

# Adult Social Care and Health Overview and Scrutiny Committee

Wednesday 15 November 2023

## Minutes

### Attendance

#### Committee Members

Councillor Jo Barker (Chair)  
Councillor John Holland (Vice-Chair)  
Councillor John Cooke  
Councillor Tracey Drew  
Councillor Marian Humphreys  
Councillor David Johnston (Stratford-upon-Avon District Council)  
Councillor Kate Rolfe  
Councillor Ian Shenton  
Councillor Sandra Smith (North Warwickshire Borough Council)  
Councillor Mandy Tromans

#### Officers

Shade Agboola, Nic Conway, Becky Hale, Pete Sidgwick, and Paul Spencer.

#### Others in attendance

Councillor Margaret Bell, Portfolio Holder for Adult Social Care and Health  
Chris Bain, Healthwatch Warwickshire (HWW)  
Kathryn Drysdale, Coventry and Warwickshire Integrated Care Board (C&WICB)  
Andy Mitchell and Gill Oliver (Press)

### 1. General

#### (1) Apologies

Apologies for absence had been received from County Councillors Andy Jenns and Chris Mills, from Councillors Colin Cape (Nuneaton and Bedworth Borough Council), Pam Redford (Warwick District Council) and from Nigel Minns.

#### (2) Disclosures of Pecuniary and Non-Pecuniary Interests

None

#### (3) Chair's Announcements

The Chair thanked Councillor John Holland for chairing the previous meeting. She referred to the useful pre-committee briefing on performance monitoring and a bespoke software

application Power BI. In her view, the overarching priority for the Committee was integrating health and social care with a focus on prevention rather than cure and addressing health inequalities. The Chair suggested that this Committee and the Children and Young People OSC meet jointly to undertake a local Covid inquiry. This would look at the learning which could be drawn from the pandemic to assist with responding to any future pandemic. It could also provide a focus on activity now to respond to differences seen over the last two years.

#### **(4) Minutes of previous meetings**

The minutes of the Committee meeting held on 27 September 2023 were approved as a correct record and signed by the Chair.

## **2. Public Speaking**

The Chair welcomed Karen Skinner to the meeting. She was aware of the topic on which Ms Skinner would speak and undertook to write to Stratford-upon-Avon District Council on this matter, should that be the Committee's conclusion.

Karen Skinner addressed the Committee. A copy of the submission is attached at Appendix A to these Minutes. She provided additional background on the concerns being raised on behalf of tenants of an Orbit Housing independent living scheme at Rosalind Court in Stratford-upon-Avon. She spoke about housing and care, the overnight care service and the mandatory charges being levied to tenants on which clarity was being sought.

Points of clarification were that the housing provider was Orbit Housing and the service charges related to the District Council. The Committee would take advice and a written reply would be provided to Karen Skinner. The Chair reiterated that she would lobby the District Council to look at this matter.

## **3. Questions to Portfolio Holders**

None.

## **4. Questions to the NHS**

None.

## **5. Palliative and End of Life Care Strategy 2023-2028**

The Coventry and Warwickshire Integrated Care System (C&WICS) was developing a joint all age strategy for Palliative and End of Life Care, on which the Committee's formal support and endorsement was sought. At its meeting on 27 September, the Committee received a comprehensive presentation and report on this matter. Kathryn Drysdale from the C&WIC Board was in attendance to respond to any further questions from the Committee.

The Committee was asked to approve the recommendations shown in the document pack, specifically to give its support to the final version of the five-year strategy and associated two-year delivery plan for the strategy.

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

- Several members raised concerns about the shortage of care staff to fulfil the aims of the strategy. This was a significant project requiring considerable investment. Kathryn Drysdale acknowledged the concerns. A system approach would be taken to look at the workforce requirements, planning and having clear pathways to make the most efficient use of staff. There was not yet an identified funding stream. She touched on some of the ways the system might work differently, with a needs analysis, assessing the costs of someone going into hospital against using a community care option. It was not yet possible to give a clear answer on the two key questions of staff and budget, but examining individual aspects and then designing a system approach would show how this could work more effectively. An example was provided of the palliative and end of life care options being implemented in the north of the County.
- Members questioned how this could be taken forward without the resources or staffing to achieve the strategy aims. Staff were already stretched, and it was anticipated that the shortage of carers would place even more pressure on them.
- Members acknowledged the aspirational but challenging proposals without the allocation of additional funding. As well as needing frontline staff, additional resources would be needed to undertake a data gap analysis. A concern was frontline resources being redeployed to do this work, impacting on service delivery. The concerns raised at the previous meeting remained.
- Clarification was provided on the reasons why this item had been resubmitted, to assess whether the Committee was supportive of the strategy and associated delivery plan.
- Members had found the documents easy to read and informative. The services provided currently were very good and it was questioned what would be changed as a result of the strategy. Kathryn Drysdale agreed that the services provided were excellent. There was no intention to change service levels, but to work more effectively in shaping the pathway of care and provide a range of options for palliative and end of life care. The current arrangements worked for many people, but there were some underserved communities.
- A point about choice and preference at the end of life. Some people did not have close family. In the north of Warwickshire, there was no bedded end of life care provision. Kathryn Drysdale noted this point, and this was part of the work being explored to seek to address such gaps.

