Adult Social Care and Health Overview and Scrutiny Committee

Wednesday 18 September 2024

Minutes

Attendance

Committee Members
Councillor Jo Barker (Chair)
Councillor John Holland (Vice-Chair)
Councillor John Cooke
Councillor Tracey Drew
Councillor Marian Humphreys
Councillor Dale Keeling
Councillor Pam Redford (Warwick District Council)
Councillor Kate Rolfe
Councillor Ian Shenton
Councillor Tim Sinclair
Councillor Sandra Smith (North Warwickshire Borough Council)

Officers
Shade Agboola, John Cole, Nicola Conway, Joanna Cozon, Becky Hale, Zoe Mayhew, Gemma McKinnon, Ruth Rollings, Pete Sidgwick, and Paul Spencer.

Others in attendance
Councillor Penny-Anne O'Donnell
Ali Cartwright, Amy Danahay, Laura Nelson, Tim Sacks and Rose Uwins, Coventry and Warwickshire Integrated Care Board (C&WICB)
Eleanor Cappell, Alastair Penman and Richard Onyon, Coventry and Warwickshire NHS Partnership Trust (CWPT)
Chris Bain, Healthwatch Warwickshire (HWW)
Andy Mitchell (Press)
Jeff Hunt (Public)

1. General

(1) Apologies

Councillor Mandy Tromans (replaced by Councillor Tim Sinclair), Councillor Chris Mills, Councillor David Johnston (Stratford-upon-Avon District Council) and Councillor Margaret Bell (Portfolio Holder for Adult Social Care and Health).

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

Councillor Barker declared an interest in the item on South Warwickshire Community Beds Review as a member of Shipston Town Council. Councillor Holland declared an interest in the same item as the Council's representative on the South Warwickshire NHS Foundation Trust (SWFT) Council of Governors. Councillor Rolfe advised that she had received a number of communications in relation that item.

(3) Chair's Announcements

The Chair welcomed everyone to the meeting, especially the presenters and new members of the Committee. Councillor Drew had provided literature and merchandise received from the Carers' Trust which was available for members to take away after the meeting. She spoke on the work of the Carers' Trust.

The Chair advised that she had received communications in relation to the item on the South Warwickshire Community Beds Review from a number of organisations and individuals. She would respond to all the correspondence in due course.

(4) Minutes of previous meetings

The minutes of the Committee meetings held on 17 April and 14 May 2024 were approved as correct records and signed by the Chair.

2. Public Speaking

None

3. Questions to Portfolio Holders

None

4. Questions to the NHS

None

5. Community Mental Health Transformation

The Committee received a report and presentation from Eleanor Cappell, Alastair Penman and Richard Onyon of Coventry and Warwickshire NHS Partnership Trust (CWPT). The report confirmed the commitment to expanding services for people experiencing mental health illness. A revised approach would enable people to take an active role in their care planning and delivery, promoting greater choice and control over their own health and wellbeing. CWPT was committed to people not having to repeat their story or have multiple assessments. The report set out the approach to fostering a sense of safety and support, building trusting relationships with individuals, to promote recovery and a strengths-based approach.

The impact and benefits of this approach were reported, along with the aims to reduce health inequalities. Key aspects were a multi-disciplinary approach, providing better access with greater geographical reach. There would be closer links with the community and localities, including partnership working with the voluntary and community sector (VCS). The aim was to be more responsive preventing people reaching a mental health crisis requiring their admission to hospital. The transformation had and would continue to deliver these positive impacts to reduce health inequalities, through specialist social work services, having a stronger presence in community teams, and moving to a strengths-based specialist assessment. As the transformation progressed with teams coming together, the focus would be on improving referral pathways, moving away from diagnosis-led services towards more 'open door' personalised support.

The report was for the Committee's information but also sought support to the permanent closure of the pre-existing day services. The supporting presentation drew out the key messages including the rationale to close the day hospitals. Slides covered the following areas:

- Community mental health transformation - impact
- The National 'ask'
- CWPT's impact
- Adult social care offer
- The commitment
- What are the benefits?
- Key areas of focus for 2024/25
- Learning and what will change moving forward
- Day hospitals – The former Clinical Commissioning Group commissioned the Oakwood and Fennel Day Hospitals. The services were largely suspended in response to the Covid pandemic. The pandemic had accelerated the development of modernised mental health services.
- Recommendations for the permanent closure of the day hospitals, as they duplicated services now delivered via multi-disciplinary assessment, care planning and delivery of new therapeutic options within a place-based model.
- The benefits of the modernised service, which was more responsive, integrated, and individualised, with care closer to home and with the ambition to achieve better outcomes for patients.

In closing the presentation, Alastair Penman confirmed that currently people requiring inpatient care were being cared for locally. Richard Onyon emphasised the benefits of the community teams in providing constant and more responsive cover for the whole of Warwickshire, rather than requiring people to travel to specific centres like that located at Nuneaton. The new service was holistic and enabled better management of inpatient beds. It had removed the previous requirement for patients to be located at centres a considerable distance from their home. Eleanor Cappell reminded of the earlier presentation to the committee at the start of the transformation process. Historically, mental health services had been underfunded. There was a plan and aims to embed the current approaches. Eleanor emphasised the valuable input from experts by experience, people with lived experience of local services, who had been involved in the design of the new model.

