

AGENDA

Health & Social Care Overview and Scrutiny Committee

Date: **Tuesday 24 March 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

Councillor CNH Attwood

Vice-Chairman

Councillor MD Lloyd-Hayes

Councillor PA Andrews

Councillor JM Bartlett

Councillor PL Bettington

Councillor MJK Cooper

Councillor KS Guthrie

Councillor Brig P Jones CBE

Councillor JLV Kenyon

Councillor NP Nenadich

Councillor CA North

Councillor SJ Robertson

Councillor P Sinclair-Knipe

Councillor GA Vaughan-Powell

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</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 Public Health, the Health and Wellbeing Board and Healthwatch Herefordshire.</p>	15 - 30
8.	<p>WYE VALLEY NHS TRUST UPDATE</p> <p>To receive an update on the performance of the Wye Valley NHS Trust following the CQC report and imposition of special measures.</p>	31 - 40
9.	<p>STROKE PATHWAY UPDATE</p> <p>To receive a progress report on the Stroke Pathway.</p>	41 - 46
10.	<p>INTEGRATED URGENT CARE PATHWAY PROJECT</p> <p>To update the Committee on the progress with the Integrated urgent care pathway project.</p>	47 - 52

11. WORK PROGRAMME

To receive the Committee's Work Programme.

53 - 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). Agenda can be found at www.herefordshire.gov.uk/meetings
- Please note that filming, photography and recording of meetings is permitted provided that it does not disrupt the business of the meeting.
- The reporting of meetings is subject to the law and it is the responsibility of those doing the reporting to ensure that they comply.
- 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, HR1 2HX.

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 4 February 2015 at 2.00 pm

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

Councillors: PA Andrews, JM Bartlett, MJK Cooper, KS Guthrie, Brig P Jones CBE, JLV Kenyon, NP Nenadich, C Nicholls, SJ Robertson, P Sinclair-Knipe and GA Vaughan-Powell

In attendance: Councillors JA Hyde (Cabinet Support Member, Young People and Children's Wellbeing), JW Millar Cabinet Member, Young People and Children's Wellbeing) and GJ Powell (Cabinet Member, Health and Wellbeing)

Officers: H Coombes (Director for Adults Wellbeing), J Davidson (Director for Children's Wellbeing), P Meredith (Assistant Director Safeguarding & Early Help), J Roughton (Head of Safeguarding and Review Children), J Brooks (Programme Manager Children and Mental Health Services, Herefordshire Clinical Commissioning Group) and D Penrose (Governance Services)

61. APOLOGIES FOR ABSENCE

Apologies were received from Councillors PL Bettington and CA North.

62. NAMED SUBSTITUTES (IF ANY)

Councillor C Nicholls for Councillor CA North.

63. DECLARATIONS OF INTEREST

None.

64. MINUTES

The Minutes of the Meeting held on the 19 January were approved and signed as a correct record.

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

There were no suggestions for future scrutiny.

66. QUESTIONS FROM THE PUBLIC

An issue had been raised with the Chairman regarding the parking facilities for the Rapid Response Team. The Director, Adults Wellbeing would clarify the matter.

67. ACCOUNTABILITY SESSION

The Committee received a presentation from Mr Merker, Director of Service Delivery, 2gether NHS Foundation Trust which was published as a supplement to the Agenda.

In the ensuing discussion, the following points were addressed:

- That the Committee would be provided with a list of waiting times for patients, together with information on the number of referrals made against the time that patients had waited for their appointments.

In reply to a question, Mr Merker said that since September 2013 the Learning Disability specialist services had a clear focus as a result of the commissioning arrangements between health and social care. The Service was in a larger clinical network as a result of changes, which allowed for different professional discussion between clinical colleagues. Work was still required around various clinical pathways.

- That one of the aims of the Lets Talk service was to provide an alternative to the GP for those suffering from depression for those with low level needs. This should help reduce the level of prescribing. Mental Health nurses liaised with GP's to discuss the best way forward for treating patients.
- That it was unlikely that the fatal stabbing that had happened at the Wooton Lawn Hospital in Gloucestershire could happen in Herefordshire. Appropriate training had been provided to all staff in the unit, and a restraint procedure team had responded to the incident. No restraint procedures had initially been in place. The matter had been reviewed both internally and externally, and improvements had been made in certain areas. The reviews had found that the level of training had been appropriate. Mr Merker extended an invitation to the Committee to undertake a site visit of any of the facilities run by the Trust in order to see for themselves how they operated.

In reply to a comment concerning staffing levels in the Stonebow Unit, Mr Merker said that whilst there was an issue of safe staffing levels in any ward, the Unit had to report on a weekly basis both externally and internally on staffing levels, and if staff had concerns, they were encouraged to voice them. He undertook to provide the Committee with a briefing note on the situation as soon as possible.

- That staff were flexible in their case workloads, and were encouraged to discuss concerns that they might have over their caseloads. In reply to a further question, Mr Merker suggested that, in order to address questions as to how adult and older people mental health services worked with primary care and GP's, a session should be held with clinicians who were delivering services on the front line. The Herefordshire Clinical Commissioning Group (HCCG) was investing in Dementia care, and the Trust had been able to target waiting times, which had been reduced to four weeks. Support was offered during the subsequent interim period until a diagnosis was provided, which should be no longer than eight weeks.
- That there were three wards at the Stonebow Unit, one Adult and two Older People wards. The bed numbers had been reduced, but it should be borne in mind that the crisis resolution and treatment team was active 24 hours a day and 7 days a week, and that (6% of people seen by the Trust were supported in the community. Bed pressures were felt in the areas of specialist intervention and support. For general mental health issues, no patients were sent outside Herefordshire. It was necessary to provide specialist mental health and psychiatric care out of County. The Programme Manager Children and Mental Health Services (HCCG) added that at the present time there were thirty adults placed outside the County with mental health issues, and four young people. It was noted that there were no mental health children's beds in Herefordshire; the closest such beds were in Birmingham.