### **Resolved**

That the Committee supports the final version of the Palliative and End of Life Care Strategy 2023-2028 and the associated two-year delivery plan for the strategy.

## **6. Quarter 2 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 2 (April - September 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

The Chair referred to the pre-committee briefing session on performance and the Power BI platform. Questions and comments were submitted on the following areas:

- Clarity was provided on the target and actual data for people supported in residential or nursing care, both for people aged under and over 65 years of age. In both cases this was an area where the current target was being exceeded, so it was 'not on track'. This was an area where it would be useful to provide additional context in the report and an offer was made to circulate a briefing note.
- Referring to the above point, it was questioned if there was an increasing trend in service demand. Pete Sidgwick said there had been an increase in the number of people being supported and of those, a higher proportion were in residential or nursing care placements. There was a financial impact and currently, the cost per placement was also higher. A perceived contributor was the worsening health and wellbeing of an aging population. Reference also to the national datasets, against which Warwickshire had historically compared favourably. It was reported that the local data had increased but all areas were seeing a similar growth in data for these indicators. Increases in NHS activity also had an impact on the number of people requiring onward care.
- A member asked if increases in the cost of living was a contributor. This view was not shared by officers, it being seen more as the worsening health and wellbeing of the older population with significant care and support needs. The Chair added that people were living longer with acuity of need and increased frailty.
- It was noted that the strategic risk register had been refreshed, with three areas relating to Adult Social Care. Clarity was sought on the classification of risk which differed in two sections of the report. It was agreed that this be researched, and clarification would be provided to members.
- Reassurance was sought on the falling data for number of carers receiving support each month. There had been no change in policy or procedures in this area delivered by the Carers' Trust. The data did fluctuate with factors such as school holidays having an impact. There had been a lot of work to improve performance in this area and it was expected that the data would now level out.
- There was concern at the forecast budget overspend for Adult Social Care, it being asked if the forecast was realistic or if the end-of-year position could be even worse. Officers responded that the position would become clearer as the financial year-end approached. The current pressures had not been seen historically and no reduction in demand was expected. The forecast was believed to be accurate. There was a recovery plan with actions in place to mitigate the pressures.
- Information was provided on carers who received direct payments, which was managed by the Carers' Trust.
- On care placements, a member asked if there was data on the NHS contributions and associated care thresholds. Pete Sidgwick gave an outline of the differing approaches for younger and older age people requiring support, the NHS and joint funding streams for eligible people. This was a technical area, for which members may wish to receive a detailed briefing. The Chair agreed this could be a useful briefing or potential item for a future committee meeting.

The Committee noted the Quarter 2 Integrated Performance Report.

## 7. Update on Covid and Flu

The Committee received a presentation from Dr Shade Agboola, Director of Public Health. She provided context that there was no longer a requirement for Covid testing and that adults who had Covid were asked to stay home and to avoid contact with others. For children with any winter illness, those feeling well enough could attend school. The presentation covered the following areas:

- National Covid update – a slide with data on the people testing positive for Covid in the last seven days and patients admitted to hospital. Overall, there had been a reduction of 1903 cases representing 21.8% for positive tests and a reduction of 327 hospital admissions, which was a 9.7% reduction. [A government website](#) contained updated information. There was no national testing, so the reported figures were from tests at hospital.
- The Covid data for Warwickshire showing numbers of cases, the change in data over the past week, first episodes and reinfections. As testing was no longer mandatory, the case data was from testing in healthcare settings. Overall, the number of cases had reduced by 41, a 34% reduction.
- A Covid vaccination update was provided for each of the five district and borough areas. This showed the number of vaccinations, the eligible population and the percentage uptake in each area. Residents in all but one of the care homes had been vaccinated.
- A flu vaccination update showing the eligible cohorts, number of vaccinations and respective population numbers, the uptake to date, targets, and remaining numbers of vaccinations to achieve the target for each cohort. Particular reference to the low uptake of flu vaccination of children aged 2-3 years, and those at primary and secondary school.

