

AGENDA

Health & Social Care Overview and Scrutiny Committee

Date: **Monday 19 January 2015**

Time: **10.00 am**

Place: **The Committee Room, Shire Hall, Hereford**

Notes: Please note the **time, date** and **venue** of the meeting.

For any further information please contact:

David Penrose, Governance Services

Tel: 01432 383690

Email: dpenrose@herefordshire.gov.uk

If you would like help to understand this document, or would like it in another format, please call David Penrose, Governance Services on 01432 383690 or e-mail dpenrose@herefordshire.gov.uk in advance of the meeting.

Agenda for the Meeting of the Health & Social Care Overview and Scrutiny Committee

Membership

Chairman

Vice-Chairman

Councillor CNH Attwood

Councillor MD Lloyd-Hayes

Councillor PA Andrews

Councillor JM Bartlett

Councillor PL Bettington

Councillor KS Guthrie

Councillor Brig P Jones CBE

Councillor JLV Kenyon

Councillor NP Nenadich

Councillor CA North

Councillor SJ Robertson

Councillor GA Vaughan-Powell

Councillor DB Wilcox

AGENDA

		Pages
1.	<p>APOLOGIES FOR ABSENCE</p> <p>To receive apologies for absence.</p>	
2.	<p>NAMED SUBSTITUTES (IF ANY)</p> <p>To receive details of any Members nominated to attend the meeting in place of a Member of the Committee.</p>	
3.	<p>DECLARATIONS OF INTEREST</p> <p>To receive any declarations of interest by Members in respect of items on the Agenda.</p>	
4.	<p>MINUTES</p> <p>To approve and sign the Minutes of the meeting held on 3 December 2014.</p>	9 - 14
5.	<p>SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY</p> <p>To consider suggestions from members of the public on issues the Committee could scrutinise in the future.</p> <p><i>(There will be no discussion of the issue at the time when the matter is raised. Consideration will be given to whether it should form part of the Committee's work programme when compared with other competing priorities.)</i></p>	
6.	<p>QUESTIONS FROM THE PUBLIC</p> <p>To note questions received from the public and the items to which they relate.</p> <p><i>(Questions are welcomed for consideration at a Scrutiny Committee meeting so long as the question is directly related to an item listed on the agenda. If you have a question you would like to ask then please submit it no later than two working days before the meeting to the Committee Officer. This will help to ensure that an answer can be provided at the meeting).</i></p>	
7.	<p>ACCOUNTABILITY SESSION</p> <p>To hold a public accountability session for organisations within the health sector. This session shall focus on Herefordshire Clinical Commissioning Group and the Arden, Herefordshire and Worcestershire Area Team.</p>	15 - 16
8.	<p>HEREFORDSHIRE CLINICAL COMMISSIONING GROUP: INTEGRATED URGENT CARE PATHWAY PROJECT</p> <p>To receive a report on the Clinical Commissioning Group's Integrated Urgent Care Pathway Project.</p>	17 - 24
9.	<p>HEREFORDSHIRE HEALTHWATCH</p> <p>To receive a report on areas of concern to Herefordshire Healthwatch.</p>	25 - 46
10.	<p>WORK PROGRAMME</p> <p>To receive the Committee's Work Programme.</p>	47 - 56

PUBLIC INFORMATION

Public Involvement at Scrutiny Committee Meetings

You can contact Councillors and Officers at any time about Scrutiny Committee matters and issues which you would like the Scrutiny Committee to investigate.

There are also two other ways in which you can directly contribute at Herefordshire Council's Scrutiny Committee meetings.

1. Identifying Areas for Scrutiny

At the meeting the Chairman will ask the members of the public present if they have any issues which they would like the Scrutiny Committee to investigate, however, there will be no discussion of the issue at the time when the matter is raised. Councillors will research the issue and consider whether it should form part of the Committee's work programme when compared with other competing priorities.

2. Questions from Members of the Public for Consideration at Scrutiny Committee Meetings and Participation at Meetings

You can submit a question for consideration at a Scrutiny Committee meeting so long as the question you are asking is directly related to an item listed on the agenda. If you have a question you would like to ask then please submit it **no later than two working days before the meeting** to the Committee Officer. This will help to ensure that an answer can be provided at the meeting. Contact details for the Committee Officer can be found on the front page of this agenda.

Generally, members of the public will also be able to contribute to the discussion at the meeting. This will be at the Chairman's discretion.

(Please note that the Scrutiny Committee is not able to discuss questions relating to personal or confidential issues.)

The Public's Rights to Information and Attendance at Meetings

YOU HAVE A RIGHT TO: -

- Attend all Council, Cabinet, Committee and Sub-Committee meetings unless the business to be transacted would disclose 'confidential' or 'exempt' information.
- Inspect agenda and public reports at least five clear days before the date of the meeting.
- Inspect minutes of the Council and all Committees and Sub-Committees and written statements of decisions taken by the Cabinet or individual Cabinet Members for up to six years following a meeting.
- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting. (A list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
- Access to a public Register stating the names, addresses and wards of all Councillors with details of the membership of Cabinet and of all Committees and Sub-Committees.
- Have a reasonable number of copies of agenda and reports (relating to items to be considered in public) made available to the public attending meetings of the Council, Cabinet, Committees and Sub-Committees.
- Have access to a list specifying those powers on which the Council have delegated decision making to their officers identifying the officers concerned by title.
- Copy any of the documents mentioned above to which you have a right of access, subject to a reasonable charge (20p per sheet subject to a maximum of £5.00 per agenda plus a nominal fee of £1.50 for postage).
- Access to this summary of your rights as members of the public to attend meetings of the Council, Cabinet, Committees and Sub-Committees and to inspect and copy documents.

HEREFORDSHIRE COUNCIL

SHIRE HALL, ST PETER'S SQUARE, HEREFORD.

FIRE AND EMERGENCY EVACUATION PROCEDURE

In the event of a fire or emergency the alarm bell will ring continuously.

You should vacate the building in an orderly manner through the nearest available fire exit.

You should then proceed to the Assembly Point which is located in the car park at the front of the building. A check will be undertaken to ensure that those recorded as present have vacated the building following which further instructions will be given.

Please do not allow any items of clothing, etc. to obstruct any of the exits.

Do not delay your vacation of the building by stopping or returning to collect coats or other personal belongings.

HEREFORDSHIRE COUNCIL

MINUTES of the meeting of Health & Social Care Overview and Scrutiny Committee held at The Council Chamber, Shire Hall, Hereford on Wednesday 3 December 2014 at 2.30 pm

Present: Councillor CNH Attwood (Chairman)
Councillor MD Lloyd-Hayes (Vice Chairman)

Councillors: PA Andrews, Brig P Jones CBE, J Norris, CA North, SJ Robertson, J Stone and GA Vaughan-Powell

In attendance: Councillors C Nicholls, GJ Powell and AJW Powers

Officers: H Coombes (Director for Adults Wellbeing), P Deneen (Independent Chairman, Healthwatch Herefordshire), G Hughes (Director for Economy, Communities and Corporate), B Norman (Assistant Director, Governance) and DJ Penrose (Governance Services)

39. APOLOGIES FOR ABSENCE

Apologies were received from Councillors JM Bartlett, KS Guthrie, PL Bettington, JLV Kenyon, NP Nenadich and DB Wilcox.

40. NAMED SUBSTITUTES (IF ANY)

Councillor J Norris for Councillor JLV Kenyon.

41. DECLARATIONS OF INTEREST

None.

42. MINUTES

The Minute of the meeting held on the 24th November 2014 were approved and signed as a correct record.

43. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY

None.

44. QUESTIONS FROM THE PUBLIC

None.

45. PRESENTATION ON THE DEMENTIA WORK UNDERTAKEN BY THE COURTYARD, HEREFORD

The Committee received a presentation from Ms P Allen, in which she highlighted the following points:

- That Herefordshire had the lowest diagnosis rate for dementia at 32% of people living with dementia having a formal diagnosis which was below the national average of 48%.

- In 2010 The Courtyard had secured EU and Council funding to establish its Arts and Older People project, the aim of which was to reduce the isolation of older people through direct access to the arts. The Project undertook training aimed at unpaid carers, carer professionals and artists around specific themes such as Creativity and Communications
- The Courtyard had been involved in awareness raising with the Alzheimer Society and was the first arts centre to become involved with the initiative. It had been part of the Prime Ministers Challenge Group which had designed a series of industry standards to support arts venues to become more dementia friendly.
- That there had been over 14,000 attendances to the projects, events and training and that these numbers had risen every year. The Courtyard was committed to its older people's agenda and was intending to expand its provision.

In the ensuing discussion the following issues were raised:

- That the programme was engaged with local third sector partners, but had less interaction with GP surgeries.
- Funding was mainly from the Big Lottery, but the paid for activities also helped to keep it going. The Courtyard was keen for the programme to be self sufficient and income generating, but it was hard to put a monetary value of the services that were offered.
- That the work would be part of the Dementia Implementation Plan, of which the Courtyard was a major participant.
- That this work fell into the area of 'social prescribing' and Dr Watts undertook to direct fellow GPs toward the Courtyard's programmes.
- That other programmes such as the Rural Pub Arts had suffered from inconsistent funding which meant that it had not been possible to keep running it.

The Chairman thanked Ms Allen for her presentation.

46. WYE VALLEY NHS TRUST

The Committee received a presentation on the recent Care Quality Commission report of its Inspection of the County Hospital by Mr R Beeken, Chief Executive and Mr M Takolia, Interim Chairman of the Trust. The following points were raised:

- That there were significant service challenges around the Urgent Care Pathway. There was a lack of depth of leadership across A&E, and that the Trust as a whole was an immature organisation which did not learn from its mistakes.
- That whilst demand had exceeded supply for some time, the County Hospital had not made itself more efficient in order to meet the needs of the patients. There had been a 7% increase in admissions to A&E over the year, and a concomitant 23% increase in emergency admission to the hospital. Recruitment of consultant staff was a problem for the Trust, and the working hours of existing staff had been extended in order to ensure that a consultant would be present in A&E. New ways of working were being looked at, including introducing advanced care practitioners and advanced nursing staff.

