

Adult Social Care and Health Overview and Scrutiny Committee

Wednesday 27 November 2024

Minutes

Attendance

Committee Members

Councillor Jo Barker (Chair)
Councillor John Holland (Vice-Chair)
Councillor John Cooke
Councillor Tracey Drew
Councillor Marian Humphreys
Councillor David Johnston (Stratford-upon-Avon District Council)
Councillor Dale Keeling
Councillor Chris Mills
Councillor Pam Redford (Warwick District Council)
Councillor Kate Rolfe
Councillor Ian Shenton
Councillor Heather Timms (Rugby Borough Council)
Councillor Mandy Tromans

Officers

Shade Agboola, Vanessa Belton, John Cole, Nicola Conway, Becky Hale, Sarah Ryan and Paul Spencer. Amelia Cartwright and Olivia Gough (WCC graduate trainees).

Others Present

Councillor Margaret Bell (Portfolio Holder for Adult Social Care and Health),
Professor Andy Hardy and Justine Richards, University Hospitals Coventry and Warwickshire (UHCW)
Chris Bain, Healthwatch Warwickshire (HWW)
Andy Mitchell (Press)

1. General

(1) Apologies

Apologies for absence had been received from Councillor Sharon Dhillon (Nuneaton and Bedworth Borough Council), Councillor Sandra Smith (North Warwickshire Borough Council), Zoe Mayhew and Pete Sidgwick (WCC Officers) and Rose Uwins (Coventry and Warwickshire Integrated Care Board (C&WICB)).

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

None.

(3) Chair's Announcements

The Chair mentioned the valuable meetings held with spokespeople and was grateful for the open dialogue at these meetings.

(4) Minutes of previous meetings

The minutes of the Committee meeting held on 18 September 2024 were approved as a correct record and signed by the Chair.

2. Public Speaking

None.

3. Questions to Portfolio Holders

None.

4. Questions to the NHS

None.

5. Update from University Hospitals Coventry and Warwickshire (UHCW)

The Committee received a presentation from Professor Andy Hardy, Chief Executive and Justine Richards, Chief Strategy and Transformation Officer of UHCW. There had been reported concerns regarding the closure of the Hoskyn ward at the St Cross Hospital, Rugby and the presentation informed members of the service developments taking place at this hospital. The slides covered the following areas:

- Transforming services at the Hospital of St Cross, Rugby.
- The vision for the hospital, with context on how this had been developed, the aims for some services to be delivered in communities and in partnership, with a focus on elective surgical procedures at this hospital:
 - *'More than a Hospital'* committed to transform the Hospital of St Cross, build modern facilities and improve staff and patient experience.
 - Regional leader for elective care – GIRFT (get it right first time). The hospital was one of only 36 sites nationally to be accredited as a surgical hub.
 - To deliver expanded and modern elective services to meet the needs of a growing population in Rugby. Evidence of the high proportion of orthopaedic services already delivered at this hospital.
 - Separating emergency and planned care onto two distinct sites, with less disruption to planned procedures and driving down waiting lists.
 - 'Health on the High Street' development for some outpatient services to improve accessibility. The former Wilko retail premises was being leased. Reference also to

the better transport links to the town centre and economic benefits of increasing footfall from the use of such premises.

- Multi-phase 10-year plan with a Strategic Partner – Development Control Plan.
- Investing in the Hospital of St Cross since 2021:
 - Modular build of two new theatres – expanding surgical capacity.
 - £1 million Haematology and Oncology Maple Unit opened in 2021 - increasing outpatient appointments numbers for local people.
 - A specialist breast care unit offering surgical and nurse-led clinics, reconstruction, plastic surgery and breast surgery physiotherapy.
 - New ultrasound unit in outpatients. An extra scanner doing 4000 more procedures each year.
 - New modular endoscopy unit, with a dedicated two-storey unit, delivering 30% more tests for patients with potentially life-threatening conditions. This had resulted in 73,000 additional tests from Rugby since the start of the diagnostics programme.
 - Investment in wayfinding and signage, with a new site map and plans for a single entrance to the hospital.
 - An Urgent Treatment Centre (UTC), which currently was adjacent to the out of hours GP service. This formed part of a C&W wide review by the ICB. The expectation was for a doctor-led UTC at this location. There had been investment in a virtual consultant link to UHCW.
 - Over £4 million in energy-saving measures. It was one of greenest hospitals in the country, utilising air source heat pumps and solar panels which would contribute to becoming to carbon neutral by 2045.

