

Adult Social Care and Health Overview and Scrutiny Committee

Wednesday 30 June 2021

Minutes

Attendance

Committee Members

Councillor Clare Golby (Chair)
Councillor John Holland (Vice-Chair)
Councillor Richard Baxter-Payne
Councillor John Cooke
Councillor Marian Humphreys
Councillor Jan Matecki
Councillor Chris Mills
Councillor Pamela Redford
Councillor Mandy Tromans

Other Members

Councillor Margaret Bell (Portfolio Holder)

Officers and Other Attendees

Dr Shade Agboola, Becky Hale, Nigel Minns, Pete Sidgwick and Paul Spencer (WCC Officers)
Dr Sarah Raistrick (Coventry and Warwickshire Clinical Commissioning Group)
Chris Bain (Healthwatch Warwickshire (HWW))

1. General

(1) Apologies

Apologies for absence from the meeting had been received Councillors Drew, O'Donnell and Rolfe (replaced by Councillor Roodhouse), from Councillor Clifton and Vicky Castree (Coventry City Council) and from Phil Johns and Rose Uwins (CWCCG).

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

Councillor Jerry Roodhouse declared an interest as a Director of HWW.

(3) Chair's Announcements

The Chair welcomed everyone to the meeting, especially new members to the Committee. She outlined the purpose and remit of this committee, the breadth of services covered, and

this first meeting would provide context for newer members. The Chair explained the additional arrangements for this face to face meeting and the possibility of providing additional information to members away from the formal meetings using virtual meeting technology.

(4) Minutes of previous meetings

The Minutes of the meetings held on 17 February and 25 May 2021 were accepted as true records and signed by the Chair.

2. Public Speaking

None.

3. Questions to Portfolio Holders

None.

4. Questions to the NHS

None.

5. Outline of services within the People Group

The Committee received an introductory presentation. The slides had been circulated ahead of the meeting. Nigel Minns, Strategic Director for People Group opened, giving an overview of the Committee, its role and the service areas it reviewed and scrutinised, including the specific role in relation to health scrutiny. Slides included:

- The Committee's role
- Specific health scrutiny powers
- The bodies and providers involved
- Substantial changes in health services

Next an outline was given on the People Directorate, covering its aim, vision and roles in commissioning services and providing them. This included a structure chart showing key officers. It was followed by further detail from each of the Assistant Directors.

Shade Agboola, Director of Public Health (DPH) covered the following areas:

- What is Public health?
- A brief history on the function
- Mandated responsibilities
- Non-mandated functions
- Funding
- The role of the Director of Public Health
- A structure chart showing the key personnel
- Current priorities
- An offer to circulate the previous statutory DPH annual report

Pete Sidgwick, Assistant Director for Adult Social Care gave an overview of Adult Social Care delivery. This covered the following areas:

- An overview of Adult Social Care
- Legislative changes introduced by the Care Act 2014, the Mental Capacity Act 2005 and the implications for the Council
- How we support individuals
- A graphic showing key data for the service
- A structure chart showing the key personnel
- Finances
- Key metrics

Becky Hale concluded with an overview of People Strategy and Commissioning, which covered the following areas:

- An overview of the key roles of this function.
- The structure of the three service areas Health, well-being and self-care, integrated and targeted support and all age specialist provision
- The key functions to analyse, plan, do and review
- Partnership working
- Commissioning principles
- Examples of services commissioned
- Extracts from the commissioning plan for the period 2020-22 with slides showing examples of the areas of work against analyse, plan, do and review

The Chair thanked officers for the comprehensive presentation and spoke of the scale of expenditure involved. She used the example of the consultation undertaken for the Coventry and Warwickshire stroke service redesign to demonstrate the committee's influence, speaking of the good dialogue with NHS colleagues in considering this reconfiguration. She invited questions and comments from the committee:

- Councillor Pam Redford raised the closure of the clinics where people could undertake lateral flow tests and asked if the service could be retained. Shade Agboola responded. With the move to home testing, there had been a significant reduction in footfall at the sites and their continuation could not be justified. Covid was likely to remain into the future. The testing arrangements were dynamic, with a current focus on certain key groups. One site would be retained in Nuneaton and discussions were ongoing so some additional fixed sites may be required, but for now they had been closed.
- Councillor John Holland praised the clear presentation. He sought further information regarding enquiries when members were notified of people needing support. There were concerns about when issues should be reported against overriding confidentiality aspects. Due to confidentiality members may not always be able to receive feedback. Nigel Minns responded, initially about safeguarding concerns, which should always be referred to the multi-agency safeguarding hub (MASH) and this would include feedback. There were a lot of referrals from members for people needing support. The need for consent to share personal information and presumption of capacity were raised. People had the right to turn down support even if it was in their best interests. Referrals were encouraged and were always followed through. A suggestion to circulate contact details for all members. Pete

Sidgwick added that the MASH website (<https://directory.warwickshire.gov.uk/service/multi-agency-safeguarding-hub-mash>) contained a lot of information, on services for both children and adults. It was ideal if the person needing support made contact themselves or gave consent. The telephone number to get in touch is 01926 410410.

