Adult Social Care and Health Overview and Scrutiny Committee

Date: Wednesday 16 February 2022
Time: 10.00 am
Venue: Committee Room 2, Shire Hall

Membership
Councillor Clare Golby (Chair)
Councillor John Holland (Vice-Chair)
Councillor Richard Baxter-Payne
Councillor John Cooke
Councillor Tracey Drew
Councillor Peter Eccleson
Councillor Marian Humphreys
Councillor Christopher Kettle
Councillor Jan Matecki
Councillor Chris Mills
Councillor Penny-Anne O'Donnell
Councillor Pamela Redford
Councillor Kate Rolfe
Councillor Sandra Smith
Councillor Mandy Tromans

Items on the agenda: -

(4) Minutes of previous meetings 3 - 16
The minutes of the meeting held on 17 November 2021 were approved as a true record. As a matter arising it was noted that a response was still awaited to the question raised to West Midlands Ambulance Service regarding first responders. This would be pursued.

Monica Fogarty
Chief Executive
Warwickshire County Council
Shire Hall, Warwick

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Adult Social Care and Health Overview and Scrutiny Committee

Wednesday 16 February 2022

Minutes

Attendance

Committee Members
Councillor Clare Golby (Chair)
Councillor John Holland (Vice-Chair)
Councillor John Cooke
Councillor Tracey Drew
Councillor Marian Humphreys
Councillor Jan Matecki
Councillor Chris Mills
Councillor Kate Rolfe
Councillor Mandy Tromans

Officers
Shade Agboola, John Cole, Becky Hale, Nigel Minns and Paul Spencer.

Others in attendance
Chris Bain, Healthwatch Warwickshire (HWW)
Councillor Jo Barker, Warwickshire County Council (WCC)
Rebecca Bartholomew, Coventry and Warwickshire Clinical Commissioning Group (CCG).
Councillor Margaret Bell, Portfolio Holder for Adult Social Care and Health
Katie Herbert, South Warwickshire Foundation Trust (SWFT) and WCC
Sam Owen, SWFT
John Dinnie, David Passingham, Verity Richardson, Amanda Holden and Paul Kelly (public)
David Lawrence, press

1. General

(1) Apologies

Apologies for absence had been received from Councillor Richard Baxter-Payne (Nuneaton and Bedworth Borough Council) and Councillor Sandra Smith (North Warwickshire Borough Council)

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

Councillor Holland declared an interest as a governor of South Warwickshire Foundation

Trust. Councillor Barker, although not a member of the committee, declared an interest as a governor of South Warwickshire Foundation Trust and a member of the League of Friends for Ellen Badger Hospital.

(3) Chair's Announcements

None.

(4) Minutes of previous meetings

The minutes of the meeting held on 17 November 2021 were approved as a true record. As a matter arising it was noted that a response was still awaited to the question raised to West Midlands Ambulance Service regarding first responders. This would be pursued.

2. Public Speaking

Mr John Dinnie spoke to a circulated submission which is attached at Appendix A to the Minutes. This provided a position statement on behalf of Shipston-on-Stour Town Council in regard to t Ellen Badger Community Hospital and the review being undertaken by SWFT.

3. Questions to Portfolio Holders

Councillor John Holland submitted a question to Councillor Margaret Bell, Portfolio Holder for Adult Social Care and Health. He sought an update on the following motion approved at Council in December: "This Council requests that an invite be sent to the Chief Executive of the West Midlands Ambulance Service (WMAS) in order to consider how the ambulance service can be strengthened for the residents of Warwickshire and to agree an action plan".

Councillor Bell responded that she had requested to raise this matter at the next meeting of the Blue Light Collaboration Board on 9th March. Councillor Holland thanked her for the reply, reminding that WMAS was the only emergency service not based on the county's area and the need to maintain a focus on this matter. The chair agreed an ongoing dialogue was needed with WMAS.

4. Questions to the NHS

A question had been received from Councillor Mills concerning nursing. As this question had not been received in time to enable the preparation of a response at the meeting, it had been referred to the CCG for a written response, which would be circulated in due course.

5. Menopause Services

The Committee received a presentation from Dr Shade Agboola, Director of Public Health. The presentation covered the following areas:

- Background/context outlining the request from the Committee's Chair
    - There is a lack of visibility of the services provided. What services are provided across Warwickshire and are the services equitable across the whole County, or do they vary for each 'place'?