Andy Hardy concluded that the St Cross Hospital was central to the UHCW vision, with significant investment being made.

In response to this part of the presentation, more detail was sought on surgical hubs, what impact they had for other hospitals, the planned services in Rugby town centre and whether this was based on models elsewhere. Many of these aspects would be covered by the rest of the presentation. 'Health on the High Street' was being advocated as the way forward for NHS services and Rugby would be a frontrunner. Mr Hardy explained the challenges at hospital sites which provided both emergency and elective services, deemed as 'hot' and 'cold' sites. Emergencies would always take priority impacting on elective work. By separating the services at a 'cold' surgical hub for elective procedures, patients were not affected by emergencies. This meant that 60-80 percent of procedures (other than cases which might require intensive care) could be delivered from the St Cross Hospital, reducing travel distances for many Warwickshire residents.

Justine Richards continued the presentation:

- Listening to our population – research in 2021/22 to inform the strategy and identify emerging themes. There was good engagement with over 1200 people responding, many of whom were from Rugby. Justine highlighted some of the staff feedback, which included proactive work both before and after the elective procedure, and linking to other NHS services involved in the pathways. Many of the public themes were similar, key issues being integrated patient records and expanding the range of services at St Cross. UHCW was stretched and therefore more development at St Cross was a key aspect of the ten-year strategy.

- Urgent Treatment Centre (UTC):
 - Service available 24 hours a day, seven days a week.
 - Over 27,000 attendances per year with an average of 75 patient attendances per day and 4 patients attending at night.
 - A direct digital connection to UHCW was in place, meaning emergency medicine consultant advice was available.
 - Patients over the age of five with minor injuries and illnesses could attend the UTC where trained nursing staff undertook an assessment and gave advice and treatment.
 - Patient could have X-rays, blood tests and a pharmacy was available.
 - A review was underway led by the ICB and Care Collaboratives, to design an integrated urgent care model. Adjacent to the UTC, there was another NHS centre which provided doctor-led out of hours services. This was confusing for patients and work was ongoing to look at providing such doctor led services at the UTC. Recently a workshop was held with the ICB and a range of service providers to discuss the redesign of a new model of care.
- Phase 1: ward and theatre complex. This would provide four theatres and two wards each with 24 beds. Justine Richards provided an outline of the stages completed and those still to be undertaken. It included the planning process, feedback from agencies, and the investment in a design partner. This should reduce waiting times for regular elective procedures including cataracts, hernias, breast surgery and urology. It should be a catalyst for research and training opportunities. She emphasised the patient and staff engagement throughout this process, to design services with the patient in mind, ensuring a good flow through the services and to maximise efficiency.
- 'Health on the High Street'. An integral aspect of the service redesign was to replace some aging property. This would require demolition and new building at the hospital site. Additional spaces would be located in Rugby town centre, with an economic benefit for the town and better public transport links. It would deliver services for patients with diabetes and for children and young people including maternity services. The Trust was now moving to the design phase of this project which would be in the former Wilkinson store in Rugby.
- Improving Lives Programme – Coventry pilot:
 - Justine Richards provided background on this multi-year transformation programme in Coventry. The 'Improving Lives' initiative involved three local integrated teams which supported patients in or near to their home following hospital discharge.
 - The programme included a front door admission avoidance model and improved hospital processes across wards.
 - Since going live in July 2024, the programme had demonstrated improved outcomes for patients with a reduction in lengths of stay in the hospital. Justine emphasised the public, patient and staff engagement, the reduced reliance on step-down care beds and bed occupation rates had reduced.
 - Fewer elderly inpatients from Coventry were being transferred to Rugby due to the new model (from 5.1 to 3.1 patients per day).
 - There was an opportunity to further progress the elective surgical hub development.
- Impact of the 'Improving Lives' pilot:
 - From 4 December, the Hoskyn Ward would close with the number of medical beds reducing by 25. As context, there were 69 medical beds at St Cross Hospital, with about 50% being used for Coventry patients.
 - This reflected the reduction in Coventry patients requiring transfer to St Cross. These beds were empty across the medical base.

