Herefordshire Council

Agenda

Adults and wellbeing scrutiny committee

Date:	**Thursday 25 January 2018**
Time:	**10.00 am**
Place:	**Committee Room 1 - 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: **Ruth Goldwater, Democratic Services Officer** Tel: 01432 260635 Email: councillorservices@herefordshire.gov.uk

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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 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 - 14

To approve and sign the minutes of the meeting held on 16 November 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 22 January 2018. Accepted questions will be published as a supplement prior the meeting.

There is guidance on how to submit a question to the committee on the council's website at: https://www.herefordshire.gov.uk/getinvolved

Please submit questions to: councillorservices@herefordshire.gov.uk

6. QUESTIONS FROM COUNCILLORS

To receive questions from councillors.

Deadline for receipt of questions is 5pm on Monday 22 January 2018. Accepted questions will be published as a supplement prior the meeting.

Please submit questions to: councillorservices@herefordshire.gov.uk

7. HILLSIDE CENTRE 15 - 26

To consider further information on the proposed closure of the Hillside Centre facility.

8. HEALTHWATCH UPDATE 27 - 40

To receive an update on both the commissioning and the work of Healthwatch Herefordshire, and to consider areas that Healthwatch has raised for inclusion in the committee's work programme for further scrutiny.

9. COMMITTEE WORK PROGRAMME 2018 41 - 44

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

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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.
- Have a reasonable number of copies of agenda and reports (relating to items to be considered in public) made available to the public attending meetings of the council, cabinet, committees and sub-committees.
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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 16 November 2017 at 10.00 am

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

Councillors: MJK Cooper, PE Crockett and A Seldon

In attendance: **Councillors WLS Bowen and TM James**

Officers: **Herefordshire Council: J Coleman, M Samuels**
NHS Herefordshire Clinical Commissioning Group: H Braund, J Brooks, S Hairsnape
Wye Valley NHS Trust: D Farnsworth, J Ives
West Midlands Ambulance Service NHS Foundation Trust: L Parkes, P Wall
NHS Sandwell and West Birmingham Clinical Commissioning Group: R Ellis
2gether NHS Foundation Trust: F Martin
Healthwatch Herefordshire: C Price

17. APOLOGIES FOR ABSENCE

Apologies were received from Cllr CA Gandy, Cllr RL Mayo and Cllr D Summers.

18. NAMED SUBSTITUTES (IF ANY)

Cllr A Seldon substituted for Cllr D Summers.

19. DECLARATIONS OF INTEREST

There were no declarations of interest.

20. MINUTES

RESOLVED:

That the minutes of the meeting held on 21 September 2017 be confirmed as a correct record and signed by the chairman.

21. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from members of the public.

22. QUESTIONS FROM COUNCILLORS

There were no questions from councillors.

23. PERFORMANCE OF WEST MIDLANDS AMBULANCE SERVICE NHS FOUNDATION TRUST

Officers from West Midlands Ambulance Service gave a presentation to provide an overview of the key issues for the service including:

- Activity in Herefordshire for the year to date: this had risen by around 3%, broadly consistent with overall activity for the region.
- Non-conveyance: although the approach was to try and keep people at home, non-conveyance of patients was below the regional average. This was due to a tendency to address risk and ensure that patients' ongoing health needs were met and appropriate pathway were followed.
- Ambulance usage per head of population: across the 22 commissioning groups for the region, Herefordshire did not have the highest level of use in comparison.
- Response Programme trial: the service had taken part in this national trial designed to ensure that response standards were being met and this had informed national standards that were now in place. In Herefordshire a key challenge was to meet the 7-minute response time, and this was now measured as an average figure in recognition of the rurality of the county.
- Response categories: changes had been made by NHS England, including differing response times for each category.
- Performance for Herefordshire: this was improving; category 1 responses remained a challenge, although the response programme trial had led to improved performance for every category.
- Nature of calls: referred to as 'chief complaints', in Herefordshire, these were predominantly under the 'medical / generally ill' classification.
- Service achievements: the trust was the highest performing ambulance service. Estates rationalisation to develop operational hubs had led to better facilities to support response times and efficient working, and the service was working with commissioners to address demand management to ensure that calls were not being 'stacked'.

Members responded with a number of questions and comments.

Commending the service for the achievement of a paramedic on every shift, a member asked about how this had been possible. It was explained that a graduate training scheme had brought paramedics through and their deployment supported each vehicle to be autonomous to make clinical decisions, supported by a clinical network for wider decision making.

Regarding a question on the impact of the national standard for responses to category 1 calls on staff morale, officers described that expectations were communicated to staff who were encouraged to make suggestions and provide feedback.

A member asked how the impact of moving the call centre from Worcester to the base in Dudley had been addressed as regards local knowledge and directing vehicles to calls. Officers explained that there was a despatch team working with the area to become familiar with it. There were good communications with the call centres and a dedicated Herefordshire desk to provide local focus which had improved integrated urgent care. The clinical hub was working to provide better care to make the most of care pathways.
The commissioner from Sandwell and West Birmingham Clinical Commissioning Group added that in order to support patients to access the most appropriate care there were links with the local hub and the GP out of hours service to enable close working to achieve the right level of response.

Referring to the figures provided in the presentation, a member noted an increase in activity in May 2017. Officers clarified that this was for the whole region, although there

was no apparent reason for the increase. However, the service did seek to reduce demand for anticipated peaks.

A member commented on the categorisation of diabetes-related calls being in category 3, and wondered about the opportunity to link this to the national diabetes framework and instead move it to category 2 in recognition of wider health implications. Officers explained they were governed by the nationally-defined categories but clarified that category 3 related to people who were well with their diabetes, but if someone with diabetes were unconscious, for example, this would be a category 1 call.

The vice-chairman welcomed the service's achievements and thanked officers for the recent opportunity for committee members to visit the ambulance hub in Hereford.
Referring to the use of defibrillators in public places, he asked about the training availability and its effectiveness for users in the community. Officers described the arrangements for a dedicated trainer who was going out to groups which included community first responders. However, the defibrillators were technologically advanced and designed for use by someone with no training, although they could be supported by the call handler who could talk them through what to do.

The vice-chairman commented on the rurality of Herefordshire and the 7-minute response time standard for category 1 calls, which, in the context of roads and conditions differing from urban areas, was a lot to expect of crew to achieve in the county. He asked about the impact on morale for crew if unable to get to a call within the standard. Officers responded that staff would strive towards the 7 minutes as a target and do their best, focusing on outcomes. The chairman noted the siting of ambulances around the area in order to be better-placed to get to calls more quickly.