- Patient length of stay in hospital was good compared to other hospitals, but bed occupancy was higher than the hospitals peers. This meant that here was a huge problem when there was a surge in demand.
- The concerns raised by the Care Quality Commission were being taken seriously and had been addressed in an overarching improvement plan, attached to the Agenda.
- The Urgent Care System was being improved by the introduction of the ambulatory care system, was a patient focused service where some conditions could be delivered on an outpatient basis. Ambulatory emergency care cases were averaging 11 a day.
- Work was in hand with external partners on the System Resilience Plan. Mobile day surgery units were in place in order to ensure that elective routine surgery could be continued. There were insufficient specialist staff to be able to offer a seven day a week discharge, and the Trust would need to be creative in order to be able to offer this service
- That there would be improved capacity in outpatient units through a capacity planning process of human resources and the available physical space. Work had been undertaken with the HCCG to reduce demand on secondary care.
- That the Executive Board would develop twelve key outcomes against which the Hospital would deliver in order to ensure that the process had been successful.

In the ensuing discussion, the following points were made:

- That non-recurrent funding from central government was not helpful in this situation, as it did not allow for long term planning and it was not possible to build resilience with such funding.
- That the Hospital had worked with the Council regarding the plans for economic and population growth within the city and the County.
- That the role and membership of the Trust's Board had been strengthened in order to ensure that they would have better oversight of the operation of the Trust. New members included Richard Humphreys from the Kings Fund and Andrew Cotton, previously the Chief Executive of the Powys Teaching Health Board who would bring a greater understanding of cross border issues. The Board do ward rounds, and had regular contact with patients.

In reply to a question, the Clinical Lead, HCCG said that there was a problem recruiting GPs in Herefordshire, and alternative clinical models were being looked at such as employing Physicians Assistants in practices.

- That a series of activities were in hand to improve the discharge process. These included short, high intensity ward rounds by consultants. AS well as increasing the Trust's own transport capacity, discussions were in hand with the St John's Ambulance Service in order to facilitate transport following discharge. Electronic record keeping would also speed up the discharge process by allowing for medication to be provided in a more timely fashion.
- That every patient had a named nurse and consultant when admitted to hospital. There were matrons on the wards, and it was ensured that they were not numbered

amongst the working nurses on that ward in order to allow them to liaise with families and deal with discharges.

- That no staff posts had been held back for financial reasons. As the Hospital was small and geographically isolated, it was struggling to recruit specialist staff. Teaching hospitals were more of a draw for staff.
- That delayed transfer of care was usually blamed for bed blocking, but some patients at the Acute or Community Hospitals should be moved to alternative accommodation. There was a belief that there were periods when there was a disproportionate influx of patients from the Powys Health Board area, but whilst there were times when more patients were admitted, this was not a chronic problem.
- That patient notes were held electronically by GPs, with the exception of some patients with long medical histories. The availability of patient's notes did not delay appointments, but it could reduce the quality of the decisions made the physician. Funds had been received for the introduction of electronic patient records at the Trust. This was not just an IT project but also a cultural change for the organisation.
- That the Hospital was spending a lot of time being scrutinised at the moment by various part of the NHS structure. University Hospitals Birmingham NHS Foundation Trust had provided a diagnostic for the hospital in order to ensure that they were in a position to provide the appropriate support during this period. They were proving to be very helpful, but there was a need to accelerate the help they were given to ensure that targets would be met.
- That, with regard to both adults and children's safeguarding, the contracts to an agency for nursing staff were let to a set standard of training that staff were expected to meet. Individual policies and procedures did differ for every organisation. The nursing establishment was improving, so it was possible to release staff for additional training when required.

Resolved:

That

- a) the report be noted; and;**
- b) That the Trust be invited to provide an update to the Committee at their meeting in March 2015.**

47. HEALTHWATCH UPDATE

The Committee noted an updated report from the independent Chairman of Herefordshire Healthwatch.

The Independent Chairman said that the report was designed to assure the Committee that Healthwatch was active across the health and social care landscape in the County, and to highlight that it was working collaboratively with all agencies to ensure the best outcomes for Herefordshire.

In the ensuing discussion, the following points were made:

That there was sufficient contact with the Wye Valley NHS Trust, and a series of enter and view visits were in place, as well as regular consultations with

That there was a programme of visits to community hospitals in place, and Leominster and Ross would be visited in the New Year.

Resolved: That the report be noted.

48. ADULT SOCIAL CARE LOCAL ACCOUNT

The Committee noted the Adult Social Care Local Account 2013/14.

In the ensuing discussion the Director of Adults Wellbeing said that the culture around Direct Payments was changing in order to ensure that service users were in a position to make the best choices for themselves. There were some areas that the market was not yet ready to provide, and a clear demand for some services was required in order for the market to be in apposition to fulfil them.

Resolved: That the report be noted.

49. ADULT SOCIAL CARE PEER CHALLENGE

The Committee noted a report on the Adult Social Care Peer Challenge.

In the ensuing discussion the Director of Adults Wellbeing said that the process had been critical but fair, and had highlighted areas that had been reviewed. In response, a year-long consultation and dialogue for change was in place in Adult Social Care.

It was noted that if assessments and support plans were effective, then people should have the right amount allocated in their direct payment and therefore claw back of any unspent funds would be the exception not the norm. If users were not able to find the appropriate services, then the Council could commission them on their behalf. There was a full assessment before any claw back took place, which was why the action in the peer challenge report in terms of prioritising actions had been marked as a lower priority for the service.

Resolved:

That:

- a) **The Committee note the outcome of the review attached at Appendix 1 of the report, and;**
- b) **note the action plan attached as Appendix 2 as the response to the areas for improvement that had been identified.**

50. WORK PROGRAMME

The Committee noted and updated its Work Programme.

Resolved: That the report be noted.

The meeting ended at 5pm

CHAIRMAN



MEETING:	HEALTH AND SOCIAL CARE OVERVIEW & SCRUTINY COMMITTEE
MEETING DATE:	19 JANUARY 2015
TITLE OF REPORT:	ACCOUNTABILITY SESSION
REPORT BY:	DEMOCRATIC SERVICES OFFICER

1. Classification

Open

2. Key Decision

This is not an executive decision

3. Wards Affected

County-wide

4. Purpose

4.1 To hold a public accountability session to discuss the performance of organisations within the health sector in Herefordshire:

- Herefordshire Clinical Commissioning Group
- Arden, Herefordshire and Worcestershire Area Team

5. Recommendation

THAT: The Committee considers and discusses the presentations from the health sector organisations.

6. Alternative Options

There are no relevant alternative options.

7. Reasons for Recommendations

7.1 Accountability sessions are a concept that Staffordshire Council developed as a result of the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. The intention is to get interconnected health bodies together with the public and Councillors in order to enable them to challenge and question the relevant organisations in a more joined up way.

Each body has provided a presentation that focuses on:

- the key work that the body has completed through the previous year
- any success throughout the previous year
- any challenges throughout the previous year
- key areas of concentration for the coming year

- areas of risk for the coming year
- areas that might be beneficial of an input by scrutiny ie in task and finish groups.

8. Financial Implications

8.1 There are no financial implications to this report.

9. Legal Implications

9.1 There are no legal implications to this report.

10. Background Papers

10.1 None identified.



MEETING:	HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE
MEETING DATE:	19 JANUARY 2015
TITLE OF REPORT:	INTEGRATED URGENT CARE PATHWAY PROJECT
REPORT BY:	Senior Project Manager, Outcomes Based Commissioning

1. Classification

Open

2. Key Decision

This is not an executive decision

3. Wards Affected

County-wide

4. Purpose

- 4.1 To note a report on the Herefordshire Clinical Commissioning Group plans to develop an integrated urgent care pathway

5. Recommendation

- 5.1 **THAT: The report be noted**

6. Appendices

- 6.1 None

7. Background Papers

- 7.1 None identified.

NHS HEREFORDSHIRE CLINICAL COMMISSIONING GROUP

Briefing for Herefordshire Health Overview & Scrutiny Committee

Integrated Urgent Care Pathway Project

Subject:	Integrated Urgent Care Pathway Project
-----------------	---

PURPOSE OF THE REPORT

To inform the committee of NHS Herefordshire Clinical Commissioning Group plans to develop an integrated urgent care pathway.

RECOMMENDATION TO THE COMMITTEE

The Committee is asked to note the report and comment.

Briefing for Herefordshire HOSC
Integrated Urgent Care Pathway Project
NHS Herefordshire CCG

Introduction

Herefordshire Health Overview and Scrutiny Committee received a report in July 2013 regarding the work that Herefordshire CCG (HCCG) was undertaking regarding a review of urgent care services.

The report set out the challenges within the current urgent care system which are summarised below:

- The current urgent care system is inefficient and confusing for local people
- The current system is failing to meet performance targets
- Inequalities in access and outcomes are not being effectively addressed
- The current urgent care pathway is fragmented and is a barrier to demand control and establishing effective alternatives to A&E attendance.
- The development of an integrated urgent care pathway is a significant part of the solution to the challenges faced by WVT
- Existing contracts for elements of the service will expire in 2015/16

The pressures on the system, and operational challenges experienced by Wye Valley NHS Trust (WVT), particularly coinciding with the CQC inspection have provided further evidence of the need for change.

The report also set out details of the communications and engagement plan HCCG was to take forward over the coming months. The engagement process ran from September to November 2013 and the findings were published on HCCG website in December 2014. Two further events were held on the 25th of March and 5th June 2014. In total more than 540 patient experiences were captured that involved 372 hours of co-design work with the local community.

Current Progress

Following the review and the feedback from local people, HCCG has decided to change how it commissions urgent care services by introducing an outcomes approach to commissioning and contracting. Outcomes Based Commissioning (OBC) aims to shift the emphasis from the services a provider offers, to the outcomes they achieve for patients. This moves the focus from activities to results, and from how a service operates, to the benefits a service realises for patients. By using this approach important factors such as patient experience and the quality and safety of services will be built into future contracts.

Delivery of this programme supports achievement of Herefordshire Health and Wellbeing Strategy. HCCGs ambitions are that through this change programme we can:

- Reduce inconsistencies in the outcomes that patients receive
- Encourage investment in preventive care, to reduce unnecessary and inefficient use of treatment services
- Change the way that patients currently access the urgent care system
- Provide a service that is designed so that patients receive the care that is right for them, at the right place and at the right time
- Encourage behavioural change in provision by aligning incentives and outcomes so patients get the right treatment in the right place
- Encourage behavioural change in patients by ensuring they know how to self-care, access urgent care in the right place (e.g. pharmacy vs A/E) and navigate the system
- Reduce overall system costs and encourage service integration
- Deliver the national vision for urgent care in Herefordshire

As a result of the engagement programme the following outcomes have been agreed by HCCG to guide the urgent care OBC programme.

- I feel informed and clear about available and appropriate Urgent Care Services;
- I feel confident and knowledgeable about managing my condition and prepared to deal with and anticipate future urgent care issues;
- I feel reassured and happy as a result of my urgent care experience and 'known' and treated like a person by Urgent Care Services;
- I want to be helped, and when I am in need of care it is safe, effective and efficient;
- I want to live for as long as possible independently and in my home with the best quality of life wherever possible.

