

# Adult Social Care and Health Overview and Scrutiny Committee

Date: Wednesday 17 April 2024  
Time: 10.00 am  
Venue: Committee Room 2, Shire Hall

## Membership

Councillor Jo Barker (Chair)  
Councillor John Holland (Vice-Chair)  
Councillor Colin Cape  
Councillor John Cooke  
Councillor Tracey Drew  
Councillor Marian Humphreys  
Councillor Andy Jenns  
Councillor David Johnston  
Councillor Chris Mills  
Councillor Ish Mistry  
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 14 February 2024.

5 - 14

## 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. New NHS Bladder Service**

15 - 18

A briefing document is provided. NHS colleagues will provide a presentation on the bladder service. This includes services for adults and the new children and young people bladder service. Members of the Children and Young People Overview and Scrutiny Committee have been invited to attend the meeting for this item.

### **6. Menopause Services Task and Finish Group (TFG)**

19 - 54

For the Committee to consider the report and recommendations from the Menopause Services Task and Finish Review.

### **7. Work Programme**

55 - 62

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](http://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 14 February 2024

## Minutes

### Committee Members

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

### Officers

Vanessa Belton, John Cole, Becky Hale, Kate Harker, Sophie Kitching, Sarah Moxon, Ian Redfern, Pete Sidgwick, Sushma Soni, Paul Spencer and Max Taylor.

### Others in attendance

Councillor Penny-Anne O'Donnell  
Chris Bain, Healthwatch Warwickshire (HWW)  
Andy Mitchell (Press)

## 1. General

### (1) Apologies

Apologies for absence had been received from Councillor Margaret Bell (Portfolio Holder for Adult Social Care and Health), from Councillor Colin Cape (Nuneaton and Bedworth Borough Council), Councillor Pam Redford (Warwick District Council), Councillor Sandra Smith (NWBC) and from WCC Officers Shade Agboola and Zoe Mayhew.

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

None.

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

The Chair reported on her recent meeting with Coventry and Warwickshire NHS Partnership Trust. The Trust would like to present its plans for transformation of community mental health services. The Chair gave an outline of the areas raised including, additional staffing needs, a change in the telephone triage for mental health support, and the perceived benefits of more community-based support. Background information would be circulated to members. The talking therapies service (formerly known as IAPT) was under-utilised presently and availability of this service should be promoted. The item was proposed for the June meeting.

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

The minutes of the Committee meeting held on 15 November 2023 were approved as a correct record and signed by the Chair. Councillor Humphreys asked that provision of end-of-life beds in the north of Warwickshire remained a focus for the committee. Councillor Johnston asked if a response had been received from Stratford-on-Avon DC regarding the concerns raised by residents of Rosalind Court.

## **2. Public Speaking**

None.

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

None.

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

None.

## **5. The Care Act 2014 and The Care Quality Commission**

The Committee received a combined presentation from Pete Sidgwick, Director of Social Care and Support and Ian Redfern, Head of Adults Practice and Safeguarding. This detailed the County Council's responsibilities under the Care Act and the support provided, before focussing on the Care Quality Commission Assessment. The first part of the presentation covered the following areas:

- The three priorities:
  - Safeguard adults and protect them from avoidable harm.
  - Enhance the quality of life for people and delay and reduce the need for care and support.
  - Ensure that people have a positive experience of care and support.
- Adult Social Care – The Care Act 2014 and upper tier authorities
- General responsibilities in the Care Act 2014
- Specific aspects of the Care Act 2014
- The criteria for support
- Eligible outcomes
- The Mental Capacity Act 2005

- How we support people
- The people we support (all adults)
- The people we support (adults under 65)
- The people we support (adults 65 and over)

Members discussed the following areas:

- The presentation was considered interesting, informative and an important area for the Council. More information was sought on quality control from the customer's perspective. The financial challenges required improved productivity and reduced costs. It was better to get the service right first time and to avoid costs linked to handling complaints and reviewing services. Pete Sidgwick outlined how this was assured. Support for the provider market ensured they could deliver what was required. Providers were regulated by the CQC and they were inspected. The County Council also had an in-house quality assurance team. Finally, staff listened to feedback and complaints from residents on the care and support services received and took appropriate action to rectify concerns.
- Further information was provided about eligible outcomes and the use of community facilities, 'out of county' care and the differential on numbers of people using services. Some people needed support to meet friends, to go shopping or visit the library. This was about the County Council providing the support to enable this. It was in the context of meeting each person's broader support needs and to focus on what mattered to the individual. The 'Out of County' aspect was a technical area, detailed in the Care Act, and it concerned responsibility to continue funding the support needs where a person relocated to another area for legitimate reasons. It meant Warwickshire would continue to fund such support costs in some cases and any disputes were referred to the Secretary of State for resolution. The average amount of support required was discussed and in general the support needed by younger adults tended to be greater than that for older people.
- The provision of reablement and aftercare following hospital discharge was raised. In particular, this concerned longer-term care by home carers rather than occupational therapists. There were two 'enabling' services, being the reablement service (occupational therapy) and a community recovery service (physiotherapy). There was an overlap between these services which were for a period of six weeks. The role of domiciliary care in enabling people to be independent was also discussed. Providers received training on this ongoing service area. The Councillor would pursue this area with officers after the meeting.
- Linked to the above, context was provided that around 1200 people received reablement support each year. The community recovery service was higher and for December was 400 people, more typically being 300 per month.
- Reference to a BBC report on assessment and eligibility for services. The report stated that people were able to get assessed, but few were eligible for support. Funding levels varied by area. The member would send the report to Officers so this could be discussed further outside the meeting.
- Clarity was provided on the differing pieces of legislation in force for care services. The Care Act 2014 was the main legislation, but some aspects of much older legislation were still in force. Linked to this the move to support people in the community rather than in an institution was confirmed.
- Discussion about the deprivation of liberty provisions and which organisation was the final arbiter. The County Council was responsible in some cases and the NHS for others, dependent on where the person was supported. The Court of Protection also had an arbiter role.

- It was noted that the presentation made no reference to the rehabilitation facilities at Ellen Badger or the Nicol Unit. There was no data on the reablement services they provided. These NHS facilities did not form part of the County Council's statutory duties under the Care Act.

The second part of the presentation focussed on local authority Care Quality Commission (CQC) Aspects

- CQC assessments – a two-year process to assess all 152 authorities
- The four assessment themes
  - Theme 1: Working with people
  - Theme 2: Providing support
  - Theme 3: How the local authority ensures safety within the system
  - Theme 4: Leadership
- Evidence categories
- Pilot assessments
- Themes across all five local authority pilot areas
- CQC learning from pilots
- What we need to be able to do
- CQC next steps
- How WCC is preparing
- Readiness review
- The review team's feedback
- Next steps

Members submitted the following questions and comments:

- A comment that people needing care didn't always fit the system or their needs were not met, an example being where the person had the early stages of dementia. Pete Sidgwick referred to mental capacity and best interest assessments. The outcomes which people needed to achieve but which were unmet had to relate directly to a physical or mental impairment, as defined under the Care Act. There were other people who did not meet the criteria of the Care Act, but they still needed support. Mental capacity was a key area where the individual's engagement with the assessment was important.
- Chris Bain provided context that this cohort was 7,500 of the County's population, many whom would also receive NHS support which was assessed against different criteria. There were concerns about integration, whether this all worked for the benefit of residents, about delays and access to services. Poor communication where people did not understand what was being said to them was a particular challenge. Improving communication and the language used was linked to culture. The vast majority of a person's contact with the NHS (90%+) was with primary care services. He asked how well it was linked into this process, so a holistic view was taken rather than looking solely at the social care aspects. Also, a need to ensure that mental health services were engaged effectively as the boundaries between services were not always clear and could overlap.
- Pete Sidgwick responded that the Integrated Care System would have an assurance process which was being developed. This would take more of a system approach and how different parts of the system would work together to meet patient needs. Ian Redfern added that this was a complex area. The pilot assessments included a specialist adviser with detailed knowledge. They 'unpicked' example issues helping to identify those issues resting



with the NHS, with Social Care or a where a partnership approach was needed to work through them.

- Previously, data protection requirements could impede communication between agencies, but this was no longer the case and there were effective working arrangements in place. Officers confirmed the performance data which was considered by the scrutiny committees and Cabinet. This included data on the use of direct payments to support people with eligible needs. Many of the indicators were aligned to areas which the CQC would consider.

The Committee noted the presentation.

## **6. Development of the Adult Social Care Strategy**

Kate Harker, Head of Older People Commissioning provided a presentation to the Committee. This outlined the development of the new Adult Social Care Strategy which was in its early stages. The presentation included the following slides:

- Why produce an Adult Social Care Strategy?
- What will it look like?
- Context for the Strategy
- Strengths
- Challenges
- A note about engagement, consultation and co-production
- Strategy – emerging overarching priorities
- Emerging areas of focus under 'Safeguarding, Supported and Satisfied'
- Sustaining and building our strength based approach
- Proposed solutions we anticipate will feature in the Strategy
- Any comments on the overall approach and development of the strategy
- Timeline for drafting, engagement and governance

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

- A member spoke of the challenges and workforce pressures faced. It was questioned if the minimum wage and reduced numbers of overseas care workers was having an impact. Kate Harker explained the annual inflationary increases in pay rates and for service provider funding. There had been workforce pressures, and care workers from abroad were employed. Currently there was bed capacity and providers had the staffing levels required to deliver services.
- The Chair commented that brokerage was important. In some cases, people had to move when their current placement could no longer be funded. Kate Harker gave an outline of how brokerage would work, through specialist staff negotiating with providers for each placement to agree an appropriate price for the care required. The brokerage approach may ensure that care rates remained broadly the same and did not escalate, which would be viewed as a successful outcome.
- Reference to the five district and borough council local plans, it being questioned if the Adult Social Care Strategy was integral to them. Significant population growth was predicted and as people got older, they would need more support. The member referred to assistive technology, reminding of the projects of two NHS providers to support people at home. Social Care should join with the NHS in developing joint strategies to help people to be

supported at home. This would improve quality and bring cost savings. It may be a role for this Committee to monitor.

