicians. Warwickshire had a good system and was better placed than most areas to meet the demands faced. He thanked members for their comments and questions.

The Chair brought this item to a conclusion. After the meeting, she suggested a further conversation between the two public speakers and Mr Burley. There was a clear need to communicate with the ICB and the two letters proposed would be sent. She was delighted with the positivity from the Committee. There needed to be a careful balance between what people wanted and what they actually needed. She was conscious of the points raised on onward bedded care provision. The ICB would consider this matter in July. The proposal was for more beds than currently. The Chair hoped that some agreement could be reached regarding Shipston, also speaking about the retention of the Nicol Unit and the arrangements for onward care too. She thanked Glen Burley for his attendance.

Resolved

1. That the Committee receives the presentation and update from South Warwickshire Foundation Trust on the South Warwickshire Community Hospital Review.
2. That a letter is sent from the Committee to the Coventry and Warwickshire Integrated Care Board that were it to proceed with adopting the recommendations of the SWFT bed review, the Committee requests a further consultation.
3. That a further letter is sent to the ICB to reiterate the request for a similar review of community bedded care provision for the north of Warwickshire.

8. Work Programme

The Committee discussed its work programme. It was noted that a joint meeting would be arranged with the Children and Young People OSC, on a date to be confirmed. The Chair would like to see an item regarding the local response to the Covid pandemic and lessons learnt included.

Resolved

That the Committee notes the work programme as submitted.

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Councillor Jo Barker, Chair

The meeting closed at 11.45am

Mr John Dinnie

In September 2021 the Department of Health offer of funding new hospitals closed without any bid from SWFT having been made. Given Anne Coyle's vision for an integrated healthcare system he asked why no funding bid had been submitted when planning permission had been sought?

The Ellen Badger Hospital was opened in 1896. Anne Coyle's 2021 vision of place based integrated healthcare was exactly what the Ellen Badger Hospital is meant to be, with Primary, Secondary and Community Care all co-located on one site obtaining mutual benefit from the sharing of skills and development of personnel and facilities, each to complement the others, exactly as laid out in the submitted Planning Statement.

This needs a complete hospital with GP admission rights to inpatient beds. This prevents the need for out of area travel to Warwick, Banbury, Coventry, or Oxford. This enables local care-workers to be upskilled in a hospital care environment, achieving professional qualifications and enhanced care. 45% of our local population is over 55. The Care sector is and will be a major part of our economy.

This Committee reviewed the interim report on this bed review and rejected the proposals, requesting that beds not be relocated but be increased and services enhanced. Public Meetings, Marches and Media reporting have amply demonstrated the local desire for Beds at the Badger. The Community Hospital Review report has still not been published. We only have SWFT's recommendation with no supporting documentation. Should the ICB and NHS decide against beds at the Badger then Shipston and surrounding communities demand a full explanation and public consultation.

I have listened to the ICB struggling to integrate Health and Social care against a background of difficult recruitment, skill shortages and fragmented finance. When the ICB discuss the role of the Ellen Badger Hospital, please ask them to consider not only the step-down function but also admission reduction to the more remote acute hospitals leading to reduced stress in A&E and reduced Ambulance travel and waiting times. By upskilling care workers and community nurses it will be possible to care for more patients in their own homes or care homes. That upskilling would be best provided locally in a Community Hospital. The community will be much more confident in homecare backed up with local hospital facilities.

Our local Health Centre is coming under even greater pressure than ever before. The potential benefits of more modern facilities and of co-location with hospital and community nurses is desperately needed to economically achieve the level of care we aspire to. The current strain on the local services is such that some may try to go to A&E or call an ambulance and wait, but most will probably just put off doing anything unless it gets worse. Leading to further deterioration in the service and health and wellbeing generally.

The presence of a fully integrated Ellen Badger Hospital at the centre of a fully integrated community care system is the only approach that fully addresses the manpower and skills shortage currently being faced. It also provides employment and opportunities for young people in both care and health sectors and supports the local economy. This is in addition to the step-down bed blocking relief. And is provided locally where family and friends can visit with ease and the local care services can smoothly cooperate in the return to the home or community care.

Mr David Passingham

There is considerable public concern over the recommendation by South Warwickshire Foundation Trust (SWFT) that in-patient beds should be removed from Ellen Badger Hospital in Shipston-on-Stour following the bed review.

If councillors had been keeping an eye on news from Shipston over the past year, they will have noted that there has been a march through the town of about 350 people calling for “beds for the badger”. And a public meeting of over 300 people called by the league of Friends of Ellen Badger which unanimously called for beds to be retained.

We were told when SWFT published the original plans for a replacement hospital in Shipston that the in-patient ward would part of a wonderful integrated healthcare facilities including a doctors’ surgery. That vision has sadly now gone. We will be left with a very expensive building costing around £10m accommodating a health & wellbeing hub and rooms for community nurses and visiting health care professionals.

The loss of in-patient beds at the Ellen Badger Hospital will only lead to greater ‘bed blocking’ of acute beds leading, in turn, to longer stays in hospital than necessary, and greater costs accrued by SWFT. Other neighbouring authorities manage to retain inpatient beds in local hospitals, such as the hospital Moreton in Marsh... why not Shipston.

In undertaking this bed review, SWFT has surveyed (but not consulted with) patients, staff, and other direct stakeholders. No public consultation exercise has been undertaken to date following the in-patient bed review recommendations.

This committee should express its concern to SWFT and Coventry and Warwickshire Integrated Care Board about their preferred policy of transferring beds from Shipston.

The Committee should ask for a full public consultation exercise which would include a wide range of stakeholders, such as Stratford District Council and the general public.

The committee should call for any subsequent decision to close the in-patient ward at Shipston’s Ellen Badger Hospital should be referred to the Secretary of State for Health for consideration.

Shipston has seen an increase in new housing developments too. They also provide employment opportunities to the local community and contribute to the local economy, for the rural areas they serve, particularly for elderly communities. Medical facilities, including in-patient beds should be in locations that are convenient for access by residents.