A member asked whether it was the case that first responders were required to fund some of their equipment. Officers confirmed that some first responders were self-funded or charity status although the details needed confirming.

Members asked about modes of transport used by the service, such as motorcycles and 4-wheel drives, in meeting the response times. It was confirmed that there were a couple of motorcycles in Birmingham where it was deemed they would be more effective and that double-crewed ambulances achieved better outcomes against the response standards in Herefordshire. There were vehicles with 4-wheel drive capability based at the Hereford hub. Officers also gave reassurance that there was technology in place to ensure that mobile communications networks were protected to ensure coverage in remote areas.

In response to a question from the chairman about the impact of the closure of the walk-in centre on the volume of 999 calls, there had been no identified correlation.

Commenting on the impact of publicity in raising public awareness, the chairman asked about how the coverage by the recent BBC documentary series had affected recruitment. It was reported that the service had received around 3000 applications for student paramedics.
Responding to a further question, officers added that violence towards staff had increased nationally but was not as significant in Herefordshire, where there had been two incidents in the past 6 months.

RESOLVED
That:

(a) the performance and service developments of WMAS be commended;

(b) performance targets to be defined so as to be specific, measurable, achievable, relevant and time-bound (or 'SMART') as a presentable format for members to consider;
(c) handover times at accident and emergency be monitored; and
(d) a performance update be included in the committee's work programme for 2018 – 19.

24. LIVING WELL AT HOME - TRANSFORMING COMMUNITY SERVICES

The director of operations, NHS Herefordshire Clinical Commissioning Group (CCG) introduced her report and reminded members that the CCG presented information on the engagement approach around developing community services to the committee on 23 August 2017. The approach had been adapted in response to the committee's recommendations. Healthwatch had contributed to the work, by running some of the events and attending the public meetings.
A lot of information had been provided for the meeting, although it was structured for officers to guide through.

The deputy director of operations presented the report, drawing attention to the following:

- the process of engagement commenced at the start of July, and ran through to the end of October.
- There had been inter-agency involvement between 2gether NHS Foundation Trust, Wye Valley NHS Trust and Herefordshire Council in facilitating the discussions.
- The approach to engagement recognised the diversity and rurality of the county and sought to get to the depth of conversations at various locations including doctors' surgeries and supermarkets. It was intended to hear from people who did not tend to come to public events so social media were used. All types of care experiences were heard and the process explored what healthcare looked like. Parish and town council were attended and an ongoing dialogue was established.

The findings from the engagement exercise and locality information were shown in appendices 2 and 3 and all information had been shared with participants. The key areas of interest were summarised as:

- barriers to accessing services, such as transport, and perceived barriers such as not wanting to be a burden on system.
- overwhelming feedback for services not to rely on the internet. There was too much information so it was hard for people to filter out unhelpful information, and other people wanted to speak to someone to check their problem out.
- prevention was a key activity and it was important to recognise that the NHS was not a finite resource.
- Addressing rurality and how to identify issues regarding frailty and mental health was part of the community resilience approach.

The chairman noted that the 803 members of the public who participated amounted to 0.5% of population and represented a statistically limited representation of the county's demographic. She particularly noted the deficit in responses from younger people and commented that the choice of venues was not user friendly. It was acknowledged that this was a small number over a 3 month period, and experience showed that it was difficult to engage with the diversity of people who did not think the subject was relevant to them. A range of venues were visited, including children's centres and maternity clinics as well as making use of social media.

A member commented that the flaw in the exercise was that people who were not users would not engage, and wondered where this approach originated from if it were a waste of time. He commented further that some of the issues were not being taken seriously enough, such as population growth in near future anticipated with the university

development, and that there was insufficient information to inform this. The member expressed reservations about the approach that had been taken and commented on a need to look at the model for information gathering and how to achieve better representation.

The CCG accountable officer responded that it was recognised that the demographic was changing and it was necessary to plan for the future. He added that the NHS worked to a centralised planning process which did not always work. In this engagement exercise, the intention was to be open and transparent about the position and supporting choices about people's healthcare. In terms of whether the engagement had taken the right approach, it was agreed that the percentage level of response was small, but the quality of the engagement with those people was good. It was difficult to engage people unless they were using services, but the data collected was rich and would influence how health services would be designed for the future.

The Healthwatch representative commented that the level of engagement was good as it was about the breadth of opinion and the views that were given. It was difficult to engage with people in Herefordshire, but the approach yielded a decent amount of engagement.

The member responded that the point of the exercise was to gather information, and that it seemed the public had not been given the information they could relate to in order to obtain a level of meaningful engagement.

Responding to the comment, the accountable officer explained that the informing piece was the national NHS strategy led by the 5 year forward view which set out the broad strategic direction disseminated to the 44 sustainability and transformation partnerships. The Herefordshire and Worcestershire plan was about getting the NHS fit for the future and to manage resources, and there had been extensive engagement around this. The recent engagement was intended to establish what this meant for families, carers and relatives, using a locality based approach to find local solutions for local problems.

The director for adults and wellbeing observed that there had been significant forward planning and analysis and the projected demographics over the next 15 years were understood, and the growing cohorts of older people and the university population would inform the planning. It was recognised that the current model was not sustainable and although NHS budgets were increasing in real terms this was not reflective of the projected growth in demand. The county had to be financially sustainable by 2020, so it was essential for the population to live healthier lifestyles with low level needs and reducing long-term reliance on the acute care sector. It was essential to talk to as many people as possible to gather views but there had to be a shift in the basic model so people were in their own homes and not demanding hospital services.

The director of operations explained that the CCG governing body supported the locality based dialogue on living well at home and self-care with the demand for more support for people to keep well. Referring to the clinical case for change summarised in appendix 6 of the papers, she described that the health and care system was working as one to support people to help themselves and be supported at home. She added that it was essential to have plans that were sustainable in the long term so the system worked together to produce a clinical case for change, which was endorsed by the West Midlands Clinical Senate which had tested the clinical viability and credibility. It was concluded that there were workforce development needs which were being addressed, along with the ongoing engagement. The senate supported the model with regard to choice and consistency with national strategy. Appendix 6 showed the facts and nature of Herefordshire such as transport, supporting people to access care and bringing it as close to them as possible. To further this plan, there was investment in additional care such as the home first service, and in community services teams and moving away from bed-based care.

