

# Adult Social Care and Health Overview and Scrutiny Committee

Wednesday 22 January 2025

## Minutes

### Attendance

#### Committee Members

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

#### Officers

John Cole, Nicole Conway, Caroline Gutteridge, Becky Hale, Zoe Mayhew and Pete Sidgwick.

#### Others Present

Councillor Margaret Bell, Portfolio Holder for Adult Social Care and Health  
Amy Danahay, Amelia Godson, Laura Nelson and Rose Uwins, Coventry and Warwickshire Integrated Care Board (C&WICB).  
Adam Carson and Martin Sandler, South Warwickshire Foundation Trust (SWFT)  
Chris Bain and Caroline Graham, Healthwatch Warwickshire (HWW)  
Councillor Dave Passingham (public speaker, Stratford District Council)  
John Dinnie (public speaker, Town Mayor of Shipston on Stour)  
Alasdair Elliott, Peter Gibbs, Caroline Gunn and Bryan Stoten (public speakers and members of the public).  
Andy Mitchell, press

### 1. General

#### (1) Apologies

Apologies for absence from the meeting had been received from County Councillors Marian Humphreys and Dale Keeling, Councillor Heather Timms (Rugby Borough Council), Councillor Sharon Dhillon (Nuneaton and Bedworth Borough Council) and Dr Shade Agboola.

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

Councillor Holland declared an interest as a member of the Council of Governors for South Warwickshire Foundation Trust.

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

The Chair welcomed visitors to the meeting and those wishing to be involved in the community beds review. She clarified the purpose of this scrutiny committee was to look only at the consultation.

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

The minutes of the Committee meeting held on 27 November 2024 were approved as a correct record and signed by the Chair.

## **2. Public Speaking**

The following public speakers addressed the Committee, with a summary provided of the key points raised by each speaker.

### Mr John Dinnie

Mr Dinnie spoke about the information in the consultation, the work with the community hospital association and raising alternate proposals to establish sufficient beds in Shipston, which had not been considered in the pre-consultation. He requested that these be followed up. There was a lack of awareness of this 'digital' consultation, the awareness sessions arranged or access the survey. An extension was sought to the consultation period. The Committee was asked to respond on the impact of the proposals. Mr Dinnie expressed the impacts for patients, friends, family the community and local economy. The travel difficulties and isolation of rural living caused stress when compared to the previous fully operational services, which he listed the benefits of. Option A was deemed unacceptable to the NHS and option B was unacceptable to rural South Warwickshire. Working together to find a solution was suggested. There was no wish to remove beds from the other locations and all should have sufficient beds to reduce pressures on acute services. He touched on the long history of this site which had been sustained by the community. There were ways to return beds to this site, and he gave examples of the previous support the community had provided. The community needed the NHS to work with it to deliver the vision for the site.

### Mr Peter Gibbs

Mr Gibbs quoted from data in the consultation document, that 45% of hospital leavers were able to return home thanks to community support services. However, from the testimonies of patients, homecare packages could fail due to logistical difficulties. These were amplified in a rural setting. He provided context on the postcode area centred on Shipston-on-Stour and the surrounding catchment area which comprised some 26 towns and villages with significant housing. He touched on the age profile with 27% of residents being over 65 years of age, the largest proportion of any area in South Warwickshire. It was believed a reliable home care service for this area was more an aspiration than a reality. He quoted a recent article from an NHS journal which questioned the use of this policy. It was no substitute for rehabilitation beds at Ellen Badger Hospital (EBH). The

ICB had been unable or reluctant to provide data for home recovery services. The OSC was asked to ensure its public availability.

#### Written statement from Dr Manuela Perteghella MP

This was read by Councillor Kate Rolfe and is reproduced at Appendix A to the Minutes.

#### Caroline Gunn

Caroline Gunn addressed the Committee as co-Chair of the Friends of Shipston Hospitals and a Shipston resident for over twenty years. She reminded councillors and the ICB that Shipston had a long tradition of giving financial support to the EBH and to other services mentioned by a previous speaker. This started with the original bequest of the land and capital to build and maintain the Ellen Badger at the end of the 19th century and continued to the present day.

