Adult Social Care and Health Overview and Scrutiny Committee

Wednesday 27 September 2023

Minutes

Attendance

Committee Members
Councillor John Holland (Vice-Chair in the Chair)
Councillor Colin Cape (Nuneaton and Bedworth Borough Council (NBBC))
Councillor John Cooke
Councillor Tracey Drew
Councillor Dave Humphreys
Councillor Marian Humphreys
Councillor David Johnson (Stratford-upon-Avon District Council)
Councillor Pam Redford (Warwick District Council)
Councillor Kate Rolfe
Councillor Ian Shenton
Councillor Sandra Smith
Councillor Mandy Tromans

Officers
Becky Hale, Janet Neale, Pete Sidgwick, Steve Smith and Paul Spencer.

Others in attendance
Councillor Margaret Bell, Portfolio Holder for Adult Social Care and Health
Chris Bain, Healthwatch Warwickshire (HWW)
Simon Doble, Kathryn Drysdale, Tim Sacks and Jamie Soden, Coventry and Warwickshire Integrated Care Board (C&WICB)
Kate Hoddell, South Warwickshire Foundation Trust (SWFT) and Katie Herbert SWFT and WCC.

1. General

(1) Apologies

Apologies for absence had been received from Councillors Jo Barker (Chair), Andy Jenns, Chris Mills (replaced by Councillor Dave Humphreys) and Sandra Smith (North Warwickshire Borough Council). Officer apologies were received from Nigel Minns (Executive Director for People) and Dr Shade Agboola (Director of Public Health).

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

Councillor Humphreys declared an interest as Chair of the Children and Young People's OSC.

(3) Chair's Announcements

The Chair was mindful it was a full agenda and he urged brevity from those presenting, to allow time for questions. Everyone was welcomed to the meeting, especially Councillor David Johnston, the new representative for Stratford-upon-Avon DC. It was proposed to hold a presentation on the performance management Power BI platform. This would take place for members of the Committee at 9.30am on 15 November.

(4) Minutes of previous meetings

The minutes of the Committee meeting held on 28 June 2023 were approved as a correct record and signed by the Chair.

2. Public Speaking

None.

3. Questions to Portfolio Holders

None.

4. Questions to the NHS

Councillor Colin Cape (NBBC) had given notice of the following questions:

- How many veterans are registered with GPs in the region (what percentage of the population is this)?
- What is done to flag them as such in order to follow the directives of the AFC (Armed Forces Covenant) for health?
- What trends or variance if any appear in their health needs?

The questions had been provided to Rose Uwins of the C&W ICB who would arrange for a written response to be provided. This would be circulated to the Committee when it was received.

5. GP Services and Primary Healthcare

The Committee received a joint presentation from the Integrated Care Board (ICB) and the County Council. The presenters were Simon Doble of the C&W ICB and Janet Neale from WCC's Infrastructure Team. Tim Sacks (ICB) was also present to respond to questions. In opening the item, the Chair mentioned that the focus was on estates aspects rather than access issues. Janet Neale commenced the presentation covering the following areas:

- The Local Plan process, with an outline of the key stages leading to formal adoption of the Local Plan. There was a clear need for both WCC and the ICB to be very involved in this process.
- Section 106 (S106). This was a legal agreement between local authorities and landowners/developers detailing obligations required as a result of a planning application. Effectively it was a charge against the land.
- Community Infrastructure Levy (CIL). A tax on net new floor space set locally and paid to the district or borough council. The requirements around levying and use of CIL were outlined. In Warwickshire to date, only the Stratford and Warwick Districts had adopted CIL, with Rugby Borough pursuing the use of CIL currently.
- Further slides showed the pros and cons of the S106 and CIL approaches.
- The proposal to introduce a new mandatory Infrastructure Levy, set locally (similar to CIL). This would be based on the assessed uplift value of the land, as a result of development. This approach had attracted strong challenge during the consultation process by a wide range of organisations.

Simon Doble then spoke to the NHS aspects:

- Primary Care Estate Context. This included the transfer from the former Clinical Commissioning Groups (CCGs), frustrations for general practice and responding to known population growth with limited funding.
- Primary Care Estate Environment. This confirmed there was no new funding, a historic lack of investment, before raising the challenges from existing funding streams, build costs, workforce aspects and ownership of premises.
- The current picture. A slide giving an understanding of the ICB's position, the baseline and portfolio of the ICB estate. It detailed the current and projected population and the known shortage of rooms for patient appointments.
- Growth areas and priorities for further work.
- Opportunities, including a collaborative working approach.

