

# Agenda

## Adults and wellbeing scrutiny committee

Date: **Wednesday 23 August 2017**

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Time: **2.00 pm**

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Place: **Committee Room 1 - The Shire Hall, St. Peter's  
Square, Hereford, HR1 2HX**

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

For any further information please contact:

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If you would like help to understand this document, or would like it in another format, please call Ruth Goldwater, Democratic Services Officer on 01432 260635 or e-mail [councillorservices@herefordshire.gov.uk](mailto:councillorservices@herefordshire.gov.uk) in advance of the meeting.

# **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.	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>To receive apologies for absence.</p>	
2.	<p><b>NAMED SUBSTITUTES (IF ANY)</b></p> <p>To receive details any details of members nominated to attend the meeting in place of a member of the committee.</p>	
3.	<p><b>DECLARATIONS OF INTEREST</b></p> <p>To receive any declarations of interest by members in respect of items on the agenda.</p>	
4.	<p><b>QUESTIONS FROM MEMBERS OF THE PUBLIC</b></p> <p>To receive questions from members of the public.</p> <p><i>Deadline for receipt of questions is 5pm on Friday 18 August 2017. Accepted questions will be published as a supplement prior the meeting.</i></p>	
5.	<p><b>QUESTIONS FROM COUNCILLORS</b></p> <p>To receive questions from councillors.</p> <p><i>Deadline for receipt of questions is 5pm on Friday 18 August 2017. Accepted questions will be published as a supplement prior the meeting.</i></p>	
6.	<p><b>COMMITTEE WORK PROGRAMME 2017-18</b></p> <p>To consider the committee's work programme for the 2017-18 municipal year.</p>	7 - 14
7.	<p><b>SERVICES COMMISSIONED FROM WYE VALLEY NHS TRUST – QUALITY AND SUSTAINABILITY</b></p> <p>To review the quality and sustainability of services commissioned by the Herefordshire Clinical Commissioning Group (CCG) from Wye Valley NHS Trust (WVT) on behalf of the population of Herefordshire.</p>	15 - 30
8.	<p><b>COMMUNITY SERVICES PROGRAMME – PUBLIC ENGAGEMENT</b></p> <p>The purpose of this report is to provide the committee with information relating to the intentions of Herefordshire Clinical Commissioning Group to undertake a county-wide public engagement programme relating to community health provision.</p>	31 - 44



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<b>Meeting:</b>	<b>Adults and wellbeing scrutiny committee</b>
<b>Meeting date:</b>	<b>23 August 2017</b>
<b>Title of report:</b>	<b>Committee work programme 2017-18</b>
<b>Report by:</b>	<b>Governance services</b>

## Classification

Open

## Key decision

This is not an executive decision.

## Wards affected

Countywide

## Purpose

To consider the committee's work programme for the 2017-18 municipal year.

## Recommendation

**That the draft 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 Workshops were held on 5 and 30 June 2017 in order for members to contribute to the development of an annual work programme. The principal purpose of the workshops was for members to identify a shortlist of items for scrutiny during the coming year, but also to consider approaches to ensuring the effectiveness of scrutiny. As well as committee members, the workshops were attended by non-scrutiny members, the cabinet member for health and wellbeing, the chairman of

Healthwatch, a director of NHS Herefordshire Clinical Commissioning Group (CCG), and supported by directors and democratic services officers.

- 4 Members were invited to identify topics they would like to scrutinise and these were allocated to suggested committee dates during 2017/18. The emphasis was on identifying 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.
- 5 It was recognised that the selected topics may each be suited to different scrutiny approaches, i.e., formal committee items, task and finish groups or scrutiny days. In considering the draft work programme, consideration was given to the most appropriate approach for scrutiny of items, in particular, those with broad or cross cutting themes.
- 6 The value of good preparation for scrutiny work was acknowledged during the workshop. It was suggested that committee members meet before each committee in order for the collective planning of lines of enquiry in relation to agenda items.
- 7 The draft work programme is appended (appendix a) for consideration. The work programme will remain under regular review during the year to allow the committee to respond to particular circumstances.
- 8 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.
- 9 It is proposed that in the delivery of the work programme, the following committee dates be scheduled:

21 September 2017  
16 November 2017  
25 January 2018  
5 April 2018

In line with paragraph 6 above, it is proposed for committee members to meet at 9.15am on these dates, in private, for meeting preparation. The formal meeting would commence at 10am.

