

# Adult Social Care and Health Overview and Scrutiny Committee

Wednesday 17 April 2024

## Minutes

### Attendance

#### Committee Members

Councillor Jo Barker (Chair)  
Councillor John Holland (Vice-Chair)  
Councillor John Cooke  
Councillor Tracey Drew  
Councillor Marian Humphreys  
Councillor Andy Jenns  
Councillor David Johnston (Stratford-upon-Avon District Council)  
Councillor Chris Mills  
Councillor Pam Redford (Warwick District Council)  
Councillor Kate Rolfe  
Councillor Ian Shenton  
Councillor Sandra Smith (North Warwickshire Borough Council)  
Councillor Mandy Tromans

#### Officers

Helen Barnsley, Amy Bridgwater-Carnall, Joanna Cozon, Becky Hale, Gemma McKinnon, Pete Sidgwick, and Paul Spencer.

#### Others in attendance

Councillor Margaret Bell, Portfolio Holder for Adult Social Care and Health  
County Councillor Judy Falp  
Helen Cartwright and Susie Weston, Action Menopause Warwickshire  
Jamie Soden, Coventry and Warwickshire Integrated Care Board (C&WICB)  
Amanda Parsons and Lindsey Sandler, Coventry and Warwickshire NHS Partnership Trust (CWPT)  
Chris Bain and Caroline Graham, Healthwatch Warwickshire (HWW)  
Andy Mitchell (Press)

### 1. General

The Chair welcomed everyone to the meeting, including members of the Children & Young People OSC for the item on Bladder Services, which spanned the remit of both committees. A welcome was extended to the presenters for this item. For item six, the Chair welcomed members and contributors to the task and finish review of Menopause Services.

### **(1) Apologies**

Apologies for absence had been received from Councillors Penny-Anne O'Donnell (WCC) and Colin Cape (Nuneaton and Bedworth BC).

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

None.

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

The Chair referred to a meeting with Becky Hale, Executive Director and Democratic Services, to discuss ways to extend the Committee's activity. She planned to meet personally with various organisations and then report back on those discussions. This would be coordinated with the additional meetings held by the Portfolio Holder for Adult Social Care & Health and Chair of the Children & Young People OSC on health and children's services. A key aspect was the Memorandum of Understanding on activity undertaken by the two OSCs, the Health and Wellbeing Board (HWBB) and Healthwatch Warwickshire (HWW), which had not been refreshed for several years. She sought affirmation that the Committee was supportive of it being refreshed. The aim was to avoid duplication and areas not being considered.

In Councillor O'Donnell's absence she had submitted questions about the catheter service, which may need to be scrutinised. Councillor Bell added that for some catheters, district nurses had previously been able to change them. There was now a training requirement and the training had been delayed. Councillor O'Donnell had reported an incident where an absence of qualified staff resulted in a patient needing ambulance transportation to hospital and a consultant to change the catheter. Councillor Bell suggested that a briefing was needed to understand how the required training would be provided, to enable district nurses to undertake this role.

Councillor O'Donnell had also submitted a point about falls clinics. The Chair was mindful this service used to be provided at the Ellen Badger Hospital. The service was not provided currently. The Chair had spoken recently with Mike Wells, Lead Governor at South Warwickshire Foundation Trust (SWFT), who was determined that the new facility would be open by the end of Summer. She was mindful that the ICB had not responded to the outstanding request for a consultation on the South Warwickshire Community Hospital Review and sought the Committee's support to write to the ICB to pursue this.

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

The minutes of the Committee meeting held on 14 February 2024 were approved as a correct record and signed by the Chair.

## **2. Public Speaking**

None.

