

Adult Social Care & Health Overview & Scrutiny Committee

Wednesday, 30 September 2020

Minutes

Attendance

Committee Members

Councillor Wallace Redford (Chair)
Councillor Margaret Bell (Vice-Chair)
Councillor Helen Adkins
Councillor Jo Barker
Councillor Sally Bragg
Councillor Mike Brain
Councillor John Cooke
Councillor Andy Jenns
Councillor Keith Kondakor
Councillor Judy MacDonald
Councillor Pamela Redford
Councillor Clive Rickhards
Councillor Jerry Roodhouse
Councillor June Tandy

Other Members

Councillors Les Caborn (Portfolio Holder).
Councillor Dave Parsons

Officers

Carl Hipkiss, John Cole, Becky Hale, Nigel Minns, Paul Spencer and Pete Sidgwick.

Partner Organisations

Chris Bain (Healthwatch Warwickshire)
Councillor Joe Clifford (Coventry City Council)
Anna Hargrave (South Warwickshire Clinical Commissioning Group (CCG))
Sophie Gilkes and Helen Lancaster (South Warwickshire Foundation Trust)
Rose Uwins (Warwickshire North and Coventry & Rugby CCGs)

1. General

(1) Apologies

Apologies for absence had been received from Councillor Kate Rolfe, replaced by Councillor Clive Rickhards, Councillor Chris Kettle (Stratford District Council) and Councillor Tracy Sheppard (Nuneaton and Bedworth Borough Council) replaced by Councillor June Tandy. Shade Agboola, Director of Public Health
Vicky Castree, Coventry City Council

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

Councillor Jerry Roodhouse declared a non-pecuniary interest as a director of Healthwatch Warwickshire. Councillor Keith Kondakor declared a non-pecuniary interest as he was in discussions with a clinical commissioning CCG regarding the provision of a new doctor's surgery in Weddington. Councillor Jo Barker declared an interest due to her involvement in the league of friends supporting the development of the Ellen Badger Hospital.

(3) Chair's Announcements

The Chair reported that a task and finish group (TFG) had been agreed at the last Chair and party spokesperson meeting. He invited Councillor Adkins to outline its purpose, being to look at health inequalities highlighted by Covid-19 and the impact especially in the north of Warwickshire. This TFG would comprise four members, Councillors Adkins, Bell, Kondakor and Roodhouse. The TFG would be asked to complete its review and report back to the Committee at its January 2021 meeting. Discussion took place about the TFG, covering the following areas:

- Whether the TFG should consider the impact of health inequalities throughout the county, or whether this work was already or should be undertaken by the Health and Wellbeing Board (HWBB), to avoid potential duplication.
- The remit was to look at Warwickshire overall, but to focus on issues in the north. It could commence with a presentation from the Director of Public Health (DPH), followed by lines of enquiry, The TFG needed a precise scope which would be assisted by the DPH.
- Including a representative of the HWBB on the TFG.
- Development of the new health and wellbeing strategy and its action plan. This could be informed by the work of the TFG providing a useful link.
- Reference to the joint meeting of this committee and the Communities OSC on 25th November. A concern in regard to officer capacity, the need to be productive and to avoid duplication.
- This group was focussed on the Covid-19 aspects of health inequalities.

The Chair referred to the '111 First' initiative and had requested that a briefing be provided on this to the Committee's November meeting. That meeting would also have a focus on mental health.

(4) Minutes of previous meetings

The minutes of the meetings held on 24th June & 23rd July and of the special meetings held on 30th July & 19th August 2020 were approved as correct records.

2. Public Speaking

None.

3. Questions to Portfolio Holders

Councillor Margaret Bell submitted a question to Councillor Les Caborn, Portfolio Holder for Adult Social Care and Health, expressing concerns that the private sector appeared to be 'standing up' routine health interventions more quickly than some NHS services. She gave examples of blood tests, dentistry and ear syringing to demonstrate this, asking who it could be pursued with to secure assurance.

Councillor Caborn responded that this was a matter for the Warwickshire North CCG. From his and other member contributions it was evident that the services commissioned varied across Warwickshire. There was no delay in blood tests in the south of the County; conversely there had not been an NHS ear syringing service for several years and patients in that area had to pay privately.

Nigel Minns offered to circulate a statement from NHS England about dentistry services. Dentists were prioritising patient safety, limiting the number of NHS appointments. The proportion of NHS and private work varied for each dentist practice and where NHS appointments were full, patients may be offered a private appointment. If there were issues at specific practices, these should be passed to himself, for referral to NHS England.