## **Community impact**

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

## **Equality duty**

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

## **Financial implications**

- 12 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**

13 The council is required to deliver a scrutiny function.

## **Risk management**

14 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**

15 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 Draft work programme 2017/18

## **Background papers**

None identified.



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

<b>21 September 2017</b>		
<b>Item</b>	<b>Purpose</b>	<b>Suggested contributors to present report</b>
Adult Safeguarding	To review the Herefordshire Adult Safeguarding Board annual report and to consider the safeguarding plan for effective delivery and impact.	Chair, Herefordshire Adult Safeguarding Board
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
Contract management and quality of services	To consider the approach to contract management, with a particular focus on provider quality assurance and resilience in order to identify any recommendations for the service to consider.	Adults and wellbeing commissioning team
<b>September (date TBC)</b>	<b>Scrutiny Day</b>	
<b>Social care market and workforce</b>	Focus on the social care market and workforce	To be considered
<b>October (date TBC)</b>	<b>Scrutiny Day</b>	
<b>Emerging themes in health and social care</b>	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
<b>16 November 2017</b>		
<b>Item</b>	<b>Purpose</b>	<b>Suggested contributors to present report</b>
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
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
West Midlands Ambulance Service	To review service performance, giving regard to the 2016/17	WMAS (provider)

	quality report and future service plans, and consider recommendations for service improvement and additions to the scrutiny work programme.	Sandwell and West Birmingham CCG (commissioner)
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
<b>25 January 2018</b>		
<b>Item</b>	<b>Purpose</b>	<b>Presented by</b>
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.	Director for adults and wellbeing AWB commissioning team Healthwatch 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)
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
<b>February/March (date TBC)</b>		
<b>Scrutiny Day</b>		
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**

<b>Item</b>	<b>Purpose</b>	<b>Presented by</b>
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

**Task and finish groups**

<b>To be identified</b>	Scope and membership to be considered and agreed by the committee.
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**Standing panels**

<b>Work to be considered:</b>	<b>Comments:</b>
STP	Terms of reference and membership of standing panels to be established and agreed by the committee
Primary Care Consultations	See above





<b>Meeting:</b>	<b>Adults and wellbeing scrutiny committee</b>
<b>Meeting date:</b>	<b>Wednesday 23 August 2017</b>
<b>Title of report:</b>	<b>Services commissioned from Wye Valley NHS Trust – quality and sustainability</b>
<b>Report by:</b>	<b>Director for adults and wellbeing</b>

## Classification

Open

## Decision type

This is not an executive decision

## Wards affected

(All Wards)

## Purpose and summary

To review the quality and sustainability of services commissioned by the Herefordshire Clinical Commissioning Group (CCG) from Wye Valley NHS Trust (WVT) on behalf of the population of Herefordshire.

The information in this report, which has been provided by the CCG and WVT, has previously been shared in public through the public meetings of the CCG's Governing Body and WVT's Board.

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 Wye Valley NHS Trust be reviewed;**

- (b) the committee determine any recommendations it wishes to make to the CCG 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.

## 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 information provided by Wye Valley NHS Trust (WVT) and Herefordshire Clinical Commissioning Group (CCG) detailed in appendix a, having regard to the following points they wish to make:
  - The information is provided in response to a request from the committee earlier in the year
  - The CCG is the commissioner of the services described in this report and its plans have previously been reviewed by the Health and Wellbeing Board
  - The request from the committee related in particular to seeking assurance in relation to three areas:
    - waiting times (referral to treatment – RTT);
    - A&E performance (measured as 4-hour performance); and
    - financial sustainability.
3. The presentation that accompanies this report covers all of these areas, as well as other areas of particular local and national focus, including the delivery of access targets relating to cancer services, and the system wide focus on improving the pathways of care for people moving through our system, including delayed transfers of care.