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

- The Chair opened the questions, and it seemed that the revised arrangements were working well. She asked how well the cover for 24 hours each day, seven days per week (24/7) was working, whether there were sufficient staff and they were attracted to this role. She asked about the impact for the police, who often had to respond when people were in crisis. Alastair Penman spoke about the new NHS service, known as NHS111*2. It provided access to local trained call handlers who could connect the person with the correct service. In cases involving urgent mental health needs, it may be the person was referred to the police or was signposted to the local A&E department, which was recognised as not being ideal. More often, it would be a 'warm transfer' to the crisis resolution home treatment teams which provided 24/7 cover and a qualified mental health practitioner would provide initial support. There were dedicated mental health liaison teams located at the three acute hospitals serving Coventry and Warwickshire. Reference was also made to the police initiative, 'right care, right person' which aimed to reduce the amount of police time spent supporting people in mental health crisis. This area could be the subject of a future presentation and the Chair suggested that this should be received. Richard Onyon spoke of the initiatives in place in Warwickshire linking mental health services with the police. In some cases, there was both criminality and the person had a mental health condition. This could be when the person was in custody and there was a street triage team where mental health nurses accompanied police response teams.
- Councillor Rolfe asked about the pathways available to the Samaritans, who people were more likely to call than using the 111 service. Richard Onyon praised this well-known charity and the service it provided. They were not the main partners of CWPT, which worked with Rethink and Mind operationally. Samaritans were aware of the access routes into mental health services including the crisis teams. Councillor Rolfe suggested that CWPT should have more contact with Samaritans. A lot of the calls to Samaritans in Stratford were from people in mental health crisis and she considered that closer working with this charity might help. The Chair agreed as councillors had many connections in their local areas and this suggestion could be helpful.
- Councillor Drew referred to psychological therapy, asking how many new psychologists and specialists would need to be recruited. Alastair Penman spoke of the significant investment in talking therapies, more than in other areas of mental health services. He gave an outline of the way this service was delivered the range of conditions treatment was provided for and the qualification and career pathways. The roles attracted many applications with the example of a psychology assistant used. It was estimated that 25-26 additional staff would be recruited subject to having sufficient funding.
- Eleanor Cappell added that secondary care mental health teams also had an uplift in roles and pathways. As an example, CWPT had been a regional lead for taking on mental health and wellbeing practitioners. It was emphasised that development of services was continual. A pilot scheme in neighbouring Birmingham and Solihull was used to show the move to more locality-based community mental health services, with hubs which could provide a range of mental health services for that locality.
- Discussion about the move away from a medical model to provide holistic and person-centred support. More information was sought in how this would take place and how the VCS would be involved and develop their services. Eleanor Cappell explained the significant staff training over a four-year period and cultural shift away from a medical model. This gave parity between medical and other aspects like housing and employment. The work with social care had helped to move to a strengths and asset based model, which had seen changes in policies, processes and continual training. The work with experts by experience had been informative in showing the value and outcomes which could be

achieved. The journey would continue. Reference also to the inclusion of VCS in the Care Collaborative. They provided a valuable role, were closer to their communities and could sometimes deliver services in a more cost-effective way. It was confirmed that clinicians were supportive of the new service model, recognising that patients had a range of needs when unwell. A related question concerned the DIALOG questions shown in the slide pack, used to assess an individual's satisfaction with a range of domains. These were scored by professionals and repeated periodically to give a holistic view and an indication of the person's wellbeing.

- Councillor Holland commented that this committee could help to join up services. He used a scenario to show how a delay in providing effective mental health services for an individual could impact on their family and consequential costs for a range of other organisations. Another example was providing suitable premises and support to assist self-help groups.
- The Chair suggested that several briefing notes could be circulated after this meeting to add further detail on the areas discussed.
- Reference to the co-production of the new models of care.
- It was noted that the former waiting lists for psychologists were lengthy. There was a multi-disciplinary approach with a stepped care model, which tailored the support and interventions dependent on the patient's needs. The use of group support would help some. The co-production had been transformational, involving a range of different health professionals including GP doctors. The value of experts by experience was emphasised. These former service users, now employed by the charitable partners had a significant impact in shaping the new services and access to them. This had been recognised by a national award for public engagement in transformation.
- It was noted that the day hospitals had previously been used as a location for blood tests. Patients could now have their blood taken at a range of settings including hospitals, a GP surgery or even at home. This provided more flexibility than previously.
- On crisis care and visits to home, a risk-based approach was taken, with two staff attending if there were any risks to them. In other cases, lone working was feasible if there were no risks to staff. There were a range of contact methods used by staff when arriving and leaving each visit.
- A councillor previously employed in this service area spoke of the benefits of the collaborative approach which was being reintroduced. The model seemed like the successful approach used when she worked with dementia patients. She considered this approach to be patient centred. Alastair Penman confirmed the similarities in this model from his previous experience, the benefits of the approach and it was now much more locality based. He drew a comparison to the primary care network approach and becoming more population based.
- Healthwatch Warwickshire (HWW) welcomed much of the report, especially the flexibility to meet patients' needs and the way the collaborative had been developed with significant patient and public input. HWW would test the effectiveness of the NHS 111 services based on the lived experience of people trying to use it and would report their findings. Referring to current patient feedback, there seemed a disconnect between what should be happening and the lived experience. This may take time to reset, building relationships, trust and credibility. People with a serious mental illness being placed on a general medical ward was still an issue which had an impact for both that person and other patients. There was a need to support carers too.
- The Chair welcomed HWW's positive input and their continued monitoring of this area. It would take time for people to understand the new arrangements and pathways, with some

still struggling to access services. It would be helpful for members to know the pathways and if NHS111*2 proved successful she would publicise this widely.