The Wye Valley NHS Trust director of community services added that the work to support people in their own homes was an integrated approach through the home first team and it was intended from 1 December to deliver patient care to those whose care was best provided in the community. It was well known that people become less independent the longer they stay in hospital and it was possible to support people more quickly with plans in place in their own home.

Responding to the points raised, the chairman recognised the difficulties in maintaining consistent standards of home care and finding staff to care in rural areas. She pointed out that community hospitals pre-dated the NHS and were cherished by communities and so attempts to downgrade them would be a challenge without a convincing argument.

The director responded that there was no risk to the community hospitals as they were at the heart of the community and this was not about taking the resource away from communities. The engagement work would tell people that they are seen them as hubs for the future. The challenges around community care were recognised and work had identified that teams needed to feel they had wider support and a network, which would help teams to recruit and retain people.

A member in attendance commented that the plan was about the withdrawal of intermediate beds from market towns and observed that the engagement exercise was resource heavy with little response and low-key publicity, which did not find out what the public wanted. He suggested that whilst this was about meeting central requirements, the public would not engage in the removal of intermediate care and introducing potentially poor quality and costly home care. It was clear what the public wanted, which was a decent healthcare system and to be treated when they needed it. He added that there were issues regarding resources over winter and the impact of Brexit on the workforce.

The accountable officer reminded members that this was about reducing reliance on beds and increasing support for home care. The plan was designed to ensure this was a meaningful local strategy and ensure due process for engagement, which has gathered feedback to support a reduced reliance on beds and support people to be cared for at home. The plan made financial sense and reflected national strategy.

The director of operations identified the next steps; to move forward in using additional capacity and shifting how care was supported. It was proposed that the Hillside beds would be withdrawn by February 2018 with a period of transition for the workforce to adapt and to recognise the better ways of supporting people. The locality discussions would continue, being clear about the resources available.

A member expressed that the suggestion of Hillside being reduced or ended was appalling. She asked about the rationale, the data regarding occupancy and the views of staff regarding their redeployment. She also expressed concern about the timing as February presented issues for winter care needs and bed blocking. The member believed that this was an annexe that was greatly needed.

In response, the Wye Valley NHS Trust managing director explained that an audit of needs and evidence base that showed that people's care could be better provided at home and needs could be met. There had been consultation with staff on the changes.

The director of community services added that staff were aware of this meeting and had started to engage on their feelings, that they were proud of their service and recognised that the site presented challenges and did not provide for care of individuals. The aim was to retain as many as these staff as possible within teams in the community.

A member made the observation that last winter the services were well-used, suggesting that people would not receive that level of care within the community because staff would not have the same amount of time to spend with people. There was also the scenario of people being left unsupported in between visits.

The director of community services clarified that the intention was for those people who were medically stable to be supported to go home as soon as possible, rather than those with acute needs. The Hillside Centre saw 400 patients per year, and there was more than sufficient capacity to care for those people in the community who were best placed in their own home.

The CCG accountable officer added that it was necessary to make decisions without immediately available replacement services but as this was a necessary direction, the two provisions were working in tandem. It was envisaged that a settling in time would be needed ready for end of winter in February. He added that the new approach would more than provide what was required and although the Hillside Centre was the right facility 15 years ago it was not recognised that people needed to be supported at home. It was made clear by the CCG governing body that this was a clinical decision around quality of care.

The member replied that there remained a concern regarding bed reduction and an increase in delayed transfers of care.

The vice-chairman commented that the perceived threats to services were inflammatory because local community hospitals in market towns were hugely valued by the public, although it was recognised there was financial pressure and most people would prefer to be at home. He added that this, however, needed resources, and asked about the practicalities of deploying people locally to look after people at home.

The director of community services explained that it was possible to maximise support at locality level and the locality teams would include the voluntary and third sector although it was necessary to expand this to make the pathway clearer and deliverable.

A member asked whether it were possible to retain the Hillside building in case required in an emergency. The CCG accountable officer explained that the Hillside Centre building was owned by the council so it was for the council to determine its use.

The director of community services added that the wish was for the Hillside staff to be redeployed to community teams as a priority, or to other parts of the acute service.

A member in attendance commented that it was not sustainable or safe to rely on volunteers. The director of community services explained that the vision was for localities to work together to increase professional staff but also to recognise that there were people in communities who contributed.

A member in attendance referred back to the earlier point regarding the opening of the Hillside Centre as at the time assurance was given that the new facility would meet demand. The proposals suggested that the population forecasting was wrong at that time, and asked what assurance there was that it was right this time.

The accountable officer explained that the demographic changes such as an increased burden of supporting frailty and long term conditions that were shared by social and health care had not been fully taken into account.

RESOLVED
That:

(a) Improvements to the delivery of care at home be supported;
(b) The 'double-running' arrangement during the transition period into community provision be supported;
(c) That the principle of keeping services local be supported;
(d) NHS Herefordshire Clinical Commissioning Group provide an update to the committee at an appropriate time in 2018.

25. COMMITTEE WORK PROGRAMME 2018

Members reviewed that work programme and it was suggested that the workshop to be held in early 2018 be designed to cover themes relating to the sustainability and transformation partnership and NHS reconfiguration.

Attention was drawn to the proposed changes to the Spring 2018 dates, those being 27 March 2018 and 8 May 2018.

It was agreed that it would be arranged for members to visit the air ambulance hub.

RESOLVED
That the proposed amendments to the work programme and committee dates for 2018 be approved.

The meeting ended at 12.25 pm **Chairman**

Herefordshire Council

Meeting:	**Adults and wellbeing scrutiny committee**
Meeting date:	**Thursday 25 January 2018**
Title of report:	**Hillside Centre**
Report by:	**Director for adults and wellbeing**

Classification

Open

Decision type

This is not an executive decision

Wards affected

Red Hill ward.

The service at the facility is provided county-wide.

Purpose and summary

To consider further information on the proposed closure of the Hillside Centre facility. This issue was considered by the committee on 16 November 2017 and it was resolved to provide an update early in 2018.