## Community impact

4. WVT provides a vital service to people across the county and has a significant positive impact both as a provider of health care and also as an employer and corporate member of the Herefordshire community.
5. WVT also provides services to a significant number of people from Powys (around 40,000 people from that area access WVT's acute and community services) and to a smaller number in neighbouring counties (primarily Worcestershire and Shropshire).
6. WVT is working closely with partners across Herefordshire both as part of the "One Herefordshire" partnership, and also as part of wider interests in relation to local business, education and the promotion of health and wellbeing.



## Equality duty

7. The CCG as the lead commissioner of services from WVT on behalf of the people of Herefordshire is required to ensure that it is compliant with legal duties relating to equality and diversity. WVT is also bound by this requirement in law and also by relevant clauses within the NHS Standard Contract.
8. The committee's considerations must have regard to equality issues in view of the public sector equality "general duty" to:
  - "eliminate discrimination, harassment, victimisation and any other conduct ... prohibited by or under this Act;
  - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - foster good relations between persons who share a relevant protected characteristic and persons who do not share it."

## Resource implications

9. There are no direct financial implications arising from this report.
10. The appended presentation includes a summary of the financial position of WVT.
11. The cost of any committee work in relation to this report will be subject to assessment and expected to be met within existing resources.

## Legal implications

12. The council is required to deliver a scrutiny function.
13. Since the creation of the health scrutiny functions under the Health and Social Care Act 2001, local authority scrutiny committees have prioritised issues of health improvement, prevention and tackling health inequalities as areas where they can add value through their work. Through this provision, the committee is enabled to make reports and recommendations to relevant NHS bodies and health service providers. Recommendations may therefore be made by scrutiny to the relevant commissioners of the services for response.
14. Where such a response is requested from the relevant NHS body or health service provider, there is a statutory requirement for the body or provider to provide a response in writing within 28 days of the request.

## Risk management

15. There is a reputational risk to the council if the scrutiny function does not operate effectively.
16. Top level risks are highlighted in the presentation attached to this report and are reported in public by both the CCG as the commissioner of services and WVT as the provider.

## Consultees

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Further information on the subject of this report is available from Martin Samuels  
Tel: 01432 260339, email: Martin.Samuels@herefordshire.gov.uk

17. None in relation to the recommendations.

18. The information provided in this report was prepared by WVT in conjunction with the CCG.

## **Appendices**

19. Appendix a – presentation from WVT and the CCG

## **Background papers**

20. None identified.

# Services Commissioned from Wye Valley NHS Trust – Quality and Sustainability



# Overview

Herefordshire CCG commissions acute and community health services from Wye Valley NHS Trust (WVT) for the people of Herefordshire

The value of the total contract for services in 2017/18 is approx. £118m

WVT has a total income of approx. **£178m** with around 20% coming from the Welsh Health Boards.

The CCG commissions further acute and community services from Trusts in neighbouring areas, supporting patient choice and geographic flows, and also some specialist services.

As part of the contractual agreement, WVT is required to deliver against a wide range of quantitative and qualitative measures. Many of these form part of the NHS Constitution.

# Overview

WVT is one of the smallest NHS provider Trusts in the UK and this potentially impacts on financial and clinical viability. The last few years have seen both challenges and significant improvements in the services provided to the population.

CQC – WVT was rated by CQC as “inadequate” following a visit in June 2014. Following this the Trust worked hard to address the issues raised and then to sustain these improvements. **The Trust was rated as “requires improvement” in November 2016 and raised out of special measures.**

WVT is an active partner in One Herefordshire and also contributes to the Sustainability and Transformation Partnership (STP) in key areas where there is potential benefit

# Quality of Care

## WVT Quality Account – Priorities for 2017/18

<p>Improving patient engagement Enhancing care of vulnerable patients <b>Reducing waiting times</b></p>	<p>Reducing hospital mortality Improve pressure area care management Timely treatment of sepsis <b>Management of the deteriorating patient</b></p>
<p>Strong maternity safety culture <b>Reducing falls resulting in harm</b> Increase incident reporting Undertake harm reviews Improve identification of urinary tract infection</p>	<p>Developing a continuous improvement culture Improving staff engagement <b>Improving organisational learning</b> Strengthening our governance structure</p>