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

Councillor Rolfe referred to the Hathaway Clinic based at Stratford Hospital, which provided sexual health services. The clinic had closed at the end of March and an outline was provided of the services delivered there previously. In future the services would be based at Leamington. Councillor Rolfe referred to a Public Health survey, but this had not referenced relocation. She asked who had taken this decision and when, whether there had been public consultation about the services moving and how people unable to travel to Leamington would be supported. She asked if the new C&W sexual health hub had commenced on 1<sup>st</sup> April as planned and sought more information about the proposed outreach services in Stratford, including where it was based, and the services being provided. She added that Healthwatch was similarly not aware of this service change. Councillor Rolfe requested a briefing and potentially adding an item to the Committee's work programme to consider this matter. The Chair was supportive of it being added to the work programme. Councillor Bell, Portfolio Holder for Adult Social Care and Health requested a copy of the detailed question and undertook to seek a response.

Councillor Pam Redford submitted a question about care packages for armed forces veterans, asking how many were currently receiving help and a care package. On the Portfolio Holder's behalf, Pete Sidgwick advised that a response had been provided to this question, raised at a previous committee and this would be recirculated to members.

Councillor David Johnston understood that the regulations allowing health scrutiny committees to submit matters to the Secretary of State for Health and Social Care had changed. He asked for a briefing to be provided on the changes. Paul Spencer confirmed the changes made regarding service reconfigurations. The Government had provided revised guidance for health scrutiny committees, which would be circulated.

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

None.

### **5. New NHS Bladder Service**

Members of the Children and Young People (C&YP) Overview and Scrutiny Committee had been invited to attend the meeting for this item. A briefing document had been circulated with the document pack which informed on bowel and bladder services for children and young people in Warwickshire. This included context that 6.4% of C&YP were affected by continence problems. An outline of the guidance was provided, together with the transfer of commissioning responsibilities to Public Health and the challenges experienced. Historically, different continence services were provided in Coventry and Warwickshire. Feedback from Warwickshire parents and carers showed the impact of a lack of continence services.

The Coventry and Warwickshire Integrated Care Board (C&W ICB) had considered a business case from South Warwickshire Foundation Trust (SWFT). The briefing outlined the development of a new bladder and bowel service. The lead provider for the interim two-year service would be Coventry and Warwickshire Partnership Trust (CWPT), working in partnership with SWFT, to deliver the following:

- Fully scope the needs of the population for a tiered approach using existing capacity.

- Consider opportunities for efficiency of working across the footprint.
- Co-produce a new set of clinical pathways with the parent carer forums across each area of clinical need.
- Define a set of outcome measures.
- Review the services following the two-year period to identify and outline the ongoing business case to the ICB.

The briefing reported on the recruitment activity, development of clinical pathways, and the initial priority was for those with the highest clinical need. The new service would be rolled out from May. Details were provided of the interim support available, through school nursing, primary care, and charitable groups. Free on-line training would be available for service providers from April. There would be evaluation throughout this two-year pilot, before further decisions were made about the sustainability and future delivery of the service.

A presentation was provided by Jamie Soden of the C&W ICB, supported by Amanda Parsons and Lindsey Sandler of CWPT to highlight key aspects and respond to questions. The presentation covered:

- Adult Service Structure
- Access and Purpose
- Context
- Current Provision
- The 'Set up' Phase
- The Service
- Next Steps

Questions and comments were invited with responses provided as indicated:

- The Chair referred to timescales asking about support for children who were in mainstream rather than specialist schools. She asked about securing funding to ensure the continuation of services and to avoid gaps in service in the future.
- Jamie Soden responded on the funding aspect, explaining how this pilot would look at scoping and then development progression and agreement of the business case.
- Amanda Parsons confirmed the new service would be open to referrals from 1<sup>st</sup> May including for children not in special schools. She outlined the preparatory work to build staff capacity with recruitment of specialist nurses. As capacity was built, services would be available for children who had received tier one interventions (through health visiting and school nurses). It was known that there were 345 children in special schools and close working was taking place with school nurses. The Chair appreciated this response, referring to the feedback received from parents including the significant costs being incurred.
- A member expected there would be a waiting list to meet the service demand. She asked what the estimated waiting time would be for the first appointment and also sought more information on the referral process.
- Jamie Soden confirmed there were some existing services, but this would be a specialist service. The scoping aspect of the pilot would assist in determining the level of need. Amanda Parsons confirmed that all children should have a three-month intervention at tier one before referral to the specialist service. Where the tier one interventions were not working, the projected pathway was referrals to the specialist service would take place