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 update on the Hillside Centre be considered;

(b) the committee determine any recommendations it wishes to make to Wye Valley NHS Trust or to the commissioners in relation to delivery of care in relation to any proposed changes to service provision;

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

(c) the committee determine any recommendations it wishes to make to Wye Valley NHS Trust or to Herefordshire Clinical Commissioning Group, as appropriate, in relation to the approach to engagement and consultation with stakeholders; and

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

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. This matter was discussed at meeting of the Adults and wellbeing scrutiny committee on 16 November 2017. Members expressed considerable concern at the proposed withdrawal of beds at the facility at the Hillside Centre by February 2018. The principal concerns included the timing, the evidence base, and the impact on communities and workforce. In addition, concern was raised regarding the extent and nature of public engagement or consultation which was considered to be limited and unreliable. Officers explained the basis for the proposals and the mitigation, and how the proposals supported the NHS 5 year forward view in enabling care to be better met at home as far as clinically appropriate. The full minute of the meeting (item 24 Living well at home – transforming community services) can be found on the council's website via the following link:
http://councillors.herefordshire.gov.uk/ieListDocuments.aspx?CId=955&MId=6271&Ver=4

3. In considering the approach taken by the NHS is proposing these service changes, Members of the committee will wish to bear in mind the need for the NHS bodies to demonstrate how they have adhered to the requirements of the NHS Constitution in their planning and public engagement.

4. Although the Hillside facility is owned by the council, it is provided to the NHS on a secure long-term lease. The service delivered from the facility is entirely commissioned and funded by the NHS.

5. Council officers have been working closely with NHS colleagues to ensure that is clarity regarding any impact on adult social care services following closure of the Hillside service and to ensure that the new community healthcare services intended to replace the Hillside service is aligned with the council's social care services such that the experience of service users is integrated.

6. The council is considering a range of options for the future use of the Hillside facility in accordance with the council's corporate property strategy, and will bring forward proposals once these have been fully assessed through a robust business case.

Community impact

7. The committee's considerations should have regard to what matters to residents of Herefordshire.

Equality duty

8. 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.

9. 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

10. 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

11. There are no direct legal implications arising from this report.

Risk management

12. 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

13. The responsibility to consult on the matter under consideration lies with the health bodies concerned. The issue was first brought to the attention of the Adults and Wellbeing scrutiny committee in November 2017. As well as the scrutiny powers conferred on the

committee, Herefordshire Council is a statutory consultee of the health bodies in relation to their service delivery plans.

Appendices

Appendix 1 Presentation from Wye Valley NHS Trust

Background papers

None identified.

NHS
Wye Valley
NHS Trust

Development of community services – withdrawal from Hillside Annexe

Presentation to AWSC January 2018

Wye Valley NHS Trust

- For every 10 days of bed-rest in hospital, the equivalent of 10 years of muscle ageing occurs in people over 80-years old, and reconditioning takes twice as long as this de-conditioning. One week of bedrest equates to 10% loss in strength[1], and for an older person who is at threshold strength for climbing the stairs at home, getting out of bed or even standing up from the toilet, a 10% loss of strength may make the difference between dependence and independence

- In 2017, two separate reviews of patients currently in receipt of care in Wye Valley NHS Trust community hospital beds identified that 40% of the patients were awaiting care elsewhere.

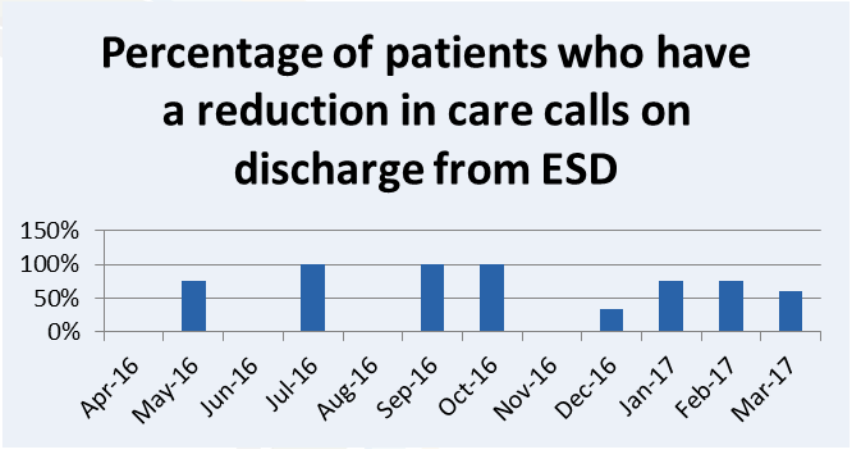
Herefordshire System Metrics

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

Wye Valley NHS Trust

Hillside

- Hillside is a 22 bedded annexe of the county hospital. Most recently it has delivered a dedicated stroke re-ablement service, though the Trust has now successfully transitioned this to a community based service through CCG investment in the Early Supported Discharge team



22

- Currently average Length of Stay = 24.4 days
- Beds = 22

- Equates to 8030 bed days / 24.4
- Numbers of patients per annum = 329 patients per year

Compassion • Accountability • Respect • Excellence

Wye Valley NHS Trust

Home first

Increases in the community health team:

WVT –recruited to:
1x WTE Physiotherapist
1x WTE Occupational Therapist
4x Reablement Assistants

- Additional cover to Physiotherapist from Hospital at Home
- Will be seeking to recruit approx 4 further additional posts including Nursing to support discharge from Emergency Department and Acute wards directly to home.

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Reablement team modelling

No. of New Workers Fte's:	11
Reablement Workers Total Weekly Hours:	407
Annual Weeks Worked:	40
Annual Hours Worked:	16,280
% Of Time With Clients:	65%
Annual Hours With Clients:	10,582
Average Calls Per Day	2.00
Average Length Per Call	0.75
Average Length of Service (weeks)	3.50
Average Hours per Client:	37
Annual No. of Clients:	288

Overall increase in investment in services to support withdrawal from Hillside annex:

2017/18

£200,000 investment in Community Health Team (6 wte in post, 4 more being recruited)

£150,000 investment in HomeFirst service alongside improved training and pathways

Closer working between the health and social care teams to provide an improved experience for individuals.

2018/19

£400,000 investment in Community Health Team – full year effect of the investment in 2017/18.