- A councillor referred to the slide showing key areas of focus. He asked about the investment required to build the multi-disciplinary teams and whether the existing funding model was sufficient to meet the challenges ahead. He suggested a minor change to the wording of the slide on learning to date and what the trust 'will' change. This was agreed.
- Alastair Penman confirmed the funding was tight and it was a case of repurposing the money. Some services needed to be undertaken by senior clinicians. For others, multi-professional approved clinicians (MPAC) could receive appropriate training to undertake those services, freeing up the consultants to specialise and focus on the most complex roles. He drew a comparison to the shift in primary care where other clinicians undertook roles instead of the GP doctor. There had been significant investment in mental health services, but in the main, it was repurposing the existing funding, achieving cost savings and reinvestment of those savings. Richard Onyon confirmed that compared to 2020 when the transformation started, additional funding of around £12m per year had been invested in mental health services for Coventry and Warwickshire. There were 200 more staff working in the services, giving more responsive and holistic care, which included staff employed by VCS partners.
- The Chair asked if the MPAC approach could extend to providing child and adolescent mental health services (CAMHS), through triage. There were a range of new roles. The MPAC approach enabled other clinicians to undertake roles previously delivered by a consultant psychiatrist. Health and wellbeing practitioners were trained to deliver psychological interventions, including for CAMHS patients, giving a broadening of the workforce.
- Discussion took place on the transition of care for young people to the adult mental health services. The services for children and adults were delivered by different teams. There was a recognition that most serious mental illnesses started in adolescence. Reference was made to the feedback from experts by experience. It was recognised that the transition could be difficult for some, so there were various arrangements in place to support people. Medically, there were different qualifications for child and adult psychiatrists, so they could not continue to provide the care but could seek to make the transition as smooth as possible. People transitioned when aged 17-18. CAMHS tended to be more psychologically driven and therapeutic, whereas adult services were likely to be intervention led. Alastair explained the ongoing discussions about a youth service project to support people aged between 16-25, which would link well with the local authority's arrangements, especially for care leavers. This would move the transition point to 25. People aged 17-18 could vary significantly in terms of their emotional development and a range of other factors were reported. The ability to flex the pathway rather than it being based on a specific age was helpful and should be driven by the individual's needs. There was use of technology too with a mobile telephone application, with chat functions and a menu of options, which was more attractive to many younger people than an appointment with a clinician.

The Chair thanked the presenters for this useful item and reminded members of the report recommendations. It was agreed that the Committee:

- Notes the content of the report and presentation and the steps being taken to strengthen access to community mental health support for adults and older adults, across Warwickshire.

2. Supports the recommendations that the pre-existing day service units are permanently closed as they represent a duplication of services now delivered in alternate ways.

Councillor Holland abstained from voting on this item.
Pete Sidgwick spoke briefly about the Section 75 agreement in place with CWPT and the very good working relationships between that organisation and the Council.

6. Adult Social Care and Health Feedback Report

Pete Sidgwick presented the annual customer feedback report for 2023/24 for Adult Social Care and Public Health services. The report summarised the compliments, complaints and comments received by these two services including learning and service improvement. Data, trends, and themes had been compared over the last three years.

The executive summary highlighted that a new customer feedback system was implemented on 15 January 2024, part way through the reporting period. Following a review in 2023/24, the Council's customer complaints policy, including the updated children's and adults social care statutory procedures, were approved by Cabinet on 15 February 2024.

At an organisational level, the overall feedback received had returned to pre-pandemic levels and in 2023/24 was at the lowest level in the last six years. For Adult Social Care, the overall number of complaints had declined over the last three years and decreased from 189 in 2021/22 to 122 in 2023/24, a reduction of 35%. No Public Health service complaints were received in 2023/24.

The detail of the report included the following sections:

- Complaints Process.
- Analysis of customer feedback received during 2023/24, including a number of data graphics.

For Adult Social Care the data included:

- Initial feedback contact method
- Complaints data trend by month
- Complaint categories by subject
- Complaints per team
- Remedies
- Outcomes
- Timescale compliance
- Lessons learned and actions taken to improve services.

Members discussed the following points:

- The overall number of complaints was reducing, but compared to overall feedback, the percentage of complaints was rising. The reasons for this were explored, together with the endeavours to capture positive feedback from a variety of sources. Learning was taken from feedback where things hadn't gone well and successes were celebrated. The councillor

sought a balance to encourage positive feedback, so the report did not look worse than the actual position.
- Information was sought on the total number of customer interactions which the compliments and complaints were compared against. Around 12,000 people were supported each year. The councillor referred to the corresponding item at the Children and Young People OSC where 1.4% of interactions were related to complaints. This additional data had been requested by the directorate and could similarly be provided for this committee if helpful. It would provide context for future annual feedback reports.
- The decline in feedback levels was explored, it being questioned if anything further could be done to encourage feedback. It was considered that the ways people could provide feedback had been improved. The decline in feedback may indicate people were happy with the services provided, but similarly there may be a need to articulate the offer in a better way. If next year's report showed a continuing decline in feedback levels, it may be necessary to rethink how the council engaged. Feedback was needed to understand the customer experience and to learn and adapt services accordingly.
- The number of cases closed during this period provided a positive indication.

It was agreed that the Committee notes the annual customer feedback report for 2023/24 for Adult Social Care and Public Health services, and comments as set out above.

7. Quarter 1 Integrated Performance Report 2024/25

Pete Sidgwick presented a summary of the Council's performance at Quarter 1, which covered the period April to June 2024, against the strategic priorities and areas of focus set out in the Council Plan 2022-2027. The report provided a combined picture of the Council's delivery, performance, finance and risk, enabling scrutiny and transparency for the organisation, partners, and the public.