within two months and a six-week waiting time for appointments, subject to building capacity within the team. Lindsey Sandler spoke of the online training for nurseries, school nurses and health visitors providing tier one services. There had been a good response to the training offer. The intention was not just to provide a specialist service, but also to support services in contact with children and families most often. The level of demand was currently unknown. Further points were the parallel running with the training, the referral service for those needing more support and the prioritised approach.

- It was questioned if the team was consultant-led due to the potentially complex issues faced. The service was led by specialist nurses, but there had been consultant input from community paediatricians. The clinical pathways were being developed based on best practice and some children may require referral to a paediatrician.
- It was confirmed that Child and Adolescent Mental Health Services (CAMHS) were part of the stakeholder group involved in the development of this service. There was recognition of the needs for children with conditions including ADHD and Autism where specialist support from CAMHS may help that child to become continent.
- The referral pathway was a via professionals. Children would have received tier one support so the referral would not necessarily be via a GP.
- A councillor referred to non-medical aspects such as delayed toilet training. The scope of this pilot should take account of parent/carer social needs too. This was one of the many areas which concerned children where joint consideration with this committee was needed, to include the aspects for parents/carers. It was asked how this would be taken forward by the committees.
- Amanda Parsons outlined the holistic and thorough assessment of each child with the initial appointments scheduled for 90 minutes. This aimed to explore all aspects which may be contributing to the child's incontinence. The service was still in development with ongoing recruitment but was hoped that parental support and education would feature. It was known that there were wider support needs which may need referral to other services.
- Lindsey Sandler added that a health and wellbeing questionnaire would be developed for use in the first meeting with the child and their family to assess the impact of continence or bladder/bowel issues on the child. Continence was not just a medical issue and there was a need to understand such things as anxiety levels, ability to attend school and impacts for the family. This would inform the future business case too and would be developed during the first year of the pilot.
- The Chair asked if the scoping document could be shared with the committee. It was currently in progress but could be shared at an appropriate point. The Chair asked for a briefing document and considered that the Committee could be an advocate for the service.
- In response to questions from Councillor Humphreys, a discussion about estimating the level of demand for this service. Lindsey Sandler explained that the Coventry service had been established for a number of years and provided one information source. Others included the school nursing data on known continence issues where the individual required additional support. An area for further research was the health data held by the six special schools in Warwickshire, not previously available to the NHS. There was some further information needed on children with high level needs and those who may not be able to manage their continence through a behavioural programme. Councillor Humphreys agreed the aim was to educate, to help children achieve continence and independence, speaking also of the challenges she had seen when working with families. There was a need to complete the assessments, to help every child and she requested interim updates on how this project was progressing.

