

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 Wednesday 6 July 2016 at 9.30 am

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

Councillors: CR Butler, PE Crockett, CA Gandy, EPJ Harvey, JF Johnson,
PD Newman OBE, NE Shaw and LC Tawn

In attendance: Councillors G Hughes, Melton and M Samuels

Officers:

81. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors ACR Chappell, MD Lloyd-Hayes, MT McEvelly, A Seldon and D Summers.

82. NAMED SUBSTITUTES

Cllr EPJ Harvey attended as a substitute for Cllr MD Lloyd-Hayes and Cllr LC Tawn for Cllr A Seldon.

83. DECLARATIONS OF INTEREST

No declarations of interest were made at the start of the meeting. However, Councillor PE Crockett declared a disclosable pecuniary interest in agenda item number 8 as an employee of Wye Valley NHS Trust.

84. MINUTES

It was noted that a briefing paper requested of public health regarding the levels of immunisation and GCSE attainments of children in care had been circulated to members.

RESOLVED

That the minutes of the meeting held on 3 May 2016 be approved as a correct record of the meeting.

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

None.

86. QUESTIONS FROM THE PUBLIC

None.

87. TASK AND FINISH GROUP: REVIEW OF EARLY YEARS PROVISION AND CHILDREN'S CENTRES

The chairman thanked the chair and members of the task and finish group for their work on this review.

The chair of the task and finish group expressed her thanks to all who participated in the review and assisted with production of the report. In introducing her findings, she noted the significance of the impact of a lack of early years support on a child's development. It was therefore remarkable that few children were seen during the group's visits to various services and although there were programmes of events for parents at the children's centres visited, it seemed that few were taking up the offer when the task and finish group made their visits.

More specifically, there was concerning information regarding children not attaining an appropriate level of development in communication skills. This had an impact on ability to socialise and form friendships. It was found that the waiting list for speech and language therapy was unacceptably long, at between 40 and 60 weeks.

Other observations were that outreach work was reported to have been unsuccessful in some areas alongside some services being described as hard to reach by some staff interviewed in some areas. This raised a question over the feasibility of village amenities such as village halls in providing more accessible services. As part of the review, members also visited the Hope Centre in Bromyard which is run under a different model as a family centre and managed by a charitable organisation. This was found to be a busy centre, and it was noted that it was used by parents from Leominster, where there was also a children's centre. It was felt that the Hope Centre model supported the whole family to be engaged and that this provided an example of a successful model. It was noted during the item that the Hope Centre received a higher comparative level of funding to other centres. Although staff at other centres visited were dedicated, they reported feeling frustrated and constrained.

The group concluded that outcomes for children in early years required improvement, and resources could be used to better effect. The report identified a number of areas for improvement and recommendations to inform the wider review of early years provision.

A member asked about possible reasons for people not accessing children's centres when they could benefit from them. In response, the chair of the task and finish group explained that there were several factors observed: In some cases, the centres' programmes of activity did not link up with public transport and transportation issues did not appear to be taken into consideration in some scheduling; centres were not always well promoted and in some locations were hard to find. In one case there was no link between the children's centre and the local school's reception and nursery class where there might have been opportunity to engage parents in activities being run at the centre; centres appeared to have their own formats. Location was not considered to be a factor however, for example, the Hope Centre was not in a central location, but was well used.

In considering use of community transport to support greater access, it was questionable as to whether such usage would meet the criteria. It was noted that some centres operated on a 9am to 5pm basis which meant that working parents were unable to access centres, in favour of nurseries which opened for longer.

The vice-chairman noted the success and good practice of the Hope Centre, and asked about any learning points that could be drawn in regard to the other centres. In response, it was felt that other centres could develop a wider remit in order to reach people who would benefit most from them. This was particularly in relation to the significant population in rural areas and the benefits that parents and children would gain from greater interaction with peers. Therefore greater could be made of community resources such as village halls to increase accessibility.

In response to observations regarding the success of the Hope Centre, the assistant director commissioning and education explained that the Hope Centre operated under a different funding and management model. The report noted that a wider review of early years services was in progress and this would look at enabling a vibrant and focused approach for early years, recognising the need for a collective approach involving public health, schools and nurseries.