£250,000 investment in HomeFirst service – full year effect of the investment in 2017/18

Wye Valley NHS Trust

Length of Stay

- Bromyard – 28.8 days (14 beds) – 177 patients
- Leominster – 28.9 days (26 beds) – 328 patients
- Ross
  - Peregrine – 26.6 days (18 beds) – 247 patients
  - Merlin – 27.3 days (14 beds) – 187.2 patients

- Total 939 patients

10% improvement in LoS nets further 94 patients

Progress

- Red 2 Green initiated at all community hospitals
- Daily Huddles
- Constraint reporting

- In last 3 months overall reduction in LoS in community beds of 8%

Next steps

- Continued operational programme oversight – Weekly meeting
- Management of Change concluded – all staff being aligned to alternative posts in Trust
- Zero redundancies
- Continual Executive review of closure planning balanced against operational delivery
- Intended reduction of flow of patients to Hillside site beginning February

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- Further development of community based services including;
    - Development of Discharge to Assess programme
    - Improved support to Care Homes
    - Mobile working for community staff
    - Admiral (dementia) Nurses in all localities

Herefordshire Council

Meeting:	**Adults and wellbeing scrutiny committee**
Meeting date:	**Thursday 25 January 2018**
Title of report:	**Healthwatch Update**
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 receive an update on both the commissioning and the work of Healthwatch Herefordshire, and to consider areas that Healthwatch has raised for inclusion in the committee's work programme for further scrutiny.

To identify ways for scrutiny and Healthwatch to work together in complementary ways in order to combine knowledge and perspectives with the aim of improving services.

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 Healthwatch Herefordshire be reviewed;

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

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

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

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 committee is asked to consider the report provided by Healthwatch in appendix 1, having regard to:

    - Priorities for 2017/18 identified through public engagement as: GP access; public health, healthy lifestyles and prevention; palliative care; complex and multiple conditions; adult social care and the new pathway; accident and emergency.
    - Plans to focus on mental health as this was identified as a frequently occurring issue
    - Emerging themes that are included for attention alongside identified priorities
    - Work carried over from 2016/17 which is due for completion or conclusion
    - The activity areas that set out how Healthwatch approaches its work and its representation at key fora across the health and care system
    - The ongoing public engagement work that Healthwatch undertakes and its work within localities across Herefordshire
    - The level and nature of enquiries from members of the public
    - Healthwatch work plan for 2017/18

3. Healthwatch identified its work plan for 2017/18 as set out in figure 5 of the report in appendix 1. Discussions on 4 December 2017, between the chairman and vice-chairman of the adults and wellbeing scrutiny committee and the children and young people scrutiny committee, concluded that there were benefits for the public in Healthwatch and scrutiny committees approaching aspects of work together, which would as a consequence, seek to identify continuous improvements to services. Approaches included the sharing of work programmes and expertise, regular joint meetings, and identifying themes where a coordinated review would provide a deeper understanding of a topic.

4. The council's relationship with Healthwatch is not straightforward. On the one hand, since Healthwatch is a function rather than an organisation, the council has a duty under s183 of the Health and Social Care Act 2012 to secure the services of a social enterprise to undertake those functions for its local geographic area, and must accordingly manage the resulting contract through appropriate systems and processes, in a commissioner / provider relationship. Since much of Healthwatch's remit covers healthcare services, the council should engage with the NHS in this task. On the other hand, Healthwatch is intended to be an independent voice for local people, with the council's social care

services as much subject to scrutiny as are healthcare services. Finding the right balance between these two very different relationships is important, but not without its challenges.

5. A range of performance indicators are built into the council's contract with Healthwatch. Reflecting the prevailing national approach when the service was first established, these are primarily focused on monitoring the scale of activity undertaken, through members of the public engaged, meetings and events attended and delivered, and reports produced. As part of the process of preparing for retendering the contract, these performance indicators will be reviewed and connected more closely to the outcomes that have been agreed by the statutory health and social care organisations, as guided by the Health and wellbeing board. Within this, however, there will need to remain significant scope for Healthwatch, as an independent advocate for Herefordshire residents, to determine its own priorities.

6. In addition to considering how the committee might work more effectively with Healthwatch, Members may also wish to reflect on the extent to which Healthwatch has been successful in developing an appropriately challenging, yet cooperative, relationship with care commissioners and providers, both within the NHS and the council, and also whether the contractual relationship between the council and Healthwatch could be improved. This last issue is of some immediate relevance, as a decision will need to be taken shortly over contractual arrangements for the period beyond May 2018.

Community impact

7. 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. Openness to scrutiny, and opportunity to challenge the performance of contractors and of the council's own decision-making activity, is embedded within the council's governance arrangements as a key theme of the code of corporate governance.

Equality duty

8. 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.

9. 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

10. 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. The cost of the Healthwatch contract is covered from within the council's core budget.

Legal implications

11. This is a non-executive function. The Adults and wellbeing scrutiny committee as the decision-maker has the authority to scrutinise commissioned public health services that operate in Herefordshire as per Section 4, para 3.4.5 of the constitution.

12. The Health and Social Care Act 2012 provides that councils have a statutory duty to contract with an organisation to deliver Healthwatch functions in the area.

13. The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide duties aimed at supporting councils to discharge scrutiny functions effectively.

14. The recommendations comply with the requirement of the Act and regulations.

Risk management

15. 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

16. Healthwatch senior officer and board members met with the chairman and vice-chairman of the adults and wellbeing scrutiny committee and the children and young people scrutiny committee to discuss their respective work programmes. The meeting was also attended by the director for adults and wellbeing, the director for children's wellbeing and the statutory scrutiny officer.

Appendices

Appendix 1 Healthwatch Herefordshire report

Background papers

None identified

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

Healthwatch Herefordshire

Adults Wellbeing Overview & Scrutiny Committee Report December 2017

healthwatch Herefordshire

Overview

Healthwatch was recommissioned in April 20117 for 14 months until 31 May 2018. A new stand-alone company was incorporated with three directors:

- Ian Stead – Chair and lead for mental health
- Sue Brazendale – Director and lead for adult social care
- Jane Ellis – Director and lead for primary care

During the recommissioning and set up of Healthwatch Herefordshire Ltd Healthwatch Worcestershire provided governance and business advice to the board to replicate a similar model of Healthwatch in both counties. This level support is tapering off throughout 2017-18.

Healthwatch has 3 members of staff (2.8 Full time equivalent people)

- Christine Price – Chief Officer
- Mary Simpson – Engagement and volunteer coordinator
- Sophia McGrath – Engagement and Communications Officer

Our Accountability

Healthwatch is accountable to the people who live and work in Herefordshire, both children and adults.

Volunteers, membership and stakeholder reference group

With this in mind, Healthwatch set up the new company with a volunteer based company membership and a stakeholder reference group of third sector and community group representation, who also make up part of the company membership.

The use of both of these groups in our work enables Healthwatch to have a public element of accountable decision making about what we work on and how we work. We undertake bi monthly board meetings in public which gives another opportunity for the public to hold Healthwatch to account.