In 1978 a proposed decision to downgrade the hospital was reversed by the Health Authority (HA) in view of the very strong opposition of the community and stronger support for the hospital.

Thanks to the resulting partnership between the community and the HA, the EBH became one of the first community hospitals in Warwickshire. Since the 1990's over £1.4million had been donated by the community, through the League of Friends, to help maintain and improve the hospital and the facilities it offered. The EBH was considered a beacon of excellence of integrated community primary health care as assured by her doctors in North Oxfordshire before moving to Shipston twenty years ago with her husband who had terminal cancer.

The last major donation to SWFT by the Friends and the community was £650,000, to purchase additional land to enable the redevelopment of the hospital and the improvement of services. Option A would enable the continuance of this tradition of excellence which was strongly supported by the community. The retention of community rehabilitation beds in Shipston would allow services to be provided built on existing local expertise. An important example of this was Shipston Home Nursing, another well-supported local charity, which had long established specialist expertise in palliative and end-of-life care. In the recent past, patients had been able to receive this care as inpatients at the EBH in cases where it had not been possible for them to remain at home. This would only be possible if beds were retained in Shipston. She asked the Council and the ICB to support Option A and return twelve beds to the EBH.

#### Councillor Dave Passingham

Councillor Passingham spoke as the District Councillor for Shipston South. It would have been preferred for the consultation to have been undertaken some years ago and to have considered a broader range of options from home-based care to beds in Shipston. It was still consistent to undertake this whilst considering beds at Stratford and Leamington. The ICB had said that returning twelve beds to EBH was affordable and viable but implying that they were not as affordable and viable as keeping them in Leamington. The model was 'one size fits all' and may suit large towns, but not rural areas of South Warwickshire. A more flexible model was needed, and possibly could mean more care at home, or that patients didn't travel so far, or a community hospital. In the model, EBH would have rehabilitation beds, but could also have beds for discharge to assess, step up services, end-of-life care and day care beds. This could enable other services like minor injuries to be provided and would ensure that the twelve-bed ward was fully utilised. It would ensure a fully integrated community hospital. It was considered this would be affordable and viable. Four years ago, an upgraded hospital providing integrated care was promised. EBH used to provide integrated care and with the increasing and aging population this was needed for rural South Warwickshire now.

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

None.

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

None.

### **5. South Warwickshire Community Beds Review**

The Chair introduced this item advising that this consultation was very specific and concerned the rehabilitation beds. Some of the public contributions had raised other aspects which were not being considered as part of this consultation. She was grateful for the point from Manuela Perteghella MP, read by Councillor Rolfe, that it was because of this Committee, that the consultation was happening.

The Chair introduced Laura Nelson, the Chief Integration Officer for Coventry and Warwickshire ICB who gave a presentation and spoke to the submitted report and consultation document.

The report detailed the previous engagement with the Committee on the South Warwickshire Community Beds Review. It provided an update on key milestones, including the submission of the Pre-Consultation Business Case (PCBC) to NHS England (NHSE), the Stage 2 Assurance meeting and the ICB Board's approval on 6 January 2025 to proceed with public consultation.

The report summarised NHSE's Stage 2 Assurance Outcome and outlined the ICB's approach to the South Warwickshire Community Hospital Rehabilitation Bed consultation (SWCHRBC). There were two options under consideration, to provide beds at three or two sites. The consultation period would run until 14 February 2025. The report detailed next steps following the consultation. The Committee was asked to discuss the potential impacts of the proposals and contribute to the feedback process, specifically to:

- Note for information the contents of the report.
- Be assured in respect of the progress against the agreed approach to deliver the SWCHRBC.
- Feedback and comment on the impact of the proposals to support the ICB to shape the future of rehabilitation services in South Warwickshire.

The accompanying presentation slides covered the following areas:

- Agenda for today – an outline of the presentation.
- Why do we need to change? This showed the key drivers and the ICB's commitment.
- Key objectives of the consultation.
- What is a bed? A graphic showing the different hospital bed types, uses, equipment and staffing requirements.
- Bedded support after acute hospital stays. This chart showed the two pathways for care at the patient's home, or a temporary stay in a community hospital, care or nursing home bed. This consultation concerned community rehabilitation beds in a community hospital, with the transformation work and discharge to assess beds also being highlighted.