The detail of the report and supporting appendices comprised:
- Progress against the Council Delivery Plan (CDP)
- Performance assessed against the Key Business Measures (KBMs) contained within the agreed Performance Management Framework (PMF)
- Management of financial resources; and
- Management of risk.

The Committee was able to monitor performance via a performance portal in the Power BI platform. A training session had taken place immediately prior to the Committee meeting on Power BI and the revised CDP and PMF.

Of the 61 activities listed in the CDP, nine were attributed to Adult Social Care and Health. The quarter one results showed a strong start to the year with 89% (8) of these being on track and 11% (1) at risk. Appendix one and subsequent sections of the report gave more information about progress. The 2024/25 PMF contained 67 KBMs. There were nine KBMs within the remit of this Committee, and eight were available for reporting this quarter, the remaining measure being due for reporting later in the year. The trend information was also positive.

The KBM 'not on track' concerned the percentage of people open to Adult Social Care with eligible needs, living in the community with support who were over the age of 65. The trend had been declining and the forecast position for the next reporting period was to remain stable. The overall

position was positive, and context was provided of the challenges of the current operating environment.

Looking at finance, at the end of quarter one the services were forecasting a cumulative net service overspend of £15.105m, equivalent to 6.1% of the revenue budget. Saving targets were forecast to be underachieved by £0.422m or 6% of the current year's target. The delivery of the planned capital programme remained on track.

In terms of risk, these were monitored at both the strategic and service level. For the Council overall, there were nine strategic risks, with three rated as 'red' or high level. This included one highlighted for this committee, on a mismatch between demand and resources. It was not distinct to this service area but was more directly related to it. At a service level there were 15 risks and no key risks highlighted which were 'red' (high risk).

The Council continued to operate in a challenging and rapidly changing environment, with the financial outlook in the short to medium-term impacting on the Council's resources. Performance reporting would continue to track and highlight delivery and performance to inform prioritisation of activity and resources.

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

- Further information was sought on the indicator which was not on track, related to the proportion of eligible people with service needs, where support provided at home. The target was for 60% of people to be supported at home, with 40% supported in a residential care setting. Officers were seeking to understand why the numbers were changing and more people were opting for a residential care placement. It was not considered that the current target level needed to be changed. Related aspects were the number of people who self-funded their care and the number being supported by the NHS.
- It was important to compare the data to other similar areas and also the changes in the data for those areas. A lot of analytical work was taking place. This would also be an area of focus for the Care Quality Commission (CQC) when undertaking the assurance process.
- The care needs of each person determined whether they required residential care. From a practice perspective, it was necessary to assess if the appropriate support could be provided in the community. One option may be extra care housing. By people moving into accommodation that better met their needs, earlier in their health and social care journey it could assist independent living for longer. Whilst this was a complex area, the aim was to understand the reasons for the current data and to develop a narrative on proposed actions. On an individual level, people moving into residential care placements needed that level of support. The councillor agreed with the aims of providing assisted independent living, rather than people going into care.
- It was asked if the outcome of this study would result in a report for members. The Council's business analysts were looking at the data currently. An offer was made to provide a briefing paper.
- On the same performance indicator, the latest data on the Power BI platform showed the position to be fairly static at 56% rather than the target of 60%. Given that more people were seeking support, the fact that the data was static showed good performance. Officers agreed with this statistical perspective and confirmed the considerable growth in the number of people supported each year. However, the current focus was on the national benchmark,

against which Warwickshire's position had declined. Officers were looking at this in detail to understand why the demand for care home placements had increased locally.

- A point that the performance reporting was binary giving a red or green performance indicator of whether each target was being met. From the above example, the position could be nuanced and whilst it prompted a conversation both amongst officers and in committees, the organisation may wish to look at this more broadly.
- The management of finance showed a £15.2m overspend at June 2024. This was the current forecast position at Quarter one of the current financial year.
- Further information was sought on the 322 'concern decision making' forms received each month. This was the number of adult safeguarding forms completed. It was hard to estimate what was deemed to be a good level for this indicator, with the target being set at 300 per month.

It was agreed that the above comments be submitted in response to the Quarter one 2024/25 performance report.

8. South Warwickshire Community Beds Review

Laura Nelson, Chief Integration Officer for NHS Coventry and Warwickshire ICB provided an update, supported by Amy Danahay and Rose Uwins of the ICB. There had been previous engagement on the community hospital rehabilitation bed provision for South Warwickshire, dating back to February 2022.

Background was provided on the phased development aimed at modernising the Ellen Badger Hospital (EBH) in Shipston-on-Stour. The first phase comprised the construction of a new health and wellbeing hub, improved outpatient services, and expanded diagnostic capabilities. The sixteen in-patient beds were temporarily relocated. The inpatient area at EBH had been retained but due to changes in the building's footprint, the facility could now accommodate twelve beds. It did not comply with acute inpatient guidance and significant capital investment would be required to address a number of reported issues.

The report reminded of the review undertaken by South Warwickshire Foundation Trust (SWFT), and subsequent business case considered by the ICB in April 2023. The need for a wider review of rehabilitation services had been raised. The ICB had identified other areas to be addressed and had agreed to prioritise the rehabilitation beds in South Warwickshire.

The ICB recognised the legal and regulatory responsibilities associated with a service change. It considered that the potential changes flowing from the community bed review constituted a significant service change and consequently there was a need for further public involvement on the proposed options and their wider implications. Due to the time elapsed, the ICB needed assurance that all viable options for providing community rehabilitation beds, particularly in South Warwickshire, had been thoroughly explored, validated, and any critical new considerations identified. This reassessment, which included previous and new stakeholders, was conducted between June and August 2024. The options identified would serve as the foundation for any subsequent public consultation.

