

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 Friday 28 April 2017 at 9.30 am

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

Councillors: ACR Chappell, PE Crockett, JF Johnson, MT McEvelly, GJ Powell, A Seldon, D Summers and EJ Swinglehurst

In attendance: Councillor FM Norman

Officers: Chris Baird, Stephen Vickers

The chairman welcomed Councillor FM Norman as a member of the task and finish group (agenda item 7), Simon Adams of Healthwatch, and officers from 2gether NHS Foundation Trust.

142. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllrs CR Butler, CA Gandy and MD Lloyd-Hayes.

143. NAMED SUBSTITUTES (IF ANY)

Cllr JF Johnson attended as a substitute for Cllr CA Gandy.

144. DECLARATIONS OF INTEREST

There were no declarations of interest.

145. MINUTES

RESOLVED

That the minutes of the meeting of 27 February 2017 be agreed as a correct record and be signed by the chairman.

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

No suggestions were received from members of the public.

It was noted that the committee had not received an update from West Midlands Ambulance Service for some time and it was agreed to confirm this as an area for the future scrutiny work programme at the earliest opportunity. A visit to the ambulance station in Hereford was being planned for scrutiny members during the year ahead.

147. QUESTIONS FROM THE PUBLIC

There were no questions received from the public.

It was noted that this facility was not well used and there would be some developmental work on this area to encourage public involvement.

The chairman welcomed Councillor FM Norman as a member of the task and finish group (agenda item 7), Simon Adams of Healthwatch, and officers from 2gether NHS Foundation Trust.

148. TASK AND FINISH GROUP: REVIEW OF PROVISION OF MENTAL HEALTH SERVICES FOR CHILDREN AND YOUNG PEOPLE IN HEREFORDSHIRE

The chairman noted that Councillor Powell would be leaving Herefordshire in the near future and thanked him for his work and contributions to the committee.

Councillor Powell, as chair of the task and finish group, presented the report. In his opening comments he noted the quality and passion of people who met with members of the task and finish group, and who demonstrated an overwhelming desire to improve services. He thanked the membership of the task and finish group for their hard work and dedication and also the officers who supported the work of the group.

Special acknowledgement was made of the wellbeing ambassadors who were clearly proud of their work, and should be commended and supported to continue and develop their role.

The following points of the report were highlighted:

- the work was commissioned in order to establish whether or not there could be confidence in meeting corporate aims with regard to the health and wellbeing of children and young people in Herefordshire
- a lot of research was undertaken by the group and although the strategies and structures seemed complex they appeared to be working well and plans were being realised
- the findings of the group identified a number of areas listed in the report as recommendations for further attention to consolidate and strengthen service provision across its spectrum

Members of the task and finish group made the following additional comments:

- a consistent message from people interviewed was that of the importance of early intervention
- the good work happening in schools could be greatly assisted by a toolkit and greater clarity in supporting mental health needs. The excellent practice within some schools should be shared with others in order to support pastoral care without taking the focus off the curriculum.
- There needed to be consistency and co-ordination of the support and resources available for schools
- Participation in further scrutiny activity regarding perinatal services and care of under 5s was supported

A member emphasised that it was essential to maintain consistency within services in order to support young people. He added that the safeguarding process also played a role in communicating within the referral process if there were mental health needs not being addressed that were impacting on welfare.

A member commented that commissioners should note the experiences of young people being referred and prescribed treatment by their GPs. He commented further on the prevalence of attention deficit hyperactivity disorder (ADHD) and that there needed to be more awareness of this. In response the task and finish chair commented that there was a need to be clearer about clinical definitions and diagnoses and about record-keeping. He noted that professionals were clearly committed to getting this right and this would contribute to improved outcomes.

A member noted the learning from this report and commented that it highlighted issues that might not be common knowledge such as tier 4 inpatient arrangements. She spoke in support of a number of points in the report including the deeper reach and reviewing the upper age limit, arrangements for transition to adults' services, reviewing the Linden Centre arrangements, offering peer support between school, and synergies with public health. The member also pointed out that there were services users from out of the county extended to those who did not have a Herefordshire GP but who attended schools within the county. The member commented further that when looking at the drop-off rate through the tiers, it was important to ensure that there was distinction between progression through tiers and new diagnoses.

The report was commended by another member who noted that nationally this was a big subject being talked about much more openly by young people. He highlighted the need to understand the psychology of social media as it could be used to a much more positive effect. The council could play a part in helping other organisations and young entrepreneurs getting their message out there to raise awareness of issues such as bullying and mental health. He reminded members that the CLD Trust was having an open day on 10 May from 4-6pm.

