

Adult Social Care and Health Overview and Scrutiny Committee

Wednesday 29 September 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 Chris Mills
Councillor Jerry Roodhouse
Councillor Mandy Tromans

Officers

Helen Barnsley, John Findlay, Emma Guest, Rachel Jackson, Paula Mawson, Nigel Minns, Pete Sidgwick, Paul Spencer and Claire Taylor.

Others Present

Harriet Birch (Refuge), Eleanor Cappell (Coventry and Warwickshire Partnership Trust) and David Lawrence (press).

1. General

(1) Apologies

Apologies for absence were received from Councillors Tracey Drew, Judy Macdonald (North Warwickshire Borough Council), Jan Matecki, Penny-Anne O'Donnell, Kate Rolfe (replaced by Jerry Roodhouse), Pam Redford (Warwick District Council) and Shade Agboola (Director of Public Health). It was agreed to send the Committee's best wishes to Councillor's Drew and Rolfe, due to their ongoing illnesses.

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

Councillor Jerry Roodhouse declared an interest as a director of Healthwatch Warwickshire.

(3) Chair's Announcements

The Chair advised of a member development session on 6 October on the Council's Power BI system. She encouraged members to attend as this system was used to record progress with all developments and quarterly progress, as presented to the overview and scrutiny committees.

(4) Minutes of previous meetings

The Minutes of the meeting held on 30 June 2021 were accepted as a true record and signed by the Chair.

2. Public Speaking

Notice had been received from a member of the public, which was subsequently deferred and would be presented to the November Committee meeting.

3. Questions to Portfolio Holders

None

4. Questions to the NHS

None.

5. Mental Health and Wellbeing

The Committee received a joint presentation from Paula Mawson, WCC Strategy & Commissioning Manager for Health, Wellbeing & Self-care and Eleanor Cappell of the Coventry and Warwickshire Partnership Trust. The presentation covered the following areas:

- The overall aims of the presentation:
 - To provide the committee with an overview of system-wide activity related to supporting mental health and wellbeing for adults in Warwickshire.
 - To highlight key health inequalities in mental health (MH).
 - To provide a focus update on the community MH transformation programme.
- MH System – a graphic showing key areas of activity, including wider determinants, self-care, physical health, community assets, transformation, alternatives to crisis admission, inpatient services and community care. Reference to the range of mental wellbeing services provided in the community, with the work on Covid MH, loneliness and isolation used as an example.
- Health inequalities:
 - Headline findings related to socioeconomic impact and ethnicity on MH, together with wider determinants.
 - Examples of key activity to address health inequalities were provided.
- Community MH transformation (CMHT) system update:
 - National vision and ambition – members were encouraged to view this YouTube explanatory video: [The NHS Community Mental Health Transformation – YouTube](#)
 - Local CMHT vision and ambition

- Community MH framework
- Expert by experiences – a quote from Claire Handy, a person with lived experience.
- CMH redesign and core offer – examples of the initiatives undertaken.
- Primary care integration with examples given of how this would take place.
- Personality and complex trauma pathway – the vision and ambitions.
- A graphic showing hopefulness and life skills, leading to enablement.
- Rehabilitation.
- Adult eating disorders – the vision and application.
- Training provision.
- Parity of esteem – serious mental illness (SMI) health checks – improving physical health of people with SMI.
- Strategic coproduction: coproduction and community engagement
- Voluntary and community sector – mental health alliance, working together and community MH coproduction
- In summary:
 - There was a breadth of activity across the system to support people with mental ill-health, alongside activity to promote wellbeing and address determinants of poor MH and wellbeing to support prevention, early intervention and recovery.
 - Strong partnership working in place across the system (including with the VCS and experts by experience) to support transformation of services.
 - Good progress made to date on a longer journey of change.

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

- Several members found the presentation informative and useful.
- A discussion about the commissioning arrangements, the number of new practitioners involved in the service delivery model and the mechanisms being employed to ensure a complementary approach to service delivery, rather than working in silos. There was useful experience from earlier work, good partnership working, governance structures and funding of £23m over three years was in place.
- Reference to previous initiatives to support dementia patients, which had been discontinued. A key aspect was designing the offer around service recipients, for example who needed support at home rather than visiting specialists for specific appointments or group sessions. This point was heard often during times of crisis. It would be raised under the following agenda item on the dementia strategy, as well as being taken into consideration for that strategy.
- Further information was sought on the training provision. There would be a range of different offers from a number of organisations. Examples given were clinical training, compassion circle training and that related to trauma cases. Virtual training through IT solutions added capacity and could be delivered both internally and externally. Providing an incentive for training was raised. Officers would look to scope the training plan and take on board the points raised.
- Frailty was becoming increasingly relevant with the aging population. This would add to service pressures and there was a need to understand more about frailty. Prevention activity should be the key aim and looking at wider determinants of health. It was questioned if this was revisited again in a year what would be seen in terms of investment in preventative measures and evidence of the resultant outcomes.
- Reference to the compassionate communities work in Rugby. This linked to the priorities at 'place' and with primary care networks. It was a good example which could be used

