

MINUTES of the meeting of Health & Social Care Overview and Scrutiny Committee held at Council Chamber, The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Tuesday 22 September 2015 at 10.00 am

Present: Councillor PA Andrews (Chairman)
Councillor J Stone (Vice Chairman)

Councillors: ACR Chappell, CA Gandy, DG Harlow, JA Hyde, MD Lloyd-Hayes, PJ McCaull, MT McEvelly, PD Newman OBE, AJW Powers, A Seldon, NE Shaw and D Summers

In attendance: Councillors AJW Powers

Officers: C Baird (Assistant Director, Commissioning and Education), J Davidson (Director of Children's Wellbeing), G Hughes (Director, Economics, Community & Corporate), P Meredith (Assistant Director Safeguarding and Early Help), Dr A Talbot-Smith (Consultant in Public Health), C Ward (Deputy Solicitor to the Council) and D Penrose (Governance Services)

22. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors PE Crockett and J Johnson.

23. NAMED SUBSTITUTES (IF ANY)

Councillor J Hyde for Councillor J Johnson and Councillor PJ McCaull for Councillor PE Crockett.

24. DECLARATIONS OF INTEREST

None.

25. MINUTES

The Minutes of the Meeting held on the 22 September 2015 were approved and signed as a correct record.

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

None.

27. QUESTIONS FROM THE PUBLIC

None.

28. STROKE PATHWAY PROJECT

The Committee received a presentation on the Stroke Pathway Project. The Service Unit Manager, Urgent Care and Care Closer to Home highlighted a number of issues within the presentation including:

- Stroke Pathway Staffing. The unit was staffed by a locum and one stroke consultant.

- That the Acute pathway had been agreed and partially implemented, although there would be more work to be undertaken when the second CT scanner was in place in December. A mobile scanner would be available from October.
- The early supported discharge team in place and that evaluation of the team was being undertaken by Healthwatch, the Carers Association and Stroke Association.

In reply to a question from a Member, the Head of Clinical Outcomes and Service Transformation, Herefordshire Clinical Commissioning Group said that mortality rates from stroke were high in terms of the population, but that work was in hand in primary care to identify patients at risk of stroke.

In reply to a further question, she went onto say that the financial sustainability of the service had been questioned from the outset, not least as part of the NHS England evaluation process. There were a number of services for which travel time could have a critical impact on the outcome of the patient, and one of these was stroke. As time was the major factor in dealing with patients, it had been decided that services should be achieved and maintained in the county. Telemedicine also had a part to play, and issues of cost would continue to be addressed, in order to ensure the service was sustainable over the longer period.

Resolved: That the report be noted

29. URGENT CARE PATHWAY

The Committee received a report on the Urgent Care Pathway Project.

The Head of Clinical Outcomes and Service Transformation, Herefordshire Clinical Commissioning Group presented the report and highlighted the following areas:

- That the current pathway was inefficient, duplicated services, which was confusing for local residents, and was focused on A & E performance, which was failing to meet targets.
- The development of an integrated urgent care pathway would improve outcomes for patients and would be a significant part of the solution to the challenges faced by the Wye Valley Trust. An opportunity existed to expedite this pathway, as existing contracts for some elements of the service would expire in 2016/17.
- An alternative approach was being taken to establish a local urgent care network that would help to influence the national NHS England (NHSE) policy framework as well as dovetailing with the Regional Urgent Care Network that was now required by NHSE
- The model was being refined with input from stakeholders and user groups. The focus would be on functions rather than on individual organisations.
- That the service redesign work that was being undertaken would include a greater emphasis on the third sector and the involvement of the community.

In reply to a Member's comment, she said that there was currently access to primary care on a 24 hour and seven day basis as the out of hours provider was also contracted to undertake home visits if required.

In reply to a further question, she said that patient flow through the system varied between individual cases, and that clinical discharge rates did dip over the weekend. It

should be possible to obtain a breakdown of costs associated with patient discharge, and she undertook to provide a briefing note to the Committee.

Resolved:

THAT

- a) the report be noted; and;
- b) A briefing note on costs associate with patient discharge from the County Hospital be provided to the Committee.