Progress was reported on the steps the ICB had taken in recent months, to assess if the clinical evidence supporting the options appraisal and subsequent Pre-Consultation Business Case (PCBC) were robust, to enable the ICB to proceed with a public consultation. Additional

considerations were the submission of a system financial plan and a new estates infrastructure strategy and delivery plan. The following proposed options were confirmed as viable:

- Provide 35 community beds across three sites (EBH, Nicol Ward and Campion Ward) and continue to improve care at home (maximum of 12 beds at EBH).
- Continue to provide 35 community beds across two sites (Nicol Ward and Campion Ward) and continue to improve care at home.

With the ICB having completed all necessary steps, the Committee's support was sought to move forward with the review through a formal consultation. It would involve the development of a PCBC and supporting documentation. Furthermore, it was proposed to shorten the consultation period from twelve to six weeks and the rationale for this was reported, thereby accelerating decision-making to March 2025 rather than May 2025. The report included the proposed timeline. It acknowledged the potential implications from shortening the consultation period and how the ICB proposed to manage associated risks through close collaboration with key stakeholders, ensuring that the ICB addressed frustrations over timescales and delays whilst still demonstrating that it had listened actively and responded to those concerns. Regular engagement with the Committee would take place. The PCBC, the legal document on which the ICB would base its decision to consult, would be developed and ready for review by 31 October 2024.

The update was supplemented by a brief presentation highlighting the key points. The Committee submitted the following questions and comments:

- Councillor Mrs Redford referred to the substantial housing development required through the Local Plan. Discussion took place on liaison between planning authorities and the ICB about the increase in population and need for services. The local plan requirement was for an additional 36,000 homes over the next 10 years. Laura Nelson confirmed the ICB was aware of expected population growth, also referring to a wider review of service delivery. This item concerned the rehabilitation beds, but there were other work areas across health and social care. There was now a collaborative approach, working with partners to shape commissioning decisions. It was not just about how many beds were needed, but also how to utilise them effectively. There were other transformation projects to deliver care services closer to home. The Chair urged local councils to keep this under review and suggested the OSC should keep this item on the agenda.
- Councillor Holland also spoke of government targets for house building, which would impact significantly on all of Warwickshire, but especially on the southern half of the county. There was a need to improve many NHS services. He also touched on joining up services, poor public transport services, especially in the rural areas and the financial challenges facing the County Council. The Chair suggested a need to see how recent government announcements translated into policy and was sure the ICB had accurate population data.
- Clarification was provided on rehabilitation services which could be delivered both at home or in one of the community bedded facilities. The terminology used could be simplified too.
- Councillor Rolfe raised a number of points. She referred to option 1, seeking a breakdown of where beds would be located across the three sites. She did not understand why the ICB wanted to reduce the consultation period to six weeks, as a twelve-week consultation would give everyone a better opportunity to take part. Councillor Rolfe was concerned that the ICB had not consulted with the groups located near to the EBH. The application for the EBH site stated it would have sixteen beds. If this was reduced to twelve or no beds, she questioned if there would be a subsequent application to allow local people to comment. In response to

the Chair, Councillor Rolfe confirmed she was referring to the planning application. For the second phase of development, it had been claimed that there was asbestos in the building, which was incorrect. The Friends of EBH had gifted a lot of money towards this project and unless the scheme included bedded provision it may want this money refunding. She was suspicious of the report which she viewed as delaying and procrastinating about whether EBH would have a unit for rehabilitation. Care at home was completely different to that in a unit like the Nicol unit and it could cause isolation. Many people needed care in units of this type. She did not agree with reducing the consultation period.

- The Chair asked for the timeline for this project, which had been ongoing for a very long time, and she thought prior to 2017. Rose Uwins offered to research when SWFT secured the original planning consent, which was before the Covid pandemic. The Chair noted that a lot had happened since that time. On the point about delaying tactics, she sought the timescale as context. There had been a lengthy consultation by SWFT too, which was required at that time. The ICB considered potentially this would be regarded as a major change and therefore the consultation would have to take place again. There had already been a lot of public consultation, with a lot of the same people. There had been a lot of delays and in her view was a need to progress this. The Chair reminded that consideration of community beds in the north of Warwickshire had been raised, which may have slowed this process still further.
- In response to Councillor Rolfe's questions, Laura Nelson first referred to the PCBC which would add a lot of detail. It would go through a number of NHS forums to look at the clinical, operational and financial aspects, detailing the impacts for patients, communities and individual organisations. This item brought the proposal to the Committee to take this forward to the PCBC. She understood the length of time this process had taken. Laura outlined recent stages to seek legal advice regarding the wider review across Coventry and Warwickshire and the decision taken to focus on the review for the South. There was a tight timescale to move this forward whilst meeting the national governance and due diligence required. If the consultation was lengthened her challenge would be what value would be added, given the earlier SWFT consultation process. The ICB had engaged with Shipston Town Council and had a dialogue with a group of individuals in that area.
- The Chair asked Councillor Rolfe to provide her questions in writing to ensure that none of her points were missed.
- Laura Nelson then spoke about the phase two scheme, a proposal by SWFT submitted prior to Covid. Phase two would be detailed in the PCBC and was in the long list of options to be considered. It had significant financial challenges with a £15m capital programme required to deliver it. This would be challenging in the current financial constraints, with a corresponding saving needed from other services.
- The Chair said this was exceptionally complicated, had taken a very long time and there had been system changes too. She had previously represented Stratford-upon-Avon DC on SWFT. During that time, she had asked what would be done if people from Shipston needed bedded care provision rather than being supported at home. Assurance had been provided that the Trust could pay for such care at a local nursing home like Shipston Lodge. Rose Uwins confirmed that there were many options, based on need. Such an arrangement could be used, but this proposal concerned the two options reported, one of which included bedded provision at EBH in Shipston.
- Discussion about the options and total number of beds which could be provided at the three sites. Potentially this could increase the number to 47 beds. It was confirmed that there would be 35 community funded beds. SWFT needed some flexibility to meet operational pressures and made more use of the existing sites periodically. The discussion moved to

different types of bedded provision, funding aspects and levels of need. Other aspects were the transformation of services and collaborative working, to use existing funding, to deliver services differently.