- Pete Sidgwick reminded that this was an Adult Social Care strategy. The strategy was likely to reflect the work that was already taking place, including that required by the Care Act. However, there may be opportunities to do things better, in a more integrated way and to hear from service users and residents. Moving to how the strategy would be delivered, the assistive technology approach was a key factor to enable people to be as independent as possible. Such technology was already in use and there was a wish to innovate and to improve. Becky Hale spoke about housing with care, linking even more with districts and boroughs on the local plans and the opportunities through this strategy to develop the housing that would be needed for future residents. The Chair added that all councils had adopted the Health and Wellbeing Strategy, which required viewing everything from a health and wellbeing perspective. Monitoring by the appropriate portfolio holder of each district/borough council should improve the integration of this strategy with local plans.
- Chris Bain spoke of the pressures created through an imbalance between demand and capacity. There was a need to understand what was driving both aspects. He would like to see more emphasis on the role of carers and support for them, as the role of carers was crucial to the strategy's success, and he urged it was given a slightly higher profile.
- A comment that this was an inspired vision for a vast service supporting the most vulnerable residents. It was questioned how closely the CQC rating was examined when commissioning services. People were being discharged from hospital with more complex needs. A question on how the Council ensured the correct training was provided for those delivering care at home. Becky Hale confirmed that CQC ratings were checked when seeking tenders for services. Regular checks were made on the ratings of all commissioned services. Other mechanisms were the risk-based approach used by the quality assurance team and there was a service escalation panel which cut across both health and social care where there were concerns about provider quality. It was important to receive feedback from elected members and the public to inform of any concerns. It was confirmed that there were some care providers rated by the CQC as 'Requires Improvement'.
- The presentation had shown the focus on empowering service users. Some slight changes were suggested to the language used which officers found helpful. It was also about how the information and advice was provided. The aim was to help people to remain independent. As their care and support needs increased, it was about maintaining independence, choice and control as much as possible. This had proved most challenging for those in care with significant and intensive care needs. The aim was to look at what could be improved. Pete Sidgwick added that the language was important, it needed to be consistent and be part of the 'golden thread' referenced in all the written materials. For the final strategy, this needed to be written from the resident's perspective.
- People with dementia should not be viewed as complex customers. They were on a journey and needed to be supported by carers or family members in all health and care settings, but this was not recognised by some staff. A request that this was referenced in the strategy, which was viewed a helpful point. In care settings, some individuals had complex behaviours so securing better, tailored provision was a particular aim of the strategy.
- A member asked how views on service improvements would be sought and if such research would be ongoing. The member noted the aims for co-production of the strategy, and the constraints referenced, asking if this could be a barrier to co-production. Kate Harker outlined the approaches to engagement on the strategy. Staff were being trained so they could hold 'ordinary' conversations with service users, aimed at gathering information on how they viewed their care, and what could be improved. This approach would give detailed

feedback. There was work with providers too and staff would attend events like coffee mornings, group activities in care settings or at community centres to gather such feedback. Good co-production was continuous, to ensure that the services remained of good quality. This was a core role for Commissioning and the Quality Assurance Team. Realistically, this process was engagement, and it might identify gaps and potential improvement areas. An example was used to show how this in turn could lead to co-production. Becky Hale added that through the strategy, areas for improvement would be identified. The Council could commit to a co-production approach for the review of those areas with an example used to illustrate this.

- The Chair referred to the timeline for production of the strategy, asking how the Committee could assist. She suggested a round table meeting may be useful to give more focus away from the formal committee setting, as there was a lot of experience between members and Healthwatch.

The Committee noted the presentation.

## **7. Futures and State of Warwickshire**

The Committee received a report and presentation, to consider the trends and themes highlighted in the 'Warwickshire Futures 2030/40' and 'Warwickshire in 2030 and beyond' reports. The aim was to link to ongoing and future policy development and assist shaping of the Committee's future work programme. Sophie Kitching supported by Sushma Soni introduced this item. The presentation covered the following areas:

- Warwickshire futures – the aim
- The approach
- 'Futures' in context
- Warwickshire 2030-40 – key themes, council-wide issues and specific considerations for this committee
- Overall general priority issues into 2030-40
- Specific impacts on the remit of the committee
- Going forward and questions

Members discussed the following areas:

- The report was viewed as precise, concise but worrying. It was noted that there was no reference to people working beyond retirement age which impacted on the job market. The member questioned if this contributed to a loss of skills too. Officers replied that there could be many contributors to why people were working longer.
- The demographic data on the increased number of people aged over 85 and proportion of people who were overweight was questioned. This data would be checked, and confirmation provided.
- Reference was made to the district and borough council local plans, and the projected, significant population growth. The need to engage effectively with those authorities and to ensure sufficient developer funding to meet up front costs of new services and facilities was stated. Sushma Soni responded that developer contributions was a complex area, and this point had been considered as part of the Education Sufficiency Strategy. It was understood that the Government was considering changes to such contributions and further information could be provided on this area.

- There were concerns for future generations about increasing obesity rates, the shrinking workforce, which had taxation implications, and people living longer, but with complex needs. For adult social care services, the 2% ringfenced funding would not be sufficient to meet those growing needs. The member spoke of the scale of this problem for central government, describing the statistics as frightening in terms of meeting demand. This data demonstrated the funding problems and further points were raised in terms of climate change and housing.
- The Chair concurred with the comments of several members on the high quality of this report. She also touched on the urgency and hard decisions in prioritising.
- Chris Bain commented on the social contract where one generation effectively paid for another, and this would come under pressure unseen previously. He focussed on how people sourced their information. From Healthwatch analysis, most now accessed information from friends and relatives, or used social media. There was a key responsibility to manage social media channels and communications to give balanced information, especially for future generations.
- The Chair spoke about representative democracy, the cross section of Warwickshire Councillors, and the reference in the report to citizens' assemblies. She was concerned at the potential for social media to influence such a body to become a pressure group.

The Committee placed on record that the report was excellent, noting its content and asked that the comments outlined above be taken into consideration.

## **8. Quarter 3 Integrated Performance Report**

The Committee received the Integrated Performance Report, which gave a retrospective summary of the Council's performance at the end of Quarter 3 (April - December 2023) against the strategic priorities and areas of focus set out in the Council Plan 2022-2027. Key sections of the report focussed on:

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

The following questions and comments were submitted by members.

- There was an overspend on the budget for social care services, which was responsible for the performance indicator showing that 95% of the target had not been met. This service was demand led and demand was much higher than expected, especially for older people services. The data would be checked for accuracy. Context was provided on the reprofiling of the budget for the 2024/25 financial year and the additional allocation of £26m for this service area. The member was mindful of the previous item and concerned at the ongoing cost pressures. Pete Sidgwick spoke further about the trajectory of demand based on evidence, forecasting and the small proportion of the population in receipt of social care services. There was hope that the new strategy would assist, supporting people to be independent and to manage the trajectory of need differently. He touched on dementia which was increasing. Pete Sidgwick then spoke of the Medium-Term Financial Strategy and the projection that the percentage overspend at the end of the next financial year would be less than that for this year.

- The Chair added that the key aim was to achieve better health for longer and she reflected on the healthy life expectations of previous generations.
- On carers' assessments a member asked what else could be done to ensure these assessments were completed. It may be beneficial for some carers to complete the assessment process a few months after starting their care role or to offer a review. Pete Sidgwick assured there was no waiting list for those wanting a carer's assessment. This was being publicised to stimulate more demand and performance in this area had improved. The member added that some people were not aware that they could have an assessment. Pete offered to send a link to the [dedicated page for support to carers](#). The Chair suggested use of social media platforms too. In response to a related question, it was confirmed the assessments were undertaken by the Carer's Trust.
- Information was provided about the performance portal Power BI. This enabled members to view frequently updated performance information and the narrative on any improvement activity. The Chair explained the further mechanisms in place to enable members to scrutinise performance data in detail.

The Committee noted the Quarter 3 Integrated Performance Report.

## 9. Work Programme

The Committee reviewed its work programme. The report of the Menopause Services Task and Finish Group would be submitted to the next committee meeting in April.

On the section of the report on scrutiny activity by district and borough councils, Councillor Johnston advised that Stratford-upon-Avon DC had considered an item on the Upper Lighthorne Community Hub. It was hoped this would include a health facility.

### Resolved

That the Committee updates its work programme as outlined above.

The meeting rose at 12.47pm

.....  
Chair

This page is intentionally left blank

# BRIEFING PAPER FOR– Bowel and Bladder Services for Children & Young People in Warwickshire

## 1. Context

- 1.1 Bladder and bowel (continence) problems affect more than 900,000, 6.4% children and young people in the UK (NHS England, 2018), with a negative impact on their health, wellbeing, and emotional and psychological development.
- 1.2 National 'Children's Continence Commissioning Guide' (2019) recommends a fully integrated 'Children's Community Continence Service' that provides support for children from birth to 19, with continence difficulties (bladder and/or bowel problems and/or delayed toilet training).
- 1.3 2017/18 the Department for Health and Social Care moved commissioning responsibilities for health visiting and school nursing services from clinical commissioning groups into public health divisions within local councils. The move transferred commissioning duties under a new national service specification. At this time the new specification did not consider the fact that many school nursing services co-delivered bowel and bladder services alongside a very small, dedicated specialist nursing contingent, and removing the school nursing capacity to this service and the implications and impact of these changes.
- 1.4 Historically, different continence services for children had been in place across Coventry and Warwickshire as part of services commissioned by the three former Clinical Commissioning Groups. These services were disrupted by the recommissioning of school nursing services and more recently by challenges with health visiting services.
- 1.5 Feedback from Warwickshire parents and carers shows how the lack of continence services have impacted children and in particular autistic children. The quotes are taken from the feedback collated by Warwickshire Parent Carer Voice in 2022:
  - *"No-one else I could go to for advice"*
  - *"She didn't seem to have any understanding of the issue of continence in someone with autism and basically told me that my son is autistic "and that is just what they are like"."*
  - *"I wish there was a discount for nappies for my ASD boy he's nearly 5 and there expensive he can't have cheap ones he comes out in a rash and uses at least 6 in one day that being a good day"*

- *“No continence service that’s accessible for autistic young people”*

- 1.6 A business case received from South Warwickshire Foundation Trust to the Coventry and Warwickshire Integrated Care Board and the context outlined above prompted a rapid review of bowel and bladder services for both Coventry and Warwickshire including an interim two-year award to deliver the Bowel and Bladder service for Warwickshire.
- 1.7 This briefing paper outlines the development of the bladder and bowel services for Warwickshire, ensuring that children with continence issues are supported and cared for, to help them maintain their dignity and improve their emotional wellbeing, and to prevent stress and financial hardship on parents who have been left trying to manage by themselves.

## 2. Current service provision

- 2.1 The interim two-year award was made to Coventry and Warwickshire Partnership Trust (CWPT) as the lead provider working in partnership with South Warwickshire University Foundation Trust (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
- 2.2 CWPT has been working in partnership with SWFT recruiting to the new team and working with partners including parent carer forums to develop clinical pathways. There will be access to continence assessments for CYP across Coventry and Warwickshire from April.
- 2.3 This is a new service for Warwickshire and the initial priority will be for those with the highest clinical need. This first year will help define the unmet need and identify the future service delivery model.
- 2.4 The Warwickshire service will be rolled out from May to special schools and when fully staffed will extend across CYP in Warwickshire.
- 2.5 In the interim families can access support via the following
- Liaison with health visiting or school nursing (age dependent) for general continence advice and support.
  - Make an appointment with their GP should their continence issues change or worsen.
  - Ask their GP for a referral to a community paediatrician if their continence issues are severe and linked to an underlying health diagnosis / suspected diagnosis.



- ERIC the children's bowel and bladder charity can be reached at [Home - ERIC](#) they have an advice line and a significant range of resources.
- Working families is a charity which can direct families to what benefits they are entitled to apply for [A Guide to Benefits if you Care for a Disabled Child - Working Families](#) some families are eligible for benefits which they may use to purchase containment products.