elsewhere in the county. Officers spoke further of mental wellbeing support, the service redesign and examples were given of the current services that were contracted separately. In the next few weeks tenders would be sought for a streamlined single contract with collaborative partners to deliver lower-level early intervention work. It was hoped in a year to be able to provide the requested evidence. Work was underway on developing key performance indicators and other critical success factors. There had been extensive engagement with users, providers and others. Ensuring the public understood the revised service offer and then monitoring uptake of services were also mentioned. There were links into the compassionate communities work. The Chair suggested that an update be provided by way of a briefing note at the conclusion of the tender process.

- A question about the provision in rural areas of north Warwickshire and it was confirmed that the mental health service offer was across all Coventry and Warwickshire.
- A concern about the use of acronyms throughout the report. Whilst these had been explained during the presentation, it would be helpful to have them explained in full in the report or an index provided, especially for new members to the Council. Officers were asked to bear this in mind for future reports and an offer to circulate an acronym buster to explain commonly used terms.
- More information was sought about the use of experts by experience and how successful this was. An outline was given of the community outreach work undertaken by Rethink and Grapevine. This tended to involve the same people and a rapport had been developed leading to them becoming experts by experience. They were treated as equals and met in a welcoming environment. The current work on eating disorders was used to show how successful this approach had become and the quality of feedback from participants.
- The Chair asked how services engaged with hard-to-reach people and how they linked with other agencies, such as the police on MH issues. Eleanor Cappell spoke of the MH street triage arrangements for services to work with police. An outline was given of the slightly different working arrangements in Coventry and the north and south of Warwickshire. This joint approach could be developed still further for example with the training offer for police colleagues. The cohort that was hidden and didn't access services was a key area for primary care to target. Councillor Humphreys asked to be put in contact with the police officers working with MH teams in the north of Warwickshire.
- A point about how district and borough councils were linked into this work especially from the housing perspective. Housing issues could contribute to MH problems. Having a holistic approach was an aim but it did not yet feel that this had been achieved fully. Links were being established with the district/borough housing board. There were known links between homelessness and mental health illness, which would be a further aspect to discuss with housing teams. Despite the extensive work to date, sadly some people still fell through the gaps. There was a strong commitment from all partners to collaborate. The feedback from coproduction and people with lived experience provided a helpful challenge. A member understood there was a regular dialogue between heads of housing and the county council on issues such as homelessness and MH.
- Crisis provision was discussed, specifically the capacity at the Caludon Centre and how support was provided when this centre was full, it being understood some patients had been placed in police cells. There was a place of safety at Caludon. Covid had impacted on capacity and the winter period could also see additional demands faced. There were a number of mental health hubs available at all times, and it was stated that no person should be placed in a police cell.

Resolved

That the Committee notes the presentation.

6. Coventry and Warwickshire's Living Well with Dementia Strategy

A report was presented by Claire Taylor, the commissioner responsible for maintaining and promoting independence. This included a PowerPoint presentation which covered the following areas:

- Coventry and Warwickshire's Living Well with Dementia Strategy, a joint, system-wide strategy across Coventry and Warwickshire (with a place-based focus in action plans). An outline of the work undertaken in drafting the new strategy.
- The vision and six key priority areas of: preventing well (reducing risk), diagnosing well, supporting well, living well, dying well and training well. The strategy had a 'plan on a page' approach for each of the six priority areas.
- A focus on key objectives; reviewing progress and additional objectives where required.
- A focus on what still needed to be achieved and how it would be measured.
- Reflection on progress to date.
- The equality impact assessment, to be reviewed throughout the lifetime of the strategy.
- Ensuring effective alignment with other strategies.
- Current engagement with stakeholders over six weeks. Details provided of the mechanisms being employed and next steps to review and collate feedback, leading to the revised strategy being submitted for approvals and publication early in 2022.