# Financial Sustainability

- WVT delivered a deficit of £37.2m in 2016/17;
- The WVT Board has agreed that the Trust remains a going concern;
- WVT is within the provider control total regime for 2017/18 and is working towards a budget control total of £24.6m deficit (though a less ambitious control total is still being negotiated with NHSI) and STF income achievement of £4.2m;
- The WVT financial plan for 2017/18 includes a savings programme (CIP) of £10.2m (over 5% of cost base), the highest it has ever faced;
- CCG and WVT have recently agreed a Memorandum of Understanding for 2017/18 which essentially changes the contract into a block arrangement, which in turn allows focus on the delivery of change;
- The Trust has an estimated underlying structural deficit of c£15-20m and the Trust is developing its financial strategy to address this position and to achieve financial sustainability ;
- The Trust is also working as part of One Herefordshire, and is working with partners in identifying programmes that help achieve a clinically and financially sustainable model of care.

# Performance

The contract between the CCG and WVT requires the achievement of key standards which are both qualitative and quantitative.

The highest profile of these are :

- Waiting times for planned care (Referral to Treatment -RTT)
- A&E 4 hour waiting time
- Cancer waiting times

In addition, Delayed Transfers of Care are of increasing national interest. This relates to delays in the process by which people reach the most appropriate care to match their current needs.



## Access to Planned Care – Standard 92%

Measure	April 2017	May 2017
The % of incomplete pathways within 18 weeks (HCCG only)	75.4%	76%

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The CCG and WVT have established a joint programme of work to improve RTT performance. This includes working with individual specialties and primary care to improve pathways of care and to ensure that patients are offered the right treatment to meet their needs.

In addition, the CCG is hoping to be able to identify additional resources in 2017/18 to increase the operations commissioned for people who have waited the longest.

# A&E – 4 Hour Standard – Standard 95%

Measure	April 2017	May 2017
The number of A&E attendances where the patient spent 4 hours or less in A&E from arrival to transfer, admission or discharge (all activity)	91.79%	88.64%

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The Managing Director of WVT chairs a system wide group – the A&E Delivery Board – to ensure that all partners are working together to achieve this standard. Plans for 2017/18 include the introduction of streaming into A&E to ensure that people receive rapid access to the right service to meet their needs.

## Cancer Services – 2 week and 62 day waits

Measure	April 2017	May 2017
2 week wait for an outpatient appointment (93%)	95.76%	
62 day wait for treatment (85%)	83.33%	

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There are various standards relating to access to Cancer services, 2week wait and 62 days are the highest profile ones. WVT has successfully improved its performance against these standards over the last few months and is reporting that all standards have been achieved for May. Final figures to be confirmed. There are likely to be some breaches during the year due to the small numbers of patients in some areas

## Delayed Transfers of Care

Delayed transfers of care are a system wide responsibility and impact on patients by delaying their transfer to a more appropriate setting. This can impact on the long term outcome for an individual.

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Delays have been increasing nationally and locally. For WVT, the main areas of increase have related to patients from outside of Herefordshire, ie people admitted to WVT who live in Wales, Shropshire or Worcestershire. The A&E Delivery Board is working to understand and act upon the reasons for delay.

For Herefordshire patients, the main reasons for delay are patients waiting for a care package in their own home and patients waiting for completion of assessment.

# Looking forwards

WVT will continue to be the dominant provider of acute and community services to the people of Herefordshire, but will increasingly be working closely with other partners, both in the statutory and non-statutory sector.

The One Herefordshire Provider Alliance marks a move towards a system working far more closely together across acute, community, primary care, mental health and social care services.

We expect to see this develop in the coming months as the CCG leads the community engagement programme, with the aim of enabling the voluntary sector, local communities and local people to participate in co-creating the model of care that will support people in the future.





<b>Meeting:</b>	<b>Adults and wellbeing scrutiny committee</b>
<b>Meeting date:</b>	<b>Wednesday 23 August 2017</b>
<b>Title of report:</b>	<b>Community Services Programme – Public Engagement</b>
<b>Report by:</b>	<b>Director for adults and wellbeing</b>

## Classification

Open

## Decision type

This is not an executive decision

## Wards affected

(All Wards);

## Purpose and summary

The purpose of this report is to provide the committee with information relating to the intentions of Herefordshire Clinical Commissioning Group to undertake a county-wide public engagement programme relating to community health provision.