A member commented on the approach and philosophy of the Hope Centre model in terms of opportunity to mirror aspects of good practice in other centres. She asked if other areas were considered in order to make comparisons for informing the report. The chair of the task and finish group explained that the scope of the review was to look at services within the county. The key point was that the level of funding was not reflected in the number of people taking up the services and this needed to be addressed.

Members commented on the value of learning from commercially focused service providers in terms of achieving better outcomes through managing funding, marketing and attracting people to the service. With regard to the sharing of premises with other providers, for example healthcare, there needed to be greater clarity on the arrangements to ensure that complimentary services could be supported appropriately to add value to the overall offer. It was clarified that in the case of a healthcare service in a specific centre appearing to be subsidised, the centre welcomed the presence of the service but felt that it should contribute financially.

The cabinet member for health and wellbeing commented that such buildings should be used by partners. She also advised caution with regard to citing community transport as a factor in preventing access to children's centres if it were the case that parents did not see a particular centre as a venue of choice. She added that early years provision was vital and service design and usage should not be dependent upon use of a particular building. The chair of the task and finish group added an observation that it could be the case that other local venues were more attractive to families even if they did not offer the range of activities and services.

The cabinet member for young people and children's wellbeing welcomed the contributions from members on such an important issue and thanked the task and finish group for their work. In recognising the value of centres he commented that all centres needed to develop their approach in being more attractive to the market and making best use of resources. Achieving priority two of the health and wellbeing strategy was critical for the county, as a good start aided development and addressed issues early, which in turn reduced need to access services over time. The challenge lay in funding centres in a sustainable way and taking a more holistic approach to providing the right service. He confirmed that there would be a full executive response to the recommendations. In response to a question from the chairman, he commented that the Hope Centre was a good example of social enterprise but in terms of private sector provision in the future, was not ruling this in or out and at this stage.

Referring to the recommendations set out in the report, and responding to concerns about waiting times for speech and language therapy services, the chairman proposed an amendment to recommendation 7, as follows:

As a matter of urgency the performance of speech and language therapy be reviewed, and if necessary, appropriate resources put in to reduce the waiting time for a first appointment to a maximum of three weeks.

The proposal was supported.

RESOLVED

THAT:

- (a) the report of the task and finish group, in particular its recommendations (as amended), be agreed for submission to the executive; and**
- (b) the executive's response to the review, including an action plan, be requested for presentation to the first available meeting of the committee.**

88. SHORT BREAKS AND RESPITE CARE FOR CHILDREN WITH DISABILITIES UPDATE

The vice-chairman, as chair of the task and finish group, introduced this update on progress to date for identifying further requirements or actions. He reminded the committee that this encompassed the short breaks service as a whole, of which 1 Ledbury Road was a part. An outcome of the review was the allocation of additional funding of just over £1million. The service is in a better place than a year ago, thanks to officers' work, although there was more to achieve.

The assistant director education and commissioning provided an update on the recommendations taken forward. The whole of the short breaks offer was undergoing recommissioning. The development of overnight short break respite in a family setting was progressing; three foster carers had been approved for short breaks, and a number were in process of application and assessment. One child had been matched and others were in progress.

The registration documentation was being submitted this week to Ofsted by Wye Valley NHS Trust.

A member welcomed the positive update and that concerns were being addressed. She noted the importance of communication in restoring confidence in the service and that the council and partners must take care to avoid such problems in the future.

Disappointment was noted regarding the breakdown in communication over rotas which led to families having to change arrangements, and it was hoped this was now addressed.

A member commented on recent contact from a family regarding ongoing problems with rotas, noting that children using the service did not always respond well to change, and this could have an impact on their family. She added that partnership working needed collective working and good communication, and this should have been understood in a small but hugely important service to the families who relied on it. The member welcomed progress on the fostering service, adding that those carers needed appropriate support to ensure they were retained.

The assistant director commissioning and education acknowledged members' comments regarding communication and offered to look into any individual concerns. He added that there were now more options available for families with the core aim of the service being able to meet assessed need.

Commenting on buddying arrangements, a member gave an example of numerous changes in buddies for one young person which led the family to consider alternative arrangements despite this taking time to achieve with possible adverse impact on the family.

In response the assistant director education and commissioning asked for the specific details so that these could be followed up.