- SWCR Provision. This confirmed the current distribution of rehabilitation beds with the temporary closure of EBH and its redevelopment.
- Who is using the beds? Data on patient demographic, key usage areas and asking why does distance matter?
- Why are 35 beds the right number? This was modelled on the shown demand to support 550 patients.
- Where do people in the beds come from? Data was provided on the top ten locations where patients lived, who had been discharged from each of the hospital sites. It showed a shift over time and reference was made to the transformation work including the 'home first' approach.
- Options for the consultation. The two options with beds being located at two or three sites, their respective advantages and challenges.
- The ICB's preferred option and why. The ICB and SWFT preferred Option B, using the two sites at Leamington Spa Hospital and Stratford Hospital. The reasoning behind this included high-quality care, affordability, population health focus and supporting the current workforce model across South Warwickshire. This did not mean a decision had been made. Option A was viable and could be implemented.
- Rose Uwins provided further information on CHR beds. This slide showed the purpose of such beds to provide non-urgent, recovery focussed care to help patients transition from hospital to home. Key features and examples of services were provided. This was linked to the staffing aspects and the workforce modelling, shown in the PCBC. These beds were important especially for people who needed continuing care before returning home.

Questions and comments were submitted, with responses provided as indicated:

- Councillor Kate Rolfe referred to the projected population growth and increasing health service needs, including more beds as some people could not be supported at home. She would not support either of the options, which set communities against each other. The numbers game was not people centred. She could not support proposals which impacted either Stratford or Shipston. The consultation was inadequate and the ICB needed to listen to communities especially those in Shipston who were passionate about their hospital and had raised £650,000 for its benefit.
- The Chair reminded members of the public of the nature of this meeting, asking people to listen to the Committee's debate and advising that the time for public input had passed.
- Councillor Holland recognised the passionate support of Shipston residents who had made a powerful case. He declared an interest as a member of the Council of Governors for South Warwickshire Foundation Trust, also advising that election of public governors of the Trust was imminent. This would be another way community groups could get their points across to bodies with influence. Councillor Holland clarified that the Leamington Spa Hospital was actually located in Warwick but he also noted the travel difficulties between Shipston and Warwick for some people. Warwickshire's population had expanded massively but the infrastructure had not kept pace with this population growth. More developer funding was needed to expand NHS services removing the need for decisions like this. Councillor Holland suggested writing to the three local Members of Parliament urging them to work together to seek more developer funding for the NHS to meet the needs of residents. The Chair agreed that a letter be sent from the Committee to ask the three MPs to pursue this.

- Councillor Johnston, the co-opted member for Stratford-upon-Avon District Council (SDC) confirmed that the authority had passed a resolution seeking to retain inpatient beds at EBH. SDC had determined the planning aspects for the hospital site, including inpatient beds. There was Community Infrastructure Levy (CIL) funding both for the hospital and GP facilities totalling around £1million. He was not satisfied with either of the options and urged that the ICB look at facilities for the Shipston area at this site and quoting from the final slide on CHR Beds, particularly providing care closer to home.
- Councillor Barker clarified that the CIL funding was secured when she was the SDC portfolio holder. She invited the ICB to respond on the points raised by Councillor Johnston.
- Laura Nelson referred to levels of demand for services. Of the 550 patients requiring inpatient beds each year, only fifteen were resident in Shipston. The increasing levels of demand were seen in other parts of South Warwickshire, evidenced by the data in the consultation. There was a further meeting in Shipston later in the day where this could be discussed in more detail. If there was additional funding for rehabilitation it would not be utilised to increase from the 35 beds, which was deemed adequate to meet demand shown in the data from 2018 to present, even with the population growth. The 'home first' and transformation work had also contributed to meeting service demand. Warwickshire was ahead of other areas in this work. There would be an ongoing dialogue with rural areas around discharge to assess to ensure communities were aware of all the services provided.
- Councillor Barker asked how certain the ICB was on the modelling of demand for the next ten-year period. Laura Nelson spoke of the transformation work, access to other 'discharge to assess' beds and as context, only 4% of patients used the community rehabilitation beds. The focus was on transformation and home first delivery models as it would not be feasible to build numerous community hospitals.
- The Chair asked if the model of care offered by Shipston Home Nursing, was another example of hospital to home services. This was confirmed as another aspect of the transformation work and would be discussed in February at a wider partnership forum on community-based provision through a phased approach.
- Due to an interruption, the Chair and the legal adviser asked a member of the public not to speak further. The Chair made it clear that the Committee wanted to have a full debate. It had called for this consultation, and she urged some respect for the Committee. There was no further right for the public to speak at this meeting.
- Councillor Barker noted the earlier comments that Warwickshire was ahead of other areas. She wanted to understand how provision would be future-proofed and linked to other services like reablement and adult social care.
- Laura Nelson gave an outline of the ICB's subgroups. There was a collaborative and a forum for partners responsible for commissioning decisions. As an example, this would bring together partners to shape the discharge to assess arrangements. Previously the commissioning decision would have been made by the NHS. Also, the local system had been a 'front runner' as part of a national programme. This was working well across health and social care, linking with voluntary and community-based services. Feedback and concerns were welcomed and would be listened to. There were the conditions locally to look at things differently. There were challenges, but an assurance was given that partners could be brought together to analyse issues and feed up to the ICB.

