Adult Social Care and Health Overview and Scrutiny Committee

Wednesday 16 November 2022

Minutes

Attendance

Committee Members
Councillor Clare Golby (Chair)
Councillor John Holland (Vice-Chair)
Councillor John Cooke
Councillor Tracey Drew
Councillor Marian Humphreys
Councillor Jan Matecki
Councillor Chris Mills
Councillor Penny-Anne O'Donnell (Stratford-upon-Avon District Council)
Councillor Pamela Redford (Warwick District Council)
Councillor Kate Rolfe
Councillor Sandra Smith (North Warwickshire Borough Council)
Councillor Mandy Tromans

Officers
Dr Shade Agboola, Amy Bridgewater-Carnall, Louise Church, Jane Coates, Becky Hale, Gemma McKinnon, Pete Sidgwick and Paul Spencer.

Others in attendance
Councillor Margaret Bell, Portfolio Holder for Adult Social Care and Health
Chris Bain, Healthwatch Warwickshire (HWW)
Liz Gaulton and Rose Uwins, Coventry and Warwickshire Integrated Care Board (C&WICB)
David Lawrence (press) and Val Ingram (public)

1. General

(1) Apologies

Apologies for absence were received from Councillor Ian Shenton and Nigel Minns.

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

None.

(3) Chair's Announcements

None.

(4) Minutes of previous meetings

The Minutes of the committee meeting held on 21 September 2022 were approved as a true record and signed by the Chair.

2. Public Speaking

Val Ingram addressed members, speaking to the written submission attached at Appendix A to the minutes. Councillor Margaret Bell, Portfolio Holder for Adult Social Care and Health responded and was aware of the issues at Upper Lighthorne as well as wider issues for provision of new or extended primary care facilities, linked to developments. The Portfolio Holder had undertaken research with officers on planned primary care facilities and extensions, there being eight, including that at Upper Lighthorne and one at Hartshill, which was virtually complete. She had asked the Chair and Chief Executive of the Integrated Care System (ICS) for a timeline of what was involved in establishing a new primary care centre, the key stages, the project plan and reasons why they could take so long to complete. She had also asked for an update on the provision of the seven outstanding sites. Councillor Bell then read from a written response provided by the ICB on this public question and a copy of that response is also provided in the appendix.

Councillor Bell concluded that this was an important issue. Perhaps the Committee may wish to add to its work programme to hear from the ICB Chair and Chief Executive about the plans to deliver the seven outstanding centres. The Chair was supportive of this suggestion, speaking of the ongoing dialogue with ICB, that this was a county-wide issue and linked to backlogs in other parts of the NHS. It was agreed that the written reply from the ICB would be circulated to Val Ingram and to the committee.

Councillor Rolfe added that there was also a need to look at school provision and the 'triggers' for release of funding, as some children including those at primary schools were having to travel a considerable distance to access schools. The Chair acknowledged this as another county-wide issue. She spoke of the challenges around the use of Section 106 monies linked to development, the need for a joined-up approach and offered to refer this aspect to the Children and Young People OSC for its consideration. Councillor Mills spoke of his involvement in the Upper Lighthorne scheme, the frequent 'stumbling blocks', the scale of this development and need for additional primary care services.

3. Questions to Portfolio Holders

Chris Bain of Healthwatch Warwickshire (HWW) pursued the previous item, referring to the workforce challenges in primary care, the shortage of GPs and other staff. Councillor Bell understood that the ICB was considering different staffing models including that which provided for salaried GP doctors, rather than the traditional model where the GPs were partners in the practice. She touched on the wider service provision in primary care settings, including co-located pharmacies, nurse prescribers and mental health services. Finally, Councillor Bell spoke of the current requirement for a GP referral to access some other health services, such as diagnostics.

There was current thinking about how this could be handled differently to ease pressure on primary care.

4. Questions to the NHS

None.

5. Integrated Care System

The Committee received an update and presentation from Liz Gaulton and Rose Uwins of the Coventry and Warwickshire Integrated Care Board (C&WICB). Initially, background was provided on the Integrated Care System (ICS), a partnership of organisations that came together to plan and deliver joined up health and care services. It explained the role of the C&WICB and the IC Partnership, those which rested with local authorities, care collaboratives and provider collaboratives.