A member commented on the range of providers referred to in the report, and that there needed to be firmer information on these to ensure they were concrete and met need.

The assistant director education and commissioning confirmed that colleagues in both children's and adults' services were working together to identify options for housing, supporting transitions into adult life and short breaks to ensure a rigorous approach.

A member requested more assurance on maintaining communication with families and for funding to be supported to ensure confidence in commissioning and stability for the service over the next few years.

In response, the cabinet member for young people and children's wellbeing commented that the report highlighted the complexity of making necessary changes to service provision and the achievement of officers was appreciated. It was good to see that there was better engagement with families and improvements in communications to ensure the best choices were provided for children needing the services. He acknowledged that the issue of rotas had not been easy to overcome but there was a lot of choice on offer. Staff were working hard to ensure that needs were being addressed within available resources. Comments from members were welcomed to ensure the service was reviewed.

Councillor PE Crockett, having declared a disclosable pecuniary interest as an employee of Wye Valley NHS Trust, commented on the positive nature of the report and added that the task and finish group would continue to support this work and raise any further concerns with the committee.

The vice-chairman supported this comment. He confirmed that members of the task and finish group would continue to monitor the situation and would work to ensure children had the service provision they deserved.

RESOLVED

That progress to date be noted and for ongoing monitoring to inform any future recommendations for further action.

89. 2GETHER NHS FOUNDATION TRUST CARE QUALITY COMMISSION INSPECTION

The director for adults and wellbeing introduced the presentations, which would give the commissioner and the service perspectives. Members were encouraged to focus on care provided in Herefordshire, given that the trust also covered Gloucestershire.

The programme manager, NHS Herefordshire Clinical Commissioning Group (CCG), outlined in terms of the CQC's inspection, the trust was rated over all as "good", with some areas that were found to be outstanding and others which required further improvement. The trust should be commended for their response to the findings and improvements made. The CCG monitored the trust's performance and found that 80% of the performance indicators were met. In some cases, performance exceeded national targets, such as for waiting times for children and young peoples' services and also for dementia assessments. Those areas that had not been achieving the required standards were being addressed, and it was noted that low levels of access to some services, such as "let's talk", were partly due to the stigma attached to mental health issues. This was being addressed with public health, and members were encouraged to work with constituents to encourage up take.

The chair of 2gether NHS Foundation Trust commented on the context of the CQC rating. Those areas that were found to be outstanding were in the top four best services nationally. There were opportunities for improvement but in recognising areas of excellence, she thanked those who contributed to the achievements.

The trust's director of engagement and integration presented a summary of a guide to the trust, the CQC's findings, and a specific focus for scrutiny in Herefordshire. She highlighted that the trust aimed to be part of the community and tackle stigma so that

people would be encouraged to access services. The CQC inspection in October 2015 was very rigorous, so the positive feedback that acknowledged the contributions of staff and partners was welcomed.

In response to an observation from the chairman regarding there being no health-based place of safety provided by the trust, the medical director explained that this was a place defined by the Mental Health Act for someone with a mental disorder to be taken to keep them safe. There was a facility at the unit in Hereford which was unstaffed due to the requirement for police presence and which had implications for policing capacity.

A member commended the trust for its CQC rating. However, the presentation gave the impression there were no major concerns with regard to service provision in Herefordshire, although the member noted a number of points from the CQC report that were absent from the presentation. These included: staffing concerns in relation to high sickness absence rates; comments from staff about not having access to regular clinical or managerial supervision and appraisals; that staff reported feeling stressed and unsupported; and decisions made over resources that had an impact on acute services at the hospital.

Responding to the concerns regarding resources, the trust's locality director explained that the arrangement to host social care had come to an end and this had an impact on the sustainability of services, which were re-organised. In terms of the sickness absence rate, this had reduced to 4.3%. The previously higher level was partly as a result of gaps left in the management structure but turnover was more stable and an action plan was in place to provide stronger leadership. The director for adults and wellbeing commented on the dissolution of integrated services, explaining that the decision was driven by concerns regarding quality of care and funding.

The trust's director of quality added that it was crucial that staff felt supported. The supervision policy had been reviewed and regular updates were provided to the CQC inspector, who did not believe there were systemic issues. The trust's chairman added that the CQC reported differences between the two counties due to differing approaches in commissioning, and that both counties benefited from different experience and expertise.