- Councillor Rolfe was suspicious that this process would result in no bedded provision being made at EBH. There was a need for bedded provision in that area. The first option should be chosen and with an increased number of beds. She asked how the number of beds had been determined at 35. With the known population growth, there would not be enough in patient bedded provision for the south of the county.
- Laura Nelson replied that the current number of beds was 35, with the temporary transfer of beds from EBH to the Campion ward. The level of funding was for 35 beds, not 47. Points were repeated about the difference in need, capacity and levels of funding.
- The Chair asked if the provision of 35 beds was based on need.
- Amy Danahay provided assurance, referring to the data gathered on rehabilitation patients of their normal place of residence and bed occupancy data. The 35 beds were sufficient to meet the level of need. Account also had to be taken of the Community Recovery Service (CRS) which supported some patients at home through the 'home first' approach. The data showed that the acuity of need for inpatients had increased significantly. This was linked to the CRS supporting people at home where this was appropriate. At this stage no judgement had been made regarding the location of the 35 beds. Further work would take place to assess the needs of each area. Independent advice had been sought from the Clinical Senate to ensure that patient quality of care and access for all was considered. Both options were seen as viable. In response to a question from the Chair, it was confirmed that the data from SWFTs earlier case for change had been taken into account. Updated data was constantly being sought, most recently within the last month for the two sites currently being used.
- Councillor Shenton summarised that this concerned whether beds would be located at EBH. He asked whether strong local representation for beds at this location would be sufficient or what would be required to persuade that EBH was the right place for bedded provision. Laura Nelson replied it was about how patients accessed services. There may be a 'want' for many aspects of NHS services, but they may not be feasible. The PCBC would take into consideration all factors and the consultation feedback would be taken on board. No decisions had been taken by the ICB. There may be differing views, but the ICB would need to consider the best way to deliver these services. There was data on usage of the previous locations and during the current temporary arrangements. The ICB would present its findings to a future meeting of the Committee.
- The Chair sought comment on the impact of not having a doctors surgery located at the EBH site. This was an area for SWFT to respond to, not the ICB.
- A point that the ICB already had the costings and background data. The member asked whether the public consultation was meaningful, as this would be driven by the cost pressures, logistics and geographies, not public or patient feedback. He viewed that the decision would not have regard to such feedback.
- Rose Uwins confirmed that the ICB did have the data. There had been a long list of options, and some had been discounted as not being viable. The two options presented were both viable. She explained the purpose of the consultation. The ICB wanted to understand the implications of each option if current services were reduced or not located in an area. This feedback could have an impact on the final decision and was important that the ICB gathered the wider view.
- The councillor considered that only people living in the areas directly affected would engage with the consultation process. Other residents were less likely to respond. Rose agreed that

the consultation would be focussed on the South of Warwickshire including both Stratford and Leamington, as well as Shipston. It was hoped that people in that wider area would engage with the consultation. The feedback would include postcode data to show where respondents lived. The outcome of this process would impact on where the beds were located. The points about poorer levels of feedback were noted, but best practice would be followed for the consultation with an outline given of the methods to be used. Councillors were asked to publicise the consultation too.

- A point that the outcome may result in reduced bedded provision at the other sites. It was important that people in Stratford made their views known too.
- A councillor reminded of the previous representations made to secure retention of the Nicol Unit in Stratford. Shipston was located in the most rural area, and travel into Stratford could be difficult. The option of just Stratford and Leamington was considered too parochial. A contrast was provided between care at home and rehabilitation in these hospitals.

The Chair referred members to the report recommendations and the first three of those listed below were agreed. Further debate took place on the final recommendation which concerned the consultation period.

- Councillor Sinclair did not feel able to vote on the recommendation about whether the consultation period should be six or twelve weeks, as this aspect had not been covered enough. He would therefore have to abstain, unless there was further clarification.
- Rose Uwins confirmed that the statutory minimum consultation period was two weeks and twelve weeks was the maximum. There had been a lot of information gathered already. The ICB would be clear in the consultation plan about how it would engage and in light of this six weeks would be sufficient to gather the vast majority of opinions.
- The Chair referred to the previous consultation which had given people with a view the chance to submit it. She considered that consultation for six weeks would be sufficient.
- Councillor Shenton was not comfortable with a six-week consultation. There was a need to ensure that everyone in south Warwickshire had the chance to submit their views. Rose Uwins said the consultation materials would be clear, setting out the merits of each option. It was about how the ICB communicated rather than just the length of time involved.
- Councillor Holland advised that he was the Council's representative on the SWFT Council of Governors and whilst there was no financial interest and that body was not the decision maker, he would abstain from voting.
- Councillor Sinclair referred to public perception and having a thorough process, asking why the consultation period could not be for twelve weeks. The ICB representatives confirmed it could be for twelve weeks, but this would prolong the process and a significant amount of engagement had already taken place. Feedback from other groups including Shipston Town Council had asked how the process could be completed more speedily. The period for the PCBC could not be reduced, but the consultation period could. The ICB had listened to the feedback and therefore proposed the six-week consultation. Councillor Barker declared that she was a member of Shipston Town Council and one of the people supportive of the six-week consultation period.
- Rose Uwins added that the twelve-week consultation period would take the timeline up to the pre-election period for the County Council elections. NHS pre-election guidance meant it could not do any form of consultation during that period, effectively delaying any decision making until May. If the decision was a for a twelve-week consultation, this could be undertaken. The ICB's priority was to give people the opportunity to be heard.