- There would be no change in access to medical inpatient beds for Rugby and Warwickshire's population at the Hospital of St Cross.
- For Coventry residents the Improving Lives model avoided patients being away from families with extended stays in hospital.
- Work was underway with partners for the adoption of the Improving Lives model for Rugby. This included both social care and South Warwickshire Foundation Trust (SWFT).
- This aligned to the priorities of the new government moving services from hospital to community, from treating sickness to preventing it.
- Investing for future generations. This slide showed the revisions to the site and the location of:
 - New theatres.
 - New wards.
 - The main entrance development with retail offer and improved facilities.
 - Relocation of the mortuary unit.
 - More green spaces.
 - Dedicated staff car parking.
 - Development of an education campus to facilitate research.
- Next Steps and summary:
 - The planning application had been submitted.
 - The innovative 'Health on the High Street' development was at the detailed design phase.
 - Ongoing collaboration with partners across Rugby.
 - C&W urgent and emergency care review.
 - Delivery of the vision over next decade for the Hospital of St Cross.

Andy Hardy closed the presentation summarising the aim to move services from UHCW to localities in Warwick, Coventry and Nuneaton. Often NHS projects didn't totally fulfil their aspirations. 'Improving Lives' had delivered the aspiration, with better community services and integrated work with social care. There was an aim to replicate this in Warwickshire. He spoke about reduced timescales for community services and the financial savings achieved in Coventry through reduced packages of care being needed. He commented on the negative view of the closure of the beds at the Hospital, but this was due to Coventry people not needing this step in their patient journey, waiting for a community care package.

Members submitted questions and comments with responses provided as indicated:

- Further information was sought on the redeployment of staff. Andy Hardy confirmed that NHS processes were being followed for the management of change. There were no job losses resulting from the ward closure and staff wanting to stay at St Cross Hospital were doing so.
- In response to a question on the timescales for the new services becoming available, he referred to the planning consent submitted in April. It had been hoped this would have been determined by now and any assistance which could be brought would be welcome.
- On resourcing, the funding was in place through a private finance initiative. For 'health on the high street' this was in the final stages for completing the lease and the funding was in place. Staff would be involved in the design of the new centre with a workshop planned for January. This could potentially be completed within a calendar year. The service delivery

model would be flexible, allowing for other specialist services. The larger projects had a build timescale of two to three years, and this was dependent on the planning consent.

