Minutes of the meeting of the
Adult Social Care and Health Overview and Scrutiny Committee
held on 25 September 2019

Present:

Members of the Committee

Councillors Helen Adkins, Jo Barker, John Cooke, Clare Golby (Vice Chair), John Holland, Andy Jenns, Wallace Redford (Chair) and Jerry Roodhouse

Other County Councillors

Councillor Les Caborn, Portfolio Holder for Adult Social Care and Health
Councillor Dave Parsons

District/Borough Councillors

Councillor Margaret Bell, North Warwickshire Borough Council
Councillor Sally Bragg, Rugby Borough Council
Councillor Chris Kettle, Stratford District Council
Councillor Pam Redford, Warwick District Council

Officers

Becky Hale, Assistant Director People Strategy and Commissioning
Mandi Kalsi, Performance Officer
Helen King, Assistant Interim Director (Director of Public Health)
Nigel Minns, Strategic Director for the People Directorate
Isabelle Moorhouse, Trainee Democratic Services Officer
Pete Sidgwick, Assistant Director, Social Care
Paul Spencer, Senior Democratic Services Officer
Emma Whewell, Trainee Solicitor

Also Present

Chris Bain, Chief Executive, Healthwatch Warwickshire
Jayne Blacklay, Managing Director, South Warwickshire Foundation Trust (SWFT)
Anna Pollert
Dennis McWilliams

1. General

(1) Apologies for absence

Apologies for absence from the meeting had been received from Councillors Andy Sargeant and Mike Brain

(2) Members Declarations of Interests

None

(3) Chair's Announcements

The Chair reported on the recent joint health overview and scrutiny committee (JHOSC) which was reviewing proposals for maternity services at the Horton General Hospital (HGH) in Banbury. The Oxfordshire Clinical Commissioning Group (CCG) had presented its final recommendations at the JHOSC meeting on 19 September and was proposing the permanent closure of the obstetric unit at the HGH. These proposals had been unanimously

rejected by the JHOSC, which passed a number of resolutions and was minded to submit further representations to the Secretary of State for Health.

The Chair reported that there would be a meeting of the Coventry and Warwickshire JHOSC, to be held at Shire Hall on 14 October at 10am. All members of this committee would be welcome to observe the proceedings, which included an address from Sir Chris Ham on the local NHS five-year plan.

The Chair had also attended a Westminster health briefing. He was disappointed at the levels of attendance at the event and at the quality of an NHS presentation on mental health.

(4) Minutes

The minutes of the Adult Social Care and Health Overview and Scrutiny Committee held on 3 July 2019 were agreed as a true record and signed by the Chair.

2. Public Speaking

Questions from Mr Dennis McWilliams

Mr Dennis McWilliams had given notice of two questions, which concerned the stroke service reconfiguration and legislation pertaining to CCG mergers and associated consultation requirements. Copies of the questions are attached at Appendices A and B to the minutes. The questions had been circulated to the Committee and were introduced by Mr McWilliams.

The Chair responded that a detailed written reply would be provided to Mr McWilliams. Councillor Adkins asked how members of the Committee would be able to discuss the response if it was provided after the meeting. It was agreed that the response be circulated to members of the Committee and the process for public questions be discussed further at the next Chair and Party Spokesperson meeting.

3. Questions to Councillor Les Caborn, Portfolio Holder for Adult Social Care and Health

Councillor Kettle thanked the Chair for his verbal update on the meeting of the Horton JHOSC. He asked Councillor Caborn if he would support the endeavours of the Chair and the JHOSC, which Councillor Caborn confirmed.

Councillor Helen Adkins referred to the question she had submitted to Councillor Caborn at the previous meeting on the closure of buildings that provide mental health services in Leamington and Warwick. A final response was still awaited from the Coventry and Warwickshire Partnership Trust (CWPT) and Councillor Caborn agreed to follow this up.

4. Performance Monitoring – Clinical Commissioning Groups

Helen King, Assistant Interim Director (Director of Public Health) introduced this item. The detail of the report provided information on the performance monitoring by the three Clinical Commissioning Groups (CCGs) on NHS services delivered to Warwickshire residents. It provided a six-month update on CCG performance measured by the NHS constitution measures, now reflecting performance up to June 2019. Regular performance reports were provided to each CCG's governing board. A table showed key facts on each CCG relating to population, budget, GP members, CCG quality assurance framework, organisational facts quality innovation, productivity and prevention savings.

All three CCG's commissioned CWPT to provide mental health and learning disability services for children, adults and older adults. SWFT provided a range of community services.

The CCGs used the performance measures and other intelligence to indicate where there were risks which might prevent the CCG from achieving its objectives. Current identified risks were set out in the report, together with updates from the respective CCG 2018/19 annual reports.

No CCG representatives were able to be present at the meeting, so officers would collate any questions or requests for further detail and ask the relevant CCGs to provide this information. Throughout the debate, several members criticised the lack of CCG representation and this made it difficult to discuss the performance report effectively, or to receive timely replies to questions. Officers explained that the lead CCG officers had a meeting clash.