The task and finish chair added that the wellbeing ambassadors were also holding an event on 8 May and emphasised the value of working with them and support them to have a stronger voice. He added that it was clear in discussions with the wellbeing ambassadors that they did not feel that they had sufficient feedback about any proposals they put forward. These young people were doing some excellent work and it was important to continue to support their work and ensure ongoing communication.

The vice-chairman thanked the task and finish group for the thorough report. He noted the information gathered from schools that were visited and hoped that the good practice could be shared to ensure more consistency. He noted the role of school governors in highlighting these issues and sharing the good practice.

In answer to a question from the vice-chairman regarding use of the pupil premium for wellbeing support, the interim director for children's wellbeing explained that some schools were using their budgets to support emotional wellbeing so there could be clearer direction for schools on this. He added that it was important to ensure that the focus was on giving children a great start in life and there were examples of how the pupil premium was being used which could be shared.

Representatives from 2gether NHS Foundation Trust were invited to comment on the report. The following points were made in response:

- The environment of the Linden Centre was known about and options were being considered in conjunction with Wye Valley NHS Trust. In the meantime, the matter had been escalated as far as possible at this time and it remained on the risk register
- The report was welcomed and timely. It challenges getting the service right for young people and the trust wished to offer assurance that it was important to deliver services well. Members were welcomed to join the trust's membership scheme to help address stigma of mental health
- The report also highlighted the experiences of practitioners and the complexities of the tiers which was not always clear for service users to understand. Caseload information showed that the demand for tier 3 intervention was being met although the range of support needed go across the spectrum
- Relationships with young people and their families were positive and there was good working with CLD to make service access and movement between tiers easier as required
- The choice and partnership approach (CAPA) to treatment helped to manage casework and to reduce the number of weeks waiting. It was acknowledged that

this could appear mechanical, however it had produced good results around waiting times, although there was work to do around improving the experience for service users

- It was acknowledged that it was complicated to access tier 4 services; of an estimated 30 admissions there were in fact 16. There were steps to avoid admissions where possible in recognition of the difficulties travelling to services and the trust was working hard to contain people within their communities. The crisis care concordant would help to take this forward reduce possibility of moving to tier 4 services with admissions for only the very complex conditions
- With regard to referrals being rejected, the perception of this was understood although referrals were accepted or rejected in line with the CAPA system and 70% of referrals were accepted. However, the situation also reflected the complexity of the tier system. The trust works to actively engage in signposting to services and work to ensure no young person was left unsupported

A member pointed out the importance of focusing on tiers 1 and 2 to reduce the demands on tiers 3 and 4.

In response the task and finish chair welcomed the comments and hoped that the work could continue.

The chairman moved that the recommendations as set out in the task and finish report (appendix 1) be accepted. Members agreed unanimously.

A member commented that the recommendations needed to be taken forward and not moved to the 'too difficult' pile.

The interim director for children's wellbeing commented that this was a useful piece of work which now had to go through due process, but that it was a priority of the children and young peoples' plan.

Members expressed thanks to Cllr Powell and commented that he would be missed.

RESOLVED

THAT:

- (a) The report be agreed, in particular the recommendations, for submission to the executive; and**
- (b) the cabinet's response to the review, including an action plan, be reported to the committee after due consideration by the executive.**

149. SUBSTANCE MISUSE SERVICES UPDATE

The public health representative introduced the item and explained that the service had been recommissioned and was making the transition from a treatment maintenance model to a recovery model which was a more demanding approach.

The manager of Addaction Herefordshire presented the update, making the following points:

- the contract had been running for 14 months and represented a significant culture shift for services users and staff, and this was now starting to be reflected in performance figures.
- There were over 700 service users presenting a varied caseload within which the county's older population was reflected.

- The service was working closely with commissioners and had developed a service improvement plan to encompass changes to treatment programmes in the move towards supporting recovery rather than maintaining a prescription for life.
- Steps to increase service user engagement and contact had taken service attendance to 85% attendance, with clearly identified goals for treatment and being clear with services users about reaching the end goal from the outset of treatment.