- Justine Richards referred to the ICB work on the UTC, with a procurement decision anticipated in June 2025 and mobilisation thereafter.
- Questions were submitted by Councillor Rolfe on behalf of County Councillor Roodhouse, a member for the Rugby area. There appeared to have been some confusion, that the NHS staff had not been aware of the changes, and this had been stressful for them. Some councillors had been approached by staff fearful of losing their jobs. Andy Hardy confirmed that NHS change management processes had been followed and that staff received written confirmation of their new roles the previous Wednesday. He said that Rugby Borough (RB) Councillors had not helped this process, causing confusion. The presentation had shown the investments into St Cross already and those planned for the future. This information had also been shared with RB Councillors but they had not shared it with their communities which was frustrating. Councillor Rolfe responded that councillors worked on behalf of their residents and passed on information heard from them. They would not intentionally seek to cause confusion.
- Councillor Timms commented that if people had been adequately informed there would not have been the recent march in Rugby. At a Rugby Borough Council meeting, it was evident that all councillors had heard from staff who were concerned, not knowing about their jobs. It was hoped that prior to receiving the letters the previous week, there had been discussions with the staff. As the Rugby Borough Councillor on this committee, she stated she was not aware of the ward closure before reading it in the newspaper. St Cross was central to Rugby, which had been the fastest growing town in the Midlands for a number of years. She considered the reaction to the population growth had been quite slow. She did not want to be insulted being told that councillors had not helped the process. If they had been informed, the councillors would have helped the process. If staff had been confused, then the members were also likely to be confused. Moving forward she urged a constructive consultation.
- Andy Hardy confirmed the aim for a constructive discussion. He referred to a recent meeting with the RB Council and the local Member of Parliament. The staff were the first people to be informed on the Monday with stakeholder communications a day later. It had appeared on social media during the Monday evening. The timeline was provided to staff, with meetings held in groups and individually, giving time for them to consider options, before communicating the outcome. He considered there had been too many voices on this. Andy Hardy mentioned the march in Rugby, which had referred to the downgrading of St Cross. In fact, there had been significant investment in the site with future multimillion pound investment plans. St Cross was crucial to UHCW and to NHS services across Coventry and Warwickshire.
- Justine Richards spoke about social media aspects. Change processes were difficult, and feelings were often played out on social media platforms. The Trust Board decision was to inform staff first and then to inform stakeholders immediately afterwards, to avoid staff hearing about this from other sources. For the Trust it was frustrating that it had played out in this way. UHCW employed 11,000 people of which 40 were affected by this review. She confirmed the staff engagement which had taken place through individual and group meetings, listening sessions and briefings.
- Justine Richards referred to the engagement with the Rugby Health and Wellbeing Partnership (RHWP), which reported to the Health and Wellbeing Board (HWBB). She attended the RHWP meetings and had presented the development plans on multiple occasions. The development of St Cross was a key strategic priority for the partnership.

Every endeavour was being made to share the plans through the available channels. A similar presentation to that heard today had been made at the RHWP. Help from partners was needed to ensure the correct and consistent messages were provided to the community.

- It was questioned why the proposals had not previously been submitted to this scrutiny committee. Justine Richards confirmed that this had been reported to the RHWP, which reported to the HWBB. It was also noted that Councillor Timms had only just been appointed to this committee as the Rugby BC representative.
- A question on the bed capacity. Once the first phase of development had been completed, there would be 48 beds for elective surgical procedures. With surgical advances, the period of inpatient care needed was shortening. In time this would mean that more surgical procedures and specialities could be delivered from St Cross using broadly the same numbers of beds. This would be in addition to the existing bed numbers on the site.
- A follow up question concerned the removal of beds from the Hoskyn ward. It was clarified that these beds were previously used for patients from Coventry, who were now receiving alternate support elsewhere. The surgical hub was creating additional capacity. The vision was to make more efficient use of these beds and a reduced medical footprint so people could go home, not wait in hospital whilst a package of onward care was arranged.
- The impact of the new surgical hub for other acute hospitals in Warwickshire was explored. This would not impact negatively on those other hospitals. Many patients who would have attended UHCW for their procedure could now attend St Cross instead, unless there may be a need for intensive care post-surgery.
- Discussion took place on improving communication between different parts of the NHS. The Chair considered the patient should have all their medical records and take them to every appointment. Andy Hardy confirmed they could already do this via the NHS mobile telephone application. He knew the concerns of patients needing to repeatedly advise clinicians of their condition/treatment. In June this year, UHCW went live with an electronic patient record system (EPRS), meaning that information was all held in one place for any service at UHCW. Both George Eliot Hospital (GEH) and Warwick hospitals had agreed to use the same EPRS, with an estimated commencement in the summer of 2026. This would make a significant difference. He made an offer for the committee to visit UHCW to see the EPRS.
- At the Queens Hospital in Burton-on-Trent, Staffordshire a cold hub for elective procedures had been opened. Councillor Humphreys explained the efficient way staff coordinated all the services required for each person's treatment leading to assessments before discharge with an ongoing package of care the following day.
- Councillor Holland reminded of the roles of elected members and revisited the concerns raised by Rugby residents, leading to the protest march. He asked what had been changed to meet the requirements of local people. Andy Hardy outlined some of the services introduced at Rugby in the last three years including chemotherapy, endoscopy, ultrasound scans, sleep studies and the new modern theatre facilities. A key concern was the UTC, which was dependent on the ICB review, due to complete in June 2025. He considered that UHCW had been responsive where it was able to do so. There were now more services available at St Cross than five years ago.
- It was stated that one in ten people nationally were on an NHS waiting list. Councillor Holland asked what strategies UHCW had to address such waiting lists. In reply, Andy Hardy gave an outline of UHCW achievements and strategies. It was the first specialist hospital to eradicate two-year waits post-pandemic. It had worked on removing waits longer than 65 weeks, there being only five cases currently. The aim was to reduce waiting times