The report set out the requirements to develop an Integrated Care Strategy, to meet the assessed needs, from the previously developed Joint Strategic Needs Assessments (JSNAs). In Coventry and Warwickshire considerable work on integration had already taken place. The Integrated Care Strategy would build on this to further the required transformative change to tackle the significant challenges facing health and care. The strategy presented an opportunity to do things differently.

The ICP had agreed a work programme to develop the strategy, led by a working group and with input from key stakeholders. The draft strategy needed to be submitted to NHS England for review on 14th December. The report outlined the planned approach and format for developing the strategy, signposting to existing strategies, the mapping which had taken place and identification of proposed priority or 'strategic focus' areas. The draft priorities had been discussed at the Integrated Health and Wellbeing Forum, resulting in a series of commitments that would run through the strategy.

Details were provided on engagement activity, to ensure that development of the strategy and the Integrated Care 5-year Plan were done in an aligned and connected way. A separate engagement task and finish group had been established for this purpose which included broad representation from stakeholders. Wide public engagement was also planned with over 30 scheduled events, planning for more events and an online survey. Stakeholder engagement would continue with regular updates, including with this committee.

The requirements to produce a five-year Integrated Health and Care Delivery Plan were reported. The delivery plan would be refreshed before the start of each financial year and meet the reported statutory requirements from the Health and Care Act 2022. Further guidance was expected shortly from NHS England, which would be provided to members via a stakeholder briefing.

The report concluded by referring to the strategy content and next steps, as well as providing the national timeline for producing the strategy and the five year delivery plan.

The presentation included slides on:

- Integrated Care - a huge opportunity.
- ICS aims – improve outcomes, tackle inequalities, enhance productivity and value for money and support broader social and economic development.

- The ICS vision.
- Planning for the future – development of the Integrated Care Strategy and 5-year Joint Forward Plan.
- The vision for integration and collaboration across the system to achieve the four key aims.
- Grounded in the reality of now. The strategy would be built from local assessments, include consultation with Healthwatch and statutory components of national guidance. It would set out how assessed needs would be met, show regard to the Secretary of State's mandate and any guidance and set out views on how health and care services could be more closely integrated.
- Engagement and involvement through a phased approach. Additional information was provided on the processes, the engagement undertaken or planned, and the feedback received to date, which showed a number of consistent key themes. These included access to GP services, trust in services and digital services. Some patients could not access digital services and others did not want to use them, preferring face-to-face appointments. This was an area for further consideration on how to approach digital services and working with patients.
- Through engagement and involvement the ICS had iteratively developed the priorities for the strategy.
- The priorities:
    - Improving access to health and care services and increasing trust and confidence
    - Prioritising prevention and improving future health outcomes
    - Tackling immediate system pressures and improving resilience.
- The commitments:
    - Improve outcomes
    - Tackle inequalities
    - Enhance productivity and value for money
    - Support social and economic development.

Questions and comments were invited with responses provided as indicated:

- Several members thanked the ICB representatives for the presentation.
- A question on the response from rural parts of north Warwickshire and whether feedback had been sought from organisations like the Citizens Advice Bureau (CAB) in Atherstone. There had been a dialogue with the CAB, and it would be checked if this included the Atherstone branch specifically. Rurality was a recognised theme within the feedback on access to services. It was questioned whether a mobile GP service could be provided to rural areas similar to the mobile libraries. This suggestion would be researched.
- A comment that some people did not like to use digital services. Problems could be experienced using online services if the options available didn't meet the customer's needs. An example was given using a financial institution to demonstrate this. There was a need to consider service delivery options for those who could not access services digitally. Liz Gaulton replied that the aim was to make best use of digital services. This was the same for health and the County Council's services and there may be merit in working collaboratively to give confidence to communities to access services digitally. The councillor said that nationally the digital service provision was the default and there should be more consideration for those who could not access services in this way.