- 2.6 The continence assessment will give an indication of a child or young person's ability to control their bladder and bowel. The majority of children will be able to manage this with support from the nurses. Support will take the form of proven strategies for parents to work through with their children for e.g. alarms, education materials and medication. For those children and young people who have physical health conditions preventing them controlling their bladder and bowel (neurological, congenital or anatomical), containment products can be prescribed.
- 2.7 To support this service, free on-line training for universal services of health visiting, school health nursing, nurseries and special school nursing is being provided from April onwards.
- 2.8 The next two years are part of a pilot project and will be evaluated throughout this phase before further decisions are made about the sustainability and future delivery of service.

### **3. Conclusions**

- 3.1 Coventry and Warwickshire ICB recognise their commissioning duties in relation to children and young people's bowel and bladder care and will spend the next 2 years funding the service with aim of evaluating the outcomes to inform the future service delivery.
- 3.2 The ICB will continue to work in its arrangement with CWPT as the lead provider working in partnership with SWFT to fully scope need, enhance and coordinate existing resource and co-produce specialist pathways.
- 3.3 The ICB is committed to reviewing the outcomes of the pilot programme and evaluating the future service delivery model.

**End of Report**

This page is intentionally left blank

## Adult Social Care and Health Overview and Scrutiny Committee

17 April 2024

### Menopause Services Task and Finish Group

#### Recommendations

That the Committee:

1. Comments on the report of the Menopause Services Task and Finish Group (TFG) 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.

#### 1. Executive Summary

- 1.1 At its meeting in February 2023, the Committee agreed to a focussed 'task and finish' review of Menopause Services in Warwickshire, 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, it outlined the areas to be included, being NHS menopause services in Warwickshire and those which the County Council provided.
- 1.2 In addition to written background information, three evidence sessions took place with the Integrated Care Board, from groups providing 'lived experience' of the services, and the County Council's staff on the internal support offer. Through this review, the TFG has developed a detailed understanding of the way that Menopause Services are commissioned and the learning from those with lived experience of services. It is clear that the County Council has developed a substantial 'offer' of support and advice for its own staff. These findings could usefully be shared with partner organisations and more widely with employers in Warwickshire.
- 1.3 Attached at Appendix A is the review report. The TFG makes a series of recommendations for the Coventry and Warwickshire Integrated Care Board, and for the Council in respect of those services within its remit. The recommendations are reproduced below. The appended review report provides the supporting information, detailing the evidence heard, the stages of the review and its findings.

1.4 Recommendations:

***Recommendation 1 - Communications Activity and Information***

1. That the Integrated Care Board be requested to develop a robust and targeted communications strategy with the aim of improving communication to the public about the availability of menopause services across the County.

The wider Integrated Care System partners are asked to use their channels to share the ICB communications on menopause services.

***Recommendation 2 – Access to Primary Care Menopause Specialists***

2. That the Integrated Care Board considers options to improve access to menopause specialists in primary care settings.

Data shows that 80% of menopausal women can be supported via primary care. GPs may opt to take additional training in menopause services, so some, but not all, practices have a menopause specialist. It is not viable to recommend menopause specialists at every surgery. A question for the ICB is whether triage and the use of technology could offer remote appointments with a menopause specialist. A further suggestion is providing periodic clinics or 'drop in' centres where people can talk to a specialist.

***Recommendation 3 – Recognising and Developing Voluntary Support***

3. That endeavours are made by the Integrated Care System to seek the establishment of voluntary sector menopause support groups in the North of Warwickshire and Rugby areas.

A valuable community resource is provided by the voluntary groups, which offer support, advice and information. There are eight groups in Warwickshire, but notable gaps in provision in the north of Warwickshire and Rugby areas. It would be beneficial to seek the establishment of similar support groups in those areas.

***Recommendation 4 – Sharing Information***

4. That the County Council considers sharing information on the menopause support offer it has developed for staff with partner organisations and with other employers in Warwickshire. Seeking details of the support already in place in those organisations is also suggested. The aim is to encourage more menopause support in Warwickshire workplaces.

Members recognise the amount of work being undertaken to provide support for the County Council's staff. There is an opportunity to share this information and to seek feedback from others, to provide real benefits for Warwickshire residents and their employers, given the data that one in ten women leave their employment due to the menopause. Through the Council's partnerships, discussion with the Chamber of Commerce and other business groups this could be explored.

**Recommendation 5 – Ongoing Monitoring**

- 5. That the Adult Social Care and Health Overview and Scrutiny Committee monitors the implementation of these recommendations through periodic updates and briefings from the ICB.

**2 Financial Implications**

- 2.1 There are no direct financial implications for the County Council arising from this review report.

**3 Environmental Implications**

None arising directly from this report.

**4 Timescales associated with the decision and next steps**

- 4.1 Subject to the OSC’s approval of the review report, it is recommended that it be submitted for consideration by the Cabinet and the Health and Wellbeing Board at the next practicable opportunity.

**Appendices**

Appendix 1- Review Report

**Background Papers**

None

	<b>Name</b>	<b>Contact Information</b>
Report Author	Paul Spencer Senior Democratic Services Officer	paulspencer@warwickshire.gov.uk Tel: 01926 418615
Director	Sarah Duxbury, Director of Strategy, Planning and Governance	
Executive Director	Becky Hale, Executive Director for Social Care and Health	
Portfolio Holder	Councillor Margaret Bell, Portfolio Holder for Adult Social Care & Health	

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

Local Member(s): None

Other members: Councillors Barker, Bell, Drew, Holland and Rolfe.



**MENOPAUSE SERVICES  
TASK AND FINISH GROUP  
DRAFT REPORT**

**Date TBC 2024**

*Working for  
Warwickshire*

<b>CONTENTS</b>	<b>PAGE</b>
<b>1.0 Introduction</b>	
<b>1.1 Executive Summary</b>	<b>3</b>
<b>1.2 Appointment</b>	<b>3</b>
<b>1.3 Members and Contributors</b>	<b>4</b>
<b>1.4 Evidence</b>	<b>4</b>
<b>1.5 Dates and Timescales</b>	<b>4</b>
<b>2.0 Recommendations</b>	<b>5</b>
<b>3.0 Overview</b>	
<b>3.1 Background</b>	<b>6</b>
<b>3.2 Objectives</b>	<b>6</b>
<b>3.3 Acknowledgements</b>	<b>6</b>
<b>4.0 Detailed Findings from Evidence Gathering</b>	
<b>4.1 Secondary Evidence</b>	<b>7</b>
<b>4.2 Primary Evidence</b>	<b>7</b>
<b>5.0 Findings and Conclusions</b>	
<b>5.1 Overview</b>	<b>8</b>
<b>5.2 Evidence</b>	<b>8</b>
<b>5.3 Conclusions</b>	<b>13</b>
<b>6.0 Feedback</b>	<b>15</b>
<b>Appendices</b>	
<b>A – Scoping Document</b>	<b>16</b>
<b>B – Primary Evidence Detail</b>	<b>20</b>
<b>C – Glossary</b>	<b>30</b>
<b>D – Scrutiny Action Plan</b>	<b>31</b>



## **1.0 Introduction**

### **1.1 Executive Summary**

Over 50% of the population is female. At some time or other in their lives the majority of women will go through the menopause, the stage of their lives when a change in hormone levels leads to the cessation of menstruation. For some females the menopause is barely noticeable. For many, however, it can take a heavy mental and physical toll. This review has been undertaken in an effort to ensure that appropriate support is available to women who are experiencing menopause.

Concerns were raised by the former chair of the scrutiny committee responsible for all matters linked to health and social care. She had identified an absence of menopause services in the Nuneaton and Bedworth area of Warwickshire where she lived. Furthermore, there was little knowledge of any NHS services being provided throughout the County. The scrutiny committee supported these concerns. In agreeing this focussed piece of work, the committee outlined the areas to be included, being NHS menopause services in Warwickshire and those which the County Council provided.

Through this review process, members have considered written information, presentations and personal testimony. Members held three evidence gathering sessions, with representatives from a range of organisations. The evidence gathered informs this resultant report which proposes a number of recommendations. These recommendations will be submitted to the Adult Social Care and Health Overview and Scrutiny Committee (the Scrutiny Committee), to the Cabinet, the Warwickshire Health and Wellbeing Board and to partner organisations for them to consider. The recommendations can be seen at Section 2 (page 6 onwards).

### **1.2 Appointment**

The Scrutiny Committee was concerned at the perceived lack of NHS menopause services in Warwickshire. It commissioned this review to undertake research, to understand if the services provided are sufficient, to identify any gaps in provision and to make recommendations to those responsible for the services.

To undertake this review, the Scrutiny Committee appointed a member task and finish group (TFG). The TFG comprised six elected members of the County Council, some of whom also represented district and borough councils. Representatives of the Coventry and Warwickshire Integrated Care Board (C&W ICB), Healthwatch Warwickshire (HWW) and a specialist group Action Menopause Warwickshire (AMW) also contributed through providing evidence to the review.

A scoping exercise was undertaken resulting in the scoping document attached at Appendix A to this report (see page 16).

### **1.3 Members and Contributors**

The members appointed to the Task and Finish Group (TFG) were Councillors Kate Rolfe (Chair), Marian Humphreys (Vice-Chair), Barbara Brown, Tracey Drew, Judy Falp and Penny-Anne O'Donnell.

The TFG was supported by officers from Democratic Services and from Organisational Development. Further support was available between meetings from the Public Health and Business Intelligence teams.

### **1.4 Evidence**

In order to achieve an understanding of the review topic, the TFG considered both primary and secondary evidence from a range of sources. This included circulation of an advance pack of information, with background reading. It comprised a previous presentation from the Director of Public Health (DPH), a report to Norfolk County Council and weblinks to publications from the Department of Health, British Menopause Society and the National Health Service (NHS). The pack included data sources and tools from the Council's Business Intelligence Team. The body of this report and Appendix B (see page 20) provide detail on the evidence heard.

### **1.5 Dates and Timescales**

- Stage 1: A meeting to consider the review's scope (See Appendix A) – April 2023.
- Stage 2: Consideration of primary evidence, through presentations, questioning and more general discussion over three meetings held in June, September and November 2023.
- Stage 3: The consideration of conclusions and recommendations from this Task and Finish Group (TFG) – February 2024.
- Stage 4: Approval of the final TFG report by the Adult Social Care and Health Overview and Scrutiny Committee – Sought April 2024.
- Stage 5: Presentation of the TFG report to Cabinet and the Warwickshire Health and Wellbeing Board – TBC 2024.

## 2.0 Recommendations

The Menopause Services task and finish group (TFG) makes a series of recommendations for the Coventry and Warwickshire Integrated Care System (ICS) and those within the remit of individual agencies. The rationale for each of these recommendations is provided in the conclusions (Section 5, page 13). Subsequent sections of the report and appendices provide the detail which supports these recommendations.