It was reported that Coventry and Warwickshire's Living Well with Dementia Strategy had been refreshed. A period of engagement commenced in early September 2021 and the strategy for the period 2022-2027 would be reviewed thereafter and published in early 2022. The report set out the close working with colleagues through the Health and Care Partnership Dementia Board. The draft strategy had been presented at various boards and approved by the County Council's Portfolio Holder for Adult Social Care and Health. There were benefits of having a joint strategy for Coventry and Warwickshire, both for commissioning and service providers.

The strategy would be a system document across health and social care in Coventry and Warwickshire with a system partnership approach, fully supported by NHS colleagues and delivered in partnership with the voluntary and community sector. The report detailed the approach to producing the draft strategy, the wide engagement including stakeholders and how this strategy aligned to other local strategies, which focussed on carer wellbeing. Following the engagement, feedback would be collated, published and provided to stakeholders with the findings incorporated in the draft strategy where appropriate. The strategy would be presented to various boards and bodies including the Health and Wellbeing Board and the county council's Cabinet for approval and would then be published on the Council's website.

The following points and observations were made:

- A question on the age profile of those with dementia as it seemed that more young people now had dementia. Key information would be provided in the strategy. An offer was made to provide up to date information regarding early onset dementia for the committee.

- Points about end-of-life care and 'dying well'. There was praise for the services provided by the Admiral nurses. An area where the strategy could be strengthened concerned the end-of-life period and the dialogue with relatives. Some family members only became involved at the end-of-life but might not concur with an individual's wishes by seeking to extend that person's life. There were plans to re-establish multi-agency groups for each of the priority areas to develop and deliver the associated actions.
- A point about enhancing and strengthening the dementia friend and dementia communities work, for example with the retail sector. It was agreed that these were powerful, positive initiatives which had been impacted by the pandemic. There had been a previous training session for this committee which could be repeated.
- A reflection on the challenges for those with dementia. In the early stages, some people might be in denial or resistant to receiving support. Whilst dementia could not be prevented, there were ways people could reduce the likelihood of developing dementia or help themselves during the early stages of cognitive impairment. This mirrored the ways people could protect their physical health through reducing alcohol intake, not smoking, having a good diet and taking exercise. Further points about cognitive stimulation, making people more aware how they could reduce the risk of dementia and the availability of NHS health checks for people over 40 years of age. Dementia messaging had been embedded within other Public Health and Strategic Commissioning work strands.
- Some people chose not to access support but doing this at an early stage was key. There were a range of opportunities to help people and their families through early diagnosis and to avoid them presenting when in crisis. A need to remove the perceived stigma associated with dementia. An example was dementia cafés and some people travelled away from their immediate area to use one, because of not wanting people to know they had dementia.
- A reflection on the greater awareness of dementia now. It was questioned if the number of dementia cases was increasing. Further points about the dementia friend initiatives in Kineton paused due to Covid and the dementia café in Tysoe. Councillor Mills felt inspired to relaunch these initiatives due to this item. Claire Taylor offered to assist with this and confirmed the likelihood of increasing dementia cases in Warwickshire as it had an aging population.
- Reference to the service to provide a link person. It was suggested that this should include monthly contact with the person's carer. An example was given of the support provided to a friend during times of crisis with her husband's dementia, and the lasting impact for the person providing the care, even after their husband moved into a nursing home. An outline was provided of how the link person scheme now worked through 'keep in touch' calls. It was common that carers wouldn't ask for help. Also raised were day services. The key aspect was ensuring a referral to these services at the time of diagnosis.
- Further praise for the Admiral nurses. There seemed some confusion about current service provision. Councillor Bell confirmed that they were attached to acute health trusts and provided services at the point of diagnosis. However, it was viewed they should be available in the communities and provide further services at later stages too. Claire Taylor understood there were some community-based services but was a need for consistency across Warwickshire. This would be investigated, and an update provided to members.
- A point on the additional challenges for dementia patients who were admitted to hospital. There were well established links with the George Eliot Hospital via the dementia strategy board.
- The Chair spoke of the need to keep people with dementia safe from both physical and financial harm. From personal experience she was aware of this occurring and would discuss this with officers after the meeting.

Resolved

1. That the Committee responds to the draft Living Well with Dementia strategy as set out above.
2. That the Committee notes the engagement plans for the strategy.

7. Domestic Abuse

Emma Guest, WCC Domestic Abuse (DA) Commissioner and Harriet Birch from Refuge presented an overview of domestic abuse services, the position and response in Warwickshire. Partnership working was central to providing an effective response and characterised Warwickshire's approach and its recognised good practice.

Harriet Birch spoke to the following sections of the report:

- What is DA?
- Warwickshire's DA Service. This detailed the accommodation and resettlement support and DA community support services.

