Herefordshire Council

Agenda

Adults and wellbeing scrutiny committee

Date:	**Thursday 16 November 2017**
Time:	**10.00 am**
Place:	**The Council Chamber - The Shire Hall, St. Peter's Square, Hereford, HR1 2HX**

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

For any further information please contact:

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Agenda for the meeting of the Adults and wellbeing scrutiny committee

Membership

Chairman	**Councillor PA Andrews**
Vice-Chairman	**Councillor J Stone**
	Councillor MJK Cooper
	Councillor PE Crockett
	Councillor CA Gandy
	Councillor RL Mayo
	Councillor D Summers

Agenda

Pages

1. APOLOGIES FOR ABSENCE

To receive apologies for absence.

2. NAMED SUBSTITUTES (IF ANY)

To receive details any details of members nominated to attend the meeting in place of a member of the committee.

3. DECLARATIONS OF INTEREST

To receive any declarations of interest by members in respect of items on the agenda.

4. MINUTES 7 - 12

To approve and sign the minutes of the meeting held on 21 September 2017.

5. QUESTIONS FROM MEMBERS OF THE PUBLIC

To receive questions from members of the public.

Deadline for receipt of questions is 5pm on Monday 13 November 2017. Accepted questions will be published as a supplement prior the meeting.

6. QUESTIONS FROM COUNCILLORS

To receive questions from councillors.

Deadline for receipt of questions is 5pm on Monday 13 November 2017. Accepted questions will be published as a supplement prior the meeting.

7. PERFORMANCE OF WEST MIDLANDS AMBULANCE SERVICE NHS FOUNDATION TRUST 13 - 22

To review the performance of West Midlands Ambulance Service NHS Foundation Trust (WMAS).

To enable the committee to fulfil its function to review and scrutinise the planning, provision and operation of health services (not reserved to the children and young people scrutiny committee) affecting Herefordshire, and to make reports and recommendations on these matters.

8. LIVING WELL AT HOME - TRANSFORMING COMMUNITY SERVICES 23 - 172

To consider the findings of NHS Herefordshire CCG's recent public engagement on transforming Community Health Services: "Let's plan health and care in your community"

To identify the committee's preferred approach to the programme as it progresses.

To enable the committee to fulfil its function to review and scrutinise the planning, provision and operation of health services (not reserved to the children and young people scrutiny committee) affecting Herefordshire, and

to make reports and recommendations on these matters.

9.	**COMMITTEE WORK PROGRAMME 2018** To consider revisions to the committee's work programme from January to May 2018.	173 - 176

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- 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.
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- 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.
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The chairman or an attendee at the meeting must take the signing in sheet so it can be checked when everyone is at the assembly point.

HEREFORDSHIRE COUNCIL

MINUTES of the meeting of Adults and wellbeing scrutiny committee held at The Council Chamber - The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Thursday 21 September 2017 at 10.00 am

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

Councillors: MJK Cooper, CA Gandy and D Summers

Officers: **Herefordshire Council: J Coleman (Statutory scrutiny officer), A Pitt (Better care fund and integration manager) M Samuels (Director for adults and wellbeing), K Thompson-Dixon (Contracts officer), Prof R Thomson (Director of public health)**
Healthwatch Herefordshire: C Price
Addaction: A Crawford, M Dixon, C Morris
Herefordshire Safeguarding Adults Board: I Powell

9. APOLOGIES FOR ABSENCE

Apologies were received from Cllr PE Crockett and Cllr RL Mayo.

10. NAMED SUBSTITUTES (IF ANY)

There were no substitutes.

11. DECLARATIONS OF INTEREST

There were no declarations of interest.

12. MINUTES

RESOLVED:

That the minutes of the meeting held on 23 August 2017 be confirmed as a correct record and signed by the chairman.

13. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from members of the public.

14. QUESTIONS FROM COUNCILLORS

There were no questions from councillors.

15. SUBSTANCE MISUSE SERVICE PERFORMANCE UPDATE

A presentation was given by officers of Addaction.

In his introduction, the chief officer of Addaction thanked council officers for their frank feedback and noted concerns raised about service delivery which he had taken up with

Addaction's trustees. An action plan had been discussed with the public health team and it was recognised that the service had not started-off well and that the resulting concerns were understood. It was accepted that the level of cultural change was underestimated, and with support, the service had now identified what was required to make the transition from a medical model of care to one that was more peer and community focused. Much had been learned from this and there was confidence that the team was in place to take the service forward. The motivation was to ensure the best possible service for Herefordshire, regardless of who provided the service.

In answer to a member's question about what the challenge was in taking on the Herefordshire service compared with other areas that Addaction covered, the chief officer explained that there were demographic challenges in Herefordshire with implications for an available workforce. A possible comparative area was Norfolk but in Addaction's experience there were very few close comparators to draw upon. Other factors were that the shift in service model was greater than had been seen with other services whilst ensuring continuity for service users. There had been much learning taken from this area and a different approach was being taken to recruitment and training.

Members welcomed the invitation to visit Addaction again and for the opportunity to hear from a service user about their experience of the service.

A member asked about cultural changes, staff transfers and recruitment in terms of how long it would now be expected to take, with the benefit of lessons learned, to make the transitions required and embed the new model of provision. In response, it was estimated that this would take 6 to 9 months. In terms of preparation for re-tendering within a 3 year contract, it was believed that the best approach was to ensure the service continued to evolve right up to point of re-tendering and that the next transition for the new contract would be smoother as the most challenging aspects of service development had been overcome. Contracts tended to be of 3 years' duration typically although longer terms were emerging nationally, and recent research had shown how contracting could affect service delivery. It was noted by the Director of public health that the new drugs strategy recommended longer contracts although this could be a challenge for funding with the public health grant ending in 2019 and arrangements thereafter remaining unclear.

A member asked about patterns of substance use. Officers suggested that patterns were linked to changes in the drugs market and how the supply chain operated within rural areas compared with urban areas. The impact of police intervention was known to interrupt supply which then resulted in a down turn in use of particular substances.

The Addaction service manager for Herefordshire explained how the culture of the service was changing. This included a move towards group work and peer involvement where previously the service was based on 1-1 transactional support. The focus was now on structured group work which supported a clearer pathway for staff and service users. Within this there was flexibility in recognition that 1-1 or smaller group working was sometimes more appropriate to an individual's needs. Recovery support was provided by staff and peers and there were a number of activity groups for service users to take part in. The approach was built upon enabling ideas and challenges to be shared between peers, which was shown to be a stronger approach.

A member wondered if this approach could have been introduced from the start of the contract. In response, the service manager commented that these changes required the staff to be ready to support the approaches, enabled through secondments from other services familiar with the models and providing ongoing training. There were also new staff who were joining with fresh ideas and experience and although it had been difficult to recruit to Hereford there was just one vacancy remaining. There was also evidence of

how the service was supporting service users to come through recovery by becoming members of the team.

Responding to a question regarding improvements made following Care Quality Commission (CQC) inspections this year, it was explained that there were some improvements in records management although there remained both paper and electronic records. The CQC had found significant improvements in risk assessments, which were now at 97% completion, and care planning had improved. Further improvements were to be addressed through training.

The vice-chairman noted that the Addaction service had been present in Leominster for a year and some good work had been seen. He asked about any plans for increased engagement with the community, noting that there had been some local alcohol-related issues. The service manager welcomed the opportunity to meet with members in Leominster to discuss local matters. It was noted that the team in Leominster was slightly smaller and so service users were able to access the Hereford-based provision in addition. Community links were being developed and there was a co-production panel established which involved other services and businesses in shaping the local provision and contributing to resources to support service users.

In response to a member's question about support for family members, the service manager clarified that it was intended to extend family support groups with the involvement of the co-production panel. There had also been constructive discussion with Carer's Support to enable their presence in the service to support family members.
As regards outreach to schools, there was a young people's team in touch with all schools and colleges, attending workshops and community events and taking referrals. A list of the schools the service planned to visit in the next 12 months was requested.

A member asked about what Addaction did to reach people given the county's significant rurality. The service manager confirmed that the service understood the complexities of rurality and explained that the service intended to build capability around communications and information technology as well as exploring potential premises where staff presence could be extended.
The matter of variable broadband coverage was noted as a requirement to consider other methods of communication in more isolated areas about how to access support such as advertisements in public and community facilities.
In terms of a plan to address outreach in rural areas, this was in development, taking good practice from other areas and building on the approach and development of the communications aspects such as signage and appropriate locations.

The Healthwatch representative welcomed the engagement between Healthwatch and Addaction. She noted the holistic approach taken by Addaction and commented on the value of local health service providers' involvement in discussions as mental and physical health were part of the complex issue of addiction, and that it was regrettable they were not present today.
The service manager commented that this method of working was welcomed and there were links with 2gether NHS Foundation Trust to develop pathways for people to have the right level of service.
Members requested the routine attendance of health providers at committee meetings, and the advice was noted that 2gether could not be represented at the meeting today as intended.

It was noted that there were plans to develop the legal relationship between Gloucestershire Care Services NHS Trust and 2gether NHS Foundation Trust, with the intention of their merging as one provider, to take effect in 2018. The director for adults and wellbeing pointed out the overlapping of client groups between such organisations and this would be an emerging model across the region which would promote the

sustainability of these often smaller providers. It was noted that as 2gether was the mental health service provider for Herefordshire, although the majority of its operation was within Gloucestershire, a watching brief on developments in this matter was recommended.

Addaction's chief officer provided a more detailed response to an earlier question regarding the use of opiates and the relationship with e-cigarette devices ('vaping'), having obtained up to date information. In explanation, there were a number of local pictures rather than a national trend and the cohort of opiate users was experiencing differences around broader physical health. Usage was fairly stable, but the methods of use were changing and some substances were harder to track; there was some decrease in usage noted as a response to unemployment, labour market trends and supply. In terms of 'vaping', information obtained from the Advisory Council for Drugs suggested that e-cigarettes were more likely to be used for synthetic cannabinoids rather than opiates, although there was no noted prevalence currently. The member suggested that the situation be monitored.

RESOLVED
That

(a) a service update be provided to the committee in early 2018;

(b) opportunity be provided for a service user's experience of Addaction to be shared with committee members; and

(c) consideration be given by commissioners to contracting services for 5 years, with a mid-term review, to support the embedding of effective service provision.

16. HEREFORDSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2016/17

The chair of the Herefordshire Safeguarding Adults Board (HSAB) presented his annual report for 2016 - 2017. In his opening comments he reminded members that the HSAB was focused on a defined cohort of the most vulnerable people in the county, with 3 strategic priorities of partnership working, prevention and protection, and communications and engagement. Within these priorities it was key to ensure that partners were contributing to the work of the board to ensure a whole system approach to safeguarding.

The HSAB chair highlighted a number of points regarding the work of HSAB:

There was a national network of independent chairs which had looked at a number of common issues including an emerging theme of closer working between child and adult safeguarding boards. In Herefordshire the two boards were innovative in the establishment of a joint business unit role, which supported closer working on shared issues and which boards in other areas were considering to replicate. Consideration had also been given to cross-cutting issues that other agencies such as the community safety partnership were sighted on and there was assurance that the dynamics of such issues were understood and managed effectively within the Herefordshire system.

Other agencies contributed to safeguarding activity and the broader prevention strategy, examples of which included the fire and rescue authority extending their home safety check for those homes at more risk of fire to include assessments such as regarding risk of falls, and 'flu jabs, on behalf of partners.

The promotion of 'making safeguarding personal' (MSP) was fundamental to resolving a safeguarding episode by enabling the system to understand the risks and mitigations around the choices people made. Following an audit by the local authority, there was a mature understanding of the current position on MSP within the system.

A range of approaches had been attempted to increase engagement and this activity was to be referred to Healthwatch for additional support in seeking the views of people who have been through a safeguarding episode, in order for the system to learn from that experience. The local authority had a role in actively engaging with providers to support them to make improvements in safeguarding where needed.

Responding to the report, the chair asked for more explanation of the figures provided to understand the numbers behind the percentages.
It was clarified that the figures were based on representative samples or a significant proportion of people across county and although there was potential to provide deeper analysis of specific cohorts, the resulting figures would be less reliable as meaningful statistics due to the smaller size of the samples.

A member commented on a reference to HSAB publicity in parish magazines, observing that this had not been apparent in the 5 parishes within her ward. Attention was drawn to the need for everyone to develop a better understanding of safeguarding issues and to be more aware within their communities.

A member made a number of comments regarding the data contained in the report and asked what the figures meant in reality. The member made particular reference to interventions in care homes, types of abuse reported, linked themes of domestic abuse, alcohol abuse and numbers of looked after children, and clarity on the report (at page 24 of the report) from the CCG's director of nursing about reasons for low response rates to a Mental Capacity Act audit being understood.

In response, the HSAB chair explained that with regard to nursing homes, the figures sought to highlight where quality needed to improve. The director for adults and wellbeing clarified that of the CQC's ratings of residential and nursing homes, Herefordshire had the best rating overall, so good average rating. There was close working with care homes and interventions were seen as positive, although there was further engagement with them to help them understand what they needed to do to improve. There were few homes that were of serious concern within the quality framework, and a small number where officers were actively working with homes and being clear about the need for rapid improvement. Members were reminded however, that there should not be assumed that there was an automatic link between quality and safeguarding concern.

In responding further to the question, the HSAB chair explained that domestic abuse was defined as a category of abuse by the Care Act but there were differing levels of understanding of the act by organisations. Joint work with Shropshire on case audit had encouraged greater recording of instances of domestic abuse and involving support organisations and genuine learning had led to adoption of risk assessment models and changing practice. With regard to looked after children, the rate was higher in Herefordshire, which needed better understanding, and a domestic abuse strategy was developed through the community safety partnership. There was also a working group exploring where there is compromised parenting impacting on child safeguarding. Agencies were focused on domestic abuse and it was being embraced as an issue.

Referring to the point in the annual report provided by the CCG's director of nursing regarding a Mental Capacity Act audit, it was identified that the audit had been perceived as being an inspection when the HSAB was instead seeking to identify partners' learning and good practice.

A member expressed concern about action being taken regarding people outside a person's family and home such as cold callers. The HSAB chair explained that there was a role to promote learning and to hold the police to account about this. There were few successful prosecutions. House callers were the remit of trading standards who

understood the profile of people vulnerable to abuse and followed up concerns with those people and provided preventive and supportive measures.
Financial scams could be referred straight to trading standards. The trading standards team was small and as well as casework, they attended development events about their initiatives and this was accepted as priority input over attending HSAB meetings.

The vice-chairman noted the reference in the report to local councillors being a key group in the safeguarding system, and asked what additional action councillors should be taking. A suggested activity was to improve an understanding of adult safeguarding and to promote it as the public was less aware of national scandals relating to adult safeguarding compared with child safeguarding.

The director for adults and wellbeing commented that the role of the HSAB was not an operational one and so it did not deal with individual cases, which should instead be a matter for individual organisations, and for them to know how to respond to concerns reported to them.

The Healthwatch representative commented that Healthwatch was part of the quality subgroup, and had a remit to explore cases though this forum and raise the level of concern about the issue.

A member welcomed the inclusion of case studies in the report, noting their value in educating people and raising awareness of issues.

RESOLVED
That

(a) the matter of awareness raising and publicity be given further attention to ensure the public are more aware of how to express their safeguarding concerns; and

(b) a briefing note be provided to members showing information about the numbers of safeguarding concerns dealt with in the year.

The meeting ended at 11.55 am **CHAIRMAN**

Herefordshire Council

Meeting:	**Adults and wellbeing scrutiny committee**
Meeting date:	**Thursday 16 November 2017**
Title of report:	**Performance of West Midlands Ambulance Service NHS Foundation Trust**
Report by:	**Director for adults and wellbeing**

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose and summary

To review the performance of West Midlands Ambulance Service NHS Foundation Trust (WMAS).

To enable the committee to fulfil its function to review and scrutinise the planning, provision and operation of health services (not reserved to the children and young people scrutiny committee) affecting Herefordshire, and to make reports and recommendations on these matters.

Recommendation(s)

That:

(a) the performance of WMAS be reviewed;

(b) the committee determine any recommendations it wishes to make to WMAS or to the commissioners to consider in order to secure improved performance; and

(c) any areas for further scrutiny be identified for inclusion in the committee's work programme.

Further information on the subject of this report is available from
Ruth Goldwater, 01432 260635, email: Ruth.Goldwater@herefordshire.gov.uk

Alternative options

None. It is open to the committee to review the report and determine whether it wishes to make any recommendations.

Key considerations

1 The committee is asked to consider the service and performance summary information provided by WMAS in appendix 1 having regard to data for the following:

- Management structure for the Herefordshire Hub
- Clinical performance
- Performance in Herefordshire compared with other areas covered by WMAS (1 April 2017 - 31 October 2017)
- Prevalence of calls and resulting incidents attended exceeding 3000 in number (i.e. above expected number)
- Distribution of attendance to Herefordshire postcodes (1 April 2017 - 30 October 2017)
- Hereford Hospital hand-over times

2 Members of the AWB scrutiny committee visited the WMAS hub at Ross Road, Hereford, on 30 October 2017. As part of the visit, members took a tour of the facility and were able to ask questions, which covered a number of themes including:

- Workforce development, recruitment, retention and skill mix
- Employee welfare and wellbeing support
- Impact of changes to primary care provision in the county on the service
- Distribution and make-up of the vehicles and teams
- Volume and nature of calls across the county

3 To provide publicly available information about its performance, the service is required to produce and publish an annual quality account. This can be found on the WMAS website: https://wmas.nhs.uk/advice-resources/publications/quality-account/

4 WMAS was last inspected by the Care Quality Commission (CQC) in January 2017, and was rated overall as 'outstanding'. The report summary can be found on the CQC website: http://www.cqc.org.uk/provider/RYA

Community impact

5 The committee's considerations should have regard to what matters to residents of Herefordshire. In doing so, the committee will wish to go beyond the pure data on process performance in order to consider the impact on the wellbeing of Herefordshire residents and their experience of care.

Equality duty

6 Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

7 The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. Our providers will be made aware of their contractual requirements in regards to equality legislation.

Resource implications

8 There are no direct resource implications arising from this report. The cost of any resulting committee work will be subject to assessment and expected to be met within existing resources.

Legal implications

9 The council is under a legal duty to provide an overview and scrutiny function in accordance with Section 9 of the Local Government Act 2000.

10 The remit of scrutiny committees is set out in part 3 Section 4 of the constitution. Paragraph 2.6.7 provides that scrutiny committees have the power to scrutinise the services provided by organisations outside the council eg NHS services, under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

11 Scrutiny functions are outlined in Section 4 paragraph 3.4.1 of the constitution, including at paragraph 3.4.2(g) the power to review and scrutinise any matter relating to the planning, provision and operation of the health service in its area and make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised or to be consulted by a relevant NHS body or health service provider in accordance with the Regulations (2013/218) as amended. In this regard health service includes services designed to secure improvement —

(i) in the physical and mental health of the people of England, and
(ii) in the prevention, diagnosis and treatment of physical and mental illness

12 There are no specific legal implications arising directly from the report.

Risk management

13 There is a reputational risk to the council if the scrutiny function does not operate effectively.

Risk / opportunity	Mitigation
Performance management could be focused on process measures that are not reflective of the wellbeing and experience impact of the service for Herefordshire residents.	The committee seeks to focus its attention on matters of direct relevance to Herefordshire residents and ensure performance measures reflect these.

Consultees

14 The performance data provided by WMAS was shared with the service's commissioners, Sandwell and West Birmingham Clinical Commissioning Group (the CCG). Although no formal comment was provided in response, it is expected, and planned, that the CCG participate in the scrutiny meeting.

Appendices

Appendix 1 WMAS performance summary

Background papers

None identified.

APPENDIX 1

West Midlands Ambulance Service NHS Foundation Trust

Service and performance summary for Herefordshire Adults and Wellbeing Scrutiny Committee 16 November 2017

Hereford workforce profile:

1 x Senior Operations Manager for Hereford and Worcester
6 x Operational Managers (OM) in Hereford (1 x OM to move to Worcester later in the month) on a 24/7 roster pattern.

Hereford Hub								
Clinical	Paras	Techs	ECAs	Stu P @ Uni	Stu P QT	Stu P TT	AFA	Other
121	80	36	4	9	9	2	5	Admin x1 OMs x 6

Abbreviations explained:
ECA = Emergency Care Assistants
Stu P @ Uni = Student paramedic, away on a university course
Stu P QT = Student paramedics, who were technicians and now on their paramedic course
Stu P TT = Student paramedics, trainee technicians just starting in the service
AFA = Auxiliary fleet assistants (these are the staff that make the vehicles ready for the start of the shift)

Hereford Hub:	10 x Double Crewed Ambulance (DCA) doing 24/7 and 10hrs shifts + 1 x Rapid Response Vehicle (RRV) (12hr); this will vary
Ross Hub:	1 x 24/7, Double Crewed Ambulance
Leominster:	2 x 24/7, Double Crewed Ambulance
Bromyard:	1 x 24/7, 1 x Rapid Response Vehicle
Ledbury:	1 x 24/7, 1 x Rapid Response Vehicle

Resources are increased to cover anticipated peaks in demand such as public events, bank holidays, school holidays and festive periods.

At present there are no plans to increase the existing estate areas.

Clinical Performance:

Clinical Performance Scorecard Summary

Ambulance Quality Indicators	WMAS YTD (16-17)	WMAS YTD* (17-18)	NATIONAL YTD (17/18)		Q1 Apr-17	Q1 May-17	Q1 Jun-17	Q2 Jul-17	Q2 Aug-17	Q2 Sep-17	Q3 Oct-17	Q3 Nov-17	Q3 Dec-17	Q4 Jan-18	Q4 Feb-18	Q4 Mar-18
Return of Spontaneous Circulation At Hospital (Overall[1])	31.94%	30.43%	29.47%	%	29.50%	28.37%	31.65%	29.88%	29.30%	34.87%						
				n	339	282	237	251	273	238						
				National Mean	30.20%	28.71%										
Return of Spontaneous Circulation At Hospital (Comparator[2])	49.54%	51.21%	51.60%	%	61.36%	45.71%	48.48%	58.97%	40.74%	44.83%						
				n	44	35	33	39	27	29						
				National Mean	54.80%	48.10%										
PPCI [3] Treatment received within 150 minutes of the first call for help	86.47%	86.96%	87.01%	%	88.89%	88.97%	85.16%	85.00%								
				n	144	136	155	140								
				National Mean	87.60%	86.40%										
STEMI Care Bundle [4]	80.29%	80.09%	77.51%	%	77.57%	81.16%	76.73%	77.86%	82.33%	84.96%						
				n	214	207	245	262	232	246						
				National Mean	76.70%	78.39%										
Stroke FAST+ patients transported to a Hyper Acute Centre within 60 minutes	57.50%	59.41%	56.95%	%	62.93%	57.64%	62.22%	60.88%	56.69%	55.24%						
				n	518	484	487	547	501	429						
				National Mean	58.70%	55.24%										
Stroke Care Bundle [5]	97.51%	94.57%	96.96%	%	94.27%	94.09%	94.76%	94.40%	95.29%	94.61%						
				n	1362	1405	1450	1499	1421	1410						
				National Mean	97.30%	96.64%										
Cardiac Arrest Survival to discharge (Overall[1])	9.56%	10.25%	8.81%	%	10.62%	11.70%	10.55%	6.77%	8.42%	13.45%						
				n	339	282	237	251	273	238						
				National Mean	9.10%	8.54%										
Cardiac Arrest Survival to discharge (Comparator[2])	26.15%	26.09%	27.01%	%	34.09%	25.71%	18.18%	23.08%	25.93%	27.59%						
				n	44	35	33	39	27	29						
				National Mean	31.10%	22.60%										

*Traffic Lights based on the comparison of WMAS YTD and National YTD percentages.
National YTD based on published figures.
n = Total Patient Group
[1] Overall Group - Cardiac Arrest Patients where resuscitation has been attempted.
[2] Comparator Group - Cardiac Arrest patients where resuscitation has been attempted, VF/VT arrest, medical aetiology, bystander witnessed
[3] PPCI - Primary Percutaneous Coronary Intervention.
[4] STEMI Care Bundle - Aspirin, GTN, 2 pain scores, analgesia administered.
[5] Stroke Care Bundle - FAST, Blood Glucose and Blood Pressure recorded.