    - What are the access arrangements? Are services provided at times convenient for women who work?
    - Anecdotal feedback from a constituent told by her GP that she would not receive treatment until one year from her last menstrual cycle. When should services be available and how easy is it for women to get a referral? Does this vary for each GP/ area?
    - There is an education piece. Schools educate on puberty and many aspects of the reproductive cycle. Should this include reference to the menopause?
    - Are there triage arrangements to other services where required, such as CWPT for psychological impacts of the menopause?
    - What roles do Public Health provide in regard to menopause services?
- Why important
    - The menopause is caused by a change in the balance of the body's sex hormones, which occurs as women get older
    - It's a natural part of aging in women
    - It happens when the ovaries stop producing as much of the hormone oestrogen and no longer release an egg each month
    - Menopausal symptoms can begin months or even years before periods stop and last around 4 years after last period, although some women experience them for much longer
- Symptoms
    - Most women will experience menopausal symptoms. Some of these can be quite severe and have a significant impact on everyday activities
    - Common symptoms
- When to see a GP
    - Troubling symptoms or symptoms of menopause before 45 years of age
    - Can confirm if menopausal based on symptoms, but a blood test to measure hormone levels may be carried out in women under 45
- Treatments
    - hormone replacement therapy (HRT) – tablets, skin patches, gels and implants that relieve menopausal symptoms by replacing oestrogen
    - vaginal oestrogen creams, lubricants or moisturisers for vaginal dryness
    - cognitive behavioural therapy
    - eating a healthy, balanced diet and exercising regularly
    - Referral to menopause specialist if symptoms do not improve after trying treatment or if unable to take HRT
- What's available in Warwickshire?
- Menopause specialists
    - The British Menopause Society is a specialist society associated with the Royal College of Obstetricians and Gynaecologists https://thebms.org.uk/
    - British Menopause Society specialists are health care professionals that have been awarded additional qualifications.
    - All BMS specialists are encouraged to become menopause trainers
    - An online directory that provides a list of menopause specialists across the country
- Menopause specialists in Warwickshire
    - There are two specialists listed in the online directory available at https://thebms.org.uk/find-a-menopause-specialist/
    - They are both private providers
    - There is no NHS provision in the County

    - There are a number of specialists who provide NHS funded care in neighbouring Solihull, Birmingham and Coventry
- WCC menopause policy
    - Menopause guidance for managers published in 2018
    - Refers to a WCC menopause support group
    - Acknowledges impact menopause may have on work
- Next steps/discussion

The Chair reported her concerns on the findings, expressing that for some women the impact of menopause could be traumatic for years. She explained her research to date including anecdotal feedback received, the symptoms reported to her and those experienced personally. There was an absence of services which was not acceptable, and half of the population would go through the menopause. There was a need to agree actions to address the current position.

A lengthy debate followed with the following contributions and themes:

- Concern and astonishment at the lack of services provided.
- Some surgeries did have GP's who were skilled in addressing menopause problems. It w questioned if this was commonplace. In terms of specific provision, it was knowing when and how to access services such as gynaecology. The first point of contact was the GP.
- Reference to the private providers located in Leamington and Stratford. The cost of accessing their services was £180 for an appointment. This cost was not feasible for those in financial deprivation or unable to access the services.
- Accounts of the difficulties experienced by constituents with multiple challenges and the prescription of antidepressant medication instead of treating the menopause symptoms.
- The importance of raising this topic, which affected half the population. It had not previously been discussed adequately. There was a lot of discussion now via social media, with members of parliament and celebrities raising the profile of the menopause. A need to educate, also to take a holistic approach to treatment of this natural stage of a woman's life. Reference also to cultural aspects and the need for employers to be audited, to assess if they had menopause protocols in place.
- For some women, the menopause caused anxiety or other conditions impacting on heir careers.
- Many women may deal with the menopause in isolation. A need for services to be provided across the county and not be reliant on the two private providers in south Warwickshire. Having a specialist located at GP practices was suggested.
- A suggestion to form a task and finish group (TFG) to explore this in further detail at the conclusion of the current TFG on GP services. This could include mapping existing services and the pathways in place. A useful outcome from the TFG would be a report back to the Health and Wellbeing Board, especially detailing areas of good practice identified.
- The impact on the male population too in terms of relationships and supporting partners.
- Wider changes to health systems, including the new Integrated Care System (ICS), health inequalities and identification of priorities at the 'place' level. The menopause could be raised as a priority area.
- Rebecca Bartholomew of Coventry and Warwickshire CCG agreed there was an absence of specialists in Warwickshire, but there was medical knowledge. It would be useful to provide clearer information on GP practice websites of those doctors who had additional gynaecology qualifications. She agreed to take this point back to the CCG. Rebecca also spoke about access arrangements, the need for all employers to have bespoke policies to