Members raised a number of questions and comments in response to further points covered during the presentation, with the following responses:

- In answer to a question about performance compared with other areas, it was clarified that the service was at the top end of the lower quartile and was improving. The services was seeing more clients who had stopped engaging with the previous provider. It was expected that there would be a decline in completed casework because of adjustment to the new recovery where service users were required to be more accountable within their recovery plan and changing behaviour. Having more boundaries in place supports this but it is a challenge for service users. Staff use a case management tool which records substance use, state of health and social factors. This information is reviewed every three months as required by the Care Quality Commission, and there is a plan in place to improve performance significantly.
- Herefordshire had been identified as one of three sites for the roll-out of a new pathway for service users which would mean quicker assessment at the first point of contact with a new service user. The assessment would look at the whole service user's circumstances and produce a risk assessment. A further appointment for a recovery choices session would then be offered, and a clear explanation given of expectations and a timetable of activities offered which help to promote recovery. There were good links with a range of providers that could be accessed for activities; these were client-led activities so there was a choice to attend or not.
- Regarding service development, there had been some recruitment activity to manage a vacancy and add a recovery worker to the team. It was a challenge to recruit into Herefordshire but there was a robust national recruitment system and national press would be used if required. Specifically regarding Leominster, the site was now open and this service was developing gradually. It was hoped that with some staffing issues being resolved and additional administrative support, that the Leominster service would be available over 5 days. The centre at Ross was also being developed.
- In response to a member's concerns that the service gave the impression that it was not on target in delivering the contract within its remaining period, the service manager explained that there was progress being made although this was gradual. He recognised the staffing issues and believed that with these being resolved improvements would continue. He added that there had been a need to challenge some of the treatment programmes for individual service users and to support staff to work on relapse prevention as well as working with people to reduce methadone dosage. The service manager would give some consideration to how recruitment could be addressed with the help of the council.
- The public health commissioner responded to a comment about the relationship between contract monitoring and procurement roles by confirming that there was a new contract monitoring officer in place which would help to address any concerns about conflict between roles. The member suggested that it was essential that the contract monitoring officer be present during scrutiny to hear their views on how contracts were being conducted.
- Members emphasised that the current criticisms were not a reflection on the current service manager as it was recognised that the quality of information and presentation was much improved, as was the management of the service in

general. The service manager recognised the previous problems within the service and the impact it had on morale, and affirmed his commitment to the remainder of the contract.

- In terms of local patterns of drug use, it was confirmed that there had been no confirmed reports of Spice usage which had been reported elsewhere, although there were reports of NPS (neuro-psychoactive substance).
- There had been no reports of dealers frequenting the vicinity of popular premises, and the service maintained vigilance and close links with services where they prevailed, and people were being asked to move on.
- There was a new team member in post working on developing community engagement across the county. With specific reference to Leominster, this would include making links with Leominster Football Club, and the service manager welcomed the suggestion to attend Leominster Town Council to say more about Addaction's work.
- There were many steps towards improvement in response to CQC inspection finding in October 2016 including: maintaining good links with service user groups; managing safeguarding; daily checking of clinical equipment; improved confidentiality improved; review of lone working arrangements; reduced waiting times for access to the service; access to foreign language speakers.
- A member expressed concern about limitations to information sharing between organisations and a lack of confidence in the compatibility of systems to enable this. The need to share information was acknowledged, noting that the service was confidential unless there were safeguarding or welfare concerns. Within these parameters, there were clear protocols to manage information sharing. Commissioners were assured that the system would enable appropriate information sharing when required.
- Work with veterans had increased and the service was establishing a veterans group and making links to national resources to support this.
- The need for outreach workers was recognised in order to maximise points of contact and this included hospital liaison workers. The suggestion of looking laterally at other groups such as young farmers and ketamine use was noted.

RESOLVED

That:

- (a) the performance of the substance misuse service be noted;**
- (b) the following recommendations be offered to the service for the delivery of improved performance:**
 - **robust staff supervision and service user reviews to support culture change towards the recovery model**
 - **undertake and review risk assessment regarding information sharing and system compatibility**
- (c) the contract monitoring officer be requested to attend committee for service reviews;**
- (d) consideration be given to regular briefing notes for members to include performance data; and**
- (e) a service update be presented to scrutiny in 6 months' time**

150. NEW CARERS STRATEGY FOR HEREFORDSHIRE

The strategic housing and wellbeing manager gave a presentation describing the process so far in the development of a new carers strategy. Extensive consultation had taken place during 2015 and 2016 and there was ongoing engagement which would follow with sharing the draft strategy with stakeholders prior to presenting to Cabinet in July.