Performance in Herefordshire 1 April 2017 - 31 October 2017

West Midlands Ambulance Service NHS
NHS Foundation Trust

Bulletin Board
(valid for ARP 2.3 onwards 06.09.17+)
From 01/04/2017 to 31/10/2017
Report ref 12

Bulletin Board by County	Category 1			Category 2			Category 3		Category 4		HCP 1hr		HCP 2hr		HCP 3hr		HCP 4hr	
01/04/2017 to 31/10/2017	Inc Cnt	Mean	90th	Inc Cnt	Mean	90th	Inc Cnt	90th	Inc Cnt	90th	Inc Cnt	90th	Inc Cnt	90th	Inc Cnt	90th	Inc Cnt	90th
Arden	1613	7:18	12:50	8779	13:07	24:29	9754	61:32	697	100:20	-	-	428	164:40	-	-	507	239:00
Birmingham	3346	6:08	10:08	16370	10:42	18:38	14713	92:21	815	184:09	-	-	404	286:37	-	-	304	457:37
Black Country	2712	6:05	10:07	14335	10:25	17:26	13063	76:21	829	161:42	1	3:15	338	262:25	-	-	411	344:01
Herefordshire	248	8:57	18:57	1656	14:55	29:51	1888	47:02	105	91:37	-	-	165	122:32	-	-	158	152:15
Shropshire	751	9:23	17:48	4278	14:59	29:07	4350	59:53	325	107:41	-	-	555	188:52	-	-	101	260:42
Staffordshire	2210	6:45	11:46	12372	12:13	22:01	13176	51:04	951	87:44	-	-	505	141:03	-	-	660	215:39
Worcester	892	7:50	13:57	5674	13:38	25:03	6050	63:08	390	126:55	-	-	331	166:30	-	-	384	249:18
Total	11772	6:48	11:36	63464	11:56	21:38	62994	69:50	4112	132:22	1	3:15	2726	202:50	-	0:00	2525	281:49

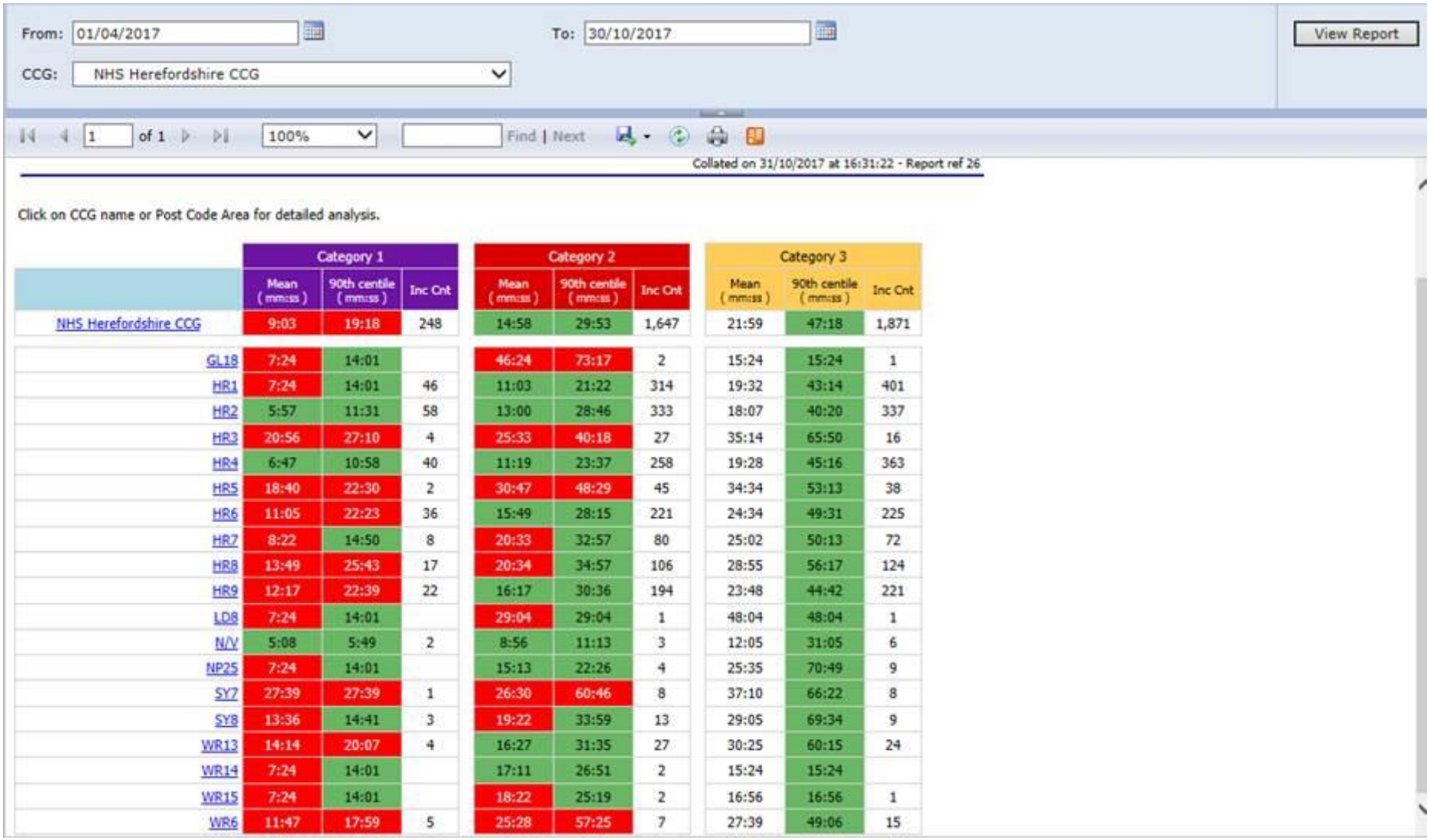
Bulletin Board by CCG	Category 1			Category 2			Category 3		Category 4		HCP 1hr		HCP 2hr		HCP 3hr		HCP 4hr	
01/04/2017 to 31/10/2017	Inc Cnt	Mean	90th	Inc Cnt	Mean	90th	Inc Cnt	90th	Inc Cnt	90th	Inc Cnt	90th	Inc Cnt	90th	Inc Cnt	90th	Inc Cnt	90th
Birmingham CrossCity	1875	5:54	9:50	9013	10:16	17:51	8464	91:38	482	185:29	-	-	248	294:43	-	-	191	444:05
Birmingham South & Central	471	6:00	9:35	2443	10:10	17:22	2013	89:30	113	187:08	-	-	41	286:37	-	-	23	661:13
Cannock Chase	235	7:35	12:29	1531	13:53	23:16	1594	51:32	110	88:30	-	-	50	191:20	-	-	64	234:47
Coventry & Rugby	920	6:51	11:50	4529	11:44	22:07	4829	65:10	328	112:17	-	-	178	164:40	-	-	232	264:21
Dudley	536	6:12	10:23	3213	10:29	17:39	3309	74:58	199	164:21	-	-	101	213:04	-	-	115	299:13
East Staffordshire	221	6:56	12:14	1258	13:43	27:25	1296	53:41	111	65:13	-	-	53	119:34	-	-	66	143:29
Herefordshire	250	9:01	18:57	1657	14:55	29:51	1887	47:02	105	91:37	-	-	165	122:32	-	-	158	152:15
North Staffordshire	355	7:16	12:45	2118	13:05	23:41	2375	47:56	185	79:50	-	-	72	125:44	-	-	111	167:41
Redditch & Bromsgrove	265	6:43	11:19	1666	12:38	21:53	1784	64:08	100	117:40	-	-	124	166:30	-	-	88	299:15
Sandwell & West Birmingham	1422	5:58	9:25	6888	10:16	17:16	5545	82:38	267	162:47	-	-	106	292:21	-	-	155	428:16
Shropshire	428	10:43	20:35	2651	17:01	32:43	2726	62:54	191	113:25	-	-	403	188:55	-	-	70	260:42
Solihull	372	7:14	11:35	2186	13:53	23:59	2107	99:10	136	181:00	-	-	87	253:31	-	-	50	536:46
South East Staffs & Seisdon & Peninsular	347	7:45	13:14	2281	14:12	25:30	2431	62:53	186	105:58	-	-	104	178:46	-	-	115	299:40
South Warwickshire	368	8:30	15:08	2261	15:10	27:25	2796	55:57	235	83:48	-	-	134	172:55	-	-	171	189:14
South Worcestershire	449	8:31	15:35	2895	13:47	25:20	3165	58:54	225	90:08	-	-	172	165:32	-	-	265	223:57
Stafford & Surrounds	290	6:32	11:44	1551	11:25	20:46	1728	44:41	112	79:03	-	-	98	119:26	-	-	86	210:57
Stoke on Trent	761	5:50	9:25	3633	9:36	15:54	3747	47:38	247	91:00	-	-	128	128:22	-	-	218	215:47
Telford & Wrekin	322	7:34	12:31	1626	11:40	22:02	1624	53:33	134	90:42	-	-	152	177:24	-	-	31	151:54
Walsall	699	6:14	10:33	3596	10:06	16:44	3271	75:34	222	146:10	-	-	78	250:00	-	-	87	301:49
Warwickshire North	325	7:18	11:59	1987	13:57	27:04	2128	59:13	134	91:39	-	-	116	156:17	-	-	104	240:30
Wolverhampton	686	6:18	10:48	3390	10:40	18:12	3068	76:07	225	166:06	1	3:15	81	292:42	-	-	95	381:26

Incidents that the service has attended has risen to over 3000 calls on a regular occurrence with 111 activity increasing:

Full Date	Call Count
14/10/2017	3891
25/09/2017	3826
23/09/2017	3791
01/10/2017	3758
13/10/2017	3742
24/09/2017	3731
27/09/2017	3668
28/09/2017	3660
15/10/2017	3656
30/09/2017	3639
22/09/2017	3636
07/10/2017	3624
29/10/2017	3597
26/09/2017	3561
20/10/2017	3553
08/10/2017	3552
23/10/2017	3530
29/09/2017	3519
21/09/2017	3511
02/10/2017	3473
Total	72918

Full Date	Incident Count
14/10/2017	3079
25/09/2017	2964
29/10/2017	2917
13/10/2017	2909
23/10/2017	2908
23/09/2017	2901
01/10/2017	2891
15/10/2017	2890
24/09/2017	2882
20/10/2017	2880
07/10/2017	2877
08/10/2017	2860
30/09/2017	2843
27/09/2017	2840
26/09/2017	2834
22/09/2017	2823
02/10/2017	2812
28/09/2017	2810
29/09/2017	2775
21/09/2017	2679
Total	57374

Distribution of attendance to Herefordshire postcodes 1 April 2017 -30 October 2017:



From: 01/04/2017 To: 30/10/2017 View Report

CCG: NHS Herefordshire CCG

1 of 1 100% Find | Next

Collated on 31/10/2017 at 16:31:22 - Report ref 26

Click on CCG name or Post Code Area for detailed analysis.

	Category 1			Category 2			Category 3		
	Mean (mm:ss)	90th centile (mm:ss)	Inc Cnt	Mean (mm:ss)	90th centile (mm:ss)	Inc Cnt	Mean (mm:ss)	90th centile (mm:ss)	Inc Cnt
NHS Herefordshire CCG	9:03	19:18	248	14:58	29:53	1,647	21:59	47:18	1,871
GL18	7:24	14:01		46:24	73:17	2	15:24	15:24	1
HR1	7:24	14:01	46	11:03	21:22	314	19:32	43:14	401
HR2	5:57	11:31	58	13:00	28:46	333	18:07	40:20	337
HR3	20:56	27:10	4	25:33	40:18	27	35:14	65:50	16
HR4	6:47	10:58	40	11:19	23:37	258	19:28	45:16	363
HR5	18:40	22:30	2	30:47	48:29	45	34:34	53:13	38
HR6	11:05	22:23	36	15:49	28:15	221	24:34	49:31	225
HR7	8:22	14:50	8	20:33	32:57	80	25:02	50:13	72
HR8	13:49	25:43	17	20:34	34:57	106	28:55	56:17	124
HR9	12:17	22:39	22	16:17	30:36	194	23:48	44:42	221
LD8	7:24	14:01		29:04	29:04	1	48:04	48:04	1
N/V	5:08	5:49	2	8:56	11:13	3	12:05	31:05	6
NP25	7:24	14:01		15:13	22:26	4	25:35	70:49	9
SY7	27:39	27:39	1	26:30	60:46	8	37:10	66:22	8
SY8	13:36	14:41	3	19:22	33:59	13	29:05	69:34	9
WR13	14:14	20:07	4	16:27	31:35	27	30:25	60:15	24
WR14	7:24	14:01		17:11	26:51	2	15:24	15:24	
WR15	7:24	14:01		18:22	25:19	2	16:56	16:56	1
WR6	11:47	17:59	5	25:28	57:25	7	27:39	49:06	15

Hereford Hospital hand-over times:

From: 01/04/2017 To: 30/09/2017

Destination: Hereford County

1 of 1 100% Find | Next

West Midlands Ambulance Service
NHS Foundation Trust

01/04/2017 and 30/09/2017
Collated on 31/10/2017 at 16:46:17 - Report ref 708
* Where handover time was not completed, clear time is used
** Where handover time was not completed, arrival time is used
Handover volumes stated do not include 'negative' or 'unknown' time durations

			Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17
Hereford County	Total	Total Conveyances	1448	1628	1544	1610	1511	1520
		Cases with no Handover	343	343	385	448	349	296
		% with no Handover	23.7%	21.1%	24.9%	27.8%	23.1%	19.5%
	Arrival to Handover	Average Duration	19:37	19:41	19:33	22:31	20:56	20:37
		Cases in 15 min Target	596	683	622	573	542	627
		Cases Out of Target	852	945	922	1037	969	893
		% in Target (15 mins)	41.2%	42.0%	40.3%	35.6%	35.9%	41.3%
	Handover to Clear	Average Duration	15:30	15:50	16:03	17:27	16:21	16:22
		Cases in Target	819	921	840	860	811	818
		Cases Out of Target	628	704	703	749	700	701
		% in Target (15 mins)	56.6%	56.6%	54.4%	53.4%	53.7%	53.8%

Herefordshire Council

Meeting:	**Adults and wellbeing scrutiny committee**
Meeting date:	**Thursday 16 November 2017**
Title of report:	**Living well at home - transforming community services**
Report by:	**Director for adults and wellbeing**

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose and summary

To consider the findings of NHS Herefordshire CCG's recent public engagement on transforming Community Health Services: "Let's plan health and care in your community"

To identify the committee's preferred approach to the programme as it progresses.

To enable the committee to fulfil its function to review and scrutinise the planning, provision and operation of health services (not reserved to the children and young people scrutiny committee) affecting Herefordshire, and to make reports and recommendations on these matters.

Recommendation(s)

That:

(a) the committee consider the recommendations as identified in the CCG report "Living Well at Home" - Transforming Community Health Services at appendix 1; and

(b) the committee determine any recommendations it wishes to make to Herefordshire

Clinical Commissioning Group.

Alternative options

1. None. It is open to the committee to review the report and determine whether it wishes to make any recommendations.

Key considerations

2. The NHS, like many other elements within the public service, needs to transform the way in which it achieves its outcomes. Trends in demography and advances in medical science mean that people are living much longer and are doing so with long-term health conditions, many associated with lifestyle choices. This requires a significant shift in focus, and hence resource, away from the traditional concentration on acute hospital services and towards the provision of care within local communities, from episodic care towards ongoing care.

3. The Living Well at Home programme is designed to lead to a strengthening of capacity and capability within primary care GP services and community healthcare services, and thereby avoid patients experiencing the crises that would require hospital care. In this way, the programme will facilitate achievement of the 'triple aim' that lies at the heart of the Sustainability and Transformation Partnership, whereby there is mutual interdependence between population wellbeing, quality of care delivery, and financial sustainability of the system.

4. The CCG has been leading this work through setting commissioning outcomes that need to be achieved for the population of Herefordshire. These are being picked up by the Integrated Care Alliance, which brings together Herefordshire Council with the Provider Alliance formed by Wye Valley NHS Trust, 2gether NHS Foundation Trust, and Taurus.

5. The core approach adopted by the Integrated Care Alliance is the development of a locality-based system, through which community healthcare staff work closely with groups of GP practices in order to establish coherent delivery models that match the particular needs and context of each area and its population. The council's adult social work teams are closely connected into this work and the principles underlying the approach are fully consistent with those set out in the adults wellbeing plan 2017-2020.

6. The committee is asked to consider the papers provided by NHS Herefordshire CCG in the appended documents.

Community impact

7. Herefordshire Council's adopted code of corporate governance recognises the importance of promoting a positive working culture that accepts, and encourages constructive challenge, and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development, and review.

8. In formulating any recommendations the committee will wish to have regard to the evidence base within Understanding Herefordshire (the joint strategic needs assessment), and the priorities contained within the adopted Health and Wellbeing Strategy.

Equality duty

9. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

   A public authority must, in the exercise of its functions, have due regard to the need to -

   (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

   (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

   (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

10. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. Our providers will be made aware of their contractual requirements in regards to equality legislation.

Resource implications

11. There are no direct resource implications arising from this report. The cost of any resulting committee work will be subject to assessment and expected to be met within existing resources.

Legal implications

12. Under the Local Authority (Public health, health and Wellbeing Boards and health Scrutiny) Regulations 2013 the council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Herefordshire. There are no specific legal implications arising directly from the report.

Risk management

13. There is a reputational risk to the council if the scrutiny function does not operate effectively.

14.

Risk / opportunity	Mitigation
As a national service, the NHS may prioritise models of delivery that fit national targets, but are poorly suited to the specific context of Herefordshire, given its rurality and larger proportion of older people.	Members of the committee can highlight areas where local needs and context vary from national norms and seek assurance from the CCG that these have been fully taken into account.

Consultees

15. The broad direction of travel, within which the specific Living Well at Home programme sits, has been reviewed by the health and wellbeing board as part of its consideration of

the CCG's commissioning plans. The board was satisfied that those plans were consistent with the priorities and approach set out in the health and wellbeing strategy. Further consideration of the programme will be undertaken on a regular basis, as the board explores delivery of the individual priorities within the strategy as part of its annual cycle of meetings.

Appendices

Appendix 1 Main report "Living Well at Home" - Transforming Community Health Services

Appendix 2 System blue print

Appendix 3 Thematic findings from engagement

Appendix 4 Summary of locality engagement

Appendix 5 Analysis of survey and focus groups

Appendix 6 Clinical case for change and model of care

Appendix 7 Draft governance arrangements

Background papers

None identified.

Putting the public and patients at the heart of everything we do

NHS Herefordshire Clinical Commissioning Group

Adults and Wellbeing Scrutiny Committee

16h November 2017

Subject	"Living Well at Home" - Transforming Community Health Services
Lead Executive	Hazel Braund, Director of Operations
Author (s)	Hazel Braund, Director of Operations and Jade Brooks, Deputy Director of Operations

PURPOSE OF THE REPORT

The Scrutiny Committee is asked to:

- consider the findings of the recent public engagement on transforming Community Health Services: "Let's plan health and care in your community"
- support proposals for next steps in moving forward this important programme of work
- advise on how the Committee will wish to scrutinise the programme as it progresses, including receiving regular updates on the progress of the programme as a whole and of the individual locality projects

KEY POINTS

- The recent public engagement process has used a number of methods to gather the views and experiences of the public, with a focus on seeking feedback from local geographical communities.
- The results of the engagement indicate commonalities across the county however there are local area differences that should be taken into account in the way that services are planned and delivered
- The geography of Herefordshire, the distribution of the population, and the way that the NHS and other partners have historically provided services supports a "locality" approach to seeking solutions, tailor made to each locality
- Alongside supporting a locality approach, the CCG is required to ensure that there is a consistency of core provision to local people – feedback from the West Midlands Clinical Senate and from the NHSE Strategic Sense Check reinforced this requirement.

- To support locality provision, additional investment has been identified to support the transition to increased provision of care in people's own homes and local communities.
- The CCG and the Integrated Care Alliance of local providers are proposing to take the first steps in shifting care away from bedded settings by providing more care in people's own homes and communities. The additional capacity is already partly in place, but it is proposed to retain the current level of bedded capacity across the county over the next few months to support transition and to support system management through the winter.
- From February 2018, it is proposed to end use of the bedded annex to Wye Valley NHS Trust at Hillside and to work with partners to agree alternative uses for this facility
- The next steps in the implementation will focus on a process of "co-production" with each local area, with flexibility to ensure that local solutions are considered to meet local needs as far as possible. This will be a staged process, with two localities identified in the first stage Kington and Leominster and their surrounding rural areas
- Work will continue with all areas of the County with governance arrangements ensuring that all areas progress over the next 18 months and that no areas are put at a disadvantage by progress elsewhere. This will include sharing information about esource allocation and taking into account any planned changes affecting that community, e.g. housing, transport.

RECOMMENDATION TO THE COMMITTEE

For Information ☐ ***Discussion*** ☐ ***Assurance/Review*** ☐ ***Decision*** ☒ ***Procurement Decision*** ☐

The Scrutiny Committee is asked to:

1. Receive the public engagement report and comment on findings and approach, providing advice and support for the ongoing process of engagement that will accompany the next phases of this programme

2. Support proposals for next steps in moving forward this important programme of work:
   - 2.1 The immediate and ongoing implementation of additional capacity in health and social care community services provision, supporting more people in their own home.

   - 2.2 From February 2018, withdrawal from the 22 bed annex to Wye Valley NHS Trust based at Hillside in Hereford City and the development of plans to re-use this facility (owned by the Local Authority).

3. Advise on how the Committee will wish to scrutinise the programme as it progresses, including receiving regular updates on the progress of the programme as a whole and of the individual locality projects

CONTEXT & IMPLICATIONS

Financial	Financial information will continue to be developed to support all stages of development and decision taking
Legal	The Clinical Commissioning Group and Integrated Care Alliance of providers will take advice on any legal issues emerging from this project.
Risk and Assurance ***(Risk Register/BAF)***	The project will identify risks as it progresses.
HR/Personnel	Impacts on workforce, including ensuring engagement, and considerations relating to skills and role development will form a key element of this project
Equality & Diversity	Equality Impact Assessments will be undertaken to support change proposals as they emerge.
Strategic Objectives	The development of community services through the implementation of the One Herefordshire model is consistent with the strategic objectives of all partners
Healthcare/National Policy ***(e.g. CQC/Annual Health Check)***	The One Herefordshire proposals are consistent with national policy in relation to the provision of improved prevention, self-care and out of hospital care.
Consultation Communications and Patient Involvement	This paper shares the findings of the engagement process supporting the programme and proposes ongoing engagement and communication at all stages of the project.
Partners/Other Directorates	The One Herefordshire partners have participated in the development of the model and will be involved in developing and implementing the model as the project progresses: Local Authority, Wye Valley NHS Trust, 2gether Foundation Trust, Taurus

	Federation, Primary Care. These providers have formed an Integrated Care Alliance.
Carbon Impact/Sustainability	No negative impact identified at this stage. Potential for positive impacts through increased provision of care in local settings, and increased use of technology (eg telemedicine).

Governance

Process/Committee approval with date(s) ***(as appropriate)***	A draft governance structure is included in this paper
Conflicts of Interest Issues	Conflicts of interest may arise and will be highlighted and managed appropriately as the project progresses.

TITLE of Report: "Living Well at Home" - Transforming Community Health Services

Author(s): Hazel Braund and Jade Brooks

Executive Lead: Hazel Braund

Date: November 2017

1. Introduction

In September 2016, the Clinical Commissioning Group asked the current providers of Community Health Services in Herefordshire to work together and with key partners, in particular the Adults and Wellbeing Directorate of the Local Authority, to review and develop proposals for the future provision of adult community health services across the county.

This request emerged following a lengthy period of discussion between the partners, and in particular issues highlighted by primary care (i.e. GPs) relating to the capacity and organisation of community services in the county.

Shortly following this request, a provider alliance was formed, chaired by the Director of Adult Services and Wellbeing and with the key NHS partners: Wye Valley NHS Trust, Taurus GP Federation and 2gether NHS Foundation Trust. This partnership has been led throughout the process at a senior Chief Executive and Director level, demonstrating the commitment of all parties.

The partnership, known as the Integrated Care Alliance (ICA), presented to the CCG's Governing Body and the GP Parliament (as the constituent members of the CCG) in the first few months of 2017 outlining their proposals for improvement. These proposals reflected a coming together of community care (physical and mental health) with primary care in a model that supported the "blue print" already developed by the Local Authority and adopted by the CCG and other partners (see **Appendix 1**). In May 2017, following discussion through the Joint Commissioning Board with Herefordshire Council Adults and Wellbeing commissioning partners, the CCG was able to confirm that the joint commissioners wished to continue working with the ICA to further develop plans for the future provision of care.

It was agreed that the next step in this process should be a public engagement process to understand the needs, wishes and concerns of people across the county in relation to their current and future experience of care in their local community. This engagement was titled: "Let's plan health and care in your community"

The engagement process commenced in July 2017 and on 23rd August, the CCG presented its approach and intentions to the Adults and Wellbeing Scrutiny Committee, seeking their support for the process and advice to improve the approach. This was a helpful and productive session that led to changes and additions to the

plans. This included: writing to all Parish Councils as well as Town Councils seeking their engagement in the process and adaptations to the literature used to promote the events. Healthwatch was also asked to provide feedback on the process at the midway point and further adaptations were made following this.

2. The Engagement process

The Clinical Commissioning Group, with support from members of the Integrated Care Alliance, has undertaken engagement on health and care provision in the community. The title of this engagement was: “Let’s plan health and care in your community”

The prime focus was on people’s experiences and views on out-of-hospital care, including primary care, and those services provided by a range of agencies. A wider range of issues was raised by members of the public and stakeholders during the various events and through the surveys, for example access to transport and issues relating to rural isolation, this supported a better understanding of health provision within the context of people’s lives.

2.1 Methodology

The overall programme of engagement ran from June to October 2017, with formal public engagement running from 18th July to 30th September. Prior to this, from June onwards, the ICA had run a series of engagement events with staff and stakeholders, including primary care (GPs, practice nurses, practice managers). During September and October, the CCG with the ICA held a series of feedback events across the County where the information gathered from each community was shared and members of the public were invited to comment and add further views and qualification. As well as information and feedback from the local events, evidence of practice from other parts of the country was shared.

Healthwatch Herefordshire sent representatives to many of the Locality public sessions and also held an independent event in September.

In Kington, the Town Council agreed to work directly with the CCG and the Kington Health Commission was established to oversee and critique the local engagement process.

During this period 803 people were involved across the county:

- Locality public sessions (243)

- Interviews at G.P. surgeries, libraries and other locations (104)
- Online survey (298)
- Service-user focus groups (26) and events (20)
- Health professionals and partnerships (65)
- Kington Health Commission and Joint event with Healthwatch Herefordshire (47)

Throughout the process, the feedback from each Locality have been shared and published on the CCG's website. This will continue as the project progresses.

2.2 Findings

To summarise the findings will inevitably remove from some of the local richness of the information that has been gathered through the dialogues with local people, however, there are common themes that emerge across the localities. People told us that they want:

- Improved access to primary and community care services in their local areas
- Improved communication between services and with the people that they support
- Improved co-ordination of care so that individuals can feel confident that they are being supported in the most effective and efficient way, and can experience this on a day to day basis
- Improved information about how to access services and about how to self-care to prevent illness or deterioration of health
- Reduced transfers of care which can lead to multiple stays in different locations

In addition, wider issues raised frequently were:

- Transport was highlighted as a significantly limiting factor, both in accessing services, but also in allowing people to support themselves and their carers/ families
- Building community resilience to prevent ill-health and promote wellbeing required greater coordination in some localities.Better use of community buildings, including community hospitals and improved use of technology to further join-up provision closer to where people live.

For the future, people expressed concerns about:

- Supporting an aging population with deteriorating health needs
- Growth in local populations where housing development is planned
- Existing provision not able to meet the needs of the population in the future

Through the engagement process, a strong message emerged from many of the people who came to the events that they valued the opportunity to talk about how services should be developed in their local area and wanted this to be a continuing process. There was good support from community leaders and champions, including Town Councils and / or Parish Councils and a willingness to act as the link to local people as the project moves forward. In addition, a number of other local groups have made contact through this process and dialogue is continuing with them. The CCG and the ICA partners are committed to continuing to engage local communities in the planning and review of services.

Appendix 2 provides a summary by thematic area of the feedback

Appendix 3 provides a full summary by locality of the feedback

Appendix 4 provides analysis from the on line survey and the focus groups

Recommendation 1: Engagement

The Scrutiny Committee is asked to:

1. Receive the public engagement report and comment on findings and approach, providing advice and support for the ongoing process of engagement that will accompany the next phases of this programme

3. The model of care - the evidence supporting change

Appendix 5 summarises the evidence both nationally and locally for seeking change in the way that our services are provided and outlines the clinical model that the ICA partners have been developing. The feedback from the public engagement has been used to shape the transformation plans and indicates further areas for improvement in the short, medium and longer-term.

At the core of the clinical model is the Herefordshire “blue print” (Appendix 1) and the opportunity to wrap services around the individual by working more closely as a

system, building relationships between primary care, community services the care and voluntary sector, and supporting people in their own communities and homes.

The model reflects the recognition that, in Herefordshire, we are good at supporting people in their own homes, benchmarking second nationally on our rate of emergency admissions per 100,000 population, but once we have admitted someone to our system, we are not good at getting them home in a timely manner and with the support that they need. It is recognised that this can leave people with a longer term need for support, and increased reliance on health and social care services.

As is the case in many places, we have a historic model of care that the system has not sufficiently adapted to meet the needs of our current population and to reflect the opportunities that improved care and technology now offer us.

GPs, community nurses, therapists and carers are able to provide care in people's own homes in ways that was not possible in the past. The system has invested in a number of initiatives that support this: enhanced End of Life Care; Early Supported Discharge for Stroke; virtual wards supporting the highest risk patients, and re-ablement supporting people to rebuild confidence and independence. However, there is a great deal more that we can do, both in terms of developing capacity (i.e. more of the same) and capability.

Representatives from the CCG and the ICA presented the emerging model of care to the Clinical Senate Council on 19th September. The feedback was positive and supported the overall direction of travel. The Senate Council recognised our local challenges and encouraged us to: continue working with partners to model the service change; develop our workforce plans; ensure that the transformational investment was in place; continue the process of engagement of staff, stakeholders and the public, and develop a sustainable approach to the volunteer community.

4. Next Steps – moving to implement change

The implementation programme is planned to be gradual and based on a "co-production" approach with each local area. The initial stage of preparation for this has been to secure funding to support the transformation programme, recognising that there will need to be a period of "double running" in the system to enable a safe transition from the current model to the new one. This is outlined below.

Capacity is being increased in community health and social care teams through transitional investment and primary care leadership is being supported through the "Primary Care Home" programme. The CCG has invested 200k in 2017/18 to support the development of the Primary Care Home programme, which promotes primary care leadership at locality level to focus change on the needs of local populations. Four localities have been identified by the ICA and four Primary Care

Home “Champion” GPs have been identified to lead the clinical model. This addresses some of the public feedback about the role of GPs and the need for greater coordination of provision.