The role of the committee in relation to health bodies is to strengthen the voice of local people, ensuring that their needs and experiences are considered as an integral part of the commissioning and delivery of health services and that those services are effective and safe. The committee is therefore invited to review the proposals for public engagement and make such recommendations as the committee feels appropriate to increase public engagement.

The engagement programme includes a range of engagement approaches that will enable a broad level of participation. This includes online through the use of social media; focus groups for people to share their lived experiences; surveys; discussions at existing groups such as Patient Participation Groups; and public events. Herefordshire Clinical Commissioning Group has reviewed its approach to engagement and is confident that such a multi-method approach will enable the opportunity for more people to participate.

This engagement programme will inform locality proposals for local community health services, including seven day primary care; improvements to mental health delivery; and intermediate care.

## Recommendation(s)

That:

- (a) **the committee determine any recommendations it wished to make to Herefordshire Clinical Commissioning Group to secure a good level of engagement from the public including service-users, carers, local groups, front-line staff and other key stakeholders; and**
- (b) **Herefordshire Clinical Commissioning Group provide a report of the outcome of the engagement exercise for the committee to consider at its meeting in October 2017.**

## Alternative options

1. The recent engagement led by Healthwatch Herefordshire on behalf of the Sustainability and Transformation Partnership (STP) produced a report on health services: <http://www.hacw.nhs.uk/yourconversation/>. The STP brings together health and social care organisations across Herefordshire and Worcestershire to address some of the local health and care issues, to improve health for people across the area, and to ensure we can provide safe and sustainable care into the future. This engagement could be perceived as sufficient level of participation by the population of Herefordshire, and therefore that there is no need for further engagement
2. The work carried out could form a plan to be taken straight into formal public consultation, however, the planned engagement by Herefordshire CCG is proposed to take account of the different communities in Herefordshire. This will provide further input from the public enabling each community to have the opportunity to participate and provide assurance that any resulting service models are appropriate to local needs.

## Key considerations

3. Herefordshire Clinical Commissioning Group as the commissioner of primary care and community health services has a responsibility to seek the views of the public as part of their commissioning duties. The services on which the CCG is seeking to engage with the public cover a range of activities carried out by clinical staff in the community, whether in people's own homes, community hospitals, or clinics in local health centres. They are designed to keep people well in their own homes, either avoiding a need for hospital admission or enabling people to return home as soon as possible after they have been in hospital. Although the services provide care across the full age range, their main focus is on adults, and older adults especially. There has therefore not been any formal engagement with Children's Scrutiny to date.
4. There are strong interdependencies between these services and both hospital services and adult social care services. Effective operation of community healthcare services is central to the control of demand for hospital services and the smooth flow of people out of hospital once medically fit, in order to free up beds for other acute patients. Community healthcare and adult social care services often support the same people, with close interaction between them being important for positive outcomes for individuals.



## Community impact

5. The approach to delivery of community healthcare services has a significant impact on the ability of the CCG to achieve its published objectives for improving population health and delivering high quality services that are financially sustainable. The Sustainability & Transformation Plan's aim for community services is *'To transform the way care is provided, proactively supporting people to live independently at home and providing responsive, compassionate and personalised care, delivered by an integrated health & social care workforce.'* This programme of engagement will serve to inform future locality plans therefore it is fundamental that the public have the opportunity to contribute.

## Equality duty

6. It is intended that the engagement programme demonstrates full consideration and compliance with legal duties relating to Equality and Diversity. For example, easy read literature will be made available; a range of events in different locations; and focus groups to ensure that all parts of our population are able to access this programme.
7. The committee's considerations must have regard to equality issues in view of the public sector equality "general duty" to:
  - "eliminate discrimination, harassment, victimisation and any other conduct ... prohibited by or under this Act;
  - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - foster good relations between persons who share a relevant protected characteristic and persons who do not share it."

## Resource implications

8. There are no costs identified in this report. The cost of the engagement is resourced by Herefordshire Clinical Commissioning and the necessary funding has been allocated within its budget. The current resources for NHS services will be a topic shared in discussions with the public during the engagement.