In reply to a question concerning the risk of deprivation of liberty for residents, the Director of Adults Wellbeing said that this was an issue that would have to be addressed. The Mental Capacity Act differed from the Mental Health Act in that staff needed to be aware of assessing when patients were capable of making a decision. There were 169 outstanding assessments of this nature in the County, and at least 20,000 nationally. Most Local Authorities had around a thousand assessments to deal with. The Local Authority was the supervising body, and additional staff had been employed to deal with the issue, as there were six different assessments that had to be undertaken. The issue did not apply to those living independently in their own homes. The Law Commission was undertaking a review in the coming year, and it was hoped that extra resources would be provided to deal with the situation.

In reply to a Member's question regarding the reconfiguration of the CAMHS service, Mr Merker said that the joint commissioning of the service between the HCCG and the local authority meant that improved efficiencies had allowed for resources to be released back into the system. A CAMHS Strategy Group had been set up for Children's Wellbeing, and would be tasked with bringing services together in a more efficient way. The Director of Children's Wellbeing undertook to circulate a briefing note to the Committee from the Council and the HCCG on the matter.

In reply to a question, Mr Merker said that Gloucestershire's Let's Talk programme had been set up before Herefordshire's, which is why it was delivering ahead of the local one. Herefordshire's programme would reach its targets in March. The service was expecting to receive 180 new cases a month.

The Independent Chairman of Healthwatch said that it was important for Members to visit the Stonebow Unit in order to understand the issues with the Unit. A Board Member from Healthwatch attended the Board meetings of the 2gether NHS Foundation Trust, and governance and involvement with the organisation was an important issue. He added that the Leadership of the Trust has always been open and inclusive to Healthwatch.

Mr J Saunders OBE, Non-Executive Director, 2gether NHS Foundation Trust said that the Trust was subject to financial, political and demographic pressures and had a very effective performance and assurance process. There were continuous demands on the Trust to improve performance and to find new and imaginative ways of providing services.

Resolved:

That

- a) The presentation be noted; and;**
- b) Briefing notes on the staffing levels at the Stonebow Unit and the CAMHS Strategy group be provided to the Committee.**

68. CHILDREN'S SAFEGUARDING UPDATE

The Committee received a report on Children's Safeguarding, and in particular the outcome of the Department for Education (DfE) Review conducted on 15 and 16 December 2014, the outcome of the Herefordshire Safeguarding Children's Board (HSCB) Local Government Association (LGA) Peer Diagnostic.

The Head of Safeguarding and Review highlighted the following areas:

- That the business support resourcing issue mentioned in the DfE letter had been addressed by an increase in available business support and improvements in Frameworki. This was an area that would be monitored carefully.
- That the Voice of the Child was an important message that should be taken up by the next Administration and Council.

The Director of Children's Wellbeing said that she was pleased with the change in staffing ratios outlined in the 'Journey to Good' report, and agency staff were now 31% of the establishment number. There would be a need to employ more agency staff in the Multi-Agency Safeguarding Hub and the Children in Need team, to ensure caseloads remained low. The Multi Agency Safeguarding Hub was beginning to specialise in some areas. Its first specialism was in the area of child sexual exploitation.

There was still a long way to go in order to reach the target, and it was important that the next Council should have cross party involvement in the process.

In reply to a question, the Cabinet Member (Young People and Children's Wellbeing) said that the Journey to Good could be hampered should elected Members and Council lose sight of their corporate responsibility to maintaining children's safeguarding as a top priority for the organisation. The Improvement Board would no longer be overshadowing the Children's Safeguarding Board. The new Chairman of that Board, when appointed, would be leading an increase in the pace of change.

Resolved:

That:

- a) The outcome of the Department for Education Review conducted on 15 and 16 December 2014 be noted;**
- b) The outcome of the Herefordshire Children's Safeguarding Board Local Government Association Peer diagnostic conducted between 17-19 November 2014 be noted; and;**
- c) Progress to date on the Ofsted Action Plan be noted.**

69. MANDATORY TRAINING FOR ELECTED MEMBERS

The Committee received a report on a proposal for mandatory corporate parenting and safeguarding training for all Councillors.

The Cabinet Member (Young People and Children's Wellbeing) commented that this measure would ensure that training in this area would remain a priority for the Council. Training that had been undertaken over the years had been poorly attended, and Group Leaders had agreed that this was an alternative way forward that would help to ensure that the Council could ensure it provided good governance in relation to this priority.

Resolved: That the principle of mandatory training for elected Members in respect of safeguarding and corporate parenting be endorsed

70. CARE ACT 2014 - UPDATE

The Committee received a report on the timeline for the Care Act implementation and progress on local implementation activities. The Director for Adults Wellbeing highlighted the following areas:

- That the National public awareness campaign would start on the 9th February, and would cover both local and national media.
- That, apart from the changes to funding, most of the Care Act had been implemented in 2014. The funding cap would be in place by 1 April 2015.