The following questions and comments were submitted by members with responses provided as indicated:

- The failed indicators in regard to four hour waits at accident and emergency (A&E) departments were discussed. It would be useful to see data on patients who presented at A&E, self-discharged and then subsequently re-presented at A&E. Jayne Blacklay of SWFT confirmed this data was captured by trusts. It was not a significant issue for SWFT, but more of an issue was the sheer volume of patients presenting at A&E over the summer, compared to previous years. Whilst SWFT's A&E performance was still good, it had been noted that some patients from out of area were presenting. This could delay discharges if patient transport services were required for lengthy travel distances.
- Councillor Kettle noted that for the South Warwickshire CCG, more than half (13 of 21) indicators were not being achieved. He considered that the report's commentary was not as honest as that for the Warwickshire North CCG, which had acknowledged the need for improvement. He also referred to the respective in year deficits of the CCGs. There was concern that if the CCGs merged it would be less easy to interpret the performance report and he asked that separate reports should still be provided until it was known the SWCCG had achieved improvements.
- Helen King stated that the CCGs did take the performance reporting seriously and she noted that some of the targets had only been missed by a small margin.
- Councillor Kettle quoted the position on two-week waits for patients with breast cancer symptoms, which was considerably below target. A detailed

response should be given on how they would improve performance, given their position relative to the other CCGs.

- Jayne Blacklay commented that there were some specific problems in June with high referral numbers and problems with diagnostics. An improvement plan had been put in place and performance had improved from July onwards. SWFT was a high performing trust for referral to treatment targets.
- Additional written information had been provided by the CCGs. This had only been received and circulated the previous day and some members had not seen or had the opportunity to consider it. One of the reports was 19 pages in length and so they couldn't be considered at this meeting and needed to be provided in a more timely manner in future.
- There was concern about the proportion of indicators being missed. A member considered that support and assistance should be offered rather than blame. It was known that Warwickshire's population would continue to increase and strategies needed to be put in place to provide services to meet the needs of this growing population. There was also a need to look at problem areas and to address them now. For example, increasing paramedic services would alleviate pressures on acute trusts and especially the A&E departments. Adopting a funding system centred on patients, to provide cost effective services rather than allocations to individual organisations was suggested.
- There was strong concern at the SWCCG position on improving access to psychological therapies, both for access and recovery, which had seen no real improvement in performance over the last 10 years. Officers were not able to provide additional information, but this would be requested from the CCGs.
- A&E waiting time data for the WNCCG was disappointing and it was regularly at the level reported for June. The A&E performance provided a barometer of capacity and delays were associated with a shortage of beds on wards. Until the out of hospital services were running effectively, there needed to be adequate bed numbers at acute trusts. The points on Warwickshire's growing population were echoed.
- The report showed CCG performance indicators against target, but without the context of what had caused the low performance or the remedial action being taken. Performance for twelve hour trolley waits, A&E waiting times and two week waits for breast cancer symptoms were referenced as examples.
- It was questioned whether a breakdown could be provided on the proportion of people attending A&E who could be treated more appropriately at other primary care services and why they were attending A&E instead.
- The report identified waiting list management problems at George Eliot Hospital, but no detail was provided on the action being taken. Without this context it was not possible to consider this matter or to give confidence to residents that it was being addressed.
- Before the merger of the CCGs was progressed, the Committee needed an assurance that the performance issues raised have been addressed. It would be less easy to monitor performance effectively when it was a monitoring report for a single CCG.
- The Portfolio Holder clarified that notwithstanding the move towards a single CCG, the performance reports would still be disaggregated across the three place partnerships. This was confirmed by Jayne Blacklay, who added that performance reporting was changing and would include trend data in future.

- Concern was raised in regard to the Coventry and Rugby CCG indicator for cancelled operations that were rebooked within 28 days. The member spoke of the distress this caused to patients and asked whether the reported position was typical or unusual. Officers responded that there were a variety of causes for operations being cancelled, including patients not being able to attend or other medical complexities. It would be helpful to see the data over a longer period and this would be pursued with the CCG.
- Chris Bain of Healthwatch Warwickshire provided context that this performance report focussed on the NHS constitution measures. There were many other measures, so the performance levels should be viewed as a whole. Looking forwards, it was important that CCGs engaged with the committee effectively, given the future work on primary care networks, integrated care, staffing levels post Brexit and the financial position of the health and care system.
- A member was concerned about the capacity of A&E services, the potential difficulties for the NHS if the recent low levels of influenza over winter increased and the impact of population increases.
- The performance report would be more useful if the percentage data was supplemented by figures, proportion or volume to give context and clarity.
- A member summarised the views of the Committee regarding the poor performance levels reported and the lack of attendance by CCGs. He suggested that an additional meeting of the Committee be convened with appropriate CCG representation to discuss performance issues. This suggestion was supported and the Chair sought members approval to this way forward. The CCG's senior officers would be invited to attend. It was questioned if an invite could be extended to the public speaker. There was also a need to discuss the CCG merger proposals and the associated consultation arrangements.

The Chair thanked members for their detailed debate and scrutiny of this item.

Resolved

That an additional meeting of the Committee is convened with representatives of the clinical commissioning groups to discuss further the performance report, areas of concern and the proposals for merger of the CCGs.

5. Adult Social Care Strategic Review

The Committee received a presentation from Pete Sidgwick, Assistant Director for Social Care and Becky Hale, Assistant Director for People Strategy and Commissioning, to accompany a circulated report. A review of demand in Adult Social Care was undertaken in 2018 and early 2019 to support further development of the service, to meet the needs of the Warwickshire population. The review was carried out by an independent expert supporting the County Council with its transformation programme. The review recognised that whilst Warwickshire continued to perform in relation to outcomes for people in receipt of adult social care there were some areas for improvement. The review contained a series of observations and associated recommendations as follows:

- Data management and improved use of data to inform planning and decision making
- Approaches to managing demand and the market

- Better identification of, and support to, people on the cusp of care
- Enhanced use of assistive technology
- Robust early intervention and prevention strategy
- Enhancing assessment and care management processes, with a focus on reviews
- More effectively supporting people with direct payments
- Enhancing the brokerage function
- Enhance accommodation-based support and community support services available in the market
- Effective transition arrangements to support preparation for adulthood
- Progressing the integration of health and social care
- Developing the workforce

Delivery of the outstanding recommendations required a collaborative response with health and wider system partners. Given the timing of the review some of the recommendations had already been actioned, with all others being in progress.