- In terms of the on-line training offer for tier one providers, there was no limit on capacity for this training. Extensive engagement activity had taken place to encourage attendance by health, education, social care and CAMHS services amongst others. It was requested that feedback be provided on the people attending this training, to show the services represented and from which area of the County.
- The Chair asked if interim progress reports could be provided.
- The Portfolio Holder was aware of data from primary schools showing an increasing number of children wearing nappies at school. She asked if there was data to suggest that delays in toilet training may lead to longer-term continence issues. If this was the case, communications activity for parents should be undertaken. Amanda Parsons responded that this would be an area for health visitors as part of the tier one interventions and would rest with Public Health. Councillor Bell would pursue this accordingly.
- The Chair noted from the briefing that 6% of children may not be continent and to provide a baseline she asked how many Warwickshire children were incontinent. She also asked if the data included children with stomas. This was an area where the team wanted to build capacity. Currently many children were supported via tertiary centres like Birmingham Children's Hospital colorectal service. Once the service understood the position and the areas of greatest need to achieve equity across the C&W area this would be an aspiration for the future to move from hospital to community-based services.
- Where a child had special educational needs, support may continue until they were 19. There would be a detailed assessment to see if each child could achieve continence. For those who could not, specialists would help to determine the best solutions and products for that individual to help them manage their incontinence.
- A councillor highlighted sections from the presentation slides, to seek more information about the proposed reviews of this pilot scheme. He sought clarity about the funding provision, and the future service delivery model.
- Jamie Soden outlined the business case submission and the rapid review process undertaken to assess the need for a service. This led to the ICB establishing this two-year project. The two years would give a full understanding of the services needed in Warwickshire. In terms of funding, it was a set amount, based on the staffing requirement and ancillary costs. Additionally, there was funding for products which was a best estimate and there may be a requirement for additional resourcing for products. Looking to the future, the aim was to scope need. In year two of the project a business case showing this need would be prepared for the ICB together with the services required. There were already some services within Warwickshire with Jamie referring to the tier one services and GP referral route to a paediatrician. These services would be taken into consideration to provide an integrated, multi-tier pathway.
- The Councillor was concerned at the potential for projects to be underfunded, or to have their funding reduced. This was a two-year project, which was still gathering data and such data gathering may itself be problematic. Having some flexibility in the funding, for example if additional research was needed, would have been helpful.
- Jamie Soden responded that the ICB was committed to this work and to assess the needs of C&YP in Warwickshire. It was committed to the scoping, the development of the business case for the future service and ensuring the correct clinical services were established during the first two years.
- Lindsey Sandler added that the recruitments were to a permanent team, not for a one or two-year fixed term contract, with the expectation that a permanent service would be established. The data gathering would influence what the service would look like after the

two years of this project. The Chair commented that this gave comfort and she appreciated the honesty of the answers provided.

- A further data source to model the demand levels would be the CAMHS service. The member asked if the new bladder and bowel service would take on the support role for this cohort or whether there would be a joint approach.
- Amanda Parsons responded that there had been a proactive approach engaging CAMHS colleagues as part of the tier one training. The CAMHS colleagues were the trusted professional for many service users. The aim was to provide CAMHS staff with a more specialist understanding of bowel and bladder issues and the support they could provide at tier one, then referring to tier two the children needing more specialist services.
- It was questionable if the CAMHS patient records would include continence information, but this would be researched. Clinicians raised frequently their concerns about the data which needed to be collected.
- Councillor Bell asked that when the periodic briefings were provided, that they include the 'health' of the tier one services. It was understood that school nursing and health visiting services were both stretched. The Chair agreed, understanding the pressures that health visitors faced, requiring a prioritised approach to be taken.
- Chris Bain of Healthwatch was pleased with this long-awaited report and the commitment that it would be a permanent service. He was a little concerned at the need for ongoing research and for this information to be brought together. He made a plea that a mechanism for patient and public involvement be provided for the development of this service and for a move towards co-production. Healthwatch would be keen to see that happen and to be kept informed, particularly as there were cultural dimensions to take into consideration.
- Jamie Soden acknowledged the importance of engaging with the individual child or young person and their family. Not only would that be done through the assessments, but also the development of the service as a whole. Throughout this process, more pockets of information would be found. There was a commitment to make this a holistic approach.
- The Chair requested a further update to the Committee or briefing in six months' time. She noted the points from Healthwatch about coproduction, similarly offering the councillors' help as many received feedback from the public.

The Chair thanked the presenters for this useful item and for the honest answers to members' questions. Jamie Soden undertook to provide an update in six months. The Committee noted the update on continence services.

## **6. Menopause Services Task and Finish Group**

Councillor Kate Rolfe, Chair of the Menopause Services Task and Finish Group (TFG) introduced this item. She acknowledged the attendance of members of the TFG and contributors to this review.