Other members shared their concerns regarding the delays in getting blood tests. Some people could not afford to pay for private dentistry. Further issues concerned patients in Nuneaton struggling to get GP appointments and being seen in the practice car park. The blood test delays had already been raised with the WNCCG. A suggestion that the CCG should be requested to attend a future meeting to report on the service variance, also urging the portfolio holder to pursue this. The Chair agreed to write to the CCG to raise these concerns.

4. Progress in Restoration and Recovery of Services in Warwickshire

Anna Hargrave, Chief Strategy Officer of South Warwickshire Clinical Commissioning Group (CCG) introduced this item. The report concerned the potential relocation of neuro-rehabilitation beds from University Hospitals of Coventry and Warwickshire (UHCW) to South Warwickshire Foundation Trust's (SWFT) Central England Rehabilitation Unit, located at Royal Leamington Spa Hospital. It also concerned the current temporary closure of the Stratford Minor Injuries Unit and Ellen Badger First Aid Centre, both being to support the response to COVID-19. The committee's support was sought to develop a case for change and to consider the benefits of these service changes for the local population, prior to making a decision regarding the current arrangements.

It was confirmed that any service change proposals would be assessed to see if there was system-wide support, before a detailed case for change was prepared and subjected to engagement with patients, staff, the wider public and stakeholders.

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

- This was a good opportunity to rethink the location of services and their delivery.
- Clarified that the service had been relocated to increase capacity for acute services at UHCW.
- Regarding the rethink of urgent care, a plea to look across the county to ensure that facilities were provided in all areas, including for general rehabilitation.
- Points about the short-term response and longer-term aspects for the review of rehabilitation services, including the estates strategy. This review concerned the specialist neuro rehabilitation service and patients from Coventry, Warwickshire and beyond who had been at UHCW were currently treated at the Central England Rehabilitation Unit. Further information would be sought about rehabilitation generally from WNCCG and be provided to the committee.
- Reference to the increasing number of Covid-19 infections and a question on the restoration of services. Helen Lancaster from SWFT replied that all three trusts had virtually returned to pre-covid service delivery levels for many services. The restoration of services was discussed regularly between the three trusts, with mutual support being provided. Some patients remained nervous about attending hospital. Use of the independent hospitals was also raised, together with the measures required to provide safeguards when standing up services. A lot of work had been done over a short period of time and the winter pressures would be exacerbated by the pandemic this year.
- Earlier in the meeting, reference had been made to the delays in getting blood tests and results in the north of the county, which would be pursued with the WNCCG
- Councillor Roodhouse raised concerns regarding the wording of recommendation two in the report, seeking support for the business case. He explained the role of the scrutiny committee was to consider the evidence on what the CCG had done in formulating the business case. As a director of HWW, he was interested in securing the patient voice. He concluded that the committee should note the report at this stage. The Chair acknowledged these points. The suggestion to note the report was endorsed by another member.
- A member was concerned at the formation of the business case and what this may mean for the Ellen Badger Hospital, whilst also seeking more information about the plans for a wellbeing hub.
- The business case would provide an appraisal of all options, include robust engagement and there were no pre-determined ideas. The report at this stage was advance notice of the process to be followed. Because of the urgent closures or changes required, there was a duty to keep the committee informed ahead of the planned further work.
- Sophie Gilkes spoke about the progress with the Ellen Badger development, investment plans, development of a localities hub and integrated care. There was ongoing work with both WCC Public Health on the needs of this community and Trevor Russell, Chair of the Shipston on Stour Health and Wellbeing Partnership.
- A commitment to work with Healthwatch Warwickshire (HWW) and via the Chat dialogue, Chris Bain confirmed that HWW would be pleased to play a full part in the engagement strategy

- Councillor Barker declared an interest due to her involvement in the league of friends supporting the development of the Ellen Badger Hospital.
- Councillor Bell noted the lack of representation from WNCCG or the George Eliot Hospital (GEH) at this meeting. Rose Uwins confirmed that she was representing both WN and Coventry & Rugby CCGs and would refer back the points raised at the meeting. Councillor Caborn added that he had monthly meetings with GEH and any issues could be passed to him to raise. It was suggested that a regular attendee from GEH should be invited to attend future meetings.

Resolved

1. That the Committee notes the proposal for NHS Coventry and Rugby CCG, in collaboration with UHCW and SWFT, undertaking the process to develop a full decision-making business case regarding the future location of the neuro-rehabilitation level 2b beds.
2. That the Committee notes the process to develop a full decision-making business case regarding the future of the Stratford Minor Injuries Unit and Ellen Badger First Aid Centre, as part of a wider look at urgent and emergency care services in South Warwickshire.

The Chair thanked Anna Hargrave, Sophie Gilkes and Helen Lancaster for their attendance at the committee.