- Councillor Mills asked about personal independence payments. These were administered by the Department of Work and Pensions. He sought information about the significant increase in cases of Covid in Warwick district. Shade Agboola responded giving an outline of contributing factors to the recent increases, including an outbreak at Warwick University and in some hospitality settings. Actions were being taken to respond, including additional PCR testing and close working between partners. Most patients were from younger unvaccinated age groups. There were cases of the delta variant and she outlined the sources traced, onward transmission at home, and in schools. There had been a small rise in hospital admissions.
- Councillor Matecki asked what happened when things went wrong, if there was a 'lessons learned' approach and how it was communicated, to reduce the likelihood of repeat incidents. Nigel Minns explained the tiered response, starting with a complaints process. For serious issues, the safeguarding partnership, a multi-agency body, undertook case reviews locally and there was a national programme too. A concern that review findings were shared with officers, but not more widely. This had been remedied by providing public seven-minute briefings to give a summary which was shared via the Safeguarding Partnership website and with professionals. Mechanisms were in place to ensure that agreed actions from the review were implemented.

The Chair drew the item to a close, thanking officers for the detailed presentation.

Resolved

That the Committee notes the presentations from the People Group.

6. Outline of NHS Services

Dr Sarah Raistrick, Chair of the Coventry and Warwickshire Clinical Commissioning Group (CWCCG) was welcomed to the meeting. She gave a presentation explaining the roles of the NHS and services delivered in Coventry and Warwickshire. The presentation covered the following areas:

- Integrated Care in Coventry and Warwickshire
- Health and care services
- Our role as a clinical commissioner – plan, determine & prioritise, purchase and monitor
- Coventry and Warwickshire Health System
- What happens at place and system, a graphic on primary care networks, place and system
- How we can work together – the ways the committee could receive information to undertake its scrutiny role
- The next steps for health and care in Coventry and Warwickshire
- Why become an ICS?
- Our Vision
- What does this mean for clinical commissioning?
- Next steps for ICS

The Chair thanked Sarah Raistrick for the comprehensive presentation and noted that the ICS would feature on the committee's future work programme. She invited questions and comments from the committee:

- Concerns were raised about GP service delivery. Councillor Redford had received complaints about the lack of face to face services, telephone waiting times and the amount of personal information being required by receptionists. There had been an increase in demand for GP services, challenges in getting appointments, frustration and it was especially so for those with mental health conditions. An assurance was sought on service resumption.
- The Chair added that a revisit of the focused task and finish group (TFG) on GP Services would be proposed under the work programme.
- Sarah Raistrick acknowledged these points which were raised to varying degrees across the area. She explained that the information being sought by receptionists was to ensure each patient was referred to the correct part of the practice, as not all required the GP to respond.
- In terms of the 'return to normal', there was a push under the NHS long term plan to offer digital and remote services using technology. This approach was preferred by some patients. Others preferred face to face appointments and the CCG was working with GPs to ensure capacity to offer this.
- An apology was provided on the example of a patient having to call over 200 times to join a call queue, which was not acceptable. The CCG would like to work with the committee and the public on finding solutions to such issues, to make suggestions to those providing the services. GPs were working very hard, with increasing requests for appointments. A range of other clinical staff were collocated at practices to assist. Another area discussed was liaison with patients via participation groups and Healthwatch.
- Councillor Matecki asked about contact information for NHS services and the process for escalation of queries to enable councillors to assist. Sarah Raistrick offered to work with Nigel Minns on a combined NHS/council contact list.
- Chris Bain of HWW also offered to be a conduit for councillor enquiries, referring to the recent briefing note he'd supplied. He was pleased to see that ICS would have statutory powers, unlike the former Sustainability and Transformation Partnership. For HWW there was concern that considerable service changes would be taking place and assurance was needed that the patient voice was heard at all levels, including the lived experiences of patients.
- Regular causes of concern were access to GP services and dentistry. Access to NHS dentists in Rugby was referenced particularly. The key area raised with HWW was mental health issues and linked to this loneliness, anxiety and social isolation. It was difficult to get access to services. This may delay people seeking services for their physical health too. The ICS system arrangements needed to provide more clarity for the public on their first point of contact.
- Sarah Raistrick agreed that lived patient experience was vital. A lot of work did take place on this and it could be given more profile. There was a rating of 'outstanding' for patient and public engagement for the former CCGs serving north Warwickshire, Coventry and Rugby.
- Dentistry was currently outside local commissioning, but this was likely to be reviewed under the new arrangements. The points about access to GPs would be taken onboard.