The CCG and the Integrated Care Alliance of local providers are proposing to take the first steps in shifting care away from bedded settings by providing more care in people’s own homes and communities. The additional capacity is already partly in place, but it is proposed to retain the current bedded capacity across the county over the next few months to support transition and to support system management through the winter.

4.1 Summary of additional capacity:

Primary Care Home: investment of 200k in 2017/18 to support primary care leadership at locality level. 200k committed for 2018/19 with additional investment under discussion.

Community health services: investment of 200k in 2017/18 rising to 400k in 2018/19. This will support a further 400 people in their own homes in a full year who would previously have been in a community hospital bed.

Working collaboratively with the Council’s “Homefirst” service, therapists, therapy support workers and nursing teams will provide training and support to care workers to maximise service user independence, support individualised care planning for the highest risk 200 individuals in our county and deliver therapy interventions for over 3000 contacts.

Homefirst rapid response: investment of 160k in 2017/18, rising to 285k in 2018/19. This will double the capacity of the current service and work alongside the enhanced community health services (see above) to support people in their own homes who would previously have been in a community hospital bed.

During 2016/17 the rapid response service supported 550 individuals and the reablement service (as previously delivered by Herefordshire Housing) supported 400 individuals. The remodelled ‘Homefirst service is estimated to support a total of the equivalent of approximately 1800 clients per year in the first 6 months, which will then increase to 2000 per year once systems are in place and employees have embedded in the new service.

In addition to the above, a further 270k is available in 2017/18 for investment in increased capacity in the Herefordshire system. This investment is focused on supporting social care provision that will enable people to move through the care system in a timely and well supported manner. A series of bids have been received and are being evaluated by a joint panel to provide capacity in the market and to support transfers of care. This investment increases to 970k in 2018/19.

The 22 beds in the Hillside annex currently support approximately 400 people per year. The additional investment described above, alongside the very significant work that is progressing to improve the efficiency of our pathways of care, is seen as sufficient to support the transition to offer people a greater choice of home based care.

4.2 First stage of implementation

From February 2018, it is proposed to end use of the bedded annex to Wye Valley NHS Trust at Hillside and to work with partners to agree alternative uses for this facility.

This first step is an important move to increasing capacity and choice for people who can be more effectively and more appropriately supported in their own homes. The annex is not a locality based community facility, in that it provides bed based care to people from across the Herefordshire system. There is the opportunity to redeploy staff who currently work in the annex into the acute and community wards, or community settings. This will enhance the quality of care in those environments through the redeployment of an experienced and skilled workforce and reduction in the use of agency staff. It will also allow the delivery of savings to the system which will be limited in 2017/18, but will increase to approximately 500k in 2018/19, supporting greater financial stability in our system and reducing the threat of service cuts.

Recommendation 2: Next Steps

The Scrutiny Committee is asked to:

2) Support proposals for next steps in moving forward this important programme of work:

- **The immediate and ongoing implementation of additional capacity in health and social care community services provision, supporting more people in their own home.**

- **From February 2018, withdrawal from the 22 bed annex to Wye Valley NHS Trust based at Hillside in Hereford City and the development of plans to re-use this facility (owned by the Local Authority).**

5. Locality “co-production” programme

It is proposed that the next steps in the implementation plan should focus on a process of “co-production” with each local area, with flexibility to ensure that local

solutions are considered to meet local needs as far as possible. There are two localities where proposals are emerging and where there is both leadership and engagement from the local community and clinical workforce: Kington and Leominster and their surrounding rural areas. It is expected that active work with other localities will commence early in 2018, although engagement with all communities will continue throughout the whole programme.

Work will continue with all areas of the County with the governance arrangements described in this document ensuring that all areas progress over the next 18 months and that no areas are put at a disadvantage by progress elsewhere. This will include a tight overview of resource allocation, wide engagement of stakeholders and transparent plans shared with all stakeholders and the public.

Appendix 6 shows the draft governance arrangements for the programme as a whole.

Alongside these arrangements, it is proposed that the Adults and Wellbeing Scrutiny Committee should receive regular updates on the progress of the overall programme and the individual Locality Programmes, providing feedback and seeking clarification as it sees fit. The partners remain committed to working effectively with Scrutiny and will be happy to respond to suggestions and requirements to develop and modify the proposed approach.

Recommendation 3: on going involvement of Adults and Wellbeing Scrutiny Committee

The Scrutiny Committee is asked to:

- **Advise on how the Committee will wish to scrutinise the programme as it progresses, including receiving regular updates on the progress of the programme as a whole and of the individual locality projects**

6. Conclusion

The Health and social care system in Herefordshire has worked effectively together to develop the initial proposals that underpin these first stages of the transformation of our community services. Engagement with local people has provided a rich source of information, challenges and ideas and a strong indication of the willingness in our local communities to work with us to develop solutions that are tailor-made to meet local needs and circumstances. The partners leading this process, and those that have so far engaged in the project, recognise that this is not a short term project, but one that requires a long term commitment to ensure that we deliver the best possible solutions for local people. Commencing that transformation should be a priority, both

to make effective and efficient use of resources, and also to ensure that local people are provided with appropriate choices to support their long term recovery and wellbeing.

Appendices to this paper:

Appendix 1 – The Herefordshire system “Blue Print”

Appendix 2 – Summary of engagement feedback by thematic area

Appendix 3 – Summary of engagement feedback by locality

Appendix 4 – Analysis from on-line survey and focus groups

Appendix 5 – Clinical Case for Change and Model of Care

Appendix 6 – Draft governance arrangements

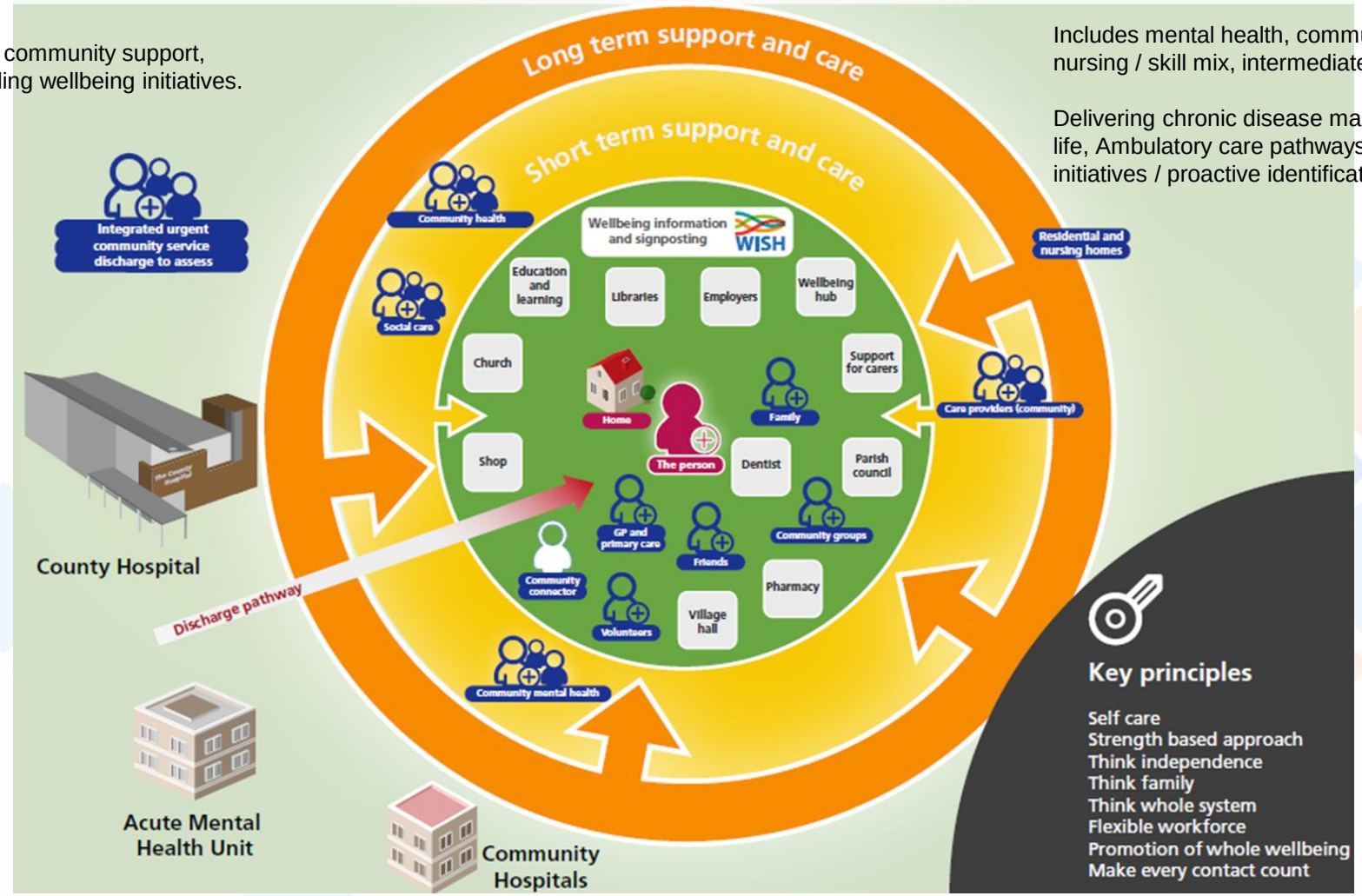
Appendix 1: system “blue print”

Wrap round person with primary care and access to specialist advice and support

Includes mental health, community nursing / skill mix, intermediate care

Delivering chronic disease management, End of life, Ambulatory care pathways and self-care initiatives / proactive identification.

Local community support, including wellbeing initiatives.



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Let's plan Health and Care – Thematic Narrative

Appendix 2

Person-centred Care

Feedback indicates that people have varying expectations of healthcare. This did not appear to be related to age, gender or related to a specific characteristic, and more likely to be based on past experience. Everyone wanted to be treated with **respect** and receive **person-centred care**, with a smaller number of people wanting a nominated individual to provide or lead their care arrangements. This was to ensure consistency of care.

Part of person-centred care is recognising the patient as the **expert** on themselves. People gave examples where this was not acknowledged by practitioners. Blocks to self-care reported as level of **self-confidence** and **risk-adverse practitioners**.

The role of **carers**, and assumptions about their capacity to care was not fully considered in discussions and plans.

Making time for practitioners to **share** their knowledge was identified by people as useful however not routine. Giving people **skills** to manage their health would be empowering and support recovery.

Introduce a **Health passport** / summary care record were suggestions to improve person-centred care.

Early Help to keep well

People wanted more **help** to keep healthy.

Health checks were cited as good but not available to all of the population or prioritised by patients and practitioners.

People did not know **where to go** for support but had an understanding of the need to keep healthy. They were aware of their own **responsibility** for their health yet wanted support, advice and information. Some of this is not necessarily considered part of local NHS services, with people suggesting a role for the **voluntary and community sector** to help signpost to sources of information.

People flagged concern over increasing use of the **internet** to provide information. People wanted face-to-face support, in addition to online. People with anxiety or sight difficulties reported problems with searching for information. There was mixed feedback about awareness of **WISH** and its usefulness.

Improving Access

The difficulty in accessing primary care was a commonly cited concern of people.

Dental access is routinely poor with people either travelling significant distances to an NHS dentist or only seeking emergency treatment.

GP practice experience demonstrated no consistency in an offer to patients across the county. Approaches to booking urgent and routine appointments and ability to see named doctors are not similar across the county. This resulted in people who can access appointments and those that cannot. The length of waiting times for appointments ranged from nothing to three weeks. People flagged concern about services moving to telephone or web-based, such as hearing difficulties.

One issue per one appointment was frustrating for people and felt not to be in the person's interests to meet their needs.

Some GP surgeries and pharmacies have **limited facilities** that affect patient's experience of care. Some surgeries are increasingly not able to accommodate additional clinics, or pharmacies that are cramped with little patient privacy hampering confidentiality.

Improving Access

Minor injuries units received mixed feedback, unexpected closures and transfer to Accident and Emergency did not give people confidence that this was a reliable service that could meet their needs. Other feedback indicated that attendance at minor injuries unit was convenient.

In terms of community services, people have advised that they would prefer NHS services to be delivered from GP surgeries. This would broaden the range of care delivered and prevent journeys to Hereford County Hospital or other locations.

The **location of NHS services** is important to people. In particular, **transport** routes and the cost of transport are barriers for frailer, older people or those with carers, and this should be a consideration in terms of access to care and treatment. In addition, some people have commented that providing more services through their GP would help engender **trust** in other services.

People wanted better access to **equipment** and aids that could maximise their independence.

Care Coordination

Care coordination, **sharing of information** and communication between practitioners is perceived by patients as not joined-up. Examples or illustrations were given of occasions when patients were left to chase results or pass information between parts of the NHS.

There were some **gaps** or limited capacity in community services such as weekend support to change dressings.

Improved **locality working** would improve coordination and help create a network of practitioners.

People wanted their **NHS record** to be shared across the system so that accurate information was held and negated the patient having to relay information. In particular, it was perceived that there was limited information exchanged between doctors and hospitals

Community Health services

Community rehabilitation was considered insufficient and people wanted convalescence support at home.

Discharge from hospital was often reported as lengthy and disjointed. Limited advice provided to families.

People wanted more care provided from their community. This included making better use of local venues such as community hospitals.

There was a positive experience of **Virtual Wards, Hospice at Home** and **Marie Curie**.

There is **poor visibility** of services, and this would need raising awareness or linking with established GP practices to give the public more awareness of how local services can support delivery of care.

Urgent Care

People had varying experiences of **NHS 111**, or were not familiar with it. The options when you first call 111 was confusing and overwhelming. More information and awareness of NHS 111 required.

Confusion over **minor injuries units**, e.g. opening times, care for children under 5, access to x-ray.

Efficiency and Effectiveness

People were concerned that there was **insufficient resources** made available for the NHS. Some people queried whether health and social care should be incorporated together to address the needs of people.

There was a concern voiced by the public that NHS provision cannot meet the needs of a **changing population**, particularly as a result of a growing older population and population growth as a result of new housing developments.

People were aware of inefficiency in the NHS and provided examples, such as prescriptions or failure to attend appointments that were adding to **wastage** of resources. This was an area that people wanted assurance that NHS systems were addressing. Partially related to this, people queried whether the county had too many GP practices, with duplication of back-room functions.

People gave examples of **duplication** in tests and appointments

People were interested in how **technology** could help improve delivery of care but voiced concern about broadband infrastructure.

Workforce Skills and Development

Standards of care are generally good

People either felt that there was **inappropriate skills mix** in the workforce with unqualified staff, or other people replacing doctors, or there was not enough skill-mix across the NHS, to make better use of expertise.

People were concerned about the **GP recruitment**. In response, make Herefordshire an attractive place to work and use some of the new housing development to house / attract NHS staff. Greater links with training providers and the new Hereford University, so that we can grow our own staff.

Community Assets

Develop **self-help groups** and networks in the community. This will require ownership by local communities and appropriate links to other organisations.

Develop **social prescribing** to address the needs of people, linking with volunteering and tackling social isolation.

Develop local **guides** on services to help people make good use of local services.

Public campaign to talk about **mental health**

Lack of support for some conditions, such as Myalgic Encephalomyelitis

Undertake **opportunistic engagement** to get healthy lifestyles messages to the public

Next Steps

Primary Care

- Develop a consistent offer for patients
- Improve communication with patients
- Improvement of premises
- Use GP practices as a route to signposting and navigation
- Involve GPs in care coordination
- Raise awareness of NHS dental care

Communities

- Share findings of this engagement to highlight isolation and loneliness, awareness of local provision and support for self-help groups
- Develop ongoing engagement to support local solutions to the issues raised

Next Steps

Community Services

- Improve access to mental health services
- Consider how to make maximum use of community facilities (eg community hospitals) and reduce the need for transport
- Develop provision closer to where people live and help people stay at home rather than hospital admission
- Develop workforce competencies around person-centred care and recognition of carers
- Improve joined-up care across services
- Develop preventative care and healthy lifestyles as part of delivering care

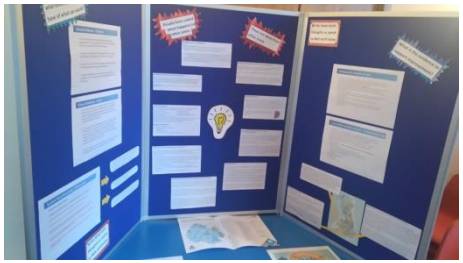
Urgent Care

- Improve information to explain where to go, e.g. NHS 111
- Redesign the model of minor injuries units to be more accessible

Public Engagement Summary

Programme of engagement from June to October 2017 that involved **803** people at:

- Locality public sessions (243)
- Interviews at G.P. surgeries, libraries and other locations (104)
- Online survey (298)
- Service-user focus groups (26) and events (20)
- Health professionals and partnerships (65)
- Kington Health Commission and Joint event with Healthwatch Herefordshire (47)



In addition….

Correspondence

Social media

Staff events / briefings (100+ people)

Town and Parish Councils (50+ people)

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Let's plan Health and Care in Hereford

Feedback on Experiences

Hereford

Care delivered in local area	Recognise Carers
• Lack of coordination to address isolation • Increasing pressure on the voluntary and community sector • Limited staff cover impacts on delivery • Often experience delays in community services response.	• Limited communication and involvement with Carers by the NHS • Poor recognition of the Carer's expertise • The impact on the Carer's health is not recognised • Do more to identify carers
Information is key	**Access is poor**
• Poor visibility of services and no formal mechanism in place to publicise services • Develop a single electronic record that is shared across services and people • There should not be different records in hospitals and other NHS places • Guide people through their care, with up-to-date information • Provide information on what GP surgeries offer	• Access to appointments, particularly in hours or for routine care • Remove the need for a professional to make a re-referral and develop self-referrals • Too many options in triage when you call NHS 111 • Broadband infrastructure improvements

Feedback on Experiences

Hereford

Improve quality	Person-centred Care
• Standardise what GP surgeries offer • Join mental health with physical health care • Reduce ineffectiveness across the NHS • Listen to patients and carers • Reduce late night discharges • Improve support to families after a discharge from hospital	• Improve compassion and dignity • Acknowledge people's fears • Support the whole person, not treat conditions • Recognise that people manage their condition • Address blocks to self-care such as self-confidence and risk-adverse practitioners
Needs of the population are changing	
• Ageing population requires more support • New housing developments • Age profile of Carers	

Feedback on Improvements

Hereford

More care at home

- Ensure no distinction in access or quality of care in and out of hours
- Develop people's competencies to manage care at home

Guide people through the system

- Want help/ support to navigate health and care
- Need greater awareness of services
- Share knowledge between NHS staff and people
- Create a central hub / platform for information

Improve Access

- Develop GP services online
- Make all prescriptions accessible online
- Make booking ahead for routine care available
- Promote NHS 111 rather than A&E

Involve me in my care

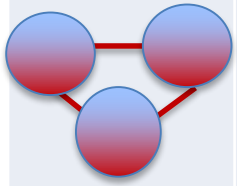
- Listen to me & trust my expertise
- Empower people to see their health as their role
- Treat people with dignity and compassion
- Treat people as people, not conditions

Feedback on Improvements

Hereford

Better communication

- Share records so accurate information held
- Develop a patient's self-assessment before appointments
- Use a health passport or summary care record
- Honesty about the pressures on the NHS



Connected care

- Improve the interface between health and social care
- Improve interface between different parts of the NHS
- Involvement of voluntary and community organisations

Early help to keep well

- Develop social prescribing to improve our health
- Develop resources for early help to keep well

Advice on self-management

- Education and training available

Improvements

Hereford

- Development of social prescribing to support wellbeing delivered by the voluntary and community sector.
- Enhance community health services including joined-up delivery of care for people with long-term conditions, and end of life care.
- Improve information about the NHS so people can make informed choices and use services appropriately.
- Improve access to GP services, including routine and urgent appointments, as well as recognise that the primary care could be a base to access other services, information and advice.

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Let's plan Health and Care in Kington

Feedback on Experiences

Kington

Care delivered in the local area	Healthy Lifestyles in your Community
• Nurse-led walk in provision is good • GP is under pressure and shortage of nurses • Experience of lack of continuity in GP care • Prescription reviews are not happening • Limited resilience of services and inconsistent provision • Under-utilised GP surgery in Kington • Number of care homes is additional pressure on GP services • More services such as outpatient clinics could be delivered locally • It is difficult for family and friends to visit people in community hospitals • Concerned about recruitment and retention of health & care staff	• Leg Club supports socialisation • Good sense of community and reliance on volunteers • Socialisation opportunities are affected by transport • Use existing events to promote healthy lifestyles

Feedback on Experiences

Kington

Information is key	Access is poor & services are reducing
• Unsure what (and when) local health services operate • Lack of printed information on minor illnesses and conditions • Need to share and join-up records across providers • Limited community access to the internet • Library opening hours are limited • Patient records are not kept up-to-date • Experience of poor sharing of information and communication between NHS organisations • What is the future of WISH ? • Communication between patients and the GP Surgery requires improving	Availability of appointments at GP surgeries are either good or poor, including for urgent appointments (depending on surgery) Transport to appointments is limited Location of GP surgery out of town is a barrier Limited and unreliable minor injuries unit opening hours, non-accessible environment and exclusion of children under 5 years old Poor out-of-hours provision Poor access to NHS dentist and pharmacy The difference between urgent and routine is not clear Poor access to mental health support No provision for young families or young people Limited support for housebound people

Feedback on Improvements

More care at home

- Having more care available locally / on my doorstep
- Consistent care for people
- Enough services to meet the needs of growing population

Guide people through the system

- Want help/ support to navigate health and care
- Need greater awareness of services

Improve Access

- Improve access to services for children and young people
- Recognise transport and travel as a barrier
- Timeliness and flexibility of GP appointments
- Single point of access to the NHS
- Reliable and consistent Minor Injuries Unit
- Make NHS 111 more widely known/ recognised
- Improve out of hours provision for emergencies

Involve me in my care

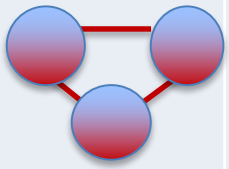
- Listen to me
- Involvement in care planning
- People are experts on themselves
- Provide continuity of care

Kington

Feedback on Improvements

Better communication

- Share records so accurate information held
- Keep information up-to-date
- Keep patients informed, e.g. waiting for test results
- Between professionals so no mixed messages
- Use technology
- Explain processes so understand what is happening / likely to happen.



Connected care

- Improve the interface between health and social care
- Improve links between primary and secondary health care

Early help to keep well

- Obesity is an issue
- Help people to change their habits
- Develop health checks
- Improve healthy lifestyles schemes, e.g. weight loss clinic

Advice on self-management

- Literature available at local library
- Access to professional advice
- Use pharmacy to promote and enable self-care

Kington

Feedback on Improvements

More care through GP practices

- Improve access to appointments
- Consistent standard across GP surgeries
- Follow-up outcomes of tests with patients
- Make better use of GP surgeries as venues for seeing other professionals
- Develop links with care homes

Kington

Improvements

Kington

- Improve coordination of care across health and social care, including sharing information.
- Improve information about the NHS so people can make informed choices and use services appropriately.
- Improve access to GP services, including routine and urgent appointments, as well as recognise that the primary care could be a base to access other services, information and advice.
- Re-design Minor injuries Unit to reduce the barriers to using it.
- Develop multi-professional teams by creating a network of staff that share resources and expertise.

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Let's plan Health and Care in Ross-on-Wye

Feedback on Experiences

Ross-on-Wye

Care delivered in local area	Discharges and alternatives to hospital care
• More services locally, such as outpatient appointments and tests, to reduce dependency on Hereford Hospital • You value Ross Community Hospital and work of the League of Friends • Want more mental health and dementia support for families • Duplication in services across the 2 GP practices in Ross-on-Wye • Access to therapies such as physiotherapy is good	• Late night hospital discharges are not in the interest of the person • Lack of support given to families after hospital discharge • Not joined-up with social care & difficulties in resuming care packages • Want more hospice at home provision • Run pre-checks at home to reduce time at hospital
Information is key	**Access is poor**
• Improve navigation and signposting to services and help • Make more information available on community services • Increase awareness of NHS 111 • Poor experience of being asked for your views and actively engaged in shaping services	• Mixed experience of access to GP appointments • Longer waits for non-urgent appointments • No choice or availability to see Named GP • Availability and cost of transport to NHS appointments is difficult • Opening hours of Minor Injuries Unit is limited • New roles/ staff in primary care (GP practices) alleviating some access issues • Care for people with substance misuse

Feedback on Experiences

Ross-on-Wye

Improve quality	Needs of the population are changing
• People staying for short admissions need facilities in Hospital wards • Experience of a 'Tick box' culture in A&E • Limit multiple moves during a hospital stay • Being listened to, with compassion and dignity is missing on occasions • Improve care delivered in Care Homes • Examples of ineffectiveness throughout the NHS • Weak resilience of NHS services, e.g. shortage of GPs • Blocks to self-care, such as self-confidence and risk adverse practitioners	• New housing developments and an increasingly ageing population • More work is required to change people's behaviour and expectations of the NHS • Meet the needs of vulnerable people and people not familiar with NHS services, such as new families settling in the area.

Ross-on-Wye

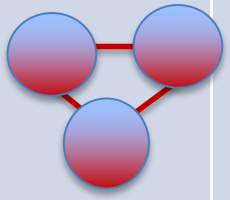
Feedback on Improvements

Better communication

- Share records so accurate information held

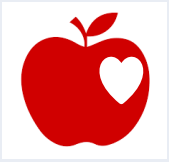
Planning for the Future

- Impact of population growth on local services



Connected care

- Improve the interface between health and social care
- Provide continuous joined up care
- Include involvement of voluntary and community organisations
- Include access to equipment



Early help to keep well

- Run behaviour change campaigns
- Have a multi-media guide / directory

Advice on self-management

- Improve information on ageing
- Provide patient education and training

Feedback on Improvements

Ross-on-Wye

More care at home

- Access to short-term social care
- Help in a crisis
- Improvements to aftercare following discharge from hospital
- Improve community resilience and resilience of NHS services
- Improve quality and range of care at the community hospital
- Support for people with substance misuse

Guide people through the system

- Want help/ support to navigate health and care
- Need greater awareness of services

More care through GP surgeries

- Make better use of GP surgeries as venues for seeing other professionals
- Make GP surgeries a hub of our community
- Run drop-in clinics
- Link GP and hospitals together

Involve me in my care

- Treat me with respect
- Listen to me
- Provide continuity of care

Improvements

Ross-on-Wye

- Consider how to make an effective use of Ross Community Hospital.
- Improve information about the NHS so people can make informed choices and use services appropriately.
- Improve access to GP services, including routine and urgent appointments, as well as recognise that the primary care could be a base to access other services, information and advice.
- Enhance community services to to prevent some admissions to hospital and treat people earlier with illnesses.