### ***Recommendation 1 – Communications Activity and Information***

1. That the Integrated Care Board, be requested to develop a robust and targeted communications strategy with the aim of improving communication to the public about the availability of menopause services across the County.

The wider Integrated Care System partners are asked to use their channels to share the ICB communications on menopause services.

### ***Recommendation 2 – Access to Primary Care Menopause Specialists***

2. That the Integrated Care Board considers options to improve access to menopause specialists in primary care settings.

Data shows that 80% of menopausal women can be supported via primary care. GPs may opt to take additional training in menopause services, so some, but not all practices have a menopause specialist. It is not viable to recommend menopause specialists at every surgery. A question for the ICB is whether triage and the use of technology could offer remote appointments with a menopause specialist. A further suggestion is providing periodic clinics or 'drop in' centres where people can talk to a specialist.

### ***Recommendation 3 – Recognising and Developing Voluntary Support***

3. That endeavours are made by the Integrated Care System to seek the establishment of voluntary sector menopause support groups in the North of Warwickshire and Rugby areas.

A valuable community resource is provided by the voluntary groups, which offer support, advice and information. There are eight groups in Warwickshire, but notable gaps in provision in the north of Warwickshire and Rugby areas. It would be beneficial to seek the establishment of similar support groups in those areas.

### ***Recommendation 4 – Sharing Information***

4. That the County Council considers sharing information on the menopause support offer it has developed for staff with partner

organisations and with other employers in Warwickshire. Seeking details of the support already in place in those organisations is also suggested. The aim is to encourage more menopause support in Warwickshire workplaces.

Members recognise the amount of work being undertaken to provide support for the County Council's staff. There is an opportunity to share this information and to seek feedback from others, to provide real benefits for Warwickshire residents and their employers, given the data that one in ten women leave their employment due to the menopause. Through the Council's partnerships, discussion with the Chamber of Commerce and other business groups this could be explored.

### ***Recommendation 5 – Ongoing Monitoring***

5. That the Adult Social Care and Health Overview and Scrutiny Committee monitors the implementation of these recommendations through periodic updates and briefings from the ICB.

## **3.0 Overview**

### **3.1 Background**

At its meeting in February 2023, the scrutiny committee heard concerns about an absence of menopause services in the Nuneaton and Bedworth area of Warwickshire. Furthermore, there was little knowledge of any NHS menopause services being provided throughout the County. The scrutiny committee agreed to a focussed 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, it outlined the areas to be included, being NHS menopause services in Warwickshire and those which the County Council provided.

The C&W ICB needed to be involved at an early stage in the review to provide factual information on the health pathways, and to ascertain if there was any disconnect and options to bridge any gaps.

### **3.2 Objectives**

The objectives of this review were to establish a clear picture of current provision of menopause services in Warwickshire. A copy of the full scope for the review is attached at Appendix A.

### **3.3 Acknowledgements**

The TFG values the significant input from those involved in this review, including, but not limited to partner organisations and those providing expert

evidence. Members also wish to place on record their thanks for the WCC Officer support.

## 4.0 Detailed Findings

### 4.1 Secondary Evidence

A pack of information was circulated to the TFG members at the commencement of the review. This included a presentation provided by the Director of Public Health (DPH) to an earlier scrutiny meeting and a report to Norfolk County Council on menopause services. A number of documents and web links on the topic were provided by WCC Public Health, the Department for Health and Social Care and the British Menopause Society. Further information from the local specialist group, Action Menopause Warwickshire and a range of NHS publications including from Birmingham Women's Hospital Menopause Service were provided. Data sources were provided by the Council's Business Intelligence Team including Public Health England 'Fingertips' website and the Council's Power BI platform. Copies of the background information can be provided on request.

### 4.2 Primary Evidence

The TFG invited contributions through evidence gathering sessions. The detailed report of each session is provided at Appendix B (from page 20):

- |          |   |
|----------|---|
| 25 April | The TFG discussed the review's scope, which was approved formally at the second meeting in June.  |
| 15 June  | The TFG received a detailed presentation by the Coventry and Warwickshire Integrated Care Board (C&W ICB) on the services commissioned in Warwickshire. Outcomes from this meeting were a clearer understanding of the service offer in Warwickshire and the potential to improve communication of this service offer.                            |
| 29 Sept. | A discussion with Action Menopause Warwickshire and Healthwatch Warwickshire. This provided the 'lived experience' of patients giving a useful comparison to the evidence of the services commissioned by health services. It provided a number of areas for recommendation shown in Section 2 below.   |
| 7 Nov.   | The support provided to the County Council's staff. A range of initiatives to raise awareness, offer training, peer support and commissioned services. The key outcomes were a greater understanding of the significant support provided to the Council's staff and the potential to share these findings with other organisations in the County. |

## 5.0 Findings and Conclusions

### 5.1 Overview

A key finding from this work is a much deeper understanding of the way that Menopause services are commissioned and the learning from those with lived experience of services. There is a misconception that the only services available in Warwickshire are from private service providers. It is clear that the County Council has developed a substantial 'offer' of support and advice for its own staff. These findings could usefully be shared with partner organisations and more widely with employers in Warwickshire.

Primary Care does offer a range of services, with some practices having specialists in menopause services. For some patients (typically 20%) they require more specialist menopause support services.

### 5.2 Evidence

5.2.1 The first evidence session heard from the C&W ICB, which commissions Warwickshire health services including Menopause services. A detailed presentation with a question-and-answer session covered the areas shown below:

- The core menopause services provided in each of Warwickshire's 120 GP practices, in accordance with National Institute of Clinical Excellence (NICE) guidance. A range of treatment options are available, not just issuing a prescription for Hormone Replacement Therapy (HRT).
- A learning area is the option for an annual HRT pre-payment certificate for £19.30, which would provide savings against the costs of individual prescriptions.
- The known variance in terms of waiting times to access secondary care gynaecology services and details of an initiative using 'accelerator' funding to enhance community provision and take patients out of acute waiting lists. The average waiting time (in June 2023) was 39 days. It had reduced the need for referral to an acute trust for 20% of gynaecological conditions.
- The hospital services available at all three acute trusts. These showed a divergence of waiting times (in June 2023) from 17 weeks at South Warwickshire Foundation Trust to University Hospitals Coventry and Warwickshire where the wait was 28 weeks.

5.2.2 Through questioning, the following points were noted:

- GP practices don't all have menopause experts, but the services they provide do meet NICE guidelines, enabling management of most (typically 80%) of cases. More complex menopause cases are referred

to the primary care gynaecology service or secondary care. GPs may opt to undertake additional training in menopause services (this is the same for many clinical specialisms).

- A concern raised is prescription of sedatives for patients who need referral to secondary care. It would be useful to understand where patients submitting complaints are located, to assess if the new arrangements for the primary care pathway and triage via the contact hub are working effectively.
- Communication is a key area where the local health and care system can assist. Raising reported concerns with health partners will assist the ICB to support practices, ensuring they communicate the service offer to patients effectively. There is a lack of public awareness of the NHS services available, an example being alternatives to HRT. Councillors receive feedback from constituents, and Healthwatch similarly gathers the 'lived experience' of patients, which could provide data for the ICB of the concerns reported.
- The current NICE standards date from 2017<sup>1</sup>. There have been medical developments including different types of HRT and non-HRT pharmaceuticals, giving more choice of prescription. However, HRT remains the primary and preferred treatment. It should be noted that there are wider benefits from taking HRT examples being bone health and cardio protection; it is not just for alleviating menopause symptoms. The NHS provides advice on the [benefits and risk of HRT](#).
- Healthwatch reported the stigma associated with not coping and a lack of confidence in speaking about the menopause in public. There is a view that patients have to fit the service available, rather than services being tailored to the patient. A need to recognise the cultural aspects too. Some women are reluctant to speak publicly about both menopause and periods. This is less so for younger generations. The later findings from discussion with Action Menopause Warwickshire also show a reluctance amongst many females in speaking publicly about Menopause.
- However, increased media coverage, coupled with a number of celebrities speaking openly about menopause has helped to make conversations on menopause more frequent<sup>2</sup>. The Government has similarly looked at menopause and the workplace through a review by the [Women and Equalities Committee](#).

5.2.3 The key outcome from this session was the need for information sharing. Prior to the review there was a lack of understanding of the NHS commissioned services in Warwickshire and a perception that the only menopause support provision was through private providers. The evidence has shown the NHS primary and specialist secondary care services available. Through elected members and the wider

---

<sup>1</sup> See also paragraph 5.2.14 below which updates on the review of NICE guidance.

<sup>2</sup> Television presenters Davina McCall and Lorraine Kelly, actor Dawn French, entrepreneurs Liz Earle and Seema Malhotra, and GP Dr Louise Newson are just a few high-profile people who have spoken candidly about the menopause and the symptoms that often come with it.



partnership working of the Council, communication is a key area where assistance can be provided. This forms one of the recommendations for the review. Such information may be provided in a number of ways, through leaflets and digital media. It could include information for members' constituency work, signposting to services, links to websites and to social media. The evidence from the ICB provided factual knowledge of the services provided in Warwickshire.

- 5.2.4 The second evidence session heard from [Action Menopause Warwickshire](#) (AMW) and [Healthwatch Warwickshire](#) (HWW). This session aimed to gather the 'lived experience' of people using Menopause Services in Warwickshire.
- 5.2.5 Ahead of the meeting, AMW provided its focus group report, written information and internet links. The discussion provided rich information on the work of this charitable group. It highlighted the variance in GP knowledge of Menopause services, and potential for misdiagnosis especially in younger women. There were long waiting times for specialist referrals in some cases. The discussion included training for clinicians, advising patients so they had sufficient information when speaking to their GP, the prescription of HRT and alternatives to HRT. The group provided a social forum for people to discuss their symptoms, to hear from guest speakers and professionals, offering a holistic approach. AMW explained that it has development aspirations around the workplace and training for employers.
- 5.2.6 The second part of this meeting heard evidence from HWW) A briefing document provided national and local background. HWW had attended local support groups (including AMW). Throughout Warwickshire, there were eight menopause support groups but some gaps in provision in the North and Rugby areas. HWW was undertaking a survey on the experiences of those using Menopause services. The early findings were reported through a presentation. This showed patient feedback where repeated GP appointments were required, a lack of GP knowledge or support and some misdiagnosis, before correctly identifying menopause symptoms. People had spoken about the impact on their lives, poor mental health, some had thoughts of suicide, challenges in caring for others and being concerned about job loss. The survey sought to understand people's experience, circumstances, and the impact of menopause, with questions around demographics. It sought feedback on the medical support in primary care and barriers to contacting a healthcare professional. It sought to assess satisfaction with treatment and access to HRT. To date (September 2023) 83 responses had been received. HWW offered to report the final findings after the survey closed in December 2023.