The Overview and Scrutiny Committee had commissioned the review to undertake research, to assess the sufficiency of services, any gaps in provision and to make recommendations to those responsible for the services. In doing so, the Committee outlined the areas to be included, being NHS menopause services and those which the County Council provided.

The TFG held three evidence sessions with the Integrated Care Board, with groups providing 'lived experience' of the services, and the County Council's staff on the internal support offer. The review provided a detailed understanding of the way that Menopause Services were commissioned and

the learning from those with lived experience of services. It demonstrated that there were a lot more services than was understood at the outset of the review, especially in third sector organisations. It was clear that the County Council had developed a substantial 'offer' of support and advice for its own staff.

The resultant report was submitted for the Committee's consideration. The TFG proposed recommendations for the Coventry and Warwickshire Integrated Care Board (C&WICB), and for the Council in respect of those services within its remit. The recommendations were set out in the covering report, together with the rationale for each recommendation. The appended review report provided the supporting information, detailing the evidence heard, the stages of the review and its findings.

Councillor Rolfe highlighted the recommendation on information sharing, considering that the Council provided an exemplary service to its menopausal staff. On behalf of the TFG she thanked Paul Spencer of Democratic Services for his support and the work undertaken on this review. This had been an interesting review to sit on, providing a lot of information, especially about the services available.

The Committee Chair considered this a brilliant report and piece of work, being delighted at the information found on the service availability. Questions and comments were invited from members:

- Councillor Falp commented that the TFG had been well chaired. She was disappointed that no male councillors had participated as men were also impacted in supporting their partner through the menopause. She recognised the input from Healthwatch in providing public feedback and reflected on her own learning from this review. There were services but these were 'patchy' in some areas, and they should be Warwickshire wide. She echoed the recognition of the support WCC provided for its staff.
- The Chair referred to the recommendation on securing access to primary care menopause specialists. It was known this was limited and she spoke about GP training on this important area, asking what could be done.
- Caroline Graham of HWW thanked the TFG for including in its review the findings of the Healthwatch survey. She spoke of the feedback received from over 300 people, with only 56% of respondents being happy with the primary care service received. There were comments about a lack of support and poor GP knowledge of menopause. There were variances across different parts of the county, across age groups and from people with care needs. A need for repeated appointments was stated. From the evidence HWW had received, 70% of people cited a need for better access and better informed staff at primary care, supporting the TFG's second recommendation. There was a need to ensure that primary care provided the needed information at the first appointment. Caroline touched on the other recommendations on empowering individuals to have information, but it was important this was available via primary care.
- Councillor Rolfe shared experience of her own GP who was a menopause specialist and offered support to other nearby practices. In Stratford, there was a private clinic and she had spoken to users of this clinic. Many were not aware of the NHS service offer or the two voluntary services in that area. She spoke of costs of using the private services and the lack of such voluntary groups in the north of the county, which was an issue that needed to be addressed.