support menopausal women and the employment difficulties experienced by some. Such policies did exist for maternity and should for menopause. A new initiative was a regional ambassador for women's health, as an expert by experience. It was perceived that there was a shift towards providing specialists for menopause amongst other areas.

- A need to start with GPs to ensure there were menopause specialists available. Discussion about the comparative provision elsewhere, there being such providers in Solihull, Coventry and Birmingham.
- Considering the education aspects and raising awareness of menopause to pupils at secondary schools. A need for this to be 'normalised'. Nigel Minns confirmed that that the curriculum did include the menopause.
- Accounts of poor support from GPs. A concern that HRT was not being prescribed due to suspected links to breast cancer, which had been disproven.
- Having specialist GPs for every subject was not feasible, but a 'go to' person located at each practice with capacity to provide information on a range of topics would be helpful.
- HWW found it surprising there was no specialist menopause provision in Warwickshire, unlike some adjacent areas and would look into this. HWW had undertaken work on care for women experiencing menopause. There were race, faith and cultural aspects which the TFG should take into account as part of its review. An offer from HWW to support the TFG and provide its evidence.
- There were mixed messages about not medicalising menopause, but then people were asked to see their GP. A need for clear messaging and consistent advice. Concerns that some women may self-prescribe.

The Chair asked the committee to think about next steps. There was support for the suggestion of a TFG at the conclusion of the current GP services TFG. She suggested that the scope included review of the comparative service position elsewhere and the quality of service provision. Additionally, she suggested a referral to the HWBB for consideration of this matter and that a letter be sent to the Secretary of State for Health and Social Care to seek a 'top down' focus. Further comments were submitted:

- The Secretary of State had announced that HRT would be available without prescription. Discussions were happening on menopause in government, so it was opportune to engage at this time. A need to ensure that Warwickshire got its fair allocation of resource to address the current inadequate provision.
- Comments on the potential risks of HRT being available over the counter, if suspected menopause symptoms were something else and it may not be a suitable medication for women with some other medical conditions.
- A member proposed to lobby her local MP on this topic and urged others to do likewise.
- It was requested that the TFG membership be drawn from the whole Council membership.

The Chair sought endorsement from the committee on the proposed way forward.

Resolved

1. That the Committee notes the presentation on menopause services.

2. That a task and finish group is formed to examine the issues above in greater detail, commencing after the conclusion of the current GP Services TFG.

3. That a letter is sent from the Chair of the Committee to the Secretary of State for Health and Social Care to seek a 'top down' focus; and

That menopause services are also referred to the Health and Wellbeing Board for further consideration.

6. Community Hospital Review

Katie Herbert introduced this item on behalf of South Warwickshire Foundation Trust (SWFT), to provide an overview of the purpose, scope and progress of its community hospital inpatient review. It presented findings of the initial patient, carer, stakeholder, and staff engagement as well as the future plan and indicative timeline for the review. There was a requirement to consult on substantial developments or variations in the provision of health services.

Sam Owen Head of Nursing for out of hospital at SWFT then took members through the detail of the report which covered the following areas:

Community Hospital Inpatient Provision
Background was provided on community hospitals and the facilities in the south of Warwickshire. Ellen Badger Hospital in Shipston on Stour had 16 inpatient beds and the Nicol Unit at Stratford Hospital had 19 inpatient beds. The bedded offer at the community hospitals was broadly split into two areas providing for acute discharge and admission prevention beds. There was currently no provision in the north of Warwickshire Rugby areas. Within those areas, patients' needs were met via a mix of primary care, community and acute provision.