30. CHILDREN'S SAFEGUARDING PERFORMANCE DATA

The Committee received a report of the performance in relation to children's safeguarding for the month of June 2015, together with trend data over the previous 12 months. The Assistant Director, Safeguarding & Family Support highlighted the following areas:

- That although there were five staff vacancies in the social work teams, this had been reduced from fourteen earlier this year. The difficulty of recruiting staff was matched by issues regarding turnover. Consideration was being given to further investment in the team.
- That the number of agency staff had been significantly reduced,
- That there had been a significant overspend by a number of local authorities on children's services.
- That there had been a reduction in children in residential care in Herefordshire.
- That a new Head of Service had been appointed.

In reply to a question from a Member, the Director of Children's Wellbeing said that the rates for Agency staff would be set by the fourteen West Midlands Authorities. There was a dearth of permanent staff. If the council was unable to recruit social work staff, then different staff would be taken on in order to free up existing social workers to focus on the specifics of their cases, rather than on the administration associated with them.

Resolved: That the report be noted

31. CHILDREN'S SELF EVALUATION FRAMEWORK

The Committee noted the children's self-evaluation document. The Director of Children's Wellbeing said that the Association of Directors of Children's Services (ADCS) held an annual peer challenge day in October, and this provided an opportunity for Herefordshire to receive external assessment and validation on its progress over the previous year. The self-assessment would be kept as a live document by the Council.

It was proposed that the Directorate would benefit from external challenge of the Looked after Children Services, recruitment and retention of staff and adolescent mental health.

Resolved: That the report be noted

32. ADULT SOCIAL CARE LOCAL ACCOUNT

The Committee received a report on the Adult Social Care Local Account. The Director of Adults & Wellbeing highlighted the following issues:

- Work undertaken as part of the implementation of the Care Act 2014.
- Safeguarding work that had been undertaken as part of the work delivered by the Local Authority.

In the ensuing discussion, the following points were raised:

- That the work that the Making it Real Board had oversight of had been completed and was an indication that the Authority was moving in the right direction.
- That the communication and engagement officer was overseeing the promulgation of information concerning the wellbeing, information and signposting hub (WISH), and would engage local Members in specific wards wherever possible.
- That one of the purposes of the Local Account was to facilitate challenge of the Service, and this had been undertaken as part of the external Peer Review processes that had taken place twice over the previous 18 months. Significant progress had been achieved over the previous year and there were currently no areas for concern.
- That there was a new independent Chairman of the Adult Safeguarding Board, and that membership of the Board had been restructured and was more representative across the community. It was working to make safeguarding a more personal issue under the guidance of the Board and other agencies.
- That a case audit had been undertaken, and whilst there had been significant improvement, there was scope for further progress.
- Members asked for more granularity of the figures around the quality of life survey in order to be better able to understand what the issues were.

In reply to a question from a Member, the Director said that the Independent Living Fund (ILF) had been closed by Government at the end of June, and funding for the rest of the year had been received, less 5%, which had been calculated as a reduction in the number of people in the system. It was unclear at this stage as to what changes to funding would be made from 2016/17 onwards. The ILF rules had been different from the national eligibility criteria under which adult social care was administered. Therefore, in moving from one system to the other, a number of individuals were experiencing changes in the level of care to which they were entitled. Work was in hand to make the direct payment system simpler to use, but it should be remembered that as this was still public money, so controls were required to ensure it was spent on the appropriate areas.

- That it was clear that there was insufficient financial resources for all those who had previously been in receipt of care, and further work was being undertaken as to how care in the home was provided, with a view to ensuring resources were closely targeted on meeting needs.

In reply to a question, the Director said that that the costs of some elements of residential and home care were higher in the County than the national average. This might reflect the fact that as the delivery of these services in a rural area was sometimes higher than in an urban one. Travel time between appointments and staff recruitment were both more problematic in the County. The percentage of those who paid for their own care was also higher in Herefordshire, which meant that the council's ability to control the prices in the local care market was limited.

Resolved: that the report be approved.

33. HEALTHWATCH HEREFORDSHIRE

The Committee noted a report on the activities of Healthwatch Herefordshire.

Resolved: That the report be noted

34. WORK PROGRAMME

The Committee noted its work programme.

It was agreed that a Task and Finish Group on Early Year Provision and Children's Centres would be set up under the Chairmanship of Councillor C Gandy. Councillor A Seldon and D Summers undertook to join the Group.

Resolved: That the work programme be noted.

The meeting ended at 12.50 pm

CHAIRMAN