- On face-to-face appointments and trust, patients also valued a relationship with their GP. It was known that GP practices were, in the main, private businesses and was questioned how the ICB was able to influence practices to undertake more face-to-face appointments.
- Liz Gaulton explained the ICB's role to give assurance on the quality of GP services, working in a collaborative way. Generally, this worked well but this may be an area for more detailed focus with the appropriate senior ICB officer at a subsequent meeting. Overall, patient satisfaction was good.
- Rose Uwins added that the feedback regarding GP access was much wider than just face-to-face appointments. It included access to appointments and seeing the right person first time, rather than having a GP appointment before accessing the specific service needed. The member pursued this change from the traditional route of a GP referral and it was questioned how this would work. Rose replied that this was a work in progress and options were being considered. There were known workforce challenges. An example being piloted in Coventry was the use of first contact practitioners, linked to GP practices who would make the referral instead of the patient seeing a GP. As pathways changed, these would be communicated.
- Dr Shade Agboola spoke of the duty for GPs to engage with the system and its quality assurance processes. She gave an outline of the better reporting arrangements under the ICB structures, including regular performance management reports. She attended the ICB committee and the recent report showed an increase in the number of face-to-face GP appointments, compared to the same period last year. These processes enabled challenge and constructive feedback to be provided. For the first time, it gave a clear line of sight for primary care services.
- Councillor Holland commented that many people saw the move to the ICB as positive. Previously he had asked how this change would be measured, or whether it might be seen as another layer of bureaucracy, but he had not received a clear response. He referred to the public question earlier in the meeting and access issues for people in new housing developments. The key issue was the shortage of GPs and he asked how the ICB would address this. Liz Gaulton responded on the wider strategy and the feedback received from stakeholders that improving access to primary care services and building trust/confidence were key. It had been suggested to have a dedicated session on primary care at a future committee meeting.
- Reference was made by Councillor Holland to the JSNAs. It was suggested that the boundaries selected for these areas could have been more customer focused. He then spoke about the 'place-based' approach. The primary care networks (PCNs, groups of GP practices) had been based on the JSNA areas and he asked if these could be changed to be more cohesive. Liz Gaulton confirmed that the work on JSNAs had been undertaken by the County Council. It was understood the methodology used for grouping PCNs was more complex than just basing them on JSNA areas. This could be covered in the subsequent session, or a written briefing be provided on the methodology used.
- A point that having a consistent GP meant they knew the patient's medical history.
- A question about the progress made in achieving needs identified through the JSNAs for each of the places. Shade Agboola responded that the findings from the JSNAs were used in formulating the Health and Wellbeing Strategy (HWBS), for both Coventry and Warwickshire. In Warwickshire the place-based programme had been completed for 22 areas. She explained that this had been replaced with a thematic approach, giving examples of some focus areas. The JSNA had influenced both the HWBS and the ICS Strategy for the local system. She then advised how the JSNA priorities were translated into actions through the three place partnerships, drawn from the HWBS and with a series of

local priorities and strategies. This work was supported by the Council's Public Health and Strategic Commissioning teams. Examples could be provided to the committee to show how identified priorities had been implemented.

- Councillor Holland referred to the background information circulated to the Committee, from a Health and Wellbeing Board (HWBB) development session. Reference was made to the linkages between this committee and the local system. This document included a statement on shared accountability between the local organisations. The councillor viewed that accountability could not be shared, suggesting that the HWBB should revisit this aspect.
- Councillor Bell, as Chair of the HWBB advised that an update from each of the place partnerships would be provided to the January board meeting. Having met with them recently, she gave a brief outline and example of how JSNA priorities were being implemented. She confirmed that the HWBB was accountable to this scrutiny committee.
- Further reference to digital services with an example of the challenges faced by some elderly people. A resident was moving to another GP as they were unable to gain access to the surgery car park which required use of a mobile telephone application.
- There would need to be follow up reports to the committee with data on what had been achieved. It was questioned how the ICB would collect data to show the direction of travel and achievements. Liz Gaulton gave an outline of the performance reporting arrangements. A meeting of the ICB would be held in public later in the day and its agenda included a performance update. She gave examples of the service performance monitored, including that set by NHS England and which had continued from the earlier clinical commissioning group arrangements. There would also be locally set measures, to monitor areas within the strategy, to assess what success looked like. Examples were given around reducing waiting times, better outcomes, service access and reducing inequalities. A report back could be provided to the committee.
- On digital services, further discussion about supporting communities on how to access services in this way. This would include identifying barriers, seeing if they could be addressed, but also recognising that some people may not be able to use them and ensuring services were inclusive. It was viewed that the emphasis was on people needing to learn and change, rather than designing a service to meet their needs. It was more about assessing the challenges, to see if these could be overcome, but not relying solely on digital services. There were many benefits from digital services, especially with the workforce challenges and service delivery in rural areas. It was made clear that no-one would be left without access to services.
- Chris Bain of HWW commented that the greatest challenges for the ICS were workforce, culture and unnecessary complexity. An example was the care collaboratives. He referred to the key aims and would have added putting patients at heart of everything you do. He drew comparison to the supermarket Tesco which considered itself to be customer 'obsessed', with the customer benefit being the core focus for every action.
- Chris Bain of HWW confirmed the need for trust in services, but also in decision makers and the system. There was a need for continual dialogue to build trust, to 'sense check' and to get early warning messages. The voluntary sector was well placed to do this but needed support and resources to do it effectively. On digital services, the aim should be for a digital service which is part of the NHS, which works for people who access it.
- On digital services, a further aspect was the messaging. On most occasions, people were encouraged to use an application or website. This shouldn't be the first option or indeed the only option. Also, the length of pre-recorded telephone message options was frustrating.