Emma Guest then presented the following sections:

- Demand, need and performance in Warwickshire.
- Warwickshire's partnership response to DA with an outline of the various groups involved:
 - Warwickshire's Violence Against Women and Girls (VAWG) Board and Sub-Groups.
 - Emerging Trends.
 - DA Partnership Communications Group.
 - Multi Agency Risk Assessment Conference (MARAC) Steering Group.
 - Domestic Homicide Review Sub-Group.
 - Safe Accommodation Working Group.
 - DA Partnership Commissioning Group.
 - Harmful Practices Group.
 - Coventry and Warwickshire Sexual Violence Partnership Board.
 - Rape and Serious Sexual Offences Group.
 - COVID impact and response, together with performance during Covid restrictions.
- The DA Act 2021, comprising the aims of the Act, specific new duties for all upper tier local authorities to provide "Safe Accommodation and Support", the government funding provided and progress to date.
- Delivering improvement activity underway and planned, with an outline of successful initiatives to date.
- Future plans and priorities to be delivered over the next twelve months.

Through discussions with the government, the Local Government Association, the national DA Commissioners Office and other local authorities, the Council had been assured that it was making good progress to meet the new duties of the DA Act and to make improvements to the support offer for adult and child victim-survivors in Warwickshire.

An appendix to the report provided details of how domestic abuse could be reported and the support services available for anyone who was a victim of abuse or had concerns about family, friends or colleagues that were / or might be a victim of DA.

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

- A point about the volume of calls for police support related to domestic abuse issues often linked to drugs and/or alcohol.
- Reference to the refuge accommodation provision within the county. There were currently 24 units of accommodation and endeavours to increase this to provide another 36 units of accommodation. A member commented that current demand levels exceeded this and some people had to be located out of county in hotels or bed and breakfast accommodation, which could add additional risks.
- It may be several years before a victim decided to seek assistance.
- A concern was raised around domestic violence and abuse cases identified at school. School staff who were not sufficiently trained to intervene sought help from other agencies. The current arrangements were not adequate and there was a need for better support, education and communication. Whilst the new Act was welcomed, this was a significant issue which needed further investigation. The member offered to pursue this after the meeting, which was welcomed. An outline was given of the range of professionals involved and the multi-agency case conference approach to manage risks for individuals and their families. The Safe Accommodation Strategy sought to increase the number of accommodation units and assurances were provided about the quality of accommodation used.
- Reference to the contact details provided in the appendix. An acknowledgement that text message and telephone applications may provide a better means of crisis alert, as making a '999' call could exacerbate the situation.
- The Portfolio Holder noted that the Safe Accommodation Strategy included an aim around moving the offender, not the family. This would need a multi-agency approach and strategy to provide alternate accommodation for relocation of the perpetrator.
- The Chair confirmed that the Nuneaton and Bedworth Borough Council had adopted this strategy. She stated for any person in need of support, that there were services available and a range of pathways. In an emergency, the police should be contacted by dialing '999'. Refuge could be contacted on 0800 408 1552. She urged anyone suffering DA to take action.
- It was confirmed that the report provided an overview of services from the victims' perspective. An independent review of the partnership response to DA was commissioned and its recommendations were being worked through. Funding had been secured via the Office of the Police and Crime Commissioner to establish a DA perpetrator programme to seek behavioural change. Further work was planned on a strategy to reduce violent crime which would include a focus on DA aspects. This provided a change to focus on the perpetrator. Everyone had a role in dealing with DA and to share information appropriately.
- Concerns were raised about DA involving former partners and this needed to be included within the services provided. The new DA Act had a broader definition and included previous relationships, which were responsible for a significant number of the cases where support was provided.

Resolved

1. That the Committee notes Warwickshire's position and response to Domestic Abuse, as outlined in the report.
2. That the Committee supports the future plans of the partnership as outlined in section eight of the report.

9. Annual Customer Services Feedback

John Findlay introduced this item, to provide a summary of the comments, compliments, complaints and questions submitted in relation to Adult Social Care services.

The report set out the mechanisms available for customers to provide their feedback digitally, by telephone, face to face or by post. Generally, over recent years the use of a digital self-account had increased and currently over 77% of responses were received this way.

There was a service level agreement (SLA) for timeliness of response to feedback classed as a question or a complaint. The report outlined how cases received by WCC were dealt with. During 2020/21, there were 593 cases assigned to teams which were within the remit of this report. Of the cases assigned and processed during the period, just over 76% (77% of questions and 35.46% of complaints) were closed within the appropriate SLA. The corporate SLA performance target for complaints was 70%.