The presentation covered the following areas:

- Context
- The review focus
- Overview of review findings
- Performance
- Budget
- Income
- Demand for Support
- A snapshot of activity data
- Challenges around support supply
- Early intervention and prevention
- Reablement
- Assistive technology
- Recommendations from the review and the ten summary recommendations

Questions and comments were submitted on the following areas, with responses provided as indicated:

- It was confirmed that there had been some 50 recommendations made by the independent expert. These had been grouped into the key themes reported above and the recommendations had been accepted by officers.
- A member noted that adult social care performance was adequate, but the funding allocated to the service in Warwickshire was lower than that of comparable councils. It was questioned why the budget was less. Pete Sidgwick explained that the staffing budget may be lower than some other councils, but it did not mean that other councils provided more services to their residents. Councils used different service delivery models and some councils were interested in emulating the way Warwickshire delivered some of its services. Nigel Minns added that each local authority differed as did their local market for services. It was considered that the Council achieved good value for money for its services. There wasn't a budget pressure currently and there was no detriment to the public. This Council's budget had grown year on year, unlike some other councils.
- It was suggested that more detail could have been provided in the report, rather than the accompanying presentation.

- The financial position was satisfactory at present, but a lot of the funding initiatives were only provided for a single year. Adoption of the recommendations from the review would have a financial implication. It would be useful to understand more about this and it would likely become clearer in the overall budget proposals later in the year. However, there may be different views from a commissioning, service provision or finance viewpoint.
- Chris Bain relayed observations from a recent Healthwatch standing conference about the various ways in which the patient voice could be heard for NHS services, but there wasn't the same clarity for social care services. Officers advised that there was a voice within different customer groups, via partnership boards and through an annual customer survey, but there wasn't a joined up approach presently and this had been noted as an area to address. An approach similar to that used by the NHS was one option.
- A member suggested it was difficult to assess progress against the original 50 recommendations as they hadn't been set out clearly, with only a summary provided of the key themes. The Chair noted that the position had moved on since the review and the priorities had been highlighted.
- Nigel Minns explained that the strategic reviews were undertaken by independent experts, but were owned by the responsible assistant directors. He suggested that a subsequent report should be in the form of progress against the action plan, which had been produced following the review.

The Chair sought a view from the Committee on the timescale for revisiting this matter and there was a consensus that a further update should be provided in six months.

Resolved

That the Overview and Scrutiny Committee notes the findings of the Strategic Review of Adult Social Care and the action being taken to progress the recommendations, with a further update being provided to the Committee in six months.

6. One Organisational Plan Quarterly Progress Report

Nigel Minns introduced the One Organisational Plan (OOP) quarterly performance progress report for the period 1 April to 30 June 2019. This had been considered and approved by Cabinet at its meeting on 12 September 2019. The report provided an overview of progress of the key elements of the OOP, in relation to performance against key business measures (KBMs), strategic risks and workforce management. A separate financial monitoring report for the period covering both the revenue and capital budgets, reserves and delivery of the savings plan was presented and considered at the same Cabinet meeting. This report focussed on information extracted from both Cabinet reports to provide the Committee with the information relevant to its remit.

A strategic context and performance commentary was provided. Of the 58 KBMs, 10 were in the remit of the committee. At the quarter one position, 70% (7) of KBMs were currently on track and achieving target and there were several measures reported where performance was of particular note, together with areas of concern that needed to be highlighted.

The relevant finance information from the Cabinet report was also provided, both for revenue and capital, detailing the performance thresholds and delivery of the 2017-20 savings plan.

A member asked if progress was being made in reducing delayed transfers of care that were attributable to social care. Members were advised of the current ranking of Warwickshire relative to other councils and the significant improvements made compared to the position some years ago. However, the position had deteriorated from the same period last year.

Resolved

That the Committee notes the progress of the delivery of the One Organisational Plan for the period 1 April to 30 June 2019.

7. Work Programme

The Chair reported that the Committee's work programme would be reviewed in the new year and members were invited to propose new areas for scrutiny. The revised work programme would be submitted to a future meeting for consideration and approval. Councillor Kettle sought clarity on the roles of district and borough councils in considering health scrutiny matters. Such councils could review service areas within their remit that contributed to health and wellbeing.

Resolved

That the Committee notes its work programme.

8. Any Urgent Items

None.

The Committee rose at 12.50pm

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Chair

A question in regard to stroke service reconfiguration.

Will the WCC ASC&HOSC today set out in plain terms the process of accountability regarding the pre-Consultation Business case for Stroke Service Reconfiguration that has been adopted by SWCCG and goes before the NWCCG and Cov/RugCCG on 26th September and in regard to any subsequent Consultation material?