Resolved: That the report be noted

71. HEALTHWATCH HEREFORDSHIRE

The Committee noted the Healthwatch Herefordshire report. In reply to a question, the Independent Chairman said that Healthwatch was supportive of community pharmacies, and that he had been actively involved in their forum meetings.

Resolved: That the report be noted

72. WORK PLAN

The Committee noted its Work Programme.

Resolved:

That

- a) **the Work Programme be approved;**
- b) **consideration be given to a Task and Finish Group on Transport for Health and Social Care; and;**
- c) **a visit to the Stonebow Unit be organised.**

The meeting ended at 4.25 pm

CHAIRMAN



MEETING:	HEALTH & SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE
MEETING DATE:	24 MARCH 2015
TITLE OF REPORT:	HEALTH & WELLBEING STRATEGY PUBLIC CONSULTATION
REPORT BY:	Interim Consultant in Public Health

Classification

Open

Key Decision

This is a key decision.

Wards Affected

County-wide

Purpose

To provide the Committee with a progress report on the refresh of the health and wellbeing strategy and to seek the views of Members on the priorities to date.

Recommendation

THAT:

- (a) **The Committee discuss and comment on the development of the strategy by the Health & Wellbeing Board to date and endorse the approach being taken**

Alternative Options

- 1 There are no Alternative Options as the Health & Wellbeing Board has been established under the provisions set out in the Health & Social Care Act 2012 and is a key strategic leadership forum that drives ongoing improvements in health and wellbeing across Herefordshire. The Board has a duty to agree and publish a joint health and wellbeing strategy setting out ambitious outcomes for improved health and wellbeing across Herefordshire.

Further information on the subject of this report is available from
Jo Robins, Interim Consultant in Public Health on Tel (01432) 383882

Reasons for Recommendations

- 2 It is important that that Members take an active role in the development of the key themes and priorities of the health and wellbeing strategy

Key Considerations

- 3 There is an early draft version of a health & wellbeing strategy in place with an agreed vision and some key principles. There is now an integrated needs assessment in place as well as a children and young people's needs assessment which forms the bedrock of any health and wellbeing strategy. The new iteration will be ready for consideration at the Health & Wellbeing Board.
- 4 Additional work is required to identify the key themes for the health and wellbeing strategy based on the recent developments within the council and across partner organisations whereby major proposals new programmes are being developed. A series of seven priorities have been identified with common recurring themes.
- 5 To ensure credibility for the health and wellbeing strategy consultation with the public and stakeholders is underway. It is important to consider and reflect on the feedback especially about the priorities and how people keep well.
- 6 The health and wellbeing strategy will not replace existing strategies and plans but should value to those already in place
- 7 The health and wellbeing strategy should enable partners to collectively focus effort where impact will be greatest on the health and wellbeing of local people.

Financial Implications

- 8 None.

Consultees

- 9 A range of officers and elected members of the council have been consulted with as have various officers and chairs of local partnerships. The Supportive Communities Working Group is overseeing the work. The consultation is now open to the public.

Appendices

Appendix 1 – Presentation

Background Papers

None

The Herefordshire Health & Wellbeing Strategy

Jo Robins – Consultant in Public Health



Purpose of Presentation

- To present the feedback from the consultation on the Herefordshire Health & Wellbeing Strategy
- To discuss and agree the priorities for action (short, medium, longer term)
- To discuss and endorse content of the strategy



Background and Context

Understanding Herefordshire – a key document is in place which identifies population need

- The population grew by 6% during 2001-2013
- **22% of Herefordshire residents are aged 65+ (compared to 17% nationally)**
- The growth will continue and especially amongst the over 65 year olds (**60% more people over 65 years in 2031) and double the number of 85 year olds**
- The number of people living with single or multiple long term conditions is growing
- Life expectancy of our population is generally good but lower in less affluent areas
- People in less affluent areas spend a greater part of their life living with a disability
- High rates of alcohol related admissions among young people
- The highest % of C&YP living in poverty in 2011 have remained static in the same two areas since 2006
- Rates of breastfeeding, smoking in pregnancy, pre-school assessments are lower as are immunisations at 2 years and 5 years are lower than the national average
- There are high rates of tooth decay amongst young people
- Unintentional & deliberate hospital admissions injuries in children 0-14
- Sparsely populated and large geographical county
- 1 in 20 report being lonely



Making the Case for the Health & Wellbeing Strategy



- The Health & Wellbeing Board has a duty to have a strategy in place
- Can any one organization be responsible for population health and wellbeing?
- Our service infrastructure is fragile with a focus on higher level needs
- Current services are overstretched
- Rural inequalities may be hidden but greatly affect population health and wellbeing as identified in the case for change
- Enables board members to hold each other to account
- Resources are scarce
- It must provide added value to create something better for the future
- Must have an agreed set of outcomes with identified indicators reported on a regular basis



Not Starting From Scratch

- Vision and key principles in place

Herefordshire residents are resilient; lead fulfilling lives;
are emotionally and physically healthy and feel safe and secure

BUT

From time to time we need to re-boot about how we do things

Think about missed opportunities

Community based expertise on wellbeing already exists



Key themes for the Health & Wellbeing Strategy

- Prevention
- Self care/looking after yourself and others
- Reducing health inequalities
- The voluntary, community and pastoral support
- Integration of services
- Access



Priorities Identified

So far based on the data from the Joint Strategic Needs Assessment, the feedback from local experts & stakeholders, and data sources (the public health outcomes)