- Examples of good practice were provided by a member for their local practice which had effective triage and offered rural home visits. Some people would never access digital services and should not feel excluded.
- An important aspect was face-to-face access for patients with dementia and their carers. Dementia cafes were providing great community support and were often run by volunteers. An example was provided in one member's division. However, when people were in crisis they were being signposted to these voluntary services. This was a significant gap in the system which needed resourcing and replicating in other parts of the county. Dementia cases were not going to decrease. There was a need to ensure this cohort had speedy face-to-face access to GPs and specialist support. The member sought reassurance that this would be taken on board. Councillor Bell asked if GPs received extra funding to monitor dementia patients and undertake periodic reviews. This would be researched but could also be raised at the HWBB.
- Liz Gaulton thanked members for the examples provided which demonstrated some issues in the local system.
- The Chair reminded of previous comments she had made about GPs and the critical responses she'd received from GPs. She was glad that the issue had been recognised and stood by her earlier statements, expecting further feedback. She was also pleased that GPs should not be seen as the gatekeepers for accessing healthcare and this had led to backlogs. The self-referral piece was a good start. She then stated the immeasurable improvements at her local GP practice over the last year, referring to the effective triage. This meant her health needs had been resolved by seeing a nurse without needing a GP appointment. Triage at the point of contact was a good idea but was not necessarily provided by all surgeries. She was heartened by the update. The lack of GP access was a significant issue for residents, and she was supportive of a further specialist conversation on this area.
- Rose Uwins confirmed that the engagement work had highlighted the importance of access to GPs, and it needed to be reflected in the strategy. It was about how to support GPs to deliver what they could, given the workforce challenges, to build trust and ensure that people could access the healthcare system. Liz Gaulton added that this had been a useful and honest discussion.

The Chair thanked the speakers for their attendance.

Resolved
That the Committee notes the presentation and adds to the forward plan for a specialised session on GP services and access to primary healthcare.

6. Council Plan 2022-2027 - Quarter 2 Performance Progress Report

Shade Agboola, Director of Public Health introduced this item and gave a presentation to pull out key messages. By way of introduction the report stated the wider national context which was a critical frame within which to view the Council's performance. It reported the combined impact of political, global and macro-economic turbulence causing high inflation, rising interest rates and cost of living, increasing pressure on an already tight labour market, demand for public services and public finances.

The report summarised the Council's performance at the end of the second quarter (April-September 2022) against the strategic priorities and areas of focus set out in the Council Plan 2022-2027. This report drew out relevant areas within the Committee's remit from that presented to Cabinet on 10th November. Sections of the report together with detailed supporting appendices focussed on:

- Performance against the Performance Management Framework
- Progress against the Integrated Delivery Plan
- Management of Finance
- Management of Risk

The report provided a combined picture of the Council's delivery, performance and risk. Overall Quarter 2 had seen a marginal decline in performance compared with the Quarter 1 position, reflecting the increasingly volatile, uncertain, and high-risk external environment. There were eleven key business measures (KBMs) within the remit of the committee. Of these, eight were reportable in this quarter, with six of the KBMs assessed as being on track and two were not on track.