5. Covid-19 Position and Recovery

The Committee received a presentation from Nigel Minns, Strategic Director. The presentation gave an overview of the current position on Covid-19 in Warwickshire. The presentation included slides on the following areas:

- Graphs showing the cumulative numbers of cases for both Warwickshire and the area covered by the West Midlands Combined Authority. It also provided data on the positive test results for each area. Context that the data earlier in the pandemic did not include community testing and this would have increased significantly the reported case numbers.
- The cumulative and seven-day rates in terms of positive cases per 100,000 tests, broken down by district and borough area. Case numbers in Rugby and the increasing numbers in the Nuneaton and Bedworth area were referenced particularly.
- Outbreak management, including the outbreak control plan and test and trace activity.
- The Covid-19 recovery survey, which had received some 2,350 responses to date.
- There were currently eighteen Covid-19 patients in hospitals in Coventry and Warwickshire, with four being in intensive care. This was significantly higher than recent weeks but was not at the levels seen earlier in the year.

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

- An update was sought on a specific outbreak which could be provided outside the meeting.
- Reference to the new NHS Covid-19 mobile telephone application, its take up and how it would integrate to the current work of public Health and other agencies. This would be provided for the committee via a briefing note.

- In regard to patients requiring intensive care in hospital it was understood that this tended to be older people or those with underlying health conditions.
- Praise for the local contact tracing work in Rugby. Further case studies would be useful, both for members and the public. It was confirmed that the team undertook segmentation of location and people, to enable targeted activity. A similar approach was planned for the Nuneaton and Bedworth area.
- Covid-19 cases at universities was raised. There had been media coverage about student parties. A concern was students with Covid returning to university, including those from abroad. Whilst they may not require medical support themselves, they could infect others who would. It was confirmed that the University of Warwick (UoW) was conducting its own testing and it did attract foreign students from a broad geographic area, where the Coventry University students tended to be more local. The UoW was engaged in the strategic meetings and activity, which provided a helpful two-way dialogue.
- It would be useful to have data on the numbers of people tested each day. This suggestion would be investigated as information was received from several sources and it was a question of if the data could be aligned into a single daily report. The member suggested a list of where the mobile testing stations had been located each day to provide a context. It was noted that outbreaks also caused a spike in testing in that locality.
- A question about potential death rates and whether they were expected to be on the same trajectory as during the first wave of the pandemic. The indications were that mortality rates would be less for a number of reasons, including NHS learning, better treatment, better protection for care homes and no discharge of Covid-19 positive patients back to care homes.
- The Chair confirmed that Covid-19 would be a standing item on the agenda and he asked that thanks be passed to officers for their ongoing work.

The second part of the item concerned Adult Social Care and Public Health recovery. A presentation was provided by Becky Hale which covered the following areas:

- Still Responding and Planning.....
 - Monitoring and responding to positive cases.
 - NHS Phase 3 – Organisational and System Winter Plans
 - Adult Social Care Winter Plan
 - Surge Planning – Discharge Capacity
 - Infection Control Funding
 - Market Support
 - Coventry and Warwickshire Care Expert Advisory Group
- Council Recovery Priorities – Health and Care
 - Priority 1 Contain the virus and promote physical and mental health and wellbeing
 - Priority 2 Maintain resilient and sustainable services
 - Priority 3 Helping our children and young people to catch up on their education (with education)
 - Priority 4 Harness the power of our communities to tackle inequality and exclusion (with communities)
- People Recovery Programme
- Investment Fund Bids
- Recovery Update – Public Health
- Recovery Update – Adult Social Care Delivery

- Recovery Update – People Strategy & Commissioning

Further questions and comments from members:

- Community health checks were planned, including targeted visits to communities using the Coventry and Warwickshire Mind bus. It was agreed that the schedule of visits would be circulated to the committee.
- There was increasing evidence that recovery from Covid-19 could take up to 6 months, with an impact on mental health too. Public Health were looking at the rehabilitation needs of patients recovering from Covid-19 and implications in terms of the support offer. Further updates could be provided as this work progressed.
- A question which concerned the subsequent performance report on the percentage of placements in care homes rated by the Care Quality Commission (CQC) as good or outstanding. The data seemed to have stalled. The CQC had suspended inspections due to the pandemic, but it was questioned if there were further issues which required a close focus. Specific work was being undertaken to understand contributing factors, one of which would be the lack of follow up inspections, but there may be others. An assurance that there had been a continued focus on quality where there were concerns. The member asked if this was a general issue or was it affecting certain geographies. Officers would be compiling detailed data, to enable targeted work.
- A comment via the chat dialogue that long Covid was becoming a recognised condition, exacerbated by isolation and mental ill health.
- A question regarding unmet demands for people needing to move into care placements, data on this area and interim arrangements. It wasn't considered that there was a backlog of people needing to go into care. The data was consistent with that prior to the pandemic and residential placements had continued. There was likely to be additional work in relation to continuing healthcare applications, which had been suspended as part of the Covid response.
- Discussions with the care market supported this. There was ongoing research to look at aspects for those eligible for support from health or social care as well as self-funded placements. There was also national research via ADASS on the care home market, its position and potential future market, which the county council was actively engaged in. It was requested that this information be provided to members once received.