The current CCG commissioned functions within scope as part of this new approach are as follows:

- Accident and Emergency and Clinical Assessment Unit services, up to the point of hospital admission
- Primary care out of hours services
- Minor injury functions
- The Walk-in Centre functions
- Mental health activities supporting individual crises and Rapid Assessment, the Accident and Emergency Interface and Discharge service (psychiatric liaison).
- Minor ailments scheme
- NHS 111

HCCG believes that an integrated solution to the provision of urgent care services is the best way to improve the quality and efficiency of these services and address the fragmentation of the urgent care pathway. Through this mechanism HCCG will be able to optimally drive transformation and delivery through a whole pathway, outcomes based approach.

HCCG has identified Wye Valley NHS Trust (WVT) as being best placed to both put forward a solution to HCCG that delivers the entire urgent care pathway and to take forward the role as potential Accountable Lead Provider. Developing an acceptable integrated solution is likely to require the participation of other providers and HCCG believes that WVT is best placed to assume that co-ordinating role.

In reaching this decision the HCCG Governing Body considered the capacity of WVT to undertake this role given the CQC findings and the decision to place the Trust in Special Measures and WVT have provided assurances.

Wye Valley NHS Trust has been offered, and has accepted, this opportunity.

The Accountable Lead Provider (ALP) approach has the following attributes to support system redesign:

- Single contract for the commissioner
- Lead provider responsible for full range of services
- Management of the range of providers by the ALP
- Ability to develop incentives within the provider ‘team’

The key components of the approach are described in the schematic below:

OBC - The key elements

1. Defined population and scope

2. Desired outcomes and associated indicators

3. Financial value

4. Duration of contract

5. Commercial structure: incentives and and risk transfer



OBC contracts combine capitation and strong outcome incentives, with outcomes reflecting public and service user priorities. Providers are rewarded for system outcomes not just for an element of the pathway and have control where resource is spent along the pathway. Providers are held to account for improving outcomes and free to innovate and use their skill and experience to determine best way of delivering those outcomes.

Next Steps

Wye Valley NHS Trust will undertake a process of discussion regarding developing proposals. This dialogue will include discussion about an agreed approach to continued public and patient engagement in the process of developing a solution and, if required, subsequent consultation.

Following the submission of the proposed solution an evaluation process will be undertaken. This will determine if the solution is acceptable to HCCG and will deliver a fundamentally improved urgent care service for Herefordshire residents. HCCG will be seeking a nominee from social care to join the evaluation panel.

It is anticipated that if Wye Valley NHS Trust proposals are successful and are assessed as meeting the CCGs requirements the aim will be to begin implementing changes from Autumn 2015.

HCCG will continue to brief the HOSC and the Health and Wellbeing Board as the project moves forward.



MEETING:	HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE
MEETING DATE:	19 JANUARY 2015
TITLE OF REPORT:	HEALTHWATCH HEREFORDSHIRE
REPORT BY:	Independent Chairman, Healthwatch Herefordshire

1. Classification

Open

2. Key Decision

This is not an executive decision

3. Wards Affected

County-wide

4. Purpose

4.1 To receive a report on the activities of Healthwatch Herefordshire

5. Recommendations

THAT: The report be noted

6. Appendices

Appendix 1 – Healthwatch Herefordshire Report.

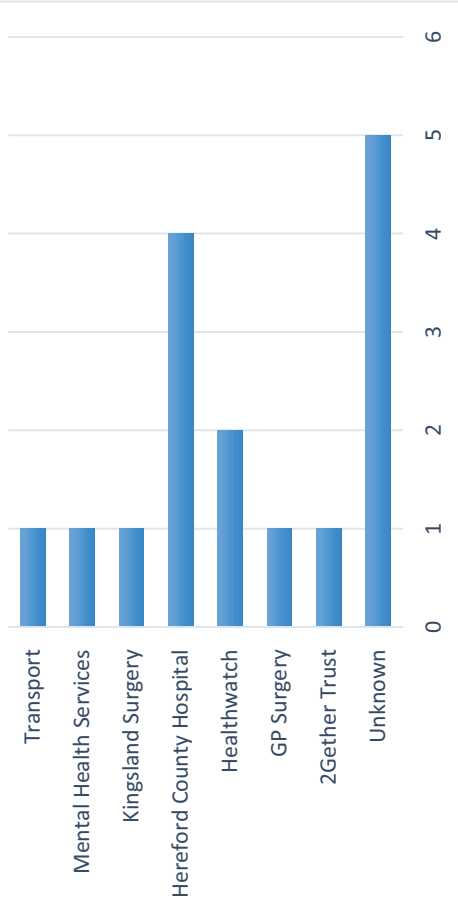
7. Background Papers

None identified.