to the levels prior to the pandemic (52 weeks), with UHCW setting its own target to achieve a reduction by March 2025. Currently, this cohort was estimated to be 3,250 patients and the aim was to reduce it to 800 patients by March, which would be the shortest waiting time for specialist services in the country. Some people were unable to work whilst awaiting a procedure. Delays of the non-urgent procedures impacted upon their lives. The surgical hub would help to reduce the delays and waiting lists for such procedures significantly. Many people were waiting for their first outpatient appointment. UHCW aimed by March that no person would be waiting for their first outpatient appointment for more than six months. Many people may not need ongoing health support. Following the initial assessment, it would give more accuracy of the overall health service needs.

- A discussion on discharge planning aspects and the arrangements in Coventry. There were known challenges for adult social care, so more information was sought on how this worked in practice. Justine Richards outlined the previous position in Coventry. A high number of patients were requiring an onward package of care. Through an effective partnership with the City Council's Social Care team and the Community Services Trust, the system moved to a 'One Coventry Integrated Team'. This shift utilised the knowledge of community staff and those in social care via three community integrated teams. The teams provided a range of services tailored to the needs of each patient. The teams were responsible for the discharge process, meeting three times each week and coordinating visits to patients together. It had streamlined processes and created capacity with staff working under a collaboration agreement. There was praise for the staff involved and the care support staff. Through re-procurement of services, key principles had been embedded and it included a training element on achieving better outcomes. Andy Hardy added that other systems were looking at this model, including the ICBs for the cities of Liverpool and Manchester. It was an aim to replicate this in Warwickshire, with recent visits from Becky Hale, GEH and SWFT. The Councillor commented on the challenges of recruiting carers in the community. Justine Richards explained that no additional staff or running costs had been incurred in moving to this model. She added that the caseload was higher than anticipated and the times involved in providing care packages had reduced from seven to four weeks. Data had been gathered over a six-month period to show that the beds at the Hoskyn Ward were no longer needed.
- Chris Bain advised that HWW would monitor the impact for patients and the experiences for the public following the Hoskyn ward closure. He suggested the lesson to learn was to talk to other organisations before issues were raised on social media. HWW could have been helpful in communication of the messages. People who campaigned often felt excluded and it was useful to ask people why they felt excluded. He urged that in future UHCW talked to local government early and had a genuine commitment to two-way communication in a way that people felt was accessible for them. St Cross was part of the Rugby health and care system which was under pressure. This included primary care services in general practice, dentistry and pharmacy. There were challenges in mental health provision, services for children and young people and Social Care. Communications about St Cross needed to be placed in that context. The people who worked as part of this system could be helpful allies. The main impact was for Coventry people, but he considered this item should have been brought to this Committee to air these issues at an earlier date. He considered that both this Committee and HWW would be useful allies. The Chair endorsed this and hoped going forward to work in partnership and assist with messaging.
- Reference was made to the 'More than a hospital' strategy published in 2022. It had a ten-year project for the site. Questions were submitted on the funding and timescales for the projects, given the change of government and delays with the planning consent. Finally, it

was questioned if there would be a reduction in surgical procedures or pressures elsewhere in the local system as the site was reconfigured.