1. For children - starting well with pregnancy, maternal health (smoking in pregnancy), 0- 5 immunisations, breastfeeding, dental health, pre-school checks, children with disabilities, young offenders, young people not in education, employment or training, Looked after children
2. For adults – long term conditions, lifestyles (alcohol, weight, active lifestyles, smoking prevention, mental health)
3. For older people – quality of life, social isolation, **fuel poverty**
4. Impact of housing, **fuel poverty** and poverty and the impact on health and wellbeing
5. Special consideration – carers, returning veterans and armed forces families, homeless, non English speaking communities, women – domestic abuse and sexual violence, families with multiple needs (**fuel poverty**, those living in poverty)
6. Mental health and wellbeing and the development of resilience in children, young people and adults
7. Hidden issues – alcohol abuse in older men & women



Consultation and Engagement

- **Voluntary Sector/Public engagement**
 - Parent Carer Forum
 - Communities are Us-Community Development Forum
 - Herefordshire Street Pastors
 - Healthwatch Question time
 - HVOSS Voluntary Sector Leadership
 - Older People's Luncheon Club
 - Young Farmers Groups
 - Parish Council Newsletter
 - Herefordshire Council Consultation website <https://www.herefordshire.gov.uk/health-and-wellbeing-strategy>
- **Stakeholder Groups**
 - Early Years Forum
 - Adult Wellbeing Forum
 - Kemble Housing Trust
 - West Mercia Housing Trust
 - Leominster Council
 - Plough Lane Council Offices
 - Adult Well-Being Management
 - Children's Well-Being Management
 - Consultants – Wye Valley Trust
 - Local Medical Committee (TBC)
 - Senior Managers- 2gether Mental Health Trust (TBC)
 - Health & Social Care Overview & Scrutiny Committee



What have we found.....so far ?

- In order of priority:-
 - Mental health
 - Children
 - Older People
 - Housing
 - Adults – Long term conditions
 - Special Consideration
 - Hidden Issues



Feedback comments to date

Generally agree but what about traveller families (mobile and settled?)

In previous versions we have talked about sustainable secondary care services

There has been an increase in referrals of men with moderate/severe mental health problems

Education and life skills not showing

Learning disabilities – should this be a special group

No crisis services for young people with mental health

Closer integration with the 3rd sector and social care to develop a preventative strategy

In the Urgent Care Review people told us what matters most is that URS teach them about their conditions and prepare them for the next time

Carers – role of carers (young and old)



Next Steps

- Priorities identified based on JSNA/Stakeholder feedback and public input
- The outcomes
- The action plans
- Health & wellbeing board discussion
- Feeding Back to you – you said, we did



Key Questions for Today

- What do you think of the themes and priorities ?
- How could you support the implementation of the strategy ?

CONSULTATION WEBSITE

<https://www.herefordshire.gov.uk/health-and-wellbeing-strategy>



MEETING:	HEALTH AND SOCIAL CARE OVERVIEW & SCRUTINY COMMITTEE
MEETING DATE:	24 MARCH 2015
TITLE OF REPORT:	HEALTHWATCH HEREFORDSHIRE
REPORT BY:	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 presentation on the work undertaken by Healthwatch Herefordshire

5. Recommendation

THAT: The Committee note the presentation.

6. Alternative Options

There are no relevant alternative options.

7. Financial Implications

7.1 There are no financial implications to this report.

8. Legal Implications

8.1 There are no legal implications to this report.

9 Appendixes

Appendix 1 – Presentation

10 Background Papers

10.1 None identified.

1. Key work during 2014/15

Healthwatch Herefordshire (HWH) continued to champion the views of the public, patients and consumers of health and social care services across Herefordshire, consolidating and developing work across all key stakeholder and strategy groups. Further information can be found in our first **Annual Report 2013/14**

<http://www.healthwatchherefordshire.co.uk/resources/healthwatch-herefordshire-annual-report-2013-2014>. Key work during the year included: -

- **Enter & View visits** to 3 nursing homes & 3 hospitals focusing on people with dementia
<http://www.healthwatchherefordshire.co.uk/enter-view-1>
- Co-ordination of an **Adult Social Care Summit**, publishing 7 statements for future action: -
<http://www.healthwatchherefordshire.co.uk/adult-social-care>
- **Healthwatch hosts 'Question Time'** (around 90 attendees)
http://www.healthwatchherefordshire.co.uk/sites/default/files/report_final.pdf
- Participation in NHS PLACE visits

2. Successes during 2014/15

Highlights during the year included: -

- Adult social care statements produced from summit and cascaded to ASC services
<http://www.healthwatchherefordshire.co.uk/adult-social-care>
- Led the establishment and set up of an 'Engagement Gateway' for Health & Social Care commissioners and providers in Herefordshire.
- '10 Dignity Challenge' principles endorsed in partnership with The Safeguarding Adults Board <http://www.healthwatchherefordshire.co.uk/news/healthwatch-herefordshire-endorses-dignity-challenge>
- HWH influence of the public voice into a range of health and social forums, organisations, services and structures (See appendix A)
- Revised health provision for young people through the Taurus Project in response to identified health needs of young people across the county.

3. Challenges during 2014/15

Ongoing efforts were required to: -

- Establish and maintain working relationships with key personnel in a changing health and social care landscape.
- Understanding how best to use and utilise the data that HWH has, as added value to the system.
- Establishing role and relationship with CQC during a period in which inspection regimes changed.
- Maintaining a focus on the voices of people who would otherwise feel unable to get their views heard.

4. Key Work for 2015/16

HWH will be focusing on: -

- Engagement & enter & view with people with sensory impairment and physical disabilities.
- Complaints systems review.
- Home care quality report.