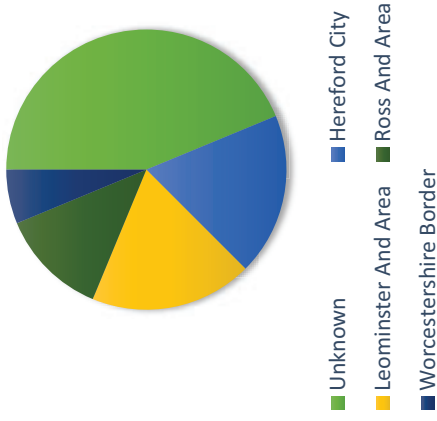
Enquiries 25-Nov-2014 – 22-Dec-2014

Number of referrals 16

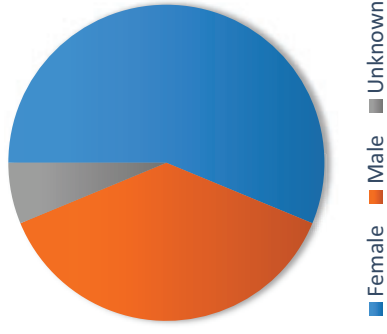
Referrals by Organisation



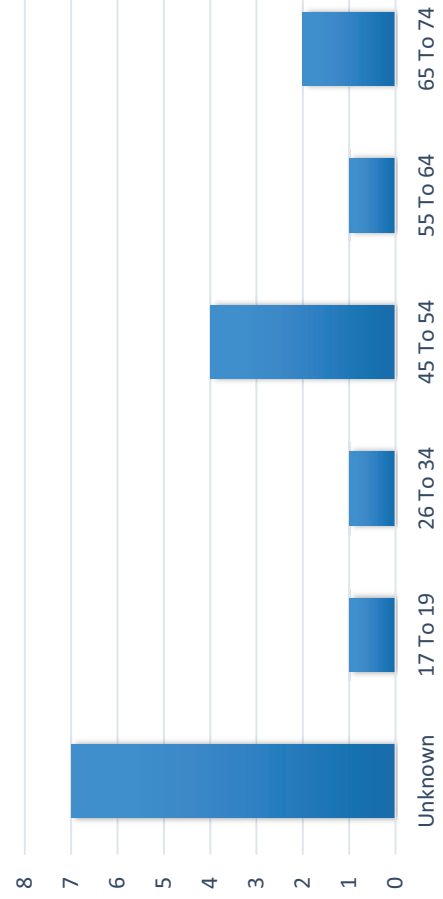
Referrals by Location



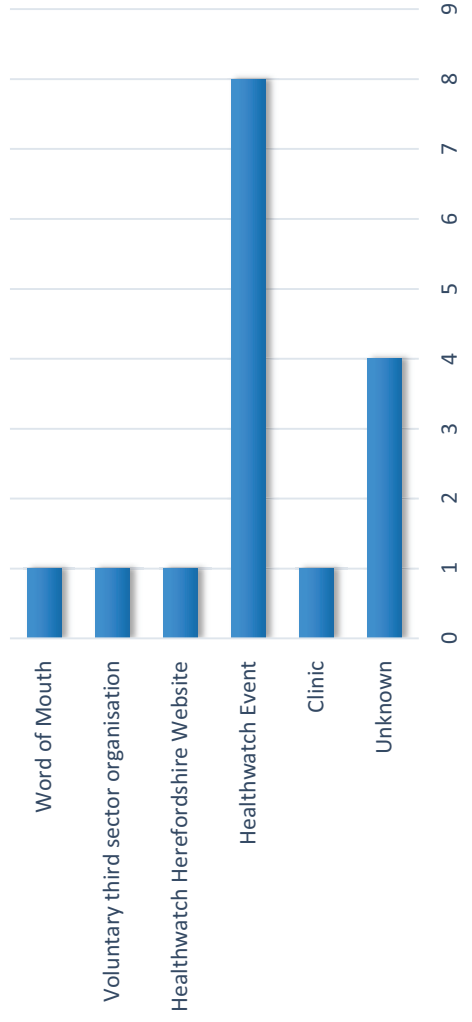
Referrals by Gender



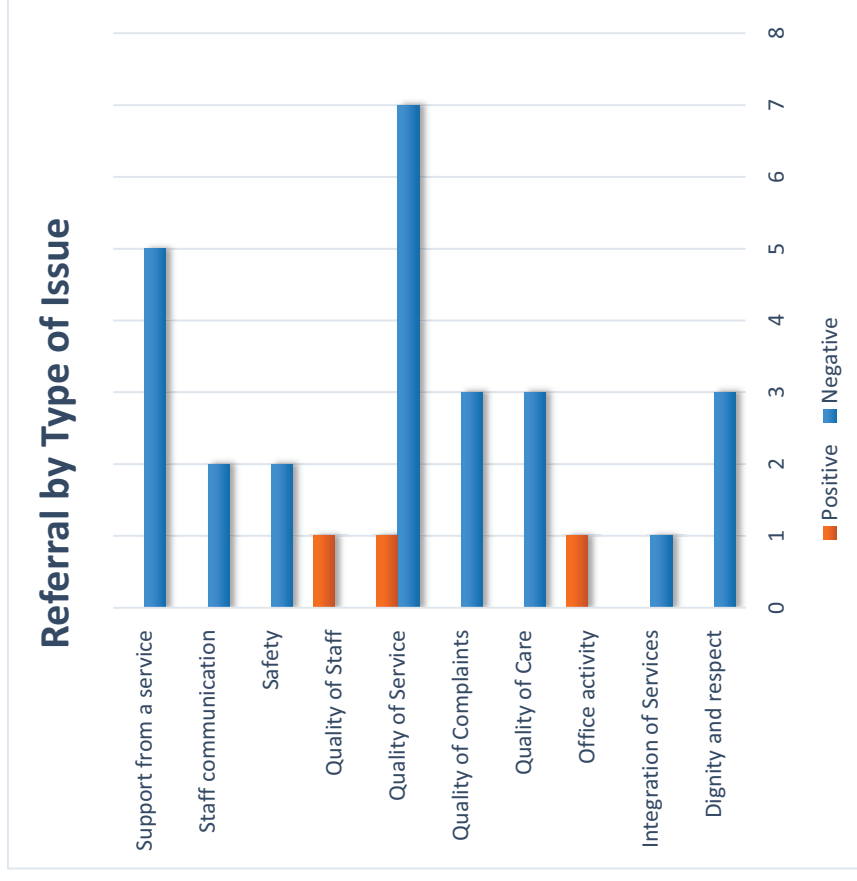
Referrals by Age



Referral Source



Summary of Issue	
Healthwatch	Request For Information From Healthwatch
Mental Health	Wishes To Discuss MH Services With HWH
Mental Health	SU Poor Complaint Handling And Concerned About Lack Of Support As A Result Of a 2G Complaint
Mental Health	Out Of County Patient Needed Urgent MH Help
Healthcare	Required Information About HCCG.
Primary Care	Kingsland Surgery Access And GP Excellent And Helpful
Primary Care	Issues Accessing Extended Hours GP's From Kington Due To Lack Of Public Transport.
Primary Care	Concern Prostate Blood Tests Do Not Account For Drugs And Record A False Normal Result
Adult Social Care	Assistance with advocacy and Housing required for Adult with LD.
Adult Social Care	Parent Carer In Worcestershire Struggling To Navigate System Lacking In Integration. LD, MH Eating Disorder.
Hospital	Poor Discharge Experience From Hospital. Long Wait No Communication.
Hospital	Raise Awareness Of Lack Of Proper Input And Support Associated With Husband's Death
Hospital	Adult With ASD LD Told Not To Come Back To ENT If He Puts Things In His Ears Unless They Become Infected.
Hospital	Poor Experience From Admission To Discharge In Hospital In Dementia Care.
Hospital	Parent Carer Of Adult With LD Poor Treatment In Hospital, Lack Of D&R Considering SEN's





Leominster Community Hospital
South Street, Leominster

Wye Valley NHS Trust

Leominster Community Hospital
South Street
Leominster

Authorised Representatives

Herefordshire, HR6 8JH
Thursday 27th November 2014 09:30 - 15:15
Gwyneth Gill, Val Javens

Acknowledgements

Healthwatch Herefordshire would like to thank Wye Valley NHS Trust, their Community Hospital Sister, patients, visitors and staff for their contribution to the Enter and View programme. They would also like to thank their Volunteers and Board Members who assisted in the visit.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.



‘Enter and View’ is the opportunity for authorised representatives to go into health and social care premises to hear and see how the consumer experiences the service and collect the views of service users (patients and residents, carers and relatives) at the point of service delivery. Evidence-based feedback will be reported to providers, CQC, Local Authority and NHS commissioners and quality assurers, Healthwatch England and any other relevant partners. Development of recommendations across multiple visits will inform strategic decision-making at local and national levels.

Enter and View applies to all premises where health and social care is funded from the public purse. Only authorised representatives may undertake ‘Enter and View’, and then only for the purpose of carrying out the activities of the local Healthwatch they represent.

‘Enter and View’ is planned, with a clear purpose; it is not an inspection, nor a stand-alone activity, nor a last resort or a first choice option.

Enter & View will deliver on the following Core Priorities: Integrated Services, Communicating with the Public; Focusing on Older People. The specific purpose of HWH's E&V activities will be to engage with residents, patients, carers and friends in 6 venues, using the 10* Dignity Challenge, to identify good practice in the provision of a dignity focussed service.

Potential outcomes:

1. Local people are empowered to give their views and influence decisions to improve health and social care services
2. Local people are aware of Healthwatch Herefordshire, understand its purpose and how to access it for help and support



Healthwatch Herefordshire
Berrows Business Centre
Bath Street, Hereford, HR1 2HE
Tel 01432 364481

Info@healthwatchherefordshire.co.uk
Follow us on twitter: @hwherefordshire

Purpose of the visit

To encourage, support, recommend and influence service improvement by capturing and reflecting the views of service users who often go unheard - people living with Dementia - whilst offering service users an independent, trusted party (lay person) with whom they feel comfortable sharing experiences. Engaging carers and relatives, identifying and sharing 'best practice', keeping 'quality of life' matters, specifically through the 10* Dignity Challenge, firmly on the agenda, whilst encouraging providers to engage with local Healthwatch as a 'critical friend'. Gathering of evidence at the point of service delivery, adding to a wider understanding of how services are delivered to local people. Additionally, it is supporting the local Healthwatch remit to help ensure that the views and feedback from service users and carers play an integral part in local commissioning.

Strategic drivers

Enter and View forms part of Healthwatch Herefordshire's engagement programme for 2014-2015. HWH's target is to engage with people using health and social care services, recording and subsequently analysing their experiences.

Healthwatch has identified 'Services for Older People' as one of its priorities, thus Enter and View's aim is to reach older people who are vulnerable and whose voices are seldom heard. Engagement will be with those who are unable to interact with the systems that are already in place to capture feedback. HWH's Enter and View schedule will, therefore, encompass:

- 1. 3 visits to Homes where there is a provision for those with Dementia**
- 2. 3 visits to wards on Community Hospitals where there is a provision for those with Dementia.**

Methodology

Visits will be undertaken by Healthwatch Herefordshire's Authorised Representatives: Board Members, Volunteers and staff; all lay people who have received appropriate E&V training. All visits have a stringent set of guidelines provided by Healthwatch England which include an emphasis on the importance of communicating and working with the Providers and/or Managers.

6 units will be randomly selected from the CQC list of publicly funded, residential homes and community hospitals with this specialist service.

The aim is to gather the views of these vulnerable people, and through HWH's promotion as well as collaboration with the providers, encourage their families, carers and friends to participate and, where necessary, help articulate those views. The intention is to use a paper-based questionnaire focusing on the use of Herefordshire's 10 * Dignity Challenge as the basis for the questions. The objectives will be:

- 1. To identify concerns, compliments or issues raised by or on behalf of the residents**
- 2. To identify those Homes/Units whose delivery of service can be designated best practice**

Volunteers, Board Members and staff will be instrumental in designing and developing the questionnaire. We will be adopting the 'Wave' approach which will enable us to modify our methodology, particularly our questionnaire as we test its efficacy as a result of our visits.

Embedded within our 'Wave' approach the input of an Owner Provider was sought, to assist with the development of an appropriate set of questions which will form the basis of effective analysis.

The information will be collated and published in report format. The reports will be approved by all Healthwatch personnel involved in Enter and View, including the Manager of the Home or Hospital and signed off by Healthwatch Herefordshire's Chair. They will be used to inform and advise local providers and Commissioners.

Summary of findings

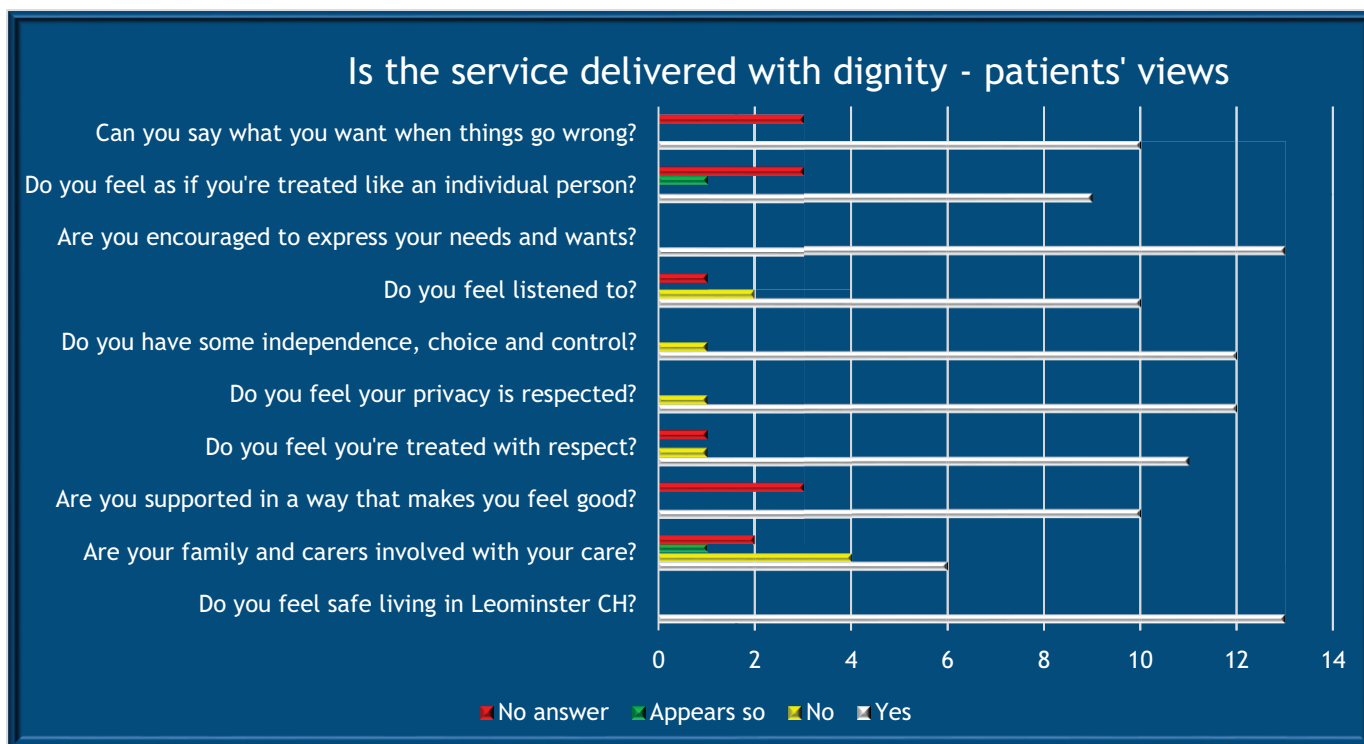
Leominster Community Hospital (LCH) provides ongoing medical care and rehabilitation to help recovery when patients have had treatment at Hereford County Hospital or another hospital but are not well enough to go home. There are always high numbers of patients who have a degree of memory impairment. Capacity at LCH is 26 patients with 45 healthcare assistants and trained nurses (a ratio of 1-9 staff-patients); 2 full time re-enablement assistants; 1 Community Hospital Sister; 1 ½ Occupational Therapists; 2 full time Physiotherapists who serve Eaton Ward and Minster Ward, with 13 patients in each ward.