- Andy Hardy responded that this project was not reliant on public funding. He referred to NHS funding more broadly, speaking about the recent government settlements both for revenue and an increase in capital funding. This included a specific allocation for surgical and diagnostic hubs. In terms of timescales, this was dependent on when planning permission was secured and on commencement of development, if any issues were identified at the site. He spoke on service pressures during the site development. By creating the additional town centre services first, this would enable a phased approach, where each aspect was completed and the service relocated, before commencing the next development phase. The strategy was on a rolling basis, with periodic reviews.
- Councillor Timms would encourage fellow Rugby Councillors to watch the recording of this meeting and view the presentation slides. Councillors could be helpful and improved communication would be welcome. She was pleased that step-down beds would still be available for Rugby patients at St Cross, and this was a key message. She asked whether the new provision on the high street may impact on existing community services such as the Orchard Centre. On the UTC she sought a timescale on when the two adjacent services would be amalgamated. Clear communication on accessing emergency services for children under five years of age was needed.
- Justine Richards reiterated that there was no change to step-down care for Rugby residents. UHCW would welcome any help in communicating this to the public. The Trust recognised members' role; it was here to listen and wanted to work together. She hoped the number of meetings held over recent weeks demonstrated that. Regarding the Orchard Centre, there was a multi-agency estates forum for Rugby, which was trying to bring together a local plan, to understand the assets available and make the best use of those assets.
- Andy Hardy apologised for expressing his frustrations earlier in the meeting. There was a need to work together and had been miscommunication. On the UTC if the Trust received approval, it could make this work from January. The outcome of the ICB's review was not expected until June.
- Councillor Rolfe considered the 'health on the high street' scheme to be innovative. She asked if UHCW could address a future committee to talk through the proposals for this site in more detail. Then, once it was established to report on the success of the scheme. If this proved to be exemplary it should provide a model for services elsewhere. Andy Hardy welcomed this. It was an exciting development for Rugby and was the way that NHS services would be developed. There was an aspiration to bring neighbourhood health to all areas of the county. It was helpful for children and their families, avoiding the stress of appointments at hospital and creating a new mindset on where/how health services were delivered.
- The Chair asked about transfer times to UHCW if the patient subsequently needed intensive care. Andy Hardy said this hadn't been an issue over the last five years. As the St Cross plans developed there may be scope for an enhanced care unit with additional services to respond to any unforeseen risks. If a patient did need transfer to UHCW this could be achieved by blue light service in twenty minutes, with the patient accompanied by a specialist.
- The Chair commended the plans for a dementia nurse in the health space. Justine Richards confirmed this was an important aspect and would be built into the design of future projects. The Chair added it was an important area for hospice services too.
- Andy Hardy asked for guidance going forward to ensure UHCW attended the correct forum.

The Chair brought this item to a close, thanking Andy Hardy and Justine Richards for their presentation and for responding to questions from the Committee.

6. Quarter 2 Integrated Performance Report 2024/25

Shade Agboola presented a summary of the Council's performance at Quarter 2, which covered the period April to September 2024, against the strategic priorities and areas of focus set out in the Council Plan 2022-2027. The report provided a combined picture of the Council's delivery, performance, finance and risk, enabling scrutiny and transparency for the organisation, partners, and the public.

The detail of the report and supporting appendices comprised:

- Progress against the Council Delivery Plan (CDP)
- Performance assessed against the Key Business Measures (KBM) contained within the agreed Performance Management Framework (PMF)
- Management of financial resources; and
- Management of risk.

The CDP and PMF had been refreshed to focus on key priorities. Members could monitor performance via the Power BI platform. Of the activities in the CDP, nine were attributed to this committee and all were currently on track. There were eleven KBMs within the committee's remit, with nine available for reporting in this quarter. A table within the report showed that four of these were not 'on track' at quarter two. Context was provided in the report detail on the direction of travel for each of the nine KBMs and key influencing factors of the current operating environment.

Shade Agboola spoke about the KBM for provision of safe accommodation units which was currently not on track. The position had been static, due to changes required in the leases between the provider Refuge and a third party, meaning that no new properties were able to be onboarded. This seemed to have been resolved and should be reflected in the next quarterly performance update showing eighteen completed units instead of the reported twelve. A service review was being undertaken to look at performance overall, highlighting areas of success and challenges, with Shade reporting some of the successes and positive activity not captured by the 'red' rating of this indicator.