- Safe medicines fortnight.
- Work engaging with children & young people.
- Participate in NHS PLACE visits.
- Hospital discharge system.
- Access to H&SC services in rural areas.
- Continue to raise public awareness about the role and independence of HWH, particularly with people who otherwise wouldn't be able to, or feel less confident, in their ability to make their views known.

HWH is monitored on a quarterly basis through a commissioning contract with Herefordshire Council. Progress against the following outcome indicators will be assessed by March 2016: -

Local people will be saying...

- ‘I know what HWH is and how it can help me’
- ‘I feel HWH gave me a voice and I was taken seriously’
- ‘HWH helped me make the right choice’
- ‘HWH made my voice heard and services improved’
- ‘They are on our side for health and social care with no fear or favour’
- ‘They helped me/saved our ... so they’re worth their weight in gold’

5. Key Areas of Risk for 2015/16

Area	Problem	Likelihood 1= Low 5= High	Impact	Level
Financial	Failure to control budget and commitment to workstreams, compromising activities and ability to deliver outcomes.	2	5	Low/Medium
Reputational	Maintaining independence within the local and social care system	3	4	Medium
Operational	Keeping focus on key priorities - Receiving wide range of requests that distract HWH from our outcomes and activities.	3	5	Medium/High
Political	Political changes affect Healthwatch services, activities (including statutory functions).	3	5	Medium/High

6. Areas and suggestions that might be beneficial for future input by scrutiny

Emerging areas and suggestions include: -

- Homecare quality and provision across the county.
- Joint commissioning arrangements.
- The role of the Voluntary and Community Sector (VCS) in the health and social care economy.

Healthwatch Herefordshire

Berrows Business Centre, Bath Street

Hereford

HR1 2HE

Tel: 01432 364 481

Email: info@healthwatchherefordshire.co.uk

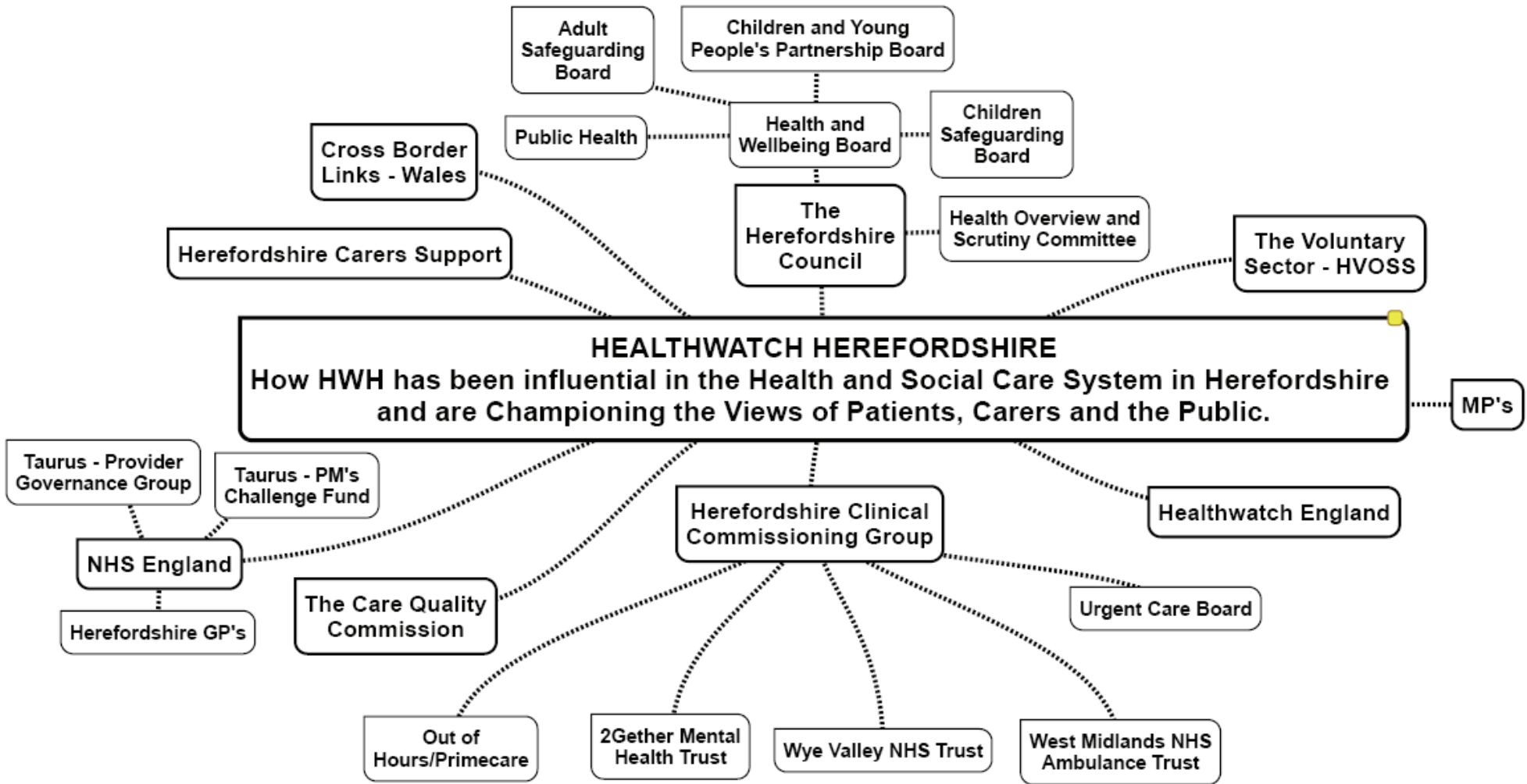
Website: www.healthwatchherefordshire.co.uk