There is a dementia audit once a month, but it's not always easy to quantify as some people have not had a diagnosis. However, everyone who has a memory impairment is denoted by having an easy to see Forget Me Not flower emblazoned on their overhead information panel.

13 patients were engaged with; the majority of respondents had varied stages of memory impairment and did not all respond to all the topics raised. Overall those that participated were very positive in their feedback about being treated with dignity at LCH. Observations reinforced this feedback indicated that patients were treated with compassion, with the drive to contribute to people maintaining their independence.

Results of Visit

13 patients at Leominster Community Hospital took part in HWH's Enter and View visit to find out what their views were on the delivery of dignity in the service they received from the nursing staff and healthcare assistants. 2 authorised representatives engaged with half the patients in the hospital, the majority of whom had various degree of memory impairment.



Quotes from Residents

Didn't recognise which hospital. Feels looked after, safe, nervy to begin with	Very safe with carers at home and here	Feels safe/secure	Fitting in
Never felt unsafe - not a moment	Quite safe. Make sure I don't fall out of bed. Not afraid of being here	Quite safe. Make sure I don't fall out of bed. Not afraid of being here	Very safe
Yes, totally - family present: quite secure and content, getting better	Very much, no complaints at all	Very observant, woken to find I had a high temperature which resulted in being re-admitted to Hereford	Been a while since I've seen home, definitely safe haven here
Lives with son at home; wants to stay home, doesn't want family knowing everything - very private	Daughter visits occasionally, supportive. Feel kept apart from	Lives alone	Discuss with people who have knowledge

	husband; long way from home		
Not local; lives Craven Arms, only niece who visits occasionally, no other family	Family help at home; not kept as up to date with care as would like; sometimes family is told instead of me	Live alone; no family local - Hereford. Friends help in village, neighbour helps a lot. No carers; own cooking	Brother with be visiting today
Son lives in Italy, always phones; daughter lives in Sheffield	Family kept informed; excellent progress and decisions	No family; good neighbours	Don't have a lot of family; loads of friends willing to help
More so since my surgery	Understanding of staff re condition and leg supports	Yes, nothing wrong with the care	Enjoying the holiday - guilty being a retired nurse
Encouraged to be involved in my care	No complaints	Very well; encouraged to be more independent in relation to my stoma and care	I'm here for rehab and recuperation; the support I have is good
Not really; not given a job to do	Not really; not given a job to do	Treated as an individual	Call me what I want
Great respect	Yes, can't get any better	Very much so	Over the top, but it's so nice, I don't want to leave
Not really; not given a job to do	Not really; not given a job to do	Treated as an individual	Call me what I want
Yes, any problems I have I am listened to	Privacy respected, curtains always around and when I am in the bathroom	Would like more privacy to bathroom, not commode by the bed	I have a private room, people knock before they enter
Quite happy, can't thank the staff enough	No problems with my privacy being discreet	Good food, small choice, washing and dressing myself as much as possible	Didn't get to choose - a menu is taken round every patient
As independent as possible, although independence taken away at Hereford; want a wheelchair to get to bathroom	Choice of food, choice of whether to shave or not, or be in or out of chair. Encourage to do as much as possible	Listened to wishes	Listened to needs
Quite happy, guilty of being waited on	If I ask a question I expect an answer. Son doesn't feel the need to be kept informed; very happy with the care	Any issues I have I can talk to Senior Sister	Needs listened to and respected
Yes, am able to say if I am not happy with something	Yes, if I need anything it can be made available	Asked to do as much as possible	Yes, staff treats me as an individual
It's the staff that make it; good standards of care. They really do care about the patients in their care	Yes, able to sort out an issue regarding medication	All the staff are very accommodating	Able to express feelings
Yes, encourage to seek advice and talk about my problems	Admire the staff when they're under pressure	Late with weekly injection; forgot its name; not hospital fault	Family very impressed with all their Mum's care

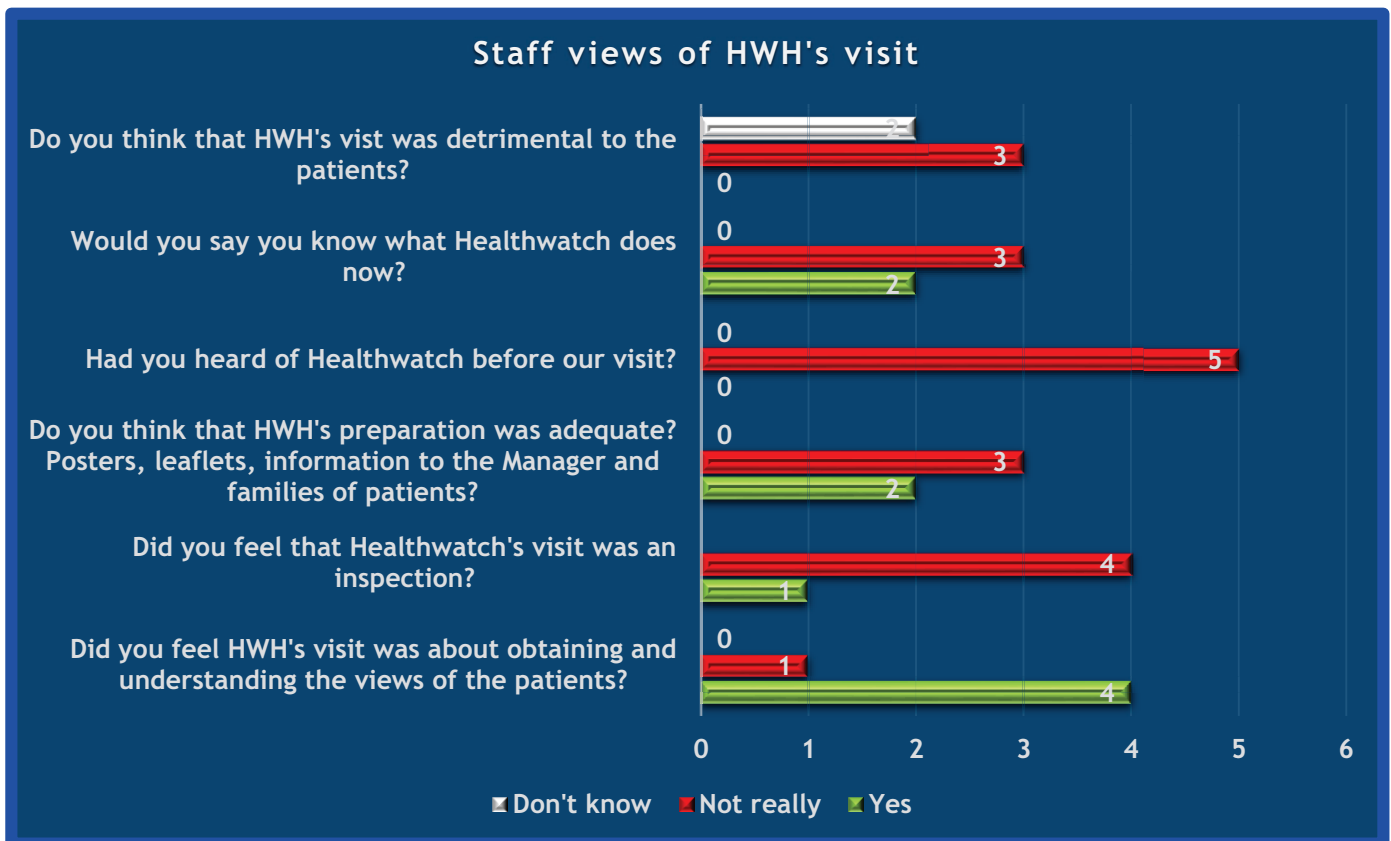
		- doctor - but got it sorted	
When I ask a question I want the answer today	Can express concerns	Things listened to and sorted, staff listen to the way I like to do things and respect if any comment made to do things differently	Yes, got reasonable ability

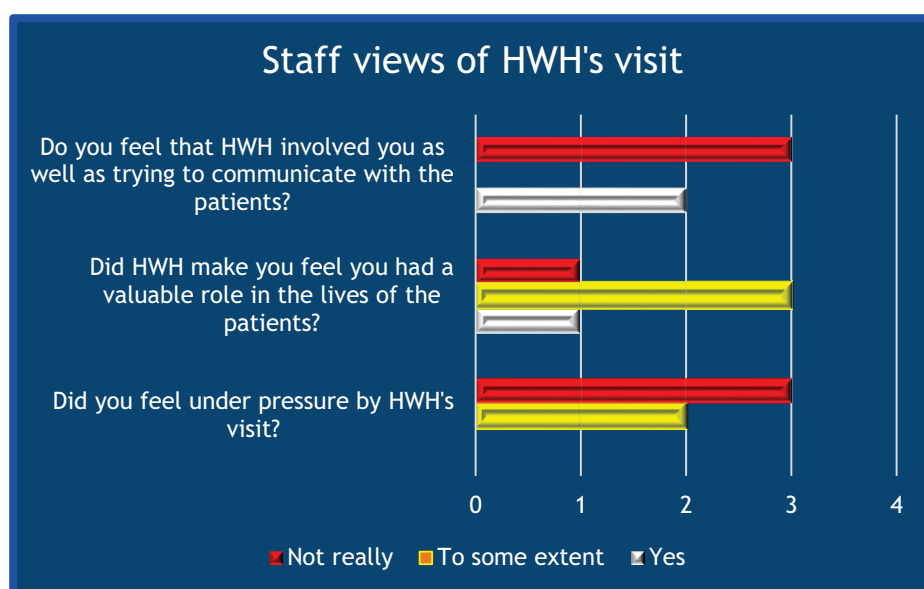
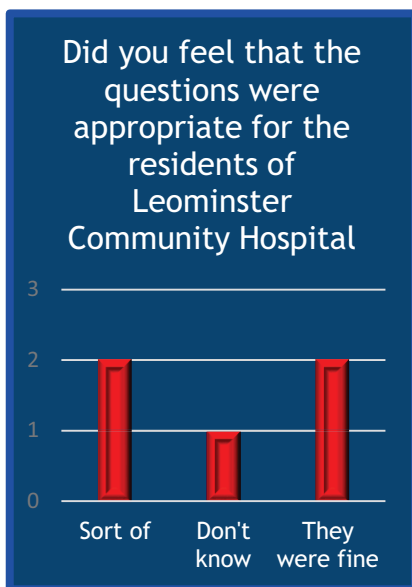
Additional findings

Authorised representative made the following observations:

- All areas of the hospital visited were very clean and the staff were friendly and helpful. The Health Care Assistant who helped by taking notes was very knowledgeable and it was obvious from the patients' reaction that they all liked her and respected the work she did.
- When the physiotherapist arrived in the ward there was a very positive reaction to her arrival and a great deal of friendly banter and laughter from the patients. They seemed happy to go for their exercises.
- A few times I noticed Health Care Assistants feeding or helping patients to drink, and I noticed one took away a pear and then returned with it cut up into small pieces for one of the patients. When the meal was brought out there was time made to cut up one person's vegetables and another person was being fed with her food.
- All my interactions with patients were positive and they made comments like "we don't want leave; it is like a first class hotel" and "if you have to be in hospital then this is the best place to be". The Forget me Not flower on the bed head was useful.
- Overall this seemed a very warm and friendly environment and care was taken to support all patients in their needs.