Questions and comments were invited with responses provided as indicated:

- The Stratford and Warwick District Councils were producing a joint Local Plan for the South of Warwickshire. Such plans included a 'target' number of new dwellings, and one consideration was whether to extend existing settlements, or development of new settlements. It was questioned from a health perspective which option would be easier to plan more reliable services for.
- Tim Sacks replied that there were challenges both in terms of buildings and workforce with a need to increase both, to improve access to services. The S106 funding received was not sufficient to build new premises. Options were expansion of existing premises within the funds available, or providing a new premises which was reliant on an external funding contribution to make up the shortfall, currently estimated to be around 40%. The S106 funds were used to maximise existing practices, but this meant no new premises were built due to the capital finance challenges. Simon Doble added that S106 was inflexible, which was frustrating. There was a commitment for the ICB and WCC to work effectively with districts and boroughs. For significant developments, Janet Neale touched on the potential for developers being required to build the premises, rather than negotiating a financial contribution.

- Local authorities were required to provide a prescribed number of additional houses and for the Warwick and Stratford areas this was some 39,000 homes in the next 10 years. It was questioned if the health sector made representations to the Planning Inspectorate regarding development allocations. There were real concerns about the impact of such additional development on health services due to the lack of sufficient funding to provide the services required.
- Janet Neale stated the need to work together and inform the Local Plan process at an early stage. The move from three CCGs to a single ICB and consistent approach was helpful. Officers were trying to address the current position and to inform future local plans at a very early stage, providing a robust evidence base of service need. This evidence would inform the Planning Inspector.
- Further points were made about the timescales for completion and adoption of a local plan, that the NHS was not speedy at dealing with such issues and developers sought to avoid or reduce commitments through S106 agreements. The member was very concerned at the impact for future health services. The Chair wondered if officers were being put in an impossible position. Officers reiterated the commitment between the ICB and WCC. There were endeavours to collaborate with all councillors and planning colleagues, to make this work.
- In North Warwickshire, the closure of a Polesworth surgery required patients to transfer to Dordon. A lack of public transport caused issues with some patients unable to access this surgery. There was a satellite surgery in Polesworth which was underused currently and could be more effective. Residents voiced their frustrations to the local councillors. The point was acknowledged. An audit was taking place of all 153 surgeries and their current utilisation. This included 33 branch surgeries, which were not used on a full-time basis. Whilst it was far more efficient to operate from a single premises, there was a known shortage of estate. Part of the review would look at the potential to make more use of underused premises. Workforce shortages were raised, along with the public transport issues and the projected population growth in both Polesworth and Dordon. A written reply would be provided on the current utilisation of the branch surgery in Polesworth.
- It was noted that some 4,500 new homes were planned for the Polesworth and Dordon areas. A view that another GP practice should be established to create competition.
- Some people needed to use medical services in neighbouring areas. This was acknowledged and for those living close to a county boundary, typically 15-20% would use services in neighbouring areas. Similarly, the S106 funding for new developments would rest with the local area where the development had taken place. There were regular discussions between adjacent ICBs. It was evident that when people moved home into Warwickshire they may stay with the previous GP and continue to use the same pharmacy.
- Discussion about primary care contracts. In some areas, alternative provider medical services (APMS) contracts were used. Additional costs were often incurred, alongside challenges for finding additional premises and issues around continuity of care where there were shorter-term contracts. Securing the funding to build a new premises was difficult so the driver was population increase, not creating competition.
- A suggestion that planning law needed to be changed so that a lack of GP services was a ground for refusing an application. However, GPs were not a consultee to the planning process. In the Stratford area, there was a high number of care and nursing homes. This placed additional demands for GPs in that area with the requirements for home visits reducing capacity. The area had lost two surgeries and the remaining surgery was struggling to cope with the service demand from 30,000 residents. The Government should be lobbied on changing planning law.