Twitter: @HWHerefordshire

Facebook: www.facebook.com/hwherefordshire

Leads/ meetings represented as Healthwatch Herefordshire:-

- **Paul Deneen** - Chair of Healthwatch, Health and Wellbeing Board. Health Overview & Scrutiny Committee, Healthwatch England, NHS England, Herefordshire Council, MP's.
- **Allan Lloyd** - Lead for Enter and View, cancer & Macmillan services rep for the Wye Valley Trust (WVT), attends the Wye Valley Trust Board, Wye Valley Stakeholder Group, Stroke Services Implementation Check and Challenge Group, Stroke Pathway Check & Challenge Group, and supporting volunteer recruitment.
- **Ian Stead** - lead for mental health and the 2gether Board, 2gether Service Experience Group, Enter & View, Cross Border Working Group, Taurus Governance Meeting, and also supporting volunteer recruitment.
- **Keith Andrews** - nominated deputy for the Health and Wellbeing Board and lead for the West Midlands Ambulance Service. Taurus Programme Board meetings.
- **Colin Javens** - leads for adult safeguarding board, safeguarding improvement process sub group, Autism Partnership Board, Homecare provider meeting, rep at the Hereford Disability United meetings, and adult social care.
- **Sheila Marsh** - leads for strategic commissioning issues and strategic planning for the Board. Clinical Commissioning Group board, Adult Social Care. Women's services. Systems Resilience Group.
- **Gwyneth Gill** - Children's Safeguarding Board, CYP Partnership Board, Young Person's Interest Groups (hvoss - Children's Interest Group and Youth Interest Group), Values Board Herefordshire Council, Voice of the Child Herefordshire Council.
- **Jacqui Bremner/Will Lindesay** - Taurus Governance Group, WVT Stakeholder, Quarterly Forum with Wales Community Health Councils, Frequent regional and national meetings with Healthwatch England & network partner as required.
- **Val Javens** - Engagement Gateway, CMTG, Dementia Implementation group, CHIG, Carers Hub, Quarterly operational Meeting with Care Quality Commission
- **Christine Price** - Multi Agency Provider Risk and Information Sharing Group Adult Social Care, Clinical Commissioning Group Quality Patient Safety Committee, Quality Surveillance Group NHS England regional meeting, Older People's Interest Group (hvoss), Children's Interest Group (hvoss), Carers Hub, Integrated Needs Assessment reference Group Herefordshire Council (formerly - Joint Strategic Needs Assessment) ref group, Quarterly Wye Valley Trust quality/PALS meetings, Safeguarding Performance Audit & Quality sub group, NHS Area Team Patient Experience Group, Quarterly Operational Meeting with Care Quality Commission, Quarterly Wye Valley Trust patient days.





MEETING:	HEALTH AND SOCIAL CARE OVERVIEW & SCRUTINY COMMITTEE
MEETING DATE:	24 MARCH 2015
TITLE OF REPORT:	WYE VALLEY NHS TRUST CARE QUALITY COMMISSION INSPECTION
REPORT BY:	Chief Executive, Wye Valley NHS Trust

1. Classification

Open

2. Key Decision

This is not an executive decision

3. Wards Affected

County-wide

4. Purpose

4.1 To receive an updated presentation on progress made since the recent Care Quality Commission Inspection of the County Hospital

5. Recommendation

THAT: The Committee note the presentation.

6. Alternative Options

There are no relevant alternative options.

7. Financial Implications

7.1 There are no financial implications to this report.

8. Legal Implications

8.1 There are no legal implications to this report.

9 Appendixes

Appendix 1 – Presentation

10 Background Papers

10.1 None identified.

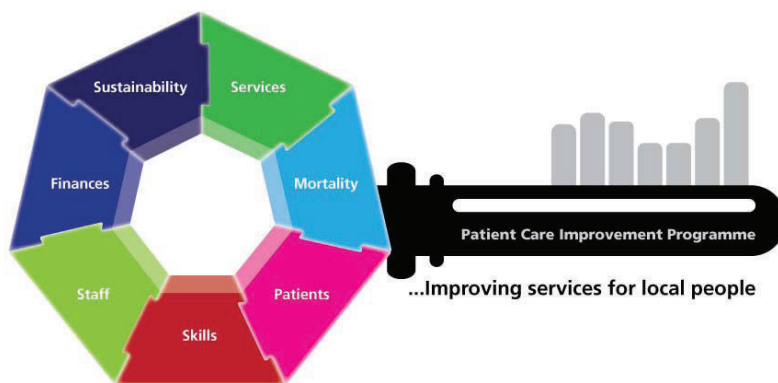
Overview and Scrutiny Committee 24th March 2015

Wye Valley NHS Trust The Present and the Future

Richard Beeken
Chief Executive

Herefordshire's health service provider

Unlocking our potential...