- Becky Hale confirmed that the focus for this meeting was the location of the 35 beds. The Health and Wellbeing Board (HWBB) and this Committee had asked for a wider discussion about discharge pathways across health and care, which would be delivered in the coming months. She agreed with the points which Laura Nelson had just outlined.
- The Chair also had some confidence, having been involved in the preparatory work for the ICB and considered that Warwickshire was 'ahead of the game' in working together.
- Chris Bain addressed the Committee, firstly explaining the role of Healthwatch Warwickshire (HWW) for the benefit of visitors. He paid tribute to the role of this Committee and the HWBB in raising issues and ensuring they were given proper consideration. HWW had found NHS colleagues helpful in discussing the issues. The public speakers had clearly articulated several issues. Chris referred particularly to the points on travel times, the growing population and its aging demographic as well as the rurality of this area. HWW did not consider it sufficient to merely acknowledge these issues, and there was a need to ensure plans were in place to deal with them. It did not favour any option but wanted to ensure the points people raised were properly considered. Previously, HWW had urged the provision of services which met the needs of the public and to avoid making the public fit the service.
- Rose Uwins confirmed the ICB wanted to gather feedback and understand the impact of service changes for people across South Warwickshire. Rurality had been raised and was important. It would be one of the wider issues discussed at a planned meeting with HWW and other groups. Whether those issues would be resolved by the community beds review was a different matter, but it was important to discuss it. There were other work areas, with discharge to assess mentioned specifically. The ICB was listening to the feedback and would take the points forward as part of different work streams and continuing the transformation journey.
- The Chair was proud of the contribution both this Committee and HWBB made.
- Councillor Shenton highlighted the following issues: demand for the beds, logistics serving the locations, patient movements to the locations, visitor and staff travel times, sustainability and finally the costs of the two options. He then explored each of these areas in more detail. The level of demand was for 35 beds and providing additional beds would increase costs. From the data, the level of demand for people from the Shipston area was 2-3 beds. This meant 80% of occupancy would be people from other areas, with associated impacts for their travel times. He explored the merits of continuing with the current two sites, comparing the respective travel times from Shipston to Stratford and from further afield to Shipston. In terms of logistics, having two sites, one of which was central, made sense and avoided duplication of effort in other locations. Patient movements needed to be factored in, as they were being relocated from the acute hospital. Visitor travel times would increase for the 80% of people who lived further afield and were travelling to Shipston. Unless the staff lived in Shipston, their travel times would also increase. In terms of sustainability, encouraging more use of public transport and less private car journeys was not as easy to Shipston as it was to Warwick or Stratford. Councillor Shenton spoke on the costs of the options, with higher investment and ongoing revenue costs if beds were located across the three sites. There were 20,000 new homes planned to the north and central parts of this area. He had sympathy for what people wanted but there were finite financial resources. The data did not support adding twelve more beds at EBH. The consultation was open until 14 February, and it was essential that everyone put forward their view. He considered that the presentation

and supporting information were good. He noted the mention of alternate options and encouraged people to submit those options.