- A member summarised the challenges raised during the presentation, asking how they would be addressed to balance supply and demand. Simon Doble replied that this was more to do with access than estates. NHS England was undertaking a project on primary care access recovery guidance. ICBs had been asked to work with primary care in responding. Effectively this would set out the overarching approach. It would lead to a roadmap and then delivery plan to address known issues. Creating a modern general practice, implementing changes and being innovative were cited as examples. There was no capacity within budgets. Every decision to fund something had to be offset by a corresponding saving elsewhere, so using existing buildings rather than new building and making more use of technology were further examples quoted. There was not the funding to create more capacity though extra buildings in every location. There needed to be different ways of working, which were mutually agreed and making better use of existing premises.
- Further discussion about the Government's proposal for an Infrastructure Levy to be introduced as part of planning reforms. Another proposal was to reduce the time period for the local plan process from typically 8 years to 30 months. Members were encouraged to be involved actively in responding to these consultations.
- The relationship between estates and workforce was raised by Chris Bain of HWW. A need to think about timelines for recruitment and retention across both the NHS and the care sector. This may provide an assurance for the population. Points about population growth, having regard to demographic data and that from the Joint Strategic Needs Assessment (JSNA) too. On collaboration, this was seen as the way forward. A need to engage with social care, the voluntary sector and communities, as well as Healthwatch. The points raised were acknowledged, with an outline given of the joint work with primary care to match staff placements and available space. Collaboration did need to include all sectors.
- Councillor Bell, Portfolio Holder said the outcome of the NHS estate audit would be interesting to see. She spoke of the challenges faced in securing a pharmacy for a new health centre in Hartshill. It was questioned why this had proved to be so difficult. Furthermore, pharmacies were private businesses. There seemed to be a reluctance to create competition, but additional pharmacies could offer extra support for GPs. It was questioned what changes were proposed to improve internal processes for delivery of GP surgeries. Where large developments like that at Upper Lighthorne took place, people moved in, registered at existing surgeries and placed additional demands on them, long before the new surgery was available. It was important that the new facilities were built at the right time.
- Similar concerns were raised for the Kenilworth area, where 2,000 new homes would be built placing demands on the two surgeries serving that area. The local member would welcome a discussion outside the meeting. There was a recently opened school and potential for a new community facility to be provided as part of the development. It was questioned if one of these could include a room for use as a GP surgery.
- Tim Sacks agreed to pick up the points raised with the members. There was a need to be realistic as 'outreach' services were more costly in staff time when compared to having multiple clinics in the same location. If premises were of sufficient size, they effectively became a surgery and did add value.
- For the Nuneaton area, points were made about encouraging GPs to locate in areas of new development, planning tensions and the regeneration planned for this area, which may yield suitable premises for an additional surgery. It was questioned what the ICB could do to encourage GPs to locate in new or multi-use centres, or presently unused premises which could be converted to be a surgery. Tim Sacks reiterated that whichever building was used, the NHS still paid for it through a notional rent. The ICB would look at each primary care

network (PCN) area to see what was needed and the potential to be innovative, whether it required extension to an existing practice or an additional one. The key was having a joint solution for each area, recognising the financial constraints, and the growing population to ensure access to services. He was not aware of GPs showing resistance to move into premises.

The Chair closed the item, thanking the presenters and members for their questions. Any follow up questions from this item should be submitted to Democratic Services, in order that a response could be requested.

6. Palliative and End of Life Care Strategy

The Committee received a report and presentation on the draft Coventry and Warwickshire Palliative and End of Life Care (PEoLC) Strategy, on which the Committee's feedback and support was sought. The item was introduced by Jamie Soden, Deputy Chief Nurse with a presentation from Kathryn Drysdale. They were supported by Kate Hoddell of the ICB and Katie Herbert (WCC and SWFT).

The presentation by Kathryn Drysdale covered the following areas:

- What is Palliative and End of Life Care?This was an all-age strategy for Coventry and Warwickshire.
- There had been extensive collaboration across the local NHS system and with relevant partners in all sectors, to understand current challenges and work together to make improvements.
- An outline of the approach undertaken through an overarching partnership board, with four place-based groups feeding in local information.
- The aim and vision of the strategy, to provide a delivery plan and to raise the profile of this service area.
- The Strategy would cover a five-year period commencing in January 2024. Detail was provided on the communication plan, the two-year delivery plan, equalities aspects and areas of focus based on need. This included a focus on underserved communities, building relationships with communities and co-production.
- Our Priorities: What we want to do.
    - Providing information - a focus on identification, early intervention and support.
    - Access to timely PEoLC and support throughout for all diverse communities.
    - Support for people diagnosed with life limiting conditions and those who matter to them.
    - Improve the quality of personalised care and support planning, through education and training for all.
    - Deliver a sustainable system of integrated care.
- The National Framework and the six ambitions for PEoLC. These were: being seen as an individual, getting fair access to care, maximising comfort and wellbeing, coordinated care, all staff being prepared to care and community support.
- How the strategy was developed. A slide showing the co-production, the engagement with stakeholders, along with meetings, surveys, and group discussions. Data was provided on the engagement undertaken, raising the profile and importance of EoLC.

- Health Inequalities in Coventry and Warwickshire. Some communities had poorer access to information, services and planning for EoLC. Details were provided of the specific groups affected particularly young carers, veterans and South Asian women.
- Population Health Management. A need to understand the current system, the population, socio-economic and demographic factors both now and in the future. This would help to determine workforce requirements, given the known challenges currently.
- How we will deliver improvement. A need for seamless care across settings, clear referral pathways, pro-active personalised care, collaboration and clear communication.
- Programmes through which we will work. This included care collaboratives, a community integrator model, the Warwickshire Community Recovery Service and a review of the continuing health care fast track system.
- Delivery Plan for the period January 2024 – December 2026. This included areas of focus for each of the five priority areas reported above.
- Remaining timeline for the strategy.