- The Chair noted the points on the lack of voluntary groups in some areas of Warwickshire, and people should not have to research their own menopause advice and care. She also shared her own poor experience of menopause services.
- Councillor Rolfe highlighted the TFG recommendation about communication. There was a consistent lack of knowledge of the services available and a need to improve communication of these services. The Chair agreed and perhaps this was an area where the Council and HWW could collaborate.
- Susie Weston of Action Menopause Warwickshire (AMW) addressed the Committee, explaining the background to this group, which met bi-monthly providing peer support and to hear the lived experience of women. The group was growing and was looking at its forward strategy for the next two to three years, which would include a focus on education and support for men, support in the workplace and improving communication. AMW was keen to collaborate with the Council and the NHS in progressing this area and had a lot of knowledge and experience to offer. AMW was a registered charity and would seek funding to further its aims. She closed by explaining the many symptoms which women experienced through menopause, which may be misdiagnosed by a GP. The Chair was confident that both the Council and Healthwatch would welcome the opportunity to collaborate. She considered the communications aspects could be facilitated by the Council and personally would like to engage with AMW to gather information with a view to additional groups being formed.
- A councillor spoke about people working from home which may limit the potential for organisational support.
- Another suggestion was an information leaflet for men to provide greater understanding and signposting to services.
- Ensuring that the outcomes from this review were pursued was key. The Chair agreed, especially in terms of improved communication. Paul Spencer explained that, with the Committee's approval, the recommendations would go forward to decision makers, being the Health and Wellbeing Board, the ICB and the County Council's Cabinet for approval and implementation. The review document included an action plan which would be submitted periodically to the Committee to monitor progress on the implementation of recommendations.
- Further discussion took place on communication and information, providing an easy-to-understand leaflet for partners, to give a greater understanding of menopause symptoms. Reference also to the Council activity during menopause awareness month including some men coming forward to seek more information. Conversations needed to be encouraged.
- Susie Weston confirmed that AMW had an experienced male facilitator, who could assist in seeking to identify the format and areas which men would find most useful to receive information on. Healthwatch offered to support running a focus group.
- Councillor Drew supported the suggestion for a leaflet. She noted that one in ten women left their employment due to the menopause, speaking of the impact this had for the individual and their family. She suggested that menopause be kept under review with an update to the committee in one year. Through writing a local newsletter article, she became aware of a menopause support group within her Kenilworth division. She encouraged other members to do likewise to inform their communities.
- Further ideas for communication were via the Council's Communications Team and the Health and Wellbeing Board briefing. A suggestion to include something for primary care and GPs, given the feedback received on lack of awareness or base knowledge. This could

be an area to raise with the ICB. Another suggestion was to seek a press article from this Committee item.

- The Portfolio Holder suggested that within every Primary Care Network there should be at least one GP who specialised in menopause, so that other practices could refer patients to that person. Susie Weston concurred this was the view raised to AMW. It did not need to be the GP and practice nurses could be the menopause specialist.

In closing the item, the Chair praised the report and the work undertaken. It was agreed that the Committee:

1. Comments on the report of the Menopause Services Task and Finish Group (TFG) as set out above and endorses the report and its recommendations.
2. Refers the TFG report to the Integrated Care Board, to Cabinet and to the Warwickshire Health and Wellbeing Board to consider the recommendations made for actions by the County Council and the wider Coventry and Warwickshire Integrated Care System as relevant to each decision-making body.

## **7. Work Programme**

The Committee gave consideration to its work programme with the following items being discussed:

- It was suggested that an update be provided on Child and Adolescent Mental Health Services. This would be an item for the periodic joint meeting with the Children and Young People OSC.
- The Chair reminded of the suggestion to refresh the Memorandum of Understanding between the overview and scrutiny committees, the Health and Wellbeing Board and Healthwatch.
- A briefing had been provided to Councillor Drew on the subject of young carers, which would be discussed in more detail at the next Chair and Spokesperson meeting.
- A letter would be sent to the Integrated Care Board to seek an update on the planned consultation regarding the South Warwickshire Community Hospital review.
- Councillor Mills provided an update on plans for a primary health centre at Upper Lighthorne. A meeting would be held with the local Member of Parliament, Sir Jeremy Wright MP, the ICB and lead Council officers to discuss this in more detail. Councillor Mills paid tribute to Andy Smith for his tireless work in progressing this.
- Councillor Rolfe referred to her earlier question to the Portfolio Holder and suggested an item should be added to the committee's work programme on sexual health services. Becky Hale clarified that a briefing had been provided to members on 13<sup>th</sup> May on the launch of the Integrated Sexual Health Service. This would be recirculated and a response would be provided to the question submitted.
- Chris Bain referred to an item on the future work programme on annual health checks by GPs. HWW was doing work with veterans about accessing annual health checks. He asked if the two items could be combined into a single item, which was agreed.

The work programme was updated accordingly.

The meeting rose at 11.42am

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Chair