## Legal implications

9. There are no legal implications identified. There is a standard process for NHS service redesign and Herefordshire Clinical Commissioning Group's approach to engagement and consultation, as outlined, is consistent with the relevant guidance. Should the Committee be dissatisfied with the manner in which the CCG has undertaken any formal consultation, it can refer the matter to the Secretary of State for Health.

## Risk management

10. The key risk is the appetite of the public to engage in statutory sector activities. Therefore the responses of the public will be monitored during the engagement activities to ascertain if further work is required to secure all groups and communities. Additional attention will be applied to traditionally 'hard to hear' communities.

## **Consultees**

11. This report contains no recommendations that require consultation.

## **Appendices**

12. Appendix A - Presentation

## **Background papers**

13. None identified.



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

# Community Services Engagement July to September 2017

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# Vision

## Our vision for community health and care across Herefordshire is to:

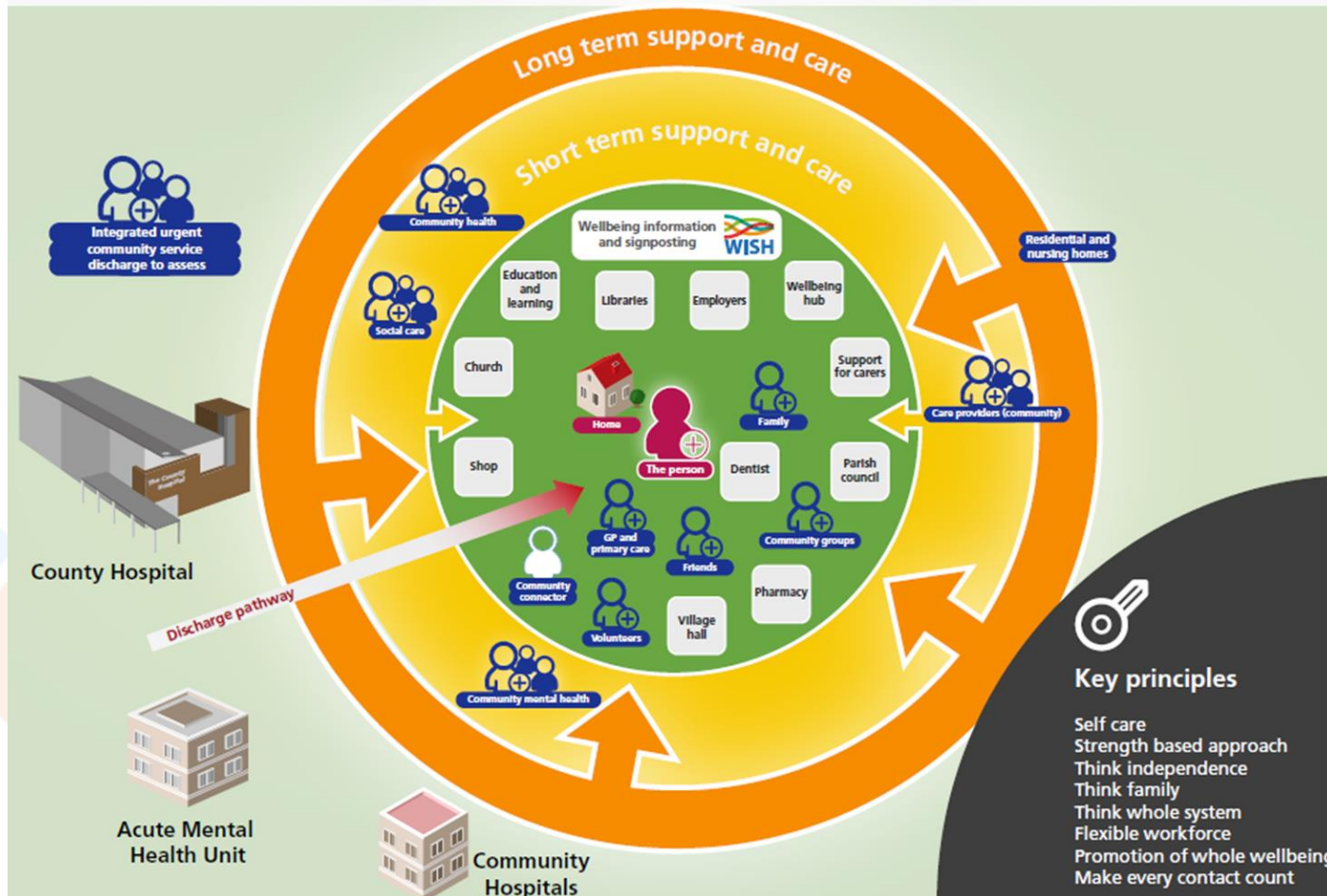
- Empower patients to be able to access the **right care, in the right place, at the right time**, helping them to manage their conditions and improve their health and wellbeing
- **Simplify** navigation to healthcare through a single point of access.
- Ensure that care is **person-centred** delivered in a coordinated approach.
- Proactively **identify** people at risk of poor health
- Address **health inequalities** through targeted approaches
- Effective use of **shared access to records** and **technology**
- **Reduce duplication in primary care service** currently offered across 24 hours, including standard practice hours, additional capacity through primary care hubs and the out-of-hours service
- Ensure there are plans to **help unregistered patients** to either register with a GP or know where to go for urgent and routine advice
- Work with practices to **increase capacity for urgent appointments** by helping patients to self-care and reduce the number of missed appointments.