- The Chair asked how many responses had been submitted to the consultation so far and this was over 500. She was encouraged that the right number of meetings were happening, and people were responding to the consultation. She asked what proportion of this was through digital means.
- Rose Uwins confirmed that there were four events online and four in-person events which had been advertised in the local press. The in-person event later in the day had 88 people registered to attend. There had been engagement with the voluntary sector via Warwickshire CAVA, which had supported to inform organisations and individuals about the consultation. HWW had a supply of paper questionnaires and there was a telephone line publicised on flyers, so paper copies could be posted to people with a freepost reply service. The communications pack had been shared widely. There had been paid social media advertising to local Facebook groups and the ICB had spoken to community groups.
- The Chair was confident that the amount of consultation was as much as could be done and people were responding, given the 500 responses so far.
- Councillor Pam Redford referred to the local plan. For the whole of South Warwickshire 54,450 new homes were due to be built for the period to 2050. She asked if the modelling of bed requirements considered the scale of population growth through to 2050.
- Rose Uwins mentioned the PCBC which looked at this modelling in depth and future service demands. There were other factors which needed to be considered including the transformational changes, and more home-based support. Martin Sandler, Associate Chief Medical Officer and a geriatrician at George Eliot Hospital added that the numbers of frail elderly people would continue to rise over the next twenty years then start to reduce by 2050. A low proportion of people required bedded rehabilitation. It was expected that the proportion would reduce still further with developments of services at home. Already, a reduction was being seen in the numbers requiring bedded rehabilitation.
- Councillor Redford asked whether the rehabilitation beds may also be used for younger patients and if the modelling had accounted for significant population growth. In reply, a relatively small number of younger people required such rehabilitation. There were other rehabilitation wards, for cases involving stroke, head or spine injury. Whilst these could involve younger people, this specialist provision involved a small number of people. The vast majority of rehabilitation was provided for older people. Information was provided on the front runner initiative, and the benefits of rehabilitation at home instead of patients being in a hospital. Bringing the rehabilitation services together at the Leamington Hospital would provide a further advantage, allowing specialists to share expertise and give better outcomes for patients.
- Laura Nelson provided further assurance regarding the modelling of population growth. She outlined the role of the four place-based estate forums for localities in Coventry and Warwickshire. This multi-agency approach included housing leads and looked at such things as population growth and NHS service plans. A further aspect was accessing developer contributions from new housing to meet the demands from population growth.
- The Chair considered that there would be a reducing population evidenced by current data known as the replacement rate which was around 1.8 per family.



- Councillor Rolfe made a proposal: “Neither of the proposals is acceptable. This Committee asks that the ICB and SWFT meet with representatives from Shipston and local councillors to explore alternative means of providing rehabilitative services in rural south Warwickshire”. This proposal was seconded by Councillor Johnston. It was suggested that this included the earlier request to write to the three MPs about infrastructure funding.
- The Chair confirmed that the Committee could write to the ICB, whilst reminding of the decision before the Committee at this meeting. She went on to say that the building at Shipston was now complete. There were other services due to be delivered from this location which needed to be progressed, albeit they were outside the scope of discussion at this meeting.
- Adam Carson, Managing Director of SWFT confirmed that the building was almost complete. SWFT wanted this to be a beacon for healthcare services in Shipston, which involved the community, maintained and developed outpatient services. Work was taking place currently to look at potential outpatient services, health and wellbeing elements and co-location of primary care services. It was important not to delay these elements to provide services for Shipston as soon as possible.
- Councillor Rolfe had suggested that this meeting take place so the Committee could put forward its views on the consultation. She hoped that members would accept that the Committee could put forward these viewpoints if need be with amendment. She did not want to choose on this.
- The Chair clarified that the Committee’s role was not to choose, but to consider the consultation and whether it had been effective. Therefore, individual members could feed in the other points raised. It was not the Committee’s decision, and its role was to monitor.
- Discussion took place on the proposal from Councillor Rolfe. Councillor Shenton suggested wording to consider an alternative approach. In response to clarification from Councillor Rolfe, that neither proposal was acceptable, he advised that it was not the Committee’s decision, but it could ask if there was an alternative and he suggested softening the response in that way.
- The Chair recalled that previously there were five choices suggested which had been narrowed down. With the information heard, the Committee could respond that when the consultation feedback was assessed, the ICB may need to consider undertaking something else as well.
- Laura Nelson brought members back to the purpose of this consultation. It was separate from the other pieces of work being discussed. She requested clarity on what the Committee was asking her to consider in relation to the rehabilitation beds. The evidence showed clearly that 35 beds was sufficient, that account had been taken for future population growth and detail provided on the transformation work. There was not evidence to support additional rehabilitation bed numbers from a healthcare perspective. Further work was ongoing presently on discharge to assess and community bed provision for the whole of Warwickshire.
- Councillor Shenton felt this encapsulated his points. There were two options for the Committee to consider and any third option would need to be specific. If additional beds were being sought, it had been shown there was not the demand for them. If there was a