Herefordshire's health service provider

Unlocking our potential

We have been placed in special measures

Concerns highlighted by CQC were:

- Urgent care
- Learning from mistakes
- Engagement of staff/leadership of staff

Unlocking our potential

- We are holding future briefings across trust sites
- Theme is “unlocking our potential”
- Seven key themes:
 - Services
 - Mortality
 - Patient care
 - Skills
 - Staff
 - Finances
 - Sustainability

Unlocking our potential

- We are on a journey - this has begun:
 - **We're getting better at reporting incidents**
 - **Care bundles - major re-launch**
 - **New approaches to recruitment/retention**

Our task is to get out of special measures and develop a resilient healthcare service for the next ten years
- We all have a role to play - look out for your chance to get involved

Services

Exec lead is Lisa Hunt
Interim Chief Operating Officer

Urgent care system

- We double up on acute physicians and medical registrar at peak times
- Introduction of ward-based trackers
- Board has agreed business case for first phase of additional beds - need 38, 16 agreed

Next steps

- Implement new escalation policy in Emergency Dept and bed capacity/patient flow
- Develop long-term medical workforce plan – consultants and junior medics

Services

Exec lead is Lisa Hunt
Interim Chief Operating Officer

Stroke services

- We have passed the NHS England scrutiny process for service change

Next steps

- New medical cover arrangements with Gloucester to be agreed this month (7 day TIA and thrombolysis service)
- Staff training on new thrombolysis protocol - being adopted

Services

Exec lead is Lisa Hunt
Interim Chief Operating Officer

Outpatients

- Review of clinic booking system to reduce “over booking”
- Detailed capacity planning, by speciality, has highlighted significant capacity gaps which need addressing to manage increased demand

Next steps

- Increase Outpatients space by Autumn 2015
- Develop cases for appointing new staff to increase outpatient capacity
- Monitor whether patients are seen within 30 minutes of their appointment time
- Change the way we book patients

Mortality

Exec lead:

Medical Director – Dr Sally Stucke (Dr Susan Gilby from March 23)

- Re-launch of care bundles across the Trust
- We have introduced inpatient mortality tracker to support review of patient deaths
- Our buddy organisation, UHBFT, has activated extensive mortality review process with us

Next steps

- Improve PAS accuracy on responsible consultant - everyone's responsibility
- Monitor impact of mortality tracker
- Regular live audit of care bundles

Patient care

Exec lead is Michelle Clarke
Director of Nursing & Quality

- Pocket guide “See it, sort it, report it” launched
- Trust in top 20 per cent of trusts for percentage of staff reporting errors (NHS staff survey)
- ED has designed bespoke magnetic patient information boards for each patient

Next steps

- Pocket guide for patients under development: “Stay safe, participate, communicate”
- Re-introduce CQC-style peer inspection visits across Trust

Skills

Exec lead is **Maureen Bignell**
Director of People and Development

- We have reviewed our clinical supervision policy
- Team engagement workshop held

Next steps

- Introduction of values-based employment, appraisal and recruitment process
- Identify managers locally to act as “Freedom to Speak Up” champions

Staff

Exec lead is **Maureen Bignell**
Director of People and Development

- We have improved our staff opinion results in many key areas
- We have commenced the recommendation and actions of the “Freedom to Speak Up” review
- We have held series of values and behaviour workshops with frontline staff

Next steps

- Increase opportunities for e-learning for all statutory and mandatory training
- Roll out team engagement workshops as part of leadership programme

Finances

Exec lead is Howard Oddy
Director of Finance & Information

- We have maintained our income and expenditure position since June 2014
- Detailed capacity planning will provide strong evidence for our commissioners for additional activity and capacity in the future

Next steps

- Deliver break-even position at end of financial year
- Draw up robust financial plan for 2015/16
- Reflect transformation plans developed with local authority and CCG into contract with CCG

Financial Challenge

- £17 million structural deficit
- £12.7 million out turn deficit likely in 2014/15 with NR financial support
- Huge financial gap between WVT and HCCG remains for 2015/16 contract and tariff chaos
- Areas of potential dispute - community services, RTT backlog, QIPP plans etc
- Internal CIP of 2 percent minimum required
- Transformation remains the only game in town to mitigate risk

Transformation & Clinical Strategy

- WVT equal partner in Transformation Programme for Herefordshire
- Key workstreams- community collaborative, acute hospital viability, urgent care
- Urgent care - good progress on new, simplified clinical model
- Community Collaborative - redesign of GP and community MH and DN services
- Acute workstream - 7 day resilience, capacity and networked solutions

QUESTIONS?



MEETING:	HEALTH AND SOCIAL CARE OVERVIEW & SCRUTINY COMMITTEE
MEETING DATE:	24 MARCH 2015
TITLE OF REPORT:	STROKE PATHWAY
REPORT BY:	Service Unit Manager, Wye Valley NHS Trust

1. Classification

1.1 Open

2. Key Decision

2.1 This is not an executive decision

3. Wards Affected

3.1 County-wide

4. Purpose

4.1 To inform the Committee of progress for an integrated stroke pathway.

5. Recommendation

5.1 **THAT: The Committee note the report.**

6. Alternative Options

There are no relevant alternative options.