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

# Blue print Model

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## Key principles

- Self care
- Strength based approach
- Think independence
- Think family
- Think whole system
- Flexible workforce
- Promotion of whole wellbeing
- Make every contact count



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

**NHS**

Herefordshire  
Clinical Commissioning Group

# Engagement

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# Engagement Scope

Herefordshire CCG and its partners wish to benefit from a piece of engagement work that will:

- Explore what community health and care means to people and stakeholders
- Capture people's lived experience of services
- Inform future model of community health and care provision, including:
  - Primary Care Home
  - 7 day primary care
  - Better Care Fund
  - Improvements to mental health delivery
  - Intermediate care

This work relates to Adult services only however it is expected that the results of the engagement will include information that will support services to 'think family'.

# Key Messages

This is public engagement - We are **listening** to the public

Community health and care are services in your **home**, your **local community**

Community health services help people get well and stay well. These services are offered  
in many different places, including:

- in people's own homes
- in Community Hospitals
- in clinics in the community, like GP surgeries.

You have already told us that:

- Access and signposting to services must be easier;
- Keep people as well as they can be, rather than responding to ill-health;
- Improve joined-up care for people with health conditions, e.g. diabetes
- Improve information on how to keep well

We are using **8 themes** in the engagement as a starting point (see next slide)



# Public Engagement

Programme of engagement from July to September 2017:

- Locality sessions with the public, staff and local organisations
- Pop-up stall on market days, GP surgeries & other public sites
- Service-user focus groups and online survey
- Builds on STP engagement led by Herefordshire Healthwatch

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More care at home



Improved access



Guide people through system



Early help to keep well



More care through GP practices



Involve me in my care



Advice on self-management



Better communication



Correspondence



Social media



Surveys



Focus Group  
(protected characteristics)



Events



# Opportunities

The CCG recognises that its approach, it must:

- Reach localities therefore events are across the county and online targeting;
- 42 • Reach hard-to-engage groups of the population therefore focus groups and targeted communication taking place;
- Be relevant to all part of the community, e.g. working age people through access to evening events and online engagement;
- Reach patients in Herefordshire and those that live over borders, e.g. surveys and semi-structured interviews in clinics; and
- Reach people with protected characteristics, e.g. easy-read version of literature and supported engagement.

Correspondence



Social media



Surveys



Focus Group  
(protected characteristics)