Leominster Community Hospital Staff's views of HWH's Enter and View Visit





The staff who had answered they didn't know about the question qualified their assertion by saying that they had not seen the topics of discussion put to the patients which has been noted for further Enter and View visits.

Recommendations

From the information we gathered from half the cohort of patients present in Leominster Community Hospital on 27th November 2014, no trends were identified from which we could make recommendations for improvements.

On the other hand, the comments were so complimentary that we would like to recommend that Leominster Community Hospital is identified as delivering best practice with regard to the 10* Dignity Principles. We reiterate our statement that this is a snapshot view of service delivery in a four hour period on 27th November 2014.

Leominster Community Hospital Response

'Healthwatch enabled our patients to voice their opinions, concerns and feel valued providing the team with insight into what it is like to be a patient at Leominster Community Hospital.

The increasing number of patients who are frail and/or suffering with dementia in our Community Hospitals, raises concerns of increased patient vulnerability and highlights the necessity for all staff to be equipped with the right skills to ensure compassionate and dignified care.

As a Community Hospital Sister this visit has provided me with the reassurance that my team possess these necessary skills and show empathy providing high quality personalised patient care. This has instilled both my Ward Sister and I with confidence, trust and a sense of pride.

As Lead Nurse for Community Hospitals accountable for clinical performance on four sites, Healthwatch will be able to ascertain where best practice is delivered and highlight any areas for improvement, based on valuable feedback from our patients. Ensuring that patients have a voice will ensure the delivery of safe high quality patient care enabling issues to be raised from ward to board.

I would like to thank you for such an enjoyable visit and such complimentary feedback and thank you on behalf of our patients and staff, for being that extra pair of eyes and ears.'

Enter and View

Thursday 27th November 2014

Healthwatch Herefordshire is visiting on 27th November in order to ask Patients what they think of the service provided at Leominster Community Hospital.

We want to establish where best practice is being delivered in Herefordshire, or where improvements could be made.

We would like to invite patients' families, friends and carers to take part in this visit, assisting your loved ones to voice their opinions. Everyone's views are important, so please help us get an overall picture of the service at Leominster Community Hospital.

www.healthwatchherefordshire.co.uk
val@healthwatchherefordshire.co.uk



Leominster Community Hospital, South Street, Leominster, Herefordshire HR6 8JH

T: 01568 614211

Thursday 27th November 2014

Healthwatch Personnel <ul style="list-style-type: none"> Gwyneth Gill, Board Member Val Javens, Community Engagement Clair McNally, Strategy and Policy 	Volunteers June Emberton Marcus Allen	Reserves Gareth Gwenlan Volunteer
---	--	--

Programme

Time	Personnel	
9.40 Arrive Leominster Community Hospital - meet very briefly with Sarah Holliehead	Arrive Leominster Community Hospital - Healthwatch personnel meet Community Hospital Sister, Sarah Holliehead	Meet Sarah Holliehead , to make introductions, to reinforce we are engaging not inspecting, induction regarding fire and any other issues we might need to know of, then HWH personnel meet together for briefing. Emphasise that if advised to depart in order that service continues unhindered, take advice and depart.
9:45 - 10:30 Healthwatch Briefing	Gwyneth Gill Val Javens Clair McNally June Emberton Marcus Allen	Pre-meet to discuss: <ol style="list-style-type: none"> Overview of Home resulting from Val's visit on Monday 17th November Approach, methodology, how we use questionnaires Flexible approach when asking questions Specific guidelines, safeguarding, div & equal and confidentiality Establish - refer direct to Sarah if not sure of anything Split team into two teams - 2 and 3 Who is going where - to which Ward
10:30 - 12:00	Healthwatch Team 1 Minster Ward, Leominster Community Hospital	Minster Ward, Leominster Community Hospital Using questionnaires as basis of discussion but as basis of obtaining answers to 10* Dignity challenge
10:15 - 12:00	Healthwatch Team 2 Easton Ward, Leominster Community Hospital	Eaton Ward, Leominster Community Hospital Flexible approach, have questionnaires but if deemed impossible to use, observe and make notes based on 10* Dignity Challenge on stationery provided
12:00 - 12:30	HWH teams meet Flexible	Meet in meeting room to discuss findings, if any difficulties, if all going well, however, teams carry on engaging with Patients
12:30 - 13:15	Lunch with residents	Observations based on 10* Dignity - keep alert at all times - make observations especially with relatives - try to note down without 'taking notes'
13:15 - 13:45	Team's Debrief	Debrief <ul style="list-style-type: none"> Meet in private meeting room Ascertain whether there are any issues which need to be raised with the Sarah Holliehead outside the Enter and View analyses. Decide, note on these will be taken forward. Decide whether we need to ask for action plan for recommendations, re-visit, re-meet with any specific concerns about Leominster Community Hospital
13:45 - 14:00	Meet with Community Hospital Sister	Meet with Community Hospital Sister - alert Community Hospital Sister to any untoward findings, thanks, advise about decision regarding recommendations, action plan, re-meet, re-visit. Outline feedback from Home required.
14:15	Healthwatch Personnel	Depart

Community hospitals

WVT have four modern and comfortable community hospitals and a rehabilitation centre.

It is important that patients are transferred or discharged from the County hospital as soon as possible after they have been assessed as clinically fit to leave. More beds in this busy hospital will then be available for the most seriously ill patients. It also reduces the risk of problems returning to normal independent routine.

What do community hospitals do?

Community Hospitals provide ongoing medical care and rehabilitation to help recovery when patients have had treatment at Hereford County Hospital or another hospital but are not well enough to go home. The Hillside Centre in Hereford also provides rehabilitation.

Choice of community hospital/rehabilitation centre

There are three community hospitals within Herefordshire provided by Wye Valley NHS Trust, Bromyard, Leominster and Ross-on-Wye. Whenever possible WVT try to transfer patients to a Community Hospital/Rehabilitation Centre of their choice that meets their needs.

What will happen when patients move to the community hospital?

Ward staff will make all the arrangements for a Patient's move. Hospital staff will collect patients from the ward and arrange for them to wait in comfort for hospital transport to pick them up.

Friends and Family Test

The Friends and Family Test is a simple question that patients are asked about the care they have received. The test is a way of gathering patient feedback and driving improvement in NHS hospital services across the country. [To find out more about the Friends and Family Test click here.](#)

Dementia care

There are currently 800,000 people diagnosed with dementia in the United Kingdom. Every day in an acute hospital approximately 60 to 65 percent of inpatients will be suffering with dementia, confusion and/or delirium.

At Wye Valley Trust, there is a skilled multidisciplinary team who aim to improve the care and experience for both patients and carers.

Wye Valley Trust has a number of initiatives in place to raise awareness amongst their staff of the signs and symptoms of dementia so that they can provide the best possible care for patients. To find out more, [visit our dementia care page.](#)

Directions

From Hereford, Hereford, UK

13.3 mi- about 24 mins

1. From Bath St at the roundabout, take the 3rd exit onto Edgar St/ A49	0.5 mi
2. At the roundabout, take the 1st exit onto Newtown Rd/ A49	0.2 mi
3. At the roundabout, take the 2nd exit onto Holmer Rd/ A49	0.6 mi
4. At the roundabout, take the 2nd exit onto A49	7.6 mi
5. At the roundabout, take the 1st exit onto Hereford Rd/ B4361	
Continue to follow B4361	
Destination will be on the right	13.3 miles

Parking is available at the Hospital but it was full when I met with Sarah on Monday. I parked on the road opposite the hospital, as the big car park for the College is Permit Only.

Phone numbers:

Leominster Community Hospital	01568 614211
Val personal	07779 243122
Val Work	07904 588164

Making Herefordshire a great place to grow old?

- This matters to the 55,000 people over 60 who currently live in the countyⁱ.
- It matters for those who care for older people, many of whom are disabled: 60% of people aged 65 and over say they have a long-term/disabling condition, compared with 17% of those aged under 40ⁱⁱ.
- It matters in a rural county where people aged 65-84 are more likely to live in rural villages, hamlets and isolated dwellings than the population as a wholeⁱⁱⁱ
- It matters because older people want more choice and control over any support they need to go about their everyday lives, living with dignity and independence for as long as possible^{iv}.

Healthwatch Herefordshire has produced this factsheet to inform everyone involved about the issues. The figures show we cannot be complacent: health and care services need to pursue their agenda for prevention and community-based support in Herefordshire more strongly than ever.

This is why older people are one of the top 5 priorities for Healthwatch Herefordshire.

A significant slice ... Older people are a large and growing segment of our population. By 2032 nearly one in four people in the UK will be aged 65 and over^v. But already people over 60 in Herefordshire make up nearly 29% of the population, or around 55,000 people.

People over 60 make up 28.8% of Herefordshire's population (Census 2011)

Herefordshire has higher proportion of older residents than the average (21% aged 65+ compared to 17% nationally). This is expected to increase as the post-war 'baby-boom' generation moves into old age. In particular, the number of people aged 85+ in the county will more than double to 12,200 by 2031.

... facing reduced support from Social Care

Despite increasing population figures, far fewer older people across the UK are receiving social care services due to recent changes and the impact of budget reductions. Care clients overall have reduced by 26%, but for older people the reduction is 31%, or nearly a third. This means 260,000 fewer older people in the UK received services in 2012/13 than in 2005/6. The largest reductions are in people receiving services in the community^{vi}. This is likely to mean people with the lowest levels of need, who generally live in their own homes in the community, have been disproportionately affected by the raising of eligibility thresholds by their local authority.

How is Herefordshire doing?

Social care reablement service

87% of older people receiving social care reablement services in Herefordshire, after a hospital stay, are still at home 3 months later compared to 78% in the West Midlands, suggesting a quality service avoiding re-admission to hospital. However, as with most other local authorities, only 3.5% of older people receive such a social service/placement in the first place¹.