Resolved

That the Committee notes the presentation.

6. One Organisational Plan Quarterly Performance Progress Reports

The committee received two quarterly progress reports, which were supplemented by a presentation from Pete Sidgwick, Assistant Director for Adult Social Care.

The One Organisational Plan (OOP) Year-end performance report for the period April 1st, 2019 to March 31st, 2020 was considered and approved by Cabinet on 9th July. The report provided an overview of progress of the key elements of the OOP, specifically 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 Cabinet meeting held in

June 2020.

A tailored report was provided for the services under the committee's remit. This included strategic context and a performance commentary, assessed against the KBMs. Further detail was provided of remedial actions implemented in areas of lower performance. A financial commentary was also provided on the revenue budget, delivery of the 2017-20 savings plan and the capital programme.

Questions and comments were invited. The focus on women smoking in pregnancy at the time of delivery was welcomed. In the north of Warwickshire, nearly one in five women smoked during pregnancy. It was understood that at GEH there was little focus on this area and targeted action was required at antenatal services. Officers replied that the Public Health had targets for this area, which were being achieved at quarter one of the current monitoring period. This had been a focus at the recent Health and Wellbeing Board too, with a range of actions being agreed and that report would be shared with the committee.

Next, the committee considered the corresponding report for the period 1st April to 30th June 2020. This was considered and approved by Cabinet on 10th September 2020. The report provided the same information as shown for the year-end report. This also included the strategic context and a performance commentary, with details of the high-level outcomes within the Council Plan 2020-25, the monitoring of KBMs and the current position on the nine KBMs within the remit of the committee. Further detail was provided on performance of KBMs that was worthy of note and two areas which were not currently 'on track' at the end of quarter one. A financial commentary was also provided on the revenue budget, delivery of the savings plan and the capital programme.

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

- On the financial commentary there was a forecast £2m overspend for the disability service. There was likely to be increasing service demands for mental health services and associated costs. There was an underspend of just under £2m on residential nursing, due to reduced demand in care homes. It was questioned if there were concerns for the future of the care market. In response, officers explained the difficulties in separating costs attributable to the Covid-19 pandemic from those which were increases in service demand. Overall, it was considered that expenditure levels were relatively stable, with increases in some areas offset by reductions elsewhere. An example was given of the changes required due to revised hospital discharge guidance. There had been a reduction in residential care admissions. By providing earlier interventions this enabled people to return to home with appropriate support, reducing the demand for care home placements. The longer-term need for care home placements would have to be assessed, with context provided on the low base demand in Warwickshire compared to other areas.
- An area of concern was the reduction in the standards of care and nursing homes. The data had been impacted by the CQC ceasing inspections due to the Covid-19 pandemic. Where the CQC had rated a care home as 'requires improvement', those improvements may have been made, but the lack of reinspection prevented the improvements being recognised formally and this situation would continue until the CQC recommenced inspections. Officers reminded of the points raised earlier in the meeting and the actions through a number of agencies to support care homes.
- A question if extra care housing schemes had been delayed by Covid-19. Officers confirmed that the programme of schemes was unchanged and could be circulated to the

committee. The Portfolio Holder added that a review of provision was taking place currently and he updated on a new facility at Bishopton.

- Geographical issues from migration of people moving between Coventry and Warwickshire. In terms of care responsibilities, these remained with the authority where the person had lived previously. Data for this area was quite stable.

Resolved

That the Committee notes the reports.

7. Work Programme

The Committee reviewed its work programme. The Chair advised that the main focus for the November meeting would be on mental health, to include the Healthwatch survey of patient experience. The Coventry and Warwickshire Health & Care Partnership had been selected as an early implementer of a new national system via which the public would access NHS urgent and emergency care. He planned to discuss this further at the next meeting with party spokespeople, with a view to it being considered at the November committee.

The Chair invited district and borough co-optees to provide verbal updates on their work programmes. Councillor Bragg advised that Rugby BC had moved to a single overview and scrutiny committee and the use of task groups. Councillor Tandy reported on a special meeting of its overview and scrutiny committee focussed on the Covid-19 situation in the borough.

Resolved

That the Committee notes its work programme.



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Councillor Wallace Redford, Chair

The meeting closed at 12:15pm

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