In terms,

- Has the Joint HOSC met formally to consider the pre-consultation business case prior to its adoption by the CCGs?
- If so will the record of that forum be made public?
- If not, why not?
- Will any CCG adopted business case come before the ASC&HOSC for scrutiny?
- If so, when?
- Will the WCC HOSC form policy in regard to the Consultation material with a view to informing and directing the Joint HOSC?
- When will the Joint HOSC meet to address the Consultation material?
- Will the meeting be in public, be open to public questions, and publish minutes as soon as practicable?

Dennis McWilliams
South Warwickshire Keep our NHS Public Chair

SWKONP is concerned that WCC ASCHOSC may be unaware of the relevant legislation and regulations pertaining to CCG mergers, which require a public consultation before submitting an application to NHS England.

The plan is to merge South Warwickshire, North Warwickshire and Coventry and Rugby CCGs into one super-CCG, to cover the planned Integrated Care System.

SWKONP expressed concerns about a perfunctory, poorly times and poorly attended 'engagement' process in May to the SWCCG Board and elsewhere. The same concerns were expressed in the engagement sessions in Leamington and Coventry.

At that time an April 2020 date for merger was the target.

Many local authorities have stated concerns about breaking links with a local CCG.

Very recently the Health Service Journal (16th September 2019) has reported Sir Chris Ham's concerns:

> Chris Ham, Coventry and Warwickshire STP chair and former King's Fund chief executive, said: "There needs to be greater clarity on roles and functions before NHSE decides on form.
>
> "What will be done by systems and what at place? How can local authorities, GPs and others be assured that their interests won't be ignored as CCGs merge? The move is rightly to fewer larger CCGs but maybe not one per system."
> (https://www.hsj.co.uk/policy-and-regulation/nhse-considers-tightening-rule-to-push-ccgs-to-merge/7025936.article)

The creation of a remote and centralised CCG with opaque structures and complex decision-making processes risks making meaningful public engagement and involvement even more difficult. The single CCG would control the total budget, and set health policy for over 1.8 million people, which would add to existing problems of public accountability and transparency.

Further, there is a strong prospect of little or no chance of this 'super' CCG listening to and acting on the wishes of local people concerned that decisions taken centrally are not in their interests. Currently local CCGs have the right of veto of proposals detrimental to local health needs. The removal of this right would be a major democratic loss. The local link will be broken.

Because of our concerns that Coventry and Warwickshire CCGs may be pressing ahead with their plans to merge without consulting the public, we would urge HOSC to consider the legal justification set out below and require Warwickshire CCGs to comply with the relevant legislation and regulations.

Legal basis for public consultation on CCG mergers

The relevant legislation is contained in the 2006 NHS Act, as amended by the 2012 Health and Social Care Act, which legislated for the creation of CCGs:

http://www.legislation.gov.uk/ukpga/2006/41

The relevant regulations are s9(2) and (3) and then Schedule 2(f) and Schedule 3(e) of the National Health Service (Clinical Commissioning Groups) Regulations 2012, which came into force immediately after the commencement of section 25 of the Health and Social Care Act 2012. http://www.legislation.gov.uk/uksi/2012/1631/pdfs/uksi_20121631_en.pdf

NHS Act 2006

Section 14G of the NHS Act 2006 says that merger of CCGs entails the dissolution of the pre-existing CCGs and the formation of a new CCG.

14G Mergers
(1) Two or more clinical commissioning groups may apply to the Board for—
(a) those groups to be dissolved, and
(b) another clinical commissioning group to be established under this section.

This is followed by section 14H of the Act governing applications to the Board (NHS England) for CCG dissolution.

Regulations related to dissolution of CCGs

Regulations s9(3) and Schedule 3(e) say that if a CCG is applying to the Board for dissolution then the Board has to take into account *the extent to which the CCG has sought the views of individuals to whom any relevant health services are being or may be provided, what those views are, and how the CCG has taken them into account.* It defines relevant health services as health services pursuant to arrangements made by the CCG in the exercise of its functions. This means the views of the whole population for which the CCG is responsible must be sought, and that would require public consultation.

In addition, and in case it were to be argued that CCG merger does not entail CCG dissolution, but rather a change to the CCG constitution to vary the area or list of members, then section 14E of the Act (Applications for variation of constitution) and related regulations s9(2) and Schedule 2(f) would apply. This would also require public consultation.

The relevant parts of the Regulations are quoted below:

Variation of CCG constitution and dissolution of CCG: factors etc.

9.—(1) This regulation applies if a CCG applies to the Board—
(a) under section 14E of the 2006 Act, to vary its constitution, or

(b) under section 14H of the 2006 Act, for the group to be dissolved.

(2) Schedule 2 sets out factors which the Board must take into account when determining whether to grant an application under section 14E.
(3) Schedule 3 sets out factors which the Board must take into account when determining whether to grant an application under section 14H.

Schedule 2 Factors relating to applications to vary CCG constitution
2(f) The extent to which the CCG has sought the views of individuals to whom any relevant health services are being or may be provided, what those views are, and how the CCG has taken them into account.
"Relevant health services" means any services which are provided as part of the health service pursuant to arrangements made by the CCG in the exercise of its functions.

Schedule 3 Factors relating to applications for CCG dissolution
3(e) The extent to which the CCG to be dissolved has sought the views of individuals to whom any relevant health services are being or may be provided, what those views are, and how the CCG has taken them into account.
"Relevant health services" means any services which are provided as part of the health service pursuant to arrangements made by the CCG in the exercise of its functions.