#### 5.2.7 The key findings from this evidence session were:

- The value of the social groups including [Action Menopause Warwickshire](#) (and those groups listed on page 28 of Appendix 2) in providing support, advice and information. A collaborative approach would be helpful to share knowledge between these groups.
- The research from [Healthwatch](#) shows the gaps in provision, notably in the north of Warwickshire and Rugby areas. The Integrated Care System is urged to seek the establishment of similar support groups in those areas.
- The evidence from AMW and HWW shows that the ‘lived experience’ of patients does not align with the information in June from the ICB on Menopause service availability. This supports the need for improved communication and is a role for the system as a whole to ensure that patients are aware of the service offer.
- Linked to the above, Improving the patient information literature may help women to recognise when they are experiencing the menopause. Such clear information will assist patient conversations with their GP and may reduce the potential for a misdiagnosis, especially in younger women.
- Providing greater understanding of the symptoms for partners would be helpful along with literature about HRT, non-HRT, and complementary therapies.
- Receiving the final data from the HWW survey, and subject to the consent of HWW, incorporating these findings in the evidence, conclusions and recommendations of this review as appropriate.
- Access to Menopause specialists. Evidence from both the ICB and the groups providing lived experience of services showed that access to a menopause specialist in primary care varies. It is not feasible to have a specialist for menopause located at every GP practice. There are referral processes for those requiring specialist support, but evidence of lengthy delays in some cases. The ICB data shows that 80% of menopausal women can be supported via primary care. A question for the ICB is whether triage and the use of technology could offer remote appointments with a primary care menopause specialist. A further suggestion for patients who need or would prefer a face-to-face appointment is providing periodic clinics or the use of ‘drop in’ centres where people can talk to a menopause specialist.

5.2.8 The final evidence session focussed on the support the County Council provides for its staff. The session comprised a presentation, menopause data and a briefing document, which pulled together extracts of the different information sources the Council shared with its staff, offering advice and support.

5.2.9 The presentation included context on the proportion of female staff who were likely to be going through the menopause, and at least one had

left their employment due to the menopause. Nationally, data showed that one in ten women left their role due to the menopause<sup>3</sup>.

5.2.10 The slides described the Council's 'journey' to develop support and services for its staff with detail on the activities, awareness raising, training, peer support, the 'listening mates' and commissioned services. Appendix 2 of the report (page 30) provides more detail from the presentation.

5.2.11 There is evidence of demand for the services with training sessions being oversubscribed resulting in a waiting list, very positive feedback from those attending the training and a high number of visits to the information provided via the Council's staff Intranet pages and social media platforms. The feedback on symptoms experienced led to e-learning and awareness raising courses, both for staff and managers. Through menopause awareness month, sessions were provided looking beyond medical aspects, to include nutrition, yoga, foraging and herbal solutions. The sessions involved both women and men. A peer support group had been established and menopause was now recognised as a reason for sickness absence.

5.2.12 The data report confirmed and evidenced many of the above points. The WCC workforce comprised 70% female employees. From a 'Wellbeing Check In', a total of 1248 responses were received (24.6% of the workforce). Specific question areas and response data linked to menopause support were provided. Overall, the results showed that a high percentage of people who responded to the 'Check In' were aware of the information and support available regarding the menopause, and that it was a valued resource.

5.2.13 The media platforms used to inform staff included the staff Intranet, Yammer and the weekly newsletter 'Working for Warwickshire'. Through questioning, the following points were noted:

- The County Council's support for its staff was well regarded by partners, evidenced by a request for Abbie Macfarlane to speak at the Integrated Healthcare Women's Network on the work WCC was doing.
- A suggestion to share the findings and learning WCC had gathered with the five Warwickshire district and borough councils. Similarly, sharing this information and seeking to influence other employers in the County, noting the data that one in ten women left their employment due to the menopause.
- The potential for WCC to have a pledge as a menopause friendly organisation. It should be mindful of the other conditions or life

---

<sup>3</sup> The Menopause and the Workplace report by the Fawcett Society and Channel 4, which polled 4,000 women aged 45-55, found that 10 per cent had left their job because of symptoms of the menopause.

challenges staff faced. This may include care responsibilities for both children and/or elderly relatives, which could contribute to stress.

- Changing culture and the need for a continued dialogue, so that conditions linked to the female life cycle were not a cause for fear in terms of reporting to an employer. Recognising the impact for partners too and there needed to be open conversations.
- The challenges for clinicians in terms of diagnosis, especially for younger women. There was a lot more information available to women now, with some potentially being more informed than their GP.

#### 5.2.13 Learning points from this evidence:

- The key learning for members was an appreciation of the amount of work being undertaken to support WCC staff. Abbie Macfarlane and Laura Chapling were thanked by members. Members held the view that the Council needed to publicise the work it was doing, and it should be seen as an exemplar.
- Sharing the learning WCC had gathered with the five Warwickshire district and borough councils. Also, considering the potential to share such information and seeking to influence other Warwickshire employers.

5.2.14 After the evidence sessions, the TFG learned that NICE is revising the guidance [for menopause diagnosis and management](#) (expected by May 2024). This comprehensive guidance, whilst still in draft form covers extensively the identification and management of menopause, providing updated recommendations, and that some further research is undertaken. Updated recommendations are made in regard to HRT and its effects on cardiovascular disease and stroke, breast cancer and dementia. New information is provided on endometrial cancer, ovarian cancer and all-cause mortality (life expectancy) and the effects of either taking or not taking HRT on health outcomes for people experiencing early menopause (age 40 to 44). This will provide detailed guidance to health care professionals, patients experiencing menopause symptoms, their families, carers and the public. It makes clear the need to give each woman tailored information on the benefits and risks of HRT, dependent on their age, individual circumstances and potential risk factors. Further detail on the NICE evidence reviews is available [here](#).

### 5.3 Conclusions

5.3.1 The findings from the three evidence sessions inform the following conclusions and support the recommendations shown in Section 2 of this report. As with many scrutiny reviews, an outcome is the significant learning for members. The review has identified some challenges and

potential opportunities to improve with provision of information and joining up services across the local system.

- 5.3.2 A need for coordinated communications activity to explain to the public the menopause services available. Prior to the review there was a lack of understanding of the NHS commissioned services in Warwickshire. This is an area where partners in the local health and care system, including councillors as community leaders and the Health and Wellbeing Board members can assist.
- 5.3.3 The evidence from AMW and HWW shows that the ‘lived experience’ of patients does not align with the ICB information on NHS menopause services. This further demonstrates the need for coordinated communications activity and a review of literature for patients. Clear information in a range of formats/media on menopause symptoms will assist patient conversations with their GP, and may reduce the potential for a misdiagnosis, especially in younger women. Providing greater understanding of the symptoms for partners would be helpful along with literature about HRT, non-HRT and complementary therapies.
- 5.3.4 A valuable community resource is provided by the voluntary groups, which offer support, advice and information. Healthwatch confirmed there are eight groups in Warwickshire, but also notable gaps in provision in the north of Warwickshire and Rugby areas. The Integrated Care System may wish to consider actions to seek the establishment of similar support groups in those areas. A collaborative approach would be helpful to share knowledge across these third sector groups.
- 5.3.5 It is not feasible to have a menopause specialist at every GP practice. There are referral processes for those requiring specialist support but evidence of lengthy delays in some cases. It is stated that 80% of menopausal women can be supported via primary care. Current services could be enhanced through triage and the use of technology to provide remote appointments where there is not a menopause specialist at the patient’s local GP practice. A further suggestion for patients who need or would prefer a face-to-face appointment is periodic clinics or the use of ‘drop in’ centres where people can talk to a menopause specialist. These may need to be based in larger population centres to ensure a viable service demand. Collaboration with services providing psychological support such as IAPT may also be valuable.
- 5.3.6 In terms of support for the County Council’s staff, members of the TFG place on record their appreciation for the amount of work being undertaken. A suggestion to share the findings and learning WCC has gathered with the five Warwickshire district and borough councils. Similarly, sharing this information and seeking to influence other employers in the County may provide real benefits for Warwickshire

residents and their employers, given the data that one in ten women leave their employment due to the menopause. Through the Council's partnerships, discussion with the Chamber of Commerce and other business groups this could be explored.

- 5.3.6 The Adult Social Care and Health OSC should monitor the implementation of the recommendations in Section two of this report through annual updates and briefings.

## **6.0 Feedback**

The views of relevant Directors, Legal, Finance, Equalities and Diversity and the Integrated Care Board have been sought on this report, prior to its submission to the Adult Social Care and Health Overview and Scrutiny Committee. Legal advice will be taken in respect of activities required to implement any approved recommendations to ensure compliance.

The Executive Director for Social Care and Health commented on the recommendations as they emerged endorsing and supporting them and highlighting the need for all partners in our Integrated Care System to actively support implementation and share best practice with each other.

Chief Medical Officer, Coventry and Warwickshire Integrated Care Board –  
Feedback awaited

## Appendix A Scoping Document

<b>Review Topic</b> (Name of review)	Menopause Services
<b>Members of the Group</b>	Councillors Brown, Drew, Falp, Humphreys (Vice Chair), O'Donnell and Rolfe (Chair)
<b>Co-option of District and Borough members (where relevant)</b>	District and borough health scrutiny Portfolio Holders to contribute to the evidence after their respective elections/appointment.
<b>Key Officers / Departments</b>	Officer support is available to provide research between meetings from the Public Health and Business Intelligence sections. Organisational Development will detail the support provided to staff.
<b>Lead Democratic Services Officers</b>	Isabelle Moorhouse and Paul Spencer
<b>Relevant Portfolio Holder(s)</b>	Councillor Margaret Bell, Portfolio Holder for Adult Social Care and Health
<b>Relevant Corporate Ambitions</b>	'We want to be a County where all people can live their best lives; where communities and individuals are supported to live safely, healthily, happily and independently'.
<b>Type of Review</b>	Task and Finish Review
<b>Timescales</b>	To be determined. There are five planned meetings in total with at least three of these being information gathering meetings from external participants.
<b>Rationale</b> (Key issues and/or reason for doing the review)	A need to understand more about service provision across the county, how well this is communicated to residents, to assess the consistency of service and any gaps in provision. Members would like to understand the support the Council provides to its employees. The TFG wants to receive case studies of good and bad 'lived experience'.
<b>Objectives of Review</b> (Specify exactly what the review should achieve)	<p>The focus of the review to be on the services available to Warwickshire residents from both the Council and the NHS. People are presenting with symptoms that are menopause related, which may be diagnosed as other conditions.</p> <p>The objectives mirror the scope of this review shown below. Key aspects are understanding the services provided and any gaps in provision, assessing the effectiveness of communication of the available services and how the Council supports its staff as a mindful employer.</p>

Warwickshire County Council  
Overview and Scrutiny – Improving Services for the Community

