



11 September 2024

## SCRUTINY COMMITTEE – 19 SEPTEMBER 2024

A meeting of the Scrutiny Committee will be held at 6pm on Thursday 19 September 2024 in the Council Chamber at the Town Hall, Rugby.

*Members of the public may view the meeting via the livestream on the Council's website.*

Mannie Ketley  
Executive Director

## A G E N D A

### PART 1 – PUBLIC BUSINESS

1. Minutes

To approve the minutes of the meetings held on 5 March 2024 and 5 June 2024.

2. Apologies

To receive apologies for absence from the meeting.

3. Declarations of Interest

To receive declarations of:

(a) non-pecuniary interests as defined by the Council's Code of Conduct for Councillors;

(b) pecuniary interests as defined by the Council's Code of Conduct for Councillors;

(c) notice under Section 106 Local Government Finance Act 1992 – non-payment of Community Charge or Council Tax.

***Note: Members are reminded that they should declare the existence and nature of their non-pecuniary interests at the commencement of the meeting (or as soon as the interest becomes apparent). If that interest is a pecuniary interest, the Member must withdraw from the room unless one of the exceptions applies.***

***Membership of Warwickshire County Council or any Parish Council is classed as a non-pecuniary interest under the Code of Conduct. A Member does not need to declare this interest unless the Member chooses to speak on a matter relating to their membership. If the Member does not wish to speak on the matter, the Member may still vote on the matter without making a declaration.***

4. Review of Access to Emergency Healthcare Provision.
5. Verbal update on the recommendations and Action Plan from the review carried out by the Centre for Governance and Scrutiny.
6. Overview and Scrutiny Work Programme (report to follow).

**Membership of the Committee:**

Councillors Timms (Chair), S Edwards, Freeman, Hassell, Lawrence, New, Parker, Sayani and Srivastava.

*If you have any general queries with regard to this agenda please contact Linn Ashmore, Democratic Services Officer on 01788 533522 or email [linn.ashmore@rugby.gov.uk](mailto:linn.ashmore@rugby.gov.uk). Any specific queries concerning reports should be directed to the listed contact officer.*

***AGENDA MANAGEMENT SHEET***

<b>Report Title:</b>	Review of Access to Emergency Healthcare Provision
<b>Name of Committee:</b>	Scrutiny Committee
<b>Date of Meeting:</b>	19 September 2024
<b>Contact Officer:</b>	Tom Kittendorf Chief Officer - Leisure and Wellbeing tom.kittendorf@rugby.gov.uk
<b>Summary:</b>	The Committee is asked to consider the task and finish group's conclusions and findings as presented in the review report attached at Appendix 1.
<b>Financial Implications:</b>	There are no immediate financial implications arising from this report.
<b>Risk Management/Health and Safety Implications:</b>	There are no immediate risk management implications arising from this report.
<b>Environmental Implications:</b>	There are no immediate environmental implications arising from this report.
<b>Legal Implications:</b>	There are no immediate legal implications arising from this report.
<b>Equality and Diversity:</b>	There are no immediate equality and diversity implications arising from this report.

**Scrutiny Committee - 19 September 2024**

**Review of Access to Emergency Healthcare Provision**

**Report of the Chief Officer – Leisure and Wellbeing**

**Summary**

The Committee is asked to consider the task and finish group's conclusions and findings as presented in the review report attached at Appendix 1.

**1. BACKGROUND**

The topic of access to emergency healthcare provision was included in the work programme following a briefing held with representatives from West Midlands Ambulance Service on 3 October 2021 to discuss the closure of the Rugby Community Ambulance Station. Following this, a Motion was passed by Council on 19 July 2022 regarding concerns around ambulance response times. The original scope of the review was widened to incorporate this overlapping theme, and a task and finish group was appointed and began its work in May 2023.

**2. REVIEW REPORT**

The review report has been prepared and circulated by email to members of the task and finish group for comment.

**3. FINDINGS AND RECOMMENDATIONS**

The review report is attached at Appendix 1 for consideration.

An update on the progress of the Task Group's recommendations will be presented to the Scrutiny Committee in 12 months' time.

The Committee is asked to consider the review report and recommendations and approve its submission to Cabinet.