Reference was made to the financial pressures and the mitigation measures to help stabilise this in year. In common with the whole sector, significant medium-term financial challenges remained. A forecast overspend of £15.04m was reported, equivalent to 6.1% of the revenue budget. Saving targets were forecast to be underachieved by £0.204m, 3% of the current year's target. The delivery of the planned capital programme remained on track.

Two of the strategic risks related to the work of this committee. These were being able to keep children and vulnerable adults safe and a mismatch between demand and resources. At the service level, fourteen risks related to this committee, with detail of each area being reported.

Members submitted questions and comments:

- The Chair asked if the position at quarter three was expected to improve, which was confirmed.

- Councillor Shenton commented that the total overspend on Social Care was £17.3m or 8.2% when including the use of reserves. There had been some savings, but he was unsure if the shortfall would reduce, when services were likely to be more in demand. Becky Hale stated the significant service demands and complexity of support needs. The overspend had been shown at £15m all this financial year, being driven by demand and the required packages of care. Despite best efforts, it was unlikely the figures would reduce by the financial year-end. It was clarified that the some of the reserves were specifically for Adult Social Care and reference was made to the government's financial settlement and specific support for this service area.
- The Chair referred to the presentation from UHCW asking Becky Hale if she was encouraged by the model adopted in Coventry and the potential impact it could have for Social Care in Warwickshire. Becky confirmed the team had visited Coventry. She explained the joint working arrangements already in place in Warwickshire with SWFT. There were some interesting aspects from the Coventry approach which could be learned from and developed as part of the new community integrator arrangements. The Chair acknowledged the differences in a two-tier council structure in a rural county.
- A councillor referred to the services delivered by HEART (home environment assessment and response team), which had a waiting list and she questioned whether it was under-resourced. An example was used to emphasise the challenges being faced by an individual. Becky Hale confirmed that HEART was hosted by Nuneaton and Bedworth Borough Council on behalf of the County. She would seek a briefing on the current position with activity and waiting lists. On the specific case she offered to provide assistance.
- It was confirmed that HEART was funded through the Better Care Fund and Disabled Facilities Grants.
- Similar concerns had been raised in Warwick District with a report to that Council's scrutiny committee. It was requested that the findings from these enquiries be shared.

The Committee noted the Quarter 2 report for 2024/25, submitting the comments above in response.

7. Work Programme

The Committee reviewed its work programme. The Chair confirmed that an additional meeting would take place on 22 January 2025. She referred to the briefing circulated on bowel and bladder services. This would be followed by an update on this service area at the February Committee. A further briefing had been circulated on the joint work by HWW and Action Menopause Warwickshire on their recent survey.

Councillor Holland referred to the Health Visiting Service. This included a supporting role for new parents. He linked this to objectives on reducing domestic violence, which had been the topic of the last Director of Public Health Annual Report. He was aware of the current tendering process for this service and once that had concluded, suggested that the Committee consider Health Visiting. The Chair agreed this should be added to the work programme and it would have been a useful area for scrutiny to consider beforehand.

Councillor Johnston asked if a date could be agreed for the Committee to receive the presentation 'Right Care, Right Person' listed on the work programme. He was concerned that the police were the first agency responding to cases when a person was in mental health crisis.

Councillor Timms asked for a follow-up item to be added to the work programme on developments at St Cross Hospital, Rugby and the 'Health on the High Street' initiative. This would be within the next year.

Chris Bain mentioned that an Integrated Urgent Care review had recently taken place and he thought it should be reported to the Committee. This should be within a short timescale.

A request was also made to revisit stroke services.

Paul Spencer advised of the agenda setting meetings with the Chair and spokespeople. The above proposals would be included for discussion at that meeting. In addition to the extra meeting in January, further meetings were scheduled for February and April, although the latter was in the pre-election period for the County Council elections. NHS colleagues may decline to attend meetings in the pre-election period. The Chair added that briefings could also be requested to update on those service areas.

The meeting rose at 11.55am

.....
Chair