Our volunteers also play a key role in the organisation linking Healthwatch to community groups and voice, provide extra capacity to undertake work for Healthwatch gathering public feedback. We have co-opted 2 volunteers to our board so far:

- Chris Lewandowski – Lead for secondary care and emergency patient transport
- Philip Hudson – Lead for children's safeguarding

Priorities

The first change Healthwatch made was to undertake a public engagement exercise April- July to ask the public what health & social care topics they would like Healthwatch to focus projects on in the coming year 2017-18

The top six priorities were:

1. GP Access
2. Public Health, Healthy Lifestyles and prevention services
3. Palliative care
4. Complex and multiple conditions
5. Adult social care & the new pathway
6. Accident and Emergency

Mental health

Mental related topics came close to the top six and were highly rated therefore we are making plans to do specific work on mental health, carrying on work with young people from last year. We have also started a bi monthly mental health forum for carers and service users which is working well. We will also be planning work with veterans next year.

Emerging Issues

Through our outreach and engagement work in community groups across the county, telephone and email enquiries, we also gather other feedback. Issues of public interest emerge from this and we accommodate work to address these issues alongside the planned public priorities.

Figure 5 demonstrates the timing of the above project work and the emerging issues we have been tackling in recent months.

The GP Access report and Palliative care report will be Published In January 2018.

Work carried over from 2016-17

1. **Young people & mental health.** Self-help/ prevention CAMHs tier1 exemplars. Falling between services with a dual diagnosis - Mary

2. **Safeguarding:** Gathering the views of service users, advocates or carers who have been through the safeguarding process - Christine

3. **Learning Disability Services** - Enter & View Engagement Mary

Summary of Healthwatch Activity Areas

The following gives an overview of the types of activity Healthwatch undertake:

1. **Enter and View** - visits to Health & care settings to speak to residents patients and carers**.**
   - 2 Learning Disability settings

2. **Communications**
   - Managing a company membership group and stakeholder reference group
   - Quarterly newsletters
   - Monthly E-Bulletins
   - Regular use of social media
   - Website
   - Press releases & media requests
   - Fortnightly Hereford Times column

3. **Providing Information & Advice about health & care services**

4. **Challenging and influencing the Health & care system:**

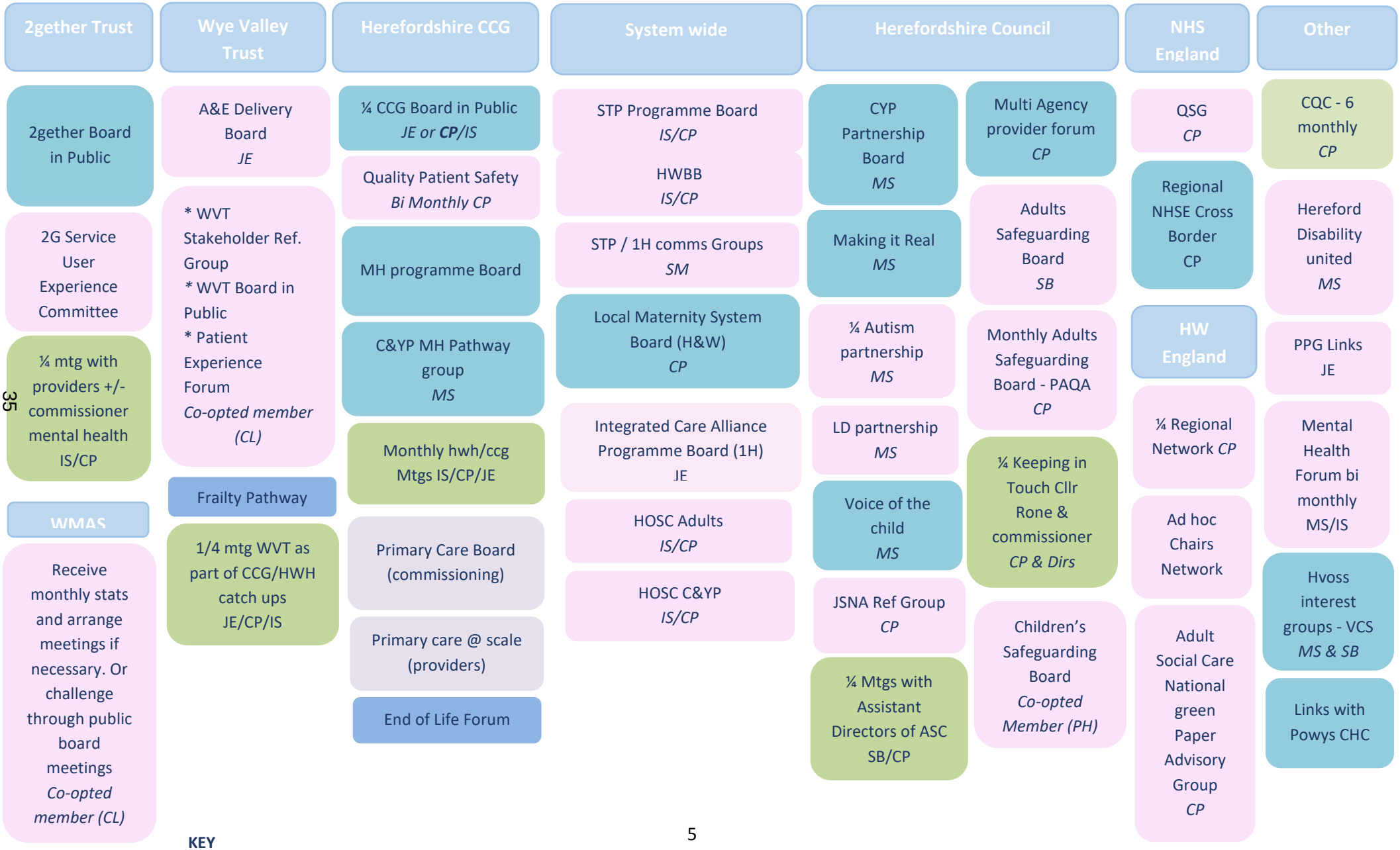
   Boards and programme meetings to influence the planning and deliver of quality services in health & social care. Figure 1.