The member reiterated her comment regarding staff feeling stressed and unsupported as reported by the CQC. The director of quality explained that the issue was challenged by staff and there was rigorous monitoring in place. The trust's chairman added that there was learning to be taken from the inspection's less positive feedback and there were action plans in place to address.

In response to a member's observation that the crisis team and learning disability service were not in place, the CCG programme manager explained that the level of need was under assessment and that there was support in place from the community learning disability team. People were not considered to be vulnerable as agencies were working together to manage support. The medical director added that relatively small numbers needed this level of support as there were strategies in place to support people to avoid crises, which reduced demand on crisis support.

A member asked what implications the NHS's new requirement for a five year sustainability and transformation plan (STP) had for the trust, both in general terms and in relation to the local footprint. The director of quality outlined that the chief executive was a member of the project group for the local footprint and the trust was leading on aspects of the triple aims (population health, service quality, financial balance) at the heart of the STP process to support trusts to come out of special measures. Senior colleagues from the trust were leading on the mental health work stream.

The vice-chairman commented on hidden issues within schools and colleges and the need for engagement with young people to raise awareness on mental health. The locality director explained that there was regular and active engagement with young people on mental health issues. The trust hosted a support group, the crucial crew, supporting emotional wellbeing, and during mental health week this year, hosted a 'strong young minds' event at Hereford College. The public also took part in the recruitment of a consultant psychologist.

In response to a question from the chairman regarding better access to child and adolescent mental health services (CAMHS), members were informed that there were two new consultant psychiatrists and a psychologist in the team. The service was more stable and waiting lists had reduced to 4 weeks, which was better than the national average. It was noted that there were national issues affecting admissions to child and adolescent inpatient services, with admissions going out of the county where medical care was required. As far as possible, admissions were to the nearest service, which was in Birmingham. There had been difficulty accessing beds due to regional commissioning but the trust had good links with local general paediatric services which provided support. 'Tier 3.5' services, which would provide a hospital outreach service, were not currently commissioned, although the evidence base for this was being monitored.

Acknowledging the improvements in CAMHS, a member commented on its role in supporting young people. It was important to tackle stigma and increase resilience and the engagement of service champions supported this. The director for engagement and integration added that the trust was proud to engage with experts by experience and to learn from them.

In response to a question regarding what role scrutiny could take in facilitating further improvements to services, it was identified that members could help further by encouraging people to understand the services, to challenge stigma and encourage access to services. The trust was promoting its services through creative advertising and developing use of social media and an app. It was also important to forge stronger links between services and members were asked to support the role of psychiatric liaison as a mental health speciality which would work between mental health and other services in an enabling role, for example to facilitate discharge from other services.

The chairman asked what the action the trust had taken to improve the facility at Oak House which had been in poor condition. This had been noted by the CQC and the director of quality confirmed that the trust was working with the CCG to with regards refurbishment or alternative provision.

A member asked about the resources available for responding to accident and emergency attendance and arrests of people with mental health issues. The CCG programme manager explained that as people presented to different places, consideration was being given to commissioning a flexible workforce in order to respond to need wherever people presented. A resource pack on mental health first aid was being developed for professionals along with development of essential skills. Experts by experience were helping to test the pathways for this new approach. In terms of numbers, there had been two adults with mental health care needs in custody in the past year. The member further commented on the number of drug and alcohol related issues in the county, explaining that services needed to join up to address this.

Commenting on the culture of the organisation in closing remarks, the trust chair cited a patient who had described the quality of overnight care in psychiatric intensive care services in the county as comparable with the day-time services. She added that CQC inspectors made the point that they had confidence in the trust when compared with services in the rest of the country.

The chairman thanked trust representatives for attending. She added that it was important to ensure that as well as looking at rural-proofing the county, the county also needed to be mental-health proofed.

RESOLVED

That:

- (a) the performance of 2gether NHS Foundation Trust be noted; and**
- (b) for ongoing monitoring to inform any future items for scrutiny.**

90. WORK PROGRAMME 2016/17

It was confirmed that there would be a spotlight review of the NHS five year sustainability and transformation plan on 19 September 2016.

RESOLVED

That the draft work programme be approved.

The meeting ended at 12.30 pm

CHAIRMAN