The following areas were discussed:

- A member noted the passing reference to veterans. It would have been helpful to have more specific reference to veterans in both the documents and presentation.
- The transition for those with life limiting conditions into palliative care. The twelve-month period referenced seemed too constricting. The point was acknowledged by Kathryn Drysdale, with the rationale for this timeframe within the two-year delivery plan being explained. It may be that this would be reviewed on an individual basis. It was made clear this applied to adults with a different approach being used for children and young people.
- A member asked about the PEoLC facilities available at Manor Court in Nuneaton. This would be researched, and a response circulated to the Committee.
- Regarding EoLC services in the community, some carers were not trained emotionally to support family members. Home care staff provided a key role in communities and often did not receive the recognition they deserved. The strategy did not make sufficient reference to the need to uplift training for home carers.
- Kathryn Drysdale spoke of the planned education and training framework, which would be for NHS professionals, domiciliary care workers, volunteers, community groups and the general public. It would include competencies for relevant people, but also education and communication skills for volunteers in group environments to give assurance to people being supported. It would include liaison with the private providers of domiciliary care services on training and core competencies. Where possible, existing courses would be made available free of charge to this cohort for example via video conference.
- Discussion about the coordination of appointments for PEoL patients attending clinics. A pilot scheme was underway where patients visited a day unit and saw a range of specialists depending on their needs and symptoms. They were usually via a GP referral the day before, with urgent appointments on the same day. It was questioned if this coordination reduced the numbers of appointments available. An example was given to show the benefit this could have for patients ensuring they received the required care. The approach was welcomed by the councillor. The current pilot scheme was due to be operated for another two more months and its success would then be assessed.
- The strategy was considered to be informative and ambitious. There was a lot of work to do but no additional funding, so it was questioned how realistic it was to achieve the aims

within five years. The member asked what barriers there were to success. Kathryn replied that all options were being considered. Examples were given of a funding application to Macmillan, some monies from NHS England and thinking 'outside the box' to link funding streams. The palliative care workforce was very dedicated, with staff going above and beyond. The local system was invested with good support from partners too. There was reference to the JSNA findings and work with population health too. The scale of the task was recognised but was considered achievable through collaboration. Jamie Soden added that the five-year term was not the end of the process. There needed to be an honest assessment of the current position and work required. As delivery progressed there should be realistic 'stretch' targets focussed on the priority areas. There was confidence that significant progress would be made over the initial two and five-year periods. There would be just as many challenges for the subsequent delivery plan and strategy. It was a big challenge, but there would be realism and transparency in what could be achieved.

In closing the item, the Chair noted the importance of this and all items on the agenda each of which could take a full meeting. He thanked the presenters also noting the reference to the JSNA and the value of that work.

7. Sustainable Futures Strategy

This item was introduced by Steve Smith, Director of the Commissioning Support Unit. From October he would join the Communities Directorate and his role would include both Climate Change and Strategic Infrastructure. The draft Sustainable Futures Strategy was being submitted to all the Overview and Scrutiny Committees as part of a detailed engagement process, before its final consideration by Cabinet in November. Key information was provided in the covering report, which outlined the features of the strategy and the use of expert panels. A copy of the draft strategy, the action plan and an update on projects were provided as appendices.

Questions were submitted and discussion took place on the following areas:

- It was questioned if recent changes in national policy on timescales would impact on the council's targets and trajectory for 2030 and 2050. Steve Smith agreed this was a dynamic situation, but the targets remained unchanged. However, the route to these targets may change with the recent announcements. There would be regular updates to Cabinet and the scrutiny committees to show the progress being made. The key issue was access to funding, most of which was small external grant sources.
- Consent had just been given to open the Rosebank oil field near Shetland for another 40 years. Given the carbon emissions this would cause, it was questioned if this would outweigh local endeavours. Steve Smith replied that the Council could control its own consumption. It knew the carbon tonnages associated with building use, transport, fleet operations and street lighting. There was a lot of expectation at the contribution small and medium enterprises could provide too. Also, a need to be aware of current impacts from climate change, those for public health and flooding aspects too.

In closing the item, the Chair suggested that any further comments be submitted direct to Steve Smith.

8. Quarter 1 Integrated Performance Report

The Committee received the Integrated Performance Report, which gave a retrospective summary of the Council's performance at the end of Quarter 1 (April - June 2023) against the strategic priorities and areas of focus set out in the Council Plan 2022-2027. Key sections of the report focussed on:

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

There were no questions submitted by members.

9. Work Programme

The Committee reviewed its work programme. Prior to the next meeting on 15 November, a briefing session would take place on performance and the Power BI platform. At the recent Chair and Spokesperson meeting, discussion took place about development of the Adult Social Care Strategy and planned engagement. It was agreed to add this to the Committee's agenda in November.

The meeting rose at 12.00pm

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Chair