The report detailed key emerging themes. These included increasing service demand, capacity issues impacting delivery across the organisation and difficulties in recruiting and retaining staff in a highly constrained national and local labour market.

There were notable aspects of positive performance, with the report highlighting that no care providers had exited the market due to business failure. Another area was the stability and performance in regard to the percentage of people under the age of 65, with eligible needs living in the community, who were accessing Adult Social Care.

There were some performance challenges, the main one being the number of people supported in residential or nursing care aged over 65. This had an upwards trajectory due to increased placements from the community and discharges from hospitals.

There were some actions identified as 'at risk'. These related to capital programmes and projects, linked to current inflation levels and supply chain challenges. One of the Council's strategic risks related to adult social care and health directly (widening of social, health, and economic inequalities post pandemic). Two others related to inflation and the cost of living. The economy might impact on service provision and service demand. At the service level, two risks had been higher than target for three consecutive quarters, those being the risk of care market failure and the risk of an ongoing impact on Public Health resources from responding to Covid-19.

The presentation included slides on:

- Council Plan 2022-2027: Strategic Context and Performance Commentary
- Performance relating to this Committee
- Area of focus: Support people to live healthy, happy, and independent lives and work with partners to reduce health inequalities
- Projection
- Integrated Delivery Plan
- Financial performance
- Management of risk

Questions and comments were invited with responses provided as indicated:

- From resident feedback, a member viewed that the care service was failing in both performance and delivery, with boundaries being crossed. He would raise the specific concerns with the Portfolio Holder and officers outside the meeting.
- A member read an extract of the report about service demands and capacity issues impacting on service delivery and difficulties in recruiting staff. She asked if this was linked to the Council's salary scales and whether staff were leaving for alternate employment or whether there were not suitable candidates. Shade Agboola acknowledged that both were factors with some staff leaving to join NHS organisations. There were not enough staff currently and some were attracted by larger salaries elsewhere.
- Pete Sidgwick commented on the increasing demand for adult social care services and especially residential care, to a level that was now higher than expected. In terms of recruitment and retention this was both an internal issue for the county council and impacted on external service providers too. Pay was a factor, but there were others such as the employment market. The Council did have challenges on recruitment and some staff were leaving to work for agencies, which impacted on performance. The Council had to work within its budget levels and did look to provide other incentives where it could. The Chair viewed that this position would be reflected in many councils nationally and across all services.
- Councillor Bell spoke about the impact on external service providers. As well as shortages in domiciliary care staff, it also impacted on care homes. They may have bed capacity but staffing shortages would limit the number of beds that could be occupied due to safe care ratios.
- Becky Hale referred to the national recruitment campaign for the care market and local aligned work, including recruitment support to the independent and voluntary sector. She offered to share this information with the committee, to seek members' support in providing local publicity. The Chair asked that it be shared with the media too, to seek their promotion of these roles alongside the internal communications activity.
- A member sought more information about the increases in care placements, asking if this was linked to a lack of community support. During the Covid pandemic, voluntary support increased exponentially, but ordinarily finding volunteers was more difficult. In other European countries there was far more reliance on voluntary support. The Chair replied that this would require a big cultural change. During the pandemic many people who were furloughed had capacity to assist as volunteers.
- Pete Sidgwick gave an update on people going into permanent care. He spoke about community support, the previous challenges around domiciliary care staffing and the data now showed that more people were going into nursing home placements. This cohort needed intense support. The reasons for this may be linked to the pandemic, but it was not clear. People went into permanent placements where their needs required it, rather than their needs could not be met elsewhere. The increases in new placements were from community settings, not acute hospital discharges. It was about an individual's needs, not pressures elsewhere in the system. From the live performance data, the reported trajectory was continuing.
- The Chair commented that care services were also required for younger adults with complex conditions. Any person could have an incident at any point in their life which required significant care afterwards. It would be interesting to have a breakdown of the numbers for each age range who required permanent care support. She then referred to the

earlier points about recruiting carers, who may not necessarily be looking after an elderly person.

Resolved

That the Committee notes the Quarter 2 organisational performance and progress against the Integrated Delivery Plan, management of finances and risk and comments as set out above.