---

<p><b>Scope of the Topic</b> (What is specifically to be included/excluded)</p>	<p><u>Include</u> The commissioning OSC has outlined the areas to be included:</p> <ul style="list-style-type: none"> <li>• Research of the services provided in neighbouring geographic areas including Coventry and also in councils of similar size/demography.</li> <li>• The focus of the review to be on the services available to Warwickshire residents from both the Council and the NHS. People are presenting with symptoms, which may be diagnosed as other conditions.</li> <li>• The Coventry and Warwickshire Integrated Care Board (ICB), which is responsible for health pathways will be involved in this review and be asked about the pathways for menopause services. The ICB should provide details of what services are provided, to assess if there is a disconnect and options to bridge any gaps.</li> </ul> <p><u>Does not include</u></p> <ul style="list-style-type: none"> <li>• NHS services outside of Menopause services</li> <li>• The TFG will not be used as a forum purely for discussion or complaint. The TFG will be constructive and give value, with good and demonstrable outcomes, which could be implemented, to effect some change.</li> </ul>
<p><b>How will the public be involved?</b> (See Public Engagement Toolkit / Flowchart)</p>	<p>Healthwatch Warwickshire provides a useful link with the public as does the specialist group Action Menopause Warwickshire. The TFG will seek case studies of patient experience to highlight where services have performed well or not so well.</p>
<p><b>What site visits will be undertaken?</b></p>	<p>It is not considered that a site visit will add material value to this review.</p>
<p><b>How will our partners be involved?</b> (consultation with relevant stakeholders, District / Borough reps)</p>	<p>Seek input and evidence from the Coventry and Warwickshire ICB. Seek lived experience and patient voice input from Healthwatch Warwickshire and the specialist group Action Menopause Warwickshire. Feedback from WCC Officers may also be useful.</p>
<p><b>How will the scrutiny achieve value for money for the Council / Council Tax payers?</b></p>	<p>It is not envisaged that any costs will be incurred in undertaking the review.</p>

Warwickshire County Council  
Overview and Scrutiny – Improving Services for the Community

<p><b>What primary / new evidence is needed for the scrutiny?</b> (What information needs to be identified / is not already available?)</p>	<p>The first evidence meeting will hear from the ICB, the commissioner for health services in Coventry and Warwickshire. It is envisaged this will be a presentation with a question and answer session to explore current service provision.</p> <p>Healthwatch Warwickshire will be invited to input on ‘lived experience’, providing its findings and data from residents on the services received in comparison to that reported by the ICB.</p> <p>The TFG will hear from the Council’s Organisation Development officers about the services provided to support staff.</p> <p>Invite Action Menopause Warwickshire, a specialist group to provide its findings. This session to be linked with case studies of good and bad lived experience.</p>
<p><b>What secondary / existing information will be needed?</b> (i.e. risk register, background information, performance indicators, complaints, existing reports, legislation, central government information and reports)</p>	<p>Background information and internet links have been circulated to enable members of the TFG to undertake initial research. This includes a scrutiny report from Norfolk County Council and a presentation provided by the Council’s Director of Public Health. Documents were supplied from the NHS, the Department for Health and Social Care, the British Menopause Society, Public Health England and data from the Council’s Power BI platform. There is an offer of further background support from both Public Health and Business Intelligence.</p>
<p><b>Indicators of Success –</b> (What factors would tell you what a good review should look like? What are the potential outcomes of the review e.g. service improvements, policy change, etc?)</p>	<p>Evidence of the effective communication of the services available for Warwickshire residents, or an undertaking from the ICB and others to improve this.</p> <p>Assessing the differences in service provision and access to menopause specialists across individual practices, primary care networks or the Warwickshire geography and then influencing the ICB to ‘level up’ such service provision throughout the County.</p>



<p><b>Other Work Being Undertaken</b> (What other work is currently being undertaken in relation to this topic, and any appropriate timescales and deadlines for that work)</p>	<p>It is evident from the publications and national media coverage over the last year that there is much discussion of menopause services. This TFG seeks to understand the comparative service provision in Warwickshire, to highlight areas of good practice and a provide a focus on effective communication, so Warwickshire residents know how to access services.</p> <p>Local authorities cross-country have prioritised menopause services in the last couple of years.</p>
---	---

## Appendix B Primary Evidence Detail

### 1.1 Scoping – 25 April 2023

1.1.1 A clear guide had been provided by the commissioning ASC&H OSC on the remit for this TFG. This provided the basis for the scope and the areas below were raised by the TFG in finalising the scope.

#### 1.1.2 Objectives

- WCC should ensure that it is a mindful employer.
- Gather knowledge on current services for staff and residents which are provided both by the NHS and WCC. How well are services communicated?
- Look at how the menopause affects the whole family; raise awareness of available treatment and advice services.
- An influencing role for larger employers within Warwickshire on menopause support in the workplace.

#### 1.1.3 Co-option of District and Borough members

- Seeking input from each Warwickshire Borough and District Council to gather local knowledge on services and what each authority was doing to support people.

#### 1.1.4 Key Officers / Departments

- In addition to Democratic support, Public Health and Business Intelligence could undertake research and provide information between meetings.
- Human Resources and Organisational Development would provide input on the support available for staff.

#### 1.1.5 Timescales

- It was agreed that there would be three evidence gathering meetings and five meetings in total.
- The TFG's report would be submitted to the Adult Social Care & Health OSC before going to Cabinet and the Health and Wellbeing Board.

#### 1.1.6 Involving the public and partners

- Chris Bain and lead colleagues from HWW would be invited to future meetings.
- Seek case studies from people who have used/are currently using WCC or NHS menopausal services sharing their good and bad experiences. This would help to identify gaps in services. Having criteria of what constitutes a good service would make this more objective. Healthwatch and/or Action Menopause Warwickshire could suggest people to share their experiences.

- The ICB would be asked to detail the current services provided. Understanding the primary care offer and consistency of service were aspects raised.
- It was known that some private menopause health services were available in the South of Warwickshire. The costs and speed of access to those services were discussed.

#### 1.17 Indicators of Success

- Securing effective communication to residents and WCC staff of the services available. The review may find that members of the public and some GPs did not know where to go or to signpost people to available menopause services on the NHS.
- Recognition of the limited influence the TFG had on commissioning and provision of NHS services. To understand ‘what does good look like’ which needed factual data and more qualitative and subjective data around how people felt they were being supported.
- The ICB would be able to detail the services available. Outcomes from scrutiny reviews could include rich data and learning about service provision. The review report would share such learning. Assessing system capacity and access to menopause services was a key area for this review, it being expected that services would vary across individual GP practices.

### 1.2 Evidence Session – 15 June 2023

1.2.1 Scoping Document - The TFG approved the review scoping document.

1.2.2 Presentation from the C&W ICB. A presentation from senior officers responsible for commissioning primary care and specialist services. The presentation covered the following areas:

- Local Service Overview
- GP Services
- NICE Quality Standard
- HRT Provision
- Primary Care Gynaecology Service
- Hospital Services

1.2.3 The presentation evidenced that there were core menopause services provided in each of Warwickshire’s 120 GP practices, in accordance with National Institute of Clinical Excellence (NICE) guidance. A range of treatment options were available, not just issuing a prescription for Hormone Replacement Therapy (HRT). Others included Non-hormonal products for symptom relief and non-pharmaceutical products. The ICB did provide training for GPs and other practice staff.

1.2.4 A learning area was the option for an annual HRT pre-payment certificate for £19.30, which would provide savings against the costs of individual prescriptions.

1.2.5 There was a known variance in terms of waiting times to access secondary care gynaecology services and that waiting times had lengthened. Details were given of an initiative, part of the elective recovery programme, using 'accelerator' funding to enhance community provision and take patients out of acute waiting lists. This had been successful with 500 patients returning to GP led services. The average waiting time was now 39 days. It had reduced the need for referral to an acute trust for 20% of gynaecological conditions.

1.2.6 The presentation outlined the hospital services available at all three acute trusts. These showed a divergence of waiting times from 17 weeks at SWFT to UHCW where the wait was at that time 28 weeks.

1.2.7 The subsequent question and answer session confirmed that not all GPs or indeed practices had menopause experts, but the services met NICE guidelines. This should enable management of most cases (typically 80%), with more complex menopause cases being referred either to the primary care gynaecology service or secondary care. A parallel could be drawn to onward referral to many other specialist services. GPs could opt to undertake additional training in menopause services (or many other areas).

1.2.8 A discussion around the prescription of sedatives for some patients who were subsequently referred to secondary care. Such referrals should be undertaken at the earliest possible date. The referral pathway was discussed. It would be useful to see where the patient submitting a complaint were located, to assess if the new arrangements for the primary care pathway and triage via the contact hub were working effectively.

1.2.9 Communications was a key area where other parts of the system, including Councillors as community leaders may be able to assist. An example would be reports of poor communication by primary care of the services available. The ICB could engage with specific practices as necessary. There was often a lack of awareness of the NHS services available, in this case alternatives to HRT. Councillors received feedback from constituents, and Healthwatch similarly gathered the patient voice and lived experience, which could provide data for the ICB of the concerns reported.

1.2.10 It was noted that the NICE standards dated from 2017 and there had been medical developments including different types of HRT and non-HRT pharmaceuticals, giving more choice of prescription. However, HRT remained the primary and preferred treatment.

1.2.11 Feedback to Healthwatch included the stigma associated with not coping and a lack of confidence in speaking about the menopause in public. It seemed that patients had to fit the service available, rather than asking what

the patient needed. A need to sense check how the current provision landed with patients. It was important to recognise the cultural aspects too. Healthwatch was surprised at the depth of feeling and intended to do more research. Members shared the views on women being reluctant to talk publicly about both menopause and periods. This was less so for younger generations and the increased media coverage was a further point discussed.

The key outcome from this session was the need for information sharing. Through elected members and the wider partnership working of the Council, communication was a key area where assistance could be provided. This could form one of the recommendations for the review report and action plan. Such information could be provided in a number of ways, through leaflets and digital media. It could include information for members' constituency work, signposting to services, links to websites and to social media. The session had provided factual knowledge of the services provided in Warwickshire.

### **1.3 Evidence Session – 29 September 2023**

1.3.1 Action Menopause Warwickshire (AMW). A discussion item with Sue Thomas (founder) and Susie Weston (Chair) of AMW. The document pack circulated ahead of the meeting included:

- A copy of the AMW focus group report.
- Additional information and web links.
- Menopause and the Workplace - final proof of a paper written by Sue Thomas which had been accepted for publication in The Journal of General Practice Nursing.

1.3.2 Context was provided on the role of this small specialist and voluntary group which had recently achieved charitable status. The founder had a poor personal experience in terms of Menopause support from NHS services. As a nurse practitioner, she was better informed than many women, who may not know where to seek assistance. There was variance in GP knowledge of Menopause services and only some practices had menopause specialists.

1.3.3 The position was improving, and many women were now more aware, approaching their GP in the first instance. Points were made about misdiagnosis, with women being prescribed anti-depressant medication. Others were experiencing long waiting times of over twelve months for specialist referrals and some received little or no support from their GP. From questioning, it was explained that some women started the menopause early and could present with a wide range of symptoms. Healthcare professionals could confuse those symptoms for other conditions, especially in younger women.