**Name of Meeting:** Scrutiny Committee

**Date of Meeting:** 19 September 2024

**Subject Matter:** Review of Access to Emergency Healthcare Provision

**Originating Department:** Leisure and Wellbeing

**DO ANY BACKGROUND PAPERS APPLY**

**YES**

**NO**

**LIST OF BACKGROUND PAPERS**

<b>Doc No</b>	<b>Title of Document and Hyperlink</b>



# **ACCESS TO EMERGENCY HEALTHCARE PROVISION TASK AND FINISH GROUP**

---

Date April 2024

## **CONTENTS**

	<b>Chair's Foreword</b>
<b>1</b>	<b>Recommendations</b>
<b>2</b>	<b>Objectives</b>
<b>3</b>	<b>Methodology</b>
<b>4</b>	<b>Findings</b>
<b>5</b>	<b>Conclusions</b>
<b>6</b>	<b>Next Steps</b>

## TASK AND FINISH GROUP MEMBERSHIP

The task and finish group consisted of the following members:

Councillor **Neil Sandison** (Chair)  
Councillor **Eve Hassell**  
Councillor **Jerry Roodhouse**  
Councillor **Ish Mistry**  
Councillor **Deepa Roberts**

## FOR FURTHER INFORMATION

Please contact:

**Name of lead officer:** Tom Kittendorf  
**Job title:** Chief Officer Leisure and Wellbeing  
**Email:** [tom.kittendorf@rugby.gov.uk](mailto:tom.kittendorf@rugby.gov.uk)

## ACKNOWLEDGEMENTS

The Group would like to thank the following for their valuable contribution to this review:

- Justine Richards, Chief Strategy and Transformation Officer, University Hospital Coventry and Warwickshire
- Vivek Khashu, Strategy and Engagement Director, West Midlands Ambulance Service
- Laura Nelson, Chief Integration Officer, NHS Coventry and Warwickshire Integrated Care Board
- Rose Uwins, Head of Communications and Public Affairs, NHS Coventry and Warwickshire Integrated Care Board
- Rugby Myton Hospice – Community conversation hosted by Compassionate Communities
- Public consultation respondents



## **CHAIR'S FOREWORD**

Can I again thank not only health professionals but members of the public who made submissions to the working party but also fellow Councillors who acted as volunteer observers and added their contribution to the task group report.

This is the second working party report into the access to emergency health service in Rugby. Both have been as a result of increased waiting times during winter months regarding access to ambulance or emergency service provision, both were outside of the Covid 19 period so do not reflect that pandemic but should reflect hospital care for example in a influenza outbreak.

Our concerns also reflect the comments of the head of emergency medicine comments to The Commons Health Select Committee wanting to see more investment in primary and support care services to alleviate pressure on emergency services, it also reflects the clear message in the survey carried out by former MP Mark Pawsey that Rugby residents wanted more enhanced local delivery of services where practicable rather than overwhelming UHCW Hospital leading to long waiting times for assessment or discharge .

UHCW should be what it was designed to be, a major Trauma Centre offering high quality specialist care, routine tests, outpatients and patient support services should fall to the district hospitals and community services.

Throughout the report, health professionals advised the working group that urgent reviews were underway. We would recommend that scrutiny, working in partnership with Warwickshire Healthwatch and Compassionate Rugby, continue to collaborate with and press for those reviews to be published, and where they have public consent, they be implemented.

Rugby Borough Council is in a unique position to influence future health provision through the emerging Local Plan, and through its Partnerships and Wellbeing Portfolio, can help signpost patients and service users to the right service provision. Rugby already has a well-defined sense of place that can help direct community services to where they can be accessed by service users.

We therefore submit the following recommendations.

**Cllr Neil Sandison**

**Chair Access to Emergency Health Care Provision Task Group**

# 1. RECOMMENDATIONS

The task and finish group proposes the following recommendations to Cabinet:

## IMPROVEMENTS THAT COULD BE MADE QUICKLY AND AT LOW COST

1	To request a set of communication infographics for appropriate community signposting to ensure residents can access the right services first time.
2	To work with voluntary sector partners to produce and promote all community and charitable organisations within Rugby borough to support residents accessing the support service network.

## MEDIUM TERM PROPOSALS WHICH WILL REQUIRE SOME COMMITMENT OF TIME OR FINANCIAL RESOURCES

3	To support and promote the annual delivery of Healthwatch Warwickshire event held in Rugby to hear the community voice
---	--

## ASPIRATIONAL PROPOSALS WHICH WILL REQUIRE LONGER TERM COMMITMENT OF TIME OR FINANCIAL RESOURCES

4	To ensure future scrutiny of future provision of healthcare is accounted for within the Local Plan Process to ensure appropriate safe and appropriate provision within Rugby borough.
5	Use the Council's position within Rugby Place Partnership to receive regular updates on key performance indicators such as ambulance waiting times and hospital admission/discharge

### 1.1 Alignment with the Corporate Strategy

The review relates to the following corporate priorities:

**Outcome 3: Residents live healthy, independent lives, with the most vulnerable protected.**

## 2. OBJECTIVES

### 2.1 Background

Following a briefing held on 3 October 2021 with representatives from West Midlands Ambulance Service to discuss the closure of the Rugby Community Ambulance Station, it was decided that a review on the topic of emergency health care provision be included in the work programme.