specific third option, this could be included in the letter to the ICB. He was struggling with the current proposal suggested.

- The Chair echoed this, reminding of the numerous times this item had been considered by the Committee. Other options had been considered previously but been discounted leaving the two options submitted. She confirmed the volume of the PCBC which was over 900 pages.
- Rose Uwins added that several other options had been worked through. The PCBC documented the process undertaken leading to the two options for placement of the 35 beds. If additional data was needed, it could be supplied. If a health need or demand had been missed, the ICB would like to receive details.
- The Chair considered it important that members had read all the information, including the PCBC. She reminded members of the previous consultations undertaken and the length of time this had taken. This consultation concerned the rehabilitation beds, and the Committee was not the decision maker. It would write to the three MPs to lobby about infrastructure funding.
- Councillor Rolfe reminded of her proposal for further discussions to take place between the ICB, SWFT and the local community. She urged that a face-to-face discussion take place in the next few days.
- The Chair confirmed that such a meeting was taking place that afternoon involving specialist clinicians, SWFT, the ICB and community groups. If further conversations were needed, she urged that those groups and individuals approach the ICB and SWFT. Laura Nelson listed the other meetings held with the Beds for the Badger group and Shipston Town Council twice. Aside from this consultation further conversations were planned on the other workstreams to discuss health services for rural Warwickshire. The Chair acknowledged the improved communication from the ICB on this issue.
- Councillor Drew mentioned the previous criticism that the consultation wasn't long enough. It was clear that Shipston had supported the EBH for a long time, and it was a valued community asset. There was a growth in the elderly population, and with medical improvements, people were living longer but with serious medical conditions and support needs. She touched on the other work streams and discharge beds, questioning whether this would have an impact. In reply, Rose Uwins mentioned the continued transformation work. It was possible in the future that the demand for rehabilitation beds would decrease. She reiterated the benefits of rehabilitation at home. For the past five years, demand for community bedded rehabilitation had remained steady.
- Councillor Shenton revisited some of the comments from the public speakers. These included not reducing the bed numbers at the other locations and provision of other bed types for end-of-life and day care. He presumed that a clinical decision would be needed for the latter. He therefore concluded this was about the two options presented.
- In view of the debate, Councillor Rolfe reworded her proposal to be: "This Committee asks that the ICB and SWFT meet with representatives from Shipston and local councillors to explore alternative means of providing rehabilitative services in rural south Warwickshire".
- The Chair questioned the term 'rehabilitative services' being mindful of the wider service review and the public speaker contributions about other types of beds. There were associated financial implications and other complexities.