5. **Healthwatch Board Meetings in Public**
   - July 2017: **Hereford**. Annual Conference. Launch of HWH model, Annual Report, Engaging/public voting on priorities for Healthwatch work 2017-18.
   - September 2017: **Ross**. Q&A and engagement about community services
   - November 2017: **Leominster**. Informal Engagement Forum Public Health & dental health
   - January 2018: **Bromyard**. Informal Engagement Forum Public Health & dental health
   - March 2018: **Ledbury**. Informal Engagement Forum
   - May 2018: **Hereford**: Informal Engagement Forum or feedback on yearly work

6. **Engagement with the public on pubic priorities**. Figures 2, 3, 5.

7. **Emerging issues from public feedback** Figure 4.

Healthwatch Representation at Health & Social care organisation's boards, committees and forums. **Figure 1**



KEY

HWH attending

Receive papers, attend when needed

HWH 1-2-1 meetings

CP – Christine Price, MS – Mary Simpson, SM – Sophia McGrath, JE – Jane Ellis, IS – Ian Stead, SB – Sue Brazendale, CL-Chris Lewandowski, PH – Philip Hudson

Engagement with the public. Figure 2.

Healthwatch staff involve volunteers and people from the membership to undertake regular monthly or quarterly engagement with the following groups of service users, carers and patients. We will attend any group we are invited to, these are the formalise connections we will routinely engaged with at least quarterly.

Young People

1 Close House - Disadvantaged young people.

2 Talent Match – NEET young people.

3 Hope Support Services – Young people with close family member terminal illness or bereavement.

4 CLD –Strong Young Minds Young People and mental health.

5 SHYPP –Homeless young people.

6 Addaction – Young People's section.

Mental Health

7 2gether service user experience committee

Healthwatch Mental Health forum people across the county.

Gaps

Kington, Golden Valley, Ledbury.

Adults with a Disability

8 Aspire Community Hub.

9 ECHO –Leominster.

10 Herefordshire Headway – Stretton Sugwas.

11 Brandon Trust (replacement) Ross/ Leominster.

12 HDU – Disabilities.

13 Making It Real

14 Autism Partnership Board

15 Learning disability partnership board

English as a second language BAME (Black, Asian, and minority ethnic).

16 Polish - Here for All

17 Ukrainian Community

18 Syrian, BAME

33 Gypsy Roma Traveller Communities

General Community Groups

19 Newton farm community centre

People living with diagnosis of a Health condition

20 McMillan Support Group.

21 Epilepsy Support network – coffee and chat group.

22 Diabetes Network

23 Expert Patient Programme

24 WVT Patient engagement monthly forum

Older People

25 Meeting Centre, Leominster – Dementia focussed.

26 Belmont coffee morning

27 Home & Community Support Provider Forum

34 Dementia group Ross Churh

28 Evergreens- Leintwardine

Children & Families

29 Midwifery Women's Forum

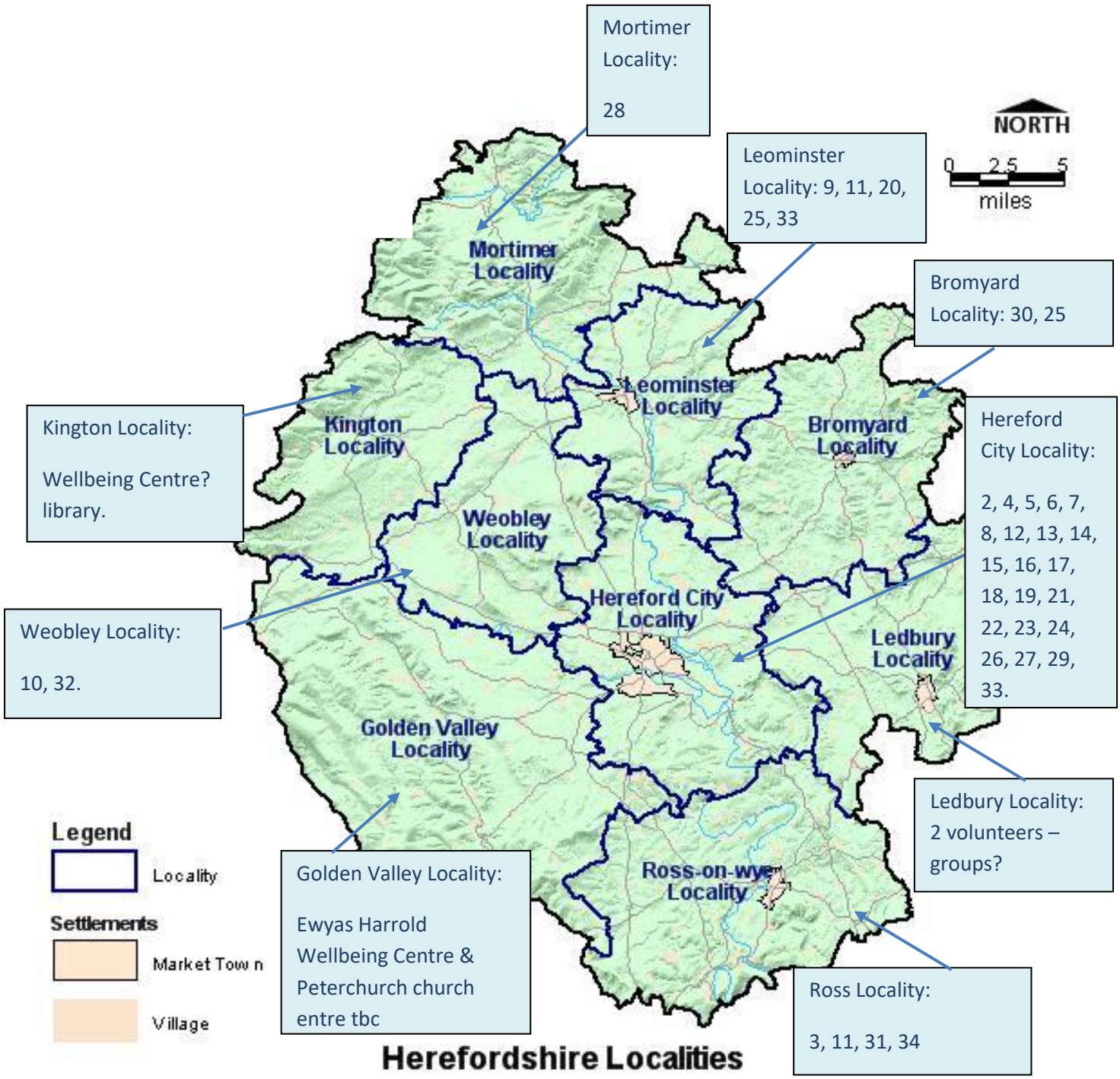
30 Bromyard hope family centre

31 Ross Playgroup

32 NCT bumps & babes playgroup

Numbers correspond to localities on the following map - Figure 3.