1.3.4 Discussion about the training requirements for clinicians. There was no mandatory requirement for the vast majority of health professionals to undertake menopause training. There was a quality and outcomes framework

and prioritised approach for chronic disease management. It would be helpful if menopause was brought into this framework. The NICE (National Institute for Health and Care Excellence) guidelines were being updated, which could also be an accelerator to provide more training, pathways and better guidance. Diagnosis of menopause was a key issue and misdiagnosis may result in unnecessary and/or costly treatments. A need for basic advice around menopause symptoms, so women could seek medical support. Reliance on internet research and informal channels was not appropriate or sufficient. People rightly expected precise medical services and correct diagnosis.

1.3.5 A discussion area was the realistic aspirations in regard to menopause training for general practice staff. It was not practical for every surgery to have a specialist, but having periodic clinics should work especially in towns. One suggestion was for local 'drop in' centres where people could talk to a specialist. There was value in seeking collaboration amongst local groups with professional services providing psychological support such as IAPT. The opportunity to work with the third sector was suggested.

1.3.6 Increasing knowledge amongst a patient's partner was also raised. However, it was noted that AMW participants wanted this group to be for women only, due to the nature of the issues discussed.

1.3.7 The prescription of HRT was discussed at length, for many women being the only treatment offered. It did not suit all women however and other Non-HRT options were available. HRT availability had been a challenge in the recent past, which had been resolved.

1.3.8 AMW provided feedback from its focus group, on the services and support which women wanted. This also showed the value in meeting as a social group (with up to 40 attending) to discuss the symptoms experienced. Having professional input and guest speakers was valued, with examples of the topics including pelvic health, diet, exercise, reflexology, dance and a physical activity quiz. The sessions gathered lived experiences, for example on GP visits and HRT. Through providing advice, women had more information for subsequent GP appointments to evidence that their symptoms could be menopause related.

1.3.9 The group would like to do more, for example around the workplace and training for employers. There was evidence of one in ten women leaving an employment due to the menopause. This was an area considered to be under-reported with other reasons recorded. Employers should have a workplace menopause policy, but many didn't.

1.3.10 The potential to expand the services to cover all Warwickshire. It would be beneficial to have similar groups in each of the five district and borough areas. From discussion, there may be potential to link with services delivered from the Lifeways Therapy Centre in Stratford, which would be pursued.

1.3.11 The second part of this meeting heard evidence from Healthwatch Warwickshire (HWW) comprising an information pack and presentation. The briefing provided national and local background, together with the current menopause survey which HWW was undertaking. Caroline Graham from HWW reminded of the Department of Health call for evidence. She noted that some women were less willing to talk about menopause openly or would only speak with friends and there were cultural aspects too.

1.3.12 Healthwatch had/was attending the following local menopause support groups:

- Abbey Surgery in Kenilworth - running a menopause support group.
- Action Menopause Warwickshire
- Brunswick Hub (brunswickhlc.org.uk) Menopause Support
- Lifeways ran their menopause support session themselves.
- MOD Kineton run a menopause support group.
- Pause For Menopause — St Wulfstan Southam Surgery
- South Warwickshire and Worcester MIND - delivering a number of workshops around Menopause and Mental Health.
- Stratford Town Trust and Alcester town council provided information events run by Home - Menopause Knowledge

1.3.13 The survey findings to date showed the need for repeated GP appointments, a lack of GP knowledge or support, and sometimes misdiagnosis. People had spoken about the impact on their lives, poor mental health, some had thoughts of suicide, challenges in caring for others and being concerned about job loss. The survey sought to understand people's experience, circumstances, and the impact of menopause, with questions around demographics. It sought feedback on the medical support in primary care and barriers to contacting a healthcare professional. It sought to assess satisfaction with treatment and access to HRT. To date (September 2023) 83 responses had been received and Caroline displayed slides to show the resultant data across the following areas:

- Were you satisfied with the care you received? Yes 30 No32
- What people have told us – mixed messages.
- Early findings about HRT:
  - How well-informed people felt - 38 did, 27 did not
  - How comfortable they felt in speaking to healthcare professionals – 45 did, 5 did not
  - Concerns about side effects of HRT 21 (26.25% of responses)
  - Have you ever been prescribed HRT – Yes 48 No 34
  - Access issues to HRT and the reasons for non-prescription.
- Does your GP Surgery have a specified person to provide menopause support? Yes14; No 19; Unknown 50
- What people have told us.

The survey would continue until December 2023. The results to date were not clear and it was hoped that additional feedback would show themes, or geographic and age-related patterns. It was evident that mapping was a key aspect.

1.3.14 There were various support groups, and a collaborative approach would be helpful to share knowledge. It would be interesting to see the data at the conclusion of the survey. Technology could facilitate remote appointments and access to specialists if they were not available in a local surgery for a face-to-face appointment. It was acknowledged that this solution did not suit all patients. When considering the report recommendations perhaps there was something around triage or use of technology to give access to menopause specialists.

1.3.15 There was evidence that HRT had preventative benefits for other medical conditions linked to the menopause, such as an increased risk of heart disease and cardiovascular conditions. There were misconceptions linking HRT to an increased risk of breast cancer where some HRT medicines could actually reduce that risk. Reference to education, complementary therapies and the need for a holistic approach.

1.3.16 It was noted that part of this meeting was held informally, due to a lack of quorum. The evidence heard was circulated to all members of the TFG, with the opportunity for questions and points of clarification after the meeting. The evidence was revisited at the following TFG meeting.

1.3.17 Learning points from this evidence:

- The evidence from AMW shows the value of such social groups in providing support and information. A collaborative approach would be helpful to share knowledge.
- The research from HWW shows there are some gaps in provision, notably in the north of Warwickshire and Rugby areas. Recommendations could be made for the Council and partner agencies to consider actions to stimulate or facilitate the establishment of similar support groups in those areas.
- The evidence from AMW and HWW shows that the 'lived experience' of patients does not align with the information from the ICB on Menopause service availability. This supports the need for improved communication to ensure that patients are aware of the service offer.
- Linked to the above, helping patients to be more informed of menopause symptoms when seeking assistance from their GP, should reduce the potential for a misdiagnosis, especially in younger women.
- Improving the information available for patients, partners and others in a range of formats and media. Such information to include HRT, non-HRT and complementary therapies, information for partners and those in a support role.



- Receiving a further update on the findings of the HWW survey after it closes in December 2023, incorporating these findings in the evidence, conclusions and recommendations of this review as appropriate and subject to the consent of HWW.
- Access to Menopause specialists. Through triage and use of technology it may be feasible to offer remote appointments and access to primary care menopause specialists, whilst noting this may not suit all patients. Another suggestion is periodic clinics or the use of 'drop in' centres where people can talk to a menopause specialist. Collaboration with professional services providing psychological support such as IAPT, is also suggested.

#### **1.4 Evidence Session – 7 November 2023**

1.4.1 As the previous meeting in September became inquorate, all members were invited to review and comment on the evidence heard informally at that meeting.

1.4.2 Workforce Support. The main focus for the final evidence session was the support provided by the County Council to its staff. The session was in three parts with a presentation from Abbie Macfarlane, menopause data presented by Laura Chapling (both from the Council's Human Resources and Organisational Development function) and a briefing document, which pulled together extracts of the different information sources the Council shared with its staff, offering advice and support.

1.4.3 The presentation covered the following areas:

- Why? A slide quoting from the Women's Health Strategy about support in the workplace. There were 1461 women employed by WCC in the age range (45-60), where they were likely to be going through the menopause (data from September 2022). One woman leaving WCC had cited menopause as the reason. Nationally, data showed that one in ten women left their role due to the menopause.
- 'Our menopause journey'. Information on the timeline from May 2022 onwards detailing activities, awareness raising, training, peer support, the 'listening mates' and commissioned services.
- Feedback. A slide showing data and feedback from those engaging with the information sources.
- Three menopause sessions were booked with a health coach. This was oversubscribed with a waiting list of 150 women, which evidenced the support requirement. It was followed by a questionnaire to assess needs and a dedicated intranet page was provided, which had been viewed 1,965 times, with more views daily.
- Feedback on the symptoms women reported, including 'brain fog' and neurological conditions which may impact on work activity. E-learning and awareness raising courses were now offered, both for staff and managers.

- Through Menopause awareness month a number of sessions were provided looking beyond medical aspects, to include nutrition, yoga, foraging and herbal solutions. The sessions involved both women and men.
- A peer support group had been established.
- Every woman's menopause journey was different, although there were some commonalities in terms of symptoms. Some roles at WCC lent themselves to more flexible working patterns, in terms of time or location, than others. Specific reference to the support needs for those with cancer.
- Menopause was now listed as a reason for sickness absence. It was known that some people attending their GP with menopause symptoms were recorded as suffering from stress. There was still some stigma about reporting menopause symptoms as the cause for not coping.
- Through 'listening mates', colleagues volunteered their time and support to others, also signposting them to services. The group approach did not work for everyone. Some women were not comfortable speaking to a younger male manager, so a menopause ambassador approach was being suggested. This was similar to that established for staff with cancer who provided a liaison role between the staff member and their manager.
- Through the Yammer platform, 2050 people had viewed a post on menopause and the feedback from those attending menopause sessions was very positive. Individual feedback from staff was highlighted.
- In summary, there was now more awareness of the menopause support available amongst both staff and managers.
- Members praised the impressive amount of work undertaken.

#### 1.4.4 The data report confirmed the following points:

- The WCC workforce comprised 70% female employees.
- Just over half of the WCC workforce were between the ages of 25 and 50 (54.3%).
- A 'Wellbeing Check In' was undertaken between May-July 2023. There was a total of 1248 responses (24.6% of the workforce). Specific question areas and response data were provided.
- Overall, the results showed that a high percentage of people who responded to the 'Check In' were aware of the information and support available regarding the menopause, and that it was a valued resource. Details were given of the different platforms used to inform staff, through the Intranet, Yammer and the weekly staff newsletter 'Working for Warwickshire'.

## 1.4.5 From member questioning, the following points were established:

- The County Council's support for its staff was well regarded, evidenced by a request for Abbie Macfarlane to speak at the Integrated Healthcare Women's Network on the menopause support WCC was providing. There was anecdotal feedback from NHS colleagues too.
- Members explored the potential to influence other employers, noting the data that one in ten women may leave their employment due to the menopause.
- The potential to have a pledge as a menopause friendly organisation. Sometimes staff were experiencing menopause symptoms alongside other conditions or life challenges. This may include care responsibilities for both children and/or elderly relatives, which could contribute to stress.
- Changing culture and the need for a continued dialogue, so that conditions linked to the female life cycle were not a cause for fear in terms of reporting to an employer.
- There were challenges for clinicians in terms of diagnosis and some were embarrassed to discuss menopause. Some women only realised retrospectively that the symptoms they had been experiencing were menopause related. Diagnosis was even more challenging for younger aged women. There was a lot more information available to women now, with some being more informed than their GP.
- The impact for partners was touched upon. Menopause had not been taken seriously in the past or was not discussed. There needed to be open conversations.
- The potential to share the learning WCC had gathered with the five Warwickshire district and borough councils.
- Seeking an update to the NICE guidelines to have a more holistic view of menopause.