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Let's plan Health and Care in Ledbury

Feedback on Experiences

Ledbury

Care delivered in local area	Information is key
• Lack of affordable residential care • Deliver outpatient clinics locally • Make better use of community facilities • Concern about the future of Ledbury Intermediate Care unit • Postcode lottery for some interventions • Develop trust by the public in GP practice's teams • Community transport is available • Emergency Care Practitioner, Hospice at Home and Marie Curie are all examples of good services • Transport out of Ledbury is limited	• Poor visibility of services and no formal mechanism in place to publicise services • Need advice that is face-to-face or telephone, rather than reliance on digital format • Poor communication between NHS and care providers • Lack of information on minor illnesses and not enough information upon diagnosis of conditions • Poor communication across agencies that work across county borders • Need to share records

Feedback on Experiences

Ledbury

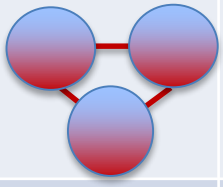
Improve Quality	Person-centred Care
• Experience of NHS 111 is variable • Develop greater skill mix by staff so skilled staff do not undertake routine tasks • Limit variability in responses from different teams • Reduce waste in medication • Make Ledbury an attractive place to work – use public property to house staff • Strong Patient Public Groups (PPGs)	• End late-night discharges from hospital • Improve support to people and their families after a hospital discharge • Join-up services to address • Improve privacy in pharmacies • Develop trust between people and the staff that are supporting them • Appointments are not long enough to treat whole person
Enhance Prevention	**Access is poor**
• Early detection and screening schemes are valuable • Diverse community services could prevent hospital admissions • Develop social prescribing • Concern about the impact on voluntary sector of cuts to funding	• Barriers to booking GP appointments • Access to GP appointments poor • Lack of knowledge about minor injuries unit opening times • Poor out-of-hours provision • Lack of access to dentists & chiropody • Poor access to mental health support, especially for young people • Limited access to local x-rays

Feedback on Improvements

Ledbury

Better communication

- Share records so accurate information held
- Explain NHS processes to people
- Talk about mental health
- Use a health and wellbeing portal



Connected care

- Improve interface between different parts of the NHS and other services
- Involvement of voluntary and community organisations
- Better connected care when discharge planning

Early help to keep well

- Develop social prescribing to improve our health
- Run drop-in sessions for advice and guidance
- Healthy lifestyle schemes
- Multi-media guide or directory

Advice on self-management

- Help and advice to look after self
- Improved information on self-care
- Local patient education
- Housing support

Feedback on Improvements

Ledbury

More care at home

- Integrate services closer to home
- Discharge people with a package of aftercare in place
- Address social isolation for housebound people
- Use online consultations
- Use community hospital and minor injuries unit
- Improve convalescence support at home

Guide people through the system

- Want help/ support to navigate health and care
- Need greater awareness of services
- Raise awareness about using services appropriately

More care through GP surgeries

- Access to appointments
- Consistent approaches across GP surgeries
- Develop a wider professional group that work from GP practices

Involve me in my care

- Need staff to ask questions
- Involve groups such as PPG in shaping services

Feedback on Improvements

Improve Access

- Develop GP services online
- Make all prescriptions accessible online
- Make booking ahead for routine care available
- Promote NHS 111 rather than A&E

Planning for the Future

- Impact of population growth
- Bring together whole systems plans (health, social care and housing)
- Make wages for community services staff attractive

Ledbury

Improvements

Ledbury

- Development of social prescribing to support wellbeing delivered by the voluntary and community sector.
- Enhance community health services to prevent some admissions to hospital and treat people earlier with illnesses.
- Improve information about the NHS so people can make informed choices and use services appropriately.
- Improve access to GP services, including routine and urgent appointments, as well as recognise that the primary care could be a base to access other services, information and advice.
- Increase information and support available about mental health, including urgent help.

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Let's plan Health and Care in Bromyard

Feedback on Experiences

Bromyard

Care delivered in local area	Healthy Lifestyles
• More services locally, such as outpatient appointments • A range of services from my GP surgery • Make better use of community hospital, including to support people to recover / receive care closer to home • Integrate with social care so people have their health and care needs addressed together • Improve availability of domiciliary care • Limited services for people with learning disabilities and / or mental health needs	• Good community support network in Bromyard • Good sense of community and confidence in professionals • Need to do more to reduce social isolation and loneliness • Opportunistic engagement to get healthy lifestyles messages across to the public
Needs of the population are changing	**Access is poor**
• Number of people with a long-term condition are increasing • Ageing population requires more support • The GP surgery in Bromyard is too small • Help people keep well and therefore avoid ill-health	• Increasingly difficult to see a named doctor • Transport to appointments is limited and expensive • There are too many entry points to the NHS • Poor access to NHS dentist • Poor access to mental health support • Technology-led access is not only solution

Feedback on Experiences

Bromyard

Information is key	Improve quality
• Improve information between my doctor and hospitals • People's understanding of conditions and self-care • Improve navigation and signposting to services and help • Make access to health records work across NHS organisations • Give patients access to their health records • Make more information available on WISH • Patients often have to tell their story more than once	• Improve hospital discharges, especially to help people to return home • Want good involvement in my care • Make it clear who is taking responsibility for my care when there is more than one practitioner involved • Improve coordination of care

Feedback on Improvements

Bromyard

More care at home

- Having more care available locally / on my doorstep
- Integrated care including by the voluntary sector
- Improve quality and range of care at the community hospital

Guide people through the system

- Want help/ support to navigate health and care
- Need greater awareness of services
- Clearer points of entry
- Need to know how to support others to get help

More care through GP surgeries

- Improve access to appointments
- Make better use of GP surgeries as venues for seeing other professionals
- Arrange care through GP surgeries
- Make GP surgeries a hub of our community

Involve me in my care

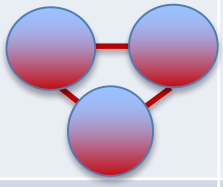
- Always with me

Feedback on Improvements

Bromyard

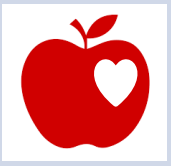
Better communication

- Share records so accurate information held
- Have NHS 111 with local knowledge
- Keep patients informed, e.g. waiting for test results
- Provide reliable advice



Connected care

- Improve the interface between health and social care
- One team approach



Early help to keep well

- Reduce isolation
- Develop health checks and assessments to keep well

Advice on self-management

- Improve information
- Provide help and advice on how to look after yourself

Improvements

Bromyard

- Enhance community health services to prevent some admissions to hospital and treat people earlier with illnesses.
- Improve information about the NHS so people can make informed choices and use services appropriately.
- Improve access to GP services, including routine and urgent appointments, as well as recognise that the primary care could be a base to access other services, information and advice.

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Let's plan Health and Care in Leominster

Feedback on Experiences

Leominster

Healthy Lifestyles	Improve Quality
• Develop self-help groups • Help people to identify others to form support networks • Health-checks for all • Issue guidance on prevention • Recognise Carers	• Standards of care are generally good • NHS staff are interested in caring for people • There is duplication in tests and appointments • Follow-ups are not routine • Community rehabilitation is insufficient
Information is key	**Access is poor**
• Insufficient information provided by the NHS • Limited information exchanged between doctors and hospitals • Improve people's understanding of conditions and self-care • Navigation and signposting is tricky • Limited awareness by the public on who to contact when • Provide trustworthy information (and not just on internet)	• Length of appointments are too short • Parking is a challenge for NHS appointments • Poor access to NHS dentist • Lack of support with mental health • Access to equipment for mobility is limited

Feedback on Experiences

Leominster

Care delivered in local area	Person-centred Care
• Good access to diagnostics, opticians and pharmacy • Traditional model of the NHS is not sustainable • Good voluntary and community sector, with the potential to utilise more • GP surgeries could be a central hub • Do more locally, such as outpatient appointments • Limited mental health support available • No integration with social care • Improve connection between services	• Know me, not my condition • End impersonal care • Recognise that people are reluctant to seek support • Share information with people, such as test results • Want continuity of care

Feedback on Improvements

More care at home

- Join-up services and develop multi-disciplinary teams
- Provide after-care and rehabilitation
- Develop people's competencies to manage care at home

Guide people through the system

- Want help/ support to navigate health and care
- Use existing clubs to deliver signposting advice
- Build up WISH

Involve me in my care

- Provide access to my records
- Treat people with dignity and compassion
- See the person and treat holistically
- Provide continuity of care
- No telling my story more than once

Leominster

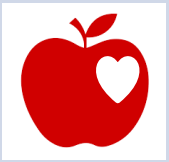
Feedback on Improvements

Better communication

- Share records so accurate information held
- Improve communication with the public about the NHS
- Improve communication between services and people
- Improve communication within the NHS

Improve Access

- Consistent Minor Injuries Unit opening hours
- Ease and availability of GP appointments
- Long-term support with mental health
- Access to routine and urgent care
- Access to dentists
- Recognition and support with mobility
- Not one issue per appointment



Early help to keep well

- Offer health checks for all
- Address social isolation and loneliness

Advice on self-management

- Focus on enhancing skills
- Better quality of information to enable self-care
- Somewhere to go for help with self-care
- Local self-help groups

Leominster

Improvements

Leominster

- Improve coordination of care across health and social care, including sharing information and supporting people to navigate the system.
- Improve access to GP services, including routine and urgent appointments, as well as recognise that the primary care could be a base to access other services, information and advice.
- Re-design Minor injuries Unit to reduce the barriers to using it.
- Enhance availability of local community services to support people to manage at home and prevent some admissions to hospital.

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Let's plan Health and Care in Rural Areas (additional points)

Improvements

Other rural areas

- Improve coordination of care across health and social care, including sharing information and supporting people to navigate the system.
- Enhance availability of local community services to support people to manage at home and prevent some admissions to hospital.
- Other issues that have an impact on healthcare - recognise access and cost of transport is a concern; and delivery of telemonitoring and telecare requires improvements to broadband.

NHS
Midlands and Lancashire
Commissioning Support Unit

Herefordshire Community Services Review

Herefordshire CCG

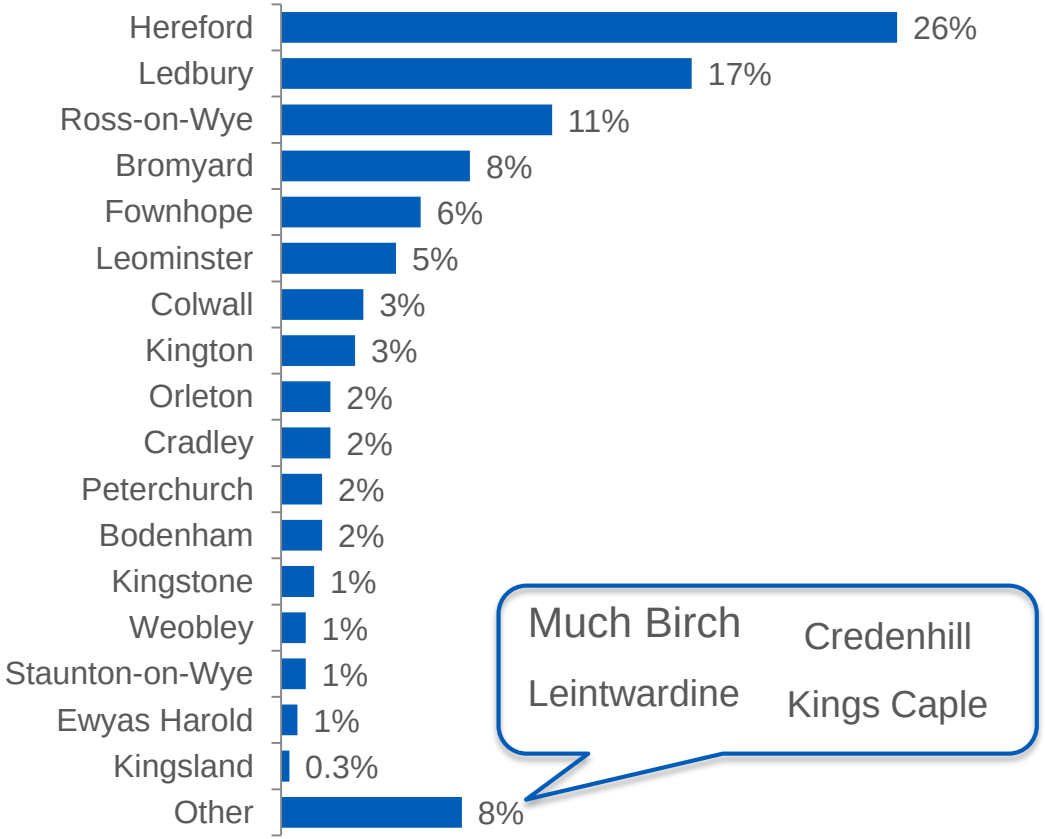
NHS
Midlands and Lancashire
Commissioning Support Unit

Online survey findings

Participant location

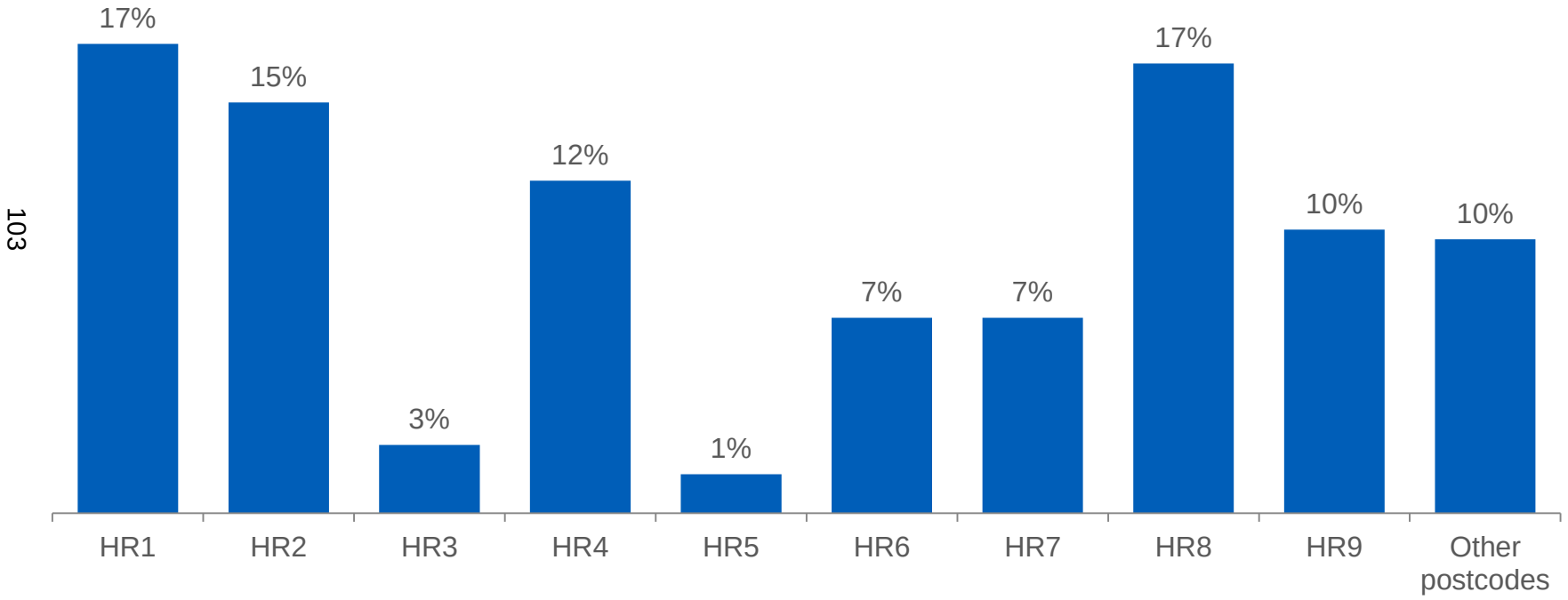
Participant location

95%
Of those completing the survey are ***a local resident***



Q1. Are you: Base: 298
Q2. Please select the area that best describes your community Base: 288

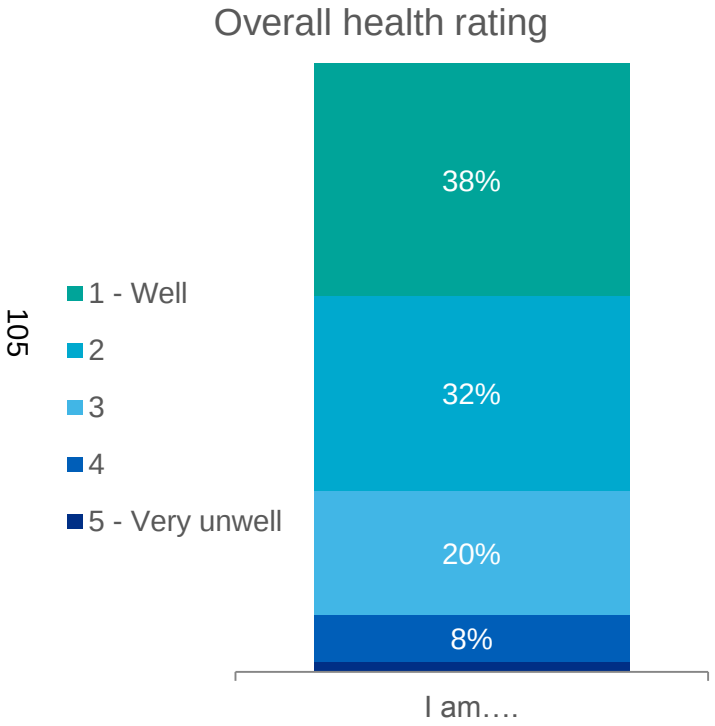
Participant location – Postcode

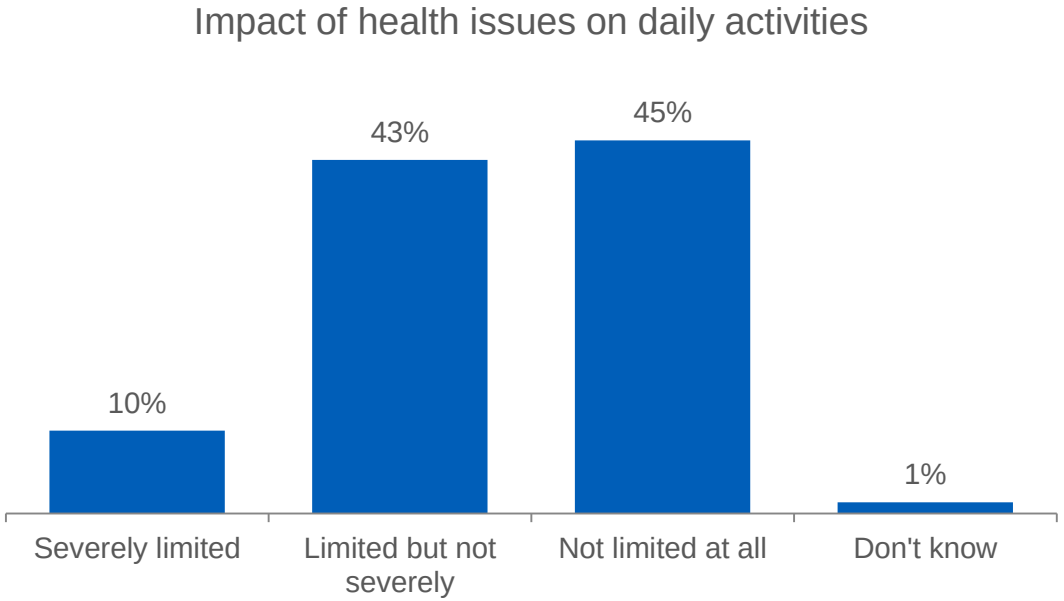


Q3. Please tell us your postcode. Base: 278

Understanding health needs

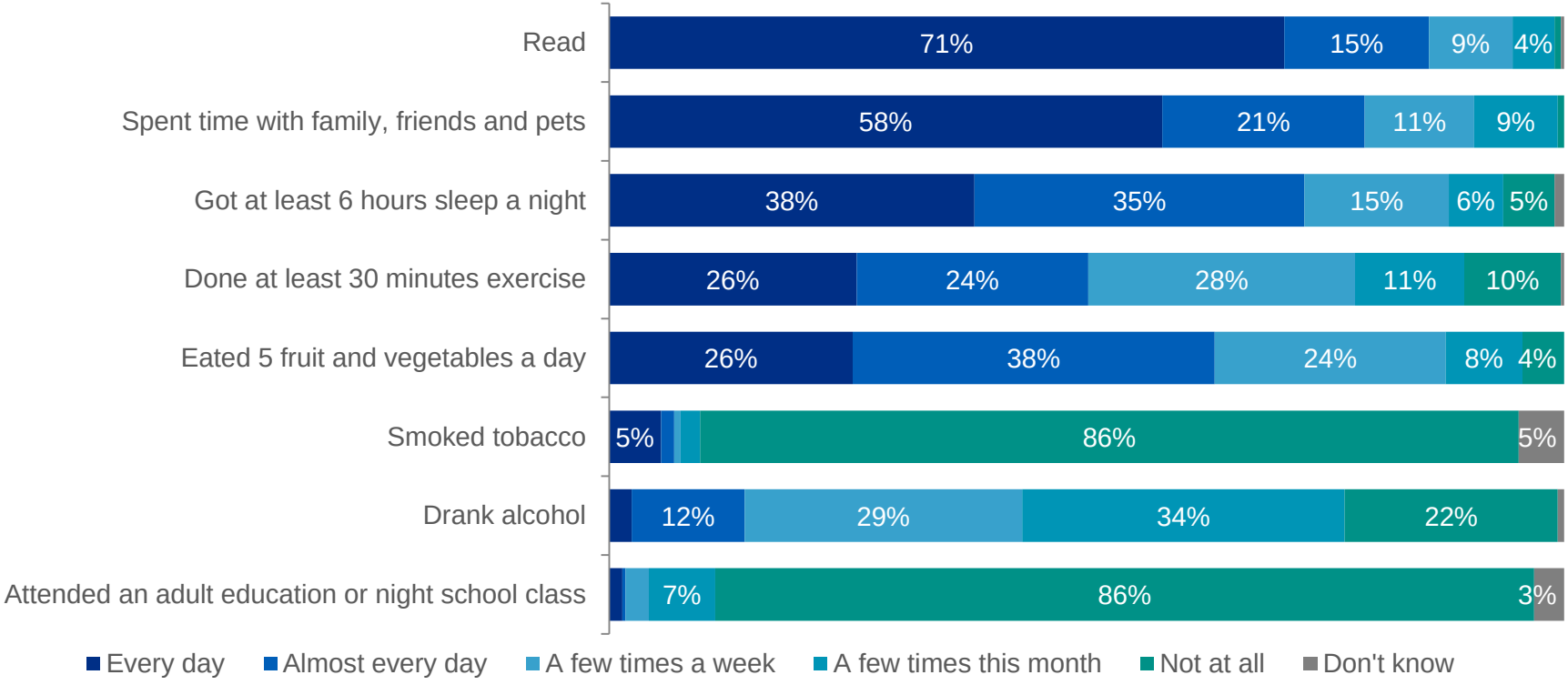
Understanding participant health





Q5. How would you rate your health? I am: Base: 296
Q6. For at least the last six months, how much have your health problems limited the activities you would normally do? Base: 297