Figure 3. Placed Based Work



Numbers correspond to Figure 2 -Engagement groups, on the previous page.

Healthwatch Board Meetings in Public with Public Engagement Events

- Hereford - July 2017
- Ross - Sept 2017
- Leominster - Nov 2017
- Bromyard - Jan 2018
- Ledbury - March 2018
- Hereford – May 2018

Emerging Issues Figure 4

Enquiries from the public

Healthwatch receive on average 20-30 enquiries a month.

Some are simple requests for information. Many are about how and what the best route to raise a complaint would be. Majority of the issues are complex issues where a person's situation doesn't fit into a single service, and where there is an unmet need, or someone has fallen between the gaps. Some of the top issues are:

- Eligibility for care and who should pay. CHC assessments, eligibility for adult social care, unmet need for adults with autism.
- Access to GP service – mostly about timely appointments.
- Hospital care – Communication, organisation of appointments, dignity and respect. No use of LD passports in A&E. Lack of staff training for LD and Special Needs in hospital.
- Access to an NHS dentist.
- Lack of support before crisis for mental health. Lack of support out of hours.
- The lack of joint working for patients who require mental health & Addaction support.
- Inconsistent quality and availability of Domiciliary care across the county.
- Complaints. Quality of complaint processes poor in some providers. Not knowing how to complain and where. Often formal complaint feels like the wrong process to get something to change for the individual, people don't feel that things change as a result of making a complaint.
- Lack of Autism services for adults in the county.
- Access to timely diagnosis for Autism & ADHD in Herefordshire is inconsistent.
- Carers feeling under more pressure to take on caring roles or increase their caring roles with cut back in services. No choice for families.
- Ear wax removal.

Healthwatch have been pursuing the following emerging issues with providers or commissioners this year so far as key issues affecting the public. Out principles are that commissioners and providers must engage with the public before and throughout the process, communicate change effectively, and any replacement services must be in place before a service closes. We will monitor these things closely and also monitor that the new service is working well for patients.

- Dentist Access
- Ear Wax removal
- Hillside closure and replacement home services
- Mental health & addiction service coordination
- Closure of the walk in GP access centre and replacement services

Work Plan 2017-18 Figure 5

		Organisational Work, Planning and set up	GP access	EOL care	Social care	Public health	A&E	Complex & multiple conditions	Enter & View	Comms	Young people & Mental Health Engagement Project	Safeguarding User Engagement	Info & Advice to Public	Volunteer, Membership & Reference Group Management	Reporting
2017	**May**	Set up and work planning								E Bulletin	Continuation of 2016-17 focused engagement				
	June									E Bulletin Annual Report					Annual Report
	July	**PBM** 4th 1pm Hereford. Public voting on work topics at annual conference.								E Bulletin Newsletter					
	Aug									E Bulletin					
	Sept	**PBM 5th Ross 1pm community services**								E Bulletin					Contract Monitoring
	Oct		Evaluation of service, Prepare for re-tendering process							E Bulletin Newsletter					
	Nov	**PBM 7th Leominster 3.30 pm public health topic**								E Bulletin					
	Dec									E Bulletin					
2018	**January**	**PBM 9th Bromyard 1pm Public Health, feedback on GP project, introduce social care topic**		Publish reports					LD Focus	E Bulletin Newsletter					Contract Monitoring
	February									E Bulletin				PLACE visits	
	March	**PBM 6th Ledbury – PH results? complex & multiple conditions engagement**								E Bulletin				PLACE visits	
	Apr									E Bulletin Newsletter				PLACE visits	Contract Monitoring
	May	**PBM 1st Hereford**		1st May Public Event: Feedback to public our progress, influence, impact and outcomes of this work						E Bulletin				PLACE visits	Provider Quality Accounts

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Herefordshire Council

Meeting:	**Adults and wellbeing scrutiny committee**
Meeting date:	**25 January 2018**
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 the committee's work programme for 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 Members will have received an update from Healthwatch at the meeting today. On 4 December 2017, the chairman and vice-chairman, along with the director for adults and wellbeing and the statutory scrutiny officer, attended a meeting with Healthwatch. The work programmes of the committee and of Healthwatch were compared in order to identify any areas of work that would benefit from a joint approach. One example of a service review under consideration was that of learning disability services.

Members are encouraged to consider the Healthwatch update in reviewing the work programme.

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. An annual work programming exercise is anticipated for the start of the municipal year 2018/19.

5 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

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

Equality duty

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

Financial implications

8 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

9 The council is required to deliver a scrutiny function.

Risk management

10 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

11 Scrutiny committee members, officers and partner organisations, contribute 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 items
25 January 2018 (10am)	**Formal committee meeting**	
Healthwatch update	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 committee's work programme for further scrutiny. To identify ways for scrutiny and Healthwatch to work together in complementary ways in order to combine knowledge and perspectives with the aim of improving services.	Healthwatch representative Director for adults and wellbeing Adults and wellbeing commissioning team
Committee work programme	To review the committee's work programme with reference to outcomes from the Healthwatch item	Committee discussion
7 March 2018 (9.30am)	**Scrutiny members' workshop**	
Public Health	To focus on public health's work around prevention and health improvement programmes, and to explore approaches to measurement and monitoring of outcomes	Public health representative Director for adults and wellbeing
27 March 2018 (10am)	**Formal committee meeting**	
Substance misuse services update	To consider a service update on provider Addaction in order to identify recommendations for improvement in service delivery and in the management of the contract.	Adults and wellbeing commissioning and contract monitoring representatives Addaction
Adults and wellbeing performance and blueprint	In the context of the delivery and consequences of the adults and wellbeing blueprint, with reference to new pathways, financial plans/expenditure and outcomes: 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 review the draft 2017 Public Health report to identify a) recommendations for the services to take forward and b) areas for further scrutiny	Director for adults and wellbeing and team Public health representatives
Better Care Fund / integration	To consider developments and/or proposals in this area and identify a) recommendations for the services to take forward and	Adults and wellbeing commissioning team Herefordshire CCG

	b) areas for further scrutiny.	
April *(Date 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	Adults and wellbeing representatives Clinical Commissioning Group representatives Wye Valley Trust representatives
8 May 2018 (10am)	**Formal committee meeting**	
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
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
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)
22 May 2018 (9.30am)	**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