7. Customer Feedback Report 2021/22

Louise Church introduced this item, which reported back on the customer feedback received during 2021/22.

Adult Social Care services received four types of feedback, comprising comments, compliments, complaints and questions. There were 640 cases created during 2021/22 which was an increase of nearly 14% on the previous year. The report set out the different channels which customers could use to provide feedback and the increasing use of digital services through creating a 'self-account'. During this period, the volume of cases processed and closed (191) had increased by almost 14% on the previous financial year.

The report referenced the service level targets for timeliness of response. It then provided a summary of complaint causes, complaints made to the Local Government and Social Care Ombudsman (LGSCO) and learning from feedback. The report provided notable highlights, including a new system and procedures to support better compliance with complaint responses and learning from customer feedback. An appendix to the report provided detailed information on the customer feedback received during this period, including graphs and tables to highlight the key data.

Members reviewed the report and appendix, raising the following points:

- Reference to a table in the appendix, giving complaint case data and specifically that relating to Adult Strategic Commissioning. It was questioned if this was linked to care packages. Similarly, more information was sought on the data for adult older people in Stratford and increased cases linked to adult mental health.
- Louise Church noted that there was an increase in complaint cases around care homes and domiciliary care services. Reviews took place with care providers to look at such cases, take learning from them and especially around quality assurance aspects. Becky Hale provided background on how such complaints were routed previously, the changes implemented and how they were now handled in conjunction with relevant teams within the County Council. Largely it involved liaison with service providers to undertake internal investigations. There had been an increase in the number of complaints, but also the data was due to the way in which complaints were now managed. She then touched on the quality assurance and contract management aspects in assessing risks and determining required assurance activity, customer and provider visits.
- More information was sought on the increased complaint cases linked to mental health. It was confirmed this concerned adult social care operational teams linked to mental health. There had been a small increase in complaint cases in this area. Context was provided that the data reported showed which section was leading on the complaint and there could be

overlaps in some cases between commissioning and frontline services. An example was given to demonstrate this.

- There had been an increase in complaints around finances, where people were not happy with their financial assessment and the increase in contributions required. This was likely to increase further as part of the adult social care reforms.
- An outline was given on learning from complaints and the use of briefing notes for teams to improve practice. A recent example was improving communications with the people being supported.
- A discussion took place about how complaints from older people in the north of the county were recorded. This data report was grouped by the social care team responsible. There were three teams, and the north-east team covered the areas including Atherstone, Nuneaton and Rugby. This grouping of areas was challenged by a member who felt the geography was too large. Data on both compliments and complaints for the rural north area should be separated. Louise Church offered to provide a complaints report based on postcodes or the area of Warwickshire in which people lived, to give more accurate data. The Chair asked for the updated report to be circulated to the committee.
- A member acknowledged the number of compliments received, which was 50% more than complaint numbers and this was encouraging. Officers replied that compliments were always welcomed.
- An area of concern was the number of complaints made to the LGSCO and the proportion of complaints being upheld. Such complaints should be addressed internally without the need for escalation. Officers explained that the public had the right to refer their complaint to the Ombudsman. An outline was given of the staff training, including training from the LGSCO and the customer service support provided both to staff and the public.
- Pete Sidgwick provided context that a complaint could be accepted by the Council and an apology be made, but the complainant could still refer it to the LGSCO, where it could be upheld again. Additionally, he explained that adult social care was only given one attempt to resolve complaints, whereas other services had multiple levels. He explained the challenges this caused and how complaint cases were assigned for sign-off of the response. For complaints linked to financial aspects, these required interpretation of complex rules and financial guidance. On occasions the LGSCO may uphold a complaint, having reached a different conclusion to the council. Where complaints were upheld by the LGSCO, they were used to provide learning. The member responded that if people were satisfied with the council's response they would not complain to the Ombudsman. If doing so they still felt aggrieved. He was aware of a particular issue and would discuss this with the Assistant Director outside the meeting.
- A member referred to the earlier debate about organisations prioritising digital access to services. She commented that the County Council was also guilty of this as the main means of engaging on complaints.

Resolved

That the Committee comments on the report, as set out above.