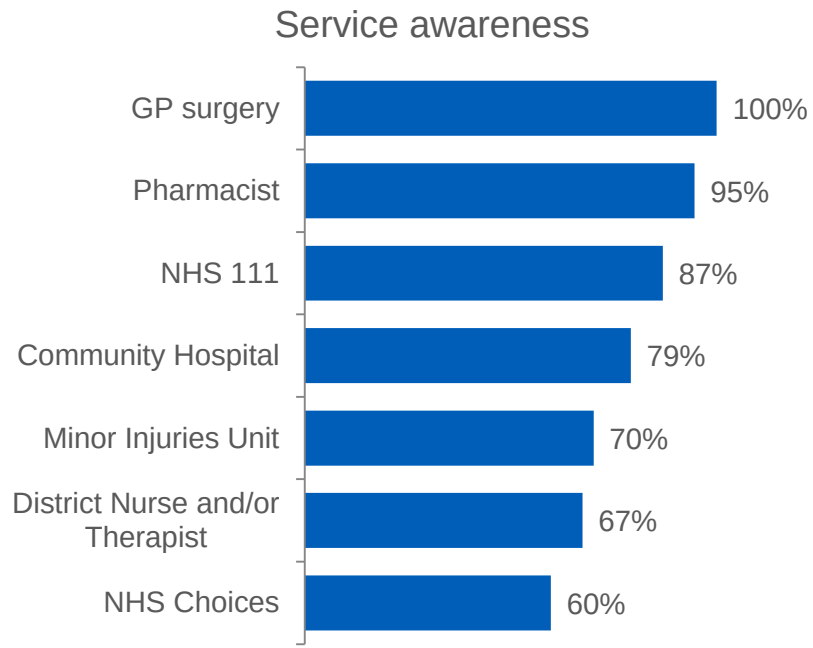
Evaluating participant health

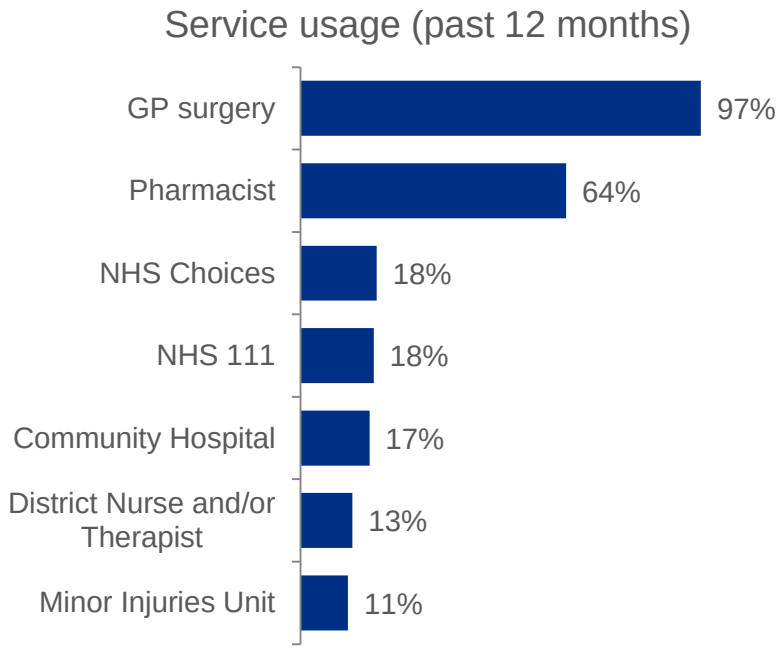


Q7. Thinking about the last month, how often have you: Base: 298

NHS service awareness & usage

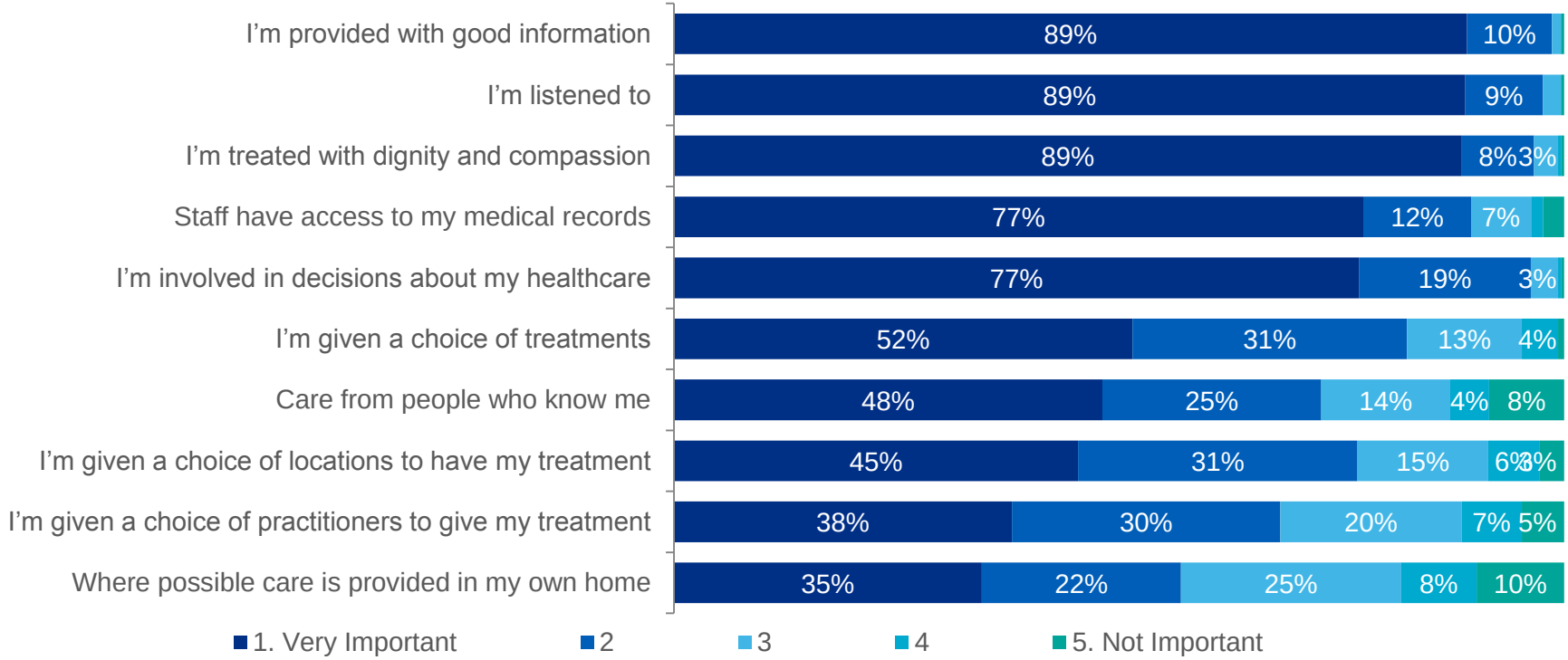
Service awareness & usage





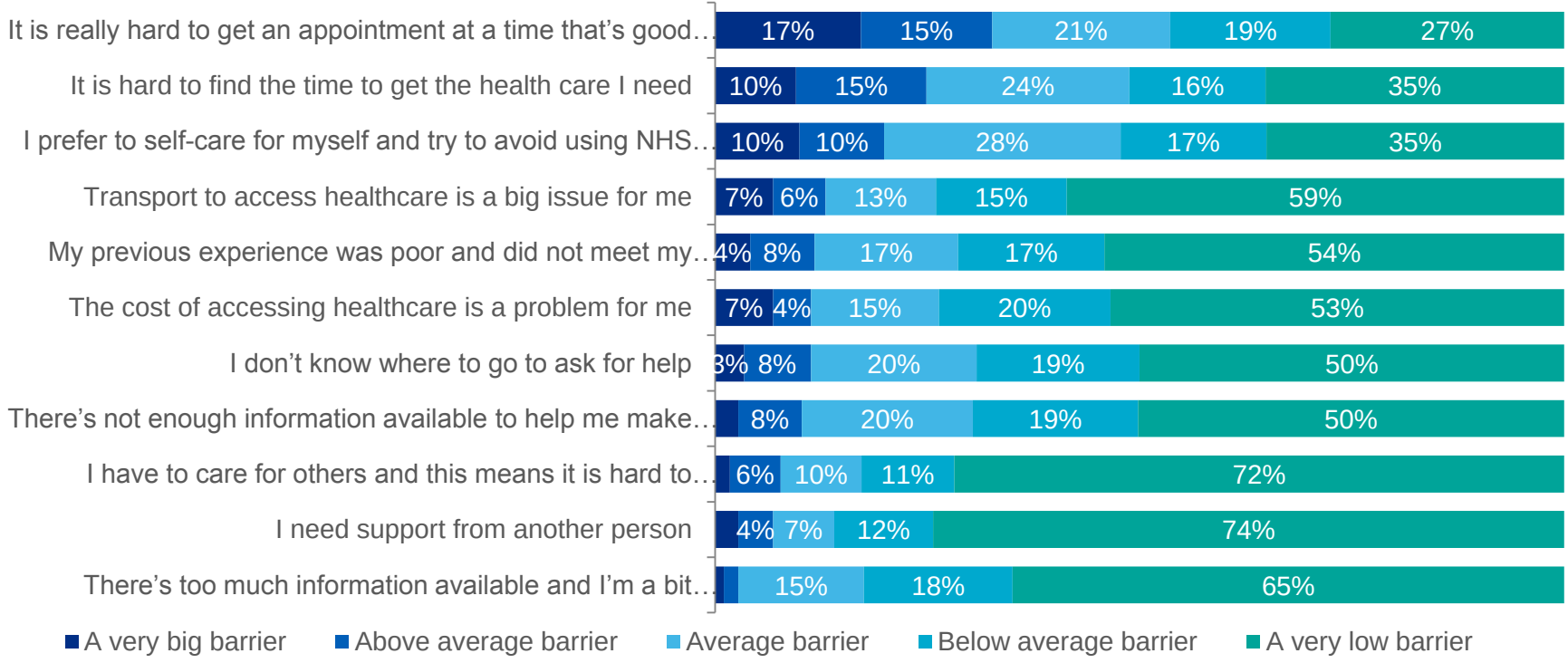
Q8. Which of the following NHS services are you aware of? Base: 298
Q9. And, which of these have you used in the past 12 months? Base: 287

Service usage



Q10. Now thinking about when you or your family are ill, on a scale of 1 to 5 where 1 is very important and 5 is not very important, how important are the following….Base: 298

Barriers to service usage

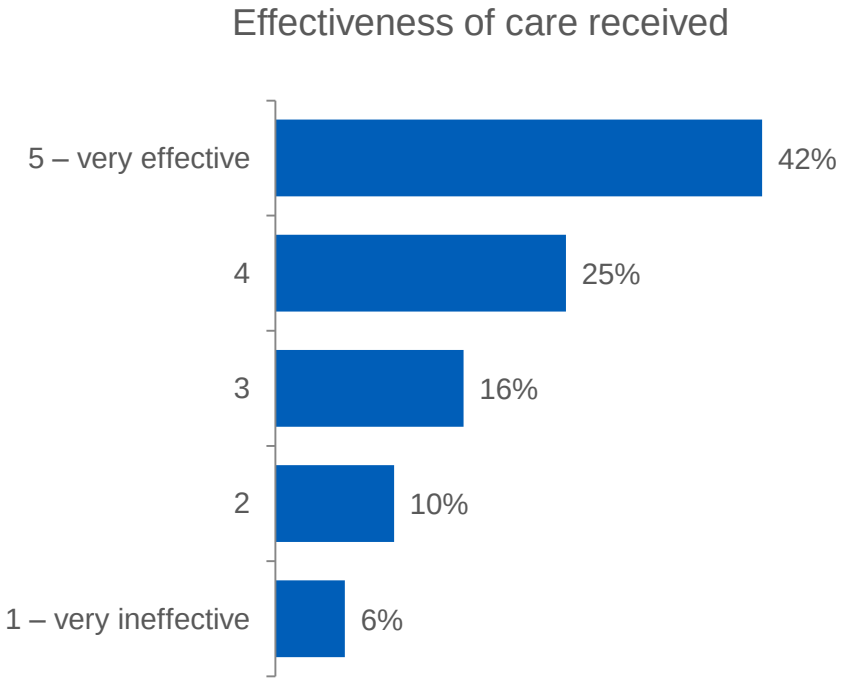


Q10. Now thinking about when you or your family are ill, on a scale of 1 to 5 where 1 is very important and 5 is not very important, how important are the following….Base: 298

Evaluating Community Health Services - GP

Visiting the GP

95%
Have visited a ***GP in the last 12 months***



Q12. Have you visited your GP surgery in the last 12 months? Base: 298
Q13. How would you rate the effectiveness of the care you received where 1 is very ineffective and 5 is very effective? Base: 282

GP service feedback

113

"I have always received excellent care at the GP surgery, was referred and seen within two days with torn Achilles and the hospital appoints ran generally on time only once delayed to an emergency which is understandable. Then was given an option in physio and choose Leominster who were very quick with an appointment in 2 weeks and received excellent care. I personally believe we have excellent service in our area."

Q14. Please can you explain your answer in more detail? Aspects of the service you may like to tell us about: referral to the service, staff, times and appointments, travelling to the service. Base: 222

GP service feedback - verbatim

It is easy to get an appointment

"Doctors helpful and supportive usually able to get an appointment when I need one."

"Low waiting time. Nice doc. Good advise. Quick to help."

"Can usually get an appointment if it is urgent, but not with own doctor. Have to travel into Hereford for GP. GP is good, but have to wait a week or so for non urgent blood tests. Referral to hospital, haven't had to wait too long for appointments for breast clinic or ultrasound."

"It took several visits to different doctors to get the treatment that worked. But getting an appointment was relatively easy and staff lovely."

Good customer service by staff

"I had a referral from the podiatrist in the early morning and was seen by my GP on the same morning: wonderful service. I had a swollen foot and blood sample and X-ray were arranged within a week and I had the results within the week. X-ray taken at Leominster Hospital. Again fantastic service. Don't close Leominster Hospital! "

"Always manage to get GP appointment on same day (very lucky here), always treated with dignity and respect by all in surgery - INCLUDING reception. Am worried about the future with the proposed building of nigh on 1000 new houses, how this will impact on all GP services in our small town."

"Staff and doctors at my surgery are excellent. Very patient and understanding."

114

Q14. Please can you explain your answer in more detail? Aspects of the service you may like to tell us about: referral to the service, staff, times and appointments, travelling to the service. Base: 222

GP service feedback - verbatim

Good quality of care provided by healthcare professionals

"I've always been very pleased with services and care from my GP and hospital visits and a recent stay in hospital not much to complain about."

"Quality of care very good. However longer wait times in surgery are very negative and inconvenient."

"Very effective - professional staff, prompt communication regarding appointments."

"Staff try to be accommodating. Doctors are good and trustworthy."

115

There are long waits for appointments

"Appointment had to be made 5 weeks in advance."

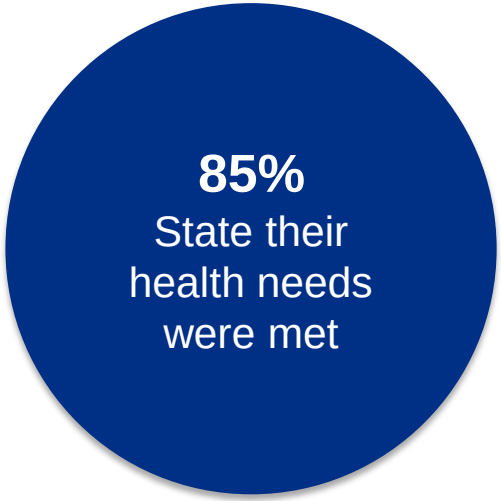
"Effective when you manage to get an appointment. Waiting time for appointments is unacceptable."

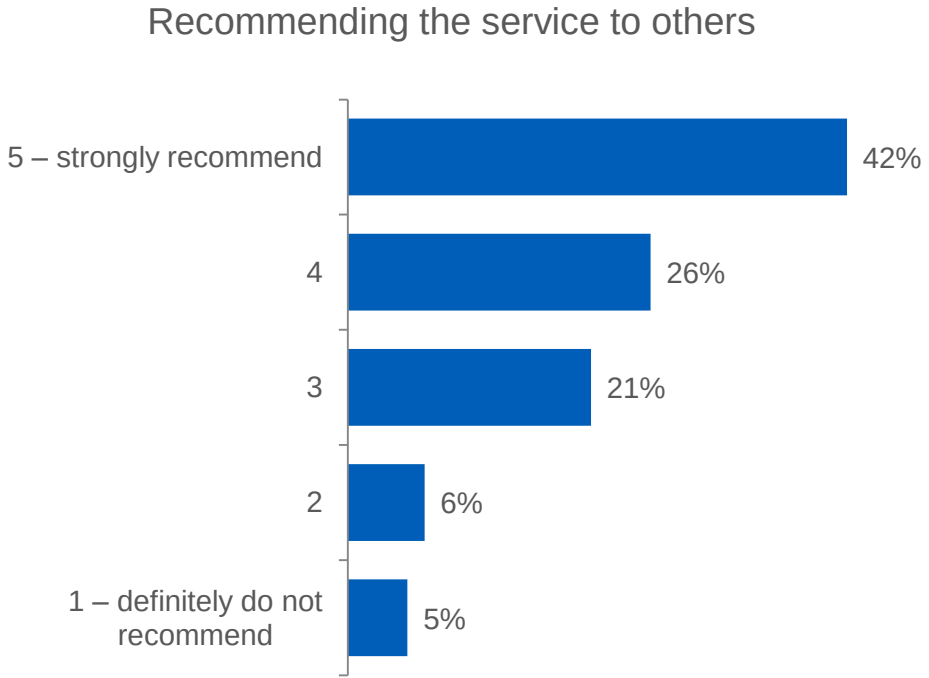
"Limited appointment times which are only during working hours and I work full time. Also I had one appointment with a student doctor. I consented to it but wasn't told it meant that would not be a qualified GP in the room. It was a poor experience I did not feel I was being taken very seriously by the student."

"Making doctors appointments is hard work and sometimes you feel like you are being a hindrance especially more from the receptionists who are rude and not very customer friendly. Always get the doctors busy or the appointment is weeks later when you require an appointment now."

Q14. Please can you explain your answer in more detail? Aspects of the service you may like to tell us about: referral to the service, staff, times and appointments, travelling to the service. Base: 222

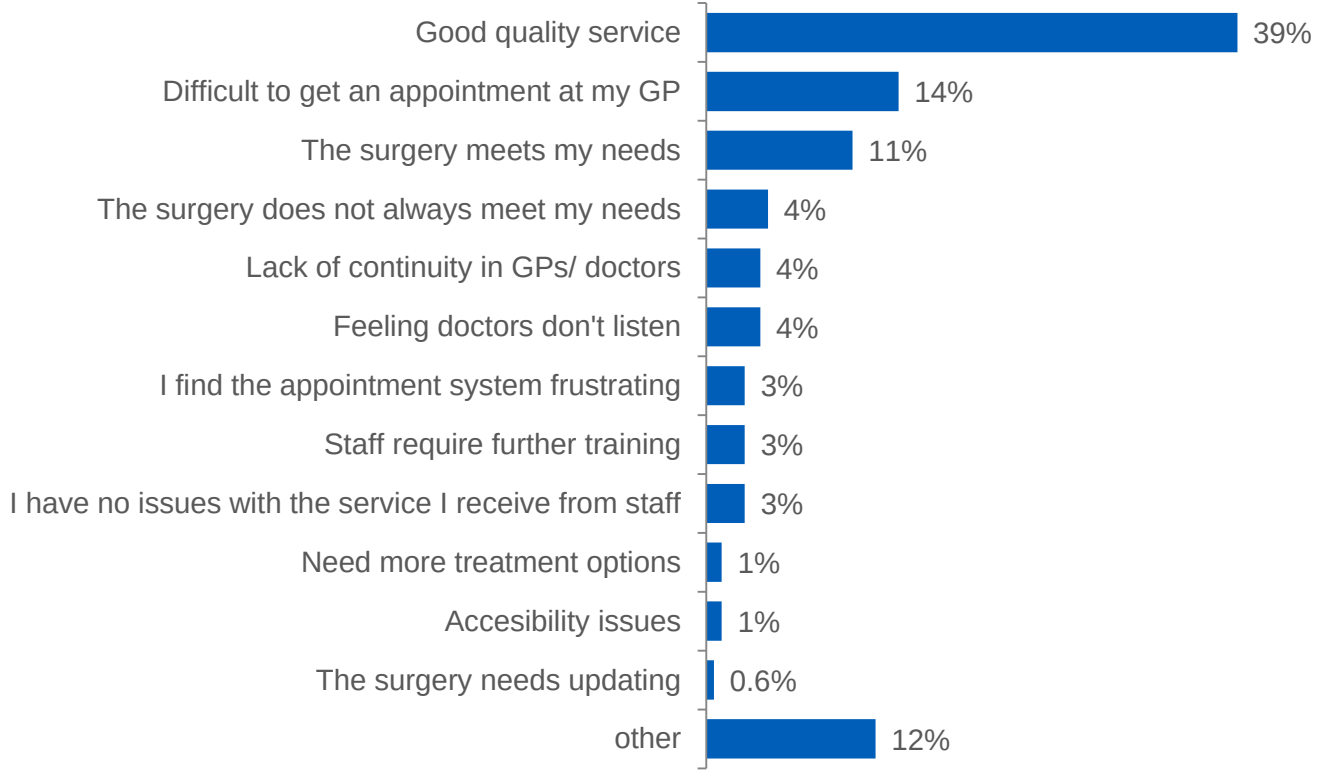
Evaluating the service provided by the GP





Q15. Were your health needs met? Base: 278
Q16. Would you recommend the service to others? Base: 277

Reasons for recommending the GP



117

Q17. Please answer why you would or would not recommend this service to others. Base: 178

Reasons for recommending the GP- verbatim

Good quality service

"They are always very good at our surgery."

"Excellent service, fit our children in quickly."

"Leominster Hospital is easy for me to attend for podiatry and X-ray. My GP surgery is two minutes walk from home. The service I've had from both have been very quick and good."

"Responsive, accessible, respectful, kind and compassionate."

"I've found the staff to be dedicated and professional in my dealings both at the GP surgery and my dealings at Hereford hospital."

"Listened to and provided with choice of treatment options."

Difficult to get an appointment at my GP

"Difficult to get an appointment with my choice of GP."

"The drop in service in Hereford no longer exists! I spent an hour trying to get hold of Taurus to make an appointment. My GP was fully booked and even though it was urgent for me to see someone that day they couldn't do anything."

The surgery meets my needs

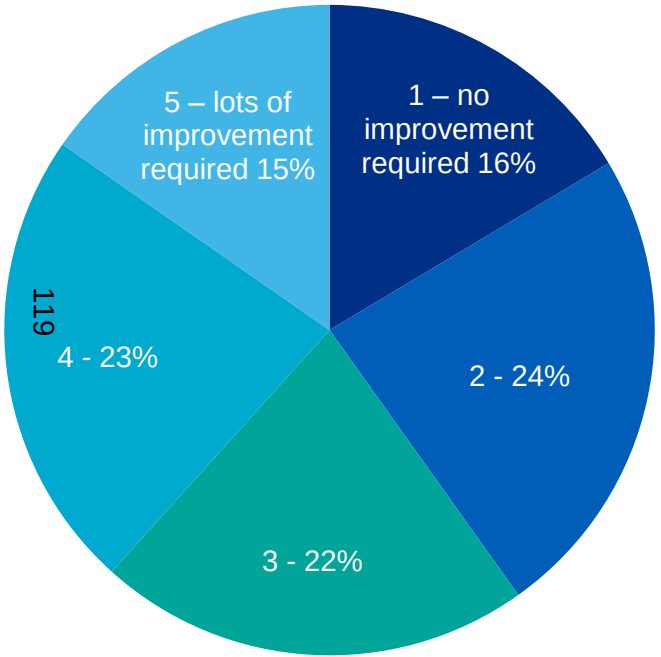
"Well run surgery which meets me and my families needs."

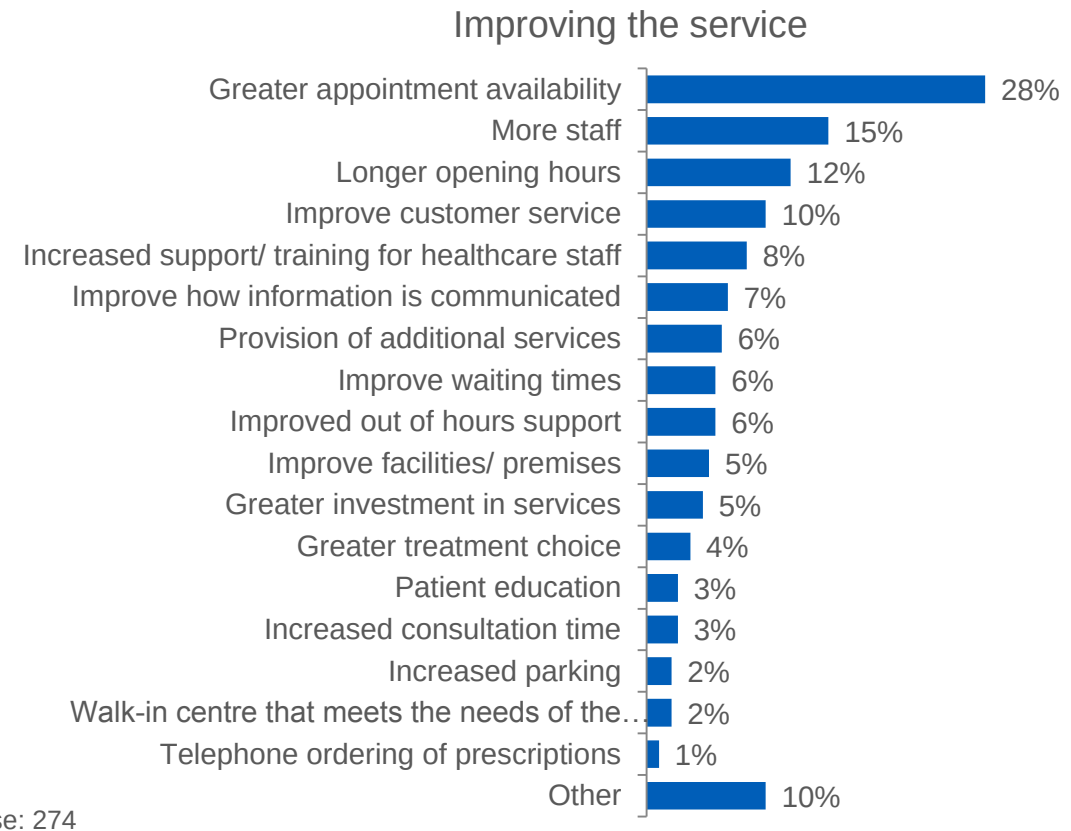
"The surgery meet my health care needs."

"I personally would recommend this surgery, I never have a problem , but then I'm not always on the phone , perhaps that's why I never have a problem , I know of people who do not have the same as me "

Q14. Please can you explain your answer in more detail? Aspects of the service you may like to tell us about: referral to the service, staff, times and appointments, travelling to the service. Base: 222

Improving the service



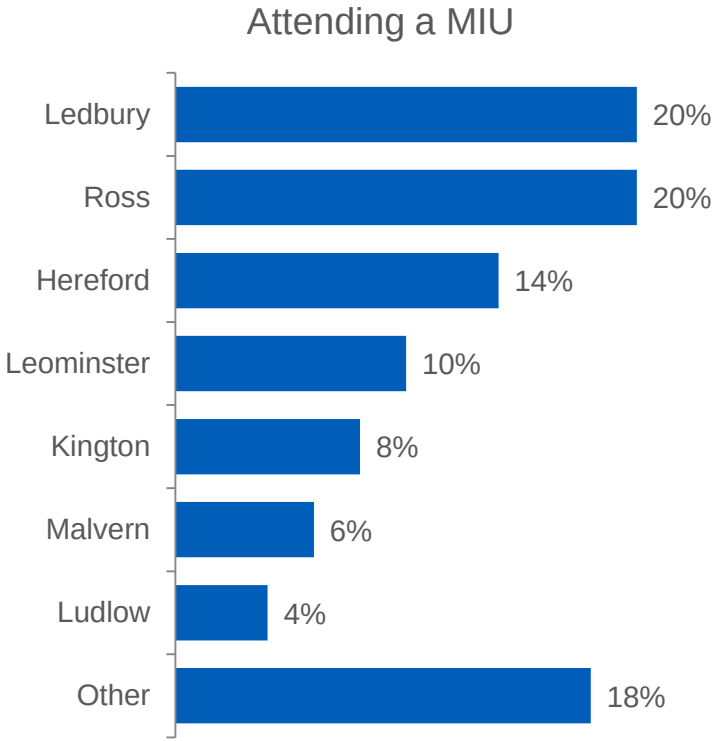


Q18. Do you think the service could be improved? Base: 274
Q19. Please outline how you think the service could be improved. Base: 196

Evaluating Community Health Services – Minor Injuries Unit

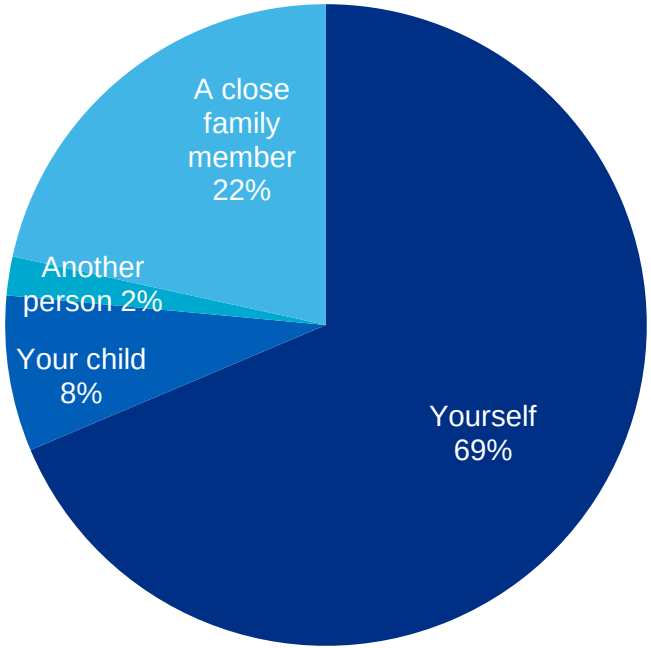
Visiting a Minor Injuries Unit (MIU)

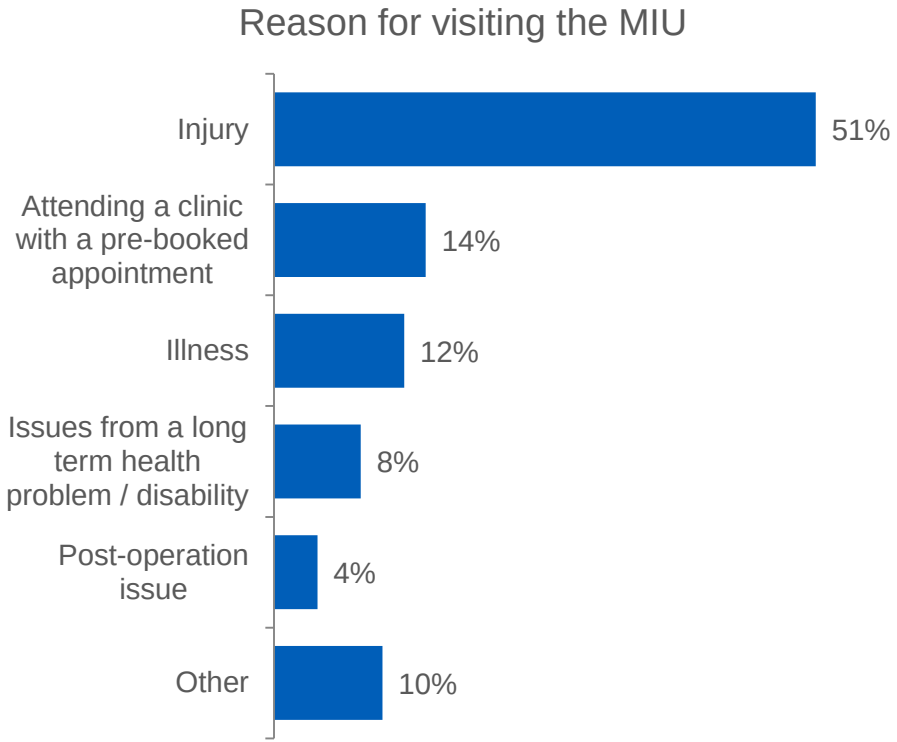
17%
Have visited a
MIU in the last 12 months



Q20. Have you visited a Minor Injuries Unit in the last 12 months? Base: 298
Q21. Which MIU did you attend? Base: 50

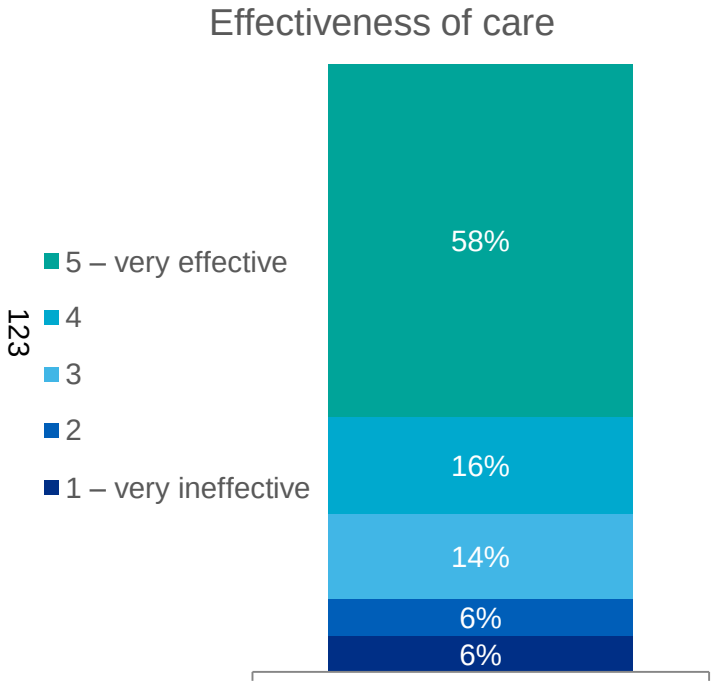
Visiting a MIU





Q22. Were you visiting for: Base: 51
Q23. What was the health problem? Base: 49

MIU effectiveness



Reasoning	
High quality of care	29%
Quick, efficient service	26%
Reassuring, polite, helpful staff	26%
Provide a very good service	23%
Ease of access	14%
Long waiting times	9%
Lack of provision in local area	3%
Difficulties arranging transfers	3%
Ailment underestimated/ dismissed/ not taken seriously	3%
Injury not fully diagnosed	3%

Q24. How would you rate the effectiveness of the care you received at the Minor Injuries Unit? Base: 50
Q25. Please can you explain your answer in more detail? Base: 35

MIU effectiveness - verbatim

"I have attended for a follow up time with my consultant and also for X rays you are always seen a lot sooner. Staff very efficient and helpful. No problems parking and certainly cheaper."