Hospital Discharge

Delays in people leaving hospital to go home are very low in Herefordshire at just a third of rates in similar authorities and in England overall - and a quarter the rate in the West Midlands overall. Delays due to social services are also a third of comparable rates but just a fifth of the West Midlands rate¹. While this sounds very positive, it may also explain the stories that Healthwatch receives about difficulties for carers and older people in recovering at home without support, reflecting poorly planned and rushed discharges that need time to set up properly.

Care Home Admissions

Herefordshire's rate of admission to care homes for over 65s is around 80% of the rate for similar authorities, for the West Midlands and for England overall (this does not include people who are funding their own stay in a care home)¹. Funding fewer care home places than similar authorities suggests both more self-funders locally, but also more people staying in their own homes in Herefordshire. While staying in your home is positive for many, it also brings more needs for community support as people age, to combat the higher risks of isolation in a county that is one of the country's most sparsely populated areas - and the need/expectation for greater input from unpaid carers to help people stay at home.

Personal Budgets

Herefordshire Council plans to give choice for individuals who meet critical and substantial eligibility criteria, Herefordshire Council can offer a personal budget. This is a sum of money that is used to promote wellbeing, inclusion and independence. A personal budget can be available as a cash payment paid directly to the individual for them to arrange their own services, this is known as a Direct Payment. Research suggests that as older people can have fluctuating health, sudden disabilities, may receive poorer information and advice and lower budgets they are not benefitting from the same choice and control as other groups. SCIE Report 63^{xvi}

The Big Issues for older people's health and wellbeing

Isolation and loneliness.

While most people in Herefordshire (60 %) have contact with family, friends or neighbours most days of the week, for one in twenty contact is once a month or less and a similar proportion (5%) say they feel lonely most or all the time (regardless of age or where they live in the county).

The highest proportions of lone pensioner households are found in Hereford and the market towns. While Herefordshire has been compared to other rural counties, such as Devon, Cornwall, Cumbria, our population is much sparser, contributing to greater potential for isolation.

People living alone are most likely to experience this kind of isolation; currently 28% of households are made up of one person and half of these people are over 65.

Disability, illness, poor emotional health

The likelihood of being disabled and receiving care increases with age. 60% of people aged 65 and over say they have a long-term/disabling condition, compared with 17% of those aged under 40^{vii}. The number of disabled older people in England is projected to double from approximately 2.3 million in 2002 to approximately 4.6 million in 2041^{viii}. Symptoms of depression are also more common in later life, affecting 25% of people aged 65 and over^{ix}. There will also be over a million people with dementia by 2025^x.

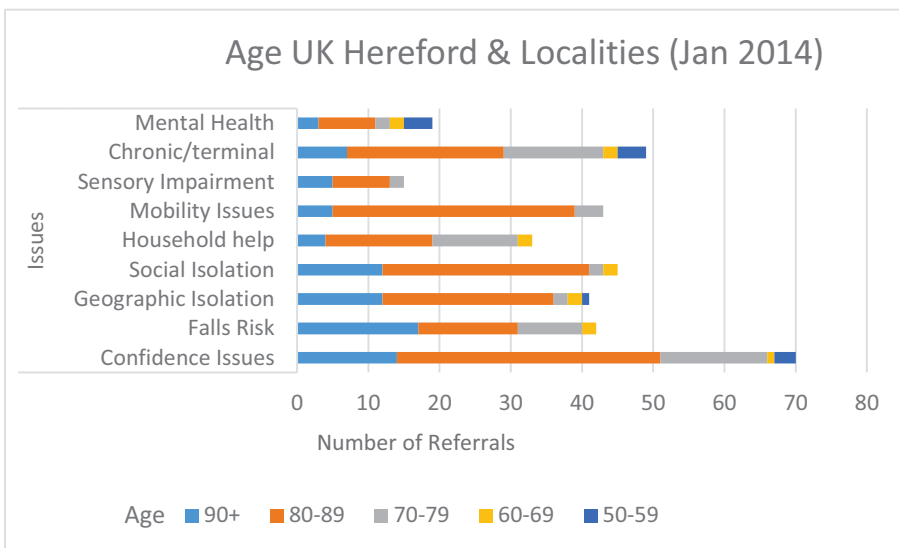
Prevention of crisis and distress

Many older people, including in Herefordshire, enter the health & social care system at a time of crisis, often after a fall or acquiring an infection, and need a range of co-ordinated services. This can often be a distressing experience, particularly for those who have little or no existing help or support networks around them. This raises the importance of the preventative agenda for older people's health, wellbeing & care.

Getting Older In Herefordshire

In Herefordshire, rates of limiting long-term illness amongst those aged 65-84 are lower than nationally, and people turning 65 in the county can expect to live longer, and in good health and without a disability, than those elsewhere. Nevertheless, the natural ageing of the population, as the post-war 'baby-boomers' become very elderly, will have continuing implications on the need for care and support. Future levels of need for social care are unclear, but many older people and their carers will need to be enabled to support themselves. In particular, an estimated 3,000 people with dementia (two-thirds of whom are undiagnosed) could almost double in 20 years^{xi}.

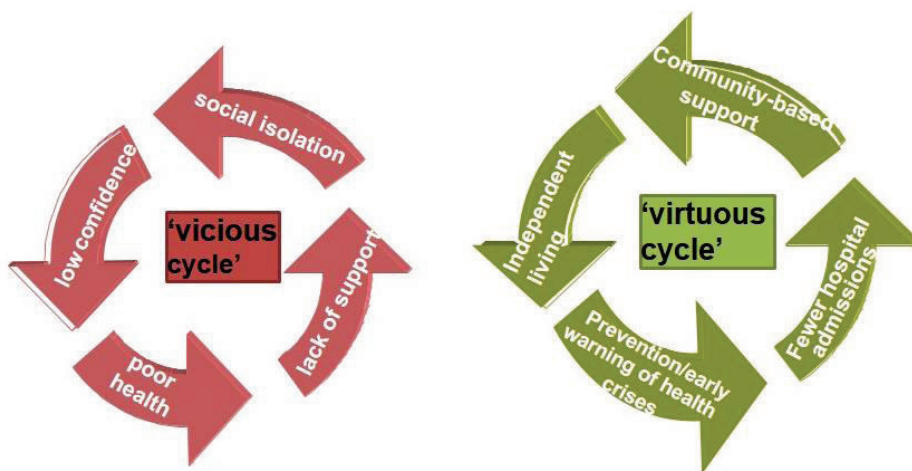
Crucially though, a small, dispersed rural population brings big challenges as mentioned earlier in this factsheet: the figures in the graph below show the types of issues older people in rural areas have raised with Age UK in Herefordshire.



The graph suggests that the most vulnerable group of older people in Herefordshire are people who are 80+ and 75% of Age UK Hereford & Localities rural contacts are with this group. What is striking is the number of people who report a drop in confidence, and who are isolated, geographically, socially or through lack of mobility.

Call to action: prevention and support

These diagrams illustrate what the figures presented in this factsheet mean in practice. The ‘vicious’ cycle shows how isolation and low confidence lead to poor physical and emotional health, which, along with a lack of support, in turn makes isolation worse. The ‘virtuous’ cycle shows how community-based support can lead to prevention of problems and independent living, so reducing health crises and hospital admissions. Living independently and reducing isolation makes life better for older people, improving social inclusion, it is predicted this saves money and improves wellbeing and quality of life^{xii}.



The question for everyone involved in the health and care system is:

What are we doing to combat the vicious cycle and create the virtuous one?

Healthwatch calls on all relevant organisations in Herefordshire to take this agenda seriously by:

- **Preventing crisis situations by;**
 - Focusing on falls prevention: reducing the demands and costs associated with injury from fall.
 - Adapting older people's housing: adaptations, including better lighting, reduce the number of falls and other accidents, and can also reduce depression, which in turn may reduce the number of falls.
- **Ensuring supported discharge and community services;**
 - Speedy assessments and adaptations and equipment can help hospital discharge or prevent admission to hospital.
 - Supporting carers.
 - Can enable disabled older people to avoid or move out of residential accommodation into independent living.
- **Reducing loneliness and isolation** by helping people access activities and services in the community, encouraging dementia friendly activities and services, keeping older people active and connected to maintain good mental health.
- **Stretching resources further by;**
 - Developing creative new ways for community-based support and prevention.
 - Adapting good ideas from across the UK where new ideas have saved money.



Healthwatch Herefordshire

Berrows Business Centre

Bath Street, Hereford HR1 2HE

Tel 01432 364 481

Info@healthwatchherefordshire.co.uk

www.healthwatchherefordshire.co.uk *Follow us on twitter:@hwherefordshire*

Sources

ⁱ Census 2011

ⁱⁱ Department of Health, *Raising the profile of long term conditions care: A compendium of information*, 2008

ⁱⁱⁱ 47% of 65-84s; 43% of all people: source Herefordshire Joint Strategic Needs Assessment 2013

^{iv} Understanding Herefordshire

<http://factsandfigures.herefordshire.gov.uk/1922.aspx>

^v Office for National Statistics, *Population trends 134*, 2008

^{vi} Personal Social Services Research Unit, *Changes in the Patterns of Social Care Provision in England: 2005/6 to 2012/13*

^{vii} Department of Health, *Raising the profile of long term conditions care: A compendium of information*, 2008

^{viii} PSSRU, *Future demand for long-term care, 2002 to 2041: Projections of demand for long-term care for older people in England*, 2006

^{ix} UK Inquiry into Mental Health and Well-Being in Later Life, *Promoting mental health and well-being in later life*, 2006

^x Alzheimers Society, Statistics, 2009

^{xi} See <http://factsandfigures.herefordshire.gov.uk/1507.aspx>

^{xii} Social Exclusion Unit, *Making life better for older people: An economic case for preventative services and activities*, 2006

^{xvi} SCIE report 63 *'Improving personal budgets for older people: a research overview'*



MEETING:	HEALTH AND SOCIAL CARE OVERVIEW & SCRUTINY COMMITTEE
MEETING DATE:	19 JANUARY 2015

TITLE OF REPORT:	COMMITTEE WORK PROGRAMME
REPORT BY:	GOVERNANCE SERVICES MANAGER

1. Classification

Open

2. Key Decision

This is not an executive decision

3. Wards Affected

County-wide

4. Purpose

4.1 To consider the Committee's work programme.

5. Recommendation

THAT: The work programme as appended be noted, subject to any comments the Committee wished to make.