In summary, according to legislation, CCG merger entails the dissolution of CCGs. Applications to merge CCGs are therefore governed by regulations about dissolution of CCGs. Such applications require the Board (NHS England) to take into account the extent to which the CCG has sought the views of individuals to whom health services are provided through arrangements made by the CCG, in other words the whole population for which the CCG is responsible. That would require a public consultation and not just an "engagement" with selected stakeholders.

We urge HOSC to ensure that the Warwickshire CCGs conducts a full public consultation on the CCG merger proposal before any application to NHS England.

Adult Social Care & Health Overview & Scrutiny Committee

Monday, 13 January 2020

Minutes

Attendance

Committee Members
Councillor Christopher Kettle
Councillor Pamela Redford
Councillor Sally Bragg
Councillor Wallace Redford (Chair)
Councillor Clare Golby (Vice-Chair)
Councillor Helen Adkins
Councillor Jo Barker
Councillor Mike Brain
Councillor John Holland
Councillor Jerry Roodhouse
Councillor Andy Sargeant
Councillor Margaret Bell

Officers
Shade Agboola
Nigel Minns
Pete Sidgwick
Paul Spencer

Others Present
Councillor Caroline Phillips
Chris Bain, Healthwatch Warwickshire
Alison Cartwright, Gillian Entwistle and Anna Hargrave South Warwickshire Clinical Commissioning Group (CCG)
Vicky Castree and Councillor Joe Clifford, Coventry City Council
Andrew Harkness, Adrian Stokes and Rose Uwins Coventry and Rugby and Warwickshire North CCGs
Claire Quarterman, Coventry and Warwickshire Partnership Trust (CWPT)
Pippa Wall, West Midlands Ambulance Service (WMAS)

Dennis McWilliams and Anna Pollert, Public

1. General

(1) Apologies

Councillor John Cooke, replaced by Councillor Dave Reilly and Councillor Tracy Sheppard, Nuneaton and Bedworth Borough Council.

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

None.

(3) Chair's Announcements

The Chair referred to the joint health overview and scrutiny committee (JHOSC) which had considered maternity services delivered from the Horton General Hospital in Banbury and made representations to the Secretary of State for Health. A response was still awaited to these representations.

2. Public Speaking

Question from Professor Anna Pollert
Professor Pollert made a statement opposing the proposed merger of the three CCGs across Warwickshire and Coventry, stating it would lead to a loss of public accountability of health and social care commissioning. The Chair replied that the Committee had not yet had the opportunity to discuss this matter, but would look into it.

Question from Mr Dennis McWilliams
Mr McWilliams urged this Committee and the Coventry and Warwickshire JHOSC for a lay public participation involvement member to be on the Implementation Board for the stroke project and for the County Council to lobby Stagecoach to retain the existing services they proposed to cut between Stratford, Warwick, Leamington and Coventry. The Chair replied that he would need to discuss this with Councillor Clifford from Coventry City Council as this was a matter for the JHOSC. With regard to bus services, this lay within the remit of another of the County Council OSCs. He would speak to the appropriate committee chair and it may be helpful if Mr McWilliams provided some further information to help with the investigation of this matter.

Copies of both questions are appended to the Minutes at Appendix A and B respectively.

3. Questions to the Portfolio Holder

Councillor Margaret Bell raised an issue with regard to the lack of awareness of some out of hours services delivered though the primary care network, using an example to illustrate this. The telephone '111' service had had referred a patient to the local acute hospital, when there was a GP practice providing out of hours services closer to the patient. The Portfolio Holder agreed to look into this matter, which may also need to be referred to the Health and Wellbeing Board. Adrian Stokes, Warwickshire North and Coventry & Rugby CCGs also offered to pursue this.

4. Developing Stroke Services in Coventry and Warwickshire - Public Consultation

The Coventry and Warwickshire Joint Health Overview and Scrutiny Committee (CWJHOSC) had given initial consideration to the stroke services review at its meeting on 14 October 2019. It had agreed that the proposals be reviewed by each council's OSC, before their respective findings were considered at a further CWJHOSC meeting scheduled for 22 January 2020.

This item was introduced by Adrian Stokes, who took members through the key sections of the report. The aim was to improve stroke services. Comparisons of the performance and outcomes of current services against best practice showed that better health outcomes and more effective and efficient services could be achieved. There was unwarranted variation and inequity in the range of services available. Options for the future delivery of stroke care had been co-produced and appraised through a process involving extensive professional, patient and public engagement.

The resultant pre-consultation business case (PCBC) described the process and outputs in detail, proposing the implementation of a new service configuration, which was outlined in the report. The preferred pathway and delivery model would create services that met best practice for stroke care. The report stated the public and patient engagement to help inform and shape the proposed pathway over the last four years and the clinical engagement undertaken. It was acknowledged that it was unusual for only one option to be proposed, but the reasons for this were also reported.

Details were provided of the assurance process completed through NHS England in 2019 and the provisional assurance granted, subject to minor amendments. These amendments had been completed, and the resulting consultation document signed off by local CCGs in preparation for consultation.

The consultation document had been circulated and it went live on 9 October 2019. The announcement of the General Election meant that public events due to be held in November and December had to be postponed but they had been rescheduled. The financial aspects were reported and this proposal represented an investment of nearly £3.1 million into the Coventry and Warwickshire health system.

The Chair invited Councillor Joe Clifford, Chair of Coventry City Council's Health Overview and Scrutiny Board to give a summary of the key issues raised when it had considered the stroke review proposals. Councillor Clifford confirmed the following areas had been discussed:

- The benefits of the revised stroke pathway
- The impact for WMAS in meeting the service requirements
- Staff recruitment and retention
- The financial benefits from reductions in social care costs
- The requirements for public transport to ensure visitors were able to visit patients, especially when they were in rehabilitation centres

Overall, the Coventry Board viewed that the proposals were safe for the patients who were the main priority; visitor issues were not as important. The Chair thanked Councillor Clifford for this input.