"Seen quickly. Caring staff who were very thorough. Child felt safe and reassured."

"I went with a damaged ankle on a Sunday. They were unable to X ray me then but gave me good advice and told me to return the next day for an X ray. This showed that there was no break, I had tendon damage. Once again I was given useful advice."

"MIU is walking distance to my home. The nurses are great when I go in with the children."

"It was very accessible, my only 'con' was that I didn't think I was taken entirely seriously, because I was calm and being brave my injury was underestimated."

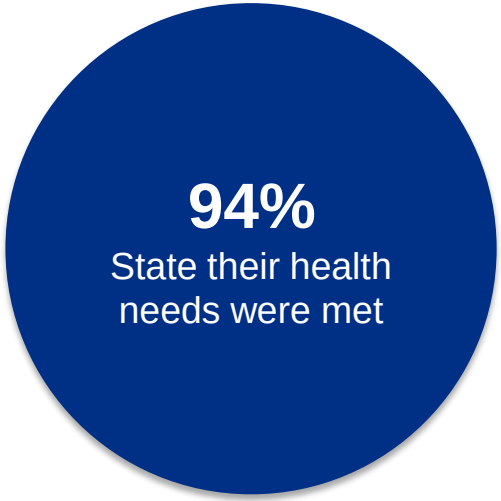
"I thought I had broken a toe. I walked into the Minor Injuries Unit at Leominster and was seen within 5 minutes. The consultation I had and the careful examination of my foot, filled me with great confidence. Fantastic service: KEEP IT OPEN please."

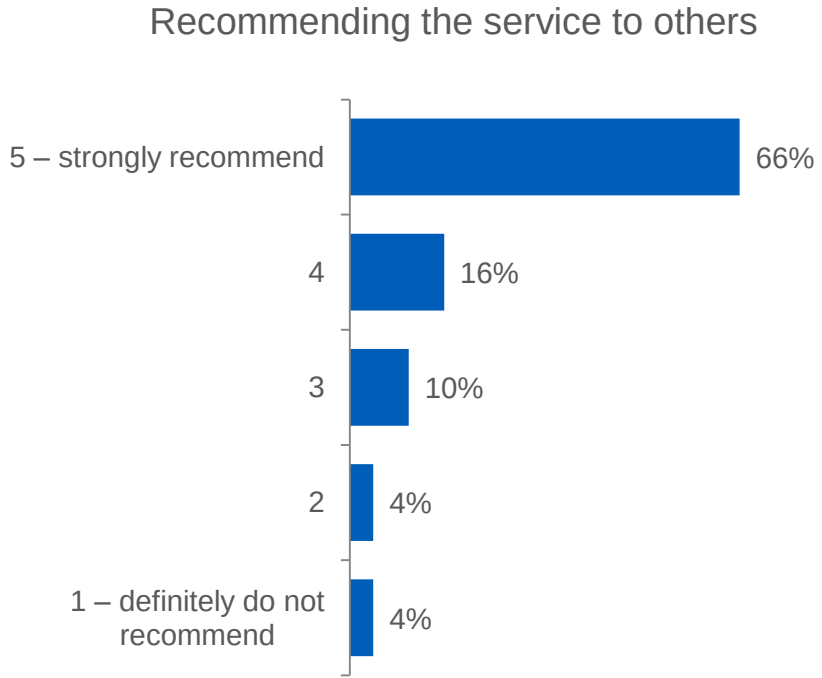
"Staff in the unit were helpful but arranging a transfer to a CH proved very difficult - mainly due to patient transport and Kington CH not operating"

"Quickly dealt with and a very good examination was conducted."

Q25. Please can you explain your answer in more detail? Base: 35

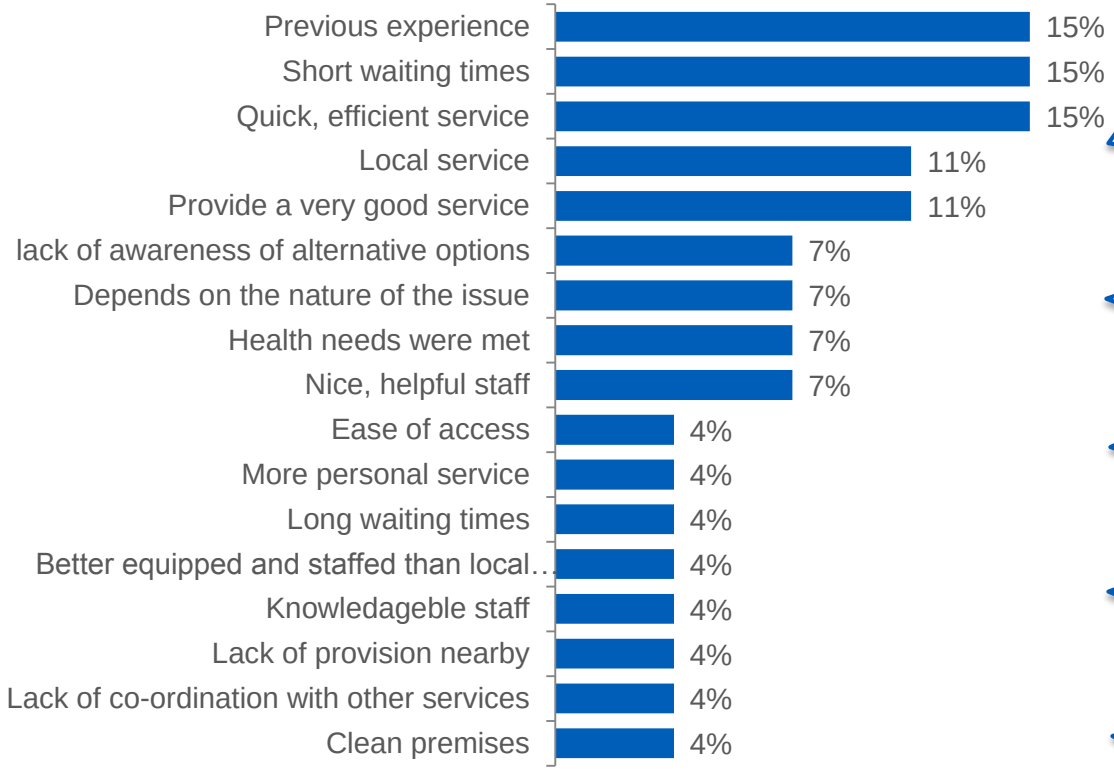
Evaluating the service provided by the MIU





Q26. Were your health needs met? Base: 50
Q27. Would you recommend the service to others? Base: 50

Reasons for recommending the MIU



"Easy to attend. No long waiting time. If I had to jam up A&E in Hereford that would be bad and also getting into Hereford these days is terrible. It is important to keep this minor injuries unit open for North Herefordshire."

"Immediate attention (it was quiet). Knowledgeable Nurse Practitioner."

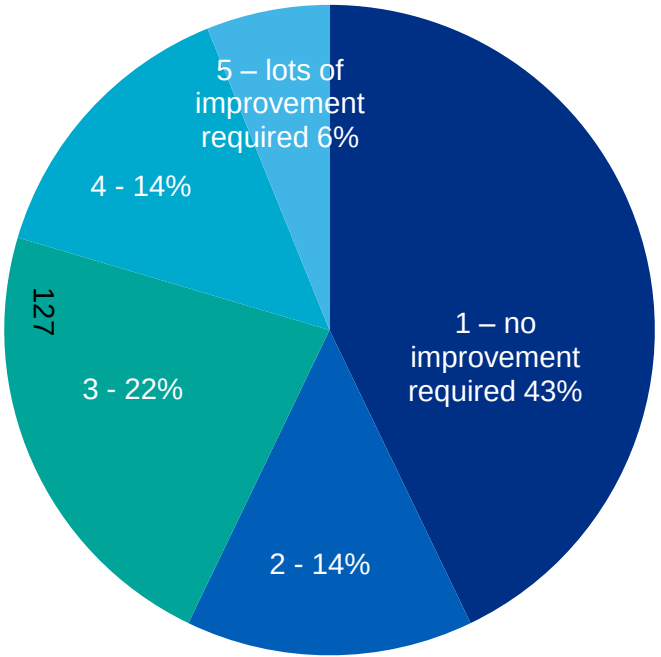
"Relieves pressure on A&E and is a very good service"

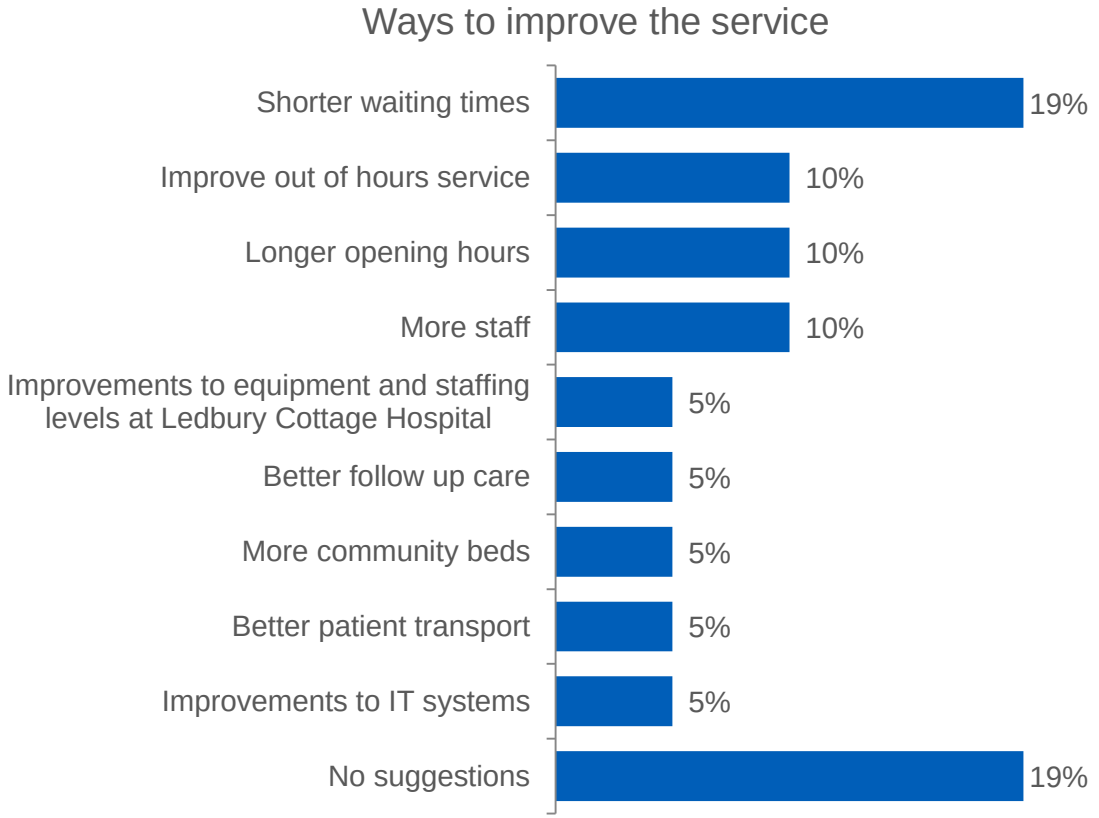
"Closer to home. Less waiting time and easier parking."

"Efficient no long waiting times, pleasant waiting area. More personal and dignified than acute hospital."

Q28. Please answer why you would or would not recommend this service to others. Base: 27

Improving the service





Q29. Do you think the service could be improved? Base: 49
Q30. Please outline how you think the service could be improved. Base: 21

Evaluating Community Health Services – District Nurse/ Therapist

Seeing a District Nurse/ Therapist

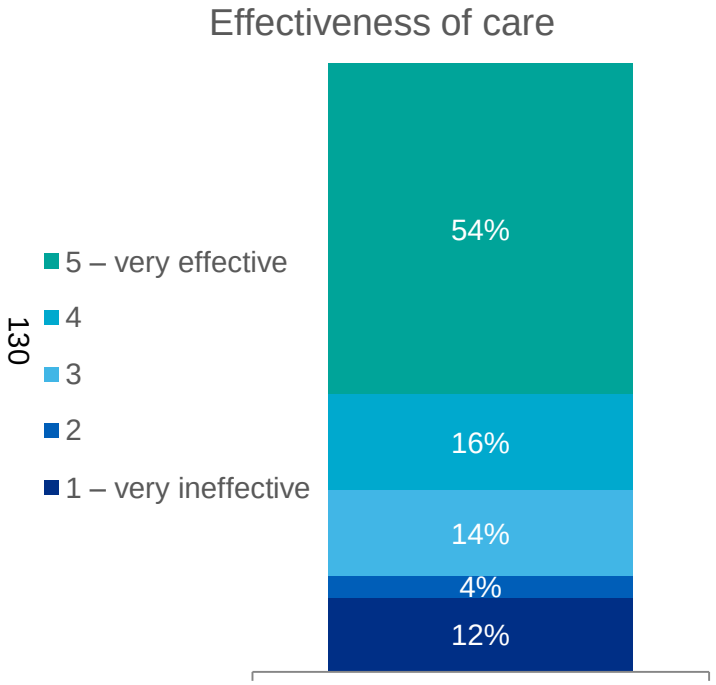
19%
Have received care from a ***District Nurse/ Therapist in the last 12 months***

31% Received care at home

69% Received care in a clinic

Q31. Have you received care from a district nurse or a therapist in the last 12 months? Base: 298
Q32. Was this at home or in a clinic? Base: 55

District Nurse/ Therapist effectiveness



Reasoning	
Very good staff - Useful/ helpful/ professional	33%
Provide a very good service/ no issues	20%
Appointments offered at appropriate times	9%
Ineffective treatment	9%
Undertake home visits	7%
Appointment/ scheduling issues	7%
Long wait for appointments	4%
Text reminders are good	2%
Poor service from reception staff	2%
Knowledgeable staff	2%
Ailment underestimated/ not taken seriously	2%
Lack of communication	2%

Q33. How would you rate the effectiveness of the care by the District Nurse or Therapist? Base: 57
Q34. Please can you explain your answer in more detail? Base: 45

District Nurse/ Therapist effectiveness - verbatim

"Appointments offered at suitable times. Useful and helpful."

"Had stitches which needed to be removed. Very straight forward. No issues arising."

"Physiotherapy for spine degeneration not effective. Had to pay for private physiotherapist as appointments on the NHS ones had several months waiting time - not ideal"

"Long wait to get an appointment with the physiotherapist but the diagnosis and treatment was very effective."

"My elderly father has received excellent service from Herefordshire district nurses."

"Diabetes clinic, nurse. She had more time and insight than my regular doctor."

"Dismissed by one member of the team rendering me extremely ill over the weekend with an infection meaning I had to attend hospital for treatment that could have been avoided if I was listened to."

"The nurse had to take clips out for me and she was prompt and very caring and professional."

"They are very overstretched didn't always turn up when they said they would or came much earlier than they said and didn't come back. A couple of times I bathed my leg myself."

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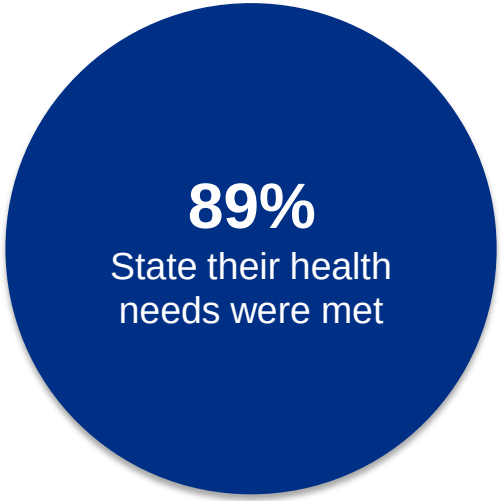
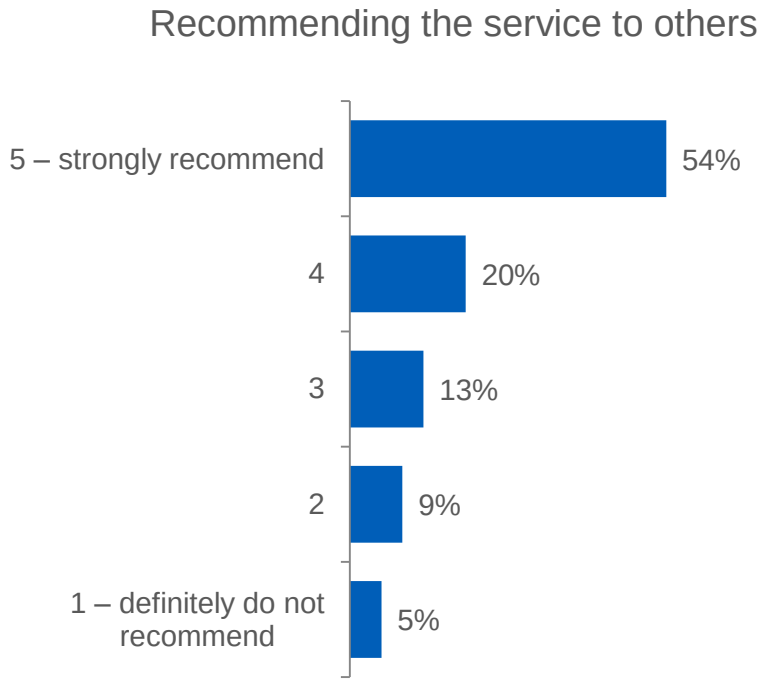
Q34. Please can you explain your answer in more detail? Base: 45

Evaluating the service provided by District Nurses/ Therapists





Q26. Were your health needs met? Base: 55
Q27. Would you recommend the service to others? Base: 56

Reasons for recommending the MIU

Reasoning	
Provide a very good service	19%
Give useful advice	14%
Friendly staff	14%
High quality of care	11%
Staff are under a lot of pressure	8%
Ailment underestimated/ not taken seriously	6%
Appointments offered at appropriate times	3%
lack of awareness of alternative treatment options	3%
Short waiting times	3%
Resolved issue	3%
Access to other healthcare professionals	3%
Home visits	3%
Difficulties accessing services	3%

1333

"Useful as first point of call to assess needs and treatments"

"The service might be capable of improvement, but it is still accessible and effective for most routine checks and services."

"The access to other services such as occupational therapist and physiotherapist was so easy. The provision for keeping elderly people at home is excellent. Probably saves the county a lot of money as well!"

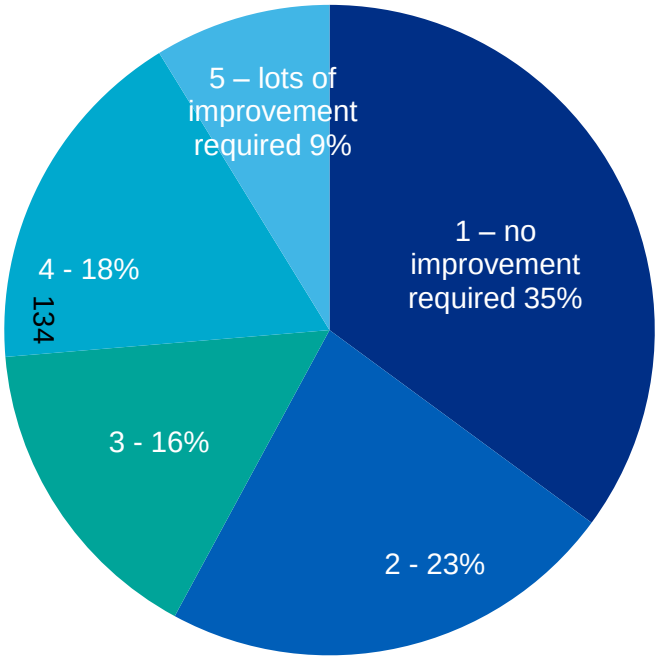
"As a young patient I was dismissed quite often."

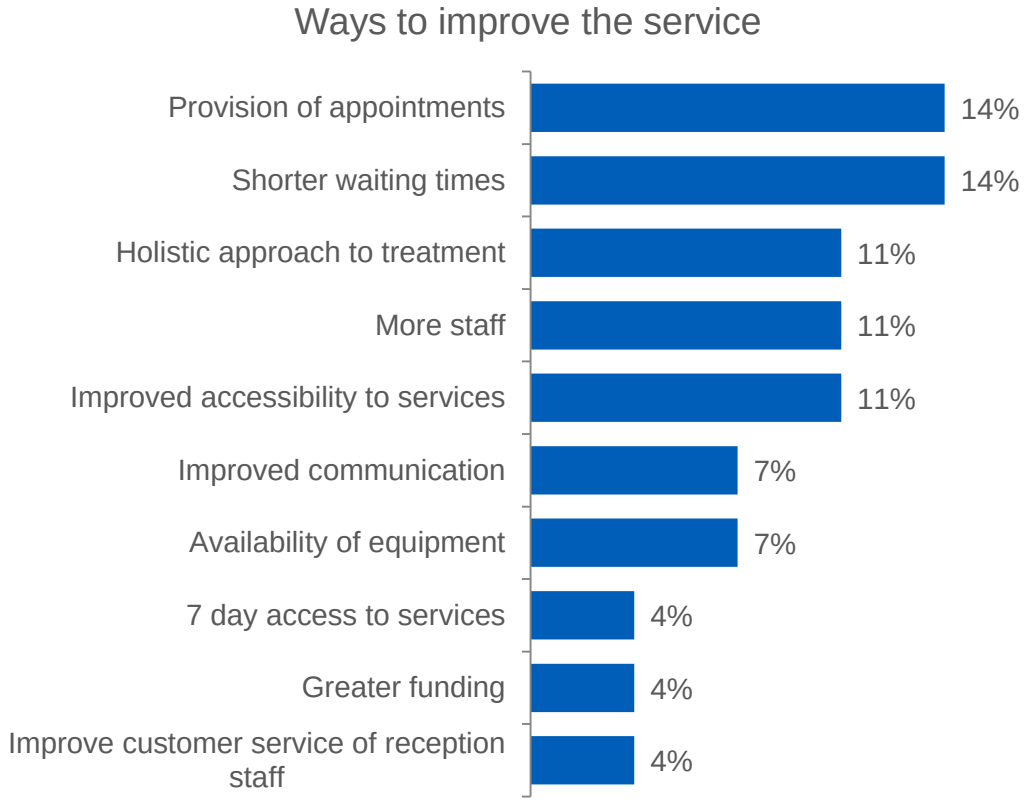
"I find that if I state clearly what my problem is along with solutions I have tried and admit I need some more ideas that I can try that will work the health care people are only too willing to help."

"District nurses are under a lot of pressure but they always deliver an exceptional service."

Q37. Please answer why you would or would not recommend this service to others. Base: 36

Improving the service





Q38. Do you think the service could be improved? Base: 57
Q39. Please outline how you think the service could be improved. Base: 28

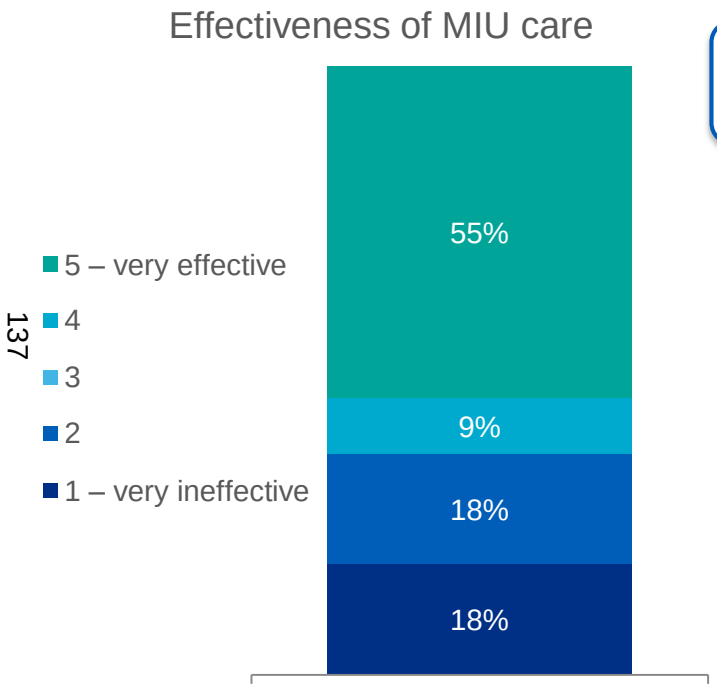
Evaluating Community Health Services – Community Hospital or Intermediate Care Unit

Staying in a Community hospital or Intermediate Care Unit

Staying in a community hospital or intermediate care unit		
Hereford County Hospital	36%	4
Leominster	18%	2
Hereford (Hillside) Intermediate Care Unit	18%	2
Bromyard	9%	1
Ross	9%	1
Ledbury	9%	1
Salisbury	9%	1

Q40. Have you stayed in a Community Hospital or intermediate care unit? Base: 298
Q41. (*) Which community hospital or intermediate care unit did you stay at? Base: 11

Community hospital/ Intermediate Care Unit effectiveness



"Not seen for 16 hours."

"Fast and efficient treatment and I saw a consultant. The only issue was that I was handed a prescription in the evening with no indication of where to take it at that time."

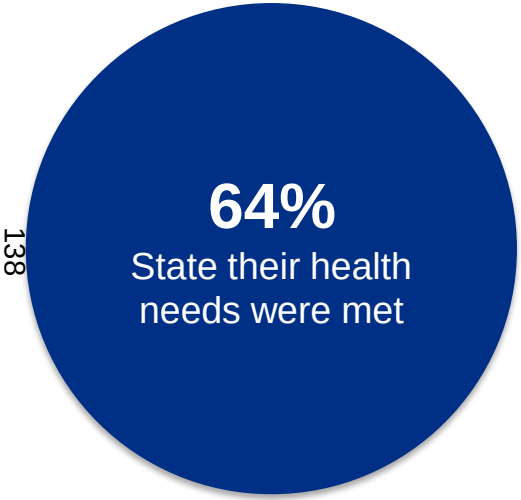
"On arrival words were said to ambulance driver indicating they had to take me to a different ward in not a very nice manner .dog barking and banging on the wall when I asked staff about the dog and banging they said it was just them banging the wall I packed my stuff and complained I wanted to go home they took me and my case outside and left me to wait for a taxi I had phoned for it, it took 45 mins so no did not like the place."