During 2020/21 there were 141 complaints closed by teams. Of those closed cases 50 (35.46%) achieved the SLA timeliness requirement. Most of the complaints raised focused on perceived issues with communication, financial issues and WCC service standards. Additionally, 20 complaints and enquiries relating to Adult Social Care were submitted to the Local Government and Social Care Ombudsman, with decisions made on 17 and a breakdown was provided of the findings. Of those findings, five were subject to full investigation, two of which were not upheld and three were upheld.

The report set out how the Council learned from the feedback it received, including a breakdown of learning for cases raised during this reporting period.

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

- A question about how services were learning and embedding changes. There were some IT system challenges and replacement of the complaints system, as part of a new customer relationship management system was being pursued actively. At the same time the cultural aspects would be looked at.
- Some people had difficulty in navigating telephone systems which routed them to the correct service and could need additional support. During the Covid-19 pandemic an 0800 'hotline' was established. There was a 'digital first' approach, but it was known that some customers were unable to access services through this means and other access routes were provided. Accessing services was the Council's responsibility, not the service users.
- There was a need to communicate in plain English for those outside the organisation. Reference to the level of communication used by tabloid newspapers and it was questioned how the council presented its plans and strategies in a format for public consumption.
- It was requested that a further update be provided to the committee in due course.

Resolved

That the Overview and Scrutiny Committee considers and comments on the report as set out above.

8. Quarter 1 Council Plan 2020-2025 Quarterly Progress Report (April 2021 to June 2021)

The Council Plan Quarter 1 performance progress report for the period 1 April to 30 June 2021 was considered and approved by Cabinet on 9 September. Pete Sidgwick presented a tailored update relevant to the remit of the Committee. It was reported that comprehensive performance information was available via the Power BI system.

The report focused on the Council Plan 2020 – 2025, giving strategic context and a performance commentary, including the Council's two high level outcomes. These were assessed against 54 key business measures (KBM), of which twelve were within the remit of this committee. Current performance showed that one KBM was paused from reporting due to national suspension of inspection or examination regimes. Eight KBMs were on track and three were not. There were two areas of note, with a current performance narrative provided for each of these. Of the three areas not on track, none required escalation at this stage. Summary information was provided and the associated commentary and improvement activity for all reporting measures was available. The impact of the Covid pandemic on these measures was noted.

A financial commentary was provided showing the position on the revenue budget, delivery of the savings plan and the capital programme.

A councillor commented on the worsening position in regard to suicides, which should remain a focus. Commissioners were aware of this and support was provided through a third-party organisation to affected individuals.

Resolved

That the Overview and Scrutiny Committee notes the progress of the delivery of the Council Plan 2020 - 2025 for the period.

10. Work Programme

The Committee reviewed its work programme for 2021/22. The Chair advised members of an additional item that had been raised with West Midlands Ambulance Service (WMAS). This had resulted in the briefing note circulated ahead of the meeting and discussion at the full Council meeting the day before this committee. WMAS had offered to address members at the next committee meeting in November and the Chair had invited any member of Council to submit questions via herself. Members agreed to update the work programme accordingly. It was suggested that contact be made with Rugby Borough Council which was also considering this matter. A copy of the documents from that meeting could stimulate further questions.

A request to allocate a date for consideration of the Integrated Care System (ICS). A high-level briefing note had been requested from the clinical commissioning group and would be circulated as soon as it was received. Councillor Bell advised that an ICS workshop would take place on 18 October. This would look at how the system would fit together, including the relationship with the

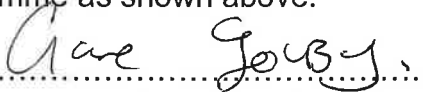
Health and Wellbeing Board. Nigel Minns added that the appointment of the ICS Chair was still to be confirmed and recruitment of the ICS chief executive was ongoing. A suggestion to extend an invitation for them to attend the committee, once both positions had been confirmed.

As part of the WMAS item, a request for data on the first responder service. All members would be invited to submit questions or lines of enquiry ahead of the meeting. These would be collated and submitted to WMAS, in order that a response could be provided.

Councillor Bell thanked the committee for its consideration of the first three items on the agenda and she saw its input as essential in developing strategies at an early stage. The Chair noted the significance of these items, commenting on the weight of agenda and need balance agendas to ensure time in each meeting to scrutinise the topics in depth.

Resolved

That the Overview and Scrutiny Committee updates its work programme as shown above.


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Councillor Clare Golby
Chair

The meeting rose at 12.50pm.