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

- Clarification was provided on the time spent in the Hyper Acute Stroke Unit (HASU), the discharge to home arrangements and arranging packages of care at home. It was expected that stroke patients would move from the HASU after 72 hours, but be kept under observation in the collocated ASU typically for eleven days before the early supported discharge (ESD) process was instigated.
- Patients would only be discharged when it was safe for them to do so, but some could be discharged within one or two days.
- Some patients would require longer, possibly up to six weeks, dependent on the impact of the stroke. Approximately 23% of ESD stroke patients would require a package of care after discharge from hospital.
- Reference was also made to the bedded rehabilitation proposals and after care at home. There would be a significant reduction in social care costs in the longer term resulting from this model. It was emphasised that the proposals had already been implemented where possible, but there was currently a gap in the community care aspects of the pathway meaning people were spending longer in bedded rehabilitation.
- Recognition of the work undertaken over many years and the consultation undertaken in designing the pathway
- It was questioned how the public could be involved and the potential for lay member participation. Adrian Stokes agreed that the proposal for lay members was a good idea and could be accepted.
- More detail and assurances were sought on workforce aspects, risk analysis and mitigation, as well as the proposals for 'front loading'. At the recent Rugby consultation event there had been concerns raised by some NHS staff. There was a need for effective communication in communities to explain how the pathway would work in practice. Adrian Stokes agreed that recruitment had been identified as a risk area and there would be a 'stop/go' decision before full implementation. There were vacancies in some community services, especially for therapy posts. An outline was given of the work to raise awareness of the new model, the career opportunities it presented and the end to end pathway being implemented, which should be attractive to staff. There would be opportunities for staff to rotate amongst the different specialisms from acute services to therapy, gaining a broad knowledge and skills. It was known that many staff did not want to specialise too early in their career. Budgets for workforce and leadership had been increased. Often people left to seek progression, so offering good training in house and the opportunity to progress were further drivers to retain staff. There were not many areas with this end to end pathway currently.
- An assurance was sought on the anticipated position after 6,12 and 24 months in regard to the community services. The timeline was to start the recruitment process in April/May 2020. There were more vacancies to be filled for Warwickshire than Coventry. It was anticipated that the 'go/no' decision for changes to acute care could be taken from April 2021, subject to attracting sufficient staff, but this could take longer.
- A member commented that the Heathcote rehabilitation hospital was in Warwick not Leamington. Whilst a fine point, this could bring into question other aspects of the proposals. He added that this model was based on one introduced in London, which may be appropriate for the City of Coventry, but not a mainly rural county like Warwickshire, especially in terms of travel times and the 'golden hour' for commencement of treatment. Assurances were sought that WMAS could achieve response times and had the equipment and staffing to diagnose stroke cases. The member had received feedback from NHS

employees that the stroke proposals had largely been implemented at Warwick Hospital some time ago.

- Pippa Wall spoke about the WMAS recruitment and training programmes, its dynamic deployment model, to ensure it had full rotas and achieved response time targets. The additional funding in the stroke service proposals would provide for three additional ambulances for the area. There were no concerns that WMAS would not be able to achieve the timescales required in the majority of cases.
- The allocation and sufficiency of staff across treatment centres was raised, using the example of physiotherapy staff. There was an offer to provide this clarity immediately after the meeting, but in summary it was equitable across the area, taking account of travel times within Warwickshire.
- Concern was raised about the current gaps in community support for rehabilitation services. These should be addressed now, not wait for the recruitment of staff as part of these proposals, which could take a year to implement. This was acknowledged and could be started from the next university intake.
- In the very rural areas of Warwickshire, there was concern that target response and transfer times would be slower than the stated averages. Further detail was needed on this area and where patients would be transferred to, as other hospitals could be closer than University Hospitals Coventry and Warwickshire (UHCW). Pippa Wall acknowledged this was a challenge, but it was managed, on a daily basis, through dynamic deployment of WMAS resources. It could not be guaranteed that every patient would be reached within the target timescale, but further reference was made to the additional ambulance resource allocations. Rose Uwins added that patients would be taken to the nearest HASU and for the majority of cases this would be UHCW. In 67% of cases where stroke was detected, the patient was already transferred to UHCW for thrombolysis (an injection to break down the blood clot). This point was challenged as some patients were transferred to the nearest hospital.
- More information was sought on how atrial fibrillation (AF) services would be implemented, to ensure earlier diagnosis and prevent some stroke cases, which the proposals were modelled on. The focus would extend beyond GP doctors. It would include all staff in the pathway through awareness raising to those who provided services to the sectors of the population most likely to be at risk of a stroke.
- The travel times between rural and urban areas in the south of Warwickshire and UHCW were stated by several members. This would be exacerbated if there were travel delays through a road accident. Pippa Wall reiterated the modelling used for the stroke service, which followed that implemented successfully for major trauma cases. The WMAS clinicians had studied the proposals. There was access to the air ambulance when required and the additional ambulances would provide further assurance. Claire Quarterman added that the clinical team would be assembled ready to meet the stroke patient at UHCW. This would reduce significantly the time between arrival at hospital and commencement of treatment.
- Clarity was sought about the 'golden hour' for treatment to commence. This term came about from a campaign to encourage a rapid response where a potential stroke case was identified, especially when thrombolysis injections became available. The time for its administration was within four hours of the stroke occurring and its benefits were explained. The timescales for physical removal of blood clots, which took place at University Hospitals Birmingham were also explained.
- It was questioned if the two proposed rehabilitation centres for the south of Warwickshire would be of sufficient capacity. Assurance was provided that a number of snapshot audits had been undertaken over an 18-month period, by a range of clinicians. The modelled number of beds had been increased to provide additional capacity.