The review of Discharge to Assess services
A system wide strategic review of discharge to assess (D2A) services was agreed by all local system partners in 2019. The report outlined this review which was now moving into its implementation phase. Recommendations within the review were to move towards a simplified, clear and fit for purpose D2A offer. Community hospitals formed part of that offer within south Warwickshire. A table within the report provided a breakdown of the different pathways available to patients at the point of discharge, including community hospital inpatient beds, which should account for no more than 4% of all discharges from acute hospital within the over 65's population.

Hospital Discharge Policy 2020
This was one of the central policy drivers for the D2A review, setting out the responsibilities of service providers. The report included an outline of the original guidance, the ambitions within the hospital discharge policy and its supporting guidance. This approach to 'Home First' stated that 'every effort should be made to follow home first principles, allowing people to recover, re-able, rehabilitate or die in their own home'.

The case for change
The community hospital review took place within the context of wider changes within both health and social care, the Integrated Care System (ICS), the development of out of hospital services, the wider availability of D2A services and the prevalence of preventative programmes. Community health/out of hospital services had developed and were able to support much higher levels of patient need with a focus on admission prevention and supported discharge. Therefore, community hospital provision should be reviewed within the context of this enhanced and broader community offer. Some patients went to community hospitals to die, but there were inpatient and

outpatient hospice facilities available. A multi-agency audit of patients using the community hospital inpatient facilities was undertaken in the spring of 2021 and the findings were reported.

Current utilisation, need and demand
Data was provided on the 923 admissions via this pathway, along with a typical patient profile, their home location, average length of stay and discharge destination.

Katie Herbert then spoke to the following sections of the report.

Engagement approach and findings
This included engagement with people who had or may use community hospital services, key stakeholders and groups who should be targeted. The approach to engagement was primarily to target those groups with personal experience of community hospital inpatient provision. Healthwatch Warwickshire (HWW) was commissioned to undertake the survey and independently to analyse the survey results. To gain further rich and in-depth insight 27 face-to-face patient interviews were conducted. Staff and wider stakeholders with an in-depth knowledge were also asked for their views.

The key themes from the patient surveys, patient interviews and staff and stakeholder surveys were summarise, together with quotes from those consulted and graphics to demonstrate the feedback from staff and professionals.

Ongoing engagement with key groups as well as the formation of a community panel would help to refine the key themes such as 'increased therapy' and what this should look like within the future community service.

The report outlined the equality impact assessment undertaken. A technical panel was formed to consider the long list of 14 proposals put forward from the public engagement and to consider these against a set of 'hurdle criteria' (patient safety & quality, workforce delivery, national/local direction and affordability), with a key aim of agreeing the viability of each proposal. From this, a table showed the proposals which had been deselected.

This was followed by the convening of a community panel to consider the remaining proposals. The groups represented in the panel were reported. It collectively agreed desirable criteria, which were represented visually in a word cloud. The outcome from this process was reported in a table showing the proposals and ranking the community panel preferences. This resulted in three proposals to be taken forward as part of the review for further exploration, as shown below:

1. Retain the Community Hospitals offer but change the type of services e.g.:
    - Diagnostics
    - Frailty Chair
    - A combination of the above or 'other' to be identified service offers alongside business as usual or reduced number of community beds.

2. Continue with some of the community hospital beds and invest in homebased alternatives such as package of care or therapy and/or a virtual ward in the community.

3. Retain the Community Hospital offer but change the location.

The report concluded with milestones, next steps and conclusions. Members of the Committee were invited to submit questions and comments:

- It was noted that there was no community hospital provision in the Warwickshire North or Rugby areas. A member viewed that this was irrelevant to this service review.
- Reference to the scope of this review and exclusion of some services currently delivered from these premises. Any services removed would impact elsewhere in the local system and a holistic approach should be taken. People valued these facilities and reference was made to the current challenges for acute services, notably in accident and emergency departments. In response, it was confirmed that the work on minor injuries was progressing, but not as part of this review. However, there were clear interdependencies.
- No details of comparative cost had been included in the report. There were questions around the efficiency of staff travelling to deliver care at homes rather than in a bespoke unit. Katie Herbert clarified that no decisions were required on the preferred option at this stage. Consent was being sought to explore further the three preferred options identified in the report. The costs and full details would be shown in the subsequent business case.
- A question why the option of increasing bed capacity had not been included as a measure of increasing efficiency and supporting the acute hospitals, looking at the whole syste rather than taking this review in isolation. Such an option to increase bed capacity had been considered but removed as it did not meet the hurdle criteria.
- There were interdependences between these services and the whole system approach through the ICS. Points about the drive towards 'home is best', the data showing that one third of patients at community hospitals could have been cared for at home and some wider benefits like retained mobility from care at home. Improving the community offer should reduce the requirement for hospital-based provision. This review focussed on making the best use of community hospital bed provision.
- There were demands on the acute hospital sector evidenced by ambulance waits at hospitals, the length of waits in the A&E departments, which in part was due to lack of inpatient bed capacity and also related to discharge delays. By providing step down care at community hospitals and at home it would ease these pressures.
- It was questioned if there were sufficient staff to provide care at home. There was a plan for workforce development to provide the service. Other aspects were admission avoidance, removing the emergency calls and transport to hospital with support and care at home. An acknowledgement that workforce was a major concern for both health and social care ar there was a need to coordinate activity.
- The lack of community bed provision in the north of Warwickshire was raised. It was stated that there were different arrangements for step-down care in the north of the county and whilst it was not a community hospital, provision was made. This review concerned provision in south Warwickshire. Members replied that community bed provision in the north had been closed.
- Praise for the excellent services delivered at these community hospitals and a view that the services should not be changed. The data showed increasing usage of the facilities. The survey had been undertaken during the pandemic and may have produced different results at another time. The presumption that people wanted to receive care at home after a major incident was not always correct. The benefits of care by specialists in the community hospitals was stated. The costs of delivering services like physiotherapy at home would be significantly more. Whilst some minor adjustments may be beneficial, the service was working well.

- A suggestion for a similar review of provision in the north of the county.
- The service needs and priorities varied across each area. Services should be patient centred and in their best interests. They may prefer to recover at home, but this may not be advisable for some, especially those who lived alone. Reference to service integration and an outcome from the review could be the co-location of health and care staff at the community hospitals.
- Comment that 40% of patients using these centres came from Warwick and Leamington and perhaps the provision should be made between these locations.
- Katie Herbert clarified that only one of the proposals concerned reducing bed numbers with provision at home. Furthermore, the home provision included care and nursing homes. The other options retained the same bed numbers, looked at service enhancement and ensuring provision was located appropriately.
- Sam Owen gave details of the successful D2A pilot in the north of the County, which had been oversubscribed. This evidenced that such initiatives worked. For this consultation, she confirmed that the option of removing all bedded provision had been discounted. She touched on the NHS plan, the 'home first' principles and the additional service areas and workforce aspects which needed to be explored.
- A comment that this was not the time to reduce bedded provision, given the need to address service backlogs due to the pandemic and for other reasons. Reassurance was provided that the process would take time to complete before any changes were implemented. This review aimed to provide future sustainability and a range of issues would be weighed. This was early engagement in the process.
- A series of questions were submitted about the provision of respite care as part of this pathway and to complement the services provided at community hospitals. Respite services were provided in the county, but not as part of the community hospital remit. A parallel was drawn to the admission prevention services. The councillor clarified this was about complementing community hospitals, covering gaps between acute hospital discharge and returning to home. It was part of the discharge to assess process.
- Chris Bain spoke on behalf of HWW. There were anxieties between the proposals in this review and the accelerator programme, which sought to address the NHS backlog and to reduce waiting times. He referenced the HWW survey of carers. If they were consulted on the proposals, the feedback would differ from that reported. Carers were concerned about cover for patients if the carer became ill. Feedback from some people showed a view that services were still 'done to' them. Considerable work was required to ensure that this review met what HWW had heard from residents about the discharge provision and care at home required. The workforce issues were significant to ensure patients could be discharged to home safely. Reassurance was sought.
- Sam Owen spoke about the need to move away from current models of prescribed social care to provide services that met the person's needs. It was accepted that there were interdependencies between this review and many other areas. This review looked at different models of care, future proofing and addressing workforce aspects. There was a lot of work to do and approval was sought to do that work. Katie Herbert added that the engagement would continue with the aim of capturing richer feedback. This was the start of the engagement and future stages would seek feedback from those with lived experience of the community hospitals and those who may use them.
- Several members referenced the workforce issues and vacancies within the care system. Addressing this was essential to ensuring hospital discharge, especially for provision of care at home. It was a particular challenge for rural areas. The benefits of step-down care in a

hospital setting were emphasised, with reference to a successful example, helping a resident to continue living independently afterwards.