- Mental health was a key area where integration would be vital and impacted on all ages and many services. It became an NHS service area when more specialist support was needed. Perceived and complexity of needs, triage and help to navigate the system were further points, along with the joint concordat and aim to provide seamless transition between agencies.
- HWW would monitor and stay in touch on the implementation of the ICS. NHSE planned to delegate dentistry to the ICS.

The Chair drew the item to a close and noted that the requested contact information would be circulated once compiled.

Resolved

That the Committee notes the presentation.

7. Council Plan 2020-2025 Quarterly Progress Report

The Council plan year end performance report for the period 1 April 2020 to 31 March 2021 was considered and approved by Cabinet on 17 June. A tailored report for the areas within the committee's remit was provided which reported an overview of progress of the key elements of the council plan, specifically in relation to performance against key business measures (KBM's), strategic risks and workforce management. It included a financial monitoring report for the period covering both the revenue and capital budgets, reserves and delivery of the savings plan.

The report was accompanied by a presentation from Nigel Minns which covered the following areas:

- Introduction
- Context and Performance
- The two high level outcomes
 - Warwickshire's communities and individuals are supported to be safe, healthy and independent; and,
 - Warwickshire's economy is vibrant and supported by the right jobs, training, skills and infrastructure.
- Of the 83% (ten) KBM's which were 'on track', there were four of note for which detailed slides showed performance and a narrative, including direction of travel
- There were two KBM's which were not on track at year end of which one required highlighting on people with a learning disability or autism in inpatient care.
- Finances – revenue, savings and capital

The Chair thanked officers for the presentation and invited questions and comments from the committee:

- Councillor Matecki asked if targets were achieved or exceeded, whether they were refreshed to make them more stretching. Targets were set to stretch but be achievable. They were not adjusted in year, but a focus was maintained, and endeavours were made to exceed the targets.

- Councillor Humphreys spoke of the increase in domestic abuse cases, asking how services had coped. She questioned if there was a role for local councillors in providing ongoing support. Becky Hale gave an outline of the joint work across partners, including the Police, Refuge and the Council. This included targeted activity, campaigns and communications work on domestic abuse services. There was new domestic abuse legislation and a lot of work was taking place within the Council and with partners to meet its requirements. This would be a useful area for the committee to consider. Warwickshire had been recognised as an example of good practice for its work on collaboration. The Chair agreed this could be added to the work programme and there would be a key focus on the ICS too.
- The Chair encouraged people who were experiencing domestic abuse to call the national domestic abuse helpline on 0808 200 0247, also the website www.uksaysnomore.org which was partnering with pharmacists to use their consulting room as a safe space to report domestic violence. A further national resource was www.nationaldahelpline.org.uk
- In Warwickshire, Refuge had a domestic violence service helpline on 0800 408 1552 (Monday-Friday 8:30am-8:30pm; Saturday 10am-4pm). It included an out of hours voicemail and they would respond. Contact could be made by email DVSW@refuge.org.uk. Finally, in an emergency, people should call 999.

Resolved

That the Committee notes the presentation and comments on the progress of the delivery of the Council Plan 2020 – 2025 for the period as shown above.

8. Work Programme

It was reported that each overview and scrutiny committee set a work programme of areas for consideration. A draft work programme was discussed by the committee's Chair, Vice Chair and representatives of other groups (spokespeople) on 7 June. The outcome from that discussion was submitted. The Chair provided context that the work programme would include some significant pieces of work. The committee reviewed its draft work programme, with the following points being raised:

- The Chair referred to the previous task and finish group (TFG) on GP services, which would be revisited. For the benefit of new members, the previous review report would be circulated. Members wishing to participate in the TFG were asked to contact Paul Spencer in Democratic Services.
- Councillor Mills asked that the contact information provided under the previous item be circulated to members.
- In response to a question from Councillor Cooke, an outline was provided on the function of the Chair and party spokespeople meetings. It was emphasised that those meetings and the scrutiny function were not political.
- The Chair highlighted the proposal to include menopause services on the work programme. This was supported and a date for its consideration would be agreed. Similarly, the topic of domestic abuse services would be included on the work programme.
- Reference was made to the briefing notes circulated and those proposed in the near future.

Resolved

That the Committee approves its draft work programme as submitted.

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Councillor Clare Golby
Chair

The meeting rose at 12.45pm