- It was questioned if processes were in place to ensure that patients who had suffered a stroke were immediately transferred to UHCW.
- Chris Bain advised that Healthwatch Warwickshire (HWW) had attended a number of the consultation events. There were a number of recurring themes concerning transport, travel times and staffing. He sought reassurance that patients would be heard and their 'lived experiences' captured. These would inform implementation and provide a sense check on an ongoing basis. Assurance was also sought that the service provided and outcomes would be equitable. He confirmed that HWW would be making this response to the consultation.
- Where patients presented at A&E, it was confirmed that potential stroke cases were prioritised. More detail was sought about transfers from the emergency department to the HASU. Stroke patients were met at A&E by the stroke team. The care started immediately with transfer to the specialist unit as soon as was possible.
- Ambulance handover delays at hospital were possible. However, these were minimised by affording priority on arrival to the ambulances carrying a stroke patient. The clinical team was assembled and given regular updates on the expected time of arrival.
- Further detail was sought on the impact of bed reductions contained in the proposals. Six beds were currently available for bedded rehabilitation within a frail elderly persons' unit at Rugby. The concerns raised at the Rugby consultation event had been noted. There had been a series of audits across the system, to assess the bed numbers required. The proposals had modelled for additional bed numbers and reference was made to the additional treatment at home and ESD plans too.
- Cross border arrangements were raised especially for services delivered by WMAS, close to the Gloucestershire and Worcestershire borders. A member asked which hospitals people were transferred to. An individual example was quoted, which would be pursued outside the meeting. It was confirmed that there were mutual aid arrangements with neighbouring ambulance trusts. The WMAS dynamic deployment model enabled ambulances to be relocated to ensure cover was maintained in all areas.
- The adequacy of car parking at UHCW was raised. There were proposals to build a multi-storey car park for staff which would free up more visitor parking. This was subject to a planning application.
- It was important to inform the public that where a stroke case was suspected that this was brought to the attention of staff at hospitals, so they could immediately be transferred to the HASU.

Resolved

1. That the Overview and Scrutiny Committee has noted the pre-consultation business case and consultation documentation and the changes to the dates of the consultation, due to pre-election guidance.

2. That the key concerns raised during the meeting be summarised and shared with party spokespeople, before being submitted for consideration at the Coventry and Warwickshire Joint Health Overview and Scrutiny Committee meeting on 22 January 2020.

In closing the item, the Chair thanked members and NHS representatives for their contributions.

5. Performance Monitoring - Clinical Commissioning Groups (CCGs)

The Committee received an update on performance across the three CCGs at its September meeting. It was agreed that a further meeting be held and a more detailed report on performance provided, at which appropriate executives of the CCGs would attend to present and take questions from the Committee. Performance monitoring reports were submitted by South Warwickshire CCG and a joint report on behalf of Coventry & Rugby and Warwickshire North CCGs.

The report from South Warwickshire was presented by Alison Cartwright, who provided an introduction on the duties of the CCG, how it managed performance and held service providers to account. Performance was reported on a monthly basis through a governance process, which was outlined in the report. The current performance was appended highlighting areas of concern. It was noted that where applicable, the CCG served contract performance notices and monitored remedial action plans.

A corresponding report had been provided on behalf of Coventry & Rugby and Warwickshire North CCGs. This report provided information on the performance monitoring and consisted of three sections:

- Overview of governance, key performance summary, priorities for action across the three CCGs and how as joint working further develops ensuring the role of 'Place' maintains local visibility of performance;
- Copies of the performance report taken to the CCGs most recent public governing body meeting;
- A glossary containing descriptions of the key performance targets that were monitored routinely, how they were calculated and what targets CCGs was expected to deliver.

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

- A number of stakeholders had raised concerns about public involvement in CCGs in the future and it was asked that these concerns be noted.
- An unannounced Care Quality Commission (CQC) inspection had taken place at the George Eliot Hospital in December. There were a number of concerns raised, especially in regard to the A&E department. It was asked when the Committee would see the CQC report and associated action plan. This was noted and a response would be provided on when the report would be available.
- There were concerns about the data for Warwickshire North CCG relating to the George Eliot Hospital A&E department. This could be applicable to a number of other departments, but was highlighted by the indicator on twelve-hour trolley waits before patients were transferred to a ward. This was an indicator of insufficient bed numbers. It was acknowledged that some people occupying acute hospital beds could be treated more appropriately elsewhere, but there was a risk for patients due to this lack of capacity. There were many contributors to the demands faced by the A&E department and waiting times, not least an 8% increase in patients presenting. Members were referred to the glossary which provided key targets in regard to trolley waits.
- A comment was made that service performance for many key indicators reflected the national position. Service performance for mental health services was a cause for particular concern. Similarly for dementia, there was a need for a single page guidance leaflet and for consistent diagnosis. This was an area where the local authority should be able to assist.