- In response to a question from Councillor Drew assurance was provided that the consultation would be complete, presenting the two options.
- The Chair added that the new building was nearly finished, and costs would increase if there were further delays. The twelve-week consultation would take this process into the pre-election period and there had been extensive consultation previously.
- Due to the requirements for the PCBC, it was not possible to commence the consultation at an earlier date.
- Councillor Rolfe urged the longer consultation period. These were two new options and the division of the bed numbers across the three sites was a crucial aspect for the consultation. This was not just about Shipston but all south Warwickshire and therefore a longer period was required so everyone could be consulted.

In closing the debate, the Chair confirmed members had already supported the first three recommendations shown below. The final aspect on the consultation period being reduced to six weeks was put to a vote, there being four votes in favour, four votes against and two abstentions. The Chair exercised her casting vote in favour of the proposal.

Resolved

That the Committee agrees to:

1. Note the contents of the report.
2. Be assured in respect of the progress against the agreed approach to deliver the South Warwickshire Community Hospital Rehabilitation Bed project.
3. Endorse the approach to formal consultation due to the service change proposed being considered substantial and therefore warranting public consultation. This would then enable the ICB to fulfil its duty to notify the Secretary of State.
4. Endorse the reduction of the public consultation from 12-weeks to 6-weeks enabling the future decisions about the 35 community hospital rehabilitation beds to be approved by the end of March 2025.

9. NHS Dentistry

At 12.55 pm the Committee voted that the meeting should continue beyond three hours in duration.

The Committee received a briefing from Ali Cartwright, Chief Integration Officer and Tim Sacks, Director of Primary Care of the Coventry and Warwickshire Integrated Care Board (C&W ICB).

The update provided national context and background, including the transfer of dentistry, amongst other services to the ICB with effect from 1 April 2023. The report outlined the ICB's roles in relation to dentistry. The six West Midlands ICBs had agreed to maintain the specialist dental (and pharmacy & optometry) commissioning team as a single team, hosted by the NHS England Office of the West Midlands to maintain the specialist knowledge and function.

In February 2024 the government published 'Faster, Simpler and Fairer: our plan to recover and reform NHS dentistry'. This contained initiatives to improve oral health and access to dental care. It included plans to incentivise dental teams to provide NHS dental care and take on new patients.

There were plans to increase the dental workforce and make it easier for practices to recruit new staff.

An overview was provided of dental services, which comprised primary care, community services and secondary care. A section was included on the national dental contract, implemented in 2006 and reviewed at a national level each year. The ICB had no ability to alter this overarching dental contract. It could commission additional services to address health inequalities. Dental providers were paid via a 'unit of dental activity' rate which fell into bands with the rates and example services detailed in the update. There was a recognised need to reform the dental contract.

Information was provided on dental services in Coventry and Warwickshire, with data on general dental services, orthodontic services and other services. A map showed the location of services across Coventry and Warwickshire.

The update included information on performance of providers. Services in C&W continued to perform well when benchmarked against other ICBs nationally. Key indicators of performance included the number of new patients registered with an NHS dentist and units of dental activity, compared to the data prior to the Covid pandemic. Coventry and Warwickshire was one of only two systems in England which had returned to pre-2019 levels for both new patient registrations and activity. Graphs were included to illustrate this.

Next, the update focussed on the dental services equity audit needs assessment. There were health inequalities across the ICB footprint. A report by the regional dental public health team had highlighted a number of these gaps, which would form the basis of a future local dental strategy. Data was provided in tables, highlighting:

- The prevalence of tooth decay in 5-year-olds in Warwickshire over the period 2008-2022, as compared to the West Midlands region and nationally. Whilst good overall, there were some areas with significantly higher tooth decay rates.
- The wards with comparatively poorest dental access across Warwickshire. Some areas of Stratford-upon-Avon were referenced.
- Rates of oral cancer and mortality in Warwickshire, compared to other West Midlands areas and nationally.

The report concluded with the challenges and opportunities identified for dental services in Coventry and Warwickshire. Member questions and comments were invited, with responses provided as indicated:

- The data and mapping showed the availability of NHS dentistry services, with a concentration in Coventry and gaps in parts of Warwickshire. There was a significant difference in the fees dentists received for providing NHS services to working privately. It would be a challenge to incentivise and increase the NHS services. Ali Cartwright agreed that this was supply and demand driven. The ICB could try to procure more NHS dentist services. Patients could access dental services in different areas or ways. An example was a dental bus travelling around the County. There was a need to focus on areas for improvement like child tooth decay. Tim Sacks added that people could attend any dentist, whilst recognising the access challenges for some, especially those in rural areas who were reliant on public transport. NHS dentists were available in Coventry, and to a lesser extent,

the south of Warwickshire, but this was not publicised well, and availability changed frequently.