- Sam Owen emphasised this review concerned the SWFT out of hospital care offer before people returned to longer-term care. As context it related to 4% of discharges and did not just concern home care. Katie Herbert commented on the workforce issues, the aims of this review to plan for the future, sustain and provide different options. Also, there were opportunities for different ways of working, training and career pathways.
- Discussion about the options that had been deselected and those proposed for further consultation. Affordability and workforce issues had been quoted as the reason for not progressing some options. One of the current proposals was to relocate the current service provision, for which the affordability was challenged. Furthermore, there were concerns about reducing bed numbers which could be incremental and then make community hospital provision unviable or inefficient. 'Levelling up' services was also raised, with reference to the lower life expectancy in the north of Warwickshire where there were no community hospitals and this could be a contributor. The member urged retention of the community hospital beds.
- Councillor Bell, Portfolio Holder shared the NHS vision that home was best where possible. However, if that could not be delivered due to workforce capacity of both care staff a therapists, and especially in times of crisis, there needed to be another option. This could be to either increase or have flexibility to increase the bedded offer. A need to ensure that acute hospitals did not become 'clogged'. It was estimated that 4% of people discharged from acute care would need care in a bedded facility. She would like to see how many people that equated to across the whole county and that the review include both the Warwickshire North and Rugby areas. There was a need for realism that the vision could be delivered. The review was timely and was identifying key issues. She supported other speakers on the benefits of the current arrangements, notwithstanding that improvement could always be made. A need to ensure the best practice across all of Warwickshire.
- Several members supported the addition of an option to retain or increase the service provision at these locations. With an aging population this needed to be considered. It was not viewed that the relocation of the service was feasible and therefore this option should be withdrawn.
- Further reference to the workforce issues and the challenge for getting care at home, especially in rural areas. There was praise for the specialist role of carers. A need for good and consistent training, a career path and to make this an attractive career so there we sufficient staff numbers. The two existing centres would provide an excellent location for such training. Sam Owen responded on the joint work on blending the NHS and social care workforce. As a result of the pandemic, a lot of work had taken place and it was continuing. Further points that care was in itself a career and not necessarily a route into the NHS.
- On the option for reviewing the location, this was a choice of the panels in the earlier consultation stage. Reference to the rehabilitation centre at Campion, Royal Leamington Spa which provided a larger bed space to respond to surges in demand.
- The provision of training for carers, including college courses had been discussed previously by the Committee. There seemed to have been no progress with this. A personal reflection on the inadequate care provision at home when the visits were only for 15 minutes.
- Chris Bain spoke of the analysis undertaken of a 30 minute care visit. This showed that carers completed 43 tasks during such visits, which prevented adequate human contact. He then spoke about the time taken to complete such detailed reviews. Changes to services

impacted on people. The review needed to be completed efficiently, whilst not losing the things that currently worked well.

- Sam Owen provided information about the care certificate, which could help with career progression. It was viewed that the career pathway was now in a much better place than previously. Becky Hale echoed this, giving an outline of the joint health and social care funded learning and development partnership. This enhanced and delivered training across the whole workforce, working with external providers to support the care market. She reminded of the item considered on workforce at the January HWBB and the commitment to develop a strategy on supporting the commissioned workforce. It was confirmed that the former NVQ qualifications for care staff had been replaced by the care certificate. An offer to share more information about the training.

The Chair provided a summation and the Committee agreed that an additional proposal to retain or increase the service provision at these locations should be included in the options, especially in view of the aging population. The proposals submitted would be accepted for the next step of the review. She emphasised that this was the very beginning of the review, which would take time to complete.

As a separate recommendation the Chair proposed a review of the arrangements in the rest of the County be undertaken to provide parity of provision for the Warwickshire North and Rugby areas. Committee members signified support for this. Nigel Minns clarified that such a review would need to be led by the CCG and ICS. The Chair agreed, reminding of the CCG merger, which in turn would become the ICS in July. There was a need for parity and she reminded of the State of Warwickshire item considered at Council and the health findings for the north of the County.