These concerns regarding dementia diagnosis were recognised by CCGs. Additional schemes had been put in place to assist with dementia diagnosis, through GPs, work with the Partnership Trust and other CCGs, but without significant progress to date. It was questioned if HWW could assist through its 'enter and view' visits to care homes. GPs were visiting care homes as there was a need for a dementia diagnosis and training for nurses at care homes.

- The Chair shared this concern and the issue could be considered further when the Committee reviewed its work programme.
- It would be helpful to have a focussed report on the key areas of concern in Warwickshire, as the information provided was very detailed.
- A comment was made about the timeliness of the information in the performance report. The report for WN and C&R CCGs, which had been submitted in error, was particularly dated, being from 2018. The position could have varied significantly since that report, with either improvements or further decline. CCGs did report performance publicly on a bi-monthly basis at their governing body meetings, but this data was not available to the Committee. It was suggested that a more proactive approach was taken. Reference was made to the finance and performance appendix which was the latest information and up to date information was available via the CCG website. The Chair stated it should have been made available to the Committee.
- There was a need for the Committee to be sighted on issues in Coventry which would impact on Warwickshire. An example was planned significant housing development in Coventry which would impact on UHCW services and the Trust had objected to that planning application.
- Reference was made to the discussion about quality assurance at the September Committee and the comparative data for the three CCGs provided at that time. It was questioned what actions would be taken to improve SWCCG performance levels to that of other local CCGs. CCG representatives clarified that the report provided previously had been compiled from their previous year's annual report, so it was out of date. The data provided at this meeting was for the current year and it did include actions to seek performance improvement.
- The data for cancellation of operations at short notice was too high for some areas. This had been raised as a concern in September. The indicator was influenced by a number of factors and an offer was made to discuss this further with the councillor immediately after the meeting.
- Chris Bain of HWW commented that this additional meeting had been called as there was a lack of assurance previously and from member feedback this assurance had still not been provided. He asked what the next steps would be.
- Gillian Entwistle of SWCCG thought that the report had addressed the Committee's enquiries from the September meeting, but apologised if this wasn't the case.

The Chair asked for a focussed report which responded to the Committee's questions and the key areas, rather than providing such detailed reports. He referred members to the report recommendations and questioned whether the Committee had received the requested information. With the Committee's approval, he proposed that the questions raised at the September Committee, together with those raised today, be referred again to the CCGs. Additionally, a report should be provided on the recent CQC inspection of the George Eliot Hospital. He suggested that this item be brought back to the next Committee meeting. Personally, he was concerned that a number of the indicators had been below target levels for some time and it was time that improvements were seen in those areas.

Resolved

1. That the Committee requests a further, focussed report to its meeting on 19 February 2020 answering the specific questions raised at both the September 2019 meeting and at this meeting.

2. That a report on the outcome of the Care Quality Commission Inspection of the George Eliot Hospital and its associated action plan for improvement is provided to the Committee when available.

6. Any Urgent Items

The Chair made an announcement that in future where public questions were received which did not relate to the Committee, they would be forwarded to the appropriate committee or body.

The Chair thanked those present for their attendance

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Chair

The meeting closed at 3.55pm

Appendix A

Item 2 – Public Speaking
Questions for WCC ASCHOSC 13th Jan 2020.

Question1 – Professor Anna Pollert

This question relates to opposition to the proposed merger of the three CCGs across Warwickshire and Coventry, since it will lead to loss of public accountability of health and social care commissioning.

At present, there is a system of local representation and accountability of local CCGs based on the representation on their Boards of local doctors and local public and patient representatives. We have 6 South Warwickshire CCG doctor representatives, including the Chair. These people are locally accountable to the South Warwickshire public. A similar pattern of doctor representation exists in Coventry and Rugby CCG and in North Warwickshire CCG.

CCGs also have Lay Members representing the public. SWCCG has a Governing Body Lay Member for Public and Patient Involvement (at present Catherine White). Coventry and Rugby CCG has two Lay Members for Public and Patient Involvement, including one for Equality. Warwickshire North CCG has one Lay Member for Public and Patient Involvement and an Observer from his local PPG and a Patients Advocacy Forum.

Since the 2012 Health and Social Care Act, and the establishment of CCGs, the inclusion of doctors and lay representatives on CCG Boards has been the one avenue for local accountability that we, the public, have. Lest we forget, the commissioning of health services is tax-payer funded and it should be answerable to the public. This avenue of accountability, and these roles, must not be lost. The purpose of merging the three CCGs is to provide a legal body able to commission services of the Integrated Care System, which is not itself a legal body. Retention of local accountability, which is at present devolved to the three CCGs is vital for future commissioning. The proposed ICS will be commissioning long-term contracts for 10 - 15 years, worth billions of pounds. Given that this is tax payers' money, local accountability is crucial. The plans for merger is a means of side-stepping existing accountability under the 2012 Health and Social Care Act, without new primary legislation which would be needed to clarify and guarantee accountability of the new ICSs.

For this reason WCC ASCHOSC needs to oppose the planned CCG merger, unless existing Medical Practice and Public and Patient Involvement lay representation is retained

Question2 – Dennis McWilliams

I have a short question to take under public questions, which relates to the stroke service matter early in the agenda.

It is as follows:

Will the ASCHOSC press now and at the coming Joint HOSC for a lay public participation involvement member to be on the Implementation Board for the stroke project; and will they use the resources of the County Council to lobby Stagecoach to retain the existing services they propose to cut between Stratford, Warwick, Leamington and Coventry?

My regards

Dennis McWilliams
Chair SWKONP

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