A one-page strategy for the review was considered by the Committee on 2 March 2022 and it was subsequently agreed that the scope of the review should be broadened

At a meeting of Council on 19 July 2022, a motion was passed regarding concerns around ambulance response times. At the meeting held on 3 October, the Committee considered the revised draft one-page strategy for the review alongside the Motion referred from Council and agreed that, due to the overlapping themes, the scope of the review should be re-examined to encompass the Motion and avoid any duplication of work

A task and finish group was appointed and began its work in May 2023.

### 2.2 The One Page Strategy

The 'one page strategy' is the name given to the scoping document for the review. It defines the task and the improvements being aimed for and how these are going to be achieved. The review's one page strategy is as follows:

#### **REVIEW OF ACCESS TO EMERGENCY HEALTH CARE PROVISION ONE-PAGE STRATEGY**

##### **What is the broad topic area?**

To understand the current emergency health care options available for residents and where the problems exist causing strain on the emergency services and ambulance response times, and to seek assurances that there are plans in place for West Midlands Ambulance Service (WMAS) if the service is reaching a crisis point.

##### **What is the specific topic area?**

What different points of access to emergency health care provision, including mental health needs exist for residents, where are they located, and how is information on access to those services shared? The review will look at what action is being taken to ensure that the WMAS does not reach the point of collapse and what is being done to improve response times. The work will include exploring opportunities for ways of working more closely with partners to understand the root causes behind the delays and to find solutions.

##### **What should be considered?**

- What information sources currently exist and whether information about the appropriate place to go for healthcare needs is effectively distributed, communicated and understood by residents.
- What role can the Council play in making improvements on how residents better understand what appropriate healthcare for patients is available and where these are located.
- Improve our knowledge on access to local urgent health care for both within 'routine' hours and outside of normal hours. This should include mental health crisis provision and the waiting times for primary care and support services.
- Data on the numbers of people accessing hospital services via ambulance and the reasons why.
- Explore how information can be shared and how residents can be better encouraged and signposted towards choosing the most appropriate care option or access to support, and who should be responsible for carrying this out.

- Information on the provision of healthcare services to asylum seekers.
- University Hospital Coventry and Warwickshire (UHCW) has agreed a new strategy for the 2022-2030 period. Engaging with representatives from UHCW would provide an opportunity to look at the services at the Hospital of St Cross.
- The national changes made to commissioning powers meant that the Coventry and Warwickshire Clinical Commissioning Group has become NHS Coventry and Warwickshire Integrated Care Board. What effect has this had on ambulance waiting times?
- Seeking ways of working with partners, including Warwickshire County Council (WCC), to enable collaborative working so that the authority can be more closely involved in finding solutions to the delays in accessing acute care.
- What plans have been put in place to avoid the collapse of WMAS.
- Ambulance response times and what planning exists to mitigate against any adverse effects and protect the population of Rugby.

### **FOR REFERENCE**

- Understand what delays exist for the discharge assessments process and what steps are being taken to improve matters so that patients can be admitted to A&E from ambulances.

Who shall we consult?

UHCW

NHS Coventry and Warwickshire Integrated Care Board

Community pharmacies

Relevant council services

WCC including Public Health Warwickshire

GP Surgeries

WMAS

Mental health support agencies including CAMHS

Health Warwickshire

SWIFT

How long should it take?

This will be lengthy review that may need to be separated into smaller pieces work.

What will be the outcome?

Working with partnership bodies responsible for urgent health care to develop ways of increasing awareness of the urgent health care services available outside of hospital accident and emergency centres and how patients can access these. To understand the reasons behind the delays in ambulance response times and encourage ways of working with partner agencies on what improvements can be made. To seek assurances that WMAS is coping with the demand on its service or what plans are in place to mitigate against it reaching crisis point.

### 3. METHODOLOGY

#### 3.1 Overview

The task and finish group met four times with partner organisations invited to attend including West Midlands Ambulance Service, University Hospital Coventry and Warwickshire and the Coventry and Warwickshire Integrated Care Board.

The group members submitted questions to each partner organisation for consideration and responses during the allocated meetings.

The Task and Finish Group also issued a public survey, inviting Rugby residents to share their views and experiences of accessing emergency health care provision within the last two years.

The Task and Finish Group also requested the findings of a public consultation conducted by Mark Pawsey MP entitled 'The MP's St Cross Survey' that ran from 1 September to 31 December 2021.