## 1.4.6 Learning points from this evidence:

- The key learning for members was an appreciation of the amount of work being undertaken to support staff. Abbie Macfarlane and Laura Chapling were thanked by members. There was recognition of the range of resources and services to support staff. A view that the Council needed to publicise the work it was doing, and it should be seen as an exemplar.
- The potential to share the learning WCC had gathered with the five Warwickshire district and borough councils should be pursued.

### Appendix C - Glossary

Term	Definition
AMW	Action Menopause Warwickshire A charitable organisation providing menopause information and support.
ASC&H OSC	The Adult Social Care and Health Overview and Scrutiny Committee which commissioned this review.
DPH	Director of Public Health
GP	General Practice Doctor
HWBB	The Health and Wellbeing Board is a partnership board comprising key partners from across the health, local authorities, the third sector and Police and Crime Commissioner.
HWW	Healthwatch was established under the Health and Social Care Act 2012 to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.
HRT	Hormone Replacement Therapy is the main prescription drug used to treat menopause symptoms.
Integrated Care Board (ICB)	In July 2022 a revised system was introduced. The ICB is the NHS commissioning organisation. For this review, it is the body responsible for commissioning of health services.
Integrated Care System (ICS)	In July 2022 a revised system was introduced. ICSs are partnerships of organisations that come together to plan and deliver joined up health and care services.
NICE	National Institute of Clinical Excellence. For this review, NICE provides guidance on the menopause services to be provided by GP practices.
Primary Care Network (PCN)	These are GP practices working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in groups of practices.
TFG	Task and Finish Group. This is the group of elected members undertaking the review.
WCC	Warwickshire County Council

**Appendix D**  
**Scrutiny Action Plan**

	<b>Recommendation National Issues</b>	<b>PfH Comments</b>	<b>Cabinet Comments</b>	<b>Target Date for Action</b>	<b>Lead Officer</b>	<b>OSC Update</b>	<b>Progress Notes</b>
1.	That the Integrated Care Board, be requested to develop a robust and targeted communications strategy with the aim of improving communication to the public about the availability of menopause services across the County.						
2	That the Integrated Care Board considers options to improve access to menopause specialists in primary care settings.						
3	That endeavours are made by the Integrated Care System to seek the establishment of voluntary sector menopause support groups in the North of						

	Warwickshire and Rugby areas.						
4	That the County Council considers sharing information on the menopause support offer it has developed for staff with partner organisations and with other employers in Warwickshire. Seeking details of the support already in place in those organisations is also suggested. The aim is to encourage more menopause support in Warwickshire workplaces.						
5	That the Adult Social Care and Health Overview and Scrutiny Committee monitors the implementation of these recommendations through periodic updates and briefings from the ICB.						

# Adult Social Care and Health Overview and Scrutiny Committee 17 April 2024

## Work Programme

### 1. Recommendation

1.1 That the Committee considers and approves its work programme.

### 2. Work Programme

2.1 The Committee's work programme 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
13 June 2024	Cabinet: Year End Integrated Performance Report 2023/24
11 July 2024	Cabinet: Joint Coventry & Warwickshire Health Protection Strategy. This item will be considered at the June OSC meeting. To seek approval to the joint Coventry & Warwickshire Health Protection Strategy, which will review the data and evidence available around health protection needs across Coventry & Warwickshire, consider where Coventry & Warwickshire fall below national targets and make appropriate recommendations to mitigate.

#### 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.

<b>North Warwickshire Borough Council (NWBC)</b>	
	<p>In North Warwickshire, the meeting structure is operated through a series of boards with reports to the Community and Environment Board. There is a Health and Wellbeing Working Party and a Warwickshire North Health and Wellbeing Partnership (covering both North Warwickshire and Nuneaton and Bedworth).</p> <p>From the NWBC website, the Community and Environment Board met on 25 March and the Health and Wellbeing Working Party met on 26 February 2024. The Working Party received an update from Public Health with an overview of the work of the North Place Partnership Board and the Executive Board. Details were provided of the 'Together for Warwickshire North Event' which took place on 7 March.</p>
<b>Nuneaton and Bedworth Borough Council (NBBC)</b>	
	<p>The NBBC Housing, Environment and Health OS Panel met on 1 February and will meet again on 18 April 2024. The work programme lists air quality monitoring, the concerns and priorities for Healthwatch, an update from George Eliot Hospital and Primary Care / General Practice for the April meeting.</p>
<b>Rugby Borough Council – Overview and Scrutiny Committee (OSC)</b>	
	<p>The Borough Council has a single OSC with the use of task and finish groups. The OSC met on 5 March 2024. There were no items linked to health at this meeting, although the work programme makes reference to the task and finish group on Access to Emergency Health Care Provision.</p>
<b>Stratford-upon-Avon District Council – Overview and Scrutiny Committee</b>	
	<p>The District Council's OSC met on 1 March and 12 April 2024. From the website, no information is shown of health scrutiny items.</p>
<b>Warwick District Council – Overview and Scrutiny Committee</b>	
	<p>The District OSC had meetings on 5 and 26 March and 9 April 2024. From the work programme, no health-related scrutiny items are listed for these meetings.</p>



## 5 Task and Finish Groups (TFGs)

- 5.1 The report of the Menopause Services TFG is submitted to this committee for consideration.

## 6 Briefing Notes

- 6.1 The work programme at Appendix A lists the briefing notes provided 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

	<b>Name</b>	<b>Contact Information</b>
Report Author	Paul Spencer	01926 418615 <a href="mailto:paulspencer@warwickshire.gov.uk">paulspencer@warwickshire.gov.uk</a>
Director	Sarah Duxbury	Director of Governance and Policy
Executive Director	Rob Powell	Executive 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 Jo Barker

This page is intentionally left blank

## Adult Social Care and Health Overview and Scrutiny Committee Work Programme 2023/24

Date of meeting	Item	Report detail
17 April 2024	New NHS Bladder Service	The Coventry and Warwickshire Integrated Care Board will provide an update on the bladder service. This includes services for adults and the new children and young people bladder service. Members of the Children and Young People Overview and Scrutiny Committee have been invited to attend the meeting for this item.
17 April 2024	Menopause Services Task and Finish Review	For the Committee to consider the report and recommendations from the Menopause Services Task and Finish Review.
19 June 2024	Joint Coventry & Warwickshire Health Protection Strategy	The Health & Care Act (2012) brought Public Health related statutory functions to Local Government, including an assurance function around "Health Protection". The joint Coventry & Warwickshire Health Protection Strategy will review the data and evidence available around health protection needs across Coventry & Warwickshire, consider where Coventry & Warwickshire fall below national targets and make appropriate recommendations to mitigate. The strategy is a joint piece across Coventry & Warwickshire, involving a wide range of partners.
19 June 2024	Community Mental Health Transformation	The Committee will receive an update from Coventry and Warwickshire Partnership NHS Trust about the transformation of community mental health services.
19 June 2024	Year End Integrated Performance Report 2023/24	For the Committee to consider and comment on the Year End Integrated Performance Report 2023/24.
19 June 2024	NHS Dentistry	Agreed at the Chair and Spokesperson meeting in March. This will be a joint item from the Integrated Care Board (ICB) and the West Midlands Office of NHS England. The areas of concern include the absence of NHS services in some areas of the County, notably Rugby, a lack of services at home and in care placements. This provides the opportunity to discuss the transfer of commissioning to the ICB, the cost differentials between NHS and private dentistry. Further aspects will include services

		for children, people avoiding dental treatment due to the costs, the absence of services leading to treatment in acute hospital settings and whether there has been an increase in conditions like oral cancer.
Date TBC	Review of Learning from the Covid Pandemic	This will be a joint meeting with the Children and Young People OSC. The scope is to be finalised at the Chair and spokesperson meeting but concerns the learning which could be drawn from the pandemic to assist with responding to any future pandemic. It could also provide a focus on required activity now to respond to differences seen over the last two years.
Date TBC	Annual Health Checks	Added to the 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.
Date TBC	Direct Payments	Added to the work programme at the Chair and spokesperson meeting in October 2023. A low proportion of older service users are opting to receive a direct payment. There are a number of contributors, and many are opting for domiciliary care instead. The item could include promotion of the service and career potential, national and focussed recruitment efforts. Also, the challenges in securing care at a reasonable price, and making it easier for people to use the direct payment option.
Date TBC	People aged over 65 supported in a residential or nursing care placement	Added to the work programme at the Chair and spokesperson meeting in October 2023. A challenged area with an increasing trajectory of service need based on population health with an associated budgetary impact.
Date TBC	Stroke Services	Added to the work programme at the Chair and spokesperson meeting in October 2023. Generally, the revised pathway seems to be going well. Areas of focus to include ambulance response times, whether all suspected stroke patients are taken direct to the hyperacute stroke unit at University Hospitals Coventry and Warwickshire, whether other acute trusts had patients arrive at their A&E departments, and onward care in community settings after hospital discharge.
Date TBC	Patients Presenting at Emergency Departments needing Mental Health support.	Added to the work programme at the Chair and spokesperson meeting in October 2023. This concerns patients (both adults and children) presenting at A&E or the emergency department with mental health problems (and no physical health conditions), the length of wait before transfer to a more appropriate service and the support available.

## BRIEFING NOTES

Date Requested	Date Received	Title of Briefing	Organisation/Officer responsible
	21 February 2024	Progress of the Integrated Health and Care Delivery Plan for Coventry and Warwickshire	Rose Uwins C&W Integrated Care Board
	13 February 2024	Integrated Sexual Health new service launch	Helen Earp, Sexual Health Commissioner
	17 January 2024	Closure of the Prescription Ordering Direct Service	Rose Uwins C&W Integrated Care Board
15 November 2023	16 November 2023	Long-Covid	Director of Public Health
	4 July 2023	A briefing from the Integrated Care Board on the Community Diagnostic Centres in Warwickshire.	Rose Uwins C&W Integrated Care Board
28 June 2023	29 June 2023	A councillor asked for more information about greenhouse gas emissions and the Council's performance.	Matt Whitehead Climate Change Programme
19 April 2023	7 June 2023	The Committee asked for further information on drug and alcohol treatment outcomes, specifically in relation to opiates.	Rachel Jackson Lead Commissioner (Vulnerable People)
	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

**BRIEFING SESSIONS PRIOR TO THE COMMITTEE**

Date	Title	Description
15 November 2023	Performance and Power BI	To demonstrate the capabilities of the Power BI platform in providing up-to-date performance information for committee members.

**TASK AND FINISH GROUPS**

<b>ITEM AND LEAD OFFICER</b>	<b>OBJECTIVE OF SCRUTINY</b>	<b>TIMESCALE</b>	<b>FURTHER INFORMATION</b>
GP Services	A follow up review with the key focus being the adequacy of future primary care facilities.	Completed	Review report approved by the OSC, Cabinet and the Health and Wellbeing Board.
Menopause Services	To understand the commissioned NHS services in Warwickshire and the support the Council provides to its staff.	Completed	The TFG has completed, and the review report is submitted to the 17 April Committee.