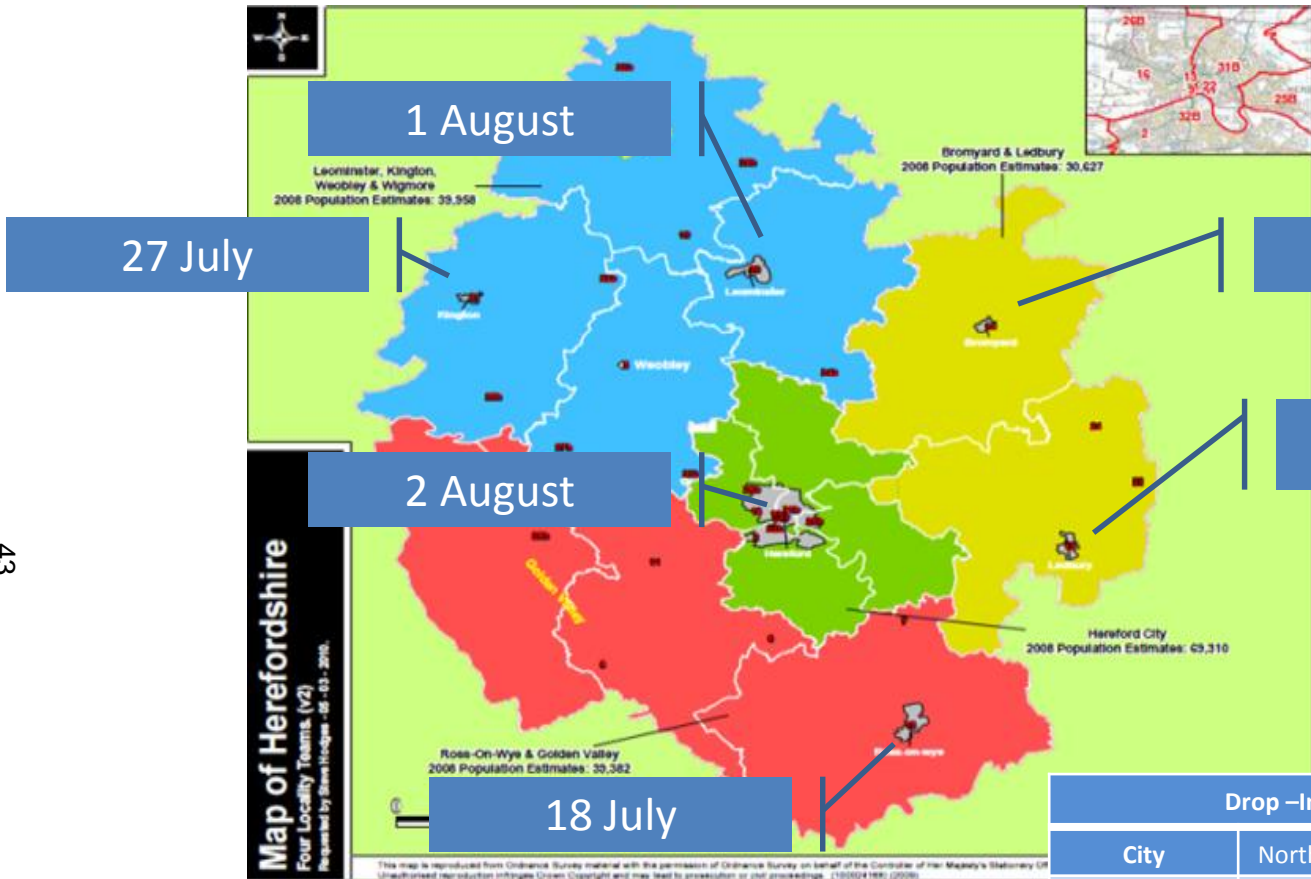


Events



# First round of events (daytime events)

Over 330 people so far



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Drop -In and surveys at GP surgeries			
City	North & West	East	South & West
Belmont	Kington	Colwall	Alton St
Cantilupe	Marches	Cradley	Fownhope
Greyfriars	Mortimer	Market Street	Golden Valley
King Street	Weobley	St Katherine's	Kingstone
Moorfield	Westfield	Nunwell	Much Birch
Quay			Pendeen
Sarum			
Wargrave			



# Second and third round of Public Events

## Evening Events

5<sup>th</sup> September - Ross-on-Wye  
6<sup>th</sup> September – Hereford  
11<sup>th</sup> September - Ledbury  
12<sup>th</sup> September – Bromyard  
13<sup>th</sup> September - Kington  
14<sup>th</sup> September - Leominster

## Drop-in Events

This will be information back to local communities about what we have heard and to ask for further views:

2<sup>nd</sup> October – Hereford  
3<sup>rd</sup> October – Kington  
4<sup>th</sup> October - Ledbury  
5<sup>th</sup> October – Ross-on-Wye  
9<sup>th</sup> October – Bromyard  
10<sup>th</sup> October - Leominster