- Laura Nelson considered this to be a narrow definition. Some of the consultation feedback had referenced end-of-life and palliative care. It was about what the population of Shipston needed. She suggested looking at the population needs of South Warwickshire and what is the community bed provision. Councillor Rolfe agreed to replace the term 'rehabilitative' with 'community' services.
- The Chair spoke of the challenges she had faced on this matter, the research she had done and was keen to make progress in securing the use of the new premises.
- Councillor Holland requested that similar meetings be offered with the Warwick and Stratford Town Councils. He would be supportive if the offer was made to meet with all parish and town councils. Rose Uwins confirmed that a meeting was arranged with Stratford District Council. She understood this aspect concerned services for rural communities. There were other pieces of work for community services, which the ICB was keen to get others involved in.
- The Chair commented that there were many work streams within the ICB. It was important that rural and urban areas were not played off against each other. She was encouraged by the involvement of both the ICB and SWFT and their responsiveness to requests.
- Adam Carson spoke on the implementation of the community service contract. A key part was integrated neighbourhood teams, who held conversations with local communities, town, district and borough councils.
- Councillor Johnston commented that parish councils in the Wellesbourne area he served were supportive of beds at EBH, which was an easier, if longer journey than to the Stratford Hospital. He would like to understand more about the offer to rural south Warwickshire in terms of wider community services outside the remit of this consultation. The Chair provided an overview.
- In response to a question from Councillor Shenton it was clarified that the additional meeting offer concerned the wider community services rather than the rehabilitation project.
- Councillor Rolfe asked what the ICB would do if a significant majority of the consultation responses were not in favour of either of the options. The ICB had said it would listen, but would it act on such a response? She was concerned that if there were no other options, the ICB would implement one of the two options as a default. Would the ICB listen and do something different?
- Rose Uwins responded that the consultation sought to understand the opinions and impact for south Warwickshire residents on the options and where the 35 beds should be located. The outcome could not be predicted and may lead to other considerations, with mention of rurality and the community integrator work. The ICB Board would consider all the information in March in making its decision. Laura Nelson added that there were two options, which were both viable and with different challenges. An independent analysis of feedback had been commissioned and would be presented to the Board.
- Councillor Rolfe repeated her question. Councillor Drew echoed this. The ICB had stated a preferred option in its documents, and she asked if this would become the default position.
- The Chair had been involved throughout this process, seeing the various options at different stages leading to the two options presented. She trusted the data but did not feel it fair for the officers to answer what would be the Board's decision. Individuals could write to express

their views. Councillor Rolfe asked if the Committee could similarly write, but the Chair pointed out that the Committee did not have a settled position.

- Laura Nelson was clear that there were two options for rehabilitation, maintaining existing provision and this was about the location. Other than that, she did not know what additional information could be taken to the Board.

The Chair drew the debate to a close, asking the Committee to confirm it had considered the formal consultation, which was agreed.

The meeting rose at 12.10pm

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Chair

### **Manuela Perteghella MP (Stratford-on-Avon) written representation**

I want to thank everyone who has voiced their concerns and come together to support the future of the Ellen Badger Hospital, as well as of Stratford Hospital, the last two community hospitals in my constituency of Stratford-on-Avon. Your dedication to the well-being of our community is clear, and it highlights the shared determination we have to protect vital local services.

I also want to thank Warwickshire County Council Adult and Social Care Overview and Scrutiny Committee because without your intervention and your listening to residents' concerns we would not even have a consultation.

I am disappointed by the short duration of the consultation, and by the two options, and alarmed that these seem to put our communities against each other.

The Ellen Badger Hospital is more than just a facility; it has been at the heart of the Shipston community for generations, providing essential care and support to so many, including surrounding villages and settlements. The two options presented in the current consultation are simply not acceptable. They fail to meet the needs of our growing community, the thousands of homes that have been built and the tens of thousands that needs to be delivered to 2050, the increasingly older demographics. Most of all they fail to take into consideration the rurality of our area, with all the challenges that rural communities currently face, including unreliable public transport.

We need solutions that reflect the priorities of those who use and depend on these services, including future-proofing our healthcare needs, not proposals that fall short of what our community deserves.

The ICB's preferred option, to remove beds from the Ellen Badger, cannot be allowed to go ahead. If they have their way, the Ellen Badger will be reduced to a hospital in name only. Halting this disastrous proposal must not come at the expense of beds elsewhere in Warwickshire, such as Stratford Hospital, as suggested in the first option.

Thank you to all those who signed the parliamentary petition, which is now been delivered to the Department for Health and Social Care. Your efforts have sent a strong and clear message: our community values its healthcare services and will not accept inadequate proposals. This is a critical moment to stand firm and make it clear that these options are not fit for purpose.

I urge the ICB to listen to the representations and to meaningfully consider any alternative option and proposals for local beds put forward by the impacted communities.