Resolved

That the Committee:

1. Notes the scope and progress of the community hospital review in Warwickshire, including engagement feedback received to date.

2. Supports the planned approach to ensuring Warwickshire patients, carers and families are involved throughout the review process.

3. That South Warwickshire Foundation Trust be requested to include a further option in the rest of the consultation processes to retain or increase the service provision at the Ellen Badger Hospital and Nicol Unit at Stratford Hospital.

4. Requests the Coventry and Warwickshire Clinical Commissioning Group and the Integrated Care System to undertake a similar review of bedded stepdown care provision for the Warwickshire North and Rugby areas, to provide parity of service across the whole of Warwickshire.

7. Work Programme

The Committee reviewed its work programme. The following additional items were proposed:

- Dental services, suggested for the April agenda.

- Integrated Care System – an item at the end of 2022 to see how the new arrangements are embedding.
- An update from West Midlands Ambulance Service suggested for the April Committee.
- A workforce update on the success of the recruitment drive for additional carers. This could include aspects on the consistency and quality of training. It was suggested that members be signposted to the report to the January HWBB in the first instance.
- Delayed transfers of care. This was no longer an indicator which was monitored. An offer to provide information on the current indicators that were monitored through the Better Care Fund reports. A suggestion to look at this broadly to understand the reasons for delayed discharge, irrespective of whether this was due to an NHS or social care issue and how to reduce such delays. Members needed to understand the system and processes from 'end to end' to enable a holistic approach. A suggestion that the report include readmission rates too.
- A request for a presentation on Social Care.

It was suggested that the issues raised above be discussed further at the next meeting of the Chair and spokespeople.

Resolved

That the Committee notes its work programme and that the issues outlined above be discussed further at the next meeting between the Chair and Spokespeople.

Clare Golby

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Councillor Clare Golby, Chair

The meeting closed at 12:30pm

Appendix A

A position paper regarding the future of the Ellen Badger Community Hospital

This proposal draws on ideas generated by the Community Hospitals Association, The Parliamentary Inquiry into Rural Health and Care, the Wolfson prize winning "Planning and Designing the Hospital of the Future" and discussion with the Medical Centre Partners in Shipston.

Shipston has a growing population with a diverse character of older residents (some 30% of pensioner age) younger child rearing professionals and a disproportionate number of very young children in low-income households (17% of young children - twice the County average.)
The "Badger", established in 1896, had, only a few years ago, 36 inpatient beds, outpatient consulting rooms, a physiotherapy suite, an Xray service on demand, a scanner and ultrasound, it offered occupational therapy and a minor surgery and minor injuries unit.

We are encouraged to learn from local representatives of SWFT* that the inpatient facility will return as part of SWFT' second phase of the hospital site's redevelopment.
We assume this will include those services until recently provided in the Ellen Badger hospital together with future proofed facilities which enhance the local health care provision.

We believe they should be informed by the insights and experience derived from the international partners referenced in the Parliamentary Inquiry into rural health and care.

These should include community in-patient beds in a mix of single ensuite rooms and, if appropriate, a four bedded bay designed for acute admission prevention where secondary care in a DGH is not required. The preference of patients for privacy and respect for their personal dignity should be paramount and seek lessons from neighboring NHS facilities with experience of such provision.
Such beds would allow for assessment and observation, for respite care and rehabilitation following a period of inpatient treatment, for palliative care and care following minor episodes of trauma.
A small unit offering diagnosis, investigation, and treatment and, where possible, same day discharge with community nursing and care staff support would aim to minimize the incidence of hospital acquired infection.

We would expect to see an enhanced Outpatient Department to include Child and Adolescent Mental Health services, Speech Therapy, screening services to include mammography and aortic aneurisms, a minor surgery service together with a health promotion service with access to a Health and Wellbeing hub with facilities suitable for all age groups and their dependents.

As the sources quoted above point out Community Hospitals can be expected to enhance the local economy, training and employment opportunities, ecological priorities and minimize the shortfall in rural transport availability and access to otherwise distant health and care services.

*South Warwickshire NHS Foundation Trust