8. Work Programme

The Committee discussed its work programme. The Chair reminded that a briefing note on drug and alcohol services had recently been circulated. The suggestion for a further update on GP services and access to primary healthcare would be considered at the next Chair and party spokesperson meeting.

Resolved
That the Committee notes the work programme as submitted.

…….
Councillor Clare Golby, Chair

The meeting closed at 12.10pm

Item 2 Public Speaking - Val Ingram

I wish to raise with you the concerns that this area is experiencing due to the approved housing at Upper Lighthorne Heath.

My understanding was that despite opposition to this housing the decision was made to proceed creating a town which will be upon its completion be the second largest in the Stratford District Area. Although this is accepted, part of the conditions as I understand was the provision of infrastructure, the most important of which was the provision of a GP surgery.

The complex has begun in earnest and residents are moving in however the provision of GP's and medical staff is absent. I am led to believe the benchmark is ten thousand patients before this will be deemed necessary.

The problem is that as residents have moved in owing to there not being a surgery they have had to register elsewhere, through no fault of their own. The knock on is that this in turn is putting considerable strain on satellite surgeries such as Kineton, Tysoe, Wellesbourne, Fenny Compton and further afield.

I am not privy to the number of people that are already resident but I contend that the bench mark of ten thousand will be distorted if the incumbent residents are registered elsewhere and no account appears to have been taken of the pressure this is exerting.

Fenny Compton is growing rapidly with the forthcoming provision on the old Compton Buildings site of numerous new homes, Kineton and Wellesbourne have seen unprecedented development, so I ask that you please, look at this urgently to provide adequate medical services on this site and relieve the pressure.

I feel it would not be too difficult by way of the District Council to find out the number of dwellings and how many each of said dwellings house. This number should be monitored and used in the calculations.

I know in my time campaigning to Save the Horton General Hospital that sometimes members might not be aware of the situation.

I have, therefore, taken the liberty of copying in the Overview and Scrutiny Committee who I understand only meet once a year and if the pattern still remains the same are due to meet in December, could this be put as an urgent agenda item?

I urge members to support this request and ask that our MP brings whatever pressure to bear that he can to help his constituents. In these times that we are mindful of the pressure on GP's this would in turn help them by providing adequate facilities.

I look forward to your reply with considerable interest.

Yours faithfully
Val Ingram

Response from Integrated Care System read by Councillor Margaret Bell, Portfolio Holder for Adult Social Care and Health

We understand the importance of ensuring that there is adequate primary care provision for all our residents, both current and those arriving in new settlements.
The Stratford-on-Avon District Council Core Strategy predicts that the new settlement at Upper Lighthorne will deliver 3,000 dwellings over a timeline that extends beyond 2031. The housing delivery trajectory has changed throughout the time since the Core Strategy was published, partly as a result of the impact of the Covid-19 pandemic. We are aware that economic conditions also have a significant impact on the housing market and have obviously changed over recent months.
The funding for any new provision will come from Section 106 monies, however, due to the reasons outlined above, the timeline to get to a point where the full amount of Section 106 funding is available is not clear at this stage.

NHS Coventry and Warwickshire Integrated Care Board is carrying out an in-depth appraisal to understand:

- the impact the new housing development at Upper Lighthorne will have on local General Practice services and;
- the best way to make sure that the needs of the growing population of Upper Lighthorne can be met.

This appraisal needs to be done to make sure that the ICB identifies a solution which offers value for taxpayers' money and is the most effective, fair and sustainable use of finite NHS resources for all local residents. Part of this work includes is understanding how many of the people who buy houses on the UL new settlement will need to register with a local GP practice as some will continue to be registered with their existing practice.

There are different potential solutions available, which are:

Option 1: Expand the capacity of established local GP practices whose practice areas include the Upper Lighthorne settlement site.

Option 2: A new GP practice on the Upper Lighthorne settlement site with no expansion of the current GP practices.

Option 3: A 'hybrid solution' which means expanding the capacity of some local GP practices and, potentially a smaller new building on the Upper Lighthorne settlement site.

The ICB are working closely with the local GP practices to monitor any pressure caused by new residents in the settlement.
The appraisal will be completed at the end of December and the ICB will update stakeholders as to the next steps in the New Year.