- Dr Shade Agboola explained the close working with dental public health consultants and the various Public Health preventative initiatives. Effective tooth brushing prevented the need for dentistry in the longer term. She sought further information from NHS colleagues about support in areas without NHS services, known as 'dental deserts' and links to poor dental health. Tim Sacks advised this information wasn't readily available. He did mention the good NHS dental provision in Nuneaton and Bedworth, but some areas had really poor access, so there was an education element.
- It was confirmed that each dentist could provide a specified number of units of dental activity. This was both historical and linked to the budget available. The funding covered 35% of the population, the same as for all parts of the country. There were options to flex the 'cap' slightly or to move the NHS services to the areas of greatest need. Councillor Holland considered it was unfair to blame dentists working privately if they were limited on the number of NHS treatments they could provide.
- Ali Cartwright said the ICB needed to focus its budget on areas where there was poor dental care for people of all ages, to improve their outcomes.
- Councillor Holland replied that it had been suggested dentists were taking more lucrative private patients, but this was actually due to the system limiting NHS dental treatments. Tim Sacks clarified that many dentists did not wish to provide NHS dentistry and had that choice. There were many more dentists than the 99 delivering NHS services in C&W. Also, there was a finite budget of £35m for dental services. Increasing the amount of NHS dental services would require a corresponding saving from other health services. Councillor Holland considered that the shortage of NHS dentists was not due to them wanting higher paid work, it was due to the cap on the number of NHS appointments. The Chair heard this not as a cap on appointments, it was the number of treatments within the time dentists were paid for. Ali Cartwright clarified in some areas there was a dearth of dentists who would do any NHS work. In other areas there were a range of dentists and caps were applied, so it varied by area.
- Councillor Holland referred to a 'postcode lottery' asking if there were reasonable public transport links to the areas where NHS dental appointments could be found. Tim Sacks replied that the NHS had no influence on public transport services. Related points were the rural locations involved, and reliance on having a car. Councillor Holland said two out of every three people in the County did not have the use of a car and there was no point in having NHS appointments in places which people could not get access to. He considered the service to be inadequate, which the Chair thought was a little harsh.
- Councillor Shenton commented that the budget limited activity. To increase services would require a repurposing of budgets for other NHS services. He could not see how dentists would be incentivised to undertake more NHS services. He noted that oral cancer rates had increased and asked if this may be linked to the budget restrictions. He commended the ICB for its endeavours in what was a considerable task but could not see how this would be achieved without a significant increase in funding. Ali Cartwright replied that this was not just about increasing the budget. Some dentists would not want to do NHS work for financial reasons and personal choice. The incentives proposed were funded separately. She touched on the national reforms, including review of the dental contract. Warwickshire was the second best nationally in provision of dentistry, whilst recognising there was still much work to do. Tim Sacks spoke of the challenging position and the work with colleagues on new patient premiums. Within the budget available, there was a prioritised approach to focus on the areas of greatest need. An offer was made to revisit the committee to update

on the plans as they developed, which the Chair welcomed. She touched on deprivation, the absence of services in the areas she represented and was concerned how the targeting would take place.

- In response to a question from Councillor Humphreys about ensuring children brushed their teeth properly, Shade Agboola spoke about the Public Health 'brushing for life' programme. This was targeted to the areas with the highest rates of decayed and missing teeth. Additionally, via range of professionals, toothbrushes and toothpaste were distributed, again in a targeted way.
- Councillor Rolfe said her dentist did not undertake NHS services due to the differential in costs. There were no available NHS dental services in Stratford. This area was considered affluent but did have areas of deprivation and some people could not afford dental care due to the lack of NHS services. Similarly, they could not afford to travel to the north of the county or Coventry. This would result in the deterioration of their teeth. The focus on areas of greatest deprivation would not include Stratford, exacerbating this. The NHS officers advised that patient outcomes were also considered. The targeting of services was more focussed than just areas of greatest deprivation and included areas with health inequalities too. This would include where people could not access services. Councillor Rolfe stated this was not just about children.
- Councillor Sinclair sought clarification about the NHS dental services in Stratford. He asked for the total number of dentists serving the county, in addition to the 99 NHS dentists. Patients needed better information on NHS dentists with availability and he asked if a simple website could be created with this information. Tim Sacks confirmed there were NHS dentists in Stratford, but the point was their capacity to meet demand. There was an NHS choices website showing NHS dentists, but no system currently showed where there was capacity for new patients. This suggestion for such information would be taken on board. The total number of dentists serving the county would be researched and a response provided.
- Chris Bain of HWW referred to the statement that dentist provision in Warwickshire was the second highest nationally. This was true for adults, but was not for children, being 59% and twelfth highest in England. HWW repeatedly called dentists across Warwickshire to check if they had NHS provision and it published the findings fairly regularly. The position in Stratford remained difficult, there being no dentists currently taking on NHS patients. In Rugby this had been the case for some time, with patients having to travel to Coventry. In Rugby there was a problem for primary care generally, for dentistry, pharmacy (especially community pharmacy) and GP access. This needed to be addressed on a system basis, rather than looking at individual services. He referred to the HWW 'State of Care' event held in Rugby in November 2023 which demonstrated this and could see no changes having been made since. He did not consider the people of Rugby were being served as well as they could be, and this area had the fastest growing population in Warwickshire.
- Councillor Humphreys asked if data could be obtained via schools on the numbers of children attending dentists, to give localised information. Shade Agboola replied that headteachers could be approached to see if they were willing to provide this information. There was a need to be clear on what the information would be used for, perhaps to send information to parents, encouraging registration with a dentist. It was critical as regular check-ups and treatment would help to prevent tooth decay. She offered to pursue this with education colleagues.

The Committee noted the briefing and presentation.

10. Work Programme

The Committee reviewed its work programme. Councillor Drew had asked to address the members on the Menopause group in Kenilworth. Given the length of the meeting, this information would be circulated instead.

The meeting rose at 13.30pm

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Chair