### 4. FINDINGS

An overview of the partner organisations responses to members questions and presentations received have been shown below:

#### **West Midlands Ambulance Service**

WMAS updated the members on time lost in regard to handover delays compared to data presented in 2021. WMAS confirmed lost hours were recorded as approximately 1,000 hours in August 2023 compared to 2,500 hours in December 2021. Within the partnership UHCW and South Warwickshire are performing well within the West Midlands region in comparison to other facilities.

WMAS reported there is a direct correlation between the number of hand over delays and then the lost time and their ability to get to patients.

Regionally, WMAS lost just short of 16,000 hours – UHCW in that context was just around 1,200.

WMAS reported that on average take less than 50 percent of patients that they attend to an A&E department and therefore 50 percent roughly of those ambulance come clear in part of Warwickshire and not at a hospital. And that is how when you have no delays you are able to get to patients much more quickly because the vehicles are in the local area.

WMAS have something called a clinical validation team and for lower categories of calls, those patients do not just get an ambulance dispatched when they ring 999, they get a call back from a senior paramedic to go through the reasons what they have called for, their presentation and to actually see if they can find the right kind of outcome for them which may not be an ambulance.

WMAS highlighted the positive work of Frailty Services within South Warwickshire who are able to directly access and manage quite complex patients within their home.

WMAS confirm they also provide a patient transport service within Coventry and Warwickshire. That is very useful to us because we are able to use those staff to get discharges out of the likes of UHCW very quickly. Our aim is to have those patients picked up ideally within an hour but certainly no more than two hours and therefore getting those patients out of the hospital very quickly it opens that bed up to have another patient admitted at the front door.

## **University Hospital Coventry and Warwickshire**

A presentation was received by the group regarding recent and future developments and the plans in progress to improve access to emergency health care.

Recent developments at St Cross include:

- 3 suite Endoscopy modular build
- Urgent Treatment Centre with virtual link to University Hospital
- Breast Surgery service expansion
- Modular Theatres x2
- Treatment Room
- Air source heat pumps / solar panels / LED lighting

Future Developments of St Cross to include:

- Designated Elective Hub area with increased number of theatres
- Modern methods of construction but retaining historic features of original St Cross site.
- Single main entrance
- Circular navigation around the site
- Zoned area for patient facing clinical areas

Plans in progress to improve access to emergency health care:

- Further development of Rugby Urgent Treatment Centre and GP out of hours service
- Working with Place Partners to adapt Improving Lives programme operating model for Rugby to reduce non-ideal attendances at ED, hospital admissions and length of stay in hospital.
- Working with Place Partners to explore further integration of care pathways to improve access to community services via Care Collaborative.

## **The MP's St Cross Survey**

The MP's St Cross Survey received 2,884 responses and was ran via the MP's website, promoted via social media and local media.

77% of responses received were from residents living in CV21 and CV22 postcodes and 20% within CV23.

The concerns raised included:

- Concerns over access to A&E in context of Rugby's growth
- Access to GP appointments
- Access to NHS dental services
- Lack of Maternity or paediatric care in Rugby
- Ambulance services
- Waiting times for NHS services
- Parking issues (both at UHCW and parking charges)

## 5. CONCLUSIONS

The task and finish group drew the following conclusions from the evidence that it gathered:

With regards to Ambulance Hubs in Coventry and Warwickshire, WMAS confirmed they have 15 major hubs now that they operate across the region. There is one in Coventry and in Warwick. Condensing down from 100 individual sites to much larger hubs has enabled them to do a number of things. It enables them to have really high-quality facilities that are up to scratch for staff, 24/7 mechanic input, 24/7 management presence on each site, non-clinical staff who do fuelling, prep, cleaning and stocking of ambulances. Prior to this model, it was the paramedics and clinical staff doing all of that work. There are around 350 staff based at the Coventry hub.

Members asked about response times across Rugby borough and WMAS confirmed they have looked at CV21 and CV22 postcodes with the average response time for CV21 in August 2021 being 11 minutes and just short of 11 minutes in September 2021. The next month after was 11 and a half minutes, recognising it is not quite to the standard for a Category 1 call.

It is key to understand that as an ambulance trust, like all ambulance trusts, are not commissioned or expected to deliver these standards on a postcode level. The challenge to WMAS and the performance management framework for the ambulance trust like all others is to deliver at a regional level.

WMAS confirmed that at the point of the meeting they were carrying zero staffing vacancies with a fleet of ambulances that have zero under the age of 5 years.

### **University Hospital Coventry and Warwickshire**

A presentation was received by the group regarding recent and future developments and the plans in progress to improve access to emergency health care.