7. Financial Implications

7.1 There are no financial implications to this report.

8. Legal Implications

8.1 There are no legal implications to this report.

9 Appendixes

9.1 None.

10 Background Papers

10.1 None identified.

Health Overview and Scrutiny Committee

Stroke Pathway Update

Lynne Kedward

Service Unit Manager
Urgent Care and Care Closer to Home

Recap

Herefordshire and Powys:

- 2 Consultants – nurses and therapists!
- 5 day TIA clinics
- Acute stroke ward – 12 beds



Herefordshire Patients:

- Hillside rehabilitation unit – 18 beds
- Community rehabilitation team (3.1 wte)
- (Community Hospitals)

- Split site:
 - Interrupts therapy
 - Medical oversight – rising readmissions
- Long inpatient stays
- Long waits for community rehabilitation
- Lack of psychological therapy
- No stroke survivorship service



Update on Progress

- Single site solution:
 - Hyper-acute, acute and inpatient rehabilitation (Wye Ward)
 - Consolidation of specialist resources: medical, nursing and therapist
- Networking with another provider:
 - Gloucester confirmed as preferred partner
 - 7 day Consultant review of hyper-acute +/- acute
 - Telemedicine support



Update on Progress

- Early Supported Discharge – integrated with community rehabilitation and neighbourhood teams
- Workforce
 - Consultants – from 2 to 3
 - Nurses – increase of 17 WTE
 - Therapists – fully recruited
- Training
 - Blended approach

Update on Progress

- Focus on stroke survivors:
 - Psychologist
 - MDT review at 6 wks, 6 mths and 12 mths
- Role of 3rd sector
 - Stroke Association, co-ordination role
- Stroke pathway up to 6 weeks for in-patients:
 - Clear linkages with services for frail older people

Questions ?





MEETING:	HEALTH AND SOCIAL CARE OVERVIEW & SCRUTINY COMMITTEE
MEETING DATE:	24 MARCH 2015
TITLE OF REPORT:	INTEGRATED URGENT CARE PATHWAY PROJECT
REPORT BY:	Chief Officer, Herefordshire Clinical Commissioning Group

1. Classification

1.1 Open

2. Key Decision

2.1 This is not an executive decision

3. Wards Affected

3.1 County-wide

4. Purpose

4.1 To inform the Committee of progress with NHS Herefordshire Clinical Commissioning Group (HCCG) plans to commission an integrated urgent care pathway.

5. Recommendation

5.1 **THAT: The Committee note the report.**

6. Alternative Options

6.1 There are no relevant alternative options.

7. Financial Implications

7.1 There are no financial implications to this report.

8. Legal Implications

8.1 There are no legal implications to this report.

9 Appendixes

9.1 Appendix 1 – HCCG Report

10 Background Papers

10.1 None identified.

NHS HEREFORDSHIRE CLINICAL COMMISSIONING GROUP

Briefing for Herefordshire Health Overview and Scrutiny Committee

Integrated Urgent Care Pathway Project

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

PURPOSE OF THE REPORT

To inform the Committee of progress with NHS Herefordshire Clinical Commissioning Group plans to commission an integrated urgent care pathway.

RECOMMENDATION TO THE COMMITTEE

The Committee is asked to receive the report for information.

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

Purpose of the Report

HCCG gave a presentation to the HOSC on the 19th January 2015 regarding the integrated urgent care pathway project. The purpose of this report is to provide an update to the HOSC.

Current Position

As was set out in the report presented in January, HCCG identified Wye Valley NHS Trust (WVT) as being best placed to both develop a potential solution and to take forward the role as potential Accountable Lead Provider. Wye Valley NHS Trust was offered and accepted the opportunity to develop a proposal in November 2014. HCCG issued to WVT a set of documentation describing HCCG's requirements against which WVT must shape the proposals.

Wye Valley NHS Trust has over the last few months been developing its proposals in discussion with a range of local service providers.

Three Dialogue Meetings have been held between HCCG and WVT to provide clarification on the CCGs requirements, for WVT to share thinking and to provide assurance that work is moving forward as required. This stage is similar to the stage of procurement when providers are preparing their tender submission. WVT will submit its proposals to HCCG on the 27th March 2015.

Next Steps

Following the submission of the proposed solution an evaluation process will be undertaken. A nominee from Herefordshire County Council Adult Social Care is a member of the evaluation panel. The panel also includes the CCG's external clinical advisors. They are three GPs (not working in Herefordshire and a Professor of Surgery from the East Midlands). This evaluation will determine if the solution meets the requirements set out by HCCG and will deliver a fundamentally improved urgent care service for Herefordshire residents.

Alongside the evaluation HCCG will be assembling evidence and the business case to support the internal and external service change assurance process. This process is nationally mandated in order to ensure that any NHS service change proposals are robust, consistently developed across the NHS and that the NHS meets its legal duties in taking forward change programmes. For example this process includes undertaking an integrated impact assessment to identify any positive or negative impacts on health outcomes or equalities for the local population as a result of the proposals. During this period the communication and engagement process, and, if appropriate, a formal consultation process will be planned.

HCCG will also be seeking external assurance from clinical experts and NHSE that the proposals are in line with best clinical practice and evidence nationally.

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.



MEETING:	HEALTH AND SOCIAL CARE OVERVIEW & SCRUTINY COMMITTEE
MEETING DATE:	24 MARCH 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.

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

June	
Accountability Session	To hold a public accountability session for organisations within the health sector. This session shall focus on the West Midlands Ambulance Service
Healthwatch update	To receive a verbal report on any issues of concern
Children's Safeguarding Performance Data	To examine and challenge the performance data on children's safeguarding.
July	
Urgent Care Pathway	To update the Committee on the progress with the Integrated urgent care pathway project
Wye Valley NHS Trust	To receive an update on the performance of the Wye Valley NHS Trust following the CQC report
Healthwatch update	To receive a verbal report on any issues of concern
October	
Stroke Pathway	To receive a progress report on the Stroke Pathway
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
November	
Joint meeting with General Overview and Scrutiny to discuss the Council Budget for 2016/17	
December	
Wye Valley NHS Trust	To receive an update on the performance of the Wye Valley NHS Trust following the CQC report
Healthwatch update	To receive a verbal report on any issues of concern
February	
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