6. Alternative Options

It is for the Committee to determine its work programme as it sees fit to reflect the priorities facing Herefordshire. Any number of subjects could be included in the work programme. However, the Committee does need to be selective and ensure that the work programme is focused on the key issues, realistic and deliverable within the existing resources available.

7. Reasons for Recommendations

7.1 The Committee needs to develop a manageable work programme to ensure that scrutiny is focused, effective and produces clear outcomes.

8. Key Considerations

8.1 The Committee is asked to note its work programme and to note progress on current work.

9. Community Impact

9.1 The topics selected for scrutiny should have regard to what matters to the County's residents.

Further information on the subject of this Report is available from David Penrose, Democratic Services Officers, on Tel (01432) 383690

10. Equality and Human Rights

10.1 The topics selected need to have regard for equality and Human rights issues.

11. Financial Implications

11.1 The cost of the work of the Scrutiny Committee will have to be met within existing resources. It should be noted the costs of running scrutiny will be subject to an assessment to support appropriate processes.

12. Legal Implications

12.1 The Council is required to deliver an Overview and Scrutiny function.

13. Risk Management

13.1 There is a reputational risk to the Council if the Overview & Scrutiny function does not operate effectively. The arrangements for the development of the work programme should help mitigate this risk.

14. Consultees

14.1 Following initial consultations on topics for scrutiny with Directors and Members of the Cabinet, all members of the Council were invited to suggest items for scrutiny.

15. Appendices

15.1 Appendix 1 - An outline work programme for the Committee.

Appendix 2 – Executive Rolling Programme

16. Background Papers

16.1 None identified.

**HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE
ITEMS IDENTIFIED FOR INCLUSION IN THE WORK PROGRAMME**

Draft Work Programme

Wednesday 4 February 2015 at 2:30pm	
Accountability Session	To hold a public accountability session for organisations within the health sector. This session shall focus on Public Health, Health and Wellbeing Board and Healthwatch Herefordshire.
Children's Safeguarding Update	To receive and update on Children's Safeguarding.
Healthwatch update	To receive a verbal report on any issues of concern
Tuesday 24 March 2015 at 10.00am	
Accountability Session	To hold a public accountability session for organisations within the health sector. This session shall focus on Public Health, Health and Wellbeing Board and Healthwatch Herefordshire.
Children's Safeguarding Performance Data	To examine and challenge the performance data on children's safeguarding.
Healthwatch update	To receive a verbal report on any issues of concern

The following issues are suggestions from the public for inclusion

The impact of housing developments in Herefordshire on Hereford hospital and other social services
--

The following matters shall be dealt with via briefing notes

- Changes to the scrutiny arrangements of Herefordshire Council including risks, mitigation and proposed changes
- An update on the use of mobile devices by social workers
- 2gether NHS Foundation Trust headlines for Key Performance Indicators

DECISION MAKER CABINET MEMBER CORPORATE SERVICES COUNCILLOR PM MORGAN			
Decision Date (on or after)	Issue Type	Purpose & Report Title	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker
TBC	Non Key	Review of Gypsy and Traveller Policy	Economy, Communities & Corporate Claire Corfield
DECISION MAKER CABINET MEMBER HEALTH & WELLBEING COUNCILLOR GJ POWELL			
Decision Date (on or after)	Issue Type	Purpose & Report Title	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker
TBC	Non Key	Harling Court – Housing Support Services To seek approval to waiver the existing service whilst re-procurement exercise is ongoing	Adults Wellbeing / Graham Saveker/Richard Gabb

2015

Executive Decisions to be taken – January 2015

DECISION MAKER CABINET			
Meeting / Decision Date (on or after)	Issue Type	Purpose & Report Title	Portfolio Holder
22 Jan 2015	B&PF	2015/16 Budget Setting	Corporate Strategy & Finance
			Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker

DECISION MAKER

MARCHES LOCAL ENTERPRISE PARTNERSHIP JOINT EXECUTIVE COMMITTEE

Decision Date (on or after)	Issue Type	Purpose & Report Title	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker
19 January 2015	Key (following call in due in early January)	<p>Marches Enterprise Zone</p> <p>To consider the outcome of a review of options and agree mechanisms for accelerating delivery of the enterprise zone.</p>	ECC Mark Pearce

**DECISION MAKER
CABINET MEMBER YOUNG PEOPLE & CHILDREN'S WELLBEING:
COUNCILLOR JW MILLAR**

Decision Date (on or after)	Issue Type	Purpose & Report Title	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker
TBC January	Non Key	<p>New Horizons - Post 19 Learners with Learning Difficulties and or Disabilities Pilot Project Report</p> <p>For the Cabinet Member for Children's Wellbeing to review and agree to the recommendations in the report including that the pilot project continues. As resolved by cabinet on 19th September 2013.</p>	Children's Wellbeing / Alexia Heath

**DECISION MAKER
CABINET MEMBER HEALTH & WELLBEING
COUNCILLOR GJ POWELL**

Decision Date (on or after)	Issue Type	Purpose & Report Title	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker
2 January 2015	Key	Carer Support Service	Adult and Wellbeing Amy Pitt
After 7 January 2015	KEY	Herefordshire Domestic Violence and Abuse Support Service Contract	Health and Wellbeing Adult and Wellbeing / Helen Coombes
13 January 2015	Key	Commissioning Information, Advice and Guidance community Hub service	Adults and Wellbeing Directorate Ewen Archibald, Commissioning Lead

16 January 2015	KEY	Recommissioning of the current Healthy Child Programme 5-19 (school nursing) contract and extension of current contract prior to commencement of formal tendering process.	Adults & Wellbeing, Public Health Alison Merry, Consultant
21 January	Non Key	Homelessness Prevention Strategy	Adults Wellbeing / Jane Thomas // Laura Lloyd

DECISION MAKER			
CABINET MEMBER CORPORATE STRATEGY & FINANCE:			
COUNCILLOR AW JOHNSON, LEADER OF THE COUNCIL			
Decision Date (on or after)	Issue Type	Purpose & Report Title	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker
January 2015	Non Key	Social Value Statement To secure member approval for a council 'Social Value Statement'	R. Ball – ECC

DECISION MAKER			
CABINET MEMBER CONTRACTS & ASSETS:			
COUNCILLOR H BRAMER			
Decision Date (on or after)	Issue Type	Purpose & Report Title	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker
16 January 2015	Non Key	Adoption of Leisure Facilities Strategy Formal adoption of Leisure Facilities Strategy	Economy, Communities & Corporate – Mick Ligema
22 January 2015	KEY	Queenswood Country Park & Bodenham Lake Community Asset Transfer To consider the proposals to progress the community asset transfer of Queenswood Country Park and Bodenham Lane	Economy, Communities & Corporate – Steve Burgess

Executive Decisions to be taken – February 2015

DECISION MAKER

COUNCIL			Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker
Meeting /Decision Date (on or after)	Purpose & Report Title	Portfolio Holder	
6 Feb 2015	2015/16 Budget Setting	Corporate Strategy & Finance	

DECISION MAKER CABINET			
Meeting / Decision Date (on or after)	Purpose & Report Title	Portfolio Holder	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker
26 Feb 2015	Budget Monitoring Report <i>To report the financial position of the Council for both Revenue and Capital</i>	Corporate Strategy & Finance – Councillor AW Johnson, Leader of the Council	Economy, Communities & Corporate / Peter Robinson
26 Feb 2015	Delivering the Strategic Approach for Children & Young People with disabilities and / or special educational needs <i>To approve the Strategic Approach for Children & Young People with disabilities and / or special educational needs</i>		Children's Wellbeing – Richard Watson
26 Feb 2015	Care Act 2014 To consider the impacts of the Care Act and to agree actions for implementation		Adults Wellbeing / Alison Hotchen Care Act Project Manager
26 Feb 2015	Staying Put Project To approve the Staying Put Policy and Procedures		Children's Jo King, Head of LAC
26 Feb 2015	Children's Safeguarding Update		Children's Wellbeing – John Roughton
26 Feb 2015	Future of Colwall Primary School Building	To approve the capital expenditure for the future of Colwall School Building	Children's, Andy Hough
26 Feb 2015	Public Health Annual Report	Health & Wellbeing – Councillor GJ	Public Health / Susan Lloyd

	Key			Powell	
26 Feb 2015	KEY	Better Care Fund	To agree the development of the Herefordshire Better Care Fund (BCF) Plan since the submission to NHS England of September 2014 and to approve the spending plans and agreements for 2015/16 allied to these developments.		Jacky Edwards

Executive Decisions to be taken – March 2015

DECISION MAKER COUNCIL					
Meeting / Decision Date (on or after)	Issue Type	Purpose & Report Title	Portfolio Holder	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker	
6 March 2015		Setting of Council Tax			

DECISION MAKER CABINET MEMBER HEALTH & WELLBEING COUNCILLOR GJ POWELL					
Decision Date (on or after)	Issue Type	Purpose & Report Title	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker		
31 March 2015	Non Key	Herefordshire Tenancy Strategy 2012 -2015.	Adults Wellbeing / Jane Thomas		
TBC (March 2015)	KEY	Strategic Review of Extra Care Provision	Health & Wellbeing / Adults Wellbeing		
TBC (March 2015)	KEY	Rose Garden- Extra Care Support Provision Contract	Richard Gabb Laura Lloyd Commissioning Officer, Adult and Wellbeing Directorate		

DECISION MAKER CABINET MEMBER YOUNG PEOPLE & CHILDREN'S WELLBEING: COUNCILLOR JW MILLAR					

Decision Date (on or after)	Issue Type	Purpose & Report Title	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker
26 March 2015	Key	Commissioning and re-provisioning of children's services – Children's centres	Childrens Wellbeing – Philippa Granthier

Executive Decisions to be taken – June 2015

DECISION MAKER CABINET			
	Purpose & Report Title	Portfolio Holder	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker
June 2015	Review of Smallholdings		Economy, Communities and Corporate – Tony Featherstone

DECISION MAKER CABINET			
Meeting / Decision Date (on or after)	Issue Type	Purpose & Report Title	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker
September 2015		Herefordshire Safeguarding Boards Business Plan and Annual Report.	Children's Wellbeing, John Roughton?
		Young People and Children's Wellbeing / Councillor J Millar	

DATE TO BE CONFIRMED

DECISION MAKER CABINET			
Issue Type	Purpose & Report Title	Portfolio Holder	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker
TBC December 2015	Rose Garden- Extra Care Support Provision Contract Award of the extra care contract at Rose Gardens, following the procurement exercise in December 2015.	Health & Wellbeing	Adults Wellbeing / Laura Lloyd