Recent developments at St Cross include:

- 3 suite Endoscopy modular build
- Urgent Treatment Centre with virtual link to University Hospital
- Breast Surgery service expansion
- Modular Theatres x2

- Treatment Room
- Air source heat pumps / solar panels / LED lighting

Future Developments of St Cross to include:

- Designated Elective Hub area with increased number of theatres
- Modern methods of construction but retaining historic features of original St Cross site.
- Single main entrance
- Circular navigation around the site
- Zoned area for patient facing clinical areas

Plans in progress to improve access to emergency health care:

- Further development of Rugby Urgent Treatment Centre and GP out of hours service
- Working with Place Partners to adapt Improving Lives programme operating model for Rugby to reduce non-ideal attendances at ED, hospital admissions and length of stay in hospital.
- Working with Place Partners to explore further integration of care pathways to improve access to community services via Care Collaborative.

### **Coventry and Warwickshire Integrated Care Board**

The Task Group were informed that not all emergency cases go to UHCW. Rugby Urgent Treatment Centre received approximately 25,000 cases per year. Paramedic patients were assessed based on clinical need and priority and may be transferred to UHCW, Swift or an out of area centre. In 2022-23, 38% of Coventry & Rugby A&E activity was delivered out of Rugby St Cross.

The IBC Partners informed the Task Group that IBC were reviewing their Integrated Urgent Care and GP Out of Hours contract which was due to end July 2025 and were in the process of mobilising from a collaborative perspective and considering how best to use that funding stream to deliver care to each place in Warwickshire.

Members asked of the 38% treated in Urgent Care, what percentage were treated and completed there and what percentage were sent to UHCW Walgrave?

The IBC Partners felt that this was a very valid point to take away and would find out those statistics.

The IBC Partners had spoken to the Director of Pharmacy at UHCW who informed them that they supply a 28-day supply of medication at discharge as well as safe discharge measures such as counselling patients so that they can manage their conditions at home. They were in the process of reviewing the 28-day supply and working with partners to understand what they did differently. In regard to their electronic patient record, they are looking at streamlining processes.

Members raised concerns about the length of time it took to receive medication to enable patients to be discharged.

IBC Partners explained that it was recognised that there was a problem and there was currently a pilot programme in Warwickshire North to work on these concerns.



ICB Partners were aware that most people did not know what ICB was. ICB did not deliver care themselves, so it was not essential that people knew. It was felt that it was important to communicate to people what the local NHS or the local health care systems were doing for them and how to access them rather than trying to educate people about ICB which was not very relevant to them on a practical level. There was extensive information about ICB on their website. When the Integrated Care Strategy was being developed, ICB did a lot of engagement in Rugby. ICB would like to have feedback on communication and what more could be done to engage with the public.

Members commented that the public may want to engage with integrated care and the different groups involved.

The ICB Partners agreed and commented that the integrated care system was different to the integrated care board and ICB were keen to communicate to the public what the NHS and wider system was doing for them in a way that was accessible to them. Often communication for service users was better done through trusted intermediary. Work needed to be done on building an alliance with the voluntary sector.

The ICB Partners informed the Task Group that they commissioned a community based social prescribing and have worked with councils to include Family Hubs and social care, but the contract was due to end in March 2025. ICB has started to engage with stakeholders and the ICB lead on this would like to work with councils to strengthen links and opportunities.

### **The MP's St Cross Survey**

The MP's St Cross Survey received 2,884 responses and was ran via the MP's website, promoted via social media and local media.

77% of responses received were from residents living in CV21 and CV22 postcodes and 20% within CV23.

The concerns raised included:

- Concerns over access to A&E in context of Rugby's growth
- Access to GP appointments
- Access to NHS dental services
- Lack of Maternity or paediatric care in Rugby
- Ambulance services
- Waiting times for NHS services
- Parking issues (both at UHCW and parking charges)

The task and finish group discussed the next steps and recommendations which included:

- Supporting the three partners with communications and signposting.
- Intelligence sharing.
- Effective communication with the public.
- Framing recommendations around the integration of the Place Partnership with existing systems.

- Further integration with planning officers with a strategic approach for development incorporating healthcare, including a clear document that which would sit alongside the Local Plan.
- Town centre regeneration and bringing services back from the St. Cross site.
- Re-evaluate the Community Conversation feedback, information from the Myton Support Hub and Warwickshire Healthwatch alongside evidence received from the partner organisations.
- Obtaining through the Place Partnership, the data from the comms survey run and re-run by ICB partners which would help determine how to communicate effectively with the public – Chief Officer - Leisure and Wellbeing to follow up.