Referring to co-production of the strategy, a member commented that there appeared to be a period of extensive consultation and the final work was set for Cabinet in July.

Noting that this seemed rushed, he asked what steps had been taken to make sure that as many carers as possible had been asked for their view given that they represented some 25% of the population, and whether this was considered to be true co-production.

The strategic housing manager explained that consultation had extended beyond the known groups and had engaged with 155 carers in different ways including in their own home and electronically. It was recognised that not all carers were connected with the charity Herefordshire Carers Support and that work had been with a small number so far. However, the consultation had been publicised widely on website and elsewhere and this was a continuing process. It was considered that within the estimated number of carers, not all people considered themselves to be carers.

In terms of the number of people taking part in the carer's assessment, it was anticipated that this was below the requirements of the Care Act. However, some opportunities had been identified in the way assessments could be offered so they were deliverable.

A member commented on a point regarding the financial context for local government and the NHS, with increasing pressures on budgets. He asked how funding might be used to support the role of carers to support the aim of avoiding hospital admissions. In response it was explained that some proposals had been outlined with the Clinical Commissioning Group regarding investment in carers support around this aspiration and also with regard to supporting hospital discharge.

Returning to the information in the presentation regarding engagement, it was explained that engagement continued to be offered throughout the further stages of the development process for the strategy and which included home visits, telephone calls and emails as well as attending events.

From what people said, key themes emerged, which were:

- identifying carers and how to support them
- a carer's needs tended to be identified at the point of crisis and there needed to be more focus on their long term needs being identified earlier and to address risks to them and the person they cared for
- information and advice sources which included WISH were a key resources and there were plans to invigorate and extend these
- developing understanding of carers by professional and information sharing between agencies
- anxieties of carers around continuity of care if something were to happen to them
- making contact with carers not currently accessing support and helping to improve their quality of life
- more information required regarding rights for carers such as around assessments

A member asked about the help available for carers with regard to home requirements and adaptations. It was clarified that the accommodation strategy was being considered in terms of how to support vulnerable adults and reaching out to family carers on accommodation and housing needs. The need to provide options for people and to give them greater control was recognised although plans for delivery needed to be realised.

The chairman noted that a number comments had been received informally from Herefordshire Carers Support (HCS) regarding the consultation process. In response the strategic housing manager referred to his points made earlier in the meeting that the process had not concluded and the elements of the draft strategy were about to be shared and there was a commitment to continue to involve HCS. With regard to public consultation, it was customary for the council to consult on service changes and there would be public consultation where individuals were not identified. There had been

extensive engagement with HCS users and their guidance was noted on how best to consult and engage with service users.

Discussion took place regarding the role of the wellbeing information and signposting service (WISH) as the core advice offer and there was a programme in place to upgrade. However it was noted that there would need to be greater investment in time to develop WISH and its support structure if it were to meet the needs of carers.

A member asked what approach was taken in co-production of the strategy in order to agree the priorities. It was clarified that the greater focus was on social networks and peer support, which was borne out in discussions with carers. There was also more emphasis on assessing carers and specifically regarding their role in the assessment of the cared-for person as they were an essential source of experience, expertise and knowledge of the person being cared for.

In answer to a question from the chairman the strategic housing manager explained that there was no formal or statutory register of carers although it was general good practice to hold one. HCS held a database of carers but this was not available to statutory organisations.

The chairman invited members to make suggestions to improve the strategy.

A member commended the paper for its detail and in providing leadership and signposting.

He noted the points raised regarding people not easily recognising themselves as carers and therefore requiring some support to access help. It was important to continue to engage with the Clinical Commissioning Group on the detail of the strategy and to underline the focus on universal services and only providing specialist services where really required.

A member commented that young people can also be carers and needed to be included in the strategy. In response it was suggested that young people are not formally identified as carers in all cases and this needed to be picked up with colleagues working in children's services.

RESOLVED

THAT:

- (a) the comments raised by members in discussion today be taken into account in improving the development of a new carers strategy; and**
- (b) it be recommended that the updated strategy be presented for pre-decision scrutiny prior to the Cabinet meeting**

On closing the meeting, the chairman noted that this was the last sitting of the health and social care overview and scrutiny under the current constitutional arrangements. She thanked all members and officers for their contributions and support during her chairmanship.

The vice-chairman thanked the chairman for chairing this committee over the last 2 years. He noted the good work achieved by the committee, and echoed thanks to the committee membership for their contributions.

The chairman thanked Councillor Powell and wished him well for the future.