"Very efficient nursing and attention to detail."

"I'm not sure Hereford hospital constitutes a community hospital but the care I received was exceptional."

Q42. Please tell us how effective the care was in the Community Hospital. Base: 11
Q43. Please can you explain your answer in more detail? Base: 9

Evaluating the service provided by the Community hospital/ Intermediate Care Unit



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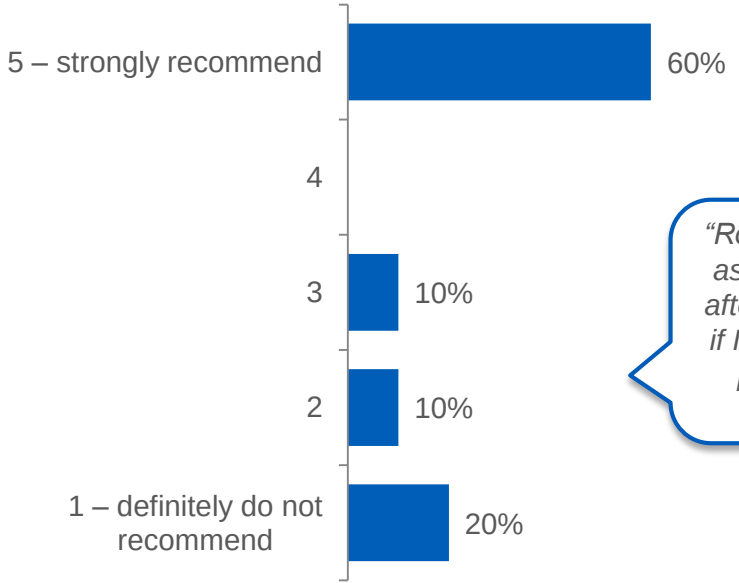
Recommending the service to others



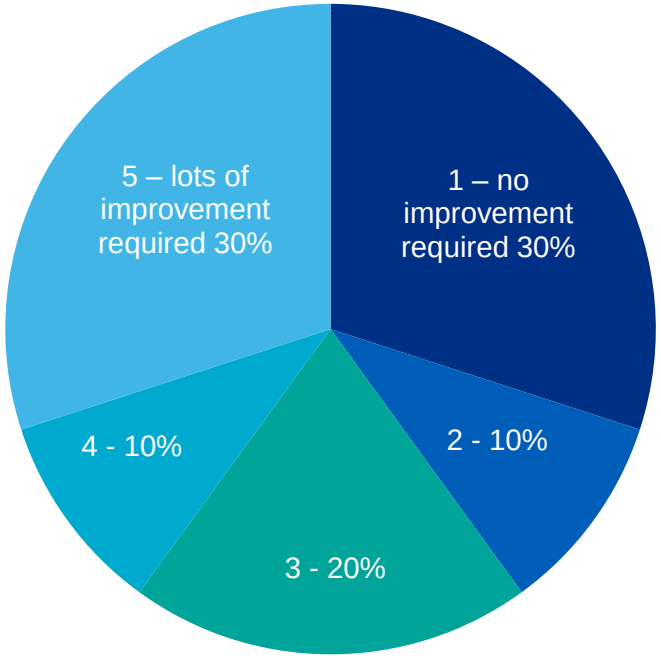
"Needed more physio than I was offered, still unable to walk with crutches on discharge."

"Ross Hospital was a horrible experience as I have stated I had two broken wrists after I was taken to my room I was asked if I was hungry if so they would get me a pasty plus did not like the attitude of sister in charge."

"The whole process was seamless although my first operation was cancelled due to lack of bed capacity."

Q26. Were your health needs met? Base: 11
Q27. Would you recommend the service to others? Base: 10
Q46. Please answer why you would or would not recommend this service to others. Base: 5

Improving the service



"Not from my experience it was good."

"They should not wave a spoon at ambulance drivers when trying to take me to a room telling him to go to a different ward my name was not on there list. Should not put patient outside at night to wait for a taxi in the state I was in. The main door was locked and I sat with broken wrists in plaster on my own. They should not be rude when I asked to go home."

"More physio's in the hospital"

Q47. Do you think the service could be improved? Base: 10
Q48. Please outline how you think the service could be improved. Base: 4

Participant demographics

Participant demographics - Age

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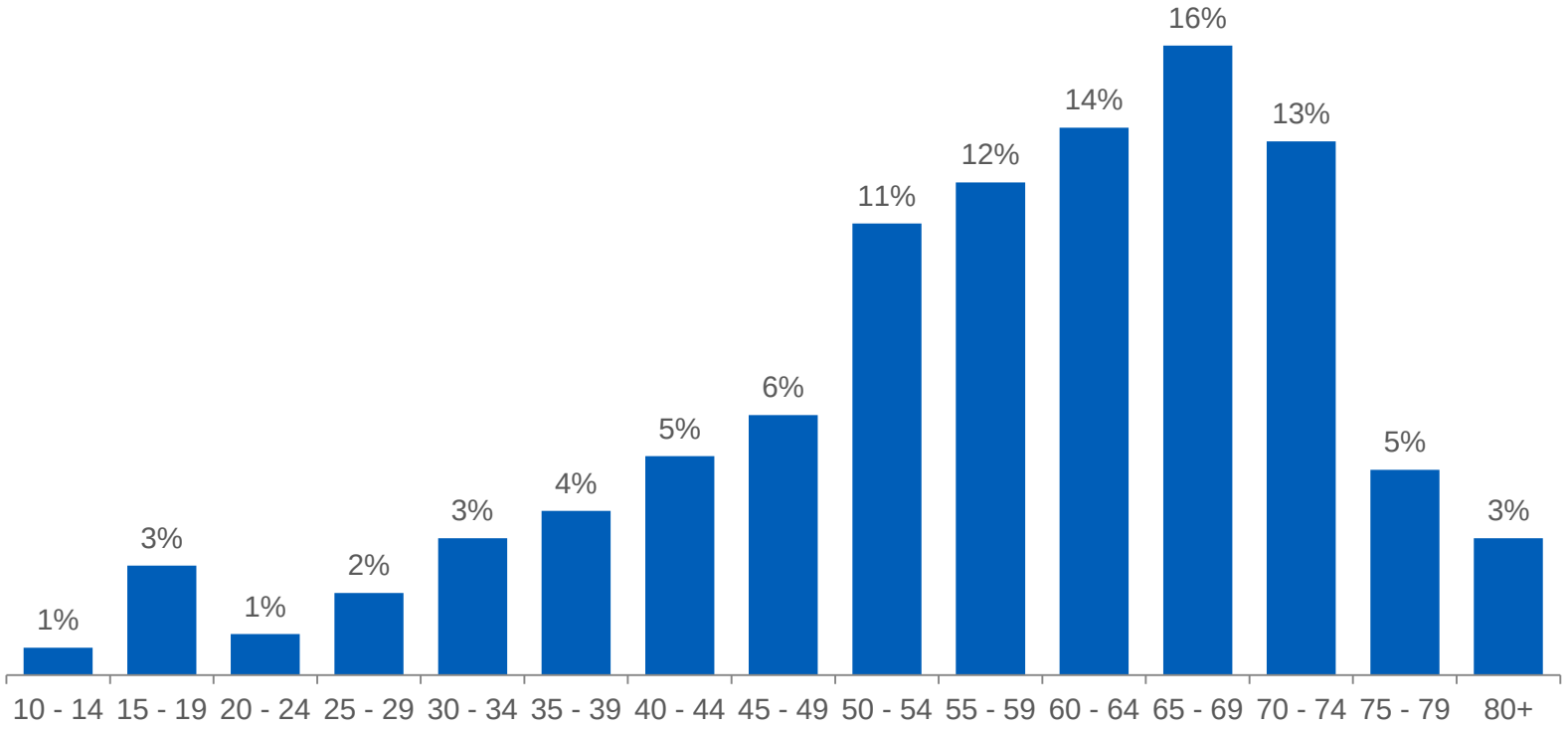
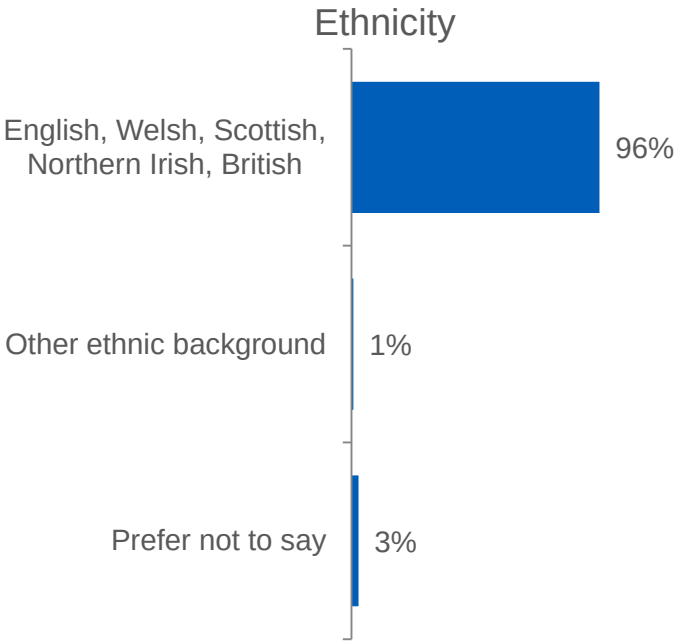


Q49. What is your age?. Base: 295

Participant demographics – Ethnicity & religious belief



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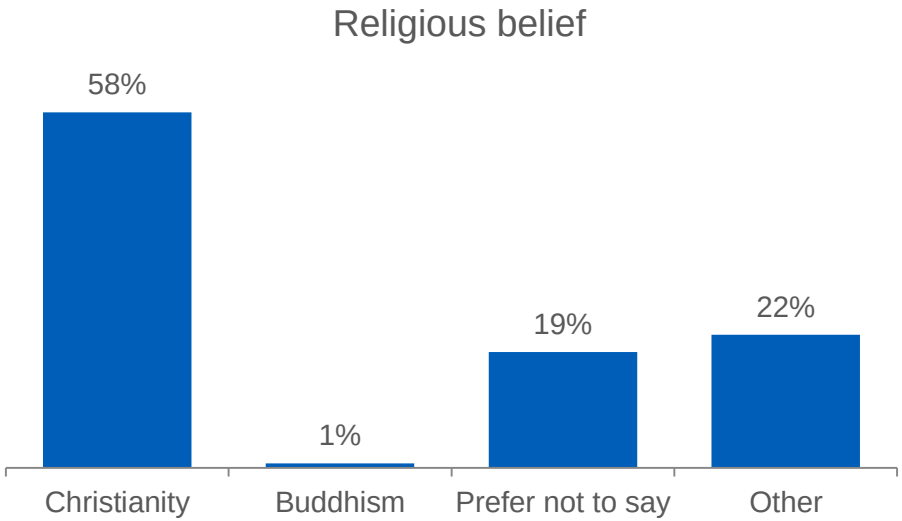
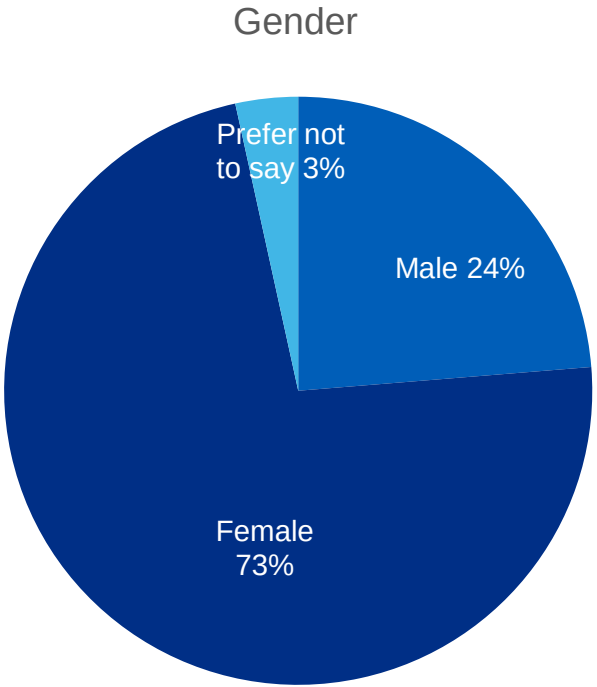
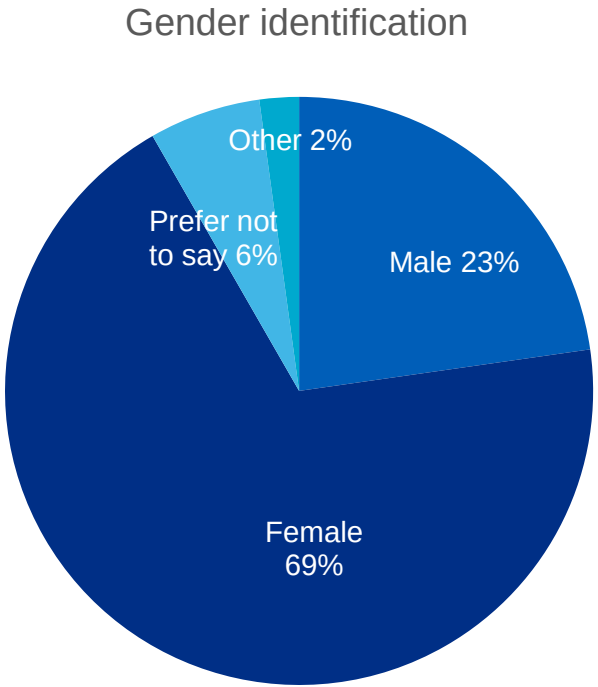


Q50. What is your ethnicity?. Base: 292
Q51. What is your religion or belief? Base: 279

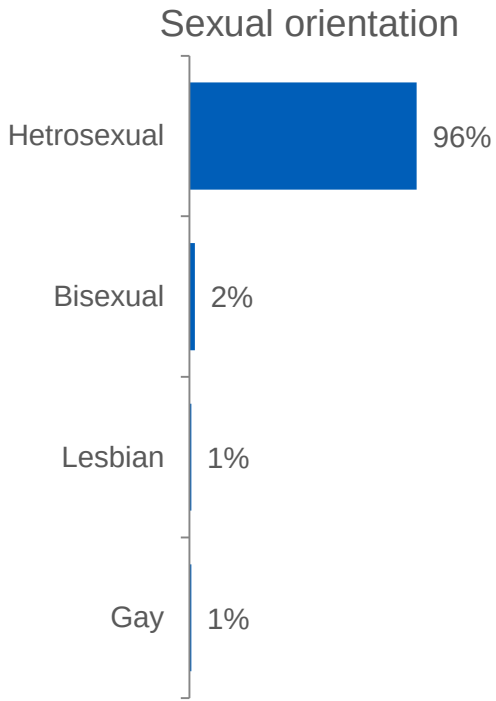
Participant demographics – Gender

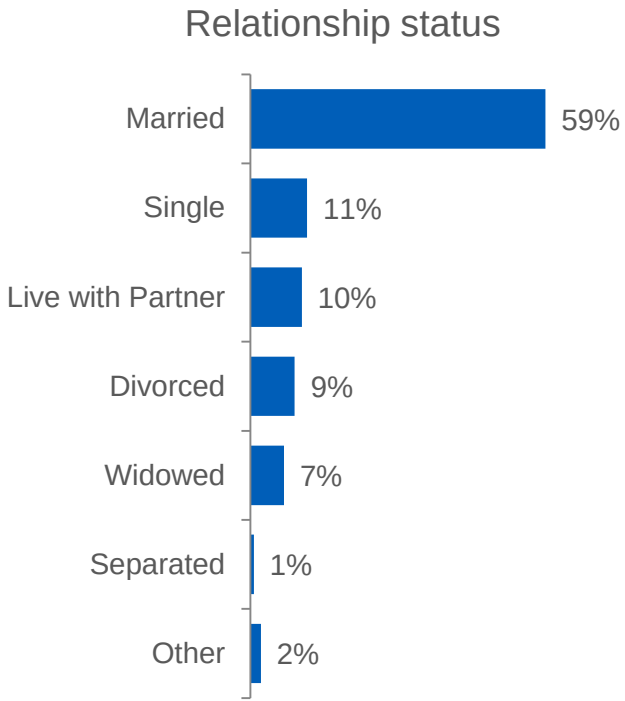




Q52. What is your gender? Base: 291
Q53. What sex do you identify with? Base: 278

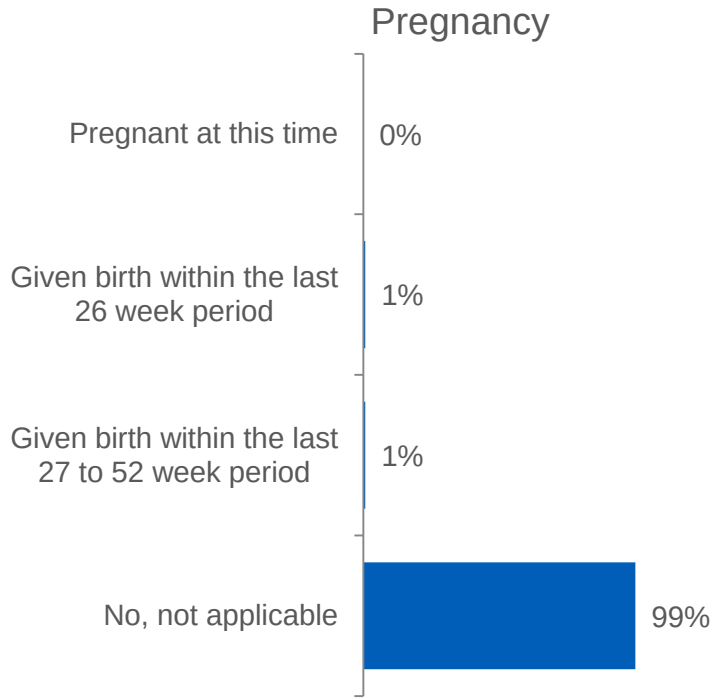
Participant demographics – Orientation & relationship status





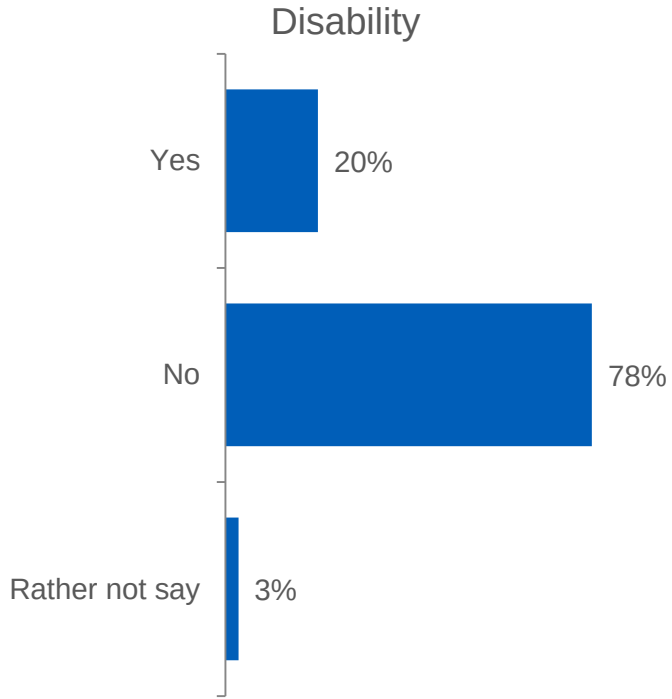
Q54. What is your sexual orientation? Base: 267
Q55. What is your relationship status? Base: 280

Participant demographics – GP registration & pregnancy



Q56. Are you pregnant or have recently given birth. Please tick as appropriate: Base: 289
Q4. Are you registered with a GP surgery? Base: 298

Participant demographics – Disability



Disability type	
Sight	59%
Mental health	27%
Learning difficulty	16%
Hearing	13%
Mobility	7%
Other	27%

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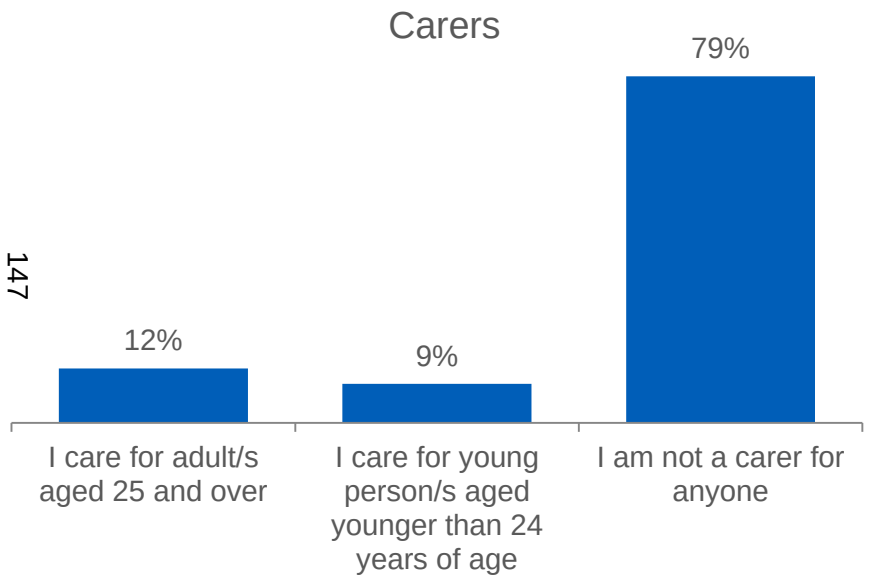
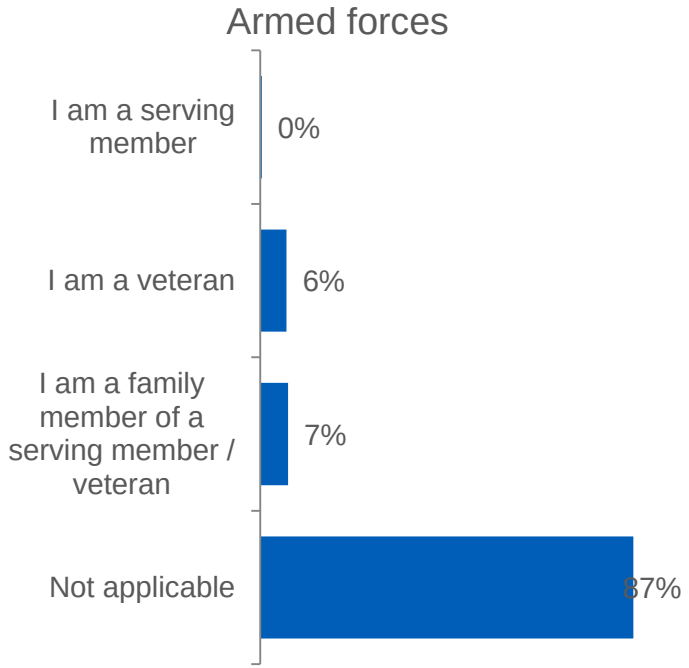
Q57. Do you consider yourself to have a disability? Base: 291
Q58. Please provide details of your disability Base: 56

Participant demographics – Carers & armed forces





Q59. Carers play a crucial role in health and social care. We need to know we've gathered the views of carers. Please tell us if you care for someone and how old they are. Base: 282

Q60. Are you a serving member of the Armed Forces, veteran or a family member? Base: 276

NHS
Midlands and Lancashire
Commissioning Support Unit

Focus Groups

Focus group structure

- Awareness of community health services and frequency of use
- Views and opinions on most used community health services
- Experiences of using community health services and evaluation of key interactions and feelings

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Awareness of community health services and use

Community services	Frequency of mentions		Community services	Frequency of mentions
GP	26		Community District Nurses	2
Pharmacies	20		Community Podiatrist	2
Community Hospitals (ross / leomister/ ledbury bromyard)	14		Dementia Services	2
Dental Surgeries	13		HALO services	2
Comm OT and community Physio	12		Heavy Sevices offices (hospitals)	2
District Nurse	10		Hospices	2
NHS 111	8		Lympharmacgy Clinics	2
Taurus A&E	8		Occupational Health	2
Diabetic Services	6		OOH GP	2
"you are at home"service	4		Optician (robert)	2
Mental health services	4		Orthotics	2
Falls clinic	4		SALTS (special amd language therapist	2
First respondents	4		Wheelchair Services	2
MIUs	4		Cardiac Rehabilitation	1
Prescription delivery services	4		Counselling Services	1
Virtual Ward/Hospital at home	4		Deaf College (specialists using rooms)	1
WIC (until a few weeks ago)	4		Health Visitors	1
Care Agency	3		Kidney Dialysis	1
Children CAMHS & other children services	3		Speech Therapy	1
Alternative Therapies	2		Wellbeing Services	1
Audiology Services	2		Midwifery	0
breast cancer	2		Rehab units	0
			Brain Injury team	

Focus group activity overview

- Participants were asked to recall a time when they used community services
- They were asked to write down from the point at which they reported the issue to resolution
- They were asked to document each interaction with the health service, the organisations and the people they spoke to.
- They were asked to include their emotions – feelings and thoughts during each interaction.
- Their individual stories were then shared with other members of the group. They identified every interaction, who it was with and thought about how they would feel.

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Overview of health experience stories by respondents

Hearing aid test and prescription
Use of podiatory services
Organising home equipment to enable release from hospital following surgery
Community nurse to change dressing following a bilateral mastectomy due to breast cancer
Use of podiatory services due to foot and heel problems
Referral to hearing hospital following visit to GP
Austic's childs transition from child to adult services
Visit to audiologist to discuss and review hearing aids
Use of OOH services due to rash on neck
Difficulty in getting stitches removed and eventual removal by local GP
Pain in knee and referral for XRAY and physiotherapy
Post operative complications resulting in cellulitis
Use of wheelchair and physio services following diagnosis with IBM
Experience of elderly parents using a range of Ots making home visits
Hernia operation and subsequent use of district nurses
Prescription for hypertension and use of local pharmacies
Use of district nurses for blood tests
Getting an urgent appointment following a stroke whilst having physiotherapy
Use of district / agency nurses following hospital stay
Visit to GP and hospitals with wife because in pain and not talking correctly
Use of physiotherapy and OT following a fall

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Scoring interactions

- Each health experience story was read and every interaction with the health service documented.
- For each of these, as a group, they scored the interaction from an emotionally point of view between 1 (negative) and 7 (positive).
- They also used a variety of words such as: ‘sad’, ‘furious’, ‘happy’, ‘frustrated’, ‘pleased’ etc. to describe each interaction.
- On the next slide the interactions with different individuals and staff across the health service is tabulated.
- The frequency that particular groups were rated between 1 and 7 is logged and the average score given.