Discussion took place on the following areas:

- The Chair asked if flu vaccinations took place in school and whether there was a refusal from parents for the vaccine to be administered. She asked for the age profiles for vaccination of primary and secondary school children. Shade Agboola confirmed that eligibility was for all primary school children and for secondary school children in years seven and eight, but this was being increased each year. Parental consent was required which remained a key challenge despite schools offering an easy way to give consent digitally. There was choice whether to have the vaccine by injection or nasal spray.
- A member considered the low uptake of Covid booster vaccinations was disappointing. It would be interesting to compare the data from when the vaccine first became available. A point about providing reminders via text message.
- The member asked if there had been any Covid deaths in Warwickshire recently, and the impact of the latest Covid strains. Dr Agboola would research the position on Covid deaths. People who had been vaccinated would still be protected against the newer strains of Covid. The virus would continue to mutate, and people would catch Covid, but the vaccination reduced the risk of serious illness and death.
- There had been a reduction in uptake of Covid vaccination. Points about herd immunity, and that most of the population had received three doses of vaccine. There was messaging fatigue. This did not mean that services could be complacent and the NHS, which was responsible for vaccinations, provided reassurance that everything possible was done to encourage uptake of vaccines. Shade outlined how the NHS did encourage uptake, but as with flu vaccinations, there were known cohorts of the population where the vaccination data was lower.

- A discussion about the worsening Covid symptoms people were experiencing. There was a range of contributors including vaccine protection waning over time and people reacting differently to the infection. The fall in vaccination uptake was a concern especially as it included children not having measles and flu vaccinations which could be very serious illnesses. Perhaps this was an area which the committee could examine in more detail.
- Chris Bain of HWW referred to long Covid. He asked whether there was any known link between people being vaccinated and then getting long Covid and conversely getting long Covid if they were not vaccinated. It was clarified that the question was whether vaccination helped to prevent the risk of getting long Covid, but also the long term impact of post viral fatigue syndrome. This would be researched. The Chair had asked a medical director why so many people had long Covid. The reply was that some people had post viral illnesses, which was a significant number when the scale of the pandemic was considered.
- Points were raised around different parts of the NHS making contact to offer flu vaccinations, the reducing uptake of Covid boosters and flu vaccines, as well as measures to encourage more flu vaccinations in school age children. Shade Agboola responded. The uptake of flu vaccines at school was historically low, when compared to the data for older people and those in a care setting. It did seem that public attitudes to vaccination had returned to a similar stance to that prior to the pandemic. Having multiple reminders about vaccinations was seen as a positive. An outline was given of the innovative ways that had been used to encourage vaccine uptake especially in GP practices with lower data of vaccine uptake. Such initiatives could be resource intensive and required a lead time. This may be appropriate to plan for the next flu season. It was noted that the focus had been mainly on Covid and booster vaccinations, which had likely reduced the focus on flu. There was continued work with schools on flu vaccinations.

Dr Shade Agboola was thanked for the presentation.

## 8. Work Programme

The Committee reviewed its work programme. The Chair provided details of the items added to the programme recently, also confirming her wish to focus on prevention and wellbeing. Discussion took place and it was agreed that the following items be considered at the February Committee meeting:

- Care needs for people aged under 65 and the placements they were supported in.
- Development of the Adult Social Care Strategy
- The preparedness for the Care Quality Commission inspection. This would report the feedback from an upcoming peer review.
- Children's continence services.

### Resolved

That the Committee updates its work programme as outlined above.

The meeting rose at 12.20pm

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Chair

Public Question – Karen Skinner

I will make a short statement regarding the contract in 2022 between the Warwickshire commission and care board and Warwickshire County Council. This alludes to the provision of overnight care service to residents of Rosalind court. I will ask the committee to scrutinise the intention of the funding in contract with orbit housing and unique care (£7 million pounds over 5 years).

I will update the committee on residents having to pay orbit housing individually for the care service when public procurement process exists. We think it is discriminatory, institutional, prejudicial and forces stark choices of vulnerable adults who have no service specification or agreement with a care provider it exacerbates poverty, one size all approach does not reflect residents' needs, equality and care act.

We ask the committee to use it powers to find a fair solution, safeguards us more effectively, provide audit and compliance of the care service and resource the service appropriately on our behalf.

We would like to establish clarity around care and wellbeing aspects of service and associated cost support while releasing the cost burden of those on benefits and complex disabilities including social justice and housing with care framework to establish a care model that meets safety and governance requirements.

Karen Skinner