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Emotional scoring of interactions

Emotional score		GP	Nurses (inc. district and community)	Communications (email ,letters, calls)	Consultants	Technical specialists (including community therapists and hospital based technicians)	Reception staff	Opticians	waiting time	A&E
Positive	**7**		1		12	3	1	1		
	6	8	6	2	2	2	6			
	5		1	1		1				
	4	3	2		1	1	3			1
	3	6	1	4	2	2	2			
	2	1	4		2		3			
Negative	**1**	6	3		2		2		2	
Average score		3.6	3.8	4.1	**5.3**	5.3	4.1	7	2	4

- Specialists – such as consultants and technicians usually have positive scores
- Nurses and GPs have a broader range of scores. This seems to be due to many factors but which mainly focus on internal communications between departments and organisations
- Reception staff and

Emotion	Average score	Instances of when and how low scores are achieved.
Opticians	**7**	This was based on just one experience.
Consultants	**5.3**	‘Negative, consultant, 3rd appointment was told would operate, could not do procedure due to poor communication’, ‘Availability of known consultant’ -’ felt dismissed following telephone call’
Technical specialists (including community therapists and hospital based technicians)	**5.3**	‘Poor time allocation of appointment consultant & therapist (rushed) ’ - ‘Physio - told different things by different physio's, exercise by one not by the other’
Communications (email ,letters, calls)	**4.1**	‘Call to wrong (deaf) person ’ – ‘Lack of communication throughout whole experience i.e. caller/OT ‘
Reception staff	**4.1**	‘Pain, clinic - no appointment received ‘ - ‘15 minute wait, overcrowded waiting room ‘ – ‘could not get through on telephone to get an appointment ‘
A&E	**4**	This was based on just one experience.
Nurses (inc. district and community)	**3.8**	‘Community care staff, had to complain to get equipment and was delivered very late’ – ‘community nurse failed to arrive’ - ‘OT x2 arrived expects to move furniture’
GP	**3.6**	‘Negative reaction again but referred on ‘ - ‘Not proper diagnosis, miscommunication, GP didn’t discuss diagnosis or condition’ - ‘GP discussion, negative response but reference made’
Waiting time	**2**	‘Waiting - 4hrs before being seen for assessment ’ – ‘3 month appointment, told it was only 3 weeks? GP booked on the wrong clinic ‘ – ‘On going appointments delayed over 3 months’

Findings

- Specialists, technicians and consultants are generally scored highly when patients get to see them.
- Patients concerns and annoyance and frustration is usually when NHS staff (GPs, to receptionists t consultants) are part internal communication errors. E.g. incorrect referrals etc.
- Patients and public also frequently mention discontent with personal 1-2-1 interaction if NHS staff are not empathetic, friendly, understanding and fully explain diagnoses and issues with patients.

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NHS Herefordshire

Herefordshire Community Transformation Programme – "Living Well at Home" Clinical Case for Change

Case for change – summary of proposals

- The Herefordshire System is proposing to remodel the way it provides care to people in local communities through a phased development of primary care and community health and care services; an increase in capacity in "home based" settings, and a reduction in reliance on "bedded" capacity.
- The system has been working together to develop the clinical model that will achieve these changes. A provider Alliance (Integrated Care Alliance) has been formed to lead the development and implementation of the model

Understanding Herefordshire

Population distribution
Whole County: 187,200 (2014)

Hereford City – 60,000
Kington – 3,400
Leominster – 11,900
Bromyard – 4,600
Ledbury – 11,900
Ross-on-Wye – 10,900

Understanding Herefordshire

- **Rurality:** A predominantly rural county, with the 4th lowest population density in England (0.85 persons per hectare).
- **Poor transport infrastructure:** With only four railway stations, the transport network is mainly comprised of rural ‘C’ or unclassified roads leading off single carriageway ‘A’ roads.
- **Workforce challenges:** A relatively large proportion of employment in sectors that tend to attract lower wages such as ‘wholesale and retail’ and ‘agriculture’. Low wages and relatively high house prices mean that the affordability of housing is a key issue for the county – both to buy and rent. The health and care systems have significant challenges in attracting and retaining workforce.
- **An aging population:** the number of people aged 65+ living in England and Wales has increased by 24 per cent, in Herefordshire it has grown by 30 per cent. Most notably, the number of people aged 85+ in the county has increased by 48 per cent,. Nationally this rise has been 35 per cent. The number aged 65-84 is projected to grow at a similar rate as during the last decade (average of two per cent a year), but the number aged 85+ will rise even more rapidly (average of six per cent compared to just under four per cent a year since 2001).
- By 2034, there are projected to be 50,700 65-84 year-olds (33 per cent more than in 2015), whilst the number age 85+ will more than double to 12,800.

Why do we need to change?

- The “One Herefordshire” system recognises that the current models for delivering care are not sustainable into a future which includes an aging and geographically dispersed population.
- We are not delivering excellence in our clinical outcomes for patients.
- We have significant financial challenges that we need to address as a whole system and across the STP footprint. Our approach is to focus on areas where there is clear evidence of poor quality care driving inefficient use of resources.
- Benchmarking information suggests that the Herefordshire health and care system is failing some of our most vulnerable patients.
- Our system has under-development of locality based care provided in people’s own homes, both health and social care and over use of bedded healthcare environments
- Our engagement processes are telling us that people want more care at home and through their GP practice; better co-ordination of care; improved access to services; better communication, and support to care for themselves.

System Benchmarking information

Herefordshire System Metrics

1. **Emergency admissions (65+) per 100,000 65+ population = 2nd out of 152**
2. **90th percentile length of stay for emergency admissions (65+) = 147th**
3. **Total Delayed Days per day per 100,000 18+ population = 99th**
4. **Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services = 74th**
5. **Proportion of older people (65 and over) who are discharged from hospital who receive reablement/rehabilitation = 127th**
6. **Proportion of Discharges (following emergency admissions) which occur at the weekend = 129th**

Clinical Evidence – National

- There is now clear evidence that, particularly for older people, extended stays in a hospital bed can have an irreversible impact on mobility, confidence and therefore independence.
- Evidence shows that for every 10 days that someone over 85 spends in a hospital bed, their confidence and mobility can deteriorate by 10 years
- A National Audit Report 2013-15 highlighted that 85% of all people experiencing a delayed transfer of care were over the age of 65.
- Research has shown that 40% of all people who died in hospital did not have medical needs requiring hospitalisation.
- A national intermediate care audit for England suggested that a reduction by 50% of beds was possible if avoidable admissions were addressed.

Clinical Evidence – Local

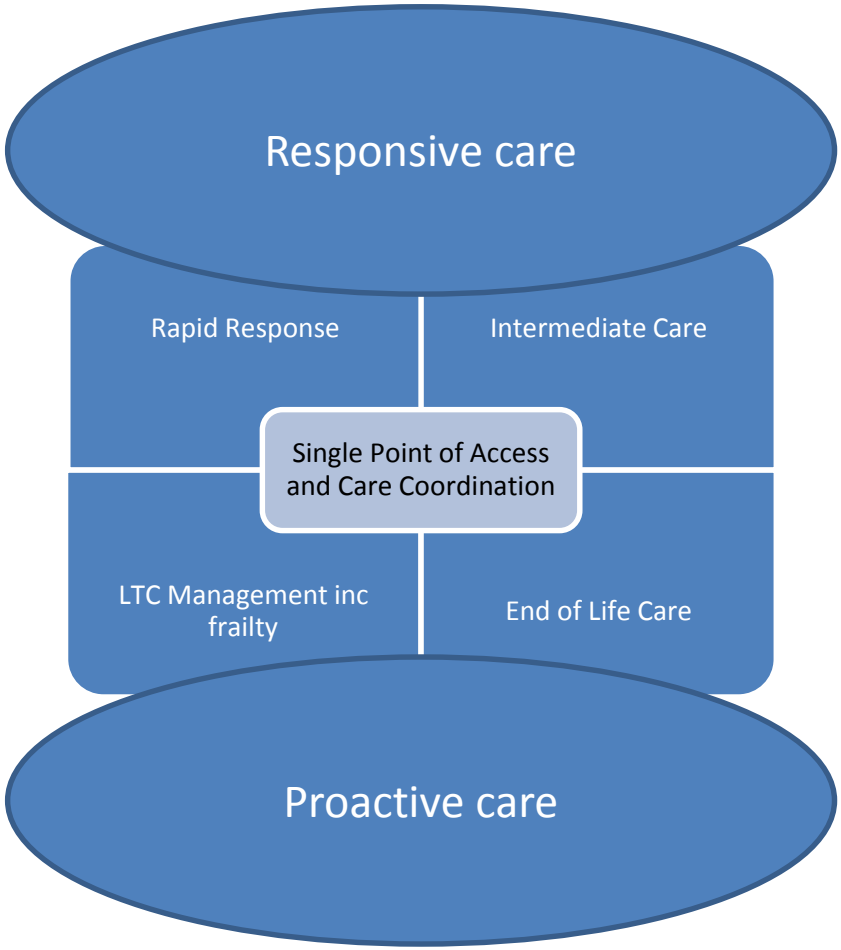
- Benchmarking information (above) suggests that Herefordshire is good at supporting people in their own homes and communities to avoid an emergency admission, but that we are failing to provide the support that is required to return them to their own homes in a timely manner.
- Delayed transfers of care are highest for patients awaiting a further health intervention.
- Indicative bed modelling suggested that, with appropriate alternatives in place, we could achieve a significant reduction in the community bed base. Any reduction is reliant on alternatives being in place and a managed transition.
- Local investments in End of Life care, including Hospice at Home and Anticipatory Care Plans, have enhanced quality of care as well as offering choice and reducing hospital admissions.
- Investment in an Early Supported Discharge team for Stroke has reduced length of stay and improved quality of care for stroke patients
- Community initiatives such as Hospital at Home, Virtual Wards, Dementia care nurses and a 24/7 Falls Response service are in place supporting people to remain at home. However our community health services often work in isolation from each other and from primary and social care.
- Our home care market is challenged with very few large providers and difficulties in recruiting staff in the most rural areas of the county. We have a relatively small re-ablement service and have struggled to develop local providers. This has led to the Local Authority recently having to "in-house" this service in order to grow capacity and capability in the provision.
- Snapshot audits have consistently demonstrated that many patients are being delayed in leaving hospitals to receive care at home. Most recently, in March 2017, 52 patients in a total bed base of 354 could have been supported at home whilst others could have been supported in alternative provision (see next slide)

Current position – Snapshot audit, March17

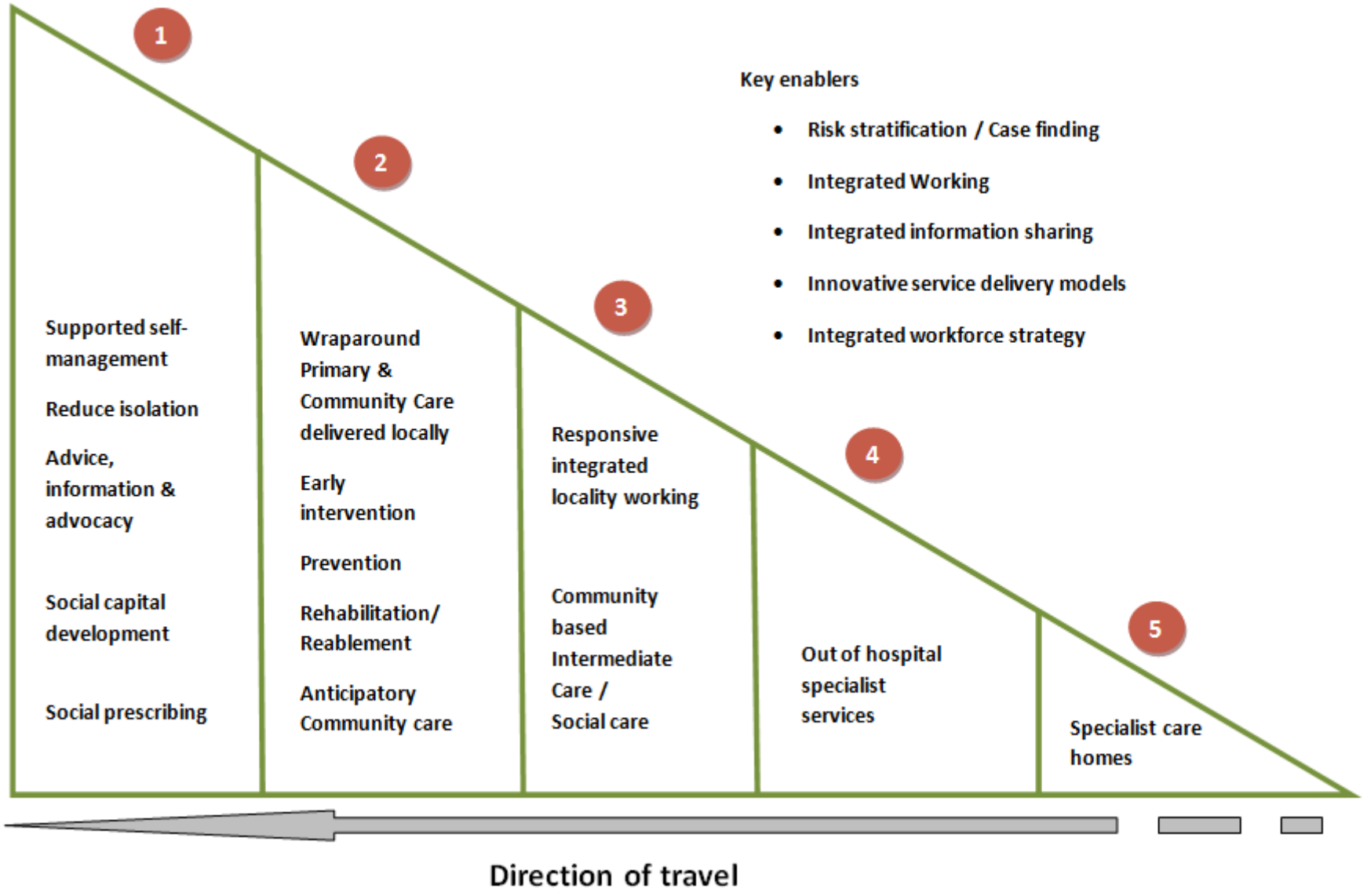
Service	Current provision	Required provision (on the day)
Hereford County Hospital	222	160
Community Hospitals – Ross, Leominster, Hillside, Bromyard	98	58
Ledbury Intermediate Care	14	12
Kington Intermediate Care	10	2
Rapid Access to Assessment and Care (Nursing Homes)	5	3
Intermediate Care Rehabilitation (Nursing Homes)	5	3
Discharge to Assess	0	36
TOTALS	**354**	**274**

Our Vision – Living well at home

- A multi-disciplinary, interagency service including supported self management
- Organised to deliver GP led wrap-around care and support to a population within a 30-50,000 population locality
- Using a standardised system of case management and care delivery
- Enabled by a single care plan and record
- Accessed through a single point of access with care co-ordination at the appropriate level
- Sufficient capacity to provide care at the time required for both reactive and proactive care.
- Supported by the **Primary Care Home** programme to ensure that primary care is at the forefront of developing and delivering our locality model



Our Vision – shifting care



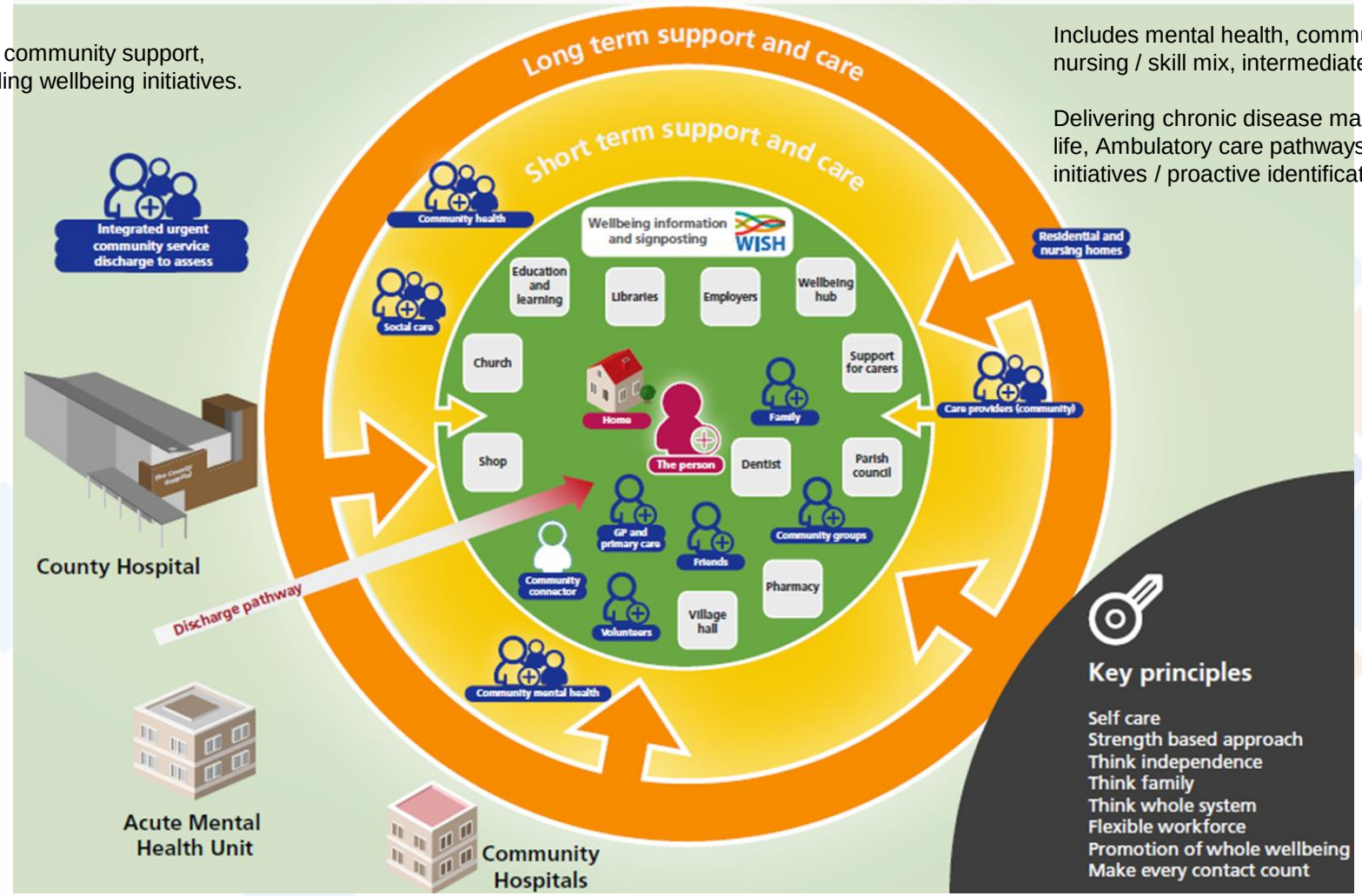
Our Vision – Living Well at Home

Wrap round person with primary care and access to specialist advice and support

Includes mental health, community nursing / skill mix, intermediate care

Delivering chronic disease management, End of life, Ambulatory care pathways and self-care initiatives / proactive identification.

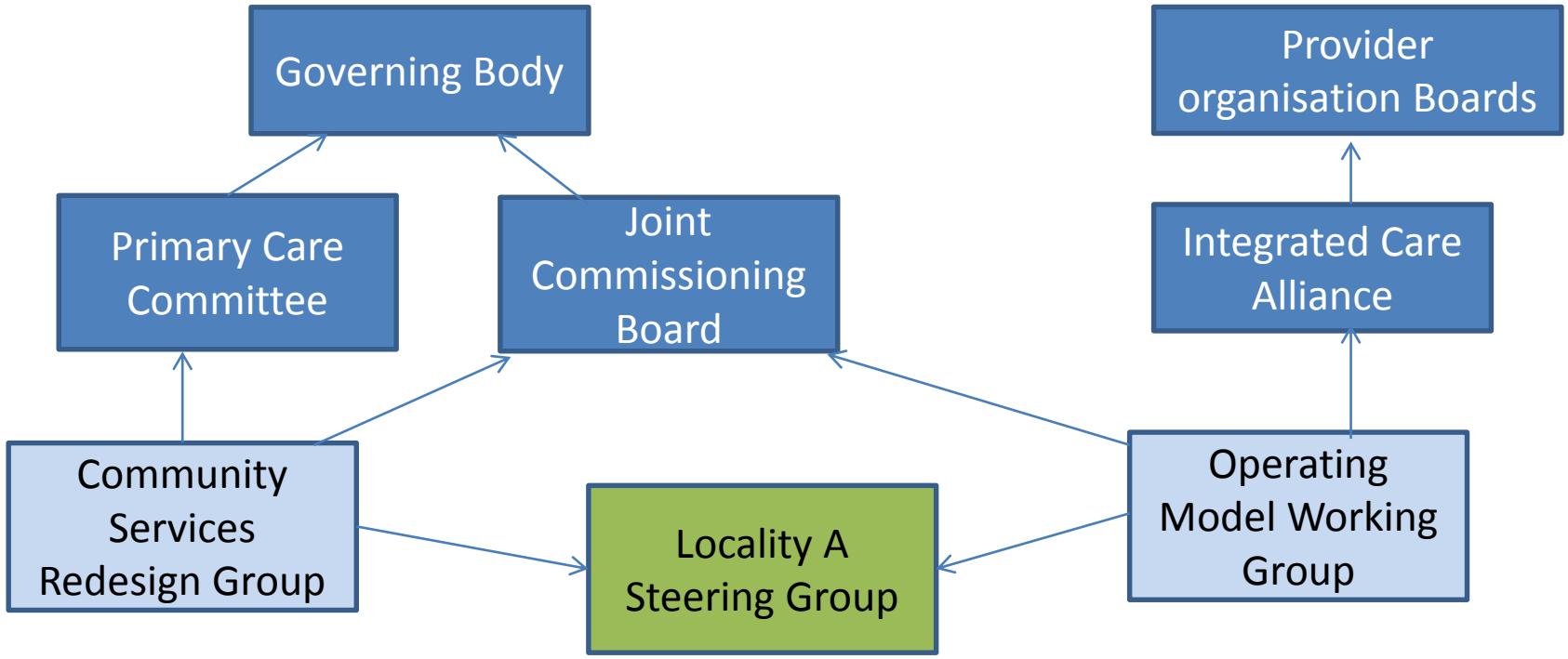
Local community support, including wellbeing initiatives.



Benefits to patients

- A more responsive system focused on 4 localities bringing together mental health and community health care teams, primary care and social care
- More care provided in your local area, reducing the need for you and your relatives to travel to Hereford
- Better co-ordination of care with the MDT sharing information across teams and agencies.
- Improved provision of home care and reablement support in our most rural areas, a revitalised provider market
- Reduced need for an admission to hospital with teams that have the capacity and capability to support you at home
- Improved information for you to be able to make choices about the care you receive
- Improved support to volunteers and carers in your local area

Draft Governance Arrangements – Locality projects



The Locality Steering Groups will be established as partnership groups that are supported to deliver change through clear delegation of responsibilities. **Accountability arrangements for each Steering Group will depend on the nature of the change programme and will need to be clearly articulated in Terms of Reference that are acceptable to the relevant partner organisations.** The Operating Model Working Group will advise all of the Locality Steering Groups on the model of care and will provide clinical leadership across the system. It is Chaired by Dr Ian Tait, the Chair of the CCG's Governing Body. The Redesign Group is a "process group" and will ensure that each Locality Group is supported and established with appropriate governance arrangements and supporting resources (including terms of reference, financial framework, engagement etc).

Herefordshire Council

Meeting:	**Adults and wellbeing scrutiny committee**
Meeting date:	**16 November 2017**
Title of report:	**Committee work programme 2018**
Report by:	**Governance services**

Classification

Open

Key decision

This is not an executive decision.

Wards affected

Countywide

Purpose

To consider revisions to the committee's work programme from January to May 2018.

Recommendation

That the revised work programme (appendix a) be approved, subject to any amendments the committee wishes to make.

Alternative options

1 It is for the committee to determine its work programme to reflect the priorities facing Herefordshire. The committee needs to be selective and ensure that the work programme is focused, realistic and deliverable within existing resources.

Reasons for recommendations

2 To enable the committee to establish a manageable work programme to ensure that scrutiny is focused, effective and produces clear outcomes.

Key considerations

3 The work programme for the current municipal year was approved by the committee at its inaugural meeting on 23 August 2017. The need was emphasised to identify priority areas for scrutiny, and recognising a need for some flexibility in allowing for urgent items or to consider decisions that have been called-in for scrutiny.

4 In response to emerging priorities, the work programme has been revised and is

appended (appendix a) for consideration. The work programme will continue to be reviewed regularly during the year to allow the committee to respond to particular circumstances.

5 In addition to some revisions to the content of the work programme, it is proposed to make some adjustments to the committee dates as follows:

- Move the meeting of 5 April 2018 to 27 March 2018 to avoid the school holidays
- Provide for an additional meeting on 8 May 2018 at 10am to accommodate remaining items identified on the work programme.

6 Should committee members become aware of additional issues for scrutiny during year they are invited to discuss the matter with the chairman and the statutory scrutiny officer.

Community impact

7 The topics selected for scrutiny should have regard to what matters to residents of Herefordshire.

Equality duty

8 The topics selected need to have regard for equality and human rights issues.

Financial implications

9 The costs of the work of the 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.

Legal implications

10 The council is required to deliver a scrutiny function.

Risk management

11 There is a reputational risk to the council if the scrutiny function does not operate effectively. The arrangements for the development and review of the work programme should help mitigate this risk.

Consultees

12 Participants at the workshops identified above contributed to the development of the work programme and are encouraged to continue to do so to ensure the work programme remains relevant.

Appendices

Appendix a Revised work programme January to May 2018

Background papers

None identified.

ADULTS AND WELLBEING SCRUTINY COMMITTEE
ITEMS IDENTIFIED FOR INCLUSION IN THE WORK PROGRAMME

Item	Purpose	Suggested contributors to present report
January / February (date/time TBC)	**Scrutiny members' workshop**	
Emerging themes in health and social care	Focus on the Sustainability and Transformation Partnership (STP) plan; primary care engagement outcomes; access to GPs; access to emergency care; social care systems; Home First	To be considered
25 January 2018 (10am)		
Learning disability services	To consider a service update and identify recommendations for the service and the commissioner to consider.	2gether NHS Foundation Trust (provider) Herefordshire CCG (commissioner)
Healthwatch accountability session	To receive an update on both the commissioning and the work of Healthwatch, and to consider areas that Healthwatch have raised for inclusion in the work programme for further scrutiny. To identify ways for scrutiny and Healthwatch to work together in complementary ways and to combine knowledge and perspectives with the aim of improving services.	Healthwatch representative Director for adults and wellbeing AWB commissioning team
AWB local account and blueprint	To review the draft local account for adults and wellbeing for 2016/17 in order to identify a) recommendations for the services to take forward and b) areas for further scrutiny. To receive a report on the delivery and consequences of the AWB blueprint, with reference to new pathways, financial plans/expenditure and outcomes, in order to consider recommendations for inclusion in the AWB blueprint.	Director for adults and wellbeing and team
March (date TBC)	**Scrutiny members' workshop**	
Mental health	Focus on: - Approach - Wellbeing - 2gether NHS Trust service delivery - Veterans' mental health	Herefordshire CCG (commissioner) 2gether NHS Foundation Trust (provider) Public Health team

5 April 2018 *(or 27 March 2018)* (10am)		
Item	**Purpose**	**Presented by**
Substance misuse services update	To consider a service update on Addaction in order to identify recommendations for improvement in service delivery and in the management of the contract.	AWB commissioning and contract monitoring representatives Addaction
NHS Herefordshire Clinical Commissioning Group (CCG)	To consider service developments for the CCG, for example, a shift to accountable care organisation / accountable care system	Herefordshire CCG NHS providers e.g., Wye Valley, 2gether and primary care provider, Taurus
Better Care Fund / integration	To consider developments and/or proposals in this area and identify a) recommendations for the services to take forward and b) areas for further scrutiny.	Adults and wellbeing commissioning team Herefordshire CCG
PROVISIONAL 8 May 2018 (10am)		
Public Health	To review the draft 2017 Public Health report to identify a) recommendations for the services to take forward and b) areas for further scrutiny	Public Health representatives
Reablement service	To consider a service update and identify recommendations for the services to consider	Adults and wellbeing commissioner representative Adults and wellbeing provider representative
Changes to contracted services	To consider an update and identify recommendations for the services to consider in relation to non-spot purchased services, focusing on carer support and community development.	AWB commissioners